Community Health Needs Assessment
Ellinwood District Hospital Primary Service Area
On Behalf of Ellinwood District Hospital

August 2024

VVV Consultants LLC
Olathe, KS

Community Health Needs Assessment
Table of Contents

I. Executive Summary
a) Community Health Area of Future Focus (A prioritized description of future community unmet needs identified by community discussion)
b) Town Hall CHNA Health Findings: Areas of Strengths and Areas to Change and/or Improvement.

II. Methodology
a) CHNA Scope and Purpose
b) Local Collaborating CHNA Parties (The identity of all organizations in which the organization collaborated and third parties that engaged to assist with the CHNA)
c) CHNA and Town Hall Research Process (A description of the process & methods used to conduct the CHNA, a description of how the organization considered the input of persons representing the community, and an explanation of the process/ criteria used in prioritizing)
d) Community Profile (A description of the community served by the facility and how the community was determined)

III. Community Health Status
a) Historical Community Health Indicators Review - Secondary Data
b) Current Community Health Status - Online Feedback Research

IV. Inventory of Existing County Health Resources
a) Community Healthcare Service Offerings
b) Provider Manpower (Local and Visiting Specialists)
c) CHNA Inventory of PSA Services and Providers (A description of the existing healthcare facilities and other resources within the community available to meet the needs identified through the CHNA)

V. Detail Exhibits
a) Patient Origin & Access to Care
b) Town Hall Attendees, Notes, and Feedback
c) Public CHNA Notice / News
d) Primary Research Detail
e) County Health Rankings & Roadmap Detail

I. Executive Summary

[VVV Consultants LLC]

I. Executive Summary

Ellinwood District Hospital – Barton County, KS - 2024 Community Health Needs Assessment (CHNA)

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

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

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

County Health Area of Future Focus on Unmet Needs

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

2024 CHNA Priorities			
Unmet Health Needs - Ellinwood, KS District			
on behalf of Ellinwood Hospital and Clinic			
Town Hall - 03/22/24 (Attendees 25 / 96 Total Votes)			
#	**Community Health Needs to Change and/or Improve**	**Votes**	**%**	**Accum**
1	Mental Health (Diagnosis, Placement, Aftercare, Access to Providers)	16	16.7%	17%
2	Childcare (Safe & Affordable)	14	14.6%	31%
3	Senior Care	14	14.6%	46%
4	Social Emotional Learning (Expand School Program)	8	8.3%	54%
5	Access to Specialists (URL, ENDO, ENT)	7	7.3%	61%
6	Substance Abuse (Drug & Alcohol)	7	7.3%	69%
7	Suicide Prevention	7	7.3%	76%
8	Transportation (All)	7	7.3%	83%
	Total Votes	96	100%	
	Other needs receiving votes: Chronic Disease Management, Early Childcare ED, Healthy Foods (Affordable/Accessible), and Preventative Health			

Town Hall CHNA Findings: Areas of Strengths

EDH PSA - Community Health Strengths			
#	Topic	#	Topic
1	New Hospital Facility Opening in August	7	Foodbank
2	The Senior Center	8	Community Involvement
3	EMS	9	Local Grocery Store
4	Local Pharmacy	10	Ellinwood Pack
5	Primary Care	11	New Housing Development
6	Public & Private Schools	12	City Services

Key CHNA Round #5 Secondary Research Conclusions found:

KANSAS HEALTH RANKINGS: According to the 2023 Robert Woods Johnson County Health Rankings, Barton Co, KS, on average was ranked 71st in Health Outcomes, 78th in Health Factors, and 67th in Physical Environmental Quality out of the 105 Counties.

TAB 1. Barton County's population is 28,080 (based on 2023 findings). About six percent (6.1%) of the population is under the age of 5, while the population that is over 65 years old is 21%. Children in single parent households make up a total of 26.3% compared to the rural norm of 19.7%, and 83.8% are living in the same house as one year ago.

TAB 2. In Barton County, the average per capita income is $31,516 while 13.9% of the population is in poverty. The severe housing problem was recorded at 10.4% compared to the rural norm of 9.6%. Those with food insecurity in Barton County is 11.5%, and those having limited access to healthy foods (store) is 12.5%. Individuals recorded as having a long commute while driving alone is 9.7% compared to the norm of 25.1%.

TAB 3. Children eligible for a free or reduced-price lunch in Barton County is 61.9%. Findings found that 89.6% of Barton County ages 25 and above graduated from high school while 21.7% has a bachelor's degree or higher (2022).

TAB 4. The percentage of births where prenatal care began in the first trimester was recorded at 82.1% compared to the rural norm of 80.1%. Additionally, the percentage of births with low birth weight was 6.9%. Barton County recorded 7.1% of births occurring to teens between ages 15-19. The percentage of births where mother smoked during pregnancy was 12.9% compared to the rural norm of 11.6%.

TAB 5. The Barton County primary care service coverage ratio is 1 provider (county based officed physician who is a MD and/or DO) to 1,833 residents. There were 2,712 preventable hospital stays compared to the rural norm of 2,640. The average median time patients spent in the emergency department before leaving was 110 minutes.

Secondary Research Continued

TAB 6. In Barton County, adults diagnosed with depression as of 2021 was 20.3%. The Mental Behavioral hospital admissions rate per 100k was 31.1 compared to the rural norm of 59.2. The age-adjusted suicide mortality rate per 100k was recorded at 23.3.

TAB 7a – 7b. Barton County has an obesity percentage of 35.7% and a physical inactivity percentage is 24.7%. The percentage of adults who smoke is 20.3%, while the excessive drinking percentage is 17.3%. The percentage of adults who have taken medication for high blood pressure is 81.5%, while their heart failure admissions rate was recorded at 16%. Those with kidney disease is 3.6% compared to the rural norm of 3.7%. The percentage of adult individuals who were recorded with cancer was 8.3% while adults recorded with diabetes (20+) is 9% compared to the rural norm of 8.9%.
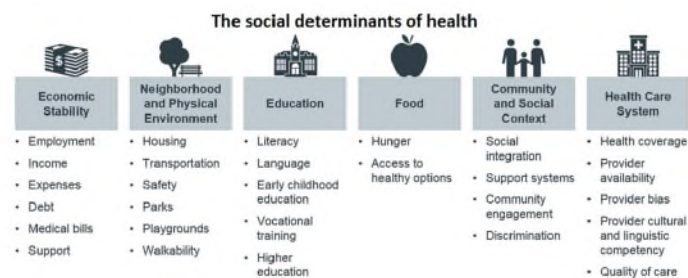
TAB 8. The adult uninsured rate for Barton County is 13.1% compared to the rural norm of only 12.9%.

TAB 9. The life expectancy rate in Barton County for males and females is roughly 77 years of age (76.9). Alcohol-impaired driving deaths for Barton County are 5.6% while age-adjusted Cancer Mortality rate per 100,000 is 156.7. The age-adjusted heart disease mortality rate per 100,000 is at 172.2.

TAB 10. A recorded 80.9% of Barton County has access to exercise opportunities. Continually, 36% of women have done a mammography screening compared to the rural norm of 42%. Adults recorded in Barton County who have had a regular routine check-up is 76.7%.

Social Determinants Views Driving Community Health: From Town Hall conversations the economy followed by provider access, community/social support, and neighborhood / physical environment are impacting community health, see Sec V for a detailed analysis.

Social Determinants Online Community Feedback – Ellinwood, KS (N=179)

The social determinants of health

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

KEY "Social Determinant Takeaways" to Improve Our Community Health	
More community support and programs for mental health and addiction. Affordable safe and quality housing…	Affordability, we need better paying jobs to afford regular living, not including how high our taxes and untilities are in Ellinwood.
Lack of education from childhood to early adult is severely lacking. Individuals are too far gone and created unhealthy habits and lifestyles	Childcare is huge. If we don't have childcare, we wont have staff to work for our hospital
Access to a larger area to exercise. A public gymnasium would be great and a larger fitness room to accommodate the community needs.	The town needs more options for food. There needs to be more restaurants available.

Key CHNA Round #5 Primary Research Conclusions found:

Community feedback **from residents, community leaders, and providers (N=179)**
provided the following community insights via an online perception survey:

- Using a Likert scale, the average between Barton County stakeholders and residents that would rate the overall quality of healthcare delivery in their community as either very good or good; is 72.1%.

- Barton County stakeholders are very satisfied with the following services: ambulance services, chiropractic, inpatient hospital services, and pharmacy.

- When considering past CHNA needs, the following topics came up as the most pressing: childcare options, mental health services, drug / substance abuse, "Aging in Place" facilities, affordable housing, affordable healthcare, access to more specialists, senior care, economic development, improved hospital facility.

Ellinwood, KS - CHNA YR 2024 N=179

	Past CHNA Unmet Needs Identified	Ongoing Problem			Pressing
Rank	Ongoing Problem	Votes	%	Trend	Rank
1	Child Care (Access / Cost)	76	12.8%		1
2	Mental Health Services (Provider, Treatment, Aftercare)	72	12.1%		2
3	Drug / Substance Abuse	55	9.3%		3
4	"Aging in Place" Facilities	54	9.1%		4
5	Senior Care	48	8.1%		8
6	Access to More Specialists	46	7.8%		7
7	Affordable Housing	40	6.7%		5
8	Affordable Healthcare	39	6.6%		6
9	Obesity	26	4.4%		12
10	Awareness of Healthcare Services	25	4.2%		13
11	Economic Development	25	4.2%		9
12	Access to Healthcare Providers	24	4.0%		11
13	Chronic Disease Management	24	4.0%		14
14	Cancer Care	20	3.4%		15
15	Improved Hospital Facility	19	3.2%		10
	Totals	593	100.0%		

II. Methodology

[VVV Consultants LLC]

II. Methodology
a) CHNA Scope and Purpose

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

JOB #1: Meet/Report IRS 990 Required Documentation

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

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

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

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

JOB #3: Adopt an Implementation Strategy by Hospital

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

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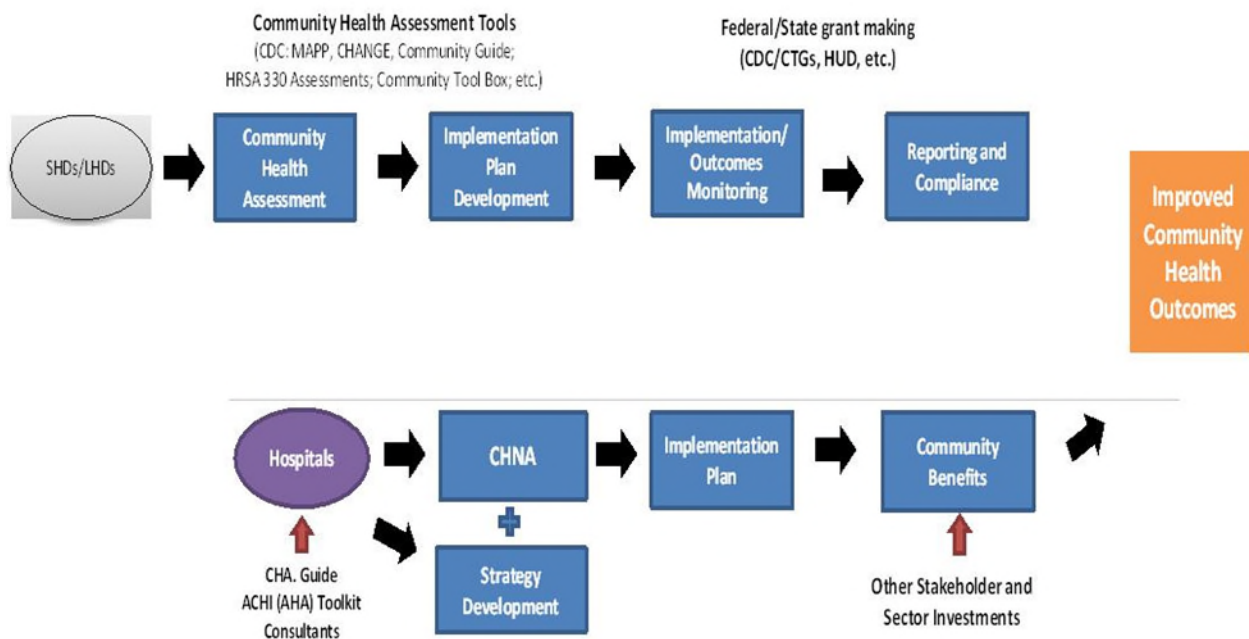
IRS Requirements Overview (Notice 2011-52)

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

Applicability of CHNA Requirements to "Hospital Organizations"

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

How and When to Conduct a CHNA

Under Section 501(r), a hospital organization is required to conduct a CHNA for each of its hospital
facilities <u>once every three taxable years</u>. ***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 <u>with special
knowledge of or expertise in public health</u>. Under the Notice, the persons consulted must also include:
(1) government agencies with current information relevant to the health needs of the community and
(2) representatives or members of medically underserved, low-income, and minority populations, and
populations with chronic disease needs, in the community. In addition, a hospital organization may seek
input from other individuals and organizations located in or serving the hospital facility's defined
community (e.g., health care consumer advocates, academic experts, private businesses, health
insurance and managed care organizations, etc.).

Required Documentation

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

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

Making a CHNA Widely Available to the Public

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

How and When to Adopt an Implementation Strategy

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

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

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

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

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

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

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

- Health care consumers and consumer advocates
- Nonprofit and community-based organizations
- Academic experts
- Local government officials
- Local school districts
- Health care providers and community health centers

- Health insurance and managed care organizations,
- Private businesses, and
- Labor and workforce representatives.

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

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

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

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

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

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

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

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

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

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

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

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

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

Public Health Criteria:

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

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

DOMAIN 1 includes 4 STANDARDS:

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

Required CHNA Planning Process Requirements:

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

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

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

MAPP Process Overview

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

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

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

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

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

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

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

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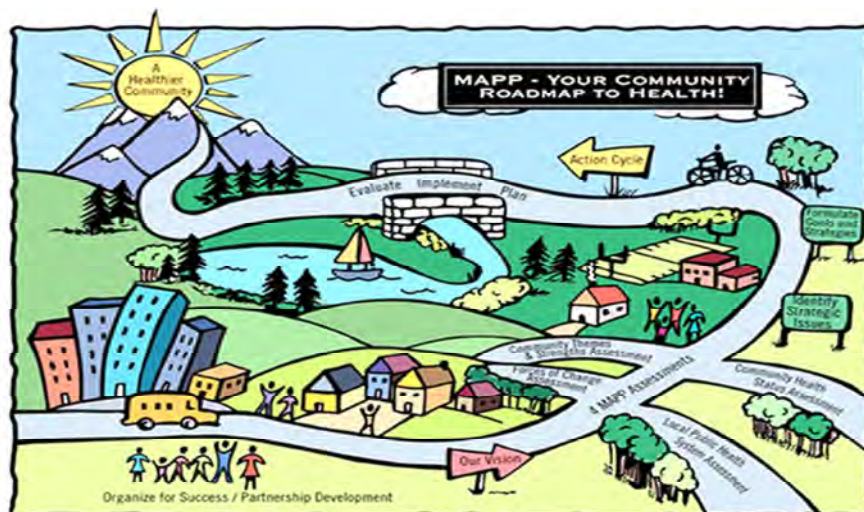
Social Determinants of Health

What Are Social Determinants of Health?

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

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

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

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

Centers for Medicare & Medicaid Services Health Equity Domains

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

Domain 1: Equity as a Strategic Priority

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

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

Domain 2: Data Collection

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

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

Domain 3: Data Analysis

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

Domain 4: Quality Improvement

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

Domain 5: Leadership Engagement

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

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

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

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

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

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

Element of Performance 1:

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

Element of Performance 2:

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

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

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

Element of Performance 3:

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

Element of Performance 4:

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

Element of Performance 5:

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

Element of Performance 6:

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

II Methodology
b) Collaborating CHNA Parties

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

<u>Ellinwood District Hospital Profile</u>

605 N Main St, Ellinwood, KS 67544
Administrator: Kile Magner

History: A $75,000 bond issue election passed on March 21, 1951 allowed the board to build the hospital, although donations were necessary to equip the facility. The dedication was held October 19, 1952 and the hospital opened the next day.

It was designed for 24 patients, plus 8 cribs in the nursery. In 1952 a semi-private room cost $9.50 a day and a private room was $14.00. The east wing and Sisters' home (currently Ellinwood Hospital Clinic) was built in 1953. The north Medical Arts building was constructed in 1957. The sisters of St. Joseph, Wichita originally ran the hospital from 1952-1961. Due to financial difficulties the sisters terminated their agreement with Ellinwood District Hospital.

Great Plains Lutheran Hospitals, Inc began operation of the facility on April 1, 1962. A total of 1,211 babies were born from 1952 until deliveries were discontinued in August 1972. Since that time Great Plains was reorganized and renamed GPHA, Inc. There are 5 board members of Ellinwood District Hospital, an average number of employees is 70. The hospital's status was changed to Critical Access Hospital in 1998 after being designated a 12-bed Rural Primary Care Hospital.

Today Ellinwood District Hospital is a 25-bed Critical Access Hospital with 2 ER beds and the Facility provides inpatient acute care, skilled swing bed, and intermediate swing bed care. Facility offers numerous outpatient services including 24-hour emergency rooms, full-service laboratory, radiology, CT, mobile mammography, mobile US/sonography, mobile MRI, Physical and Occupational therapy for all ages.

Ellinwood District Hospital offers the following services to its community:
- 24-Hour Emergency Room
- Outpatient Procedures
- Physical / Occupational / Speech Therapy
- Full-Service Laboratory
- Radiology
- Dietary Services

Barton County Health Department Profile

1300 Kansas Avenue, Great Bend, KS 67530
Administrator: Joel Dermott

Public health protects and improves communities by: assuring every family has choices for health and wellness, preventing barriers for all Community members to have equal and fair access to food, activity, healthcare, employment and transportation, preventing epidemics and the spread of disease; promoting healthy lifestyles for children and families; protecting against hazards in homes, work, communities and the environment; assuring high quality health care services; and preparing for and responding to emergencies. Public Health is identifying gaps in a community and providing services to fill these gaps until an alternative is available. There is little daily life not related to or influenced by public health. Public health is everywhere.

PUBLIC HEALTH:

- Prevents epidemics and spread of disease.

- Protects against environmental hazards.

- Prevents injuries.

- Promotes and encourages healthy behaviors.

- Responds to disaster and assists communities in recovery.

- Assures the quality and accessibility of health services.

Hours:

Monday	**9:00 am - 5:30 pm**
Tuesday	**7:30 am - 5:30 pm**
Wednesday	**7:30 am - 5:30 pm**
Thursday	**7:30 am - 7:30 pm**
Friday	**7:30 am - 5:30 pm**

Barton County Health Department Services:

Communicable Diseases—Tuberculosis, Sexually Transmitted Diseases, Seasonal Influenza, MRSA, Rabies.

Prevention—Poverty Reduction, Trauma informed choices and educational interventions, Chronic Disease Risk Reduction, Drug & Alcohol Prevention, Suicide Prevention, Be Well Barton County, Central Kansas Breastfeeding Coalition.

Immunizations—All vaccines

Continue

Community Outreach Services – Specialized   services designed for the needs of the Community. Contact the BCHD for details on what services are offered.

Emergency Preparedness—Planning for and responding to Emergencies in the County and offering assistance to other counties as needed.

Family Planning and Birth Control—Annual Physical Exams and Pap Test, Pregnancy Testing, Counseling in Contraceptive Methods, Contraceptive Supplies, Counseling and Referral for Infertility and Problem Pregnancy, Health Information and Education, School and Community Education Programs, Appropriate Referrals.

Chronic Disease Risk Reduction—Tobacco Use Prevention & Cessation, Improving Nutrition & Access to Healthy Foods, Increasing Physical Activity, Central Kansas Partnership & Task Force.

Child Health— Educational opportunities for parent / child interactions, Physical Examination, Lead Screening, Nutritional Counseling, Immunizations, Well Child Physical, WIC Program, Kan-Be-Healthy Exam, Referrals to Other Services.

Adult Health- Well-women exams, Healthy Living Lab Services, Blood Pressure checks, weights and heights.

Stepping On - Senior education on Fall Prevention

Maternal and Child Health—Social and educational support for pregnant women and their infants the first year after delivery including: Prenatal Clinics, Prenatal Risk Reduction, Home Visits by a nurse & social worker, Healthy Start Home Visitor Program, Well Child Exams targeting children without access to doctors (up to 5yrs), and KAN BE HEALTHY Assessments for eligible children (required by Medicaid).

WIC-Women, Infants, & Children — Nutritional Program for Pregnant women and children under the age of 5 years, Maternal & Infant Health and Education, Breast Feeding Peer Counselor, Healthy Start Home Visitor.

Child Care Licensing — Recruiting and education Child Care Licensing providers, Investigation of child care provider and unlicensed provider complaints, monthly orientation classes, quarterly newsletters.

II. Methodology
b) Collaborating CHNA Parties Continued

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

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

Introduction: Who We Are
Background and Experience

VVV Consultants LLC
601 N Mahaffie
Olathe, KS 66061

Core Values
Engaged
Reliable
Skilled - - -
Innovative
Accountable

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

Olivia G Hewitt BA– Associate Consultant
VVV Consultants LLC – *May 2024*
- Emporia State University – Communications / Marketing
- Hometown: Olathe, KS

Cassandra Kahl, BHS MHA– Director, Project Management
VVV Consultants LLC – *Nov 2020*
- University of Kansas – Health Sciences
- Park University - MHA
- Hometown: Maple, WI

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

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

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

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

II. Methodology
c) CHNA and Town Hall Research Process

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

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

VVV CHNA Deliverables:

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

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

Source: Hospital Internal Records						
Ellinwood Dis Hosp- Defined Primary Serv Area KHA				**Overall (IP/ER/OP/PC**		
		TOTALS	**23,284**			
#	ZIP	City	County	**Total 3YR**	**%**	**ACCUM**
1	67526	Ellinwood	Barton	**17,115**	73.5%	73.5%
2	67530	Great Bend	Barton	**2,907**	12.5%	86.0%

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

Phase I—Discovery:

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

Phase II—Qualify Community Need:

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

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

Phase III—Quantify Community Need:

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

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

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

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

Ellinwood District Hospital			
VVV CHNA Round #5 Work Plan - Year 2024			
Project Timeline & Roles as of 01/19/24			
Step	**Timeframe**	**Lead**	**Task**
1	9/1/2023	VVV / Hosp	Sent Leadership information regarding CHNA Wave #5 for review 9/1/23. Zoom Overview meeting 10/12/23
2	11/6/2023	Hosp	Select CHNA Wave #5 Option B. Approve (sign) VVV CHNA quote
3	12/19/2023	VVV	Send out **REQCommInvite Excel** file. HOSP & HLTH Dept to fill in PSA Stakeholders Names /Address /Email
4	12/19/2023	VVV	Hold Kick-off Meeting & Request Hospital Client to send KHA PO reports for FFY 18, 19 and 20. In addition, request hospital to complete 3 year historical PSA IP/OP/ER/Clinic patient origin file (Use **ZipPSA_3yrPOrigin.xls**)
5	12/19/2023	VVV	Prepare CHNA Wave#5 Stakeholder Feedback "online link". Send link for hospital review.
6	Jan-Feb 2024	VVV	Assemble & complete Secondary Research - Find / populate 10 TABS. Create Town Hall ppt for presentation.
7	1/8/2024	VVV / Hosp	Prepare/send out PR story #1 / E Mail Request announcing upcoming CHNA work to CEO to review/approve.
8	1/12/2024	VVV / Hosp	Place PR story to local media CHNA survey announcing "online CHNA Wave #5 feedback". Request public to participate. Send E Mail request to local stakeholders
9	1/19/2024	VVV	Launch / conduct online survey to stakeholders: Hospital will e-mail invite to participate to all stakeholders. **Cut-off 2/23/2024 for Online Survey**
10	2/20/2024	Hosp	Prepare/send out Community TOWN HALL invite letter and place local AD.
11	2/26/2024	VVV / Hosp	Prepare/send out PR story #2 to local media announcing upcoming Town Hall. VVV will mock-up PR release to media sources.
12	3/14/2024	ALL	Conduct conference call (time TBD) with Hospital / Public HLTH to review Town Hall data / flow
13	**Friday 3/22/2024**	VVV	Conduct CHNA Town Hall. **Lunch 11:30am-1pm** (location TBD) Review & Discuss Basic health data plus RANK Health Needs.
14	On or Before 05/14/2024	VVV	Complete Analysis - Release Draft 1- seek feedback from Leaders (Hospital & Health Dept.)
15	On or Before 05/21/2024	VVV	Produce & Release final CHNA report. Hospital will post CHNA online (website).
16	8/29/2024	Hosp	Conduct Client Implementation Plan PSA Leadership meeting
17	On or Before 9/30/24	Hosp	Hold Board Meetings discuss CHNA needs, create & adopt an implementation plan. Communicate CHNA plan to community.

2024 Community Health Needs Assessment
Ellinwood Hospital and Clinic
Town Hall Meeting- 03/22/2024

VVV Consultants LLC
Olathe, Kansas 66061

VandehaarMarketing.com
913-302-7264

1

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

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

2

Town Hall Participation / Purpose & Parking Lot

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

3

System of Care Delivery
Birth to Grave (SG2)

Acuity

Health Areas:
> Physical
> Mental
> Spiritual
> Social well-being

Community-Based Care

Ambulatory Procedure Center

Hospital

Acute Care

Health Dept./ Pharmacy

Physician Clinics

IP Rehab

SNF

Recovery & Rehab Care

OP Rehab

Urgent Care Center

Home Care Hospice

Home

Wellness and Fitness Center

Diagnostic/ Imaging Center

CHNA Sources
Business Quick Facts
Centers for Medicare and Medicaid Services
CMS Hospital Compare
County Health Rankings
Geography Quick Facts
Health Matters
People Quick Facts
State Hospital Associations / Fact Books
U.S. Department of Agriculture - Food Environment Atlas
US Centers for Disease Control and Prevention

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

Senior Care

4

Slide 5

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

Slide 6
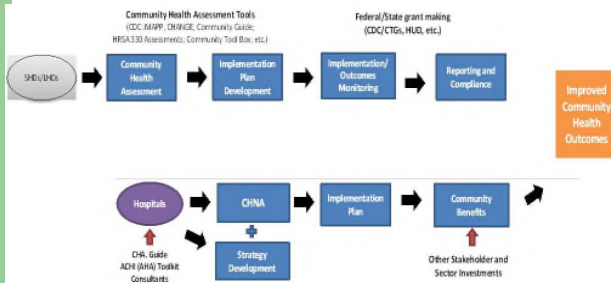
A Conversation with the Community & Stakeholders
Community Stakeholder – An Inclusive Conversation

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

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

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

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

---

Slide 7

II. Review of a CHNA

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

Slide 8

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

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

Slide 9

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

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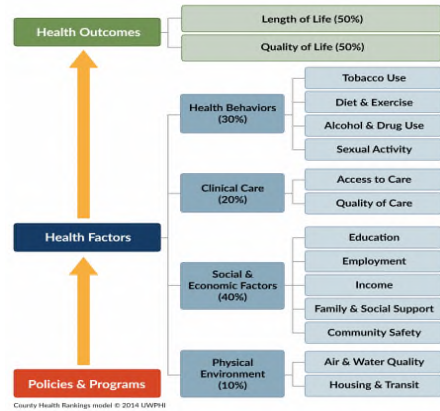
Health Indicators - Secondary Research
TAB 1. Demographic Profile
TAB 2. Economic Profile
TAB 3. Educational Profile
TAB 4. Maternal and Infant Health Profile
TAB 5. Hospital / Provider Profile
TAB 6. Behavioral / Mental Health Profile
TAB 7. High-Risk Indicators & Factors
TAB 8. Uninsured Profile
TAB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

9

Slide 10

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

10

Slide 11

Focus Area	Measure	Description
Physical Environment (10%)		
Air and water quality (5%)	Air pollution - particulate matter	The average daily measure of fine particulate matter in micrograms per cubic meter (PM2.5) in a county
	Drinking water violations	Percent of population potentially exposed to water exceeding a violation limit during the past year
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
	Driving alone to work	Percent of the workforce that drives alone to work
	Long commute - driving alone	Among workers who commute in their car alone, the percent that commute more than 30 minutes
Clinical Care (20%)		
Access to care (10%)	Uninsured	Percent of population under age 65 without health insurance
	Primary care physicians	Ratio of population to primary care physicians
	Dentists	Ratio of population to dentists
	Mental health providers	Ratio of population to mental health providers
Quality of care (10%)	Preventable hospital stays	Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees
	Diabetic screening	Percent of diabetic Medicare enrollees that receive HbA1c screening
	Mammography screening	Percent of female Medicare enrollees that receive mammography screening
Social and Economic Environment (40%)		
Education (10%)	High school graduation	Percent of ninth grade cohort that graduates in 4 years
	Some college	Percent of adults aged 25-44 years with some post-secondary education
Employment (10%)	Unemployment	Percent of population age 16+ unemployed but seeking work
Income (10%)	Children in poverty	Percent of children under age 18 in poverty
Family and social support (5%)	Inadequate social support	Percent of adults without social/emotional support
	Children in single-parent households	Percent of children that live in household headed by single parent

Focus Area	Measure	Description
Social and Economic Environment (40%)		
Community safety (5%)	Violent crime	Violent crime rate per 100,000 population
	Injury deaths	Injury mortality per 100,000
Health Outcomes (30%)		
Health Behaviors		
Tobacco use	Adult smoking	Percent of adults that report smoking >= 100
Diet and exercise (10%)	Adult obesity	Percent of adults that report a BMI >= 30
	Food environment index	Index of factors that contribute to a healthy food environment
	Physical inactivity	Percent of adults aged 20 and over reporting
	Access to exercise opportunities	Percent of the population with adequate access to locations for physical activity
Alcohol and drug use (5%)	Excessive drinking	Binge plus heavy drinking
	Alcohol-impaired driving deaths	Percent of driving deaths with alcohol involvement
Sexual activity (5%)	Sexually transmitted infections	Chlamydia rate per 100,000 population
	Teen births	Teen birth rate per 1,000 female population, ages 15-19
Morbidity / Mortality		
Quality of life (50%)	Poor or fair health	Percent of adults reporting fair or poor health (age-adjusted)
	Poor physical health days	Average number of physically unhealthy days reported in past 30 days (age-adjusted)
	Poor mental health days	Average number of mentally unhealthy days reported in past 30 days (age-adjusted)
	Low birthweight	Percent of live births with low birthweight (< 2500 grams)
Length of life (50%)	Premature death	Years of potential life lost before age 75 per 100,000 population (age-adjusted)

11

Slide 12

IV. Community Health Conversation:
Your Perspectives / Suggestions !

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

Today:

1) What are the **Healthcare Strengths of our community t**hat contribute to health? *(BIG White Card)*

2) Are there healthcare services in your community/neighborhood that you feel **need to be improved and/or changed**? *(Small Color Card)*

3) *What other Ideas do you have **to address Social determinants***? *(Small White Card - A)*

12

Data & Benchmarks Review

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

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

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

Community health assessment indicators should be.

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

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

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

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

Sources of community-health level indicators:

- **County Health Rankings and Roadmaps**
  The annual Rankings measure vital health factors, including high school graduation rates, obesity, smoking, unemployment, access to healthy foods, the quality of air and water, income inequality, and teen births in nearly every county in America. They provide a snapshot of how health is influenced by where we live, learn, work and play.

- **Prevention Status Reports (PSRs)**
  The PSRs highlight—for all 50 states and the District of Columbia—the status of public health policies and practices designed to prevent or reduce important public health problems.

- **Behavioral Risk Factor Surveillance System**
  The world's largest, ongoing telephone health survey system, tracking health conditions and risk behaviors in the United States yearly since 1984. Data is 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 are 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.

Barton Co (KS) - Detail Demographic Profile

| ZIP | NAME | ST | County | Population | | | Households | | HH Avg Size23 | Per Capita23 |
				Year 2023	Year 2028	5yr CHG	Year 2023	Year 2028		
67511	Albert	KS	BARTON	268	264	-1.5%	134	133	2.0	$34,814
67525	Claflin	KS	BARTON	974	950	-2.5%	432	422	2.3	$32,808
67526	Ellinwood	KS	BARTON	2,508	2,397	-4.4%	1,042	1,006	2.4	$28,597
67530	Great Bend	KS	BARTON	17,544	17,150	-2.2%	7,333	7,238	2.3	$29,757
67544	Hoisington	KS	BARTON	3,132	3,016	-3.7%	1,317	1,278	2.4	$28,025
67564	Olmitz	KS	BARTON	229	229	0.0%	105	105	2.2	$30,403
67567	Pawnee Rock	KS	BARTON	432	415	-3.9%	194	190	2.2	$36,521
Totals				25,087	24,421	-2.6%	10,557	10,372	2.2	$31,561

| ZIP | NAME | ST | County | Population | | | | Year 2020 | | Females Age 20-35 |
				Pop 21+	Pop. 65+	Kids<18	Gen Y	Males	Females	
67511	Albert	KS	BARTON	226	81	40	61	139	129	42
67525	Claflin	KS	BARTON	777	229	192	210	497	477	157
67526	Ellinwood	KS	BARTON	1921	605	567	556	1,267	1241	369
67530	Great Bend	KS	BARTON	12822	3639	4479	3828	8,616	8928	3066
67544	Hoisington	KS	BARTON	2323	701	773	695	1,545	1587	460
67564	Olmitz	KS	BARTON	190	65	37	48	133	96	44
Totals				18,259	5,320	6,088	5,398	12,197	12,458	4,138

| ZIP | NAME | ST | County | Population 2020 | | | | Year 2023 | | Soc Econ Index |
				White%	Black%	Asian%	Hispan%	Housing Units	% Rentals	
67511	Albert	KS	BARTON	92.9%	0.0%	0.4%	3.4%	161	9%	57
67525	Claflin	KS	BARTON	95.3%	0.2%	0.3%	2.7%	519	17%	64
67526	Ellinwood	KS	BARTON	93.3%	0.2%	0.2%	4.5%	1,208	17%	51
67530	Great Bend	KS	BARTON	77.9%	1.5%	0.4%	22.2%	8,546	26%	50
67544	Hoisington	KS	BARTON	89.9%	1.1%	0.2%	6.8%	1,578	23%	50
67564	Olmitz	KS	BARTON	96.9%	0.0%	0.0%	2.6%	137	4%	61
67567	Pawnee Rock	KS	BARTON	90.7%	0.0%	0.0%	6.5%	236	14%	56
Totals				91.0%	0.4%	0.2%	7.0%	12,385	15.5%	55

Source: ERSI Demographics 2023

III. Community Health Status

[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 participates. *Each table published reflects a Trend column, with GREEN denoting growing/high performance indicators, YELLOW denoting minimal change/average performance indicators and RED denoting declining/low performance indicators.*

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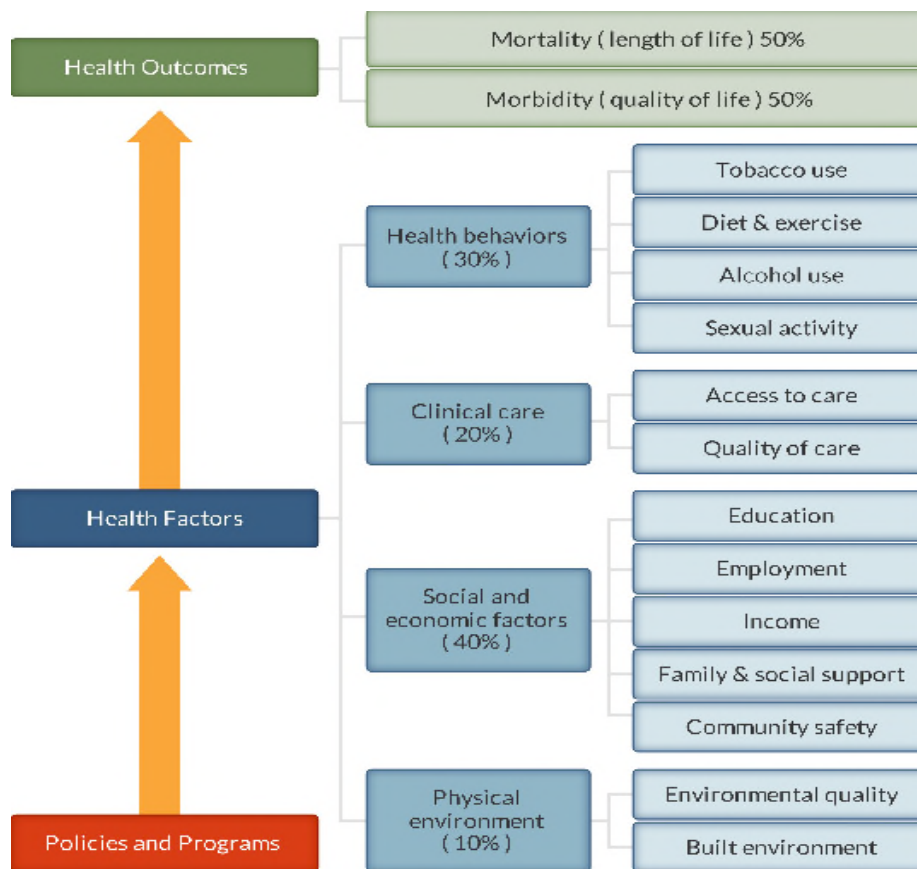
County Health Rankings model ©2012 UWPHI

National Research – Year 2023 RWJ Health Rankings:

#	2023 KS Rankings - 105 Counties	Definitions	Barton Co (KS) 2023	Barton Co (KS) 2021	Trend	SWKS Rural Norm (14)
1	Health Outcomes		71	59	-	76
	Mortality	Length of Life	74	33	-	73
	Morbidity	Quality of Life	74	76	-	63
2	Health Factors		78	74		68
	Health Behaviors	Tobacco Use, Diet/Exercise, Alcohol Use, Sexual Activity	51	76	+	61
	Clinical Care	Access to care / Quality of Care	64	52		59
	Social & Economic Factors	Education, Employment, Income, Family/Social Support, Community Safety	88	78	-	70
3	Physical Environment	Environmental quality	67	34		59
SWKS Counties: Barber, Barton, Chautauqua, Comanche, Cowley, Edwards, Elk, Harper, Kingman, Kiowa, Pratt, Reno, Stafford, and Sumner.						

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

PSA Secondary Research:

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

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

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

Tab 1: Demographic Profile

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

1	Population Health Indicators	Barton County 2024	Barton County 2021	Trend	State of KS	SWKS Rural Norm (N=14)	Source
a	Population estimates, 2020-2022	25,080	25,779		2,936,716	13,279	People Quick Facts
b	Persons under 5 years, percent, 2020-2022	6.1%	5.9%		6.0%	5.6%	People Quick Facts
c	Persons 65 years and over, percent, 2020-2022	21.0%	19.9%		17.2%	22.6%	People Quick Facts
d	Female persons, percent, 2020-2022	50.3%	50.5%		49.8%	49.5%	People Quick Facts
e	White alone, percent, 2020-2022	94.3%	94.9%		85.9%	92.7%	People Quick Facts
f	Black or African American alone, percent, 2020-2022	2.0%	1.9%		6.2%	1.6%	People Quick Facts
g	Hispanic or Latino, percent, 2020-2022	16.7%	15.3%	+	13.0%	9.4%	People Quick Facts
h	Language other than English spoken at home, percent of persons age 5 years+, 2017-2021	8.5%	10.6%	-	11.8%	5.2%	People Quick Facts
i	Living in same house 1 year ago, percent of persons age 1 year+, 2017-2021	83.8%	82.1%		84.4%	88.3%	People Quick Facts
j	Children in single-parent households, percent, 2017-2021	26.3%	39.7%		21.0%	19.7%	County Health Rankings
k	Veterans, 2017-2021	1,731	183		163,472	777	People Quick Facts

Tab 2: Economic Profile

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

2	Economic - Health Indicators	Barton County 2024	Barton County 2021	Trend	State of KS	SWKS Rural Norm (N=14)	Source
a	Per capita income in past 12 months (in 2021 dollars), 2017-2021	$31,516	$28,590	+	$38,108	$31,172	People Quick Facts
b	Persons in poverty, percent, 2020-2022	13.9%	13.4%		12.00%	13.5%	People Quick Facts
c	Total Housing units, 2022	12,369	12,754		1,292,622	6,401	People Quick Facts
d	Persons per household, 2017-2021	2.5	1.9		2.5	2.4	People Quick Facts
e	Severe housing problems, percent, 2015-2019	10.4%	11.9%		12.5%	9.6%	County Health Rankings
f	Total employer establishments, 2021	901	NA		75,057	361	Business Quick Facts
g	Unemployment, percent, 2021	2.9%	3.3%		3.2%	2.8%	County Health Rankings
h	Food insecurity, percent, 2020	11.5%	12.5%		9.7%	11.4%	County Health Rankings
i	Limited access to healthy foods, percent, 2019	12.5%	9.2%	-	8.4%	9.6%	County Health Rankings
j	Long commute - driving alone, percent, 2017-2021	9.7%	11.2%	+	21.7%	25.1%	County Health Rankings
k	Community Spending on Food, 2023 **	13.4%	NA		12.7%	13.5%	Kansas Health Matters
l	Community Spending on Transportation, 2023 **	18.9%	NA		18.1%	20.2%	Kansas Health Matters
m	Households With Internet Sub (2017-2021) **	82.2%	NA		86.7%	79.4%	Kansas Health Matters
n	Student Loan Spending-to-Income, 2023 **	5.4%	NA		4.6%	5.4%	Kansas Health Matters

**New Social Determinant Data Resources

Tab 3: Educational Profile

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

3		Education - Health Indicators	Barton County 2024	Barton County 2021	Trend	State of KS	SWKS Rural Norm (N=14)	Source
	a	Children eligible for free or reduced price lunch, percent, 2020-2021	61.9%	64.1%		48.0%	51.0%	County Health Rankings
	b	High school graduate or higher, percent of persons age 25 years+, 2017-2021	89.6%	95.8%	-	91.0%	90.9%	People Quick Facts
	c	Bachelor's degree or higher, percent of persons age 25 years+, 2017-2021	21.7%	24.1%		34.7%	22.1%	People Quick Facts

#	Indicators	Ellinwood District 2024	Ellinwood District 2014
1	Total # Public School Nurses		1
2	School Nurse is part of the IEP team Yes/No		No
3	School Wellness Plan (Active)		No
4	VISION: # Screened / Referred to Prof / Seen by Professional		149 / 10 / 3
5	HEARING: # Screened / Referred to Prof / Seen by Professional		154 / 4 / 0
6	ORAL HEALTH: # Screened / Referred to Prof / Seen by Professional		NA
7	SCOLIOSIS: # Screened / Referred to Prof / Seen by Professional		NA
8	# of Students served with no identified chronic health concerns		376
9	School has a suicide prevention program		No
10	Compliance on required vaccincations (%)		100%

Tab 4: Maternal / Infant Profile

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

4		Maternal/Infant - Health Indicators (Access/Quality)	Barton County 2024	Barton County 2021	Trend	State of KS	SWKS Rural Norm (N=14)	Source
	a	Percent of Births Where Prenatal Care began in First Trimester, 2019-2021	82.1%	77.2%	+	81.3%	80.1%	Kansas Health Matters
	b	Percentage of Premature Births, 2019-2021	11.7%	10.2%	-	9.1%	10.2%	Kansas Health Matters
	c	Percent of Infants up to 24 months that received full Immunizations, 2017-2018	79.3%	77.2%		69.2%	72.0%	Kansas Health Matters
	d	Percent of Births with Low Birth Weight, 2019-2021	6.9%	6.3%		7.3%	7.3%	Kansas Health Matters
	e	Percent of all Births Occurring to Teens (15-19), 2019-2021	7.1%	7.8%		5.5%	5.6%	Kansas Health Matters
	f	Percent of births Where Mother Smoked During Pregnancy, 2019-2021	12.9%	16.9%		10.0%	11.6%	Kansas Health Matters
	g	Child Care Centers per 1,000 Children, 2010-2022	10.3	NA		7.0	6.5	County Health Rankings

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

#	Vital Satistics (Rate per 1,000)	Barton County, KS	Kansas	SWKS RURAL NORM (14)
a	Total Live Births, 2017	10.7	12.5	10.8
b	Total Live Births, 2018	12.3	12.5	11.0
c	Total Live Births, 2019	11.9	12.1	10.9
d	Total Live Births, 2020	12.7	11.8	10.5
e	Total Live Births, 2021	12.5	11.8	10.7
f	Total Live Births, 2017-2021 - 5 year Rate (%)	12.0	12.1	10.8

Tab 5: Hospitalization and Provider Profile

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

5		Hospital/Provider - Health Indicators (Access/Quality)	Barton County 2024	Barton County 2021	Trend	State of KS	SWKS Rural Norm (N=14)	Source
	a	Primary Care Physicians (Pop Coverage per MDs & DOs) - No extenders Included, 2020	1833:1	1891:1		1260:1	1918:1	County Health Rankings
	b	Preventable hospital rate per 100,000, 2020 (lower the better)	2,712	4,460	**+**	2708	2,640	County Health Rankings
	c	Patients Who Gave Their Hospital a Rating of 9 or 10 on a Scale from 0 (Lowest) to 10 (Highest)	NA	NA		78%	75.6%	CMS Hospital Compare, Latest Release
	d	Patients Who Reported Yes, They Would Definitely Recommend the Hospital	NA	NA		78%	73.2%	CMS Hospital Compare, Latest Release
	e	Average (Median) time patients spent in the emergency department, before leaving from the visit (mins)	106	NA		112	111	CMS Hospital Compare, Latest Release

Tab 6: Behavioral / Mental Health Profile

Behavioral healthcare provides another important indicator of community health status.

6		Mental - Health Indicators	Barton County 2024	Barton County 2021	Trend	State of KS	SWKS Rural Norm (N=14)	Source
	a	Adults Ever Diagnosed with Depression, 2021 **	20.3%	NA		NA	20.1%	Kansas Health Matters
	b	Age-adjusted Suicide Mortality Rate per 100,000 population, 2018-2020	23.3	23.3		18.7	22.5	Kansas Health Matters
	c	Mental Behavioral Hospital Admission Rates per 100,000, 2018-2020	31.1	34.8		75.1	59.2	Kansas Health Matters
	d	Average Number of mentally unhealthy days, 2020	4.3	3.8		4.4	4.5	County Health Rankings

**New Social Determinant Data Resources

CDC - 2022 U.S. County Opiod Dispensing Rates			
State	County	FIPS	Opioid Dispensing Rate per 100
KS	**Barton County**	20009	57.6
	KS Average 2022		45.7
Source: Drug Overdose | CDC Injury Center			

Tab 7a: Risk Indicators & Factors Profile

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

7a	High-Risk - Health Indicators	Barton County 2024	Barton County 2021	Trend	State of KS	SWKS Rural Norm (N=14)	Source
a	Adult obesity, percent, 2020	35.7%	39.1%		35.8%	38.4%	County Health Rankings
b	Adult smoking, percent, 2020	20.3%	17.3%	-	17.2%	20.1%	County Health Rankings
c	Excessive drinking, percent, 2020	17.3%	16.7%	-	19.7%	18.8%	County Health Rankings
d	Physical inactivity, percent, 2020	24.7%	27.5%	+	21.4%	24.8%	County Health Rankings
e	Sexually transmitted infections (chlamydia), rate per 100,000 - 2020	384.0	389.0		502	313	County Health Rankings

Tab 7b: Chronic Risk Profile

7b	Chronic - Health Indicators **	Barton County 2024	Barton County 2021	Trend	State of KS	SWKS Rural Norm (N=14)	Source
a	Adults who Have Taken Medication for High Blood Pressure, 2021, percent	81.5%	NA		55.2%	82.5%	Kansas Health Matters
b	Congestive Heart Failure Hospital Admission Rate, 2018-2020	16.0%	NA		24.1%	19.3%	Kansas Health Matters
c	Adults with Kidney Disease, percent, 2021	3.6%	NA		NA	3.7%	Kansas Health Matters
d	Adults with COPD, percent, 2021	8.7%	NA		NA	8.7%	Kansas Health Matters
e	Adults 20+ with Diabetes, percent, 2021	9.0%	NA		NA	8.9%	Kansas Health Matters
f	Adults with Cancer, percent, 2021	8.3%	NA		NA	8.8%	Kansas Health Matters
g	Adults with Current Asthma, percent, 2021	10.1%	NA		NA	10.1%	Kansas Health Matters
h	Adults who Experienced a Stroke, percent, 2021	3.8%	NA		NA	3.9%	Kansas Health Matters

*New Social Determinant Data Resources

Tab 8: Uninsured Profile and Community Benefit

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

8	Ins Coverage - Health Indicators	Barton County 2024	Barton County 2021	Trend	State of KS	SWKS Rural Norm (N=14)	Source
a	Uninsured, percent, 2020	13.1%	12.9%	-	10.3%	12.9%	County Health Rankings
b	Persons With Health Insurance, 2021	86.7%	NA		89.1%	87.3%	Kansas Health Matters
c	Kansas Medical Assistance Programs - Adults per 1,000 (ages 20-64), 2022	139.6	NA		99.4	129.3	Kansas Health Matters

Source: Internal Hospital Records				
	Ellinwood Dist Hospital	YR 2021	YR 2022	YR 2023
1	Charity Care	$44,856	$46,350	$17,388
2	Bad Debt Writeoffs	$45,367	$11,698	$12,718

Tab 9: Mortality Profile

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

9		Mortality - Health Indicators	Barton County 2024	Barton County 2021	Trend	State of KS	SWKS Rural Norm (N=14)	Source
	a	Life Expectancy, 2018 - 2020	76.9	78.3		77.8	74.3	Kansas Health Matters
	b	Age-adjusted Cancer Mortality Rate per 100,000 population, 2018-2020 (lower is better)	156.7	134.8		151.4	166.9	Kansas Health Matters
	c	Age-adjusted Heart Disease Mortality Rate per 100,000 population, 2018-2020 (lower is better)	172.2	178.5		162.0	176.4	Kansas Health Matters
	d	Age-adjusted Chronic Lower Respiratory Disease Mortality Rate per 100,000, 2018-2020 (Lower is better)	53.3	50.2		47.1	50.4	Kansas Health Matters
	e	Alcohol-impaired driving deaths, percent, 2016-2020	5.6%	15.8%	+	19.4%	21.3%	County Health Rankings

Causes of Death by County of Residence, KS (Year 2021)	Barton County	%	Trend	Kansas	%
TOTAL (All Causes)	367	100.0%		31,637	100.0%
All Other Causes	107	29.2%		9,536	30.1%
Major Cardio Vascular Diseases	78	21.3%		8,307	26.3%
Cancer	65	17.7%		5,379	17.0%
Diseases of Heart	63	17.2%		6,260	19.8%
Ischemic Heart Diseases	35	9.5%		3,605	11.4%
Cancer of Digestive Organs	27	7.4%		1,443	4.6%
Chronic Lower respiratory Diseases	27	7.4%		1,494	4.7%
Other Heart Diseases	26	7.1%		1,892	6.0%

Tab 10: Preventive Quality Measures Profile

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

10		Preventative - Health Indicators	Barton County 2024	Barton County 2021	Trend	State of KS	SWKS Rural Norm (N=14)	Source
	a	Access to exercise opportunities, percent, 2020 & 2022	80.9%	74.8%	+	79.7%	52.7%	County Health Rankings
	b	Mammography annual screening, percent, 2017	36.0%	41.0%		42.0%	34.8%	County Health Rankings
	c	Adults who have had a Routine Checkup, percent, 2021 **	76.7%	NA		75.0%	75.9%	Kansas Health Matters
	d	Percent Annual Check-Up Visit with Dentist 2020	60.3%	NA		63.0%	62.0%	Kansas Health Matters
	e	Percent Annual Check-Up Visit with Eye Doctor	NA	NA		TBD		Kansas Health Matters

*New Social Determinant Data Resources

PSA Primary Research:

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

Chart #1 – Barton County, KS PSA Online Feedback Response (N=179)

Ellinwood, KS - CHNA YR 2024			
For reporting purposes, are you involved in or are you a ...? (Check all that apply)	**Ellinwood, KS N= 179**	**Trend**	**Round #5 Norms N=2157**
Business/Merchant	**8.5%**	🟩	**13.8%**
Community Board Member	**6.0%**	🟩	**12.2%**
Case Manager/Discharge Planner	**2.0%**		**1.2%**
Clergy	**1.0%**		**1.1%**
College/University	**3.0%**	🟨	**3.4%**
Consumer Advocate	**1.5%**		**2.7%**
Dentist/Eye Doctor/Chiropractor	**1.5%**		**0.8%**
Elected Official - City/County	**2.0%**		**2.4%**
EMS/Emergency	**3.0%**	🟨	**2.4%**
Farmer/Rancher	**4.0%**	🟨	**12.2%**
Hospital	**19.4%**	🟩	**28.6%**
Health Department	**1.0%**		**1.4%**
Housing/Builder	**1.5%**		**1.2%**
Insurance	**2.0%**		**1.8%**
Labor	**4.0%**	🟨	**5.2%**
Law Enforcement	**0.5%**		**1.2%**
Mental Health	**2.5%**		**2.8%**
Other Health Professional	**10.4%**	🟩	**15.0%**
Parent/Caregiver	**13.4%**	🟩	**22.4%**
Pharmacy/Clinic	**1.5%**		**3.0%**
Media (Paper/TV/Radio)	**1.0%**		**0.4%**
Senior Care	**3.5%**	🟨	**6.4%**
Teacher/School Admin	**5.0%**	🟩	**7.5%**
Veteran	**2.0%**		**3.1%**
TOTAL	**201**		**1315**
*Norms: KS Counties: , Ellis, Pawnee, Russell, Sheridan, Smith, Thomas, Trego, Barton, Norton, Decatur.			

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

Quality of Healthcare Delivery Community Rating

Ellinwood, KS - CHNA YR 2024 N=179			
How would you rate the "Overall Quality" of healthcare delivery in our community?	Ellinwood, KS N= 179	Trend	*Round #5 Norms N=2154
Top Box %	**35.8%**		**25.7%**
Top 2 Boxes %	**72.1%**		**69.3%**
Very Good	35.8%		25.7%
Good	36.3%		43.7%
Average	20.7%		24.5%
Poor	6.7%		5.1%
Very Poor	0.6%		1.1%
Valid N	179		2,148
*Norms: KS Counties: , Ellis, Pawnee, Russell, Sheridan, Smith, Thomas, Trego, Barton, Norton, Decatur.			

Re-evaluate Past Community Health Needs Assessment Needs

Ellinwood, KS - CHNA YR 2024 N=179					
Past CHNA Unmet Needs Identified		**Ongoing Problem**			**Pressing**
Rank	Ongoing Problem	Votes	%	Trend	Rank
1	Child Care (Access / Cost)	76	12.8%		1
2	Mental Health Services (Provider, Treatment, Aftercare)	72	12.1%		2
3	Drug / Substance Abuse	55	9.3%		3
4	"Aging in Place" Facilities	54	9.1%		4
5	Senior Care	48	8.1%		8
6	Access to More Specialists	46	7.8%		7
7	Affordable Housing	40	6.7%		5
8	Affordable Healthcare	39	6.6%		6
9	Obesity	26	4.4%		12
10	Awareness of Healthcare Services	25	4.2%		13
11	Economic Development	25	4.2%		9
12	Access to Healthcare Providers	24	4.0%		11
13	Chronic Disease Management	24	4.0%		14
14	Cancer Care	20	3.4%		15
15	Improved Hospital Facility	19	3.2%		10
	Totals	593	100.0%		

Community Health Needs Assessment "Causes of Poor Health"

Ellinwood, KS - CHNA YR 2024 N=179			
In your opinion, what are the root causes of "poor health" in our community? Please select top three.	Ellinwood, KS N= 179	Trend	Round #5 Norms N=2154
Chronic Disease Management	8.8%		8.6%
Lack of Health & Wellness	10.7%		10.9%
Lack of Nutrition / Access to Healthy Foods	7.2%		9.9%
Lack of Exercise	11.5%		13.4%
Limited Access to Primary Care	2.7%		4.9%
Limited Access to Specialty Care	8.3%		6.9%
Limited Access to Mental Health	14.7%		14.6%
Family Assistance Programs	7.0%		5.6%
Lack of Health Insurance	14.7%		11.9%
Neglect	8.0%		9.2%
Lack of Transportation	6.4%		4.2%
Total Votes	374		4,106
*Norms: KS Counties: , Ellis, Pawnee, Russell, Sheridan, Smith, Thomas, Trego, Barton, Norton, Decatur.			

Community Rating of HC Delivery Services (Perceptions)

Ellinwood, KS - CHNA YR 2024 N=179	Ellinwood, KS N= 179			Round #5 Norms N=2157	
How would our community rate each of the following?	Top 2 boxes	Bottom 2 boxes	Trend	Top 2 boxes	Bottom 2 boxes
Ambulance Services	96.5%	0.0%		83.3%	2.7%
Child Care	41.5%	28.9%		40.2%	20.9%
Chiropractors	79.1%	4.3%		76.0%	4.4%
Dentists	26.7%	47.3%		47.1%	29.5%
Emergency Room	74.8%	7.7%		75.4%	5.5%
Eye Doctor/Optometrist	42.4%	39.4%		71.8%	9.6%
Family Planning Services	29.7%	34.4%		45.7%	17.1%
Home Health	54.5%	12.1%		54.2%	9.9%
Hospice/Palliative	66.4%	8.2%		63.5%	8.0%
Telehealth	57.3%	19.1%		51.3%	12.3%
Inpatient Hospital Services	78.7%	5.1%		75.5%	5.5%
Mental Health Services	30.3%	37.1%		35.3%	29.4%
Nursing Home/Senior Living	29.3%	42.1%		54.4%	15.0%
Outpatient Hospital Services	76.7%	6.0%		75.3%	4.5%
Pharmacy	92.6%	0.7%		85.8%	2.1%
Primary Care	79.6%	7.3%		77.2%	5.1%
Public Health	67.7%	8.3%		61.4%	9.8%
School Health	59.1%	8.3%		58.1%	7.9%
Visiting Specialists	48.9%	15.0%		66.0%	7.8%
*Norms: KS Counties: , Ellis, Pawnee, Russell, Sheridan, Smith, Thomas, Trego, Barton, Norton and Decatur.					

Community Health Readiness

Ellinwood, KS - CHNA YR 2024 N=179	Bottom 2 boxes		
Community Health Readiness is vital. How would you rate each of the following? (% Poor / Very Poor)	Ellinwood, KS N= 179	Trend	Round #5 Norms N=2157
Behavioral/Mental Health	47.9%		33.0%
Emergency Preparedness	3.3%		6.8%
Food and Nutrition Services/Education	26.1%		16.8%
Health Wellness Screenings/Education	16.7%		9.4%
Prenatal/Child Health Programs	25.9%		14.7%
Substance Use/Prevention	46.6%		35.3%
Suicide Prevention	47.0%		39.2%
Violence/Abuse Prevention	39.5%		34.1%
Women's Wellness Programs	29.9%		18.1%
Exercise Facilities / Walking Trails etc.	20.7%		13.6%

Healthcare Delivery "Outside our Community"   *Specialties:*

Ellinwood, KS - CHNA YR 2024 N=179			
In the past 2 years, did you or someone you know receive HC outside of our community?	Ellinwood, KS N= 179	Trend	Round #5 Norms N=2157
Yes	69.5%		75.1%
No	30.5%		24.9%
*Norms: KS Counties: , Ellis, Pawnee, Russell, Sheridan, Smith, Thomas, Trego, Barton, Norton, Decatur.			

SPEC	CTS
OBG	12
CARD	11
DENT	10
SURG	9
ENT	7
SPEC	7
ORTH	6
PRIM	5
DERM	4
FEM	4

Access to Providers / Staff in our Community

Ellinwood, KS - CHNA YR 2024 N=179			
Access to care is vital. Are there enough providers / staff available at the right times to care for you and our community?	Ellinwood, KS N= 179	Trend	Round #5 Norms N=2157
Yes	63.6%		58.4%
No	36.4%		41.6%

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

Ellinwood, KS - CHNA YR 2024 N=179			
What needs to be discussed further at our CHNA Town Hall meeting? Top 3	**Ellinwood, KS N= 179**	**Trend**	**Round #5 Norms N=2157**
Abuse/Violence	2.5%		3.8%
Access to Health Education	2.7%		3.0%
Alcohol	2.8%		3.8%
Alternative Medicine	3.2%		3.3%
Behavioral/Mental Health	8.0%		8.1%
Breastfeeding Friendly Workplace	1.0%		0.9%
Cancer	2.8%		2.8%
Care Coordination	2.0%		2.5%
Diabetes	2.0%		2.7%
Drugs/Substance Abuse	7.2%		6.6%
Family Planning	2.5%		1.8%
Health Literacy	3.2%		2.5%
Heart Disease	2.5%		1.8%
Housing	6.2%		5.8%
Lack of Providers/Qualified Staff	3.3%		5.1%
Lead Exposure	0.5%		0.5%
Neglect	2.3%		1.7%
Nutrition	4.3%		3.8%
Obesity	4.0%		5.1%
Occupational Medicine	0.5%		0.7%
Ozone (Air)	0.7%		0.4%
Physical Exercise	4.7%		4.2%
Poverty	4.7%		4.1%
Preventative Health/Wellness	4.7%		4.7%
Sexually Transmitted Diseases	2.3%		1.3%
Suicide	5.8%		6.0%
Teen Pregnancy	2.2%		1.7%
Telehealth	2.0%		2.2%
Tobacco Use	2.3%		2.1%
Transportation	2.3%		2.3%
Vaccinations	1.3%		1.8%
Water Quality	3.3%		2.8%
TOTAL Votes	599		6,468
Norms: KS Counties: , Ellis, Pawnee, Russell, Sheridan, Smith, Thomas, Trego, Barton, Norton, Decatur.			

IV. Inventory of Community Health Resources

[VVV Consultants LLC]

Inventory of Health Services - Ellinwood KS PSA

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

Inventory of Health Services - Ellinwood KS PSA

Cat	HC Services Offered in County: Yes / No	Ellinwood	Health Dept	Other
Hosp	Orthopedic Services	No	No	Yes
Hosp	Outpatient Surgery	No	No	Yes
Hosp	Pain Management	No	No	Yes
Hosp	Palliative Care Program	No	No	Yes
Hosp	Pediatric	Yes	No	Yes
Hosp	Physical Rehabilitation	Yes	No	Yes
Hosp	Positron Emission Tomography (PET)	No	No	No
Hosp	Positron Emission Tomography/CT (PET/CT)	No	No	No
Hosp	Psychiatric Services	No	No	Yes
Hosp	Radiology, Diagnostic	Yes	No	Yes
Hosp	Radiology, Therapeutic	No	No	No
Hosp	Reproductive Health	No	No	No
Hosp	Robotic Surgery	No	No	No
Hosp	Shaped Beam Radiation System 161	No	No	No
Hosp	Single Photon Emission Computerized Tomography (SPECT)	No	No	No
Hosp	Sleep Center	No	No	No
Hosp	Social Work Services	Yes	No	No
Hosp	Sports Medicine	No	No	No
Hosp	Stereotactic Radiosurgery	No	No	No
Hosp	Swing Bed Services	Yes	No	No
Hosp	Transplant Services	No	No	No
Hosp	Trauma Center	No	No	No
Hosp	Ultrasound	Yes	No	Yes
Hosp	Women's Health Services	Yes	Yes	Yes
Hosp	Wound Care	Yes	No	No
SR	Adult Day Care Program	No	No	Yes
SR	Assisted Living	Yes	No	Yes
SR	Home Health Services	Yes	No	Yes
SR	Hospice	No	No	Yes
SR	LongTerm Care	Yes	No	Yes
SR	Nursing Home Services	Yes	No	Yes
SR	Retirement Housing	Yes	No	Yes
SR	Skilled Nursing Care	Yes	No	Yes
ER	Emergency Services	Yes	No	No
ER	Urgent Care Center	No	No	Yes
ER	Ambulance Services	No	No	Yes
SERV	Alcoholism-Drug Abuse	No	No	No
SERV	Blood Donor Center	No	No	No
SERV	Chiropractic Services	Yes	No	Yes
SERV	Complementary Medicine Services	No	No	No
SERV	Dental Services	No	No	Yes
SERV	Fitness Center	Yes	No	Yes
SERV	Health Education Classes	Yes	Yes	Yes
SERV	Health Fair (Annual)	No	Yes	No
SERV	Health Information Center	No	Yes	No
SERV	Health Screenings	Yes	Yes	Yes
SERV	Meals on Wheels	Yes	No	No

	Inventory of Health Services - Ellinwood KS PSA			
Cat	HC Services Offered in County: Yes / No	Ellinwood	Health Dept	Other
SERV	Nutrition Programs	No	Yes	No
SERV	Patient Education Center	No	Yes	No
SERV	Support Groups	Yes	Yes	No
SERV	Teen Outreach Services	No	No	No
SERV	Tobacco Treatment/Cessation Program	No	Yes	Yes
SERV	Transportation to Health Facilities	Yes	No	No
SERV	Wellness Program	No	Yes	No

YR 2024 - Physician Manpower - Ellinwood KS PSA

# of FTE Providers	Supply Working in County		
	County Based MD or DO	Visiting DR (FTE) to County	County based PA / NP
Primary Care:			
Family Practice	2.0	0.0	2.0
Internal Medicine	0.0	0.0	0.0
Obstetrics/Gynecology	0.0	0.0	0.0
Pediatrics	0.0	0.0	0.0
Medicine Specialists:	0.0	0.0	0.0
Allergy/Immunology	0.0	0.0	0.0
Cardiology	0.0	0.1	0.0
Dermatology	0.0	0.0	0.0
Endocrinology	0.0	0.0	0.0
Gastroenterology	0.0	0.0	0.0
Oncology/RADO	0.0	0.0	0.0
Infectious Diseases	0.0	0.0	0.0
Nephrology	0.0	0.0	0.0
Neurology	0.0	0.0	0.0
Psychiatry	0.0	0.0	0.0
Pulmonary	0.0	0.0	0.0
Rheumatology	0.0	0.0	0.0
Surgery Specialists:	0.0	0.0	0.0
General Surgery	0.1	0.0	0.0
Neurosurgery	0.0	0.0	0.0
Ophthalmology	0.0	0.0	0.0
Orthopedics	0.0	0.0	0.0
Otolaryngology (ENT)	0.0	0.0	0.0
Plastic/Reconstructive	0.0	0.0	0.0
Thoracic/Cardiovascular/Vasc	0.0	0.0	0.0
Urology	0.0	0.0	0.0
Hospital Based Specialists:	0.0	0.0	0.0
Anesthesia/Pain	0.0	0.0	0.0
Emergency	0.0	0.0	0.2
Radiology	0.0	0.0	0.0
Pathology	0.0	0.0	0.0
Hospitalist *	0.0	0.0	0.0
Neonatal/Perinatal	0.0	0.0	0.0
Physical Medicine/Rehab	0.0	0.0	0.0
TOTALS	**2**	**0.1**	**2**

YR 2024 - Visiting Specialists to Ellinwood District Hospital

Specialty	Physician Name	Physician Group	Office Location	Schedule / Day	Annual Days	FTE
Endoscopy	Dr. Jarod Grove	Hays Med	2220 Canterbury Dr Hays, KS 67601	2nd Tuesday	12	**0.05**
Cardiology	Dr. Gregory Boxberger	KS Physician Group	2600 N Woodlawn Blvd Wichita, KS 67220	1st Friday	12	**0.05**

Ellinwood KS Area Health Services Directory

Emergency Numbers:

Police/Sheriff   911

Fire   911

Ambulance   911

Non-Emergency Numbers:

Barton County Sheriff   (620) 793-1876

Barton County Ambulance   (620)-793-1919

Municipal Non-Emergency Numbers

	Police/Sheriff	Fire
Ellinwood, KS	(620) 564-3001	(620) 564-3161

Ellinwood KS PSA Healthcare Directory

20th Judicial District Court Services 620-793-1887
1806 12th Street, Great Bend, Ks. 67530
Contact: Sabrina Chism, Chief Court
Services Officer
ctservechism@cpcis.net

**Albert Fire Department
620-923-4600**
Albert, Ks. 67511   911

Almost Home, Inc.   620-617-1634

**American Red Cross Disaster Response
and Planning 316-219-4051**
www.midwaykansas.redcross.org
1900 E. Douglas, Wichita, Kansas 67214
fax 316-219-4006

**American Red Cross of Central and
Western Kansas**
Address: 145 S. Broadway Boulevard,
Salina, KS 67401
Phone: (785) 827-3644

Angels Care Home Health   785-445-3500
120 W. 3rd Street, Russell, KS
www.angmarholdings.com

**Assistive Technology for Kansans
800-526-3648**

Barton County Academy   620-792-7995
5220 West 10th, Great Bend, Ks. 67530
Contact: Becky Gillette

**Barton Community College 620-792-9214
Workforce Training and Community
Education**
245 NE 30th Rd, Great Bend, Ks. 67530
Contact: Elaine Simmons, Dean of
Workforce Training and Community
Education simmonse@bartonccc.edu

**Barton Community College 620-792-9349
Career Center**
245 NE 30th Rd, Great Bend, Ks. 67530
careercenter@bartonccc.edu

**Barton Community College 620-793-5794
Center for Adult Education**
1025 Main, Great Bend, Ks. 67530
Contact: Chris Lemon
lemonc@bartonccc.edu

**Barton County Health Department
620-793-1902**
1300 Kansas Avenue, Great Bend, Ks.
67530

**Barton County Health Department- WIC
Program 620-793-1909** or 620-793-1902
1300 Kansas Avenue, Great Bend, Ks.
67530
Contact: Beverly Frizell, RD, LD
bfrizell@bartoncounty.org

**Barton County Sheriff's Office
620-793-1876**
1416 Kansas Ave., Great Bend, Ks. 67530

**Barton County Special Education
Cooperative 620-793-1550**
Washington School, 2535 Lakin, Great
Bend, Ks. 67530
Contact: Christie Gerdes, Director
christie.gerdes@usd428.net

**Barton County Young Men's
Organization 620-792-1619**
1515 Morton, Great Bend, Ks. 67530
Contact: Jo Stevens

Barton County Youth Care 620-792-2902
2212 Forest Ave., Great Bend, Ks. 67530
Contact: Theresa Browne

**Big Brothers Big Sisters of Central
Kansas**
www.kansasbigs.org

Birthright   620-792-3316
2525 8th St., Great Bend, Ks. 67530
Contact: Betty Schneider, Director
betty.l.schneider@gmail.com

Boy Scouts of America, Kanza Council 620-662-2377
Box 1766, Hutchinson, Ks. 67501
Breast Friends   620-653-4834
1203 Susank Road, Hoisington, Ks. 67544
Contact: Debbie Finn
thequietones@hotmail.com

Central Kansas CASA, Inc. 620-792-5544
FAX 620.792.5564
1125 Williams, Great Bend, Ks. 67530
Contact: Executive Director Angela
Schepmann, HS-BCP casa@cpcis.net

Catholic Charities of Southwest Kansas 620-792-1393
2201 16th Street, Great Bend, Ks. 67530
Contact: Rebecca Ford -
rford@catholiccharitiesswks.org
Lori Titsworth -
ltitsworth@catholiccharitiesswks.org

The Center for Counseling & Consultation 620-792-2544
5815 Broadway, Great Bend, Ks. 67530

The Center for Counseling & Consultation 620-792-2544
Children's Based Services
5815 Broadway, Great Bend, Ks. 67530

The Center for Counseling & Consultation 620-792-2544
Community Support Services
5815 Broadway, Great Bend, Ks. 67530

Central Dental Center   316-945-9845
4805 W. Central, Wichita, Ks. 67212

Central Kansas Community Corrections 620-793-1940 fax 620-793-1893
1806 12th St., Great Bend, KS 67530
Director: Amy Boxberger
amyb@bartoncounty.org

Central Ks Dream Center   620-603-6283
2100 Broadway Ave., Great Bend, Ks 67530
Kimberly Becker, Director; 620-282-4014
cell   620-603-6476 fax

Central Kansas Educational Opportunity Center 620-793-8164
1025 Main, Great Bend, Ks. 67530
Contact: Susie Burt burts@bartonccc.edu

Central Kansas Partnership 620-793-1902
Barton County Health Department
1300 Kansas Avenue, Great Bend, KS

Cherry Village   620-793-9805
Housing/Assisted Living/Nursing Home

Child Abuse Prevention Education 620-792-2177
1010 Taft, Great Bend Kansas 67530
Contact person: Judy Johnson
happybearcape@gmail.com

Child Care Aware of Kansas 1-877-678-2548
Listing of are licensed child care providers & centers.

Claflin Fire & Ambulance Department 620-587-3498
309 W. Front, Claflin, Ks. 67525

Claflin Police Department   620-587-3344
111 E. Hamilton   911 Claflin, Ks. 67525

Clara Barton Hospital   620-653-2114
Clara Barton Hospital and its affiliates are dedicated to meeting the health care needs and improving the quality of life for the community they serve. They continually pursue clinical excellence in an atmosphere of caring and compassion. They are deeply committed to serving all in need within their resources.

Commission on Aging   620-792-3906
2005 Kansas, Great Bend, Ks. 67530
Contact: Rosy Tomlin

Commodities (Emergency Food Assistance Program (TEFAP)
Distribution Sites after application is completed and eligibility is determined:
Great Bend:
Dept. for Children & Families
        1305 Patton Road 620-792-5324
Great Bend High Rise
        1101 Kansas Avenue
        620-793-7761
Hoisington: Living Joy Comm. Church 354 W. 1st
Ellinwood: Imm. United Church of Christ
        701 N. Fritz Avenue   620-564-2695
Olmitz: St. Ann's Grade Sch. 204 1st Street 620-792-1600
Pawnee Rock: Pawnee Rock Depot, North Entrance   620-285-8983

Counseling, Inc.   620-792-5405
1916 16th St., Great Bend, KS 67530
        counselingincgb@att.net

**Department for Children & Families
Great Bend   620-792-5324**
1305 Patton Road, Great Bend, Ks. 67530

Disability Evaluations   620-804-2864
1910 18th Street , Great Bend, KS
Steve Walters, MS

Dream, Inc.   620-792-5152
2006 Washington, Great Bend, Ks. 67530

ElderCare, Inc.   620-792-1241
877-792-5942
1819 11th Street, Great Bend, Ks. 67530
(Friendship Meals) 800-530-5068

**Ellinwood EMS (Ambulance)
620-564-2408**
(Emergency)   911

Ellinwood District Hospital 620-564-2548
605 N. Main, Ellinwood, KS 67526

**Ellinwood Fire & Ambulance Department
620-564-3161**
Ellinwood, Ks. 67526 911

Ellinwood Food Bank   620-564-2660
701 N. Fritz, Ellinwood, Ks. 67526

**Ellinwood Police Department
620-564-3001**
Ellinwood, Ks. 67526 911

Emergency Aid Council   620-793-3345
3007 10th St., Great Bend, Ks. 67530

Family Crisis Center, Inc. Administrative Office 620-793-9941
1924 Broadway, Great Bend, Ks. 67530

Domestic and Sexual Violence Center (DSVC) 620-793-9941 24-hour Crisis Line: 620-792-1885 or 866-792-1885

Dell Hayden Memorial Child Advocacy Center (CAC) 620-603-6515 24-hour Crisis Line: 620-792-1885 or 866-792-1885

First Assembly of God Benevolence Ministry 620-792-5211
601 Patton Road, Great Bend, Ks. 67530

**Flint Hills Job Corps Center
785-537-7222**
4620 Eureka Drive, Manhattan, KS 66503
fax 785-564-4945

**Food Bank of Barton County
620-792-4001**
3007 10th Street, Great Bend, KS
**Food Bank Ellinwood—see Ellinwood Food Bank
Food Bank Hoisington—see Hoisington Food Bank**

**General Public Transportation
620-792-3859**
2005 Kansas, Great Bend, Ks. 67530

Gentiva Hospice   620-664-5757
1117 N. Washington, Great Bend, KS 67530
**Girl Scouts of Kansas Heartland
785-827-3679**
3115 Enterprise Drive, Suite C, Salina, KS, 67401

Golden Belt Community Foundation
620-792-3000 fax 620-792-7900
1307 Williams Street, P.O. Box 1911, Great
Bend, KS 67530
www.goldenbeltcf.org
Email: gbcf@goldenbeltcf.org

Golden Belt Home Health & Hospice
620-792-8171 or 888-792-8171
3520 Lakin Avenue Suite 102, Great Bend,
KS 67530

Golden Belt Regional Food Program
620-639-5355
Angel Food Ministries 888-819-3745
1912 11th Street, Great Bend, KS 67530
www.angelfoodministries.

Great Bend Children's Learning Center
620-792-2421
1802 22nd, Great Bend, Ks. 67530

Great Bend Fire & EMS   620-793-4140
1205 Williams, Great Bend, Ks. 67530

Great Bend Housing Authority
620-793-7761
1101 Kansas Ave., Great Bend, Ks. 67530

Great Bend Police Department
620-793-4120
1217 Williams, Great Bend, Ks. 67530

Great Bend Recreation Commission
620-793-3755
1214 Stone Street, P.O. Box 353, Great
Bend, Ks. 67530
Contact: Diann Henderson
dhenderson@gbrc.kscoxmail.com

Great Bend Regional Hospital
620-792-8833
514 Cleveland Street, Great Bend, Ks.
67530

Harvest America   877-227-7764
785-746-4321 Ext. 108 (covers Barton
County & others)
205 E. 7th, Hays, KS 67601

Hays Legal Services 785-625-4514
2017 Vine Street, Hays, Ks. 67601
Application Line: 1-800-723-6953

Head Start serving South Central Kansas
620-793-5221
Community Development Institute (CDI)
2535 Lakin Ave., Great Bend, KS 67530

Healing Hearts Ranch   620-792-5173
155 SE 1st Ave., Great Bend, KS 67530
Contact: Scott Stinemetz
scott@healingheartsranch.com

Heart of Kansas Family Health Care, Inc.
620-792-5700 620-792-5742 (fax)
1905 19th, Great Bend, Ks. 67530

Heartland Cancer Support Group
620-792-5511
Heartland Cancer Center
204 Cleveland, Great Bend, KS 67530
Substance Abuse Assessment and Referral
Care Coordination and Case Management
Local office: 1305 Patton Road 620-792-
5324 ext 276

Helping Hands Preschool   620-793-1615
2535 Lakin, Great Bend, Ks. 67530

Hoisington Ambulance Service
620-653-4150
Hoisington, Ks. 67544   911

Hoisington Fire Department (volunteer)
911
Hoisington, Ks. 67544

Hoisington Food Bank   620-653-2119
467 W 3rd, Hoisington, Ks. 67544

Hoisington Police Department
620-653-4995
109 E. 1st, Hoisington, Ks. 67544

HUD   620-793-7761
1101 Kansas, Great Bend, KS 67530

HUD   620-275-1619
Box 1636, Dodge City, Ks. 67801

Interfaith Housing Services
1-877-447-5927
fax: 620-662-8399
PO Box 1987, Hutchinson, KS 67504-1987

Job Success 620-792-7390
1305 Patton Rd., Great Bend, Ks. 67530

Juvenile Services 20th Judicial District
620-793-1930 620-793-1977 (fax)
1213 Baker, Great Bend, Ks. 67530
Contact: Laurie White, Director
lwhite@bartoncounty.org

Kan-Be-Healthy 800-766-9012
(child health exams) consumer help

KanCare 620-282-3555
(Medical Card Health Insurance)
www.kancareks.gov

Kansas Bureau of Investigation (KBI)
620-792-4354 1-800-KS-CRIME
625 Washington, Great Bend, Ks. 67530
Contact: SAC Kelly W. Ralston
kelly.ralston@kbi.state.ks.us
SAC Bruce Mellor
bruce.mellor@kbi.state.ks.us

Kansas Children's Service League-
Parent Helpline 316-942-4261
Box 517, Wichita, Ks. 67201
(Helpline) 800-332-6378
www.kcsl.org

Kansas Food 4 Life 620-793-7100
4 NW 25 Road, Great Bend, KS 67530
www.kansasfood4life.org

Kansas Guardianship Program
800-672-0086
3248 Kimball Ave., Manhattan, Ks. 66503
www.ksgprog.org 785-587-8555

Kansas Health Insurance
https://www.healthcare.gov/

Kansas Kids GearUp 620-617-1955
5220 10th Street, Great Bend, KS 67530
Kansaskids@GEARUP

Kansas Legal Services, Inc. 800-723-6953
www.kansaslegalservices.org

Kansas Quitline 1-800-QUIT-NOW
(1-800-784-8669)

Kansas Weatherization Assistance
Program – KWAP 877-505-5150

Kansas Works 620-793-5445
1025 Main, Great Bend, Ks. 67530
Contact: Heidi Brittain
hbrittain@kansasworks.com

K-State Research and Extension-Barton
County 620-793-1910
1800 12th St., Great Bend, Ks. 67530

Libraries
Claflin Independent Township Library
620-587-3488
108 Main, Claflin, Ks. 67511
Ellinwood School Community Library
620-564-2306
210 N. Schiller Ave., Ellinwood, Ks. 67526
Great Bend Public Library
620-792-2409
1409 Williams, Great Bend, Ks. 67530
Hoisington Public Library
620-653-4128
169 S. Walnut, Hoisington, Ks. 67544
LIEAP (Low Income Energy Assistance
Program) 620-792-5324 ext. 200
Great Bend DEPT. CH. & FAM.
1305 Patton Road, Great Bend, Ks. 67530
fax 620-792-5373
www.ks-energy-assistance.com

LINK (Living Independently in Northwest
Kansas) 620-792-6600 620-792-2368 fax
1103 Main, Great Bend, Ks. 67530
Contact: Denise Henkle
denisehenkle@ruraltel.net

L&L Training & Consultation
620-282-1330
1901 Washington St., Great Bend, KS
67530 parenting4gb@att.net

Meals on Wheels   620-792-5942
1819 11th Street, Great Bend, Ks. 67530
Friendship Meals 1-800-530-5068

Medicaid / KanCare (Customer Assistance) 800-766-9012

Mini-Bus (operated by Area Agency on Aging) 620-792-3859
2005 Kansas, Great Bend, KS 67530

Parent/Teacher Resource Center (PTRC) 620-793-1633
Washington School
2535 Lakin, Great Bend, KS

Pathways ResCare Kansas, Inc. 620-793-8501
2317 Washington Street, Great Bend, KS 67530

Pathways ResCare Home Care 620-793-8501

Point of Grace Pregnancy and Parenting Resource Center (620) 680-2119
503 S. Grand Ave., Lyons, KS, 67554

Prairie Land Food   620-793-8510
Assembly of God Church
2106 San Domingo, Great Bend, Ks. 67530

Pregnancy Support 620-227-1562
Catholic Charities of Southwest Kansas
2201 16th Street, Great Bend, KS 67530

Prescription Assistance (for patients only)
Heart of Kansas Family Health Care, Inc.
620-792-5700
St. Rose Health Center   **620-792-6541**

Psychological Services & Consultation 785-220-4562
1910 18th Street, Great Bend, KS
Drs. Jane Davis & Steve Walters

Rosewood Services 620-793-5888
384 N. Washington, Great Bend, Ks. 67530
Contact: Tammy Hammond,
info@rosewoodservices.com
www.rosewoodservices.com

Safe Haven Sites for Infants
Newborns up to 45 days old can now be safely given up by mothers to employees at **Health Departments, Hospitals, Medical Facilities or Fire Departments in Kansas** *with employees present--*
with no consequences or abandonment charges. This new program ensures the safety and health of newborns. In Kansas, no one ever has to abandon a child again.
Saint Francis Community Services 620-793-7454
1508 Main, Great Bend, Ks. 67530
St. Rose Health Center   620-786-6115
3515 Broadway, Great Bend, KS 67530
St. Rose Convenient Care   620-792-3345
3515 Broadway, Great Bend, Ks. 67530
Contact: Receptionist

Salvation Army   620-792-4299
2545 10th Street, Great Bend, Ks. 67530
Dianne Meyers, LBSW, LAC Salvation Army KS Case Man. for Supportive Services for Veteran Families
203 E. 7th Street, Suite F, Hays, KS 67601
Office: 785-621-2478
Cell: 816-438-3755
Fax: 785-621-2479

Sandstone Bridge Center   620-603-6022
2015 Forest, Suite 200,Great Bend, KS

Senior Center   620-792-3906
2005 Kansas, Great Bend, Ks 67530

Senior Health Insurance Counseling for KS (SHICK)   1-800-860-5260
www.agingkansas.org/SHICK/shick index.html

SER Corporation   785-623-4016
1008 E. 17th, #7, Hays, Ks. 67601
www.sercorp.com
Contact Vicki Needham
        vneedham@sercorp.com

SER Jobs for Progress National Inc. 785-623-4006
SER SCSEP Hays   785-623-4472 Fax
Hours: Mon – Fri 8:00am to 5:00pm
1008 E 17th Street, Hays, KS 67601

SKIL   785-628-8019
Contact: Jeff Simmon

Smoky Hill Foundation for Chemical Dependency 785-625-5521
209 E. 7th Street, Hays, KS 67601
Fax 785-625-5115; 1-800-757-2180
www.smokyhillfoundation.com

Social Security Administration 620-663-8341
811 E. 30th St., Suite A, Hutchinson, KS 67502
1-877-846-8333
www.socialsecurity.gov

Sommerset Place   620-793-8075
5803 16th St. Terrace, Great Bend, Ks. 67530
620-793-7417 fax
Contact: Bernadean Herl

Southwest Developmental Services, Inc. 620-793-7604
3111 W. 10th Street, Suite 102, Great Bend, KS 67530

Southwest Kansas Area Agency on Aging 620-793-6633
1905 Washington, Great Bend, Ks. 67530

Suicide Prevention Lifeline 1-800-273-TALK (8255)
www.suicidepreventionlifeline.org/

Sunflower Diversified Services 620-792-1321
8823 4th Street, P.O. Box 838, Great Bend, Ks. 67530
Contact: Ladeska (Decky) Makings, COO
lmakings@sunflowerdiv.com

Sunflower Early Education Center (EEC) 620-792-4087
1312 Patton Road, Great Bend, Ks. 67530
800-692-4087

Sunrise Staffing Services, LLC 620-792-1004
2015 Forest, Room 202, Great Bend, Ks. 67530
Contact: Chris & Melanie Ryan
cryan_sss@sbcglobal.net

Teen Court (Juvenile Services) 620-793-1930
1213 Baker, Great Bend, KS 67530

Tobacco Cessation 1-800-QUIT-NOW 1-800-784-8669

United Methodist Mexican-American 620-275-1766
Ministries, Inc. (UMAM)
712 St. John Street, P.O. Box 766, Garden City, Ks. 67846
http://www.ummam.org/

United Way of Central Kansas 620-792-2403
1125 Williams, Great Bend, Ks. 67530
Contact: Julie Smith
            unitedwaycentralks@hotmail.com

USD 428 Parents As Teachers 620-793-1500
Riley Elementary School 620-793-1506
1515 10th Street, Great Bend, Ks. 67530

US Department of Housing and Urban Development 913-551-5462
Kansas Regional Office
www.hud.gov/local/index.cfm

Valley Hope Centers 1-800-544-5101
Locations in Norton, Halstead and Atchison Kansas

Veterans Administration 1-800-827-1000

Veterans Hospital 1-800-878-6881
Volunteers in Action (VIA) and RSVP
620-792-1614
1025 Main Street, Great Bend, Ks. 67530

VIA Medical Transportation 620-792-1614
1025 Main Street – D114
Great Bend, Ks. 67530
Contact: John Thul   thula@bartonccc.edu

WIC –Barton County Health Department
620-793-1909
1300 E. Kansas, Suite B, Great Bend, KS
67530 see page 3

Youthfriends Kansas   **620-793-1500**
201 Patton Rd., Great Bend, Ks. 67530
Contact: Michelle Daniel, USD 428

General Online Healthcare Resources

Doctors and Dentists--General

AMA Physician Select: Online Doctor Finder (American Medical Association) DocFinder (Administrators in Medicine) Find a Dentist (Academy of General Dentistry) Find a Dentist: ADA Member Directory (American Dental Association) Physician Compare (Centers for Medicare & Medicaid Services)

Hospitals and Clinics--General

Find a Health Center (Health Resources and Services Administration) Find a Provider: TRICARE Provider Directories (TRICARE Management Activity) Hospital Quality Compare (Centers for Medicare & Medicaid Services)

Doctors and Dentists--Specialists

ACOG's Physician Directory (American College of Obstetricians and Gynecologists) ACR: Geographic Membership Directory (American College of Rheumatology) American College of Surgeons Membership Directory (American College of Surgeons) American Osteopathic Association D.O. Database (American Osteopathic Association) ASGE: Find a Doctor (American Society for Gastrointestinal Endoscopy) Cancer Genetics Services Directory (National Cancer Institute) Child and Adolescent Psychiatrist Finder (American Academy of Child and Adolescent Psychiatry) Dystonia: Find a Health Care Professional (Dystonia Medical Research Foundation) Expert Locator: Immunologists (Jeffrey Modell Foundation) Find a Dermatologic Surgeon (American Society for Dermatologic Surgery) Find a Dermatologist (American Academy of Dermatology) Find a Gastroenterologist (American College of Gastroenterology) Find a Gynecologic Oncologist (Society of Gynecologic Oncologists) Find a Hand Surgeon (American Society for Surgery of the Hand) Find a Hematologist (American Society of Hematology) Find a Neurologist (American Academy of Neurology) Find a Pediatric Dentist (American Academy of Pediatric Dentistry) Find a Pediatrician or Pediatric Specialist (American Academy of Pediatrics) Find a Periodontist (American Academy of Periodontology) Find a Physical Medicine & Rehabilitation Physician (American Academy of Physical Medicine and Rehabilitation) Find a Plastic Surgeon (American Society of Plastic Surgeons) Find a Podiatrist (American Podiatric Medical Association) Find a Thyroid Specialist (American Thyroid Association) Find a Urologist (American Urological Association) Find an ACFAS Physician (American College of Foot and Ankle Surgeons) Find an Allergist/Immunologist: Search (American Academy of Allergy, Asthma, and Immunology) Find an Endocrinologist (Hormone Health Network) Find an Eye M.D. (American Academy of Ophthalmology) Find an Interventional Radiologist (Society of Interventional Radiology) Find an Oncologist (American Society of Clinical Oncology) Find an Oral and Maxillofacial Surgeon (American Association of Oral and Maxillofacial Surgeons) Find an Orthopaedic Foot and Ankle MD (American Orthopaedic Foot and Ankle Society) Find an Otolaryngologist (ENT) (American Academy of Otolaryngology--Head and Neck Surgery) Finding an Eye Care Professional (National Eye Institute) GI Locator Service (American Gastroenterological Association)

Other Healthcare Providers

AMTA's Find a Massage Therapist (American Massage Therapy Association) Cancer Genetics Services Directory (National Cancer Institute) Find a Diabetes Educator (American Association of Diabetes Educators) Find a Genetic Counselor (National Society of Genetic Counselors) Find a Midwife (American College of Nurse-Midwives) Find a Nurse Practitioner (American Academy of Nurse Practitioners) Find a Physical Therapist (American Physical Therapy Association) Find a Professional: Online Directory of Audiology and Speech-Language Pathology Programs (American Speech-Language-Hearing Association) Find a Registered Dietitian (Academy of Nutrition and Dietetics) Find a Therapist (Anxiety Disorders Association of America) Find an Audiologist (American Academy of Audiology) Manual Lymphatic Drainage Therapists (National Lymphedema Network) National Register of Health Service Providers in Psychology (National Register of Health Service Providers in Psychology) NCCAOM: Find Nationally Certified Practitioners (National Certification Commission for Acupuncture and Oriental Medicine) Search for an Emergency Contraception Provider in the United States (Princeton University, Office of Population Research)

Hospitals and Clinics--Specialized

Accredited Birth Centers (Commission for the Accreditation of Birth Centers) Alzheimer's Disease Research Centers (National Institute on Aging) Cystic Fibrosis Foundation: Find a Chapter (Cystic Fibrosis Foundation) Cystic Fibrosis Foundation: Find an Accredited Care Center (Cystic Fibrosis Foundation) Dialysis Facility Compare (Centers for Medicare & Medicaid Services) FDA Certified Mammography Facilities (Food and Drug Administration) Find a Free Clinic (National Association of Free Clinics) Find an Indian Health Service Facility (Indian Health Service) Find Treatment Centers (American Cancer Society) Genetics Clinic Directory Search (University of Washington) Locate a Sleep Center in the United States by Zip Code (American Academy of Sleep Medicine) MDA ALS Centers (Muscular Dystrophy Association) Mental Health Services Locator (Substance Abuse and Mental Health Services Administration) NCI Designated Cancer Centers (National Cancer Institute) Neurofibromatosis Specialists (Children's Tumor Foundation) Post-Polio Directory 2011: Post-Polio Clinics, Health Professionals, Support Groups (Post-Polio Health International including International Ventilator Users Network) Spina Bifida Clinic Directory (Spina Bifida Association of America) Substance Abuse Treatment Facility Locator (Substance Abuse and Mental Health Services Administration) Transplant Center Search Form (BMT InfoNet) U.S. NMDP Transplant Centers (National Marrow Donor Program) VA Health Care Facilities Locator & Directory (Veterans Health Administration) Where to Donate Blood (AABB) Where to Donate Cord Blood (National Marrow Donor Program)

Other Healthcare Facilities and Services

Alzheimer's Disease Resource Locator (Fisher Center for Alzheimer's Research Foundation) American College of Radiology Accredited Facility Search (American College of Radiology) APA District Branch / State Association Directory (American Psychiatric Association) Directory of Organizations (Deafness and Communication Disorders) (National Institute on Deafness and Other Communication Disorders) Dog Guide Schools in the United States (American Foundation for the Blind) Eldercare Locator (Dept. of Health and Human Services) Find a Hospice or Palliative Care Program (National Hospice and Palliative Care Organization) Find Services (for People with Vision Loss) (American Foundation for the Blind) Find Urgent Care Centers by State (Urgent Care Association of America) Genetic Testing Laboratory Directory (University of Washington) Home Health Compare (Centers for Medicare & Medicaid Services) Medicare: Helpful Contacts (Centers for Medicare & Medicaid Services) Muscular Dystrophy Association Clinics and Services (Muscular Dystrophy Association) National Foster Care and Adoption Directory Search (Children's Bureau) Nursing Home Compare (Centers for Medicare & Medicaid Services) Organizations That Offer Support Services (National Cancer Institute) Poison Control Centers (American Association of Poison Control Centers) Resources and Information for Parents about Braille (American Foundation for the Blind) State-Based Physical Activity Program Directory (Centers for Disease Control and Prevention) TSA Chapters in the USA (Tourette Syndrome Association) Violence against Women: Resources by State (Dept. of Health and Human Services, Office on Women's Health) Where to Find Hair Loss Accessories and Breast Cancer Products (American Cancer Society)

SOURCE: MedlinePlus provides links to directories to help you find libraries, health professionals, services and facilities. National Library of Medicine (NLM) does not endorse or recommend the organizations that produce these directories, nor the individuals or organizations that are included in the directories.

V. Detail Exhibits

[VVV Consultants LLC]

a.) Patient Origin Source Files

[VVV Consultants LLC]

Patient Origin History 2021- 2023 for IP, OP and ER – Ellinwood District Hospital PSA

#	Ellinwood, Kansas Residents			
	Inpatients - KHA HIDI	**FFY23**	**FFY22**	**FFY21**
	Total	349	405	354
1	**Ellinwood District Hospital - Ellinwood, KS**	131	165	136
	% Patients Receiving Care in Home Zip	37.5%	40.7%	38.4%
2	The University of Kansas Health Systems - Great Bend, KS	49	43	51
3	Wesley Healthcare - Wichita, KS	36	31	33
4	Clara Barton Medical Center - Hoisington, KS	23	32	30
5	HaysMed - Hays, KS	25	25	23
6	Hutchinson Regional Medical Center - Hutchinson, KS	15	21	24
7	Ascension Via Christi Hospitals Wichita (St. Francis/St. Joe) - KS	20	17	19
8	Salina Regional Health Center - Salina, KS	11	10	10
9	Hospital District #1 of Rice County - Lyons, KS	11	12	7
10	The University of Kansas Health System - Kansas City, KS	7	10	5
11	Wesley Woodlawn Hospital & ER - Wichita, KS	3	5	5
12	Stormont Vail Health - Topeka, KS	3	5	2
13	Salina Surgical Hospital - Salina, KS	3	3	2
	Others	12	26	7

#	Ellinwood, Kansas Residents			
	Outpatients - KHA HIDI	**FFY23**	**FFY22**	**FFY21**
	Total	8,854	9,383	9,191
1	**Ellinwood District Hospital - Ellinwood, KS**	4,523	5,246	5,179
	% Patients Receiving Care in Home Zip	51.1%	55.9%	56.3%
2	The University of Kansas Health System Great Bend Campus - KS	2,398	2,302	2,078
3	Clara Barton Medical Center - Hoisington, KS	1,273	1,241	1,286
4	HaysMed - Hays, KS	134	92	137
5	The University of Kansas Health System - Kansas City, KS	73	100	68
6	Hutchinson Regional Medical Center - Hutchinson, KS	61	63	71
7	Salina Regional Health Center - Salina, KS	50	38	65
8	Pawnee Valley Community Hospital - Larned, KS	49	37	42
9	Ascension Via Christi Hospitals (St. Francis/St. Joe) - Wichita, KS	38	47	36
10	Wesley Healthcare - Wichita, KS	48	34	35
11	Ellsworth County Medical Center - Ellsworth, KS	27	32	43
12	Children's Mercy Kansas City - Kansas City, MO	36	26	15
13	Hospital District #1 of Rice County - Lyons, KS	21	14	23
14	Stafford County Hospital - Stafford, KS	13	19	25
	Others	109	91	87

#	Ellinwood, Kansas Residents			
	Emergency - KHA HIDI	**FFY23**	**FFY22**	**FFY21**
	Total	1,095	1,142	1,005
1	**Ellinwood District Hospital - Ellinwood, KS**	529	622	584
	% Patients Receiving Care in Home Zip	48.3%	54.5%	58.1%
2	The University of Kansas Health System - Great Bend, KS	377	338	222
3	Clara Barton Medical Center - Hoisington, KS	100	99	88
4	Wesley Healthcare - Wichita, KS	15	12	17
5	Hutchinson Regional Medical Center - Hutchinson, KS	10	13	14
6	Hospital District #1 of Rice County - Lyons, KS	13	6	16
7	Salina Regional Health Center - Salina, KS	7	9	15
8	HaysMed - Hays, KS	9	9	10
9	Ascension Via Christi Hospitals (St. Francis/St. Joe) - Wichita,	6	10	10
10	Pawnee Valley Community Hospital - Larned, KS	7	4	3
11	Stafford County Hospital - Stafford, KS	4	2	2
	Others	18	17	23

b.) Town Hall Attendees, Notes, & Feedback

[VVV Consultants LLC]

#	Table	Lead	Last	First	Organization	Title
			RSVPs Ellinwood. KS PSA - CHNA Town Hall 3/22/24 11-12:30pm			
1	A	xx	Kramp	Julie	The Center for Counseling	Executive Director
2	A		Bailey	Brittany	EMS	Director
3	A		Frizzell	Beverly		
4	A		Schartz-Brown	Lana	Medicalodges Great Bend	DON
5	A		Zink	Summer	Ellinwood District Hospital	CFO
6	B	xx	Magner	Kile	EDH	CEO
7	B		Abbott-	Kenton	Pastor	
8	B		Demel	Gaila	Board Member	Retired
9	B		Komarek	Josh	EMS/EDH	
10	B		Schartz	Jennifer		
11	C	xx	Rupe	Kristy	EDH Foundation	Director
12	C		Ritchie	Jill	EDH	DON
13	C		Sigler	Katelyn	BC Health Dept	Health Educator
14	C		Sturn	John	EDH	RN
15	D	xx	Hines-	Kathy	Board	
16	D		Brauer	Kara	Nursing Faculty	
17	D		Bailey	Chance	EPD	Chief of Police
18	D		Ensley	Lindsey	BC Health Dept	Nurse
19	E	xx	Fullbright-	Irlan	Mayor	
20	E		Lear	Kenya	Business Owner	
21	E		Schlessiger	Tricia	County Commissioner	
22	E		Trudeau	Misty	BC Health Dept	Financial Officer
23	F	xx	Sturn	Tammy		
24	F		Joiner	Meredith	Clinic Manager	
25	F		Winkleman	Karen	BC Health Dept	

Ellinwood Hospital and Clinic - Town Hall Notes

Date: 3/22/2024 – 11a.m. to 12:30p.m. @ Ellinwood HS Library

Attendance: N= 25

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

- The community stated that people don't report Mental Health because it's a stigma, or they don't know how to report.
- Preventative Health is a problem because of insurance/lack thereof, or they don't know where to go.
- Not a large Hispanic community in the community.
- Other languages spoken in the Community: Spanish, Bulgarian
- The community agrees that single parent households are a significant percentage.
- EDC takes VA insurance, however for further care: Great Bend (once a month outreach), Hays, Wichita.
- The schools had a backpack (food) program but phased it out because it wasn't being used. Also, no food will be provided for students during the summer.
- Community members are communing to Great Bend for work.
- Affordable internet service is a problem.
- Labor and Delivery patients are going to: Lyons, Great Bend, Hays, Salina, Hutchinson
- Vaping has grown in the community. (Nicotine and other narcotics)
- Kids and Teens Depression rate has grown since Covid.
- Drugs in the Community: Opioids, Meth, Marijuana, Fentanyl is an issue because it gets mixed in other drugs.
- Substance Abuse should be treated separately because prevention is different.
- STDs are a problem in the community.
- Chronic Diseases: Diabetes, Blood Pressure, and heart disease
- Exercise Opportunities: Rec Center, Track, Seasonal Pool, people walk around town because it is small.
- Safe and Affordable housing is a problem in the community.
- Visiting Specialists are needed at Ellinwood, so patients don't have to go to Great Bend: ENT, URO, ENDO

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

- Ellinwood's new Hospital is opening August 2024. Will be a positive impact on the community.
- Business Development: new restaurant and new housing

Strengths in the community:

- Pharmacy
- EMS
- Access to Primary Care Providers in a timely manner
- New Housing Development
- Community Involvement and Support
- City Services
- New Hospital
- The Senior Center
- "Little Big Town"
- Public and Private Schools
- Local Grocery store
- Big Business: Ellinwood Packing
- Foodbank

Areas to improve or change to improve health:

- Access to Specialists ((URO, ENDO, ENT)
- Childcare (Safe & Affordable)
- Chronic Disease Management
- Early Childcare
- Healthy Foods (Affordable/Accessible)
- Mental Health (Diagnosis, Placement, Aftercare, Access to Providers)
- Preventative Health
- Senior Care
- Social Emotional Learning
- Substance Abuse (Drug & Alcohol)
- Suicide Prevention
- Transportation

Round #5 CHNA - Ellinwood District Hospital PSA

Town Hall Conversation - Strengths (Big White Cards)   N=25

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	Housing development - coming	13	Community involvement/support
1	Health facility/ new hospital	14	EMS
1	Pharmacy	14	Pharmacy
2	Excellent providers	14	City Services
2	Pharmacy	14	Senior Center
2	EMS	14	Community support
2	New hospital	15	Primary care access/quality
2	New Housing development	15	Education
3	New businesses	15	New hospital
3	New hospital	15	EMS
3	Pharmacy	15	Hew housing
3	Food bank	16	EMS
3	Senior Center	16	Specialists
3	EMS	16	New housing
4	New hospital	16	Safety
4	Food bank	16	Pharmacy
4	EMS	17	Access to care
4	Pharmacy	17	Park and rec facilities
4	Primary Care	17	City utilities
5	Pharmacy	18	Healthcare access
5	EMS	18	Education
5	ER & Primary Care providers	18	Improved housing issue
5	New Housing development	18	Workforce
5	Community envolvement/Support	19	Community responsive when needs are known
5	New hospital	19	EMS
6	Supportive community	19	Hospital services
6	New hospital	20	Community safety
6	Senior Center	20	Wifi/technology
6	EMS	20	EMS
6	Schools	20	Hospital care
6	Grocery store	20	Primary care
7	New hospital	21	Rural
7	Internet/social access	21	Access to primary care
7	Positive community	21	Healthier foods
8	EMS	21	Exercise options
8	Community support	21	New hospital
8	Pharmacy	22	Pharmacy
8	Healthcare Access	22	EMS
8	Providers	22	Access to primary care
9	Healthcare Access	22	Food bank
9	Hospital	23	New hospital
9	Pharmacy	23	New restaraunt
9	Grocery store	23	Housing development
10	New hospital	23	Community support
10	EMS	23	Pharmacy
10	Grocery store	23	EMS
10	Pharmacy	23	Senior center
10	Senior Center	24	Healthcare/EMS
11	Community Bond	24	Safe community
11	Leadership	24	Community support
11	Cleanliness	24	K-12 education
11	Growth	24	Pharmacy
11	"Little Big Town"	24	Safe community
12	Available resources	24	New hospital
12	Community involvement	25	New pharmacy
13	Collaboration with healthcare/ems	25	Housing development
13	Knowledge of current providers	25	Senior center

Round #5 CHNA - Ellinwood District Hospital PSA

Town Hall Conversation - Weaknesses (Color Cards)   N= 25

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	Poverty	15	Access to affordable food
1	Mental health	15	Active lifestyles
1	Affordable housing	15	Mental health
1	Healthcare	15	Senior care
1	Childcare	16	Childcare
2	Specialty providers	16	Senior care
2	More providers	16	Mental health
2	Access to senior living	16	Affordable food
2	Home health access	16	Transportation
2	Transportation	17	Housing
3	Anti-vaccine	17	Mental health
3	Walking trails	17	Senior living
3	Affordable foods	17	Childcare
3	More daycare	17	Transportation
3	Preventative Health	17	Senior care
4	Outreach care	18	Mental health
4	Housing	18	Senior living
4	Senior care	18	Drug use
4	CHildcare	18	Food insecurities
4	Mental health	18	Transportation
5	Outreach	19	Mental health
5	Senior care	19	Senior care
5	Health awareness/education	19	Drug/Alcohol use
5	Childcare	19	Transportation
5	Transportation	19	Affordable housing
6	Housing	20	Childcare
6	Insurance	20	Housing
6	Childcare	20	Mental health
6	Specialty providers	20	Education
6	Mental health	20	Chronic disease management
7	Childcare	21	Better food access to poor
7	Specialty providers	21	CHildcare service
7	Transportation	21	Mental health
7	Mental health	21	Drug prevention program
7	Senior care	21	Healthy programs: bike trails
8	housing	22	New hospital
8	staffing	22	New housing
8	Senior care	22	Access to specialty care
8	Childcare	22	mental health
8	abuse support	23	Income
9	childcare	23	Housing
9	Senior care	23	Food
9	mental health	23	Mental health
10	Affordable housing	23	Substance abuse
10	Specialty providers	23	Jobs/Staffing
10	mental health	24	Youth development program
10	Chronic disease maintenance	24	Affordable housing
11	Specialty providers	24	More providers
11	mental health	24	Mental health
11	Chronic disease maintenance	24	Drug treatment program
11	Preventative Health	24	Insurance
11	staffing	24	Access to specialty care
12	Education to resouraces and services	24	Transportation
12	Preventation for youth	24	Preventative health
13	Affordable housing	24	Senior care
13	Social & emotional behavior learning	25	Childcare
13	Mental health	25	Specialty care
13	childcare	25	Affordable housing
14	Mental health	25	MEntal health
14	Specialist	25	Senior care
14	Education: sex/drugs/alcohol	25	Transportation
15	Childcare		

Round #5 CHNA - Ellinwood District Hospital PSA

Social Determinants "A" Card Themes (N = 25 with 67 Votes): E=18, N=12, P=11, C=9, ED=9 & F=8)

The social determinants of health
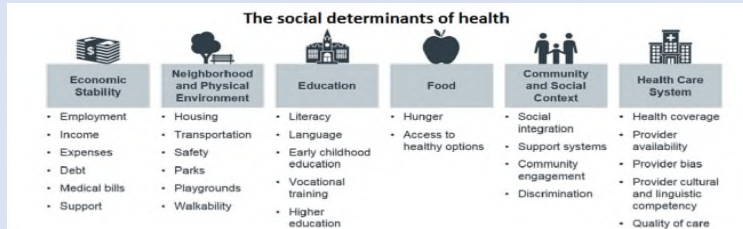
Card #	Code	First Impressions on Social Determinants Impacting Delivery	Card #	Code	First Impressions on Social Determinants Impacting Delivery
20	C	Childcare	9	ED	Health education programs
21	C	Childcare	15	ED	Literacy
24	C	Childcare	2	F	Food
4	C	Social & community context	20	F	Food
7	C	Social & community context	21	F	Food
8	C	Social & community context	22	F	Food
10	C	Social & community context	23	F	Food
14	C	Social & community context	24	F	Food
21	C	Social & community context	19	F	Food options
4	E	Economic	17	F	Food quality is low
1	E	Economic stability	24	N	Areas to exercise
3	E	Economic stability	2	N	Exercise/Nutrition
7	E	Economic stability	23	N	Housing affordability
8	E	Economic stability	1	N	Neighborhood
10	E	Economic stability	4	N	Neighborhood
11	E	Economic stability	11	N	Neighborhood & physical environment
14	E	Economic stability	15	N	Neighborhood built environment
16	E	Economic stability	2	N	Transportation
17	E	Economic stability	12	N	Transportation
24	E	Economic stability	19	N	transportation
5	E	Economy	20	N	transportation
22	E	Economy	23	N	Underinsured
21	E	Employment opportunities	16	P	Access to healthcare
6	E	Expenses	23	P	Chronic disease
20	E	Expenses	2	P	Healthcare
21	E	Expenses	22	P	Healthcare
20	E	Income	13	P	Healthcare access
5	ED	Education	17	P	Healthcare access
6	ED	Education	19	P	Healthcare access
9	ED	Education	18	P	Healthcare quality
12	ED	Education	5	P	Insurance
15	ED	Education	2	P	Mental Health
18	ED	Education & access	9	P	Payer denials
19	ED	Education access & quality			

EMAIL Request to Ellinwood District Hospital CHNA Stakeholders

From: Kile Magner, CEO
Date: 1/5/24
To: Community Leaders, Providers, Hospital Board and Staff
Subject: CHNA Round #5-2024 Community Online Feedback Survey – Barton County, KS

Over the next three months, Ellinwood District Hospital – Ellinwood, KS will be working with other area providers to update the 2024 Community Health Needs Assessment (CHNA). The goal of this assessment update is to understand progress in addressing community health needs cited in 2015, 2018, and 2021 CHNA reports while collecting up-to-date community health perceptions and ideas.

Your feedback and suggestions regarding current community health delivery are extremely important to collect to complete this comprehensive report. To accomplish this work, a short online survey has been developed for community members to take. Please visit our hospital website, Facebook page, or utilize the link below to complete this survey. All community residents and business leaders are encouraged to complete the 2024 online CHNA survey by **February 23rd, 2024.** All responses are confidential.

LINK: https://www.surveymonkey.com/r/CHNA2024_EllinwoodCoKS_OnlineSurvey

Please Hold the Date for a virtual community Town Hall is scheduled for **Friday, March 22nd, 2024 for lunch from 11:30am-1pm.** More details regarding the virtual community Town Hall will be shared soon so stay on the lookout!

If you have any questions about CHNA activities, please call (620) 564-2548.

Thank you for your time and participation.

.

PR#1 News Release

Local Contact: Kristy Rupe
Media Release: 1-5-24

Ellinwood District Hospital Seeks Community Input on Local Health Needs

Over the next few months, **Ellinwood District Hospital w**ill be working together along with other area community leaders to update the Ellinwood County, KS 2024 Community Health Needs Assessment (CHNA). Today we are requesting community residents' input regarding current healthcare delivery and unmet resident needs.

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

A brief community survey has been developed to accomplish this work. The CHNA survey link can be accessed by visiting our hospital website or by utilizing the QR code below for quick access.

All community residents and business leaders are encouraged to complete this online survey by **February 23rd, 2024**. In addition, a CHNA Town Hall meeting to discuss the survey findings and identify unmet needs will be held on **Friday, March 22nd, 2024 for lunch from 11:30am-1pm**. More info to come soon regarding the Town Hall.

Thank you in advance for your time and support!

If you have any questions regarding CHNA activities, please call (620) 564-2548

###

EMAIL #2 Request Message

From: Kile Magner
Date: 03/01/24
To: Area Community Leaders, Providers and Hospital Board & Staff
Subject: Ellinwood Hospital - Community Health Needs Assessment Town Hall lunch– March 22, 2024

Ellinwood Hospital will host a Town Hall Community Health Needs Assessment (CHNA) lunch on Friday, March 22nd. The purpose of this meeting will be to review collected community health indicators and gather community feedback opinions on key unmet health needs for Ellinwood County, KS. **Note: This event will be held on Friday, March 22nd, from 11:00 a.m.- 12:30 p.m. at the Ellinwood School Community Library** (210 N Schiller Ave, Ellinwood, KS 67526) with a check-in time starting at 11:15 a.m.

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

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

Thanks in advance for your time and support!

If you have any questions regarding CHNA activities, please call Kristy Rupe (620) 564-2548.

Ellinwood Hospital and Clinic to Host a Community Health Needs Assessment Town Hall on Friday, March 22, 2024.

Media Release: 03/01/2024
Contact: Kristy Rupe (620) 564-2548

To gauge the overall community health needs of residents, **Ellinwood Hospital and Clinic**, in conjunction with other area providers, invites the public to participate in a Community Health Needs Assessment (CHNA) Town Hall roundtable on **Friday, March 22nd for lunch from 11:00am-12:30pm** located at the Ellinwood School Community Library (210 N Schiller Ave, Ellinwood, KS 67526) **with a check-in time starting at 10:45am.**

This event is being held to identify and prioritize the community health needs. Findings from this community discussion will also serve to fulfill both federal and state mandates.

To adequately prepare for this event, is vital everyone planning to attend this event RSVPs. Please visit our hospital website or social media sites to obtain the link to complete your RSVP OR please utilize the QR code below.

We hope that you will be able to join us for this discussion on March 22nd. Thanks in advance for your time and support!

If you have any questions about CHNA activities, please call (620) 564- 2548.

d.) Primary Research Detail

[VVV Consultants LLC]

						CHNA 2024 Community Feedback: Ellinwood, KS PSA (N=179)
ID	Zip	Rating	c1	c2	c3	Q10. Being this a strong topic of interest, do you have any thoughts, ideas, and/or specific suggestions (food, housing, transportation, support, etc.) to address these 5 social determinants to improve our community health? (Please Be Specific)
1046	67530	Good	AWARE	MH		Awareness of mental health services.
1079	67526	Good	CC	DOCS	ACC	proper child care could really benefit the community and help build the community. more providers will bring more patients to the new hospital
1169	67526	Poor	CC	FINA	WAG	Childcare is huge. If we don't have childcare, we wont have staff to work for our hospital. Affordability, we need better paying jobs to afford regular living, not including how high our taxes and untilities are in Ellinwood.
1013	67526	Average	CC	HRS	SPRT	Need more childcare service options Need 24hr/7 days workout facility, some people work different shifts. Need more family support options for community.
1015	67554	Good	CLIN	LAB	FINA	Cheaper clinic days, lab fairs
1072	67526	Very Good	CLIN	TRAN	RESO	Proposal: Establish Satellite Offices in Ellinwood Expanding Sunflower Diversified Services and the Center for Counseling and Consultation to Ellinwood through satellite offices would significantly benefit Barton County residents. This initiative would increase accessibility to crucial services for those facing transportation challenges in reaching Great Bend. Additionally, consider designating a city office staff member to champion Ellinwood's positive attributes, fostering a more vibrant community. By working together, we can ensure all residents in Barton County have access to the resources they need and deserve.
1025	67526	Very Good	DOH	RESO	ACC	maybe public health fairs to encourage more people to access the resources
1082	67526	Good	EDU	HOUS	MH	People need to be reeducated to go back to work. Affordable housing that is not a shit hole. More community support and programs for mental health and addiction. Less nepotism in our local government
1134	67530	Average	EDU	OWN	SPRT	Lack of education from childhood to early adult is severely lacking. Individuals are too far gone and created unhealthy habits and lifestyles. We need to educate individuals before these habits start to give them a better understanding of how poor health habits can inhibit their success in work, health and life.
1054	67526	Very Good	EDU	PREV	SPRT	Maybe an educational podcast or video classes for healthy living and preventative lifestyle. By local Healthcare professionals. Just for our local area.
1137	67526	Average	EDU	REC	FIT	1. quarterly education that is social media driven and in person driven 2. Improved recreational center to provide increased access to exercise related activities
1146	67526	Average	EDU	SH	SPRT	Education system is behind from other schools in a lot of ways here. Community support is rather hit and miss, sometimes its too much when not asked for other times its lacking.
1010	67526	Good	FAC	PRIM	EDU	I hope the new hospital/clinic building will draw many more specialists to our area. I would love to see primary care providers focused more on wellness screening/education than prescribing medications for every condition they diagnose.
1048	67526	Very Good	FF	NH	HOUS	Even though this is a small community, getting in touch with those who fall through the crack, esp. the elderly who make too much for state assistance and not enough to afford the high cost of rent, food, meds, etc. is important. We have many elderly who live in shabby housing without the ability to keep hygiene and a clean environment well. If we could form a support group, church group, etc that is willing to connect with them and work on their homes to make it safe for them to stay in, they would also make connections on other ways they need help.
1065		Very Good	FIT	HOUS	CC	Exercise place Housing, child care, place for elderly
1177	67526	Very Good	FIT	REC		Access to a larger area to exercise. A public gymnasium would be great and a larger fitness room to accommodate the community needs.
1119	67526	Average	FIT	SPEC	HOUS	Offer more health focused/exercise opportunities in the community, bring in more specialists, push for AFFORDABLE housing
1171	67526	Good	HOUS	ACC		More houses for families that want to buy a home need to be built.
1108	67526	Very Good	HOUS	CC	NH	More housing is needed along with childcare services. People will not move to Ellinwood/Barton county if we do not have places to build houses or have child care readily available. Another huge need is nursing homes. Elderly are moving away to larger cities because they need those services and there is limited available in this area.
1102	67526	Very Good	HOUS	CC	NUTR	We need AFFORDABLE housing and child care. Without these this community will suffer. Perhaps there might need to be a way of "capping" the amounts of rents imposed or charged to hardworking families that move here. If one whole paycheck goes to just rent how do you have the money to buy groceries pay your car payment access healthcare or put back into the community in any way?!
1153	67526	Average	HOUS	FINA	ECON	No real ideas. Our rental houses are way too expensive for most people and the slumlords are not keeping them up and there's not a lot of job opportunities in our community or in our county.
1161	67526	Very Good	HOUS	FINA	REC	We need more affordable rental houses. Also a walking trail or outdoor exercise area for adults. Our sidewalks are in dismal shape and dangerous to walk on in residential areas. Major lack of food service
1033	67526	Good	HOUS	FINA		Affordable Housing and the ability to add additional housing developments that are affordable
1089	67526	Average	HOUS	FINA		The everyday necessities would help. Affordable housing/rentals. A laundry mat. Affordable healthcare. It's hard to "shop local" when there isn't anything to buy.
1056	67526	Good	HOUS	TRAN	CC	Need more affordable housing. Transportation is an issue if the need can't be met in Ellinwood. Most households are on assistance due to only 1 parent working or low income. Childcare is expensive.
1138	67525	Good	HOUS			Need more housing opportunities
1068	67526	Good	INSU	DRUG	FINA	My insurance recently forced me onto Medicare Plan D when I liked the drug program I continue to pay for with the standard insurance i have continued to pay for. I feel cheated.

ID	Zip	Rating	c1	c2	c3	Q10. Being this a strong topic of interest, do you have any thoughts, ideas, and/or specific suggestions (food, housing, transportation, support, etc.) to address these 5 social determinants to improve our community health? (Please Be Specific)
						CHNA 2024 Community Feedback: Ellinwood, KS PSA (N=179)
1145	67526	Good	INSU	MH	HOUS	Better, cheaper insurance. The health care exchange is a joke. More mental health and addiction facilities people can afford. Affordable housing. People can't afford medications and food.
1049		Good	NH	CC		Senior living facility, expanded child care services,
1140	67530	Very Good	NH	TRAN		The aging in need of transportation
1005	67526	Very Good	NUTR	ACC	HOUS	Soup kitchen. Instructive events. NEED new industry in city. Increased affordable housing options.
1035	67530	Very Good	NUTR	ACC		The town needs more options for food. There needs to be more restaurants available.
1143	67526	Good	PHY	FIT	MRKT	Maybe if the PT dept could do come physical fitness guides and goals for individual patient to help overweight individuals find a starting place in managing their physical exercise. Better Marketing about what services are available in the community. More Farmer Market days. It's easier to eat healthy when you can eat from your farmers market.
1076	67526	Good	PREV	FINA		PREVENTATIVE is overlooked because there is so much more money in TREATING
1036	67526	Good	REC	ACC		A BIKING TRAIL BETWEEN GREAT BEND AND ELLINWOOD!
1008	67526	Good	REC	NUTR	ACC	Let's have a outdoor walk path, and more food for the needy.
1113	67526	Good	REC	SPRT	NUTR	Safe walking routes. Indoor walking routes. Increase support for local food bank.
1124	67530	Good	RESO	SERV		The resources are available those in need must seek out the services they need, information is often provided publicly at doctors offices, libraries, social media platforms. For those in need the services are available in our county.
1158	67526	Average	SPRT	PRIM	DOH	Focus on the whole family… Adults and children for primary care… Community health department is needed for uninsured. Many do not have transportation to leave town for care.
1088	67526	Very Good	TRAN			need free transportation for those in need.
1007	67526	Good	WAG	HOUS	FINA	Wages are to low and housing costs are grossly overpriced. People can not afford basic needs. Shelter, transportation, food, medical care.

ID	Zip	Rating	c1	c2	c3	Q8. In your opinion, what are the root causes of "poor health" in our community? Other (Be Specific)
1153	67526	Average	DOCS	ALT		Our providers are unaccepting to a more natural and healthy way of medical care
1132	67526	Very Good	DRUG			drug/ substance abuse
1171	67526	Good	DRUG			Drugs
1076	67526	Good	EDU	NUTR	OWN	Lack of education of alternatives…. Knowledge of better diet choices etc….
1072	67526	Very Good	EDU	POV		lack of education and poverty
1103		Very Good	FINA	NUTR		Cost of healthy food
1177	67526	Very Good	FIT	ACC		We need a larger gym in Ellinwood. It is so crowded during peak times, it makes it difficult to go.
1169	67526	Poor	FUND	FINA		Lack of funds available.
1100	67526	Average	OBES	RESO	FINA	Our society pushes obesity and to embrace it, therefore, why should someone that has those options to better themselves who may have the resources and money, but may not use them because society tells them not too.
1158	67526	Average	PEDS	PRIM		No pediatric doctors, or primary that accepts children.
1084	67526	Good	REC			We need a walking place besides streets and the track!

The top of the table reads: **CHNA 2024 Community Feedback: Ellinwood, KS PSA (N=179)**

ID	Zip	Rating	c1	c2	c3	Q13. What "new" community health programs should be created to meet current community health needs?
						CHNA 2024 Community Feedback: Ellinwood, KS PSA (N=179)
1076	67526	Good	ALT	PHAR		Alternatives to OTC drugs…. And prescription meds….
1119	67526	Average	CARD	DIAB	NUTR	Offer health programs to target heart health, diabetes, weight loss, and nutrition.
1088	67526	Very Good	CC	ACC		day care is a must so that families can get out and work, access to more for family
1123		Good	CC	HOUS	NH	For child care, elderly housing.
1053	67526	Good	CC	OBG		Childcare and labor & delivery!
1094	67526	Good	CC			More daycare
1079	67526	Good	CC			New daycare/ preschool
1035	67530	Very Good	CLIN	EMER		An urgent care clinic would be nice so the ER would be used less for non emergencies.
1134	67530	Average	CLIN	INSU	CHRON	A free clinic that takes those without insurance, but ALSO helps them get insurance or apply for medicare/medicaid. Has openings for chronic disease care, preventative care, and urgent care type appointments. Offers dental services AND EYE services. Offers mental health with RELIABLE resources for inpatient referrals.
1130	67526	Very Good	DIAB	SMOK		Diabetes Smoking
1072	67526	Very Good	DOH	RESO	EDU	Hospital could host regular family fairs showcasing city, county, and state resources for education, mental health, and other family support services, fostering community connections.
1106	67526	Very Good	EDU	RESO		Cpr
1102	67526	Very Good	ENDO	RHE	ENT	Endocrinology, Rheumatology, ENT, Dentistry, etc..
1159	67526	Average	FEM	OBG		We need more women's health physicians. OBGYN, labor and delivery, postpartum care.
1015	67554	Good	FIT	CLIN	FINA	Exercise programs, bike riding in the community, Cheaper clinic days, lab fair
1143	67526	Good	FIT	MH	SURG	Fitness Mental health, NOT associated with the Center, it's a joke! Out patient surgery-colonoscopies, and other smaller procedures. What to expect as we age and how to manage it as we grow older. I'm 44 and can tell time is catching up to me. What can I expect going forward, what can I do to slow down or improve my longevity or active lifestyle?
1177	67526	Very Good	FIT	NUTR		Exercise Nutrition
1052	67526	Very Good	FIT	TRAIN	EDU	Free exercise classes or coaching/training.
1148	67526	Poor	HRS	EMER		Improved health promotion and community involved, improved hours to access healthcare to avoid ER visits.
1145	67526	Good	INSU	FINA	MH	Affordable insurance and housing. Mental health and drug facilities. Affordable child care.
1105	67526	Very Good	MH	ACC	EDU	Access to mental health services that include thorough evaluation and follow up care.
1109	67526	Very Good	MH	AWARE		Mental health awareness and help for people to find and receive treatment
1046	67530	Good	MH	CANC	CC	Mental health awareness. Cancer support groups. Child care resources.
1097	67526	Very Good	MH	DOCS	QUAL	Gut the current area mental health provider, terrible poor bottom of barrel providers there
1007	67526	Good	MH	DRUG	CC	Mental health, drug and alcohol abuse and childcare.
1082	67526	Good	MH	DRUG	TRAIN	Mental health , drug and alcohol and sexual abuse training and therapy services.
1118	67526	Average	MH	NH	FIT	Mental wellness Senior health and exercise programs
1138	67525	Good	MH			Mental health
1153	67526	Average	NH	MH	SH	We have a lot of elderly people in our area and there is a huge urgency for mental health, especially for kids in grade school, junior high and high school. Our school officials from superintendent on down are not keeping our children safe from bullying and cyber stuff.
1054	67526	Very Good	NH	OBG	EMS	Senior living care. Labor and delivery. Increase EMS and emergency room capabilities.
1128	67526	Average	NH	THER		The NEW program for Seniors is great and so much fun. I know the community can't wait to see what is next from Therapy.
1048	67526	Very Good	NUTR	ACC		Healthy eating on a budget, how to grow a garden, then can so you can have food in the off season.
1013	67526	Average	OBG	PEDS	DENT	OB outreach clinic, pediatric doctor, dentist, better wellness center/gym and gym hours.
1149	67526	Good	OBG	SERV		I think OBGYN services are needed.
1056	67526	Good	OPTH	DENT		Local eye or dentist
1171	67526	Good	PEDS			Pediatrician
1169	67526	Poor	QUAL			everything possible. Ellinwood NEEDS growth.
1089	67526	Average	REC	NH		There are so many things the Rec could do. The recent class for aging mobility, do that monthly. Think outside the realm of sports.
1113	67526	Good	REC			Indoor walking facility.
1008	67526	Good	REC			Walking groups
1084	67526	Good	REC			Walking trails
1005	67526	Very Good	RESO			Private development.
1049		Good	SPEC	ACC	SERV	Specialists rotating to Ellinwood on a monthly basis so you wouldn't need to drive somewhere else.
1030	67526	Good	SPRT	RESO		Total family activities
1137	67526	Average	SPRT	SH		Parenting classes with possible outreach. School is now "behavior management".
1158	67526	Average	VACC	PEDS	TRAV	Vaccination and checkups for children. Dental service offered monthly for those that can't travel. Many children in need for prevention

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

While your participation is voluntary and confidential, all community input is valued. Thank you for your immediate attention! CHNA 2024 online feedback deadline is set for March 1, 2024.

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

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

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

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

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

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

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

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

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

- [ ] Mental Health Services (Provider, Treatment, Aftercare)
- [ ] Drug / Substance Abuse
- [ ] Improved Hospital Facility
- [ ] Affordable Healthcare
- [ ] Access to Healthcare Providers
- [ ] "Aging in Place" Facilities
- [ ] Awareness of Healthcare Services
- [ ] Access to More Specialists

- [ ] Affordable Housing
- [ ] Child Care (Access / Cost)
- [ ] Economic Developement
- [ ] Obesity
- [ ] Chronic Disease Management
- [ ] Senior Care
- [ ] Cancer Care

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

- [ ] Mental Health Services (Provider, Treatment, Aftercare)
- [ ] Drug / Substance Abuse
- [ ] Improved Hospital Facility
- [ ] Affordable Healthcare
- [ ] Access to Healthcare Providers
- [ ] "Aging in Place" Facilities
- [ ] Awareness of Healthcare Services
- [ ] Access to More Specialists

- [ ] Affordable Housing
- [ ] Child Care (Access / Cost)
- [ ] Economic Developement
- [ ] Obesity
- [ ] Chronic Disease Management
- [ ] Senior Care
- [ ] Cancer Care

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

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

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

Other (Be Specific).

[   ]

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

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

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

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

○ Yes   ○ No

If yes, please specify the services received

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

◯ Yes   ◯ No

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

[text box]

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

[text box]

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

☐ Abuse/Violence   ☐ Health Literacy   ☐ Poverty

☐ Access to Health Education   ☐ Heart Disease   ☐ Preventative Health/Wellness

☐ Alcohol   ☐ Housing   ☐ Sexually Transmitted Diseases

☐ Alternative Medicine   ☐ Lack of Providers/Qualified ☐ Suicide
                                   Staff
☐ Behavioral/Mental Health   ☐ Teen Pregnancy
                                ☐ Lead Exposure
☐ Breastfeeding Friendly   ☐ Telehealth
   Workplace   ☐ Neglect
                                                              ☐ Tobacco Use
☐ Cancer   ☐ Nutrition
                                                              ☐ Transportation
☐ Care Coordination   ☐ Obesity
                                                              ☐ Vaccinations
☐ Diabetes   ☐ Occupational Medicine
                                                              ☐ Water Quality
☐ Drugs/Substance Abuse   ☐ Ozone (Air)

☐ Family Planning   ☐ Physical Exercise

Other (Please specify).

[text box]

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

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

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

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

Other (Please specify).

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

e.) County Health Rankings & Roadmap Detail
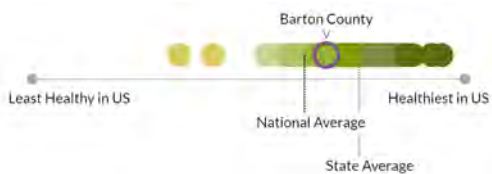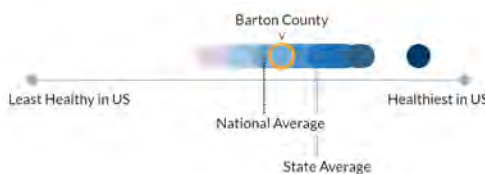
[VVV Consultants LLC]

Barton County

Health Outcomes

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

Health Factors

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

2024

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

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

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

Population: 25,080

	2020	2021	2022	2023	2024	Kansas 2024	U.S. 2024
Health Outcomes							
Length of life							
Premature death (years of potential life lost, per 100,000)[1]					10127	8079	7972
Quality of life							
% Reporting poor or fair health, adults[1]		19	20	15	17	14	14
Average number of poor physical health days, adults[1]		4	4	3	3.7	3.2	3.3
Average number of poor mental health days, adults[1]		5	5	4	4.8	5.0	4.8
% Low birthweight, <2,500 grams	6.6	7	6.9	6.9	7	7	8
Health Factors							
Health Behaviors							
% Smokers, adults[1]		21	19	20	19	16	15
% Obese, adults age 20 and older[1]			37	36	40	37	34
Food environment index, 0 (worst) to 10 (best)	7.5	7.3	7	7.2	7.1	7.1	7.7
% Physically inactive, adults age 20 and older[1]			32	25	30	23	23
% Access to exercise opportunities[1]				81	80	80	84
% Excessive drinking, adults[1]		18	18	17	17	20	18
% Driving deaths with alcohol-involvement	16	15	6	6	0	20	26
Sexually transmitted infection rate, per 100,000 population	389	336	485	384	392.6	506.1	495.5
Teen birth rate, per 1,000 females age 15-19[1]					27	19	17
Clinical Care							
% Uninsured, population under age 65	13	12	13	13	13	11	10
Primary care physicians rate, per 100,000 population	53	57	58	55	63	78	75
Dentists rate, per 100,000 population	50	47	55	56	56	63	74
Mental health providers rate, per 100,000 population	226	237	249	250	251	237	314
Preventable hospital stays rate, per 100,000 Medicare enrollees	4460	3755	4015	2712	2732	2576	2681
% Mammography screening, Medicare females age 65-74	41	40	44	36	46	48	43
% Flu vaccinations, Medicare enrollees	31	32	31	32	30	47	46
Social & Economic Factors							
% High school completion, adults age 25 and older[2]		89	89	89	90	92	89
% With some college, adults age 25-44	58	61	60	59	61	71	68
% Unemployed, population age 16 and older	3.3	3.1	4.6	2.9	2.6	2.7	3.7
% Children in poverty	19	17	15	22	18	14	16
Income inequality ratio, 80th to 20th percentile	4.4	4.4	4.4	4.2	4.1	4.4	4.9
% Children in single-parent households	40	23	25	26	29	21	25
Membership associations rate, per 10,000 population	20.4	19.1	20.6	19.9	19.8	13.2	9.1
Injury death rate, per 100,000 population[1]					92	82	80
Physical Environment							
Average daily density of fine particulate matter[3]	7.9	6.1	7.1	6.5	6.5	6.7	7.4
Drinking water violations?	No	No	No	Yes	Yes		
% Households with severe housing problems	12	12	11	10	10	12	17
% Driving alone to work	84	84	86	83	82	78	72
% Long commute - driving alone	11	10	11	10	11	22	36

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

Barton County

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

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

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

	Measure	Description	Factor Category	County Value	U.S. Value	Direction of Impact
1	Unemployment	Percentage of population ages 16 and older unemployed but seeking work.	Social and Economic Environment	2.6%	3.7%	+
2	Alcohol-Impaired Driving Deaths	Percentage of driving deaths with alcohol involvement.	Health Behaviors	0%	26%	+
3	Social Associations	Number of membership associations per 10,000 population.	Social and Economic Environment	19.8	9.1	+
4	Drinking Water Violations	Indicator of the presence of health-related drinking water violations. 'Yes' indicates the presence of a violation, 'No' indicates no violation.	Physical Environment	Yes		-
5	Adult Obesity	Percentage of the adult population (age 18 and older) that reports a body mass index (BMI) greater than or equal to 30 kg/m2 (age-adjusted).	Health Behaviors	40%	34%	-

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

	Measure	Description	Factor Category	County Value	U.S. Value	Direction of Impact
1	Low Birthweight	Percentage of live births with low birthweight (< 2,500 grams).	Quality of Life	7%	8%	+
2	Poor Mental Health Days	Average number of mentally unhealthy days reported in past 30 days (age-adjusted).	Quality of Life	4.8	4.8	+
3	Poor Physical Health Days	Average number of physically unhealthy days reported in past 30 days (age-adjusted).	Quality of Life	3.7	3.3	+
4	Premature Death	Years of potential life lost before age 75 per 100,000 population (age-adjusted).	Length of Life	10127	7972	-
5	Poor or Fair Health	Percentage of adults reporting fair or poor health (age-adjusted).	Quality of Life	17%	14%	+

N/A: Not applicable due to insufficient data.

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

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

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

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

SCAN FOR MORE INFORMATION

TAKE ACTION TO IMPROVE HEALTH IN YOUR COMMUNITY

VVV Consultants LLC

Vince Vandehaar, MBA
Principal & Adjunct Professor
VVV@VandehaarMarketing.com

Olivia Hewitt, BS
Associate Consultant
OGH@VandehaarMarketing.com

Cassandra Kahl, BHS MHA
Director, Project Management
CJK@VandehaarMarketing.com

HQ Office:

601 N Mahaffie, Olathe, KS 66061
(913) 302-7264
http://vandehaarmarketing.com/

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