



**Community Health Needs Assessment**  
Marshall County, KS  
On Behalf of Community Memorial Healthcare



**November 2022**

VVV Consultants LLC  
Olathe, KS

# Community Health Needs Assessment

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# I. Executive Summary

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# I. Executive Summary

## Community Memorial Healthcare – Marshall County, KS - 2022 Community Health Needs Assessment (CHNA)

The previous CHNA for Marshall County was completed in 2019. (Note: The Patient Protection and Affordable Care Act (ACA) require not-for-profit hospitals to conduct a CHNA every three years and adopt an implementation strategy to meet the needs identified by the CHNA). Wave #4 Marshall County, KS CHNA assessment began in July of 2022 and was facilitated / created by VVV Consultants, LLC (Olathe, KS) staff under the direction of Vince Vandehaar, MBA.

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

## County Health Area of Future Focus on Unmet Needs

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

Marshall County, KS - Marysville				
2022 CHNA Priorities - Unmet Needs				
On Behalf of Community Memorial Healthcare				
CHNA Wave #4 Town Hall - September 20, 2022				
Primary Service Area ( 27 Attendees / 23 Voters - 92 Total Votes)				
#	Community Health Needs to Change and/or Improve	Votes	%	Accum
1	Mental Health (Diagnosis, Treatment, Aftercare, Providers)	20	21.7%	22%
2	Child Care (Quality, Cost, Availability)	14	15.2%	37%
3	Workforce (Availability & Readness)	10	10.9%	48%
4	Obesity (Fitness / Nutrition)	10	10.9%	59%
5	After Hours Care	8	8.7%	67%
6	Housing (Quality, Cost, Access)	7	7.6%	75%
7	Own Your Health	5	5.4%	80%
<b>Total Votes</b>		<b>92</b>	<b>100%</b>	
Other needs receiving votes: Suicide, Substance Abuse, Poverty, Cost of Insurance, Access to Providers with State Line, Chronic Disease Management, Senior Health, and Domestic Violence.				

## Town Hall CHNA Findings: Areas of Strengths

Marshall County, KS - Community Health Strengths			
#	Topic	#	Topic
1	Access to Care	6	Fitness Options
2	Visiting Specialists and Local Providers	7	Adequate Health Insurance by Employers
3	Immunization Rates	8	Ambulance Service
4	Great Employment Opportunities	9	Quality Health Department
5	Economic Development	10	Community Support and Engagement

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

**KANSAS HEALTH RANKINGS:** According to the 2022 Robert Woods Health Rankings, Marshall County, KS was ranked 36<sup>th</sup> in Health Outcomes, 48<sup>th</sup> in Health Factors, and 63<sup>rd</sup> in Physical Environmental Quality out of the 105 Counties.

**TAB 1.** Marshall County's population is 9,979 (based on 2021). About six percent (6.2%) of the population is under the age of 5, while the population that is over 65 years old is 22.7%. There are 3.7% of citizens that speak a language other than English in their home. Children in single parent households make up a total of 15.2% compared to the rural norm of 18.0%, and 89.3% are living in the same house as one year ago.

**TAB 2.** In Marshall County, the average per capita income is \$29,502 while 8.7% of the population is in poverty. The severe housing problem was recorded at 8.5% compared to the rural norm of 11.2%. Those with food insecurity in Marshall County is 11.1%, and those having limited access to healthy foods (store) is 12.9%. Individuals recorded as having a long commute while driving alone is 16.9% compared to the norm of 24.3%.

**TAB 3.** Children eligible for a free or reduced-price lunch in Marshall County is 42.9%. Roughly ninety-one percent (91.3%) of students graduated high school compared to the rural norm of 89.2%, and 19.2% have a bachelor's degree or higher.

**TAB 4.** The percentage of births where prenatal care started in the first trimester is 83.1% and 11.6% of births in Marshall County were premature births. The percentage of infants up to 24 months that received full immunization is 83.8%. The percentage of births recorded with a low birth rate was 8.1% compared to the rural norm of 7.1%.

**TAB 5.** The Marshall County primary care service coverage ratio is 1 provider (county based officed physician who is a MD and/or DO) to 1,941 residents. Patients who reported “Yes, they would definitely recommend the hospital”, was recorded at 75.0%. The average (median) time patients spend in the emergency department before leaving was 95 minutes compared to the rural norm of 114 minutes. The recorded preventable hospital rate per 100,000 of Medicare enrollees is 4,935.

**TAB 6.** In Marshall County, 14.9% of the Medicare population has depression. The age-adjusted suicide mortality rate (per 100k) is 22.7 compared to the rural norm of 13.2. The percent of Medicare Part D beneficiaries receiving an opioid supply greater than 10 days was recorded at 38.4% compared to the rural norm of 43.1%.

**TAB 7a – 7b.** Marshall County has an obesity percentage of 35.9% and a physical inactivity percentage is 31.2%. The percentage of adults who smoke is 19.1%, while the excessive drinking percentage is 20.2%. The Medicare hypertension percentage is 53.4%, while their heart failure percentage is 15.1%. Those with chronic kidney disease amongst the Medicare population is 18.3% compared to the rural norm of 20.5%. The percentage of individuals who were recorded with COPD was 13.0%. Marshall County recorded 2.4% of individuals who have had a stroke and 9.6% of the population having cancer.

**TAB 8.** The adult uninsured rate for Marshall County is 8.9% (based on 2021) compared to the rural norm of only 12.2%.

**TAB 9.** The life expectancy rate in Marshall County for both females and males is roughly 77 years of age (77.4). The age-adjusted Cancer Mortality rate per 100,000 is 129, while the age-adjusted heart disease mortality rate per 100,000 is at 153.1.

**TAB 10.** A recorded 7.3% of Marshall County has access to exercise opportunities compared to the rural norm of 45.1%. Those reported having diabetes is 9.3%. Continually, 48.0% of women in Marshall County seek annual mammography screenings compared to the rural norm of 41.6%. Adults that reported being seen by a doctor for a routine check-up within the past year was 74.8% compared to the rural norm of 74.8%.

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

Community feedback from residents, community leaders and providers (N=263) provided the following community insights through an online perception survey:

- Using a Likert scale, average between Marshall County stakeholders and residents that would rate the overall quality of healthcare delivery in their community as either Very Good or Good; is 71.2%.
- Marshall County stakeholders are satisfied with some of the following services: Ambulance Services and Pharmacy.
- When considering past CHNA needs, the following topics came up as the most pressing: Mental Health, Mental Health Providers / Placement, Urgent Care Services, Drug Abuse / Drug Prevention Resources, Healthcare Transportation, Access to Dental Care, Access to Primary Care, Awareness of Healthcare Services, Obesity, and Domestic Violence.

Marshall Co KS - CHNA YR 2022 N=263					
Past CHNA Unmet Needs Identified		Ongoing Problem			Pressing
Rank	Ongoing Problem	Votes	%	Trend	Rank
1	Mental Health (Diagnosis, Treatment, Aftercare, Physicians)	105	11.6%		1
2	Child Care	91	10.1%		2
3	Cost for Health Services	80	8.9%		3
4	Drug / Substance Abuse	70	7.8%		4
5	Exercise / Fitness Opportunities	63	7.0%		10
6	Adult Obesity	58	6.4%		6
7	Senior Care (Aging Community Health Needs)	57	6.3%		5
8	Poverty	53	5.9%		8
9	Nutrition / Healthy Food Options	49	5.4%		11
10	Alcohol Abuse	43	4.8%		13
11	Cancer Care	41	4.5%		12
12	Access to Primary Care Physicians	34	3.8%		7
13	Chronic Disease Prevention and Management	34	3.8%		9
14	Awareness of Healthcare Services	30	3.3%		14
15	Transportation	28	3.1%		18
16	Cancer Care	27	3.0%		12
17	Smoking	24	2.7%		17
18	Access to Health Education / Literacy	15	1.7%		16
Totals		902	100.0%		

# II. Methodology

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## II. Methodology

### a) CHNA Scope and Purpose

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

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

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

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

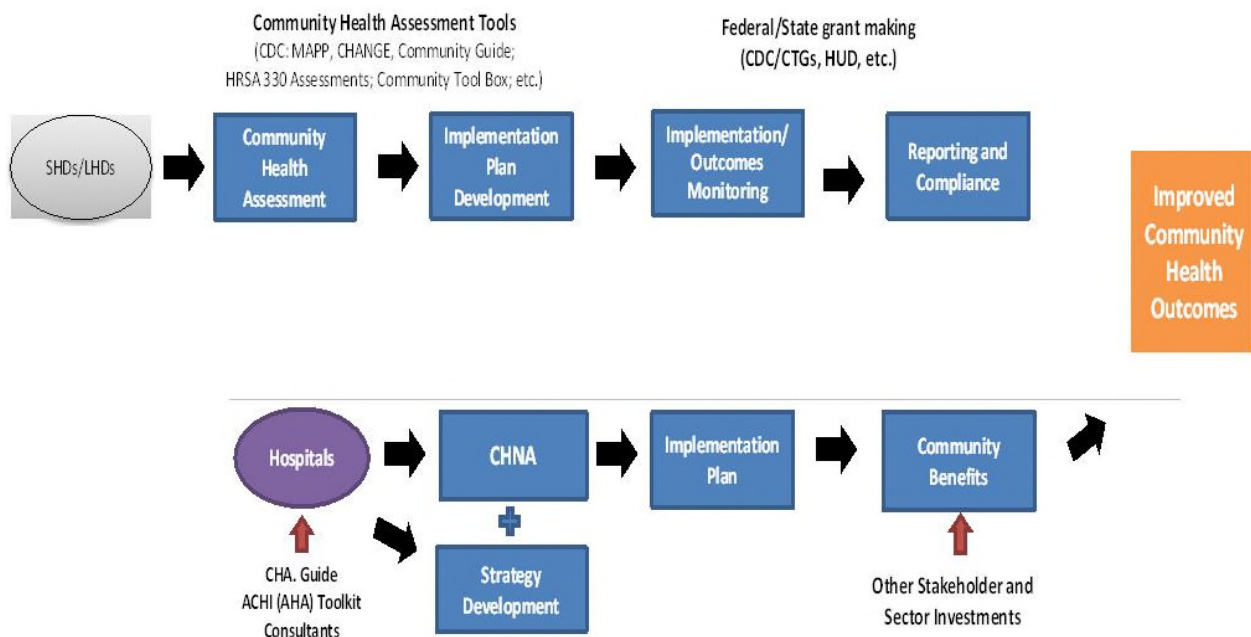
#### **JOB #2: Making a CHNA Widely Available to the Public**

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

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

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

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



## IRS Requirements Overview (Notice 2011-52)

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

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

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

#### How and When to Conduct a CHNA

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

#### Determining the Community Served

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

#### Persons Representing the Community Served

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

#### Required Documentation

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

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

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

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

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

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

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

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

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

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

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

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

### **Additional Sources of Input**

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

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

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

### **Collaboration on CHNA Reports**

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

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

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

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

### **Joint Implementation Strategies**

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

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

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

### **Adoption of Implementation Strategy**

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

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

### **New Hospital Organizations**

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

### **New Hospital Facilities**

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

### **Transferred/Terminated Facilities**

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

## **Public Health Criteria:**

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

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

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

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

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

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

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

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

## MAPP Process Overview

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

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

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





## Drivers of Health Assessment & Improvement Planning

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

### National Voluntary Accreditation Requirements

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

### CDC Grant Requirements

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

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

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

## Social Determinants of Health

What Are Social Determinants of Health?



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

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

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

## II. Methodology

### b) Collaborating CHNA Parties

Working together to improve community health takes collaboration. Listed below is an in-depth profile of the local hospitals and health department CHNA partners.

#### **Community Memorial Healthcare**

**Address:** 708 North 18<sup>th</sup> Marysville, KS 66508

CEO / President: Curtis Hawkinson

CFO: Dan Fehr

Director of Nursing: Diane Luebcke

**Mission:** To excel at caring for you.

**Vision:** CMH will exceed expectations as a trusted and valued health provider.

#### **Our Values:**

**Treat:** To provide appropriate and knowledgeable care to you, our patients.

**Respect:** We respect you through privacy, honesty and sincerity.

**Understand:** Understanding your needs with compassion and small town values.

**Stewardship:** A responsible way to ensure that we are here for you today and in the future.

**Teamwork:** Secret of our success.

#### **Services We Offer:**

- Cardio Pulmonary Services
  - Cardiac Rehab
  - Electrocardiology
  - Echocardiography and Vascular Studies
  - Pulmonary Rehabilitation
  - Pulmonary Function Lab
  - Respiratory Therapy
  - Sleep Lab
- Obstetrics
- Acute Care
- Outpatient Clinic
- Occupational Therapy
- Physical Therapy
- Laboratory Services
- Speech Therapy
- General Surgery
- Home Health
- Swing Bed
- Pharmacy
- Dialysis Center
- 24 Hour Emergency Room
- Skilled Nursing Care
- Mammography / Sonograms
- Chemotherapy
- Nuclear Testing
- PACS
- Sterling Connection
- Child Loss Grief Support Group

## **Marshall County Health Department**

600 Broadway, Marysville, KS 66508

(785) 562-3485

Monday, Tuesday, & Thursdays - Open 8 am to 5 pm

Wednesday 8 am to 6:30 pm - Fridays 8 am to Noon

Administrator: Cheryl Skalla, R.N.

### **Services Provided:**

- Childhood and Adult Immunizations (Walk-in no appointment needed)
- Injections
- TB Skin Test (Monitoring as needed)
- Free Blood Pressure Checks
- Lab Services
- Glucose Testing
- Hemoglobin
- Urinalysis
- Urine Pregnancy Test
- Lipid Profile (Cholesterol, HDL, LDL, Triglycerides, glucose, and ratio)
- Blood Lead Testing
- Kan Be Healthy Screenings (By Appt)
- Vision and Hearing Screenings
- Fluoride Varnishing
- STD/HIV Testing and Follow-up
- Well Women Clinic Every Month
- Foot Care (Nail Trimming)

## II. Methodology

### b) Collaborating CHNA Parties Continued

#### Consultant Qualifications:

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

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

#### Introduction: Who We Are

Background and Experience



**Vince Vandehaar, MBA – Principal**  
VVV Consultants LLC – start 1/1/09 \*  
– Adjunct Full Professor @ Avila & Webster Universities  
– 35+ year veteran marketer, strategist and researcher  
– Saint Luke's Health System, BCBS of KC,  
– Hometown: Bondurant IA



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



**Hannah Foster MBA – Associate Consultant – April 2022**  
MO Southern State – Joplin, MO  
Avila University – MBA with HC  
Hometown: Lee's Summit, MO

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

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

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

#### Our Values :

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

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

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

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

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

## II. Methodology

### c) CHNA and Town Hall Research Process

Wave #4 Community Health Needs Assessment (CHNA) process began in July of 2022 for Community Memorial Healthcare (CMH) located in Marshall County, KS to meet Federal IRS CHNA requirements.

In early June 2022, a meeting was called amongst the CMH leaders to review CHNA collaborative options. <Note: VVV Consultants LLC from Olathe, KS was asked to facilitate this discussion with the following agenda: VVV CHNA experience, review CHNA requirements (regulations) and discuss CHNA steps/options to meet IRS requirements and to discuss next steps.> Outcomes from discussion led to the RCH to request VVV Consultants LLC to complete a CHNA IRS aligned comprehensive report.

#### VVV CHNA Deliverables:

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

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

Community Memorial Healthcare - Define PSA					Inpatients			Swing			Emergency			Outpatients			Clinic		
Source: KHA, FFY 2019 - 2021		145,696	Totals - IP/OP		556	547	590	183	150	146	2,941	2,223	2,677	22,899	20,831	24,478	25,019	20,292	22,164
Patient Zip Code	County	3YR TOT	%	Accum	FFY19	FFY20	FFY21	FFY19	FFY20	FFY21	FFY19	FFY20	FFY21	FFY19	FFY20	FFY21	FFY22	FFY23	FFY24
66508	MARYSVILLE	61,369	42.1%	42.1%	247	244	244	81	67	67	1316	1008	1251	9,583	8,614	10,258	10,374	8,503	9,512
66411	BLUE RAPIDS	18,444	12.7%	54.8%	53	60	78	23	24	25	337	243	314	2926	2699	3186	3138	2570	2768
66548	WATERVILLE	9,091	6.2%	61.0%	27	32	39	5	11	6	126	131	176	1311	1266	1560	1556	1352	1493
66427	FRANKFORT	4,748	3.3%	64.3%	28	21	30	10	5	13	99	67	88	675	677	791	833	701	710
66406	BEATTIE	4,542	3.1%	67.4%	17	14	15	5	8	2	89	51	70	807	680	877	745	525	637
66438	HOME	3,402	2.3%	69.7%	9	11	3	2	3	2	66	55	67	516	478	586	543	505	556
66412	BREMEN	2,913	2.0%	71.7%	6	6	12	7	2	2	36	25	29	542	482	482	508	352	422
66403	AXTELL	2,296	1.6%	73.3%	9	19	5	6	3	0	47	39	22	371	371	314	394	377	319
66518	OKETO	1,972	1.4%	74.7%	3	3	15	0	2	4	30	26	60	307	300	405	265	265	287
66541	SUMMERFIELD	1,639	1.1%	75.8%	4	10	12	0	0	1	31	23	33	235	286	291	221	227	265
66945	HANOVER	6,226	4.3%	80.1%	17	25	35	5	5	6	65	55	64	1061	1019	1158	985	804	922

**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 valid health indicator sources cited to document current state of county health organized as follows:

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

B) Survey Community Stakeholders to inquire about past CHNA unmet needs and obtain current health delivery trends and document on going health issues.

**Phase III—Quantify Community Need:**

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

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

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

**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 &amp; 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/Present comprehensive CHNA report (to community leaders), facilitate development of CHNA Implementation Plan (Actions to improve health). &lt; Note: Formal report will follow IRS Notice 2011-52 regs &amp; PHAB requirements. &gt;</i>
VVV Consultants, LLC Olathe, KS 913 302-7264	



## Data & Benchmarks Review

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

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

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

Community health assessment indicators should be.

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

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

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


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

## Sources of community-health level indicators:

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

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

<b>Community Memorial Health - Marysville, KS</b>			
<b>CHNA Wave #4 Work Plan - Year 2022</b>			
<b>Project Timeline &amp; Roles - Working Draft as of 7/11/22</b>			
<b>Step</b>	<b>Timeframe</b>	<b>Lead</b>	<b>Task</b>
1	7/1/2022	VVV / Hosp	Sent Leadership information regarding CHNA Wave #4 for review.
2	7/8/2022	Hosp	Select CHNA Wave #4 Option B. Approve / Sign VVV CHNA quote
3	7/14/2022	VVV	Send out <b>REQCommInvite Excel</b> file. HOSP & HLTH Dept to fill in PSA Stakeholders Names /Address /Email
4	7/14/2022	VVV	Hold Kick-off Meeting & Request Hospital Client to send KHA PO reports for FFY 19, 20 and 21. In addition, request hospital to complete 3 year historical PSA IP/OP/ER/Clinic patient origin file (Use <b>ZipPSA_3yrPOrigin.xls</b> )
5	7/14/2022	VVV	Prepare CHNA Wave#4 Stakeholder Feedback "online link". Send link for hospital review.
6	July-Aug	VVV	Assemble & complete Secondary Research - Find / populate 10 TABS. Create Town Hall ppt for presentation.
7	7/14/2022	VVV / Hosp	Prepare/send out PR story#1 / E Mail#1 Request announcing upcoming CHNA work to CEO to review/approve.
8	7/14/2022	VVV / Hosp	Place PR #1 story to local media CHNA survey announcing "online CHNA Wave #4 feedback". Request public to participate. Send E Mail request to local stakeholders
9	<b>7/25/2022</b>	VVV	Launch / conduct online survey to stakeholders: Hospital will e-mail invite to participate to all stakeholders. <b>Cut-off 8/19/2022 for Online Survey</b>
10	by 8/20/2022	Hosp	Prepare/send out to leaders the PR#2 story / E Mail#2 Request announcing upcoming Community TOWN HALL invite letter and place local AD.
11	8/22/2022	VVV / Hosp	Place PR #2 story to local media / Send E Mail to local stakeholders announcing / requesting participation in upcoming Town Hall Event.
12	9/16/2022	ALL	Conduct practice zoom (time TBD) with Hospital / Public HLTH to review Town Hall data / flow
13	<b>9/20/2022</b>	VVV	Conduct CHNA Town Hall for a working Lunch from <b>11:30 am - 1:00 pm</b> at <b>TBD</b> . Review & Discuss Basic health data plus RANK Health Needs.
14	On or Before 10/31/2022	VVV	Complete Analysis - Release Draft 1- seek feedback from Leaders (Hospital & Health Dept.)
15	On or Before 10/31/2022	VVV	Produce & Release final CHNA report. Hospital will post CHNA online (website).
16	11/10/2022	VVV	Conduct Client Implementation Plan PSA Leadership meeting at <b>TBD</b>
17	On or before 12/31/22	VVV	Hold Board Meetings discuss CHNA needs, create & adopt an implementation plan. Communicate CHNA plan to community.



## Community Health Needs Assessment Town Hall Meeting – Marshall, KS Community On Behalf of Community Memorial Healthcare Inc

**VVV Consultants LLC**  
Olathe, Kansas 66061

VandehaarMarketing.com  
913-302-7264

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### Community TEAM Table Assignments

Marshall Co KS -CMH's 2022 CHNA Town Hall 9/20/22						
#	Team	Lead	Last	First Name	Organization	Title
1	A	##	Skalla	Cheryl	Marshall County Health Dept	RN/ADM
2	A		Holle	Cindy	City of Maryville	
3	A		Kessinger	Sarah	Marysville Advocate	publisher
4	A		Kracht	Ashley	CMH	Marketing
5	B	##	Schroller	Pamela	Marysville Health & Fitness	
6	B		Behrens	Colleen	Marysville City Council	
7	B		Hawkinson	Curtis		CEO
8	B		Wassenberg	Dan	Pepsi-Cola	President
9	C	##	Peschel	Rob	CES Group, Inc	President
10	C		Keller	Sandy	CMH	Board
11	C		Pages	Lucy		Retired
12	C		Wheeler	Jason	USD 364	Principal
13	D	##	Sustie	Latta	K-State Research and Extension	Extension Agent
14	D		Baker	Deb		
15	D		Escalante	Andrew	Marysville Police Department	Officer
16	D		Popejoy	Frank		
17	E	##	Stevens	Haley	Frankfort Community Care Home	Administrator
18	E		Beikmann	Lori	Pony Express Infant-Toddler Serv	Speech-Language
19	E		Fehr	Daniel	CMH	CFO
20	E		Gilkerson	Galland	CMH board	
21	F	##	Todd	April	PEPC	Director
22	F		Simpson	Matt	Marysville Police Department	Chief of Police
23	F		White	Jan	CMH	RN
24	F		Woodcock	Tim	Marysville Jr/Sr High School	Principal
25	H	##	Wright	Candace	Blue Valley Technologies, Inc.	CEO
26	H		Harrison	Pam	Community Memorial Healthcare	Admin Assistant
27	H		Lamoreaux	Ken	CMH board	

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

- I. Opening / Introductions (5 mins)
- II. Review CHNA Purpose and Process (5 mins)
- III. Review Current County "Health Status"
  - Secondary Data by 10 TAB Categories
  - Review Community Feedback Research (40 mins)
- IV. Collect Community Health Perspectives
  - Hold Community Voting Activity
  - Determine Most Important Unmet Needs (35 mins)
- V. Close / Next Steps (5 mins)

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## Introduction: Who We Are

### Background and Experience







**Vince Vandehaar, MBA – Principal**  
VVV Consultants LLC – start 1/1/09 \*

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

**Hannah Foster – Associate Consultant**  
VVV Consultants LLC – April 2022

- MO Southern State – Joplin, MO
- Avila University – MBA with HC
- Hometown: Lee's Summit, MO

**Cassandra Kahl, BHS – Director, Project Management**  
VVV Consultants LLC – Nov 2020

- University of Kansas – Health Sciences
- Park University - MHA
- Hometown: Maple, WI

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## Town Hall Participation (You)

- ALL attendees practice “Safe Engagement”. We will work together - Table Teams
- ALL attendees welcome to share. Engaging Conversation (No right or wrong answer)
  - Parking Lot
- ALL Take Notes – Important Health Indicators
- Please give truthful responses – Serious Community Conversation. Here to Update Unmet Needs List.
- Have a little fun along the way

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## II. Review of a CHNA

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

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## A Conversation with the Community & Stakeholders

*Community members and organizations invited to CHNA Town Hall*

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

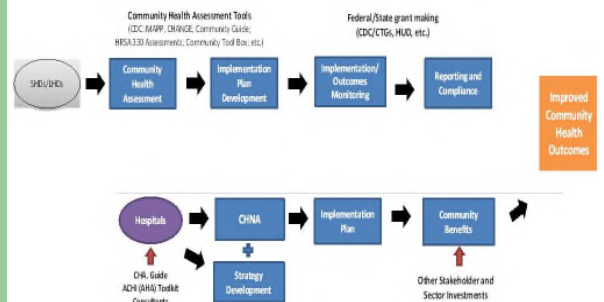
**Community leaders and groups:** The hospital organization's board members, Local clergy and congregational leaders, Presidents or chairs of civic or service clubs – Chamber of Commerce, veterans' organizations, Lions, Rotary, etc., Representatives from businesses – owners/CEO's of large businesses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

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

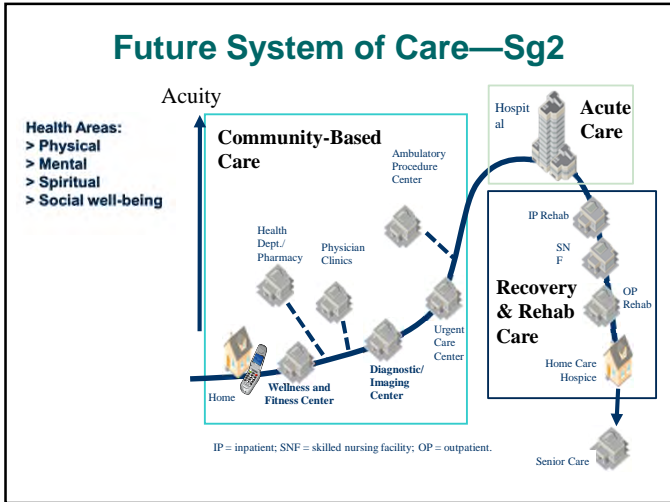
**Other providers:** Physicians, Leaders in other not-for-profit health care organizations, such as hospitals, clinics, nursing homes and home-based and community-based services, Leaders from Catholic Charities and other faith-based service providers, Mental health providers, Oral health providers, Health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

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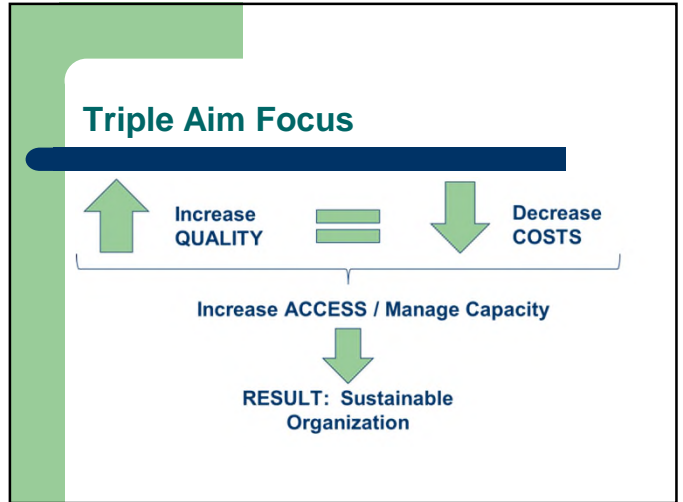
## Community Health Needs Assessment Joint Process: Hospital & Local Health Providers



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## II. IRS Hospital CHNA Written Report Documentation – Table of Contents

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

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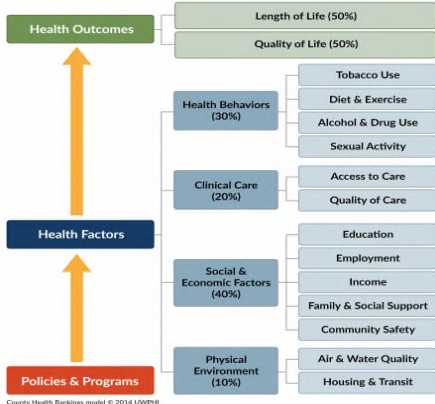
## III. Review Current County Health Status: Secondary Data by 10 Tab Categories & State Rankings

Trends: Good Same Poor

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

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



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Focus Area	Measure	Description	Focus Area	Measure	Description	
1 Air and water quality (5%)	Air pollution - particulate matter	The average daily measure of fine particulate matter in micrograms per cubic meter (PM2.5) in a county	2b Community safety (5%)	Violent crime	Violent crime rate per 100,000 population	
	Drinking water violation	Percent of population potentially exposed to water exceeding a violation limit during the past year		Injury deaths	Injury mortality per 100,000	
	Housing and transit (5%)	Severe housing problem	Percent of households with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities	3 Health Outcomes (10%)	Health Behaviors	
Driving alone to work long-distance - driving alone		Percent of the workforce that drives alone to work				
Long-distance - driving alone		Among workers who commute in their car alone, the percent that commute more than 30 minutes				
2c Clinical Care (20%)			4a Social and Economic Environment (40%)			
2a Access to care (10%)	Uninsured	Percent of population under age 65 without health insurance	2b Tobacco use (10%)	Adult smoking	Percent of adults that report smoking >= 100	
	Primary care physicians	Ratio of population to primary care physicians		Diet and exercise (10%)	Adult obesity	Percent of adults that report a BMI >= 30
	Dentists	Ratio of population to dentists			Food environment index	Index of factors that contribute to a healthy food environment
	Mental health providers	Ratio of population to mental health providers		Physical inactivity	Percent of adults aged 20 and over reporting	
Quality of care (10%)	Preventable hospital stays	Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees	Access to exercise opportunities	Percent of the population with adequate access to locations for physical activity		
	Diabetic screening	Percent of diabetic Medicare enrollees that receive HbA1c screening	Alcohol and drug use (5%)	Excessive drinking	Binge plus heavy drinking	
	Mammography screening	Percent of female Medicare enrollees that receive mammography screening	Alcohol-impaired driving deaths	Percent of driving deaths with alcohol involvement		
2b Social and Economic Environment (40%)			Sexually transmitted infections	Chlamydia rate per 100,000 population		
3b / 3c Education (10%)			3b / 3c Quality of life (50%)	Teen births	Teen birth rate per 1,000 female population, ages 15-19	
Employment (10%)	High school graduation	Percent of ninth grade cohort that graduates in 4 years		Morbidity / Mortality	Morbidity / Mortality	Morbidity / Mortality
	Some college	Percent of adults aged 25-44 years with some post-secondary education				
Unemployment	Unemployment	Percent of population age 16+ unemployed but seeking work	Poor or fair health (age-adjusted)			
Income (10%)	Children in poverty	Percent of children under age 18 in poverty	Poor physical health days	Average number of physically unhealthy days reported in past 30 days (age-adjusted)		
	Inadequate social support	Percent of adults without social/emotional support	Poor mental health days	Average number of mentally unhealthy days reported in past 30 days (age-adjusted)		
Children in single-parent households	Children in single-parent households	Percent of children that live in household headed by single parent	Low birthweight	Percent of live births with low birthweight (< 5,500 grams)		
			Length of life (50%)	Premature death	Years of potential life lost before age 75 per 100,000 population (age-adjusted)	

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### IV. Collect Community Health Perspectives Thoughts/Opinions?

- 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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## Community Health Needs Assessment

Questions?  
Next Steps?



VVV Consultants LLC  
601 N Mahaffie  
Olathe, KS 66061

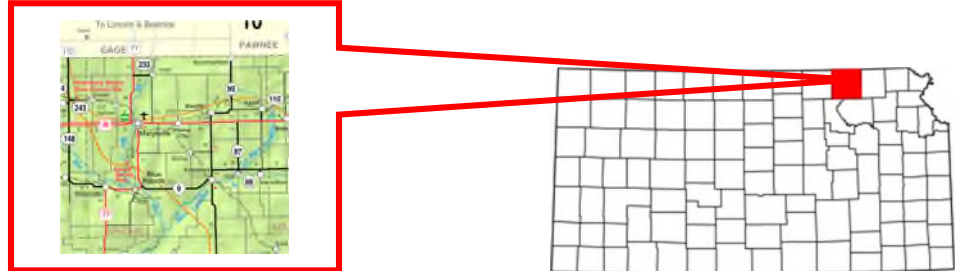
VVV@VandehaarMarketing.com  
HCF@VandehaarMarketing.com  
CJK@VandehaarMarketing.com  
(913) 302-7264

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## II. Methodology

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

#### Marshall County (KS) Community Profile



**The population of Marshall County was estimated to be 9,978 citizens** as of July 2022 and a population density of 11 persons per square mile.

U.S. Route 36 runs horizontally throughout Marshall County. U.S. Route 77 runs vertically towards the middle of the county. U.S. Route 9 runs horizontally throughout the bottom half of the county. Kansas Highway 99 runs vertically towards the right side of the county. Community Healthcare Memorial Hospital is off of U.S. Route 77.



## Marshall County (KS) Community Profile

### Marshall County Public Airports<sup>1</sup>

Name	USGS Topo Map
<a href="#">Linch Landing Strip</a>	Blue Rapids NE
<a href="#">Roepke Landing Strip</a>	Blue Rapids SW
<a href="#">Sedivy Landing Strip</a>	Blue Rapids
<a href="#">Summerfield Airport</a>	Summerfield
<a href="#">Marysville Municipal Airport</a>	Marysville

### Schools in Marshall County: Public Schools<sup>2</sup>

Name	Level
<a href="#">Axtell Elementary School</a>	Elementary
<a href="#">Axtell High</a>	High
<a href="#">Frankfort Elem</a>	Elementary
<a href="#">Frankfort High</a>	High
<a href="#">Marysville Elem</a>	Elementary
<a href="#">Marysville Jr/Sr High</a>	High
<a href="#">Valley Heights Elem</a>	Elementary
<a href="#">Valley Heights Elementary - Waterville</a>	Elementary
<a href="#">Valley Heights Jr/Sr High</a>	High

<sup>1</sup> <https://kansas.hometownlocator.com/features/historical,class,airport,scfips,20117.cfm>

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

## Marshall County, KS - Detail Demographic Profile

	ZIP	NAME	County	Population			Households		HH	Per Capita
				Year 2020	Year 2025	Change	YR 2020	YR 2025	Avg Size 2020	Income 2020
1	66403	Axtell	MARSHALL	680	658	-3.2%	273	265	2.5	\$24,285
2	66406	Beattie	MARSHALL	465	459	-1.3%	199	196	2.3	\$35,697
3	66411	Blue Rapids	MARSHALL	1,196	1,161	-2.9%	492	477	2.4	\$25,299
4	66412	Bremen	MARSHALL	266	257	-3.4%	108	105	2.5	\$28,481
5	66427	Frankfort	MARSHALL	1,257	1,224	-2.6%	512	499	2.4	\$25,889
6	66438	Home	MARSHALL	326	322	-1.2%	123	122	2.6	\$31,181
7	66508	Marysville	MARSHALL	4,057	3,943	-2.8%	1,792	1,747	2.2	\$28,056
8	66518	Oketo	MARSHALL	165	160	-3.0%	75	73	2.2	\$33,996
9	66541	Summerfield	MARSHALL	222	213	-4.1%	104	101	2.1	\$28,379
10	66544	Vermillion	MARSHALL	392	394	0.5%	181	182	2.2	\$29,430
11	66548	Waterville	MARSHALL	1,022	1,019	-0.3%	440	441	2.3	\$28,035
<b>Totals</b>				<b>10,048</b>	<b>9,810</b>	<b>-2.4%</b>	<b>4,299</b>	<b>4,208</b>	<b>2.3</b>	<b>\$28,975</b>

Source : ESRI			Population				Year 2020		Females	
ZIP	NAME	County	Year 2020	Pop. 65+	Kids<18	Gen Y	Males	Females	# Age 20-35	
1	66403	Axtell	MARSHALL	680	140	192	75	356	324	66
2	66406	Beattie	MARSHALL	465	97	119	53	238	227	46
3	66411	Blue Rapids	MARSHALL	1,196	302	347	125	574	622	112
4	66412	Bremen	MARSHALL	266	62	58	30	143	123	20
5	66427	Frankfort	MARSHALL	1,257	321	331	134	629	628	124
6	66438	Home	MARSHALL	326	68	84	37	167	159	33
7	66508	Marysville	MARSHALL	4,057	915	1,110	476	1,995	2,062	419
8	66518	Oketo	MARSHALL	165	38	37	19	88	77	14
9	66541	Summerfield	MARSHALL	222	46	61	23	115	107	21
10	66544	Vermillion	MARSHALL	392	90	106	44	204	188	40
11	66548	Waterville	MARSHALL	1,022	277	268	121	503	519	107
<b>Totals</b>				<b>10,048</b>	<b>2,356</b>	<b>2,713</b>	<b>1,137</b>	<b>5,012</b>	<b>5,036</b>	<b>1,002</b>

Source : ESRI			Population 2020				Households 2020			
ZIP	NAME	County	Caucasian	African Amer	Amer Ind.	Hispanic	# HHolds	Medium HH \$\$	# HH \$50K+	
1	66403	Axtell	MARSHALL	95.6%	0.3%	0.1%	1.2%	273	\$48,726	134
2	66406	Beattie	MARSHALL	95.3%	0.4%	1.1%	2.8%	199	\$59,735	120
3	66411	Blue Rapids	MARSHALL	94.7%	0.6%	2.1%	2.2%	492	\$51,913	258
4	66412	Bremen	MARSHALL	98.5%	0.0%	1.1%	0.4%	108	\$56,150	64
5	66427	Frankfort	MARSHALL	96.7%	0.8%	0.2%	2.0%	512	\$50,000	256
6	66438	Home	MARSHALL	96.0%	0.3%	0.9%	2.8%	123	\$59,579	73
7	66508	Marysville	MARSHALL	95.0%	0.6%	0.5%	2.9%	1,792	\$46,761	852
8	66518	Oketo	MARSHALL	97.6%	0.0%	1.2%	0.6%	75	\$58,411	45
9	66541	Summerfield	MARSHALL	95.5%	0.5%	0.0%	1.4%	104	\$47,404	50
10	66544	Vermillion	MARSHALL	95.9%	0.5%	0.5%	2.0%	181	\$49,039	93
11	66548	Waterville	MARSHALL	97.0%	0.6%	0.3%	2.6%	440	\$50,716	229
<b>Totals</b>				<b>96.2%</b>	<b>0.4%</b>	<b>0.7%</b>	<b>1.9%</b>	<b>4,299</b>	<b>\$52,585</b>	<b>2,174</b>

# III. Community Health Status

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[VVV Consultants LLC]

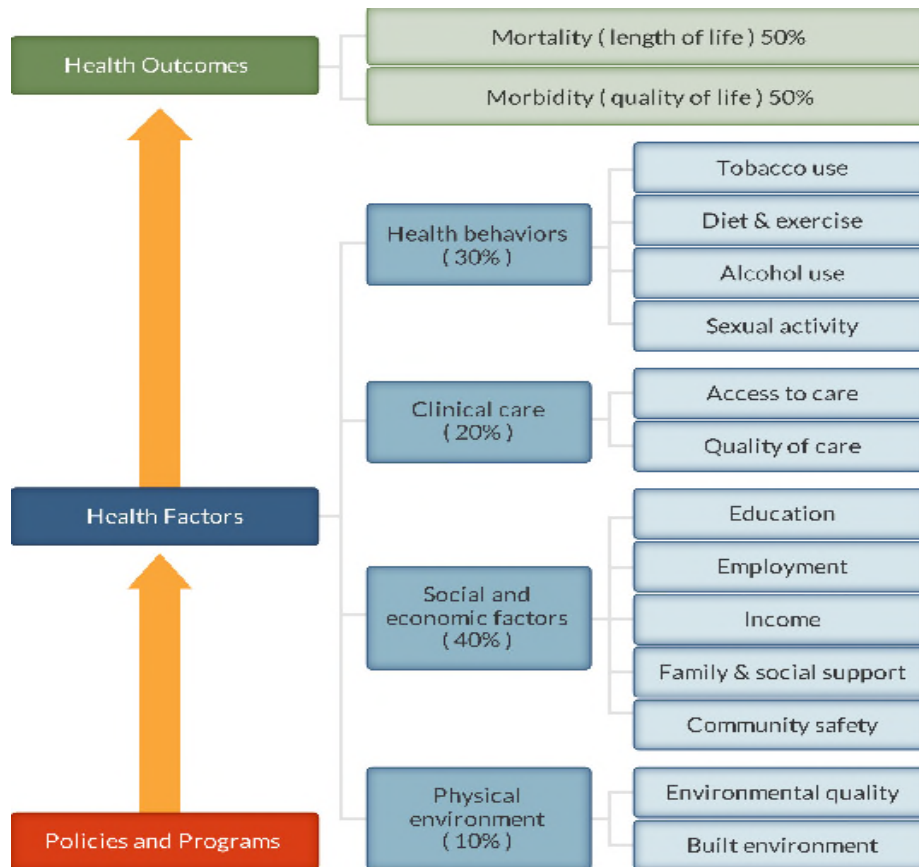
### III. Community Health Status

#### 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 2020 RWJ County Health Rankings and conversations from Town Hall participantes. 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 2022 RWJ Health Rankings:

#	KS Rankings - 105 Counties	Definitions	Marshall Co.	TREND	KS Rural 31 Norm
1	Health Outcomes		36	Yellow	53
2	Mortality	Length of Life	34	Green	45
3	Morbidity	Quality of Life	42	Yellow	57
4	Health Factors		48	Yellow	58
5	Health Behaviors	Tobacco Use, Diet/Exercise, Alcohol Use, Sexual Activitiy	74	Red	58
6	Clinical Care	Access to care / Quality of Care	38	Yellow	53
7	Social & Economic Factors	Education, Employment, Income, Family/Social support, Community Safety	21	Green	53
8	Physical Environment	Environmental quality	63	Yellow	64
KS Rural 31 Norm includes the following counties: Atchison, Brown, Chautauqua, Clay, Dickinson, Doniphan, Elk, Ellsworth, Finney, Geary, Harvey, Haskell, Jackson, Jefferson, Labette, Mcpherson, Marion, Meade, Montgomery, Morris, Nemaha, Neosho, Ottawa, Pratt, Rice, Seward, Stevens, and Wilson.					
<a href="http://www.countyhealthrankings.org">http://www.countyhealthrankings.org</a> , released 2022					

## PSA Secondary Research:

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

**Note:** Each Tab has been trended to reflect County trends to NORM. The TABs are trended by three colors to understand the direction they are going in compared to the rural norm. Green means the county is trending up or in the right direction compared to Rural Norm. Yellow means it is about the same and RED indicating it is lower or going in the wrong direction .

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

### Tab 1: Demographic Profile

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

Tab	Demographic - Health Indicators	Marshall Co. KS	Trend	State of KS	KS Rural 31 Norm	Source
1	a Population estimates, July 1, 2021, (V2021)	9,979		2,913,314	14,343	People Quick Facts
	b Population, percent change - April 1, 2020 (estimates base) to July 1, 2021, (V2021)	-0.6%		-0.1%	-0.5%	People Quick Facts
	d Persons under 5 years, percent, 2021	6.2%		6.4%	6.3%	People Quick Facts
	e Persons 65 years and over, percent, 2021	22.7%		16.3%	19.8%	People Quick Facts
	f Female persons, percent, 2021	49.6%		50.2%	49.6%	People Quick Facts
	g White alone, percent, 2021	96.2%		86.3%	92.0%	People Quick Facts
	h Black or African American alone, percent, 2021	0.7%		6.1%	2.4%	People Quick Facts
	i Hispanic or Latino, percent, 2021	2.9%		12.2%	11.1%	People Quick Facts
	j Language other than English spoken at home, percent of persons age 5 years+, 2016-2020	3.7%		11.9%	9.2%	People Quick Facts
	k Living in same house 1 year ago, percent of persons age 1 year+, 2016-2020	89.3%		83.8%	87.7%	People Quick Facts
	l Children in single-parent households, 2016-2020 (2022)	15.2%		29.0%	18.0%	County Health Rankings
	m Veterans, 2016-2020	740		176,444	948	People Quick Facts

### Tab 2: Economic Profile

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

Tab	Economic - Health Indicators	Marshall Co. KS	Trend	State of KS	KS Rural 28 Norm	Source
2	a Per capita income in past 12 months, 2016-2020	\$29,502		\$31,814	\$27,797	People Quick Facts
	b Persons in poverty, percent, 2021	8.7%		11.4%	11.2%	People Quick Facts
	c Housing units, July 1, 2019, (V2021)	4757		1,288,401	6,573	People Quick Facts
	d Persons per household, 2016-2020	2.3		2.5	2.4	People Quick Facts
	e Severe housing problems, percent, 2014-2018 (2021)	8.5%		13.0%	11.2%	County Health Rankings
	f Total employer establishments, 2020	361		239,118	1,125	Business Quick Facts
	g Unemployment, percent, 2020 (2021)	3.1%		3.4%	4.6%	County Health Rankings
	h Food insecurity, percent, 2019 (2021)	11.1%		13.0%	12.2%	County Health Rankings
	i Limited access to healthy foods, percent, 2019 (2021)	12.9%		8.0%	9.5%	County Health Rankings
	j Long commute - driving alone, percent, 2016-2020 (2021)	16.9%		21.0%	24.3%	County Health Rankings

### Tab 3: Educational Profile

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

Tab	Education - Health Indicator	Marshall Co. KS	Trend	State of KS	KS Rural 28 Norm	Source
3	a Children eligible for free or reduced price lunch, percent, 2019-2020 (2021)	42.9%		46.6%	51.5%	County Health Rankings
	b High school graduate or higher, percent of persons age 25 years+, 2015-2019	91.3%		91.0%	89.2%	People Quick Facts
	c Bachelor's degree or higher, percent of persons age 25 years+, 2015-2019	19.2%		33.4%	22.2%	People Quick Facts

**Tab 4: Maternal / Infant Profile**

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

Tab	Maternal/Infant - Health Indicators	Marshall Co. KS	Trend	State of KS	KS Rural 28 Norm	Source
4	a Percent of Births Where Prenatal Care began in First Trimester, 2018-2020 (2021)	83.1%		81.0%	79.7%	Kansas Health Matters
	b Percentage of Premature Births, 2018-2020 (2021)	11.6%		9.8%	9.4%	Kansas Health Matters
	c Percent of Infants up to 24 months that received full Immunizations, 2017-2018 (2021)	83.8%		71.1%	73.4%	Kansas Health Matters
	d Percent of Births with Low Birth Weight, 2018-2020 (2021)	8.1%		7.4%	7.1%	Kansas Health Matters
	f Percent of all Births Occurring to Teens (15-19), 2018-2020	2.9%		5.2%	5.9%	Kansas Health Matters
	g Percent of births Where Mother Smoked During Pregnancy, 2018-2020	NA		8.7%	13.2%	Kansas Health Matters

#	Criteria - Vital Statistics	Marshall Co. KS	Trend	Kansas	KS Rural 31 Norm
a	Total Live Births, 2016	11.4		13.1	12.9
b	Total Live Births, 2017	12.4		12.5	12.1
c	Total Live Births, 2018	12.0		12.5	12.7
d	Total Live Births, 2019	12.0		12.1	12.1
e	Total Live Births, 2020	11.5		11.8	11.7
g	Total Live Births, 2016- 2020 - Five year Rate (per 1,000)	11.9		12.4	12.3

**Tab 5: Hospitalization and Provider Profile**

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

Tab	Hospital/Provider - Health Indicator	Marshall Co. KS	Trend	State of KS	KS Rural 28 Norm	Source
5	a Primary care physicians (Pop Coverage per) (No extenders incl.) , 2019 (2021)	1941:1		1271:1	2120:1	County Health Rankings
	b Preventable hospital rate per 100,000, 2019 (2021) (lower the better)	4,935		3,645	4,162	County Health Rankings
	c Patients Who Gave Their Hospital a Rating of 9 or 10 on a Scale from 0 (Lowest) to 10 (Highest)	86.0%		NA	78.4%	CMS Hospital Compare, Latest Release
	d Patients Who Reported Yes, They Would Definitely Recommend the Hospital	75.0%		NA	76.6%	CMS Hospital Compare, Latest Release
	e Average (Median) time patients spent in the emergency department, before leaving from the visit (mins)	95.0		NA	114	CMS Hospital Compare, Latest Release

**Tab 6: Behavioral / Mental Profile**

Behavioral healthcare provides another important indicator of community health status.

Tab	Mental - Health Indicator	Marshall Co. KS	Trend	State of KS	KS Rural 28 Norm	Source
6	a Depression: Medicare Population, percent, 2018 (2021)	14.9%		19.8%	18.0%	Kansas Health Matters
	b Age-adjusted Suicide Mortality Rate per 100,000 population, 2018-2020 (lower is better)	22.7		18.5	13.2	Kansas Health Matters
	c Mental Behavioral Hospital Admission Rates per 100,000, 2018-2020	33.7		70.6	51.0	Kansas Health Matters
	k Percent of Medicare Part D Beneficiaries Receiving Opioids Supply >10 Days 2017 (2021)	38.4%		37.8%	43.1%	Kansas Health Matters
	d Average Number of mentally unhealthy days, 2019 (2021)	4.6		4.5	4.5	County Health Rankings

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

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

Tab	High-Risk - Health Indicator	Marshall Co. KS	Trend	State of KS	KS Rural 28 Norm	Source
7a	a Adult obesity, percent, 2019 (2021)	35.9%	Yellow	35.6%	37.1%	County Health Rankings
	b Adult smoking, percent, 2019 (2021)	19.1%	Red	16.8%	18.7%	County Health Rankings
	c Excessive drinking, percent, 2019 (2021)	20.2%	Red	20.0%	18.8%	County Health Rankings
	d Physical inactivity, percent, 2019 (2021)	31.2%	Yellow	26.7%	31.1%	County Health Rankings
	e # of Physically unhealthy days, 2019	3.7	Yellow	3.6	3.8	County Health Rankings
	f Sexually transmitted infections (chlamydia), rate per 100,000 - 2018 (2021)	103.0	Green	524.7	374.4	County Health Rankings

**Tab 7b: Chronic Risk Profile**

Tab	Chronic - Health Indicator	Marshall Co. KS	Trend	State of KS	KS Rural 28 Norm	Source
7b	a Hypertension: Medicare Population, 2018 (2021)	53.4%	Yellow	55.9%	56.5%	Kansas Health Matters
	b Hyperlipidemia: Medicare Population, 2018 (2021)	36.2%	Yellow	43.9%	40.6%	Kansas Health Matters
	c Heart Failure: Medicare Population, 2018 (2021)	15.1%	Red	13.5%	14.7%	Kansas Health Matters
	d Chronic Kidney Disease: Medicare Pop, 2018 (2021)	18.3%	Yellow	22.5%	20.5%	Kansas Health Matters
	e COPD: Medicare Population, 2018 (2021)	13.0%	Red	11.9%	12.4%	Kansas Health Matters
	f Atrial Fibrillation: Medicare Population, 2018 (2021)	10.6%	Red	8.9%	9.1%	Kansas Health Matters
	g Cancer: Medicare Population, 2018 (2021)	9.6%	Red	8.2%	7.8%	Kansas Health Matters
	h Osteoporosis: Medicare Population, 2018 (2021)	5.6%	Yellow	6.4%	5.9%	Kansas Health Matters
	i Asthma: Medicare Population, 2018 (2021)	2.7%	Yellow	4.2%	3.4%	Kansas Health Matters
	j Stroke: Medicare Population, 2018 (2021)	2.4%	Yellow	3.2%	3.0%	Kansas Health Matters

**Tab 8 Uninsured Profile and Community Benefit**

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

Tab	Coverage - Health Indicator	Marshall Co. KS	Trend	State of KS	KS Rural 28 Norm	Source
8	a Uninsured, percent, 2019 (2021)	8.9%	Green	10.7%	12.2%	County Health Rankings

#	Community Memorial Healthcare	YR 2019	YR 2020	YR 2021
1	Bad Debt - Write off	\$864,266	\$1,000,726	\$1,367,268
2	Charity Care - Free Care Given	\$167,984	\$160,602	\$190,262



**Tab 8 Uninsured Profile and Community Benefit (Continued)**

Source: Internal Records - Marshall Co KS Health Department				
#	Community Contribution - Health Dept. Operations	YR 2019	YR 2020	YR 2021
1	Core Community Public Health	\$0	\$0	\$0
2	Child Care Inspections	NA	NA	NA
3	Environmental Services	NA	NA	NA
4	Home Health	NA	NA	NA
5	Screenings: Blood pressure / STD	\$0	\$0	\$0
	# of Patients STD	66	46	53
	# of Blood pressure taken	85	62	68
6	Vaccine -our reimbursment from State	\$28,607	\$23,067	\$20,317
7	Cost of Doses Distributed:	\$97,680	\$81,416	\$84,125
8	WIC Administration	\$0	\$0	\$0

**Tab 9: Mortality Profile**

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

Tab	Mortality - Health Indicator	Marshall Co. KS	Trend	State of KS	KS Rural 28 Norm	Source
9 a	Life Expectancy, 2018-2020 (2021)	77.4		78.5	77.8	Kansas Health Matters
b	Age-adjusted Cancer Mortality Rate per 100,000 population, 2018-2020 (lower is better)	129.0		151.4	159.5	Kansas Health Matters
c	Age-adjusted Heart Disease Mortality Rate per 100,000 population, 2018-2020 (lower is better)	153.1		162.0	171.8	Kansas Health Matters
d	Age-adjusted Chronic Lower Respiratory Disease Mortality Rate per 100,000, 2018-2020 (Lower is better)	36.6		157.2	160.5	Kansas Health Matters
e	Alcohol-impaired driving deaths, percent, 2016-2020 (2021)	40.0%		19.4%	20.4%	County Health Rankings

Causes of Death by County of Residence, KS 2020	Marshall Co. KS	%	Trend	Kansas	%
<b>TOTAL</b>	<b>143</b>			<b>31,667</b>	
Other causes	46	32.2%		9,226	29.1%
Heart disease	28	19.6%		6,202	19.6%
Cancer	24	16.8%		5,471	17.3%
Ischemic Heart Disease	20	14.0%		3,641	11.5%
Cerebrovascular disease (Stroke)	9	6.3%		1,361	4.3%
Chronic lower respiratory diseases	6	4.2%		1,630	5.1%
Kidney disease (nephritis/nephrotic syndrome/nephrosis)	5	3.5%		523	1.7%
Residual Infections and Parasitic Diseases	5	3.5%		515	1.6%
Cancer of the Trachea, Bronchus, and Lungs	5	3.5%		109	0.3%

**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	Preventative - Health Indicator	Marshall Co. KS	Trend	State of KS	KS Rural 28 Norm	Source
10 a	Access to exercise opportunities, percent, 2021	7.3%		73.3%	45.1%	County Health Rankings
b	Adults with diabetes, monitoring, percent, 2019	9.3%		9.7%	10.3%	County Health Rankings
c	Mammography annual screening, percent, 2019	48.0%		46.0%	41.6%	County Health Rankings
d	Adults that report having visited a doctor for a routine check-up within the past year, percent, 2019	74.8%		NA	74.8%	Kansas Health Matters
e	Adults who visited a dentist or dental clinic in the past year, percent, 2018	65.2%		NA	62.0%	Kansas Health Matters

## PSA Primary Research:

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

**Chart #1 – Marshall County, KS Online Feedback Response (N=263)**

<b>Marshall Co KS - CHNA YR 2022</b>			
For reporting purposes, are you involved in or are you a ...? (Multiple)	Marshall Co KS N=263	Trend	Wave 4 Norms N=7,805
Business / Merchant	13.1%		12.9%
Community Board Member	12.4%		11.4%
Case Manager / Discharge Planner	0.4%		1.1%
Clergy	0.8%		1.7%
College / University	0.8%		3.3%
Consumer Advocate	0.8%		1.8%
Dentist / Eye Doctor / Chiropractor	0.4%		1.0%
Elected Official - City/County	2.8%		2.6%
EMS / Emergency	2.0%		3.1%
Farmer / Rancher	8.0%		8.5%
Hospital / Health Dept	6.0%		22.3%
Housing / Builder	1.2%		1.0%
Insurance	0.8%		1.4%
Labor	2.4%		2.9%
Law Enforcement	0.8%		1.5%
Mental Health	0.8%		2.4%
Other Health Professional	7.6%		13.6%
Parent / Caregiver	14.7%		20.1%
Pharmacy / Clinic	2.0%		2.8%
Media (Paper/TV/Radio)	0.0%		0.6%
Senior Care	4.0%		4.2%
Teacher / School Admin	6.4%		8.2%
Veteran	5.6%		4.0%
Other (please specify)	6.4%		9.6%
<b>TOTAL</b>	<b>263</b>		<b>7264</b>
<small>Norms: <b>KS Counties:</b> Atchinson, Brown, Dickinson, Jackson, Marion, Marshall, Montgomery, Cowley, Russell, Trego, Harper, Miami, Johnson, Nemaha, Ellis, Pawnee, Gove, Sheridan, Kiowa, Pratt, Ellsworth, Republic; <b>MO Counties:</b> Carroll, Caldwell, Clinton, Daviess, DeKalb, Lewis, Marion, Monroe, Pike, Ralls, Ray, Shelby Co; <b>IA Counties:</b> Cass, Cherokee, Fremont, Page, Appanoose, Carroll, Jasper, Clayton; <b>NE Counties:</b> Custer &amp; Furnis.</small>			

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

Marshall Co KS - CHNA YR 2022			
How would you rate the "Overall Quality" of healthcare delivery in our community?	Marshall Co KS N=263	Trend	Wave 4 Norms N=7,805
Top Box %	26.2%		26.0%
Top 2 Boxes %	71.2%		68.8%
Very Good	26.2%		26.0%
Good	45.0%		42.7%
Average	22.7%		24.5%
Poor	5.0%		5.3%
Very Poor	1.2%		1.5%
Valid N	263		7,754
<small>Norms: <b>KS Counties:</b> Atchinson, Brown, Dickinson, Jackson, Marion, Marshall, Montgomery, Cowley, Russell, Trego, Harper, Miami, Johnson, Nemaha, Ellis, Pawnee, Gove, Sheridan, Kiowa, Pratt, Ellsworth, Republic; <b>MO Counties:</b> Carroll, Caldwell, Clinton, Daviess, DeKalb, Lewis, Marion, Monroe, Pike, Ralls, Ray, Shelby Co; <b>IA Counties:</b> Cass, Cherokee, Fremont, Page, Appanoose, Carroll, Jasper, Clayton; <b>NE Counties:</b> Custer &amp; Furnis.</small>			

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

Marshall Co KS - CHNA YR 2022			
When considering "overall community health quality", is it...	Marshall Co KS N=263	Trend	Wave 4 Norms N=7,805
Increasing - moving up	28.3%		42.4%
Not really changing much	58.0%		45.8%
Decreasing - slipping	13.7%		11.7%
Valid N	263		7,001
<small>Norms: <b>KS Counties:</b> Atchinson, Brown, Dickinson, Jackson, Marion, Marshall, Montgomery, Cowley, Russell, Trego, Harper, Miami, Johnson, Nemaha, Ellis, Pawnee, Gove, Sheridan, Kiowa, Pratt, Ellsworth, Republic; <b>MO Counties:</b> Carroll, Caldwell, Clinton, Daviess, DeKalb, Lewis, Marion, Monroe, Pike, Ralls, Ray, Shelby Co; <b>IA Counties:</b> Cass, Cherokee, Fremont, Page, Appanoose, Carroll, Jasper, Clayton; <b>NE Counties:</b> Custer &amp; Furnis.</small>			

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

Marshall Co KS - CHNA YR 2022					
Past CHNA Unmet Needs Identified		Ongoing Problem			Pressing
Rank	Ongoing Problem Area	Votes	%	Trend	Rank
1	Mental Health Providers and Placement	36	11.0%		2
2	Mental Health (Diagnosis, Treatment, Aftercare)	34	10.4%		1
3	Urgent Care Services (Southern Cass County)	31	9.5%		3
4	Drug Abuse / Drug Prevention Resources	29	8.8%		4
5	Awareness of Healthcare Services	25	7.6%		8
6	Healthcare Transportation	25	7.6%		5
7	Access to Dental Care (Uninsured / Medicaid)	21	6.4%		6
8	Obesity - Nutrition / Fitness	20	6.1%		9
9	Suicides (Adolescence)	17	5.2%		13
10	Domestic Violence	16	4.9%		10
11	Access to Primary Care (Internal Medicine, Pediatrics, Obstetrics)	15	4.6%		7
12	Poverty (Homelessness)	15	4.6%		11
13	Senior Care Staffing	15	4.6%		12
14	Lack of Funding for Local Health Department	13	4.0%		14
15	Smoking (Vaping)	10	3.0%		16
16	Lack of Healthcare County-Wide Coalition	6	1.8%		15
Totals		328	100.0%		

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

<b>Marshall Co KS - CHNA YR 2022</b>			
In your opinion, what are the root causes of "poor health" in our community?	Marshall Co KS N=263	Trend	Wave 4 Norms N=7,805
Chronic disease prevention	11.1%		12.1%
Lack of health & Wellness Education	12.1%		15.2%
Lack of Nutrition / Exercise Services	12.8%		11.6%
Limited Access to Primary Care	5.2%		6.8%
Limited Access to Specialty Care	7.7%		8.9%
Limited Access to Mental Health Assistance	6.7%		20.2%
Family assistance programs	5.4%		6.1%
Lack of health insurance	13.6%		15.4%
Neglect	13.3%		12.3%
<b>Total Votes</b>	<b>263</b>		<b>12,993</b>
<small>Norms: <b>KS Counties:</b> Atchinson, Brown, Dickinson, Jackson, Marion, Marshall, Montgomery, Cowley, Russell, Trego, Harper, Miami, Johnson, Nemaha, Ellis, Pawnee, Gove, Sheridan, Kiowa, Pratt, Ellsworth, Republic; <b>MO Counties:</b> Carroll, Caldwell, Clinton, Daviess, DeKalb, Lewis, Marion, Monroe, Pike, Ralls, Ray, Shelby Co; <b>IA Counties:</b> Cass, Cherokee, Fremont, Page, Appanoose, Carroll, Jasper, Clayton; <b>NE Counties:</b> Custer &amp; Furnis.</small>			

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

<b>Marshall Co KS - CHNA YR 2022</b>	<b>Marshall Co KS N=263</b>		<b>Trend</b>	<b>Wave 4 Norms N=7,805</b>	
	<b>Top 2 boxes</b>	<b>Bottom 2 boxes</b>		<b>Top 2 boxes</b>	<b>Bottom 2 boxes</b>
How would our community rate each of the following?					
Ambulance Services	92.5%	6.9%		80.7%	7.2%
Child Care	31.0%	63.9%		41.1%	18.7%
Chiropractors	47.1%	49.7%		69.8%	8.2%
Dentists	74.1%	25.9%		69.8%	11.7%
Emergency Room	84.6%	14.2%		71.9%	10.2%
Eye Doctor/Optomtrist	83.9%	16.1%		73.8%	9.3%
Family Planning Services	31.0%	64.8%		36.4%	21.9%
Home Health	74.4%	23.7%		54.7%	11.8%
Hospice	78.1%	21.2%		63.5%	10.5%
Telehealth	31.2%	61.0%		48.0%	15.2%
Inpatient Services	81.1%	17.0%		74.6%	9.2%
Mental Health	16.2%	71.4%		25.0%	39.5%
Nursing Home/Senior Living	47.8%	51.0%		51.5%	16.3%
Outpatient Services	78.3%	21.0%		73.5%	5.8%
Pharmacy	88.8%	11.3%		85.3%	3.5%
Primary Care	78.8%	19.2%		75.5%	7.5%
Public Health	66.7%	31.4%		57.9%	10.9%
School Health	57.9%	40.7%		59.8%	9.9%
Visiting Specialists	77.8%	20.9%		64.7%	9.7%

**Chart #7 – Community Health Readiness**

Marshall Co KS - CHNA YR 2022		Bottom 2 boxes	
Community Health Readiness is vital. How would you rate each of the following? (% Poor / Very Poor)	Marshall Co KS N=263	Trend	Wave 4 Norms N=7,805
Behavioral / Mental Health	51.0%		37.5%
Emergency Preparedness	4.6%		9.6%
Food and Nutrition Services/Education	20.0%		17.2%
Health Screenings (as asthma, hearing, vision, scoliosis)	10.7%		12.0%
Prenatal/Child Health Programs	4.9%		13.7%
Substance Use/Prevention	46.9%		36.6%
Suicide Prevention	51.0%		38.9%
Violence Prevention	47.9%		36.4%
Women's Wellness Programs	21.2%		19.5%

Norms: **KS Counties:** Atchinson, Brown, Dickinson, Jackson, Marion, Marshall, Montgomery, Cowley, Russell, Trego, Harper, Miami, Johnson, Nemaha, Ellis, Pawnee, Gove, Sheridan, Kiowa, Pratt, Ellsworth, Republic; **MO Counties:** Carroll, Caldwell, Clinton, Daviess, DeKalb, Lewis, Marion, Monroe, Pike, Ralls, Ray, Shelby Co; **IA Counties:** Cass, Cherokee, Fremont, Page, Appanoose, Carroll, Jasper, Clayton; **NE Counties:** Custer & Furnis.

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

Marshall Co KS - CHNA YR 2022			
In the past 2 years, did you or someone you know receive HC outside of our community?	Marshall Co KS N=263	Trend	Wave 4 Norms N=7,805
Yes	73.4%		72.4%
No	26.6%		27.6%

Norms: **KS Counties:** Atchinson, Brown, Dickinson, Jackson, Marion, Marshall, Montgomery, Cowley, Russell, Trego, Harper, Miami, Johnson, Nemaha, Ellis, Pawnee, Gove, Sheridan, Kiowa, Pratt, Ellsworth, Republic; **MO Counties:** Carroll, Caldwell, Clinton, Daviess, DeKalb, Lewis, Marion, Monroe, Pike, Ralls, Ray, Shelby Co; **IA Counties:** Cass, Cherokee, Fremont, Page, Appanoose, Carroll, Jasper, Clayton; **NE Counties:** Custer & Furnis.

**Specialties:**

Specialty	Counts
ORTH	10
PRIM	8
CANC	6
OBG	6
DERM	5
DENT	4
CARD	3
EMER	3
OPHT	3
SURG	3

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

Marshall Co KS - CHNA YR 2022			
Access to care is vital. Are there enough providers / staff available at the right times to care for you and our community?	Marshall Co KS N=263	Trend	Wave 4 Norms N=7,805
Yes	58.2%		57.8%
No	41.8%		42.2%

Norms: **KS Counties:** Atchinson, Brown, Dickinson, Jackson, Marion, Marshall, Montgomery, Cowley, Russell, Trego, Harper, Miami, Johnson, Nemaha, Ellis, Pawnee, Gove, Sheridan, Kiowa, Pratt, Ellsworth, Republic; **MO Counties:** Carroll, Caldwell, Clinton, Daviess, DeKalb, Lewis, Marion, Monroe, Pike, Ralls, Ray, Shelby Co; **IA Counties:** Cass, Cherokee, Fremont, Page, Appanoose, Carroll, Jasper, Clayton; **NE Counties:** Custer & Furnis.

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

<b>Marshall Co KS - CHNA YR 2022</b>			
<b>What needs to be discussed further at our CHNA Town Hall meeting?</b>	<b>Marshall Co KS N=263</b>	<b>Trend</b>	<b>Wave 4 Norms N=7,805</b>
Abuse/Violence	4.5%	Yellow	4.1%
Alcohol	1.7%	Green	3.8%
Alternative Medicine	3.3%	Yellow	3.0%
Breast Feeding Friendly Workplace	3.3%	Yellow	1.7%
Cancer	11.4%	Red	4.6%
Care Coordination	1.3%	Green	2.3%
Diabetes	2.3%	Green	2.6%
Drugs/Substance Abuse	2.9%	Green	5.4%
Family Planning	4.5%	Yellow	2.3%
Heart Disease	6.0%	Yellow	3.1%
Lack of Providers/Qualified Staff	2.0%	Green	3.7%
Lead Exposure	2.5%	Green	1.2%
Mental Illness	1.3%	Green	6.8%
Neglect	4.5%	Yellow	2.9%
Nutrition	3.8%	Yellow	4.3%
Obesity	0.1%	Green	4.0%
Occupational Medicine	1.2%	Green	0.9%
Ozone (Air)	3.8%	Yellow	1.5%
Physical Exercise	4.5%	Yellow	4.4%
Poverty	0.1%	Green	3.5%
Preventative Health / Wellness	0.1%	Green	3.5%
Respiratory Disease	4.0%	Yellow	1.4%
Sexually Transmitted Diseases	4.6%	Yellow	2.3%
Smoke-Free Workplace	5.0%	Yellow	1.7%
Suicide	0.4%	Green	4.8%
Teen Pregnancy	8.1%	Red	3.5%
Telehealth	1.6%	Green	2.2%
Tobacco Use	3.7%	Yellow	2.3%
Transporation	1.6%	Green	2.6%
Vaccinations	1.3%	Green	3.4%
Water Quality	2.0%	Green	2.0%
Health Literacy	0.9%	Green	2.8%
Other (please specify)	1.5%	Green	1.5%
<b>TOTAL Votes</b>	<b>263</b>		<b>23,662</b>

# IV. Inventory of Community Health Resources

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[VVV Consultants LLC]

## Inventory of Health Services Marshall County, KS - 2022

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



## Inventory of Health Services Marshall County, KS - 2022

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

## Inventory of Health Services Marshall County, KS - 2022

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

## Inventory of Health Services Marshall County, KS - 2022

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

## Providers Delivering Care in Marshall County, KS CMH 2022 Primary Service Area

# of FTE Providers Working in County	Physicians		Allied Staff
	Marshall Co Based DRs	Visiting MD/DO FTE	Marshall Co Based PA / NP
<b>Primary Care:</b>			
Family Practice	7.0		8.0
Internal Medicine / Geriatrician			
Obstetrics/Gynecology			
Pediatrics			
<b>Medicine Specialists:</b>			
Allergy/Immunology			
Cardiology		0.65	
Dermatology		0.05	
Endocrinology		0.05	
Gastroenterology			
Oncology/RADO		0.05	
Infectious Diseases			
Nephrology		0.05	
Neurology		0.05	
Psychiatry			
Pulmonary		0.10	
Rheumatology			
<b>Surgery Specialists:</b>			
General Surgery / Colon / Oral	1.0		
Neurosurgery		0.10	
Ophthalmology		0.15	
Orthopedics		0.22	
Otolaryngology (ENT)		0.05	
Plastic/Reconstructive			
Thoracic/Cardiovascular/Vasc			
Urology		0.10	
<b>Hospital Based:</b>			
Anesthesia/Pain	1.0		
Emergency			
Radiology		1.00	
Pathology		1.00	
Hospitalist			
Neonatal/Perinatal			
Physical Medicine/Rehab			
Occupational Medicine			
Audiology		0.22	
Podiatry		0.10	
Chiropractor	2.0	1.00	
Optometrist OD	1.0	2.00	
Dentists	3.0		
<b>TOTALS</b>	<b>15.0</b>	<b>6.9</b>	<b>8.0</b>

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

## Visiting Specialists to CHS Marysville, KS - 2022

Specialty	Physician Name/Group	Office Location	Schedule	Annual Days	FTE
Cardiology	Bryan Heart Institute	Lincoln, NE	1st & 3rd Mondays	24	0.10
Cardiology	Nebraska Heart Institute	Lincoln, NE	1st Tuesday; 3rd Monday	24	0.10
Cardiology	Pioneer Heart Institute	Lincoln, NE	Tuesdays & Thursdays	108	0.45
Dermatology	Manhattan Dermatology, PA	Manhattan, KS	3rd Monday	12	0.05
Endocrinology / Metabolism	Complete Endocrinology	Lincoln, NE	4th Tuesday	12	0.05
Hematology / Oncology	Cancer Center of Kansas	Manhattan, KS	2nd Thursday	12	0.05
Nephrology	Flint Hills Dialysis	Manhattan, KS	2nd Monday	12	0.05
Pulmonary	Inspire ENT & Pulmonology	Manhattan, KS	1st & 3rd Wednesdays	24	0.10
Ear, Nose, Throat (ENT)	Inspire ENT & Pulmonology	Manhattan, KS	4th Thursday	12	0.05
Neurology	Nebraska Neurosurgery Group	Lincoln, NE	1st Thursday	12	0.05
Ophthalmology	Eye Surgical Associates	Lincoln, NE	1st Friday, 2nd Thurs & Friday	36	0.15
Orthopedics	David Samani, MD, Inc	Lincoln, NE	Fridays	52	0.22
Urology	Associated Urologists, PA	Manhattan, KS	2nd & 4th Mondays	24	0.10
Audiology	Hearing Doctors of Kansas	Manhattan, KS	Tuesdays	52	0.22
Podiatry	Capital Foot & Ankle	Lincoln, NE	2nd & 4th Wednesdays	24	0.10

# **Marshall County, KS – 2022 Area Health Services**

## **Emergency Numbers**

<b>Police/Sheriff</b>	<b>911</b>
<b>Fire</b>	<b>911</b>
<b>Ambulance</b>	<b>911</b>

## **Non-Emergency Numbers**

<b>County Sheriff</b>	<b>785-562-3141</b>
<b>County Ambulance</b>	<b>785-562-2359</b>

## **Municipal Non-Emergency Numbers**

	<b>Police/Sheriff</b>	<b>Fire</b>
Marysville	785-562-2343	785-562-5331
Blue Rapids	785-363-7971	785-363-7736
Frankfort	785-292-4240	785-292-4240
Waterville	785-363-2392	785-363-2367

## Medical

### Local Health Services/Clinics

Community Memorial Healthcare .....	(785) 562-2311
Blue Rapids Medical Clinic .....	(785) 363-7202
Community Physicians Clinic, Marysville .....	(785) 562-3942
Marshall County Health Department, Marysville .....	(785) 562-3485
Senior Health Insurance Counseling for Kansas (SHICK) (Medicare) .....	(785) 742-7152

### Mental Health

Connection Therapy, Waterville .....	(785) 363-6012
Pawnee Mental Health Services, Marysville .....	(785) 562-3907
Konza Prairie Community Health Center, Manhattan .....	(785) 320-7134
National Alliance on Mental Illness (NAMI) .....	(800) 539-2660
National Suicide Prevention Lifeline .....	(800) 273-8255
Saint Francis Ministries .....	(800) 423-1342

### Dental Services

Gray Family Dental, Marysville or Blue Rapids .....	(785) 562-5323 or (785) 363-7963
Marysville Dental Care .....	(785) 562-5529
Kansas Donated Dental Services Online Application .....	<a href="https://dentallifeline.org/kansas/">https://dentallifeline.org/kansas/</a>
Kansas Donated Dental Services .....	(785) 273-1900 or (888) 870-2066
Kansas Mission of Mercy Dental Project .....	<a href="http://www.ksdentalfoundation.org/patients/">http://www.ksdentalfoundation.org/patients/</a>
Kansas Neurological Institute, Topeka (for people with IDD).....	(785) 296-5377
Konza Prairie Community Health Center, Manhattan .....	(785) 320-7134
Marian Dental Clinic, Topeka .....	(785) 233-2800
Smiles Change Lives (discounted braces) .....	<a href="https://www.smileschangelives.org/">https://www.smileschangelives.org/</a>
Smiles for Success .....	<a href="https://smilesforsuccess.org/">https://smilesforsuccess.org/</a>

### Eye Care

Blue River Eye Care .....	(785) 562-2631
The EyeDoctors .....	(785) 562-5111
EyeCare America .....	(877) 887-6327
Lions Club International (provides free eye exams and eyeglasses to qualified participants) .....	(316) 773-2100
Salvation Army, Topeka (Vision USA) .....	(785) 233-9648
Vision USA, Manhattan.....	(785) 341-7573

## Prescription Services

Marshall County NEKCAP .....	(785) 562-1014
Catholic Charities, Manhattan (prescription assistance) .....	(785) 323-0644
Needy Meds (helps with cost of medicine) .....	<a href="http://www.needymeds.org">www.needymeds.org</a>
Prescription Assistance Program.....	<a href="http://www.KansasDrugCard.com">www.KansasDrugCard.com</a>
Rx Assist (helps with cost of medicine) .....	<a href="http://www.rxassist.org">www.rxassist.org</a>
Shepherd's Crossing, Manhattan (prescription assistance) .....	(785) 776-1470

## Assistive Equipment

Community Medical Equipment, Marysville .....	(785) 562-2858
Three Rivers Center for Independent Living (helps people with disabilities) .....	(785) 777-2499
Assistive Technology for Kansans.....	(800) 526-3648
KEE Reuse Program (supply or exchange medical equipment for adults and children) .....	(800) 526-3648

## Other Health Services

Community Care Network of Kansas <a href="http://www.communitycareks.org">www.communitycareks.org</a> .....	(785) 233-8483
KanCare/Medicaid eligibility and renewal, KanCare Clearinghouse .....	(800) 792-4884
KanCare application, benefits and assistance .....	<a href="http://www.kancare.ks.gov">www.kancare.ks.gov</a>
KanCare Ombudsman office .....	(855) 643-8180
.....	<a href="http://www.KanCareOmbudsman.ks.gov">www.KanCareOmbudsman.ks.gov</a>
Kansas Special Health Care Needs (SHCN) Program (infants to age 21) .....	(785) 284-2152
Kansas State Farmworker Health Program, Kansas City .....	(913) 677-0100
.....	<a href="https://www.kdheks.gov/olrh/FWOverview.htm">https://www.kdheks.gov/olrh/FWOverview.htm</a>
Ryan White Program (HIV/STI help) ( <a href="http://www.kdheks.gov/sti_hiv/ryan_white_care.htm">www.kdheks.gov/sti_hiv/ryan_white_care.htm</a> ).....	(316) 293-2652
Senior Health Insurance Counseling for Kansas (SHICK) .....	(800) 860-5260



# Information and Referral

## Local Resources

Marshall County Agency on Aging, Marysville .....	(785) 562-5522
Pony Express Partnership for Children .....	(785) 629-8300
Families First of Marshall County.....	(785) 268-1190
RSVP of Northeast Kansas .....	(785) 562-2154
Three Rivers Center for Independent Living (helps people with disabilities).....	(785) 777-2499
American Red Cross, Fort Riley (Military, Veterans) .....	(785) 239-1887
American Red Cross, Manhattan .....	(785) 537-4304
Catholic Charities, Manhattan.....	(785) 323-0644
Catholic Charities, Topeka.....	(785) 233-6300
Salvation Army, Manhattan .....	(785) 539-9399
Salvation Army, Topeka .....	(785) 233-9648
United Way .....	2-1-1
United Way, Manhattan .....	(785) 776-3779

## Regional/State Organizations

Three Rivers Center for Independent Living (helps people with disabilities).....	(785) 777-2499
Aging and Disability Resource Center (ADRC), Hiawatha .....	(855) 200-2372
Birthright .....	(800) 550-4900
Kansas Commission on Veterans Affairs, Atchison .....	(785) 338-2848
Kansas Crisis Hotline, Manhattan .....	(785) 539-7935
Kansas Department for Children and Families, Marysville ( <a href="http://www.dcf.ks.gov">www.dcf.ks.gov</a> ) .....	(785) 562-5338
Kansas Elder Law Hotline .....	(888) 353-5337
Kansas Legal Services, Seneca .....	(785) 336-6016
Long Term Care Ombudsman, Region 2.....	(785) 230-0715
Northeast Kansas Area Agency on Aging, Hiawatha .....	(785) 742-7152
Operation Homefront (Military Families) .....	(877) 264-3968
Social Security Administration, Manhattan .....	(877) 840-5741
Twin Valley Developmental Services (CDDO), .....	(785) 747-2251

## Food

Marshall County Agency on Aging, Marysville (TEFAP) .....	(785) 562-5522
Marshall County Helping Hands Food Pantry, Marysville .....	(785) 562-3451
RSVP of Northeast Kansas .....	(785) 562-2154
Families First of Marshall County .....	(785) 268-1190
Axtell United Methodist Church, Axtell.....	(785) 336-1609
Beattie United Methodist, Beattie .....	(785) 799-5236
Catholic Charities, Manhattan.....	(785) 323-0644
Centralia Community Center, Centralia .....	(785) 857-3324

First United Methodist Church, Waterville .....	(785) 363-2779
National Hunger Hotline .....	(866) 3-HUNGRY
Prairie Land Food, Manhattan .....	(800) 998-9436
Salvation Army, Manhattan .....	(785) 341-1254

## Transportation

Marshall County Agency on Aging, Marysville (TEFAP) .....	(785) 562-5522
RSVP of Northeast Kansas .....	(785) 562-2154
Disabled American Veterans (VA appointments).....	(913) 651-2402
Marshall County Agency on Aging, Marysville .....	(785) 562-5522
Pawnee Mental Health Services, Marysville .....	(785) 562-3907

## Shelter

### Homeless Shelters/Transitional Housing

American Red Cross, Leavenworth (Veterans).....	(913) 682-6222
Catholic Charities Shelter of Hope, Leavenworth .....	(913) 651-8060
Homeless Shelter Hotline .....	(816) 474-4599
Manhattan Emergency Shelter, Manhattan .....	(785) 537-3113
Safe Haven Hope House, Leavenworth (Veterans) .....	(913) 250-5790
The Open Door Emergency Housing Shelter, Junction City .....	(785) 238-3599
U.S. Department of Veteran Affairs, VASH Voucher Program for Veterans .....	(877) 424-3838

### Housing

Aging and Disability Resource Center (ADRC), Hiawatha.....	(785) 742-7152
American Red Cross, Topeka .....	(785) 354-9238
Northeast Kansas Community Action Program (NEKCAP), Hiawatha .....	(785) 742-2222
Kansas Housing Assistance Program .....	<a href="http://www.kshap.org">www.kshap.org</a>
Kansas Housing Resources Corporation (includes weatherization assistance) .....	(785) 217-2001
.....	<a href="http://www.kshousingcorp.org">www.kshousingcorp.org</a>
Kansas Rural Development .....	(785) 271-2700
U.S. Department of Veteran Affairs, VASH Voucher Program for Veterans .....	(877) 424-3838

Blue Rapids Medical Clinic - Rural Health Clinic  
607 Lincoln Street, Blue Rapids, KS 66411

Community Physicians Clinic - Rural Health Clinic  
1902 May Street, Marysville, KS 66508

Downtown Medical Clinic - Rural Health Clinic  
112 E 2nd Street, Frankfort, KS 66427

CPC Surgeon's Clinic - Rural Health Clinic  
808 N 19th Street, Marysville, KS 66508

# V. Detail Exhibits

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[VVV Consultants LLC]

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## a.) Patient Origin Source Files

[VVV Consultants LLC]

# Inpatient Origin Reports

Marshall County Residents Discharges 01/01/2019 to 12/31/2021														
Hospital	Age Categories													
	Ttl Discharges		Newborn		0-17		18-44		45-64		65-74		75+	
	Cases	Pct %	Cases	Pct %	Cases	Pct %	Cases	Pct %	Cases	Pct %	Cases	Pct %	Cases	Pct %
Community Memorial Healthcare, Inc. - Marysville, KS	1,369	44.4%	88	45.6%	7	5.8%	154	38.5%	254	51.3%	280	55.4%	586	60.0%
Kansas Residents/Nebraska Hospitals - , NE	421	13.7%	-	0.0%	4	3.3%	4	1.0%	9	1.8%	9	1.8%	6	0.6%
Ascension Via Christi Hospital Manhattan - Manhattan, KS	276	9.0%	43	22.3%	1	0.8%	58	14.5%	40	8.1%	51	10.1%	83	8.5%
Stormont Vail Health - Topeka, KS	244	7.9%	13	6.7%	39	32.2%	43	10.8%	60	12.1%	38	7.5%	51	5.2%
Community Healthcare System Inc. - Onaga, KS	178	5.8%	17	8.8%	1	0.8%	23	5.8%	15	3.0%	30	5.9%	92	9.4%
Nemaha Valley Community Hospital - Seneca, KS	162	5.3%	23	11.9%	8	6.6%	32	8.0%	32	6.5%	12	2.4%	55	5.6%
The University of Kansas Health System - Kansas City, KS	122	4.0%	1	0.5%	4	3.3%	32	8.0%	24	4.8%	38	7.5%	23	2.4%
The University of Kansas Health System St. Francis Campus - Topeka, KS	81	2.6%	2	1.0%	-	0.0%	6	1.5%	19	3.8%	16	3.2%	38	3.9%
Children's Mercy Kansas City - Kansas City, MO	44	1.4%	-	0.0%	43	35.5%	1	0.3%	-	0.0%	-	0.0%	-	0.0%
Washington County Hospital - Washington, KS	26	0.8%	1	0.5%	-	0.0%	15	3.8%	3	0.6%	2	0.4%	5	0.5%
Salina Regional Health Center - Salina, KS	23	0.7%	2	1.0%	-	0.0%	12	3.0%	4	0.8%	2	0.4%	3	0.3%
Hanover Hospital - Hanover, KS	21	0.7%	-	0.0%	-	0.0%	-	0.0%	4	0.8%	6	1.2%	11	1.1%
Overland Park Regional Medical Center - Overland Park, KS	13	0.4%	-	0.0%	2	1.7%	3	0.8%	4	0.8%	2	0.4%	2	0.2%
Saint Luke's Hospital of Kansas City - Kansas City, MO	13	0.4%	-	0.0%	-	0.0%	1	0.3%	6	1.2%	3	0.6%	3	0.3%
Ascension Via Christi Hospitals Wichita, Inc. (St. Francis/St. Joseph) - Wichita, KS	12	0.4%	-	0.0%	4	3.3%	2	0.5%	3	0.6%	2	0.4%	1	0.1%
AdventHealth Shawnee Mission - Shawnee Mission, KS	10	0.3%	-	0.0%	-	0.0%	4	1.0%	4	0.8%	1	0.2%	1	0.1%
Wesley Healthcare - Wichita, KS	7	0.2%	-	0.0%	1	0.8%	3	0.8%	2	0.4%	-	0.0%	1	0.1%
Sabetha Community Hospital - Sabetha, KS	6	0.2%	1	0.5%	-	0.0%	1	0.3%	-	0.0%	-	0.0%	4	0.4%
Olathe Health - Olathe, KS	5	0.2%	-	0.0%	-	0.0%	-	0.0%	-	0.0%	5	1.0%	-	0.0%
Amberwell Hiawatha - Hiawatha, KS	4	0.1%	1	0.5%	-	0.0%	1	0.3%	1	0.2%	1	0.2%	-	0.0%
Clay County Medical Center - Clay Center, KS	4	0.1%	1	0.5%	-	0.0%	3	0.8%	-	0.0%	-	0.0%	-	0.0%
Memorial Health System - Abilene, KS	3	0.1%	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%	3	0.3%
Menorah Medical Center - Overland Park, KS	3	0.1%	-	0.0%	-	0.0%	-	0.0%	-	0.0%	2	0.4%	1	0.1%
Mercy Hospital Springfield - Springfield, MO	3	0.1%	-	0.0%	-	0.0%	-	0.0%	2	0.4%	-	0.0%	1	0.1%
North Kansas City Hospital - North Kansas City, MO	3	0.1%	-	0.0%	-	0.0%	-	0.0%	3	0.6%	-	0.0%	-	0.0%
Research Medical Center - Kansas City, MO	3	0.1%	-	0.0%	1	0.8%	-	0.0%	2	0.4%	-	0.0%	-	0.0%
Saint Luke's South Hospital - Overland Park, KS	3	0.1%	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%	3	0.3%
University Health Lakewood Medical Center - Kansas City, MO	3	0.1%	-	0.0%	-	0.0%	-	0.0%	2	0.4%	1	0.2%	-	0.0%
Centerpoint Medical Center - Independence, MO	2	0.1%	-	0.0%	-	0.0%	-	0.0%	-	0.0%	2	0.4%	-	0.0%
Children's Mercy Hospital Kansas - Overland Park, KS	2	0.1%	-	0.0%	2	1.7%	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Heartland Behavioral Health Services - Nevada, MO	2	0.1%	-	0.0%	2	1.7%	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Kansas Residents/Minnesota Hospitals - , MN	2	0.1%	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Saint John Hospital - Leavenworth, KS	2	0.1%	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%	2	0.2%
Crittenton - Kansas City, MO	1	0.0%	-	0.0%	1	0.8%	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Geary Community Hospital - Junction City, KS	1	0.0%	-	0.0%	-	0.0%	1	0.3%	-	0.0%	-	0.0%	-	0.0%
Girard Medical Center - Girard, KS	1	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%	1	0.2%	-	0.0%
Kansas Residents/Michigan Hospitals - , MI	1	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Kansas Residents/South Dakota Hospitals - , SD	1	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Northwest Medical Center Springdale - Springdale, AR	1	0.0%	-	0.0%	-	0.0%	1	0.3%	-	0.0%	-	0.0%	-	0.0%
Republic County Hospital - Belleville, KS	1	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%	1	0.2%	-	0.0%
Shriners Hospitals for Children - St. Louis, MO	1	0.0%	-	0.0%	1	0.8%	-	0.0%	-	0.0%	-	0.0%	-	0.0%
University Health Truman Medical Center - Kansas City, MO	1	0.0%	-	0.0%	-	0.0%	-	0.0%	1	0.2%	-	0.0%	-	0.0%
Wamego Health Center - Wamego, KS	1	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%	1	0.1%
Wesley Woodlawn Hospital & ER - Wichita, KS	1	0.0%	-	0.0%	-	0.0%	-	0.0%	1	0.2%	-	0.0%	-	0.0%
<b>Total</b>	<b>3,083</b>	<b>100.0%</b>	<b>193</b>	<b>100.0%</b>	<b>121</b>	<b>100.0%</b>	<b>400</b>	<b>100.0%</b>	<b>495</b>	<b>100.0%</b>	<b>505</b>	<b>100.0%</b>	<b>976</b>	<b>100.0%</b>

# Outpatient Origin Reports

Marshall County Residents OP Visits 01/01/2017 to 12/31/2021												
Hospital	Age Categories											
	2017		2018		2019		2020		2021		Total	
	Cases	Pct %	Cases	Pct %	Cases	Pct %	Cases	Pct %	Cases	Pct %	Cases	Pct %
Community Memorial Healthcare, Inc. - Marysville, KS	3,474	28.0%	10,021	54.2%	20,709	70.9%	14,136	61.9%	17,921	68.0%	66,261	60.6%
Kansas Residents/Nebraska Hospitals - , NE	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Ascension Via Christi Hospital Manhattan - Manhattan, KS	1,071	8.6%	919	5.0%	821	2.8%	694	3.0%	612	2.3%	4,117	3.8%
Stormont Vail Health - Topeka, KS	269	2.2%	281	1.5%	232	0.8%	236	1.0%	232	0.9%	1,250	1.1%
Community Healthcare System Inc. - Onaga, KS	3,482	28.1%	3,145	17.0%	3,036	10.4%	2,974	13.0%	2,683	10.2%	15,320	14.0%
Nemaha Valley Community Hospital - Seneca, KS	2,352	19.0%	2,406	13.0%	2,267	7.8%	2,244	9.8%	2,757	10.5%	12,026	11.0%
The University of Kansas Health System - Kansas City, KS	525	4.2%	625	3.4%	595	2.0%	542	2.4%	617	2.3%	2,904	2.7%
The University of Kansas Health System St. Francis Campus - Topeka, KS	272	2.2%	250	1.4%	297	1.0%	325	1.4%	271	1.0%	1,415	1.3%
Children's Mercy Kansas City - Kansas City, MO	337	2.7%	302	1.6%	288	1.0%	210	0.9%	283	1.1%	1,420	1.3%
Washington County Hospital - Washington, KS	-	0.0%	-	0.0%	226	0.8%	256	1.1%	266	1.0%	748	0.7%
Salina Regional Health Center - Salina, KS	15	0.1%	30	0.2%	33	0.1%	25	0.1%	23	0.1%	126	0.1%
Hanover Hospital - Hanover, KS	-	0.0%	-	0.0%	151	0.5%	543	2.4%	-	0.0%	694	0.6%
Overland Park Regional Medical Center - Overland Park, KS	5	0.0%	11	0.1%	3	0.0%	7	0.0%	26	0.1%	52	0.0%
Saint Luke's Hospital of Kansas City - Kansas City, MO	23	0.2%	12	0.1%	13	0.0%	22	0.1%	29	0.1%	99	0.1%
Ascension Via Christi Hospitals Wichita, Inc. (St. Francis/St. Joseph) - Wichita, KS	11	0.1%	3	0.0%	7	0.0%	1	0.0%	4	0.0%	26	0.0%
AdventHealth Shawnee Mission - Shawnee Mission, KS	10	0.1%	7	0.0%	14	0.0%	20	0.1%	12	0.0%	63	0.1%
Wesley Healthcare - Wichita, KS	4	0.0%	3	0.0%	3	0.0%	2	0.0%	1	0.0%	13	0.0%
Sabetha Community Hospital - Sabetha, KS	187	1.5%	132	0.7%	122	0.4%	156	0.7%	162	0.6%	759	0.7%
Olathe Health - Olathe, KS	7	0.1%	10	0.1%	8	0.0%	84	0.4%	6	0.0%	115	0.1%
Amberwell Hiawatha - Hiawatha, KS	52	0.4%	46	0.2%	43	0.1%	72	0.3%	56	0.2%	269	0.2%
Clay County Medical Center - Clay Center, KS	64	0.5%	67	0.4%	73	0.2%	66	0.3%	86	0.3%	356	0.3%
Memorial Health System - Abilene, KS	4	0.0%	15	0.1%	10	0.0%	7	0.0%	13	0.0%	49	0.0%
Menorah Medical Center - Overland Park, KS	31	0.2%	22	0.1%	15	0.1%	8	0.0%	13	0.0%	89	0.1%
Mercy Hospital Springfield - Springfield, MO	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%
North Kansas City Hospital - North Kansas City, MO	3	0.0%	3	0.0%	6	0.0%	-	0.0%	3	0.0%	15	0.0%
Research Medical Center - Kansas City, MO	-	0.0%	4	0.0%	3	0.0%	-	0.0%	4	0.0%	11	0.0%
Saint Luke's South Hospital - Overland Park, KS	5	0.0%	2	0.0%	4	0.0%	7	0.0%	4	0.0%	22	0.0%
University Health Lakewood Medical Center - Kansas City, MO	1	0.0%	-	0.0%	3	0.0%	-	0.0%	1	0.0%	5	0.0%
Centerpoint Medical Center - Independence, MO	3	0.0%	-	0.0%	2	0.0%	-	0.0%	1	0.0%	6	0.0%
Children's Mercy Hospital Kansas - Overland Park, KS	78	0.6%	70	0.4%	69	0.2%	87	0.4%	156	0.6%	460	0.4%
Heartland Behavioral Health Services - Nevada, MO	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Kansas Residents/Minnesota Hospitals - , MN	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Saint John Hospital - Leavenworth, KS	-	0.0%	2	0.0%	1	0.0%	1	0.0%	-	0.0%	4	0.0%
Crittenton - Kansas City, MO	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Geary Community Hospital - Junction City, KS	21	0.2%	30	0.2%	22	0.1%	13	0.1%	30	0.1%	116	0.1%
Girard Medical Center - Girard, KS	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Kansas Residents/Michigan Hospitals - , MI	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Kansas Residents/South Dakota Hospitals - , SD	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Northwest Medical Center Springdale - Springdale, AR	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Republic County Hospital - Belleville, KS	31	0.2%	16	0.1%	6	0.0%	7	0.0%	4	0.0%	64	0.1%
Shriners Hospitals for Children - St. Louis, MO	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%
University Health Truman Medical Center - Kansas City, MO	10	0.1%	18	0.1%	72	0.2%	44	0.2%	15	0.1%	159	0.1%
Wamego Health Center - Wamego, KS	56	0.5%	42	0.2%	47	0.2%	44	0.2%	69	0.3%	258	0.2%
Wesley Woodlawn Hospital & ER - Wichita, KS	1	0.0%	1	0.0%	1	0.0%	-	0.0%	1	0.0%	4	0.0%
<b>Total</b>	<b>12,404</b>	<b>100.0%</b>	<b>18,495</b>	<b>100.0%</b>	<b>29,202</b>	<b>100.0%</b>	<b>22,833</b>	<b>100.0%</b>	<b>26,361</b>	<b>100.0%</b>	<b>109,295</b>	<b>100.0%</b>

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

[VVV Consultants LLC]



**Marshall County, KS - CMH's 2022 CHNA Town Hall 9/20/22**

#	Team	Lead	Attend	Last	First Nam	Organization	Title
1	A		x	Holle	Cindy	City of Maryville	
2	A		x	Kessinger	Sarah	Marysville Advocate	publisher
3	A		x	Kracht	Ashley	CMH	Marketing
4	A		x	Landoll	Don	Landoll	CEO
5	B	##	x	Schroller	Pamela	Marysville Health & Fitness	
6	B		x	Behrens	Colleen	Marysville City Council	
7	B		x	Hawkinson	Curtis		CEO
8	B		x	Wassenberg	Dan	Pepsi-Cola	President
9	C		x	Keller	Sandy	CMH	Board
10	C		x	Papes	Lucy		Retired
11	C		x	Sedlock	Coby	Landoll	
12	C		x	Wheeler	Jason	USD 364	Principal
13	D	##	x	Susie	Latta	K-State Research and Extension	Extension Agent
14	D		x	Baker	Deb		
15	D		x	Popejoy	Frank		
16	E	##	x	Stevens	Haley	Frankfort Community Care Home	Administrator
17	E		x	Beikmann	Lori	Pony Express Infant-Toddler Serv	Speech-Language Pathologist
18	E		x	Fehr	Daniel	CMH	CFO
19	E		x	Gilkerson	Gailand	CMH board	
20	F	##	x	Todd	April	PEPC	Director
21	F		x	Brenda	Murrow	Connections	Therapist
22	F		x	Simpson	Matt	Marysville Police Department	Chief of Police
23	F		x	Woodcock	Tim	Marysville Jr/Sr High School	Principal
24	H	##	x	Wright	Candace	Blue Valley Technologies, Inc.	CEO
25	H		x	Harrison	Pam	Community Memorial Healthcare	Admin Assistant
26	H		x	Huerter	Kathy	MES	School Nurse
27	H		x	Lamoreaux,	Ken	CMH board	

# Marysville (KS) Town Hall Event Notes

Attendance: N= 27

Date: 9/20/2022 – 11:30 a.m. to 1 p.m.

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**Community identified the following drugs (substance abuse) occurring in Marysville, KS: Opioids, Meth, Marijuana, Oxycodone, and Fentanyl**

## **Strengths**

- Access to Care
- Visiting Specialists and Local Providers
- Immunization Rates
- Great Employment Opportunities
- Economic Development
- Fitness Options
- Adequate Health Insurance Provided by Employers
- Ambulance Service
- Quality Health Department
- Community Support and Engagement
- Education and School Safety

## **Needs**

- Housing (Quality, Cost, Availability)
- Suicide
- Substance Abuse
- Poverty
- Cost of Insurance
- Workforce
- Neglect
- Own Your Own Health
- Mental Health (Diagnosis, Providers,
- Child Care (Quality, Cost, Availability)
- Access to Providers with State Line
- After Hours Car
- Fitness / Nutrition
- Chronic Disease
- Health Transportation
- Senior Health
- Domestic Violence

# Wave #4 CHNA - Marshall Co KS

## Town Hall Conversation - Strengths (White Cards) N=27

Card #	What are the strengths of our community that contribute to health?	Card #	What are the strengths of our community that contribute to health?
1	We have good provides - outside resources	15	CMH hospital
1	Well educated community	15	Health department
1	Opioid prescriptions down	15	Use of doctors from other cities
1	The community is getting annual checkups	15	Ambulance Service
1	Ambulance Service- Emergency care	15	Education
2	Quality of life assets	16	Providers
2	Exercise opportunities	16	Access to ER
2	Job market	16	Ambulance service
2	Maternal care	16	Access to Fitness
3	Good hospital with plenty of physicians	16	Low unemployment
3	Built environment for physical health, specific pool and trail and fitness center	17	Ambulance
3	Literate county, able to reason for improvements	17	Doctor ratio
3	High tax rate via solid health dept	17	County with vaccines
3	Social opportunities to engage public artistic and improve mental health	17	Visiting doctors
4	Great nurses and doctors-we need to keep our nurses here	17	Education
4	People willing to help find a wat for health care	18	Great committed people providing services
4	Number of employee	18	Strong health department
4	Close access and specialists- location	18	Good hospital system
5	Adequate excessive jobs	19	Unemployment low
5	Good school's and facilities	19	Schools good
5	High vaccination rate	19	Healthy
5	Access too specialist	19	Current care is good
6	Providers -MO/DO-/NA	19	Economy getting better
6	Specialist- Medical Provider over 25 specialists available locally	20	Access to primary care physicians
6	Facilities	20	Eye doctors specialty care
6	Population- Can Do/ Support	20	Emergency room
7	Access to high quality health care professionals	20	School health
7	Access to health dub with qualifies professional	20	Non-profit resources such a PEPC
7	Good child care facilities but need more	21	Community partnerships/ resources
8	Good doctors	21	Community policing (MPD)
8	Great physical facilities	21	High quality health dept./ services
8	Good out care- Doctors coming to town	22	Service health
8	Landoll Co. employment	22	ER wait times
9	Hospital	22	Healthy foods
9	Lots of providers	22	Clinics
9	Specialty Doctors from out of town	22	Out reach
9	schools	23	Great immunization rate good health dept
10	Good providers- Access to care	23	Low teen pregnancy rate
10	Adequate health facilities & ambulance service	23	Preventative care utilization
10	Immunizations- good- MCHD	23	Great support for seniors
10	Community support good	23	Outpatient clinic/ Good hospitals
10	Mentor- good for opportunities- employment	24	Have ambulance
11	Access to outside care	24	Providers local and outreach
11	Well run hospital	24	Religious support
11	Community ties	24	Local schools
11	Involvement	24	Hospital locally

# Wave #4 CHNA - Marshall Co KS

## Town Hall Conversation - Strengths (White Cards) N=27

Card #	What are the strengths of our community that contribute to health?	Card #	What are the strengths of our community that contribute to health?
12	Excellent providers	24	Outdoor focused lifestyle
12	Hospital and ambulance care	25	Access to healthcare
12	Outpatient services	25	Health dept prior to Covid/ Immunizations
12	Wellness checks education	25	School safety measure
13	Health care providers	25	Engaged people
13	Exercise and activity opportunities	25	Ambulance care
13	Outpatient services	26	Strong health dept services
13	Immunizations- good- MCHD	26	Good overall health care delivery
13	EMT	26	Good ambulance service
14	Education	26	Low teen pregnancy rate
14	Employment	27	Public health services
14	Access to quality health care	27	Emergency services
14	Access to exercise	27	Available fitness facilities
14	Emergency services	27	Outpatient services

# Wave #4 CHNA - Marshall Co KS

## Town Hall Conversation - Weaknesses (Color Cards) N= 27

Card #	What are the weaknesses of our community that contribute to health?	Card #	What are the weaknesses of our community that contribute to health?
1	We are too old	13	Affected by poverty as it relates to health
1	Population- need kids in school	14	Behavioral/ mental health
1	Insurance costs/ Can't	14	Nutrition- obesity
1	Public knowledge of high cots	14	Senior housing
1	Preventive medicine	14	Improve nursing positions
1	Housing	14	More exercise availability for all ages
2	Child care	15	Access to quality of mental health care
2	Housing	15	Urgent care clinic
2	Mental health	15	Obesity
2	Urgent care/ Weekend care	15	Drug/ substance abuse
2	Choice Disease management	15	Child care
3	Mental health/ Addiction providers	16	Mental health
3	Child care	16	Child care
3	Housing	16	Housing
3	Suicide	16	Senior living
3	Workforce	16	Drug and substance abuse
4	Stateline issue for Market place insurance	17	Mental health
4	Educate public on importance of exercise/ nutrition/ preventative health	17	Weight management
4	Mental health support	17	Nutrition education
4	Drug addiction/ abuse/ suicide prevention	17	Chronic illness
4	Low obesity trends	17	Housing availability
5	Child care	17	Population decline
5	Drug abuse	18	Proactive mental health
5	Mental health	18	Child care option
5	Adult obesity	18	Provider hours of availability
5	Wrong homes	19	Mental health for all ages
6	Mental health	19	Substance abuse- alcohol- drug
6	Suicide	19	Child care
6	Obesity	19	Adult care
6	Child care	19	Urgent care- weekend clinic
6	Exercise	20	Behavior health provider increase
6	Drug abuse	20	Funding to supplement high deductible insurance
7	Depression/ suicide	20	Substance use awareness and prevention
7	Mental health	20	Domestic violence prevention
7	Drug abuse	20	Wide gaps between middle 2nd lower class with few options for work after graduating college
7	Child care	21	Mental health
7	Obesity	21	Child care
8	Adult obesity	21	Drinking
8	Child care	21	Providers needed
8	Shortage of labor (Work force)	21	Social emotions
8	Mental health/ suicide	22	Mental health providers
8	Housing availability	22	Cost of health care
9	Housing	22	Child care
9	Workforce	22	Need for urgent care
9	Child care	22	Chronic Disease
9	Employees needed	23	Senior health
9	Mental health providers	23	Housing
9	Access to providers	23	More providers
9	Poverty	23	Communication
10	Child care	23	Child care
10	Access to care	24	Follow up to post care needs

## Wave #4 CHNA - Marshall Co KS

### Town Hall Conversation - Weaknesses (Color Cards) N= 27

Card #	What are the weaknesses of our community that contribute to health?	Card #	What are the weaknesses of our community that contribute to health?
10	Poverty	24	Overlapping/ communication / providers
10	Quality housing	24	Need for employees
10	Obesity	24	Transportaion needs
10	Access to mental health providers	24	Suicide
10	Drug abuse	25	Mental health access/ treatment
11	Better ER equipment	25	Chronic disease management/ preventable
11	More drug education in schools	25	Obesity/ lack of exercise
11	Violence in homes	25	Child care availability
11	Neglect of children- health and violence	25	Drug use/ Alchohol use
11	Need child care facility	26	Childcare
12	Mental health services	26	Mental health care
12	Transport and support of large facilities	26	Alcohol abuse
12	Substance abuse recognition and support	26	Substance abuse
12	Medicaid expansion to help low income access to care- help hospital	26	Neglect of children- health and violence
12	Obesity prevention	27	Suicide prevention
13	Access to affordable/ subsidized child care	27	Domestic violence/ abuse
13	Access/ availability of mental health serves	27	Mental health
13	Mental health crisis management in ER	27	Obesity
13	Affordable/ safe housing	27	DUI and accidents

## EMAIL #1 Request Message

**From:** Ashley Kracht

**Date:** 7/20/22

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

**Subject:** 2022 Marshall CO KS Community Health Needs Assessment

**Community Memorial Healthcare INC** is working with other community health providers to update the 2022 Marshall County, KS Community Health Needs Assessment. The goal of this assessment update is to understand progress in addressing health needs cited in the 2016 and 2019 CHNA reports and to collect up-to-date community health perceptions.

VVV Consultants LLC, an independent healthcare consulting firm from Olathe, KS, has been retained to conduct this countywide research. All responses will be confidential if you choose to participate in this online survey.

To gather community feedback, a short and confidential online survey has been developed. To access this survey, please utilize the link below to participate.

LINK: [https://www.surveymonkey.com/r/CHNA2022\\_MarshallCo\\_CommunityMemorial](https://www.surveymonkey.com/r/CHNA2022_MarshallCo_CommunityMemorial)

All community residents and business leaders are encouraged to complete the 2022 CHNA online survey by Friday August 19<sup>th</sup>, **2022**. In addition, please **HOLD the date** for the Town Hall meeting scheduled **Tuesday, September 20<sup>th</sup>, 2022**, for lunch from **11:00 a.m. to 1:30 p.m.** Please stay on the lookout for more information to come soon. Thank you in advance for your time and support!

If you have any questions regarding CHNA activities, please call (785) 562-2311

## PR#1 News Release

Local Contact: Ashley Kracht

Media Release: 7/20/22

# 2022 Community Health Needs Assessment Marshall County KS Begins

Over the next few months, Community Memorial Healthcare (CMHC), Marysville KS will be working with area providers to update the Marshall County Community Health Needs Assessment (CHNA) for 2022. To begin, we seek input from the community members regarding the healthcare needs happening today, to assess community health progress from 2019.

VVV Consultants LLC, an independent research firm from Olathe, KS has been retained to conduct this countywide research. The goal of this assessment update is to understand progress in addressing community health needs cited in the both the 2016 and 2019 assessment reports, while collecting up-to-date community health perceptions and ideas.

A brief community survey has been developed to accomplish this work. ***The survey can be accessed by visiting the hospitals' website or their Facebook page***, if you would like to obtain the link to complete survey.

All community residents and business leaders are encouraged to complete the 2022 CHNA online survey by Friday August 19<sup>th</sup>, 2022. In addition, please **HOLD the date** for a community Town Hall discussion scheduled on **Tuesday September 20<sup>th</sup>, 2022**. Note: please, stay on the lookout for more information to come out in early August. Thank you in advance for your time and support!

If you have any questions regarding CHNA activities, please call (785) 562-2311

[https://www.surveymonkey.com/r/CHNA2022\\_MarshallCo\\_CommunityMemorial](https://www.surveymonkey.com/r/CHNA2022_MarshallCo_CommunityMemorial)

QR code here



## EMAIL #2 Request Message

**From:** Ashley Kracht

**Date:** 08/25/2022

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

**Subject:** 2022 Community Health Needs Assessment Town Hall Event – September 20<sup>th</sup>

**Community Memorial Healthcare Inc** is hosting a community town hall event for the 2022 Community Health Needs Assessment (CHNA). The purpose of this meeting will be to review the community health indicators and gather feedback opinions on key community needs in Marshall County, KS. This event will be held on **Tuesday, September 20<sup>th</sup>**, from **11:30 a.m. – 1:00 p.m.**

All business leaders and residents are encouraged to join us for this important meeting. In order to adequately prepared for this town hall meeting, it is imperative that those attending RSVP. We hope you find the time to attend this important event by following the link below to complete your RSVP for September 20<sup>th</sup>. Note> Those who RSVP, will receive additional information and confirmation a few days prior to the event.

**LINK:** [https://www.surveymonkey.com/r/CHNA2022\\_CMH\\_MarysvilleKS\\_RSVP](https://www.surveymonkey.com/r/CHNA2022_CMH_MarysvilleKS_RSVP)

*Thanks in advance for your time and support*

Questions regarding CMHs' 2022 CHNA activities may be addressed by calling (785) 562-2311

# Join Community Memorial Healthcare for the 2022 CHNA Town Hall Event

Media Release: 08/25/22

**Community Memorial Healthcare, Inc.** will be hosting a Town Hall meeting for the 2022 Community Health Needs Assessment on **Tuesday, September 20<sup>th</sup>** from **11:30 a.m. to 1:00 p.m.** During this meeting, we will review the community health indicators and gather feedback opinions on key community needs for Marshall County, KS.

In order for us to adequately prepare for this Town Hall event, it is imperative that all those who wish to attend; RSVP. Please visit the CMH website, or social media sites (Facebook) to obtain the link to complete your RSVP! For convenience, you may also utilize the QR code below that will take you directly to the site to complete your registration. We hope that you find the time to join us for this important event on September 20<sup>th</sup>. Thanks in advance for your time and support!



*Questions regarding Community Memorial Healthcare's CHNA activities, may be addressed by calling (785) 562-2311.*

## d.) Primary Research Detail

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[VVV Consultants LLC]

## CHNA 2022 Community Feedback: Marshall Co KS (N=263)

ID	Zip	Rating	Movement	c1	c2	c3	In your opinion, what are the root causes of "poor health" in our community?
1183	66412	Very Good	Increasing - moving up	CHRON	FIT	MH	Chronic Disease, Lack of Nutrition/Exercise Services, Limited Access to Mental Health
1013	66508	Good	Not really changing much	CHRON	FIT	MH	Chronic Disease, Lack of Nutrition/Exercise Services, Limited Access to Mental Health
1020		Good	Not really changing much	CHRON	FIT	NEG	Chronic Disease, Lack of Health & Wellness, Lack of Nutrition/Exercise Services, Neglect
1093		Very Good	Not really changing much	CHRON	FIT	NUTR	Chronic Disease, Lack of Nutrition/Exercise Services
1252	66508	Good	Not really changing much	CHRON	FIT	MH	Chronic Disease, Lack of Nutrition/Exercise Services, Limited Access to Mental Health
1172	66953	Good	Not really changing much	CHRON	INSU		Chronic Disease, Lack of Health Insurance
1011	66945	Good	Not really changing much	CHRON	MH	SPRT	Chronic Disease, Limited Access to Mental Health, Family Assistance programs
1028	66508	Average	Not really changing much	CHRON	MH	INSU	Chronic Disease, Limited Access to Mental Health, Lack of Health Insurance, Neglect
1054	66508	Good	Not really changing much	CHRON	MH	INSU	Chronic Disease, Limited Access to Mental Health, Lack of Health Insurance
1059	66508	Good	Not really changing much	CHRON	MH	INSU	Chronic Disease, Limited Access to Mental Health, Lack of Health Insurance, Poor Lifestyle choices
1109	66508	Average	Not really changing much	CHRON	MH	INSU	Chronic Disease, Limited Access to Mental Health, Lack of Health Insurance
1149	66508	Good	Not really changing much	CHRON	MH	NEG	Chronic Disease, Limited Access to Mental Health, Neglect
1178	66508	Average	Not really changing much	CHRON	MH	NEG	Chronic Disease, Limited Access to Mental Health, Neglect
1213	66508	Good	Not really changing much	CHRON	MH	INSU	Chronic Disease, Limited Access to Mental Health, Lack of Health Insurance
1220	66508	Very Good	Not really changing much	CHRON	MH	NEG	Chronic Disease, Limited Access to Mental Health, Neglect
1049	66427	Very Good		CHRON	MH		Chronic Disease, Limited Access to Mental Health
1242	66508	Very Good	Increasing - moving up	CHRON	NEG	OWN	Chronic Disease, Neglect, There are many that don't care to make their health a priority regardless of opportunities available. So essentially apathy.
1180	66508	Very Good	Increasing - moving up	CHRON	NUTR	MH	Chronic Disease, Lack of Nutrition/Exercise Services, Limited Access to Mental Health
1170	66508	Average	Not really changing much	CHRON	NUTR	MH	Chronic Disease, Lack of Nutrition/Exercise Services, Limited Access to Mental Health
1196	66548	Good	Not really changing much	CHRON	NUTR	MH	Chronic Disease, Lack of Health & Wellness, Lack of Nutrition/Exercise Services, Limited Access to Mental Health
1259	66508	Very Good	Not really changing much	CHRON	NUTR	NEG	Chronic Disease, Lack of Nutrition/Exercise Services, Neglect
1056	66508	Very Good	Decreasing - slipping downward	CHRON	PREV	MH	Chronic Disease, Lack of Health & Wellness, Limited Access to Mental Health
1061	66412	Good	Decreasing - slipping downward	CHRON	PREV	MH	Chronic Disease, Lack of Health & Wellness, Limited Access to Mental Health
1088	66508	Very Good	Decreasing - slipping downward	CHRON	PREV	INSU	Chronic Disease, Lack of Health & Wellness, Lack of Health Insurance
1008	66945	Very Good	Increasing - moving up	CHRON	PREV	FIT	Chronic Disease, Lack of Health & Wellness, Lack of Nutrition/Exercise Services
1033		Very Good	Increasing - moving up	CHRON	PREV	NEG	Chronic Disease, Lack of Health & Wellness, Neglect
1060	66508	Average	Increasing - moving up	CHRON	PREV	SPEC	Chronic Disease, Lack of Health & Wellness, Limited Access Specialty Care
1079	66427	Average	Increasing - moving up	CHRON	PREV	NEG	Chronic Disease, Lack of Health & Wellness, Neglect
1189	66508	Good	Increasing - moving up	CHRON	PREV	INSU	Chronic Disease, Lack of Health & Wellness, Lack of Health Insurance
1191		Very Good	Increasing - moving up	CHRON	PREV	NUTR	Chronic Disease, Lack of Health & Wellness, Lack of Nutrition/Exercise Services
1216	66508	Good	Increasing - moving up	CHRON	PREV	NEG	Chronic Disease, Lack of Health & Wellness, Neglect
1002	66508	Average	Not really changing much	CHRON	PREV	PRIM	Chronic Disease, Lack of Health & Wellness, Limited Access to Primary Care
1022	66945	Average	Not really changing much	CHRON	PREV	MH	Chronic Disease, Lack of Health & Wellness, Limited Access to Mental Health
1168	66508	Very Good	Not really changing much	CHRON	PREV	MH	Chronic Disease, Lack of Health & Wellness, Limited Access to Mental Health
1199	66508	Good	Not really changing much	CHRON	PREV		Chronic Disease, Lack of Health & Wellness
1229	66508	Good	Not really changing much	CHRON	PREV	SPEC	Chronic Disease, Lack of Health & Wellness, Limited Access Specialty Care
1234	66412	Good	Not really changing much	CHRON	PREV	FINA	Chronic Disease, Lack of Health & Wellness, cost of care
1238	66427	Average	Not really changing much	CHRON	PREV	SPEC	Chronic Disease, Lack of Health & Wellness, Limited Access Specialty Care
1258	66508	Good	Not really changing much	CHRON	PREV	MH	Chronic Disease, Lack of Health & Wellness, Limited Access to Mental Health
1173	66508	Very Good	Not really changing much	CHRON	PRIM	INSU	Chronic Disease, Limited Access to Primary Care, Lack of Health Insurance
1224	66508	Good	Increasing - moving up	CHRON	SPEC		Chronic Disease, Limited Access Specialty Care
1156	66427	Average	Not really changing much	CHRON	SPEC	INSU	Chronic Disease, Limited Access Specialty Care, Lack of Health Insurance
1223	66427	Average	Not really changing much	CHRON	SPEC	SPRT	Chronic Disease, Limited Access Specialty Care, Family Assistance programs, Notify people of group sessions for things
1037	66508	Good	Increasing - moving up	CHRON	SPRT	NEG	Chronic Disease, Family Assistance programs, Neglect
1066	66508	Very Good	Increasing - moving up	CHRON			Chronic Disease
1047	66438	Good	Not really changing much	FINA	WAIT		The Cost to see a dr and medicine. Those on Social Security don't have the money to spend on the high prices of medical needs.so they wait and it can be too late
1027	66508	Good	Increasing - moving up	FIT	MH	INSU	Lack of Nutrition/Exercise Services, Limited Access to Mental Health, Lack of Health Insurance
1044	66508	Good	Increasing - moving up	FIT	MH	NEG	Lack of Nutrition/Exercise Services, Limited Access to Mental Health, Neglect

## CHNA 2022 Community Feedback: Marshall Co KS (N=263)

ID	Zip	Rating	Movement	c1	c2	c3	In your opinion, what are the root causes of "poor health" in our community?
1203	66508	Average	Increasing - moving up	FIT	MH	SPRT	Lack of Nutrition/Exercise Services, Limited Access to Mental Health, Family Assistance programs, As a teacher, one of the things I notice is that many of our families do not have good dental care or insurance.
1197	66508	Good	Not really changing much	FIT	MH	NEG	Lack of Nutrition/Exercise Services, Limited Access to Mental Health, Neglect
1055	66508	Very Good	Increasing - moving up	FIT	NUTR		Lack of Nutrition/Exercise Services
1029	66508	Poor	Not really changing much	FIT	PRIM	MH	Lack of Nutrition/Exercise Services, Limited Access to Primary Care, Limited Access to Mental Health
1192	66508	Good	Not really changing much	FIT	PRIM	INSU	Lack of Nutrition/Exercise Services, Limited Access to Primary Care, Lack of Health Insurance
1171		Average	Not really changing much	FIT	SPEC	INSU	Lack of Nutrition/Exercise Services, Limited Access Specialty Care, Lack of Health Insurance
1159	66943	Very Good	Increasing - moving up	FIT	SPRT	INSU	Lack of Nutrition/Exercise Services, Family Assistance programs, Lack of Health Insurance
1164	66508	Very Good	Increasing - moving up	INSU	NEG		Lack of Health Insurance, Neglect
1075	68466	Good	Not really changing much	INSU	NEG		Lack of Health Insurance, Neglect
1169	66508	Very Good	Not really changing much	INSU	NEG	EDU	Lack of Health Insurance, Neglect, Lack of knowledge and poor attitude.
1233	66548	Good	Not really changing much	INSU			Lack of Health Insurance
1111			Decreasing - slipping downward	MH	INSU	NEG	Limited Access to Mental Health, Lack of Health Insurance, Neglect
1050	66508	Good	Not really changing much	MH	INSU		Limited Access to Mental Health, Lack of Health Insurance
1182	66508	Good	Not really changing much	MH	INSU	NEG	Limited Access to Mental Health, Lack of Health Insurance, Neglect
1206	66411	Very Good	Not really changing much	MH	INSU	NEG	Limited Access to Mental Health, Lack of Health Insurance, Neglect
1208	66508	Very Good	Not really changing much	MH	INSU	NEG	Limited Access to Mental Health, Lack of Health Insurance, Neglect
1046	66403	Average	Not really changing much	MH	NEG		Limited Access to Mental Health, Neglect
1063	66508	Good	Not really changing much	MH	NEG		Limited Access to Mental Health, Neglect
1139	66508	Good	Not really changing much	MH	NEG		Limited Access to Mental Health, Neglect
1174	66508	Good	Not really changing much	MH	NEG	FIT	Limited Access to Mental Health, Neglect, We do not lack exercise opportunities, we have a state of the art health club facility established in community for past 30 years. Citizens say they want to use it but don't have the budget. Rates are VERY affordable and discount programs available but seems citizens don't realize the importance of allocating their funds towards preventative health. Education is needed to teach people that the expense is less than \$1/day and we have highly educated, experienced staff that are eager to help them experience better quality of life and healthy lifestyle. So, in summary... education that using our health club should be strongly considered for their household and medical professionals need to motivate patients to use the fully staffed and supervised facility that we are fortunate to have in the community.
1257	66508	Good	Not really changing much	MH	NEG	DRUG	Limited Access to Mental Health, Neglect, Substance Abuse
1004	66508	Very Good	Not really changing much	MH	PHAR		Limited Access to Mental Health, chemical dependency
1097		Poor	Decreasing - slipping downward	MH	SPRT	INSU	Limited Access to Mental Health, Family Assistance programs, Lack of Health Insurance
1105		Very Good	Increasing - moving up	MH	SPRT	INSU	Limited Access to Mental Health, Family Assistance programs, Lack of Health Insurance
1146	66406	Good	Not really changing much	MH	SPRT		Limited Access to Mental Health, Family Assistance programs
1248	66508	Good	Not really changing much	MH	SPRT	NEG	Limited Access to Mental Health, Family Assistance programs, Neglect
1256	66508	Good	Not really changing much	MH	SPRT	INSU	Limited Access to Mental Health, Family Assistance programs, Lack of Health Insurance
1096	66403	Average	Decreasing - slipping downward	MH			Limited Access to Mental Health
1012	66508	Very Good	Increasing - moving up	MH			Limited Access to Mental Health
1158	66508	Good	Not really changing much	MH			Limited Access to Mental Health
1219	66508	Average	Not really changing much	NEG	NUTR		Neglect, Judgment, limited nutritional options
1124	66544	Good	Not really changing much	NEG	OWN		Neglect, folks choosing not to take care of themselves
1254	66508	Average	Decreasing - slipping downward	NEG			Neglect of the hospital treating covid patients while they could still be saved. This is doctors not using their brains and degrees to do what is adaptive to the situation and save lives. It was all an experiment. Use what you know to save lives. Taking money to obey CDC commands is bribery, not health care.
1069		Very Good	Increasing - moving up	NEG			Neglect
1006		Average	Not really changing much	NEG			Neglect
1067	66508	Average	Not really changing much	NEG			Neglect
1084	66427	Average	Not really changing much	NEG			Neglect
1094	66411	Very Good	Not really changing much	NEG			Neglect
1148	66518	Very Good	Not really changing much	NEG			Neglect
1048	66412	Very Good	Increasing - moving up	NUTR	FIT		Lack of Nutrition/Exercise Services
1118	66403	Very Good	Increasing - moving up	NUTR	FIT	NEG	Lack of Nutrition/Exercise Services, Limited Access to Mental Health
1136	66953	Very Good	Increasing - moving up	NUTR	FIT	SPEC	Lack of Nutrition/Exercise Services, Limited Access Specialty Care
1001	66508	Very Good	Not really changing much	NUTR	FIT	MH	Lack of Nutrition/Exercise Services, Limited Access to Mental Health, Lack of Health Insurance
1038		Good	Not really changing much	NUTR	FIT	MH	Lack of Nutrition/Exercise Services, Limited Access to Mental Health
1072		Average	Not really changing much	NUTR	FIT		Lack of Nutrition/Exercise Services
1145		Very Good	Not really changing much	NUTR	FIT		Lack of Nutrition/Exercise Services
1025		Good	Increasing - moving up	NUTR	INSU	NEG	Lack of Nutrition/Exercise Services, Lack of Health Insurance, Neglect
1007	66508	Very Good	Increasing - moving up	NUTR	MH	SPRT	Lack of Nutrition/Exercise Services, Limited Access to Mental Health, Family Assistance programs
1043	66968	Good	Not really changing much	NUTR	MH	INSU	Lack of Nutrition/Exercise Services, Limited Access to Mental Health, Lack of Health Insurance
1081		Average	Not really changing much	NUTR	PRIM	INSU	Lack of Nutrition/Exercise Services, Limited Access to Primary Care, Lack of Health Insurance

## CHNA 2022 Community Feedback: Marshall Co KS (N=263)

ID	Zip	Rating	Movement	c1	c2	c3	In your opinion, what are the root causes of "poor health" in our community?
1162		Very Good		NUTR	PRIM	SPEC	Lack of Nutrition/Exercise Services, Limited Access to Primary Care, Limited Access Specialty Care
1091	66508	Very Good	Increasing - moving up	NUTR	SPEC	INSU	Lack of Nutrition/Exercise Services, Limited Access Specialty Care, Lack of Health Insurance
1215	66427	Very Good	Not really changing much	NUTR	SPEC	MH	Lack of Nutrition/Exercise Services, Limited Access Specialty Care, Limited Access to Mental Health
1240	66508	Good	Not really changing much	NUTR	SPEC	MH	Lack of Nutrition/Exercise Services, Limited Access Specialty Care, Limited Access to Mental Health
1247	66411	Good	Not really changing much	NUTR	SPEC	MH	Lack of Nutrition/Exercise Services, Limited Access Specialty Care, Limited Access to Mental Health
1250	66411	Good	Not really changing much	NUTR	SPEC	MH	Lack of Nutrition/Exercise Services, Limited Access Specialty Care, Limited Access to Mental Health
1085		Good	Decreasing - slipping downward	PREV	FIT	NEG	Lack of Health & Wellness, Lack of Nutrition/Exercise Services, Neglect
1042	66508	Good	Increasing - moving up	PREV	FIT	MH	Lack of Health & Wellness, Lack of Nutrition/Exercise Services, Limited Access to Mental Health
1065	66548	Very Good	Increasing - moving up	PREV	FIT	PRIM	Lack of Health & Wellness, Lack of Nutrition/Exercise Services, Limited Access to Primary Care
1221	66508	Good	Increasing - moving up	PREV	FIT	NEG	Lack of Health & Wellness, Lack of Nutrition/Exercise Services, Neglect
1098	66427	Good	Not really changing much	PREV	FIT	SPRT	Lack of Health & Wellness, Lack of Nutrition/Exercise Services, Family Assistance programs
1175	66508	Good	Not really changing much	PREV	FIT	SPRT	Lack of Health & Wellness, Lack of Nutrition/Exercise Services, Family Assistance programs
1194	66548	Good	Not really changing much	PREV	FIT	SPEC	Lack of Health & Wellness, Lack of Nutrition/Exercise Services, Limited Access Specialty Care, Lack of Health Insurance
1108	66508	Poor	Decreasing - slipping downward	PREV	INSU	NUTR	Lack of Health & Wellness, Lack of Health Insurance, Standard American diet
1058	66411	Very Good	Increasing - moving up	PREV	INSU		Lack of Health & Wellness, Lack of Health Insurance
1071	66508	Good	Not really changing much	PREV	INSU	NEG	Lack of Health & Wellness, Lack of Health Insurance, Neglect
1205	66508	Very Good	Not really changing much	PREV	INSU	NEG	Lack of Health & Wellness, Lack of Health Insurance, Neglect
1017	66548	Very Good	Increasing - moving up	PREV	MH	INSU	Lack of Health & Wellness, Limited Access to Mental Health, Lack of Health Insurance
1245	66508	Good	Increasing - moving up	PREV	MH	NEG	Lack of Health & Wellness, Limited Access to Mental Health, Neglect
1214	66508	Good	Not really changing much	PREV	MH	INSU	Lack of Health & Wellness, Limited Access to Mental Health, Lack of Health Insurance
1262	66508	Very Poor	Not really changing much	PREV	NEG	DOCS	Lack of Health & Wellness, Neglect, Dismissive and abusive providers committing fraud
1039	66412	Average	Decreasing - slipping downward	PREV	NUTR	PRIM	Lack of Health & Wellness, Lack of Nutrition/Exercise Services, Limited Access to Primary Care
1198	66411	Very Good	Increasing - moving up	PREV	NUTR	NEG	Lack of Health & Wellness, Lack of Nutrition/Exercise Services, Neglect
1209	66508	Very Good	Increasing - moving up	PREV	NUTR	MH	Lack of Health & Wellness, Lack of Nutrition/Exercise Services, Limited Access to Mental Health
1227	66406	Very Good	Increasing - moving up	PREV	NUTR	INSU	Lack of Health & Wellness, Lack of Nutrition/Exercise Services, Lack of Health Insurance
1010	66508	Good	Not really changing much	PREV	NUTR	NEG	Lack of Health & Wellness, Lack of Nutrition/Exercise Services, Neglect
1082		Good	Not really changing much	PREV	NUTR	FIT	Lack of Health & Wellness, Lack of Nutrition/Exercise Services
1184	66508	Average	Not really changing much	PREV	NUTR	SPRT	Lack of Health & Wellness, Lack of Nutrition/Exercise Services, Family Assistance programs, Neglect, Lack of follow-up to the patients.
1236	66548	Good	Not really changing much	PREV	NUTR	MH	Lack of Health & Wellness, Lack of Nutrition/Exercise Services, Limited Access to Mental Health, Family Assistance programs, Lack of Health Insurance
1131	66427	Good	Not really changing much	PREV	SPEC		Lack of Health & Wellness, Limited Access Specialty Care
1155	66508	Average	Not really changing much	PREV	SPEC	NEG	Lack of Health & Wellness, Limited Access Specialty Care, Neglect
1186	66508	Poor	Not really changing much	PREV	SPEC	INSU	Lack of Health & Wellness, Limited Access Specialty Care, Lack of Health Insurance
1231	66508	Good	Increasing - moving up	PREV			Lack of Health & Wellness
1030	66508	Good	Not really changing much	PREV			Lack of Health & Wellness
1187	66508	Good	Not really changing much	PREV			Lack of Health & Wellness
1024		Good	Not really changing much	PRIM	INSU	NEG	Limited Access to Primary Care, Lack of Health Insurance, Neglect
1200	66508	Good	Decreasing - slipping downward	PRIM	MH	INSU	Limited Access to Primary Care, Limited Access to Mental Health, Lack of Health Insurance
1150	66427	Very Good	Increasing - moving up	PRIM	MH	SPRT	Limited Access to Primary Care, Limited Access to Mental Health, Family Assistance programs, Lack of Health Insurance, Neglect
1241	66508	Good	Increasing - moving up	PRIM	MH	NEG	Limited Access to Primary Care, Limited Access to Mental Health, Neglect
1087		Good	Not really changing much	PRIM	MH	INSU	Limited Access to Primary Care, Limited Access to Mental Health, Lack of Health Insurance
1121		Poor	Not really changing much	PRIM	MH	NEG	Limited Access to Primary Care, Limited Access to Mental Health, Neglect
1190	66548	Average	Not really changing much	PRIM	MH		Limited Access to Primary Care, Limited Access to Mental Health
1207	66427	Good	Not really changing much	PRIM	MH	INSU	Limited Access to Primary Care, Limited Access to Mental Health, Lack of Health Insurance
1249	66508	Good	Not really changing much	PRIM	MH	INSU	Limited Access to Primary Care, Limited Access to Mental Health, Lack of Health Insurance
1261	66508	Good	Not really changing much	PRIM	MH	SPRT	Limited Access to Primary Care, Limited Access to Mental Health, Family Assistance programs
1140	66548	Average	Decreasing - slipping downward	PRIM	SPEC	NEG	Limited Access to Primary Care, Limited Access Specialty Care, Neglect
1181	66411	Good	Increasing - moving up	PRIM			Limited Access to Primary Care
1138	66945	Good	Not really changing much	PRIM			Limited Access to Primary Care
1102	66508	Average	Not really changing much	SEPEC			Limited Access Specialty Care
1160	66411	Average	Not really changing much	SPEC	ALZ	NH	Limited Access Specialty Care, The lack of doctor to help with dementia and Alzheimer's

### CHNA 2022 Community Feedback: Marshall Co KS (N=263)

ID	Zip	Rating	Movement	c1	c2	c3	In your opinion, what are the root causes of "poor health" in our community?
1078	66544	Good	Increasing - moving up	SPEC	INSU	NEG	Limited Access Specialty Care, Lack of Health Insurance, Neglect
1086		Good	Increasing - moving up	SPEC	INSU	NEG	Limited Access Specialty Care, Lack of Health Insurance, Neglect
1077	66548	Average	Decreasing - slipping downward	SPEC	MH	INSU	Limited Access Specialty Care, Limited Access to Mental Health, Lack of Health Insurance
1104	66508	Average	Decreasing - slipping downward	SPEC	MH	INSU	Limited Access Specialty Care, Limited Access to Mental Health, Lack of Health Insurance
1125	66508	Good	Increasing - moving up	SPEC	MH	INSU	Limited Access Specialty Care, Limited Access to Mental Health, Lack of Health Insurance
1135	66508	Good	Not really changing much	SPEC	MH	WAIT	Limited Access Specialty Care, Limited Access to Mental Health, The wait list to access some of the Specility doctors and services is long.
1177	66548	Very Good	Not really changing much	SPEC	MH		Limited Access Specialty Care, Limited Access to Mental Health
1226	66508	Average	Not really changing much	SPEC	MH	SPRT	Limited Access Specialty Care, Limited Access to Mental Health, Family Assistance programs
1230	66508	Poor	Not really changing much	SPEC	MH	SPRT	Limited Access Specialty Care, Limited Access to Mental Health, Family Assistance programs, Lack of Health Insurance, Neglect
1095	66427	Good	Increasing - moving up	SPEC			Limited Access Specialty Care
1051		Good	Not really changing much	SPRT	INSU		Family Assistance programs, Lack of Health Insurance
1116		Good	Not really changing much	SPRT	INSU	NEG	Family Assistance programs, Lack of Health Insurance, Neglect
1179	66544	Very Good	Increasing - moving up	SPRT			Family Assistance programs

## CHNA 2022 Community Feedback: Marshall Co KS (N=263)

ID	Zip	Rating	Movement	c1	c2	c3	Access to care is vital. Are there enough providers / staff available at the right times to care for you and our community?
1197	66508	Good	Not really changing much	ACC	MH	TELE	No, Access to health care for physical concerns is available. Access to treatment for Mental Health is still a challenge. Telehealth should be an affordable and readily available solution.
1200	66508	Good	Decreasing - slipping downward	ACC	SCH	HRS	No, At times when you try to see a provider, there are no open appointments, thus if you are very sick your only choice is to go to the ER.
1189	66508	Good	Increasing - moving up	ACC	SCH		Yes, Most of the time you can call and get in the same day
1254	66508	Average	Decreasing - slipping downward	ACC			Yes, If they don't have their hands tied.
1108	66508	Poor	Decreasing - slipping downward	CHRON	HRS	PRIM	No, Chronic care, nights, weekends, more availability to PC, more availability to specialists without waiting months
1252	66508	Good	Not really changing much	CLIN	ACC	ENDO	No, As stated before the clinic is poorly ran. There is no access to endocrinology within the community
1059	66508	Good	Not really changing much	CLIN	EMER	HRS	No, We really need urgent care services that are not the emergency room. Especially on evening hours or Saturday mornings. Not everyone can come during the 8 to 5 business hours.
1008	66945	Very Good	Increasing - moving up	CLIN	HRS		No, urgent care/extended clinic hours
1236	66548	Good	Not really changing much	CLIN	HRS	EMER	No, An urgent care facility would be helpful for working families. It would also cut down the number of patients seen at the very busy CMH ER.
1219	66508	Average	Not really changing much	CLIN	TELE		No, urgent care telehealth options
1215	66427	Very Good	Not really changing much	CLIN	TRAV		No, The clinic isn't big enough to support the community. Many people have to go elsewhere for medical care.
1004	66508	Very Good	Not really changing much	CLIN			No, would be good to have an urgent care option in our community
1192	66508	Good	Not really changing much	CLIN			No, Urgent care
1050	66508	Good	Not really changing much	DOCS	ACC		No, When all the doctors aren't on vacation at the same time.
1234	66412	Good	Not really changing much	DOCS	ACC		No, I think it is too hard to see a doctor in the office.
1013	66508	Good	Not really changing much	DOCS	HRS	EMER	No, I feel we have a good amount of providers . It would be nice to have the clinic offer evening hours at least 1-2 days a week. A emergent clinic would be nice on Saturday mornings or evenings. The cost of going to ER is prohibitive for most people. b
1150	66427	Very Good	Increasing - moving up	DOCS	PRIM	SCH	No, Our doctors are amazing and are so many people! At times (ear infections, any infection that pop ups) we have to see someone else because our primary care doctor is booked out
1182	66508	Good	Not really changing much	DOCS	SCH		No, I think there are adequate providers but difficult for appointments when they take time off work at same time.
1097		Poor	Decreasing - slipping downward	DOCS	STFF	ACC	Yes, you have too many doctors and not enough actual working staff
1226	66508	Average	Not really changing much	DOCS			No, We need another doctor in the community.
1199	66508	Good	Not really changing much	HRS	ACC		No, The right times is the issue. There are a lot of folks in this community that can't make the old-school 8-5 work and therefore it forces folks to just not get treatment sometimes.
1261	66508	Good	Not really changing much	HRS	ACC	EMER	No, After 3:00 on a Friday is IMPOSSIBLE to see a doctor at the clinic. They divert you to the emergency room
1071	66508	Good	Not really changing much	HRS	CLIN		No, An urgent care, for weekend flu and minor ailments
1148	66518	Very Good	Not really changing much	HRS	CLIN	WAIT	No, With the opening of a new clinic there is now access to 'urgent care' services. Not everything should be an ER trip but there haven't been other options. To see a Dr. at the clinic is 'way to complicated' for just needing see a doc for a very minor item.
1187	66508	Good	Not really changing much	HRS	CLIN		No, After hours appointments, urgent care needed
1214	66508	Good	Not really changing much	HRS	CLIN	SCH	No, The clinic hours are very limited. Appointments are available 10-4 typically.
1028	66508	Average	Not really changing much	HRS	DOCS	ACC	No, The drs work 10-4 that is not enough time for ppl to be seen .not including those who are posthospital visits or monthly appts. Np's cant do it all. Nursesshouldwork later to cover return phone calls and notgohomebefore 430 pm
1011	66945	Good	Not really changing much	HRS	EMER		No, Only availability after 5pm is through the emergency room
1075	68466	Good	Not really changing much	HRS	EMER		No, Evenings and weekend that don't require the ER
1170	66508	Average	Not really changing much	HRS	MH		No, Longer hours at the clinic. We need mental health providers.
1039	66412	Average	Decreasing - slipping downward	HRS			No, Extended hours and weekends
1180	66508	Very Good	Increasing - moving up	MH			No, Not enough mental health providers. And the ability to exercise in warm water year round would be a blessing.
1046	66403	Average	Not really changing much	MH			No, Mental health
1190	66548	Average	Not really changing much	MH			No, More mental health providers
1077	66548	Average	Decreasing - slipping downward	NURSE	RET	HRS	No, Nursing staff shortage under payed travelers over paid. Too many providers off at same time locums killing budget. No evening or weekend hours for non-emergency patients. Too few specialists scheduled too far out.
1135	66508	Good	Not really changing much	OP	SPEC	SCH	No, Access to some of the specialty outpatient doctors and testing is hard to get into sometimes.
1177	66548	Very Good	Not really changing much	OTHR			Yes, Worried about the future.
1262	66508	Very Poor	Not really changing much	PRIM	DOCS	QUAL	No, The quantity would not be a problem if the quality was there. Since my family encounters have been primarily with malicious and unscrupulous or incompetent providers, it's the same as if none were here at all.
1175	66508	Good	Not really changing much	PRIM	FP		No, More Primary Care Providers
1257	66508	Good	Not really changing much	PT	MH		Yes, For physical health- No for mental health



### CHNA 2022 Community Feedback: Marshall Co KS (N=263)

ID	Zip	Rating	Movement	c1	c2	c3	Access to care is vital. Are there enough providers / staff available at the right times to care for you and our community?
1107			Decreasing - slipping downward	RET	STFF	NURSE	The hospital has such a high turnover rate, that needs to be investigated more in depth. Why can't full time bedside nurses be more appreciated than the travel nurses? Travel nurses are coming to facilities making double what full time bedside nurses do. Why can money be spent on that, but not on rewarding the full time bedside nurses? I would rather have a friendly face (that I know) who is being valued by our hospital and getting paid and appreciated like they should be versus seeing someone who isn't established within the facility and thinking how that money should be used on full time staff instead.
1174	66508	Good	Not really changing much	SCH	DOCS		No, Often patients want to see their physician, but no available appointments due to they being out of the office.
1010	66508	Good	Not really changing much	STFF	RET		No, the staff is alot of the time under staffed, and so many travelers means more work for the regular staff
1110			Decreasing - slipping downward	STFF	WAG		No, Hospital needs to be better staffed at bedside. Those working at bedside, deserve much more than they are making. They are giving the patient cares!
1105		Very Good	Increasing - moving up	STFF			No, Not staff
1047	66438	Good	Not really changing much	STFF			Yes, Too many at times as they stand around doing nothing
1088	66508	Very Good	Decreasing - slipping downward	WAIT	DOCS	CLIN	No, The wait to see a GP needs to be quicker. More doctors at clinics to decrease wait time.

## CHNA 2022 Community Feedback: Marshall Co KS (N=263)

ID	Zip	Rating	Movement	c1	c2	c3	What "new" community health programs should be created to meet current community health needs?
1198	66411	Very Good	Increasing - moving up	ACC			I think we have a good balance
1160	66411	Average	Not really changing much	ALZ			A program to address dementia and Alzheimer's
1039	66412	Average	Decreasing - slipping downward	AMB			Ambulance response and services
1020		Good	Not really changing much	AWARE	SERV		Just more awareness of all the services offered.
1024		Good	Not really changing much	AWARE			Make known what is out there for people
1077	66548	Average	Decreasing - slipping downward	CC	CLIN	HRS	Community childcare affordable subsidy from businesses urgent care, expanded office hours weekday evenings an d weekends
1261	66508	Good	Not really changing much	CC	CLIN		Daycare, urgent care
1181	66411	Good	Increasing - moving up	CC	DRUG	SH	Safe childcare programs, substances abuse programs for school children.
1255	66438	Good	Not really changing much	CC	OTHR	ACC	Access to childcare and health facilities with and indoor pool would be nice.
1108	66508	Poor	Decreasing - slipping downward	CHRON	OBG	EDU	Chronic care, women's clinic (education, BC, abuse, etc), substance abuse clinic,
1173	66508	Very Good	Not really changing much	CLIN	DIAB	DRUG	Urgent care, diabetic programs, substance abuse programs, outpatient infusion center,ental health programs
1087		Good	Not really changing much	CLIN	DOH		More free clinics and health fairs
1059	66508	Good	Not really changing much	CLIN	FAM	DOH	Urgent Care Family Planning at the Health Department
1216	66508	Good	Increasing - moving up	CLIN	HRS		urgent care center on nights and weekends
1148	66518	Very Good	Not really changing much	CLIN	HRS	DOCS	An Urgent Care clinic that is open on weekends to meet area needs. Not everyone can or wants to take off work to see a Dr during the weekend. School physicals, etc. could be handled there without an ER visit. Same with kid earaches, etc
1199	66508	Good	Not really changing much	CLIN	HRS		A clinic that is willing to offer evening and weekend services. This has been a request for many years. Finally someone listened and decided to take action and we'll have this in our community now.
1017	66548	Very Good	Increasing - moving up	CLIN	MH	DRUG	As stated earlier - urgent care clinic(s), mental health/substance abuse services
1200	66508	Good	Decreasing - slipping downward	CLIN	SCH	EMER	Urgent Care Clinic, this would free up slots for appointments and not overload the ER with things that could be handled at the Urgent Care Clinic.
1164	66508	Very Good	Increasing - moving up	CLIN			Urgent care
1075	68466	Good	Not really changing much	CLIN			Urgent care
1187	66508	Good	Not really changing much	CLIN			Urgent care
1236	66548	Good	Not really changing much	CLIN			Urgent Care
1254	66508	Average	Decreasing - slipping downward	COVD			A new covid science-based early treatment hospital plan and how to share it with the public so we will come back in the next crisis.
1146	66406	Good	Not really changing much	DIAB	SCRE	SPRT	Diabetes support group, bring back annual health screening/health fair In April
1184	66508	Average	Not really changing much	DOCS	STFF		Hire competent doctors, and more facilities and staff members.
1227	66406	Very Good	Increasing - moving up	DOH	SCRE	COVD	Would highly recommend to host the public health screening fair again. I'm sure that Covid-19 suspended the event, but it was/is an awesome service to provide!
1042	66508	Good	Increasing - moving up	DRUG	ALC	MH	programs for drug and alcohol abuse, mental health
1229	66508	Good	Not really changing much	DRUG	EDU	PREV	drug education/prevention
1010	66508	Good	Not really changing much	DRUG	MH	EDU	drug and alcohol awareness, mental health, and suicidal precautions, and education for signs to watch for
1174	66508	Good	Not really changing much	EDU	PREV	NUTR	Education for the importance of preventative health via exercise and nutrition efforts. Education of the importance to allocate budget towards exercise and to utilize licensed fitness professionals and take advantage of the many discounts available to use the health club that invests in the health of our community for past 30 years.
1050	66508	Good	Not really changing much	EDU	SPRT	FEM	Child birth classes. Breastfeeding education sndnsupport group.
1033		Very Good	Increasing - moving up	EDU			Not necessarily a new program but I think it's important to always try to educate the public on health issues.
1091	66508	Very Good	Increasing - moving up	EDU			More adult education
1252	66508	Good	Not really changing much	ENDO	CLIN	HRS	Endocrinology clinic. Get rid of the room charge for outpatient services. Urgent care center not just the emergency room. Have providers available. Sometimes the providers are all out of Community Physician's Clinic except for 1-2 of them. This is poor management of staffing.
1093		Very Good	Not really changing much	FIT	ACC		I would love to work out but can't go to Marysville to do so.
1247	66411	Good	Not really changing much	FIT	MH	CC	Community Fitness Center More mental Health Options Safe/Healthy Daycares
1085		Good	Decreasing - slipping downward	FIT	NUTR		Fitness and dietary
1192	66508	Good	Not really changing much	FIT	NUTR		Fitness and healthy eating classes
1136	66953	Very Good	Increasing - moving up	HH	ACC		Possibly satellite offices in neighboring countries for Home Health services. Washington county Home Health agency is a joke.
1028	66508	Average	Not really changing much	HRS	CLIN		Urgentcare in eveni gs for those who work M-F8-5
1048	66412	Very Good	Increasing - moving up	HRS	EMER		Weekend health care other than emergency room
1011	66945	Good	Not really changing much	HRS	MH	CC	After hours clinic or urgent care. Mental health services. More childcare providers.
1257	66508	Good	Not really changing much	LAB	NUTR		I would like to see the blood work in April come back- and then a 6mo check up to see if people are improving Healthy eating options
1046	66403	Average	Not really changing much	MH	CC	SPRT	Additional mental health support for children and families
1008	66945	Very Good	Increasing - moving up	MH	DRUG	HRS	mental health/substance abuse resources; urgent care; extended clinic hours; preventative health/wellness
1105		Very Good	Increasing - moving up	MH	DRUG		Mental health substance abuse being treated as medical issue
1168	66508	Very Good	Not really changing much	MH	DRUG	SUIC	Definitely have a need for mental health and substance abuse. Suicide prevention which is in line with mental health.
1066	66508	Very Good	Increasing - moving up	MH	FIT		Mental health services, Group exercise
1001	66508	Very Good	Not really changing much	MH	HRS		Mental Health. After Hours Urgent care
1004	66508	Very Good	Not really changing much	MH	HRS	CC	more access to mental health services and more additional day care centers are needed so that people can return to work and have child care.
1104	66508	Average	Decreasing - slipping downward	MH	NH		Mental health. Something for teens. Something for elderly
1175	66508	Good	Not really changing much	MH	NUTR		Mental Health programs and nutrition programs
1049	66427	Very Good		MH	PSY	DOCS	More mental health counselors and services psychiatrists, etc. Need s clinic and providers more regularly and beyond the limited services Pawnee mental health is able to provide.
1248	66508	Good	Not really changing much	MH	RESO		More choices in mental health

## CHNA 2022 Community Feedback: Marshall Co KS (N=263)

ID	Zip	Rating	Movement	c1	c2	c3	What "new" community health programs should be created to meet current community health needs?
1056	66508	Very Good	Decreasing - slipping downward	MH	SERV		Mental health care professions available to patients and medical staff for direct services and consultation.
1054	66508	Good	Not really changing much	MH	SERV		Mental health services
1177	66548	Very Good	Not really changing much	MH	SERV	DRUG	I think more mental health services will be necessary and often that goes along with substance abuse.
1226	66508	Average	Not really changing much	MH	SERV		Mental health services
1182	66508	Good	Not really changing much	MH	SUIC		Good mental health provider. Pawnee has bad reputation. Too many suicides recently
1215	66427	Very Good	Not really changing much	MH	SUIC	RESO	In view of the "woke" issues taking over America, even small communities could use mental health professionals. With inflation rampant, available mental health and suicide prevention professionals would be a good idea.
1219	66508	Average	Not really changing much	MH	SUIC	DRUG	mental health, suicide prevention, substance abuse prevention, community health challenges engaging communities/businesses
1250	66411	Good	Not really changing much	MH	VIO	POV	Addressing mental health is a vital need in our community. Also addressing abuse and poverty.
1061	66412	Good	Decreasing - slipping downward	MH			Addiction/Mental health programs,
1007	66508	Very Good	Increasing - moving up	MH			Mental Wellness
1027	66508	Good	Increasing - moving up	MH			Mental health
1179	66544	Very Good	Increasing - moving up	MH			Mental health and depression.
1180	66508	Very Good	Increasing - moving up	MH			All aspects of mental health care being readily available without having to travel outside the area would be good.
1022	66945	Average	Not really changing much	MH			Mental health services are a huge need!
1135	66508	Good	Not really changing much	MH			Mental health
1139	66508	Good	Not really changing much	MH			Focus on Social and Emotional Needs
1170	66508	Average	Not really changing much	MH			Mental health
1190	66548	Average	Not really changing much	MH			Mental health,
1213	66508	Good	Not really changing much	MH			mental health
1256	66508	Good	Not really changing much	MH			Mental health
1047	66438	Good	Not really changing much	NH	POV		Help elderly pay the medical bills that social security won't. It's not easy living on \$1250 a month
1072		Average	Not really changing much	NUTR	FIT		Nutrition and wellness classes
1196	66548	Good	Not really changing much	NUTR	FIT	CHRON	nutrition and exercise, chronic health prevention
1013	66508	Good	Not really changing much	NUTR			Nutrition would be a great program to add.
1086		Good	Increasing - moving up	OTHR	SPRT		Parkinson's exercise classes... Support group
1097		Poor	Decreasing - slipping downward	OTHR			fix the old first
1063	66508	Good	Not really changing much	OTHR			more help
1169	66508	Very Good	Not really changing much	OWN			None. My apathy is showing.
1065	66548	Very Good	Increasing - moving up	PREV	AWARE	EDU	More wellness opportunities. Increase awareness of positive effects of exercise. Educate people on varieties of exercises.
1197	66508	Good	Not really changing much	PREV	DRUG	FINA	Our community is excellent at providing activities for individuals and families for wellness activities, so kudos to the fitness center, the farmer's market, and the trail for offering healthy opportunities. The Arts Cooperative also plays a huge role in the overall well being of our community. Sadly, recreational drugs are often chosen over the above activities to bring a feeling of well being. The challenge for a new community health program would be to make the wellness choice the irresistible choice. If one is to dream, then a working ranch setting for individual and family, that encompasses working with animals, gardening, farm to table nutrition would be an excellent start. Our rural setting makes this attainable. There are grants out there that may support the financial needs of such a program. Develop a working relationship with other community entities. Pony Express Partnership for Children would be your first contact. 785-629-8300, housed in Lincoln Center.
1124	66544	Good	Not really changing much	PREV	FEM	EDU	Pregnancy prevention programs like LARC Giving women that access and that empowerment to prevent pregnancies and break those cycles of potential child neglect
1055	66508	Very Good	Increasing - moving up	PREV	FIT	REC	A focus on wellness through wellness checks, fitness programs...encouraging children and families to be active through community activities. We've got a beautiful trail. Let's get kids on bikes and get them out there! We've got a great place for hiking at Alcove Spring. We've got a swimming pool that had a disastrous summer. We should be ashamed that it was not open sooner or longer.
1088	66508	Very Good	Decreasing - slipping downward	PREV	INSU	EDU	Preventative care programs (of course, that's not something insurance will cover) and people without the \$ resources often need these services/education the most. Sadly, illness generates more revenue than wellness.
1189	66508	Good	Increasing - moving up	RESO	NUTR	MH	More access to AA and NA resources. Access to dietitians or food counseling. More mental health resources.
1140	66548	Average	Decreasing - slipping downward	SCRE	DOH		Free screenings
1084	66427	Average	Not really changing much	SCRE	INSU		Uds screens for medicaid carriers and proof of employment
1150	66427	Very Good	Increasing - moving up	SH	NURSE		Adding a school nurse who travels between buildings more often than what we currently have.
1058	66411	Very Good	Increasing - moving up	SH	NUTR		More school programs on staying healthy.
1231	66508	Good	Increasing - moving up	TELE			telehealth

Let Your Voice Be Heard!

**In 2019, Community Memorial Healthcare, Inc. in Marysville, KS, surveyed the community to assess health needs. Today, we request your input again to create our 2022 Marshall County, KS Community Health Needs Assessment (CHNA). To gather current area feedback, a short online survey has been created to evaluate current community health needs and delivery.**

**While your participation is voluntary and confidential, all community input is valued. Thank you for your immediate attention! Deadline to participate is Friday August 19th, 2022**

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

- Very Good     Good     Average     Poor     Very Poor

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

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

Please specify why.

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

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

5. From our past CHNA, 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 Exercise Opportunities                            | <input type="checkbox"/> Nutrition / Healthy Food Options           |
| <input type="checkbox"/> Awareness of Healthcare Services                            | <input type="checkbox"/> Exercise / Fitness Opportunities           |
| <input type="checkbox"/> Cancer Care   | <input type="checkbox"/> Poverty                                    |
| <input type="checkbox"/> Child Care  | <input type="checkbox"/> Senior Care (Aging Community Health Needs) |
| <input type="checkbox"/> Chronic Disease Prevention and Management                   | <input type="checkbox"/> Smoking                                    |
| <input type="checkbox"/> Cost for Health Services                                    | <input type="checkbox"/> Access to Health Education / Literacy      |
| <input type="checkbox"/> Drug / Substance Abuse                                      | <input type="checkbox"/> Alcohol Abuse                              |
| <input type="checkbox"/> Mental Health (Diagnosis, Treatment, Aftercare, Physicians) | <input type="checkbox"/> Transportation                             |
| <input type="checkbox"/> Access to Primary Care Physicians                           | <input type="checkbox"/> Cancer Care                                |
| <input type="checkbox"/> Adult Obesity   |   |

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

- |  |   |
|--|---|
| <input type="checkbox"/> Access to Exercise Opportunities                            | <input type="checkbox"/> Nutrition / Healthy Food Options           |
| <input type="checkbox"/> Awareness of Healthcare Services                            | <input type="checkbox"/> Exercise / Fitness Opportunities           |
| <input type="checkbox"/> Cancer Care   | <input type="checkbox"/> Poverty                                    |
| <input type="checkbox"/> Child Care  | <input type="checkbox"/> Senior Care (Aging Community Health Needs) |
| <input type="checkbox"/> Chronic Disease Prevention and Management                   | <input type="checkbox"/> Smoking                                    |
| <input type="checkbox"/> Cost for Health Services                                    | <input type="checkbox"/> Access to Health Education / Literacy      |
| <input type="checkbox"/> Drug / Substance Abuse                                      | <input type="checkbox"/> Alcohol Abuse                              |
| <input type="checkbox"/> Mental Health (Diagnosis, Treatment, Aftercare, Physicians) | <input type="checkbox"/> Transportation                             |
| <input type="checkbox"/> Access to Primary Care Physicians                           | <input type="checkbox"/> Cancer Care                                |
| <input type="checkbox"/> Adult Obesity   |   |

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

- Chronic Disease
- Lack of Health & Wellness
- Lack of Nutrition/Exercise Services
- Limited Access to Primary Care
- Limited Access Specialty Care
- Limited Access to Mental Health
- Family Assistance programs
- Lack of Health Insurance
- Neglect

Other (Be Specific).



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/Optomtrist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family Planning Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Home Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hospice/Palliative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Telehealth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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

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

Other (please specify)

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

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

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

Yes

No

If yes, please specify your thoughts.



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

Yes

No

If yes, please specify the services received



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

Yes

No

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



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





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

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

Other (Please specify).



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

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

Other (Please specify).



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



**VWV Consultants LLC**



## **VWV Consultants LLC**

**Vince Vandehaar, MBA**

*Principal & Adjunct Professor*

VVV@VandehaarMarketing.com

**Cassandra Kahl, BHS MHA**

*Director, Project Management*

CJK@VandehaarMarketing.com

**Hannah Foster, MBA**

*Associate Consultant*

HCF@VandehaarMarketing.com

HQ Office:

601 N Mahaffie, Olathe, KS 66061

(913) 302-7264

<http://vandehaarmarketing.com/>

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