Overview of the Riley County Community Health Improvement Planning Process

September 2015

RILEY COUNTY

Via Christi
HEALTH

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Summary of Priorities

Riley County's community health improvement planning was an iterative process involving over 200 stakeholders in reviewing data, discussing needs, and identifying priorities. The process included meetings with key stakeholders and organizational partners, community listening sessions, and planning team work sessions.

Based on the series of community and stakeholder meetings, thirteen priorities were identified:

- Mental Health
- Healthy Lifestyle (Physical Activity, Nutrition)
- Transportation
- Housing
- Communication and Coordination of Systems and Services
- Access to Critical Services Outside Manhattan
- Child Care and Before/After School Care
- Substance Abuse
- Employment
- Binge Drinking
- Environment and Infrastructure
- Special Needs
- Poverty and Economic Challenges

Of those, three were selected as having the most potential for collective impact in improving the health of Riley County:

1. **Communication and Coordination of Systems and Services**
2. **Transportation**
3. **Mental Health**

These selected three will be addressed through a concerted, cooperative effort of strategic teams formed around the issues. At the same time, many of the other ten are currently or will be receiving attention through individual organizations or related initiatives in the community.

This document is meant to serve as an interim resource as the community works on these priorities and develops a more detailed implementation plan with specific, measureable objectives and activities.

Introduction

A three-member county commission governs the county and serves as the Board of Health. Public health services are provided by Riley County Health Department with health care services provided by area safety net clinics, local hospitals, and private providers. Priorities to be addressed from the economic and business community, various city commissions and regional partners are critical as the leading health organizations work with the communities in Riley County to address health issues that ultimately impact the quality of life and sustainability of our communities.
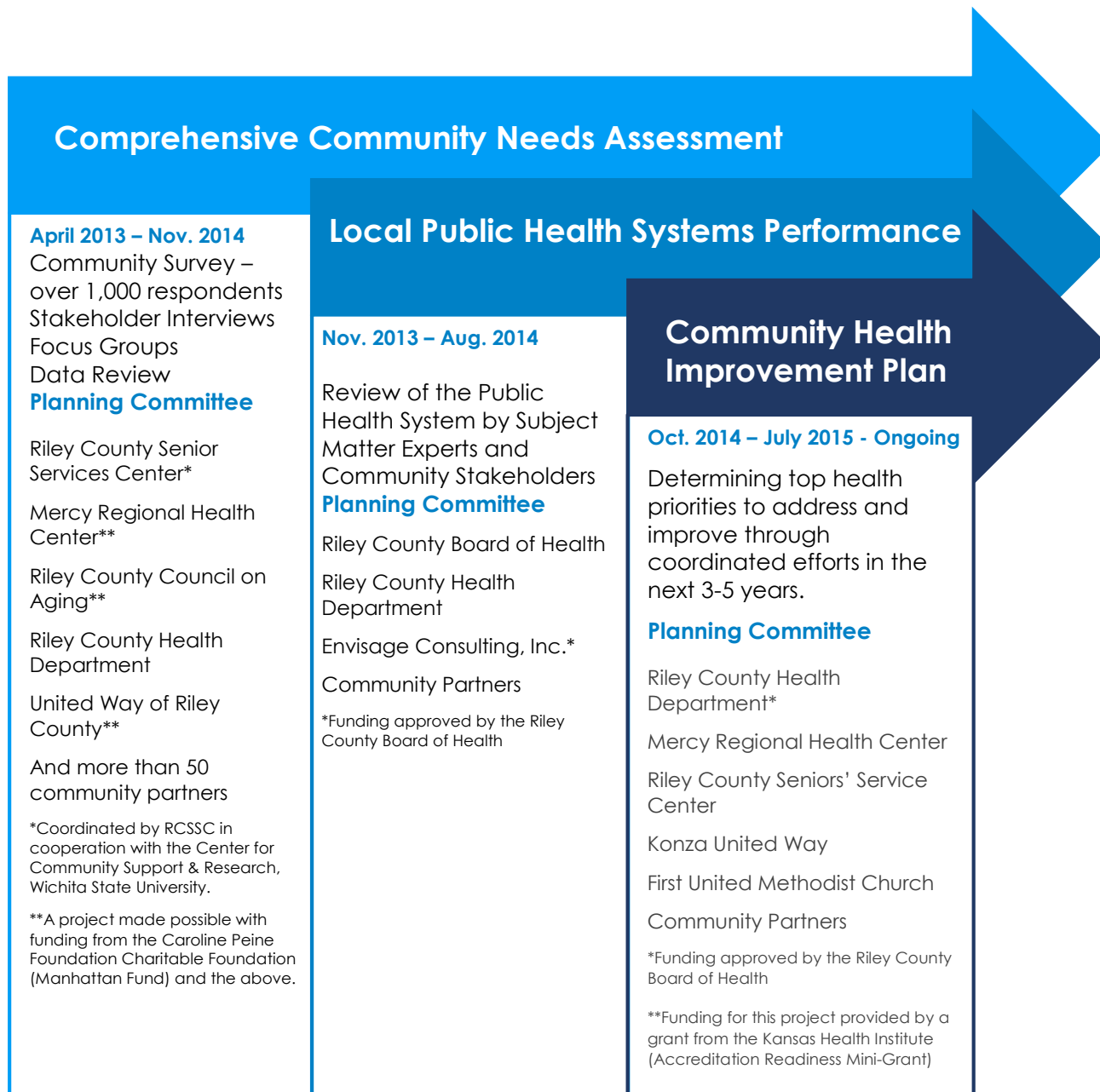
It is the belief and practice of the Riley County Commission acting as the Board of Health that serving our communities can only be accomplished through engagement of our community partners, residents, and local, regional and state partners. Riley County, Kansas, is the seventh largest county in Kansas, with a population of 75,394. It includes six incorporated cities, and it is home to two of the largest employers in the State of Kansas, Kansas State University and Fort Riley.

Community partners, including the Riley County Health Department and Mercy Regional Health Center, now Via Christi Hospital, collaborated to complete a comprehensive community health assessment in 2014 http://www.rileycountycommunityneedsassessment.org/ and a Community Health Improvement Plan/implementation (CHIP) strategy planning process during the first half of 2015 http://www.datacounts.net/rcchip/. Key partners working with the Health Department and Via Christi on the CHIP planning committee were Konza United Way, Riley County Senior Services Center, and First United Methodist Church.

This document provides an overview of the process used, data reviewed, priorities determined, and a framework for the implementation plan. It is a resource for community stakeholders to use as they develop the community health improvement plan and identify specific objective and activities for the priorities identified during the planning process.

Overview of Related Riley County Assessment Efforts

Over the last two years, Riley County organizations have undergone two coordinated assessment efforts, most notably the Riley County Comprehensive Community Needs Assessment, which has been used as the basis of the Riley County Health Assessment. Riley County partners also completed a Local Public Health Systems Assessment. Results from both of these assessments were used to inform the community health improvement plan, as well as additional demographic and socioeconomic data that was compiled for community meetings.

Comprehensive Community Needs Assessment

April 2013 – Nov. 2014
Community Survey – over 1,000 respondents
Stakeholder Interviews
Focus Groups
Data Review
Planning Committee

Riley County Senior Services Center*

Mercy Regional Health Center**

Riley County Council on Aging**

Riley County Health Department

United Way of Riley County**

And more than 50 community partners

*Coordinated by RCSSC in cooperation with the Center for Community Support & Research, Wichita State University.

**A project made possible with funding from the Caroline Peine Foundation Charitable Foundation (Manhattan Fund) and the above.

Local Public Health Systems Performance

Nov. 2013 – Aug. 2014

Review of the Public Health System by Subject Matter Experts and Community Stakeholders
Planning Committee

Riley County Board of Health

Riley County Health Department

Envisage Consulting, Inc.*

Community Partners

*Funding approved by the Riley County Board of Health

Community Health Improvement Plan

Oct. 2014 – July 2015 - Ongoing

Determining top health priorities to address and improve through coordinated efforts in the next 3-5 years.

Planning Committee

Riley County Health Department*

Mercy Regional Health Center

Riley County Seniors' Service Center

Konza United Way

First United Methodist Church

Community Partners

*Funding approved by the Riley County Board of Health

**Funding for this project provided by a grant from the Kansas Health Institute (Accreditation Readiness Mini-Grant)

Riley County Profile

Riley County is seventh largest county in Kansas, with a population of 75,394. It is home to **five** incorporated cities: Manhattan, Ogden, Riley, Leonardville, and Randolph, as well as the unincorporated Keats community, which is in Wildcat Township.

Riley County is relatively young county, with a median age of 24.5 years, compared to statewide median age of 36.0 years.

The county has slightly lower average income statistics than the state average, and a much higher percentage of people living below poverty. Looking at the age breakout by poverty, the majority of the county's below-poverty population is concentrated in the college age group, 18-24 years.

Riley County is not a homogenous county; demographic statistics very widely among the cities. Manhattan has a very different demographic profile than the smaller cities, and Ogden is much different from the northern Riley County cities. Manhattan's population is younger, has a higher level of educational attainment and a higher poverty rate (driving by college age) than the rural cities. Ogden's population is more racially and ethnically diverse and has more children than the other rural city populations.

Key health indicators such as leading causes of death, date rates, smoking rates, immunization rates, and overweight and obesity rates were also reviewed. Riley County

generally compares favorably to the state, having lower death rates, comparable or better-than-average birth-related indicators (low birth weight rate), and comparable or better-than-average chronic disease risk factor indicators (overweight or obesity). Many of these favorable indicators are driven, at least in part, by the county's young population.

Only a few Riley County indicators were worse than the state average. They included binge drinking, consumption of fruits and vegetables, and mental health indicators.

To see the complete set of demographic data and key health indicators reviewed in the process, refer to the Riley County Community Health Assessment Data Profile, available at this website: www.datacounts.net/rcchip.

Riley County Comprehensive Community Needs Assessment

A primary source of information for the improvement planning process was the Riley County Comprehensive Community Needs Assessment (CCNA) report. Project coordination for the CCNA was provided by Riley County Seniors' Service Center, and it was conducted by the Center for Community Support and Research at Wichita State University. Major funding was provided by the Caroline F. Peine Charitable Foundation (Manhattan Fund), with additional funding by Konza United Way, Mercy Regional Health Center, Riley County Council on Aging, and Wamego Health Center.

The CCNA gathered data and community input using a multi-method approach for eleven areas of interest:
1. General Quality of Life
2. Physical Health
3. Mental Health
4. Social Issues
5. Children and Youth
6. Education
7. Aging
8. Housing
9. Transportation
10. Infrastructure
11. Economics and Personal Finance

All were directly or indirectly related to health, so all areas were reviewed to a certain degree as part of the community health improvement planning process.

The CCNA summary statement and overall themes are presented below. See this website for the full report: **http://www.rileycountycommunityneedsassessment.org/**

"The overarching theme of the data collected is that Riley County is a community that is divided between a high quality of life, prosperity, and growth on one hand, and dwindling resources for and lack of attention to those who are most in need on the other."

WICHITA STATE UNIVERSITY
CENTER FOR COMMUNITY SUPPORT AND RESEARCH

Overview of Riley County Comprehensive Community Needs Assessment Findings

Positive

+ High quality of life

+ Growth
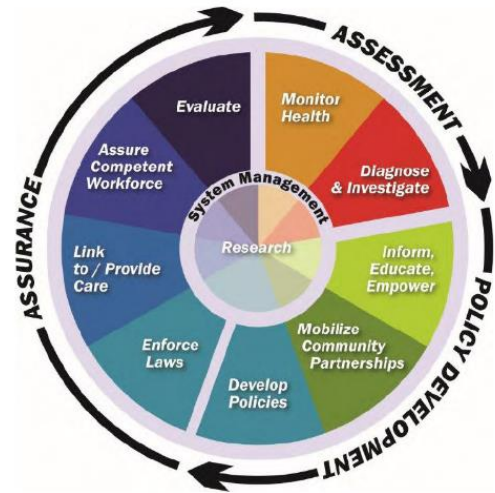
+ Spirit of community and collaboration

Negative

− "Invisible" population with significant needs

− Lack of accessible and affordable mental health services

− Lack of affordable housing

− Lack of accessible and affordable child care

Local Public Health Systems Assessment

A second assessment that took place during this time was the Local Public Health Systems Assessment (LPHSA) http://www.datacounts.net/lphsa/. On June 11, 2014, approximately 100 community members (including facilitators and staff assistants) with a demonstrated area of expertise and an interest or stake in improving the local public health system met to help answer question such as "what are the activities and capacities of our public health system?" and "what are the gaps?" Invitees included over 200 representatives of all cities and school districts within Riley County, as well as many segments of the community, including hospitals, clinics, physicians, schools, child care providers, public safety and response agencies, faith-based organizations, employers, Kansas State University, Fort Riley, elected officials, and others.

The purpose of this assessment was to identify assets and resources present in our County that can be mobilized to address improvement of health, safety and quality of life. To complete the Local Public Health Systems Assessment (LPHSA), a national, standardized tool was used to score activity level related to the 10 essential public health services:

1. Monitor Community Health Status
2. Diagnose and Investigate Health Problems and Hazards
3. Inform and Educate about Health Issues
4. Mobilize Community Partners to Solve Health Problems
5. Develop Policies and Plans that Support Health Efforts
6. Enforce Laws that Protect Health and Safety
7. Link People to Services, Assure Provision of Healthcare
8. Assure Competent Public Health and Healthcare Workforce
9. Evaluate Personnel and Population-Based Health Services
10. Research Innovative Solutions to Health Problems

For each essential services, "model standards" were scored based on the level of activity of each standard in our community. Following the process outlined by the instrument, there was a facilitated discussion and consensus scoring of the model standards based on the expertise and perceptions of those stakeholders present.

Looking at composite scoring by essential service, Riley County's local public health system scored very favorably:
- No essential services scored in the "No Activity" or "Minimal Activity" level range
- Six services scored in the "Moderate Activity" range
- Three services (4 – Mobilize Partnerships, 6 – Enforce Laws, and 7 – Link to Health Services) scored in "Significant Activity" range
- One (2, Diagnose and Investigate) scored highest, in the "Optimal Activity" range.

Perhaps even more valuable than the numerical scores themselves were the discussions generated among participants; identification of strengths, weaknesses, and opportunities for our public health system; and connections made among organizations represented. These are other key observations from the comments collected in the LPHSA:
- Much work is being done, but many (including providers and organization leaders) aren't fully informed.
- Some essential services are lacking a central authority or lead organization to take fully implement or utilize resources in an intentional, coordinated way.

- There is a need for increased communication, coordination, and linkages within the local public health system.
- There is a need to expand local public health system's ability to share and use data and informational resources.
- Concerns related to mental health were identified.
- Factors contributing to awareness and coordination challenges include communities beyond Manhattan geographically spread out and somewhat disconnected, transient population and workforce, independently resourceful organizations.
- There is a general lack of awareness of the 10 essential services and the public health system, as well as how a strong public health system benefits the community.
- There is a need more direct and broad-based involvement of local public health systems representatives in community meetings and decision-making processes.

As a follow-up activity crucial to upcoming planning processes, members of the Riley County Health Department leadership team completed the optional agency contribution questionnaire on October 16th. Both these results and those from the broad community process are detailed in the full report, available at http://www.datacounts.net/lphsa/.

Supplemental Data Summary

The graphs and charts used in presentations at stakeholder meetings and community listening sessions have been compiled in a supplemental data summary, which is available online at https://www.datacounts.net/rcchip/

Overview of Improvement Planning Process

The Riley County health improvement planning team began meeting in the fall of 2014 to outline next steps for the community health improvement plan. The team was comprised of Riley County Health Department and Mercy Regional Health Center, now Via Christi Hospital, along with Konza United Way, Riley County Senior Services Center, and First United Methodist Church.

A community leader meeting was held January 29th, followed by a series of community meetings in February and March. Results of the Riley County health assessment efforts were presented during community meetings, and attendees were asked to prioritize top health priorities for Riley County through a discussion and group voting process.

The results of the community meetings were presented at a community-wide meeting on April 9th and are now being used to form an implementation plan. The results are also informing Riley County Health Department's strategic plan and Via Christi Hospital's implementation strategy plan.

A timeline of efforts and table of community meetings are presented on the following pages.

Handouts and voting results from each community meeting are available on this website: www.datacounts.net/rcchip.

Via Christi Hospital in Manhattan

Riley County Health Department Strategic Plan

Riley Co. Community Health Improvement Plan

Local Public Health Systems Assessment

Riley Co. Comprehensive Community Needs Assessment

November 2013 – August 2014

April 2013 – November 2014

October 2014 – April 2015

Implementation Strategy Plan

October 2014 – Ongoing
Community Meetings
(Jan. 2015 – Apr. 2015)

Jan 29 – Leader Meeting

Feb 8 – Manhattan Public Library
Feb 12 – Riley Co. Health Dept.

Feb 18 – Riley Centre

Feb 24 – Ogden Community Center
Feb 25 – Keats Park Community Building

Mar 2 – Randolph Senior Center

Mar 4 – VFW Building (Randolph)
Mar 5 – Leonardville Community Center

Mar 11 – Riley Co Council for
Social Service Agencies

Apr 1 – Riley Centre
Apr 9 – Public Meeting – Review of Results

Jun 19 – Next Steps

Aug 26 – Public Health Advisory
Council Review

Ongoing

Ongoing

Community Listening Sessions

Date	Location	# of Participants
January 29	Community Leader Kick-Off Meeting	**70**
February 8	Manhattan: Manhattan Public Library	**20**
February 12	Manhattan: Riley County Health Department	**14**
February 18	Riley: Riley Centre	**11**
February 24	Ogden: Ogden Community Center	**21**
February 25	Keats: Keats Park Community Building	**8**
March 2	Randolph: Randolph Senior Center (Senior Lunch)	**22**
March 4	Randolph: VFW Building	**12**
March 5	Leonardville: Leonardville Community Center	**9**
March 11	Manhattan: Riley County Council for Social Services Agencies	*****
March 31	Leonardville: Leonardville Community Center (Senior Lunch)	**25**
April 1	Riley: Riley Centre (Senior Lunch)	**24**
April 9	Public Meeting to Present Results and Launch Next Steps	**52**
June 19	Planning Team Met to Plan Implementation	**11**

* Presented overview and preliminary results. Received comments, but the group did not vote on issues.

Priorities from Community Meetings

Thirteen issues were mentioned in more than one community meeting. The below table shows the number of meetings a priority was identified, the number of meetings it was voted in the "top 3" priorities, and the total "votes". This list provides a general sense of priorities across communities, but it is subject to the following limitations:

- These results include the January 29th Community Leader meeting results
- An effort was made to accurately summarize and synthesize common themes
- Not all communities used the same terminology for similar issues – an effort was made to categorize similar issues
- Some categories were combined or split in summary results
- A few community members participated in more than one meeting, generally because they had ties to multiple communities
- Some participants left before they had the opportunity to vote, and some chose not to vote
- Voting methods and number of votes allowed per participant varied; in some meetings each participant was allowed six votes and they "spend" multiple votes per issue. In other meetings, participants were allowed only 2 votes.

Summary of Top Issues	# of Meetings Identified	# of Meetings in Top 3 Priorities	Total "Votes"
Mental Health	7	5	106
Healthy Lifestyle (Nutrition, Physical Activity)	10	3	101
Transportation	9	5	99
Housing	10	3	87
Communication & Coordination of Systems & Services	5	1	64
Access to Critical Services Outside Manhattan	7	6	60
Child & Before/After School Care	7	3	47
Substance Abuse	5	1	46
Employment	2	1	39
Binge Drinking	4	0	23
Environment & Infrastructure	5	1	18
Special Needs	3	1	15
Poverty/Economic Challenges	3	1	14

Validation and Commitment Levels Results and Next Steps Meeting

All community leaders and community meeting participants were invited to attend a Results and Next Steps Meeting on April 9th. Here, participants were asked to consider each of the top thirteen issues and validate how strongly they agreed with this statement for each issue:

> ***This was accurately identified as a TOP health priority and should be addressed in a coordinated, concerted effort over the next 3 years with focused attention, time and resources.***

Attendees were also asked to consider the following criteria in their validation.
- Concern: Level of community concern, social outrage, or desire/acceptance of change?
- Magnitude: Proportion of population and/or communities affected?
- Seriousness: Level of health impact
- Feasibility of Solutions: Known and proven strategies to address? Resources available to implement strategies?

	Issues Ranked by Total % "Strongly Agree" and "Agree"	%	Avg. Score
1	Mental Health	90.2%	4.57
2	Transportation	87.8%	4.35
3	Housing	85.4%	4.21
4	Healthy Lifestyles	83.7%	4.12
5	Poverty and Economic Challenges	80.4%	4.22
6	Access to Critical Services Outside Manhattan	78.0%	3.82
7	Substance Abuse	63.3%	3.71
8	Child & Before/After School Care	62.7%	3.84
9	Special Needs	59.2%	3.57
10	Communication and Coordination of Systems & Services	58.0%	3.82
11	Employment	52.1%	3.48
12	Binge Drinking	46.0%	3.26
13	Environment and Infrastructure	32.7%	3.24

After validating the issues, participants then discussed potential next steps for the six of the more complex health-related issues:

- Mental Health
- Transportation
- Housing
- Communication & Coordination Related to Systems and Services
- Access to Critical Services Outside Manhattan
- Healthy Lifestyles

Finally, participants were asked which (if any) issues they were willing to commit time to addressing. Below are the numbers of individuals and unique organizations expressing an interest in working on each issue.

Issue	Individuals		Unique Organizations	
	"Yes"	"Maybe"	"Yes"	"Maybe"
Mental Health	18	7	14	7
Transportation	17	7	14	6
Housing	11	8	10	5
Healthy Lifestyle	16	12	12	7
Poverty and Economic Challenges	11	8	9	7
Access to Critical Services Outside Manhattan	15	4	11	3
Child and Before/ After School Care	12	4	6	3
Substance Abuse	7	10	4	8
Communication and Coordination of Systems & Services	12	10	10	8
Special Needs	10	6	7	3
Employment	10	7	10	5
Binge Drinking	6	7	5	7
Environment and Infrastructure	8	3	6	2

Selection of Final Health Priorities for Collaborative Effort

Finally, on June 19th, the core planning workgroup met to review all results and determine the final top priorities that would be best addressed through a concerted, collaborative effort of multiple organizations and representations. In addition to all results gathered to-date, the team took into account work already being done on these issues and selected those that could most benefit from collective impact and would not duplicate current efforts. The final selected priorities for collaborative effort are

1. Communication and Coordination of Systems and Services
2. Transportation
3. Mental Health

The following section presents highlights of results for each of the 13 potential priority issues from community meetings, results and next steps meeting, and core workgroup planning session. These are a summary resource for those developing the implementation plan.

Communication and Coordination of Systems & Services

Community Meeting Results

Number of Meetings mentioned as a main concern: **5**

Number of Meetings voted as a Top 3 Issue: **1**

Subtopics Identified in Community Meetings

- Better communication, information to those who need services
- Awareness of social service programs in general, resources
- Networking of service providers so they are better aware of resources.
- Single access point in each of the communities for housing, child care, health, mental health, food pantry, medical care, food stamps, dentists, etc. – at least information.

Level of Validation from Results and Next Steps Meeting

Communication and Coordination of Systems & Services	Votes	% by Level
Strongly Agree	14	28.0%
Agree	15	30.0%
Neutral	19	38.0%
Disagree	2	4.0%
Strongly Disagree	0	0.0%
Undecided/Don't Know	0	0.0%
Total:	50	100%

Average Weighted Score:	**3.82**
Total % "Strongly Agree" and "Agree"	**58.0%**

Action Steps from Results and Next Steps Meeting

Concern #1: Resource information for the community

- Have someone at Mobile Clinics that has resource information for the Community

Action Steps from Core Workgroup Planning Session

- Create a central hub for coordination of services
- Coordinated resource directory
- Social media as one strategy

"You need to be able to access information about services and resources…without having to ask someone in your community directly."

[Member from rural community where everyone knows each other]

Potential Resources and Organizations

- Kansas 211
- Everybody Counts
- Circles
- Greater Manhattan Community Foundation (GMCF)
- Riley County Extension
- Manhattan Public Library
- Riley County Counsel of Social Service Agencies (RCCSSA)
- United Way
- Shepherd's Crossing
- Pawnee Mental Health
- Kansas Department of Aging and Disability Services (KDADS)
- Faith-based/Church organizations via community meals
- Ministerial alliance
- All agencies

Transportation

Community Meeting Results

Number of Meetings mentioned as a main concern: **9**

Number of Meetings voted as a Top 3 Issue: **5**

Subtopics Identified in Community Meetings

- ATA Bus: unclear policies, limited routes, timing, affordability, complicated schedule, schedules not posted, rural riders have to be gone all day – too long for older adults, limited drop-off & pick-up points for rural communities
- Rural communities need transportation to get to services, especially health services.
- Need walking/biking paths to connect town to other areas (e.g., Ogden – Manhattan)

Level of Validation from Results and Next Steps Meeting

Transportation	Votes	% by Level
Strongly Agree	23	46.9%
Agree	20	40.8%
Neutral	6	12.2%
Disagree	0	0.0%
Strongly Disagree	0	0.0%
Undecided/Don't Know	0	0.0%
Total:	49	100%

Average Weighted Score:	**4.35**
Total % "Strongly Agree" and "Agree"	**87.8%**

Action Steps from Results and Next Steps Meeting

Concern #1:   ATA Bus

- Need to correct misinformation for ATA Bus. (Immediate) *Note: clarifying information was in the Riley Countian paper.*
- Infrastructure improvements & passenger amenities (benches, overhangs, etc.) (Soon)
- Branding & Information (billboards, bus printing & decals) (Immediate)
- Use of Google Transit & GPS

Concern #2: Bike Paths & Multimodal Connectivity

> *"My son has to take a day off work to drive me to doctor appointments."*

Action Steps from Core Workgroup Planning Session

- ATA Bus
  - Correct any misinformation – immediate
  - Infrastructure improvements and passenger amenities (benches, overhangs, etc.) – soon
  - Branding and information (billboards, bus printing and decals, etc.) – immediate
  - Use of Google Transit and GPS
- Bike Paths and Multimodal Connectivity

Potential Resources and Organizations

- Flint Hills Area Transportation Agency (ATA)
- Flint Hills Regional Transit Authority (RTA)
- Metropolitan Planning Organization
- City governments
- City of Manhattan funds for transportation to drug treatment
- Transit Study
- Riley County government
- Bicycle & Pedestrian Advisory Committee
- Kansas State University
- School districts
- Uber
- Pawnee Mental Health (511 grant + city/county grant)
- Big Lakes Development Center (510 grant)
- Flint Hills Volunteer Center
- Medicaid Transportation Services (3 providers)
- Taxi services
- Bicycle sharing "Green Apple Bikes"
- Parks and Recreation (trails and paths)
- Helping International Students (HIS) – rides for international students

Mental Health

Community Meeting Results

Number of Meetings mentioned as a main concern: **7**

Number of Meetings voted as a "Top 3" Issue: **5**

Subtopics Identified in Community Meetings

- **Stigma associated with mental health**
- Psychiatric services
- Pediatric/youth psychiatric providers
- Medications
- Lack of inpatient beds, crisis stabilization unit
- Long wait times for appointments
- Insufficient mental health services and providers
- Military population mental health needs

"It is difficult for anyone to receive services."

Level of Validation from Results and Next Steps Meeting

Mental Health	Votes	% by Level
Strongly Agree	34	66.7%
Agree	12	23.5%
Neutral	5	9.8%
Disagree	0	0.0%
Strongly Disagree	0	0.0%
Undecided/Don't Know	0	0.0%
Total:	51	100%

Average Weighted Score:	4.57
Total % "Strongly Agree" and "Agree"	90.2%

Action Steps from Results and Next Steps Meeting

Concern #1: Riley County Mental Health Service Providers

- Outreach to community partners regarding this issue (soon)
- Flint Hills Community Health Clinic maybe providing mental health services through Mercy (soon)
- Expand Mental Health First Aid

"Lots of private practice but demand exceeds supply."

Concern #2: Voluntary vs. Involuntary Commitment of Mental Health Patients

- Address dignity and quality of life issues
- Riley County Mental Health Task Force to outreach
- Wildcat Region touch base from a Hospital Standpoint- communication a must to discuss this issue as the new information unfolds

"We have to take our son to Topeka for the services he needs."

Action Steps from Core Workgroup Planning Session

- Identify and define exactly what the issue is
- Improve communication, marketing, and outreach: inform and educate what is available

Potential Resources and Organizations

- Pawnee Mental Health Services
- Riley County Mental Health Task Force (multi-disciplinary collaboration)
- CAPE2 grant – Community Assessment and Education to Promote Behavioral Health Planning and Evaluation
- KDHE – Medicaid (group planning to focus on mental health in Pott, Riley & Geary
- *Governor's Mental Health Planning Council (state level)*
- *Adult Continuation of Care (state level)*
- Private practice professionals
    - o Katie's Way
    - o Cornerstone
- Consumer-Run/Peer- Support Organizations (e.g., Morning Star)
- Via Christi Hospital
- K-State and Lafene Health Center
- Flint Hills Community Clinic
- Konza Prairie Community Health Center
- Ft. Riley
- Wounded Warrior Project Fort Riley
- Veteran's Clinic
- Manhattan Area Risk Prevention Coalition (MARPC)
- Manhattan Task Force
- Association of Community Mental Health Centers of Kansas (ACMHCK)
- Kansas Chapter American Academy of Pediatrics
- Community Health Ministries (Wamego)
- Riley County Police Department
- Manhattan Private Practice Association of Private Therapists

Housing

Community Meeting Results

Number of Meetings mentioned as a main concern: **10**

Number of Meetings voted as a Top 3 Issue: **3**

Housing Subtopics Identified in Community Meetings

- Affordability
- Better affordable, low income housing options
- Quality
- Family & senior housing (not student housing)
- Rental issues
- Assisted living, independent living, ability to stay in own home
- Homelessness
- Home care, home maintenance

"I have too much money to qualify for housing assistance but too little to feel secure."

Level of Validation from Results and Next Steps Meeting

Housing	Votes	% by Level
Strongly Agree	22	45.8%
Agree	19	39.6%
Neutral	2	4.2%
Disagree	5	10.4%
Strongly Disagree	0	0.0%
Undecided/Don't Know	0	0.0%
Total:	48	100%

Average Weighted Score:	**4.21**
Total % "Strongly Agree" and "Agree"	**85.4%**

Action Steps from Results and Next Steps Meeting

Concern #1: Bring all the housing agencies together.
- Attend the Kansas Housing Conference August 26-28, 2015.

Concern #2: Balance the high demand for student housing vs. non-student housing needs

Comments and Action Steps from Core Workgroup Planning Session

- Complex issue
- Advocating for rental inspections in all communities
- Ensure subtopics from community meetings, which involved family housing, senior housing, and assisted living (not student housing issues) remain a focus in the follow-up

"I can't afford assisted living so I'll stay here as long as I can."

Potential Resources and Organizations

- Manhattan Housing Authority
- Manhattan Area Housing Partnership
- Variety of privately owned Section 8 housing
- Variety of senior housing (privately owned but federally subsidized)
- Kansas State University
- Habitat for Humanity
- PATH grant (for people with severe mental illness)
- Emergency Shelter
- Area Agency on Aging; senior villages – long term care and assisted living
- City & County – codes and ordinances
- Shepherd's Crossing
- Manhattan Area Planning Board
- Lutheran Housing
- Manhattan Christian College
- Job Corps

Healthy Lifestyle

Community Meeting Results

Number of Meetings mentioned as a main concern: **10**

Number of Meetings voted as a Top 3 Issue: **3**

Subtopics Identified in Community Meetings

- Very broad category – many related items combined
- Healthy eating, good nutrition
- Access to healthy foods
- Lack of grocery stores and access to fresh foods in rural communities
- Healthy habits, poor choices
- Childhood obesity
- Physical activity and recreation opportunities for all ages
- Recreation facilities and infrastructure
- Nutrition challenges for older adults

Level of Validation from Results and Next Steps Meeting

Healthy Lifestyle	Votes	% by Level
Strongly Agree	17	34.7%
Agree	24	49.0%
Neutral	5	10.2%
Disagree	3	6.1%
Strongly Disagree	0	0.0%
Undecided/Don't Know	0	0.0%
Total:	49	100%

Average Weighted Score:	**4.12**
Total % "Strongly Agree" and "Agree"	**83.7%**

Action Steps from Results and Next Steps Meeting

Concern #1: Lack of coordination of initiatives.

- Get information about Parks and Recreation out to community
- Expand Wellness Coalition

"There's a convenience store, but it's too expensive and doesn't even have bananas!"

Action Steps from Core Workgroup Planning Session

- Designate Flint Hills Wellness Coalition as the permanent lead for this issue

Potential Resources and Organizations

- Riley County Health Department
  - WIC Program
- Via Christi
- Riley County Extension
- All school districts
- Kansas State University
- Flint Hills Wellness Coalition
- Bicycle & Pedestrian Advisory Committee
- Flint Hills Breastfeeding Coalition
- Pawnee Mental Health – Health Connect
- Flint Hills Breadbasket, Harvesters
- Farmers markets
- Private grocers
- Common Table
- Manhattan Parks & Recreation
- Boys & Girls Club
- UFM
- Friendship Meal/Meals on Wheels
- Flint Hills Community Clinic
- Seniors' Service Center
- North Central Flint Hills – Area Agency on Aging
- Greater Manhattan Community Foundation
- Konza Prairie Community Health Center
- Community Learning Center – Health Clubs
- Private Providers (e.g., Weight Watchers)
- Bountiful Baskets
- Flint Hills Area Dieticians

Poverty & Economic Challenges

Community Meeting Results

Number of Meetings mentioned as a main concern: **3**

Number of Meetings voted as a Top 3 Issue: **1**

Subtopics Identified in Community Meetings
- Related to access to health care, services
- Helping people improve their situation – assistance and services, education
- Poverty/economic challenges related to families and young children, seniors.
- Higher cost of living than in years' past (e.g., cell phone bill)

Level of Validation from Results and Next Steps Meeting

Poverty & Economic Challenges	Votes	% by Level
Strongly Agree	22	43.1%
Agree	19	37.3%
Neutral	9	17.6%
Disagree	1	2.0%
Strongly Disagree	0	0.0%
Undecided/Don't Know	0	0.0%
Total:	51	100%

Average Weighted Score:	**4.22**
Total % "Strongly Agree" and "Agree"	**80.4%**

Comments and Action Steps from Core Workgroup Planning Session
- Continued conversations and awareness
- Communication: inform and educate
- "Socially just" wages
- Coordination and linkages to services

Potential Resources and Organizations

- Riley County Council of Social Services Agencies (RCCSSA) (inclusive of most/all of these)
- Riley County Health Department
- Churches
- City of Manhattan – Special Services and Alcohol Board (SSAB)
- Riley County
- Other city governments/leadership
- School Districts
- Pawnee Mental Health
- Via Christi Hospital
- Flint Hills Community Clinic
- Everybody Counts
- Circles
- Shepherds Crossing
- Salvation Army
- Catholic Charities
- United Way
- Emergency Shelter
- Ascension
- Other social service agencies
- Other faith-based organizations
- Manhattan Alliance for Peace and Justice
- Workforce Center
- Living Wage Coalition
- Kansas Department for Aging and Disability Services

Access to Critical Services Outside Manhattan

Community Meeting Results

Number of Meetings mentioned as a main concern: **7**

Number of Meetings voted as a Top 3 Issue: **6**

Subtopics Identified in Community Meetings

- Access to health services in rural areas: medical, health department, pharmacy, chiropractor, vision screening, immunizations, diabetes checks, nurse or physician assistant visit, etc.
- If not permanent presence, at least 1-2/week, 1/month
- Meals on wheels in rural communities
- Need first responders in Leonardville
- Ambulance/EMS issues: improve response times, know addresses (they get lost), better house numbering/address labeling, better informed drivers, road quality issues, responders need to know how to help an older person off the floor.
  - Rural communities spoke positively of their rural, local responders, but had improvement suggestions for Manhattan responders.

> *"Next time I have a heart attack, I'm going to drive myself to the hospital!"*
>
> *[Participant said he waited 2 hours for an ambulance]*

Level of Validation from Results and Next Steps Meeting

Access to Critical Services Outside Manhattan	Votes	% by Level
Strongly Agree	9	18.0%
Agree	30	60.0%
Neutral	8	16.0%
Disagree	1	2.0%
Strongly Disagree	0	0.0%
Undecided/Don't Know	2	4.0%
Total:	50	100%

Average Weighted Score:	**3.82**
Total % "Strongly Agree" and "Agree"	**78.0%**

Action Steps from Results and Next Steps Meeting

Concern #1: Northern Riley County EMS and Ogden

- WIC (Women, Infants and Children)
- Coordination of local civic groups to put up signage in rural communities for EMS (Immediately)
- EMS and Riley Co. Health Department work together to provide blood pressure, diabetes and health checks.

"There's Manhattan and then there's the rest of Riley County. We're the outcasts and the outlanders."

Comments and Action Steps from Core Workgroup Planning Session

- This issue is closely tied to transportation to critical services, access to healthy foods, access to care, housing
- Mobile Medical Unit

Potential Resources and Organizations

- Riley County Health Department creating outreach clinics for WIC, Public Health Clinic
- Pawnee in-home services
- School districts
- Emergency Medical Services
- Via Christi Hospital
- Riley Food Pantry
- Ogden Community Center
- Ogden Friendship House
- Faith-based Organizations
- Senior Centers

Child and Before/After School Care

Community Meeting Results

Number of Meetings mentioned as a main concern: **7**

Number of Meetings voted as a Top 3 Issue: **3**

Subtopics Identified in Community Meetings
- Affordability
- Infant, early childhood, preschool
- Lack sufficient child care in rural areas
- No/limited before/after school care in rural communities (most parents commute to Manhattan).
- Need "sick" child care option

"Parents, especially single parents, need options so they aren't penalized at work when their child is sick."

Level of Validation from Results and Next Steps Meeting

Child Before/After School Care	Votes	% by Level
Strongly Agree	17	33.3%
Agree	15	29.4%
Neutral	13	25.5%
Disagree	6	11.8%
Strongly Disagree	0	0.0%
Undecided/Don't Know	0	0.0%
Total:	51	100%

Average Weighted Score:	**3.84**
Total % "Strongly Agree" and "Agree"	**62.7%**

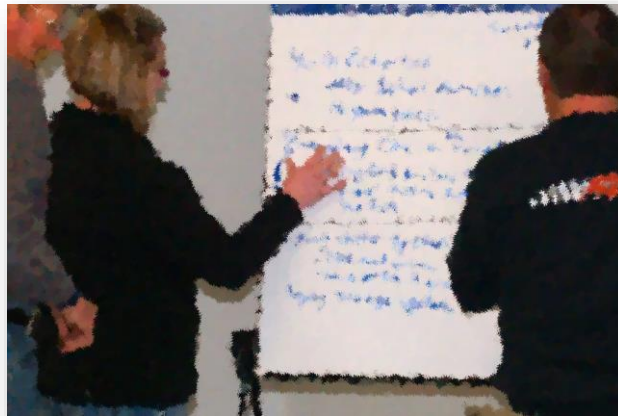## Comments and Action Steps from Core Workgroup Planning Session

- Revisit plan and bring back to the community's attention
- Identify opportunities to create quality child care for low income housing

Potential Resources and Organizations

- Past initiative and formerly developed plan to replace slots lost by Manhattan Day Care – revisit child care slots needed for low income
- Head Start
- Raising Riley
- Parents as Teachers
- KSU Child Development
- Boys & Girls Club
- Early Childhood Task Force
- USD 383 – School System
- Churches
- Licensed child care providers and centers
- Manhattan Parks and Recreation
- Sunset Zoo
- Pawnee Mental Health – after school care for children with severe behavioral diagnosis

Substance Abuse

Community Meeting Results

Number of Meetings mentioned as a main concern: **5**

Number of Meetings voted as a Top 3 Issue: **1**

Substance Abuse Subtopics Identified in Community Meetings

- Rural drug use
- Drugs and alcohol
- Combined with mental health in community leader meeting, but always mentioned separately from mental health in community meetings

"Drug use cuts across all social groups both urban and rural Riley County."

Level of Validation from Results and Next Steps Meeting

Substance Abuse	Votes	% by Level
Strongly Agree	6	12.2%
Agree	25	51.0%
Neutral	16	32.7%
Disagree	2	4.1%
Strongly Disagree	0	0.0%
Undecided/Don't Know	0	0.0%
Total:	49	100%

Average Weighted Score:	**3.71**
Total % "Strongly Agree" and "Agree"	**63.3%**

Comments and Action Steps from Core Workgroup Planning Session

- Consider combining with Mental Health

Potential Resources and Organizations

- MARP-C: Manhattan Area Risk Prevention Coalition
- Kansas State University
- Aggieville Business Association
- Private alcohol and drug providers
- Pawnee Mental Health Services
- Manhattan Area Risk Prevention Coalition (MARPC)
- Corrections
- Riley County Health Department – Tobacco Cessation
- Private practice practitioners
- Alcoholic and Narcotics Anonymous
- School Districts
- Fort Riley
- Via Christi

"Marijuana use in rural areas is subtle but pervasive. It may not be considered a problem but it is!"

Special Needs

Community Meeting Results

Number of Meetings mentioned as a main concern: **3**

Number of Meetings voted as a Top 3 Issue: **1**

Special Needs Subtopics Identified in Community Meetings

- Intellectually and delayed development
- Special needs related to education
- Children and youth with special health care needs
- Limited services and providers in Manhattan for children, youth, and adults with special needs – have to travel to Topeka for services.
- No one (providers) in Riley County specializes in autism spectrum disorder.

Level of Validation from Results and Next Steps Meeting

Special Needs	Votes	% by Level
Strongly Agree	5	10.2%
Agree	24	49.0%
Neutral	14	28.6%
Disagree	6	12.2%
Strongly Disagree	0	0.0%
Undecided/Don't Know	0	0.0%
Total:	49	100%

Average Weighted Score:	**3.57**
Total % "Strongly Agree" and "Agree"	**59.2%**

Potential Resources and Organizations

- Big Lakes Development Center
- Pawnee Mental Health Services
- No Stone Unturned
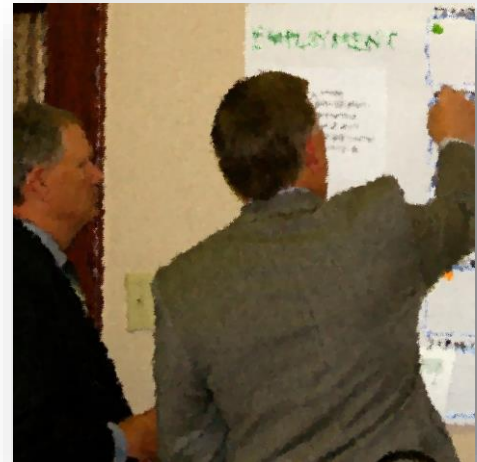- School Districts
- Infant Toddler Services

Employment

Community Meeting Results

Number of Meetings mentioned as a main concern: **2**

Number of Meetings voted as a Top 3 Issue: **1**

Employment Subtopics Identified in Community Meetings

- Top issue only for community leader meeting
- Also mentioned at Ogden in terms of lacking local jobs in Ogden

Level of Validation from Results and Next Steps Meeting

Employment	Votes	% by Level
Strongly Agree	5	10.4%
Agree	20	41.7%
Neutral	17	35.4%
Disagree	5	10.4%
Strongly Disagree	1	2.1%
Undecided/Don't Know	0	0.0%
Total:	48	100%

Average Weighted Score:	3.48
Total % "Strongly Agree" and "Agree"	52.1%

Comments and Action Steps from Core Workgroup Planning Session

- Related to multiple other issues

Potential Resources and Organizations

- Chamber of Commerce
- MATC
- Job Corps
- Kansas State University
- Private businesses
- City via economic development funds
- Private employment agencies
- Workforce Center
- Manpower
- Veteran's Center
- Kansas Department for Aging and Disability Services
- Power Max

Binge Drinking

Community Meeting Results

Number of Meetings mentioned as a main concern: **4**

Number of Meetings voted as a Top 3 Issue: **0**

Binge Drinking Subtopics Identified in Community Meetings

- Mentioned in 4 meetings
- Associated with college students and Fake Patty's Day

"We need to get rid of Fake Patty's Day!"

Level of Validation from Results and Next Steps Meeting

Binge Drinking	Votes	% by Level
Strongly Agree	8	16.0%
Agree	15	30.0%
Neutral	10	20.0%
Disagree	16	32.0%
Strongly Disagree	1	2.0%
Undecided/Don't Know	0	0.0%
Total:	50	100%

Average Weighted Score:	**3.26**
Total % "Strongly Agree" and "Agree"	**46.0%**

Comments and Action Steps from Core Workgroup Planning Session
- Riley County Commission will hear recommendations from the Public Health Advisory Committee

Potential Resources and Organizations
- Public Health Advisory Council
- Manhattan Area Risk Prevention Coalition
- Kansas State University
- Aggieville Business Association
- Aggieville Business District
- Greek System
- Riley County Police Department
- Pawnee Mental Health
- School districts
- Fort Riley
- Manhattan Christian College
- Manhattan Area Technical College

Environment and Infrastructure

Community Meeting Results

Number of Meetings mentioned as a main concern: **5**

Number of Meetings voted as a Top 3 Issue: **1**

Environment and Infrastructure Subtopics Identified in Community Meetings

- Ogden: issue with clean water supply, trash, littering, no recycling, clean environment
- Randolph: need a cell phone tower
- Rural: sidewalks not in good condition, radon exposure.
- Keats: need better quality water and sewer systems, problems with trash, Manhattan codes don't apply

Level of Validation from Results and Next Steps Meeting

Environment and Infrastructure	Votes	% by Level
Strongly Agree	5	10.2%
Agree	11	22.4%
Neutral	24	49.0%
Disagree	9	18.4%
Strongly Disagree	0	0.0%
Undecided/Don't Know	0	0.0%
Total:	49	100%

Average Weighted Score:	**3.24**
Total % "Strongly Agree" and "Agree"	**32.7%**

Comments and Action Steps from Core Workgroup Planning Session

- Also relates to transportation and healthy lifestyles

Potential Resources and Organizations

- Riley County Health Department
- City governments
- Riley County
- Flint Hills Regional Council

- Parks and Recreation
- Flint Hills Area Transportation Agency (ATA)
- Flint Hills Regional Transit Authority (RTA)
- Flint Hills Regional Council
- Metropolitan Planning Organization
- City governments
- Transit study
- Riley County government
- Bicycle and Pedestrian Advisory Committee
- Kansas State University
- School districts
- Big Lakes Development Center (510 grant)
- Flint Hills Volunteer Center
- Medicaid Transportation Services (3 providers)
- Bicycle Sharing "Green Apple Bikes"

Next Steps: Forming an Implementation Plan

Once the top priorities that the community will address in a concerted, collaborative way are identified, the following table will be completed and used as a tool for monitoring our progress.

Local, State, and National Goal Alignment

Priority Area		
Riley County Goals	**State Level Priorities**	**National Level Priorities**

Goals and Objectives

SMART Goals (Specific, Measureable, Attainable, Realistic, and Timely)

Priority Area
Goal:
Objectives: -   -   -   -

Strategies

Strategy 1:		
Action Steps:	**Responsible:**	**Timeline:**
1.	1.	1.
2.	2.	2.
3.	3.	3.
4.	4.	4.
5.	5.	5.
6.	6.	6.

Strategy 2:		
Action Steps:	**Responsible:**	**Timeline:**
1.	1.	1.
2.	2.	2.
3.	3.	3.
4.	4.	4.
5.	5.	5.
6.	6.	6.

Monitoring Plan

Priority Area	
Goal:	

Objectives:	Measure/Indicator:
-	-
-	-
-	-
-	-
-	-

Strategy:	**Outcomes: (Need to be specific: dates, detailed activity, numbers or percentages if relevant)**	**Measure/Indicator: (How are you showing the outcomes? What is your source of data?)**