



Community Health Needs Assessment Smith County, KS

On Behalf of Smith County Memorial Hospital



April 2024

**VVV Consultants LLC
Olathe, KS**

I. Executive Summary

[VVV Consultants LLC]

Community Health Needs Assessment

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I. Executive Summary

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I. Executive Summary

Smith County Memorial Hospital (Primary Service Area) – Smith County, KS - 2024 Community Health Needs Assessment (CHNA)

The previous Community Health Needs Assessment for SCMH and its primary service area was completed in 2021. (Note: The Patient Protection and Affordable Care Act (ACA) requires non-profit hospitals to conduct a CHNA every three years and adopt an implementation strategy to meet the needs identified by the CHNA). The Round 5 Smith County, KS CHNA began in December of 2023 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, providers, and other residents to research and prioritize county health needs while documenting community health delivery success. This health assessment will serve as the foundation for community health improvement efforts for the next three years.

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

County Health Area of Future Focus on Unmet Needs

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

2024 CHNA Priorities				
Unmet Health Needs - Smith Co, KS				
on behalf Smith County Memorial Hospital, Smith Center, KS				
Town Hall - 03/07/24 (Attendees 32 / 128 Total Votes)				
#	Community Health Needs to Change and/or Improve	Votes	%	Accum
1	Childcare (Accessible & Affordable)	21	16.4%	16%
2	Accessible & Affordable Housing (Senior Focus)	20	15.6%	32%
3	Mental Health (Diagnosis, Placement, Aftercare, Access to Providers)	19	14.8%	47%
4	Substance Abuse (Drugs & Alcohol)	12	9.4%	56%
5	Obesity (Exercise, Nutrition, Affordable Foods)	11	8.6%	65%
6	Workforce Shortage - Staffing Issues	11	8.6%	73%
7	Uninsured / Underinsured	8	6.3%	80%
Total Votes		128	100%	
Other needs receiving votes: Domestic Abuse, Food Insecurity (youth), Improved Transportation, More Visiting Specialists, Vaccine Hesitancy, Health Apathy, and Neglect.				

Town Hall CHNA Findings: Areas of Strengths

Smith County, KS PSA - Community Health Strengths			
#	Topic	#	Topic
1	Adequate number of area providers	7	Wellness and Fitness Centers
2	Mental Health Providers	8	Hospital Facility
3	EMS	9	Smith County Public Transportation
4	Education	10	Domestic Offender File

Key CHNA Wave #5 Secondary Research Conclusions found:

KANSAS HEALTH RANKINGS: According to the 2023 Robert Wood Johnson County Health Rankings, Smith Co, KS, on average was ranked 30th in Health Outcomes, 19th in Health Factors, and 17th in Physical Environmental Quality out of the 105 Counties.

TAB 1. Smith County’s population is 3,533 (based on 2023 findings). About four percent (4.2%) of the population is under the age of 5, while the population that is over 65 years old is 29.9%. Children in single parent households make up a total of 16.5% compared to the rural norm of 15%, and 90.6% are living in the same house as one year ago.

TAB 2. In Smith County, the average per capita income is \$33,881 while 11.3% of the population is in poverty. The severe housing problem was recorded at 5.6% compared to the rural norm of 8%. Those with food insecurity in Smith County is 9.5%, and those having limited access to healthy foods (store) is 11.3%. Individuals recorded as having a long commute while driving alone is 14.8% compared to the norm of 17%.

TAB 3. Children eligible for a free or reduced-price lunch in Smith County is 46.4%. Findings found that 95.3% of Smith County ages 25 and above graduated from high school while 28.8% have a bachelor’s degree or higher (2022).

TAB 4. The percentage of births where prenatal care began in the first trimester was recorded at 88.8% compared to the rural norm of 82.8%. Additionally, the percentage of births with low birth weight was 7.1%. Smith Counts recorded 4.1% of births occurring to teens between ages 15-19. The percentage of births where mother smoked during pregnancy was 9.2% compared to the rural norm of 12.2%.

TAB 5. The Smith County primary care service coverage ratio is 1 provider (county based officed physician who is a MD and/or DO) to 3,439 residents. There were 5818 preventable hospital stays compared to the rural norm of 3,289. Patients who gave their hospital a rating of 9 or 10 (scale 0-10) was recorded at 89% while the average median time patients spent in the ER department before leaving was 108 minutes.

Secondary Research Continued

TAB 6. In Smith County, adults diagnosed with depression as of 2021 was 18.2%. The Mental Behavioral hospital admissions rate per 100k was 23.9 compared to the rural norm of 29.3. The opioid dispensing rate per 100on average in Kansas (2022) was 90.1.

TAB 7a – 7b. Smith County has an obesity percentage of 35.9% and a physical inactivity percentage is 22%. The percentage of adults who smoke is 18.8%, while the excessive drinking percentage is 19.4%. The percentage of adults who have taken medication for high blood pressure is 84.7%, while their heart failure admissions rate was recorded at 25.4. Those with kidney disease is 3.9% compared to the rural norm of 3.6%. The percentage of adult individuals who were recorded with cancer was 10.2% while adults recorded with diabetes (20+) is 8.8% compared to the rural norm of 8%.

TAB 8. The adult uninsured rate for Smith County is 9.5% compared to the rural norm of only 10.9%.

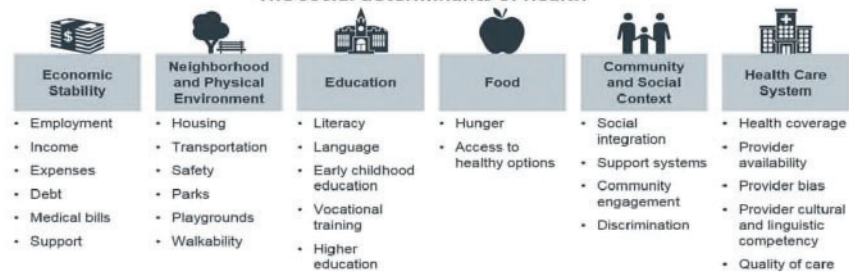
TAB 9. The life expectancy rate in Smith County for males and females is 80 years of age (79.6). Alcohol-impaired driving deaths for Smith County is 50% while age-adjusted Cancer Mortality rate per 100,000 is 163.4. The age-adjusted heart disease mortality rate per 100,000 is 148.3.

TAB 10. A recorded 62.7% of Smith County has access to exercise opportunities. Continually, 54% of women have done a mammography screening compared to the rural norm of 43.8%. Adults recorded in Smith County who have had a regular routine check-up is 77%.

Social Determinants Views Driving Community Health: From Town Hall conversations the Neighborhood / Physical Environment followed by the Economy, Community/Social Support, and Provider Services are impacting community health; see Sec V for detailed analysis.

Social Determinants - Online Community Feedback Pawnee County (N=118)

The social determinants of health



KEY "Social Determinant Takeaways" to Improve Our Community Health	
Having urgent care and/or telehealth options would help address needs that would help patient not have to travel.	Having more options for transportation to medical appointments.
Having more affordable Childcare options so parents can work.	Community offer more services for the Seniors.
Offering more nutrition education and options for exercise programs in the Community.	Having more Primary Care Physicians that reside in Community.

Key CHNA Wave #4 Primary Research Conclusions found:

Community Feedback from residents, community leaders, and providers (N=243) provided the following community insights via an online perception survey:

- Using a Likert scale, the average between Smith County stakeholders and residents that would rate the overall quality of healthcare delivery in their community as either Very Good or Good; is 88.5%.
- Smith County stakeholders are very satisfied with some of the following services: Ambulance Services, Chiropractors, Emergency Room, Inpatient Hospital Services, Outpatient Hospital Services, Pharmacy, Primary Care, Public Health, School Health, and Visiting Specialists.
- When considering past CHNA needs, the following topics came up as the most pressing: Childcare Access, Mental Health Services, Housing, Drugs / Substance Abuse, Nursing Home / Senior Care, Affordable Insurance / Access to Medicine, Obesity, Dental Services, Home Health, and Poverty / Employment Readiness.

Smith County, KS - CHNA YR 2024 N=243					
Past CHNA Unmet Needs Identified		Ongoing Problem			Pressing
Rank	Ongoing Problem	Votes	%	Trend	Rank
1	Child Care Access	102	15.9%		1
2	Mental Health Services (Access, Provider, Treatment, Aftercare)	89	13.9%		2
3	Housing	77	12.0%		3
4	Drugs / Substance Abuse	75	11.7%		4
5	Nursing Home / Senior Care	43	6.7%		5
6	Affordable Insurance / Access to Medicaid	41	6.4%		6
7	Obesity (Nutrition / Exercise)	41	6.4%		7
8	Dental Services	39	6.1%		8
9	Home Health	35	5.5%		9
10	Poverty / Employment Readiness	35	5.5%		10
11	Transportation	25	3.9%		12
12	Chronic Disease Management	23	3.6%		11
13	Specialty Services	16	2.5%		13
Totals		641	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.).

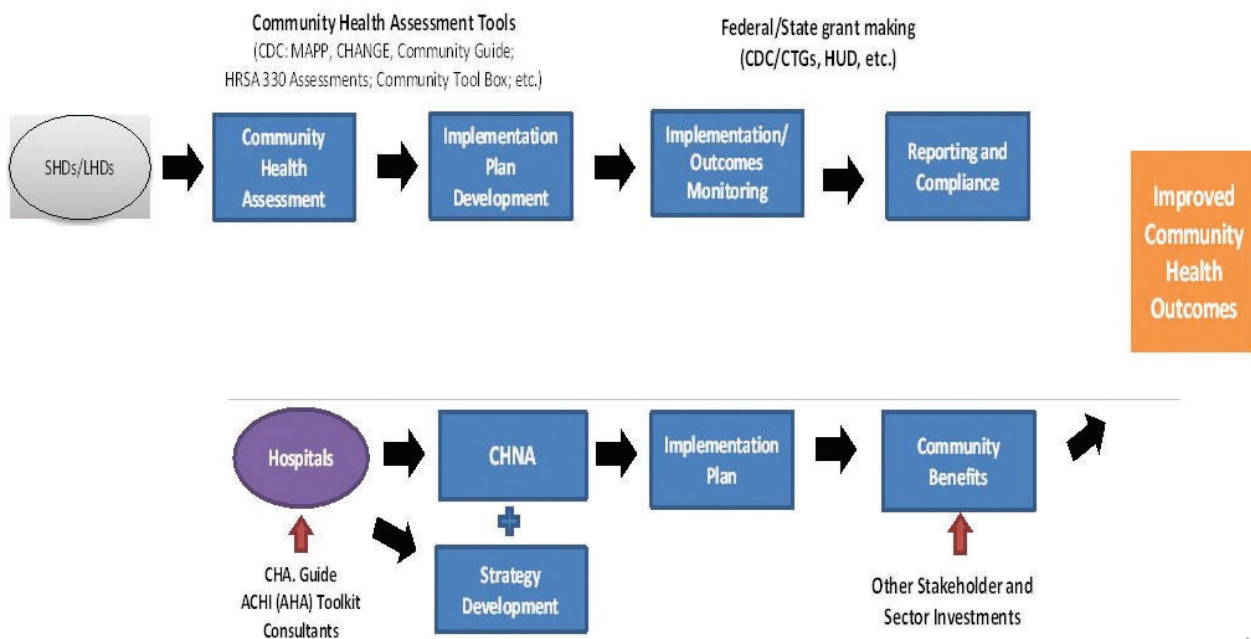
JOB #2: Making a CHNA Widely Available to the Public

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):

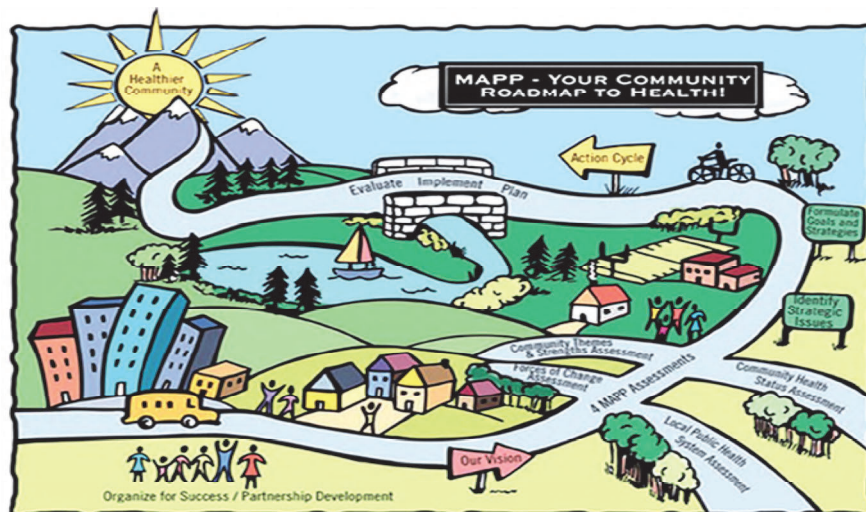
1. Pre-Application
2. Application
3. Document Selection and Submission
4. Site Visit
5. Accreditation Decision
6. Reports
7. Reaccreditation

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.



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

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

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

Centers for Medicare & Medicaid Services Health Equity Domains

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

Domain 1: Equity as a Strategic Priority

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

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

Domain 2: Data Collection

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

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

Domain 3: Data Analysis

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

Domain 4: Quality Improvement

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

Domain 5: Leadership Engagement

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

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

Sources:

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

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

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

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

Element of Performance 1:

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

Element of Performance 2:

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

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

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

Element of Performance 3:

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

Element of Performance 4:

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

Element of Performance 5:

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

Element of Performance 6:

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

II. Methodology

b) Collaborating CHNA Parties

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

Smith County Memorial Hospital Profile

921 E Highway 36, Smith Center, KS 66967

Chief Executive Officer: Sarah Ragsdale

About Us: Smith County Memorial Hospital is a not-for-profit Critical Access Hospital and attached Rural Health Clinic, located in Smith Center, KS. The hospital was opened June 7, 1951, and on December 12, 1971, the Long-Term Care Unit was opened. A physician clinic was constructed in 1985, designed to accommodate four providers. Smith County Family Practice occupied the clinic beginning in 1987 and became a Provider Based Rural Health Clinic operated by Smith County Memorial Hospital in 2003.

In 1989 an addition was completed on the north end of the original hospital to provide a new Emergency Room, Surgical Services area, and space for four examination rooms for visiting specialty physicians. In 2004, construction was completed of the Gardner Wellness & Physical Therapy Center, the newest addition of the hospital. This addition has provided much needed space for the Physical Therapy department as well as provided space for Cardiac Rehabilitation and a pool to provide aquatic therapy.

The Board of Trustees began seriously exploring the expansion and modernization of the facilities in 2013. A Facility Master Plan was developed, exploring whether renovation or replacement of the hospital was a better option. The Master Plan led the Board of Trustees to determine that construction of a replacement facility was more cost effective. Following exploration of costs and funding options, application was made to the U.S. Department of Agriculture Rural Development Program for a long term loan. Commitment of funds was received from USDA in 2016.

Construction began on a 63,000 square foot replacement Critical Access Hospital and Rural Health Clinic in March 2017. The new hospital will house 16 inpatient beds, including two Labor, Delivery, Recovery, and Postpartum (LDRP) rooms. Facilities for outpatient infusion and chemotherapy administration will be included. The Emergency Department will include two large trauma treatment rooms, with an additional triage / exam room. The visiting specialty clinic will be enlarged from four exam rooms to 9, plus a procedure room. Office space will allow multiple specialty providers to conduct clinics simultaneously. The space available for Physical, Occupational, and Speech Therapy, as well as Cardiac Rehabilitation and facilities for Sleep Studies will be included, and will encompass approximately three times the space currently available for those services. The Rural Health Clinic (Smith County Family Practice) will include 19 examination rooms (up from the current 12), as well as offices for 8 providers. Construction of the new facility is expected to be complete in July 2018. The new facility is located at 921 East Highway 36, on the east edge of Smith Center.

In October 2017, the Smith County Memorial Hospital Long Term Care Unit was leased to SunPorch of Smith Center, Inc. This separate not for profit organization is currently operating the facility while preparing for construction of completely new facilities on the south end of the new hospital site on the east edge of Smith Center. The new senior living complex will eventually include four ten bed skilled nursing facilities and two 12 bed Assisted Living facilities, plus facilities for Independent Living apartments. SunPorch is planning the facilities using the Greenhouse model. This model includes private apartments for residents of both the skilled nursing and assisted living facilities, each with a private bath and sleeping / sitting space. A family-style dining room will allow space for residents to congregate and socialize, as well as enjoy home-style meals. Construction of Phase I of the SunPorch complex is expected to start before the hospital construction is complete; Phase I construction timeline is expected to be approximately 10 months.

Smith County Health Department Profile

119 S Main St, Smith Center, KS 66967
Administrator: Laura Hageman

The Smith County Health Department is open Monday through Thursday 8:00am – 5:00pm and open over the noon hour. Friday hours are 8:00am – 12:00pm

Services:

- Kansas Women Infant Children Program
- Maternal Infant and Children Program
- Maternal Infant Program
- Immunizations
- Laboratory Service
- Disease Surveillance
- In Home Medication Management
- In Home Skilled Medicaid Nursing Visits
- Elderly Home Care Assistance
- Home and Community Based Service
- Public Health in Office Services
- Dietician Consultation
- Environmental Sanitation
- Emergency Preparedness
- Healthy Start Home Visitor Program
- Breastfeeding Educator Program

II. Methodology

b) Collaborating CHNA Parties Continued

Consultant Qualifications:

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

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

Introduction: Who We Are Background and Experience



VVV Consultants LLC



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



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

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

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

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

Our Values:

Engaged – we are actively involved in community relations & boards.

Reliable – we do what we say we are going to do.

Skilled – we understand business because we've been there.

Innovative – we are process-driven & think "out of the box".

Accountable – we provide clients with a return on investment.

II. Methodology

c) CHNA and Town Hall Research Process

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

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

VVV CHNA Deliverables:

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

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

<i>Source: Hospital Internal Records</i>						
Smith - Defined Primary Serv Area				Overall (IP/ER/OP/PC)		
#	ZIP	City	County	Total 3YR	%	ACCUM
			Totals	55,392		
1	66967	Smith Center, KS	Smith	25,842	46.7%	46.7%
2	66951	Kensington, KS	Smith	6,405	11.6%	58.2%
3	66952	Lebanon, KS	Smith	3,690	6.7%	64.9%
4	67638	Gaylord, KS	Smith	2,181	3.9%	68.8%
5	66932	Athol, KS	Smith	1,269	2.3%	71.1%
6	67661	Phillipsburg, KS	Phillips	3,061	5.5%	76.6%
7	67621	Agra, KS	Phillips	1,763	3.2%	79.8%

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

Phase I—Discovery:

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

Phase II—Qualify Community Need:

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

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

Phase III—Quantify Community Need:

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

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

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

Specific Project CHNA roles, responsibilities, and timelines are documented below:

Smith County Memorial Hospital			
VVV CHNA Wave #5 Work Plan - Year 2024			
Project Timeline & Roles as of 3/15/2024			
Step	Timeframe	Lead	Task
1	Aug. 2023	VVV / Hosp	Send Leadership information regarding CHNA Wave #4 for review
2	8/30/2023	Hosp	Select CHNA Wave #4 Option B. Approve (sign) VVV CHNA quote
3	12/1/2024	VVV	Send out REQCommInvite Excel file. HOSP & HLTH Dept to fill in PSA Stakeholders Names /Address /Email
4	12/5/2024	VVV	Hold Kick-off Meeting & Request Hospital Client to send KHA PO reports for FFY 18, 19 and 20. In addition, request hospital to complete 3 year historical PSA IP/OP/ER/Clinic patient origin file (Use ZipPSA_3yrPOrigin.xls)
5	On or Before 12/05/2024	VVV	Prepare CHNA Wave#4 Stakeholder Feedback "online link". Send link for hospital review.
6	Dec-Jan 2024	VVV	Assemble & complete Secondary Research - Find / populate 10 TABS. Create Town Hall ppt for presentation.
7	12/11/2024	VVV / Hosp	Prepare/send out PR story / E Mail Request announcing upcoming CHNA work to CEO to review/approve.
8	By 12/11/2024	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	12/13/2024	VVV	Launch / conduct online survey to stakeholders: Hospital will e-mail invite to participate to all stakeholders. Cut-off 1/19/2024 for Online Survey
10	2/12/2024	Hosp	Prepare/send out Community TOWN HALL invite letter and place local AD.
11	2/12/2024	VVV / Hosp	Prepare/send out PR story to local media announcing upcoming Town Hall. VVV will mock-up PR release to media sources.
12	3/5/2024	ALL	Conduct conference call (time TBD) with Hospital / Public HLTH to review Town Hall data / flow
13	Thursday 3/07/2024	VVV	Conduct CHNA Town Hall. Dinner 5:30-7pm (location TBD) Review & Discuss Basic health data plus RANK Health Needs.
14	On or Before 5/15/24	VVV	Complete Analysis - Release Draft 1- seek feedback from Leaders (Hospital & Health Dept.)
15	On or Before 5/15/24	VVV	Produce & Release final CHNA report. Hospital will post CHNA online (website).
16	April 2024	Hosp	Conduct Client Implementation Plan PSA Leadership meeting
17	on our before fiscal yearend	Hosp	Hold Board Meetings discuss CHNA needs, create & adopt an implementation plan. Communicate CHNA plan to community.

2024 Community Health Needs Assessment Smith County Memorial Hospital Town Hall Meeting- 03/07/2024



VVV Consultants LLC
Olathe, Kansas 66061

VandehaarMarketing.com
913-302-7264

1

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

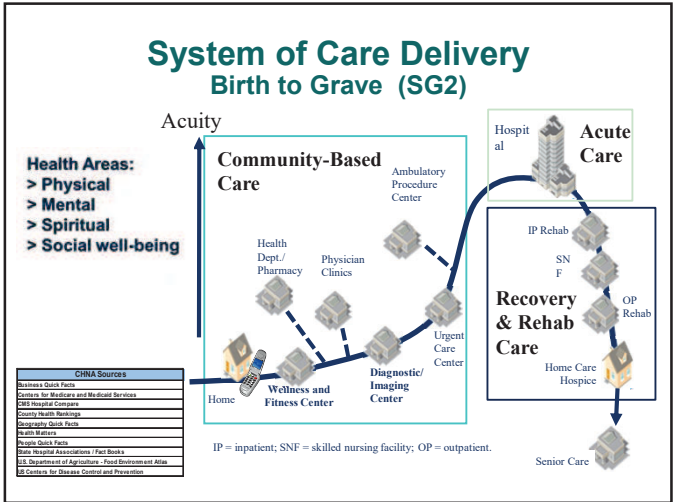
- **Opening Welcome / Introductions / Review CHNA Purpose and Process (5 mins)**
- **Discuss New Focus: Social Determinants of Health (5 mins)**
- **Review Current Service Area “Health Status”**
 - Review Secondary Health Indicator Data (10 TABs)*
 - Review Community Online Feedback (30 mins)*
- **Collect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

2

Town Hall Participation / Purpose & Parking Lot

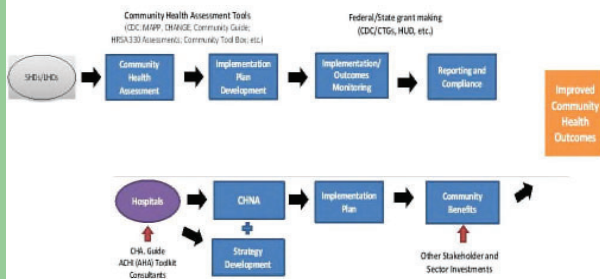
- ALL attendees practice “Safe Engagement”, working together in table teams.
- ALL attendees are welcome to share. Engaging conversation (No right or wrong answer)
- Request ALL to Take Notes of important health indicators
- Please give truthful responses – Serious community conversation.
- Discuss (Speak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

3



4

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



5

A Conversation with the Community & Stakeholders

Community Stakeholder – An Inclusive Conversation

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

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

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

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

6

II. Review of a CHNA

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

7

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

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

8

Social Determinants of Health

Economic Stability
 Education Access and Quality
 Health Care Access and Quality
 Neighborhood and Built Environment
 Social and Community Context

Social determinants of health are the conditions in the places where people live, learn, work, play, and worship that affect a wide range of health risks and outcomes.

Health equity is when everyone has the opportunity to attain their full health potential, and no one is disadvantaged from achieving this potential because of their social position or other socially determined circumstances.

TASK: Your Initial Thoughts on SDoH? (Small White Card)

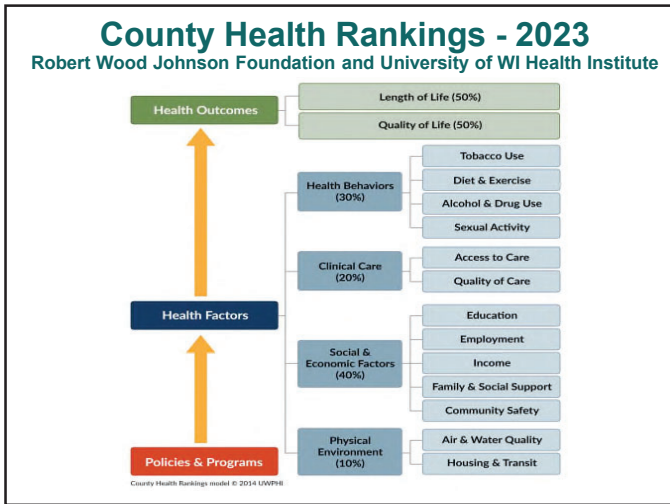
9

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

Trends: Good Same Poor

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

10



11

IV. Community Health Conversation: Your Perspectives / Suggestions !

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

Today:

- 1) What are the **Healthcare Strengths** of our community that contribute to health? **(BIG White Card)**
- 2) Are there healthcare services in your community/neighborhood that you feel **need to be improved and/or changed**? **(Small Color Card)**
- 3) *What other Ideas do you have to address Social determinants?* **(Small White Card - A)**

12

Data & Benchmarks Review

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

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

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

Community health assessment indicators should be.

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

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

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

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

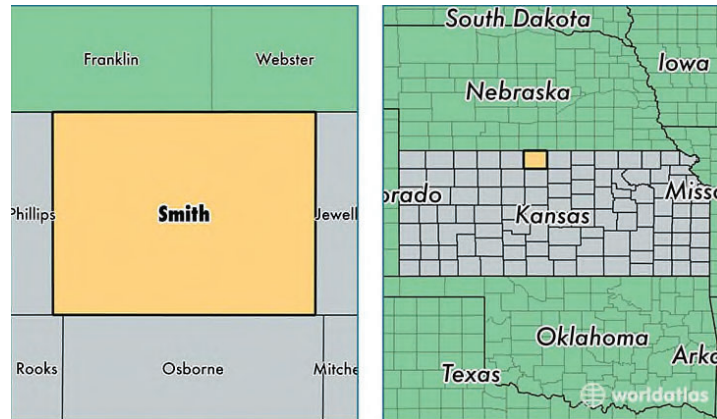
Sources of community-health level indicators:

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

II. Methodology

d) Community Profile (A Description of Community Served)

Smith County Community Profile



Demographics

The 2020 population of Smith County is estimated to be 3,639, which is 29.7% of the population 65 years or older. The county has an overall population density of 4 persons per square mile.¹ The most common industries in Smith County include agriculture, forestry, fishing and hunting, and mining.² It was founded in 1872 and the county seat is Smith Center

The major transportation of the county includes U.S. Highway 36, the main east-west route, which travels through Athol, Kensington, and Smith Center. The main north-south route is U.S. Highway 281, which intersects US-36 in Smith Center. Kansas state highways K-8, K-9 and K-181 serve other areas of the county.

Smith County, KS Airports³

Name	USGS Topo Map
Smith Center Municipal Airport	Smith Center

Schools in Smith County⁴

¹ <http://kansas.hometownlocator.com/ks/smith/>

² http://www.city-data.com/county/Smith_County-KS.html

³ <http://kansas.hometownlocator.com/features/cultural,class,airport,scfips,20183.cfm>

⁴ <http://kansas.hometownlocator.com/schools/sorted-by-county,n,smith.cfm>

Name	Level
Smith Center Elem	Primary
Smith Center Jr Sr High	High
Thunder Ridge Elementary	Primary
Thunder Ridge High School	High

Parks and Amenities⁵

Name	USGS Topo Map
Geographic Center of the Conterminous United States	Lebanon
Wagner Park	Smith Center
Gaylord City Library	Gaylord
Kensington School Community Library	Kensington
Kensington Senior Community Center	Kensington
Smith Center Public Library	Smith Center
Morrison Lake	Oberlin

Most Common Occupations⁶

- Management
- Administrative
- Sales
- Education, Training and Library
- Construction and Extraction

⁵ <https://kansas.hometownlocator.com/features/countyfeatures,scfips,20183,c,smith.cfm>
⁶ https://datausa.io/profile/geo/smith-county-ks/#category_occupations

Smith Co (KS) -Detail Demographic Profile										
ZIP	NAME	ST	County	Population			Households			Per Capita23
				Year 2023	Year 2028	5yr CHG	Year 2023	Year 2028	HH Avg Size23	
66932	Athol	KS	SMITH	136	138	1.5%	57	58	2.3	\$34,750
66951	Kensington	KS	SMITH	584	566	-3.1%	277	274	2.1	\$39,435
66952	Lebanon	KS	SMITH	501	502	0.2%	236	238	2.1	\$34,628
66967	Smith Center	KS	SMITH	1,921	1,890	-1.6%	884	882	2.1	\$36,002
67628	Cedar	KS	SMITH	95	91	-4.2%	39	39	2.4	\$37,939
67638	Gaylord	KS	SMITH	216	205	-5.1%	100	98	2.2	\$40,559
Totals				3,453	3,392	-2.1%	1,593	1,589	2.2	\$37,219

ZIP	NAME	ST	County	Population				Year 2020		Females
				Pop 21+	Pop. 65+	Kids<18	Gen Y	Males	Females	Age 20-35
66932	Athol	KS	SMITH	108	47	27	27	68	68	21
66951	Kensington	KS	SMITH	478	177	102	142	305	279	52
66952	Lebanon	KS	SMITH	401	141	95	127	258	243	58
66967	Smith Center	KS	SMITH	1531	616	368	380	910	1011	270
67628	Cedar	KS	SMITH	79	27	16	23	47	48	14
67638	Gaylord	KS	SMITH	171	60	43	44	105	111	33
Totals				2,768	1,068	651	743	1,693	1,760	448

ZIP	NAME	ST	County	Population 2020				Year 2023		
				White%	Black%	Asian%	Hispan%	Housing Units	% Rentals	Soc Econ Index
66932	Athol	KS	SMITH	99.3%	0.7%	0.0%	2.9%	80	13%	64
66951	Kensington	KS	SMITH	95.9%	0.2%	0.0%	1.0%	344	14%	62
66952	Lebanon	KS	SMITH	93.2%	0.6%	1.0%	2.2%	300	16%	59
66967	Smith Center	KS	SMITH	94.4%	0.4%	0.2%	2.5%	1,104	18%	56
67628	Cedar	KS	SMITH	96.8%	1.1%	0.0%	1.1%	53	13%	68
67638	Gaylord	KS	SMITH	94.0%	0.5%	0.5%	0.0%	129	9%	65
Totals				95.6%	0.6%	0.3%	1.6%	2,010	13.9%	62

Source: ERSA Demographics 2023

III. Community Health Status

[VVV Consultants LLC]

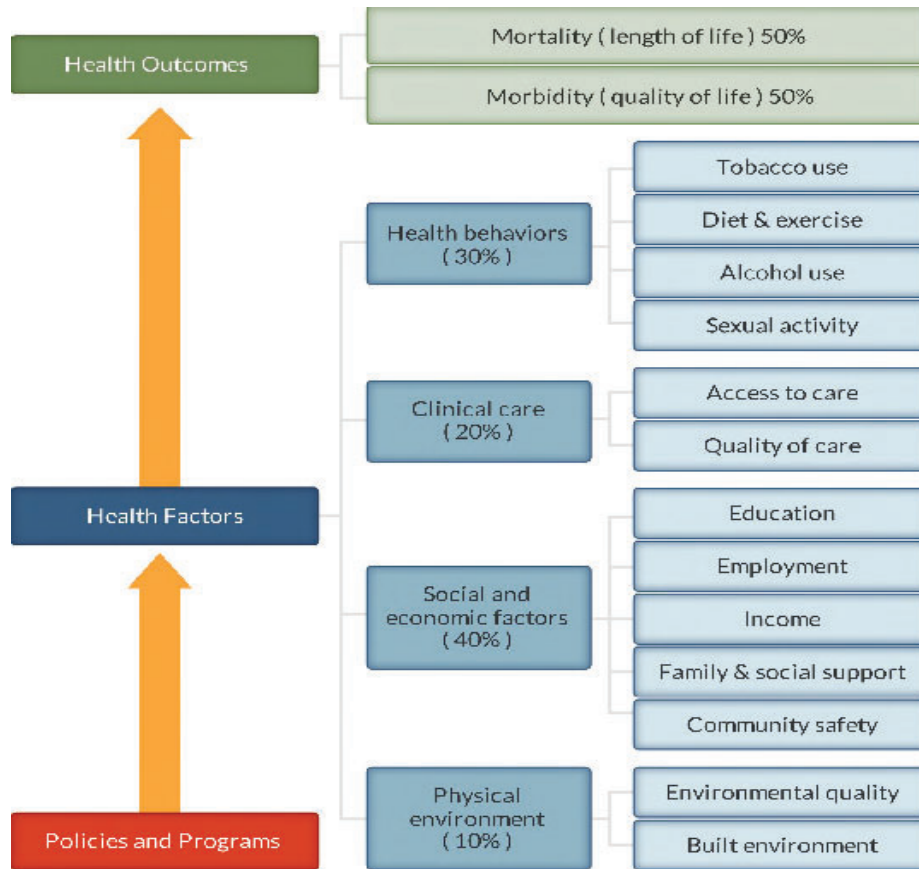
III. Community Health Status

a) Historical Health Statistics- Secondary Research

Health Status Profile

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

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



County Health Rankings model ©2012 UWPHI

National Research – Year 2023 RWJ Health Rankings:

#	2023 KS Rankings - 105 Counties	Definitions	Smith Co (KS) 2023	Smith Co (KS) 2020	Trend	NWKS Rural Norm (18)
1	Health Outcomes		30	33		44
	Mortality	Length of Life	44	38		47
	Morbidity	Quality of Life	20	29		39
2	Health Factors		19	20		33
	Health Behaviors	Tobacco Use, Diet/Exercise, Alcohol Use, Sexual Activitiy	39	48		50
	Clinical Care	Access to care / Quality of Care	55	36	-	43
	Social & Economic Factors	Education, Employment, Income, Family/Social Support, Community Safety	13	14		35
3	Physical Environment	Environmental quality	17	52	+	22
<small>NWKS Counties: Decatur, Ellis, Gove, Graham, Logan, Ness, Norton, Pawnee, Phillips, Rawlins, Rooks, Rush, Russell, Sheridan, Osborne, Smith, Thomas, and Trego.</small>						
<small>http://www.countyhealthrankings.org, released 2023</small>						

PSA Secondary Research:

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

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

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

Tab 1: Demographic Profile

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

1	Population Health Indicators	Smith County 2024	Smith County 2021	Trend	State of KS	NWKS Norm (N=18)	Source
a	Population estimates, 2020-2022	3,533	3,583	-	2,913,314	5,300	People Quick Facts
b	Persons under 5 years, percent, 2020-2022	4.2%	6.2%	-	6.4%	5.7%	People Quick Facts
c	Persons 65 years and over, percent, 2020-2022	29.9%	28.0%		16.3%	24.5%	People Quick Facts
d	Female persons, percent, 2020-2022	49.6%	49.7%		50.2%	48.9%	People Quick Facts
e	White alone, percent, 2020-2022	49.6%	96.1%		86.3%	92.0%	People Quick Facts
f	Black or African American alone, percent, 2020-2022	0.4%	0.3%		6.1%	1.6%	People Quick Facts
g	Hispanic or Latino, percent, 2020-2022	3.1%	2.3%		12.2%	5.6%	People Quick Facts
h	Language other than English spoken at home, percent of persons age 5 years+, 2017-2021	1.7%	1.2%	+	11.9%	3.8%	People Quick Facts
i	Living in same house 1 year ago, percent of persons age 1 year+, 2017-2021	90.6%	87.7%		83.8%	87.1%	People Quick Facts
j	Children in single-parent households, percent, 2017-2021	16.5%	21.7%		21.0%	15.0%	County Health Rankings
k	Veterans, 2017-2021	186	99		176,444	306	People Quick Facts

Tab 2: Economic Profile

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

2	Economic - Health Indicators	Smith County 2024	Smith County 2021	Trend	State of KS	NWKS Norm (N=18)	Source
a	Per capita income in past 12 months (in 2021 dollars), 2017-2021	\$33,881	\$30,355	+	\$31,814	32,780	People Quick Facts
b	Persons in poverty, percent, 2020-2022	11.3%	11.6%		11.4%	11.7%	People Quick Facts
c	Total Housing units, 2022	2,020	1,028		1,288,401	2,701	People Quick Facts
d	Severe housing problems, percent, 2015-2019	5.6%	10.0%	+	12.5%	8.0%	County Health Rankings
e	Total employer establishments, 2021	126	NA		239,118	201	Business Quick Facts
f	Unemployment, percent, 2021	1.7%	2.5%		3.2%	2.1%	County Health Rankings
g	Food insecurity, percent, 2020	9.5%	12.5%	+	9.7%	9.9%	County Health Rankings
h	Limited access to healthy foods, percent, 2019	11.3%	12.3%		8.4%	10.4%	County Health Rankings
i	Long commute - driving alone, percent, 2017-2021	14.8%	16.1%	+	21.7%	17.0%	County Health Rankings
j	Community Spending on Food, 2023	13.3%	NA		12.7%	13.3%	Kansas Health Matters
k	Community Spending on Transportation, 2023	20.9%	NA		18.1%	20.0%	Kansas Health Matters
l	Households With Internet an Subscription (2017-2021)	85.0%	NA		86.7%	85.2%	Kansas Health Matters
m	Student Loan Spending-to-Income Ration, 2023	6.5%	NA		4.6%	5.3%	Kansas Health Matters

Tab 3: Educational Profile

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

3	Education - Health Indicators	Smith County 2024	Smith County 2021	Trend	State of KS	NWKS Norm (N=18)	Source
a	Children eligible for free or reduced price lunch, percent, 2020-2021	46.4%	49.7%	+	45.3%	44.8%	County Health Rankings
b	High school graduate or higher, percent of persons age 25 years+, 2017-2021	95.3%	93.9%		91.8%	93.1%	People Quick Facts
c	Bachelor's degree or higher, percent of persons age 25 years+, 2017-2021	28.8%	16.0%		34.7%	23.3%	People Quick Facts

Smith County KS		YR2022	YR2023
#	School Health Indicators	USD # 237	USD # 237
1	Total # Public School Nurses	1	1
2	School Nurse is part of the IEP team Yes/No	Yes	Yes
3	School Wellness Plan (Active)	YES	yes
4	VISION: # Screened / Referred to Prof / Seen by Professional	239/6/4	263/10/7
5	HEARING: # Screened / Referred to Prof / Seen by	239/0/0	254/1/1
6	ORAL HEALTH: # Screened / Referred to Prof / Seen by	292/26/18	254/19/10
7	SCOLIOSIS: # Screened / Referred to Prof / Seen by	0	0
8	# of Students served with no identified chronic health	371	367
9	School has a suicide prevention program	Yes	Yes
10	Compliance on required vaccinations (%)	98%	96%

Tab 4: Maternal / Infant Profile

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

4	Maternal/Infant - Health Indicators (Access/Quality)	Smith County 2024	Smith County 2021	Trend	State of KS	NWKS Norm (N=18)	Source
a	Percent of Births Where Prenatal Care began in First Trimester, 2019-2021	88.8%	85.0%	+	81.0%	82.8%	Kansas Health Matters
b	Percentage of Premature Births, 2019-2021	7.1%	9.0%		9.1%	10.0%	Kansas Health Matters
c	Percent of Infants up to 24 months that received full Immunizations, 2017-2018	72.9%	80.0%	-	69.2%	81.5%	Kansas Health Matters
d	Percent of Births with Low Birth Weight, 2019-2021	7.1%	NA		7.3%	7.6%	Kansas Health Matters
e	Percent of all Births Occurring to Teens (15-19), 2019-2021	4.1%	NA		5.5%	3.8%	Kansas Health Matters
f	Percent of births Where Mother Smoked During Pregnancy, 2019-2021	9.2%	14.2%		10.0%	12.2%	Kansas Health Matters
g	Child Care Centers per 1,000 Children, 2010-2022	9.9	NA		7.0	8.3	County Health Rankings

#	Vital Statistics (Rate per 1,000)	Smith Co. (KS)	Kansas	NWKS RURAL NORM (18)
a	Total Live Births, 2017	11.7	12.5	10.9
b	Total Live Births, 2018	8.3	12.5	11.4
c	Total Live Births, 2019	9.8	12.1	10.4
d	Total Live Births, 2020	5.9	11.8	10.6
e	Total Live Births, 2021	11.7	11.8	11.0
f	Total Live Births, 2017- 2021 - 5YR (%)	9.5	12.1	10.9

Tab 5: Hospitalization and Provider Profile

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

5	Hospital/Provider - Health Indicators (Access/Quality)	Smith County 2024	Smith County 2021	Trend	State of KS	NWKS Norm (N=18)	Source
a	Primary Care Physicians (Pop Coverage per MDs & DOs) - No extenders Included, 2020	3439:1	611:1	-	1260:1	1308:1	County Health Rankings
b	Preventable hospital rate per 100,000, 2020 (lower the better)	5818	5904		2708	3,289	County Health Rankings
c	Patients Who Gave Their Hospital a Rating of 9 or 10 on a Scale from 0 (Lowest) to 10 (Highest)	89.0%	84%	+	78.0%	80.8%	CMS Hospital Compare, Latest Release
d	Patients Who Reported Yes, They Would Definitely Recommend the Hospital	82.0%	92%	-	78.0%	76.6%	CMS Hospital Compare, Latest Release
e	Average (Median) time patients spent in the emergency department, before leaving from the visit (mins)	108	96	-	112	115	CMS Hospital Compare, Latest Release

Tab 6: Behavioral / Mental Health Profile

Behavioral healthcare provides another important indicator of community health status.

6	Mental - Health Indicators	Smith County 2024	Smith County 2021	Trend	State of KS	NWKS Norm (N=18)	Source
a	Adults Ever Diagnosed with Depression, 2021	18.2%	NA		NA	19.1%	Kansas Health Matters
b	Age-adjusted Suicide Mortality Rate per 100,000 population, 2018-2020	NA	NA		18.7	21.6	Kansas Health Matters
d	Mental Behavioral Hospital Admission Rates per 100,000, 2018-2020	23.9	35.4		70.6	29.3	Kansas Health Matters
e	Average Number of mentally unhealthy days, 2020	4.4	3.8		4.4	4.3	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.

7a	High-Risk - Health Indicators	Smith County 2024	Smith County 2021	Trend	State of KS	NWKS Norm (N=18)	Source
a	Adult obesity, percent, 2020	35.9%	37.4%		35.8%	36.6%	County Health Rankings
b	Adult smoking, percent, 2020	18.8%	16.0%	-	17.2%	19.0%	County Health Rankings
c	Excessive drinking, percent, 2020	19.4%	14.7%	-	19.7%	19.8%	County Health Rankings
d	Physical inactivity, percent, 2020	22.0%	28.6%		21.4%	23.3%	County Health Rankings
e	Sexually transmitted infections (chlamydia), rate per 100,000 - 2020	223.3	272.6		501.8	233.0	County Health Rankings

Tab 7b: Chronic Risk Profile

7b	Chronic - Health Indicators	Smith County 2024	Smith County 2021	Trend	State of KS	NWKS Norm (N=18)	Source
a	Adults who Have Taken Medication for High Blood Pressure, 2021, percent	84.7%	NA		NA	82.8%	Kansas Health Matters
b	Congestive Heart Failure Hospital Admission Rate, Percent 2018-2020	25.4	NA		24.1	23.8	Kansas Health Matters
c	Adults with Kidney Disease, percent, 2021	3.9%	NA		21.8%	3.6%	Kansas Health Matters
d	Adults with COPD, percent, 2021	8.6%	NA		NA	8.3%	Kansas Health Matters
e	Adults 20+ with Diabetes, percent, 2021	8.8%	NA		8.8%	8.0%	Kansas Health Matters
f	Adults with Cancer, percent, 2021	10.2%	NA		NA	9.1%	Kansas Health Matters
g	Adults with Current Asthma, percent, 2021	9.5%	NA		4.3%	9.8%	Kansas Health Matters
h	Adults who Experienced a Stroke, percent, 2021	4.0%	NA		3.1%	3.8%	Kansas Health Matters

Tab 8: Uninsured Profile and Community Benefit

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

8	Ins Coverage - Health Indicators	Smith County 2024	Smith County 2021	Trend	State of KS	NWKS Norm (N=18)	Source
a	Uninsured, percent, 2020	9.5%	13.0%		10.3%	10.9%	County Health Rankings
b	Persons With Health Insurance, 2021	90.1%	NA		89.1%	88.7%	Kansas Health Matters
c	Kansas Medical Assistance Programs - Adults per 1,000 (ages 20-64), 2022	122.1	NA		99.4	97.4	Kansas Health Matters

#	Smith County Memorial Hospital	YR 2021	YR 2022	Yr 2023
1	Charity Care Given	\$486	\$322,630	\$61,488
2	Bad Debt / Poor Ins Coverage	\$883,351	\$259,088	\$356,553

CHNA 2024 - Smith County KS				
	Community Dollars- Local Health Dept Operations	YR 2021	YR 2022	YR 2023
1	Community Public Health	\$99,851	\$112,307	\$153,120
2	Child Care Inspections	\$0	\$0	\$0
3	Environmental Services	\$4,870	\$2,691	\$987
4	Healthy Families America	\$0	\$0	\$0
5	Home Health	\$55,841	\$57,455	\$48,088
6	Immunizations/Vaccine	\$49,589	\$34,502	\$40,343
7	Primary Care, lab, minor procedures	\$0	\$0	\$0
8	Screenings: Blood pressure / STD	\$48	\$361	\$0
9	Vaccine - received from State	\$19,092	\$4,678	\$3,006
10	WIC Administration	\$13,540	\$25,386	\$32,472

Tab 9: Mortality Profile

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

9	Mortality - Health Indicators	Smith County 2024	Smith County 2021	Trend	State of KS	NWKS Norm (N=18)	Source
a	Life Expectancy, 2018 - 2020	79.6	78.8		78.5	77.7	Kansas Health Matters
b	Age-adjusted Cancer Mortality Rate per 100,000 population, 2018-2020 (lower is better)	163.4	143.2		151.4	146.4	Kansas Health Matters
c	Age-adjusted Heart Disease Mortality Rate per 100,000 population, 2018-2020 (lower is better)	148.3	171.4		162.0	157.4	Kansas Health Matters
d	Age-adjusted Chronic Lower Respiratory Disease Mortality Rate per 100,000, 2018-2020 (Lower is better)	59.7	38.4		47.1	46.4	Kansas Health Matters
e	Alcohol-impaired driving deaths, percent, 2011-2015	50.0%	33.3%		19.4%	25.1%	County Health Rankings

Causes of Death by County of Residence, KS Year 2021	Smith County	%	Trend	Kansas	%
TOTAL (All Causes)	53	100.0%		31,637	100.0%
Major Cardio vascular Diseases	20	37.7%		8,307	26.3%
All Other Causes	16	30.2%		9,536	30.1%
Diseases of Heart	13	24.5%		6,260	19.8%
Ischemic Heart Diseases	7	13.2%		3,605	11.4%
Cancer	6	11.3%		5,379	17.0%
Cerebrovascular Diseases	6	11.3%		1,335	4.2%
Other Heart Diseases	5	9.4%		1,892	6.0%
Diabetes Mellitus	4	7.5%		915	2.9%

Tab 10: Preventive Quality Measures Profile

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

10	Preventative - Health Indicators	Smith County 2024	Smith County 2021	Trend	State of KS	NWKS Norm (N=18)	Source
a	Access to exercise opportunities, percent, 2020 & 2022	62.7%	48.6%	+	79.7%	49.9%	County Health Rankings
b	Mammography annual screening, percent, 2017	54.0%	49.0%	+	42.0%	43.8%	County Health Rankings
c	Adults who have had a Routine Checkup, percent, 2021	77.0%	NA		NA	75.5%	TBD
d	Percent Annual Check-Up Visit with Dentist	61.2%	NA		63.0%	64.1%	Kansas Health Matters
e	Percent Annual Check-Up Visit with Eye Doctor	NA	NA		TBD		TBD

PSA Primary Research:

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

Chart #1 – Smith County, KS PSA Online Feedback Response (N=243)

Smith County - CHNA YR 2024			
For reporting purposes, are you involved in or are you a ...? (Check all that apply)	Smith Co, KS N=243	Trend	Round #5 Norms N=1744
Business/Merchant	17.1%	Green	17.0%
Community Board Member	11.6%	Green	14.2%
Case Manager/Discharge Planner	1.6%	White	1.3%
Clergy	2.3%	Yellow	1.4%
College/University	3.1%	Yellow	4.2%
Consumer Advocate	0.8%	White	2.7%
Dentist/Eye Doctor/Chiropractor	0.0%	White	0.6%
Elected Official - City/County	2.3%	White	2.7%
EMS/Emergency	0.8%	White	2.3%
Farmer/Rancher	22.5%	Green	15.9%
Hospital	38.8%	Green	33.7%
Health Department	1.6%	White	1.8%
Housing/Builder	0.0%	White	1.4%
Insurance	2.3%	Yellow	1.9%
Labor	4.7%	Yellow	6.1%
Law Enforcement	0.0%	White	1.4%
Mental Health	0.8%	White	3.6%
Other Health Professional	13.2%	Green	17.9%
Parent/Caregiver	27.1%	Green	26.0%
Pharmacy/Clinic	4.7%	Yellow	3.4%
Media (Paper/TV/Radio)	0.0%	White	0.4%
Senior Care	6.2%	Yellow	7.7%
Teacher/School Admin	11.6%	Green	9.4%
Veteran	3.1%	Yellow	3.7%
TOTAL	129		854
Norms: KS Counties: , Ellis, Pawnee, Russell, Sheridan, Smith, Thomas, Trego.			

Typical Sample Sizes Research Studies		
Number of Subgroup Analyses	Households	Firms
	Regional	Regional
None / Few (1-2)	200-500	50-200
Average (3-4)	500-1,000	200-1,000
Many (5+)	1,000+	1,000+

Sudman. Applied Sampling. (Academic Press, 1976), 87. Ibid., 30.

Quality of Healthcare Delivery Community Rating

Smith County, KS - CHNA YR 2024 N=243			
How would you rate the "Overall Quality" of healthcare delivery in our community?	Smith Co, KS N=243	Trend	*Round #5 Norms N=1744
Top Box %	52.3%		26.4%
Top 2 Boxes %	88.5%		72.1%
Very Good	52.3%		26.4%
Good	36.2%		45.7%
Average	11.1%		23.1%
Poor	0.4%		3.8%
Very Poor	0.0%		0.7%
Valid N	243		1,744
*Norms: KS Counties: , Ellis, Pawnee, Russell, Sheridan, Smith, Thomas, Trego.			

Re-evaluate Past Community Health Needs Assessment Needs

Smith County, KS - CHNA YR 2024 N=243					
Past CHNA Unmet Needs Identified		Ongoing Problem			Pressing
Rank	Ongoing Problem	Votes	%	Trend	Rank
1	Child Care Access	102	15.9%		1
2	Mental Health Services (Access, Provider, Treatment, Aftercare)	89	13.9%		2
3	Housing	77	12.0%		3
4	Drugs / Substance Abuse	75	11.7%		4
5	Nursing Home / Senior Care	43	6.7%		5
6	Affordable Insurance / Access to Medicaid	41	6.4%		6
7	Obesity (Nutrition / Exercise)	41	6.4%		7
8	Dental Services	39	6.1%		8
9	Home Health	35	5.5%		9
10	Poverty / Employment Readiness	35	5.5%		10
11	Transportation	25	3.9%		12
12	Chronic Disease Management	23	3.6%		11
13	Specialty Services	16	2.5%		13
Totals		641	100.0%		

Community Health Needs Assessment “Causes of Poor Health”

Smith County - CHNA YR 2024 N=243			
In your opinion, what are the root causes of "poor health" in our community? Please select top three.	Smith Co, KS N=243	Trend	Round #5 Norms N=1744
Chronic Disease Management	16.0%	Yellow	25.7%
Lack of Health & Wellness	36.5%	Red	33.1%
Lack of Nutrition / Access to Healthy Foods	32.1%	Red	30.5%
Lack of Exercise	55.1%	Red	43.4%
Limited Access to Primary Care	2.6%	White	12.2%
Limited Access to Specialty Care	3.8%	White	19.6%
Limited Access to Mental Health	34.6%	Red	42.3%
Family Assistance Programs	17.3%	Yellow	16.9%
Lack of Health Insurance	34.6%	Red	35.3%
Neglect	36.5%	Red	28.6%
Lack of Transportation	11.5%	Yellow	12.5%
Total Votes	156		1,086
Norms: KS Counties: , Ellis, Pawnee, Russell, Sheridan, Smith, Thomas, Trego.			

Community Rating of HC Delivery Services (Perceptions)

Smith County - CHNA YR 2024 N=243	Smith Co, KS N=243		Trend	Round #5 Norms N=1744	
	Top 2 boxes	Bottom 2 boxes		Top 2 boxes	Bottom 2 boxes
How would our community rate each of the following?					
Ambulance Services	85.9%	1.0%	Green	82.7%	2.6%
Child Care	28.0%	29.7%	Red	41.5%	20.2%
Chiropractors	77.2%	2.2%	Green	79.3%	2.8%
Dentists	39.7%	19.0%	Red	47.5%	27.7%
Emergency Room	87.7%	1.5%	Green	77.3%	4.6%
Eye Doctor/Optomtrist	48.0%	11.2%	Red	74.1%	7.1%
Family Planning Services	60.9%	8.3%	Yellow	49.6%	13.7%
Home Health	56.3%	10.2%	Red	54.1%	9.7%
Hospice/Palliative	81.5%	5.1%	Yellow	66.3%	6.8%
Telehealth	63.4%	5.8%	Yellow	52.7%	10.8%
Inpatient Hospital Services	93.5%	1.1%	Green	77.6%	4.5%
Mental Health Services	36.0%	21.5%	Red	39.3%	24.8%
Nursing Home/Senior Living	69.1%	5.6%	Yellow	60.2%	10.1%
Outpatient Hospital Services	84.9%	1.1%	Green	76.2%	3.5%
Pharmacy	96.8%	0.5%	Green	86.1%	1.9%
Primary Care	91.9%	0.0%	Green	80.4%	3.4%
Public Health	70.9%	3.9%	Green	61.8%	9.4%
School Health	74.3%	1.7%	Green	58.9%	7.0%
Visiting Specialists	86.9%	1.6%	Green	68.5%	6.9%
*Norms: KS Counties: , Ellis, Pawnee, Russell, Sheridan, Smith, Thomas, Trego.					

Community Health Readiness

Smith County - CHNA YR 2024 N=243		Bottom 2 boxes	
Community Health Readiness is vital. How would you rate each of the following? (% Poor / Very Poor)	Smith Co, KS N=243	Trend	Round #5 Norms N=1744
Behavioral/Mental Health	32.4%	Red	28.4%
Emergency Preparedness	3.9%	Green	5.9%
Food and Nutrition Services/Education	8.6%	Yellow	14.3%
Health Wellness Screenings/Education	5.9%	Yellow	8.0%
Prenatal/Child Health Programs	1.4%	Green	10.7%
Substance Use/Prevention	31.0%	Red	33.0%
Suicide Prevention	27.3%	Red	35.8%
Violence/Abuse Prevention	28.4%	Red	31.0%
Women's Wellness Programs	11.7%	Red	13.9%
Exercise Facilities / Walking Trails etc.	14.5%	Red	11.7%

Healthcare Delivery "Outside our Community"

Specialties:

Smith County - CHNA YR 2024 N=243			
In the past 2 years, did you or someone you know receive HC outside of our community?	Smith Co, KS N=243	Trend	Round #5 Norms N=1744
Yes	76.4%	Yellow	76.6%
No	23.6%	White	26.4%
Norms: KS Counties: , Ellis, Pawnee, Russell, Sheridan, Smith, Thomas, Trego.			

SPEC	CTS
DENT	33
SURG	21
ORTH	17
OPHTH	15
ENT	11
SPEC	11
CARD	8

Healthcare Delivery "Access to Care"

Smith County - CHNA YR 2024 N=243			
Access to care is vital. Are there enough providers / staff available at the right times to care for you and our community?	Smith Co, KS N=243	Trend	Round #5 Norms N=1744
Yes	82.9%	Green	58.4%
No	17.1%	White	37.3%

What healthcare topics need to be discussed in future Town Hall Meeting

Smith County - CHNA YR 2024 N=243			
What needs to be discussed further at our CHNA Town Hall meeting? Top 3	Smith Co, KS N=243	Trend	Round #5 Norms N=1744
Abuse/Violence	19.0%		24.3%
Access to Health Education	16.7%		17.0%
Alcohol	21.4%		24.1%
Alternative Medicine	15.1%		19.5%
Behavioral/Mental Health	44.4%		45.5%
Breastfeeding Friendly Workplace	3.2%		5.2%
Cancer	14.3%		15.6%
Care Coordination	7.1%		14.4%
Diabetes	14.3%		14.6%
Drugs/Substance Abuse	31.0%		39.0%
Family Planning	5.6%		9.2%
Health Literacy	14.3%		14.5%
Heart Disease	10.3%		9.2%
Housing	32.5%		33.8%
Lack of Providers/Qualified Staff	4.0%		24.9%
Lead Exposure	0.8%		2.8%
Neglect	7.9%		9.8%
Nutrition	25.4%		21.4%
Obesity	30.2%		30.1%
Occupational Medicine	2.4%		3.8%
Ozone (Air)	0.8%		2.5%
Physical Exercise	38.1%		24.8%
Poverty	17.5%		23.5%
Preventative Health/Wellness	30.2%		25.5%
Sexually Transmitted Diseases	4.8%		7.2%
Suicide	11.9%		34.9%
Teen Pregnancy	5.6%		10.3%
Telehealth	7.1%		11.3%
Tobacco Use	11.9%		11.9%
Transportation	12.7%		14.1%
Vaccinations	9.5%		11.0%
Water Quality	18.3%		13.5%
TOTAL Votes	126		871
Norms: KS Counties: , Ellis, Pawnee, Russell, Sheridan, Smith, Thomas, Trego.			

IV. Inventory of Community Health Resources

[VVV Consultants LLC]

YR 2024 Inventory of Health Services - Smith County, KS				
Cat	HC Services Offered in County: Yes / No	Hospital	Health Dept	Other
Clinic	Primary Care	YES	NO	No
Hosp	Alzheimer Center	No	NO	No
Hosp	Ambulatory Surgery Centers	YES	NO	No
Hosp	Arthritis Treatment Center	No	NO	No
Hosp	Bariatric/Weight Control Services	Yes	NO	No
Hosp	Birthing/LDR/LDRP Room	YES	NO	No
Hosp	Breast Cancer	No	NO	No
Hosp	Burn Care	No	NO	No
Hosp	Cardiac Rehabilitation	YES	NO	No
Hosp	Cardiac Surgery	No	NO	No
Hosp	Cardiology Services	YES - OP	NO	No
Hosp	Case Management	YES	NO	No
Hosp	Chaplaincy/Pastoral Care Services	Yes	NO	No
Hosp	Chemotherapy	YES	NO	No
Hosp	Colonoscopy	YES	NO	No
Hosp	Crisis Prevention	No	NO	No
Hosp	CTScanner	YES	NO	No
Hosp	Diagnostic Radioisotope Facility	MOBILE	NO	No
Hosp	Diagnostic/Invasive Catheterization	No	NO	No
Hosp	Electron Beam Computed Tomography (EBCT)	No	NO	No
Hosp	Enrollment Assistance Services	No	YES	No
Hosp	Extracorporeal Shock Wave Lithotripter (ESWL)	No	NO	No
Hosp	Fertility Clinic	No	NO	No
Hosp	FullField Digital Mammography (FFDM)	YES	NO	No
Hosp	Genetic Testing/Counseling	No	NO	No
Hosp	Geriatric Services	YES	YES	No
Hosp	Heart	No	NO	No
Hosp	Hemodialysis	No	NO	No
Hosp	HIV/AIDS Services	No	NO	No
Hosp	Image-Guided Radiation Therapy (IGRT)	No	NO	No
Hosp	Inpatient Acute Care - Hospital Services	YES	NO	No
Hosp	Intensity-Modulated Radiation Therapy (IMRT) 161	No	NO	No
Hosp	Intensive Care Unit	No	NO	No
Hosp	Intermediate Care Unit	SWING BED	NO	No
Hosp	Interventional Cardiac Catheterization	No	NO	No
Hosp	Isolation Room	YES	NO	No
Hosp	Kidney	No	NO	No
Hosp	Liver	No	NO	No
Hosp	Lung	No	NO	No
Hosp	Magnetic Resonance Imaging (MRI)	MOBILE	NO	No
Hosp	Mammograms	YES	NO	No
Hosp	Mobile Health Services	No	YES	No
Hosp	Multislice Spiral Computed Tomography (<64 slice CT)	No	NO	No
Hosp	Multislice Spiral Computed Tomo (<64+ slice CT)	Yes	NO	No
Hosp	Neonatal	No	NO	No
Hosp	Neurological Services	No	NO	No
Hosp	Obstetrics	YES	NO	No
Hosp	Occupational Health Services	Yes	NO	No
Hosp	Oncology Services	No	NO	No
Hosp	Orthopedic Services	No	NO	No
Hosp	Outpatient Surgery	YES	NO	No
Hosp	Pain Management	YES	NO	No
Hosp	Palliative Care Program	No	NO	YES
Hosp	Pediatric	Yes	NO	No
Hosp	Physical Rehabilitation	YES	NO	No
Hosp	Positron Emission Tomography (PET)	No	NO	No

YR 2024 Inventory of Health Services - Smith County, KS				
Cat	HC Services Offered in County: Yes / No	Hospital	Health Dept	Other
Hosp	Positron Emission Tomography/CT (PET/CT)	MOBILE	NO	No
Hosp	Pulmonary Rehab	YES	NO	No
Hosp	Psychiatric Services	Yes	NO	CONSULT
Hosp	Radiology, Diagnostic	YES	NO	No
Hosp	Radiology, Therapeutic	No	NO	No
Hosp	Reproductive Health	No	NO	No
Hosp	Robotic Surgery	No	NO	No
Hosp	Shaped Beam Radiation System 161	No	NO	No
Hosp	Single Photon Emission Computerized Tomo(SPECT)	No	NO	No
Hosp	Sleep Center	MOBILE	NO	No
Hosp	Social Work Services	YES	NO	No
Hosp	Sports Medicine	No	NO	No
Hosp	Stereotactic Radiosurgery	No	NO	No
Hosp	Swing Bed Services	YES	NO	No
Hosp	Transplant Services	No	NO	No
Hosp	Trauma Center	LEVEL 4	NO	No
Hosp	Ultrasound	YES	NO	No
Hosp	Women's Health Services	YES	YES	No
Hosp	Wound Care	YES	NO	No
SR	Adult Day Care Program	No	NO	No
SR	Assisted Living	No	NO	YES
SR	Home Health Services	No	NO	No
SR	Hospice	No	NO	YES
SR	LongTerm Care	No	NO	YES
SR	Nursing Home Services	No	NO	YES
SR	Retirement Housing	No	NO	yes
SR	Skilled Nursing Care	YES	NO	YES
ER	Emergency Services	YES	NO	No
ER	Urgent Care Center	No	NO	No
ER	Ambulance Services	No	NO	COUNTY
SERV	Alcoholism-Drug Abuse	No	NO	No
SERV	Blood Donor Center	No	NO	No
SERV	Chiropractic Services	No	NO	PRIVATE
SERV	Complementary Medicine Services	No	NO	No
SERV	Dental Services	No	NO	No
SERV	Fitness Center	no	NO	YES
SERV	Health Education Classes	YES	NO	No
SERV	Health Fair (Annual)	No	Yes	No
SERV	Health Information Center	No	YES	No
SERV	Health Screenings	No	Yes	No
SERV	Meals on Wheels	YES	NO	No
SERV	Nutrition Programs	Yes	YES (WIC)	No
SERV	Patient Education Center	No	YES	No
SERV	Support Groups	No	NO	No
SERV	Teen Outreach Services	No	NO	No
SERV	Transportation to Health Facilities	No	NO	YES
SERV	Wellness Program	No	NO	No
SERV	Tobacco Treatment/Cessation Program	YES	NO	No

Physician Manpower YR 2024 Update - Smith Co KS

# of FTE Providers	Supply Working in County		
	County Based MD or DO	Visiting DR (FTE) to County	County based PA / NP
Primary Care:			
Family Practice	5		3
Internal Medicine			
Obstetrics/Gynecology		0.05	
Pediatrics			
Medicine Specialists:			
Allergy/Immunology			
Cardiology		0.25	
Dermatology		0.05	
Endocrinology			
Gastroenterology			
Oncology/RADO			
Infectious Diseases			
Nephrology		0.05	
Neurology			
Psychiatry			
Pulmonary		0.10	
Rheumatology			
Surgery Specialists:			
General Surgery		0.20	
Neurosurgery			
Ophthalmology			
Orthopedics			
Otolaryngology (ENT)			
Plastic/Reconstructive			
Thoracic/Cardiovascular/Vasc			
Urology		0.05	
Hospital Based Specialists:			
Anesthesia/Pain	1	0.20	
Emergency			4
Radiology			
Pathology			
Hospitalist *			
Neonatal/Perinatal			
Physical Medicine/Rehab			
Orthotics			
		0.05	
TOTALS	6	1.00	7

YR 2024 - Visiting Specialists to Smith Co Memorial Hospital

Specialty	Physician Name/Group	Office Location	Schedule / Day	Annual Days	FTE
Gynecology	Dr. Pankratz/OBSTETRICIANS & GYNECOLOGISTS, P.C.	HASTINGS, NE	MONTHLY	12	0.1
Cardiology	Kirby Knuth, APRN/CHI	KEARNEY, NE	TWICE A MONTH	24	0.1
Cardiology	Mary Jo Gubitoso, APRN	HAYS, KS	TWICE A MONTH	24	0.1
Cardiology	Dr. Varma/Platte Valley Medical Group	KEARNEY, NE	ONCE	12	0.1
Pulmonology	Dr. Stritt/Hastings pulmonary & Sleep	HASTINGS, NE	MONTHLY	12	0.1
Pulmonology	Abby Gallagher, APRN/Hastings Pulmonary & Sleep	HASTINGS, NE	MONTHLY	12	0.1
Nephrology	Dr. Sinha Ray/CHI	KEARNEY, NE	MONTHLY	12	0.1
General surgery	Dr. Teget/SOUTHWIND SURGICAL	HAYS, KS	THREE TIMES MONTHLY	36	0.2
General surgery	Dr. Banker/Mowery Clinic	SALINA, KS	MONTHLY	12	0.1
UROLOGY	Dr. Evangelidis/ASSOCIATED UROLOGISTS	MANHATTAN,KS	MONTHLY	12	0.1
Orthotics	Darren Wiens, CP, BOCO	KEARNEY, NE	MONTHLY	12	0.1
Pain Managemnt	Emily Zillinger, ARNP/Hollistic Pain Mangement	NORTON, KS	FOUR TIMES MONTHLY	48	0.2
Dermatology	April Kentz, Heartland Dermatology	MANHATTAN,KS	MONTHLY	12	0.1

Year 2021 Smith County KS Area Health Services Directory

Emergency Numbers

Police/Sheriff 911

Fire 911

Ambulance 911

County Non-Emergency Numbers

Smith County Sheriff 785-282-5180

Smith County Ambulance 785-282-6823

Municipal Non-Emergency Numbers

	Police/Sheriff	Fire
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Athol	785-282-5180	785-695-2300
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Kensington	785-282-5180	785-476-2400
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Lebanon	785-282-5180	785-476-2400
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Smith Center	785-282-3249	785-282-3271
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Cedar	785-282-5180	785-476-2400
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Gaylord	785-282-5180	785-476-2400
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Health Services

Hospitals

Smith County Memorial Hospital
921 E Hwy 36 (Smith Center)
785-282-6845
www.scmhks.org

Chiropractors

Midway Chiropractic
717 East 2nd Street (Smith Center)
785-282-6818

Clinics

Smith County Family Practice Clinic
921 E Hwy 36 (Smith Center)
785-282-6834

Dental Clinic

Smith Center Dental Clinic
130 W. Kansas (Smith Center)
785-282-6979

Diabetes

Smith County Family Practice
921 E Hwy 36 (Smith Center)
(785) 282-6834

Disability Services

American Disability Group
1-877-790-8899

Kansas Department on Aging
1-800-432-3535
www.agingkansas.org/index.htm

Domestic/Family Violence Child/Adult Abuse
Hotline
1-800-922-5330

Northwest Kansas Family Shelter (Domestic
Violence)
800-794-4624

Educational Training Opportunities Association
of Continuing Education
620-792-3218

Health Department (County)

Smith County Health Department
119 S Main (Smith Center)
785-282-6656

Hospice

Hospice Services
424 8th Street (Phillipsburg)
785-543-2900
www.hospicenwks.net

Immunizations

Smith County Family Practice Clinic
921 E Hwy 36 (Smith Center)
785-282-6834

Smith County Health Department
119 S Main (Smith Center)
785-282-6656

Massage Therapists

Midway Chiropractic
717 E 2nd St (Smith Center)
785-282-6818

Mid-America Massage and Essentials
110 W Kansas (Smith Center)
785-282-4848

Rest and Restore Massage
221 S. Main Street (Smith Center)
785-534-7991

Medicaid

Kansas Department for Aging and Disability
Services (KDADS)
3000 Broadway (Hays)

785-628-1066

Medicare

Social Security Administration
1212 East 27th Street (Hays)
785-625-3496

Medical Equipment and Supplies

Midwest Family Health
317 E Highway 36 (Smith Center)
785-282-3333

Medical Providers/Physicians

Smith County Family Practice Clinic
921 E Hwy 36 (Smith Center)
785-282-6834

Smith County Memorial Hospital
921 E Hwy 36 (Smith Center)
785-282-6845
www.scmhks.org

Mental Health

High Plains Mental Health Center
209 W Harrison (Osborne)
785-346-2184
783 7th Street (Phillipsburg)
785-543-5284
208 E 7th Street (Hays)
785-628-2871
www.highplainsmentalhealth.com

Mended Hearts Counseling, LLC
785-201-9406

Nursing Homes/LTC

Independent Living Health Care
517 North Monroe Street (Smith Center)

785-282-3536

Smith Center Health & Rehab
117 West 1st Street (Smith Center)
785-282-6696

SunPorch of Smith County
920 E Kansas Ave (Smith Center)
785-282-6722

Optometrists

Eye Care Center
128 W Kansas Ave (Smith Center)
785-282-6086

Pharmacies

Midwest Family Health
317 E. Highway 36 (Smith Center)
Phone: 785-282-3333
Toll Free: 800-983-9294
Fax: 785-686-3071
www.midwestfamilyhealth.com

Rehabilitation Services

Smith Center Health & Rehab
117 West 1st Street (Smith Center)
785-282-6696

Smith County Memorial Hospital
921 E Hwy 36 (Smith Center)
785-282-6845

School Nurses

Smith Center School District USD 237
Elementary School
216 S Jefferson Street (Smith Center)
785-282-6614
Junior/Senior High School
300 Roger Barta Way (Smith Center)
785-282-6609

Local Community Resources

Child Day Care Providers/Pre Schools

Little Britches Day Care
313 N Adams St (Kensington)
785-476-2811

First St. John's Pre-School
332 N Adams (Kensington)
785-476-2247

Early Childhood Development USD 237
216 S Jefferson (Smith Center) 785-282-6614

Bright Beginnings
119 East Parliament(Smith Center)
785-686-5081

Extension Office

Smith County Extension Office
218 S Grant St (Smith Center)
785-282-6823

Food Programs

Smith Center Food Pantry
101 S Lincoln (Smith Center)
785-282-6155 or 785-282-3728
Open M, Tu, Wed 9-12 am

Srader Center
119 W Court St (Smith Center)

Kensington Food Pantry
Serving the Thunder Ridge School District
Kensington Senior Community Center
102 E Pine (Kensington)
Open 3rd Saturday 1-3 pm

Meals on Wheels
Serving Smith Center
921 E Hwy 36 (Smith Center)
782-282-6845

Funeral Homes

All Faiths Funeral Chapel
113 South Madison Street (Smith Center)
785-686-4120
www.allfaithsfuneralchapel.com

Simmons Rentschler Mortuary
116 West 1st Street (Smith Center)
785-282-6691
www.simmonsmortuary.com

Health and Fitness Centers

Gardner Wellness Center
616 S. Main (Smith Center)
785-686-3000

Kensington Recreation Commission
785-476-3236

Smith Center Recreation Commission
785-282-6474

Srader Center
119 W Court St (Smith Center)
785-282-6696

Tribe Fitness
105 N Main St (Smith Center)
785-282-4414

Housing

Country View Village
504 North Main Street (Kensington)
785-476-2606

Western Plains Village
501 W 3rd (Smith Center)
785-282-6747

Cedars of Lebanon
601 E Kansas
785-282-6747

Parkview Manor
400 6th Street (Gaylord)
785-697-2690

Legal Services

Dietz & Hardman Attorneys
206 South Main Street (Smith Center)
785-282-6626

Allen & McDowell
113 N Main (Smith Center)
785-282-6688

Libraries, Parks and Recreation

Kensington Community Library
128 So. Kansas (Kensington)
785-476-2219

Lebanon City Library
404 Main Street (Lebanon)
785-389-5711

Smith Center Public Library
117 West Court Street (Smith Center)
785-282-3361

Pregnancy Services

Heart Choices (Osborne)
117 N 1st St
Osborne, KS 67473
785-346-3315

Heart Choices(Smith Center)
120 W Kansas
785-738-3433

Rape

Domestic Violence and Rape Hotline
1-888-874-1499
Family Crisis Center
1806 12th Street (Great Bend)
785-793-1885

Public Aid Organizations

Red Cross

425 F Street Suite A (Phillipsburg)
785-543-6484
785-282-6261 (Smith Center Contact)

Salvation Army
785-282-6682 (Smith Center contact)

Smith County Christian Laymen
785-282-6688 (Smith Center)

Smith County Ministerial Association
785-282-3728 (Smith Center)

Senior Services

Smith County Senior Center
119 W Court St (Smith Center)
785-282-3800

Kensington Senior Community Center
128 S Main St (Kensington)
785-476-2224

Transportation Services

SC Public Transportation Community
Connection
City Van: 785-620-7526
*Rides M-F 8 am-4 pm within the city of Smith
Center*
County Van: 785-282-4248

Veterans Services

5500 E Kellogg
Wichita, KS 67218
316-239-2773
After hours: 316-737-4291

Other Emergency Numbers and Hotlines

Kansas Protection Report Center

1-800-922-5330

Domestic Violence Hotline

1-800-799-7233

www.ndvh.org

Kansas Coalition Against Sexual and Domestic Violence

634 SW Harrison

Topeka, KS 66603

Phone: 785-232-9784

Fax: 785-266-1874

Email: coalition@kcsdv.org

Website Address:

<http://www.kcsdv.org>

Information on Sexual Assault Centers:

<http://www.kcsdv.org/find-help/in-kansas/dv-sa-services.html>

National Human Trafficking Resource Center

888-373-7888

Emergency Management (Topeka)

785-274-1409

www.accesskansas.org/kdem

Federal Bureau of Investigation

1-866-483-5137

www.fbi.gov/congress/congress01/caruso100301.htm

Kansas Arson/Crime Hotline

1-800-KS-CRIME

1-800-572-1763

www.accesskansas.org/kbi

Kansas Bureau of Investigation (Topeka)

785-296-8200

www.accesskansas.org/kbi

Kansas Road Conditions

1-866-511-KDOT

511

www.ksdot.org

Poison Control Center

1-800-222-1222

www.aapcc.org

Suicide Prevention Hotline

1-800-SUICIDE

<http://hopeline.com>

1-800-273-TALK

www.suicidepreventionlifeline.com

Toxic Chemical and Oil Spills

1-800-424-8802

www.epa.gov/region02/contact.htm

V. Detail Exhibits

[VWV Consultants LLC]

a.) Patient Origin Source Files

[VVV Consultants LLC]

Patient Origin History – Years 2021- 2023

Smith County, Kansas Residents				
#	Inpatients - KHA HIDI	FFY23	FFY22	FFY21
	Total	619	606	657
1	Smith County Memorial Hospital - Smith Center, KS	490	446	436
	% Patients Receiving Care in Home County	79.2%	73.6%	66.4%
2	Kansas Residents/Nebraska Hospitals - , NE	27	19	127
3	HaysMed - Hays, KS	31	42	19
4	Salina Regional Health Center - Salina, KS	7	16	18
5	The University of Kansas Health System - Kansas City	13	11	8
6	Jewell County Hospital - Mankato, KS	11	19	0
7	Wesley Healthcare - Wichita, KS	10	9	6
8	Mitchell County Hospital Health Systems - Beloit, KS	6	7	10
9	Osborne County Memorial Hospital - Osborne, KS	2	8	8
10	Phillips County Health Systems - Phillipsburg, KS	4	3	5
11	Salina Surgical Hospital - Salina, KS	3	3	4
12	Ascension Via Christi Hosp. Wichita (St. Francis/St. J	1	4	2
13	Rooks County Health Center - Plainville, KS	0	2	5
	Others	13	16	8

Smith County, Kansas Residents				
#	Outpatients - KHA HIDI	FFY23	FFY22	FFY21
	Total	13,111	13,144	14,099
1	Smith County Memorial Hospital - Smith Center, K	11,548	11,464	12,299
	% Patients Receiving Care in Home County	88.1%	87.2%	87.2%
2	Phillips County Health Systems - Phillipsburg, KS	386	379	646
3	HaysMed - Hays, KS	287	331	266
4	Salina Regional Health Center - Salina, KS	203	164	117
5	The University of Kansas Health System - Kansas	93	178	152
6	Osborne County Memorial Hospital - Osborne, KS	94	165	89
7	Mitchell County Hospital Health Systems - Beloit,	100	111	114
8	Rooks County Health Center - Plainville, KS	73	67	73
9	Children's Mercy Hospital Kansas - Overland Park	71	45	73
10	Children's Mercy Kansas City - Kansas City, MO	43	47	54
11	Jewell County Hospital - Mankato, KS	45	31	30
12	Norton County Hospital - Norton, KS	20	22	36
13	North Central Kansas Medical Center - Concordia	27	23	15
	Others	120	116	134

Smith County, Kansas Residents				
#	Emergency - KHA HIDI	FFY23	FFY22	FFY21
	Total	1,327	1,369	1,242
1	Smith County Memorial Hospital - Smith Center, K	1,132	1,189	1,079
	% Patients Receiving Care in Home County	85.3%	86.9%	86.9%
2	Phillips County Health Systems - Phillipsburg, KS	92	66	56
3	HaysMed - Hays, KS	25	26	24
4	Mitchell County Hospital Health Systems - Beloit, K	9	18	19
5	Osborne County Memorial Hospital - Osborne, KS	12	18	11
6	Salina Regional Health Center - Salina, KS	10	11	11
7	Jewell County Hospital - Mankato, KS	16	3	1
8	Wesley Healthcare - Wichita, KS	3	7	2
9	Rooks County Health Center - Plainville, KS	6	2	3
10	Norton County Hospital - Norton, KS	0	5	3
11	The University of Kansas Health St. Francis - Top	1	3	3
12	Ascension Via Christi Hosp Wichita (St. Francis/St.	3	3	0
13	The University of Kansas Health System - Kansas C	1	1	4
	Others	16	16	25

b.) Town Hall Attendees, Notes, & Feedback

[VVV Consultants LLC]

Attendance Smith Co, KS CHNA Town Hall 3/7/24 5:00-7pm (N=32)

#	Table	Attend	Lead	Last	First	Organization
1	A	1	xx	Rogers	Shannon	SCMH
2	A	1		Conant	Ferrill	SCMH
3	A	1		Rhodes	Nick	SCED
4	A	1		Wiehl	Leah	SCMH
5	B	1	xx	Ragsdale	Sarah	SCMH
6	B	1		Griffith	Charles	Smith County Family Practice
7	B	1		Haresnape	Julie	SCMH
8	B	1		Lyon	Lakin	SCMH
9	B	1		Peterson	Dana J	Growing Leaders Group LLC
10	B	1		Sears	Thiril	
11	C	1	xx	Conner	Kaley	High Plains Mental Health
12	C	1		Terrill	John	The Peoples Bank
13	C	1		Van Driel	Allen	SCMH
14	C	1		Weltmer	Kenton	SCMH
15	D	1	xx	Hughes	Alaina	Smith County Health Dept
16	D	1		Nech	Joan	Smith Co Comm Foundation
17	D	1		Rhoades	Nora	K-State Research and Extension
18	D	1		Weltmer	Deb	
19	E	1		Dill	Whitney	Sunporch of Smith County
20	E	1		Jones	Kelli	KState Research and Extension
21	E	1		Smith	Maureen	
22	E	1		Steers	Teresa	Finance
23	E	1		Wallgren	Jeni	SCMH
24	F	1	xx	Wick	Sandra	K-State Research and Extension
25	F	1		Ifland	Lori	Hospital Board Member
26	F	1		Lewis	Steve	SCMH
27	F	1		Ponton, LSCSW	Debby	Mended Hearts Counseling
28	F	1		Smith	Steve	SCMH
29	G	1		Griffith	Kimberly	
30	G	1		Hanson	Deb	
31	G	1		McEwen	Dustin	USD 237
32	G	1		Wick	Don	

Smith County Memorial Hospital Town Hall Event Notes

Date: 03/07/2024 – 5:00 p.m. to 6:30 p.m. at Nazarene Church: (N=32)

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

- SCMH has a Labor & Delivery wing, and patients are coming from surrounding counties to deliver babies: Omaha NE, Carney, Hastings, Hays, Salina, Wichita, KU Med
- Counties that are coming to SCMH for care: Frankin and Webster NE, Norton, Osborne, Rook, Jewell, & Mitchell
- Mental Health: County struggles to recruit and retain providers.
- Some Spanish is being spoken in the community other than English – very minimal.
- Serving more Veterans in Smith because of VA program awareness.
- Veterans go to surrounding communities for greater care: Grand Island- Hospital, Holdridge -Clinic.
- Demolition of old housing is taking place in the community.
- More people are coming to Smith for employment from surrounding areas.
- Internet access is good in the city, but inconsistent in rural parts. Same with cell phone service.
- USD #110 Phillips County is another school that needs to be viewed as potentially Smith County.
- More people are choosing to not get vaccinations since Covid. There is resistance.
- SCMH has 5 full time Physicians in the community.
- The Community is aware that drugs are in their community, and it is causing a work force issue: Opioids, Marijuana, Meth, Fentanyl
- The Community is split on how to address Substance abuse, treating together or sperate (Drugs and alcohol)
- More Private businesses (Fitness) have opened in the community, created better exercise opportunities: Tribe Fitness, Boxing, Martial Arts
- Dentists are coming into the community, but some are concerned if they will accept Medicaid.

Healthcare Strengths in the community:

- Adequate amount of providers
- Mental Health providers
- EMS
- Education
- Wellness and fitness centers
- Hospital facility
- Smith County public transportation
- Domestic offender file

Healthcare Areas to improve or change from Town Hall conversation:

- Childcare (Accessible & Affordable)
- Accessible & Affordable Housing (Seniors)
- Mental Health (Diagnosis, Placement, Aftercare, Access to Providers)
- Substance Abuse (Drugs & Alcohol)
- Obesity (Exercise, Nutrition, Affordable Foods)
- Workforce Shortage - Staffing Issues
- Uninsured / Underinsured
- Domestic Abuse
- Food Insecurity (youth)
- Improved Transportation
- More Visiting Specialists
- Vaccine Hesitancy
- Health Apathy
- Neglect

Round #5 CHNA - Smith Co KS PSA

Town Hall Conversation - Strengths (Big White Cards) N=32

Card #	What are the strengths of our community that contribute to health?	Card #	What are the strengths of our community that contribute to health?
30	Access to exercise facilities.	5	Gym access.
8	Access to providers & specialists.	6	Health care systems.
1	Adequate providers.	17	Health department.
31	Alcohol provider.	26	Healthcare facilities.
28	Ambulance services.	29	Home care equipment and service availability -Health dept, pharmacy, grocery store, etc..
3	Babies delivered.	7	Hometown café with healthy food and meals on wheels.
24	Baby.	8	Hospital : Input, output & ER.
2	Chiropractic.	25	Hospital delivers babies.
28	Chiropractors - 2 in our community.	18	Hospital facility.
9	Chiropractors.	29	Hospital facility.
32	Clinic services.	14	Hospital services.
27	Close-unit, caring community.	7	Hospital with OB.
27	Community education incentives led by hospital, public health department, mental health centers, etc..	8	INCR.
21	Community has a lot of stores and restaurants.	15	Increasing specialty services.
13	Community involvement.	9	Inpatient services.
26	Community that cares.	1	Interested & caring people.
23	Community transportation.	12	Many active churches for spiritual assistance.
32	Community transportation.	11	Medical providers.
3	Critical care access hospital.	2	Mental health docs at hospital, in person weekly for appts.
32	Critical care.	31	Mental health provider.
2	Day to Day health care.	22	Mental health.
28	Doctors/ facility.	10	New hospital.
31	DV offender provider.	18	Number of physicians/midlevel's.
5	Easy access to health care.	21	Number of providers.
5	Education.	18	Number of specialty clinics.
8	Education.	14	Nursing home care.
16	Education.	15	OB services.
18	Education.	18	OB services.
19	Education.	30	OB services.
24	Education.	31	Opening for mental health appts.
3	EMS available.	18	Pain management.
7	EMS service.	14	Pharmacy services.
29	EMS service.	2	Pharmacy.
1	EMS.	3	Pharmacy.
9	EMS.	20	Pharmacy.
24	EMS.	6	Physical environment.
32	EMT.	19	Physical SCMH building.
4	ER care.	15	Primary care physicians.
14	ER coverage.	7	Primary care providers.
17	ER providers.	19	Primary care providers.
18	ER services.	29	Primary care providers.
32	ER services.	4	Primary care.
15	ER staffing.	5	Primary care.
7	ER.	14	Primary care.
9	ER.	23	Primary care.
15	Establishment of dental services.	21	Programs available.
27	Excellent hospital facility and multiple providers.	24	Providers - access to good providers.
4	Exercise facilities.	13	Providers and hospital.
25	Exercise opportunities are available if people want.	3	Providers available.
17	Facility.	17	Providers on top notch education.
7	Fitness center options.	10	Providers.
16	General health care - 5 providers.	14	Public health services.
30	Good education system.	23	Public health.
30	Good EMS and public health through county.	2	Public transportation in county.
30	Good health care and access to providers.	22	RA.
12	Good schools with many options for education.	32	Rehab services - PT.
1	Goof Wi-Fi.	12	Relatively safe environment to live in.
12	Great caring providers at medical units.	31	SA provider.

Round #5 CHNA - Smith Co KS PSA

Town Hall Conversation - Strengths (Big White Cards) N=32

Card #	What are the strengths of our community that contribute to health?	Card #	What are the strengths of our community that contribute to health?
25	School has a nurse on staff.	27	Telehealth access in school connecting students to behavioral health services.
9	School health nurse.	12	Three county food stores.
20	School health.	3	Transportation available.
23	School health.	30	Transportation services improving w/ city.
28	School health.	24	Transportation.
29	School nutrition, including summer program.	5	Two dentists hired.
22	Schools health.	5	Two nursing homes.
32	Services at hospital.	22	Under insured.
21	Small - hometown atmosphere.	11	Updated hospital.
16	Small community - we know more than not.	13	Variety of businesses.
22	Specialist.	10	We do babies.
21	Specialists available.	25	We have a newer hospital.
3	Specialists come here.	25	We have county health.
11	Specialists that come so no travel.	25	We have providers in the area.
20	Specialty doctors coming in.	25	We have some nursing/assisted living facilities.
4	Specialty doctors.	10	Wellness center + fitness center.
16	Spiritual.	28	Wellness centers.
17	Staffing and nursing care.	24	Wellness.
11	Suntorch.	27	Wonderful public health department w/ caring staff.
26	Team of physician, mid level, nursing, ancillary health.	18	Wound care services.

Round #5 CHNA - Smith Co KS PSA

Town Hall Conversation - Weaknesses (Color Cards) N= 29

Card #	What are the weaknesses of our community that contribute to health?	Card #	What are the weaknesses of our community that contribute to health?
4	Access to specialty medical care locally.	2	Housing.
17	Add more specialists.	3	Housing.
9	Adult services.	4	Housing.
22	Affordable housing/accessible housing.	5	Housing.
5	Aging population - move LTC.	12	Housing.
19	Alcohol TX abuse.	20	Housing.
17	Availability of childcare.	21	Housing.
1	Availability of healthy food.	23	Housing.
17	Availability of longer/more public transportation - drivers.	26	Housing.
20	Behavioral/mental health providers.	28	Housing.
27	Caring space for child.	2	Immunization education.
10	Child care - not enough.	22	Immunization.
4	Child care availability.	26	Immunizations.
9	Child care availability.	16	In home care.
28	Child care providers.	24	Inter agency communications/collaboration.
21	Child care.	26	Internet accessibility.
24	Child care.	19	Internet/Wi-Fi.
24	Child care.	25	Job opportunities.
8	Childcare - lack of.	8	Lack of mental health providers.
22	Childcare affordable + accessible.	6	Lack of nutrition.
2	Childcare services.	9	Life skills/ improvement education.
29	Childcare workers.	1	Lifestyle medicine - prevention.
12	Childcare.	15	Lower heart disease by exercise programs.
13	Childcare.	13	Make sure no one is left out or neglected.
14	Childcare.	4	Management of chronic health conditions.
15	Childcare.	14	Marijuana/vape norms.
23	Childcare.	22	Mental health - behavioral health.
13	Chronic care management/education.	19	Mental health - norm/awareness.
5	Community education/knowledge.	10	Mental health - not available in SC.
3	Community infrastructure.	9	Mental health care.
4	Community infrastructure.	25	Mental health professionals.
5	Cost of healthcare.	26	Mental health resources.
18	Day care (child).	13	Mental health services.
16	Daycare.	18	Mental health services.
14	Depression from stress/environment.	21	Mental health services.
26	Depression/anxiety.	23	Mental health services.
27	Development of more retirement home facilities.	12	Mental health solutions + awareness.
27	Development of self esteem/ abuse problems.	1	Mental health.
20	Dispense preventions.	6	Mental health.
16	Drugs.	7	Mental health.
10	Drugs/substance abuse - need more learning/teaching.	24	Mental health.
19	DV arrests/ Prosecutions/coordain.	28	Mental health.
12	Economics (access to healthy food).	29	Mental health.
27	Education on needing to be vaccinated.	25	More activities/entertainment. (keeps the youth positive).
12	Education/awareness.	7	More community supports for elders exercise.
15	Elder care.	17	More educational programs.
28	Enforce drug abuse laws.	11	Need affordable healthcare/ insurance options.
21	Enst coverage.	11	Need childcare - affordable.
16	ENT service.	17	Need in-home care providers.
18	Eye care.	11	Need mental health providers for youth.
6	Food insecurity.	17	Need more Sunporch's.
22	food security for our youth.	11	Need quality dentist and eye Dr. access.
11	Food security.	29	Neglect and domestic abuse.
20	Food security.	28	Neglect of elderly and lonely.
26	Food security.	16	Nursing homes / assisted living facilities.
28	Food security.	6	Obesity - nutrition/exercise.
29	Health apathy.	8	Obesity- healthy diet and exercise.
24	Health education, eating education.	1	Obesity.
24	Home health.	13	Obesity.
9	Housing - low cost especially.	24	Optometry services.
10	Housing - most is not great.	12	Physical environment.
8	Housing costs.	25	Poverty of the elderly.

Round #5 CHNA - Smith Co KS PSA

Town Hall Conversation - Weaknesses (Color Cards) N= 32

Card #	What are the weaknesses of our community that contribute to health?	Card #	What are the weaknesses of our community that contribute to health?
18	Public transportation, run longer hours.	8	Support for low income/ single parent households.
20	Quality child care.	10	The ER entrance and getting into room and being seen.
15	Resource for substance abuse.	16	Transportation - public - longer hours.
16	Risk for the future, high number of unvaccinated kids.	15	Transportation/more drivers.
18	Salaries for school personal.	7	UN or under insured patients.
19	SATX.	3	Underinsured.
2	Senior fitness ands housing.	24	Uninsured.
3	Senior fitness.	25	Uninsured.
28	Senior housing.	1	Vaccinations.
24	Solar housing.	8	Vaccine hesitancy.
14	Specialist visit frequency for pediatric focus.	13	Vaccine hesitancy.
18	Sporadic cellular service.	18	Vape usage.
29	Substance abuse including alcohol.	2	Walking/ biking paths.
13	Substance abuse support.	4	Work force recruitment - nursing, radiology.
8	Substance abuse.	2	Work force.
20	Substance abuse.	14	Workforce shortages.
26	Suicide.	11	Workforce.
13	Suicide/ depression help.		

Round #5 CHNA - Smith Co KS

Social Determinants "A" Card Themes (N = 17 with 70 Votes): E=15, N=16, ED=7. C=14, F=5 & P=13

The social determinants of health

Economic Stability	Neighborhood and Physical Environment	Education	Food	Community and Social Context	Health Care System
<ul style="list-style-type: none"> - Employment - Income - Expenses - Debt - Medical bills - Support 	<ul style="list-style-type: none"> - Housing - Transportation - Safety - Parks - Playgrounds - Walkability 	<ul style="list-style-type: none"> - Literacy - Language - Early childhood education - Vocational training - Higher education 	<ul style="list-style-type: none"> - Hunger - Access to healthy options 	<ul style="list-style-type: none"> - Social integration - Support systems - Community engagement - Discrimination 	<ul style="list-style-type: none"> - Health coverage - Provider availability - Provider bias - Provider cultural and linguistic competency - Quality of care

Card #	Code	First Impressions on Social Determinants Impacting Delivery	Card #	Code	First Impressions on Social Determinants Impacting Delivery
1	C	Social and community.	4	ED / P	Quality schools + health care.
2	C	Social context.	2	F	Food.
5	C	Social/community context/neighborhood.	4	F	Lack of healthier food options.
7	C	Vapes - where.	7	F	Healthy foods.
7	C	Vaping affected smoking.	13	F	Food insecurity.
7	C	Worried about suicide.	7	F / N	Pot - restaurant & day care.
8	C	Social and community.	1	N	Transportation longer hours.
10	C	Drugs.	2	N	Physical environment.
11	C	Drugs/alcohol.	6	N	After hours public transportation.
13	C	Vaping.	13	N	Child care access.
15	C	Social programs for elders.	13	N	Housing needs.
17	C	Neighborhood.	13	N	Internet - everybody knows everything.
17	C	Social and community.	14	N	Childcare shortage causing stressors.
10	C	Depression.	14	N	Workforce hiring marijuana/ alcohol/etc..
2	E	Economic stability.	15	N	High housing costs, high taxes.
3	E	Cost of healthy food.	15	N	Transportation is hard to get.
3	E	Economic.	16	N	Workforce stressors causing burnout.
4	E	Economy hindering.	17	N	Daycare.
4	E	Lower income access health care less.	17	N	Indoor facilities - playground.
5	E	Economic stability needs help.	17	N	Public transportation.
7	E	Poor insurance.	5	N / E	Housing, childcare, employment opportunity's.
8	E	Economy.	16	P	Health care.
10	E	Insurance.	4	P	preventive health education in the community.
11	E	Hinder economic stability.	7	P	Health indicators.
12	E	Economic conditions.	8	P	Help healthcare access & quality.
15	E	Socioeconomic status low income.	9	P	Mental health services.
12	E	Economic - struggle with costs to live.	9	P	Specialty clinics.
16	E	Cost of healthcare.	10	P	Mental health.
2	ED	Education access and quality.	15	P	Good healthcare, access to provider.
8	ED	Early childhood.	15	P	Mental health.
8	ED	Education access & quality.	16	P	Health care- helping.
9	ED	Access to health education.	17	P	Multiple sites giving immunization.
16	ED	Education- people are not educated enough.	17	P	In home care.
17	ED	Early childhood education.			



Greetings,

Smith County Memorial Hospital is collaborating with other community leaders and health providers to complete a 2024 Smith County, KS Community Health Needs Assessment (CHNA). VVV Consultants LLC, an independent healthcare consulting firm from Olathe, KS, has been retained to conduct this countywide research.

The goal of this assessment is to understand current area health delivery and to collect up-to-date community health perceptions.

To begin this work, please find a confidential anonymous CHNA survey feedback link. All community residents and business leaders are encouraged to online survey **by February 9th, 2024**.

LINK: https://www.surveymonkey.com/r/CHNA2024_SmithCoKS_OnlineSurvey

In addition, please **HOLD the Date** for the Smith County Town Hall meeting scheduled for **Thursday, March 7th, 2024**, for dinner from **5:30pm – 7:00 p.m.**

If you have any questions regarding CHNA activities, please call me at (785) 686-3180. Thank you in advance for your time and support!

*We Wish You a Blessed New Year,
Shannon Rogers
Director of Communications, Marketing and Development*

THANK YOU!

The SCMH Team



[921 E. Highway 36](#)
[Smith Center, KS 66967, USA](#)

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PR#1 News Release

Local Contact: Shannon Rogers

Media Release: 1/12/2024

Smith County Memorial to Start 2024 Community Health Needs Assessment

Over the next few months, **Smith County Memorial Hospital** will be working with area community leaders to update the Smith County, KS Community Health Needs Assessment (CHNA). Today we are requesting Smith County community input regarding the healthcare delivery and unmet needs necessary to complete this assessment update.

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

A brief community survey has been developed to accomplish this work. The CHNA survey link can be accessed, if you would like to participate by visiting our hospital website or Facebook page. You may also utilize the QR code below for quick access.



All community residents and business leaders are encouraged to complete this online survey by **February 9th, 2024**. In addition, a CHNA Town Hall meeting to discuss the survey findings will be held on **March 7th, 2024** with more information to come. Thank you in advance for your time and support!

If you have any questions regarding CHNA activities, please call (785) 686-3180



We would like to hear from you!
Please access the health needs survey from our website, above, or just scan the QR code using your mobile device. Thank you!



921 E Highway 36
Smith Center, KS 66967
785-282-6845



Smith County Memorial Hospital is conducting our 2024 Community Health Needs Assessment.

Please take this survey to help us assess the health needs in our community.

Your voice matters!



SMITH COUNTY MEMORIAL HOSPITAL
SMITH COUNTY FAMILY PRACTICE

Please help us prioritize health needs so we can **plan** and **act** upon unmet community health needs.



COMMUNITY HEALTH NEEDS ASSESSMENT

EMAIL #2 Request Message

From: Shannon Rogers

Date: 1/22/24

To: Area Community Leaders, Providers and Hospital Board & Staff

Subject: Smith County Memorial Hospital - Community Health Needs Assessment Town Hall lunch– March 7, 2024

Smith County Memorial Hospital will host a Town Hall Community Health Needs Assessment (CHNA) dinner on Thursday March 7th. The purpose of this meeting will be to review collected community health indicators and gather community feedback opinions on key unmet health needs for Smith County, KS. **Note: This event will be held on Thursday, March 7th from 5:00-6:30 p.m. at the Nazarene Church (117 E. New York St., Smith Center, KS 66967) with a check-in time starting at 4:45 p.m.**

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

LINK: <https://www.surveymonkey.com/r/SmithCHNA2024RSVP>



Thanks in advance for your time and support!

If you have any questions regarding CHNA activities, please call (785) 686-3180.

Smith County Memorial Hospital CHNA Town Hall Scheduled for Thursday, March 7, 2024.

Media Release: 01/22/24

Local Contact: Shannon Rogers

To gauge the overall community health needs of residents, **Smith County Memorial Hospital**, in conjunction with other area providers, invites the public to participate in a Community Health Needs Assessment (CHNA) Town Hall roundtable on **Thursday, March 7th for dinner from 5:00-6:30 p.m.** located at the **Nazarene Church (117 E. New York St., Smith Center, KS 66967).**

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

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



We hope that you will be able to join us for this discussion on March 7th. Thanks in advance for your time and support!

If you have any questions about CHNA activities, please call (785) 686-3180.

###

d.) Primary Research Detail

[VVV Consultants LLC]

CHNA 2024 Community Feedback: Smith County, KS (N=243)

ID	Zip	Rating	c1	c2	c3	Q10. Being this a strong topic of interest, do you have any thoughts, ideas, and/or specific suggestions (food, housing, transportation, support, etc.) to address these 5 social determinants to improve our community health? (Please Be Specific)
1240	66967	Very Good	ACC	NUTR		Improve access to higher quality produce and healthy food options.
1137		Good	AWARE	EDU	TRAN	More awareness of health education, classes, programs, transportation for those in need.
1015	66967	Average	CC	NUTR		daycare and food variety
1190		Good	CC	PEDS	RESO	Childcare needs are essential in our community in order to support working parents. I feel the hospital needs to take an active role in supporting Bright Beginnings and all child care providers. As a leader in our community the hospital could serve as an example and motivator for all other businesses to support this new daycare facility.
1153	66951	Very Good	DOCS	NH	QUAL	We are going to lose more and more doctors and hospitals and eldercare facilities unless we start sending people to the state legislature who will approve Medicaid expansion. These self-serving idiots in power now are literally killing us.
1243	66967	Good	ECON	HOUS	POV	Better economics; bring job and new business to town; more housing for lower income with a goal of improving income to a more sustainable housing market and then refill to help more people.
1034	66967	Very Good	EDU	ACC	RESO	Free online educational videos. Free educational seminar face to face.
1194	66967	Very Good	EDU	CHRON	OBE	Education of community on disease process, dietary management and weight loss management. An education center/ simulator to assist healthcare workers with training. Workforce Training
1053	67430	Very Good	EDU	INSU	FINA	Community education /class on health insurance. I feel there is a fear out there about health insurance and people are afraid to use it even when they have it due to cost.
1233	66967	Very Good	EDU	OWN	RESO	Education programs target to community might improve the willingness to be more well.
1024	66967	Very Good	EDU	PREV	NUTR	community education classes for wellness and healthy eating
1203	66967	Good	FINA	HOUS	DENT	I think a lot of our financial problems in this county reflect back on our county appraiser. People are being taxed so much that they are moving or just flat out refuse to move to our county because of our high taxes. It makes the cost of housing nearly unaffordable, but families get by by going into credit card debt or going without. This county needs to reassess how taxes are determined and figure out another way for revenue rather than taking it from their own people. This also leads into rental problems as well. Rent is so high that it makes more sense to buy a home and pay a mortgage but many people can't get loans/mortgages because they can't afford the down payments required. It's all a revolving problem that keeps things going in the same cycle. Health care is also not affordable. If your work place doesn't offer it, many people can't afford it on their own, especially insurance for a family. And that is just health insurance. Dental and Vision insurance is outrageous as well. But nothing will be done about how high these costs are so all people can do is voice their concern about it and then go on with their day. I don't believe changes to the cost of medical care and insurance will ever go down and become affordable.
1204	66967	Good	FINA	HOUS	TRAN	Affordable, quality housing for low income families is a huge one. We need more of this as many families are living in the old hotel by Jiffy that is disgusting and really expensive. Transportation in the county van is hard to get unless it is booked way in advance and then the hours are limited which can effect elderly and disabled in getting to out of town medical appointments.
1224	66967	Very Good	FIT	REC	ECON	We have good exercise facilities but lack outdoor sidewalks throughout a lot of the town or walking trails. Parks are limited. Economic stability being impacted by lack of childcare. Some parents cannot work as they cannot find childcare.
1047	66967	Very Good	FUND	QUAL		None other than we have poor funding in all aspects of our community. If that could be addressed then all other should fall into place.
1031	67474	Very Good	HOUS	ACC	FINA	More affordable housing.
1049	66967-30	Good	HOUS	ACC		We need places for people to stay when I come to our community we have nothing
1014	67756	Very Good	HOUS	CC		Additional housing is needed in the community. Perhaps need a stronger or broader look a industry in the business community. Child care is another factor but extremely difficult to address effectively.
1084		Good	HOUS	CC		The old hospital could be turned into housing apartments and the old dr clinic (currently poorly ran daycare) could also be housing.
1181	66967	Average	HOUS	FINA	MH	Housing is poor. Nothing to rent and what there is, is so expensive a single person or 1 parent family can't afford it. Taxes are absolutely ridiculous you can't afford to buy locally. Can't afford to buy a home anymore either. Mental health becomes an issue when you can't afford to live n pay your bills. Drug usage has become a huge issue n nothing to help the addicts to get them help or in trouble!
1237	66967	Good	HOUS	FINA	NUTR	More affordable housing would be a huge start for the community. Lack of access to quality, healthy food is one of the biggest pitfalls for rural communities
1064		Good	HOUS	POV	CC	It would be nice to see more rental properties available for lower income families that want to work in our community but or commuting since there is not many family size rentals readily available. We do have county transportation, but it would be nice to have more time availability. Daycare in this community is a huge need. People are having babies and can't even find daycare and are asking to be put on list before they have even announced to family members yet and are being told they are full.

CHNA 2024 Community Feedback: Smith County, KS (N=243)

ID	Zip	Rating	c1	c2	c3	Q10. Being this a strong topic of interest, do you have any thoughts, ideas, and/or specific suggestions (food, housing, transportation, support, etc.) to address these 5 social determinants to improve our community health? (Please Be Specific)
1055	66967	Very Good	HOUS	REC	SPRT	The housing is overpriced in the area. There are houses listed way above appraised value. Bryce Wiehl and Christi Wiehl are the leaders in the area of doing this and claim it's for "sweat equity". The area also has few things to offer for activities a walking trail in the nature would be nice for family activities.
1239	66952	Very Good	HOUS	SPRT	ECON	Need more housing that has restrictions on the people living there such as having a job and not relying on state aid.
1066		Very Good	MAN	STFF	QUAL	Less top management more quality employees
1009	66967	Very Good	MH	ACC		Better access to mental health help
1145	66967	Average	MH	PHY		Start with mental health and self care will follow, examples, wellness physical and mental.
1101	66932	Very Good	NH	POV	FINA	Possibly use the old hospital for elderly or low income housing.
1160		Good	NH	TRAN		We have many elderly in our county who can still live at home but need occasional assistance and transportation. Unfortunately not all of these individuals have children who live close by to help. They don't know how to find/get help.
1052	66952	Good	NO			I dont know that much about most of the topics.
1198	66967	Very Good	NUTR	POV	HOUS	Food pantry availability based on income. Affordable housing. Better payment options for patients who cannot afford large amounts each month.
1030	66967	Good	NUTR	RESO	ACC	Access to healthy food. Access to classes about eating healthy food. The cost of healthy food. The availability of healthy food.
1037	66967-15	Average	OTHR	SERV		Have different organizations and volunteers help clean up the neighborhoods and have our city put in a program for cleaning up the neighborhoods or helping some people who are lacking on skills to have a grant to provide skills or to show someone how to take care of house or spending of money.
1097	66967	Very Good	OTHR			Pride
1238	67621	Very Good	OWN	WAG		People have to want to work. There are plenty of jobs available in our local community. Wages are not conducive to the current cost of living. Wages need to be increased for all.
1226	66967	Good	OWN			People who just don't want to go to the doctor
1183		Very Good	QUAL	ECON		It would go a long way to improving health if there was a way to build a healthier culture into the community. More businesses downtown that offer healthy options in a walkable area with interesting commerce.
1136		Very Good	QUAL			All are important to the community
1110	66067	Average	QUAL			The health fair is a good benefit to all.
1176	66967	Very Good	REC	ACC		I would like to have walking trails in or near the town.
1103	66967	Good	REC	ACC		We could really use better sidewalks all around town for walking and biking. It's so easy to roll an ankle using the sidewalks since the cracks and potholes are everywhere.
1148	66967	Very Good	REC	NUTR	EDU	More sidewalks, lighted areas outside to exercise Food cost for healthy options More education through public health for our community
1161	66967	Very Good	REC	RESO	SERV	Organized health activities for all ages.
1223		Good	RESO	QUAL		Continuing to form community groups to look at all resources and present suggestions for improvement
1221	66951	Very Good	SH	ECON	REC	1) a local homeschool cooperative to keep families accountable to homeschool outcomes? No idea if this is a thing. 2) Access to jobs that provide benefits - insurance and retirement. We have a handful of larger employers. And it's cost prohibitive for many small businesses. The insurance agents selling expensive individual policies are doing smashingly well though. Back to the cooperative idea - is there any availability of some sort of pooled plans that would allow group coverage enrollment for many small businesses to get more economies of scale to provide these benefits affordably? 3, 4 & 5) The development of a rec commission that looks beyond children. We have excellent children's recreation options available, but it would be nice for social and health/activity/exercise considerations to have scheduled drop-in volleyball, softball, basketball nights somewhere; organized adult volleyball, softball, tennis, basketball leagues, etc. 5) The extension program for the boxes of fruits and vegetables is excellent! Is it often enough? Do people know what to do with the food when they get it? Do people really know what good nutrition looks like? I think the answer to the latter is no. I've personally struggled for the last 15 ish years to hone in on what "healthy" eating really is and to find REPUTABLE sources to teach unbiased nutrition principles. Education in this area is lacking. Same with exercise. Manual farm labor or chasing kids around is not the same as an intentional workout program that optimizes joint health, heart health, etc. Could we have classes (probably virtual? Or better yet hybrid!) Scheduling is always an issue - maybe recorded and available on-demand? We have good facilities and PT/OT providers here but I think group classes and guided workout routines are lacking also. Again I come back to rec commission adult programs for these.
1017	66967	Good	SH	EDU	ACC	I think a great place to start would be the schools. We need to improve health for the children of the community and implement programs and access to health education that they don't have currently.
1010	66967	Good	SPRT	ACC	ADOL	Permanent of Parents as Teachers would be hard for many families needing support and access to services with young children - encourage school to continue this vital program.
1154	66951	Good	SPRT	HH		We need more social programs for elders not in facilities. We need more home health for those living at home.

CHNA 2024 Community Feedback: Smith County, KS (N=243)						
ID	Zip	Rating	c1	c2	c3	Q10. Being this a strong topic of interest, do you have any thoughts, ideas, and/or specific suggestions (food, housing, transportation, support, etc.) to address these 5 social determinants to improve our community health? (Please Be Specific)
1193	66951	Very Good	SPRT	NH	QUAL	There are a number of poor and elderly residents that have no idea who to talk to about issues for help. They stay home and are forgotten. There needs to be a better way to get information out to people. Not everyone has knowledge or ability to wif everything. Need a little more humanity and less humility.
1241	66967	Very Good	SPRT	SERV	NUTR	Would like more programs and activities to promote health and nutrition.
1229	66967	Very Good	SPRT	SERV		Social support is needed
1196	66967	Good	SPRT	SERV		Support groups
1044	66967	Very Good	TRAN	ACC		Transportation services are stretched thin for patients to get to and from appointments. Some patients have to wait longer than others to make appointments because the van is full of patient appointment times that are already months out from last care.
1068	66967	Good	TRAN	FIT	FINA	hospital should offer some form of transportation to and from. Open or help with opening a affordable fitness center with trainers
1234	66967	Good	TRAN	HRS	SW	Expanded pubic transportation program with access for evenings and weekends. Social services personnel to help with assistance program paperwork/applications.
1206	66951	Very Good	TRAN	SCH	ACC	Would like to see more vans added to the Smith County Public Transportation service. And more drivers. Especially for transporting people from out of town. Many, myself included, do not have vehicles - so getting to and from appointments, shopping, etc is difficult with just the one van.
1108	66967	Good	WAG	SERV	STFF	Better wages for the bottom end of workers in these health service sectors

CHNA 2024 Community Feedback: Smith County, KS (N=243)						
ID	Zip	Rating	c1	c2	c3	Q8. In your opinion, what are the root causes of "poor health" in our community? Other (Be Specific)
1198	66967	Very Good	BILL	FINA	STFF	1. Unable to afford medical bills. 2. Fear of judgment from medical staff.
1037	66967-15	Average	CANC			Cancer
1015	66967	Average	CC			daycare
1055	66967	Very Good	DRUG	ACC	POV	The younger to middle aged people in the area poor health root cause is probably health care everything is expensive or they like drugs. For the older people that are more dependent I think limited access is probably to take some credit for poor health.
1009	66967	Very Good	DRUG	ALC		drug addiction and alcohol consumption
1181	66967	Average	DRUG	RESO		Drug issues & law enforcement/county attorney not making priority and just letting everyone get away with it n do them. We need people to get in trouble n get some help! Drug usage is getting very bad
1006		Good	DRUG			Substance Abuse
1180	66967	Average	EDU	ACC		Lack of health education in layman's terms
1111	66967	Poor	EMER			Lack of emergency care
1196	66967	Good	FAC	BED	STFF	Size of facilities, genuine employees
1028	66967	Very Good	FUND	INSU	TRAN	lack of funds plays a very large role in my opinion. people aren't able to get insurance of they have insurance but a very large deductible. lack of transportation, we do have a city bus but they are also very busy transporting people, which then causes problems scheduled apts, etc.
1224	66967	Very Good	NUTR	FIT	PREV	I think unhealthy diet and lack of exercise is leading cause of poor health in our community and in general.
1163	66951	Very Good	POV	ECON	SERV	Many of these selections can be attributed to local low income/high cost of goods and services.
1161	66967	Very Good	REC	ACC		Failure to use the Wellness Center
1229	66967	Very Good	SCH	PRIM	WAIT	You have to call MONTHS in advance to see your own Dr. Allow time in their day for call ins other than quick care. Some of us only want to see our primary care Dr due to other issues that they are aware of.

CHNA 2024 Community Feedback: Smith County, KS (N=243)

ID	Zip	Rating	c1	c2	c3	Q13. What "new" community health programs should be created to meet current community health needs?
1160		Good	ACC	NH	WEB	Easier access for information for the elderly since many of them do not use social media.
1007	66967	Good	ALC	DRUG		Alcohol and substance dependency outreach.
1037	66967-15	Average	CANC	AWARE	EDU	We need more help with cancer and more awareness about cancer.
1015	66967	Average	CC			better daycare
1033	66967	Very Good	CC			I personally feel that child care is one of our biggest needs.
1137		Good	DRUG	EDU	RESO	Better understanding of health issues and drugs prescribed.
1031	67474	Very Good	DRUG	MH	RESO	More substance and mental health programs
1009	66967	Very Good	DRUG			Decreasing street drugs in the area
1239	66952	Very Good	EDU	CHRON	ALZ	education on aging disease processes such as how to deal with dementia, alzheimers, etc
1108	66967	Good	EDU	NUTR	PREV	More information about nutrition and how important it is to good health
1001	66967	Good	EDU	PREV		Classes to educate on all phases of medicine. Men's health is one.
1017	66967	Good	EDU	SCREE	RESO	Health education classes for kids. Free blood pressure screenings. Diaper drives. Food pantry. Boosting our resources and access to mental health care.
1052	66952	Good	EDU			I watch you tube for health advice.
1090	66967	Very Good	ENT	ALLER		ENT, allergist
1110	66067	Average	FINA			The cost of all healthcare is so out of line I wish something could be done. That causes a lot of people from seeking help.
1176	66967	Very Good	FIT	FINA	ACC	Affordable exercise open to all
1068	66967	Good	FIT	NUTR	EDU	Fitness and nutritional education provided
1241	66967	Very Good	FIT	NUTR	RESO	Exercise, nutrition, cooking programs
1066		Very Good	FIT	OBE		Exercise ,weight loss
1041	67473	Very Good	FIT			better gyms
1101	66932	Very Good	FIT			Exercise areas
1205	66967	Very Good	FIT			Personal trainers, yoga, etc
1222	66967	Very Good	HH	MH	PSY	Better availability of home health services. Mental health services - psychiatry and counseling.
1055	66967	Very Good	HH	SERV		a Better Home Health service
1228	66967	Very Good	INSU	CC		Affordable health insurance Access to child care. Limited available causing parents to not work.
1064		Good	MH	CC	TRAN	mental health, more daycare staff, more transportation availability.
1163	66951	Very Good	MH	DOCS	RET	Please recruit local mental health care providers.
1022	66967	Very Good	MH	DRUG	COUN	Mental health help and substance abuse counseling
1203	66967	Good	MH	DRUG	VIO	We need more mental health programs, alcohol and drug treatment, programs for abusive relationships (whether physical or mental and for spouses or family/friends who can be abusive). We are a small community and a lot of people will not go to get help because of the stigma involved with being seen and talked about. This is why I think telehealth is such a great idea.
1243	66967	Good	MH	HOUS	FINA	mental health options and low income housing options; or affordable housing options; not 1,000 rent for an apartment owned by someone not local
1047	66967	Very Good	MH	INSU		Better mental health initiatives especially to those that do not have insurance that covers.
1194	66967	Very Good	MH	NUTR	CHRON	Mental health series, healthy cooking demos, dealing with chronic disease,
1148	66967	Very Good	MH	NUTR	EDU	Mental health Nutrition education Financial education Alcohol/drug/ substance abuse support/programs
1145	66967	Average	MH	SERV	RESO	More mental health bases programs
1043	66967	Very Good	MH			Mental Health
1063	66967	Average	MRKT	TRAV	CANC	In home hospice based out of smith center, not to have to have travelers driving from all over. To better the advertising of the cancer treatment we can provide in county.
1154	66951	Good	NH	ACC		Senior Life Solitions like Phillips County Hospital has.
1226	66967	Good	NUTR	ACC		Health food store
1130	66967	Very Good	NUTR	FINA	POV	Cheap quality food Decrease cost of living
1103	66967	Good	NUTR	RESO		Farmers market
1024	66967	Very Good	NUTR			Nutrition,
1168	66967	Very Good	NUTR			Nutritional needs
1159	66967	Good	OBE			Guided weight loss program
1229	66967	Very Good	OBR	FIT	DIAB	Weight loss management classes. Exercise for 60+ Individual help with planning diabetes meals
1136		Very Good	OPHT			Eye specialist that can do surgery so you don't have to go out of state or Wichita or else where
1084		Good	OPHT			Optometrist
1198	66967	Very Good	POV	RESO	FINA	Low income well checkups for an affordable price.
1236	66967	Good	PREV	ACC		Group wellness programs
1147	66967	Very Good	PREV	FEM		Wellness programs, especially for women
1161	66967	Very Good	PREV	FIT	ACC	Preventive/exercise by age and physical abilities. A full time fitness, exercise trainer at the Wellness Center.
1074	66967	Good	PREV	FIT	EDU	Wellness and fitness education
1044	66967	Very Good	RESO	ADOL	CC	After school program, more childcare options for young children. As a working mother of two whom are very young. I currently do not have any facility daycare for my children because there is no room available anywhere in town or within the county.

CHNA 2024 Community Feedback: Smith County, KS (N=243)

ID	Zip	Rating	c1	c2	c3	Q13. What "new" community health programs should be created to meet current community health needs?
1221	66951	Very Good	RESO	REC	SCH	Cooperative for local small businesses to offer employee benefits. Funding resources for the childcare center and/or professional management by someone who know what they're doing (hospital/LTC/clinic/local business volunteer/shared resources? Provided facilities?) Adult rec program Unbiased nutritional education made "easily" accessible at various times and in various delivery methods to fit the population's scheduling/attendance needs. Maybe even incentivizing attendance with monetary rewards. I'd be willing to put my money where my mouth is for that. Collaboration between school districts on nursing services or a consultation option with local health department or another school nurse for "cases" outside the Thunder Ridge elementary secretary's wheelhouse (which seems like it should be almost everything outside of administering a parent-directed Tylenol dose at a parent-directed time.)
1010	66967	Good	RESO	REF	ACC	Community shared calendar and website of shared resources and events to assist with referrals from first responders/family and personal access/research when wanting to improve
1034	66967	Very Good	SERV	DENT		Free check-up and dental once every 3 months.
1204	66967	Good	SERV	INSU	EDU	yearly health fair, health fair labs done monthly for a cheaper cost for those uninsured or with high deductible plans, more educational classes
1174	66952	Average	SPRT	RESO		Family base support programs for children with disabilities
1234	66967	Good	SPRT	SERV		Conception/family planning
1206	66951	Very Good	THER	REC	RHE	Aqua therapy classes for seniors would be nice. Very good for arthritis, etc.

Year 2024 - Let Your Voice Be Heard!

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

While your participation is voluntary and confidential, all community input is valued. Thank you for your immediate attention! CHNA 2024 online feedback deadline is set for Feb 9, 2024.

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

- Very Good Good Average Poor Very Poor

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

	Very Good	Good	Fair	Poor	Very Poor
Ambulance Services	<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/Optomtrist	<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"/>

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

	Very Good	Good	Fair	Poor	Very Poor
Inpatient Hospital Services	<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 Hospital 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"/>



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



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



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

- | | |
|--|---|
| <input type="checkbox"/> Mental Health Services (Access, Provider, Treatment, Aftercare) | <input type="checkbox"/> Chronic Disease Management |
| <input type="checkbox"/> Drugs / Substance Abuse | <input type="checkbox"/> Obesity (Nutrition / Exercise) |
| <input type="checkbox"/> Child Care Access | <input type="checkbox"/> Nursing Home / Senior Care |
| <input type="checkbox"/> Dental Services | <input type="checkbox"/> Home Health |
| <input type="checkbox"/> Specialty Services | <input type="checkbox"/> Poverty / Employment Readiness |
| <input type="checkbox"/> Affordable Insurance / Access to Medicaid | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Housing | |



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

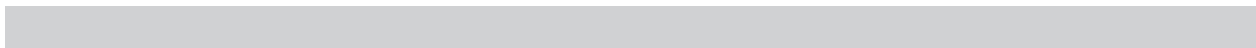
- | | |
|--|---|
| <input type="checkbox"/> Mental Health Services (Access, Provider, Treatment, Aftercare) | <input type="checkbox"/> Chronic Disease Management |
| <input type="checkbox"/> Drugs / Substance Abuse | <input type="checkbox"/> Obesity (Nutrition / Exercise) |
| <input type="checkbox"/> Child Care Access | <input type="checkbox"/> Nursing Home / Senior Care |
| <input type="checkbox"/> Dental Services | <input type="checkbox"/> Home Health |
| <input type="checkbox"/> Specialty Services | <input type="checkbox"/> Poverty / Employment Readiness |
| <input type="checkbox"/> Affordable Insurance / Access to Medicaid | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Housing | |



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

- | | |
|--|--|
| <input type="checkbox"/> Chronic Disease Management | <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 / Access to Healthy Foods | <input type="checkbox"/> Lack of Health Insurance |
| <input type="checkbox"/> Lack of Exercise | <input type="checkbox"/> Neglect |
| <input type="checkbox"/> Limited Access to Primary Care | <input type="checkbox"/> Lack of Transportation |
| <input type="checkbox"/> Limited Access to Specialty Care | |

Other (Be Specific).



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

	Very Good	Good	Fair	Poor	Very Poor
Behavioral/Mental Health	<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 Wellness 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"/>
Exercise Facilities / Walking Trails etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



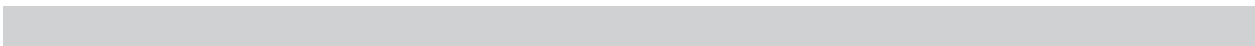
10. Social Determinants are impacting healthcare delivery. These determinants include 1) Education Access and Quality, 2) Economic Stability, 3) Social / Community support, 4) Neighborhood / Environment, and 5) Access to Quality Health Services. Being this a strong topic of interest, do you have any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



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

- Yes No

If yes, please specify the services received



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

- Yes No

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



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



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

- | | | |
|---|--|--|
| <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).



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

Other (Please specify).



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

e.) County Health Rankings & Roadmap Detail

[VVV Consultants LLC]

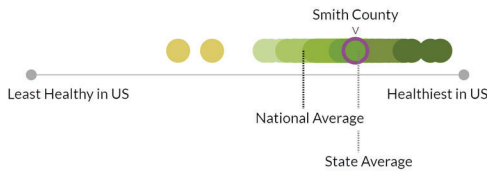
Smith County



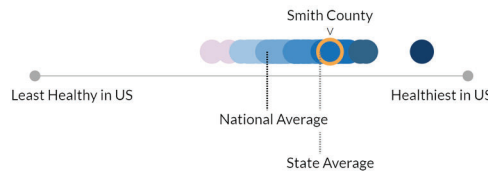
KANSAS HEALTH INSTITUTE

Informing Policy. Improving Health.

Health Outcomes



Health Factors



khi.org
countyhealthrankings.org

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

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

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

Population: 3,533

	2020	2021	2022	2023	2024	Kansas 2024	U.S. 2024
Health Outcomes							
Length of life							
Premature death (years of potential life lost, per 100,000) ⁽¹⁾						8079	7972
Quality of life							
% Reporting poor or fair health, adults ⁽¹⁾		17	17	13	13	14	14
Average number of poor physical health days, adults ⁽¹⁾		4	4	3	3.2	3.2	3.3
Average number of poor mental health days, adults ⁽¹⁾		4	5	4	5.0	5.0	4.8
% Low birthweight, <2,500 grams	5.8	4.7	5.7	5.7	5	7	8
Health Factors							
Health Behaviors							
% Smokers, adults ⁽¹⁾		21	19	19	18	16	15
% Obese, adults age 20 and older ⁽¹⁾			36	36	38	37	34
Food environment index, 0 (worst) to 10 (best)	7.3	7.2	7.3	7.7	8.0	7.1	7.7
% Physically inactive, adults age 20 and older ⁽¹⁾			29	22	24	23	23
% Access to exercise opportunities ⁽¹⁾				63	64	80	84
% Excessive drinking, adults ⁽¹⁾		19	19	19	16	20	18
% Driving deaths with alcohol-involvement	33	33	50	50	50	20	26
Sexually transmitted infection rate, per 100,000 population	273	136	112	223		506.1	495.5
Teen birth rate, per 1,000 females age 15-19 ⁽¹⁾						19	17
Clinical Care							
% Uninsured, population under age 65	13	11	12	9	10	11	10
Primary care physicians rate, per 100,000 population	164	139	140	141	140	78	75
Dentists rate, per 100,000 population	56	56	56	56	57	63	74
Mental health providers rate, per 100,000 population						237	314
Preventable hospital stays rate, per 100,000 Medicare enrollees	5904	4648	6153	5818	3852	2576	2681
% Mammography screening, Medicare females age 65-74	49	47	51	54	46	48	43
% Flu vaccinations, Medicare enrollees	32	31	31	35	33	47	46
Social & Economic Factors							
% High school completion, adults age 25 and older ⁽²⁾		93	95	96	95	92	89
% With some college, adults age 25-44	70	72	74	70	64	71	68
% Unemployed, population age 16 and older	2.5	2.5	2.7	1.7	2.0	2.7	3.7
% Children in poverty	18	16	15	15	15	14	16
Income inequality ratio, 80th to 20th percentile	4.5	4.1	4.1	4	3.7	4.4	4.9
% Children in single-parent households	22	16	16	17	18	21	25
Membership associations rate, per 10,000 population	40.9	41.6	41.9	36.7	39.1	13.2	9.1
Injury death rate, per 100,000 population ⁽¹⁾					95	82	80
Physical Environment							
Average daily density of fine particulate matter ⁽³⁾	7.3	5.7	6.7	5.9	5.9	6.7	7.4
Drinking water violations?	Yes	Yes	No	No	No		
% Households with severe housing problems	10	9	7	6	6	12	17
% Driving alone to work	79	83	85	83	82	78	72
% Long commute - driving alone	16	16	15	15	13	22	36

Empty cells: Shaded cells indicate measures were omitted due to methodology change⁽¹⁾, new additions⁽²⁾, or are unavailable due to low reliability.

⁽³⁾Source data have not been updated since the 2023 County Health Rankings Release.

2024

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

What do these drivers mean?

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

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

	Measure	Description	Factor Category	County Value	U.S. Value	Direction of Impact
1	Unemployment	Percentage of population ages 16 and older unemployed but seeking work.	Social and Economic Environment	2.0%	3.7%	+
2	Social Associations	Number of membership associations per 10,000 population.	Social and Economic Environment	39.1	9.1	+
3	Primary Care Physicians	Ratio of population to primary care physicians.	Clinical Care	140	75	+
4	High School Completion	Percentage of adults ages 25 and over with a high school diploma or equivalent.	Social and Economic Environment	95%	89%	+
5	Preventable Hospital Stays	Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees.	Clinical Care	3852	2681	-

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

	Measure	Description	Factor Category	County Value	U.S. Value	Direction of Impact
1	Low Birthweight	Percentage of live births with low birthweight (< 2,500 grams).	Quality of Life	5%	8%	+
2	Poor Physical Health Days	Average number of physically unhealthy days reported in past 30 days (age-adjusted).	Quality of Life	3.2	3.3	+
3	Poor or Fair Health	Percentage of adults reporting fair or poor health (age-adjusted).	Quality of Life	13%	14%	+
4	Poor Mental Health Days	Average number of mentally unhealthy days reported in past 30 days (age-adjusted).	Quality of Life	5.0	4.8	+
5	Premature Death	Years of potential life lost before age 75 per 100,000 population (age-adjusted).	Length of Life	N/A	7972	N/A

N/A: Not applicable due to insufficient data.

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

- Red Minus: Measure with a negative impact on a county’s health grouping.

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



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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