Community Health Needs Assessment
Norton County, KS
On Behalf of Norton County Hospital

May 2024

VVV Consultants LLC
Olathe, KS

I. Executive Summary

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Community Health Needs Assessment
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I. Executive Summary

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I. Executive Summary

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

The previous Community Health Needs Assessment for Norton County Hospital 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 Norton County, KS CHNA began in December of 2023 and was facilitated/created by VVV Consultants, LLC (Olathe, KS) staff under the direction of Vince Vandehaar, MBA.

Creating healthy communities requires an elevated 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 - Norton Co, KS			
on behalf of Norton County Hospital, Norton KS			
Town Hall - 03/21/24 (Attendees 48 / 177 Total Votes)			
#	Community Health Needs to Change and/or Improve	Votes	%	Accum
1	Healthcare Staffing / Volunteerism (Providers & Supporting Staff)	36	20.3%	20.3%
2	Cost of Healthcare / Affordable Medications	29	16.4%	36.7%
3	Mental Health (Diagnosis, Placement, Aftercare, Access to Providers)	23	13.0%	49.7%
4	Affordable Healthy Foods	19	10.7%	60.5%
5	Failing Infrastructures (Grid, Water, Streets & Sidewalks)	17	9.6%	70.1%
6	Childcare (Accessible & Affordable)	16	9.0%	79.1%
	Total Votes	177	100%	
Other needs receiving votes: Health Apathy/Preventative Screenings, Housing (Affordable & Accessible), Nursing Home/Senior Health, Routine Surgery offered at Hospital, Chronic Disease Management, Art & Music Therapy and Government Truth & Transparency.			

Town Hall CHNA Findings: Areas of Strengths

Norton County, KS - Community Health Strengths			
#	Topic	#	Topic
1	Safe Community	7	Pharmacy services
2	Coordination of Care	8	School Athletic programs
3	County Health Dept	9	Strong businesses in town
4	EMS & Fire	10	Supportive Community
5	Exercise opportunities	11	Variety of Healthcare services
6	Local Caring Providers	12	Youth screenings

Key CHNA Wave #5 Secondary Research Conclusions found:

KANSAS HEALTH RANKINGS: According to the 2023 Robert Woods Johnson County Health Rankings, Norton Co, KS, on average was ranked 59th in Health Outcomes, 40th in Health Factors, and 37th in Physical Environmental Quality out of the 105 Counties.

TAB 1. Norton County's population is 5,301 (based on 2023 findings). About six percent (5.5%) of the population is under the age of 5, while the population that is over 65 years old is 20.3%. Children in single parent households make up a total of 11.6% compared to the rural norm of 15%, and 78.9% are living in the same house as one year ago.

TAB 2. In Norton County, the average per capita income is $27,620 while 12.9% of the population is in poverty. The severe housing problem was recorded at 13.1% compared to the rural norm of 8%. Those with food insecurity in Norton County is 8.5%, and those having limited access to healthy foods (store) is 7.7%. Individuals recorded as having a long commute while driving alone is 9.8% compared to the norm of 17%.

TAB 3. Children eligible for a free or reduced-price lunch in Norton County is 42.9%. Findings found that 90.2% of Norton County ages 25 and above graduated from high school while 23.3% has a bachelor's degree or higher (2022).

TAB 4. The percentage of births where prenatal care began in the first trimester was recorded at 72.8% compared to the rural norm of 82.8%. Additionally, the percentage of births with low birth weight was 9.1%. Norton Counts recorded 4.3% of births occurring to teens between ages 15-19. The percentage of births where mother smoked during pregnancy was 16.6% compared to the rural norm of 12.2%.

TAB 5. The Norton County primary care service coverage ratio is 1 provider (county based officed physician who is a MD and/or DO) to 1,776 residents. There were 1,560 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 64% while the average median time patients spent in the emergency department before leaving was 121 minutes.

Secondary Research Continued

TAB 6. In Norton County, adults diagnosed with depression as of 2021 was 19.4%. The Mental Behavioral hospital admissions rate per 100k was 15.1 compared to the rural norm of 29.3.
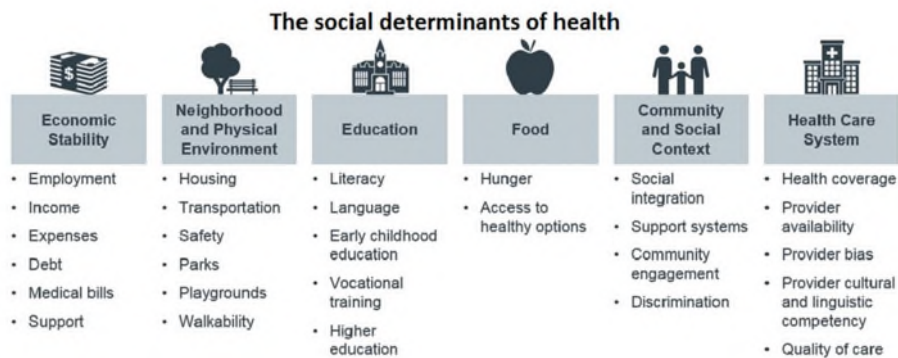
TAB 7a – 7b. Norton County has an obesity percentage of 36.5% and a physical inactivity percentage is 23.5%. The percentage of adults who smoke is 19.4%, while the excessive drinking percentage is 20.6%. The percentage of adults who have taken medication for high blood pressure is 80.6%, while their heart failure admissions rate was recorded at 14.6%. Those with kidney disease are 3.2% compared to the rural norm of 3.6%. The percentage of adult individuals who were recorded with cancer was 8.1% while adults recorded with diabetes (20+) is 8.8% compared to the rural norm of 8%.

TAB 8. The adult uninsured rate for Norton County is 10.1% compared to the rural norm of only 10.9%.

TAB 9. The life expectancy rate in Norton County for males and females is 77 years of age (76.6). Alcohol-impaired driving deaths for Norton County is 37.5% while age-adjusted Cancer Mortality rate per 100,000 is 127. The age-adjusted heart disease mortality rate per 100,000 is at 182.5.

TAB 10. A recorded 62% of Norton County has access to exercise opportunities. Continually, 44% of women have done a mammography screening compared to the rural norm of 43.8%. Adults recorded in Norton County who have had a regular routine check-up is 62.9%.

Social Determinants Views Driving Community Health: From Town Hall conversations the Economy followed by Provider Access, Neighborhood, Community/Social Support, and Physical Environment are impacting community health.

The social determinants of health

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

KEY "Social Determinant Takeaways" to Improve Our Community Health	
More funding through county budget or pass a percentage of local sales tax specific for hospital.	We lack the support services including mental health that are needed to keep these populations moving in a positive direction
We have a probably 50% poverty level. Addressing this with food programs that continue year around would help	Continuous recruitment of PCP..Retention of good health care staff would help in all areas
Housing, childcare, and workforce development all go hand in hand. Unfortunately we work in silos	Better access to nutrition education and healthier foods is important. People need options and need to know where to find food resources in the community

Key CHNA Wave #4 Primary Research Conclusions found:

Community Feedback from residents, community leaders, and providers (N=142) provided the following community insights via an online perception survey:

- Using a Likert scale, the average between Norton County stakeholders and residents that would rate the overall quality of healthcare delivery in their community as either Very Good or Good; is 33.8%.

- Norton County stakeholders are very satisfied with some of the following services: Ambulance Services, Optometry, Home Health, and Pharmacy.

- When considering past CHNA needs, the following topics came up as the most pressing: Provider / Staffing Retention, Mental Health Services, Childcare, Quality of Care, Cost of Care, Drugs / Substance / Alcohol Abuse, Healthcare Access, Preventative Health / Wellness, Access to Specialists, and Cancer Services.

Norton County, KS - CHNA YR 2024 N=142					
Past CHNA Unmet Needs Identified		**Ongoing Problem**			**Pressing**
Rank	Ongoing Problem	Votes	%	Trend	Rank
1	Provider / Staffing Retention	91	16.1%		1
2	Mental Health Services (Access, Provider, Treatment, Aftercare)	74	13.1%		2
3	Child Care	62	11.0%		3
4	Drugs / Substance / Alcohol Abuse	54	9.6%		6
5	Quality of Care	45	8.0%		4
6	Cost of Care	44	7.8%		5
7	Healthcare Access	30	5.3%		7
8	Cancer Services	27	4.8%		11
9	Awareness of Healthcare Services	27	4.8%		10
10	Nutrition - Health Eating (Access)	25	4.4%		12
11	Access to Specialists	25	4.4%		9
12	Preventative Health / Wellness	18	3.2%		8
13	Exercise & Fitness (Access)	17	3.0%		13
14	Tobacco / Smoking / Vaping	15	2.7%		14
15	Transportation	10	1.8%		15
	Totals	564	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 <u>description of the community served</u> by the facility and how the community was determined;
2. A <u>description of the process</u> and methods used to conduct the CHNA;
3. The <u>identity of any and all organizations</u> with which the organization collaborated and third parties that it engaged to assist with the CHNA;
4. A <u>description of how</u> the organization considered the input of persons representing the community *(e.g., through meetings, focus groups, interviews, etc.)*, who those persons are, and their qualifications;
5. A <u>prioritized description of all of the community needs</u> identified by the CHNA and an explanation of the process and criteria used in prioritizing such needs; and
6. A <u>description of the existing health care facilities and other resources within the community</u> available to meet the needs identified through the CHNA.

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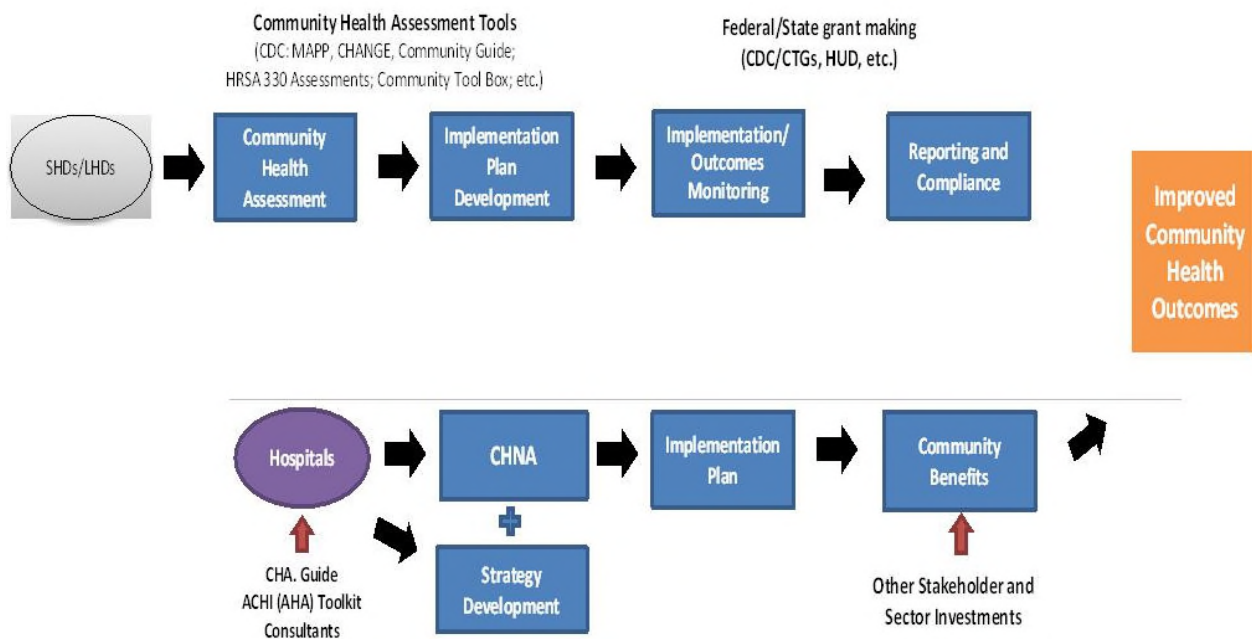
JOB #2: Making a CHNA Widely Available to the Public

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

JOB #3: Adopt an Implementation Strategy by Hospital

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

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

IRS Requirements Overview (Notice 2011-52)

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

Applicability of CHNA Requirements to "Hospital Organizations"

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

How and When to Conduct a CHNA

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

Determining the Community Served

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

Persons Representing the Community Served

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

Required Documentation

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

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

Making a CHNA Widely Available to the Public

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

How and When to Adopt an Implementation Strategy

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Public Health Criteria:

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

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

DOMAIN 1 includes 4 STANDARDS:

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

Required CHNA Planning Process Requirements:

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

Seven Steps of Public Health Department Accreditation (PHAB):

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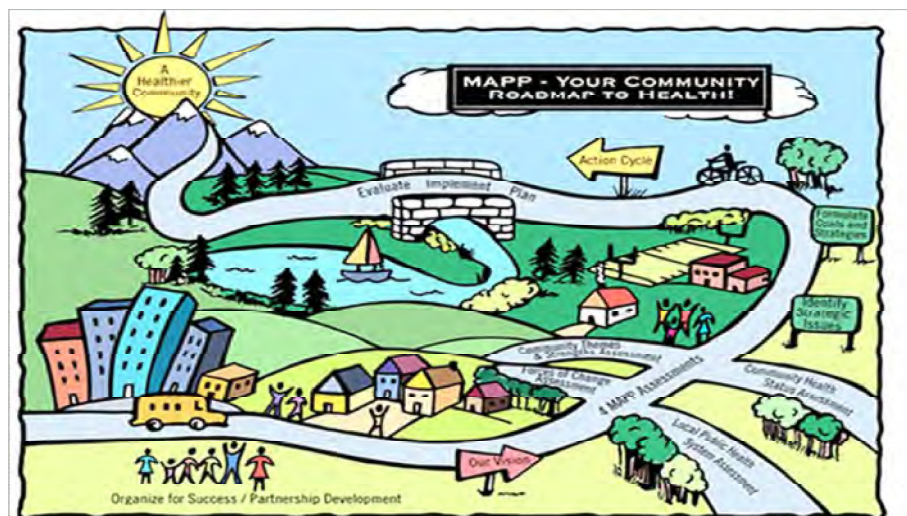5. Accreditation Decision
6. Reports
7. Reaccreditation

MAPP Process Overview

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

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

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

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

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

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

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

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

Social Determinants of Health

What Are Social Determinants of Health?

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

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

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

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

Centers for Medicare & Medicaid Services Health Equity Domains

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

Domain 1: Equity as a Strategic Priority

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

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

Domain 2: Data Collection

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

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

Domain 3: Data Analysis

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

Domain 4: Quality Improvement

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

Domain 5: Leadership Engagement

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

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

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

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

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

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

Element of Performance 1:

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

Element of Performance 2:

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

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

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

Element of Performance 3:

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

Element of Performance 4:

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

Element of Performance 5:

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

Element of Performance 6:

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

II. Methodology
b) Collaborating CHNA Parties

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

Norton County Hospital Profile
102 East Holme P.O. Box 250
Norton, KS 67654
CEO: Kevin Faughnder

About Us: Welcome to the Norton County Hospital and Doctors Clinic! We are a 25-bed critical access hospital and rural health clinic providing medical services for residents in Norton County and surrounding Kansas and Nebraska communities. Caring for our patients is a Medical Staff of one physician and three mid-level practitioners, with additional providers starting soon.

One hundred thirty dedicated and skilled employees complement the Medical Staff in providing all levels of inpatient care, a full range of outpatient ancillary services, and a significant number of visiting physician specialty clinics. We appreciate the support we receive from our patients and the communities we serve.

History: Norton County Hospital is operated by Norton County government. It was established in 1945 and has since undergone numerous building & service offering expansions.

Mission Statement: Norton County Hospital strives to meet the evolving healthcare needs of our region and provide an exceptional staff and patient experience to empower health and wellness at any stage of life.

Norton County Hospital offers the following services to its community:

- Acute Nursing
- Education
- Emergency Room
- Environmental Services
- Health Information Management
- Human Resources
- Infusion Therapy
- Infection Control
- Laboratory

- Physical Therapy
- Social Service
- Radiology
- Cardiology
- Neurosurgery
- Orthopedic
- Podiatrist
- Urology
- Pulmonary

Norton County Health Department Profile

801 N. Norton Ave., Norton, KS, 67654
Administrator: Leslie Pfannenstiel, RN
Work: 785-877-5745
leslie@nortoncountyks.gov

The North County Health Department is a non-profit organization that has been serving the community since 1975. The Health Department is open Monday through Thursday from 8:00 am to 4:30 pm (closed from 12:30 pm to 1:00pm) and Friday from 8:00am to 12:30pm. The health department also operates a Medicare Certified Home Health Agency, PRN Home Health Agency within the department.

Mission Statement: *We work to make Norton County a healthier and safer place to live, work, learn and play.*

Norton County Health Department offers the following services to its community:

- WIC
- Immunizations (All Ages)
- Healthy Start Home Visitor
- Certified Breastfeeding Educators
- Disease Investigation
- TB Skin Tests
- Free Blood Pressure Checks
- Rabies Prevention & Bite
  Management
- Worksite Wellness Program
- Health Promotion & Education

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

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 January of 2024 for Norton County Hospital in Norton County, KS to meet Federal IRS CHNA requirements.

In early December 2023, a meeting was called amongst the NCH 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 NCH to request VVV Consultants LLC to complete a CHNA IRS aligned comprehensive report.

<u>VVV CHNA Deliverables:</u>

- 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:

NCH - Defined Primary Serv Area				KHA (IP/ER/OP) FFY 21-23		
#	ZIP	City	County	Total 3YR	%	ACCUM
Total				44,507		
1	67654	Norton, KS	Norton	29152	65.5%	65.5%
2	67622	Almena, KS	Norton	3215	7.2%	72.7%
3	67645	Lenora, KS	Norton	2502	5.6%	78.3%
4	67629	Clayton, KS	Norton	844	1.9%	80.2%

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

Phase I—Discovery:

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

Phase II—Qualify Community Need:

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

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

Phase III—Quantify Community Need:

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

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

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

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

	Norton County Hospital		
	VVV CHNA Round #5 Work Plan - Year 2024		
	Project Timeline & Roles as of 01/19/24		
Step	**Timeframe**	**Lead**	**Task**
1	9/1/2023	VVV / Hosp	Sent Leadership information regarding CHNA Wave #5 for review 9/1/23. Zoom Overview meeting 10/12/23
2	10/27/2023	Hosp	Select CHNA Wave #5 Option B. Approve (signed) VVV CHNA quote received.
3	12/20/2023	VVV	Hold Kick-off Meeting & Request Hospital Client to send KHA PO reports for FFY 18, 19 and 20. In addition, request hospital to complete 3 year historical PSA IP/OP/ER/Clinic patient origin file (Use **ZipPSA_3yrPOrigin.xls**)
4	12/20/2023	VVV	Send out **REQCommInvite Excel** file. HOSP & HLTH Dept to fill in PSA Stakeholders Names /Address /Email
5	12/20/2023	VVV	Prepare CHNA Wave#5 Stakeholder Feedback "online link". Send link for hospital review.
6	Jan-Feb 2024	VVV	Assemble & complete Secondary Research - Find / populate 10 TABS. Create Town Hall ppt for presentation.
7	1/8/2024	VVV / Hosp	Prepare/send out PR story #1 / E Mail Request announcing upcoming CHNA work to CEO to review/approve.
8	1/12/2024	VVV / Hosp	Place PR story to local media CHNA survey announcing "online CHNA Wave #5 feedback". Request public to participate. Send E Mail request to local stakeholders
9	1/19/2024	VVV	Launch / conduct online survey to stakeholders: Hospital will e-mail invite to participate to all stakeholders. **Cut-off 2/23/2024 for Online Survey**
10	2/20/2024	Hosp	Prepare/send out Community TOWN HALL invite letter and place local AD.
11	2/26/2024	VVV / Hosp	Prepare/send out PR story to local media announcing upcoming Town Hall. VVV will mock-up PR release to media sources.
12	3/14/2024	ALL	Conduct conference call (time TBD) with Hospital / Public HLTH to review Town Hall data / flow
13	**Thursday 3/21/2024**	VVV	Conduct CHNA Town Hall. **Lunch 11:30am-1pm** (location TBD) Review & Discuss Basic health data plus RANK Health Needs.
14	On or Before 05/14/2024	VVV	Complete Analysis - Release Draft 1- seek feedback from Leaders (Hospital & Health Dept.)
15	On or Before 05/21/2024	VVV	Produce & Release final CHNA report. Hospital will post CHNA online (website).
16	5/17/2024	Hosp	Conduct Client Implementation Plan PSA Leadership meeting
17	By 5/30/2024	Hosp	Hold Board Meetings discuss CHNA needs, create & adopt an implementation plan. Communicate CHNA plan to community.

2024 Community Health Needs Assessment
Norton County Hospital, Norton KS
Town Hall Meeting- 03/21/2024

VVV Consultants LLC
Olathe, Kansas 66061

VandehaarMarketing.com
913-302-7264

1

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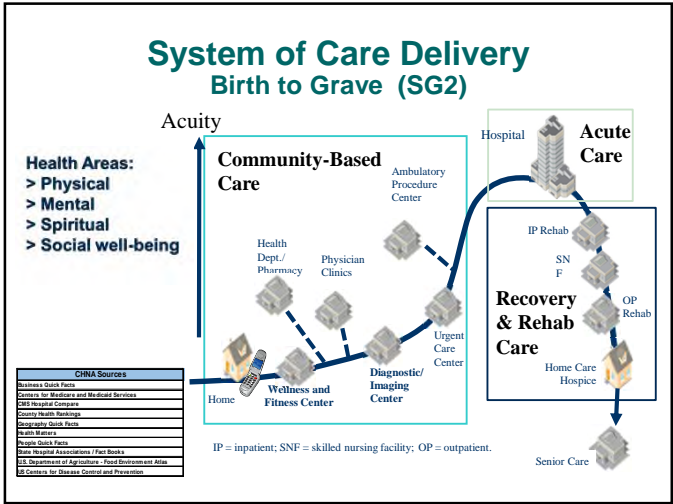**Onsite Town Hall Discussion Agenda**

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

2

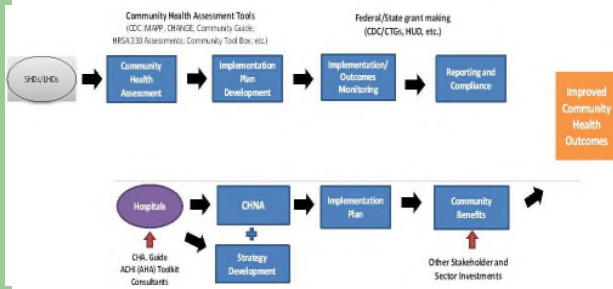**Town Hall Participation / Purpose & Parking Lot**

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

3

System of Care Delivery
Birth to Grave (SG2)

Acuity

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

Community-Based Care

Ambulatory Procedure Center

Health Dept./ Pharmacy

Physician Clinics

Home

Wellness and Fitness Center

Diagnostic/ Imaging Center

Urgent Care Center

Hospital

Acute Care

IP Rehab

SNF

OP Rehab

Recovery & Rehab Care

Home Care Hospice

Senior Care

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

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

4

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

5

II. Review of a CHNA

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

6

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 that 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

7

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)

8

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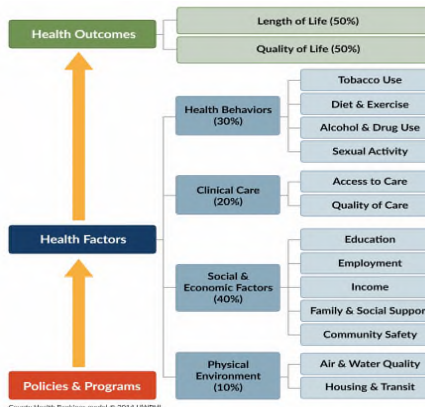
Trends: | Good | Same | Poor |

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

9

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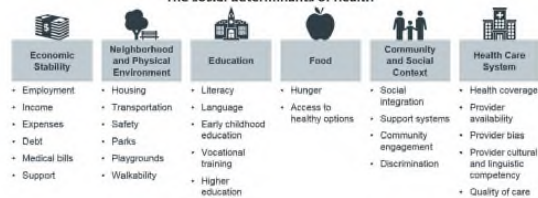**Robert Wood Johnson Foundation and University of WI Health Institute**

10

Social Determinants Online Community Feedback – Norton Co. (N=142)

The social determinants of health

KEY "Social Determinant Takeaways" to Improve Our Community Health	
More funding through county budget or pass a percentage of local sales tax specific for hospital.	We lack the support services including mental health that are needed to keep these populations moving in a positive direction
We have a probably 50% poverty level. Addressing this with food programs that continue year around would help	Continuous recruitment of PCP, Retention of good health care staff would help in all areas
Housing, childcare, and workforce development all go hand in hand. Unfortunately we work in silos	Better access to nutrition education and healthier foods is important. People need options and need to know where to find food resources in the community

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

12

28

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:

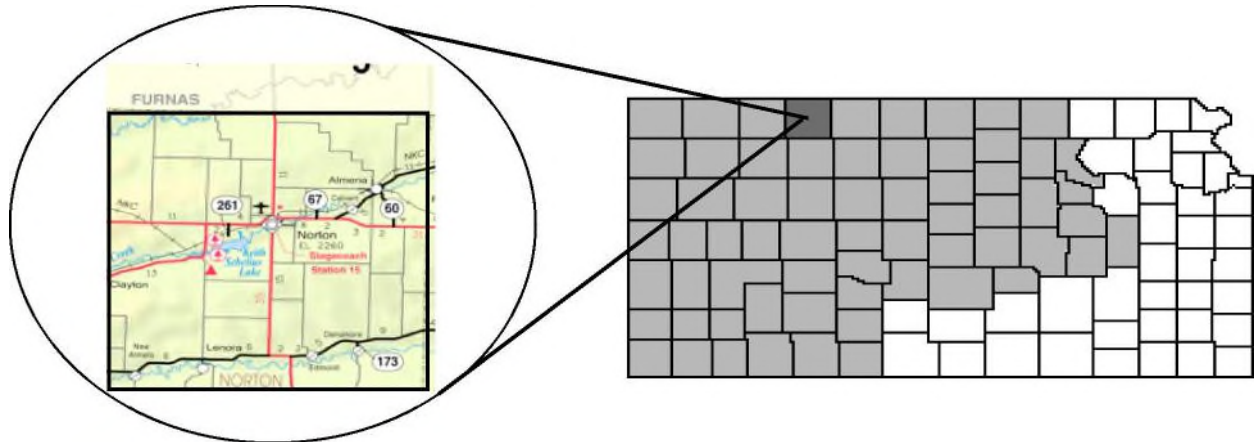| CHNA Detail Sources |
|---|
| Quick Facts - Business |
| Centers for Medicare and Medicaid Services |
| CMS Hospital Compare |
| County Health Rankings |
| Quick Facts - Geography |
| Kansas Health Matters |
| Kansas Hospital Association (KHA) |
| Quick Facts - People |
| U.S. Department of Agriculture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

Norton County Community Profile

Demographics

The population of Norton County was estimated to be 5,298 citizens as of July 2023. The county has an overall population density of 6 persons per square mile.[1] Norton County covers 878 square miles and this area includes Prairie Dog State Park and The Gallery of the Also-Rans[2]. The county is located in North central Kansas and agriculture, forestry, fishing and hunting, and mining, construction are the industries providing employment.[3] The county was founded in 1872 and the county seat is Norton.

The county was organized largely at the behest of N.H. Billings, who presented a forged petition to the governor, followed by a largely fictitious census.[4] Once the governor issued the proclamation of organization, naming Billingsville the temporary county seat, Billings returned to the county and in the first election in Sept. 1872 was elected state representative, county attorney, and county superintendent of schools.[4] During the 1873 session, the legislature mocking Billings's vanity, renamed the county in his honor; the next year, the name of Norton was restored.[4]

The major highway transportation access to Norton County is primarily state and county roads. Kansas highway 283 runs North–South through the center of the county and Kansas highways 383 and 36 run East–West through the county. Kansas State Highway 9 also runs through the southern part of the county. The major U.S. interstate, I-70 runs South of the county and Interstate 80 is North of the county running through Nebraska.

[1] http://kansas.hometownlocator.com/ks/norton/
[2] http://www.discovernorton.com/Document.aspx?id=3693
[3] http://www.city-data.com/county/Norton_County-KS.html
[4] https://www.kshs.org/geog/geog_counties/view/county:NT

Norton County, KS Airports[4]

Name	USGS Topo Map
Lenora Municipal Airport	Clayton NE
Norton Municipal Airport	Norton

Schools in Norton County[5]

Name	Level
Almena Elem	Primary
Eisenhower Elem	Primary
Lenora Elem	Primary
Northern Valley High	High
Norton High	High
Norton Jr. High	Middle

[4] http://kansas.hometownlocator.com/features/cultural,class,airport,scfips,20137.cfm
[5] http://kansas.hometownlocator.com/schools/sorted-by-county,n,norton.cfm

Norton Co (KS) -Detail Demographic Profile

| ZIP | NAME | ST | County | Population | | | Households | | | |
				Year 2023	Year 2028	5yr CHG	Year 2023	Year 2028	HH Avg Size23	Per Capita23
67622	Almena	KS	NORTON	471	445	-5.5%	210	202	2.2	$28,789
67629	Clayton	KS	NORTON	108	103	-4.6%	47	44	2.3	$28,776
67645	Lenora	KS	NORTON	533	513	-3.8%	239	233	2.2	$29,056
67654	Norton	KS	NORTON	4,206	4,072	-3.2%	1,451	1,416	2.2	$29,820
Totals				5,318	5,133	-4.3%	1,947	1,895	2.3	$29,110

| ZIP | NAME | ST | County | Population | | | | Year 2020 | | Females |
				Pop 21+	Pop. 65+	Kids<18	Gen Y	Males	Females	Age 20-35
67622	Almena	KS	NORTON	437	85	32	160	337	134	123
67629	Clayton	KS	NORTON	88	35	19	26	55	53	14
67645	Lenora	KS	NORTON	431	150	97	122	284	249	69
67654	Norton	KS	NORTON	3312	878	845	1017	2,313	1893	844
Totals				4,268	1,148	993	1,325	2,989	2,329	1,050

| ZIP | NAME | ST | County | Population 2020 | | | | Year 2023 | | |
				White%	Black%	Asian%	Hispan%	Housing Units	% Rentals	Soc Econ Index
67622	Almena	KS	NORTON	81.1%	13.4%	0.6%	17.4%	268	17%	44
67629	Clayton	KS	NORTON	94.4%	0.0%	0.9%	1.9%	61	8%	57
67645	Lenora	KS	NORTON	95.5%	0.6%	0.4%	1.5%	357	6%	56
67654	Norton	KS	NORTON	88.5%	3.4%	0.7%	5.5%	1,757	18%	59
Totals				89.9%	4.3%	0.7%	6.6%	2,443	12.3%	54

Source: ERSA Demographics 2023
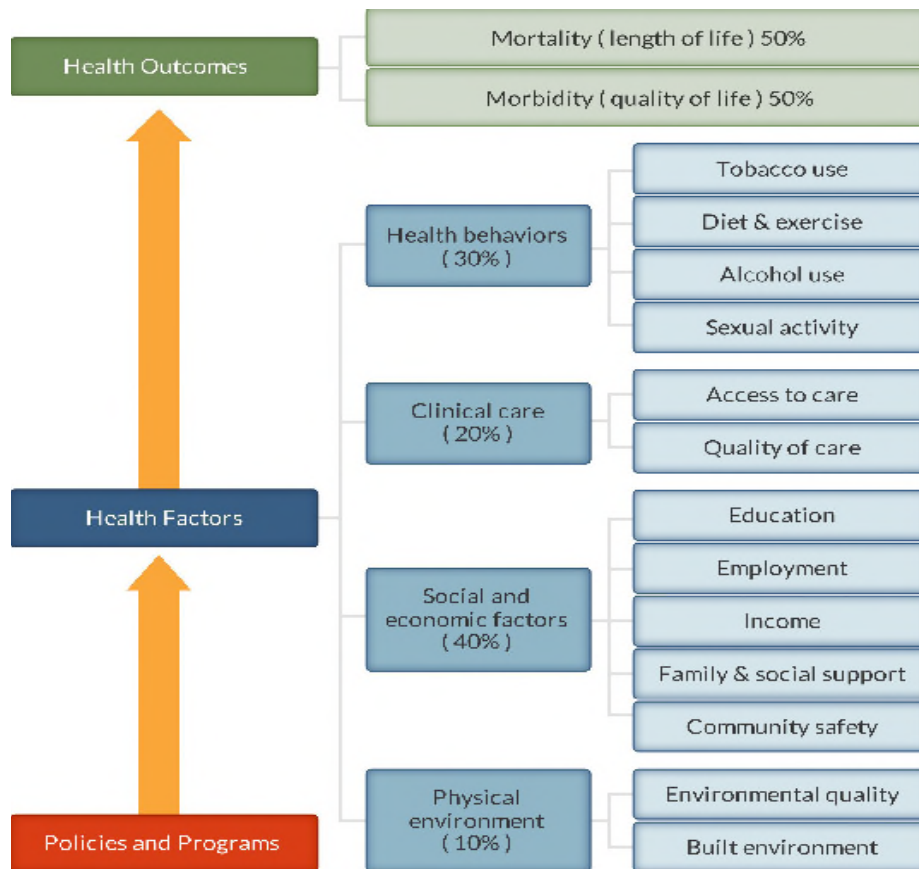
III. Community Health Status

[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	Norton Co (KS) 2023	Norton Co (KS) 2021	Trend	NWKS Rural Norm (18)
	Health Outcomes		**59**	**93**	**+**	**44**
	Mortality	**Length of Life**	**83**	**96**	🟥	**47**
	Morbidity	**Quality of Life**	**38**	**73**	**+**	**39**
	Health Factors		**40**	**32**	**-**	**33**
	Health Behaviors	**Tobacco Use, Diet/Exercise, Alcohol Use, Sexual Activitiy**	**64**	**69**	🟨	**50**
	Clinical Care	**Access to care / Quality of Care**	**17**	**37**	🟩	**43**
	Social & Economic Factors	**Education, Employment, Income, Family/Social Support, Community Safety**	**49**	**35**	🟨	**35**
	Physical Environment	**Environmental quality**	**37**	**9**	🟨	**22**
	NWKS Counties: Decatur, Ellis, Gove, Graham, Logan, Ness, Norton, Pawnee, Phillips, Rawlins, Rooks, Rush, Russell, Sheridan, Osborne, Smith, Thomas, and Trego.					

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	Norton County 2024	Norton County 2021	Trend	State of KS	NWKS Norm (N=18)	Source
	a	Population estimates, 2020-2022	5,301	5,361		2,913,314	5,300	People Quick Facts
	b	Persons under 5 years, percent, 2020-2022	5.5%	5.1%		6.4%	5.7%	People Quick Facts
	c	Persons 65 years and over, percent, 2020-2022	20.3%	21.3%		16.3%	24.5%	People Quick Facts
	d	Female persons, percent, 2020-2022	42.7%	44.3%		50.2%	48.9%	People Quick Facts
	e	White alone, percent, 2020-2022	91.8%	93.5%		86.3%	92.0%	People Quick Facts
	f	Black or African American alone, percent, 2020-2022	4.1%	3.6%		6.1%	1.6%	People Quick Facts
	g	Hispanic or Latino, percent, 2020-2022	5.8%	5.5%		12.2%	5.6%	People Quick Facts
	h	Language other than English spoken at home, percent of persons age 5 years+, 2017-2021	3.2%	2.9%	+	11.9%	3.8%	People Quick Facts
	i	Living in same house 1 year ago, percent of persons age 1 year+, 2017-2021	78.9%	79.3%		83.8%	87.1%	People Quick Facts
	j	Children in single-parent households, percent, 2017-2021	11.6%	29.5%		21.0%	14.6%	County Health Rankings
	k	Veterans, 2017-2021	329	522		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	Norton County 2024	Norton County 2021	Trend	State of KS	NWKS Norm (N=18)	Source
	a	Per capita income in past 12 months (in 2021 dollars), 2017-2021	$27,620	$27,500		$31,814	$32,780	People Quick Facts
	b	Persons in poverty, percent, 2020-2022	12.9%	11.6%	-	11.4%	11.7%	People Quick Facts
	c	Total Housing units, 2022	2,454	2,432		1,288,401	2,701	People Quick Facts
	d	Severe housing problems, percent, 2015-2019	13.1%	6.4%	-	12.5%	8.2%	County Health Rankings
	e	Total employer establishments, 2021	179	NA		239,118	201	Business Quick Facts
	f	Unemployment, percent, 2021	1.8%	2.1%		3.2%	2.1%	County Health Rankings
	g	Food insecurity, percent, 2020	8.5%	11.4%	+	9.7%	9.9%	County Health Rankings
	h	Limited access to healthy foods, percent, 2019	7.7%	10.8%	+	8.4%	10.5%	County Health Rankings
	i	Long commute - driving alone, percent, 2017-2021	9.8%	10.3%	+	21.7%	17.3%	County Health Rankings
	j	Community Spending on Food, 2023 **	13.2%	NA		12.7%	13.3%	Kansas Health Matters
	k	Community Spending on Transportation, 2023 **	18.4%	NA		18.1%	19.9%	Kansas Health Matters
	l	Households With Internet Sub (2017-2021) **	89.2%	NA		86.7%	85.4%	Kansas Health Matters
	m	Student Loan Spending-to-Income, 2023 **	5.0%	NA		4.6%	5.2%	Kansas Health Matters

Tab 3: Educational Profile

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

3	Education - Health Indicators	Norton County 2024	Norton County 2021	Trend	State of KS	NWKS Norm (N=18)	Source
a	Children eligible for free or reduced price lunch, percent, 2020-2021	42.9%	47.1%	-	45.3%	44.3%	County Health Rankings
b	High school graduate or higher, percent of persons age 25 years+, 2017-2021	90.2%	92.4%	-	91.8%	92.8%	People Quick Facts
c	Bachelor's degree or higher, percent of persons age 25 years+, 2017-2021	23.3%	19.9%		34.7%	23.0%	People Quick Facts

#	Indicators	Norton 211 District 2023
1	Total # Public School Nurses	1
2	School Nurse is part of the IEP team Yes/No	yes
3	School Wellness Plan (Active)	yes
4	VISION: # Screened / Referred to Prof / Seen by	470/24/20
5	HEARING: # Screened / Referred to Prof / Seen by	0403/3/3
6	ORAL HEALTH: # Screened / Referred to Prof / Seen by	566/42/22
7	SCOLIOSIS: # Screened / Referred to Prof / Seen by	NA
8	# of Students served with no identified chronic health	681
9	School has a suicide prevention program	no
10	Compliance on required vaccincations (%)	see notes

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)	Norton County 2024	Norton County 2021	Trend	State of KS	NWKS Norm (N=18)	Source
a	Percent of Births Where Prenatal Care began in First Trimester, 2019-2021	72.8%	78.4%		81.0%	82.3%	Kansas Health Matters
b	Percentage of Premature Births, 2019-2021	11.6%	4.5%	-	9.1%	10.2%	Kansas Health Matters
c	Percent of Infants up to 24 months that received full Immunizations, 2017-2018	86.7%	91.4%		69.2%	82.6%	Kansas Health Matters
d	Percent of Births with Low Birth Weight, 2019-2021	9.1%	7.6%	-	7.3%	7.8%	Kansas Health Matters
e	Percent of all Births Occurring to Teens (15-19), 2019-2021	4.3%	4.7%		5.5%	3.8%	Kansas Health Matters
f	Percent of births Where Mother Smoked During Pregnancy, 2019-2021	16.6%	15.7%	-	10.0%	12.0%	Kansas Health Matters
g	Child Care Centers per 1,000 Children, 2010-2022	11.2	NA		7.0	8.5	County Health Rankings

#	Vital Satistics (Rate per 1,000)	Norton Co, KS	Kansas	NWKS RURAL NORM (18)
a	Total Live Births, 2017	9.2	12.5	10.9
b	Total Live Births, 2018	10.3	12.5	11.4
c	Total Live Births, 2019	9.7	12.1	10.4
d	Total Live Births, 2020	11.3	11.8	10.6
e	Total Live Births, 2021	9.7	11.8	11.0
f	Total Live Births, 2017- 2021 - Rate (%)	10.0	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)	Norton County 2024	Norton County 2021	Trend	State of KS	NWKS Norm (N=18)	Source
a	Primary Care Physicians (Pop Coverage per MDs & DOs) - No extenders Included, 2020	1776:1	1814:1		1260:1	1308:1	County Health Rankings
b	Preventable hospital rate per 100,000, 2020 (lower the better)	1,560	2,466	+	2,708	3,073	County Health Rankings
c	Patients Who Gave Their Hospital a Rating of 9 or 10 on a Scale from 0 (Lowest) to 10 (Highest)	64.0%	NA		78.0%	79.6%	CMS Hospital Compare, Latest Release
d	Patients Who Reported Yes, They Would Definitely Recommend the Hospital	65.0%	NA		78.0%	75.9%	CMS Hospital Compare, Latest Release
e	Average (Median) time patients spent in the emergency department, before leaving from the visit (mins)	121	NA		112	116	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	Norton County 2024	Norton County 2021	Trend	State of KS	NWKS Norm (N=18)	Source
a	Adults Ever Diagnosed with Depression, 2021 **	19.4%	NA		NA	19.2%	Kansas Health Matters
b	Age-adjusted Suicide Mortality Rate per 100,000 population, 2018-2020	NA	NA		18.7	21.6	Kansas Health Matters
c	Mental Behavioral Hospital Admission Rates per 100,000, 2018-2020	15.1	13.1		70.6	29.3	Kansas Health Matters
d	Average Number of mentally unhealthy days, 2020	4.0	3.4	-	4.4	4.3	County Health Rankings

CDC - 2022 U.S. County Opiod Dispensing Rates			
State	County	FIPS	Opioid Dispensing Rate per 100
KS	Norton County	20137	53.2
	KS Average 2022		45.7
Source: Drug Overdose	CDC Injury Center			

Tab 7a: Risk Indicators & Factors Profile

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

7a	High-Risk - Health Indicators	Norton County 2024	Norton County 2021	Trend	State of KS	NWKS Norm (N=18)	Source
a	Adult obesity, percent, 2020	36.5%	30.0%	-	35.8%	36.6%	County Health Rankings
b	Adult smoking, percent, 2020	19.4%	16.7%	-	17.2%	19.0%	County Health Rankings
c	Excessive drinking, percent, 2020	20.6%	17.9%	-	19.7%	19.9%	County Health Rankings
d	Physical inactivity, percent, 2020	23.5%	28.7%	+	21.4%	23.2%	County Health Rankings
e	Sexually transmitted infections (chlamydia), rate per 100,000 - 2020	223.8	110.3	-	501.8	235.1	County Health Rankings

Tab 7b: Chronic Risk Profile

7b	Chronic - Health Indicators **	Norton County 2024	Norton County 2021	Trend	State of KS	NWKS Norm (N=18)	Source
a	Adults who Have Taken Medication for High Blood Pressure, 2021, percent	80.6%	NA		NA	82.8%	Kansas Health Matters
b	Congestive Heart Failure Hospital Admission Rate, Percent 2018-2020	14.6%	NA		24.1%	23.8%	Kansas Health Matters
c	Adults with Kidney Disease, percent, 2021	3.2%	NA		21.8%	3.6%	Kansas Health Matters
d	Adults with COPD, percent, 2021	7.4%	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	8.1%	NA		NA	9.1%	Kansas Health Matters
g	Adults with Current Asthma, percent, 2021	9.4%	NA		4.3%	9.8%	Kansas Health Matters
h	Adults who Experienced a Stroke, percent, 2021	3.4%	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	Norton County 2024	Norton County 2021	Trend	State of KS	NWKS Norm (N=18)	Source
a	Uninsured, percent, 2020	10.1%	10.3%		10.3%	10.9%	County Health Rankings
b	Persons With Health Insurance, 2021 **	90.2%	NA		89.1%	88.5%	Kansas Health Matters
c	Kansas Medical Assistance Programs - Adults per 1,000 (ages 20-64), 2022	85.0	NA		99.4	97.4	Kansas Health Matters

Source: Internal Hospital Records			
Norton County Hospital	**YR 2021**	**YR 2022**	**YR 2023**
1 Charity Care	$295,245	$236,908	$324,707
2 Bad Debt Write-Offs	$770,764	$1,520,201	$1,043,440

Tab 9: Mortality Profile

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

9	Mortality - Health Indicators	Norton County 2024	Norton County 2021	Trend	State of KS	NWKS Norm (N=18)	Source
a	Life Expectancy, 2018 - 2020	76.6	78.0		78.5	77.7	Kansas Health Matters
b	Age-adjusted Cancer Mortality Rate per 100,000 population, 2018-2020 (lower is better)	127.0	131.9		151.4	146.4	Kansas Health Matters
c	Age-adjusted Heart Disease Mortality Rate per 100,000 population, 2018-2020 (lower is better)	182.5	160.6		162.0	157.4	Kansas Health Matters
d	Age-adjusted Chronic Lower Respiratory Disease Mortality Rate per 100,000, 2018-2020 (Lower is better)	26.1	60.3	+	47.1	46.4	Kansas Health Matters
e	Alcohol-impaired driving deaths, percent, 2011-2015	37.5%	50.0%		19.4%	23.3%	County Health Rankings

Causes of Death by County of Residence, KS (Year 2021)	Norton County	%	Trend	Kansas	%
TOTAL (All Causes)	56	100.0%		31,637	100.0%
All Other Causes	18	32.1%		9,536	30.1%
Cancer	13	23.2%		5,379	17.0%
Major Cardio Vascular Diseases	13	23.2%		8,307	26.3%
Diseases of Heart	10	17.9%		6,260	19.8%

Tab 10: Preventive Quality Measures Profile

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

10	Preventative - Health Indicators	Norton County 2024	Norton County 2021	Trend	State of KS	NWKS Norm (N=18)	Source
a	Access to exercise opportunities, percent, 2020 & 2022	62.0%	64.1%	-	79.7%	52.9%	County Health Rankings
b	Mammography annual screening, percent, 2017	44.0%	56.0%	-	42.0%	43.8%	County Health Rankings
c	Adults who have had a Routine Checkup, percent, 2021 **	72.8%	NA		75%	75.5%	Kansas Health Matters
d	Percent Annual Check-Up Visit with Dentist 2020 **	62.9%	NA		63.0%	64.1%	Kansas Health Matters
e	Percent Annual Check-Up Visit with Eye Doctor	NA	NA		TBD		Kansas Health Matters

PSA Primary Research:

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

Chart #1 – Norton County, KS PSA Online Feedback Response (N=142)

Norton County - CHNA YR 2024			
For reporting purposes, are you involved in or are you a ...? (Check all that apply)	Norton Co, KS N=142	Trend	Round #5 Norms N=2157
Business/Merchant	8.8%		13.8%
Community Board Member	8.3%		12.2%
Case Manager/Discharge Planner	0.0%		1.2%
Clergy	0.0%		1.1%
College/University	1.1%		3.4%
Consumer Advocate	5.0%		2.7%
Dentist/Eye Doctor/Chiropractor	0.6%		0.8%
Elected Official - City/County	1.7%		2.4%
EMS/Emergency	2.2%		2.4%
Farmer/Rancher	7.2%		12.2%
Hospital	12.7%		28.6%
Health Department	1.1%		1.4%
Housing/Builder	0.0%		1.2%
Insurance	2.2%		1.8%
Labor	4.4%		5.2%
Law Enforcement	1.7%		1.2%
Mental Health	0.6%		2.8%
Other Health Professional	8.3%		15.0%
Parent/Caregiver	19.3%		22.4%
Pharmacy/Clinic	2.2%		3.0%
Media (Paper/TV/Radio)	0.0%		0.4%
Senior Care	5.5%		6.4%
Teacher/School Admin	5.0%		7.5%
Veteran	2.2%		3.1%
TOTAL	181		1315
*Norms: KS Counties: , Ellis, Pawnee, Russell, Sheridan, Smith, Thomas, Trego, Barton, Norton, Decatur.			

Typical Sample Sizes Research Studies		
Number of Subgroup Analyses	Households Regional	Firms 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 Perception Rating.

Norton County, KS - CHNA YR 2024 N=142			
How would you rate the "Overall Quality" of healthcare delivery in our community?	Norton Co, KS N=142	Trend	*Round #5 Norms N=2154
Top Box %	4.9%		25.7%
Top 2 Boxes %	33.8%		69.3%
Very Good	4.9%		25.7%
Good	28.9%		43.7%
Average	42.3%		24.5%
Poor	18.3%		5.1%
Very Poor	5.6%		1.1%
Valid N	142		2,148
*Norms: KS Counties: , Ellis, Pawnee, Russell, Sheridan, Smith, Thomas, Trego, Barton, Norton, Decatur.			

Re-evaluate Past Community Health Needs Assessment Needs

Norton County, KS - CHNA YR 2024 N=142					
Past CHNA Unmet Needs Identified		Ongoing Problem			Pressing
Rank	Ongoing Problem	Votes	%	Trend	Rank
1	Provider / Staffing Retention	91	16.1%		1
2	Mental Health Services (Access, Provider, Treatment, Aftercare)	74	13.1%		2
3	Child Care	62	11.0%		3
4	Drugs / Substance / Alcohol Abuse	54	9.6%		6
5	Quality of Care	45	8.0%		4
6	Cost of Care	44	7.8%		5
7	Healthcare Access	30	5.3%		7
8	Cancer Services	27	4.8%		11
9	Awareness of Healthcare Services	27	4.8%		10
10	Nutrition - Health Eating (Access)	25	4.4%		12
11	Access to Specialists	25	4.4%		9
12	Preventative Health / Wellness	18	3.2%		8
13	Exercise & Fitness (Access)	17	3.0%		13
14	Tobacco / Smoking / Vaping	15	2.7%		14
15	Transportation	10	1.8%		15
	Totals	564	100.0%		

Community Health Needs Assessment "Causes of Poor Health"

Norton County - CHNA YR 2024 N=142			
In your opinion, what are the root causes of "poor health" in our community? Please select top three.	Norton Co, KS N=142	Trend	Round #5 Norms N=2154
Chronic Disease Management	8.8%		8.6%
Lack of Health & Wellness	12.0%		10.9%
Lack of Nutrition / Access to Healthy Foods	11.7%		9.9%
Lack of Exercise	7.6%		13.4%
Limited Access to Primary Care	15.1%		4.9%
Limited Access to Specialty Care	7.6%		6.9%
Limited Access to Mental Health	15.1%		14.6%
Family Assistance Programs	4.1%		5.6%
Lack of Health Insurance	9.1%		11.9%
Neglect	7.3%		9.2%
Lack of Transportation	1.6%		4.2%
Total Votes	317		4,106
*Norms: KS Counties: , Ellis, Pawnee, Russell, Sheridan, Smith, Thomas, Trego, Barton, Norton, Decatur.			

Community Rating of HC Delivery Services (Perceptions)

Norton County - CHNA YR 2024 N=142	Norton Co, KS N=142			Round #5 Norms N=2157	
How would our community rate each of the following?	Top 2 boxes	Bottom 2 boxes	Trend	Top 2 boxes	Bottom 2 boxes
Ambulance Services	83.0%	2.2%		83.3%	2.7%
Child Care	26.1%	20.9%		40.2%	20.9%
Chiropractors	35.7%	20.9%		76.0%	4.4%
Dentists	78.8%	7.3%		47.1%	29.5%
Emergency Room	54.4%	12.5%		75.4%	5.5%
Eye Doctor/Optometrist	78.2%	4.5%		71.8%	9.6%
Family Planning Services	29.5%	23.8%		45.7%	17.1%
Home Health	63.6%	4.7%		54.2%	9.9%
Hospice/Palliative	44.4%	11.9%		63.5%	8.0%
Telehealth	35.5%	11.6%		51.3%	12.3%
Inpatient Hospital Services	48.0%	16.0%		75.5%	5.5%
Mental Health Services	10.8%	52.5%		35.3%	29.4%
Nursing Home/Senior Living	28.3%	33.1%		54.4%	15.0%
Outpatient Hospital Services	62.2%	14.2%		75.3%	4.5%
Pharmacy	82.0%	3.1%		85.8%	2.1%
Primary Care	44.5%	20.3%		77.2%	5.1%
Public Health	54.8%	11.1%		61.4%	9.8%
School Health	58.3%	8.3%		58.1%	7.9%
Visiting Specialists	64.3%	11.1%		66.0%	7.8%
*Norms: KS Counties: , Ellis, Pawnee, Russell, Sheridan, Smith, Thomas, Trego, Barton, Norton and Decatur.					

Community Health Readiness

Norton County - CHNA YR 2024 N=142	Bottom 2 boxes		
Community Health Readiness is vital. How would you rate each of the following? (% Poor / Very Poor)	Norton Co, KS N=142	Trend	Round #5 Norms N=2157
Behavioral/Mental Health	50.0%		33.0%
Emergency Preparedness	13.3%		6.8%
Food and Nutrition Services/Education	29.7%		16.8%
Health Wellness Screenings/Education	14.9%		9.4%
Prenatal/Child Health Programs	34.9%		14.7%
Substance Use/Prevention	40.7%		35.3%
Suicide Prevention	55.0%		39.2%
Violence/Abuse Prevention	50.0%		34.1%
Women's Wellness Programs	38.9%		18.1%
Exercise Facilities / Walking Trails etc.	20.2%		13.6%

Healthcare Delivery "Outside our community"

Norton County - CHNA YR 2024 N=142			
In the past 2 years, did you or someone you know receive HC outside of our community?	Norton Co, KS N=142	Trend	Round #5 Norms N=2157
Yes	85.2%		75.1%
No	14.8%		24.9%

Specialties:

SPEC	CTS
ORTH	14
OBG	12
PRIM	10
SPEC	8
EMER	7
SURG	7
OPTH	6
PEDS	6
CANC	5
FEM	5
CARD	4
ENDO	4
ENT	4

Access to Providers / Staff in our Community

Norton County - CHNA YR 2024 N=142			
Access to care is vital. Are there enough providers / staff available at the right times to care for you and our community?	Norton Co, KS N=142	Trend	Round #5 Norms N=2157
Yes	18.6%		58.4%
No	81.4%		41.6%

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

Norton County - CHNA YR 2024 N=142			
What needs to be discussed further at our CHNA Town Hall meeting? Top 3	**Norton Co, KS N= 142**	**Trend**	**Round #5 Norms N=2157**
Abuse/Violence	1.9%		3.8%
Access to Health Education	3.7%	yellow	3.0%
Alcohol	1.7%		3.8%
Alternative Medicine	2.8%		3.3%
Behavioral/Mental Health	7.9%	red	8.1%
Breastfeeding Friendly Workplace	0.9%		0.9%
Cancer	3.4%		2.8%
Care Coordination	3.1%		2.5%
Diabetes	3.4%		2.7%
Drugs/Substance Abuse	4.0%	yellow	6.6%
Family Planning	2.5%		1.8%
Health Literacy	2.2%		2.5%
Heart Disease	2.6%		1.8%
Housing	4.6%	yellow	5.8%
Lack of Providers/Qualified Staff	11.3%	red	5.1%
Lead Exposure	0.5%		0.5%
Neglect	1.1%		1.7%
Nutrition	4.5%	yellow	3.8%
Obesity	5.4%	red	5.1%
Occupational Medicine	0.9%		0.7%
Ozone (Air)	0.5%		0.4%
Physical Exercise	3.9%	yellow	4.2%
Poverty	2.9%		4.1%
Preventative Health/Wellness	5.6%	yellow	4.7%
Sexually Transmitted Diseases	0.8%		1.3%
Suicide	4.2%	yellow	6.0%
Teen Pregnancy	1.2%		1.7%
Telehealth	3.2%	yellow	2.2%
Tobacco Use	1.2%		2.1%
Transportation	1.2%		2.3%
Vaccinations	1.5%		1.8%
Water Quality	5.6%	red	2.8%
TOTAL Votes	**648**		**6,468**
*Norms: KS Counties: , Ellis, Pawnee, Russell, Sheridan, Smith, Thomas, Trego, Decatur.		Barton, Norton,	

IV. Inventory of Community Health Resources

[VVV Consultants LLC]

YR 2024 Inventory of Health Services - Norton County KS

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

Cat	HC Services Offered in county: Yes / No	Hospital	HLTH Dept	Others OOA
YR 2024 Inventory of Health Services - Norton County KS				
Hosp	Reproductive Health		Yes	
Hosp	Robotic Surgery			
Hosp	Shaped Beam Radiation System 161			
Hosp	Single Photon Emission Computerized Tomography (SPECT)			
Hosp	Sleep Center	Yes		
Hosp	Social Work Services	Yes		
Hosp	Sports Medicine	Yes		
Hosp	Stereotactic Radiosurgery			
Hosp	Swing Bed Services	Yes		
Hosp	Transplant Services			Yes
Hosp	Trauma Center	Yes		
Hosp	Ultrasound	Yes		
Hosp	Women's Health Services	Yes	Yes	
Hosp	Wound Care	Yes	Yes	
SR	Adult Day Care Program			Yes
SR	Assisted Living			Yes
SR	Home Health Services		Yes	
SR	Hospice	Yes		
SR	LongTerm Care	Yes		
SR	Nursing Home Services			Yes
SR	Retirement Housing			Yes
SR	Skilled Nursing Care	Yes	Yes	
ER	Emergency Services	Yes		
ER	Urgent Care Center			
ER	Ambulance Services			Yes
SERV	Alcoholism-Drug Abuse			Yes
SERV	Blood Donor Center	Yes		
SERV	Chiropractic Services			Yes
SERV	Complementary Medicine Services			
SERV	Dental Services		Yes	Yes
SERV	Fitness Center			Yes
SERV	Health Education Classes			
SERV	Health Fair (Annual)	Yes		
SERV	Health Information Center			
SERV	Health Screenings		Yes	
SERV	Meals on Wheels		Yes	
SERV	Nutrition Programs		Yes	
SERV	Patient Education Center			
SERV	Support Groups			
SERV	Teen Outreach Services			
SERV	Tobacco Treatment/Cessation Program			Yes
SERV	Transportation to Health Facilities			Yes
SERV	Wellness Program		Yes	

YR 2024 Physician Manpower - Norton County KS			
	Supply Working in County		
# of FTE Providers Serving Residents	**County-Based MD or DO**	**Visiting DR (FTE) to County**	**County-Based PA / NP**
Primary Care:			
Family Practice	**1.00**		**2.00**
Internal Medicine			
Obstetrics/Gynecology			
Pediatrics			
Medicine Specialists:			
Allergy/Immunology			
Cardiology		**0.15**	
Dermatology		**0.05**	
Endocrinology		**0.10**	
Gastroenterology			
Oncology/RADO		**0.10**	
Infectious Diseases			
Nephrology		**0.05**	
Neurology		**0.10**	
Psychiatry			
Pulmonary		**0.10**	
Rheumatology		**0.10**	
Surgery Specialists:			
General Surgery		**0.10**	
Neurosurgery			
Ophthalmology			
Orthopedics			
Otolaryngology (ENT)			
Plastic/Reconstructive			
Thoracic/Cardiovascular/Vasc			
Urology			
Hospital Based Specialists:			
Anesthesia/Pain		**1.50**	
Emergency	**1.00**		**3.00**
Radiology			
Pathology			
Hospitalist *			
Neonatal/Perinatal			
Physical Medicine/Rehab	**2.00**		
Dentists			
Eye			
TOTALS	**4.00**	**2.35**	**5.00**

** These FTE number will match Visiting Specialist Calendar Roster

YR 2024 - Visiting Specialists to Norton County Hospital

Specialty	Physician Name	Physician Group	Spec Office Location	Schedule / Day	YR Days	FTE
Cardiology	Dr. Thomas Lanspa	Platte Valley Medical Group	816 22nd Ave. Ste. 100 Kearney, NE 68845	2nd Monday of month (Generally starts at 8:30a)	12	0.1
Cardiology	Dr. Ramez Smairat	Great Plains Health Heart & Vascular	601 W. Leota North Platte, NE 69101	2nd Wednesday of month(Generally starts at 9a)	12	0.1
Cardiology	Dr. Crawley	Debakey Heart Institute	2220 Canterbury Dr. Hays, KS 67601	1st Wednesday of month	12	0.1
Dermatology	Tara Gillespie APRN-C	Heartland Dermatology	2707 Vine, Ste 10 Hays, KS 67601	First Friday of the month	12	0.1
Endocrinology	Dr. Corey Straub	Eagle Telemedicine		First Friday of the month	12	0.1
General Surgery	Dr. Matthew Wheeler	Kearney Regional Medical Center	804 22nd Ave, Kearney, NE 68845	3rd Wednesday of the month	24	0.1
Nephrology	Dr. Abhisekh Sinha Ray	CHI Health Good Samaritan	3219 Central Ave, Ste 200 Kearney, NE 68847	3rd Thursday of month (Generally starts at 10:30a)	12	0.1
Neurpsurgeon-Spine	Dr. Adeleke Badejo	Nebraska Neurosurgery Spine Clinic	3219 Central Ave, Ste 103 Kearney, NE 68847	3rd Friday of month (Generally starts at 11a)	12	0.1
OB/GYN	Dr. Todd Pankratz	Obstetricians & Gynecologists, P.C	2115 N Kansas Ave, Ste 204 Hastings, NE 68901	1st & 3rd Monday of month Surgery: 7a – 9:30a Clinic: 10a –	24	0.1
Podiatry	Dr. Robert Hinze	High Plains Podiatry	306 West D Street McCook, NE 69001	4th Tuesday of month 9a – 5p	12	0.1
Pulmonology	Dr. David Cantral	Platte Valley Medical Group	816 22nd Ave. Ste. 100 Kearney, NE 68845	2nd Thursday of month (Generally starts at 9:30a)	12	0.1
Rheumatology	Dr. Christopher Liedeke	Eagle Telemedicine		First Tuesday of the month	12	0.1

Norton Co KS Area 2024 Health Services Directory

Emergency Numbers

Police/Sheriff   911

Fire   911

Ambulance   911

Non-Emergency Numbers

Norton County Sheriff   785-877-5780

Norton County Ambulance   785-877-5735

Municipal Non-Emergency Numbers

	Police/Sheriff	Fire
Almena	785-877-5780	785-664-4030
Edmond	785-877-5780	785-877-5015
Lenora	785-877-5780	785-567-4899
Norton	785-877-5010	785-877-5015
Oronoque	785-877-5780	785-877-5015

Other Emergency Numbers

Kansas Child/Adult Abuse and Neglect Hotline
1-800-922-5330
www.srskansas.org/hotlines.html

Domestic Violence Hotline
1-800-799-7233
www.ndvh.org

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
800-572-1763
www.accesskansas.org/kbi

Kansas Bureau of Investigation (Topeka)
785-296-8200
www.accesskansas.org/kbi

Kansas Crisis Hotline (Domestic Violence/Sexual Assault)
1-888-END-ABUSE
www.kcsdv.org

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

Toxic Chemical and Oil Spills
1-800-424-8802
www.epa.gov/region02/contact.htm

Health Services

Hospitals

Norton County Hospital
102 E Holme (Norton)
785-877-3351
www.ntcohosp.com

Norton County Hospital services provided include:

Acute Nursing
Skilled Care Nursing
Education
Emergency Room
Environmental Services
Health Information
Infection Control
Laboratory
Physical Therapy
Respiratory Therapy
Radiology
Social Service
Pulmonology
Cardiac Rehabilitation

Health Department

Norton County Health Department
801 N Norton (Norton)
785-877-5745

Norton County Health Department services provided include:

American Cancer Society
Blood Pressure
Footcare
Family Planning
Healthy Start
Health Assessments-Physicals
Hearing Tests
Hemoglobin
HIV-AIDS Testing & Counseling
Immunizations
Kansas Breast & Cervical Cancer Initiative
Maternal & Infant Program
Office Consults
Oxygen Level
Prenatal Risk Reduction
Speech
Urinalysis Tests
Vision Tests
WIC Program

Mental Health

Ambience Counseling
601 Norris (McCook, NE)
(308) 345-4067

Developmental Services of NW Kansas
1104 N State Street (Norton)
785-877-5154
www.dsnwk.org

High Plains Mental Health Center
211 S Norton Avenue (Norton)
785-877-5141
www.highplainsmentalhealth.com

Medical Professionals

Chiropractors

Elliott Chiropractic
112 S Kansas Ave Ste 309
(785) 874-5472

Norton Chiropractic Center
204 E Washington Street (Norton)
785-877-2645
www.thechiropracticcenters.com

Peterson Chiropractic & Acupuncture Clinics
207 N 1st Avenue (Norton)
785-877-2324

Clinics

Norton Medical Clinic
807 N State Street (Norton)
785-877-3305

Dentists

Klein, Mark A. D.D.S.
P.O. Box 363 (Norton)
785-877-3433

Krizek, Craig D.D.S.
109 N Kansas Avenue (Norton)
785-877-2324

Lamont A. Shirk D.D.S.
205 S Kansas Avenue (Norton)
785-877-2821

Optometrists

Cole, Ben O.D.
114 N Kansas Avenue (Norton)
785-877-5115

Pharmacies

Moffet Drug Store
102 S State Street (Norton)
785-877-2721

Pamida
505 W Holme Street (Norton)
785-877-3363

Physicians and Health Care Providers

Norton Medical Clinic
807 N. State Street (Norton)
785-877-3305
Jonna Inman, APRN
Jeffery W. McKinley D.O.
Kristin K. Vogel P.A.

Norton County Hospital
102 E Holme (Norton)
785-877-3351
www.ntcohosp.com
Jonna Inman APRN
Jeffery W. McKinley D.O.
Gino Salerno PA-C
Kristin K. Vogel P.A.

Young, Michael
105 N Highway 59 (Edmond)
785-622-3243

Rehabilitation Services

Aegis Therapy
201 W Crane Street (Norton)
785-874-4004

Body Works-Massage Therapy
213 S Kansas Avenue, Suite 5 (Norton)
785-877-7309

Other Health Care Services

General Health Services

Norton County Health Department
801 N Norton (Norton)
785-877-5745

Norton County Hospital
102 E Holme (Norton)
785-877-3351
www.ntcohosp.com

Norton Medical Clinic
807 N State Street (Norton)
785-877-3305

Assisted Living/Nursing Homes/TLC

Andbe Home Inc.
201 W Crane Street (Norton)
785-877-2601

Jill's Helping Hands, Inc.
27438 US Highway 283 (Edmond)
785-622-4254

Norton Cares
208 W Main Street (Norton)
785-877-2131

Diabetes

Arriva Medical
1-800-375-5137

Diabetes Care Club
1-888-395-6009

Disability Services

American Disability Group
1-877-790-8899

Developmental Services of NW Kansas
1104 N State Street (Norton)
785-877-5154

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

Domestic/Family Violence

Child/Adult Abuse Hotline
1-800-922-5330
www.srskansas.org/services/child_protective_services.htm

General Information – Women's Shelters
www.WomenShelters.org

The Haven
813 N Grant Avenue (Norton)
785-874-4043

Kansas Crisis Hotline
Manhattan
785-539-7935

Norton Cares
208 W Main Street (Norton)
785-877-2131

Options Domestic & Sexual Assault Services
2716 Plaza Ave (Hays)
785-625-4202

Sexual Assault/Domestic Violence Center (Hutchinson)
Hotline: 1-800-701-3630
Business Line: 620-663-2522

Educational Training Opportunities

Association of Continuing Education
620-792-3218

Food Programs

God's Pantry
Trinity Episcopal Church
102 W. Waverly (Norton)
785-877-2589

Kansas Food 4 Life
4 NW25th Road (Great Bend)
620-793-7100

Kansas Food Bank
1919 E Douglas (Wichita)
316-265-4421
www.kansasfoodbank.org

Government Healthcare

Kansas Department on Aging (KDOA)
503 South Kansas Avenue (Topeka)
785-296-4986 or 1-800-432-3535
www.agingkansas.org/

Kansas Department of Health and Environment (KDHE)
Curtis State Office Building
1000 South West Jackson (Topeka)
785-296-1500
www.kdheks.gov/contact.html

MEDICAID
Kansas Department of Social & Rehabilitation Services (SRS)
3000 Broadway (Hays)
785-628-1066

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

Norton County Health Department
801 N Norton (Norton)
785-877-5745

Social & Rehabilitation Services (SRS)
3000 Broadway (Hays)
785-628-1066

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

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Health and Fitness Centers

Fit to Go
411 E Holme Street (Norton)
785-874-4306

Norton Recreation Center
3 Washington Square (Norton)
785-877-3087

Home Health

Andbe Home Inc.
201 W Crane Street (Norton)
785-877-2601

Jill's Helping Hands, Inc.
27438 US Highway 283 (Edmond)
785-622-4254

Norton Cares
208 W Main Street (Norton)
785-877-2131

Reliance Nursing
703 N Wabash Avenue (Norton)
785-874-5165

PRN Home Health Agency Norton County
801 N Norton Avenue (Norton)
785-877-5745

Whispering Pines
200 Whispering Pines Street (Norton)
785-874-5500

Massage Therapy

Aegis Therapy
201 W Crane Street (Norton)
785-874-4004

Bella Sole
212 Pearl Street (Norton)
785-874-4014

Beth L. Lee Natural Therapeutics
409 N 1st Avenue (Norton)
785-877-3046

Body Works-Massage Therapy
213 S Kansas Avenue, Suite 5 (Norton)
785-877-7309

Norton Chiropractic Center
204 E Washington Street (Norton)
785-877-2645
www.thechiropracticcenters.com

Peterson Chiropractic & Acupuncture

Clinics

207 N 1st Avenue (Norton)

785-877-2324

Medical Equipment and Supplies

American Medical Sales and Repair
1-866-637-6803

Agiliti/Sizewise
500 Commerce Parkway (Hays)
1-800-537-6454

School Nurses

Norton Community Schools USD 211
105 E Waverly (Norton)
785-877-3386
Eisenhower Elementary School
785-877-5113
Norton Junior High
785-877-5851
Norton Community Senior High
785-877-3771

Northern Valley USD 212
512 W Bryant (Almena)
785-669-2445

Senior Services

Senior Citizen's Center
208 W Main Street (Norton)
785-877-5352

Local Government, Community, and Social Services

Adult Protection

Adult Protective Services (SRS)
1-800-922-5330
www.srskansas.org/ISD/ees/adult.htm

Elder Abuse Hotline
1-800-842-0078
www.elderabusecenter.org

Kansas Department of Social and Rehabilitation Services West Region Protection Reporting Center
1-800-922-5330

Alcohol and Drug Treatment

Alcohol and Drug Abuse Services
1-800-586-3690
http://www.srskansas.org/services/alc-drug_assess.htm

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Alcohol Detoxification 24-Hour Helpline
1-877-403-3387
www.ACenterForRecovery.com

Center for Recovery
1-877-403-6236

G&G Addiction Treatment Center
1-866-439-1807

Road Less Traveled
1-866-486-1812

Seabrook House
1-800-579-0377

Smoky Hill Foundation for Chemical Dependency
213 S Kansas Avenue (Norton)
785-877-3068

The Treatment Center
1-888-433-9869

Valley Hope Alcohol & Drug Addiction Treatment Center Norton
103 S Wabash Avenue (Norton)
785-877-5101
www.valleyhope.org

Child Protection

Kansas Department of Social and Rehabilitation Services West Region Protection Reporting Center – i.e. PROTECTION REPORT CENTER FOR ABUSE
1-800-922-5330
Available 24 hours/7 days per week – including holidays

Children and Youth

Children's Alliance
627 SW Topeka Boulevard (Topeka)
785-235-5437
www.childally.org

Kansas Children's Service League
1-800-332-6378
www.kcsl.org

Community Centers

Almena City Library
415 Main Street (Almena)
785-669-2336

Lenora Public Library
110 N Main Street (Lenora)
785-567-4432

Norton Public Library
1 Washington Square (Norton)
785-877-2481
www.nortonpubliclibrary.org

Norton Recreation Center
3 Washington Square (Norton)
785-877-3087

Senior Citizen's Center
208 W Main Street (Norton)
785-877-5352

Day Care Providers – Adult

Andbe Home Inc.
201 W Crane Street (Norton)
785-877-2601

Jill's Helping Hands, Inc.
27438 US Highway 283 (Edmond)
785-622-4254

Norton Cares
208 W Main Street (Norton)
785-877-2131

Reliance Nursing
703 N Wabash Avenue (Norton)
785-874-5165

Whispering Pines
200 Whispering Pines Street (Norton)
785-874-5500

Day Care Providers - Children

Head Start
113 N Norton Avenue, Suite C (Norton)
785-877-2730

Jill's Helping Hands, Inc.
27438 US Highway 283 (Edmond)
785-622-4254

Little People Day Care
303 E Lincoln Street (Norton)
785-874-4298

Norton County Head Start
110 N State Street (Norton)
785-877-3620

Sunshine Learning Center
110 N State Street (Norton)
785-877-3521

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Extension Office

Norton County K-State Research & Extension
100 S Norton Street (Norton)
785-877-575

Funeral Homes

Plumer-Gobber Funeral Home
215 W Main Street (Norton)
785-877-5135
www.enfieldfh.com

Head Start

Norton County Head Start
110 N State Street (Norton)
785-877-3620

Housing

Corp Housing Equity
14482 W 118th Terrace (Olathe)
913-261-8067

Legal Services

Court Services
105 S Kansas Avenue (Norton)
785-877-2848

Ryan Walter & McClymont Chartered
120 S State Street (Norton)
785-877-3368

Schoen, Melissa M.
P.O. Box 427 (Norton)
785-877-3086

Sebelius & Griffiths LLP
105 S Norton Avenue, Suite 1 (Norton)
785-877-5143

Whitney Law Office
112 S Kansas Avenue (Norton)
785-877-2661
www.whitneylawoffice.com

Worden Law Office
213 S Kansas Avenue, Suite 7 (Norton)
785-877-3086

Libraries, Parks and Recreation

Almena City Library
415 Main Street (Almena)
785-669-2336

Elmwood Park
E Park Street & Highway 283 (Norton)

Great Plains Adventures
24483 Road W15 Lane (Clayton)
785-567-4645
www.greatplainsadventures.net

Karaoke Explosion
325 W Michigan Avenue (Lenora)
785-567-3358

Larrick Park
N Main Street & Pearl Street (Lenora)

Lenora Public Library
110 N Main Street (Lenora)
785-567-4432

North Shore Marina
307 E Penn Street (Norton)
785-877-3941

Norton County Lake Park
Road BB & Road W4 (Lenora)

Norton Public Library
1 Washington Square (Norton)
785-877-2481
www.nortonpubliclibrary.org

Norton Sports Center
15010 W Highway 36 (Norton)
785-877-5452

Prairie Dog State Park
13037 State Highway 261 (Norton)
785-877-2953

Rainbow Lanes
9134 US Highway 56 (Norton)
785-877-3632

Pregnancy Services

Adoption is a Choice
1-877-524-5614

Adoption Network
1-888-281-8054

Adoption Spacebook
1-866-881-4376

Graceful Adoptions
1-888-896-7787

Kansas Children's Service League
1-877-530-5275
www.kcsl.org

Public Information

Almena Chamber of Commerce
500 Main Street (Almena)
785-669-2486

Almena City Office
415 Main Street (Almena)
785-669-2425

Almena Fire Department
522 Main Street (Almena)
785-664-4030

Lenora City Hall/Chamber of Commerce
125 E Washinton Avenue (Lenora)
785-567-4860

Norton Area Chamber of Commerce
205 S State Street (Norton)
785-877-2501

Norton City Clerk
301 E Washington Street, Suite 1 (Norton)
785-877-5000

Rape

Domestic Violence and Rape Hotline
1-888-874-1499

The Haven
813 N Grant Avenue (Norton)
785-874-4043

Kansas Crisis Hotline
Manhattan
785-539-7935
1-800-727-2785

Norton Cares
208 W Main Street (Norton)
785-877-2131

Social Security

Social Security Administration
1-800-772-1213
1-800-325-0778
www.ssa.gov

State and National Information, Services, Support

Adult Protection

Adult Protection Services
1-800-922-5330
www.srskansas.org/SD/ees/adult.htm

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

Elder Abuse Hotline
1-800-842-0078
www.elderabusecenter.org

Elder and Nursing Home Abuse Legal
www.resource4nursinghomeabuse.com/index
.html

Kansas Coalition Against Sexual and Domestic Violence
1-888-END-ABUSE (363-2287)
www.kcsdv.org/ksresources.html

Kansas Department on Aging Adult Care Complaint Program
1-800-842-0078

National Center on Elder Abuse
(Administration on Aging)
www.ncea.gov/NCEAroot/Main_Site?Find_Hel
p/Help_Hotline.aspx

National Domestic Violence Hotline
1-800-799-SAFE   (799-7233)
1-800-787-3224 (TTY)
www.ndvh.org

National Sexual Assault Hotline
1-800-994-9662
1-888-220-5416 (TTY)
www.4woman.gov/faq/sexualassualt.htm

National Suicide Prevention Lifeline
1-800-273-8255

Poison Center
1-800-222-1222

Sexual Assault and Domestic Violence Crisis Line
1-800-701-3630

Social and Rehabilitation Services (SRS)
1-888-369-4777 (HAYS)
www.srskansas.org

Suicide Prevention Helpline
785-841-2345

Alcohol and Drug Treatment Programs

A 1 A Detox Treatment
1-800-757-0771

AAAAAH
1-800-993-3869

Abandon A Addiction
1-800-405-4810

Able Detox-Rehab Treatment
1-800-577-2481 (NATIONAL)

Abuse Addiction Agency
1-800-861-1768
www.thewatershed.com

AIC (Assessment Information Classes)
1-888-764-5510

Al-Anon Family Group
1-888-4AL-ANON (425-2666)
www.al-anon.alateen.org

Alcohol and Drug Abuse Hotline
1-800-ALCOHOL

Alcohol and Drug Abuse Services
1-800-586-3690
www.srskansas.org/services/alc-drug_assess.htm

Alcohol and Drug Addiction Treatment Programs
1-800-510-9435

Alcohol and Drug Helpline
1-800-821-4357

Alcoholism/Drug Addiction Treatment Center
1-800-477-3447

Kansas Alcohol and Drug Abuse Services Hotline
1-800-586-3690
www.srskansas.org/services/alc-drug_assess.htm

Mothers Against Drunk Driving
1-800-GET-MADD (438-6233)
www.madd.org

National Council on Alcoholism and Drug Dependence, Inc.
1-800-NCA-CALL (622-2255)
www.ncadd.org

Recovery Connection
www.recoveryconnection.org

Regional Prevention Centers of Kansas
1-800-757-2180
www.smokyhillfoundation.com/rpc-locate.html

Better Business Bureau

Better Business Bureau
328 Laura (Wichita)
316-263-3146

www.wichita.bbb.org

Children and Youth

Adoption
1-800-862-3678
www.adopt.org/

Boys and Girls Town National Hotline
1-800-448-3000
www.girlsandboystown.org

Child/Adult Abuse and Neglect Hotline
1-800-922-5330
www.srskansas.org/

Child Abuse Hotline
1-800-922-5330

Child Abuse National Hotline
1-800-422-4453
1-800-222-4453 (TDD)
www.childhelpusa.org/home

Child Abuse National Hotline
1-800-4-A-CHILD (422-4453)
www.childabuse.com

Child Find of America
1-800-426-5678

Child Help USA National Child Abuse Hotline
1-800-422-4453

Child Protective Services
1-800-922-5330
www.srskansas.org/services/child_protective_services.htm

HealthWave
P.O. Box 3599
Topeka, KS 66601
1-800-792-4884
1-800-792-4292 (TTY)
www.kansashealthwave.org

Heartspring (Institute of Logopedics)
8700 E. 29TH N
Wichita, KS 67226
www.heartspring.org

Kansas Big Brothers/Big Sisters
1-888-KS4-BIGS
www.ksbbbs.org

Kansas Children's Service League (Hays)
785-625-2244
1-877-530-5275
www.kcsl.org

Kansas Department of Health and Environment
785-296-1500
www.kdheks.gov
e-mail: info@kdheks.gov

Kansas Society for Crippled Children
106 W. Douglas, Suite 900
Wichita, KS 67202
1-800-624-4530
316-262-4676
www.kssociety.org

National Runaway Switchboard
1-800-RUNAWAY
www.1800runaway.org/

National Society for Missing and Exploited Children
1-800-THE-LOST (843-5678)
www.missingkids.com

Parents Anonymous Help Line
1-800-345-5044
www.parentsanonymous.org/paIndex10.html

Runaway Line
1-800-621-4000
1-800-621-0394 (TDD)
www.1800runaway.org/

Talking Books
1-800-362-0699
www.skyways.lib.ks.us/KSL/talking/ksl_bph.html

Community Action

Peace Corps
1-800-424-8580
www.peacecorps.gov

Public Affairs Hotline (Kansas Corporation Commission)
1-800-662-0027
www.kcc.state.ks.us

Counseling

Care Counseling
Family counseling services for Kansas and Missouri
1-888-999-2196

Carl Feril Counseling
608 N Exchange (St. John)
620-549-6411

Castlewood Treatment Center for Eating Disorders
1-888-822-8938
www.castlewoodtc.com

Catholic Charities
1-888-468-6909

www.catholiccharitiessalina.org

Center for Counseling
5815 W Broadway (Great Bend)
1-800-875-2544

Central Kansas Mental Health Center
1-800-794-8281
Will roll over after hours to a crisis number.

Consumer Credit Counseling Services
1-800-279-2227
www.kscccs.org/

Kansas Problem Gambling Hotline
1-866-662-3800
www.ksmhc.org/Services/gambling.htm

National Hopeline Network
1-800-SUICIDE (785-2433)
www.hopeline.com

National Problem Gambling Hotline
1-800-552-4700
www.npgaw.org

Samaritan Counseling Center
1602 N. Main Street
Hutchinson, KS 67501
620-662-7835
http://cmc.pdswebpro.com/

Self-Help Network of Kansas
1-800-445-0116
www.selfhelpnetwork.wichita.edu

Senior Health Insurance Counseling
1-800-860-5260
www.agingkansas.org

Sunflower Family Services, Inc.
(adoption, crisis pregnancy, conflict solution center)
1-877-457-5437
www.sunflowerfamily.org

Disability Services

American Association of People with Disabilities (AAPD)
www.aapd.com

American Council for the Blind
1-800-424-8666
www.acb.org

Americans with Disabilities Act Information Hotline
1-800-514-0301
1-800-514-0383 (TTY)
www.ada.gov

Disability Advocates of Kansas, Incorporated
1-866-529-3824
www.disabilitysecrets.com

Disability Group, Incorporated
1-888-236-3348
www.disabilitygroup.com

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

Hearing Healthcare Associates
1-800-448-0215

Kansas Commission for the Deaf and Hearing Impaired
1-800-432-0698
www.srskansas.org/kcdhh

Kansas Relay Center (Hearing Impaired service)
1-800-766-3777
www.kansasrelay.com

National Center for Learning Disabilities
1-888-575-7373
www.ncld.org

National Library Services for Blind & Physically Handicapped
www.loc.gov/nls/
1-800-424-8567

Parmele Law Firm
8623 E 32nd Street N, Suite 100 (Wichita)
1-877-267-6300

Environment

Environmental Protection Agency
1-800-223-0425
913-321-9516 (TTY)
www.epa.gov

Kansas Department of Health and Environment
Salina 785-827-9639
Hays 785-625-5663
Topeka 785-296-1500
www.kdheks.gov

Food and Drug

Center for Food Safety and Applied Nutrition
1-888-SAFEFOOD (723-3366)
www.cfsan.fda.gov/
www.healthfinder.gov/docs/doc03647.htm

US Consumer Product Safety Commission
1-800-638-2772
1-800-638-8270 (TDD)
www.cpsc.gov

USDA Meat and Poultry Hotline
1-888-674-6854
1-800-256-7072 (TTY)
www.fsis.usda.gov/

U.S. Food and Drug Administration
1-888-INFO-FDA
1-888-463-6332
www.fsis.usda.gov/

Poison Hotline
1-800-222-1222

Health Services

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

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

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

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

American Health Assistance Foundation
1-800-437-2423
www.ahaf.org

American Heart Association
1-800-242-8721
www.americanheart.org

American Lung Association
1-800-586-4872

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

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

Elder Care Helpline
www.eldercarelink.com

Eye Care Council
1-800-960-EYES
www.seetolearn.com

Kansas Foundation for Medical Care
1-800-432-0407
www.kfmc.org

National Health Information Center
1-800-336-4797
www.health.gov/nhic

National Cancer Information Center
1-800-227-2345
1-866-228-4327 (TTY)
www.cancer.org

National Institute on Deafness and Other Communication Disorders Information
Clearinghouse
1-800-241-1044
1-800-241-1055 (TTY)
www.nidcd.nih.gov

Hospice

Hospice-Kansas Association
1-800-767-4965

Kansas Hospice and Palliative Care Organization
1-888-202-5433
www.lifeproject.org/akh.htm

Southwind Hospice, Incorporated
www.southwindhospice.com
785-483-3161

Housing

Kansas Housing Resources Corporation
785-296-2065
www.housingcorp.org

US Department of Housing and Urban Development
Kansas Regional Office
913-551-5462

Legal Services

Kansas Attorney General
1-800-432-2310 (Consumer Protection)
1-800-828-9745 (Crime Victims' Rights)
1-800-766-3777 (TTY)
www.ksag.org/

Kansas Bar Association
785-234-5696
www.ksbar.org

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

Kansas Legal Services
1-800-723-6953
www.kansaslegalservices.org

Northwest Kansas Area Agency on Aging
510 W 29th Street, Suite B (Hays)
785-628-8204
http://www.nwkaaa.com/

Medicaid Services

First Guard
1-888-828-5698
www.firstguard.com

Kansas Health Wave
1-800-792-4884 or 1-800-792-4292 (TTY)
www.kansashealthwave.org

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

Medicare Information
1-800-MEDICARE
www.medicare.gov

U.S. Department of Health and Human Services
Centers for Medicare and Medicaid Services
1-800-MEDICARE (1-800-633-4227) or
1-877-486-2048 (TTY)
www.cms.hhs.gov

Mental Health Services

Alzheimer's Association
1-800-272-3900 or 1-866-403-3073 (TTY)
www.alz.org

Developmental Services of Northwest Kansas
1-800-637-2229

Kansas Alliance for Mentally Ill (Topeka, KS)
785-233-0755
www.namikansas.org

Make a Difference
1-800-332-6262

Mental Health America
1-800-969-6MHA (969-6642)

National Alliance for the Mentally Ill Helpline
1-800-950-NAMI (950-6264) or 703-516-7227 (TTY)
www.nami.org

National Institute of Mental Health
1-866-615-6464 or 1-866-415-8051 (TTY)
www.nimh.nih.gov

National Library Services for Blind and Physically Handicapped
1-800-424-8567
www.loc.gov/nls/music/index.html

National Mental Health Association
1-800-969-6642
1-800-433-5959 (TTY)
www.nmha.org

High Plains Mental Health Center
208 East 7th Street
Hays, KS 67601
800-432-0333

State Mental Health Agency
KS Department of Social and Rehabilitation Services
915 SW Harrison Street
Topeka, KS 66612
785-296-3959
www.srskansas.org

Suicide Prevention Hotline
1-800-SUICIDE [784-2433]
www.hopeline.com

Nutrition

American Dietetic Association
1-800-877-1600
www.eatright.org

American Dietetic Association Consumer Nutrition Hotline
1-800-366-1655

Department of Human Nutrition
Kansas State University
119 Justin Hall
Manhattan, KS 66506
785-532-5500
www.humec.k-state.edu/hn/

Eating Disorders Awareness and Prevention
1-800-931-2237
www.nationaleatingdisorders.org

Food Stamps
Kansas Department of Social and Rehabilitation Services (SRS)
1-888-369-4777 or Local SRS office
www.srskansas.org/ISD/ees/food_stamps.htm

Kansas Department of Health and Environment
1000 SW Jackson, Suite 220
Topeka, KS 66612
785-296-1320
www.kdheks.gov/news-wic/index.html

Road and Weather Conditions

Kansas Road Conditions
1-866-511-KDOT
511
www.ksdot.org

Senior Services

Alzheimer's Association
1-800-487-2585

American Association of Retired Persons (AARP)
1-888-OUR-AARP (687-2277)
www.aarp.org

Americans with Disabilities Act Information Line
1-800-514-0301 or 1-800-514-0383 [TTY]
www.usdoj.gov/crt/ada

American Association of Retired Persons
1-888-687-2277
www.aarp.org

Area Agency on Aging
1-800-432-2703

Eldercare Locator
1-800-677-1116
www.eldercare.gov/eldercare/public/home.asp

Home Buddy
1-866-922-8339
www.homebuddy.org

Home Health Complaints
Kansas Department of Social and Rehabilitation Services (SRS)
1-800-842-0078

Kansas Advocates for Better Care Inc.
Consumer Information
1-800-525-1782
www.kabc.org

Kansas Department on Aging
1-800-432-3535 or 785-291-3167 (TTY)
www.agingkansas.org/index.htm

Kansas Foundation for Medical Care, Inc.
Medicare Beneficiary Information
1-800-432-0407

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

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Older Kansans Employment Programs (OKEP)
785-296-7842
www.kansascommerce.com

Older Kansans Hotline
1-800-742-9531

Older Kansans Information Reference Sources on Aging (OKIRSA)
1-800-432-3535

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

SHICK
1-800-860-5260
www.agingkansas.org/SHICK

Social Security Administration
785-296-3959 or 785-296-1491 (TTY)
www.srskansas.org

SRS Rehabilitation Services Kansas
785-296-3959
785-296-1491 (TTY)
www.srskansas.org

Suicide Prevention

Suicide Prevention Services
1-800-784-2433
www.spsfv.org

Veterans

Federal Information Center
1-800-333-4636
www.FirstGov.gov

U.S. Department of Veterans Affairs
1-800-513-7731
www.kcva.org

Education (GI Bill)
1-888-442-4551

Health Resource Center
1-877-222-8387

Insurance Center
1-800-669-8477

Veteran Special Issue Help Line
Includes Gulf War/Agent Orange Helpline
1-800-749-8387

U.S. Department of Veterans Affairs

Mammography Helpline
1-888-492-7844

Other Benefits
1-800-827-1000

Memorial Program Service
[includes status of headstones and markers]
1-800-697-6947

Telecommunications Device for the Deaf/Hearing Impaired
1-800-829-4833 (TTY)
www.vba.va.gov

Veterans Administration

Veterans Administration Benefits
1-800-669-8477

Life Insurance
1-800-669-8477
Education (GI Bill)
1-888-442-4551
Health Care Benefits
1-877-222-8387
Income Verification and Means Testing
1-800-929-8387
Mammography Helpline
1-888-492-7844
Gulf War/Agent Orange Helpline
1-800-749-8387
Status of Headstones and Markers
1-800-697-6947
Telecommunications Device for the Deaf
1-800-829-4833
www.vba.va.gov

Benefits Information and Assistance
1-800-827-1000

Debt Management
1-800-827-0648

Life Insurance Information and Service
1-800-669-8477

Welfare Fraud Hotline

Welfare Fraud Hotline
1-800-432-3913

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General Online Healthcare Resources

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

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

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

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

Hospitals and Clinics--Specialized

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

Other Healthcare Facilities and Services

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

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

V. Detail Exhibits

[VVV Consultants LLC]

a.) Patient Origin Source Files

[VVV Consultants LLC]

Patient Origin History 2021- 2023 for IP, OP and ER – Norton County, KS

#	Norton County, Kansas Residents			
	Inpatients - KHA HIDI	**FFY23**	**FFY22**	**FFY21**
	Total	325	454	506
1	Norton County Hospital - Norton, KS	123	272	168
	% Patients Receiving Care in Home County	37.8%	59.9%	33.2%
2	HaysMed - Hays, KS	83	67	103
3	Kansas Residents/Nebraska Hospitals - , NE	40	33	127
4	Wesley Healthcare - Wichita, KS	12	11	19
5	The University of Kansas Health System - Kansas City, KS	9	13	18
6	Salina Regional Health Center - Salina, KS	8	4	10
7	Children's Mercy Kansas City - Kansas City, MO	5	8	3
8	Decatur Health Systems, Inc. - Oberlin, KS	1	8	5
9	Phillips County Health Systems - Phillipsburg, KS	3	2	9
10	Rooks County Health Center - Plainville, KS	3	2	9
11	Graham County Hospital - Hill City, KS	3	2	8
12	Citizens Health - Colby, KS	4	3	5
	Others	31	28	22

#	Norton County, Kansas Residents			
	Outpatients - KHA HIDI	**FFY23**	**FFY22**	**FFY21**
	Total	11,259	14,101	14,395
1	Norton County Hospital - Norton, KS	8,790	11,446	11,480
	% Patients Receiving Care in Home County	78.1%	81.2%	79.7%
2	HaysMed - Hays, KS	792	682	687
3	Decatur Health Systems, Inc. - Oberlin, KS	334	455	501
4	Graham County Hospital - Hill City, KS	284	393	488
5	Phillips County Health Systems - Phillipsburg, KS	208	207	438
6	Rooks County Health Center - Plainville, KS	161	173	158
7	The University of Kansas Health System - Kansas City, KS	159	126	101
8	Citizens Health - Colby, KS	88	173	98
9	Sheridan County Health Complex - Hoxie, KS	82	77	75
10	Children's Mercy Kansas City - Kansas City, MO	55	80	49
11	Children's Mercy Hospital Kansas - Overland Park, KS	32	50	41
12	Gove County Medical Center - Quinter, KS	32	19	59
13	Salina Regional Health Center - Salina, KS	34	41	33
	Others	207	178	186

#	Norton County, Kansas Residents			
	Emergency - KHA HIDI	**FFY23**	**FFY22**	**FFY21**
	Total	841	1,679	1,498
1	Norton County Hospital - Norton, KS	637	1,517	1,280
	% Patients Receiving Care in Home County	75.7%	90.4%	85.4%
2	HaysMed - Hays, KS	63	31	43
3	Phillips County Health Systems - Phillipsburg, KS	42	20	35
4	Graham County Hospital - Hill City, KS	22	17	34
5	Decatur Health Systems, Inc. - Oberlin, KS	7	11	16
6	Salina Regional Health Center - Salina, KS	5	9	19
7	Sheridan County Health Complex - Hoxie, KS	9	11	10
8	Citizens Health - Colby, KS	2	12	5
9	Wesley Healthcare - Wichita, KS	4	5	9
10	The University of Kansas Health System - Kansas City, KS	5	7	4
	Others	44	38	42

b.) Town Hall Attendees, Notes, & Feedback

[VVV Consultants LLC]

Norton County, KS CHNA Town Hall 3/21/24 (5:30-7pm) N=48

#	Table	Lead	Last	First	Organization
1	H	xx	Alexander	Angie	NCH & Norton School Dist.
2	H		Alexander	Jay	NCH
3	F		Annon	Micheal	
4	F		Bandy	Cindy	
5	F	xx	Black	Andrew	NCH Board
6	A		Bliss	Klare	Norton County Hospital
7	H		Carter	Gene	Wesco
8	H		Clark	Darryl	Developmental Services of NWKS
9	G		Cropp	Joyce	community member
10	C		DeWitt	Melody	NCH
11	F		Dix	Corrine	Moffet Drug and Guardian Home Care
12	B		Edgett	Jill	
13	A	xx	Faughnder	Kevin	NCH
14	D		Garrison	Rose	
15	D	xx	Gosselin	Dallas	Norton City/County Econ Dev
16	J		Hale	Aaron	Iron Insurance Partners
17	E	xx	Harding	Shawn	Chamber of Commerce
18	B		Harrington	Eva	Norton County Hospital
19	J		Harris	Tabby	NCH
20	C		Hawks	Jerry	NCH Board
21	C	xx	Hawks	Kay	community member
22	H		Hempler	Shannan	Norton County Hospital
23	E		Henderson	Vicki	Norton Telegram
24	I	xx	Horinek	ReChelle	Norton County Hospital
25	G		Inman	Jonna	NCH
26	G	xx	Jacobs	Kellen	NCH
27	A		Janice	Sebaugh O'Hare	community member
28	E		Juenemann	Angie	Community Member
29	E		Juenemann	Lee	NCH Board
30	I		Luft	Vivian	N/A
31	A		Marble	Ida	community member
32	C		McFee	Karla	High Plains Mental Health Center
33	A		McKinley	Jeff	NCH
34	J	xx	McKinley	Jeff	NCH
35	D		Mohr	Sarah	Norton County Hospital
36	B		Moreau	James	City of Norton
37	F	xx	Nykamp	Travis	Norton County Hospital
38	B	xx	Pfannenstiel	Leslie	Norton County Health Dept
39	G		Reva	Benien	Community member
40	B		Rice	Chase	Moffet Drug / Ward Drug
41	J		Sheffer	Darlene	
42	C		Smith	Laquita	DSNWK
43	D		Sowards	Craig	Norton County EMS
44	E		Spear	Bob	
45	E		Speer	Rita	
46	G		Stahl	Amberlea	DSNWK
47	I		Vollertsen	Randa	NCH Bd. member
48	J		Zillinger	Emily	NCH

Norton County Hospital - Town Hall Event Notes

Date: 3/21/2024 – 5:30 p.m. to 7:00 p.m. @ 4-H Building Attendance: N=48

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

- School is Providing Screening in Elementary Schools.
- Spanish and Pilipino are the other languages being spoken in the Community.
- Community thinks that Single family households have increased.
- Veterans can receive care at NCH, but for a Veteran's Hospital they go to Hays, Grand Island, Wichita, Holdridge NE, Omaha, Dodge City.
- Population increased (many from CO because of cost of living) during Covid and now there aren't a lot of houses available for sale.
- Healthy Food is available in town, but it isn't affordable.
- Internet service is not strong in rural parts of the Community.
- Labor and Delivery patients are going to Hays, Kearney, Smith Center, McCook, Quinter, Colby.
- Community members struggle with wait times in the ER because of Health Insurance issues (Provider).
- The community is concerned about depression and suicide in the area.
- The drugs in the community: Opioids, Meth, Fentanyl, Marijuana & THC, & Cocaine. Vaping is an issue with the teens (some with drugs, some nicotine).
- Community feels that Drugs, Alcohol, and vaping are problems. Should all be treated as problems.
- Health Dept commented that STDs are a problem in the community.
- Exercise opportunities: Walking Trails, Rec Center, Fit to Go Gym, Define Gym, Summer Aquatics, and Lenora Gym

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

- Undocumented Immigrants
- Increased pressure on Electric Grid/failing infrastructures.
- Parenting
- Insurance Coverages
- Vaccination Hesitancy

Strengths in the community:

- Supportive Community
- Variety of Healthcare services is strong.
- Resilient and hardworking people
- Strong County health Dept
- Great Providers-local and caring, they know their patients.
- School Athletic programs
- Number of exercise opportunities
- Strong businesses in town
- Excellent EMS & Fire
- Pharmacy services
- Community safety
- Coordination of Care
- Youth screenings

Town Hall areas to improve or change to increase health delivery:

- Affordable Healthy Foods
- Art & Music Therapy
- Childcare (Accessible & Affordable)
- Chronic Disease Management
- Cost of Healthcare / Affordable Medications
- City Failing Infrastructures (Grid, Water, Streets)
- Government Truth/Transparency
- Health Apathy/Preventative Screenings
- Healthcare Staffing
- Housing (Affordable & Accessible)
- Mental Health
- Nursing Home/ Senior Health
- Routine Surgery offered at Hospital.
- Volunteerism

Round #5 CHNA - Norton Co KS PSA

Town Hall Conversation - Strengths (Big White Cards) N=43

Card #	What are the strengths of our community that contribute to health?	Card #	What are the strengths of our community that contribute to health?
34	Access to care	8	Good EMS-LEO-Fire
22	Access to physical fitness	31	Good health department
3	Access to quality food	20	Good nursing
36	Accessibility to healthcare	31	Good pharmacy
43	Activity options	8	Good school system
7	Air Quality	35	Good support
24	Ambulance	28	Great ER
27	Ambulance + Fire	30	Great Pharmacy
7	Ambulance Services/fire	40	Hard working
32	Availability of preventative health services	38	Have places to walk/exercise
32	Availability of substance abuse treatment	22	Health awareness/Screening for kids
4	Businesses	25	Health department
34	Can't deny ER	38	Health Department
18	Cardiac Care exercise	4	Health Dept
40	Caring	14	Health food/expensive groceries
13	Caring and dedicated providers	2	Health screenings
3	Caring people	35	Healthcare providers care
6	Caring people	4	Healthcare services
40	Charming	42	Healthcare services
27	Childcare	39	Healthy opportunities
29	Children's health screening	38	High Plains - Can join by telehealth
34	Choice of provider	14	Home health
21	Churches	2	Hospital
40	Community centered	33	Hospital
5	Community involvement	38	Hospital
5	Community Pride	37	Hospital getting the message and on right path
24	Coordination of care	16	Hospital staff
25	Coordination of care	17	Improved childcare & preschool
30	Coordination of care	8	Industry and government job stability
32	Coordination of care	7	LEO/Government/County
15	County health	35	Local health facilities available
39	County health	7	Local Healthcare Providers
16	County health department	42	Local jobs
18	County health department	42	Local Pharmacy/Hospital
17	County health services	19	Low cost fitness
23	Decent paved roads	20	Low cost fitness
13	Dedicated people	19	Low cost of living
11	Dental - Vision care	23	Low or no cost fitness
15	Dentist	13	Medical Facility is good
28	Economic stability	20	Medical infrastructure
12	Education	33	Mental Health resources
24	Education	39	More available than utilized
25	Education	31	Most departments work well together
26	Education	14	New firms coming to town
27	Education	12	Nice facilities
21	Education facilities	25	Norton county hospital providers
18	EMS	15	Optometrist
32	EMS	21	Parks & Rec
34	EMS	15	Pharmacy
39	EMS	16	Pharmacy
29	EMS & Fire access	21	Pharmacy
10	EMT/Ambulance	38	Pharmacy
24	ER	11	Pharmacy Services
14	Exercise access	10	Physical therapy department
18	Exercise availability	34	Physical wellness activity
16	Exercise opportunities	42	Police/Safety of area
17	Exercise options	16	Preschool program at school
7	Expanding available services	1	Presence of hospital/ER
20	Fair economic base	24	Providers are great
2	Fire & Rescue	31	Providers we do have are great
21	Fitness access	33	Public Health Department
12	Fitness facilities	11	Public Health Services
23	Food availability	30	Quality of caare for those providers that are here
30	Freedom of mobility	30	Quality water
9	Good businesses	33	Recreational facilities
31	Good coordination of care	21	Rehab
19	Good EMS	14	Rural community - supportive
31	Good EMS	19	Safe school & work life

Round #5 CHNA - Norton Co KS PSA

Town Hall Conversation - Strengths (Big White Cards)   N=43

Card #	What are the strengths of our community that contribute to health?	Card #	What are the strengths of our community that contribute to health?
39	Safety	30	Substance abuse care facility
40	Safety	26	Support of hospital
1	School	4	Supportive community
2	School	10	Supportive community
4	School	11	Supportive community
5	School	12	Supportive community
36	School athletic programs	17	Supportive community
4	School Screenings	27	Supportive community
10	School system	33	Supportive neighboors/community
11	School system	12	Support-Pharmacy-CO Health
14	School system	7	Taxes/Cost
15	School sytem	29	Telehealth
6	Schools	32	The providers we have are good
42	Schools	10	Urgent care - walkin
13	Self sustaned community	28	Vaccinations
1	Sense of community	1	Valley Hope
2	Sense of community	3	Valley Hope
26	Sense of community	22	Variety of healthcare for rural
43	Shifting focus to prevention - educating public	27	Vision & dental
9	Small town atmosphere/help your neighbor	29	Vision & Dental access
28	Small town living	12	Visiting Specialists
17	Specialty physician services	6	Wealth
6	Spiritual	41	Wifi
26	Spiritual attitude	28	Wifi ambulance & fuel services
7	Stabilized population	1	Willingness to drive another (Norton cares)
13	Strong County Health Department	18	Wound care department
7	Strong economy/Business	10	Xray deptartment
3	Strong school system		

Round #5 CHNA - Norton Co KS PSA

Town Hall Conversation - Weaknesses (Color Cards)   N= 41

Card #	What are the weaknesses of our community that contribute to health?	Card #	What are the weaknesses of our community that contribute to health?
25	Ability to afford healthcare	18	Drug use
1	Access care to prenatal	19	Drug/alcohol usage
18	Access ti healthy foods	34	Economic Stability - insurance
38	Access to care - cost	6	Education about bad behaviors
41	Access to healthcare staff - PCP - Specialist	32	Electric grid
17	Access to healthy food	9	Electric grid overuse
39	Access to healthy food	27	Emergency department
41	Access to healthy food options	23	Employee retention
25	Access to heaothy food	15	Excerise/obestiy
18	Access to insurance/assistance	7	Failing infrastructure
18	Access to providers	28	Failing infrastructure
16	Access to specialist	1	Financial sliding scale
34	Adult care	32	Food Coop
41	Afforadable housing	6	Free health screenings
24	Afforadble food	32	Funding
30	Affordable food	13	Funding to Healthcare
12	Affordable foods	7	Funding/economy
19	Affordable foods	10	General health
12	Affordable health care	36	Generational gaps
33	Affordable healthy food	17	Get more providers
37	Affordable healthy food	33	Get providers
25	Alcohol/Drugs	2	Health education
11	Arts and Music	4	Health food afforabilitiy
21	Assisted living	12	Health providers
20	Attitude towards healthy living	34	Healthcare access - providers
2	Availability of healthy foods/exercise	14	Healthcare coverage
16	better funding	38	Healthcare retention
22	Better health coverage	7	Healthy living/price
5	Better parenting	12	Housing
25	Cancer	14	Housing
27	Cancer treatment/Chemotherapy	15	Housing
17	Cant afford healthy food	20	Housing
26	Care for elderly	26	Housing
12	Change the way hospitals are paif for their services	28	Housing
7	Childcare	30	Housing
9	Childcare	31	Housing
11	Childcare	19	Housing for families
15	Childcare	9	Illegal drug use
16	Childcare	1	Importance of keeping hospital open
20	Childcare	26	Improved chronic care management
29	Childcare	41	Increase cost of healthcare
30	Childcare	36	Increase educatyion for drugs/vaping
31	Childcare	36	Increase financing for Hospital/clinic
32	Childcare	19	Infrastructure - streets, water
34	Childcare	39	Insurace affordable
37	Childcare	20	Insurance access
39	Childcare - better providers & affordability	1	Insurance coverage
4	Childcare - need more	15	Insurance coverage
24	Childcare for all shifts	40	Insurance coverage
36	Childcare options	20	Insurance reimbursement
41	Childcare Services	4	Insurance/Cost of care
11	Chronic care management	14	Jobs
13	Chronic care management	22	Lower cost food
24	Chronic disease care/treatment	38	Mental care
36	Communication with retail/healthcare	10	Mental health
23	Community focus on health	14	Mental health
11	Community involvement	16	Mental health
14	Community involvement	19	Mental health
38	Continued childcare improvements	26	Mental health
24	Cost of care	27	Mental Health
40	Cost of care	30	Mental health
40	Cost of food	31	Mental Health
30	Cost of healthcare	34	Mental Health
33	Daycare accessibility	36	Mental health
22	Decrease access to drugs	37	Mental health
22	Decrease obesity	21	Mental Health access
27	Dialysis/Infusion therapy	23	Mental health access
29	Doctors	39	Mental health and help adult and children
32	Dr	18	Mental health awareness
8	Drug abuse	13	Mental Health resources

Round #5 CHNA - Norton Co KS PSA

Town Hall Conversation - Weaknesses (Color Cards)   N= 41

Card #	What are the weaknesses of our community that contribute to health?	Card #	What are the weaknesses of our community that contribute to health?
15	Mental health support	2	Retention of all providers
20	Mental Health support	19	Retention of healthcare providers
11	Mental helath	16	Retention of staff
21	More EMS help	14	Senior care
35	More housing (affordable)	23	Senior care
11	More providers	38	Smoking/drugs
21	More providers	10	Smoking/Vaping
36	More Providers	5	Specialists coming to hospital
1	More specialty	33	Specialists who will come especially oncology
35	More specialty clinics	27	Specialty care
3	Need better access to healthy foods	23	Spiritual
35	Need mmore businesses in town	29	Stability of hospital
3	Need more exercises opportunities	2	Stigma of seeking Mental healthcare
3	Need music entertainment	33	Stop loss of hospital employees
5	Need providers	2	Substance use
40	Need providers	31	Suicide
35	Need providers healthcare to bring in & keep business at	11	Surgical services
3	Need the truth from government and CDC	5	Tap water quality
30	Nursing home	34	Tax Support
40	Nursing home	28	Tax, insurance, food costs
13	Nursing home access & assisting	17	Underinsured
10	Nursing home/Senior living	37	Uninsured/underinsured
15	Nutrition - afforable	8	Vaccination
10	Obesity	9	Vaccination hesitancy
27	Oncology	17	Vaccine hesitancy
36	Opinion & healthcare	21	Vaping in schools
22	Overall town participation in all aspects of health	25	Vaping/Smoking
9	Parenting	29	Vaping/Smoking
29	Parenting	31	Vaping/smoking
14	Parenting classes	8	Visiting Specialists
26	Perception of screening	6	Volunteer opportunities
28	Population decline	11	Volunteer opportunities
14	Power/water	39	Wages - enough to live off of with prices increases
4	Prenatal care	24	Water
8	Preventative care	26	Water quality
13	Provider recruiting/Retention/Staffing	35	Water quality
40	Provider staffing	40	Water quality
37	Providers/access to care	4	Wifi in rural areas
20	Reduce healthcare costs	9	Youth access to alcohol/vaping
5	Retain Providers		

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

From: Kevin Faughnder
Date: 1/12/24
To: Community Leaders, Providers and Hospital Board and Staff
Subject: CHNA Round #5 Online Survey 2024 – Norton Co KS

Norton County Hospital will be partnering with other community health providers to update the 2021 Community Health Needs Assessment (CHNA) for Norton County, KS. Our facility has again contracted VVV Consultants to complete this work over the next few months.

Your feedback and suggestions regarding community health delivery are especially important to collect to be able to complete the 2024 Community Health Needs Assessment and implementation plan updates.

To accomplish this work, a short online survey has been developed. Please utilize the link below to complete this survey.

LINK: **https://www.surveymonkey.com/r/CHNA2024_NortonCoKS_OnlineSurvey**

This online survey must be completed by **February 23rd, 2024.** All responses are confidential.

Please hold the date for a community Town Hall scheduled for **Thursday, March 21st, 2024 for lunch from 11:30am-1pm** to discuss research findings. If possible, we encourage you to attend. Stay tuned for further details! More information on this will be provided shortly.

Thank you in advance for your time and support in participating with this important request. If you have any questions, please contact Tabby Harris *(785) 877-3351 Ext. 1206*

Norton County Hospital Initiates 2024 Community Health Needs Assessment

Norton County Hospital (NCH) will be working with area community leaders over the next few months to update our 2024 Community Health Needs Assessment (CHNA). Today we are requesting community resident input regarding healthcare delivery and unmet needs to complete this report update. VVV Consultants LLC, an independent research firm from Olathe, KS has been retained to conduct this countywide research.

The goal of this assessment update is to understand progress in addressing community health needs cited in 2021, 2018, and 2015 assessment reports, while collecting up-to-date community health perceptions and ideas. The main focus for this year's assessment will be identifying gaps in healthy eating, physical activity and/or commercial tobacco control.

A brief community survey has been developed to accomplish this work. You can participate in several different ways, including visiting NCH's website or Facebook page, or simply scanning the QR code below.

All community residents and business leaders are encouraged to complete this online survey by **February 23rd, 2024**. In addition, a CHNA Town Hall meeting to discuss the survey findings will be held over lunch on **Thursday, March 21st, 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) 877-3351 Ext. 1206

###

EMAIL #2 Request Message

From: Kevin Faughnder
Date: 03/01/24
To: Area Community Leaders, Providers and Hospital Board & Staff
Subject: Norton County Hospital and Clinics - Community Health Needs Assessment Town Hall Dinner– March 21, 2024

Norton County Hospital and Clinics will host a Town Hall Community Health Needs Assessment (CHNA) dinner on Thursday March 21st. The purpose of this meeting will be to review collected community health indicators and gather community feedback opinions on key unmet health needs for Norton County, KS. **Note: This event will be held on Thursday, March 21st from 5:30-7:00 p.m.** at the **4- H Building (126 E Park St., Norton, KS 67654) with a check-in time starting at 5:15 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: hhttps://www.surveymonkey.com/r/NortonCHNA_RSVP

Thanks in advance for your time and support!
If you have any questions regarding CHNA activities, please call (785) 877-3351.

Norton County Hospital CHNA Town Hall Scheduled for Thursday, March 21st, 2024.

Media Release: 03/01/2024

To gauge the overall community health needs of residents, **Norton County Hospital and Clinics**, in conjunction with other area providers, invite the public to participate in a Community Health Needs Assessment (CHNA) Town Hall roundtable on **Thursday, March 21st for dinner from 5:30-7:00 p.m.** located at the 4-H Building (126 E Park St., Norton, KS 67749), with a check-in time starting at 5:15pm.

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

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

"We hope that you will be able to participate in this important community event on March 21st!" Kevin Faughnder, CEO- Norton County Hospital. Thanks in advance for your time and support!

If you have any questions about CHNA activities, please call Tabby Harris (785) 877-3351.

###

d.) Primary Research Detail

[VVV Consultants LLC]

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)
1085	67654	Very Poor	ADMIN			Replace ALL board members
1106	67654	Good	CC	HOUS		Child care and housing
1076	67654	Average	COLLAB			This responsibility lies on the shoulders of the Commissiomers, City Council, Home Health, and the hospital. They need to work together.
1033	67654	Very Poor	COMM			Communicate these areas better to the community that there are ways to better health.
1065	67654	Good	DOCS	CLIN	TRAN	My experience is we have a lack of providers in specialty clinics. We have to go out of town for this and finding transportation can sometimes be a problem. I don't know about the rest of the determinants.
1052	67654	Average	DOCS	CLIN		Doctors and urgent care
1120	67654	Average	DOCS	NUTR		We need more physicians and food options
1051	67654	Average	DOCS	QUAL		We spent a lot of time and money to find qualified Physicians who would commit to this community. Let's be honest in evaluating ALL the reasons and persons responsible for the failure of their loss. There is no place for nepotism when a community's health care is at stake.
1109	67654	Poor	ECON			So many job opportunities are available but yet, no one applies. If they do obtain a job, their work ethics are horrible. I believe this is a problem everywhere.
1011	67654	Average	ECON			We need to have strong people that can make good decisions for our community in the role of County & City Commissioners as well as in Economic Development. We currently have a young person as Eco Devo and he has no experience in this role, and it is his first job out of college. Need someone experienced in that position.
1103	67622	Average	EDU	CHRON	DIAB	Provide Health education for specific chronic illnesses such as a Diabetes group , Group education classes. Increase & Improve low income housing.
1004	67654	Average	EDU	HOUS	ACC	Norton county is doing fair in several of these categories. I feel we have a strong local education system, and economically we are stable employer county wide. We do struggle with housing which is a limitation for recruiting people to our town and county. We struggle at times with the appropriate access to health care services. There is good social and community support county wide as well.
1125	67654	Average	FINA	ACC	SERV	Lower the cost of medical treatment
1063	67654	Average	FINA	NUTR	HOUS	The cost of food locally is a challenge, as well as housing and childcare. These things keep up from growing our population and create barriers for employers trying to hire people in.
1138	67654	Very Good	FUND			more funding through county budget or pass a percentage of local sales tax specific for hospital.
1056	67654	Poor	HOUS	ACC		Need to have more housing options ex rentals
1016	67654	Average	HOUS	CC	ECON	Housing, childcare, and workforce development all go hand in hand. Unfortunately we work in silos… and struggle with the chicken or the egg conversations.
1030	67654	Good	HOUS	CC		Housing, child care,
1093	67654	Average	HOUS	FINA	MH	More affordable/ safe housing, cost of living- utilities and healthy foods; mental health services; crisis intervention
1141	67654	Poor	HOUS	MH		Affordable housing is a big problem in our area, mental health is a huge problem in our area
1113		Poor	HOUS	NUTR	EDU	Housing has been an issue for a while, but I believe work is being done to improve it. Better access to nutrition education and healthier foods is important. People need options and need to know where to find food resources in the community. It's a very disconnected system. The hospital's situation is so very sad. It had good physicians and services. The board did a poor job in how everything unfolded and good physicians and staff leaving. Its financial stability is questionable. That is scary for the community.
1032	67654	Very Poor	HOUS	NUTR	FIT	Build affordable housing for all tiers of income, provide better food for meals on wheels, have better access and affordable gyms, get doctors to stay in Norton.
1037	67654	Average	HOUS			Housing is always a problem and a deterrent to people moving to Norton.
1031	67654	Good	MH	DRUG	HOUS	mental health and drug and alcohol need designated professionals need place to house mental health when waiting on placement low cost housing taxi service that is affordable affordable food —i shop out of town. too expensive in norton daycare bring in new businesses
1025	67654	Average	MH	SPRT	MH	Social determinants typically avoid the mental health question. There are some things can ease issues with mental health but they don't address it directly. We have a population that includes people who stay after leaving Valley Hope or the correctional facility. We lack the support services including mental health that are needed to keep these populations moving in a positive direction.
1064	67654	Good	MKRT	AWARE		Better advirtising and awareness on Social media; people are mostly likely to view and connect with social platforms to determine where they will get their care and what they are looking for.
1066		Good	NH	DOCS		Consider the elder. All people wd have a dr that's here longer than 2/3 years.
1060	67654	Good	NUTR	ACC		Grocery stores
1083	67654	Average	NUTR	ACC		NEED FRESH PRODUCE. PLEASE
1110	67654	Good	NUTR	FINA	HOUS	High cost of groceries leads to poor diet Housing is minimal and what is available as rentals for instance is nearly inhabitable for most
1077	67654	Good	NUTR	FINA		Grocery prices are to high. Need Bountiful Baskets back in town.
1071	67645	Very Good	NUTR	HOUS	FINA	Affordable fresh food, affordable housing for families,
1023		Good	NUTR			Having enough doctors and specialists helps our economy.
1075	67654	Very Good	POV	NUTR		We have a probably 50% poverty level. Addressing this with food programs that continue year around would help. Lion's Club cannot do it all. The loss of Meals on Wheels has hurt the elderly, who cannot get out,badly.

ID	Zip	Rating	c1	c2	c3	Q10. Being this a strong topic of interest, do you have any thoughts, ideas, and/or specific suggestions (food, housing, transportation, support, etc.) to address these 5 social determinants to improve our community health? (Please Be Specific)
						CHNA 2024 Community Feedback: Norton County KS N=145
1084	67654	Average	POV			Poverty community.
1045	67654	Poor	PREV	HOUS	SPRT	Our community rec center could use an overhaul in order to facilitate classes, promote exercise, and activity. The current aerobics area could be enclosed and enhanced to facilitate classes. The hours are limited. Housing is in shortage and the city/econ dev initiatives could be further promoted. Initiate home construction/remodel programs within our school to build a home every year contributing to our tax base that supports our community and school. Promote competition with food growers and at local grocery stores. Consider CSA based programs through existing grocery store or other parties.
1099	67654	Average	PRIM	PREV	POV	PCP who prioritize prevention practices. We need to reduce poverty so folks can purchase higher-quality foods. We need our grocery store to offer cheaper, healthy food options.
1020	67654	Average	PRIM	RET		Continuous recruitment for primary providers, need to be allocated more mill levy for the hospital, larger scholarships for healthcare for contracted long term employment to lesson the use of traveling nurses, etc,
1073		Average	QUAL			Norton is in a stage of decline. Our Health care is minimal.
1102	67654	Average	REC	HOUS	TRAN	Bountiful Basket program, more trail walking activities/ fun run etc via recreation commission, maybe mor reasonable tiny houses instead of larger costly homes, return the local transportation to out of town events.
1014	67654	Average	REC			Sidewalks in town are in terrible condition.
1018	67654		RET	STFF		Retention of good health care staff would help in all areas
1024	67622	Poor	RURAL	AWARE	COMM	Maybe have informational taken out to outskirts if communities
1097	67654	Good	RURAL	NUTR	ACC	The smaller town communities are very health poor. They grew up certain ways and breaking habits are hard. Promoting better nutrition and having those options is vital to healthier care and it's just not very accessible here.
1070	67654	Average	SERV	AWARE		Reach out
1026	67654	Good	SPRT	FINA	FAC	Hospital needs financial support from the county to maintain quality services for the patients.
1082	67654	Good	SPRT	FUND	CLIN	Community support in form of financial projects, donations, additional ideas for raising monies to supplement budget ex: specific sales tax for general hospital & clinic operations
1046	67654	Good	SPRT	QUAL		These determinants are all necessary to be addressed but people are not interested in sitting in another meeting to listen and community support is relegated to a few core people to do it all and the community does not come forward until it touches them personally or someone goes face to face to speak to the importance of each of the above mentioned topics. It is hard to garner their support and keep them for more than a year when they find out how much work is involved to achieve whatever speaks to their need. Good Luck on this one!!!!!
1050	67654	Poor	STFF	RET		Lack of retention of quality staff
1074	67654	Average	STFF	SERV		Build our medical staff, provide more services locally and save our hospital.
1057	67629	Average	TRAN	RURAL		Isolation is a very big problem and transportation

CHNA 2024 Community Feedback: Norton County KS N=145

ID	Zip	Rating	c1	c2	c3	Q8. In your opinion, what are the root causes of "poor health" in our community? Other (Be Specific)
1020	67654	Average	ACC	NUTR	FINA	Access to healthy foods due to cost.
1079	67654	Very Poor	ADMIN			Crappy hospital administration and board. ONLY cause.
1136	67654	Poor	DOCS	ACC		Lack of providing doctors to cover the needs.
1051	67654	Average	DOCS	RET		Physician retention
1142	67661	Average	DOCS	SERV	MRKT	lack of physicians, lack of ancillary services, lack of advertising
1085	67654	Very Poor	DOCS			No MD only PA
1049	67654	Average	FINA	INSU		People cannot afford healthcare even with insurance. It's too expensive to get ill.
1125	67654	Average	FINA			COST
1024	67622	Poor	OTHR	SPEC		Lack of genetic care
1045	67654	Poor	PREV	NUTR	FIT	The wellness culture in the community is minimal with there being a low understanding of the connection between diet, exercise, sleep and current chronic conditions such as obesity, diabetes, heart disease, cancer and other plaguing issues.
1071	67645	Very Good	QUAL			Incentives to get better
1040	67654	Average	STFF	QUAL		Staff attitudes and lack of professionalism have lead to my family seeking health care in another county.

CHNA 2024 Community Feedback: Norton County KS N=145

ID	Zip	Rating	c1	c2	c3	Q13. What "new" community health programs should be created to meet current community health needs?
1004	67654	Average	ACC	CHRON	PREV	could have better access to wellness programs as well as chronic care management. Preventative health initiatives should be pushed harder.
1085	67654	Very Poor	ADMIN			new board members
1061	67654	Average	AWARE	NH	DIAB	Awareness classes via online options where patient can discretely hear of basic issues and conditions of our elderly in particular. For example, diabetes symptoms or other common healthcare issues. Many in rural areas do not seek help for their health unless there are significant signs. But many won't attend a regular class, let alone make an appointment.
1060	67654	Good	CC	NUTR	NH	Child care/education, nutrition, parenting mentors, future of long term care & nutrition for seniors in centers
1075	67654	Very Good	CC	NUTR		Child care , food programs
1102	67654	Average	CLIN	DOH	HOUS	A bountiful basket program More local extension or clinic or health dept health program presentations Perhaps a housing meeting to determine what community wants in housing options.
1052	67654	Average	CLIN	FAC	STFF	Fix the clinic and the hospital before creating new programs. Get good staff and retain them this time.
1013	67654	Good	CLIN	MH		Walk in clinic for medical and M H
1033	67654	Very Poor	COMM			Better communication to the public
1020	67654	Average	DIAB	EDU	DOH	Diabetic Education Weekly community lab draws done at the health department.
1121	67654	Good	DIAB	POD	MH	Diabetic care foot care hospice more mental health and child care programs
1142	67661	Average	DIAL	CANC	LAB	dialysis, chemo, vitamin infusions
1074	67654	Average	DOCS	CC		More medical providers and day care.
1087	67654	Poor	DOCS	EDU	PREV	New Doctors, Education on Preventative Healthcare
1088	67654	Poor	DOCS	MH	PEDS	Bring in more doctors Mental health particularly for children.
1046	67654	Good	DOCS	NURSE	EQUIP	I believe we have what can efficiently serve our community until we have the funding to implement more doctors, nurses and equipment to service the needs of the patient.
1066		Good	DOCS	RET		Bring back and KEEP the GREAT Drs.
1120	67654	Average	DOCS	RET		Physician retention
1103	67622	Average	EDU	RET	HRS	Health Education Groups for Disease Mangement Provider Recruiting and retention committee Urgent care after clinic hours
1073		Average	FAC	CLIN	QUAL	Get the Hospital and Clinic up and running better
1067	67654	Poor	FAC			the hospital should know
1082	67654	Good	FEM	CLIN		Women's healthcare clinics
1094	67654	Good	FIT	FINA	REC	We have a couple exercise places that are good, but a little pricey; and the rec center has a place that is cheap, but only open for short times and when closed only for adults. I would like a more economical place that I can go with my children to exercise.
1110	67654	Good	FIT	NUTR	FINA	New types of exercise programs - bungy dancing would be fun! Think outside the box to get people moving and more healthy. Farmers markets or somehow better access to healthier foods at an appropriate price range. Grocery store is severely overpriced for 90% of the community to afford anything other than junk/frozen goods.
1131	67654	Average	LAB	THER		IV wellness treatment and natural hormone replacement therapy
1062	67654	Good	MH	ACC		Better access to mental health needs.
1049	67654	Average	MH	ACC		We need mental health so bad.
1141	67654	Poor	MH	SPRT	FINA	Mental health support groups, exercise groups that don't cost a lot to be involved

ID	Zip	Rating	c1	c2	c3	Q8. In your opinion, what are the root causes of "poor health" in our community? Other (Be Specific)
						CHNA 2024 Community Feedback: Norton County KS N=145
ID	Zip	Rating	c1	c2	c3	Q8. In your opinion, what are the root causes of "poor health" in our community? Other (Be Specific)
1016	67654	Average	MH	SPRT	SERV	A better mesh of mental health support, same with women and children. Our current system only really supports older men. It lacks support for women of all ages, and also children. Prioritize women, minorities, and children and you'll see growth and reciprocity support.
1143	67653	Good	MH			Mental health
1119		Good	NUTR	ACC	FIT	more assess to healthy foods and exercise
1071	67645	Very Good	NUTR	ACC	POV	Affordable produce, bountiful baskets was well recieved and was available to everyone with out restrictions of income
1099	67654	Average	NUTR	ACC		Food pantry that is OPEN and offers HEALTHY food
1113		Poor	NUTR	EDU	PREV	Nutrition education and access (and make current resources more connected) More education on preventive health and screenings More provider choices in the clinic
1017	67654	Average	NUTR	EDU	REC	Expanding nutritional resources as we are in a food desert. Forced to travel out of town for broader produce and healthy offerings. Increase fitness/outdoor education offerings such as outdoor circuit training, more walking trails, improved sidewalks and streets. Appreciate all that has been done on this in recent years.
1083	67654	Average	NUTR	EDU		NUTRITION CLASS
1045	67654	Poor	NUTR	FIT	EDU	Community wide nutrition and exercise program in an effort to educate and encourage the fight against preventable chronic disease.
1097	67654	Good	NUTR	PREV		Promoting better nutrition and healthier living.
1098	67645	Poor	NUTR			Nutrition help
1031	67654	Good	OBE			obesity aging
1025	67654	Average	OBES	DIAB	CHRON	weight loss, diabetic support, chronic disease management.
1065	67654	Good	OBG	DOCS	SERV	Hire some doctors that do deliver babies and aftercare for the child and mother.
1059	67654	Very Poor	OTHR			All of them.
1093	67654	Average	PRIM	MH		Family health, mental health
1040	67654	Average	QUAL			Fix what is already broken before looking at "new".
1032	67654	Very Poor	QUAL			Get quality care.
1030	67654	Good	REC	ACC		Add more entrances to walking trail to prevent walking on street to reach entrance or going into the ditch to reach sidewalk. Spray to get rid of all the stickers along the trail and keep it mowed more often in the spring and summer.
1014	67654	Average	REC	ACC		Making it safer to walk in town or a walking path out to the lake.
1070	67654	Average	RESO	FINA	SERV	Affordable/free health and wellness classes
1105	67654	Good	RESO	SERV	ACC	Classes on vaping effects Stress reduction Self defense classes
1008	67654	Average	RESO	SPRT	SERV	prenatal classes for young moms, mommy and me classes
1051	67654	Average	RET	DOCS	PRIM	Recruiting and retention of GP physicians.
1078	67654	Poor	SERV	ACC	DOH	Expand county health services.
1011	67654	Average	SERV	DOH	AWARE	More health fair's might be a good area to expose what is available to people in the community.
1037	67654	Average	SERV	QUAL		Improve the current programs.
1024	67622	Poor	SPEC			Programs full of information and ability to see specialists
1063	67654	Average	SW	SPRT	SERV	We need social work support that can assist in signing up for Medicaid, disability, and/or Medicare, as well as help those in need find the other support services in the community. Support for managing chronic disease/illness would be helpful.

Norton County Hospital (Norton 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. 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 February 23, 2024.

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

◯ Very Good   ◯ Good   ◯ Average   ◯ Poor   ◯ Very Poor

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

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

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

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

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

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

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

- [ ] Mental Health Services (Access, Provider, Treatment, Aftercare)
- [ ] Drugs / Substance / Alcohol Abuse
- [ ] Healthcare Access
- [ ] Cost of Care
- [ ] Provider / Staffing Retention
- [ ] Toabacco / Smoking / Vaping
- [ ] Nutrition - Health Eating (Access)
- [ ] Exercise & Fitness (Access)
- [ ] Cancer Services
- [ ] Access to Specialists
- [ ] Quality of Care
- [ ] Awareness of Healthcare Services
- [ ] Transportation
- [ ] Preventative Health / Wellness
- [ ] Child Care

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

- [ ] Mental Health Services (Access, Provider, Treatment, Aftercare)
- [ ] Drugs / Substance / Alcohol Abuse
- [ ] Healthcare Access
- [ ] Cost of Care
- [ ] Provider / Staffing Retention
- [ ] Toabacco / Smoking / Vaping
- [ ] Nutrition - Health Eating (Access)
- [ ] Exercise & Fitness (Access)
- [ ] Cancer Services
- [ ] Access to Specialists
- [ ] Quality of Care
- [ ] Awareness of Healthcare Services
- [ ] Transportation
- [ ] Preventative Health / Wellness
- [ ] Child Care

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

- [ ] Chronic Disease Management
- [ ] Lack of Health & Wellness
- [ ] Lack of Nutrition / Access to Healthy Foods
- [ ] Lack of Exercise
- [ ] Limited Access to Primary Care
- [ ] Limited Access to Specialty Care
- [ ] Limited Access to Mental Health
- [ ] Family Assistance Programs
- [ ] Lack of Health Insurance
- [ ] Neglect
- [ ] Lack of Transportation

Other (Be Specific).

[   ]

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

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

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

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

○ Yes   ○ No

If yes, please specify the services received

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

○ Yes   ○ No

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

[text box]

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

[text box]

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

☐ Abuse/Violence   ☐ Health Literacy   ☐ Poverty

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

☐ Alcohol   ☐ Housing   ☐ Sexually Transmitted Diseases

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

☐ Family Planning   ☐ Physical Exercise

Other (Please specify).

[text box]

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

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

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

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

Other (Please specify).

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

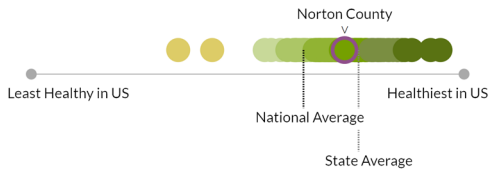# e.) County Health Rankings & Roadmap Detail
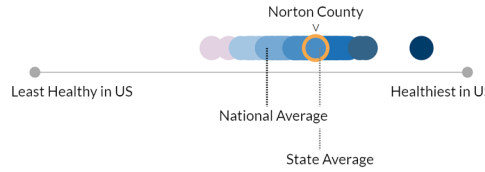
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Norton County

Health Outcomes

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

Health Factors

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

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.

2024

Population: 5,301

	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]					9056	8079	7972
Quality of life							
% Reporting poor or fair health, adults[1]		18	18	13	14	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	4	4	4.6	5.0	4.8
% Low birthweight, <2,500 grams	7.4	8.1	7.5	7.5	8	7	8
Health Factors							
Health Behaviors							
% Smokers, adults[1]		21	19	19	18	16	15
% Obese, adults age 20 and older[1]			35	37	38	37	34
Food environment index, 0 (worst) to 10 (best)	7.6	7.5	7.9	8.3	8.6	7.1	7.7
% Physically inactive, adults age 20 and older[1]			31	24	25	23	23
% Access to exercise opportunities[1]				62	62	80	84
% Excessive drinking, adults[1]		20	20	21	19	20	18
% Driving deaths with alcohol-involvement	50	43	38	38	50	20	26
Sexually transmitted infection rate, per 100,000 population	110	184	149	224	224.6	506.1	495.5
Teen birth rate, per 1,000 females age 15-19[1]					20	19	17
Clinical Care							
% Uninsured, population under age 65	10	11	11	10	10	11	10
Primary care physicians rate, per 100,000 population	55	37	37	56	75	78	75
Dentists rate, per 100,000 population	55	56	56	56	57	63	74
Mental health providers rate, per 100,000 population	74	93	94	112	113	237	314
Preventable hospital stays rate, per 100,000 Medicare enrollees	2466	3657	2906	1560	1621	2576	2681
% Mammography screening, Medicare females age 65-74	56	51	47	44	50	48	43
% Flu vaccinations, Medicare enrollees	39	40	38	41	36	47	46
Social & Economic Factors							
% High school completion, adults age 25 and older[2]		89	90	90	91	92	89
% With some college, adults age 25-44	46	56	62	60	60	71	68
% Unemployed, population age 16 and older	2.1	2.2	2.7	1.8	1.9	2.7	3.7
% Children in poverty	19	15	16	16	21	14	16
Income inequality ratio, 80th to 20th percentile	4	4.4	3.7	4.3	4.0	4.4	4.9
% Children in single-parent households	29	8	7	12	11	21	25
Membership associations rate, per 10,000 population	18.4	18.4	18.7	18.8	16.8	13.2	9.1
Injury death rate, per 100,000 population[1]					100	82	80
Physical Environment							
Average daily density of fine particulate matter[3]	6.7	5.1	6.2	5.6	5.6	6.7	7.4
Drinking water violations?	Yes	No	Yes	Yes	Yes		
% Households with severe housing problems	6	5	10	13	8	12	17
% Driving alone to work	76	81	77	74	70	78	72
% Long commute - driving alone	10	12	12	10	11	22	36

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

This document was prepared by the staff at the Kansas Health Institute. If you would like more information about County Health Rankings & Roadmaps, please contact Wyatt Beckman at (785) 233-5443 or email at wbeckman@khi.org.

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Norton County

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

What do these drivers mean?

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

Health Factors: Drivers with the greatest impact on health, Norton 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	1.9%	3.7%	+
2	Preventable Hospital Stays	Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees.	Clinical Care	1621	2681	+
3	Alcohol-Impaired Driving Deaths	Percentage of driving deaths with alcohol involvement.	Health Behaviors	50%	26%	-
4	Drinking Water Violations	Indicator of the presence of health-related drinking water violations. 'Yes' indicates the presence of a violation, 'No' indicates no violation.	Physical Environment	Yes		-
5	Children in Single-Parent Households	Percentage of children that live in a household headed by a single parent.	Social and Economic Environment	11%	25%	+

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

	Measure	Description	Factor Category	County Value	U.S. Value	Direction of Impact
1	Premature Death	Years of potential life lost before age 75 per 100,000 population (age-adjusted).	Length of Life	9056	7972	+
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 Mental Health Days	Average number of mentally unhealthy days reported in past 30 days (age-adjusted).	Quality of Life	4.6	4.8	+
4	Poor or Fair Health	Percentage of adults reporting fair or poor health (age-adjusted).	Quality of Life	14%	14%	+
5	Low Birthweight	Percentage of live births with low birthweight (< 2,500 grams).	Quality of Life	8%	8%	+

N/A: Not applicable due to insufficient data.

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

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

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

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

SCAN FOR MORE INFORMATION

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