



# **Community Health Needs Assessment**

**Ellis County, KS**

HaysMed, The University of Kansas Health System



**May 2021**

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 Improve.

### **II. Methodology**

- a) CHNA Scope and Purpose
- b) Local Collaborating CHNA parties (The identity of any and all organizations with which the organization collaborated and third parties that engaged to assist with the CHNA)
- c) CHNA & 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) CHNA Inventory of PSA Services & Providers (A description of the existing health care 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, & Feedback (Who attended with qualifications)
- c) Public CHNA Notice / News
- d) Primary Research Detail

# I. Executive Summary

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# I. Executive Summary

## HaysMed, part of the University of Kansas Health System – Ellis County, KS (Primary Service Area) - 2021 Community Health Needs Assessment (CHNA)

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

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

## County Health Area of Future Focus on Unmet Needs

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

Ellis County, KS 2021 CHNA Priorities - Unmet Needs				
CHNA Wave #4 Town Hall - March 25, 2021				
HaysMed, part of The Univ of KS Health Sys PSA (14 Attendees, 72 Total Votes)				
#	Community Health Needs to Change and/or Improve	Votes	%	Accum
1	Drug & Alcohol Abuse	10	13.9%	13.9%
2	Mental Health (Diagnosis, Placement, Aftercare)	10	13.9%	27.8%
3	Owning Your Health / Awareness of HC Services	8	11.1%	38.9%
4	Access to BH Workforce	7	9.7%	48.6%
5	Child Care Options	6	8.3%	56.9%
6	Food Insecurity / Nutrition	6	8.3%	65.3%
7	Access to Health Funding	5	6.9%	72.2%
8	Nursing Home / Senior Care	4	5.6%	77.8%
9	Poverty/ Employment Readiness	4	5.6%	83.3%
10	Suicide	4	5.6%	88.9%
<b>Total Votes</b>		<b>72</b>	<b>100.0%</b>	
Other Items receiving votes: Preventative HC Services, Economy/Agriculture, Health Insurance and Community Cohesiveness.				

## Town Hall CHNA Findings: Areas of Strengths

Ellis County (KS) "Community Health Strengths"			
#	Topic	#	Topic
1	Emergency Services	6	School Nurse
2	Ambulance Services	7	Clinic Access
3	Specialty Services Available	8	Hospice Services
4	Robust Medical System (Birth - Death)	9	Infant Care (Neonatal)
5	Usage of Telehealth/Telemedicine	10	Patient Referral (PC)

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

**KANSAS HEALTH RANKINGS:** According to the 2020 Robert Woods Johnson County Health Rankings, Ellis County, KS Average was ranked 17<sup>th</sup> in Health Outcomes, 21<sup>st</sup> in Health Factors, and 74<sup>th</sup> in Physical Environmental Quality out of the 105 Counties.

**TAB 1.** Ellis County's population is 28,553 (based on 2019), with a population per square mile (based on 2010) of 31.6 persons. Roughly six percent (5.6%) of the population is under the age of 5, while the population that is over 65 years old is 16%. As of 2019, Hispanic / Latinos make up 5.9% of the population and 6.5% of Ellis County citizens that speak a language other than English in their home. Children in single parent households make up a lower percentage of 33.3% compared to the rural norm of 25.2%, and 76.9% are living in the same house as one year ago.

**TAB 2.** In Ellis County, the average per capita income is \$28,135 while 13.1% of the population is in poverty. There is a severe housing problem of 13.7% compared to the rural norm of 9.5%. Food insecurity is 14%, and limited access to healthy foods (store) is 6.5%.

**TAB 3.** Children eligible for a free or reduced-price lunch in Ellis County is 38.3%. Over 90% (91%) of students graduated high school in Ellis County compared to the rural norm of 88.1%.

**TAB 4.** The percent of births where prenatal care started in the first trimester is 86.1% and 7.7% of births in Ellis County have a low birth weight. Continually, only 85.4% (compared to 81.5% rural norm) of infants up to 24 months are receiving full immunization. The percent of mothers who reported smoking during pregnancy is 9.9% (2016 – 2018).

**TAB 5.** Ellis County population primary care service coverage is 1 provider (county based officed physicians either MDs and/or DOs) to 1510 residents. The percentage of patients who gave their hospital a rating of 9 or 10 out of 10 is 70%. There are 68% of patients who reported Yes, They Would Definitely Recommend the Hospital.

**TAB 6.** In Ellis County, 18.4% of the Medicare population has depression. The Mental Behavioral Hospital Admission Rates per 100,000 was 22.7 and the percent of Medicare Part D beneficiaries receiving an opioid day supply >10 Days is 33.7%. The average mentally unhealthy days in a one-week period (last reported 2017) is 3.4 days.

**TAB 7a – 7b.** Ellis County has an obesity percentage of 30% as of 2016, and physical inactivity percentage is 26.5%. The adult smoking for Ellis is 15.9%, while the excessive drinking percentage is 20.2%. The Medicare hypertension percentage is 61.1%, while their heart failure percentage is 16.7%. Ellis county has an almost 10% cancer percentage (9.2%) among their Medicare population and a low of 2.9% stroke percentage.

**TAB 8.** The adult uninsured rate for Ellis County is 8.8% (based on 2017) compared to the rural norm of only 11.9%.

**TAB 9.** The life expectancy rate in Ellis County is roughly 80 years of age (79.3) for the entire general population. Alcohol-impaired driving deaths for Ellis County is high at 33.3% while age-adjusted Cancer Mortality rate per 100,000 is only 140.4. Age-adjusted Heart Disease Mortality rate per 100,000 is also at 140.4.

**TAB 10.** Almost ninety percent (89.9%) of Ellis County have access to exercise opportunities. There are 7.4% of the population that have diabetes prevalence. Fifty-three percent (53%) of women in Ellis County seek annual mammography screenings (based on 2017).

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

**Community Feedback from residents, community leaders and providers (N=384) provided the following community insights via an online perception survey:**

- Using a Likert scale, 77.1% of Ellis County stakeholders would rate the overall quality of healthcare delivery in their community as either Very Good or Good.
- Ellis County stakeholders are satisfied with the following services: Ambulance Services, Women’s Health, Water Quality, Poverty / Unemployment rates, Inpatient Services, Oncology Treatment, and Pediatric Care.
- When considering past CHNA needs, the following topics came up as the most pressing: Mental Health Services, Drug / Alcohol Abuse, Nursing Home / Senior Care, Awareness and Education of Health Services.

Ellis Co. KS - CHNA Wave #4		Ongoing Problem		Pressing
Past CHNAs Unmet Needs identified		Ellis Co. (N=384)		Ellis Co. (N=384)
Rank	Ongoing Problem	Votes	%	Trend
				RANK
1	Mental Health Services	145	18.5%	1
2	Drug / Alcohol Abuse	125	15.9%	2
3	Nursing Home / Senior Care	74	9.4%	3
4	Awareness / Education of Health Services	72	9.2%	4
5	Poverty / Employment	62	7.9%	5
6	Nutrition - Healthy Food Options	57	7.3%	6
7	Opioids	52	6.6%	7
8	Exercise / Fitness Services	41	5.2%	8
9	Home Health / Hospice	38	4.8%	9
10	Water Quality	37	4.7%	10
11	Women’s Health	31	4.0%	12
12	Pediatric Care	27	3.4%	11
13	Oncology Treatment	16	2.0%	13
14	Air Quality	7	0.9%	14
TOTALS		784	100.0%	

# II. Methodology

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## II. Methodology

### a) CHNA Scope and Purpose

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

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

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

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

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

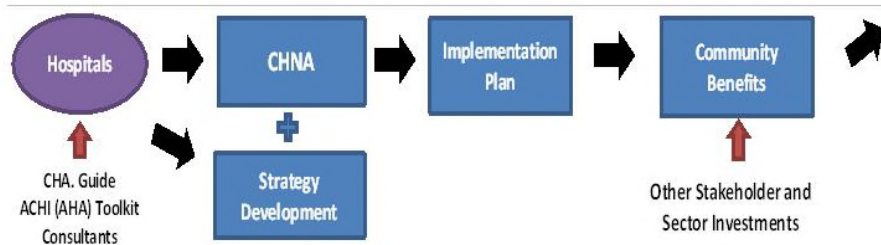
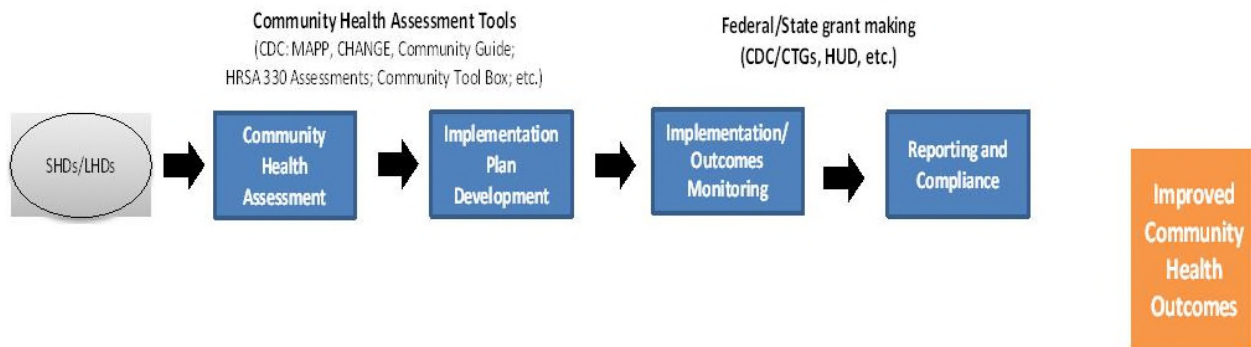
The Notice provides that a CHNA will be considered to be "conducted" in the taxable year that the written report of the CHNA findings is made widely available to the public. The Notice also indicates that the IRS intends to pattern its rules for **making a CHNA "widely available to the public"** after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



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

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

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



## IRS Requirements Overview (Notice 2011-52)

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

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

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

#### How and When to Conduct a CHNA

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

#### Determining the Community Served

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

#### Persons Representing the Community Served

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

#### Required Documentation

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

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

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

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

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

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

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

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

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

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

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

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

### **Additional Sources of Input**

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

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

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

### **Collaboration on CHNA Reports**

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

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

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

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

### **Joint Implementation Strategies**

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

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

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

### **Adoption of Implementation Strategy**

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

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

### **New Hospital Organizations**

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

### **New Hospital Facilities**

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

### **Transferred/Terminated Facilities**

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

## **Public Health Criteria:**

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

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

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

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

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

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

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

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

## MAPP Process Overview

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

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

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



## Drivers of Health Assessment & Improvement Planning

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

### National Voluntary Accreditation Requirements

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

### CDC Grant Requirements

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

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

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



## Social Determinants of Health

What Are Social Determinants of Health?



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

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

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

## **II. Methodology**

### **b) Collaborating CHNA Parties**

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

#### **Hays Medical Center Profile**

**2220 Canterbury Dr, Hays, KS 67601**  
**CEO: Edward Herrman**

**About HaysMed:** Hays Medical Center is a private, not-for-profit hospital formed by the 1991 merger of two religiously affiliated facilities and provides the only tertiary level services in the region. The organization's Vision Statement, developed collaboratively with local and regional physicians, hospital administrators and community board representatives, was refined to a single core purpose: "To Help People Be Healthy," and an overriding goal: "To Be the Best Tertiary Care Center in Rural America."

HaysMed's DeBaKey Heart Institute provides heart surgery for the western half of the state. Additionally, the 206-bed facility provides medical, surgical, and pediatric care along with cardiac, neonatal, and intensive care units; cancer, joint and spine care, diagnostic imaging and eye surgery center; emergency department, rehabilitation, and hospice. HaysMed also maintains a Wound Care and Hyperbaric Center, Sleep and Neurodiagnostic services and Robotic Surgery Program.

A total of 5,301 admissions and 160,361 outpatient procedures documented last year, while the medical group's specialty and clinics accounted for more than 135,014 office visits. In addition, the DeBaKey Heart Institute had 2,294 admissions while the Dreiling/Schmidt Cancer Institute provided services to 1,191. Last year 606 births were also recorded at the hospital while 10,899 patients were seen in the Emergency Department.

The Center for Health Improvement, located in the Bickle/Eagle Health Complex at HaysMed, is an MFA accredited fitness center that incorporates hospital-based fitness and rehabilitation programs with occupational medicine and independent physician clinics, and has a membership in the fitness area of 1,700.

Hays Medical Center maintains a local market share of nearly 73.5%; with total primary/secondary/tertiary service at 26.8%. Patient utilization figures demonstrate approximately one-half of all hospitalizations in the region and are maintained in the small rural hospitals surrounded by Hays Medical Center. Administering perhaps the largest Critical Access Hospital network in the country, HMC earned the 1997 National Rural Health Association Outstanding Program Award for its EACH/RPCH and Telemedicine programs. It is NIAHO accredited by DNV Healthcare and ISO Certified, a Level 3 Trauma Center, an accredited Chest Pain Center with PCI, a Primary Stroke Center and a Certified Hip and Knee Replacement Center for Excellence by DNV GL Healthcare.

Approximately 1,500 associates staff the medical center and physician clinics, accredited by DNV Healthcare.

**Mission Statement:** Patient, physicians and employers will first think of Hays Medical Center and our regional partners to meet their health care needs. We will provide the best in compassionate care and will help communities understand and improve their health. We support health care as a component of rural life by combining tertiary services in a rural delivery system using primary care physicians, local hospitals, and other health care providers.

**Vision:** To help people be healthy.

**Hays Medical Center offers** the following services to its community:

- Bariatrics
- Billing/Financial
- Bone, Joint and Spine Center
- Breast Care Center
- Cancer
- Convenient Care Walk-In Clinic
- Cosmetic Surgery
- Diabetes Solutions
- Dietary
- Dodge City Specialty Clinic
- Ear, Nose, Throat
- Education
- Emergency Department
- Eye
- Family Medicine
- Fitness Center
- 
- HaysMed Partners
- Heart
- Hospice
- Hospitalists
- Imaging
- Internal Medicine
- Nephrology
- Nursing
- OB/GYN
- Occupational Therapy
- Orthopedics
- Out Patient Rehab
- Palliative Care
- Pastoral Care
- Pediatrics
- Pharmacy
- Poison Control Center
- Pulmonology
- Rehabilitation
- Robotic Surgery
- Senior Focused Care
- Sleep and Neurodiagnostic
- Special Nursing Services
- Sports Medicine
- Surgery
- Urology
- Volunteer Services
- Weight Loss Surgery
- WorkSMART
- Woman/Infant Services
- Wound Healing Hyperbaric Center

## **Ellis County Health Department Profile**

**2507 Canterbury Dr., Hays, KS, 67601**

**Director: Jason Kennedy**

**Medical Consultant:** Tonya Knoll, MD

**Phone:** 785-628-9440

**Regional District Office:** NW   **Trauma Region:** NW

The Ellis County Health Department is open Monday through Thursday from 7:00 am to 5:00 pm and Friday from 7:00 a.m. to 11:00 a.m.

The Ellis County Health Department currently offers WIC services, immunizations, screenings, breastfeeding education, nutrition and health support and classes. We serve as the primary contact for the Kansas preparedness program. We further serve the community through the State Formula, and Immunization Action Plan. We are proud to serve the community in many educational, direct care and planning and preparedness activities.

**Offerings:** Screenings (Blood Pressure, Cholesterol, Glucose, Prostate (PSA), and Tuberculosis), metabolic panels, CBC blood count, hemoglobin A1C, protime, TSH (thyroid stimulating hormone), wellness physicals, lead testing, education on children's health matters.

**Immunizations:** Hepatitis A/B, HPV, Meningococcal, Diphtheria, Tetanus, Pertussis, Pneumonia, Influenza, Zostavax, MMR, Polio, Rabies, Rotavirus, and Varicella.

**Mission:** "It is the philosophy of the Ellis County Health Department that every citizen of Ellis County should have access to basic public health services at an affordable cost. This agency will promote, provide, and maintain these services while encouraging personal responsibility for the individual health care. However, individuals will not be denied supported services due to inability to pay."

**Accreditation:** Ellis County Health Department is currently considering working towards CHNA accreditation.

## II. Methodology

### b) Collaborating CHNA Parties Continued

#### Consultant Qualifications:

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

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



#### Vince Vandehaar, MBA – Principal

VVV Consultants LLC – start 1/1/09 \*

- Adjunct Full Professor @ Avila and Webster Universities
- 35+ year veteran marketer, strategist and researcher
- Saint Luke's Health System, BCBS of KC,
- Tillinghast Towers Perrin, and Lutheran Mutual Life
- Hometown: Bondurant IA

#### Cassandra Kahl, BHS – Lead Consultant

VVV Consultants LLC – Nov 2020

- University of Kansas – Health Sciences
  - Park University MHA (May 2021)
- Pharmacy Management (CVS) – 2 ½ years
- Hometown: Maple, WI



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

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

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

#### Our Values :

"Community" – Industry engagement...membership AMA KC, ACHE, EPBA, Forum and SHSMD.

"Stewardship" – Fair fees based on client, project scope, turnaround time, etc.

"Integrity" – Trustworthy delivery with numerous client recommendations / endorsements.

"Experience" – Skilled consulting; Marketing careers. We understand business because we have been there!

"Growth" – Process-driven; ongoing innovational delivery.

## II. Methodology

### c) CHNA and Town Hall Research Process

Wave #4 Community Health Needs Assessment (CHNA) process began in December 2020 for Hays Medical Center (HaysMed) located in Ellis County, KS to meet Federal IRS CHNA requirements.

In December, a meeting was called by HaysMed 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 HaysMed leaders requesting VVV Consultants LLC to complete a CHNA IRS aligned comprehensive report.

#### VVV CHNA Deliverables:

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

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

Source: Hosp Internal Records						Inpatient			Emergency			Outpatient Total		
Hospital :	HaysMed		195,347			5,235	5,510	5,190	9,774	9,617	8,880	50,299	52,739	48,103
ZIP	City	County	3YR Tot	%	ACCUM	FFY18	FFY19	FFY20	FFY18	FFY19	FFY20	FFY18	FFY19	FFY20
67601	Hays, KS	Ellis	97,386	49.9%	49.9%	1622	1650	1645	6097	5954	5763	24625	26130	23900
67637	Ellis, KS	Ellis	9,577	4.9%	54.8%	182	181	183	522	526	482	2364	2646	2491
67671	Victoria, KS	Ellis	7,119	3.6%	58.4%	123	120	122	360	347	293	1882	1930	1942
67627	Catharine, KS	Ellis	530	0.3%	58.7%	2	10	5	31	44	14	132	170	122
67660	Pfeifer, KS	Ellis	141	0.1%	58.7%	5	3	4	9	5	3	43	35	34
67665	Russell, KS	Russell	6,811	3.5%	62.2%	265	273	249	232	225	240	1821	1760	1746
67530	Great Bend, KS	Barton	3,995	2.0%	64.3%	282	308	309	75	71	63	891	1028	968
67548	La Crosse, KS	Rush	3,835	2.0%	66.2%	108	103	112	157	184	145	1009	1045	972
67663	Plainville, KS	Rooks	3,704	1.9%	68.1%	127	158	142	169	137	94	934	1023	920
67672	Wakeeney, KS	Trego	3,475	1.8%	69.9%	126	136	164	101	110	83	868	912	975
67550	Larned, KS	Sheridan	3,377	1.7%	71.6%	218	193	184	55	50	57	943	884	793
67669	Stockton, KS	Rooks	2,617	1.3%	73.0%	101	112	83	76	74	63	738	686	684
67642	Hill City, KS	Graham	2,292	1.2%	74.2%	96	128	116	46	44	28	631	640	563
67661	Phillipsburg, KS	Phillips	2,220	1.1%	75.3%	87	77	69	57	38	38	668	625	561

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

**Phase I—Discovery:**

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

**Phase II—Qualify Community Need:**

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

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

**Phase III—Quantify Community Need:**

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

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

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

## Data & Benchmarks Review

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

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

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

Community health assessment indicators should be

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

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

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

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



## Sources of community-health level indicators:

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

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

<b>HaysMed The University of KS Health System</b>			
<b>VVV CHNA Wave #4 Work Plan - Year 2021</b>			
<b>Project Timeline &amp; Roles</b>			
<b>Step</b>	<b>Timeframe</b>	<b>Lead</b>	<b>Task</b>
1	12/1/2020	VVV / Hosp	Sent Leadership information regarding CHNA Wave #4 for review
2	Dec. 22, 2020	Hosp	Select CHNA Wave #4 Option B. Approve (sign) VVV CHNA quote
3	1/7/20	VVV	Send out <b>REQCommInvite Excel</b> file. HOSP & HLTH Dept to fill in PSA Stakeholders Names /Address /Email
4	1/7/2021	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 <b>ZipPSA_3yrPOrigin.xls</b> )
5	On or Before 1/11/20	VVV	Prepare CHNA Wave#4 Stakeholder Feedback "online link". Send link for hospital review.
6	Jan-Feb 2021	VVV	Assemble & complete Secondary Research - Find / populate 10 TABS. Create Town Hall ppt for presentation.
7	1/12/2021	VVV / Hosp	Prepare/send out PR story / E Mail Request announcing upcoming CHNA work to CEO to review/approve.
8	By 1/22/2021	VVV / Hosp	Place PR story to local media CHNA survey announcing "online CHNA Wave #4 feedback". Request public to participate. Send E Mail request to local stakeholders
9	2/5/2021	VVV	Launch / conduct online survey to stakeholders: Hospital will e-mail invite to participate to all stakeholders. <b>Cut-off 3/5/2021 for Online Survey</b>
10	2/12/2021	Hosp	Prepare/send out Community TOWN HALL invite letter and place local AD.
11	2/12/2021	VVV / Hosp	Prepare/send out PR story to local media announcing upcoming Town Hall. VVV will mock-up PR release to media sources.
12	3/22/2021	ALL	Conduct conference call (time TBD) with Hospital / Public HLTH to review Town Hall data / flow
13	<b>Friday, 3/26/2021</b>	VVV	Conduct virtual CHNA Town Hall. Lunch 11::30-1pm. Review & discuss Basic health data plus RANK Health Needs.
14	On or Before 5/7/2021	VVV	Complete Analysis - Release Draft 1- seek feedback from Leaders (Hospital & Health Dept.)
15	On or Before 5/14/2021	VVV	Produce & Release final CHNA report. Hospital will post CHNA online (website).
16	5/11/2021	Hosp	Conduct Client Implementation Plan PSA Leadership meeting
17	On or before 6/30/2021	Hosp	Hold Board Meetings discuss CHNA needs, create & adopt an implementation plan. Communicate CHNA plan to community.

## **Overview of Virtual Town Hall Community Priority Setting Process**

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

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


Hays Medical Center's Virtual Town Hall was held on Friday March 26th, 2021 via Zoom due to COVID-19 safety requirements. Vince Vandehaar MBA and Cassandra Kahl facilitated this 1 ½ hour session with twenty-three RSVP's / 14 attendees. (Note: a detail roster of Town Hall attendees is listed in Section V a).

The following Town Hall agenda was conducted:

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

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

**Community Health Needs Assessment  
Virtual Town Hall Meeting - Ellis Co. (KS)**  
on behalf of HaysMed – University of Kansas  
Health System



**VVV Consultants LLC**  
Olathe, Kansas 66061

VandehaarMarketing.com  
913-302-7264

1

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

- I. **Check-In / Introductions** (Start: 11:20 – 11:35)
- II. **Review CHNA Purpose and Process** (11:35 – 11:40)
- III. **Review Current County “Health Status”**
  - Secondary Data by 10 TAB Categories
  - Review Community Feedback Research (11:40 – 12:10)
- IV. **Collect Community Health Perspectives**
  - Assigned Breakout Sessions (Lead/Reporter)
  - Uncover unmet needs/reporting back discussion (12:10 - 12:40)
- V. **Returning To Community General Session**
  - Report up / Poll & End Town Hall (12:40 – 1:00)

2

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

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

**Have a little fun too**

3

**I. Introductions: A Conversation with the  
Community & Stakeholders**  
*Community members and organizations invited to CHNA Town Hall*

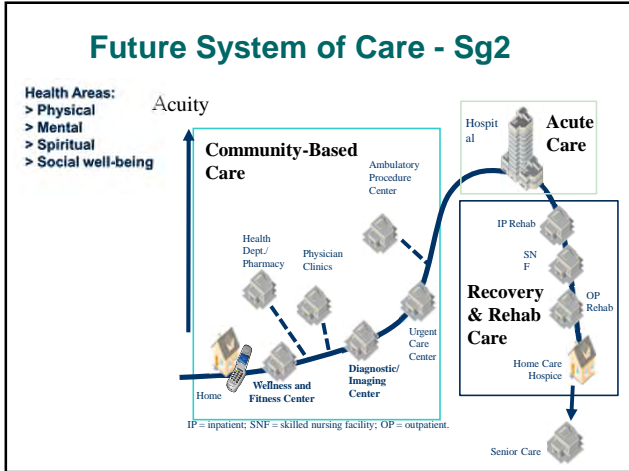
**Consumers:** Uninsured/underinsured people, Members of at-risk populations, Parents, caregivers and other consumers of health care in the community, and Consumer advocates.

**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.”

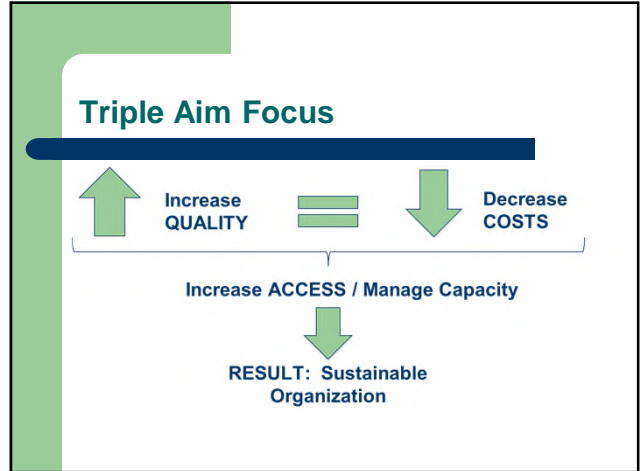
**Public and other organizations:** Public health officials, Directors or staff of health and human service organizations, City/Community planners and development officials, Individuals with business and economic development experience, Welfare and social service agency staff, Housing advocates - administrators 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

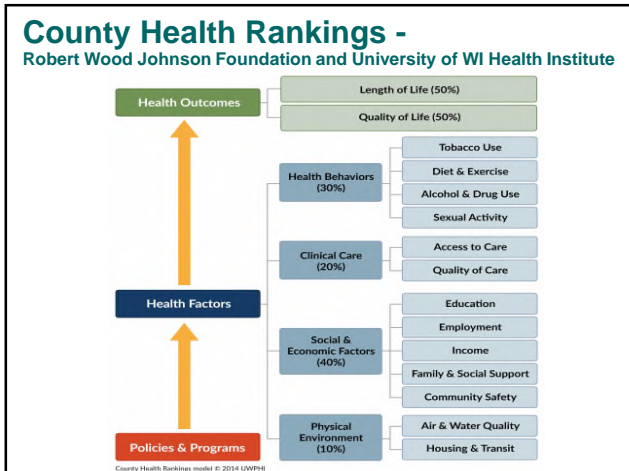
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5



6



7

1a	Focus Area	Measure	Description	1b	Focus Area	Measure	Description	
1a	Air and water quality (5%)	Air pollution: particulate	The average daily measure of fine particulate matter in micrograms per cubic meter (PM2.5) in a county	1b	Community safety (5%)	Violent crime	Violent crime rate per 100,000 population	
		Drinking water violations	Percent of population potentially exposed to water exceeding a violation limit during the past year			Injury deaths	Injury mortality per 100,000	
		Housing and transit (2%)	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		
2a	Access to care (10%)	Primary care physicians	Ratio of population to primary care physicians	2b	Social and Economic Environment (40%)	Education	Percent of ninth grade cohort that graduates in 4 years	
		Dentists	Ratio of population to dentists			Some college	Percent of adults aged 25-44 years with some post-secondary education	
		Mental health providers	Ratio of population to mental health providers			Unemployment	Percent of population age 16+ unemployed but seeking work	
3a	Clinical Care (20%)	Preventable hospital stays	Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees	3b	Physical Environment (10%)	Air quality	Percent of population under age 65 without health insurance	
		Diabetic screening	Percent of diabetic Medicare enrollees that receive HbA1c screening			Quality of life (5%)	Poor or fair health	Percent of adults reporting fair or poor health (age-adjusted)
		Mammography screening	Percent of female Medicare enrollees that receive mammography screening			Unemployment	Average number of physically unhealthy days reported in past 30 days (age-adjusted)	
3b	Social and Economic Environment (40%)	Income	Percent of children under age 18 in poverty	3c	Social and Economic Environment (40%)	Family and social support	Percent of adults without social/emotional support	
		Employment	Percent of children under age 18 in poverty			Length of life (50%)	Premature death	Years of potential life lost before age 75 per 100,000 population (age-adjusted)
		Family and social support	Percent of children that live in household headed by single parent					

8

### III. Review Current County Health Status:

Secondary Data by 10 Tab Categories & State Rankings

Trends: Good Same Poor

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

9

### IV. Collect Community Health Perspectives

Ask your opinion. Your thoughts?

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

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

10

### Collaborate Breakout Room Discussions


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

**After Meeting Thoughts: EMAIL**  
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[CJK@VandehaarMarketing.com](mailto:CJK@VandehaarMarketing.com)

11

### Community Health Needs Assessment

## Questions; Next Steps?



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Olathe, KS 66061

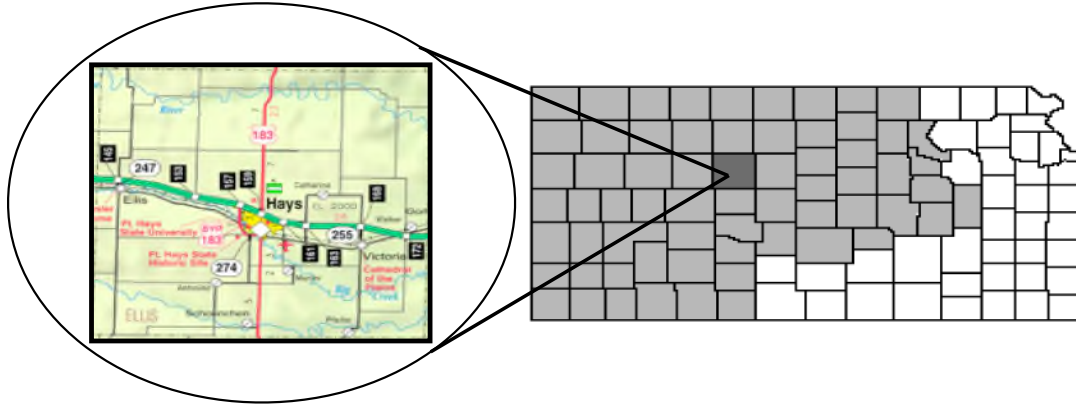
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12

## II. Methodology

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

#### Ellis County KS Community Profile



#### Demographics

**The population of Ellis County was estimated to be 28,893 citizens** in 2016, and had a 1.5% change in population from 2010–2016. The county covers 899.9 square miles is one of the top pheasant hunting states in the nation. It also has the Cedar Bluff Reservoir and Lake Wilson for recreation and is home to the Cathedral of the Plains<sup>1</sup>. The county has an overall population density of 33 persons per square mile. The county is located in Central Western Kansas and the most common industries are education, health and social services and retail trade<sup>2</sup>. The county was founded in 1867 and the county seat is Hays<sup>3</sup>.

**The major highway transportation** access to Ellis County is U.S. Interstate 70, which runs through the center of the county. Kansas Highway 183 is the major North–South road. Also, Old Highway 40 runs parallel to I-70 throughout the county.

#### **Ellis County KS Airports<sup>4</sup>**

<b>Name</b>	<b>USGS Topo Map</b>
Hays Medical Center Heliport	Hays North
Hays Regional Airport	Hays South
Philip Ranch Airport	Victoria
Rans Airport	Hays North
Saint Anthony Hospital Airport	Hays North

#### **Schools in Ellis County:**

<sup>1</sup> <http://kansas.hometownlocator.com/ks/ellis/>

<sup>2</sup> [http://www.city-data.com/county/Ellis\\_County-KS.html](http://www.city-data.com/county/Ellis_County-KS.html)

<sup>3</sup> <http://www.elliscounty.net/index.aspx?NID=144>

<sup>4</sup> <http://kansas.hometownlocator.com/features/cultural,class,airport,scfips,20051.cfm>

## Public Schools<sup>5</sup>

Name	Level
Ellis High	High
Hays Middle	Middle
Hays High	High
Kathryn O'Loughlin McCarthy Elem	Primary
Lincoln Elem	Primary
Roosevelt Elem	Primary
Victoria Elem	Primary
Victoria High	High
Washington Elem	Primary
Washington Elem	Primary
Woodrow Wilson Elem	Primary

## Private Schools<sup>6</sup>

Name	Level
High Plains Christian School	Elementary
Holy Family Elementary	Elementary
Maranatha Christian School	Elementary
St. Mary's School	Elementary
Thomas More Prep Marian High Sch	Secondary

### City of Hays and Ellis County governments

Dillons - Grocery

Eagle Communications

EnerSys - Manufacturing

HaysMed, The University of Kansas Health System

Hays School District

Hess Services - Metal fabrication / oil field supplies

Midwest Energy - Utilities

Fort Hays State University

Nex-Tech - Communications

Wheelchairs of Kansas - Manufacturing

Wal-Ma

<sup>5</sup> <http://kansas.hometownlocator.com/schools/sorted-by-county,n,ellis.cfm>

<sup>6</sup> <http://kansas.hometownlocator.com/schools/sorted-by-county,n,ellis.cfm>



## Detail Demographic Profile

ZIP	NAME	County	Population			Households		HH	Per Capita
			Year 2020	Year 2025	Change	YR 2020	YR 2025	Avg Size 2020	Income 2020
67601	Hays	Ellis	23,922	23,787	-0.6%	10,108	10,069	2.3	\$29,446
67627	Catharine	Ellis	105	106	1.0%	52	53	2.0	\$59,557
67637	Ellis	Ellis	2,493	2,423	-2.8%	1,067	1,040	2.3	\$30,297
67660	Pfeifer	Ellis	78	77	-1.3%	32	32	2.4	\$39,824
67667	Schoenchen	Ellis	215	218	1.4%	82	83	2.6	\$35,626
67671	Victoria	Ellis	1,766	1,756	-0.6%	723	722	2.3	\$32,538
67674	Walker	Ellis	22	23	4.5%	11	12	2.0	\$61,793
Totals			28,601	28,390	1.7%	12,075	12,011	2.3	\$41,297

ZIP	NAME	County	Population				Year 2020		Females
			Year 2020	Pop. 65+	Kids<18	Gen Y	Males	Females	Age 20-35
67601	Hays	Ellis	23,922	3,779	8,824	3,940	11,957	11,965	3,918
67627	Catharine	Ellis	105	23	26	10	54	51	9
67637	Ellis	Ellis	2,493	500	719	309	1,230	1,263	288
67660	Pfeifer	Ellis	78	16	19	9	41	37	9
67667	Schoenchen	Ellis	215	47	53	23	115	100	20
67671	Victoria	Ellis	1,766	373	485	188	910	856	168
67674	Walker	Ellis	22	4	6	1	10	12	1
Totals			28,601	4,742	10,132	4,480	14,317	14,284	4,413

ZIP	NAME	County	Population 2020				Average Households 2020		
			Caucasian	African Amer	Amer Ind.	Hispanic	HH Inc	HH20	HH \$50K+
67601	Hays	Ellis	21,625	334	95	1,626	\$51,527	10,108	5,451
67627	Catharine	Ellis	101	0	0	2	\$82,667	52	40
67637	Ellis	Ellis	2,423	7	5	94	\$56,369	1,067	645
67660	Pfeifer	Ellis	75	0	0	3	\$65,625	32	23
67667	Schoenchen	Ellis	207	0	2	6	\$76,417	82	64
67671	Victoria	Ellis	1,716	5	10	23	\$61,869	723	488
67674	Walker	Ellis	21	0	0	0	\$86,037	11	10
Totals			26,168	346	112	1,754	480,511	12,075	6,721

Source: ERSA Demographics 2020

# **III. Community Health Status**

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[VVV Consultants LLC]

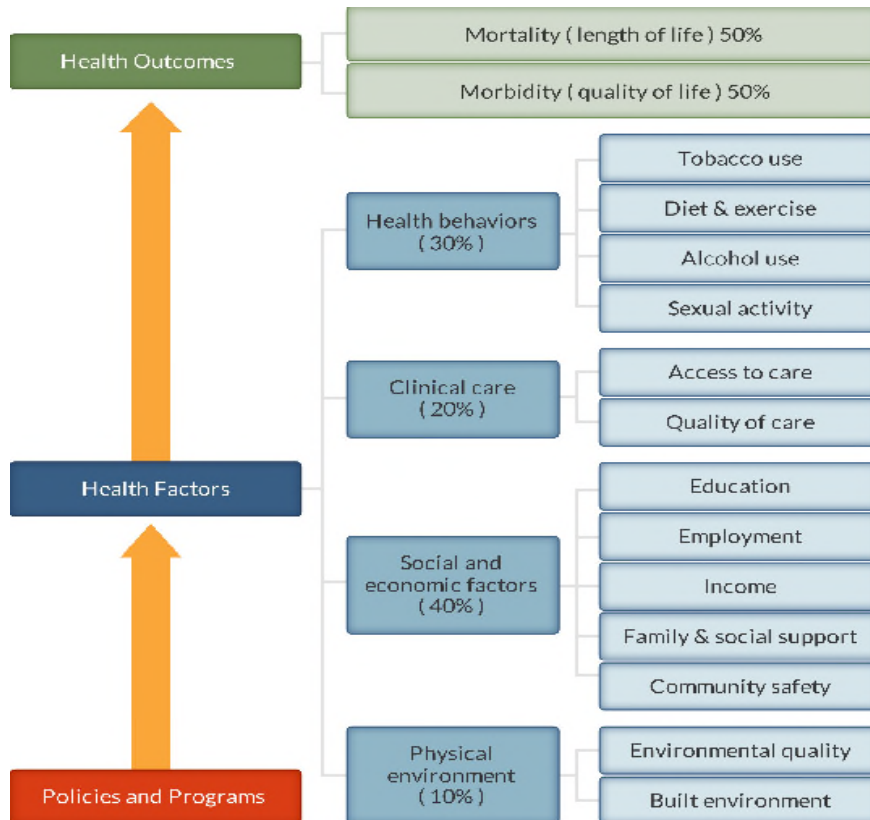
### III. Community Health Status

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

##### Health Status Profile

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

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



County Health Rankings model ©2012 UWPHI

## National Research – Year 2020 RWJ Health Rankings:

#	KS Rankings - 105 Counties	Definitions	Ellis Co. (KS) 2021	TREND	NW KS RURAL NORM (N=20)
1	<b>Health Outcomes</b>		17		52
2	Mortality	Length of Life	21		42
3	Morbidity	Quality of Life	21		52
4	<b>Health Factors</b>		21		35
5	Health Behaviors	Tobacco Use, Diet/Exercise, Alcohol Use, Sexual Activitiy	51		39
6	Clinical Care	Access to care / Quality of Care	7		53
7	Social & Economic Factors	Education, Employment, Income, Family/Social support, Community Safety	19		44
8	<b>Physical Environment</b>	Environmental quality	74		22

<http://www.countyhealthrankings.org>, released 2017

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

## PSA Secondary Research:

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

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

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

**Tab 1: Demographic Profile**

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

Tab	Demographic - Health Indicators	Ellis Co (KS)	Trend	State of KS	NW KS Rural Norm (N=20)	Source
1	a Population estimates, July 1, 2019, (V2019)	28,553		2,913,314	6,405	People Quick Facts
	b Population, percent change - April 1, 2010 (estimates base) to July 1, 2019, (V2019)	0.4%		2.1%	-4.2%	People Quick Facts
	c Population per square mile, 2010 (V2019)	31.6		35	7	Geography Quick Facts
	d Persons under 5 years, percent, 2019, (V2019)	5.6%		6.4%	5.8%	People Quick Facts
	e Persons 65 years and over, percent, 2019, (V2019)	16.0%		16.3%	23.8%	People Quick Facts
	f Female persons, percent, 2019, (V2019)	49.6%		50.2%	49.4%	People Quick Facts
	g White alone, percent, 2019, (V2019)	94.5%		86.3%	95.3%	People Quick Facts
	h Black or African American alone, percent, 2019, (V2019)	1.4%		6.1%	1.4%	People Quick Facts
	i Hispanic or Latino, percent, 2019, (V2019)	5.9%		12.2%	5.6%	People Quick Facts
	j Language other than English spoken at home, percent of persons age 5 years+, 2015-2019	6.5%		11.9%	4.4%	People Quick Facts
	k Living in same house 1 year ago, percent of persons age 1 year+, 2011-2015	76.9%		83.8%	86.0%	People Quick Facts
	l Children in single-parent households, percent, 2014-2018	33.3%		29.0%	25.2%	County Health Rankings
	m Total Veterans, 2015-2019	163		176,444	599	People Quick Facts

**Tab 2: Economic Profile**

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

Tab	Economic - Health Indicators	Ellis Co (KS)	Trend	State of KS	NW KS Rural Norm (N=20)	Source
2	a Per capita income in past 12 months (in 2019 dollars), 2015-2019	\$28,135		\$31,814	25,383	People Quick Facts
	b Persons in poverty, percent	13.1%		11.40%	12.0%	People Quick Facts
	c Total Housing units, July 1, 2019, (V2019)	1,445		1,288,401	5,442	People Quick Facts
	d Total Persons per household, 2015-2019	2.4		2.51	2.4	People Quick Facts
	e Severe housing problems, percent, 2012-2016	13.7%		13.0%	9.5%	County Health Rankings
	f Total of All firms, 2012	488		239,118	1021	Business Quick Facts
	g Unemployment, percent, 2018	2.4%		3.40%	2.7%	County Health Rankings
	h Food insecurity, percent, 2017	14.0%		13%	11.8%	County Health Rankings
	i Limited access to healthy foods, percent, 2010	6.5%		8%	9.4%	County Health Rankings
	j Low income and low access to store, percent, 2015	6.5%		9.35%	9.4%	U.S. Department of Agriculture - Food Environment Atlas
	k Long commute - driving alone, percent, 2011-2015	6.6%		21%	15.6%	County Health Rankings

**Tab 3: Educational Profile**

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

Tab	Educative - Health Indicator	Ellis Co (KS)	Trend	State of KS	NW KS Rural Norm (N=20)	Source
3	a Children eligible for free or reduced price lunch, percent, 2017-2018	38.3%		48%	46.7%	County Health Rankings
	b High school graduate or higher, percent of persons age 25 years+, 2015-2019	91.0%		91.0%	88.1%	People Quick Facts
	c Bachelor's degree or higher, percent of persons age 25 years+, 2015-2019	16.6%		33.40%	19.6%	People Quick Facts

#	School Health Indicators	Ellis Co 2021			Ellis Co 2018		
	Districts	USD 489	USD 388	USD 432	USD 489	USD 388	USD 432
1	Total # Public School Nurses	6-added for COVID this year. Will decrease next year	1	1	4	1	1
2	School Nurse is part of the IEP team Yes/No	Yes	if needed	as needed	Yes	If needed	As needed
3	School Wellness Plan (Active)	Yes	Yes	Yes	Yes	Yes	Yes
4	VISION: # Screened / Referred to Prof / Seen by Professional	1,677/175/35	260/18/16	237/6/6	1645/84/1	274/20/15	237/6/6
5	HEARING: # Screened / Referred to Prof / Seen by Professional	1,126/30/3	260/3/2	237/2/2	1403/21/1	274/3/2	237/2/2
6	ORAL HEALTH: # Screened / Referred to Prof / Seen by Professional	doing currently virtually due to COVID. Have not received results yet	248/22/12	287/2/0	1585/56/0	248/22/12	287/0/0
7	SCOLIOSIS: # Screened / Referred to Prof / Seen by Professional	n/a	n/a	per athletic physical	n/a	0/0/0	Per athletic physical
8	# of Students served with no identified chronic health concerns	2,810	305	270	2511	340	274
9	School has a suicide prevention program	Yes	Yes	Yes	Yes	Presentation for 7th-12th graders	Yes
10	Compliance on required vaccinations (%)	100%	100%	95%	99%	100%	95%

**Tab 4: Maternal and Infant Profile**

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

Tab	Maternal/Infant - Health Indicators	Ellis Co (KS)	Trend	State of KS	NW KS Rural Norm (N=20)	Source
4	a Percent of Births Where Prenatal Care began in First Trimester, 2016-2018	86.1%		81%	81.7%	Kansas Health Matters
	b Percentage of Premature Births, 2016-2018	8.5%		9.10%	8.7%	Kansas Health Matters
	c Percent of Infants up to 24 months that received full Immunizations, 2016-2018	85.4%		69.20%	81.5%	Kansas Health Matters
	d Percent of Births with Low Birth Weight, 2016-2018	7.7%		7.30%	7.2%	Kansas Health Matters
	e Percent of WIC Mothers Breastfeeding Exclusively, percent, 2018	15.0%		14.10%	27.3%	Kansas Health Matters
	f Percent of all Births Occurring to Teens (15-19), 2016-2018	3.9%		5.50%	5.4%	Kansas Health Matters
	g Percent of births Where Mother Smoked During Pregnancy, 2016-2018	9.9%		10%	13.7%	Kansas Health Matters

**Tab 4: Maternal / Infant Profile (Continued)**

#	Criteria - Vital Statistics	Ellis Co. (KS)	Trend	Kansas	NW KS Norm (N=20)
a	Total Live Births, 2015	364		39,126	82
b	Total Live Births, 2016	357		38,048	81
c	Total Live Births, 2017	299		36,464	72
d	Total Live Births, 2018	314		36,268	73
e	Total Live Births, 2019	283		35,395	69
f	Total Live Births, 2015-2019 - 5 year Rate (%)	11.2%		12.7%	11.6%

**Tab 5: Hospitalization and Provider Profile**

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

Tab	Hospital/Provider - Health Indicator	Ellis Co (KS)	Trend	State of KS	NW KS Rural Norm (N=20)	Source
5	a Primary care physicians (Pop Coverage per) (No extenders incl.) , 2017	1510:1		1295:1	1850:1	County Health Rankings
	b Preventable hospital rate per 100,000, 2017 (lower the better)	3913		4024	5,827	County Health Rankings
	c Patients Who Gave Their Hospital a Rating of 9 or 10 on a Scale from 0 (Lowest) to 10 (Highest)	70%		78.0%	82.3%	CMS Hospital Compare, Latest Release
	d Patients Who Reported Yes, They Would Definitely Recommend the Hospital	68%		78.0%	77.7%	CMS Hospital Compare, Latest Release
	e Average (Median) time patients spent in the emergency department, before leaving from the visit (mins)	105		112	100.5	CMS Hospital Compare, Latest Release

#	KS Hospital Assoc PO103	Ellis County - Total Inpatient		
		FFY18	FFY19	FFY20
1	Total Discharges	2,595	2,592	2,625
2	Total IP Discharges-Age 0-17 Ped	111	112	86
3	Total IP Discharges-Age 18-44	217	230	226
4	Total IP Discharges-Age 45-64	489	409	429
5	Total IP Discharges-Age 65-74	432	465	483
6	Total IP Discharges-Age 75+	703	745	690
7	Psychiatric	32	56	70
8	Obstetric	315	299	342
#	KS Hospital Assoc PO103	HaysMed (IP Ellis Co Only)		
		FFY18	FFY19	FFY20
1	Total Discharges	1,933	1,963	1,959
	MRKT Shr %	74.5%	75.7%	74.6%
2	Total IP Discharges-Age 0-17 Ped	52	43	29
3	Total IP Discharges-Age 18-44	148	161	163
4	Total IP Discharges-Age 45-64	310	281	301
5	Total IP Discharges-Age 65-74	313	341	351
6	Total IP Discharges-Age 75+	554	599	524
7	Psychiatric	9	16	16
8	Obstetric	279	266	301
#	Kansas Hospital Assoc OP TOT223E	FFY18	FFY19	FFY20
1	ER HaysMed share - Ellis Co	92.2%	90.6%	91.2%
2	OP Surg HaysMed share - Ellis Co	86.3%	85.9%	85.1%
3	Total OP HaysMed share - Ellis Co	78.3%	78.6%	78.6%



**Tab 6: Behavioral / Mental Profile**

Behavioral healthcare provides another important indicator of community health status.

Tab	Mental - Health Indicator	Ellis Co (KS)	Trend	State of KS	NW KS Rural Norm (N=20)	Source
6	a Depression: Medicare Population, percent, 2017	18.4%		18.9%	17.8%	Kansas Health Matters
	b Age-adjusted Suicide Mortality Rate per 100,000 population, 2016-2018 (lower is better)	14.6		18.6	25.6	Kansas Health Matters
	c Mental Behavioral Hospital Admission Rates per 100,000, 2016-2018	22.7		75.1	26.7	Kansas Health Matters
	d Percent of Medicare Part D Beneficiaries Receiving Opioids Supply >10 Days	33.7%		37.8%	42.5%	Kansas Health Matters
	e Average Number of mentally unhealthy days, 2017	3.4		3.7	3.6	County Health Rankings

**Tab 7a: Risk Indicators & Factors Profile**

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

Tab	High-Risk - Health Indicator	Ellis Co (KS)	Trend	State of KS	NW KS Rural Norm (N=20)	Source
7a	a Adult obesity, percent, 2016	30.0%		33.0%	32.9%	County Health Rankings
	b Adult smoking, percent, 2017	15.9%		17.0%	15.6%	County Health Rankings
	c Excessive drinking, percent, 2017	20.2%		19.0%	16.5%	County Health Rankings
	d Physical inactivity, percent, 2016	26.5%		25.0%	29.9%	County Health Rankings
	e # of Physically unhealthy days, 2015	3.4		3.6	3.4	County Health Rankings
	f Sexually transmitted infections (chlamydia), rate per 100,000 2017	644.8		13554	264.7	County Health Rankings

**Tab 7b: Chronic Risk Profile**

Tab	Chronic - Health Indicator	Ellis Co (KS)	Trend	State of KS	NW KS Rural Norm (N=20)	Source
7b	a Hypertension: Medicare Population, 2017	61.1%		55.20%	56.9%	Kansas Health Matters
	b Hyperlipidemia: Medicare Population, 2017	47.1%		37.10%	37.2%	Kansas Health Matters
	c Heart Failure: Medicare Population, 2017	16.7%		13.40%	19.0%	Kansas Health Matters
	d Chronic Kidney Disease: Medicare Pop, 2017	26.8%		21.80%	21.2%	Kansas Health Matters
	e COPD: Medicare Population, 2017	14.1%		11.90%	14.0%	Kansas Health Matters
	f Atrial Fibrillation: Medicare Population, 2017	9.7%		8.80%	10.7%	Kansas Health Matters
	g Cancer: Medicare Population, 2017	9.2%		8.10%	8.4%	Kansas Health Matters
	h Osteoporosis: Medicare Population, 2017	10.0%		6.10%	9.3%	Kansas Health Matters
	i Asthma: Medicare Population, 2017	4.2%		4.30%	3.6%	Kansas Health Matters
	j Stroke: Medicare Population, 2015	2.9%		3.1%	2.6%	Kansas Health Matters



**Tab 8 Uninsured Profile and Community Benefit**

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

Tab	Coverage - Health Indicator	Ellis Co (KS)	Trend	State of KS	NW KS Rural Norm (N=20)	Source
8	a Uninsured, percent, 2017	8.8%		10%	11.9%	County Health Rankings

Source: Internal Hospital Records				
	HaysMed	YR 2018	YR 2019	YR 2020
1	Charity Care	\$4,264,996	\$6,259,206	\$7,982,914
2	Bad Debt Writeoffs	\$9,698,203	\$11,570,185	\$8,439,183

**Tab 9: Mortality Profile**

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

Tab	Mortality - Health Indicator	Ellis Co (KS)	Trend	State of KS	NW KS Rural Norm (N=20)	Source
9	a Life Expectancy, 2016 - 2018	79.3		78.5	78.4	Kansas Health Matters
	b Age-adjusted Cancer Mortality Rate per 100,000 population, 2016-2018 (lower is better)	140.4		155.3	146.8	Kansas Health Matters
	c Age-adjusted Heart Disease Mortality Rate per 100,000 population, 2016-2018 (lower is better)	140.4		156.7	169.8	Kansas Health Matters
	d Age-adjusted Chronic Lower Respiratory Dis Mortality Rate per 100,000, 2014-16 (Lower is better)	45.7		49.9	52.2	Kansas Health Matters
	e Alcohol-impaired driving deaths, percent, 2011-2015	33.3%		21.90%	38.9%	County Health Rankings
	f Total # Deaths involving COVID-19 if released, 2021	49		3575	13.6	NY Times

Causes of Death by County of Residence, KS 2016	Ellis Co. (KS)	Overall%	Kansas	NWKS Norm (N=20)
<b>TOTAL</b>	<b>220</b>		<b>27,312</b>	<b>1,333</b>
Pneumonia and influenza	91		514	178
Cancer	50		5537	336
Other causes	50		6058	364
Heart disease	37		5520	316
Primary Hypertension/ Hypertensive Renal Disease & Secondary Hypertension	31		3603	227
Suicide	24		3085	205
Chronic lower respiratory diseases	16		1774	98
Kidney disease (nephritis/nephrotic syndrome/nephrosis)	10		991	10
Known Death Percentage From Tobacco Use	10		1283	62

**Tab 10: Preventive Quality Measures Profile**

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

Tab	Preventative - Health Indicator		Ellis Co (KS)	Trend	State of KS	NW KS Rural Norm (N=20)	Source
10	a	Access to exercise opportunities, percent, 2019	89.9%		80.0%	63.8%	County Health Rankings
	b	Adults with diabetes, monitoring, percent, 2016	7.4%		10%	11.3%	County Health Rankings
	c	Mammography annual screening, percent, 2017	53.0%		45%	42.9%	County Health Rankings
	d	Percent Annual Check-Up Visit with PCP	NA		TBD	TBD	TBD
	e	Percent Annual Check-Up Visit with Dentist	NA		TBD	TBD	TBD
	f	Percent Annual Check-Up Visit with Eye Doctor	NA		TBD	TBD	TBD

## PSA Primary Research:

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

**Chart #1 – Ellis County, KS Online Feedback Response N=384**

<b>Ellis Co. KS- CHNA Wave #4</b>			
For reporting purposes, are you involved in or are you a .... ?	Ellis Co (KS) N=384	Trend	NWKS Rural Norms N=1159
Business / Merchant	4.1%		6.9%
Community Board Member	6.1%		6.2%
Case Manager / Discharge Planner	0.7%		0.3%
Clergy	0.7%		0.3%
College / University	4.7%		2.3%
Consumer Advocate	0.7%		1.0%
Dentist / Eye Doctor / Chiropractor	0.0%		0.3%
Elected Official - City/County	0.7%		1.7%
EMS / Emergency	0.7%		2.2%
Farmer / Rancher	3.7%		5.2%
Hospital / Health Dept	29.2%		20.5%
Housing / Builder	0.7%		0.8%
Insurance	1.4%		1.0%
Labor	1.7%		1.8%
Law Enforcement	0.0%		0.6%
Mental Health	0.3%		1.0%
Other Health Professional	18.3%		13.4%
Parent / Caregiver	11.9%		13.3%
Pharmacy / Clinic	2.0%		1.8%
Media (Paper/TV/Radio)	0.0%		0.5%
Senior Care	1.4%		3.0%
Teacher / School Admin	2.0%		5.6%
Veteran	1.7%		2.1%
Other (please specify)	7.5%		7.9%
<b>TOTAL</b>	<b>295</b>		<b>954</b>
<b>NW KS Norms Include: Ellis Co, Pawnee Co, Gove Co and Thomas Co.</b>			

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

Ellis Co. KS- CHNA Wave #4			
How would you rate the "Overall Quality" of healthcare delivery in our community?	Ellis Co. (N=384)	Trend	NWKS Rural Norms N=1159
Top Box %	28.1%		29.6%
Top 2 Boxes %	77.1%		76.3%
Very Good	28.1%		29.6%
Good	49.0%		46.6%
Average	20.3%		19.4%
Poor	1.6%		3.2%
Very Poor	1.0%		1.1%
Valid N	384		1158
KS Norms Include: Ellis Co, Pawnee Co, Gove Co and Thomas Co.			

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

Ellis Co. KS- CHNA Wave #4			
When considering "overall community health quality", is it ...	Ellis Co. (N=384)	Trend	NWKS Rural Norms N=1159
Increasing - moving up	40.0%		47.7%
Not really changing much	52.1%		44.3%
Decreasing - slipping	7.9%		8.0%
Valid N	340		1031

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

Ellis Co. KS - CHNA Wave #4		Ongoing Problem		Pressing
Past CHNAs Unmet Needs identified		Ellis Co. (N=384)		Ellis Co. (N=384)
Rank	Ongoing Problem	Votes	%	Trend
				RANK
1	Mental Health Services	145	18.5%	
2	Drug / Alcohol Abuse	125	15.9%	
3	Nursing Home / Senior Care	74	9.4%	
4	Awareness / Education of Health Services	72	9.2%	
5	Poverty / Employment	62	7.9%	
6	Nutrition - Healthy Food Options	57	7.3%	
7	Opioids	52	6.6%	
8	Exercise / Fitness Services	41	5.2%	
9	Home Health / Hospice	38	4.8%	
10	Water Quality	37	4.7%	
11	Women's Health	31	4.0%	
12	Pediatric Care	27	3.4%	
13	Oncology Treatment	16	2.0%	
14	Air Quality	7	0.9%	
TOTALS		784	100.0%	

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

<b>Ellis Co. KS- CHNA Wave #4</b>			
In your opinion, what are the root causes of "poor health" in our community?	Ellis Co. (N=384)	Trend	NWKS Rural Norms N=1159
Lack of health insurance	15.3%	Red	14.8%
Limited Access to Mental Health Assistance	19.2%	Red	17.7%
Neglect	11.2%	Red	11.5%
Lack of health & Wellness Education	9.8%	Yellow	11.8%
Chronic disease prevention	10.0%	Red	10.0%
Family assistance programs	5.1%	Yellow	6.9%
Lack of Nutrition / Exercise Services	5.6%	Yellow	8.7%
Limited Access to Specialty Care	9.0%	Yellow	8.2%
Limited Access to Primary Care	10.8%	Red	5.9%

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

Ellis Co. KS - CHNA Wave #4	Ellis Co. (N=384)		Trend	NWKS Rural Norms N=1159	
	Top 2 boxes	Bottom 2 boxes		Top 2 boxes	Bottom 2 boxes
How would our community rate each of the following?					
Ambulance Services	90.7%	0.4%	Green	85.5%	2.7%
Child Care	50.0%	12.5%	Red	46.0%	14.3%
Chiropractors	86.5%	0.9%	Green	77.1%	5.0%
Dentists	87.2%	2.6%	Green	70.3%	8.0%
Emergency Room	78.0%	4.0%	Green	75.7%	7.7%
Eye Doctor/Optomtrist	82.3%	0.4%	Green	74.5%	5.5%
Family Planning Services	50.0%	13.2%	Red	49.9%	13.0%
Home Health	63.3%	5.4%	Yellow	53.2%	10.0%
Hospice	75.8%	4.1%	Green	64.6%	8.5%
Telehealth	66.5%	4.1%	Green	60.4%	7.5%
Inpatient Services	81.7%	2.7%	Green	79.5%	3.6%
Mental Health	28.1%	33.9%	Red	27.9%	35.2%
Nursing Home/Senior Living	43.6%	15.6%	Red	60.3%	10.7%
Outpatient Services	75.8%	0.4%	Green	75.7%	2.3%
Pharmacy	87.9%	1.3%	Green	83.8%	3.3%
Primary Care	66.8%	6.3%	Yellow	73.5%	5.3%
Public Health	54.1%	11.5%	Red	63.5%	7.2%
School Health	67.0%	7.8%	Yellow	65.5%	6.1%
Visiting Specialists	56.1%	9.9%	Yellow	62.9%	8.9%
Walk- In Clinic	78.9%	4.5%	Green	63.1%	13.6%

**Chart #7 – Community Health Readiness**

Ellis Co. KS- CHNA Wave #4		Bottom 2 boxes	
Community Health Readiness is vital. How would you rate each of the following? (% Poor / Very Poor)	Ellis Co. (N=384)	Trend	NWKS Rural Norms N=1159
Behavioral / Mental Health	33.5%	Red	33.9%
Emergency Preparedness	6.5%	Yellow	7.8%
Food and Nutrition Services/Education	8.5%	Yellow	12.5%
Health Screenings (such as asthma, hearing, vision, scoliosis)	4.6%	Yellow	8.5%
Prenatal/Child Health Programs	2.9%	Green	7.4%
Substance Use/Prevention	25.9%	Red	32.3%
Suicide Prevention	24.6%	Red	32.6%
Violence Prevention	21.7%	Red	26.8%
Women's Wellness Programs	5.7%	Yellow	11.2%

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

Ellis Co. KS- CHNA Wave #4			
In the past 2 years, did you or someone you know receive HC outside of our community?	Ellis Co. (N=384)	Trend	NWKS Rural Norms N=1159
Yes	50.9%		67.2%
No	49.1%	Green	30.8%
I don't know	0.0%		2.1%
Valid N	218		679

**Specialties:**

Specialty	Total
PEDS	7
SPEC	6
GAS	5
SURG	5
CARD	4
NEU	4
PRIM	4
EMER	3
OBG	3
ORTH	3
ALLER	2

**Chart #8b – Healthcare Access Community” (Continued)**

Ellis Co. KS- CHNA Wave #4			
Access to care is vital. Are there enough providers / staff available at the right times to care for you and our community?	Ellis Co. (N=384)	Trend	NWKS Rural Norms N=952
Yes	48.4%		56.5%
No	51.6%	Red	43.5%
Valid N	215		549

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

<b>Ellis Co. KS- CHNA Wave #4</b>			
<b>What needs to be discussed further at our CHNA Town Hall meeting?</b>	<b>Ellis Co. (N=384)</b>	<b>Trend</b>	<b>NWKS Rural Norms N=1159</b>
Abuse/Violence	4.3%		4.3%
Alcohol	5.7%		5.2%
Alternative Medicine	3.5%		4.0%
Breast Feeding Friendly Workplace	1.5%		1.3%
Cancer	1.1%		2.5%
Care Coordination	3.2%		2.5%
Diabetes	2.3%		2.4%
Drugs/Substance Abuse	7.1%		6.4%
Family Planning	1.7%		1.4%
Heart Disease	1.6%		1.9%
Lack of Providers/Qualified Staff	5.5%		4.4%
Lead Exposure	0.1%		0.6%
Mental Illness	9.7%		9.2%
Neglect	2.2%		2.1%
Nutrition	3.7%		4.0%
Obesity	6.1%		6.0%
Occupational Medicine	0.3%		0.7%
Ozone (Air)	0.5%		1.2%
Physical Exercise	2.9%		3.3%
Poverty	4.3%		4.0%
Preventative Health / Wellness	4.5%		3.8%
Respiratory Disease	0.0%		0.3%
Sexually Transmitted Diseases	1.5%		1.3%
Smoke-Free Workplace	0.0%		0.2%
Suicide	7.2%		7.1%
Teen Pregnancy	1.1%		1.6%
Telehealth	2.1%		2.3%
Tobacco Use	2.5%		2.2%
Transporation	2.4%		2.6%
Vaccinations	4.3%		3.9%
Water Quality	1.5%		2.3%
Health Literacy	3.9%		3.0%
Other (please specify)	2.2%		1.9%
<b>TOTAL Votes</b>	<b>1011</b>		<b>3031</b>

# **IV. Inventory of Community Health Resources**

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[VVV Consultants LLC]



YR 2021 Inventory of Health Services - Ellis County, KS				
Cat	HC Services Offered in County: Yes / No	Hospital	Hlth Dept	Other
Clinic	Primary Care	y	n	y
Hosp	Alzheimer Center	n	n	n
Hosp	Ambulatory Surgery Centers	y	n	n
Hosp	Arthritis Treatment Center	n	n	n
Hosp	Bariatric/Weight Control Services	y	n	n
Hosp	Birthing/LDR/LDRP Room	y	n	n
Hosp	Breast Cancer	y	n	n
Hosp	Burn Care	n	n	n
Hosp	Cardiac Rehabilitation	y	n	n
Hosp	Cardiac Surgery	y	n	n
Hosp	Cardiology Services	y	n	n
Hosp	Case Management	y	n	n
Hosp	Chaplaincy/Pastoral Care Services	y	n	n
Hosp	Chemotherapy	y	n	n
Hosp	Colonoscopy	y	n	n
Hosp	Crisis Prevention	y	n	y
Hosp	CT Scanner	y	n	n
Hosp	Diagnostic Radioisotope Facility	y	n	n
Hosp	Diagnostic/Invasive Catheterization	y	n	n
Hosp	Electron Beam Computed Tomography (EBCT)	y	n	n
Hosp	Enrollment Assistance Services	y	y	n
Hosp	Extracorporeal Shock Wave Lithotripter (ESWL)	y	n	n
Hosp	Fertility Clinic	n	n	n
Hosp	Full Field Digital Mammography (FFDM)	y	n	n
Hosp	Genetic Testing/Counseling	y	n	n
Hosp	Geriatric Services	y	n	n
Hosp	Heart	y	n	n
Hosp	Hemodialysis	y	n	n
Hosp	HIV/AIDS Services	y	n	n
Hosp	Image-Guided Radiation Therapy (IGRT)	y	n	n
Hosp	Inpatient Acute Care - Hospital Services	y	n	n
Hosp	Intensity-Modulated Radiation Therapy (IMRT) 161	y	n	n
Hosp	Intensive Care Unit	y	n	n
Hosp	Intermediate Care Unit	y	n	n
Hosp	Interventional Cardiac Catheterization	y	n	n
Hosp	Isolation Room	y	n	n
Hosp	Kidney	y	n	y
Hosp	Liver	y	n	n
Hosp	Lung	y	n	n
Hosp	Magnetic Resonance Imaging (MRI)	y	n	n
Hosp	Mammograms	y	n	n
Hosp	Mobile Health Services	y	n	n
Hosp	Multislice Spiral Computed Tomography (<64 slice CT)	y	n	n
Hosp	Multislice Spiral Computed Tomography (<64+ slice CT)	y	n	n
Hosp	Neonatal	n	n	n
Hosp	Neurological Services	y	n	n
Hosp	Obstetrics	y	n	n
Hosp	Occupational Health Services	y	n	n
Hosp	Oncology Services	y	n	n
Hosp	Orthopedic services	y	n	n
Hosp	Outpatient Surgery	y	n	n
Hosp	Pain Management	y	n	n
Hosp	Palliative Care Program	y	n	n
Hosp	Pediatric	y	n	y
Hosp	Physical Rehabilitation	y	n	y
Hosp	Positron Emission Tomography (PET)	y	n	n
Hosp	Positron Emission Tomography/CT (PET/CT)	y	n	n

YR 2021 Inventory of Health Services - Ellis County, KS				
Cat	HC Services Offered in County: Yes / No	Hospital	Hlth Dept	Other
Hosp	Psychiatric Services	y	n	y
Hosp	Radiology, Diagnostic	y	n	n
Hosp	Radiology, Therapeutic	y	n	n
Hosp	Reproductive Health	y	n	n
Hosp	Robotic Surgery	y	n	n
Hosp	Shaped Beam Radiation System 161	y	n	n
Hosp	Single Photon Emission Computerized Tomography (SPECT)	y	n	n
Hosp	Sleep Center	y	n	n
Hosp	Social Work Services	y	n	y
Hosp	Sports Medicine	y	n	y
Hosp	Stereotactic Radiosurgery	n	n	n
Hosp	Swing Bed Services	y	n	n
Hosp	Transplant Services	n	n	n
Hosp	Trauma Center	y	n	n
Hosp	Ultrasound	y	n	n
Hosp	Women's Health Services	y	n	y
Hosp	Wound Care	y	n	n
SR	Adult Day Care Program	n	n	n
SR	Assisted Living	n	n	y
SR	Home Health Services	y	n	y
SR	Hospice	y	n	n
SR	Long Term Care	n	n	y
SR	Nursing Home Services	n	n	y
SR	Retirement Housing	n	n	y
SR	Skilled Nursing Care	y	n	y
ER	Emergency Services	y	n	n
ER	Urgent Care Center	n	n	y
ER	Ambulance Services	n	n	y
SERV	Alcoholism-Drug Abuse	n	n	y
SERV	Blood Donor Center	n	n	y
SERV	Chiropractic Services	n	n	y
SERV	Complementary Medicine Services	n	n	y
SERV	Dental Services	n	n	y
SERV	Fitness Center	y	n	y
SERV	Health Education Classes	y	n	y
SERV	Health Fair (Annual)	n	y	y
SERV	Health Information Center	y	y	y
SERV	Health Screenings	y	y	y
SERV	Meals on Wheels	y	n	y
SERV	Nutrition Programs	y	y	n
SERV	Patient Education Center	y	y	y
SERV	Support Groups	y	n	y
SERV	Teen Outreach Services	n	n	n
SERV	Tobacco Treatment/Cessation Program	n	n	y
SERV	Transportation to Health Facilities	n	n	y
SERV	Wellness Program	y	n	y

## Yr 2021 Physician Manpower - Ellis County, KS

# of FTE Providers	Supply Working in Ellis County	
	# of FTE MD / DO residing & practicing in County	# of FTE PA's/NP's County Based
<b>Primary Care:</b>		
Family Practice	8.0	16.0
Internal Medicine	2.0	3.0
Obstetrics/Gynecology	4.0	
Pediatrics	5.0	1.0
<b>Medicine Specialists:</b>		
Allergy/Immunology	0.5	
Cardiology	7.0	5.0
Pediatric Cardiology	0.0	
Dermatology	4.0	8.0
Endocrinology	0.0	
Gastroenterology	0.0	
Oncology/RADO	4.0	2.0
Infectious Diseases	0.0	
Nephrology	1.0	
Neurology	0.0	
Psychiatry	1.0	1.0
Pulmonary	1.5	2.0
Rheumatology	0.0	
Pathology	3.0	
Child Neurology	0.0	
<b>Surgery Specialists:</b>		
General Surgery	5.0	
Neurosurgery	0.0	
Ophthalmology	2.0	
Orthopedics	4.0	5.0
Otolaryngology (ENT)	0.25	
Plastic/Reconstructive	1.0	
Thoracic/Cardiovascular/Vasc	1.0	
Urology	4.0	2.0
Oral Surgery	1.0	
Spine Surgery	1.0	
<b>Hospital Based:</b>		
Anesthesia/Pain	4.0	
Emergency	5.0	
Radiology	5.0	
Pathology	2.0	
Hospitalist *	6.0	2.0
Neonatal/Perinatal	0.0	
Physical Medicine/Rehab	0.0	
Dentistry	17.0	
<b>TOTALS</b>	<b>99.3</b>	<b>47.0</b>

## Year 2021- Visiting Specialists to HaysMed

Specialty	Physician Name	Office Location	Phone Number
Cardiology	El Khashab, Mohamed MD	3901 Rainbow Blvd Mlstp4023 KC, KS 66160	913-588-9600
Cardiology	Gupta, Bhanu MD	3901 Rainbow Blvd Mlstp4023 KC, KS 66160	913-588-9600
Cardiology	Ramirez, Rigoberto MD	3901 Rainbow Blvd Mlstp4023 KC, KS 66160	913-588-9600
Cardiology	Haglund, Nicholas MD	3901 Rainbow Blvd Mlstp4023 KC,KS 66160	913-588-9600
Cardiology	Reddy, Yeruva MD	5501 NW 62nciTerr., Ste 201, KC, MO 64151	913-588-9600
Child Neurology	Shah, Subhash MD	220 S. Hillside Wichita, KS 67211	316-686-6866
Child Neurology	Zuccarelli, Britton MD	501 S Santa Fe, Ste100 Salina, KS 67401	785-825-2273
Nephrology	Chhatkuli, Bed P. MD	2214 Canterbury Dr., Ste 300	785-623-5000
Nephrology	Akhtar, Irme , MD	4320 Wornall Rd, Ste 207, KC, MO 64111	816-531-0552
Nephrology	Alexander, Kyrstin DO	4320 Wornall Rd, Ste 207, KC, MO 64111	816-531-0553
Nephrology	Awad, Ahmed DO	4320 Wornall Rd, Ste 207, KC, MO 64111	816-531-0554
Nephrology	Lustig, Ryan MD	4320 Wornall Rd, Ste 207, KC, MO 64111	816-531-0552
Nephrology	McCullagh, Johanna L., MD	4320 Wornall Rd, Ste 207, KC, MO 64111	816-531-0552
Nephrology	Tamano, Karen MD	4320 Wornall Rd, Ste 207, KC, MO 64111	816-531-0552
Nephrology	Torosyan, Rafael MD	4320 Wornall Rd, Ste 207, KC, MO 64111	816-531-0552
Pediatric Cardiology	Goertz, Kenneth K., MD	3901 Rainbow Blvd. Kansas City 66160	913-588-6311
Pediatric Cardiology	Malloy-Walton, Lindsey DO	3901 Rainbow Blvd., Kansas City 66160	913-588-6311
Psychiatry	Klise, Andrew MD	208 E 7th Street Hays, KS	785- 628-2871
Psychiatry	Tamirisa, Nirupama MD	208 E 7 <sup>th</sup> Street Hays, KS	785- 628-2871
Pulmonology	Biring, Manmohan MD	2214 Canterbury Drive, Ste 300	785- 261-7450
Pulmonology	Tangel, Douglas MD	2214 Canterbury Drive, Ste 300	785- 261-7450
ENT	Barnes, Douglas MD	2214 Canterbury Dr., Ste 304	785-650-2880
ENT	Bond, Justin MD	2214 Canterbury Dr., Ste 304	785-650-2880
ENT	Franklin, Michael D., MD	2214 Canterbury Dr., Ste 304	785-650-2880
ENT	Glynn, Matthew MD	2214 Canterbury Dr., Ste 304	785-650-2880
ENT	Grindal, Tyler C., MD	2214 Canterbury Dr., Ste 304	785-650-2880
ENT	Hirschi, Scot D., MD	2214 Canterbury Dr., Ste 304	785-650-2880
ENT	Lane, Robert V., MD	2214 Canterbury Dr., Ste 304	785-650-2880
ENT	Meyers, Jason A., M5	2214 Canterbury Dr., Ste 304	785-650-2880
ENT	Fincham, Michelle MD	4201 Anderson Ave Manhattan, KS 66503	785-539-3504
ENT	Pease, Benjamin MD	4201 Anderson Ave Manhattan, KS 66503	785-539-3504
ENT	Rouse, David MD	KU- 2214 Canterbury Dr., Ste 304	785-650-2880
General Surgery	Howes, Jeremy MD	818 N Emporia, Ste 200 Wichita, KS 67214	316-263-0296
General Surgery	Lancaster, Brent MD	818 N Emporia, Ste 200 Wichita, KS 67214	316-263-0296
General Surgery	Rupe, Chris MD	737 E Crawford Salina, KS 67401	785-827-7261
Dentistry	Miner, Melinda K., DDS	1010 Downing , Ste 10	785- 625-2200
PM&R	Kossow, William MD	2500 Canterbury, Hays	785-261-7599

**HaysMed Specialty Clinic 522 Broadway**

# Ellis County KS Area Health Services Directory Year 2021

## Emergency Numbers

Police/Sheriff      911

Fire                      911

Ambulance            911

## Non-Emergency Numbers

Ellis County Sheriff                      625-1040

Ellis County Ambulance                628-9461

## **Municipal Non-Emergency Numbers**

	<u>Police/Sheriff</u>	<u>Fire</u>
Hays	625-1030	628-7330
Catharine	625-1040	625-4558
Ellis	726-4462	726-3232
Pfeifer	628-7330	625-4558
Schoenchen	625-1040	625-4558
Victoria	735-9354	625-4558
Walker	625-1040	625-4558

To provide updated information or to add new health and medical services to this directory, please contact:

Ellis County Extension  
601 Main Street, Suite A (Hays) 785-628-943

## **Ellis County Community Resources 2021**

### **VOLUNTEER OPPORTUNITIES**

Foster Grandparent Program (FHSU)  
600 Park St., Hays, 785-628-5809  
[www.fhsu.edu/fostergrandparents](http://www.fhsu.edu/fostergrandparents)

Options: Domestic and Sexual  
Violence Services, Inc.  
2716 Plaza Ave., Hays, 785-625-4202  
[www.help4abuse.org](http://www.help4abuse.org)

Salvation Army-Service Extension  
205 E 7th St. Ste. A, Hays, KS  
785-621-2794  
[www.salvationarmyusa.org](http://www.salvationarmyusa.org)

United Way of Ellis County  
205 E 17th St. Ste. 111, Hays  
785-628-8281  
[www.liveunited.us](http://www.liveunited.us)

LINK, Inc. (Living Independently in NW KS)  
2401 E. 13th St., Hays, 785-625-6942  
[www.linkinc.org](http://www.linkinc.org)

Northwest Kansas Volunteers  
205 E. 7<sup>th</sup> St. STE 11, Hays  
785-628-8281

Senior Companion Program (FHSU)  
600 Park St., Hays, 785-628-5809  
[www.fhsu.edu/senior-companions](http://www.fhsu.edu/senior-companions)

Tigers in Service (FHSU)  
600 Park St, Hays, 785-628-5537  
[www.fhsu.edu/tis](http://www.fhsu.edu/tis)

ARC Thrift Shop  
600 Main St., Hays, 785-628-8831

Boy Scouts of America  
205 E. 7th St. Ste. 115, Hays

785-301-2724  
[www.coronadoscout.org](http://www.coronadoscout.org)

Community Assistance Center  
208 E. 12th St., Hays, 785-625-9110

Big Brothers Big Sisters  
1301 Pine St. Ste. B, Hays  
785-625-6672  
[www.kansasbig.org](http://www.kansasbig.org)

CASA of the High Plains  
107 W. 13<sup>th</sup> St., Hays  
785-628-8641

Habitat for Humanity of Ellis County Inc  
PO Box 444, Hays  
785-623-4200

### **YOUTH PROGRAMS**

Big Brothers Big Sisters  
1200 Main St., Ste 102, Hays  
785-625-6672

Girls Scouts of Kansas Heartland  
2707 Wine St. Ste 8, Hays  
785-625-5671

Hays Rec Center  
1105 Canterbury, Hays  
785-623-2650

Hays Public Library  
1205 Main St., Hays  
785-625-9014

4-H Youth Development  
601 Main St. Ste A, Hays  
785-628-9430

### **COMMUNITY PROGRAMS**

ACCESS Public Transportation (DSNWK)  
1205 E 22nd St., Hays  
785-628-1052

Arc of the Central Plains  
600 Main St., Hays  
785-628-8831  
arcofcentralplains.org

Boy Scouts of America  
205 E. 7th St. Ste. 115, Hays  
785-301-2724  
www.coronadoscout.org

American Red Cross—Western KS  
145 N. Broadway, Salina, KS 67402  
785-827-3644  
www.redcross.org

BMB Enterprises LLC  
BMB Shuttle/Taxi  
205 E 7th St. Ste 129, Hays  
785-623-0528  
bmbent@eaglecom.net

Community Assistance Center  
208 E. 12<sup>th</sup> St., Hays  
785-625-9110

Dept. of Children and Families (DCF)  
2250 E. 22nd St., Hays  
785-628-1066  
www.dcf.ks.gov

Girl Scouts of Kansas Heartland  
2707 Vine St. Ste. 8, Hays  
785-625-5671  
www.kansasgirlscouts.org

### **PARENTING RESOURCES**

Clinical Associates P.A.  
205 E. 7th St. Ste. 223, Hays  
207-776-5445  
www.clinical-assoc.com

Child Care Aware of Kansas  
877-678-2548

Early Childhood Connections— Early Head Start  
305 Main St., Hays  
785-623-2430  
www.usd489.com

Early Childhood Connections— Parents as Teachers  
305 Main St., Hays  
785-623-2430  
www.usd489.com

Ellis County Dolly Parton Imagination Library  
305 Main Street, Hays  
785-623-2430  
www.haysparents.com/dolly-parton-  
imagination-library

Dept. of Children and Families (DCF)  
2250 E. 22nd St., Hays  
785-628-1066  
www.dcf.ks.gov

Early Childhood Connections 3 to 5  
305 Main St., Hays  
785-623-2430  
www.usd489.com

Families Together, Inc (Family to Family Health Center)  
1518 Taylor Plaza, Garden City, KS  
620-276-6364  
1-888-820-6364  
www.familiestogetherinc.org

### **Preschools**

Holy Family 1800 Milner, Hays  
785-625-3131

Little Sprouts 2818 Grant Ave, Hays  
785-625-2518

St. Mary's Childcare Ellis, KS  
785-726-3592

Tiger Tots  
600 Park St., Hays  
785-628-4101

Hays Area Children's Center  
94 Lewis Dr., Hays  
785-625-3257  
[www.hacc.info](http://www.hacc.info)

High Plains Mental Health  
208 E. 7th St., Hays  
1-800-432-0333  
[www.highplainsmentalhealth.com](http://www.highplainsmentalhealth.com)

Mary Elizabeth Maternity Home  
204 W. 7th St., Hays  
785-625-6800  
[www.maryelizabeth.net](http://www.maryelizabeth.net)

Healthy Start  
94 Lewis Dr., Hays, KS  
785-625-3257  
[www.hacc.info](http://www.hacc.info)

Kansas Legal Services  
2017 Vine St., Hays  
785-625-4514  
[www.kansaslegalservices.org](http://www.kansaslegalservices.org)

Parents and Children Together  
(PACT)  
305 Main St., Hays  
785-623-2430  
[www.haysparents.com](http://www.haysparents.com)

### **VETERANS RESOURCES**

American Red Cross- Western KS  
120 W. Prescott Ave. Salina, KS 67402  
785-827-3644

Hays VFW Post 9076  
2106 Vine St., Hays  
785-625-9940

Salvation Army  
205 E 7th St. Ste. F, Hays  
785-621-2479  
[www.salvationarmyusa.org](http://www.salvationarmyusa.org)

American Legion Post 143  
1305 Canterbury Dr., Hays  
785-625-3813

American Veterans Crisis Line  
1-800-273-8255

Kansas Commission on Veteran Affairs  
205 E 7th St. Ste. C, Hays  
785-625-8532  
[www.kcva.ks.gov](http://www.kcva.ks.gov)

### **COMMUNICATION SPECIALISTS**

Herndon Speech, Language &  
Hearing (FHSU)  
600 Park, Hays  
785-628-5366  
[www.fhsu.edu/herndon-clinic](http://www.fhsu.edu/herndon-clinic)

The Hearing Center  
2705 Vine St. Ste #3, Hays  
785-628-2514

LINK, Inc.  
2401 E. 13th St., Hays  
785-625-6942  
[www.linkinc.org](http://www.linkinc.org)

Hays West Central KS Special ED  
Cooperative  
323 W.12th St., Hays, 785-623-2400  
[www.usd489.com](http://www.usd489.com)



Hays Area Children's Center  
94 Lewis Dr., Hays  
785-625-3257  
[www.hacc.info](http://www.hacc.info)

### **MENTAL HEALTH SERVICES**

Angels Care Home Health  
2101 E. 13th St., Hays, 785-621-4200  
[www.angelscarehealth.com](http://www.angelscarehealth.com)

Catholic Charities  
122 E. 12th St., Hays  
785-625-2644  
[www.catholiccharitiesks.org](http://www.catholiccharitiesks.org)

KVC Wheatland  
205 E. 7th St., Hays  
785-624-6000  
[www.kvc.org](http://www.kvc.org)

Psychiatric Associates—Hays Med  
2214 Canterbury Dr. Ste. 314, Hays  
785-623-5160  
[www.haysmed.com/psychiatry](http://www.haysmed.com/psychiatry)

Post Partum Resource Center of  
Kansas  
1-866-363-1300

Clinical Associates P.A.  
205 E. 7th St. Ste. 223, Hays  
207-776-5445  
[www.clinical-assoc.com](http://www.clinical-assoc.com)

High Plains Mental Health  
208 E. 7th St., Hays  
1-800-432-0333  
[www.highplainsmentalhealth.com](http://www.highplainsmentalhealth.com)

National Alliance on Mental Illness  
(NAMI)  
2900 Hall St., Hays  
785-259-6859  
[www.nami.org](http://www.nami.org)

Turning Point  
124 E. 12th Str., Hays  
785-628-3575  
[www.turningpointpcs.net](http://www.turningpointpcs.net)

Suicide Prevention Lifeline  
1-800-273-TALK

### **COMMUNITY PROGRAMS**

Ellis County Ministerial Alliance  
Contact First Call For Help  
785-623-2800  
[www.ourecma.com](http://www.ourecma.com)

Ellis County Dolly Parton Imagination  
Library  
2501 E. 13<sup>th</sup> St, Hays  
785-623-2430

First Call For Help  
205 E. 7th St. Suite 204, Hays  
785-623-2800  
[www.firstcallelliscounty.com](http://www.firstcallelliscounty.com)

Early Childhood Connections—Parents  
as Teachers  
305 Main St., Hays  
785-623-2430  
[www.usd489.com](http://www.usd489.com)

Early Childhood Connections—Early  
Head Start  
305 Main St., Hays  
785-623-2430  
[www.usd489.com](http://www.usd489.com)

Healthy Start  
94 Lewis Dr., Hays,  
785-625-3257  
[www.hacc.info](http://www.hacc.info)

Harvest America  
205 E 7th St. Ste. 120, Hays  
785-746-4321

Kansas Legal Services  
2017 Vine St., Hays  
785-625-4514  
[www.kansaslegalservices.org](http://www.kansaslegalservices.org)

Parents and Children Together (PACT)  
305 Main St., Hays  
785-623-2430  
[www.haysparents.com](http://www.haysparents.com)

SER- SCSEP/Jobs for Progress National  
205 E.7th St. Ste. 103, Hays  
785-623-4006  
[www.ser-national.org](http://www.ser-national.org)

Jana' s Campaign, Inc.  
205 E. 7th St. Ste. 305, Hays  
785-656-0324  
[www.janascampaign.org](http://www.janascampaign.org)

LINK, Inc. (Living Independently in N  
Kansas)  
2401 E. 13th St., Hays  
785-625-6942  
[www.linkinc.org](http://www.linkinc.org)

Salvation Army-Service Extension  
205 E 7th St. Ste. A, Hays  
785-621-2794  
[www.salvationarmyusa.org](http://www.salvationarmyusa.org)

Western Kansas Association on the  
Concerns of the Disabled (WKACD)  
205 E. 7th St. Ste.19, Hays  
785-621-2315  
[www.wkacd.org](http://www.wkacd.org)

### **HOUSING RESOURCES**

Options: Domestic and Sexual  
Violence Services, Inc.  
2716 Plaza Ave., Hays  
785-625-4202  
[www.help4abuse.org](http://www.help4abuse.org)

Senior Housing Options  
Centennial Towers  
2502 Sherman, 785-625-6242  
Epworth Towers  
2800 August, 785-628-6825  
Hays Plaza Apartments  
1005 W 28th, 785-628-2660  
Wyndam Place Senior Residences  
2734 Hall, 785-625-5757  
Western Kansas Association on the  
Concerns of the Disabled (WKACD)  
205 E. 7th St. Ste.19, Hays  
785-621-2315  
[www.wkacd.org](http://www.wkacd.org)

Low-Income Housing Options  
Briarwood Place Apartments  
2800 Canal Blvd., 785-623-4252  
Epworth Village  
2700 Epworth St., 785-628-2116  
Golden Plains Apartments  
2105 E. 21st St., 785-625-2193  
Stonepost Apartments  
400 Oak St., 785-621-4157  
Sundance Apartments  
1311 E. 33rd St., 785-628-2922  
Sunrise Apartments  
1709 Sunset Trail, 785-625-1188

### Housing Authorities

Ellis County  
332 E. 8th St., Hays  
785-421-2151

Ellis  
1201 Spruce St., Ellis  
785-726-4746

Hays  
1708 Sunset Dr., Hays  
785-625-1188

Victoria  
612 Grant St. Terrace, Victoria  
785-435-2620

Kansas Legal Services  
2017 Vine St., Hays  
785-625-4514  
[www.kansaslegalservices.org](http://www.kansaslegalservices.org)

USDA Service Center —Rural  
Development  
2715 Canterbury Dr., Hays  
785-628-3081  
[www.usda.gov](http://www.usda.gov)

Habitat for Humanity of Ellis  
County, Inc.  
P.O. Box 444, Hays  
785-623-4200  
[www.hfhec.org](http://www.hfhec.org)

Housing and Credit Counseling  
1-800-383-0217  
[www.hcii-ks.org](http://www.hcii-ks.org)

LINK, Inc. (Living Independently in  
NW Kansas)  
2401 E. 13th St., Hays  
785-625-6942  
[www.linkinc.org](http://www.linkinc.org)

Salvation Army  
205 E. 7th St. Ste. F, Hays  
785-621-2479  
[www.salvationarmyusa.org](http://www.salvationarmyusa.org)

### **COUNSELING**

AIC (Assessment, Information &  
Counseling)  
205 E 7th St. Ste. 126, Hays  
785-639-1081  
[www.aicounseling.org](http://www.aicounseling.org)

Catholic Charities  
122 E 12th St., Hays  
785-625-2644  
[www.catholiccharitiesks.org](http://www.catholiccharitiesks.org)

KVC Wheatland  
205 E 7th St., Hays  
785-624-6000  
[www.kvc.org](http://www.kvc.org)

Psychiatric Associates —Hays Med  
2214 Canterbury Dr., Suite 300, Hays  
785-623-5160  
[www.haysmed.com/psychiatry](http://www.haysmed.com/psychiatry)

Clinical Associates P.A.  
205 E 7th St. Ste. 223, Hays  
207-776-5445  
[www.clinical-assoc.com](http://www.clinical-assoc.com)

High Plains Mental Health  
208 E 7th St., Hays  
1-800-432-0333  
[www.highplainsmentalhealth.com](http://www.highplainsmentalhealth.com)

Options: Domestic and Sexual  
Violence Services, Inc.  
2716 Plaza Ave., Hays  
785-625-4202  
[www.help4abuse.org](http://www.help4abuse.org)

Smoky Hill Foundation for Chemical  
Dependency, Inc.  
2714 Plaza Ave., Hays  
785-625-5521  
[www.smokyhillfoundation.net](http://www.smokyhillfoundation.net)

### **DISABILITY/DEVELOPMENTAL SERVICES**

ARC of the Central Plains  
600 Main St., Hays  
785-628-8831  
[arcofcentralplains.org](http://arcofcentralplains.org)

Developmental Services of NW  
Kansas, Inc.  
2703 Hall St. Ste. 10., Hays  
785-625-5678  
www.dsnwk.org

Hays Area Children's Center  
94 Lewis Dr., Hays  
785-625-3257  
www.hacc.info

Dept. of Children and Families (DCF)  
2250 E. 22nd St., Hays  
785-628-1066  
www.dcf.ks.gov

Early Childhood Connections— 3 to 5  
305 Main St., Hays  
785-623-2430  
www.usd489.com

Families Together, Inc (Family to  
Family Health Center)  
1518 Taylor Plaza, Garden City, KS  
620-276-6364  
1-888-820-6364  
www.familiestogetherinc.org

Hays-West Central Kansas Special  
Education Cooperative  
785-623-2400  
www.usd489.com

Kansas Legal Services  
2017 Vine St., Hays  
785-625-4514  
www.kansaslegalservices.org

SKIL Resource Center  
P.O Box 366, Hays  
785-628-8019  
www.skilonline.com

United Cerebral Palsy of Kansas  
P.O Box 8217, Wichita, KS 67208  
316-688-1888  
www.ucpks.org

LINK, Inc. (Living Independently in  
NW Kansas)  
2401 E. 13th St., Hays  
785-625-6942  
www.linkinc.org

Social Security Administration  
1212 E. 27th St., Hays  
888-552-7176  
www.ssa.gov

Western Kansas Association on the  
Concerns of the Disabled (WKACD)  
205 E. 7th St. Ste.19, Hays  
785-621-2315  
www.wkacd.org

### **HEALTH SERVICES**

Hays Med—Convenient Care  
Walk-in Clinic  
2501 E.13th St., Hays  
785-261-7065  
www.haysmed.com

Doctors Without Delay (Rooks County  
Health Center)  
1210 N. Washington, Plainville  
785-688-3627, www.docswithoutdelay.com

LINK, Inc.  
2401 13th St., Hays  
785-625-6942  
www.linkinc.org

Western Kansas Association on the  
Concerns of the Disabled (WKACD)  
205 E. 7th St. Ste.19, Hays  
785-621-2315  
www.wkacd.org

First Care Clinic  
105 W. 13th St., Hays  
785-621-4990  
[www.firstcareclinic.com](http://www.firstcareclinic.com)

Victoria Clinic (First Care Clinic)  
208 Marc Wagner, Victoria  
785-735-3710

Ellis Family Care Center  
1204 Washington, Ellis  
785-726-4956

Ceena Owens, Massage Therapist  
205 E 7th St. Ste. 102, Hays  
785-639-7218  
[www.ceenaowens.com](http://www.ceenaowens.com)

Heavenly Soles Massage  
205 E. 7th ST. Ste. 225, Hays  
785-650-7626

Angels Care Home Health  
2101 E 13th St., Hays  
785-621-4200  
[www.angelscarehealth.com](http://www.angelscarehealth.com)

Early Childhood Connections— 3 to 5  
305 Main St., Hays  
785-623-2430  
[www.usd489.com](http://www.usd489.com)

Good Samaritan Home Health  
220 E. 8th St. Ste. B, Hays  
785-621-2499  
[www.good-sam.com](http://www.good-sam.com)

Mary Elizabeth Maternity Home  
204 W. 7th St.  
785-625-6800  
[www.maryelizabeth.net](http://www.maryelizabeth.net)

Salvation Army-Service Extension  
205 E 7th St. Ste. A, Hays  
785-621-2794  
[www.salvationarmyusa.org](http://www.salvationarmyusa.org)

Cancer Council of Ellis County  
701 Riley, Hays  
785-625-6653  
[www.cancercouncilofelliscounty.com](http://www.cancercouncilofelliscounty.com)

Ellis County Health Department  
601 Main St. Ste. B, Hays  
785-628-9440  
[www.ellisco.net](http://www.ellisco.net)

Hays Lions Club  
Hays, KS  
785-650-7338  
[www.facebook.com/HaysLionsClub](http://www.facebook.com/HaysLionsClub)

Hospice at Hays Med  
2220 Canterbury Dr., Hays  
785-623-6200  
[www.haysmed.com/hospice](http://www.haysmed.com/hospice)

Healthy Start  
94 Lewis Dr., Hays, 785-625-3257  
[www.hacc.info](http://www.hacc.info)

### **DRUG & ALCOHOL SERVICES**

AIC (Assessment, Information & Counseling)  
208 E. 7th St. Ste. 126, Hays  
785-639-1081  
[www.aicounseling.org](http://www.aicounseling.org)

DREAM, Inc  
2818 Vine St., Hays, 785-628-6655  
[www.dreamhays.com](http://www.dreamhays.com)

Smoky Hill Foundation for Chemical Dependency, Inc.  
2714 Plaza, Hays, 785-625-5521  
[www.smokyhillfoundation.net](http://www.smokyhillfoundation.net)

Alcoholics Anonymous (AA)  
410 Oak St., Hays  
785-625-9860  
[www.aa.org](http://www.aa.org)

Ellis County Health Department  
601 Main St. Ste. B, Hays  
785-628-9440  
[www.elliscounty.net](http://www.elliscounty.net)

Valley Hope  
709 W. Holme St., Norton, KS  
785-877-5101  
[www.valleyhope.org](http://www.valleyhope.org)

### **FINANCIAL RESOURCES**

LINK, Inc. (Living Independently in  
NW Kansas)  
2401 E. 13th St., Hays  
785-625-6942  
[www.linkinc.org](http://www.linkinc.org)

Western Kansas Association on the  
Concerns of the Disabled (WKACD)  
205 E. 7th St. Ste. 19, Hays  
785-621-2315  
[www.wkacd.org](http://www.wkacd.org)

Options: Domestic and Sexual  
Violence Services, Inc.  
2716 Plaza Ave., Hays  
785-625-4202  
[www.help4abuse.org](http://www.help4abuse.org)

Salvation Army-Service Extension  
205 E 7th St. Ste. A, Hays  
785-621-2794  
[www.salvationarmyusa.org](http://www.salvationarmyusa.org)

USDA Service Center— Rural  
Development  
2715 Canterbury Dr., Hays  
785-628-3081  
[www.rd.usda.gov](http://www.rd.usda.gov)

Cancer Council of Ellis County  
701 Riley, Hays  
785-625-6653  
[cancercouncilofelliscounty.com](http://cancercouncilofelliscounty.com)

Children's Miracle Network  
785-623-5416  
[childrensmiraclenetworkhospitals.org](http://childrensmiraclenetworkhospitals.org)

First Call For Help  
205 E. 7th St. Ste. 204, Hays  
785-623-2800  
[www.firstcallelliscounty.com](http://www.firstcallelliscounty.com)

Harvest America  
205 E. 7th St. Ste. 120, Hays  
785-746-4321  
[www.harvestamerica.org](http://www.harvestamerica.org)

Catholic Charities  
112 E. 12th St., Hays  
785-625-2644  
[www.ccnks.org](http://www.ccnks.org)

Consumer Credit Counseling  
Service, Inc.  
1201 W. Walnut, Salina, KS 67401  
785-827-6731  
[www.kscgccs.org](http://www.kscgccs.org)

Hays Lions Club  
785-650-7338  
[www.facebook.com/HaysLionsClub](http://www.facebook.com/HaysLionsClub)

Kansas Legal Services  
2017 Vine St., Hays  
785-625-4514  
[www.kansaslegalservices.org](http://www.kansaslegalservices.org)

### **ELDERLY SERVICES**

Angels Care Home Health  
2101 E 13th St., Hays  
785-621-4200  
[www.angelscarehealth.com](http://www.angelscarehealth.com)

Ellis County Health Department  
601 Main St. Ste. B, Hays  
785-628-9440  
[www.elliscounty.net](http://www.elliscounty.net)

Foster Grandparent Program (FHSU)  
600 Park St., Hays, 785-628-5809  
[www.fhsu.edu/fostergrandparents](http://www.fhsu.edu/fostergrandparents)

Kansas Legal Services  
2017 Vine St., Hays  
785-625-4514  
[www.kansaslegalservices.org](http://www.kansaslegalservices.org)

Northwest KS Area Agency on Aging  
301 W. 13th St., Hays  
785-628-8204  
[www.nwkaaa.com](http://www.nwkaaa.com)

SER- SCSEP/Jobs for Progress National  
205 E. 7th St. Ste. 103, Hays  
785-623-4006  
[www.ser-national.org](http://www.ser-national.org)

Hays Senior Center  
2450 E. 8th St., Hays  
785-628-6644

LINK, Inc. (Living Independently in N  
Kansas)  
2401 E. 13th St., Hays  
785-625-6942  
[www.linkinc.org](http://www.linkinc.org)

Senior Companion Program (FHSU)  
600 Park St., Hays  
785-628-5809  
[www.fhsu.edu/senior-companions](http://www.fhsu.edu/senior-companions)

Western Kansas Association on the  
Concerns of the Disabled (NKACD)  
205 E. 7th St. Ste. 19, Hays, 785-621-2315  
[www.wkacd.org](http://www.wkacd.org)

## **EDUCATION RESOURCES & INSTITUTIONS**

Early Childhood Connections—Early  
Head Start, 305 Main St., Hays  
785-623-2430, [www.usd489.com](http://www.usd489.com)

Early Childhood Connections—Parents  
as Teachers, 305 Main St., Hays  
785-623-2430, [www.usd489.com](http://www.usd489.com)

Families Together, Inc (Family to Family  
Health Center)  
1518 Taylor Plaza, Garden City, KS  
620-276-6364  
1-888-820-6364  
[www.familiestogetherinc.org](http://www.familiestogetherinc.org)

Jana's Campaign, Inc.  
205 E. 7th St. Ste. 305, Hays  
785-656-0324  
[www.janascampaign.org](http://www.janascampaign.org)

Early Childhood Connections— 3 to 5  
305 Main St., Hays  
785-623-2430  
[www.usd489.com](http://www.usd489.com)

Ellis County Dolly Parton Imagination  
Library  
305 Main St., Hays  
785-623-2430

Hays Area Children's Center  
94 Lewis Dr., Hays  
785-625-3257  
[www.hacc.info](http://www.hacc.info)

K- State Research and Extension-Ellis  
County Extension Office  
601 Main St., Hays  
785-628-9430  
[www.ellis.ksu.edu](http://www.ellis.ksu.edu)

Learning Center of Ellis County  
323 W. 12th St., Hays  
785-623-2426  
www.hayslc.com

SER Corporation  
1008 E. 17th St. Ste. 7, Hays,  
785-623-4016  
www.sercorp.com

### **Educational Institutions**

#### **Secondary Education**

Fort Hays State University  
600 Park St., Hays 785-628-4000  
NCK Technical College  
2205 Wheatland, Hays 785-625-2437

#### **High Schools**

Ellis High School  
1706 S. Monroe, Ellis 785-726-3151  
Hays High School  
2300 E. 13th St., Hays 785-623-2600  
Thomas-Moore Prep  
1701 Hall St., Hays 785-625-6577  
Victoria High School  
1107 10th St., Victoria 785-735-9211

#### **Middle Schools**

Ellis Junior High  
1706 S. Monroe, Ellis 785-726-3151  
Hays Middle School TMP  
201 W. 29th St., Hays 785-623-2450  
Junior High  
1701 Hall St., Hays 785-625-6577  
Victoria Junior High  
1107 10th St., Victoria 785-735-9211

#### **Elementary Schools**

Ellis  
1300 Washington, Ellis 785-726-3136  
Holy Family  
1800 Milner, Hays 785-625-3131  
Lincoln  
1906 Ash, Hays 785-623-2500

O'Loughlin  
1401 Hall St., Hays 785-623-2510  
Roosevelt  
2000 MacArthur, Hays 785-623-2520  
St. Mary's  
605 Monroe, Ellis 785-726-3185  
Wilson  
101 E. 28th St., Hays 785-623-2550  
Victoria  
602 W. 10th St., Victoria 785-737-2870

### **FAMILY PLANNING & SUPPORT**

Mary Elizabeth Maternity Home  
204 W. 7th St., Hays  
785-625-6800  
www.maryelizabeth.net

MOPS (Mothers of Preschoolers)  
2000 Main St., Hays  
785-625-2057  
www.mops.org/groups/

Parents and Children Together  
(PACT), 305 Main St.. Hays  
785-623-2430  
www.haysparents.com

St. Francis Community Services  
3000 Broadway, Hays  
785-625-6651  
www.st-francis.org

MOMS Club of Hays  
785-639-5094  
www.momsclubofhaysks.weebly.com

Natural Family Planning  
1805 Vine, Hays, 785-625-7339

Post Partum Resource Center of  
Kansas, 1-866-363-1300  
www.kansasppd.org



Turning Point  
124 E. 12th St., Hays, 785-628-3575  
[www.turningpointpcs.net](http://www.turningpointpcs.net)

Youthville  
205 E. 13th St. Ste. B, Hays  
785-623-4424  
[www.emberhope.org](http://www.emberhope.org)

Catholic Charities  
112 E. 12th, Hays, 785-625-2644  
[www.ccnks.org](http://www.ccnks.org)

Ellis County Extension Office  
601 Main St., Hays.  
785-628-9430  
[www.ellis.k-state.edu](http://www.ellis.k-state.edu)

Dept. of Children and Families (DCF)  
2250 E. 22nd St., Hays  
785-628-1066  
[www.dcf.ks.gov](http://www.dcf.ks.gov)

Healing Hearts/ Grief Support  
2900 Hall St., Hays  
785-625-2847  
[www.facebook.com/healingheartshays](http://www.facebook.com/healingheartshays)

Healthy Start  
94 Lewis Dr., Hays  
785-625-3257  
[www.hacc.info](http://www.hacc.info)

High Plains Mental Health  
208 E 7th St., Hays  
1-800-432-0333  
[www.highplainsmentalhealth.com](http://www.highplainsmentalhealth.com)

LaLeche League of the Western  
Plains  
2500 Canterbury Dr. Hays  
785-639-5102, [www.lli.org](http://www.lli.org)

## **EMPLOYMENT RESOURCES**

Employment Connections (DSNWK)  
660 Commerce Parkway, Hays  
785-625-2018  
[www.dsnwk.org](http://www.dsnwk.org)

Hays Workforce Center (KansasWorks)  
332 E. 8th St., Hays, 785-625-5654  
[www.kansasworks.com](http://www.kansasworks.com)

Options: Domestic and Sexual  
Violence Services, Inc.  
2716 Plaza Ave., Hays, 785-625-4202  
[www.help4abuse.org](http://www.help4abuse.org)  
SER Corporation  
1008 E. 17th St. Ste. 7, Hays,  
785-623-4016  
[www.sercorp.com](http://www.sercorp.com)

Hays Has Jobs  
[www.hayshasjobs.com](http://www.hayshasjobs.com)  
785-628-3102

LINK, Inc. (Living Independently in N  
Kansas)  
2401 E. 13th St., Hays  
785-625-6942  
[www.linkinc.org](http://www.linkinc.org)

SER- SCSEP/Jobs for Progress National,  
Inc., 205 E. 7th St. Ste. 103, Hays  
785-623-4006  
[www.ser-national.org](http://www.ser-national.org)

Western Kansas Association on the  
Concerns of the Disabled (WKACD)  
205 E. 7th St. Ste.19, Hays  
785-621-2315  
[www.wkacd.org](http://www.wkacd.org)

## **FOOD PROGRAMS**

Community Assistance Center  
208 E. 12th St., Hays  
785-625-9110

Ellis County Health Department  
601 Main St. Ste. B, Hays  
785-628-9440  
[www.ellisco.net](http://www.ellisco.net)

Prairie Land Food  
1-800-998-9436  
[www.prairielandfood.com](http://www.prairielandfood.com)

Western Kansas Association on the  
Concerns of the Disabled (WKACD)  
205 E. 7th St. Ste.19, Hays  
785-621-2315  
[www.wkacd.org](http://www.wkacd.org)

Dept. of Children and Families (DCF)  
2250 E. 22nd St., Hays  
785-628-1066  
[www.dcf.ks.gov](http://www.dcf.ks.gov)

First Call For Help— Meals on Wheels  
205 E. 7th St. Suite 204, Hays  
785-623-2800  
[www.firstcallelliscounty.com](http://www.firstcallelliscounty.com)

St. Joseph's Food Pantry  
210 W. 13th St., Hays  
785-625-7356  
[www.stj-church.com](http://www.stj-church.com)

# V. Detail Exhibits

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[VVV Consultants LLC]

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## a) Patient Origin Source Files

[VVV Consultants LLC]

# Inpatient Origin Reports



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

Detail																						
Hospital Detail by County				Pediatric		Adult Medical/Surgical										Psychiatric		Obstetric		Newborn		Surg %
				Age 0-17	Age 18-44	Age 45-64	Age 65-74	Age 75+	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	
Hospital Name	Rank	Total	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	
HaysMed, The University of Kansas Health System - Hays, KS	1	1,959	74.6%	29	1.5%	163	8.3%	301	15.4%	351	17.9%	524	26.7%	16	0.8%	301	15.4%	273	13.9%	26.2%		
The University of Kansas Health System - Kansas City, KS	2	138	5.3%	4	2.9%	19	13.8%	47	34.1%	41	29.7%	17	12.3%	3	2.2%	7	5.1%	1	0.7%	53.6%		
Trego County-Lemke Memorial Hospital - Wakeeney, KS	3	116	4.4%	0	0.0%	1	0.9%	2	1.7%	30	25.9%	82	70.7%	1	0.9%	0	0.0%	0	0.0%	0.9%		
Salina Regional Health Center - Salina, KS	4	83	3.2%	0	0.0%	7	8.4%	6	7.2%	10	12.0%	12	14.5%	26	33.7%	12	14.5%	8	9.6%	32.5%		
Wesley Healthcare - Wichita, KS	5	78	3.0%	23	29.5%	4	5.1%	14	17.9%	7	9.0%	12	15.4%	0	0.0%	9	11.5%	9	11.5%	25.6%		
The University of Kansas Health System Great Bend Campus	6	49	1.9%	0	0.0%	1	2.0%	23	46.9%	17	34.7%	8	16.3%	0	0.0%	0	0.0%	0	0.0%	98.0%		
Ascension Via Christi Hospitals St. Francis - Wichita, KS	7	27	1.0%	0	0.0%	9	33.3%	12	44.4%	4	14.8%	2	7.4%	0	0.0%	0	0.0%	0	0.0%	40.7%		
Children's Mercy Kansas City - Kansas City, MO	8	27	1.0%	24	88.9%	1	3.7%	0	0.0%	0	0.0%	0	0.0%	1	3.7%	0	0.0%	1	3.7%	18.5%		
Rooks County Health Center - Plainville, KS	9	25	1.0%	0	0.0%	0	0.0%	1	4.0%	0	0.0%	4	16.0%	0	0.0%	11	44.0%	9	36.0%	12.0%		
Kansas Residents/Nebraska Hospitals	10	9	0.3%	0	0.0%	4	44.4%	1	11.1%	1	11.1%	3	33.3%	0	0.0%	0	0.0%	0	0.0%	66.7%		
Russell Regional Hospital - Russell, KS	11	9	0.3%	0	0.0%	2	22.2%	2	22.2%	1	11.1%	4	44.4%	0	0.0%	0	0.0%	0	0.0%	0.0%		
Stormont Vail Health - Topeka, KS	12	9	0.3%	4	44.4%	0	0.0%	0	0.0%	0	0.0%	1	11.1%	8	88.9%	0	0.0%	0	0.0%	11.1%		
Salina Surgical Hospital - Salina, KS	13	8	0.3%	0	0.0%	0	0.0%	5	62.5%	3	37.5%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	100.0%		
Smith County Memorial Hospital - Smith Center, KS	14	7	0.3%	0	0.0%	0	0.0%	0	0.0%	7	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%		
St. Catherine Hospital - Garden City, KS	15	7	0.3%	0	0.0%	1	14.3%	0	0.0%	1	14.3%	2	28.6%	3	42.9%	0	0.0%	0	0.0%	0.0%		
Menorah Medical Center - Overland Park, KS	16	6	0.2%	0	0.0%	3	50.0%	0	0.0%	2	33.3%	1	16.7%	0	0.0%	0	0.0%	0	0.0%	50.0%		
Kansas Residents/Other Missouri Hospitals	17	5	0.2%	0	0.0%	0	0.0%	1	20.0%	0	0.0%	3	60.0%	1	20.0%	0	0.0%	0	0.0%	20.0%		
Overland Park Regional Medical Center - Overland Park, KS	18	5	0.2%	0	0.0%	0	0.0%	3	60.0%	1	20.0%	0	0.0%	0	0.0%	1	20.0%	0	0.0%	60.0%		
Rush County Memorial Hospital - La Crosse, KS	19	5	0.2%	0	0.0%	1	20.0%	1	20.0%	0	0.0%	3	60.0%	0	0.0%	0	0.0%	0	0.0%	0.0%		
Grise Memorial Hospital District No. 1 - Ransom, KS	20	4	0.2%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	2	50.0%	2	50.0%	0	0.0%	0	0.0%	0.0%		
Kansas Residents/Minnesota Hospitals	21	4	0.2%	0	0.0%	1	25.0%	2	50.0%	1	25.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	100.0%		
NMC Health - Newton, KS	22	4	0.2%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	2	50.0%	1	25.0%	0	0.0%	1	25.0%	0.0%		
Cheyenne County Hospital - St. Francis, KS	23	3	0.1%	0	0.0%	1	33.3%	0	0.0%	0	0.0%	2	66.7%	0	0.0%	0	0.0%	0	0.0%	0.0%		
Kansas Residents/Illinois Hospitals	24	3	0.1%	0	0.0%	0	0.0%	3	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%		
The University of Kansas Health System St. Francis Campus -	25	3	0.1%	0	0.0%	0	0.0%	0	0.0%	1	33.3%	1	33.3%	1	33.3%	0	0.0%	0	0.0%	33.3%		
<b>Overall</b>		<b>2,625</b>	<b>100.0%</b>	<b>86</b>	<b>3.3%</b>	<b>226</b>	<b>8.6%</b>	<b>429</b>	<b>16.3%</b>	<b>483</b>	<b>18.4%</b>	<b>690</b>	<b>26.3%</b>	<b>70</b>	<b>2.7%</b>	<b>342</b>	<b>13.0%</b>	<b>303</b>	<b>11.5%</b>	<b>27.9%</b>		

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

Detail																						
Hospital Detail by County				Pediatric		Adult Medical/Surgical										Psychiatric		Obstetric		Newborn		Surg %
				Age 0-17	Age 18-44	Age 45-64	Age 65-74	Age 75+	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	
Hospital Name	Rank	Total	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	
HaysMed, The University of Kansas Health System - Hays, KS	1	1,963	75.7%	43	2.2%	161	8.2%	281	14.3%	341	17.4%	599	30.5%	16	0.8%	266	13.6%	259	13.2%	25.9%		
The University of Kansas Health System - Kansas City, KS	2	120	4.6%	1	0.8%	27	22.5%	30	25.0%	39	32.5%	21	17.5%	3	2.5%	0	0.0%	0	0.0%	55.0%		
The University of Kansas Health System Great Bend Campus -	3	78	3.0%	0	0.0%	2	2.6%	28	35.9%	30	38.5%	14	17.9%	0	0.0%	2	2.6%	2	2.6%	96.2%		
Wesley Healthcare - Wichita, KS	4	73	2.8%	11	15.1%	8	11.0%	13	17.8%	4	5.5%	11	15.1%	0	0.0%	16	21.9%	10	13.7%	35.6%		
Trego County-Lemke Memorial Hospital - Wakeeney, KS	5	71	2.7%	0	0.0%	1	1.4%	5	7.0%	9	12.7%	56	78.9%	0	0.0%	0	0.0%	0	0.0%	1.4%		
Salina Regional Health Center - Salina, KS	6	69	2.7%	1	1.4%	9	13.0%	10	14.5%	13	18.8%	11	15.9%	17	24.6%	4	5.8%	4	5.8%	34.8%		
Children's Mercy Kansas City - Kansas City, MO	7	43	1.7%	42	97.7%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	2.3%	0	0.0%	32.6%		
Ascension Via Christi Hospitals St. Francis - Wichita, KS	8	33	1.3%	5	15.2%	4	12.1%	7	21.2%	6	18.2%	9	27.3%	5	15.2%	0	0.0%	0	0.0%	33.3%		
Rooks County Health Center - Plainville, KS	9	21	0.8%	0	0.0%	0	0.0%	3	14.3%	2	9.5%	1	4.8%	0	0.0%	7	33.3%	6	38.1%	4.8%		
Salina Surgical Hospital - Salina, KS	10	13	0.5%	0	0.0%	0	0.0%	6	46.2%	6	46.2%	1	7.7%	0	0.0%	0	0.0%	0	0.0%	100.0%		
Kansas Residents/Nebraska Hospitals	11	11	0.4%	0	0.0%	3	27.3%	3	27.3%	4	36.4%	1	9.1%	0	0.0%	0	0.0%	0	0.0%	36.4%		
Saint Luke's Hospital of Kansas City - Kansas City, MO	12	9	0.3%	0	0.0%	1	11.1%	2	22.2%	0	0.0%	4	44.4%	0	0.0%	1	11.1%	1	11.1%	33.3%		
Rush County Memorial Hospital - La Crosse, KS	13	8	0.3%	0	0.0%	1	12.5%	0	0.0%	0	0.0%	7	87.5%	0	0.0%	0	0.0%	0	0.0%	0.0%		
Stormont Vail Health - Topeka, KS	14	7	0.3%	3	42.9%	1	14.3%	0	0.0%	1	14.3%	0	0.0%	4	57.1%	0	0.0%	0	0.0%	28.6%		
Kansas Residents/Minnesota Hospitals	15	5	0.2%	1	20.0%	0	0.0%	3	60.0%	0	0.0%	1	20.0%	0	0.0%	0	0.0%	0	0.0%	80.0%		
AdventHealth Shawnee Mission - Shawnee Mission, KS	16	4	0.2%	0	0.0%	3	75.0%	1	25.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	75.0%		
Children's Mercy Hospital Kansas - Overland Park, KS	17	4	0.2%	4	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%		
Hutchinson Regional Medical Center - Hutchinson, KS	18	4	0.2%	1	25.0%	0	0.0%	1	25.0%	0	0.0%	0	0.0%	2	50.0%	0	0.0%	0	0.0%	0.0%		
Memorial Health System - Abilene, KS	19	4	0.2%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	4	100.0%	0	0.0%	0	0.0%	0.0%		
Menorah Medical Center - Overland Park, KS	20	4	0.2%	0	0.0%	3	75.0%	1	25.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	100.0%		
Russell Regional Hospital - Russell, KS	21	4	0.2%	0	0.0%	1	25.0%	2	50.0%	0	0.0%	1	25.0%	0	0.0%	0	0.0%	0	0.0%	0.0%		
Ascension Via Christi Hospital St. Teresa - Wichita, KS	22	3	0.1%	0	0.0%	0	0.0%	2	66.7%	1	33.3%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	33.3%		
Ellinwood District Hospital - Ellinwood, KS	23	3	0.1%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	3	100.0%	0	0.0%	0	0.0%	0	0.0%	0.0%		
Gove County Medical Center - Quinter, KS	24	3	0.1%	0	0.0%	2	66.7%	1	33.3%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%		
North Kansas City Hospital - North Kansas City, MO	25	3	0.1%	0	0.0%	0	0.0%	0	0.0%	2	66.7%	1	33.3%	0	0.0%	0	0.0%	0	0.0%	33.3%		
Research Medical Center - Kansas City, MO	26	3	0.1%	0	0.0%	0	0.0%	1	33.3%	1	33.3%	1	33.3%	0	0.0%	0	0.0%	0	0.0%	33.3%		
St. Catherine Hospital - Garden City, KS	27	3	0.1%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	3	100.0%	0	0.0%	0	0.0%	0.0%		
<b>Overall</b>		<b>2,592</b>	<b>100.0%</b>	<b>112</b>	<b>4.3%</b>	<b>230</b>	<b>8.9%</b>	<b>409</b>	<b>15.8%</b>	<b>465</b>	<b>17.9%</b>	<b>745</b>	<b>28.7%</b>	<b>56</b>	<b>2.2%</b>	<b>299</b>	<b>11.5%</b>	<b>285</b>	<b>11.0%</b>	<b>29.7%</b>		

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# Inpatient Origin Reports



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

Detail																				
Hospital Detail by County				Pediatric		Adult Medical/Surgical								Psychiatric		Obstetric		Newborn		
				Age 0-17		Age 18-44		Age 45-64		Age 65-74		Age 75+		Cases		Cases		Cases		Surg
Hospital Name	Rank	Total	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	
HaysMed, The University of Kansas Health System - Hays, KS	1	1,933	74.5%	52	2.7%	148	7.7%	310	16.0%	313	16.2%	554	28.7%	9	0.5%	279	14.4%	274	14.2%	26.6%
The University of Kansas Health System - Kansas City, KS	2	135	5.2%	2	1.5%	28	20.7%	45	33.3%	31	23.0%	27	20.0%	1	0.7%	1	0.7%	1	0.7%	58.5%
Wesley Healthcare - Wichita, KS	3	108	4.2%	31	28.7%	7	6.5%	21	19.4%	8	7.4%	14	13.0%	1	0.9%	14	13.0%	13	12.0%	37.0%
The University of Kansas Health System Great Bend Campus -	4	76	2.9%	0	0.0%	1	1.3%	32	42.1%	24	31.6%	17	22.4%	0	0.0%	1	1.3%	1	1.3%	96.1%
Trego County-Lemke Memorial Hospital - Wakeeney, KS	5	70	2.7%	0	0.0%	2	2.9%	8	11.4%	11	15.7%	48	68.6%	1	1.4%	0	0.0%	0	0.0%	0.0%
Ascension Via Christi Hospitals St. Francis - Wichita, KS	6	46	1.8%	1	2.2%	12	26.1%	11	23.9%	7	15.2%	14	30.4%	1	2.2%	0	0.0%	0	0.0%	37.0%
Salina Regional Health Center - Salina, KS	7	42	1.6%	0	0.0%	5	11.9%	7	16.7%	4	9.5%	6	14.3%	11	26.2%	4	9.5%	5	11.9%	33.3%
Rooks County Health Center - Plainville, KS	8	33	1.3%	0	0.0%	1	3.0%	2	6.1%	6	18.2%	3	9.1%	0	0.0%	11	33.3%	10	30.3%	24.2%
Children's Mercy Kansas City - Kansas City, MO	9	23	0.9%	20	87.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	2	8.7%	1	4.3%	26.1%
Salina Surgical Hospital - Salina, KS	10	18	0.7%	0	0.0%	0	0.0%	9	50.0%	6	33.3%	3	16.7%	0	0.0%	0	0.0%	0	0.0%	100.0%
Hutchinson Regional Medical Center - Hutchinson, KS	11	12	0.5%	0	0.0%	1	8.3%	4	33.3%	2	16.7%	2	16.7%	2	16.7%	1	8.3%	0	0.0%	41.7%
Russell Regional Hospital - Russell, KS	12	12	0.5%	0	0.0%	0	0.0%	7	58.3%	3	25.0%	2	16.7%	0	0.0%	0	0.0%	0	0.0%	8.3%
Kansas Residents/Nebraska Hospitals	13	11	0.4%	0	0.0%	3	27.3%	3	27.3%	4	36.4%	1	9.1%	0	0.0%	0	0.0%	0	0.0%	36.4%
Menorah Medical Center - Overland Park, KS	14	8	0.3%	0	0.0%	5	62.5%	3	37.5%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	75.0%
Kansas Residents/Minnesota Hospitals	15	5	0.2%	1	20.0%	0	0.0%	3	60.0%	0	0.0%	1	20.0%	0	0.0%	0	0.0%	0	0.0%	80.0%
Saint Luke's Hospital of Kansas City - Kansas City, MO	16	5	0.2%	0	0.0%	0	0.0%	4	80.0%	1	20.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	100.0%
AdventHealth Shawnee Mission - Shawnee Mission, KS	17	4	0.2%	0	0.0%	1	25.0%	1	25.0%	0	0.0%	1	25.0%	1	25.0%	0	0.0%	0	0.0%	50.0%
Ascension Via Christi Hospital St. Teresa - Wichita, KS	18	4	0.2%	0	0.0%	0	0.0%	4	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	50.0%
Overland Park Regional Medical Center - Overland Park, KS	19	4	0.2%	0	0.0%	0	0.0%	1	25.0%	2	50.0%	1	25.0%	0	0.0%	0	0.0%	0	0.0%	50.0%
Stomont Vail Health - Topeka, KS	20	4	0.2%	1	25.0%	0	0.0%	1	25.0%	0	0.0%	1	25.0%	1	25.0%	0	0.0%	0	0.0%	50.0%
Wesley Woodlawn Hospital & ER - Wichita, KS	21	3	0.1%	0	0.0%	1	33.3%	2	66.7%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	66.7%
<b>Overall</b>		<b>2,595</b>	<b>100.0%</b>	<b>111</b>	<b>4.3%</b>	<b>217</b>	<b>8.4%</b>	<b>489</b>	<b>18.8%</b>	<b>432</b>	<b>16.6%</b>	<b>703</b>	<b>27.1%</b>	<b>32</b>	<b>1.2%</b>	<b>315</b>	<b>12.1%</b>	<b>306</b>	<b>11.8%</b>	<b>31.6%</b>

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# Outpatient Origin Reports



## Outpatient Market Penetration By Service Type\* HaysMed, The University of Kansas Health System - Hays, KS

County by Federal Fiscal Year: 2019	Total Visits	Ellis, KS	
		Visits	%
1 Emergency Department (45x)	16,523	6,555	91.2%
2 Surgery (36x, 49x)	10,605	2,747	85.1%
3 Observation (76x, exd. 761)	1,892	547	87.8%
<b>Actual total visits</b>	<b>86,510</b>	<b>28,489</b>	<b>78.6%</b>

County by Federal Fiscal Year: 2019	Total Visits	Ellis, KS	
		Visits	%
1 Emergency Department (45x)	17,766	6,876	90.6%
2 Surgery (36x, 49x)	12,041	3,130	85.9%
3 Observation (76x, exd. 761)	1,709	471	88.0%
<b>Actual total visits</b>	<b>94,203</b>	<b>30,911</b>	<b>78.6%</b>

County by Federal Fiscal Year: 2018	Total Visits	Ellis, KS	
		Visits	%
1 Emergency Department (45x)	18,106	7,019	92.2%
2 Surgery (36x, 49x)	12,198	3,001	86.3%
3 Observation (76x, exd. 761)	1,624	467	87.3%
<b>Actual total visits</b>	<b>89,669</b>	<b>29,046</b>	<b>78.3%</b>

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## b) Town Hall Attendees, Notes, & Feedback

[VVV Consultants LLC]

## **CHNA Town Hall RSVP's:**

This represents a list Stakeholders / Residents (N = 23) of Ellis County, KS who RSVP'd for this event, with 14 in attendance.

<b>Ellis County Virtual CHNA Town Hall TEAMS, March 26th, 2021</b>							
<b>##</b>	<b>TEAM</b>	<b>Lead</b>	<b>Atten.</b>	<b>Last</b>	<b>First</b>	<b>Organization</b>	<b>Title</b>
1	A		X	Jacobs	Sandra	City of Hays	Mayor
2	B		X	Ruder	Mason	City of Hays	Vice-Mayor
3	B	XX	X	Simpson	Arielle	Early Childhood Connections	Health Coordinator - RN
4	A		X	Kennedy	Jason	Ellis County health department	Director
5	A		X	White	Asher	Ellis County Sheriff's Office	Undersheriff
6	A		X	Stutterheim	Will	FHSU	Assistant Director
7	B		X	Brady	Bryan	First Care Clinic	CEO
8	B		X	Dreiling	Sarah	HaysMed	Clinical Care Director
9	A		X	howie	Stephanie	HaysMed	Fitness Director
10	A		X	Jacobs	Tammy	HaysMed	
11	A	XX	X	Veach	Shae	HaysMed	VP Regional Operations
12	B		X	Fitzthum	John	HaysMed (ADD)	Director Of Support Services
13	A		X	Hill	Walter	HIGH PLAINS MENTAL HEALTH CENTER	
14	B		X	Orozco	Armando	Kansas Depart For Children & Families	Public Service Administrator

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



## NOTES: Ellis County Town Hall

Date: 3/26/21

### Established Needs/Strengths: Breakout Rooms

N = 16

#### Team A:

##### Needs

- Mental Health Services
- Drug / Substance Abuse
- Economy / Agriculture
- Psychiatry (In-patient)
- Opioids
- Poverty / Employment
- Health Insurance
- Awareness of HC Services / Resources
- Internal Medicine Services
- Community Collaboration

##### Strengths

- Emergency Services
- Ambulance Services
- Specialty Services
- Robust Medical System (Birth-Death)

#### Team B:

##### Needs

- Alcohol Abuse
- Mental Health Services
- Community Collaboration
- Nursing Home / Senior Care
- Awareness of HC Services / Resources
- DOH Communication / Collaboration
- Preventative Health / Wellness Services
- Healthcare Funding
- Child Care
- Food Insecurity
- Poverty / Unemployment
- Nutrition – Healthy Food Option

##### Strengths

- Opioid Reduction
- Telehealth / Telemedicine Usage (BH)
- School Nurse
- Emergency Services
- Clinic Access
- Referring Patients (PC)
- Hospice Services
- Infant Care

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## c) Public Notice & Requests

[VVV Consultants LLC]

**Email Request: Cut & Paste into your email blind cc to community.**

**From:** Shae Veach, Senior VP

**Date:** 1/15/2021

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

**Subject:** CHNA Round #4 Online Survey 2021

**Hays Regional Medical Center** is partnering with other community health providers to update Ellis County Community Health Needs Assessment. This assessment update is a follow-up to meet regulations, requiring all non-profit hospital to conduct a CHNA at least once every 3 years.

Your feedback and suggestions regarding community health delivery are vital to collect in order to complete the 2021 Ellis County (KS) Community Health Needs Assessment and Implementation plan updates.

To accomplish this work, a short online survey has been developed. Please take a few minutes to complete this survey and be assured all responses are confidential.

**LINK:** [https://www.surveymonkey.com/r/CHNA2021\\_EllisCo](https://www.surveymonkey.com/r/CHNA2021_EllisCo)

**CHNA Wave #4 community survey completion due date is Friday, March 5<sup>th</sup>, 2021.** A community CHNA virtual Town Hall is scheduled for Friday, 3/26/21 at 11:30 – 1pm. More information to come early March. All community members are invited to attend.

Thank you in advance for your time and support in participating with this important request.

**Email Request: Cut & Paste into your email blind cc to community.**

**From:** Shae Veach, Senior VP

**Date:** 2/12/2021

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

**Subject:** HayMed Community Town Hall Scheduled – Mar. 24th @ 11:30 – 1pm

HaysMed, part of The University of Kansas Health System, will be hosting a virtual Town Hall Meeting for the 2021 Community Health Needs Assessment (CHNA) via Zoom on **Friday, March 26<sup>th</sup>, 2021 from 11:30 – 1pm.**

It is imperative that community members RSVP if they desire to attend the 2021 CHNA Town Hall on **3/26/21** to properly prepare, considering there are no in-person meetings due to COVID guidelines. This virtual meeting will consist of reviewing the community health indicators and gathering feedback opinions on key community health needs. We hope you find the time to join us for this discussion.

If you are interested in attending this virtual Town Hall, please click on the link below to complete your RSVP. NOTE: If you RSVP, additional information will be emailed to you 3 days prior to event

**LINK:** [https://www.surveymonkey.com/r/EllisCo\\_CHNA2021\\_RSVP](https://www.surveymonkey.com/r/EllisCo_CHNA2021_RSVP)

Thank you in advance for your time and support in participating with this important request. If you have any questions regarding the virtual Town Hall, call 785-623-2300.

## Email #3

HaysMed, part of the University of Kansas Health System, would like to confirm your participation for the virtual 2021 Community Health Needs Assessment Town Hall Meeting. This community event is being held on **Friday, March 26th, from 11:30 a.m. – 1:00 p.m. via Zoom**. You will utilize the link below to access the virtual Town Hall.

Join Zoom Meeting: <https://us02web.zoom.us/j/81137054709>

**Meeting ID:** 811 3705 4709

To keep things moving and cover all that is on our agenda promptly, we ask that you please be signed on by **11:20 a.m.** as we will begin right away at 11:30 a.m. In addition, we ask that you plan to stay for the full duration as the last 45 mins will be the most important for gathering community insight for Ellis County. It is imperative that we are able get participants checked in immediately after signing on, so we ask that you please make sure you **full name is visible** on your screen to help speed up the process.

To provide you with a brief overview of what to expect during this community meeting, please review the following agenda.

- Current Community Health Scores
- Review Community Feedback Research
- Collect Current Community Health Perspective through assigned breakout rooms
- Uncover unmet needs through reporting back to large group
- Report back to general session – Participate in Poll
- Wrap up discussion & review next steps

Thanks you in advance for your time and support! We look forward to seeing you all on Friday, March 26th, for the important Town Hall meeting.

Note: If you any questions regarding this virtual Town Hall meeting, please contact Tammy Jacobs at [tjacobs4@kumc.edu](mailto:tjacobs4@kumc.edu)

# HaysMed launches 2021 Community Health Needs Assessment

*Hays Post - Jan 22, 2021*



Over the next three months, HaysMed, part of The University of Kansas Health System, will work with other community providers to update the 2018 Ellis County KS Community Health Needs Assessment. VVV Consultants LLC, an independent research firm from Olathe, has been retained again to conduct this countywide research.

ACA legislation requires all tax-exempt hospitals to submit a CHNA to the IRS every three years, regardless of hospital affiliation.

“The community needs assessment is vital to determine the health direction for our county,” said Shae Veach, vice president of regional operations. “We urge all Ellis county residents to participate.”

The goal of this assessment is to understand the progress that has been made in addressing community health needs cited in the 2018 CHNA report and to collect up-to-date community health perceptions. To accomplish this work, a short online survey has been developed.

The survey can be accessed [HERE](#).

All community residents are encouraged to complete the 2021 CHNA online survey by Friday, March 5. If you have any questions about the CHNA survey, call 785-623-2300.

# HaysMed is Hosting a Virtual Town Hall

*Hays Post - Feb 12, 2021*



HaysMed, part of The University of Kansas Health System, will be hosting a virtual Town Hall Meeting for the 2021 Community Health Needs Assessment (CHNA) via Zoom on **Friday, March 26<sup>th</sup>, 2021 from 11:30 – 1pm.**

It is imperative that community members RSVP if they desire to attend the 2021 CHNA Town Hall on **3/26/21** to properly prepare, considering there are no in-person meetings due to COVID guidelines. This virtual meeting will consist of reviewing the community health indicators and gathering feedback opinions on key community health needs. We hope you find the time to join us for this discussion.

If you are interested in attending this virtual Town Hall, please visit HaysMed website to RSVP. NOTE: If you RSVP, additional information will be emailed to you 3 days prior to event

Thank you in advance for your time and support in participating with this important request. If you have any questions regarding the virtual Town Hall, call 785-623-2300.

# UPDATE: KU, Hays Med end business relationship; health care remains the same

Posted Apr 23, 2021 1:26 PM By JAMES BELL *Hays Post*

The business relationship between the University of Kansas Health System and Hays Med will soon end, but with the decision, no impact to services are expected.

The decision was announced to employees Thursday and was confirmed by the University of Kansas Health System media relations director Jill Chadwick on Friday.

She described the situation as amicable and will not change in any way the medical staff or services that currently work at Hays Med.

"In terms of patients and the public, nothing is going to change," Chadwick said. "Everybody still has access to health care. We are still going to be in Hays, and people will still have the opportunity to get access to any specialist that they might need."

The system operates in 66 counties as part of its mission to help provide rural areas access to specialized health care and she said they look forward to continuing to do so.

"We will still be working with them (HaysMed)," Chadwick said. "We will still be getting referrals, we will still be treating patients, just like we do in 66 other counties."

The decision to end the relationship was mutual, she said, and reflects only a difference in business administration between the two parties.

We had a shared vision five years ago, but now we don't share the same vision," Chadwick said. "We decided that we still want to care for patients ... but it's this side of the business we want to change." A timeline for the change has not been set, she said but as details are worked out visitors to the facility will see no changes.

"It has no public impact or patient impact," Chadwick said.

While we have worked together over the past five years, we have mutually decided that stepping back and working independently best supports the long-term health and wellness of our communities," a statement from Hays Med said. "Taking this step allows both entities to actively pursue the unique approaches to serving their respective populations. This action also applies to the Pawnee Valley Community Hospital in Larned, which is a managed partner of HaysMed."

The statement from Hays Med also noted providers are supportive of the decision.

"The medical staff at HaysMed supports this decision," said Dr. Heather Harris, medical director and physician at Hays Family Medicine.

Dr. Roger Dietz, chief of staff, agreed.

In our opinion, administration and the board did what was in the best interest of staff and patients of Hays and western Kansas," he said.



## d.) Primary Research Detail

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[VVV Consultants LLC]

**CHNA 2021 Community Feedback: Ellis Co (KS) N= 384**

ID	Zip	Overall	Movement	c1	c2	c3	Is there healthcare services in your community/neighborhood that you feel need to be improved and/or changed? (Please be specific)
1210	67601	Average	Not really changing much	ACC	BH	PRIM	More access to psychologists with training in cognitive behavioral therapy, more adult primary care providers
1370	67601	Average	Not really changing much	ACC	DOCS	STFF	Improve access to care, stability of providers staying
1067	67601	Very Good	Increasing - moving up	ACC	ENT	FP	More access to ENT physicians and family practice
1194	67601	Average	Not really changing much	ACC	FINA	INSU	Access to healthcare is an issue, regardless of ability to pay.
1261	67601	Good	Not really changing much	ACC	FP		Making it easier to get into your Family Doctor!!!
1221	67601	Very Good	Increasing - moving up	ACC	INSU		More access to low cost healthcare for the uninsured and poor.
1357		Good	Increasing - moving up	ACC	NEU	ALL	Access to more specialists like a Neurologist and Allergists.
1198	67671	Good	Increasing - moving up	ACC	PRIM	SERV	Access to primary care, including more docs.
1328	67607	Very Good	Not really changing much	ACC	PRIM		Availability for primary physicians
1239	67601	Good	Not really changing much	ACC	QUAL	BH	Access to good, quality mental health resources in a timely manner.
1014	67601	Good	Not really changing much	ACC	QUAL	RUSH	Do not like the fact that it is next to impossible to get in to see someone at our respective clinic and we are pushed to go to walk in to a place where they do not know us. The personal attention is lost there are we are just a number.
1011	67601	Very Good	Increasing - moving up	ACC	SERV	FP	It can taking a month or two to get into Hays Family. It would be nice if they find some providers so they can accept more patients.
1091	67601	Very Good	Increasing - moving up	ACC	SERV	BH	Our community needs more mental health providers/services especially with the added stress that we've all endured during the trying times of COVID.
1247	67601	Very Good	Increasing - moving up	ACC	SPEC	URG	Access to more specialty Providers and access to urgent care.
1016	67601	Very Good	Increasing - moving up	ACC	SS		Each service tends to refer you to others. There is no place that will carry the request to its completion. More of a need for Sdul Protective Services.
1099	67601	Very Good	Increasing - moving up	ALL	ACC	TELE	Improve telemedicine access to community.
1343	67601	Good	Increasing - moving up	ALL	NEO	DOH	Yes! The Ellis County Health Department is amazing at so many things, however there is much room for improvement with Maternal Child Health options based out of our Health Department, for many, many years. Many Kansas counties have multiple lines of support based in their Health Dept. that Ellis County does not host.
1320		Good	Decreasing - slipping downward	ALL	QUAL	MAN	Perception needs changed more than the actual care. That starts with the staff.
1103		Good	Not really changing much	ALL	RNT	STFF	I think we are trying to move in the right direction but are unable to maintain staff to maintain the services.
1090	67601	Good	Not really changing much	ALL	SPEC	PEDS	I have good care. I do not know about others. Everyone in my circle seems to be satisfied. There is always room for improvement. I wish we had more access to specialty pediatric doctors. My daughter had to go all the way to OKC to see an Pediatric Urologist. People will travel for a specialist so maybe we could look into bringing some to Hays?
1003	67601	Good	Increasing - moving up	ALL	VACC	ACC	I think the hospital has done a great job, especially with the Covid vaccine distribution.
1208	67601	Good	Decreasing - slipping downward	ALL			improving
1153	67601	Very Poor	Decreasing - slipping downward	ALL			They need to totally change everything at Hays med. one of the worst hospitals I have ever been to.
1272		Good	Increasing - moving up	ALL			I FEEL THEY ARE TRYING TO IMPROVE
1121	67601	Good	Increasing - moving up	ALL			I'm sure there is always room for improvement. Would be interesting to see/read what was brought up in 2015, 2018 and how far we have come from suggestions at that time and what still needs to be worked on.
1146	67601	Very Good	Increasing - moving up	ALL			Those services meet our needs as they are now.
1022	67672	Good	Not really changing much	ALL			Improved
1036	67601	Very Good	Not really changing much	ALLER	DERM	OPHTH	It would be nice to have allergy/dermatology/eye care in town that are in network with our hospital insurance
1181	67437	Average	Not really changing much	BH	AIR	VACC	Mental health drug abuse help. Air quality- excessive grain dust in the air. Slow on Covid vaccine
1305		Good	Not really changing much	BH	DENT	ACC	Mental Health accessibility. Not many providers taking new patients, same with dentists.
1052	67637	Average	Not really changing much	BH	DERM	SPEC	Mental health access Drug/Alcohol treatment Pediatric Specialties Neurologist
1135	67601	Good	Increasing - moving up	BH	IP	ACC	Behavioral Health needs to be improved. We do not have a local inpatient option. Those patients are being admitted to the hospital where we cannot provide what they need.
1267	67637	Good	Not really changing much	BH	POV	WELL	county health could be doing more on community health , we are short on primary care providers, mental health facilities , mental health providers, homeless shelters , community health resources
1321	67601	Poor	Not really changing much	BH	PRIM	DENT	Mental health for children, teens and adults, primary care access and affordability, dental care access and affordability
1324		Poor	Not really changing much	BH	PRIM	DRUG	primary access, mental health, children, teens and adult, substance abuse, dental
1330	67601	Good	Not really changing much	BH	PSY		Increased mental health services, especially providing Cognitive Behavioral Therapy services.
1100	67601	Very Good	Decreasing - slipping downward	BH			mental health and behavioral services
1237	67601	Very Good	Increasing - moving up	BH			Mental Health support
1344	67601	Good	Increasing - moving up	BH			Mental health
1001		Average	Not really changing much	BH			Mental
1178	67437	Average	Not really changing much	BH			Mental

**CHNA 2021 Community Feedback: Ellis Co (KS) N= 384**

ID	Zip	Overall	Movement	c1	c2	c3	Is there healthcare services in your community/neighborhood that you feel need to be improved and/or changed? (Please be specific)
1226	67601	Very Good	Not really changing much	BH			Mental health for adults and adolescents is sorely lacking. There is a tremendous need for mental health services in Hays the surrounding communities.
1116	67601	Good	Not really changing much	BH			Mental health services are needed - especially for teens and juvenile
1073		Good	Not really changing much	BH			We are in need of more mental health facilities.
1155	67601	Very Good	Not really changing much	BILL	HH		More transparent billing, hidden cost upfront from out of network charges, and more home health services to keep the elderly out of nursing homes.
1047		Average	Not really changing much	BILL			cost
1009	67671	Very Good	Not really changing much	CANC	FINA	SERV	Help when someone gets a cancer diagnosis. What is available for them. Help with medical unemployment
1081	67601	Good	Not really changing much	CARD			Open heart
1236	67601	Average	Decreasing - slipping downward	COMM	ALT		At Hays Medical Center more focus needs to be on what the patient wants/needs for their care and they should be able to actively participate in their care. If there is a cheaper medicine for them and receive to serve the same purpose they should be allowed to receive that medication. Otherwise patient's will continue to go elsewhere for their care. Too worried about the all might dollar and only contracting with certain companies to receive our supplies medical or office.
1006	67601	Good	Not really changing much	COMM	PREV	CHRON	awareness and preventive programs for diabetes and obesity and other chronic diseases
1059	67665	Good	Increasing - moving up	COMM	RUSH	QUAL	Yes, I had a Dr. he left. In my chart there was a standing order for an Ultrasound when I had my medical issue pop up I was to call the office and they would fax in the order for the ultrasound. My medical issue came back I called the office to let them know that I had a standing order but because I had a new doctor I had to see him first. By then the medical issue would be gone again. Why couldn't they look at my records, go with the standing order get the US and then I could schedule to see my new doctor and go over the ultrasound. I don't feel as if I matter, it's all about appts. and copays and money.
1060	67601	Good	Increasing - moving up	COMM	STFF		Not that I can think of, but we do need more communication towards employees
1217	67601	Good	Increasing - moving up	COMM	WAIT		The only thing I can think of is communication between patient and offices and responses in a timely manner.
1156	67601	Average	Decreasing - slipping downward	COMM			communication; better Patient Portal
1220	67601	Good	Increasing - moving up	COMM			Coordination of care
1083	67663	Good	Not really changing much	COMM			Always can improve on communication
1216	67601	Good	Not really changing much	COMM			Communications can always be better. Also it is important to remember that there is more than just HaysMed Doctors/Patients.
1302	67601	Average	Decreasing - slipping downward	CORP			New eyes lead to new ways of doing things
1381	67601	Good	Not really changing much	COVD			I would like to see us move away from wearing masks in the public in our future.
1162	67601	Very Good	Increasing - moving up	DIG			There are always new technologies in the medical field.
1164	67601	Good	Not really changing much	DOH	LDRS		I have found the county health administration to be a bit too political. For example, Kennedy made the statement that, unlike Fauci he would not call off Thanksgiving.
1224	67601	Good	Increasing - moving up	DOH	NH	AGE	We continue to need more PCP's. We need to expand other non-traditional options around births. We need to expand our county health department into a population health model. And we need another nursing home for our aging population.
1267	67637	Good	Not really changing much	DOH	SERV	PRIM	county health could be doing more on community health , we are short on primary care providers, mental health facilities , mental health providers, homeless shelters , community health resources
1256	67637	Good	Not really changing much	DOH			County health department needs more resources
1038	67601	Average	Not really changing much	DRUG	ENT	NEU	overdose-withdrawal-mental health ear-nose-throat neurology
1295	67601	Average	Not really changing much	DRUG			Drug abuse, alcoholism, poverty
1337		Good	Increasing - moving up	EDU	BH	DRUG	the young need more education on depression and drug addiction etc to prevent the young from going down the wrong paths and ending up in hosp or worse
1307	67601	Good	Not really changing much	EDU	DOH	COMM	I do think we could improve in our community education and also communication about our services offered to referring facilities.
1249	67601	Very Good	Increasing - moving up	EDU	STD	OPHT	Sex education for Pre-teens to high school age and 50+ age group Child/Teen healthcare LGBTQ+ services and education Eye care
1219	67601	Good	Decreasing - slipping downward	EDU			More community education and opportunities for CPR training once the pandemic is under control.
1184	67601	Good	Increasing - moving up	EMER	WAIT	CLIN	ER visits shorter More free clinic screening
1280	67601	Good	Increasing - moving up	EMER			Yes ER
1312	67548	Very Good	Decreasing - slipping downward	ENDO	ENT	SPEC	Wish we had access to providers that specialize in endocrinology and an Ears, Nose, and throat doctors.
1362	67601	Good	Increasing - moving up	ENDO	NEU	SPEC	endocrinologist, neurologist, diabetes specialist
1367	67601	Good	Decreasing - slipping downward	FP	ENT	NEU	Family doctors. Specialists that historically we had in Hays IE- ENT, Neurology. Expand services to meet public demand IE-Sleep Lab. People shouldn't have to wait months for an appointment.
1376	67601	Very Good	Increasing - moving up	GAS	NEU	IFD	It would be nice to have GI, Neurology, Infectious disease physicians.

### CHNA 2021 Community Feedback: Ellis Co (KS) N= 384

ID	Zip	Overall	Movement	c1	c2	c3	Is there healthcare services in your community/neighborhood that you feel need to be improved and/or changed? (Please be specific)
1374	67601	Very Good	Not really changing much	GAS			I hear from others they would love to see a gastroenterologist come to Hays Med.
1080		Very Good	Increasing - moving up	GEN	RNT		The community would benefit from more physicians familiar with the area and the people, and willing to stay here long term.
1123	67601	Good	Not really changing much	HH			There needs to be something to fill in the gap where people are at home and cannot afford to hire caregivers, no family available to care for them, and they cannot afford a nursing home.
1334	67601	Very Good	Increasing - moving up	IP	SERV		I think that we need to have better inpatient services for drug and alcohol addicts. The closest inpatient rehab is over an hour away and has a three month wait list.
1202	67601	Good	Not really changing much	IP	TRAN		Need more beds for long term care and skilled care. Need charitable transportation option for patients who have planned health care needs outside of Ellis Co.
1297	67640	Average	Not really changing much	MRKT	TELE	COMM	I think that the Care Collaborative needs to be marketed more so patients understand that there are nurses who are able to contact them on a regular basis and act as a patient liaison. The Care Collaborative also does quite a bit with telehealth, which is the more prevalent now than ever.
1382		Very Good	Increasing - moving up	NEUS			Neurosurgery
1118	67601	Very Good	Increasing - moving up	NUTR	INSU		area of hunger and those without medical coverage
1163	67601	Good	Not really changing much	ORTH	IM	URL	Quality Spine Surgery - Internal Med. Shortage and Urologist shortage.
1296	67601	Very Good	Decreasing - slipping downward	ORTH	WAIT	ACC	orthopedics seems disorganized. long wait times. difficulty scheduling.
1173	67601	Good	Decreasing - slipping downward	OTHR			more hands on approach
1262	67601	Very Good	Not really changing much	QUAL	ACC	COMM	I think the relationship with KU is good thing however on our local level the support from KU providers has been lacking unless you go there, they are not very considerate of patients travel and time so it becomes a source of frustration to patients when care is not shared easily and support between providers working together seems nonexistent.
1166		Average	Not really changing much	QUAL	COMM		Doctors needing to take patients seriously and work with the patient
1024	67601	Good	Not really changing much	QUAL	COMM		see same dr when you are scheduled for a surgery. at ENT see someone different every month which makes care less consistent when different provider see you. It would be helpful in therapy also to see the same provider instead of it always changing to a different person.
1365		Average	Decreasing - slipping downward	QUAL	RUSH		Customer service, customer service, customer service! Patients are people, not a textbook health problem/issue.
1353	67601	Average	Decreasing - slipping downward	QUAL			NO, DOCTORS AND PA'S GETTING WORSE
1234	67601	Good	Not really changing much	QUAL			Let Doctors see their patients and get rid of the hospitalists. Who in my opinion are rather rude fellow associates.
1043	67601	Average	Not really changing much	QUAL			YES, the bedside manners of the health care workers here is terrible. My grandmother was once told here at Hays Med that if she didn't pull through that she was going to heaven and then the doctor proceeded to say that he doesn't know where she will end up because he doesn't know how she lived her life....
1117	67601	Good	Not really changing much	RNT	FAS	NEU	Need to recruit and retain gastroenterologists and Hospital neurology coverage.
1126	67601	Very Good	Increasing - moving up	RNT	SERV	GEN	Find a way to recruit more doctors and keep them.
1268	67601	Average	Not really changing much	RNT	WAIT	BILL	Doctor retention Lower wait times Lower costs
1331	67601	Very Good	Not really changing much	RUSH	SERV	QUAL	I think improved. I think that many of our healthcare services in Hays do a great job but sometimes it does feel like they are in a hurry to see you and get out and that we are just a paycheck. I would like to spend more in depth time to discuss my concerns.
1101		Good	Not really changing much	RUSH			Do not like the "feeling" of being "just a number" when at HMC on 2nd floor.
1085	67601	Average	Decreasing - slipping downward	SERV	ACC	RUSH	Yes need more providers, more available access to services, and know that they are not being hurried in and out.
1172	67601	Very Good	Increasing - moving up	SERV	ACC	GAS	I would like to see a gastroenterologist here in Hays. I also prefer all healthcare be under one umbrella.
1288	67601	Good	Increasing - moving up	SERV	BH		More psych services
1154	67601	Good	Not really changing much	SERV	BH	ACC	HaysMed (and Hays in general) need more mental health providers (available for wider time frames) more than anything. Vaccination clinics. The county health department offers far fewer services than any other co health dept I've seen. The services they do provide are poor, and I do not feel comfortable taking my family there.
1004		Very Good	Not really changing much	SERV	BH		More mental health services
1252	67601	Very Good	Increasing - moving up	SERV	CARD	RNT	More stable cardiology providers
1112		Average	Not really changing much	SERV	CHRON		I've had multiple sclerosis for 36 years, and there's absolutely nothing available at all for people like me.
1203	67601	Good	Not really changing much	SERV	DIG		Yes. Recruitment of doctors it's always a necessity. Availability of newer treatments is important to Hays and the surrounding counties. The partnership with the University of Kansas health system seems to be productive, but he should advocate for itself even more.
1291	67601	Average	Not really changing much	SERV	FEM		Yes...women's services
1174	67601	Good	Not really changing much	SERV	FP		More family care physicians.
1131	67601	Very Good	Increasing - moving up	SERV	GAS		We need a gastroenterologist.
1205	67601	Average	Increasing - moving up	SERV	GAS	RHE	We need a Gastrointestinal doctor and rheumatologist asap.
1132	67601	Good	Decreasing - slipping downward	SERV	GEN		General Practice care

**CHNA 2021 Community Feedback: Ellis Co (KS) N= 384**

ID	Zip	Overall	Movement	c1	c2	c3	Is there healthcare services in your community/neighborhood that you feel need to be improved and/or changed? (Please be specific)
1002	67550	Good	Increasing - moving up	SERV	GEN		More physicians instead of APRNs or PAs
1051		Average	Increasing - moving up	SERV	GEN		more providers
1069	67601	Very Good	Not really changing much	SERV	GEN		more general practice physicians
1276		Very Good	Not really changing much	SERV	IM	GAS	Internal Medicine docs! We Need to care for the generations that really care for and support the rest of the community. I mean really, how hard is it to get an Internist??? and why in the Hell don't we have a GI guy?? that should be your #1 recruit at this point.
1096	67601	Very Good	Increasing - moving up	SERV	NEU		I believe we have an urgent need for a neurologist.

**CHNA 2021 Community Feedback: Ellis Co (KS) N= 384**

ID	Zip	Overall	Movement	c1	c2	c3	In your opinion, what are the root causes of "poor health" in our community?
1133		Very Good		AGE	QUAL		Few choices for long term senior care, and it is below the quality of what I would find acceptable for myself or my parents
1330	67601	Good	Not really changing much	BILL	BH		cost of mental health services even with insurance
1122		Average		BILL	INSU	FINA	Very high deductibles and/or no insurance. Cannot afford interventions that would help.
1329	67601	Good	Not really changing much	BILL	NUTR		Lack of cost efficient nutrition options
1046	67601	Very Good	Increasing - moving up	BILL			cost
1128		Very Good	Increasing - moving up	BILL			Economic issues
1056		Average	Increasing - moving up	BILL			financial
1034		Very Good	Not really changing much	BILL			expense
1242	67601	Good	Increasing - moving up	COVD	AGE		Covid in our community mainly the elderly
1334	67601	Very Good	Increasing - moving up	DRUG	ALC		Drug and alcohol abuse
1171		Very Good	Increasing - moving up	GEN			People haven't accepted responsibility for their own actions
1090	67601	Good	Not really changing much	INSU	BILL	FINA	High deductible health insurance, Lack of knowledge about assistance programs
1381	67601	Good	Not really changing much	NUTR	COVD		fast food and COVID pandemic

### CHNA 2021 Community Feedback: Ellis Co (KS) N= 384

ID	Zip	Overall	Movement	c1	c2	c3	Covid-19 has impacted our communities. Do you have any worries and/or concerns regarding COVID-19 in relation to Community Health?
1172	67601	Very Good	Increasing - moving up	ACC	VACC		I wish we would get does quicker and in a larger quantity.
1128		Very Good	Increasing - moving up	ACC	VACC		Slow roll out of vaccines to the community at large
1131	67601	Very Good	Increasing - moving up	ACC	VACC		Vaccine delivery.....but not at the local level but the State level.
1180		Good	Not really changing much	ACC	VACC		Slow on vaccine
1209		Average	Not really changing much	ACC	VACC	COMM	Vaccine distribution, transparency
1054		Very Good		ACC	VACC		If someone really wants the shot let them get it regardless of age,or where they work.
1177		Poor		ACC	VACC	COVD	Lack of enough vaccine. Lack of mask wearing
1099	67601	Very Good	Increasing - moving up	AGE	COVD		Too many people do not care about the health of the most fragile members of the community. Too many do not wear masks, social distance, eat at home, etc.
1242	67601	Good	Increasing - moving up	AGE			Mainly in our elderly. I know that we wish to curb COVID but the cost is too great to our elderly. They need their families and this is now just being opened back up to the geriatric population. DO NOT LET THE ELDERY BE ALONE. Failure to thrive is a real thing. Being alone is a killer.
1367	67601	Good	Decreasing - slipping downward	ALL	DOH		Hays Med should be helping our County. I have had to "help" residents get on the list.I have no confidence in our director, staff and especially our commissioners. If I was not "tied" to this community by our family and family business the County and City government would be enough to make me leave.
1291	67601	Average	Not really changing much	ALL			We are running our community the way it would be run in a much bigger place, like K.C.
1154	67601	Good	Not really changing much	COMM	ACC	VACC	My only concern is lack of information about vaccine availability.
1142		Average	Not really changing much	COMM	CONF		Very little transparency. Question and disregard severity because of lack of information about specific cases. We need to hear patient stories from the patients or the hospital with revealing patient info. Doctors telling patients mask don't work! They should be punished. lack of honesty from Hays Med. We needed local doctors to ask community to take covid seriously.
1077		Good	Increasing - moving up	COMM	DOH	COVD	Communication from Ellis County Health on COVID.
1243	67601	Very Good	Increasing - moving up	COMM	DOH		Too many people disregarding public health mandates.
1202	67601	Good	Not really changing much	COMM	DOH	VACC	lack of information from the county health officer. Early lack of concern for prevention of disease spread. Lack of information about vaccine plans for Ellis County. Understanding that availability will drive vaccinations, Plans seem to be lacking for when availability comes.
1215		Good	Increasing - moving up	COMM	LDRS	VACC	Lack of communications. Became to political and not enough about the Science. Vaccine distribution has been terrible her compared to other counties in KS.
1239	67601	Good	Not really changing much	COMM	MRKT		I think everyone is doing the best they can, but overall concerns of accuracy of information, changing information, reliability.
1153	67601	Very Poor	Decreasing - slipping down	COMM			The community has members that are so misinformed (or unwilling to be informed), that unfortunately I don't think any amount of education will help them. The community does a decent job at trying.
1236	67601	Average	Decreasing - slipping down	COMM			Too new and not enough research on the topic it takes time to acquire research and knowledge.
1171		Very Good	Increasing - moving up	COMM			More specific information needs to be offered
1353	67601	Average	Decreasing - slipping downward	CORP	EDU		EVERYDAY STANDARDS CHANGE. ONE HEALTHCARE OFFICIAL SAYS THIS AND ANOTHER SAYS THAT. NEVER KNOW WHAT TO BELIEVE OR WHO TO TRUST
1283	67601	Very Good	Increasing - moving up	CORP			Initially yes, until our County Health Department stepped up to the plate and took ownership of the public's health!
1381	67601	Good	Not really changing much	CORP			We need to get back to public normal!
1160	67601	Good	Increasing - moving up	COVD	ACC	VACC	wearing masks sometimes is lax, also availability of vaccine has been slow.
1304		Average	Not really changing much	COVD	ACC		lack of PPE
1084		Good		COVD	ACC	VACC	Covid variants and people not following protocols to help prevent spread. Having enough vaccine.
1008		Good	Not really changing much	COVD	MAN		people not wearing masks and not wearing them properly. Nothing done about people who don't follow the rules, even in the hospital.
1339	67601	Good	Increasing - moving up	COVD	VACC		many people don't want to get the vacine, don't trust it.
1223		Good	Not really changing much	COVD	VACC		Continued to lack of support for masks and taking the vaccine.
1265	67601	Good	Increasing - moving up	COVD			people aren't taking it seriously
1059	67665	Good	Increasing - moving up	COVD			The only concern would be keeping patients & employees healthy while seeing covid patients.
1347	67553	Good	Increasing - moving up	COVD			It's lasted way too long!!
1004		Very Good	Not really changing much	COVD			A lot of people do not wear masks when in public and around others. Should be mandatory to enter a public place.
1155	67601	Very Good	Not really changing much	COVD			stupid people not taking minor precautions
1152		Very Poor		COVD			Ellis county is way behind
1197		Very Good	Increasing - moving up	DOH	ACC	VACC	Delivery of the vaccine will be a capacity test of the County Health Dept.
1321	67601	Poor	Not really changing much	DOH	EDU	COMM	Political messaging that has lead to anti public health behavior . I can see things getting better but so much damage has already been done
1141		Average	Not really changing much	DOH	LDRS		County/city officials politicized a health issue. Masks are necessary to stop spread.
1186		Average	Not really changing much	DOH	LDRS		Feel like the county health director is playing politics in so he isn't fired by the county commission. .

**CHNA 2021 Community Feedback: Ellis Co (KS) N= 384**

ID	Zip	Overall	Movement	c1	c2	c3	Covid-19 has impacted our communities. Do you have any worries and/or concerns regarding COVID-19 in relation to Community Health?
1163	67601	Good	Not really changing much	DOH	LDRS	VACC	I think the county health department and county commissioners provided poor leadership, particularly early on. However, I am hopeful with vaccine administration beginning next week we will see improvement. The university and city have done a pretty good job.
1110	67637	Good	Increasing - moving up	DOH	LRDS		The lack of direction and enforcement of that direction is unbelievable. There are too many people in leadership here (including the health department director) that are not taking the pandemic seriously and providing the necessary leadership.
1126	67601	Very Good	Increasing - moving up	ECON	VACC	COMM	In general, our community has not taken this seriously and it make me reluctant to support the local economy. I am worried that not enough people will elect to take the vaccine. Furthermore, I hope the communication regarding vaccine availability and distribution is thought out.
1070		Good		LDRS	COMM		Leaders should not be afraid to tell citizens how to protect themselves from Covid-19.



### CHNA 2021 Community Feedback: Ellis Co (KS) N= 384

ID	Zip	Overall	Movement	c1	c2	c3	What "new" community health programs should be created to meet current community health needs?
1115		Good		ACC	NUTR		Access to healthy food for all
1201	67601	Average	Not really changing much	ACC	TRAN	SERV	Mobile Health Care Service would be a good option. So many people are homebound or have transportation service challenges.
1370	67601	Average	Not really changing much	ACC			Access to care
1256	67637	Good	Not really changing much	AGE	GER	PREV	Older health, prevention.
1242	67601	Good	Increasing - moving up	AGE	HH		Check in for elderly who have no family in the area.
1122		Average		AGE	INSU	PREV	Something to meet the needs of those who do not qualify for Home Health or Hospice, however need care and help at home and cannot afford to hire caregivers. Insurance deductibles for those who have insurance are ridiculously high which prevents a lot of people from seeking care that could prevent a more serious condition to develop. Preventative health programs that people can afford such as physical therapy, gym programs, massage therapy - these are not available to a large number or people who cannot afford them.
1120	67601	Good	Increasing - moving up	AGE	KID		helping the aging population to avoid nursing homes as long as possible. Helping the 12-18 year olds to develop skills to enter college/life better prepared.
1018	67601	Very Good	Increasing - moving up	AGE	NH	HH	More area for Senior living
1015		Good		AGE	NH		Emergency Placement for at need seniors
1046	67601	Very Good	Increasing - moving up	ALL			fix the old ones
1171		Very Good	Increasing - moving up	ALL			Just continue to make the current ones better
1193		Good	Not really changing much	ALL			Focus on improving what we have
1312	67548	Very Good	Decreasing - slipping downward	BH	CORP		More and better mental health programs as well as drug/alcohol rehab programs. Resources for people need to be easily seen. For the longest time and still to this day you have to ask the right person the right question to find a specific community resource.
1262	67601	Very Good	Not really changing much	BH	DRUG		Mental Health programs for specific age groups Drug/Alcohol Prevention and Programs
1381	67601	Good	Not really changing much	BH	DRUG		Better mental health and substance abuse help from federal gov.
1282	67601	Good	Not really changing much	BH	EDU		More mental health awareness
1057	67601	Good	Not really changing much	BH	EDU		We need help with mental health. I think our community is severely lacking there. Lack of education to the general public about this and lack of help for those needing it.
1068		Very Good		BH	EDU		mental health screenings and warning signs information and education
1054		Very Good		BH	HH		Mental health, home health
1098		Very Good		BH	IP		Mental health access and inpatient services
1035	67601	Very Good	Increasing - moving up	BH	MRKT		Mental Health is important and programs should be made more aware of to the community.
1376	67601	Very Good	Increasing - moving up	BH	PEDS		Mental health programs for children/youth and adults is needed
1225		Good	Not really changing much	BH	POV		Mental health services and homeless shelter.
1021		Average	Not really changing much	BH	SUIC		Mental health = suicide prevention; geriatric psyc support
1302	67601	Average	Decreasing - slipping downward	BH			MENTAL HEALTH ON CALL
1113		Very Good	Increasing - moving up	BH			A focus on mental health
1249	67601	Very Good	Increasing - moving up	BH			Mental health programs for kids- age preschool - college; for college to 30; for adults 30+. Health programs for LGBTQ+
1252	67601	Very Good	Increasing - moving up	BH			Mental health providers
1131	67601	Very Good	Increasing - moving up	BH			More attention to mental health - particularly youth. High Plains is wonderful but more attention to youth and education on mental health.
1089		Good	Increasing - moving up	BH			The mental health facilities are very lacking. It is of great concern.
1338	67626	Good	Increasing - moving up	BH			Mental health and wellness is the area that needs a lot more done. People with mental issues do not receive enough services. It is this way all over Kansas and America.
1278		Very Good	Not really changing much	BH			Increase in Mental health facilities/providers
1291	67601	Average	Not really changing much	BH			Mental Health through Covid
1027		Poor	Not really changing much	BH			Mental Health treatment facilities
1333	67669	Good	Not really changing much	BH			Increase in mental health
1356	67601	Good	Not really changing much	BH			More mental health options
1195		Good		BH			Mental health is a HUGE concern. There is nothing in western kansas to help this problem
1223		Good	Not really changing much	COMM	CORP		One access point or coordinator.
1215		Good	Increasing - moving up	COMM	MRKT		A docuemnt that shows all the medical services in Ellis County. From mental health to medical specialists to primary care, to dentist/eye doctors, to wellness programs and education. I think there is a lot in the county that are just unknown to a lot of people.
1233	67601	Very Good	Increasing - moving up	COVD			More covid facts cause people aren't wearing masks in public still
1177		Poor		COVD			Encourage masks
1045		Good	Increasing - moving up	DOCS	PRIM	SERV	More Primary care doctors
1343	67601	Good	Increasing - moving up	DOH			Health Dept improvements
1172	67601	Very Good	Increasing - moving up	DRUG	ACC		Drug treatment facility. Nothing here, our young adult population has to travel a long way to get treatment. Also there is lack of help from the hospital in providing options. You have to do all the research yourself. This is not adequate.

### CHNA 2021 Community Feedback: Ellis Co (KS) N= 384

ID	Zip	Overall	Movement	c1	c2	c3	What "new" community health programs should be created to meet current community health needs?
1062		Very Good	Increasing - moving up	DRUG	ALC		More awareness to street drugs and alcohol abuse that leads a lot to disrupting family lives-especially with women and children
1299		Average	Not really changing much	DRUG	ALC	POV	Address the issues such as drug abuse, alcoholism, and poverty.
1300	67601	Average	Decreasing - slipping downward	DRUG	BH		Substance Abuse and Mental Health
1051		Average	Increasing - moving up	DRUG	BH	TELE	Drug/alcohol treatment center Any additional Mental Health program Access to Telehealth for minor Urgent care Additional Nursing home/assisted living
1334	67601	Very Good	Increasing - moving up	DRUG	BH	PHY	We need more drug and alcohol rehabilitation services. We need more awareness on mental health services.
1337		Good	Increasing - moving up	DRUG	SPPRT	ALC	more programs regarding drug and alcohol addiction for the younger population
1157		Very Good	Not really changing much	DRUG	SUIC	ORTH	Drug and Alcohol abuse Suicide prevention Sports medicine
1216	67601	Good	Not really changing much	DRUG	WELL		Drug Prevention Health & Wellness
1180		Good	Not really changing much	DRUG			Drug abuse programs
1130	67601	Very Good	Not really changing much	DRUG			Opiod and drug use in our community is rising.
1247	67601	Very Good	Increasing - moving up	EDU	BH		Health awareness during and after COVID. Mental health awareness.
1002	67550	Good	Increasing - moving up	EDU	COMM		Health education for Spanish speakers.
1078	67601	Very Good	Increasing - moving up	EDU	CORP		Our community should start a program to contract with pre-med students, med school students and young physicians to help pay their education expenses in exchange for a contract to serve in the community for a prescribed time period.
1105		Good	Increasing - moving up	EDU	PREV		community health programs are only a band aid. Better education and parenting coupled with more personal responsibility is the long-term answer
1188		Good	Not really changing much	EDU	VACC	OBES	Several parents in our community are electing to not have their children vaccinated against the child hood virus - why as they are educated parents with higher degrees - Another area is the obesity rate
1141		Average	Not really changing much	EDU			Education
1229	67601	Good	Increasing - moving up	FINA	INSU		Lower cost of health care...the insurance rates are terrible!
1288	67601	Good	Increasing - moving up	FINA	INSU		more affordable health care options for the uninsured
1268	67601	Average	Not really changing much	FIT	NUTR	FINA	Affordable exercise/fitness access, Affordable nutrition access, Affordable health service access
1181	67437	Average	Not really changing much	FIT	NUTR	BH	Physical activity, healthy nutrition, wellness, mental health, addiction concerns.
1204	67601	Average	Not really changing much	GAS	RHE		We need a Gastrointestinal doctors and rheumatologist asap.
1154	67601	Good	Not really changing much	INSU	BILL		Programs for the uninsured. A program in support of medical billing transparency. A program to identify if out of network providers will be utilized without the patients knowledge.
1134	67601	Good	Not really changing much	IP	BH		Inpatient Mental Health Services
1286	67601	Very Good	Not really changing much	KID	STD	NUTR	We need more child care More education for young patients with asthma More education to prevent sexually transmitted diseases We need more help to encourage people to eat better and lose weight
1099	67601	Very Good	Increasing - moving up	KID	WIC		A program to give school children, preschool-high school, access to food, personal care items (oral care, soap, feminine hygiene products, deodorant), books, clothes, etc. that they may need but be unable to afford. And to do so in a subtle way that does not call attention to it to be embarrassing or uncomfortable for the kids.
1107	67663	Good		MRKT	COMM		I think we have good programs in this community...it is a matter of marketing them and getting people to attend
1165	67601	Very Good	Increasing - moving up	NURSE	HH	AGE	More nurses to do home care aging community
1245	67637	Very Good	Increasing - moving up	NUTR	BH	DRUG	More access to whole foods, natural foods. More access and education on mental health awareness/suicide prevention/drug abuse.
1117	67601	Good	Not really changing much	NUTR	NH	INSU	feeding the hungry / more nursing homes that give quality care. filling the gap between Medicaid and other health insurance.
1145		Very Good	Increasing - moving up	NUTR	OBES		Less junk foods and prepared foods offered at the grocery stores and restaurants. This appears to be a stumbling block for many--poor nutrition and overeating.
1331	67601	Very Good	Not really changing much	NUTR	WELL		I think we could use a place in hays that will provide healthy meal that you get easy and "cheap" - Like a wholefoods and some educational resources for those that constantly try to lose weight but cannot. Gyms are intimidating to someone who is obese and has no idea what to do. we needs more help to keep guidance until results start to show and we feel more confident.
1070		Good		NUTR	WELL	EDU	Nutrition education. Some people seem so clueless about what they are putting in their bodies, and how it affects them on a daily basis.
1080		Very Good	Increasing - moving up	NUTR			Nutrition and meal planning
1005		Good	Increasing - moving up	OBES			obesity
1079	67601	Very Good	Increasing - moving up	OTHR			The community should recruit new/young physicians with contracts to help pay education costs for a commitment to serve in the area for a specific time period.
1084		Good		OTHR			prescription patient assistance
1004		Very Good	Not really changing much	PAIN	NUTR		Pain prevention and better nutrition advice. Better food preparation that is healthier for patients and staff.
1093		Good	Not really changing much	PEDS	BH		Awareness for children about their own physical and mental health.

**CHNA 2021 Community Feedback: Ellis Co (KS) N= 384**

ID	Zip	Overall	Movement	c1	c2	c3	What "new" community health programs should be created to meet current community health needs?
1163	67601	Good	Not really changing much	PREV	FINA		I'm not an expert, but think preventative health programs for those struggling financially and especially those with children are important. Families are in stress.
1307	67601	Good	Not really changing much	PREV	WELL	REC	More healthy living and prevention activities and education for the community.
1367	67601	Good	Decreasing - slipping downward	PRIM	EDU	WELL	I'm not a true believer in "programs" just thrown out to the public. People that attend those events are like those that go to the gym... they are already motivated. It's having primary care providers that have the "time" to address issues. It's having devoted "programs" within the health system like our OLD "agewell" program that addressed senior needs . It's sending providers into the community, to the senior center, starting support groups within the system where needs are indentified. But that can't happen when staff is already thin.
1353	67601	Average	Decreasing - slipping downward	QUAL	DOCS	CORP	TRUST WORTHY DOCTORS AND PA'S
1142		Average	Not really changing much	REC	FIT		Exercise trails/mountain biking trails.
1159	67601	Very Good	Increasing - moving up	REC	NUTR	BH	Additional outdoor recreation areas for walking/hiking. Public gardens of some sort demonstrating the benefits of getting outdoors/nature/gardening. Also, possibly nutrition for gut health and immunity boosting program. Managing stress and mental health programs for the general public.

Let Your Voice Be Heard!

In 2015 and 2018, HaysMed, part of The University of Kansas Health System, surveyed the community to assess health needs. Today, HaysMed requests your input in order to create a 2021 Ellis County (Hays, KS) Community Health Needs Assessment (CHNA). To gather current feedback, a short online survey has been created to evaluate current community health needs.

While your participation is voluntary and confidential; all community input is valued. Thank you for your attention! Deadline to participate is Friday, March 5th, 2021.

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

- Very Good     Good     Average     Poor     Very Poor

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

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

Why? (please specify)

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

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

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

- |  |   |
|--|---|
| <input type="checkbox"/> Air Quality                                   | <input type="checkbox"/> Nutrition - Healthy Food Options |
| <input type="checkbox"/> Awareness / Education of Health Care Services | <input type="checkbox"/> Oncology Treatment               |
| <input type="checkbox"/> Drug / Alcohol Abuse                          | <input type="checkbox"/> Opioids                          |
| <input type="checkbox"/> Exercise / Fitness Services                   | <input type="checkbox"/> Pediatric Care                   |
| <input type="checkbox"/> Home Health / Hospice                         | <input type="checkbox"/> Poverty / Employment             |
| <input type="checkbox"/> Mental Health Services                        | <input type="checkbox"/> Water Quality                    |
| <input type="checkbox"/> Nursing Home / Senior Care                    | <input type="checkbox"/> Women's Health                   |

6. Which past CHNA need is NOW the "most pressing" for improvement? Please Select Top Three.

- |  |   |
|--|---|
| <input type="checkbox"/> Air Quality                                   | <input type="checkbox"/> Nutrition - Healthy Food Options |
| <input type="checkbox"/> Awareness / Education of Health Care Services | <input type="checkbox"/> Oncology Treatment               |
| <input type="checkbox"/> Drug / Alcohol Abuse                          | <input type="checkbox"/> Opioids                          |
| <input type="checkbox"/> Exercise / Fitness Services                   | <input type="checkbox"/> Pediatric Care                   |
| <input type="checkbox"/> Home Health / Hospice                         | <input type="checkbox"/> Poverty / Employment             |
| <input type="checkbox"/> Mental Health Services                        | <input type="checkbox"/> Water Quality                    |
| <input type="checkbox"/> Nursing Home / Senior Care                    | <input type="checkbox"/> Women's Health                   |

7. In your opinion, what are the root causes of "poor health" in our community? Please Select Top Three.

- |  |  |
|--|--|
| <input type="checkbox"/> Chronic disease prevention          | <input type="checkbox"/> Limited Access to Mental Health |
| <input type="checkbox"/> Lack of Health & Wellness           | <input type="checkbox"/> Family Assistance programs      |
| <input type="checkbox"/> Lack of Nutrition/Exercise Services | <input type="checkbox"/> Lack of health insurance        |
| <input type="checkbox"/> Limited Access to Primary Care      | <input type="checkbox"/> Neglect                         |
| <input type="checkbox"/> Limited Access Specialty Care       |  |

Other (please specify)



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

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



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

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

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

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

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

- Yes
- No

If yes, please share your thoughts. Be specific



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

- Yes
- No

If YES, please specify the healthcare services received.



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

- Yes
- No

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



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





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

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

Other (please specify)

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

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

Other (please specify)

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



**VWV Consultants LLC**



## **VWV Consultants LLC**

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