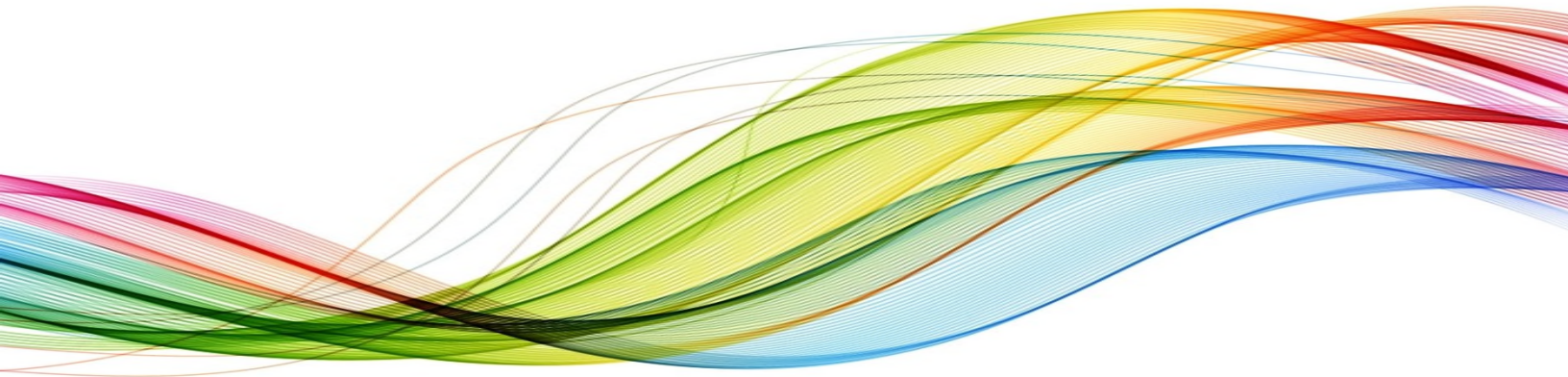




# **Community Health Needs Assessment Memorial Health System – Abilene KS Dickinson County, KS**

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**August 2019**

**VVV Consultants LLC  
Olathe, KS**

# **Community Health Needs Assessment**

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# **I. Executive Summary**

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[VVV Consultants LLC]

# I. Executive Summary

## Memorial Health System – Dickinson County, KS - 2019 Community Health Needs Assessment (CHNA) Wave #3

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

Memorial Health System (MHS) previous CHNA was completed in 2016. (Note: The Patient Protection and Affordable Care Act (ACA) require not-for-profit hospitals to conduct a CHNA every three years and adopt an implementation strategy to meet the needs identified by the CHNA). Wave #3 Dickinson County, KS CHNA assessment began April 2019 and was facilitated / created by VVV Consultants, LLC (Olathe, KS) staff under the direction of Vince Vandelaar, MBA.

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

### a) County Health Area of Future Focus

#### MHS – Dickinson County, KS Town Hall - "Community Health Improvements Needs"

2019 CHNA Health Priorities Memorial Health System - Primary Service Area CHNA Wave #3 Town Hall - July 11, 2019 Dickinson Co, KS (31 Attendees, 108 Total Votes)				
#	Community Health Needs to Change and/or Improve	Votes	%	Accum
1	Awareness of Healthcare Services	16	14.8%	15%
2	Housing (Safe & Affordable)	15	13.9%	29%
3	Lack of Ownership of Personal Health (Apathy)	14	13.0%	42%
4	Drug Abuse (Opioids, Meth, Heroin, Cocaine, Marijuana)	12	11.1%	53%
5	Mental Health Services (Diagnosis / Treatment / Aftercare)	11	10.2%	63%
6	Poverty (Employment Readiness)	8	7.4%	70%
7	Public Transportation	5	4.6%	75%
8	Dental Care	5	4.6%	80%
Total Votes:		108	100.0%	
Other Items receiving votes: Provider Specialists (Derm, Cancer, Pulm, Audio), Child Care (Affordability), Affordable Healthcare (Services & Insurance), Eye Care, Wellness Education, Holistic Integrated Care, Food Insecurity, Collaboration of Healthcare Services (North/South in County), Retail HC (Shopping outside of community).				

## b) Town Hall CHNA Findings: Areas of Strengths

### MHS – Dickinson County, KS CHNA Town Hall - “Community Health Areas of Strengths”

Dickinson County KS "Community Health Strengths"			
#	Topic	#	Topic
1	Community Engagement	6	Law Enforcement
2	Community Foundation	7	Quality of Life Coalition
3	Economic Development	8	School Support
4	Emergency Preparedness	9	Service Offerings of MHS (Prenatal Care)
5	Hospice	10	Youth Sports

### Key CHNA Wave#3 Secondary Research Conclusions are as follows:

**KANSAS HEALTH RANKINGS:** According to the 2019 Robert Wood Johnson County Health Rankings, Dickinson County was ranked 43<sup>rd</sup> in Health Outcomes, 62<sup>nd</sup> in Health Factors, and 78<sup>th</sup> in Physical Environmental Quality out of the 105 Counties.

**TAB 1.** Dickinson County’s population is 18,902 (based on 2017), with a population per square mile (based on 2010) of 23 persons. Six percent (6.1%) of the population is under the age of 5 and 19.3% is over 65 years old. Hispanic or Latinos make up 4.8% of the population and there are 2.8% of Dickinson County citizens that speak a language other than English at home. In Dickinson County, children in single parent households make up 20%. There are 1,936 Veterans living in Dickinson County.

**TAB 2.** The per capita income in Dickinson County is \$24,434, and 9.9% of the population is in poverty. There is a severe housing problem of 10%. There is an unemployment rate of 3.8%. Food insecurity is 13%, and limited access to a store (healthy foods) is 3%.

**TAB 3.** Children eligible for a free or reduced-price lunch is at 50% and 90.2% of students graduate high school while 20.8% of students get their bachelor’s degree or higher in Dickinson County.

**TAB 4.** The percent of births where prenatal care started in the first trimester is 82.3%. Thirty percent (30.3%) of births in Dickinson County occur to unmarried women. Births where mothers have smoked during the pregnancy is at 15.6% and the percent of babies born prematurely is 11.5%. Sixty-five percent (65.4%) of infants up to 24 months received full immunizations while 9.1% of births have a low birth weight.

**TAB 5.** There is one primary care physician per 2,380 people in Dickinson County. Patients who gave their hospital a rating of 9 or 10 out 10 are 79% and there are 81% of patients who reported Yes, They Would Definitely Recommend the Hospital.

**TAB 6.** Medicare population getting treated for depression in Dickinson County is 15.3%. There are 3.2 days out of the year that are poor mental health days.

**TAB 7.** Thirty-four percent (34%) of adults in Dickinson County are obese (based on 2019), with 28% of the population physically inactive. Seventeen percent (17%) of adults drink excessively and 17% smoke. Hypertension (55.5%) and Cancer (9.1%) risk are the same or higher than the comparative norm.

**TAB 8.** The adult uninsured rate for Dickinson County is 9%. The local Health Department is giving back to the community through Immunizations (60 years +) and other services.

**TAB 9.** The life expectancy rate in Dickinson County is 76.4 for Males and 80.9 for Females. The age-adjusted heart disease mortality rate is 185.3 and the age-adjusted chronic lower respiratory disease mortality rate is 62, which are both higher than the comparative norm. Alcohol-impaired driving deaths are high, at 35%.

**TAB 10.** Forty-seven percent (47%) of Dickinson County has access to exercise opportunities and 10% monitor diabetes. Forty-nine percent (49%) of women in Dickinson County get annual mammography screenings.

*\*All data sources are included in Section III charts for reference.*

**Key 2019 Community Feedback Conclusions: Stakeholder feedback from residents, community leaders and providers (N=161) provided the following community insights via an online perception survey:**

- Using a Likert scale, 45.6% of Dickinson County stakeholders would rate the overall quality of healthcare delivery in their community as either Very Good or Good.
- Dickinson County stakeholders are satisfied with the following services: Ambulance Services, Hospice and Pharmacy.
- When considering past CHNA needs: Economic Development, Access to Health Care, Mental Health, Substance Abuse, Older Resident Health and Unplanned Pregnancies came up.

CHNA Wave #3 MHS - 2019		MHS PSA N=254			
Past CHNAs health needs identified		Ongoing Problem			Pressing
#	Topic	Votes	%	Trend	RANK
1	Economic Development and Affordable Living	66.5%	117		2
2	Access to Health Care (mental health, physical health, elder care)	63.1%	111		1
3	Integration of Mental and Physical Health	58.0%	102		3
4	Substance Abuse Prevention	56.3%	99		4
5	Older Resident Health	35.8%	63		5
6	Unplanned Pregnancy and STI services	24.4%	43		6

## **II. Methodology**

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**[VVV Consultants LLC]**

## II. Methodology

### a) CHNA Scope and Purpose

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

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

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

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

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

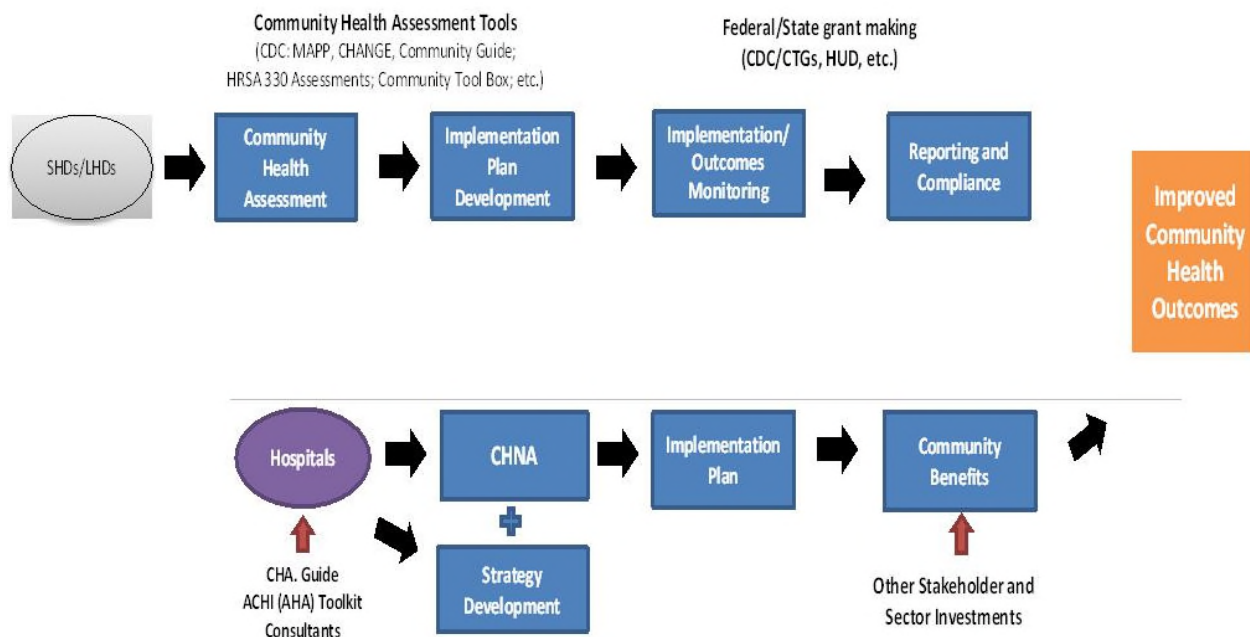
The Notice provides that a CHNA will be considered to be "conducted" in the taxable year that the written report of the CHNA findings is made widely available to the public. The Notice also indicates that the IRS intends to pattern its rules for **making a CHNA "widely available to the public"** after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



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

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

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



## **IRS Notice 2011-52 Overview**

### **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 conduct an initial CHNA for each of its hospital facilities by June 30, 2013, either during the fiscal year ending June 30, 2013 or during either of the two previous fiscal years.

#### **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 and Treasury Finalize Patient Protection Rules for Tax-Exempt Hospitals

ACCOUNTING TODAY 1/2/15

The Internal Revenue Service and the Treasury Department have issued **final regulations** under the Affordable Care Act to protect patients in tax-exempt hospitals from aggressive debt collection practices and to provide other rules for charitable hospitals.

Under the **final regulations**, each Section 501(c)(3) hospital organization is required to meet four general requirements on a facility-by-facility basis: establish written financial assistance and emergency medical care policies; limit the amounts charged for emergency or other medically necessary care to individuals eligible for assistance under the hospital's financial assistance policy; make reasonable efforts to determine whether an individual is eligible for assistance under the hospital's financial assistance policy before engaging in extraordinary collection actions against the individual; and conduct a community health needs assessment, or CHNA, and adopt an implementation strategy at least once every three years. The first three requirements are effective for tax years beginning after March 23, 2010 and the CHNA requirements are effective for tax years beginning after March 23, 2012.

The ACA also added a new Section 4959, which imposes an excise tax for failure to meet the CHNA requirements, and added reporting requirements. These final regulations provide guidance on the entities that must meet these requirements, the reporting obligations relating to these requirements and the consequences for failing to satisfy the requirements.

"Charitable hospitals represent more than half of the nation's hospitals and play a key role in improving the health of the communities they serve," wrote Emily McMahon, Deputy Assistant Secretary for Tax Policy at the U.S. Department of the Treasury, in a blog post Monday explaining the requirements. "But reports that some charitable hospitals have used aggressive debt collection practices, including allowing debt collectors to pursue collections in emergency rooms, have highlighted the need for clear rules to protect patients. For hospitals to be tax-exempt, they should be held to a higher standard. That is why the Affordable Care Act included additional consumer protection requirements for charitable hospitals, so that patients are protected from abusive collections practices and have access to information about financial assistance at all tax-exempt hospitals."

She noted that as a condition of their tax-exempt status, charitable hospitals must take an active role in improving the health of the communities they serve, establish billing and collections protections for patients eligible for financial assistance, and provide patients with the information they need to apply for such assistance. "These final rules adopt the same framework of proposed regulations but simplify the compliance process for charitable hospitals, while continuing to provide meaningful guidance on protections for patients and requirements to assess community health needs," she added.

Under the new rules, hospitals cannot charge individuals eligible for financial assistance more for emergency or other medically necessary care than the amounts generally billed to patients with insurance (including Medicare, Medicaid, or private commercial insurance). In addition, every tax-exempt hospital must establish and widely publicize a financial assistance policy that clearly describes to patients the eligibility criteria for obtaining financial assistance and the method for applying for financial assistance.

Charitable hospitals are also prohibited from engaging in certain collection methods (for example, reporting a debt to a credit agency or garnishing wages) until they make reasonable efforts to determine whether an individual is eligible for assistance under the hospital's financial assistance policy.

In addition, each charitable hospital needs to conduct and publish a community health needs assessment at least once every three years and disclose on the tax form that it files on an annual basis the steps it is taking to address the health needs identified in the assessment.

Many of the requirements have been in place since the Affordable Care Act passed in 2010, but in response to comments on the proposed regulations, the final rules also expand access to translations for patients, by lowering the threshold for having translations of financial assistance policies available from 10 percent of the community served as proposed, to five percent of the community served or population expected to be encountered by the hospital facility, or 1000 persons, whichever is less, according to McMahon. "The final rules also revise the notification requirements to maintain important protections for patients while making it easier for hospitals to comply with them," she wrote. "General notifications regarding a hospital's financial assistance policy must appear on bills and in the hospital. However, individual written and oral notifications of the hospital's financial assistance policy are now only required when a hospital plans to use extraordinary collections actions, such as reporting a debt to a credit bureau, selling the debt to a third party or garnishing wages."

While charitable hospitals must continue to make a good-faith effort to comply, the rules provide charitable hospitals with time to fully update their policies and programming to implement the changes. But if a charitable hospital fails to meet the consumer protection provisions required by the law, the hospital could have its tax-exempt status revoked. If a hospital fails to properly conduct a community health needs assessment or adopt an implementation strategy, an excise tax will apply, McMahon noted. "However, if a hospital fails to meet a requirement, but the failure is neither willful nor egregious, the hospital can correct and publicly disclose the error to have it excused, thus avoiding revocation of tax-exempt status, but the excise tax would still apply," she wrote.

# CHNA NEWS: IRS Makes First Revocation of Hospital Not-for-Profit Status Under 501(r)

RICH DALY, HFMA SENIOR WRITER/EDITOR

**Aug. 15, 2017**—Charity-care reporting requirements under the healthcare reform law may have gone into effect only last October, but already one hospital has lost its not-for-profit tax status as a result. The first-time tax-status revocation under Affordable Care Act (ACA) 501(r) requirements applied to a “dual-status” 501(c)(3) hospital operated by a “local county governmental agency” and was confirmed by a redacted copy of the [tax status letter](#), which was dated Feb. 14, 2017, and posted to the IRS website in August. Neither an IRS spokeswoman nor the redacted letter identified the hospital. Loss of the 501(c)(3) exemptions eliminates the ability of hospitals to use certain employee benefit plans; likely subjects hospitals to income, property, and other taxes; bars receipt of tax-deductible contributions; and disallows use of tax-exempt bonds.

The 501(r) requirements on performing community health needs assessments (CHNAs) and offering financial assistance became effective for tax years beginning on or after Dec. 29, 2015, meaning tax-exempt hospitals operating on the calendar had to be in compliance by Jan. 1, 2016, and those with a different fiscal-year end had to be in compliance by Oct. 1, 2016.

The only enforcement information previously released by the IRS was a June 2016 letter to Sen. Charles Grassley (R-Iowa), which noted that at that point the IRS had completed 2,482 compliance reviews under 501(r). Additionally, 163 hospitals were assigned for “examination” as a result of those compliance reviews, but no further actions were identified.

The ACA requires the IRS to review the community-benefit activities of about 3,000 tax-exempt hospitals at least once every three years. This was the first time that Keith Hearle, president, Verité Healthcare Consulting, LLC, Alexandria, Va., had heard of an instance in which a hospital lost its not-for-profit status over 501(r) requirements. He has heard of several others that incurred the \$50,000 excise tax for failing to meet the CHNA requirement.

“I would be surprised if it is a one-off,” said Hearle, who has been expecting more IRS enforcement after his own reviews indicated widespread hospital vulnerability due to poor compliance.

## Reasons for Revocation

Hospital 501(r) requirements include:

- Conducting a CHNA at least once every three years
- Making the CHNA publicly available on a website
- Adopting an implementation strategy to meet the needs identified in the CHNA
- Adopting a financial assistance policy and publicizing the policy, including by posting it on a website
- Limiting the amounts charged to individuals who are eligible for financial assistance
- Making individuals aware of the financial assistance policy prior to engaging in certain collection actions

Among the reasons for the IRS action against the county government hospital was its finding that the hospital did not make the CHNA widely available to the public through a website, although it had paper copies available on request. “The hospital indicated to the IRS that it might have acted on some of the recommendations included in the Implementation Strategy Report, but that a separate written implementation policy was neither drafted nor adopted,” the IRS letter stated.

Officials at the small rural hospital said they lacked the staffing to comply with 501(r) requirements. They also said they “really did not need, actually have any use for, or want their tax-exempt status under Section 501(c)(3),” according to the IRS letter. The hospital believed its tax-exempt status somehow prevented its involvement in certain payment arrangements. It had maintained 501(c)(3) status “only in case any liabilities arose relating to the prior management company that had originally obtained that status from the IRS.”

The IRS deemed the hospital’s failure “egregious” because its leaders had “neither the will, the resources, nor the staff to follow through with the” 501(r) requirements.

### Widespread Vulnerability

Industry advisers worry that many hospitals could be vulnerable to IRS enforcement—if not tax-status revocation—under the new requirements. “A lot of them just assume that what they have, in terms of policy and procedure, suffices under the final regulations and have not done a lot,” said Andrew Kloeckner, a partner for Omaha-based law firm Baird Holm.

Even hospitals that have taken steps to become compliant with the requirements can face downsides, including complications with their collection efforts, which in turn can delay cash flow, Kloeckner said.

Jan Smith, a tax senior manager in Crowe Horwath’s Healthcare practice, indicated that the likelihood of a similar penalty or the likelihood of this determination setting a precedent at other hospitals may be limited. This is due to the unusual position taken by the revoked hospital’s officials that they didn’t need or want charitable status (in addition to governmental status).

“If hospitals are making a good-faith effort to comply, I would be surprised if the IRS would revoke their tax status at this stage of 501(r) examinations,” Smith said in an interview. However, she is aware of several health systems that the IRS is seeking to penalize under the CHNA tax provision.

The IRS’s 501(r) compliance reviews include the agency’s analysis of hospital websites and “other information designed to identify the hospitals with the highest likelihood of non-compliance,” IRS Commissioner John Koskinen stated in his 2016 letter to Grassley.

Justin Lowe, senior manager with the Exempt Organizations Tax Practice at Ernst & Young, underscored that hospital websites are among the publicly available information that the IRS reviews. He urged hospitals to make sure that all required documents, including the CHNA and financial assistance policy, are on the website and easily findable. Insufficient approaches to 501(r) compliance, Kloeckner said, include instances when hospitals purchase financial assistance policy templates that are provided by a consultant and not submitted for legal review, potentially leaving audit vulnerabilities. Kloeckner also urged attention on practices and procedures outside of the policies.

Small government-operated hospitals are among the most vulnerable to enforcement, Hearle said, because they may not be required to file Form 990, which provides reminders about 501(r) compliance requirements. “It’s a group of hospitals I’m concerned about,” Hearle said.

Among the financial assistance requirements with which hospitals are most likely to struggle, Hearle said, is making available lists of physicians who are associated with the hospital and who utilize the same charity care policies.

“Patients obtaining charity care from a hospital want to find physician groups through which they can get the same charity care, as opposed to some group that doesn’t offer charity care,” Hearle said.

# 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



## **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:

#### **Memorial Hospital**

**511 NE 10<sup>th</sup>**

**Abilene, KS 67410**

**(785) 263-2100**

**CEO: Harold Courtois**

Memorial Hospital is a 25-bed Critical Access Hospital in Abilene, Kansas. It operates as an affiliate of Memorial Health System, a non-profit organization governed by a locally elected five-member board of directors. It has served people in the Dickinson County area since 1922 and prides itself on the quality care its staff provides. Renovations and additions completed in 1949, 1964, 1982, and 1992 enabled Memorial Hospital to continue to serve the Dickinson County area with the highest quality health care.

In May 2013, Memorial Hospital moved into a newly constructed hospital adjacent to the former hospital building. A two-year renovation project was then undertaken in the original hospital to create a medical office building which houses a physician clinic, therapy clinics, and support services. This progressive \$25 million construction and renovation project was undertaken by the Memorial Health System Board of Directors to ensure the continued availability of quality health care into the future.

**Mission:** Enhance the health and wellness of all.

**Vision:** Be the health care provider and employer of choice.

**Core Values:** CARE

Compassion for all;

Appreciation for others;

Respect for everyone;

Excellence that exceeds expectations.

*Caring for you.*

#### **Memorial Hospital offers:**

- 24-hour emergency care,
- a childbirth center,
- a skilled nursing program,
- a diagnostic laboratory,
- diagnostic radiology and imaging services,
- rehabilitation services, including physical therapy, occupational therapy, and speech therapy,
- sports medicine services,
- respiratory care,
- cardiac rehabilitation,
- a geriatric behavioral health unit,
- pain management clinic, and
- an array of visiting specialists who hold clinics and perform surgery at Memorial Hospital so you don't have to travel far to receive the health care you need.

## **Dickinson County Health Department**

**1001 N Brady**

**Abilene, KS 67410**

**(785) 263-4179**

**Abilene Hours: Monday 8a-6p; Tuesday-Friday 8a-5p**

**Herington Clinic Hours: 2<sup>nd</sup> and 4<sup>th</sup> Tuesday of each month 9a-4p**

**Deputy Director: Brenda Weaver, RN**

### **Service Offerings:**

- WIC
- Immunizations (adult and child)
- Foot care for Seniors
- Free breastfeeding support
- Breast Pump Rental
- Child Services (including Kan Be Healthy physicals and hearing/vision screenings)
- Blood Pressure checks
- Weight Check
- Allergy injections

## II. Methodology

### b) Collaborating CHNA Parties Continued Consultant Qualifications



#### **VVV Consultants LLC**

Company Profile: 601 N. Mahaffie, Olathe, KS 66061 (913) 302-7264

**Vince Vandelaar MBA, Principal Consultant & Adjunct** (913) 302-7264

[VVV@VandelaarMarketing.com](mailto:VVV@VandelaarMarketing.com)

Vince provides professional business consulting services to help healthcare organizations with business strategy, research and development. Specifically, Vince facilitates strategic planning, creates proven marketing plans/tactics, prepares IRS aligned community health needs assessments and conducts both qualitative and quantitative market research studies.

Vince started his consulting firm (VVV Consultants LLC) on 1/1/2009, after working for Saint Luke's Health System of Kansas City for 16 years. (Note: Saint Luke's Hospital of KC, SLHS's largest hospital, won the Malcolm Baldrige National Quality Award in March of 2003). Prior to his experience at Saint Luke's, Vince worked in the payor and insurance industry for Blue Cross and Blue Shield of Kansas City; Tillinghast, a Tower's Perrin Actuarial Consulting Firm; and Lutheran Mutual Life Insurance Company.

Vince also is an Adjunct Professor teaching BA, MBA & MHA classes part time 20% of his time at Avila, Rockhurst and/or Webster University (Strategic Planning, Marketing, MHA Capstone, Marketing Research, Sales & Social Media classes) and consults the remainder of his time.

Vince is a Malcolm Baldrige coach and a professional focus group moderator. He is actively involved in the national Society for Healthcare Strategy & Market Development (SHSMD), KHA/MHA Marketing Associations, KC Employee Benefit Professional Association, Healthcare Executives Kansas City, the American Marketing Association KC Chapter and is a SG2 advocate.

#### **Collaborating Support:**

Tessa Taylor BBA BA - VVV Consultants LLC

Lead Consultant

## II. Methodology

### c) CHNA and Town Hall Research Process

Wave #3 Community Health Needs Assessment (CHNA) process began in April 2019 for MHS to meet IRS CHNA requirements.

In April a meeting was called by MHS – Abilene KS (Dickinson County, KS) to review possible CHNA collaborative options, in collaboration with Dickinson County Health Department. 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 Memorial Health System – Abilene KS requesting VVV Consultants LLC to complete a CHNA IRS aligned comprehensive report.

#### VVV CHNA Deliverables:

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

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

<b>Hospital : Memorial Health System PSA Defined - Years 2018-16</b>						
<b>#</b>	<b>ZIP</b>	<b>City</b>	<b>County</b>	<b>Total 3 YR I/O/E/C</b>	<b>3 YR %</b>	<b>Accum</b>
1	67410	Abilene	DICKINSON	127,773	70.5%	70.5%
2	67441	Enterprise	DICKINSON	11,397	6.3%	76.8%
3	67431	Chapman	DICKINSON	7,372	4.1%	80.9%
4	67451	Hope	DICKINSON	4,740	2.6%	83.5%
5	67480	Solomon	DICKINSON	4,682	2.6%	86.1%
6	67449	Herington	DICKINSON	1,952	1.1%	87.2%
7	67482	Talmage	DICKINSON	679	0.4%	87.5%
8	67492	Woodbine	DICKINSON	506	0.3%	87.8%

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

# Memorial Health System - Abilene KS CHNA Wave #3

## Option C - Project Timeline and Roles 2019 (Dickinson County, KS)

Step	Date (Start-Finish)	Lead	Task
1	1/7/2019	VVV	Sent VVV quote for review.
2	1/14/2019	Hosp	Select CHNA Option A/B/C. Approve and sign VVV CHNA quote.
3	4/22/2019	VVV	Send out REQCommInvite Excel file. Request client hospital (and health department) to fill in PSA stakeholders names, addresses and emails.
4	4/22/2019	VVV	Request client to send KHA PO101, PO103 and TOT223 PO Reports for FFY 16, 17 and 18. In addition, request three year historical PSA IP/OP/ER/Clinic patient origin file (Use ZipPSA_3yrPOrigin.xls).
5	On or before 04/22/2019	VVV	Prepare CHNA Wave #3 stakeholder feedback online link. Send text link for hospital review.
6	On or before 05/03/2019	VVV / Hosp	Prepare and send out PR story to local media announcing upcoming CHNA work. Hospital to place.
7	On or before 05/03/2019	VVV / Hosp	Prepare Email request to Roster Stakeholders announcing online CHNA Wave #3 feedback. BCC email from Hospital Administration.
8	By 05/13/2019	VVV	Launch and conduct online survey to stakeholders. Hospital Admin will e-mail announcement to participate to all stakeholders. (Survey to end June 21st, 2019)
9	June-July 2019	VVV	Assemble and complete secondary research. Complete (populate) 10 TABS. Create Town Hall PowerPoint for presentation.
10	On or before 07/07/2019	Hosp	Prepare and send out community Town Hall invite letter and place local ad.
11	On or before 07/07/2019	VVV / Hosp	Prepare and send out PR story to local media announcing upcoming Town Hall. VVV will mock up PR release to media sources.
12	Week prior to Town Hall	All	Conduct conference call ( <i>time TBD</i> ) with hospital and health department to review Town Hall data and flow.
13	Thursday, July 11, 2019 (11:30pm-1pm)	VVV	Conduct CHNA Town Hall from 11:30pm-1pm at the Civic Center (201 NW 2nd Street, Abilene, Kansas 67410). Review secondary basic health data, discuss online community feedback results then rank health needs.
14	On or before 08/23/2019	VVV	Complete analysis. Release draft one and seek feedback from leaders at hospital and health department.
15	On or before 08/30/2019	VVV	Produce and release final CHNA report. Hospital will post CHNA online.
16	30 days prior to end of hospital fiscal year	TBD	Hold board meetings to discuss CHNA needs and create and adopt an Implementation Plan. Communicate CHNA plan to community.

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

### **Phase I—Discovery:**

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

### **Phase II—Qualify Community Need:**

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

<b>TAB 1. Demographic Profile</b>
<b>TAB 2. Economic/Business Profile</b>
<b>TAB 3. Educational Profile</b>
<b>TAB 4. Maternal and Infant Health Profile</b>
<b>TAB 5. Hospitalization / Providers Profile</b>
<b>TAB 6. Behavioral Health Profile</b>
<b>TAB 7. Risk Indicators &amp; Factors</b>
<b>TAB 8. Uninsured Profile</b>
<b>TAB 9. Mortality Profile</b>
<b>TAB 10. Preventative Quality Measures</b>

B) Gather primary research (stakeholder feedback) to uncover public health needs, practices and perceptions for primary service areas.

### **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 health needs was administered.

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

Post CHNA report findings to meet both PHAB and IRS CHNA criteria.

After consideration of CHNA stakeholders (sponsoring county health department and hospital), the CHNA Option C was selected with the following project schedule:

Phase I: Discovery.....	Apr 2019
Phase II: Secondary / Primary Research.....	May – June 2019
Phase III: Town Hall Meeting.....	July 11, 2019
Phase IV: Prepare / Release CHNA report.....	Aug 2019

**Detail CHNA Development Steps Include:**

<b>Development Steps to Create Comprehensive Community Health Needs Assessment</b>	
<b>Step # 1 Commitment</b>	<i>Determine interest level of area healthcare leaders (Hospital, Health Dept., Mental Health Centers, schools, churches, physicians etc.), prepare project quote.</i>
<b>Step # 2 Planning</b>	<i>Prepare brief CHNA Project Work Calendar - list goals, objectives, purpose, outcome, roles, community involvement, etc. Hold community kick-off meeting.</i>
<b>Step # 3 Secondary Research</b>	<i>Collect and report community health published facts. Gather data health practice data from published secondary research sources (i.e. census, county health records, behavioral risk factors surveillance, etc.)</i>
<b>Step # 4a Primary Research - Town Hall prep</b>	<i>Collect community opinions. (quantitative research). Gather stakeholders / community opinions regarding community health needs and healthcare practices.</i>
<b>Step # 4b Primary Research - Conduct Town Hall</b>	<i>Conduct "Conversation with Community" Town Hall (qualitative research). Review secondary &amp; primary data findings. Facilitate community conversation to build consensus; discuss opinions / identify health needs.</i>
<b>Steps # 5 Reporting</b>	<i>Prepare and present comprehensive CHNA report (to community leaders), facilitate development of CHNA Implementation Plan (actions to improve health). (Note: formal report will follow IRS Notice 2011-52 regs &amp; PHAB requirements.)</i>
VVV Consultants, LLC Olathe, KS (913) 302-7264	

## Overview of Town Hall Community Priority Setting Process

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

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

Memorial Health System (MHS) (Dickinson Co, KS), in collaboration with Dickinson County Health Department, town hall meeting was held on Thursday, July 11<sup>th</sup>, 2019 from 11:30 a.m. to 1:00 p.m. at the Civic Center (201 NW 2nd Street, Abilene, Kansas 67410). Vince Vandehaar facilitated this 1 ½ hour session with thirty-one (31) attendees. (Note: a detailed roster of Town Hall attendees is listed in Section V a).


The following Town Hall agenda was conducted:

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

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



**Community Health Needs Assessment  
Town Hall Meeting – on behalf of  
Memorial Health System – Abilene, KS  
Dickinson County, KS**



**Vince Vandehaar, MBA**  
**VVV Consultants LLC**  
Principal / Adjunct Full Professor

Olathe, Kansas 66061  
VVV@VandehaarMarketing.com  
913-302-7264

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

- I. Opening / Introductions (10 mins)
- II. Review CHNA Purpose and Process (10 mins)
- III. Review Current County "Health Status"
  - Secondary Data by 10 TAB Categories
  - Review Community Feedback Research (35 mins)
- IV. Collect Community Health Perspectives
  - Hold Community Voting Activity
  - Determine Most Important Health Areas (30 mins)
- V. Close / Next Steps (5 mins)

2

**I. Introduction:**  
Background and Experience



**Vince Vandehaar, MBA**  
VVV Consultants LLC - Principal Consultant  
Olathe, KS 913 302-7264

- Professional Consulting Services: Strategic Planning, Marketing Management, Business Research & Development
- Focus: Strategy, Research, Deployment
- 30+ years of experience with Tillinghast, BCBSKC, Saint Luke's

**Adjunct Full Professor - Marketing & MHA 31+ years**

- Avila University
- Webster University
- Rockhurst University

**Tessa Taylor, BBA BA - Associate Consultant**

- University of Wisconsin-Whitewater
- AMA Chapter President (2 years)

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**Town Hall Participation (You)**

- ALL attendees welcome to share
  - Parking Lot
- There are no right or wrong answers
- Only one person speaks at a time
- Please give truthful responses
- Have a little fun along the way

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## I. Introductions: A Conversation with the Community

Community members and organizations invited to CHNA Town Hall

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

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

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

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

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## II. Review CHNA Definition

- A Community Health Needs Assessment (CHNA) is a systematic collection, assembly, analysis, and dissemination of information about the health of the community. (NOTE: Some the data has already been collected / published by Local, State and Federal public health organizations. Some data will be collected today.)
- A CHNA's role is to identify factors that affect the health of a population and determine the availability of resources to adequately address those factors.

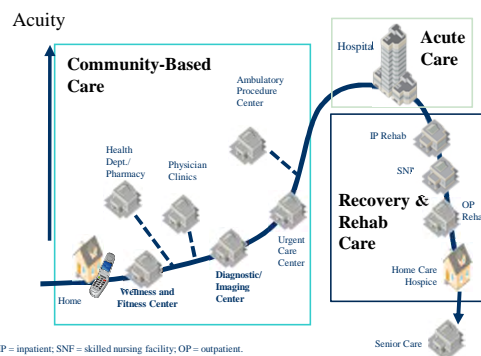
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## Purpose—Why Conduct a CHNA?

- To determine health-related trends and issues of the community
- To understand / evaluate health delivery programs in place.
- To meet Federal requirements -- both local hospital and health department
- To develop strategies to address unmet health needs (4-6 weeks after Town Hall)

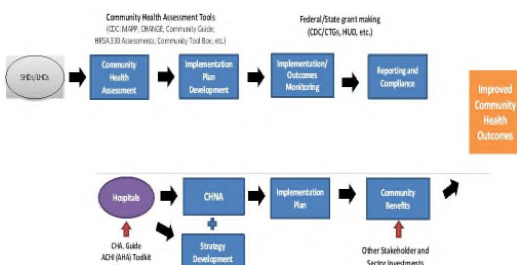
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## Future System of Care—Sg2



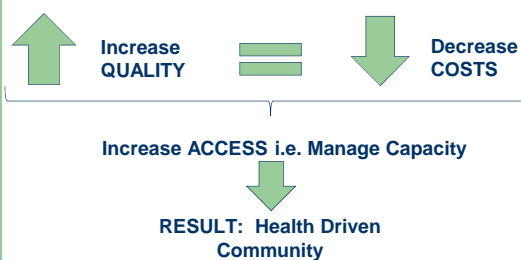
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## Community Health Needs Assessment Joint Process: Hospital & Local Health Department



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## Triple Aim – HC Strategic Focus



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## II. IRS Hospital CHNA Written Report Documentation

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

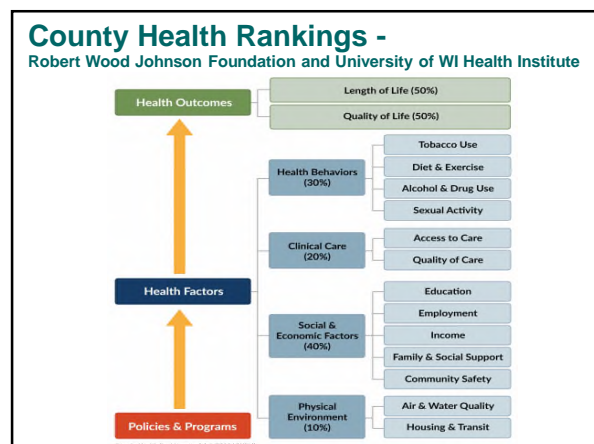
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## III. Review Current County Health Status: Secondary Data by 10 Tab Categories & State Rankings

Trends: Good Same Poor

TAB 1. Demographic Profile
TAB 2. Economic/Business Profile
TAB 3. Educational Profile
TAB 4. Maternal and Infant Health Profile
TAB 5. Hospitalization / Providers Profile
TAB 6. Behavioral Health Profile
TAB 7. Risk Indicators & Factors
TAB 8. Uninsured Profile
TAB 9. Mortality Profile
TAB 10. Preventative Quality Measures

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**IV. Collect Community Health Perspectives**  
**Ask your opinion. Your thoughts?**

- 1) **Today:** What are the strengths of our community that contribute to health?  
(White card)
- 2) **Today:** Are there healthcare services in your community / neighborhood that you feel need to be improved and / or changed?  
(Color card)
- 3) **Tomorrow:** What is occurring or might occur that would affect the "health of our community?"

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**Have We Forgotten Anything?**

A. Aging Services	M. Hospice
B. Chronic Pain Management	N. Hospital Services
C. Dental Care/Oral Health	O. Maternal, Infant & Child Health
D. Developmental Disabilities	P. Nutrition
E. Domestic Violence,	R. Pharmacy Services
F. Early Detection & Screening	S. Primary Health Care
G. Environmental Health	T. Public Health
H. Exercise	U. School Health
I. Family Planning	V. Social Services
J. Food Safety	W. Specialty Medical Care Clinics
K. Health Care Coverage	X. Substance Abuse
L. Health Education	Y. Transportation
M. Home Health	Z. Other _____

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**Community Health Needs Assessment**

**Questions;  
Next Steps?**

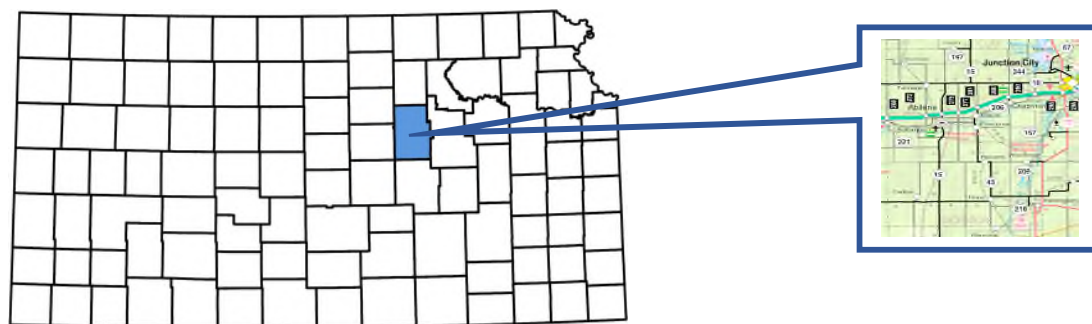
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(913) 302-7264

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## II. Methodology

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

#### Dickinson County, Kansas Community Profile



The population of Dickinson County was estimated to be 19,409 citizens in 2019 and a population density of 23 persons per square mile. Dickinson County's major cities are: Abilene, Carlton, Chapman, Detroit, Enterprise, Herington, Hope, Manchester, Solomon, Talmage and Woodbine. *\*Source is listed below*

#### Dickinson County (KS) Pubic Airports<sup>1</sup>

Name	USGS Topo Map
Abilene Municipal Airport	Abilene
Bardard Airport	Elmo
Prairie Cottage Airport	Chapman
Prichard Airstrip	Chapman

<sup>1</sup> <https://kansas.hometownlocator.com/features/cultural/class/airport,scfips,20041.cfm>

## Dickinson County (KS): Public Schools<sup>2</sup>

Name	Address	Phone	Levels
Abilene High	1300 N Cedar Abilene, KS 67410	785-263-1260	9-12
Abilene Middle	500 Northwest 14th Abilene, KS 67410	785-263-1471	6-8
Blue Ridge Elem	1539 Hwy 18 Abilene, KS 67410	785-598-2226	PK-5
Chapman Elem	500 Irish Dr Chapman, KS 67431	785-922-7171	PK-5
Chapman High	400 W 4th Chapman, KS 67431	785-922-6561	9-12
Chapman Middle	622 N Marshall Chapman, KS 67431	785-922-0249	6-8
Dwight D. Eisenhower Elem	1101 North Vine Abilene, KS 67410	785-263-1643	4-5
Enterprise Elem	302 S High Enterprise, KS 67441	785-263-8248	PK-5
Herington Elem	1403 North D St Herington, KS 67449	785-258-3234	PK-5
Herington High	1401 North D St Herington, KS 67449	785-258-2261	9-12
Herington Middle	1317 North D St Herington, KS 67449	785-258-2448	6-8
Hope Elem	200 Poplar St Hope, KS 67451	785-366-7221	PK-8
Hope High	200 Poplar St Hope, KS 67451	785-366-7221	9-12
Kennedy Elem	1501 N Kuney Abilene, KS 67410	785-263-1088	PK-1
McKinley Elem	112 N Rogers Abilene, KS 67410	785-263-2311	2-3
Rural Center Elem	902 1400 Avenue Abilene, KS 67410	785-479-2213	PK-5
Solomon Elem	411 North Pine Solomon, KS 67480	785-655-2521	PK-6
Solomon High	409 North Pine Solomon, KS 67480	785-655-2551	7-12

<sup>2</sup> <https://kansas.hometownlocator.com/schools/sorted-by-county,n,dickinson.cfm>

## ESRI Demographics - Dickinson Co (KS)

Zip	Name	ST	County	Population			Households			Per Capita
				YR 2018	YR 2023	Chg.	YR 2018	YR 2023	Size	Inc 18
67410	Abilene	KS	DICKINSON	9773	9449	-3.3%	4053	3911	2	\$26,861
67431	Chapman	KS	DICKINSON	2614	2592	-0.8%	992	983	3	\$28,740
67441	Enterprise	KS	DICKINSON	1255	1261	0.5%	449	452	3	\$22,947
67449	Herington	KS	DICKINSON	3054	2937	-3.8%	1295	1243	2	\$23,201
67451	Hope	KS	DICKINSON	990	979	-1.1%	435	430	2	\$26,926
67480	Solomon	KS	DICKINSON	1781	1727	-3.0%	706	684	3	\$26,720
67482	Talmage	KS	DICKINSON	95	92	-3.2%	38	36	3	\$30,178
67492	Woodbine	KS	DICKINSON	301	300	-0.3%	123	123	2	\$27,081
<b>Totals</b>				<b>19,863</b>	<b>19,337</b>	<b>-2.6%</b>	<b>8,091</b>	<b>7,862</b>	<b>2</b>	<b>\$26,582</b>
Zip	Name	ST	County	Pop18 65+	Pop18 <=18	Females	White	Black	Amer. Ind.	Hisp.
67410	Abilene	KS	DICKINSON	1982	2420	4928	9158	128	54	500
67431	Chapman	KS	DICKINSON	501	650	1346	2460	44	19	106
67441	Enterprise	KS	DICKINSON	229	341	646	1159	18	7	53
67449	Herington	KS	DICKINSON	703	741	1566	2812	21	37	186
67451	Hope	KS	DICKINSON	216	201	467	928	12	9	30
67480	Solomon	KS	DICKINSON	286	453	886	1701	8	7	46
67482	Talmage	KS	DICKINSON	18	24	46	89	2	1	1
67492	Woodbine	KS	DICKINSON	59	71	146	284	4	5	13
<b>Totals</b>				<b>3,994</b>	<b>4,901</b>	<b>10,031</b>	<b>18,591</b>	<b>237</b>	<b>139</b>	<b>935</b>
<b>Percentages</b>				<b>20.1%</b>	<b>24.7%</b>	<b>50.5%</b>	<b>93.6%</b>	<b>1.2%</b>	<b>0.7%</b>	<b>4.7%</b>

## **III. Community Health Status**

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[VVV Consultants LLC]



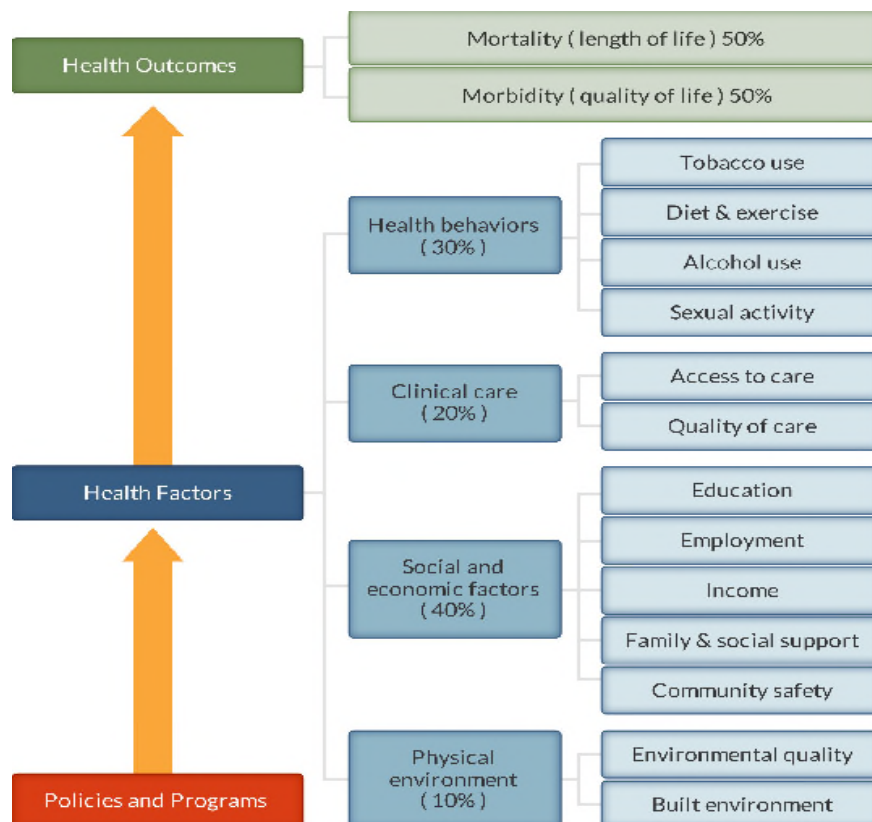
### III. Community Health Status

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

##### Health Status Profile

This section of the CHNA reviews published quantitative community health indicators from public health sources and results of community primary research. To produce this profile, VVV Consultants LLC staff analyzed & trended data from multiple sources. This analysis focuses on a set of published health indicators organized by ten areas of focus (10 TABS), results from the 2019 RWJ County Health Rankings and conversations from Town Hall participants. Each table published reflects a Trend column, with GREEN denoting growing/high performance indicators, YELLOW denoting minimal change/average performance indicators and RED denoting declining/low performance indicators.

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



County Health Rankings model ©2012 UWPHI

## National Research – Year 2019 RWJ Health Rankings:

#	KS Rankings - 105 Counties	Definitions	Dickinson Co KS	TREND	KS Rural 25 Norm
1	Health Outcomes		43		52
2	Mortality	Length of Life	43		54
3	Morbidity	Quality of Life	47		48
4	Health Factors		62		57
5	Health Behaviors	Tobacco Use, Diet/Exercise, Alcohol Use, Sexual Activitiy	69		59
6	Clinical Care	Access to care / Quality of Care	61		45
7	Social & Economic Factors	Education, Employment, Income, Family/Social support, Community Safety	48		57
8	Physical Environment	Environmental quality	78		66
KS Rural 25 Norm includes the following counties: Russell, Ellsworth, Rice, Lincoln, McPherson, Butler, Cowley, Lyon, Greenwood, Marion, Harvey, Montgomery, Labette, Chautauqua, Wilson, Dickinson, Clay, Marion, Morris, Atchison, Jackson, Brown, Jefferson, Namaha, Doniphan, Pottawatomie.					
<a href="http://www.countyhealthrankings.org">http://www.countyhealthrankings.org</a> , released 2019					

## PSA Secondary Research:

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

### Tab 1 Demographic Profile

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

Tab	Health Indicator	Dickinson Co KS	Trend	State of KS	KS Rural 25 Norm	Source
1a	a Population estimates, July 1, 2017, (V2017)	18,902		2,913,123	17,601	People Quick Facts
	b Population, percent change - April 1, 2010 (estimates base) to July 1, 2017, (V2017)	-4.3%		2.1%	-3.3%	People Quick Facts
	c Population per square mile, 2010	23		35	24	Geography Quick Facts
	d Persons under 5 years, percent, July 1, 2017, (V2017)	6.1%		6.6%	6.0%	People Quick Facts
	e Persons 65 years and over, percent, July 1, 2017, (V2017)	19.3%		15.4%	19.9%	People Quick Facts
	f Female persons, percent, July 1, 2017, (V2017)	49.9%		50.2%	49.9%	People Quick Facts
	g White alone, percent, July 1, 2017, (V2017)	94.6%		86.5%	92.6%	People Quick Facts
	h Black or African American alone, percent, July 1, 2017	1.1%		6.2%	1.9%	People Quick Facts
	i Hispanic or Latino, percent, July 1, 2017, (V2017)	4.8%		11.9%	5.6%	People Quick Facts
	j Foreign born persons, percent, 2013-2017	2.3%		7.0%	2.0%	People Quick Facts
	k Language other than English spoken at home, percent of persons age 5 years+, 2013-2017	2.8%		11.5%	3.9%	People Quick Facts
	l Living in same house 1 year ago, percent of persons age 1 year+, 2013-2017	87.9%		83.7%	85.8%	People Quick Facts
	m Children in single-parent households, percent, 2013-2017	20.0%		29.0%	27.6%	County Health Rankings
	n Total Veterans, 2012-2016	1,936		185,292	1,246	People Quick Facts

## Tab 2 Economic/Business Profile

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

Tab	Health Indicator	Dickinson Co KS	Trend	State of KS	KS Rural 25 Norm	Source
2	a Per capita income in past 12 months (in 2017 dollars), 2013-2017	\$24,434		\$29,600	\$25,530	People Quick Facts
	b Persons in poverty, percent	9.9%		11.9%	12.6%	People Quick Facts
	c Total Housing units, July 1, 2017, (V2017)	9,187		1,273,742	8,146	People Quick Facts
	d Total Persons per household, 2013-2017	2.4		2.5	2.4	People Quick Facts
	e Severe housing problems, percent, 2011-2015	10.0%		13.0%	10.6%	County Health Rankings
	f Total of All firms, 2012	1,756		239,118	1,474	Business Quick Facts
	g Unemployment, percent, 2017 (Percentage of population ages 16 and older unemployed but seeking work)	3.8%		3.6%	3.7%	County Health Rankings
	h Food insecurity, percent, 2016	13.0%		13.0%	13.1%	County Health Rankings
	i Limited access to healthy foods, percent, 2015	3.0%		8.0%	8.0%	County Health Rankings
	j Low income and low access to store, percent, 2015 (% of people in a county with low income and living more than 10 miles from a supermarket or large grocery store if in a rural area.)	3.1%		NA	8.1%	U.S. Department of Agriculture - Food Environment Atlas
	k Long commute - driving alone, percent, 2013-2017 (Percentage that commute more than 30 minutes)	29.0%		82.0%	24.9%	County Health Rankings

## Tab 3 Educational Profile

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

Tab	Health Indicator	Dickinson Co KS	Trend	State of KS	KS Rural 25 Norm	Source
3	a Children eligible for free or reduced price lunch, percent, 2016-2017	50.0%		48.0%	50.3%	County Health Rankings
	b High school graduate or higher, percent of persons age 25 years+, 2013-2017	90.2%		90.5%	90.9%	People Quick Facts
	c Bachelor's degree or higher, percent of persons age 25 years+, 2013-2017	20.8%		32.3%	22.1%	People Quick Facts

## Tab 4 Maternal and Infant Profile

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

#	Criteria - Vital Statistics	Dickinson Co KS	Trend	Kansas	KS Rural 25 Norm
a	Total Live Births, 2013	218		38,805	214
b	Total Live Births, 2014	222		39,193	214
c	Total Live Births, 2015	236		39,126	214
d	Total Live Births, 2016	225		38,048	210
e	Total Live Births, 2017	208		36,464	202
f	Total Live Births, 2018	183		36,247	201
g	Total Live Births, 2013- 2018 - Six Years	1,292		227,883	1,256

Source: Kansas Department of Health and Environment

**Tab 4 Maternal and Infant Profile (Continued)**

Tab		Health Indicator	Dickinson Co KS	Trend	State of KS	KS Rural 25 Norm	Source
4	a	Percent of Births Where Prenatal Care began in First Trimester, 2015-2017	82.3%		81.2%	80.6%	Kansas Health Matters
	b	Percentage of Premature Births, 2015-2017	11.5%		9.1%	9.2%	Kansas Health Matters
	c	Percent of Infants up to 24 months that received full Immunizations, 2016-2017	65.4%		69.2%	71.1%	Kansas Health Matters
	d	Percent of Births with Low Birth Weight, 2015-2017	9.1%		7.1%	6.6%	Kansas Health Matters
	e	Percent of WIC Mothers Breastfeeding Exclusively, percent, 2017	15.9%		13.8%	17.1%	Kansas Health Matters
	f	Percent of all Births Occurring to Teens (15-19), 2015-2017	5.4%		5.9%	6.0%	Kansas Health Matters
	g	Percent of Births Occurring to Unmarried Women, 2015-2017	30.3%		35.9%	33.9%	Kansas Health Matters
	h	Percent of births Where Mother Smoked During Pregnancy, 2015-2017	15.6%		10.5%	15.1%	Kansas Health Matters

**Tab 5 Hospitalization/Provider Profile**

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

Tab		Health Indicator	Dickinson Co KS	Trend	State of KS	KS Rural 25 Norm	Source
5	a	Primary care physicians (MD or DO only) Ratio of population to PCP, 2019	2,380:1		1,310:1	1,966:1	County Health Rankings
	b	Preventable hospital stays, 2016 (lower the better) Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees	4,864		4,078	4,459	County Health Rankings
	c	Patients Who Gave Their Hospital a Rating of 9 or 10 on a Scale from 0 (Lowest) to 10 (Highest)	79.0%		77.0%	79.7%	CMS Hospital Compare, 10/1/2015-9/30/2016
	d	Patients Who Reported Yes, They Would Definitely Recommend the Hospital	81.0%		77.0%	76.6%	CMS Hospital Compare, 10/1/2015-9/30/2016
	e	Average Time Patients Spent in the Emergency Dept. Before They Were Seen by a HC Professional (Minutes)	NA		40	42	CMS Hospital Compare, 10/1/2015-9/30/2016

**Tab 5 Hospitalization/Provider Profile (Continued)**

#	Inpatient - KHA PO103	Dickinson Co KS - ALL IP			
		Trend	FFY18	FFY17	FFY16
1	Total Discharges		2,282	2,206	2,386
2	Pediatric Age 0-17		69	83	116
3	Adult Medical/Surgical Age 18-44		153	123	145
4	Adult Medical/Surgical Age 45-64		439	382	382
5	Adult Medical/Surgical Age 65-74		331	386	397
6	Adult Medical/Surgical Age 75+		854	764	851
7	Psychiatric		133	113	143
8	Obstetric		141	170	160
#	Inpatient - KHA PO103	MHS Only			
		Trend	FFY18	FFY17	FFY16
1	Total Discharges		631	534	593
2	Pediatric Age 0-17		4	7	10
3	Adult Medical/Surgical Age 18-44		19	13	15
4	Adult Medical/Surgical Age 45-64		71	71	47
5	Adult Medical/Surgical Age 65-74		82	82	82
6	Adult Medical/Surgical Age 75+		389	313	370
7	Psychiatric		45	29	28
8	Obstetric		19	21	41
#	KHA PO OP TOT223E	Trend	FFY18	FFY17	FFY16
	Total ER visits -Dickinson Co KS		4,890	4,898	3,951
	MHS ER visits - Dickinson Co Only		4,481	4,476	3,599
	MHS ER % - Dickinson Co Only		91.6%	91.4%	91.1%

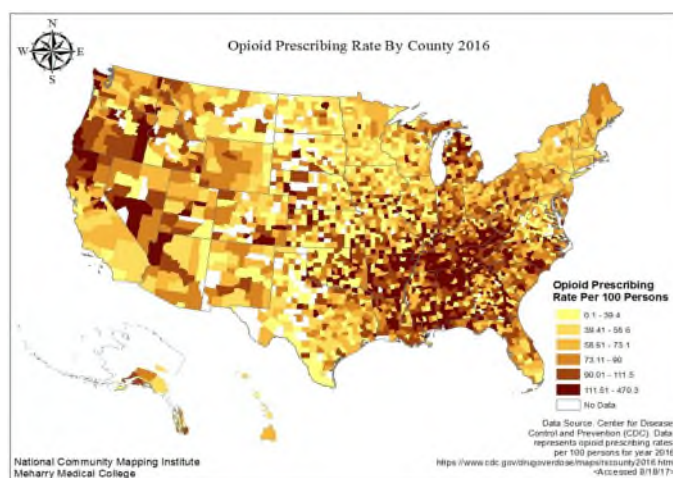
**Tab 6 Behavioral Profile**

Behavioral healthcare provides another important indicator of community health status.

Tab		Health Indicator	Dickinson Co KS	Trend	State of KS	KS Rural 25 Norm	Source
6	a	Depression: Medicare Population, percent, 2017	15.3%		18.9%	17.7%	CMS (OEEDA), Jan 2019
	b	Age-adjusted Suicide Mortality Rate per 100,000 population, 2015-2017 (lower is better)	NA		17.6	21.5	Kansas Health Matters
	c	Poor mental health days, 2019	3.2		3.3	3.3	County Health Rankings

### Tab 6 Behavioral Profile (Continued)

Opioid Prescription Rate per 100 – 2017 (Dickinson= 1.7 and Kansas= 69.8)



### Tab 7a Risk Indicators & Factors Profile

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

Tab	Health Indicator	Dickinson Co KS	Trend	State of KS	KS Rural 25 Norm	Source
7a	a Adult obesity, percent, 2019	34.0%		33.0%	35.6%	County Health Rankings
	b Adult smoking, percent, 2019	17.0%		17.0%	16.6%	County Health Rankings
	c Excessive drinking, percent, 2019	17.0%		17.0%	15.9%	County Health Rankings
	d Physical inactivity, percent, 2019	28.0%		24.0%	28.1%	County Health Rankings
	e Poor physical health days, 2019	2.9		3.1	3.2	County Health Rankings
	f Sexually transmitted infections, rate per 100,000, 2019	233.1		417.6	252.5	County Health Rankings

### Tab 7b Risk Indicators & Factors Profile (Continued)

Tab	Health Indicator	Dickinson Co KS	Trend	State of KS	KS Rural 25 Norm	Source
7b	a Hypertension: Medicare Population, 2017	55.5%		55.2%	55.4%	CMS (OEDA), Jan 2019
	b Hyperlipidemia: Medicare Population, 2017	28.2%		37.1%	33.2%	CMS (OEDA), Jan 2019
	c Heart Failure: Medicare Population, 2017	13.1%		13.4%	14.1%	CMS (OEDA), Jan 2019
	d Chronic Kidney Disease: Medicare Pop, 2017	19.0%		21.8%	20.0%	CMS (OEDA), Jan 2019
	e COPD: Medicare Population, 2017	11.7%		11.9%	13.0%	CMS (OEDA), Jan 2019
	f Atrial Fibrillation: Medicare Population, 2017	9.0%		8.8%	9.1%	CMS (OEDA), Jan 2019
	g Cancer: Medicare Population, 2017	9.1%		8.1%	8.0%	CMS (OEDA), Jan 2019
	h Osteoporosis: Medicare Population, 2017	4.4%		6.1%	5.2%	CMS (OEDA), Jan 2019
	i Asthma: Medicare Population, 2017	3.0%		4.3%	3.7%	CMS (OEDA), Jan 2019
	j Stroke: Medicare Population, 2017	2.9%		3.1%	2.9%	CMS (OEDA), Jan 2019

**Tab 8a Uninsured Profile/Community Benefit**

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

Tab	Health Indicator	Dickinson Co KS	Trend	State of KS	KS Rural 25 Norm	Source
8	a Uninsured, percent, 2019 (Percentage of population under age 65 without health insurance)	9.0%		10.0%	10.0%	County Health Rankings

#	Memorial Health System - Abilene KS	YR16	YR17	YR18
1	Bad Debt - Write off	\$1,301,824	\$1,258,941	\$1,577,869
2	Charity Care - Free Care Given	\$359,707	\$400,805	\$463,800

The Local Health Department Provides the following:

Source: Internal Records				
	Community Benefit Dollars- Dickinson Co KS	YR 2018	YR 2017	YR 2016
1	Immunizations / Vaccines**	1,578	1,318	1,185
2	Senior Foot Care Services*	371	391	386
3	WIC Administration	471	521	585
4	Rabies Investigations	65	43	NA
5	Disease Investigations	69	70	84
6	Child Care Inspections***	P	P	P
7	MCH Services	473	454	NA
*This service is for individuals ages 60+; **The HD is the only VFC provider in the county; ***Pending Data from state Agency.				



### Tab 9 Mortality Profile

The leading causes of county deaths are listed below. Areas of higher than expected are so noted.

Tab	Health Indicator	Dickinson Co KS	Trend	State of KS	KS Rural 25 Norm	Source
9	a Life Expectancy for Males, 2015	76.4		76.5	76.1	Kansas Health Matters
	b Life Expectancy for Females, 2015	80.9		81.0	80.7	Kansas Health Matters
	c Age-adjusted Cancer Mortality Rate per 100k population, 2015-2017 (lower is better)	159.5		158.8	165.8	Kansas Health Matters
	d Age-adjusted Heart Disease Mortality Rate per 100k population, 2015-2017 (lower is better)	185.3		157.2	181.9	Kansas Health Matters
	e Age-adjusted Chronic Lower Respiratory Disease Mortality Rate per 100k population, 2015-2017 (lower is better)	62.0		49.7	56.2	Kansas Health Matters
	f Alcohol-impaired driving deaths, percent, 2013-2017	35.0%		24.0%	28.0%	County Health Rankings

### Tab 9 Mortality Profile (Continued)

Causes of Death by County of Residence, KS 2017	Dickinson Co KS	%	Trend	Kansas	%
Total Deaths 2017	235	100.0%		26,725	100.0%
All other diseases (residual)	33	14.0%		3,045	11.4%
Other chronic lower respiratory diseases	25	10.6%		1,677	6.3%
All other forms of chronic ischemic heart disease	18	7.7%		2,004	7.5%
Acute myocardial infarction	15	6.4%		863	3.2%
Malignant neoplasms of trachea/bronchus/lung	11	4.7%		1,367	5.1%
Cerebrovascular diseases	11	4.7%		1,327	5.0%
All other forms of heart disease	9	3.8%		1,186	4.4%
Malignant neoplasms of colon/rectum/anus	8	3.4%		507	1.9%
Diabetes mellitus	7	3.0%		864	3.2%
Renal failure	6	2.6%		522	2.0%
Hypertensive heart disease	6	2.6%		306	1.1%
Malignant neoplasms of breast	5	2.1%		342	1.3%

### Tab 10 Preventive Quality Measures Profile

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

Tab	Health Indicator	Dickinson Co KS	Trend	State of KS	KS Rural 25 Norm	Source
10	a Access to exercise opportunities, percent, 2019	47.0%		80.0%	58.0%	County Health Rankings
	b Diabetes, Percentage of adults age 20+ diagnosed, 2015	10.0%		10.0%	11.0%	County Health Rankings
	c Mammography screening, percent, 2016	49.0%		43.0%	42.0%	County Health Rankings
	d Percent Annual Check-Up Visit with PCP	TBD		TBD	TBD	TBD
	e Percent Annual Check-Up Visit with Dentist	TBD		TBD	TBD	TBD
	f Percent Annual Check-Up Visit with Eye Doctor	TBD		TBD	TBD	TBD



## b) Online Research- Health Status

### PSA Primary Research:

For each CHNA Wave # 3 evaluation, a community stakeholder survey has been created and administered to collect “current” healthcare information for PSA. Response for Dickinson County online survey equals 254 residents. Below are multiple charts reviewing survey demographics.

**Chart #1 – Dickinson Co KS (MHS PSA) Online Feedback Response N=254**

<b>Community Health Needs Assessment Wave #3</b>			
For reporting purposes, are you involved in or are you a .... ?	MHS PSA N=254	Trend	Rural Norms 28 Co N=5,003
Business / Merchant	19.9%		10.4%
Community Board Member	15.1%		8.8%
Case Manager / Discharge Planner	2.1%		1.3%
Clergy	2.7%		1.4%
College / University	2.1%		2.2%
Consumer Advocate	4.1%		1.9%
Dentist / Eye Doctor / Chiropractor	0.0%		0.6%
Elected Official - City/County	2.1%		2.1%
EMS / Emergency	2.1%		2.5%
Farmer / Rancher	10.3%		6.3%
Hospital / Health Dept	23.3%		18.7%
Housing / Builder	1.4%		0.7%
Insurance	1.4%		1.0%
Labor	3.4%		2.3%
Law Enforcement	2.1%		1.7%
Mental Health	3.4%		2.7%
Other Health Professional	13.0%		11.1%
Parent / Caregiver	36.3%		16.3%
Pharmacy / Clinic	0.7%		2.3%
Media (Paper/TV/Radio)	0.0%		0.5%
Senior Care	8.2%		2.9%
Teacher / School Admin	14.4%		6.2%
Veteran	3.4%		3.0%
Unemployed / Other	14.4%		7.2%
Rural 28 Norms Include the following counties: Appanoose IA, Barton, Butler KS, Carroll IA, Clinton MO, Cowley, Decatur IA, Dickinson, Edwards, Ellsworth, Fremont IA, Furnas NE, Hays, Hoxie, Jasper IA, Kiowa, Johnson MO, Linn, Marion MO, Miami, Nemaha, Osborne, Page IA, Pawnee, Pike MO, Russell, Smith, Trego.			

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

Community Health Needs Assessment Wave #3			
How would you rate the "Overall Quality" of healthcare delivery in our community?	MHS PSA N=254	Trend	Rural Norms 28 Co N=5,003
<b>Top Box %</b>	15.1%		21.8%
<b>Top 2 Boxes %</b>	45.6%		65.5%
Very Poor	3.1%		1.3%
Poor	13.4%		4.9%
Average	37.4%		27.2%
Good	30.3%		43.8%
Very Good	15.0%		21.8%

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

Community Health Needs Assessment Wave #3			
When considering "overall community health quality", is it ...	MHS PSA N=254	Trend	Rural Norms 28 Co N=5,003
Increasing - moving up	30.7%		42.2%
Not really changing much	43.3%		39.0%
Decreasing - slipping	15.4%		10.3%

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

CHNA Wave #3 MHS - 2019		MHS PSA N=254			
Past CHNAs health needs identified		Ongoing Problem			Pressing
#	Topic	Votes	%	Trend	RANK
1	Economic Development and Affordable Living	66.5%	117		2
2	Access to Health Care (mental health, physical health, elder care)	63.1%	111		1
3	Integration of Mental and Physical Health	58.0%	102		3
4	Substance Abuse Prevention	56.3%	99		4
5	Older Resident Health	35.8%	63		5
6	Unplanned Pregnancy and STI services	24.4%	43		6

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

Community Health Needs Assessment Wave #3			
In your opinion, what are the root causes of "poor health" in our community?	MHS PSA N=254	Trend	Rural Norms 28 Co N=5,003
Finance & Insurance Coverage*	25.1%		13.4%
Lack of awareness of existing local programs, providers, and services	16.0%		18.6%
Limited access to mental health assistance	16.4%		17.4%
Elder assistance programs	6.2%		9.6%
Lack of health & wellness education	9.6%		11.8%
Family assistance programs	8.2%		7.5%
Chronic disease prevention	8.6%		10.0%
Case management assistance	5.2%		6.3%
Other (please specify)	4.8%		5.5%

*Note: \*Finance & Insurance Coverage Norm is for 14 counties.*

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

CHNA Wave #3 - MHS PSA	MHS PSA N=254			Rural Norms 28 Co N=5,003	
How would our community rate each of the following?	Top 2 boxes	Bottom 2 boxes	Trend	Top 2 boxes	Bottom 2 boxes
Ambulance Services	78.7%	4.6%		85.3%	2.4%
Child Care	43.9%	18.5%		50.9%	12.1%
Chiropractors	67.7%	6.6%		74.7%	5.0%
Dentists	48.0%	18.7%		61.5%	15.5%
Emergency Room	58.9%	17.1%		67.5%	10.8%
Eye Doctor/Optometrist	73.3%	8.1%		74.4%	7.4%
Family Planning Services	25.0%	28.0%		40.3%	17.7%
Home Health	72.0%	9.5%		58.9%	9.6%
Hospice	81.8%	4.1%		69.2%	6.9%
Inpatient Services	63.5%	8.4%		73.2%	6.4%
Mental Health	22.0%	33.9%		23.9%	36.1%
Nursing Home	48.5%	18.6%		43.9%	18.4%
Outpatient Services	60.9%	9.5%		74.2%	4.5%
Pharmacy	83.1%	2.3%		87.6%	2.6%
Physician Clinics	55.6%	11.8%		77.4%	4.9%
Public Health	41.5%	11.0%		61.2%	7.6%
School Nurse	60.7%	7.1%		62.9%	8.5%
Specialists	43.9%	20.5%		57.3%	12.9%

**Chart #7 – Community Health Readiness**

Community Health Needs Assessment Wave #3		Bottom 2 boxes	
Community Health Readiness is vital. How would you rate each of the following? (% Poor / Very Poor)	MHS PSA N=254	Trend	Rural Norms 28 Co N=5,003
Early Childhood Development Programs	12.5%		10.8%
Emergency Preparedness	14.8%		8.5%
Food and Nutrition Services/Education	15.5%		13.6%
Health Screenings (asthma, hearing, vision, scoliosis)	21.0%		13.3%
Immunization Programs	5.4%		6.4%
Obesity Prevention & Treatment	45.0%		32.0%
Prenatal / Child Health Programs	11.0%		11.0%
Sexually Transmitted Disease Testing	22.9%		15.3%
Spiritual Health Support	15.2%		11.6%
Substance Use Treatment & Education	38.5%		33.2%
Tobacco Prevention & Cessation Programs	38.8%		28.6%
Violence Prevention	41.3%		31.8%
Women's Wellness Programs	25.0%		16.2%
WIC Nutrition Program	6.9%		6.6%
Poverty / Financial Health	34.7%		33.1%

Note: The calculated Norm for Poverty / Financial Health is for 11 counties.

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

Community Health Needs Assessment Wave #3			
In the past 2 years, did you or someone you know receive HC outside of our community?	MHS PSA N=254	Trend	Rural Norms 28 Co N=5,003
Yes	87.1%		81.3%
No	7.0%		13.6%
I don't know	5.8%		5.1%

**Specialties:**

SPS	CTS
SURG	24
DENT	19
OBG	17
PEDS	13
ORTH	12
BH	10
DERM	9
EMER	9
EYE	9
FP	8
GAS	7

**Chart #8 – Healthcare Delivery “Outside our Community” (Continued)**

Community Health Needs Assessment Wave #3			
Are we actively working together to address community health?	MHS PSA N=254	Trend	Rural Norms 28 Co N=5,003
Yes	38.1%		47.8%
No	14.3%		12.2%
I don't know	47.6%		39.4%

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

<b>Community Health Needs Assessment Wave #3</b>			
What needs to be discussed further at our CHNA Town Hall meeting?	MHS PSA N=254	Trend	Rural Norms 28 Co N=5,003
Abuse/Violence	6.5%		5.5%
Alcohol	4.9%		5.0%
Breast Feeding Friendly Workplace	1.3%		1.7%
Cancer	2.4%		3.8%
Diabetes	3.5%		4.2%
Drugs/Substance Abuse	7.7%		9.3%
Family Planning	3.1%		2.8%
Heart Disease	2.0%		3.0%
Lead Exposure	0.8%		0.9%
Mental Illness	9.0%		10.9%
Nutrition	6.9%		4.7%
Obesity	5.8%		7.6%
Environmental Health	2.0%		1.2%
Physical Exercise	5.5%		5.8%
Poverty	7.0%		7.1%
Lung Disease	0.7%		1.7%
Sexually Transmitted Diseases	2.2%		2.4%
Smoke-Free Workplace	1.8%		1.6%
Suicide	9.0%		7.5%
Teen Pregnancy	2.1%		3.1%
Tobacco Use	3.7%		3.6%
Vaccinations	3.7%		3.0%
Water Quality	3.2%		3.4%
Wellness Education	5.2%		6.0%

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

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[VVV Consultants LLC]

## Inventory of Health Services - MHS - Abilene KS (Dickinson Co) PSA 2019

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

## Inventory of Health Services - MHS - Abilene KS (Dickinson Co) PSA 2019

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



**Providers Delivering Care in Dickinson Co, KS - 2019**  
**MHS Abilene KS- Primary Service Area**

# of FTE Providers Working in County	PSA-Based - MD / DO's	Visting DRs FTE	Allied Staff PSA-Based - PA / NP
<b>Primary Care:</b>			
Family Practice	3.0		4.0
Internal Medicine/Geriatrician	0.0		
Obstetrics/Gynecology	3.0		
Pediatrics	0.0		
<b>Medicine Specialists:</b>			
Immunology			
Cardiology		0.20	
Dermatology			
Endocrinology			
Gastroenterology		0.10	
Oncology/Hematology		0.15	
Infectious Diseases			
Nephrology		0.10	
Neurology		0.05	
Psychiatry			
Pulmonary			
Rheumatology/Allergy		0.60	
<b>Surgery Specialists:</b>			
General Surgery/Colon/Oral		0.25	
Neurosurgery			
Ophthalmology		0.10	
Orthopedics		0.10	
Otolaryngology		0.05	
Plastic/Reconstructive			
Thoracic/Cardiovascular/Vascular			
Urology		0.10	
<b>Hospital Based:</b>			
Anesthesia/Pain			
Emergency			
Radiology			
Pathology			
Hospitalist			
Neonatal/Perinatal			
Physical Medicine/Rehab			
Occupational Medicine			
Podiatry		0.15	
Audiology		0.20	
Optometrist			
Dentist			
<b>TOTALS</b>	<b>6.0</b>	<b>2.2</b>	<b>4.0</b>

\* Total # of FTE Specialists serving community whose office outside PSA.

Visiting Specialists to MHS (Abilene, KS) 2019						240
SPECIALTY	Physician Name	Group	Office Location (City/State)	SCHEDULE	# of Days YR (240)	Calc FTE
Cardiology	David Battin, MD	Mowery Clinic	Salina	Once per Month	12	0.05
Cardiology	Priyantha Ranaweera, MD	Heart and Vascular Clinics, LLC	Manhattan	Twice per Month	24	0.10
Cardiology	Ramez Smairat, MD	Heart and Vascular Clinics, LLC	Manhattan	Once per Month	12	0.05
ENT	Eric Purdom, DO	Inspire ENT	Manhattan	Once per Month	12	0.05
Hematology & Oncology	Jeffrey Geitz, MD	Tammy Walker Cancer Center	Salina	Once per Month	12	0.05
Hematology & Oncology	Peeran Sandhi, MD	Tammy Walker Cancer Center	Salina	Twice per Month	24	0.10
Nephrology	Fadi Bedros, MD	My Kidney Center, LLC	Manhattan	Once per Month	12	0.05
Nephrology	Keith Kramer, MD	My Kidney Center, LLC	Manhattan	Once per Month	12	0.05
Neurology	Nanda Kumar, MD	Neuroscient & Rehab Assoc.	Manhattan	Once per Month	12	0.05
Rheumatology & Allergy	James Anderson, MD	Allergy & Rheumatology Clinic/HHCC	Overland Park	8 times per Month	96	0.40
Rheumatology & Allergy	Aruna Baratham, MD	Allergy & Rheumatology Clinic/HHCC	Overland Park	4 times per Month	48	0.20
Gastroenterology	Jessica Brown, MD	Mowery Clinic	Salina	Twice per Month	24	0.10
General Surgery	Steven Groene, MD	Mowery Clinic	Salina	Twice per Month	24	0.10
General Surgery	Chris Rupe, MD	Mowery Clinic	Salina	Twice per Month	24	0.10
General Surgery	Mark R. Wolfe, MD	Surgical Associates, PA	Manhattan	3 times per Month	36	0.15
Ophthalmology	Gary Weiner, MD	Gary Weiner, MD	Salina	Twice per Month	24	0.10
Orthopaedic Surgery	Todd Herrenbruck, MD	Salina Ortho	Salina	Twice per Month	24	0.10
Urological Surgery	Laki Evangelidis, MD	Associated Urologists, PA	Manhattan	Once per Month	12	0.05
Urology	Michael Matteucci, MD	Salina Urology Associates	Salina	Once per Month	12	0.05
Audiology	Katie Bunker, AuD	Advanced Audiology	Manhattan	4 times per Month	48	0.20
Podiatry	Michael Frederiksen, DPM	Foot Health Center	Salina	Once per Month	12	0.05
Podiatry	Rebecca Johnson, DPM	SRHC Podiatry	Salina	Twice per Month	24	0.10

# Dickinson County, KS

## Emergency Numbers

**Police/Sheriff                      911**

**Fire 911**

**Ambulance                      911**

## Non-Emergency Numbers

County Sheriff (785) 263-4081

Abilene KS EMS (785) 263-4041

## Municipal Non-Emergency Numbers

Toll Free (Outside of Abilene) 1-888-800-0417

# Police

Abilene (785) 263-1213

Herington (785) 258-2227

Enterprise (785) 263-8732

Chapman (785) 922-6463

# Fire

(785) 263-1121

(785) 258-3020

(785) 263-8323

(785) 922-6511

## Dickinson County KS

### Family Resource Guide



#### Meet Our Providers

**Dr. Doug Sheern, MD**  
Family Medicine Physician

**Dr. Brian Holmes, MD**  
Family Medicine Physician  
Advanced Practice Provider - Michelle Marshall, APRN

**Dr. William Short, MD**  
Family Medicine Physician  
Advanced Practice Provider - Ashley Moomaw, APRN

**Dr. Megan Brown, MD**  
Family Medicine/Obstetrics Physician  
Advanced Practice Provider - Hillary Kersten, PA

**Dr. Cayle Goertzen, MD**  
Family Medicine/Obstetrics Physician

Chris Gardiner, PA  
Advanced Practice Provider - Solomon Clinic & HHCC

To schedule an appointment, please call

**785.263.4131**

511 NE 10th, Abilene, KS 67410 [www.CaringForYou.org](http://www.CaringForYou.org)  
HHCC is located inside of Memorial Hospital

#### Abuse/Neglect/Exploitation of An Adult or Child

KS Protection Report Center 1-800-922-5330 or Call 911

Abuse/Violence Domestic Violence Association of Central Kansas (DVACK) 1-800-874-1499. Emergency assistance for victims of domestic violence and sexual assault.

#### Childcare Centers

Abilene Childcare Learning Center

504 S. Campbell, 785-263-1799

Discovery Childcare Learning Center

205 North E. St. Herington, 785-258-2121

Learn & Grow Depot Child Development Center

1003 N. Brady, Abilene, 785-263-6645

Childcare In-Home Facilities

Child Care Aware (785) 823-3343 or (877) 678-2548.  
Daycare information for all licensed day cares in Kansas.

Dickinson County Health Department: Childcare Licensing 1001 N. Brady, Abilene 785-263-4179

#### Counseling

Cedar House Foundation 785-280-1391.

[www.cedarhouserecovery.org](http://www.cedarhouserecovery.org). Women's sober living environment. More divisions of the Cedar House Foundation include: Cardinal House, Sisters of Serenity Cabin Group, Food Bank, Micro-Farm, Social Enterprise

Central Kansas Foundation (CKF)

306 N Cedar, Abilene, 785-263-7388. Alcohol and drug treatment services.

Central Kansas Mental Health Center

420 NE 10th St, Abilene, 1-800-794-8281

Kansas Tobacco Quit Line 1-800-QUIT-NOW, 1-800-784-8669

Postpartum Hotline 1-800-PPD-MOMS, 1-800-773-6667

#### Crisis

HOTLINE Crisis Information Referral 1-888-897-9124

Oasis 1-866-520-2760. Options for runaway & homeless youth.

POISON CONTROL CENTER 1-800-222-1222

SUICIDE HOTLINE 1-800-273-8255

## **Disability**

### Independent Connection Inc.

1710 W. Schilling Rd., Salina, KS 67401, 785-452-9580 or 800-526-9731, [www.indconnectinc.com](http://www.indconnectinc.com). A Center for Independent living that assists people with disabilities to advocate for their rights, locate resources, and live independently in their communities.

Infant Toddler Services, Dickinson County OCCK, Inc.  
300 N. Cedar, Ste 214, Abilene, 785-263-2208

### Kansas Council on Developmental Disability (KCDD)

Toll Free Number: (877)431-4604

Kansas Society for Crippled Children 1-800-624-4530

United Cerebral Palsy of Kansas 316-688-1888

## **Education**

After School Program: Solomon USD 393, K-5th 785-655-0579

Before & After School Program: Abilene USD 435, K-1st @ Kennedy Elementary 785-263-1088, 2nd-5th @ Eisenhower Elementary 785-263-1643 and 6th-8th @ Abilene Middle School 785-263-1471.

### Central Kansas Co-Op Education

409 W Cloud, Salina 785-309-5100

Developmental, Vision, Hearing and Dental Screenings for nine (9) school district areas, including all of Dickinson County.

DICKINSONPARENTSCONNECT.ORG – Online Resource  
This website is geared towards equipping adults with the tools they need to promote healthy, social emotional development of the children in their care.

Heartland Early Education: free home-based or center-based services for children prenatal-age 5, for families who qualify: Early Head Start Dickinson County 785-263-0210

Head Start Abilene + Enterprise (Chapman District)  
785-263-0210 Infant Toddler Services, Dickinson County OCCK, INC, 300 N Cedar, Suite 214, Abilene, 785-263-2208

Parents as Teachers Abilene 263-4006; Chapman 922-7171; Herington/Hope 258-3234 ext.209.

Parents as Teachers is provided FREE by your school district, and the Kansas Department of Education to give support to families with children ages 0-3. Smoky Hill Learning Center 785-825-9185. High School Diploma.

## **Emergency Assistance**

### Catholic Charities

323 Poyntz Ave Manhattan, KS 785-323-0644.

Seeks to reduce poverty for the vulnerable, regardless of religion. Catholic Charities Mobile Outreach Program provides clothing vouchers, food, hygiene items, diapers and wipes, blankets, emergency assistance applications, & other services. Van is in: Abilene- second Wednesday of each month, from 10 am – 12pm, at Heartland Early Education 505 NW 3rd St, Ste. 2. (By appointment only) Call: 785-263-0210 Herington: (call 785-323-0644 for Herington information)

Elsie Brooks Cancer Foundation of Dickinson County  
785-263-3233

### Gift of Warmth

1-877-566-2769, ext. 402. Kansas Gas energy assistance.

### HOPE Center

409 NW 3rd, Abilene, 785-263-4673.

Emergency financial assistance for families and HOPE house providing transitional home for a homeless family.

Jr. League of Abilene [jrleagueofabilene@yahoo.com](mailto:jrleagueofabilene@yahoo.com)

Assists families in Dickinson County in times of need.

### Kids in Crisis

1109 N Spruceway, Abilene, 785-263-3474

Providing low-income Dickinson County youth with school supplies, treatment for physical and mental health needs, and other reasonable benefits. LIEAP 1-800-766-3777. Energy assistance.

### **Food**

#### Abilene Area Food & Clothing Center

409 NW 3rd, 785-263-1221

#### Bountiful Baskets Food Co-op Enterprise/Junction City/Salina

<http://bountifulbaskets.org/>. Bountiful Baskets is a food co-op for families that want more fresh produce for less money.

#### Family Resource Exchange

Herington, 785-258-3303

#### Farmer's Market

Civic Center, Abilene, Wed. evenings 5:30 – 7:00pm. Sat. mornings 7-11am, June – September

#### Prairieland Foods

Abilene Food buying group specialized in bringing you meats, fruits and vegetables at unbelievable prices. Call Donna Brown, 785-263-5216, or Michela Brown, 785-263-6104 or online at [www.prairielandfood.com](http://www.prairielandfood.com).

### **Health**

#### Dickinson County Health Department

1001 N Brady, 785-263-4179 or 200 E Helen, Herington 785-258-2741.

Immunization both Child and Adult, TB Skin Screening, WIC, Breast Pump Rental, Prenatal Breastfeeding classes, Child Care Information, Well-Child Health Assessments and Healthy Start Home Visitor Program (birth through 1 year).

#### Herington Municipal Hospital

100 East Helen St., Herington, KS

67449, 785-258-2207. Outreach Clinics in Lincolnville, KS every Thursday 8:00am-12:00pm at the City Building and in Tampa, KS every Tuesday 8:00am-12:00pm at 315 Main St.

#### Memorial Health System Affiliates:

##### Memorial Hospital

511 NE 10th St., Abilene, 785-263-2100

##### Heartland Health Care Clinic

511 NE 10th St., Abilene, 785-263-4131. Family Medicine providers.

##### Home Health and Hospice of Dickinson County

1111 N. Brady, Abilene, 785-263-6630 and 11 N. Broadway, Herington, 785-258-3611. Medicare Certified.

##### Village Manor

705 N. Brady, Abilene, 785-263-1431.

Long-term care, dementia care, and short-term rehabilitative care. Medicare certified.

### **Libraries**

Abilene 263-3082,

Children's Department, 263-1303

Chapman 922-6548

Enterprise 263-8351

Herington 258-2011

Hope 366-7219

Solomon 655-3521

#### Maternal Health & Mother/Infant Breastfeeding Classes

Abilene 785-263-4006 or 785-263-4179

#### Breastfeeding Coalition of Dickinson County

[www.facebook.com/bfcoalitiondickinsoncounty](http://www.facebook.com/bfcoalitiondickinsoncounty)

breastfeedingcoalitiondkco@gmail.com

Encourage and support women and families who choose to breastfeed or provide breastmilk through education, outreach and collaboration.

Breastfeeding Coalition Support Group “Mommy ‘n Me” at Neighbor2Neighbor

803 N. Cedar, Abilene, 2nd Tuesday monthly at 10-11am. New, expectant, and experienced moms engage in breastfeeding education and peer support.

Maternal Child Health Program

1001 N Brady, Abilene 785-263-4179

MOPS (Mothers of Preschoolers)

Abilene, 785-263-3342

Pregnancy Education Program

Abilene 785-263-2100

Pregnancy Service Center

785-309-6313.

Mobile truck offering ultrasounds and pregnancy tests. Located at 6<sup>th</sup> and Buckeye in Abilene every Wednesday.

Women, Infant & Children (WIC)

1001 N Brady, Abilene 785-263-4179

**Nutrition**

K-State Research & Extension, Dickinson County

712 S Buckeye, Abilene 785-263-2001

Parent Helpline 1-800-332-6378. Parenting help with children.

**Social/Recreation**

Abilene Parks & Recreation

1020 NW 8th, Abilene 785-263-7266

Great Life Golf & Fitness

1705 Country Club Lane, Abilene 785-263-3811

Impact Sports & Fitness

418 N. Broadway, Abilene 785-263-3888

Herington Recreation Commission

785-258-3577

**Social Services**

CASA: 785-761-4841. Court advocates for children.

Department for Children and Families Junction City/Salina (785) 762-5445 TDD: 1-800-766-3777. To protect children, promote healthy families.

**Transportation**

Herington 785-248-2956. Available to all citizens, fees apply. Med-A-Van 785-826-1583. Transportation for medical appointments to and from Salina.

Abilene Public Transportation Van 1020 NW 8th 263-7266 or 263-1080. Available to all citizens, fees apply.

Neighbor Express: DK County Neighbor To Neighbor Abilene offers free transportation by approved volunteers to appointments within 50 miles of Abilene, by appointment. Call at least 2 days in advance. 785-200-6750 (Booster seat size children and older are eligible.)

**Women’s Support Programs**

Neighbor to Neighbor-Abilene

M-F, 9-4 with some scheduled evening activities.

803 N Cedar St 785-200-6750

www.N2NAbilene.com

email:NeighbortoNeighbor803@gmail.com

For all women in the community: Free art + cooking classes, free lunches, M-F, at appr. 11:30. Monthly book readings for children. Teens can work here on service projects. Free laundry services and shower, in case a woman and her children have a temporary water outage. We are just a community friendship center, where women of all walks of life can come

and have fun and support each other. Sister Loretta is a licensed Counselor. For a monthly calendar, visit [Facebook.com/NeighbortoNeighbor-Abilene](https://www.facebook.com/NeighbortoNeighbor-Abilene)

### **Youth Development Programs**

#### Abilene Kids Council

785-263-2550

#### Boy Scouts

644 S Ohio, 1-866-950-7750

#### Girl Scouts of Central KS

3115 Enterprise- Salina 785-827-3679

#### 4H Dickinson County

712 S Buckeye 785-263-2001

### **Emergency / Fire**

In case of emergency dial 911

Police/Fire (non-emergency):

Abilene 419 N Broadway, 263-1212

Chapman 402 N Marshall, 922-6211

Herington 700 S Broadway, 258-2226

Hope 366-7712

Solomon 116 W Main, 655-2900

Dickinson County Sheriff 263-4041 (non-emergency)

### **Swimming Pools**

Abilene 400 N Poplar 263-7866

Chapman 400 E 2nd 922-7381

Enterprise 305 S Bluff St 263-8442

Herington 501 Broadway 258-2360

Solomon 100 E 6th 655-9418

### **Dickinson County**

Administration 109 E 1st, Abilene 263-3120

Appraiser office 109 E 1st, Abilene 263-4418

Clerk 109 E 1st, Abilene 263-3774

EMS 1001 N Brady 263-4179

Health Dept 1001 N Brady 263-4179

Transfer Station 2363 Jeep Rd 263-7432

Motor Vehicle Dept. 109 E 1st, Abilene 263-3231

Recycling Center 1210 NW 8th, Abilene 263-2905

Register of Deeds 109 E 1st, Abilene 263-3073

Treasurer 109 E 1st, Abilene 263-3231

### **KANSAS RESOURCE GUIDE**

1-800-332-6262 or [www.kansasresourceguide.com](http://www.kansasresourceguide.com)

This resource guide was compiled for your family with support from Quality of Life Coalition and United Methodist Health Ministry Fund.



# **V. Detail Exhibits**

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**[VVV Consultants LLC]**

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## a) Patient Origin Source Files

[VVV Consultants LLC]

**Patient Origin by Region - Inpatient**  
 Dickinson, KS Residents Treated in KHA Reporting Area  
 Federal Fiscal Year: 2016  
 Total Pediatric Adult Medical/Surgical

Hospital	Cases	Discharges		Age 0 - 17		Age 18 - 44		Age 45 - 64		Age 65 - 74		Age 75+		Psychiatric		Obstetric		Newborn		Surp %
		%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%
Salina Regional Health Center - Salina, KS	922	38.6%	28	3.0%	77	8.4%	175	19.0%	155	16.8%	235	25.5%	67	7.3%	94	10.2%	91	9.9%	27.4%	
Memorial Health System - Abilene, KS	593	24.9%	10	1.7%	15	2.5%	47	7.9%	82	13.8%	370	62.4%	28	4.7%	0		41	6.9%	2.4%	
Herrington Municipal Hospital - Herrington, KS	150	6.3%	1	0.7%	5	3.3%	17	11.3%	28	18.7%	99	66.0%	0		0		0			
Geary Community Hospital - Junction City, KS	135	5.7%	3	2.2%	8	5.9%	15	11.1%	18	13.3%	28	20.7%	0		32	23.7%	31	23.0%	24.4%	
Via Christi Hospital Manhattan, Inc. - Manhattan, KS	110	4.6%	2	1.8%	4	3.6%	19	17.3%	19	17.3%	40	36.4%	1	0.9%	13	11.8%	12	10.9%	40.0%	
Stormont Vail Health - Topeka, KS	89	3.7%	12	13.5%	5	5.6%	10	11.2%	8	9.0%	10	11.2%	27	30.3%	10	11.2%	7	7.9%	19.1%	
Salina Surgical Hospital - Salina, KS	80	3.4%	0		3	3.8%	25	31.2%	30	45.0%	16	20.0%	0		0		0		100.0%	
Wesley Healthcare - Wichita, KS	69	2.9%	12	17.4%	8	11.6%	15	21.7%	11	15.9%	17	24.6%	1	1.4%	2	2.9%	3	4.3%	53.6%	
University of Kansas Health System - Kansas City, KS	68	2.8%	2	2.9%	8	11.8%	24	35.3%	14	20.6%	7	10.3%	7	10.3%	4	5.9%	2	2.9%	48.5%	
Children's Mercy Kansas City - Kansas City, MO	30	1.3%	30	100.0%	0		0		0		0		0		0		0		16.7%	
Via Christi Hospitals Wichita, Inc. - Wichita, KS	24	1.0%	2	8.3%	1	4.2%	8	33.3%	3	12.5%	7	29.2%	2	8.3%	0		1	4.2%	37.5%	
St. Francis Health - Topeka, KS	16	0.7%	0		2	12.5%	2	12.5%	5	31.2%	7	43.8%	0		0		0		37.5%	
Children's Mercy Hospital - Kansas - Overland Park, KS	10	0.4%	9	90.0%	0		0		0		0		1	10.0%	0		0			
Kansas Residents/Other Missouri Hospitals	8	0.3%	0		0		0		6	75.0%	0		0		1	12.5%	1	12.5%	37.5%	
Kansas Residents/Nebraska Hospitals	8	0.3%	0		1	12.5%	4	50.0%	1	12.5%	2	25.0%	0		0		0		25.0%	
Morris County Hospital - Council Grove, KS	7	0.3%	0		0		3	42.9%	0		2	28.6%	0		1	14.3%	1	14.3%	14.3%	
Saint Luke's Hospital of Kansas City - Kansas City, MO	7	0.3%	0		2	28.6%	2	28.6%	1	14.3%	2	28.6%	0		0		0		71.4%	
Newton Medical Center - Newton, KS	6	0.3%	0		0		2	33.3%	0		2	33.3%	0		1	16.7%	1	16.7%	16.7%	
Wesley Woodlawn Hospital & ER - Wichita, KS	5	0.2%	0		0		2	40.0%	2	40.0%	1	20.0%	0		0		0		20.0%	
Research Medical Center - Kansas City, MO	5	0.2%	0		0		1	20.0%	1	20.0%	1	20.0%	2	40.0%	0		0		40.0%	
Other Hospitals	43	1.8%	5	11.6%	6	14.0%	10	23.3%	7	16.3%	5	11.6%	7	16.3%	2	4.7%	1	2.3%	20.9%	
<b>Hospital Total</b>	<b>2,386</b>	<b>100.0%</b>	<b>116</b>	<b>4.9%</b>	<b>145</b>	<b>6.1%</b>	<b>382</b>	<b>16.0%</b>	<b>397</b>	<b>16.6%</b>	<b>851</b>	<b>35.7%</b>	<b>143</b>	<b>6.0%</b>	<b>160</b>	<b>6.7%</b>	<b>192</b>	<b>8.0%</b>	<b>23.3%</b>	

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11-Sep-17

Patient Origin by Region - Inpatient																			
Dickinson, KS Residents Treated in KHA Reporting Area																			
Federal Fiscal Year: 2018																			
Total Pediatric Adult Medical/Surgical																			
		Discharges		Age 0 - 17		Age 18 - 44		Age 45 - 64		Age 65 - 74		Age 75+		Psychiatric		Obstetric		Newborn	
Hospital	Cases		%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%
Salina Regional Health Center - Salina, KS	845	37.0%		10	1.2%	60	7.1%	181	21.4%	120	14.2%	225	26.6%	44	5.2%	103	12.2%	102	12.1%
Memorial Health System - Abilene, KS	631	27.7%		4	0.6%	19	3.0%	71	11.3%	82	13.0%	369	61.6%	45	7.1%	0		21	3.3%
Geary Community Hospital - Junction City, KS	125	5.5%		8	6.4%	17	13.6%	27	21.6%	10	8.0%	31	24.8%	1	0.8%	15	12.0%	16	12.8%
Ascension Via Christi Hospital - Manhattan - Manhattan, KS	116	5.1%		0		8	6.9%	33	28.4%	14	12.1%	37	31.9%	0		11	9.5%	13	11.2%
Stromont Vail Health - Topeka, KS	97	4.3%		2	2.1%	8	8.2%	26	26.8%	10	10.3%	16	16.5%	27	27.8%	5	5.2%	3	3.1%
Wesley Healthcare - Wichita, KS	96	4.2%		15	15.6%	8	8.3%	16	16.7%	26	27.1%	28	29.2%	1	1.0%	1	1.0%	1	1.0%
Salina Surgical Hospital - Salina, KS	83	3.6%		0		4	4.8%	29	34.9%	26	31.3%	24	28.9%	0		0		0	100.0%
The University of Kansas Health System - Kansas City, KS	68	3.0%		1	1.5%	14	20.6%	22	32.4%	11	16.2%	10	14.7%	6	8.8%	2	2.9%	2	2.9%
Herrington Municipal Hospital - Herrington, KS	59	2.6%		0		0		6	10.2%	3	5.1%	50	84.7%	0		0		0	
Ascension Via Christi Hospitals St. Francis - Wichita, KS	46	2.0%		3	6.5%	4	8.7%	10	21.7%	11	23.9%	14	30.4%	2	4.3%	1	2.2%	1	2.2%
Children's Mercy Kansas City - Kansas City, MO	23	1.0%		23	100.0%	0		0		0		0		0		0		0	30.4%
The University of Kansas Health System St. Francis Campus - Topeka, KS	17	0.7%		0		2	11.8%	2	11.8%	2	11.8%	7	41.2%	0		2	11.8%	2	11.8%
Morris County Hospital - Council Grove, KS	8	0.4%		0		1	12.5%	3	37.5%	0		2	25.0%	0		1	12.5%	1	12.5%
Kansas Residents/Nebraska Hospitals	7	0.3%		1	14.3%	2	28.6%	1	14.3%	1	14.3%	2	28.6%	0		0		0	71.4%
Kansas Residents/Other Missouri Hospitals	5	0.2%		0		0		0		1	20.0%	3	60.0%	1	20.0%	0		0	40.0%
Other Hospitals	55	2.4%		2	3.6%	6	10.9%	11	20.0%	14	25.5%	16	29.1%	6	10.9%	0		0	41.8%
<b>Hospital Total</b>	<b>2,282</b>	<b>100.0%</b>		<b>69</b>	<b>3.0%</b>	<b>153</b>	<b>6.7%</b>	<b>439</b>	<b>19.2%</b>	<b>331</b>	<b>14.5%</b>	<b>854</b>	<b>37.4%</b>	<b>133</b>	<b>5.8%</b>	<b>141</b>	<b>6.2%</b>	<b>162</b>	<b>7.1%</b>
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30-Apr-19																			

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

[VVV Consultants LLC]

Memorial Health System - Abilene KS PSA CHNA Town Hall Meeting - Thursday, July 11th, 2019 N=31							
Attend	Last Name	First Name	Organization	Title	City	ST	Zip
1	Beam	Dave	Dickinson County	Deputy Director of EMS	Abilene	KS	67410
1	Biggs	Sheila	Neighbor to Neighbor	Board Member	Abilene	KS	67410
1	Boyd	Sara	Memorial Health System	ROSE Unit Manager	Abilene	KS	67410
1	Brehm	Pat	Quality of Life Coalition	Community Project Coordinator	Abilene	KS	67410
1	Brummer	Lindsey	Local Clergy	Clergy / Community	Abilene	KS	67410
1	Courtois	Harold	Memorial Health System	CEO	Abilene	KS	67410
1	Forbes	Erica	Memorial Health System	ED and IP Nurse Manager	Abilene	KS	67410
1	Gantner	Danielle	Dickinson County Home Health and Hospice	RN	Abilene	KS	67410
1	Gassman	Susie	Abilene Schools	Counselor / Social Worker	Abilene	KS	67410
1	Gassman	susie	USD 435	School Social Worker	Abilene	KS	67410
1	Glanzer	Elgin	Memorial Health System	CFO	Abilene	KS	67410
1	Griffin	Michelle	OCCK, Inc.	Transportation Director	Salina	KS	67401
1	Henely	Denise	Abilene High School	ParaEducator	Herrington	KS	67449
1	Kohman	Terresa	HOPE Center	Executive Director	Abilene	KS	67480
1	Lindahl	Doug	Leadership Dickinson County	Board Member	Enterprise	KS	67441
1	Mullen	Claire	OCCK Transportation	Director of Mobility Management	Salina	KS	67401
1	Nelson	Sally	Memorial Health System	Frontier Estates Director	Abilene	KS	67410
1	Ogden	Brittany	Memorial Hospital ROSE Unit	LMSU	Abilene	KS	67410
1	Phillips	Glenna	Central KS Mental Health Center	Director of Community Program and Outreach	Salina	KS	67401
1	Quillen	James	OCCK Inc	Regional Director	Salina	KS	67401
1	Schwartz	Tom	Neighbor 2 Neighbor Abilene	Chair of the Board	Abilene	KS	67410
1	Schwartz	Jo	Community Member		Abilene	KS	67410
1	Stivers	Kim	Memorial Health System	Community Affairs Director	Abilene	KS	67410
1	Sutter	Andy	Memorial Health System	Village Manor Director	Abilene	KS	67410
1	Taylor	Andrea	Memorial Health System	CHRO	Abilene	KS	67410
1	Tompkins	Atalie	K-State Research & Extension	Nutrition Educator	Abilene	KS	67410
1	Vermillion	Cindy	Memorial Health System	HHCC Director	Abilene	KS	67410
1	Walters	Shannon	Dickinson County Home Health and Hospice	RN	Herrington	KS	67449
1	Weaver	Brenda	Dickinson County Health Depart	Deputy Director of Health	Abilene	KS	67410
1	Weese	Dennis	Eagle Communications	Director of Comm Sales and CR	Abilene	KS	67410
1	Williams	Jenna	Herrington Hospital	CNO	Herrington	KS	67449

## **Memorial Health System - Abilene KS (Dickinson County, KS)**

### **Town Hall Notes July 11<sup>th</sup>, 2019 11:30a.m. to 1:00p.m. N=31**

Quality of Life – Organization in Abilene

School Backpacks are happening for kids needing food

Drugs to worry about: Meth, Marijuana, Vaping, Cocaine, Opioids, Heroin

Health problems to think about: Alcohol, Tobacco

Opioid pain prescriptions – problem in county

#### **Upcoming things happening:**

Expanding company – Land Pride (farm implement manufacturing company)

Love's Convenience Store – coming into Abilene

Farming Economy – getting worse

#### **Strengths:**

- Hospital has many service offerings
- Youth Sports
- Economic Development
- Community Engagement
- Hospice
- School Support - Mental Health and Food
- Quality of Life – Coalition
- Emergency Preparation
- Prenatal Care
- New Physicians with expanded capabilities
- Good Roads
- Community Foundation
- Community Resources are good
- Law Enforcement
- Location

#### **Things to improve:**

- Access to more HC data
- Dialysis
- Specialists (Derm, Oncology, Pulm)
- Collaboration of HC between full county
- Affordable HC Services
- Lack of ownership of your health
- Retail (HC Shopping)
- Mental Health
- Holistic/ Integrated Care
- Violence / Domestic Abuse
- Pharmacy Access (after hours)
- Food Insecurity
- Diabetes
- Poverty / Employee Readiness
- Awareness of Services
- Child Care (Affordability)
- Public Transportation
- Dental Care
- Eye Care
- Housing
- Wellness Education
- Obesity / Nutrition / Exercise
- Drug Abuse

# Wave #3 CHNA - Memorial Health System PSA

## Town Hall Conversation - Strengths (Color Cards) N= 31

Card #	C1	Today: What are the strengths of our community that contribute to health?	Card #	C1	Today: What are the strengths of our community that contribute to health?
12	ACC	Health system in Abilene making continuous improvements in services accessibility. Working on retention	6	HSP	Access to hospice is surprisingly high
14	AGE	Senior life solutions therapy program for elderly with deep anxiety	9	HSP	Medical care limited to hospice
11	ALL	Health system is making continuous improvement and accessibility	13	HSP	Hospice care
17	ALL	Good healthcare system	27	HSP	Hospice is strong
19	ALL	Good healthcare	28	HSP	Very organized hospice
20	ALL	Strong health system	8	KID	Strong schools
25	ALL	Memorial health systems expanding services	12	KID	New upgrades to schools. Education in schools priority
27	AMB	Ambulance service good	14	KID	Have preschool linked to schools for kids with special needs
1	BH	Mental illness/wellness - screening, access to care, tx for care	17	KID	Good education system
18	BH	I think we have great mental health	19	KID	Good education
21	BH	Mental health services	22	KID	Education systems
23	BH	Expansion of M.H. access/services in schools	24	KID	Good education system
24	BH	Mental health becoming more involved in school and surrounding schools	13	NUTR	Access to healthy foods/stores
26	BH	Mental health starting in schools - need more though	25	NUTR	Access to healthy foods
27	BH	Mental health initiation in this county between schools and CKMH	3	OTHR	Pride in community
29	BH	Mental health groups	3	OTHR	Community involvement
18	CORP	We have health care managers wanting to improve the health care in the community	15	OTHR	People come to abilene for care
4	DOCS	More providers available in both ends of the country	16	OTHR	Nonprofit resources
7	DOCS	physicians	17	OTHR	Community foundation
10	DOCS	Recruited physicians for now and future	17	OTHR	Good law enforcement
14	DOCS	Have more doctors now in recent year that are staying	17	OTHR	Solid citizens
23	DOCS	Providers provide access to community resources to families in need	18	OTHR	We have a community foundation wanting to help
24	DOCS	Community is attracting more physicians	19	OTHR	Solid citizens
4	DOH	More health dept involvement	19	OTHR	Good law enforcement
7	DOH	County health	20	OTHR	Expansion of land pride - agricultural improvements
20	DOH	Strong county health	20	OTHR	Strong community foundation
24	DOH	Strong health department	24	OTHR	Strong extension office
25	DOH	County health dept offers lots of services	24	OTHR	Cedar house
27	DOH	County health dept provides many services	26	OTHR	Communities/persons are helpers - WANT TO
1	ECON	Economic growth in small communities - how do we help the small towns survive?	29	OTHR	Lots of agencies wanting to help
7	ECON	Economic development	29	OTHR	Request for health needs
8	ECON	New econ development organization/staff	6	PHARM	Pharmacy access good, but NO access after hours
12	ECON	Recent renewed emphasis to revitalize downtown and keep businesses going	13	PNEO	Prenatal care
16	ECON	Economic development	21	POV	Available food sources for low income food pantries, church meals
17	ECON	Diverse economy	5	QUAL	Personal touch in healthcare
19	ECON	Diverse economy	13	QUAL	Quality of life coalition



# Wave #3 CHNA - Memorial Health System PSA

## Town Hall Conversation - Strengths (Color Cards) N= 31

Card #	C1	Today: What are the strengths of our community that contribute to health?	Card #	C1	Today: What are the strengths of our community that contribute to health?
28	ECON	We do have local businesses expanding (land pride)	17	QUAL	Quality of life coalition
29	ECON	Land pride	19	QUAL	Quality of life
29	ECON	Love's	20	QUAL	Quality of life coalition
22	EMER	Emergency prep	7	REC	Youth sports programs
9	EMS	Medical care limited to EMS	10	REC	Youth sports
2	FAC	Locations for needs	17	REC	Quality of life - youth sports
3	FAC	Location	28	REC	Community members are always requesting sidewalks, etc. walking trails
21	FINA	Resources for financial assistance for low income	29	REC	Walking trails
10	FIT	2 gyms/fitness centers	7	SPEC	Specialists
15	FIT	Exercise facilities available	28	SPEC	Expansion of SVCs at Memorial
11	GOV	Engaged community leaders	14	STFF	Expanding/hiring more nurses for inpatient unit
2	HH	Home health access	23	TELE	Technology - access expanding to M.H. medications - Telemed within M.H. center
5	HOSP	Local hospital	2	TRAN	City of Abilene public transportation
7	HOSP	New hospital	8	TRAN	Good roads
8	HOSP	New hospital	21	TRAN	Transportation availability
10	HOSP	Healthy" hospital and great continuum of care	24	TRAN	Developing transportatin system - improving on already existing services
13	HOSP	Local hospital - financially stable, many services/affiliates	28	TRAN	New truck stops - 2 - traffic is increasing
15	HOSP	Hospital has many things to offer community	20	URG	After hours/early hours walk-in clinic
27	HOSP	Hospital is working to improve services	22	URG	Acute care improving
28	HOSP	Great hospital with new leadership	4	WELL	Health screenings/health fairs
5	HSP	Hospice care			

# Wave #3 CHNA - Memorial Health System PSA

## Town Hall Conversation - Weakness (Color Cards) N= 31

Card #	C1	Today: What are the weaknesses of our community that contribute to health?	Card #	C1	Today: What are the weaknesses of our community that contribute to health?
21	ACC	Healthcare for all - too many children and adults fall through cracks	2	INSU	Health access (medicaid people)
23	AGE	Quality services for aging population - help with forms - housing, ins.	6	INSU	Lots of people uninsured but this might be a nationwide problem needing to be addressed by government
15	ALL	Continue to bring in/retain all areas of health care: dental, eye care, medical, mental health	8	INSU	Uninsured - how do they get care
1	BH	Mental health	23	INSU	Under and uninsured
1	BH	Teen/child mental health, inpatient mental health	1	KID	Child care (special needs)
6	BH	Mental health for kids/young adults	6	KID	More affordable child care options and for kids with special needs for childcare
7	BH	Mental health	11	KID	Child care
10	BH	Perceptions of mental health care	25	KID	Educating youth from very young age
10	BH	Student mental health	8	MRKT	Awareness of services
11	BH	Mental health/suicide	8	MRKT	Community perception of healthcare
12	BH	Mental health help	23	MRKT	Need marketing of us
14	BH	Mental health services	24	MRKT	The public is not aware of efforts of health care providers, support agencies
17	BH	Mental health	25	MRKT	Marketing our strengths
18	BH	Mental health access	13	NUTR	Food security
21	BH	Mental health services	23	NUTR	Food, nutrition, phys. Activity ACCESS
22	BH	Mental health - from young kids to adults	12	OBES	Obesity
23	BH	Mental health services in schools, for seniors, for working 20-60 yrs	16	OBES	Obesity issues - relating to exercise opportunities
24	BH	Depression/suicide	26	OBES	Obesity prevention
4	COMM	More integrated health care - health systems talking to each other	1	OTHR	Housing - affordable
20	COMM	More communication/awareness with the public	2	OTHR	Apathy in community to be involved
9	CORP	Levels of investment are growing	3	OTHR	Affordable housing - need more
1	DENT	Dental care	3	OTHR	Safe housing
5	DENT	Need more dentists (particularly one/some who accept medicaid)	4	OTHR	Data access - from state - private agencies
11	DENT	Dentists	7	OTHR	Housing
12	DENT	Dentists (more)	9	OTHR	Age problem - young people leaving
26	DENT	Recruit dentists	16	OTHR	Affordable housing
27	DENT	Need more dentists	20	OTHR	Better cooperation within county parts (north and south)
11	DIAB	Diabetes - screening and education	22	OTHR	Apathy to own health
3	DOCS	Doctors that commit to our community and stay	23	OTHR	Affordable living
8	DOCS	Physician access - perception/reality	24	OTHR	Public apathy (towards own health)
16	DOCS	More HC providers	24	OTHR	Get data from non medicare services!
26	DOCS	Recruit doctors	25	OTHR	Toughen up on laws/punishments
10	DRUG	Opioids	26	POV	Poverty emphasis
12	DRUG	Opioid use	21	REC	More walking, biking paths in abilene
15	DRUG	Work on substance abuse	18	SPEC	Need to bring specialists here! Not send them to other hospitals so quickly
16	DRUG	Substance abuse/opioids	19	SPEC	Specialist - Mental health screening
17	DRUG	Drug abuse	23	SPEC	Specialty providers needed - DDS, orthodontist, dermatologist
18	DRUG	Opioid crisis and prevention/education	16	STD	STDs
21	DRUG	Drugs are too prevalent	9	STFF	Employees are looking at abilene
22	DRUG	We still need help on the opioid crisis	16	SUIC	Suicide issues

## Wave #3 CHNA - Memorial Health System PSA

### Town Hall Conversation - Weakness (Color Cards) N= 31

Card #	C1	Today: What are the weaknesses of our community that contribute to health?	Card #	C1	Today: What are the weaknesses of our community that contribute to health?
23	DRUG	Alcohol, tobacco - access, availability. Education, prevention, cessation	1	TRAN	Public transportation
26	DRUG	Substance abuse prevention	13	TRAN	Transportation - public
2	ECON	Real life jobs/access	14	TRAN	Public transportation
2	ECON	Everyday shopping people leaving the community	17	TRAN	County wide transportation
3	ECON	Jobs	20	TRAN	More transportation options
10	EMER	I hear emergency room needs to improve	21	TRAN	Transportation for people in outlying areas
14	EMER	Improve emergency care	13	URG	Walk-in clinic for evening/weekend hours
12	EYE	Optometrists (more)	14	URG	Extended access
26	FAM	Family planning	8	VACC	Immunizations
3	FINA	Cost of healthcare	22	VIO	Domestic abuse
23	FINA	Cost of healthcare makes it inaccessible	22	VIO	Violence - towards women and children
1	FIT	Exercise	2	WELL	Education of programs
7	FIT	Exercise	15	WELL	Wellness education to combat smoking, drugs, obesity
24	FIT	Access to physical activity	19	WELL	Better, safer, cheaper access to ways to improve health. (walking paths, education wellness)
23	HSP	Hospice needs increased help	25	WELL	Weducating the community about these things

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## c) Public Notice & Requests

[VVV Consultants LLC]

## Email Request

From: [kstivers@mhsks.org](mailto:kstivers@mhsks.org)

To: [kstivers@mhsks.org](mailto:kstivers@mhsks.org)

BCC: Community Stakeholders **Cut & Paste (Blind CC)**

Subject: Dickinson Co Seeks Feedback - Community Health Needs Survey

Date 5/13/19

Over the next three months, Memorial Health System will be partnering with the Dickinson County Health Department to update the Community Health Needs Assessment (CHNA).

**To accomplish this work, a short online feedback survey has been developed:**

[https://www.surveymonkey.com/r/DickinsonCo\\_MHS\\_CHNA2019](https://www.surveymonkey.com/r/DickinsonCo_MHS_CHNA2019)

**First, please complete the CHNA online feedback survey by Friday, June 21<sup>st</sup>.** All

responses are confidential. Your feedback and suggestions regarding current community health needs are very important to collect, so that we may complete our comprehensive 2019 Community Health Needs Assessment and Implementation Plan. VVV Consultants LLC from Olathe KS has been retained to conduct this community-wide research.

**Second, please plan on attending the Dickinson County CHNA Town Hall working lunch meeting on Thursday, July 11<sup>th</sup> from 11:30 a.m. to 1:00 p.m. at the Civic Center (201 NW 2nd Street, Abilene, Kansas 67410).** At this meeting, we will discuss the initial online survey results and set priorities. More meeting information will be released at the end of June.

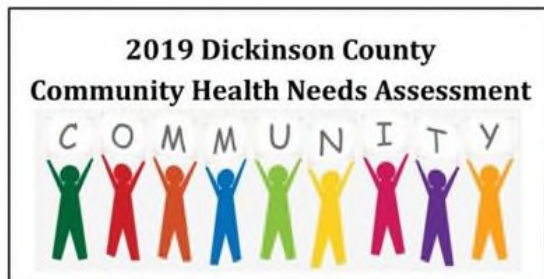
Thank you in advance for your time and support in participating with this important request. If you have any questions regarding the CHNA, please call Kim Stivers at (785) 263-6686 or email [kstivers@mhsks.org](mailto:kstivers@mhsks.org).

**Kim Stivers**

**Memorial Health System – Abilene KS**

# Health needs assessment survey

- Abilene PC.com May 24, 2019



Tim Horan, Reflector-Chronicle

Memorial Health System and the Dickinson County Health Department will update the Community Health Needs Assessment over the next three months.

An online feedback survey has been developed at [www.surveymonkey.com/r/DickinsonCo\\_MHS\\_CHNA2019](http://www.surveymonkey.com/r/DickinsonCo_MHS_CHNA2019).

The online feedback survey should be complete by Friday, June 21 to collect community feedback. Suggestions regarding current community health needs are very important to collect, so that a comprehensive 2019 Community Health Needs Assessment and Implementation Plan can be updated.

VVV Consultants LLC from Olathe has been retained to conduct this community-wide research.

A Town Hall working lunch will be held from 11:30 a.m. to 1 p.m. July 11 at the Abilene Civic Center, 201 N.W. Second Street to discuss the initial online survey results and set priorities. More meeting information will be released at the end of June.

If you have questions regarding the CHNA, please call (785) 263-6686 or email [kstivers@mhsks.org](mailto:kstivers@mhsks.org).

## Email Request

From: [kstivers@mhsk.org](mailto:kstivers@mhsk.org)

To: [kstivers@mhsk.org](mailto:kstivers@mhsk.org)

BCC: Community Stakeholders **Cut & Paste (Blind CC)**

Subject: MHS – Dickinson County (KS) Community Town Hall – July 11<sup>th</sup>  
*Date 6/17/19*

Memorial Health System, in partnership with the Dickinson County Health Department, is updating their 2016 Community Health Needs Assessment (CHNA). VVV Consultants LLC from Olathe KS has been retained to conduct this community-wide research.

**The Dickinson County CHNA Town Hall working lunch meeting on Thursday, July 11<sup>th</sup> from 11:30 a.m. to 1:00 p.m. at the Civic Center (201 NW 2nd Street, Abilene, Kansas 67410).** At this meeting, we will discuss the initial online survey results and set priorities. Please RSVP here for the July 11<sup>th</sup> Town Hall:

[https://www.surveymonkey.com/r/DickinsonCo\\_CHNA2019\\_RSVP](https://www.surveymonkey.com/r/DickinsonCo_CHNA2019_RSVP)

Thank you in advance for your time and support in participating with this important request. If you have any questions regarding the CHNA, please call Kim Stivers at (785) 263-6686 or email [kstivers@mhsk.org](mailto:kstivers@mhsk.org).

**Kim Stivers**

**Memorial Health System – Abilene KS**

**Media Release: June 17, 2019**

***FOR IMMEDIATE RELEASE***

## **MHS - Dickinson County (KS) Community Town Hall – July 11<sup>th</sup>**

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**Contact: Kim Stivers, MHS – Abilene KS**

Memorial Health System, in partnership with the Dickinson County Health Department, is updating their 2016 Community Health Needs Assessment (CHNA). A short survey has been developed and will be discussed at the upcoming Town Hall Meeting. VVV Consultants LLC from Olathe KS has been retained to conduct this community-wide research.

**The Dickinson County CHNA Town Hall meeting will be held on Thursday, July 11<sup>th</sup> from 11:30 a.m. to 1:00 p.m. at the Civic Center (201 NW 2nd Street, Abilene, Kansas 67410). A light lunch will be provided starting at 11:15 a.m.**

Please RSVP here for the July 11<sup>th</sup> Town Hall:

[https://www.surveymonkey.com/r/DickinsonCo\\_CHNA2019\\_RSVP](https://www.surveymonkey.com/r/DickinsonCo_CHNA2019_RSVP)

Thank you in advance for your time and support in participating with this important request. If you have any questions regarding the CHNA, please call Kim Stivers at (785) 263-6686 or email [kstivers@mhsk.org](mailto:kstivers@mhsk.org).



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## d) Primary Research Detail

Neighborhood Roundtables & Online Research

[VVV Consultants LLC]

## CHNA 2019 Community Feedback - MHS (Dickinson Co, KS) N=254

ID	Zip	Overall	Movement	c1	c2	c3	In your opinion, what are the root causes of "poor health" in our community? Please select top THREE.
1138		Average	Decreasing - slipping downward	ACC	NUTR	REC	Access to healthy food and activities
1186	67449	Average	Not really changing much	ACC	NUTR		Limited access to a variety of quality fresh foods, particularly in restaurants.
1244	67410	Good	Not really changing much	BH			Mental health assistance is number one---much of the rest will follow if this is addressed.
1058	67449	Poor	Decreasing - slipping downward	CHRON			Chronic disease TREATMENT
1224	67410	Poor	Decreasing - slipping downward	DOCS	COMM		Poor selection of quality medical providers. Lack of communication between medical providers and their patients.
1039	67410	Average	Not really changing much	DOCS	CORP		Providers need to collaborate with other providers.
1024	67410	Poor	Not really changing much	DOCS			Variety of doctors
1046	67441	Poor	Decreasing - slipping downward	DOCS			Lack of consistent providers
1032	67410	Average	Decreasing - slipping downward	DRUG	ALC	SMOK	Dependence on/abuse of drugs, alcohol, and tobacco
1062	67449	Average	Increasing - moving up	DRUG			Drug usage
1221	67410	Poor	Increasing - moving up	ECON	INSU		full time employment with benefits
1158	67410	Very Good	Increasing - moving up	FINA	INSU		Cost of healthcare and insurance
1220	67410	Poor	Not really changing much	FINA	INSU		\$\$\$ lack of insurance coverage.
1068	67410	Average	Decreasing - slipping downward	FINA			Families can not afford health care services
1100	67410	Average	Decreasing - slipping downward	FINA			money is always the main problem
1165	67410	Good	Decreasing - slipping downward	OBES	SMOK	ALC	Personal behavior - hard to change - obesity/smoking/alcohol use
1031	67410	Good	Increasing - moving up	OTHR			People choosing to make poor health choices.
1089	67410	Very Good	Increasing - moving up	OTHR			patient noncompliance is huge!
1110	67410	Good	Not really changing much	OTHR			Poor personal choices
1044	67410	Average	Increasing - moving up	PHARM	FINA		Cost of medications/treatments - lack of confidence in their medical staff.
1208	67410	Average	Not really changing much	POV			Poverty
1155	67441	Good	Increasing - moving up	WELL	BH	DRUG	This question depends on the age of population. Within adolescent population, the root cause is health& wellness. There needs to more education/services that involve mental/physical health to reduce substance abuse. In middle/older adult, chronic disease prevention needs to be addressed more effective.
1087	67410	Good	Decreasing - slipping downward	WELL	REC		Health and Wellness activities for family ( not just education)

## CHNA 2019 Community Feedback - MHS (Dickinson Co, KS) N=254

ID	Zip	Overall	Movement	c1	c2	c3	What "new" community health programs should be created to meet current community health needs? Can we partner somehow with others?
1239	67410	Average	Not really changing much	AGE	WELL		Elderly care. Volunteer services for the community and elderly. Caregivers education and relief services.
1069	67410	Good	Not really changing much	ALLER			We need an allergist in town.
1166	67480	Average	Not really changing much	AMB	ALL		I would hope that there could be an opportunity for better health care needs in Solomon. Most the time the ambulance is the only thing that comes to Solomon, when its too late.
1060	67410	Poor	Not really changing much	BH	DENT	OBG	Need other mental health providers, more dentist, gynecologist, endocrinologist
1201	67410	Good	Not really changing much	BH	DRUG	KID	Mental and substance abuse in teens/children and Elder care
1215	67410	Average	Increasing - moving up	BH	DRUG	PREV	mental health and substance abuse PREVENTION mental health and substance abuse TREATMENT we need to figure out how to de-stigmatize so people are open to getting help! Mental health is/can be hidden and people suffer greatly. We need to treat mental health as seriously as physical health of a heart attack, broken bone, asthma. It IS life-threatening.
1244	67410	Good	Not really changing much	BH	OP		Support and availability for mental health. The current relationship with CKMH is inadequate and it takes too long to establish care. We need better outpatient services and support networks for those that are supporting loved ones with mental illnesses.
1058	67449	Poor	Decreasing - slipping downward	BH	TRAN		Bring in some affordable mental health support programs accessible within the 'neighborhood'. Most people with mental health or addiction issues do not drive legally any more or have access to vehicles legally. So bring the services over to the communities where they live and not just in the county seat. There are plenty of vacant buildings where offices could be set up.
1158	67410	Very Good	Increasing - moving up	CLIN	POV		We could use a Free Clinic for our low income families.
1093	67480	Very Good	Increasing - moving up	CLIN			Offer monthly, weekly clinics in the smaller communities for those who are dependent on others for travel or busy raising families.
1233	67410	Good	Increasing - moving up	CORP			Nothing new pops into my mind but I believe that partnering with others throughout the county and distributing any knowledge and/or opportunities that way would be best.
1142	67410	Average	Not really changing much	DENT	BH	SPEC	More access to affordable dental care. Mental health is limited. More specialized doctors that work at other hospitals that could come in once a month.
1028	67410	Average	Not really changing much	DENT			Dental providers should be supported by community scholarships
1051	67431	Average	Not really changing much	DOCS	DENT	ECON	Recruit new Doctors, Dentist etc. Work with the City for economic development to bring in employers to create jobs and something to do in this town. If we had businesses that didn't roll up the sidewalks at 5pm and opened new entertainment options and restaurants, then Doctors would be attracted to our town because there is something to do that you don't have to drive 30-60 minutes or more to get there!
1045	67451	Good	Increasing - moving up	DOH	DOCS		Continue partnerships with Quality of Life Coalition, Dickinson County Health Department, and providers in Herington as well as Abilene.
1052	67410	Good	Decreasing - slipping downward	DOH	TPRG		The health department needs to offer birth control to teenagers. I'd never heard of a county health department not offering birth control until Dickinson County.
1111	67401	Good	Increasing - moving up	DOH			Maybe partner with the Health Dept so there is no duplication of services.
1062	67449	Average	Increasing - moving up	DRUG	PHY		Drug abuse rehab
1100	67410	Average	Decreasing - slipping downward	DRUG	PREV	KID	more substance abuse prevention/treatment centers, more child care that's affordable that can take care of disabled children, learn and grow always has a waiting list and no openings, unfortunately most of us can't afford to wait for child care at the convenience of others, and something along the lines of 'planned parenthood'
1130	67410	Very Good	Increasing - moving up	DRUG	PREV	OBES	Drug prevention, obesity prevention, knowledge of programs available.

## CHNA 2019 Community Feedback - MHS (Dickinson Co, KS) N=254

ID	Zip	Overall	Movement	c1	c2	c3	What "new" community health programs should be created to meet current community health needs? Can we partner somehow with others?
1050	67410	Good	Increasing - moving up	DRUG	PREV		Not sure if it would be new or I just don't know that one exists, but more drug prevention. This town is bad with illegal drug use.
1084	67410	Good	Not really changing much	DRUG			Some kind of substance abuse program/help - there is a huge problem with substance abuse in this community.
1168	67410	Good	Increasing - moving up	FEM			Partner with Planned Parenthood.
1090	67410	Very Good	Not really changing much	FINA	PHARM		avenues of assistance in affording drugs
1010	67410	Average	Decreasing - slipping downward	FINA			Help with the high prices
1070	67410	Good	Not really changing much	FINA			income based programs
1192	67410	Very Good	Increasing - moving up	FINA			We need a sliding fee scale place for patients who are under financial stress as they can't always afford to go to Junction City; even if it just one day or two days per month and basic care.
1227	67410	Very Good	Increasing - moving up	FIT	NUTR	WELL	Family fitness. Family food and meal prep classes.
1159	67410	Very Good	Increasing - moving up	FIT			crossfit gym
1066	67410	Average	Not really changing much	HH	NUTR	AGE	In home elder care. Expand meal delivery area to include rural residents. Offer more affordable in home services for the elderly like snow removal, meal delivery, minor house repairs and help with those dangerous high and low places that need cleaned.
1187	67451	Average	Not really changing much	HOSP	BH	PEDS	Improve the hospital and the care that is available.. mental health, pediatric
1056	67449	Average	Not really changing much	HOSP	CLIN	NH	I don't know what exactly needs to be done besides just improving the already existing Hospital & Clinic. The hospital & Clinic can improve that would solve a lot of issues. And the biggest thing is having somebody go into the nursing home with without notifying anybody.
1129	67431	Average	Not really changing much	HOSP			An alpha care or small hospital or something closer to us. Geary is our closest and their quality is poor.
1128	67410	Average	Increasing - moving up	HOSP			Hospital as one of the largest employers need to be the leader here. My view of the hospital they have tried in the past, however sitting more on the sidelines now.
1220	67410	Poor	Not really changing much	INSU	TRAN	CHRON	Better insurance, transporation, income inequality addressed, chronic health needs education
1186	67449	Average	Not really changing much	KID	AGE		Public preschool, daycare. Perhaps team with elder are.
1106	67410	Good	Decreasing - slipping downward	KID	BH		child mental health services need to be more robust and integrated with a mental health entity and with all the schools
1003	67410	Good	Decreasing - slipping downward	KID	DRUG		I think the kids in our community have a much bigger exposure to drugs than some people think.
1024	67410	Poor	Not really changing much	KID	FIT	REC	Child care while working out in gym, more family fun outdoor events (color run/walk), healthy kids day (vendors could set up for dance/cheer/martial arts) to get parents and kids involved in active extra curricular activities
1163	67410	Very Poor	Decreasing - slipping downward	KID			Yes help your day cares out.
1059	67410	Good	Increasing - moving up	MRKT			Community outreach and advertising for local events

## CHNA 2019 Community Feedback - MHS (Dickinson Co, KS) N=254

ID	Zip	Overall	Movement	c1	c2	c3	What "new" community health programs should be created to meet current community health needs? Can we partner somehow with others?
1087	67410	Good	Decreasing - slipping downward	NUTR	WELL	FIT	I'll need to think on this? But foods, prepping/cooking... maybe some kind of event /exposure with local grocery store? Farmers market? Restaurants? Hands on! Restaurant meal under 600 calories. More veggies on the local menus. Family, Community Exercise.... maybe partner with PE depts at schools, daycare centers? Maybe get PE Ed majors from K State to partner with us? Activities not just education something long term...help community set a new habit. Mental/physical/spiritual... teach, demonstrate, engage our community in positive self talk, affirmations, set high standards for our selves. Help families see/visualize the life the want to create. THEN help with proven steps/behaviors/ choices to achieve this vision. This should be a high school, middle school okay grade school class!! Work with fighting poverty. Be outside be in nature on a regular basis... who can help this? Help women/ mothers thru our public health department... they are the family backbone! They are stressed and need support from our community! I know there MUCH MUCH MORE
1139	67410	Average	Increasing - moving up	OBES	ALC	PREV	obesity programs, alcohol/tobacco programs for youth prevention
1219	67410	Very Good	Increasing - moving up	OBES	PREV	SMOK	Obesity prevention, tobacco cessation, women's heart disease prevention -may not be "new" but still needed.
1134	67410	Good	Decreasing - slipping downward	OTHO	DENT		idk....orthodontist....dentist....
1175	67410	Good	Increasing - moving up	OTHR			Recruitment in number 1.
1026	67410	Poor	Decreasing - slipping downward	OTHR			We don't need anything new! We need to have better relationships with patient and take the time that's needed to provide for them what they need
1002	67410	Good	Decreasing - slipping downward	OTHR			Work on the existing ones before you work on new ones
1039	67410	Average	Not really changing much	OTHR			Yes, there is are several opportunities for partnerships. Independent Connection Inc. a Center for Independent Living with provides free services to anyone of any age with any type of disability rather it is short term or permanent.
1046	67441	Poor	Decreasing - slipping downward	PATA	VACC		More visible screenings - others didn't know Auburn could provide flu, pneumonia or shingles shots.
1214		Poor	Not really changing much	PEDS			I believe pediatric care needs to improve greatly. There's none offered, it's only family care.
1183	67410	Very Poor	Decreasing - slipping downward	QUAL	DOCS		Doctors that CARE
1165	67410	Good	Decreasing - slipping downward	REC	HOSP		Continue to create an infrastructure that makes it possible for residents to walk or bike to work and school. Building the opportunity to walk/bike into fundamental activities, not just recreation. Then the hospital/health providers could lead the way in providing incentives for its employees who do just that - EXAMPLE - Hospital take the initiative to build a sidewalk (and crosswalk) between Village Manor and the hospital - give employees an incentive (not food!) if they use that option to deliver services between the institutions. Stage 2 - connect the hospital's other buildings on Brady to the hospital with a bike/walk sidewalk and crosswalk.
1207	67410	Average	Increasing - moving up	REC	WELL		Over the years, the perception is: 1) Community Rec. Center has dropped programs. 2) Engagement in health initiatives has decreased.
1164	67410	Average	Not really changing much	REC			Walking trails
1197	67441	Good	Not really changing much	SPEC			more specialty Md's
1102	67410	Good	Increasing - moving up	TRAN	HOSP		24 hour transportation to and from the hospital especially at night.
1095	67410	Good	Increasing - moving up	TRAV			Abilene is not very walkable in some areas. Glad to learn this will be addressed by the high school and middle school in Abilene with the enhancements of 14th and Buckeye and then later work on 14th (old 40). Youth should have a safe walkway. This should a consideration as city streets are worked on.

## CHNA 2019 Community Feedback - MHS (Dickinson Co, KS) N=254

ID	Zip	Overall	Movement	c1	c2	c3	What "new" community health programs should be created to meet current community health needs? Can we partner somehow with others?
1222	67410	Very Good	Increasing - moving up	URG	FINA		It would be great if we could establish a walk in clinic specifically, not just for a couple hours a day M-F. The good thing is that the amount of people coming into ED has gone down since the walk-in clinic opened, showing there is a high need for it and people that have minor symptoms that don't need serious medical attention like the ED is supposed to provide. Also more childcare options at affordable rates. Paying \$170 for an infant a week is astronomical.
1208	67410	Average	Not really changing much	URG	INSU		Non-ER based urgent care. Care for those without insurance. Expanded Medicaid.
1044	67410	Average	Increasing - moving up	URG	OBES		Urgent care/walk-in clinics open each day for regular hours More doctors dedicated to quality patient care with listening / following up with issues as a priority Offer consultative approach to weight loss programs rather than "eat less, work out at gym" 'pat' answer without considering what person's health is, etc.
1029	67410	Good	Increasing - moving up	URG	PHARM		Weekend and some evening well-care clinics. Availability to pharmacies on the weekend.
1117	67410	Good	Increasing - moving up	URG			After hours and weekends health care.
1119	67410	Average	Not really changing much	URG			urgent care clinics for evenings and weekends
1169	67480	Poor	Decreasing - slipping downward	VACC	GOV		I believe there needs to be a push for immunizations to be required for admittance to school. Partner with the Legislature and Schools
1145	67449	Average	Not really changing much	WELL	AGE	DOH	Community wellness center that incorporates a clean, safe, and staffed fitness center that offers various classes. Some classes could be focused on elder mobility and strength. The county health department could also come there to offer immunizations, blood pressure checks, etc. WIC and other social services could operate from this location a few times per month. Mental health counseling could also operate from this location. We have plenty of old buildings that could be renovated and used for this purpose. Our community is nearly an hour drive from the county seat, Abilene. So, we often feel like our needs are not addressed and we have to drive to receive the services. Many of our most vulnerable community members don't have transportation to travel to these services. Having a local mental health clinic could be transformative in this town. We have a lot of poverty driven and drug abuse issues.
1079	67441	Average	Increasing - moving up	WELL	KID	FAM	I like Salinas monthly classes through CAPs and there assortment. I'd like to see more focus on child raising and groups for parents to get to know each other. Our children are our future. I want a village.
1155	67441	Good	Increasing - moving up	WELL	KID	NUTR	Summer/in-service/holiday break school age events. Larger cities are utilizing schools as child care facilities - This could work in Abilene as the kitchen is already offering free lunches to school age children. Partner with churches for vacation bible schools, sports camps, pioneer camp etc.
1170		Very Good	Increasing - moving up	WELL	MRKT		Health information given to the general public. Flyers in the newspaper, mail, etc., etc..
1221	67410	Poor	Increasing - moving up	WELL	NUTR	PREV	show and change: nutrition, parenting, prevention--physical and mental health
1224	67410	Poor	Decreasing - slipping downward	WELL	OTHR		Yes, for people who are new to a disability or have existing disabilities. They should received information about Centers for Independent Living which provide peer support, resource location, independent living skills training, advocacy, de-institutionalization, and many other services across Kansas for free.
1122	67410	Average	Not really changing much	WELL			Delivering Change organization in Junction City
1151	67449	Average	Decreasing - slipping downward	WELL			with the same message is needed, making changes that encourage people to stay local
1120	67401	Average	Decreasing - slipping downward	WELL			Population Health program

## Let Your Voice Be Heard!

**Memorial Health System (MHS) is partnering with area providers to update the 2019 Dickinson County, KS Community Health Needs Assessment (CHNA). To collect current community feedback, a short online survey has been created to uncover any current community health issues and evaluate local health delivery.**

**While your participation is voluntary and confidential, all community input is valued. Thank you for your attention! Deadline to participate is Friday, June 21st, 2019.**

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

☐ Very Poor ☐ Poor ☐ Average ☐ Good ☐ Very Good

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

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

Why? (please specify)

3. In your opinion, are there any healthcare services or delivery issues that you feel need to be improved, worked on and/or changed? (Please be specific.)

4. In your own words, what is the general community perception of healthcare providers (i.e. hospitals, doctors, public health, etc.) serving our community? (Please be specific.)

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

- |   |   |
|---|---|
| <input type="checkbox"/> Access to Health Care (mental health, physical health, elder care) | <input type="checkbox"/> Older Resident Health                |
| <input type="checkbox"/> Economic Development and Affordable Living                         | <input type="checkbox"/> Substance Abuse Prevention           |
| <input type="checkbox"/> Integration of Mental and Physical Health                          | <input type="checkbox"/> Unplanned Pregnancy and STI services |

6. Which past health assessment of our community need is NOW the "most pressing" for improvement? Please select top THREE.

- |   |   |
|---|---|
| <input type="checkbox"/> Access to Health Care (mental health, physical health, elder care) | <input type="checkbox"/> Older Resident Health                |
| <input type="checkbox"/> Economic Development and Affordable Living                         | <input type="checkbox"/> Substance Abuse Prevention           |
| <input type="checkbox"/> Integration of Mental and Physical Health                          | <input type="checkbox"/> Unplanned Pregnancy and STI services |

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

- |   |  |
|---|--|
| <input type="checkbox"/> Health & wellness education                | <input type="checkbox"/> Elder assistance programs                                     |
| <input type="checkbox"/> Chronic disease prevention                 | <input type="checkbox"/> Family assistance programs                                    |
| <input type="checkbox"/> Limited access to mental health assistance | <input type="checkbox"/> Awareness of existing local programs, providers, and services |
| <input type="checkbox"/> Case management assistance                 | <input type="checkbox"/> Finance & Insurance coverage                                  |

Other (please specify)



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

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

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

	Very Good	Good	Fair	Poor	Very Poor
Inpatient Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nursing Home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Outpatient Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pharmacy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physician Clinics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School Nurse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Specialists/Medical Providers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

	Very Good	Good	Fair	Poor	Very Poor
Early Childhood Development Programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emergency Preparedness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food and Nutrition Services/Education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Poverty/Financial Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health Screenings (such as asthma, hearing, vision, wellness)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Immunization Programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Obesity Prevention & Treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

	Very Good	Good	Fair	Poor	Very Poor
Spiritual Health Support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prenatal / Child Health Programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexually Transmitted Disease Testing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance Use Treatment & Education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tobacco Prevention & Cessation Programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Violence Prevention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Women's Wellness Programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
WIC Nutrition Program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12. In the past 2 years, did you or someone you know receive healthcare services outside of our community?

☐ Yes

☐ I don't know

☐ No

If YES, please specify the healthcare services received.

13. Are our healthcare organizations, providers and community members actively working together to address/improve health in our community?

☐ Yes

☐ I don't know

☐ No

Please explain

14. Are you satisfied with the availability and quality of child care in Dickinson County? Please explain.

☐ Yes

☐ I don't know

☐ No

Please explain

15. What "new" community health programs should be created to meet current community health needs? Can we partner somehow with others?

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

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Abuse/Violence                    | <input type="checkbox"/> Lead Exposure            | <input type="checkbox"/> Sexually Transmitted Diseases |
| <input type="checkbox"/> Alcohol                           | <input type="checkbox"/> Mental Illness           | <input type="checkbox"/> Smoke-Free Workplace          |
| <input type="checkbox"/> Breast Feeding Friendly Workplace | <input type="checkbox"/> Nutrition/Access to Food | <input type="checkbox"/> Suicide                       |
| <input type="checkbox"/> Cancer                            | <input type="checkbox"/> Obesity                  | <input type="checkbox"/> Teen Pregnancy                |
| <input type="checkbox"/> Diabetes                          | <input type="checkbox"/> Environmental health     | <input type="checkbox"/> Tobacco Use                   |
| <input type="checkbox"/> Drugs/Substance Abuse             | <input type="checkbox"/> Physical Exercise        | <input type="checkbox"/> Vaccinations                  |
| <input type="checkbox"/> Family Planning                   | <input type="checkbox"/> Poverty                  | <input type="checkbox"/> Water Quality                 |
| <input type="checkbox"/> Heart Disease                     | <input type="checkbox"/> Lung Disease             | <input type="checkbox"/> Wellness Education            |

Other (please specify)

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

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

Other (please specify)

18. What is your home ZIP code? Please enter 5-digit ZIP code; for example 00544 or 95305



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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