

Community Health Needs Assessment

On Behalf Mercy Hospital-Moundridge

Primary Service Area Review - McPherson County, KS



August 2022

VVV Consultants LLC
Olathe, KS

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I. Executive Summary

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I. Executive Summary

Mercy Hospital-Moundridge Primary Service Area Review - McPherson, KS - 2022 Community Health Needs Assessment (CHNA)

The previous CHNA for McPherson 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 McPherson County, KS CHNA assessment began in March of 2021 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:

Mercy Hospital (Southern McPherson County) 2022 CHNA Priorities - Unmet Needs				
CHNA Wave #4 Town Hall - July 15, 2022 Primary Service Area 4 Zips (24 Attendees / 21 Voted with 84 votes)				
#	Community Health Needs to Change and/or Improve	Votes	%	Accum
1	Access to Specialists (OB, Surgery, CV, Pulmology, Urology)	14	16.7%	16.7%
2	Mental Health (Diagnosis, Placement, Aftercare, Providers) / Crisis Intervention	13	15.5%	32.1%
3	Insurance Options (Education)	11	13.1%	45.2%
4	Obesity (Nutrition / Exercise)	9	10.7%	56.0%
5	Cancer	8	9.5%	65.5%
6	Workforce Staffing	7	8.3%	73.8%
7	After Hours Urgent Care / Walk-in Clinic	6	7.1%	81.0%
8	Parenting	6	7.1%	88.1%
Total Votes		84	100%	
Other needs receiving votes: Access to Home Health, Safe Pathways and Sidewalks, Senior Health, Distracted Driving, Housing, OB Services, Transportation				

Town Hall CHNA Findings: Areas of Strengths

Moundridge (KS) - Community Health Strengths Recalled			
#	Topic	#	Topic
1	Access to Young Providers Locally	6	Wealthy
2	Faith-based Values	7	Infrastructure of Roads
3	Local Physical Therapists Services	8	Quality EMS
4	Local Drug Rehab	9	Access to Local Grocery Stores
5	Financial Stewards	10	Family Community

Key CHNA Wave #4 Secondary Research Conclusions found:

KANSAS HEALTH RANKINGS: According to the 2022 Robert Wood Johnson County Health Rankings, McPherson County, KS Average was ranked 5th in Health Outcomes, 6th in Health Factors, and 76th in Physical Environmental Quality out of the 105 Counties.

TAB 1. McPherson County's population is 30,146 (based on 2021), with a population percent change of -0.03%. About six percent (5.7%) of the population is under the age of 5, while the population that is over 65 years old is 20.2%. As of 2020, 5.4% of citizens speak a language other than English in their home. Children in single parent households make up a total of 15.1% compared to the rural norm of 18.6%, and 85.5% are living in the same house as one year ago.

TAB 2. In McPherson County, the average per capita income is \$31,579 while 7.7% of the population is in poverty. The severe housing problem was recorded at 9.9% compared to the rural norm of 11.4%. Those with food insecurity in McPherson County is 10.7%, and those having limited access to healthy foods (store) is 8.4%. Individuals recorded as having a long commute while driving alone is 15.5% compared to the norm of 24.0%.

TAB 3. Children eligible for a free or reduced-price lunch in McPherson County is 33.2%. Roughly ninety-one percent (91.4%) of students graduated high school compared to the rural norm of 88.8%, and 28.8% have a bachelor's degree or higher.

TAB 4. The percent of births where prenatal care started in the first trimester is 85.0% and 4.3% of births in McPherson County have a low birth weight. The percent of all births occurring to teens (15-19) is 4.1%.

TAB 5. The McPherson County primary care service coverage ratio is 1 provider (county based office physician who is a MD and/or DO) to 1,427 residents. There were 3,034 preventable hospital stays in 2021 compared to the Rural Norm of 4,143.

TAB 6. In McPherson County, 19.0% of the Medicare population has depression. The average mentally unhealthy days last reported (2019) is 4.4 days in a one-week period, while the age-adjusted suicide mortality rate (per 100,000) is 21.4.

TAB 7a – 7b. McPherson County has an obesity percentage of 37.2% and a physical inactivity percentage is 27.2%. The percentage of adults who smoke is 17.2%, while the excessive drinking percentage is 18.6%. The Medicare hypertension percentage is 54.1%, while their heart failure percentage is 12.7%. Those with chronic kidney disease amongst the Medicare population is 19.1% compared to the rural norm of 20.9%. The percentage of individuals who were recorded with COPD was 9.9%. McPherson County recorded roughly three percent (3.4%) of individuals who have had a stroke.

TAB 8. The adult uninsured rate for McPherson County is 8.9% (based on 2019) compared to the rural norm of only 12.4%.

TAB 9. The life expectancy rate in McPherson County is seventy-eight years of age (78.5). Alcohol-impaired driving deaths for McPherson County is 21.9% while age-adjusted Cancer Mortality rate per 100,000 is 185.1. The age-adjusted heart disease mortality rate per 100,000 is at 141.5.

TAB 10. A recorded fifty-eight percent (57.5%) of McPherson County has access to exercise opportunities. Those reported having diabetes is 9.2%. Continually, forty-four percent (44.0%) of women in McPherson County seek annual mammography screenings compared to the rural norm of 40.8%.

Key CHNA Wave #4 Primary Research Conclusions found:

Community Feedback from McPherson County (N=524) residents, community leaders and providers provided the community insights via an online perception survey. From this data, Moundridge PSA (N=164) zips (67107, 67428, 67443, 67546) were analyzed and provided the following community insights.

- Using a Likert scale, average between Moundridge PSA stakeholders and residents that would rate the overall quality of healthcare delivery in their community as Good is 61.0%.
- Moundridge PSA stakeholders are satisfied with some of the following services: Access to young Providers Locally, Faith-based Values, Local Physical Therapist Services, Local Drug Rehab, Financial Stewards, Wealthy, Infrastructure of Roads, Quality of EMS, Access to Local Grocery Stores, Family Community.
- When considering past CHNA needs, the following topics came up as the most pressing: Access to Specialists (OB, Surgery, CV, Pulmonology, Urology), Mental Health (Diagnosis, Placement, Aftercare, Providers) / Crisis Intervention, Obesity (Nutrition / Exercise), Cancer, Workforce Staffing, After Hours Urgent Care / Walk-in Clinic, Parenting, and Insurance Options (Education).

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.).

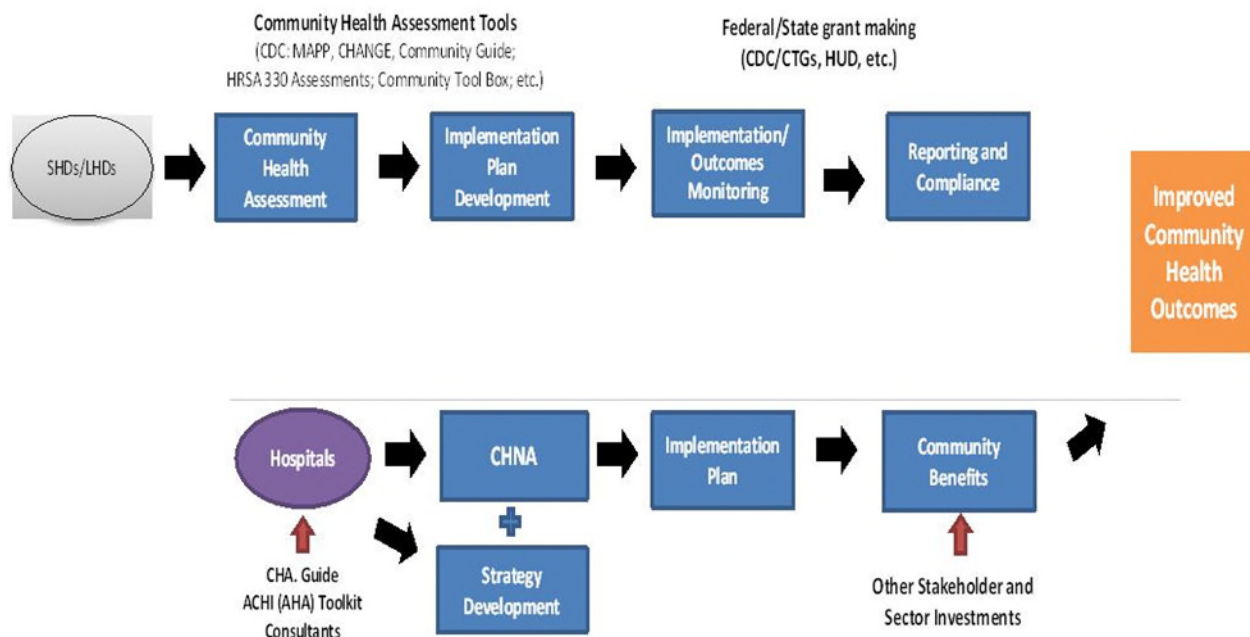
JOB #2: Making a CHNA Widely Available to the Public

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(c)(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.

Mercy Hospital-Moundridge

CEO: Aaron Herbel

218 E Pack St Moundridge, KS 67017

(620) 345-6391

Services We Offer:

- Inpatient Care
 - o We are an Acute Care and a Skilled Nursing Facility. We also offer Respite services for short term care needs. Review our inpatient satisfaction scores at www.medicare.gov.
- Outpatient Surgery
 - o Schedule your colonoscopy and endoscopy procedures with us through Partners in Family Care. We offer morning procedures for your comfort and convenience.
- Physical Therapy
 - o We have partnered with Rehab Visions to provide you with a satisfactory therapy experience through physical, occupational and speech therapy services. Due to continued growth in this department, we are in the process of beginning an exciting expansion.

- Emergency Room

- Regardless of your medical condition, our competent and experienced health care staff will be here for you. Our providers are on call to serve the community 24 hours, 7 days a week.

- Clinical Laboratory

- Our CLIA Licensed Laboratory performs testing for our local long term care homes and clinics. We can run any outpatient testing for you ordered by your Physician with same day results.

McPherson County Health Department

County Administrator: Shalei Shea, BSN, RN

1001 N Main

McPherson, KS 67460

(620) 241-1753 Fax: (620) 241-1756

Monday-Friday 8:00 AM - 5:00 PM (Closed 12:00PM – 1:00PM)

Service Providers:

- Public Health Nurses
- Physician Assistant
- Registered Dietician
- IBCLC

Family Planning and Reproductive Health

- Education and counseling sessions
- Physical assessments and well-woman exams including pap smears
- Birth control prescriptions including pills, patches, rings and DMPA shots
- Follow-up and referrals
- Breast exams
- Sexually transmitted infection testing and treatment
- Breastfeeding support
- Pregnancy testing
- Sexually transmitted infection testing, treatment, and counseling

Immunizations

- Child and adult vaccinations
- Private insurance, state insurance, VFC program and no-insurance is accepted

WIC*

- Supplemental food program for pregnant, breastfeeding and post-partum women, infants and children up to 5 years
- If you need to report a lost or stolen EWIC card, please call 620-241-1753 or email macwic@mcpcoks.us

Communicable Diseases

- Investigation and monitoring of communicable diseases (defined as Kansas Notifiable Diseases)

*WIC is an equal opportunity program. In accordance with Federal law and the U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider.

References

<https://www.mercyh.org/>

<https://www.mcphersoncountyks.us>

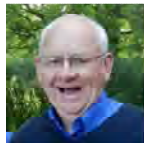
II. Methodology

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)



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 MBA – Associate Consultant – April 2022

MO Southern State – Joplin, MO

Avila University – MBA with HC

Hometown: Lee's Summit, MO



Cassandra Kahl, BHS – Associate Consultant – Nov 2020

University of Kansas – Health Sciences

Park University - MHA

Hometown: Maple, WI

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

Our Mission: to research, facilitate, train, 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 March of 2022 for Mercy Hospital-Moundridge located in McPherson County, KS to meet Federal IRS CHNA requirements.

In mid-July 2022, a meeting was called amongst the Mercy Hospital-Moundridge 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 NMC requesting VVV Consultants LLC to complete a CHNA IRS aligned comprehensive report.

VVV CHNA Deliverables:

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

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

Define Mercy Hospital PSA -FFY 2018 -2016						26,612		
#	ZIP	City	ST	County	Avg IO Shr	Total 3YR	%	Accum
1	67107	Moundridge	KS	MCPHERSON	51.3%	16,786	63.1%	63.1%
2	67546	Inman	KS	MCPHERSON	17.3%	2,451	9.2%	72.3%
3	67443	Galva	KS	MCPHERSON	13.8%	1,736	6.5%	78.8%
4	67428	Canton	KS	MCPHERSON	6.3%	688	2.6%	81.7%
5	67438	Durham	KS	MARION	6.3%	83	0.3%	79.1%
6	67062	Hesston	KS	HARVEY	4.8%	928	3.5%	85.2%
7	67053	Goessel	KS	MARION	3.9%	150	0.6%	85.8%

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

Phase I—Discovery:

Conduct a 30-minute conference call with the CHNA county health department and hospital clients. Review / confirm 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:

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

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:

Development Steps to Create Comprehensive Community Health Needs Assessment	
Step # 1 Commitment	<i>Determine interest level of area healthcare leaders (Hospital, Health Dept., Mental Health Centers, Schools, Churches, Physicians etc.), prepare project quote.</i>
Step # 2 Planning	<i>Prepare brief CHNA Project Work Calendar - list goals, objectives, purpose, outcome, roles, community involvement, etc. Hold Community Kick-off meeting.</i>
Step # 3 Secondary Research	<i>Collect & 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>
Step # 4a Primary Research - Town Hall prep	<i>Collect Community Opinions. (Quantitative Research). Gather Stakeholders / Community opinions regarding community health needs and healthcare practices.</i>
Step # 4b Primary Research - Conduct Town Hall	<i>Conduct "Conversation with Community" Town Hall (Qualitative Research). Review Secondary & Primary Data findings. Facilitate community conversation to build consensus; discuss opinions / identify health needs.</i>
Steps # 5 Reporting	<i>Prepare/Present comprehensive CHNA report (to community leaders), facilitate development of CHNA Implementation Plan (Actions to improve health). < Note: Formal report will follow IRS Notice 2011-52 regs & PHAB requirements. ></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 Resources
Quick Facts - Business
Centers for Medicare and Medicaid Services
CMS Hospital Compare
County Health Rankings
Quick Facts - Geography
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.

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

Mercy Hospital Hospital - Moundridge, KS VVV CHNA Wave #4 Work Plan - Year 2022			
Project Timeline & Roles - Working Draft as of 1/19/22 Proj Lead:			
Step	Timeframe	Lead	Task
1	3/1/2022	VVV / Hosp	Sent Leadership information regarding CHNA Wave #4 for review.
2	3/25/2022	Hosp	Select CHNA Wave #4 Option B. Approve / Sign VVV CHNA quote
3	2/11/2022	VVV	Send out REQCommInvite Excel file. HOSP & HLTH Dept to fill in PSA Stakeholders Names /Address /Email
4	Waive	VVV	Hold Kick-off Meeting & Request Hospital Client to send IHA 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 ZipPSA_3yrPOrigin.xls)
5	Waive	VVV	Prepare CHNA Wave#4 Stakeholder Feedback "online link". Send link for hospital review.
6	May and June	VVV	Assemble & complete Secondary Research - Find / populate 10 TABS. Create Town Hall ppt for presentation.
7	Waive	VVV / Hosp	Prepare/send out PR story#1 / E Mail#1 Request announcing upcoming CHNA work to CEO to review/approve.
8	Waive	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	Waive	VVV	Launch / conduct online survey to stakeholders: Hospital will e-mail invite to participate to all stakeholders. Cut-off 4/01/2022 for Online Survey
10	by 6/6/2022	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	6/6/2022	VVV / Hosp	Place PR #2 story to local media / Send E Mail to local stakeholders announcing / requesting participation in upcoming Town Hall Event.
12	7/12/2022	ALL	Conduct conference call (time TBD) with Hospital / Public HLTH to review Town Hall data / flow
13	7/14/2022	VVV	Conduct CHNA Town Hall for a working Dinner from 5:30 pm - 7:00 pm at TBD . Review & Discuss Basic health data plus RANK Health Needs.
14	8/1/2022	VVV	Complete Analysis - Release Draft 1- seek feedback from Leaders (Hospital & Health Dept.)
15	On or Before 8/15/2022	VVV	Produce & Release final CHNA report. Hospital will post CHNA online (website).
16	9/20/2022	VVV	Conduct Client Implementation Plan PSA Leadership meeting
17	On or Before 09/30/2022	TBD	Hold Board Meetings discuss CHNA needs, create & adopt an implementation plan. Communicate CHNA plan to community.

Community Health Needs Assessment Town Hall Meeting –Moundridge Mercy Hospital Primary Service Area



VVV Consultants LLC

Olathe, Kansas 66061

VandehaarMarketing.com
913-302-7264

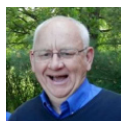
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Community Health Needs Assessment (CHNA) Onsite Town Hall Discussion Agenda

- I. Opening / Introductions (5 mins)
- II. Review CHNA Purpose and Process (5 mins)
- III. Review Current County “Health Status”
 - Quick Health Indicators – KEY Drivers
 - Review Community Feedback Research N=164 (40 mins)
- IV. Collect Community Health Perspectives
 - Discuss / determine Most Important Unmet Needs
 - Hold Community Voting Activity (35 mins)
- V. Close / Next Steps (5 mins)

3

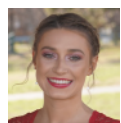
Introduction: Who We Are Background and Experience



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



McKenzie Green BS – Summer Intern
 - Marketing Major (MBA Candidate) Avila University

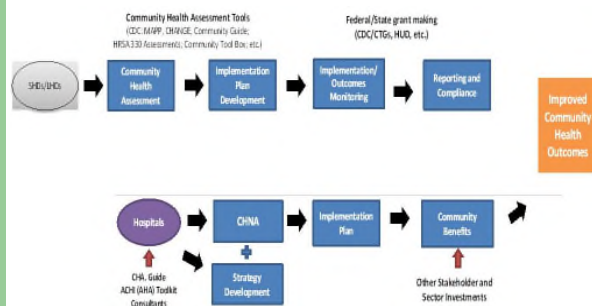
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II. Review of a CHNA

- **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)

6

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



7

Primary (PSA) and Secondary (SSA) Service Areas



8

Full County CHNA Report McPherson Co

June 22, 2022

2022 Community Health Needs Assessment for
McPherson County, Kansas

Prepared by
Cyril Russell
Director of Marketing
McPherson Hospital, Inc.
Shalee Shea
Director, McPherson County Health Department
Other contributors:
Christopher Stipe,
President and CEO, McPherson Hospital, Inc.
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Lindborg Community Hospital
Aaron Herbel, CEO
Mercy Hospital, Moundridge
Assistance with survey design
Dorothy Hughes, PhD, MPH
Assistant Professor, Population Health
University of Kansas School of Medicine, Salina, Kansas

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2022 Community Health Needs Assessment for McPherson County, Kansas

Process for Prioritizing

After the data from the survey was analyzed, a focus group (See Appendix 2) was identified who represented a cross-section of persons in the county with knowledge about social and health issues based on occupation or engagement in the communities. This group met for a special session to review secondary data related to the county on a number of demographic, socio-economic and health issues and to discuss the public survey results with a goal to validate or challenge the identified needs through the survey.

Following discussion on secondary data analysis and survey results, **though cancer was included as a significant need** from public input, the group as a whole concurred with findings of the survey indicating that the following were **the top three significant health needs in the county**.

- drug abuse (which would include opioids)
- mental health
- obesity

Some survey respondents listed **alcohol abuse** as a separate item. However, after discussion, the focus group thought it should also be included in the focus on drug abuse, which will be considered as strategies are developed. While there was no intent for this meeting to develop strategies for addressing the identified needs, discussion did reference potential options and that certain groups in attendance at the meeting will be instrumental in implementing whatever strategies are developed as a result.

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Drilldown CHNA Findings Mercy Hospital Moundridge PSA (8)

Source: Hospital Internal Records

Hospital: MERCY HOSPITAL INC.

	Grand Total		8 Zips PSA	53,903	54,211	24,138	I/O/E	YTD 2019-2016	
#	ZIP	City	ST	County	Pop18	Pop24	Total	%	Accum
1	67107	Moundridge	KS	MCPHERSON	3177	3212	14,772	61.2%	61.2%
2	67546	Inman	KS	MCPHERSON	2610	2605	2,250	9.3%	70.5%
3	67460	McPherson	KS	MCPHERSON	15372	15302	1,515	6.3%	76.8%
4	67443	Galva	KS	MCPHERSON	1921	1937	1,158	4.8%	81.6%
5	67062	Hesston	KS	HARVEY	4285	4380	689	2.9%	84.4%
6	67114	Newton	KS	HARVEY	21995	22187	641	2.7%	87.1%
7	67428	Canton	KS	MCPHERSON	1459	1459	477	2.0%	89.1%
8	67056	Halstead	KS	HARVEY	3084	3129	407	1.7%	90.8%

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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.

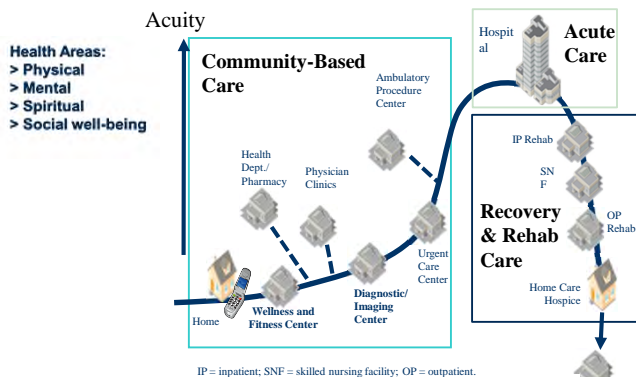
Community leaders and groups: The hospital organization's board members, Local clergy and congregational leaders, Presidents or chairs of civic or service clubs -- Chamber of Commerce, veterans' organizations, Lions, Rotary, etc., Representatives from businesses -- owners/CEO's of large businesses (local 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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Future System of Care—Sg2



13

Triple Aim Focus



14

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

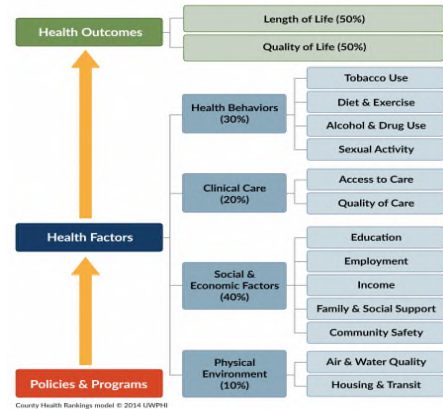
TAB 9. Mortality Profile

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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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



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Questions? Next Steps?

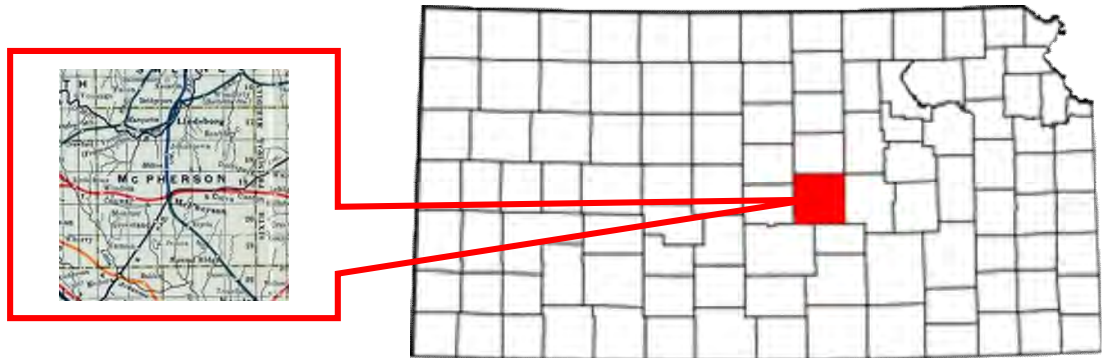
VVV@VandehaarMarketing.com
CJK@VandehaarMarketing.com
HCF@VandehaarMarketing.com
(913) 302-7264

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II. Methodology

d) Community Profile (A Description of Community Served)

McPherson County (KS) Community Profile



The population of McPherson County was estimated to be 29,707 citizens in 2021 and a population density of 33 persons per square mile.

Interstate 135 runs vertically throughout McPherson County. Kansas State Highway 4 runs through the top portion of the county. Mercy Hospital is located off Interstate 135.

McPherson County (KS) Community Profile

McPherson County Public Airports¹

Name	USGS Topo Map
<u>Kentucky Creek Landing</u>	Lindsborg SE
<u>McPherson Airport</u>	McPherson South
<u>Moundridge Municipal Airport</u>	Moundridge

Schools in McPherson County: Public Schools²

Name	Level
<u>Canton-Galva Elementary</u>	Elementary
<u>Canton-Galva Jr./Sr. High</u>	High
<u>Eisenhower Elementary</u>	Elementary
<u>Inman Elem</u>	Elementary
<u>Inman Jr/Sr High School</u>	High
<u>Lincoln Elem</u>	Elementary
<u>McPherson High</u>	High
<u>McPherson Middle School</u>	Middle
<u>Moundridge Elem</u>	Elementary
<u>Moundridge High</u>	High
<u>Moundridge Middle</u>	Middle
<u>Roosevelt Elem</u>	Elementary
<u>Smoky Valley High</u>	High
<u>Smoky Valley Middle School</u>	Middle
<u>Smoky Valley Virtual Charter School</u>	Other
<u>Soderstrom Elem</u>	Elementary
<u>Washington Elem</u>	Elementary
<u>Windom Elem</u>	Elementary

¹ <https://kansas.hometownlocator.com/features/cultural,class,airport,scfips,20113.cfm>

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

McPherson County, KS - Detail Demographic Profile

			Population				Households		HH	Per Capita
	ZIP	NAME	County	Year 2020	Year 2025	Change	YR 2020	YR 2025	Avg Size 2020	Income 2020
1	67107	Moundridge	MCPHERSON	3,254	3,273	0.58%	1,358	1,373	2.3	\$28,104
2	67428	Canton	MCPHERSON	1,489	1,481	-0.54%	590	590	2.5	\$32,178
3	67443	Galva	MCPHERSON	1,884	1,870	-0.74%	708	707	2.7	\$31,654
4	67456	Lindsborg	MCPHERSON	4,802	4,751	-1.06%	1,839	1,822	2.4	\$28,380
5	67460	Mcpherson	MCPHERSON	15,241	15,077	-1.08%	6,447	6,409	2.3	\$31,662
6	67464	Marquette	MCPHERSON	1,009	982	-2.68%	436	425	2.3	\$32,369
7	67476	Roxbury	MCPHERSON	38	38	0.00%	15	15	2.5	\$36,302
8	67491	Windom	MCPHERSON	403	395	-1.99%	160	158	2.5	\$35,281
9	67546	Inman	MCPHERSON	2,813	2,814	0.04%	1,059	1,062	2.5	\$28,390
Totals				30,933	30,681	-0.81%	12,612	12,561	2.4	\$31,591

				Population				Year 2020		Females
	ZIP	NAME	County	Year 2020	Pop. 65+	Kids<18	Gen Y	Males	Females	Age 20-35
1	67107	Moundridge	MCPHERSON	3,254	959	825	333	50	1,700	301
2	67428	Canton	MCPHERSON	1,489	282	462	157	42	761	171
3	67443	Galva	MCPHERSON	1,884	332	579	194	42	923	204
4	67456	Lindsborg	MCPHERSON	4,802	1,056	1,555	529	42	2,446	568
5	67460	Mcpherson	MCPHERSON	15,241	3,026	4,538	2,033	41	7,632	1,809
6	67464	Marquette	MCPHERSON	1,009	247	269	99	48	518	101
7	67476	Roxbury	MCPHERSON	38	8	10	4	48	19	4
8	67491	Windom	MCPHERSON	403	94	106	34	50	198	34
9	67546	Inman	MCPHERSON	2,813	687	769	280	48	1,432	267
Totals				30,933	6,691	9,113	3,663	409	15,629	3,459

				Population 2020				Average Households 2020		
	ZIP	NAME	County	Caucasian	African Amer	Amer Ind.	Hispanic	HH Inc	HH	HH \$50K+
1	67107	Moundridge	MCPHERSON	95.97%	0.43%	0.55%	3.63%	\$1,358	54,727	836
2	67428	Canton	MCPHERSON	96.57%	0.54%	0.47%	2.35%	\$590	61,554	420
3	67443	Galva	MCPHERSON	97.13%	0.42%	0.58%	1.43%	\$708	63,812	503
4	67456	Lindsborg	MCPHERSON	93.90%	1.73%	0.23%	4.35%	\$1,839	58,604	1,131
5	67460	Mcpherson	MCPHERSON	91.70%	1.71%	0.56%	5.71%	\$6,447	55,608	3,747
6	67464	Marquette	MCPHERSON	95.94%	0.20%	0.50%	5.15%	\$436	59,378	286
7	67476	Roxbury	MCPHERSON	100.00%	0.00%	0.00%	0.00%	\$15	71,207	12
8	67491	Windom	MCPHERSON	96.28%	0.50%	0.50%	2.23%	\$160	70,253	124
9	67546	Inman	MCPHERSON	95.95%	0.14%	0.46%	2.88%	\$1,059	57,649	681
Totals				95.94%	0.63%	0.43%	3.08%	\$1,401	552,792	7,740

Source: ERSI Demographics

III. Community Health Status

[VVV Consultants LLC]

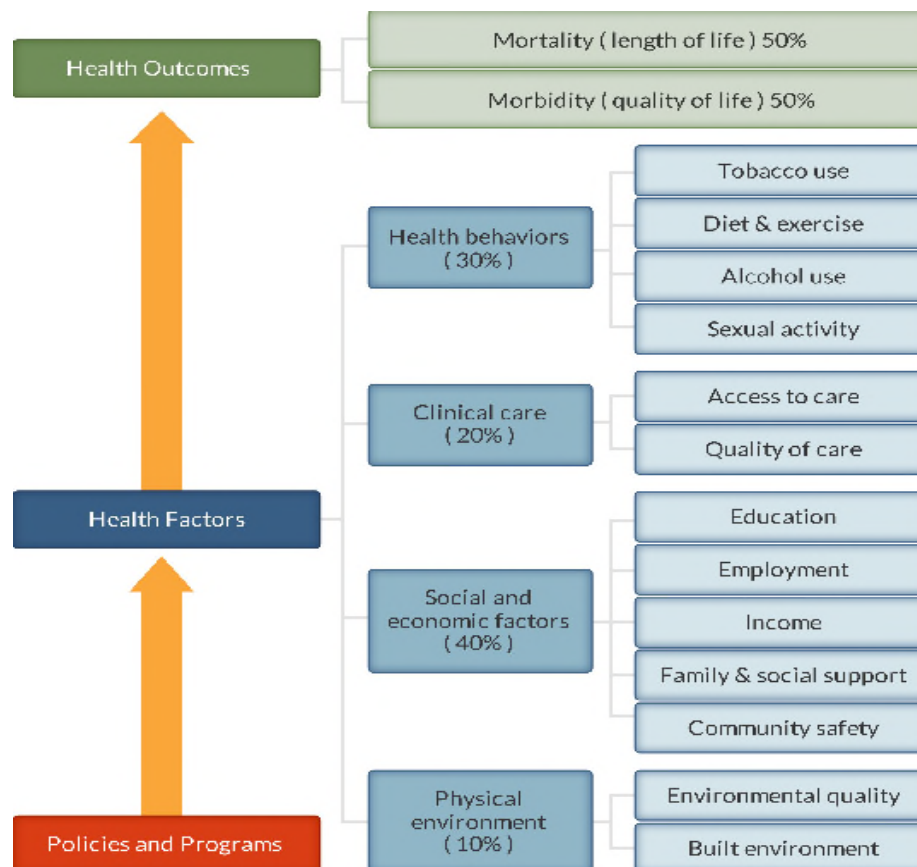
III. Community Health Status

a) Historical Health Statistics- Secondary Research

Health Status Profile

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

Note: The Robert Wood Johnson Foundation collaborates with the University of Wisconsin Population Health Institute to release annual *County Health Rankings*. As seen below, RWJ's model 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	McPherson Co, KS	TREND	KS Rural 28 Norm
1	Health Outcomes		5		79
2	Mortality	Length of Life	8		22
3	Morbidity	Quality of Life	9		97
4	Health Factors		6		94
5	Health Behaviors	Tobacco Use, Diet/Exercise, Alcohol Use, Sexual Activity	19		73
6	Clinical Care	Access to care / Quality of Care	7		102
7	Social & Economic Factors	Education, Employment, Income, Family/Social support, Community Safety	6		96
8	Physical Environment	Environmental quality	76		20
KS Rural 28 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.					
http://www.countyhealthrankings.org , 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.

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	McPherson Co, KS	Trend	State of KS	KS Rural 28 Norm	Source
1	a	Population estimates, July 1, 2021, (V2021)	30,146		2,913,314	14,405	People Quick Facts
	b	Population, percent change - April 1, 2020 (estimates base) to July 1, 2021, (V2021)	-0.03%			-0.6%	People Quick Facts
	d	Persons under 5 years, percent, 2021	5.7%		6.4%	6.3%	People Quick Facts
	e	Persons 65 years and over, percent, 2021	20.2%		16.3%	19.7%	People Quick Facts
	f	Female persons, percent, 2021	50.8%		50.2%	49.6%	People Quick Facts
	g	White alone, percent, 2021	95.1%		86.3%	91.7%	People Quick Facts
	h	Black or African American alone, percent, 2021	1.3%		6.1%	2.6%	People Quick Facts
	i	Hispanic or Latino, percent, 2021	4.5%		12.2%	11.8%	People Quick Facts
	j	Language other than English spoken at home, percent of persons age 5 years+, 2016-2020	5.4%		11.9%	9.8%	People Quick Facts
	k	Living in same house 1 year ago, percent of persons age 1 year+, 2016-2020	85.5%		83.8%	87.5%	People Quick Facts
	l	Children in single-parent households, percent, 2016-2020 (2022)	15.1%		29.0%	18.6%	County Health Rankings
	m	Veterans, 2016-2020	1,560		176,444	947	People Quick Facts

Tab 2: Economic Profile

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

Tab		Economic - Health Indicators	McPherson Co, KS	Trend	State of KS	KS Rural 28 Norm	Source
2	a	Per capita income in past 12 months (in 2020 dollars), 2016-2020	\$31,579		\$31,814	\$27,600	People Quick Facts
	b	Persons in poverty, percent, 2021	7.7%		11.4%	11.4%	People Quick Facts
	c	Housing units, July 1, 2019, (V2021)	13,418		1,288,401	6,650	People Quick Facts
	d	Persons per household, 2016-2020	2.2		2.5	2.4	People Quick Facts
	e	Severe housing problems, percent, 2014-2018 (2021)	9.9%		13.0%	11.4%	County Health Rankings
	f	Total of All firms, 2012 (2021)	2,842		239,118	1,202	Business Quick Facts
	g	Unemployment, percent, 2020 (2021)	3.5%		3.4%	4.7%	County Health Rankings
	h	Food insecurity, percent, 2019 (2021)	10.7%		13.0%	12.3%	County Health Rankings
	i	Limited access to healthy foods, percent, 2019 (2021)	8.35%		8.0%	9.5%	County Health Rankings
	j	Long commute - driving alone, percent, 2016-2020 (2021)	15.5%		21.0%	24.0%	County Health Rankings

Tab 3: Educational Profile

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

Tab		Education - Health Indicator	McPherson 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)	33.2%		46.6%	52.9%	County Health Rankings
	b	High school graduate or higher, percent of persons age 25 years+, 2015-2019	91.4%		91.0%	88.8%	People Quick Facts
	c	Bachelor's degree or higher, percent of persons age 25 years+, 2015-2019	28.8%		33.4%	21.9%	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	McPherson 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)	85.0%		81.0%	79.6%	Kansas Health Matters
	b	Percentage of Premature Births, 2018-2020 (2021)	8.0%		9.8%	9.4%	Kansas Health Matters
	c	Percent of Infants up to 24 months that received full Immunizations, 2017-2018 (2021)	62.9%		71.1%	72.2%	Kansas Health Matters
	d	Percent of Births with Low Birth Weight, 2018-2020 (2021)	4.3%		7.4%	7.2%	Kansas Health Matters
	e	Percent of WIC Mothers Breastfeeding Exclusively, percent, 2020 (2021)	23.2%		13.6%	16.6%	Kansas Health Matters
	f	Percent of all Births Occurring to Teens (15-19), 2018-2020	4.1%		5.2%	6.1%	Kansas Health Matters
	g	Percent of births Where Mother Smoked During Pregnancy, 2018-2020	10.8%		8.7%	13.2%	Kansas Health Matters

#	Criteria - Vital Statistics	McPherson Co KS	Trend	Kansas	KS Rural 25 Norm
a	Total Live Births, 2013	10.7		13.1	11.9
b	Total Live Births, 2014	11.3		12.5	11.6
c	Total Live Births, 2015	10.6		12.5	11.6
d	Total Live Births, 2016	10.2		12.1	10.8
e	Total Live Births, 2017	10.1		11.8	10.7
f	Total Live Births, 2013- 2017 - Five year Rate (per 1,000 pop)	10.6		12.4	11.3

Source: Kansas Department of Health and Environment

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	McPherson Co, KS	Trend	State of KS	KS Rural 28 Norm	Source
5 a	Primary care physicians (Pop Coverage per) (No extenders incl.) , 2019 (2021)	1427:1		1271:1	2120:1	County Health Rankings
b	Preventable hospital rate per 100,000, 2019 (2021) (lower the better)	3,034		3,645	4,143	County Health Rankings
c	Patients Who Gave Their Hospital a Rating of 9 or 10 on a Scale from 0 (Lowest) to 10 (Highest)	80.0%		NA	77.6%	CMS Hospital Compare, Latest Release
d	Patients Who Reported Yes, They Would Definitely Recommend the Hospital	81.5%		NA	76.3%	CMS Hospital Compare, Latest Release
e	Average (Median) time patients spent in the emergency department, before leaving from the visit (mins)	98.0		NA	115.9	CMS Hospital Compare, Latest Release

COVID Vaccine Tracker as of June 16, 22	McPherson Co	KS
McPherson Co KS	#	% Pop
People Vaccinated with at least One Dose	17,457	61.0%
People Fully Vaccinated	15,987	55.8%

Tab 6: Behavioral / Mental Profile

Behavioral healthcare provides another important indicator of community health status.

Tab	Mental - Health Indicator	McPherson Co, KS	Trend	State of KS	KS Rural 28 Norm	Source
6 a	Depression: Medicare Population, percent, 2018 (2021)	19.0%		19.8%	18.2%	Kansas Health Matters
b	Age-adjusted Suicide Mortality Rate per 100,000 population, 2018-2020 (lower is better)	21.4		18.5	13.4	Kansas Health Matters
c	Mental Behavioral Hospital Admission Rates per 100,000, 2018-2020	47.7		70.6	52.8	Kansas Health Matters
k	Percent of Medicare Part D Beneficiaries Receiving Opioids Supply >10 Days 2017 (2021)	33.3%		37.8%	44.2%	Kansas Health Matters
d	Average Number of mentally unhealthy days, 2019 (2021)	4.4		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	McPherson Co, KS	Trend	State of KS	KS Rural 28 Norm	Source
7a a	Adult obesity, percent, 2019 (2021)	37.2%		35.6%	37.3%	County Health Rankings
b	Adult smoking, percent, 2019 (2021)	17.2%		16.8%	18.8%	County Health Rankings
c	Excessive drinking, percent, 2019 (2021)	18.6%		20.0%	18.7%	County Health Rankings
d	Physical inactivity, percent, 2019 (2021)	27.2%		26.7%	31.4%	County Health Rankings
e	# of Physically unhealthy days, 2019	3.5		3.6	3.8	County Health Rankings
f	Sexually transmitted infections (chlamydia), rate per 100,000 - 2018 (2021)	357.4		524.7	395.5	County Health Rankings

Tab 7b: Chronic Risk Profile

Tab	Chronic - Health Indicator	McPherson Co, KS	Trend	State of KS	KS Rural 28 Norm	Source
7b	a Hypertension: Medicare Population, 2018 (2021)	54.1%		55.9%	56.8%	Kansas Health Matters
	b Hyperlipidemia: Medicare Population, 2018 (2021)	43.1%		43.9%	40.7%	Kansas Health Matters
	c Heart Failure: Medicare Population, 2018 (2021)	12.7%		13.5%	14.7%	Kansas Health Matters
	d Chronic Kidney Disease: Medicare Pop, 2018 (2021)	19.1%		22.5%	20.9%	Kansas Health Matters
	e COPD: Medicare Population, 2018 (2021)	9.9%		11.9%	12.5%	Kansas Health Matters
	f Atrial Fibrillation: Medicare Population, 2018 (2021)	9.5%		8.9%	8.9%	Kansas Health Matters
	g Cancer: Medicare Population, 2018 (2021)	8.8%		8.2%	7.7%	Kansas Health Matters
	h Osteoporosis: Medicare Population, 2018 (2021)	7.2%		6.4%	5.9%	Kansas Health Matters
	i Asthma: Medicare Population, 2018 (2021)	4.6%		4.2%	3.5%	Kansas Health Matters
	j Stroke: Medicare Population, 2018 (2021)	3.4%		3.2%	2.9%	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	McPherson Co, KS	Trend	State of KS	KS Rural 28 Norm	Source
8	a Uninsured, percent, 2019 (2021)	8.9%		10.7%	12.4%	County Health Rankings

Tab 9: Mortality Profile

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

Tab	Mortality - Health Indicator	McPherson Co, KS	Trend	State of KS	KS Rural 28 Norm	Source
9	a Life Expectancy, 2017-2019 (2021)	78.5		78.5	77.6	Kansas Health Matters
	b Age-adjusted Cancer Mortality Rate per 100,000 population, 2018-2020 (lower is better)	185.1		151.4	163.0	Kansas Health Matters
	c Age-adjusted Heart Disease Mortality Rate per 100,000 population, 2018-2020 (lower is better)	141.5		162.0	172.7	Kansas Health Matters
	d Age-adjusted Chronic Lower Respiratory Disease Mortality Rate per 100,000, 2018-2020 (Lower is better)	141.5		157.2	172.6	Kansas Health Matters
	e Alcohol-impaired driving deaths, percent, 2016-2020 (2021)	21.9%		19.4%	20.5%	County Health Rankings

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	McPherson Co, KS	Trend	State of KS	KS Rural 28 Norm	Source
10	a	Access to exercise opportunities, percent, 2021	57.5%		73.3%	46.5%	County Health Rankings
	b	Adults with diabetes, monitoring, percent, 2019	9.2%		9.7%	10.4%	County Health Rankings
	c	Mammography annual screening, percent, 2019	44.0%		46.0%	40.8%	County Health Rankings
	d	Adults that report having visited a doctor for a routine check-up within the past year, percent, 2019	75.2%		NA	74.7%	Kansas Health Matters
	e	Adults who visited a dentist or dental clinic in the past year, percent, 2018	69.9%		NA	61.8%	Kansas Health Matters
	f	Percent Annual Check-Up Visit with Eye Doctor	NA		NA	NA	TBD

PSA Primary Research:

For each CHNA Wave # 4 evaluation, a community stakeholder survey has been created and administered to collect current healthcare information. For this study Community Feedback from the entire McPherson County area (N=524) was collected via an online perception survey. A subset of this data, Moundridge PSA (N=164) zips (67107, 67428, 67443, 67546) were analyzed and provided the following community findings.

Chart #1 – Demographics PSA (4 zip) (N=164)

Moundridge PSA Breakout - McPherson Co 2022 CHNA N=164					
Q27. Zip Code	Moundridge N=164	%	Trend	Total CHNA N=524	%
67107 Moundridge	115	70.1%		115	21.9%
67428 Canton	14	8.5%		14	2.7%
67443 Galva	18	11.0%		18	3.4%
67546 Inman	17	10.4%		17	3.2%
67456 Lindsborg				85	16.2%
67460 McPherson				261	49.8%
67464 Marquette				6	1.1%
67476 Roxbury				1	0.2%
67491 Windom				4	0.8%
Other				3	0.6%
Answered	164	100.0%		524	100.0%
Q28. Gender	Moundridge N=164	%	Trend	Total CHNA N=524	%
Male	55	33.5%		148	28.2%
Female	109	66.5%		360	68.7%
Q29. Your Age	Moundridge N=164	%	Trend	Total CHNA N=524	%
Under 18	0	0.0%		1	0.2%
18-25 years	2	1.2%		15	2.9%
26-39 years	35	21.3%		93	17.7%
40-54 years	38	23.2%		134	25.6%
55-64 years	37	22.6%		120	22.9%
65-80 years	47	28.7%		139	26.5%
Over 80 years	5	3.0%		22	4.2%
Answered	164	100.0%		524	100.0%
Q32. Current employment status	Moundridge N=164	%	Trend	Total CHNA N=524	%
Employed full-time	73	44.5%		259	49.4%
Employed part-time	24	14.6%		62	11.8%
Retired	44	26.8%		145	27.7%
Unemployed, seeking work	3	1.8%		10	1.9%
Unemployed, not seeking work	12	7.3%		21	4.0%
Other (please specify)	8	4.9%		27	5.2%
Answered	164	100.0%		524	100.0%
Q9. I have a primary care provider.	Moundridge N=164	%	Trend	Total CHNA N=524	%
No	9	5.5%		30	5.7%
Sometimes	8	4.9%		22	4.2%
Yes	147	89.6%		472	90.1%
Total	164	100.0%		524	100.0%

Chart #2 - Quality of Healthcare Delivery Community Rating

Moundridge PSA Breakout - McPherson Co 2022 CHNA N=164					
Q1. How would you rate the overall quality of healthcare delivery in your local community?	Moundridge N=164	%	Trend	Total CHNA N=524	%
Poor	9	5.5%		32	6.1%
Average	55	33.5%		184	35.1%
Good	100	61.0%		308	58.8%
Total	164	100.0%		524	100.0%
Q3. The overall health in your local community is	Moundridge N=164	%	Trend	Total CHNA N=524	%
Getting worse	19	11.6%		67	12.8%
Staying the same	107	65.2%		331	63.2%
Getting better	38	23.2%		126	24.0%
Total	164	100.0%		524	100.0%
Q10. How satisfied are you with county public health department services?	Moundridge N=164	%	Trend	Total CHNA N=524	%
Dissatisfied	5	3.0%		30	5.7%
Neutral	98	59.8%		286	54.6%
Satisfied	61	37.2%		208	39.7%
Total	164	100.0%		524	100.0%

Chart #3 – Overall Community Health Access

Q13. I have recently (in the past year) had difficulty accessing medical care because:	Moundridge N=164	%	Trend	Total CHNA N=524	%
Healthcare is expensive	42	30.4%		123	28.0%
Care is not available during hours when I can go	18	13.0%		74	16.9%
No providers are available who can address my healthcare needs	23	16.7%		78	17.8%
I lack reliable transportation	2	1.4%		8	1.8%
I am not always able to take time off work	29	21.0%		73	16.6%
Care is not available close enough to where I live	12	8.7%		33	7.5%
I do not always feel welcome where care is provided	7	5.1%		31	7.1%
I do not have health insurance	5	3.6%		19	4.3%
Answered	138	100.0%		439	100.0%
Q16. I am able to see a healthcare provider in a timely manner when I need to.	Moundridge N=164	%	Trend	Total CHNA N=524	%
Disagree	4	2.4%		34	6.5%
Neutral	34	20.7%		111	21.2%
Agree	126	76.8%		379	72.3%
Total	164	100.0%		524	100.0%

Chart #4 – Overall Community Health Stress Conditions

Q11. I have recently (in the past year) experienced stress due to: [check all that apply]	Moundridge N=164	%	Trend	Total CHNA N=524	%
Physical illness	53	23.1%		203	24.5%
Mental illness	24	10.5%		102	12.3%
Caring for elderly parents	24	10.5%		85	10.3%
Parenting	46	20.1%		138	16.7%
Lack of adequate child care	10	4.4%		49	5.9%
Financial difficulties	39	17.0%		120	14.5%
Housing concerns	16	7.0%		48	5.8%
Feeling lonely	17	7.4%		82	9.9%
Answered	229	100.0%		827	100.0%
Q12. When I have experienced the stressors above, I know where to go for help if needed.	Moundridge N=164	%	Trend	Total CHNA N=524	%
No	26	15.9%		79	15.1%
Sometimes	54	32.9%		145	27.7%
Yes	84	51.2%		300	57.3%
Total	164	100.0%		524	100.0%

Chart #5 - Community Health Locations of Service

Q36. Where do you receive medical care? Check all that apply	Moundridge N=164	%	Trend	Total CHNA N=524	%
Local hospital	74	24.7%		255	24.0%
Local health department	13	4.3%		41	3.9%
Urgent care	21	7.0%		146	13.8%
Emergency room	27	9.0%		99	9.3%
Doctor's office	156	52.0%		484	45.6%
Other	9	3.0%		36	3.4%
Answered	300	100.0%		1061	100.0%

Chart #6 – Community Rating Evaluation of Prior CHNA Needs

Q21. Our prior assessments found the health issues listed below were important. Which issues do you feel are still significant.	Moundridge N=164	%	Trend	Total CHNA N=524	%
Mental health problems	116	16.4%		396	16.8%
Obesity	116	16.4%		372	15.8%
Cancers	120	17.0%		348	14.8%
Drug abuse	89	12.6%		336	14.3%
Heart disease and stroke	99	14.0%		314	13.4%
Diabetes	89	12.6%		306	13.0%
Alcohol abuse	78	11.0%		280	11.9%
Answered	707	100.0%		2352	100.0%

Chart #7a – Healthcare Delivery “Outside our Community”

Q24. In the past three years, either I or a member of my family have used hospital-based services in McPherson County.	Moundridge N=164	%	Trend	Total CHNA N=524	%
Yes	119	72.6%		450	80.9%
No	45	27.4%		106	19.1%
Answered	164	100.0%		556	100.0%

Chart #9 – Healthcare Delivery Worries

Q22. Which of the following worry you when you think about health in our community?	Moundridge N=164	%	Trend	Total CHNA N=524	%
Drug abuse	107	16.6%		347	15.8%
Texting/cell phone while driving	85	13.2%		299	13.6%
Poor eating habits	88	13.7%		273	12.4%
Alcohol abuse	79	12.3%		256	11.6%
Not getting "shots" to prevent disease	61	9.5%		218	9.9%
Tobacco use/e-cigarette use	60	9.3%		209	9.5%
Sharing / selling narcotics	58	9.0%		198	9.0%
Not using seat belts or child safety seats	35	5.4%		118	5.4%
Unsafe sex	32	5.0%		106	4.8%
Not using birth control	25	3.9%		92	4.2%
Dropping out of school	14	2.2%		84	3.8%
Answered	644	100.0%		2200	100.0%

Chart #10 – Important Community Health in Our Communities

Q20. What are the 3 most important health issues in our community? [Select 3]	Moundridge N=164	%	Trend	Total CHNA N=524	%
Aging problems (hearing/vision loss, falls, etc.)	107	26.2%		303	23.8%
High blood pressure	63	15.4%		175	13.8%
Bullying	31	7.6%		139	10.9%
Dental problems	41	10.0%		116	9.1%
COVID-19	31	7.6%		100	7.9%
Smoking	39	9.6%		95	7.5%
Domestic / family violence	30	7.4%		94	7.4%
Suicide	22	5.4%		87	6.8%
Respiratory/lung diseases	21	5.1%		81	6.4%
Lack of wound care options	12	2.9%		25	2.0%
Rape/sexual assault	3	0.7%		25	2.0%
Teenage pregnancy	5	1.2%		20	1.6%
Infectious disease (hepatitis, TB, etc.)	2	0.5%		11	0.9%
Infant death	1	0.2%		1	0.1%
Answered	408	100.0%		1272	100.0%

IV. Inventory of Community Health Resources

[VVV Consultants LLC]

YR 2022 Inventory of Health Services - Moundridge PSA				
Cat	HC Services Offered in county: Yes / No	Hospital	HLTH Dept	Other
Clinic	Primary Care	Yes	No	Yes
Hosp	Alzheimer Center	No	No	Yes
Hosp	Ambulatory Surgery Centers	No	No	Yes
Hosp	Arthritis Treatment Center	No	No	No
Hosp	Bariatric/weight control services	Yes	No	No
Hosp	Birthing/LDR/LDRP Room	No	No	Yes
Hosp	Breast Cancer	No	No	Yes
Hosp	Burn Care	No	No	No
Hosp	Cardiopulmonary Rehabilitation	Yes	No	Yes
Hosp	Cardiac Surgery	No	No	No
Hosp	Cardiology services	Yes	No	Yes
Hosp	Case Management (Horizons MHC, Arrowhead West, ILCs, AAA)	No	No	Yes
Hosp	Chaplaincy/pastoral care services (Hospice agencies)	Yes	No	Yes
Hosp	Chemotherapy	No	No	Yes
Hosp	Colonoscopy	Yes	No	Yes
Hosp	Crisis Prevention (Horizons MHC & Sexual Assault/DV)	No	No	Yes
Hosp	CTScanner	Yes	No	Yes
Hosp	Diagnostic Radioisotope Facility	No	No	No
Hosp	Diagnostic/Invasive Catheterization	No	No	No
Hosp	Electron Beam Computed Tomography (EBCT)	No	No	No
Hosp	Enrollment Assistance Services	Yes	Yes	Yes
Hosp	Extracorporeal Shock Wave Lithotripter (ESWL)	No	No	No
Hosp	Fertility Clinic	No	No	Yes
Hosp	FullField Digital Mammography (FFDM)	Yes	No	Yes
Hosp	Genetic Testing/Counseling	No	No	No
Hosp	Geriatric Services	Yes	No	Yes
Hosp	Heart	Yes	No	Yes
Hosp	Hemodialysis	No	No	Yes
Hosp	HIV/AIDSServices (Testing & Counseling)	No	Yes	No
Hosp	Image-Guided Radiation Therapy (IGRT)	No	No	Yes
Hosp	Inpatient Acute Care - Hospital services	Yes	No	Yes
Hosp	Intensity-Modulated Radiation Therapy (IMRT) 161	No	No	Yes
Hosp	Intensive Care Unit	No	No	Yes
Hosp	Intermediate Care Unit	No	No	Yes
Hosp	Interventional Cardiac Catheterization	No	No	No
Hosp	Isolation room	Yes	No	Yes
Hosp	Kidney	No	No	No
Hosp	Liver	No	No	No
Hosp	Lung	No	No	No
Hosp	MagneticResonance Imaging (MRI)	No	No	Yes
Hosp	Mammograms	No	No	Yes
Hosp	Mobile Health Services	No	No	Yes
Hosp	Multislice Spiral Computed Tomography (<64 slice CT)	Yes	No	Yes
Hosp	Multislice Spiral Computed Tomography (<64+ slice CT)	No	No	Yes
Hosp	Neonatal	No	No	No
Hosp	Neurological services	No	No	NO
Hosp	Obstetrics	No	No	Yes
Hosp	Occupational Health Services (Occupational Therapy/HHA)	Yes	No	Yes
Hosp	Oncology Services	No	No	Yes
Hosp	Orthopedic services	Yes	No	Yes
Hosp	Outpatient Surgery	Yes	No	Yes
Hosp	Pain Management (HHA & Hospice agencies)	Yes	Yes	Yes
Hosp	Palliative Care Program (Hospice agencies)	Yes	No	Yes
Hosp	Pediatric (Immunizations)	Yes	Yes	Yes
Hosp	Physical Rehabilitation (Physical & Speech Therapy/HHA)	Yes	No	Yes
Hosp	Positron Emission Tomography (PET)	No	No	Yes
Hosp	Positron Emission Tomography/CT (PET/CT)	No	No	Yes
Hosp	Psychiatric Services (Horizons MHC)	No	No	Yes
Hosp	Radiology, Diagnostic	Yes	No	Yes
Hosp	Radiology, Therapeutic	Yes	No	Yes
Hosp	Reproductive Health (Family Planning Program)	No	Yes	Yes
Hosp	Robotic Surgery	No	No	Yes

YR 2022 Inventory of Health Services - Moundridge PSA				
Cat	HC Services Offered in county: Yes / No	Hospital	HLTH Dept	Other
Hosp	Senior Behavioral Health Services	Yes	No	Yes
Hosp	Shaped Beam Radiation System 161	No	No	No
Hosp	Single Photon Emission Computerized Tomography (SPECT)	No	No	No
Hosp	Sleep Center	No	No	No
Hosp	Social Work Services (Horizons MHC)	Yes	No	Yes
Hosp	Sports Medicine	No	No	Yes
Hosp	Stereotactic Radiosurgery	No	No	No
Hosp	Swing Bed Services	Yes	No	Yes
Hosp	Transplant Services	No	No	No
Hosp	Trauma Center- Level IV	Yes	No	Yes
Hosp	Ultrasound	Yes	No	Yes
Hosp	Women's Health Services (Limited testing & support programs)	Yes	Yes	Yes
Hosp	Wound Care (Home Health Services)	Yes	Yes	Yes
SR	Adult Day Care Program	No	No	Yes
SR	Assisted Living	Yes	No	Yes
SR	Home Health Services	Yes	Yes	Yes
SR	Hospice	Yes	No	Yes
SR	LongTerm Care	No	Yes	Yes
SR	Nursing Home Services	No	No	Yes
SR	Retirement Housing	No	No	Yes
SR	Skilled Nursing Care (Swing)	Yes	No	Yes
ER	Emergency Services	Yes	No	Yes
ER	Walk-in Clinic	No	NO	Yes
ER	Ambulance Services	No	No	Yes
SERV	Alcoholism-Drug Abuse (AA, Mirror Inc., Horizons MHC)	No	No	Yes
	Basis Health Assessments/Education	Yes	Yes	Yes
SERV	Blood Donor Center (Red Cross outreach)	No	NO	Yes
	Breastfeeding Support/Counseling	No	Yes	Yes
SERV	Chiropractic Services	No	NO	Yes
SERV	Complementary Medicine Services (Pharmacies, Vision, Horizons MHC)	Yes	Yes	Yes
	Comprehensive Infant, Child, Adolescent, & Adult Immunization Services	NO	Yes	Yes
SERV	Dental Services	No	No	Yes
	Disease Investigation Services	No	Yes	Yes
SERV	Fitness Center	No	no	Yes
SERV	Health Education Classes	Yes	Yes	Yes
SERV	Health Fair (Annual)	Yes	Yes	Yes
SERV	Health Information Center	No	Yes	Yes
SERV	Health Screenings	Yes	Yes	Yes
	Hearing/Vision Screenings	Yes	Yes	Yes
	Lead Testing	No	Yes	Yes
SERV	Meals on Wheels	No	Yes	Yes
SERV	Nutrition Programs	Yes	Yes	Yes
SERV	Patient Education Center	No	Yes	Yes
	Pregnancy Testing/Counseling	No	Yes	Yes
	Public Health Emergency Preparedness	Yes	Yes	Yes
SERV	Support Groups (Alzheimers, grief, SADD)	Yes	Yes	Yes
	STI Testing/Counseling	No	Yes	Yes
SERV	Teen Outreach Services (Church youth groups, SADD)	No	NO	Yes
SERV	Tobacco Treatment/Cessation Program (Quitline)	No	No	Yes
SERV	Transportation to Health Facilities	No	No	Yes
	Women, Infant, & Children Nutrition Services Program (WIC)	No	Yes	Yes
SERV	Wellness Program (Limited employer/Wellness Centers)	Yes	No	Yes

YR 2022 Provider Manpower - Moundridge PSA			
# of FTE Providers working in county	Supply working in Moundridge PSA 4 Zips		
	MD's DO's County Based	Counts Visting DRs *	Local PA's / NP's
Primary Care:			
Family Practice	6.0	0.0	4.0
Internal Medicine	0.0	0.0	0.0
Obstetrics/Gynecology	0.0	0.0	0.0
Pediatrics	0.0	0.0	0.0
Medicine Specialists:			
Allergy/Immunology	0.0	0.0	
Cardiology	0.0	1.0	
Dermatology	0.0	0.0	
Endocrinology	0.0	0.0	
Gastroenterology	0.0	0.0	
Oncology/RADO	0.0	0.0	
Infectious Diseases	0.0	0.0	
Nephrology	0.0	0.0	
Neurology	0.0	0.0	
Psychiatry	0.0	0.0	
Pulmonary	0.0	0.0	
Rheumatology	0.0	0.0	
Surgery Specialists:			
General Surgery	0.0	1.0	
Neurosurgery	0.0	0.0	
Ophthalmology	0.0	0.0	
Orthopedics	0.0	0.0	
Otolaryngology (ENT)	0.0	0.0	
Plastic/Reconstructive	0.0	0.0	
Thoracic/Cardiovascular/Vasc	0.0	0.0	
Urology	0.0	1.0	
Hospital Based:			
Anesthesia/Pain	0.0	0.0	
Emergency	0.0	0.0	0.0
Radiology	0.0	1.0	
Pathology	0.0	1.0	
Hospitalist *	0.0	0.0	
Neonatal/Perinatal	0.0	0.0	
Physical Medicine/Rehab	0.0	0.0	
TOTALS	6.0	5.0	4.0

YR 2022 Visiting Specialists Providing Care to Moundridge PSA					
Specialty	Provider / Degree	Group Name	From (City / ST)	SCHEDULE	Days per YR
OB/Gynecology					
Gynecology					
Cardiology	Ravi K Bajaj, MD	Heartland Cardiology	Wichita, KS	Last Friday of each month, starting at 1pm	6
Dermatology					
Gastroenterology					
Pulmonology					
Rheumatology					
ENT					
General Surgery					
Orthopedist					
Urology	Jeffrey Davis, MD	Wichita Urology Group	Wichita, KS	3rd Thursday of the month, starting at 8am	12
Pain Management/ Rehab					
Podiatry					

McPherson County, KS

Emergency Numbers

Police/Sheriff	911
Fire	911
Ambulance	911

Non-Emergency Numbers

Sheriff	(620) 245-1225
EMS	(620) 241-2250

Municipal Non-Emergency Numbers

	Police	Fire
Moundridge	(620) 345-2777	(620) 345-2413
Inman	(620) 585-2109	(620) 585-6600
McPherson	(620) 245-1200	(620) 585-6600
Galva	(620) 654-3211	(620) 654-3303

ALCOHOL/ DRUGS TREATMENT

Alcohol Detox Galva
398 S Main St
Galva, KS 67443
314-279-9148

Alcohol Detox Inman
299 Harvey St
Inman, KS 67546
314-279-9148

Valley Hope Association
of Moundridge
200 S Avenue B
Moundridge, KS 67107
620-345-4673

Alcohol Detox McPherson
413 E Woodside St
McPherson, KS 67460
314-279-9148

Client Centered Counseling
121 W Marlin St, Ste 300
McPherson, KS 67460
620-241-2300

Compeer of Prairie View
1102 Hospital Dr
McPherson, KS 67460
620-245-5000

Alcohol Detox Lehigh
105 E Main St
Lehigh, KS 67073
314-279-9148

Assisted Living

Northridge Manor
612 N Christian Ave
Moundridge, KS 67107
620-345-2644

Pine Village
86 22nd Ave Moundridge,
KS 67107 620-345-2900

Moundridge Manor Inc
710 N Christian Ave
Moundridge, KS 67107
620-345-6364

Willow Acres
6006 N Essex Heights Rd
Hesston, KS 67062
620-327-4169

Showalter Villa
200 W Cedar St
Hesston, KS 67062
620-327-0400

Hickory Homes Inc
175 W Hickory St
Hesston, KS 67062
620-327-2990

Heartland Haven
1345 Cherokee Rd
Inman, KS 67546
620-585-6930

Bethesda Home
406 E Main St
Goessel, KS 67053
620-367-2291

Mtm Boarding Care Home
101 N Maxwell St
McPherson, KS 67460
620-241-4671

The Cedars (Cottages)
1071 Darlow Dr
McPherson, KS 67460
620-241-0919

The Cedars (Full Care)
1021 Cedars Dr
McPherson, KS 67460
620-241-0919

Cedars Village 1 (Duplexes) 919
Cedars Dr
McPherson, KS 67460
620-241-0692

MCDS Main Office
2107 Industrial Dr
McPherson, KS 67460
620-241-6693

M C D S Clubhouse
508 Normandy Rd
McPherson, KS 67460
620-504-6044

Angel Arms Assisted Living 1318
Oaklane St
McPherson, KS 67460
620-245-0848

Angel Arms Home Health
318 N Main Street
McPherson, KS 67460
620-241-1074

Child Care / Day Care

Cradle to Crayons Child Care
311 E Thornton St
Moundridge, KS 67107
620-345-2390

Schowalter Villa
200 W Cedar St
Hesston, KS 67062
620-327-0400

**Hesston Community Child
Care Association**
441 Neufeld Dr
Hesston, KS 67062
620-327-3775

Voth James L & Gayle
201 S State St
Goessel, KS 67053
620-367-8491

The Kinder Haus
209 E Main St
Goessel, KS 67053
620-367-8491

Joyful Noise Child Care 718
E Marion Ave Goessel, KS
67053
620-367-4620

Christs Kids Childcare
400 Northview Rd
Galva, KS 67443
620-654-4567

Faith Mennonite Church
2100 N Anderson Ave
Newton, KS 67114
316-283-6370

Tots N Tikes
621 N Meridian Rd
Newton, KS 67114
316-283-1371

Early Childhood Center
128 N Park St, Ste 2
McPherson, KS 67460
620-241-9590

Trinity Lutheran Church
119 N Elm St
McPherson, KS 67460
620-241-0424

Kids Kampus
1381 S Main St
McPherson, KS 67460
620-504-6074

**McPherson County
Special Education 1106
Hospital Dr**
McPherson, KS 67460
620-241-9595

Cdi Head Start
1060 W Kansas Ave
McPherson, KS 67460
620-241-2000

CHAMBER OF COMMERCE

**Moundridge Chamber
of Commerce**
225 S Christian Ave
Moundridge, KS 67107
620-345-6300

**Hesston Chamber of
Commerce**
115 E Smith St
Hesston, KS 67062
620-327-4102

**McPherson Chamber
of Commerce**
306 N Main St, Ste A McPherson,
KS 67460
620-241-3303

Chamber of Commerce of Newton
500 N Main St, Ste 101
Newton, KS 67114
316-283-2560

**Harvey County Economic
Development Council Inc**
500 N Main St, Ste 109
Newton, KS 67114
316-283-6033

Chamber of Commerce
120 N Main St
Hillsboro, KS 67063
620-947-3506

**Hutchinson Chamber
of Commerce**
117 N Walnut St
Hutchinson, KS 67501
Reno County
620-662-3391

Lindsborg Convention Center 104
E Lincoln St
Lindsborg, KS 67456
785-227-8687

**Lindsborg Chamber
of Commerce**
125 N Main St
Lindsborg, KS 67456
785-227-3706

CHIROPRACTORS

Porter Chiropractic Clinic PA
121 S Christian Ave
Moundridge, KS 67107
620-345-3000

Hesston Family
Chiropractic Clinic
359 N Old Us Highway 81
Hesston, KS 67062
620-327-2244

Wessling John
125 N Main St
Hesston, KS 67062
620-327-4669

Hendrickson Chiropractic
& Wellness Center
111 W Smith St
Hesston, KS 67062
620-951-4497
Sean Hubbard DC
710 S Meadows Dr
Hesston, KS 67062
620-327-5063

Accident Recovery Chiropractic Clinic
39 Lakewood Cir
North Newton, KS 67117
316-803-1712

Brandon Trost DC
1319 E 1st St
McPherson, KS 67460
620-504-6344

Amy Trost, DC
1319 E 1st St
McPherson, KS 67460
620-504-6344

Integrated Health
and Wellness Center 1319
E 1st St McPherson, KS
67460 620-504-6344

Jasperson Chiropractic
1116 N Main
Newton, KS 67114
316-283-8544

Walk-In Chiropractic Clinic
116 N Ash St McPherson,
KS 67460 620-480-2921

COUNSELING

McPherson Family Life Center
401 E Kansas Ave
McPherson, KS 67460
620-241-6603

McPherson Family Life Center
104 N Main St, Ste B
McPherson, KS 67460
620-241-6603

Team Employment Center
103 E Marlin St
McPherson, KS 67460
620-241-2901

Client Centered Counseling
121 W Marlin St, Ste 300
McPherson, KS
620-241-2300

Michael K McKee, MD
1102 Hospital Dr
McPherson, KS 67460
620-245-5000

Big Brothers/Big Sisters
901 W 1st St, Ste 3
McPherson, KS 67460
620-241-1943

Central Kansas Counseling
114 Commerce Dr
Hesston, KS 67062
620-869-9986

Compeer of Prairie View
805 Western Heights Cir
Hillsboro, KS 67063
620-947-3200

Big Brothers/Big Sisters
1311 N Main St
Newton, KS 67114
(24.47 miles from Galva, KS)
620-251-4552

Eastview Counseling
1800 N Spencer Rd
Newton, KS 67114
(24.68 miles from Galva, KS)
316-284-9856

DENTIST

Hesston Dentistry LLC
353 N Old Us Highway 81
Hesston, KS 67062
620-327-2887

REX D Esau DDS
353 N Old Us Highway 81
Hesston, KS 67062
620-327-2887

Justin R Dillner DDS
353 N Old Us Highway 81
Hesston, KS 67062
620-327-2887

Terry L Davidson DDS
606 N Main Ste 102
Newton, KS 67114
316-282-5266

Dr Harold M Gregg DMD
301 N Main Ste 104
Newton, KS 67114
316-283-2690

Gust Orthodontics
1325 E 1st St
McPherson, KS 67460
620-245-0411

Joelle Jeffers DDS
1325 E 1st St
McPherson, KS 67460
620-241-0266

Lindsay Tyler, Dental Hygienist
1325 E 1st St
McPherson, KS 67460
620-241-0266

Faith Penner, Dental Hygienist
1325 E 1st St
McPherson, KS 67460
620-241-0266

Wince Family Dental Associates
1325 E 1st St
McPherson, KS 67460
620-241-0266

Stacy Wince DR DDS
1325 E 1st St
McPherson, KS 67460
620-241-0266

Cotton Ken D DDS Family Dentistry
221 S Ash St
McPherson, KS 67460
620-241-8303

DURABLE MEDICAL SUPPLIES

Good Neighbor Pharmacy
101 S Main St
Hesston, KS 67062
620-327-2211

Trinity Heights United Methodist
1200 Boyd Ave
Newton, KS 67114
316-283-6410

Earcare Hearing Centers
620 S Main St
McPherson, KS 67460
620-504-6313

Chemstar Products Co (Manufact.)
503 W Hayes St
McPherson, KS 67460
620-241-2611

Hearing Aids by Miracle Ear
1354 N Main St
McPherson, KS 67460
620-888-4213

Michael D McIrvn DC
115 E Marlin St, Ste 109
McPherson, KS 67460
620-241-8822

Health-E-Quip
1318 N Main St
McPherson, KS 67460
620-241-3034

Family Practice Associates L.L.P.
1010 Hospital Dr
McPherson, KS 67460
620-241-7400

ECON DEVELOPMENT

Farm Service Agency
200 S Centennial Dr McPherson,
KS 67460
620-241-1836

McPherson County Small Bus Dev
223 S Main St
McPherson, KS 67460
620-241-3927

McPherson Main St Inc
306 N Main St
McPherson, KS 67460
620-241-7430

Harvey County Economic
Development Council Inc
500 N Main St, Ste 109 Newton,
KS 67114
316-283-6033

Burrton Housing Authority
460 E Adams St
Burrton, KS 67020
620-463-5077

Farm Service Agency
1405 S Spencer Rd
Newton, KS 67114
316-283-3956

Farm Service Agency
301 Eisenhower Dr
Marion, KS 66861
620-382-3714

GOVERNMENT

Moundridge Fire Department
115 W Cole St
Moundridge, KS 67107
620-345-2413

City of Moundridge
225 S Christian Ave
Moundridge, KS 67107
620-345-8246

City of Hesston
115 E Smith St
Hesston, KS 67062
620-327-4412

Hesston College
301 S Main St
Hesston, KS 67062
620-327-4221

Country Village Mobile Home Park
425 S Old Us Highway 81, Lot B1
Hesston, KS 67062
620-327-5006

City of Hesston
3000 Po Box
Hesston, KS 67062
620-327-4221

City of Goessel
101 S Cedar St
Goessel, KS 67053
620-367-4803

City of Galva
208 S Main St
Galva, KS 67443
620-654-3561

Canton Township Library 203
N Main St
Galva, KS 67443
620-628-4349

Galva City Police Department
208 S Main St
Galva, KS 67443
620-654-3211

Department of Motor Vehicles
322 N Main
McPherson, KS 67460
620-241-6153

City of Canton
125 McPherson St
Canton, KS 67428
620-350-8236

Canton City Police Department
125 McPherson St
Canton, KS 67428
620-628-4313

Canton Community Clinic 116
S Main St
Canton, KS 67428
620-628-4955

HEALTH INSURANCE

KSI Realty and Insurance Inc
135 S Christian Ave
Moundridge, KS 67107
620-345-8600

Medicare Insurance
Advisors Galva
222 S Main St
Galva, KS 67443
800-615-3852

American Family Insurance
1311 N Main St
Newton, KS 67114
316-283-6605

Farm Bureau Financial Services
1103 N Main St
Newton, KS 67114
316-283-4400

Farm Bureau Financial Services
1116 N Main St
Newton, KS 67114
316-283-2090

State Farm Insurance
1025 N Main St
Newton, KS 67114
316-283-6726

Fee Insurance Group Inc
110 E Elizabeth St, Ste 1
McPherson, KS 67460
620-245-0404

American Family Insurance
118 N Ash St, Ste A
McPherson, KS 67460
620-241-8601

Medicare Insurance Advisors
McPherson
Jana McKinny
224 S Main
McPherson, KS 67460
620-790-7170

American Family Insurance
118 N Ash St, Ste A
McPherson, KS 67460
629-241-8601

State Farm Insurance
900 N Main St, Ste 2 McPherson,
KS 67460
620-241-8600

American Family Insurance
807 N Main St
McPherson, KS 67460
620-241-1121

AFLAC
115 N Main St
McPherson, KS 67460
620-504-9254

Alliance Agency Inc
121 W Marlin St, Ste 203
McPherson, KS 67460
620-241-0213

State Farm Insurance
1345 N Main St, Ste 6
McPherson, KS 67460
620-241-5665

HEALTH AND WELLNESS

CSB - the Memorial Home Branch
(Located inside Pine Village)
86 22nd Ave
Moundridge, KS 67107
620-345-7300

Robertson D.C. Dr, Chiropractor
209 N Main St
McPherson, KS 67460
888-318-2225

Stupka Chiropractic
& Wellness Center
114 W Euclid St
McPherson, KS 67460
620-505-6677

McPherson Chiropractic Center
817 N Main St
McPherson, KS 67460
620-241-2025

HEALTHCARE

Profitline-Genesis Healthcare 108
N Walnut St
Inman, KS 67546
620-712-1041

Roux Norman W-Trucking Service
12906 W Dutch Ave Moundridge,
KS 67107
620-345-6488

McDs Multi Community
Diversified Services Inc
2107 Industrial Dr
McPherson, KS 67460
620-241-6693

E. Tom Pyle Jr & Associates, P.A.
300 N Centennial Dr McPherson,
KS 67460
620-241-0713

Harmony Home
1108 E Simpson St
McPherson, KS 67460
620-241-1824

Kindred Hospice
900 E 1st St
McPherson, KS 67460
620-245-0891

American Red Cross
519 E Loomis St
McPherson, KS 67460
620-241-2386

CKF Addiction Treatment
208 S Main
McPherson, KS 67460
620-241-5550

HOME CARE

Pleasant View Home
108 N Walnut St
Inman, KS 67546
620-585-6411

Mennonite Housing
1301 Westover Ln
Hesston, KS 67062
620-951-8055

Bethesda Branch-Marion
Co Home Care
412 E Main St
Goessel, KS 67053
620-367-2291

ResCare Inc
700 W 9th St
Newton, KS 67114
316-283-1653

Pleasant View Home Health 502
Friesen St, Apt 2
Inman, KS 67546
620-585-6811

Progressive Home Health Care N
1116 N Main St
Newton, KS 67114
316-804-4885

Edinburgh Manor Apartments
120 Oak Park Dr, Apt 12
McPherson, KS 67460
620-241-1258

Hospice & Homecare of
Reno County
1318 N Main St
McPherson, KS 67460
620-245-0116

Brookdale Senior Living
119 W 1st St, Ste B McPherson,
KS 67460
620-241-7846

HOSPITALS

Mercy Hospital
218 E Pack St
Moundridge, KS 67107
620-345-6391

McPherson Urgent Care Clinic
1000 Hospital Dr Bldg 3
McPherson, KS 67460
620-504-6241

McPherson Hospital
1000 Hospital Dr
McPherson, KS 67460
620-504-6241

MENTAL HEALTH

Prairie View Mental
and Behavioral Health Services
1901 E 1st St, Newton, KS 67114
316-284-6400

Valley Hope Association
200 S Avenue B
Moundridge, KS 67107
620-345-4673

Schowalter Villa
200 W Cedar St
Hesston, KS 67062
620-327-0400

Comfortcare Homes
of Harvey County
1504 Terrace Dr
Newton, KS 67114
316-804-7220

Pleasant View Home
108 N Walnut St
Inman, KS 67546
620-585-6411

McPherson Family Life Center
401 E Kansas Ave
McPherson, KS 67460
620-241-6603

Client Centered Counseling
121 W Marlin St, Ste 300
McPherson, KS 67460
620-241-2300

Harvey-Marion County Cddo
500 N Main St, Ste 204
Newton, KS 67114
316-283-7969

Eastview Counseling
1800 N Spencer Rd
Newton, KS 67114
316-284-9856

Compeer of Prairie View
1102 Hospital Dr
McPherson, KS 67460
620-245-5000

OCCUPATIONAL THERAPY

Mercy Hospital
218 E Pack Street
Moundridge, KS 67107
620-345-6391

Innovative Senior Care
Home Health
119 W 1st St, Ste B
McPherson, KS 67460
620-241-7846

McPherson Hospital
1000 Hospital Dr
McPherson, KS 67460
620-241-5000

Pinnacle Rehabilitation
and Sports Performance- Newton
510 E Wheatridge Dr
Newton, KS 67114
316-836-4700

Pinnacle Rehabilitation
800 Medical Center Dr
Newton, KS 67114
316-283-9977

OPTOMETRIST

Paul Unruh, OD
607 E Randall St
Hesston, KS 67062
620-327-2800

Jessica Unruh, OD
607 E Randall St
Hesston, KS 67062
620-327-2800

Zachary Unruh, OD
607 E Randall St
Hesston, KS 67062
620-327-2800

Mid Kansas Eye Care
607 E Randall St
Hesston, KS 67062
620-327-2800

Walmart Vision & Glasses
205 S Centennial Dr
McPherson, KS 67460
620-241-2035

Ryan D Simmonds OD
216 N Meridian Rd Newton,
KS 67114
316-283-1310

Jennifer A Simmonds OD 216
N Meridian Rd Newton, KS
67114
316-283-1310

Alyssa M Louia OD
216 N Meridian Rd Newton,
KS 67114
316-283-1310

Grant McKinney & Simmonds
216 N Meridian Rd, Ste 1A
Newton, KS 67114
316-283-1310

PHARMACY

Moundridge Pharmacy
200 E Pack St
Moundridge, KS 67107
620-345-8650

CK Pharmacy
Steve Kuder, PharmD
200 E Pack St
Moundridge, KS 67107
620-345-8650

Hesston Pharmacy
101 S Main St
Hesston, KS 67062
620-327-2211

Bethesda Pharmacy
412 E Main St
Goessel, KS 67053
620-367-2291

Walmart Pharmacy
205 S Centennial Dr
McPherson, KS 67460
620-241-0941

Walgreens
2095 E Kansas Ave
McPherson, KS 67460
620-241-1581

Walgreens
1300 N Main St
Newton, KS 67114
316-281-9356

Ck Pharmacy McPherson
200 N Main St
McPherson, KS 67460
620-241-0022

PHYSICAL THERAPY

Mercy Hospital
218 E Pack St
Moundridge, KS 67107
60-345-6391

Porter Chiropractic Clinic PA
121 S Christian Ave
Moundridge, KS 67107
620-345-3000

A Therapeutic Touch Massage
Therapy
206 E Hirschler St
Moundridge, KS 67107
620-345-3294

Every Body Wellness & Massage
359 N Old Us Highway 81
Hesston, KS 67062
620-327-4040

Hesston Family Chiropractic Clinic
359 N Old Us Highway 81
Hesston, KS 67062
620-327-2244

Schowalter Villa
200 W Cedar St
Hesston, KS 67062
620-327-0400

Advanced Physical Therapy
701 S Main St
Hesston, KS 67062
316-804-8879

Couchman, Jill R
701 S Main St
Hesston, KS 67062
620-327-3482

RECREATION

Moundridge Recreation
Commission
321 E Cole St
Moundridge, KS 67107
620-345-2608

Hesston Recreation Commission
200 S Ridge Rd
Hesston, KS 67062
620-327-2989

Newton Recreation
Commission
415 N Poplar St
Newton, KS 67114
316-283-7330

Sedgwick Recreation Center
120 S Washington Ave
Sedgwick, KS 67135
316-215-0210

REHABILITATION

Schowalter Villa
200 W Cedar St
Hesston, KS 67062
620-327-0400

Children & Families Dept
115 E Euclid
McPherson, KS 67460
620-241-3802

Michael D McIrvn DC
115 E Marlin St, Ste 109
McPherson, KS 67460
620-241-8822

Mirror Inc
716 E 12Th St
Newton, KS 67114
316-804-4228

Jessica Griffth Certified
711 N Oak St
McPherson, KS 67460
620-504-5027

Mirror Inc
130 E 5th St
Newton, KS 67114
316-283-6830

Schools

Moundridge Senior High
School
526 E Cole St
Moundridge, KS 67107
620-345-5500

Wheatland Country School
550 22nd Ave
Moundridge, KS 67107
620-345-2550

Meadowlark Christian School
2796 Arrowhead Rd
Moundridge, KS 67107
620-367-8305

Cradle to Crayons Child Care
311 E Thornton St
Moundridge, KS 67107
620-345-2390

Hesston College
301 S College Dr
Hesston, KS 67062
620-327-4221

Hesston Elementary School
300 E Amos St
Hesston, KS 67062
620-327-7102

Hesston College
325 S College Dr
Hesston, KS 67062
620-327-4221

Hesston Middle School
100 N Ridge Rd
Hesston, KS 67062
620-327-7111

Senior Living

Mercy Hospital 218 E
Pack St
Moundridge, KS 67107
620-345-6391
Northridge Manor 612
N Christian Ave
Moundridge, KS 67107
620-345-2644

Pine Village
86 22nd Ave
Moundridge, KS 67107
620-345-2900

Moundridge Manor Inc
710 N Christian Ave
Moundridge, KS 67107
620-345-6364

Willow Acres
6006 N Essex Heights Rd
Hesston, KS 67062
620-327-4169

Schowalter Villa
200 W Cedar St
Hesston, KS 67062
620-327-0400

Hickory Homes Inc 175
W Hickory St Hesston,
KS 67062 620-327-2990

Heartland Haven
1345 Cherokee Rd
Inman, KS 67546
620-585-6930

Bethesda Home
406 E Main St Goessel,
KS 67053 620-367-2291

Senior Services

Moundridge Senior Center
100 N Schmidt
Moundridge, KS 67107
620-345-2729

Hesston Area Senior Center
108 E Randall St
Hesston, KS 67062
620-327-5099

Galva Senior Center
218 S Main St
Galva, KS 67443
620-654-3404

Canton Senior Center
112 S Main St
Canton, KS 67428
620-628-4505

Halstead Senior Citizens Center
523 Poplar St
Halstead, KS 67056
316-835-2283

Senior Corps
800 N Main St
Newton, KS 67114
316-284-6806

**Aging Projects Friendship
Meals Program**
112 E Euclid St
McPherson, KS 67460
620-241-0160

Inman Senior Center
103 E Gordon St
Inman, KS 67546
620-585-2159

Social Service Agency

Moundridge Senior Center
100 N Schmidt Ave
Moundridge, KS 67107
620-345-2729

City of Moundridge
225 S Christian Ave
Moundridge, KS 67107
620-345-8246

Hesston Resource Center
123 N Main St
Hesston, KS 67062
620-327-2729

Hesston Area Senior Center
108 W Randall St
Hesston, KS 67062
620-327-5099

Heartland Haven
1345 Cherokee Rd
Inman, KS 67546
620-585-6930

A G A P E Inc
101 Wheat St
Goessel, KS 67053
620-367-2275

Galva Senior Center
218 S Main St
Galva, KS 67443
620-654-3404

Canton Senior Center
112 S Main St
Canton, KS 67428
620-628-4505

Saint Francis Community Services
423 W 10th St
Newton, KS 67114
316-283-3937

V. Detail Exhibits

[VVV Consultants LLC]

a) Patient Origin Source Files

[VVV Consultants LLC]



Mercy Hospital - Market/Case Share, Five Year - Inpatient *

	2014		2015		2016		2017		2018	
Patient Zip Code	Cases	M Shr%	Cases	M Shr%	Cases	M Shr%	Cases	M Shr%	Cases	M Shr%
Overall - Total	284		381		312		280		308	
67107-Moundridge, KS	126	37.4%	204	49.2%	180	45.0%	166	43.3%	156	42.3%
67546-Inman, KS	53	16.3%	56	19.4%	26	9.7%	23	10.8%	38	13.5%
67460-Mcpherson, KS	12	0.7%	30	1.8%	28	1.7%	24	1.5%	22	1.3%
67443-Galva, KS	24	16.0%	26	14.6%	18	11.5%	18	11.0%	19	12.7%
67062-Hesston, KS	20	5.7%	15	4.2%	18	5.1%	21	6.2%	21	5.1%
67428-Canton, KS	13	8.2%	6	3.7%	10	7.3%	8	5.6%	9	5.6%
67056-Halstead, KS	6	2.2%	6	2.1%	5	1.8%	1	0.3%	8	3.0%
67114-Newton, KS	4	0.2%	2	0.1%	9	0.4%	3	0.1%	5	0.2%
67522-Buhler, KS	4	2.2%	6	3.4%	5	2.3%	1	0.5%	4	2.0%
67063-Hillsboro, KS	3	0.8%	5	1.4%	3	0.9%	0		2	0.6%
67053-Goessel, KS	0		0		2	3.8%	3	5.1%	5	6.6%
66861-Marion, KS	1	0.4%	1	0.3%	3	0.9%	1	0.3%	3	0.8%
67117-North Newton, KS	1	0.7%	7	3.6%	0		0		0	
67501-Hutchinson, KS	0		0		0		2	0.1%	4	0.1%

Mercy Hospital - Market/Case Share, Five Year - Outpatient *

	2014		2015		2016		2017		2018	
Patient Zip Code	Cases	M Shr%	Cases	M Shr%	Cases	M Shr%	Cases	M Shr%	Cases	M Shr%
Overall - Total	4,921		5,463		5,324		4,824		5,208	
67107-Moundridge, KS	2,864	59.0%	3,347	61.2%	3,298	60.4%	3,110	58.4%	3,335	56.5%
67546-Inman, KS	486	22.2%	520	22.6%	498	22.3%	378	18.3%	373	18.3%
67460-Mcpherson, KS	342	1.4%	361	1.3%	309	1.3%	335	1.3%	300	1.3%
67443-Galva, KS	347	16.1%	341	14.6%	347	14.7%	274	11.3%	322	15.0%
67062-Hesston, KS	154	4.6%	188	5.0%	195	5.3%	137	3.7%	159	3.5%
67428-Canton, KS	185	10.1%	118	5.9%	106	5.6%	114	5.3%	119	5.7%
67114-Newton, KS	103	0.4%	118	0.5%	125	0.5%	88	0.3%	125	0.4%
67056-Halstead, KS	85	3.4%	99	3.7%	86	3.0%	79	2.6%	96	3.0%
67020-Burrton, KS	47	3.8%	33	2.6%	25	1.8%	19	1.2%	17	1.1%
67053-Goessel, KS	24	2.4%	20	2.1%	31	3.0%	29	2.7%	36	3.0%
67063-Hillsboro, KS	25	0.4%	36	0.6%	31	0.5%	24	0.3%	23	0.5%
67522-Buhler, KS	27	2.1%	27	2.1%	23	1.8%	19	1.4%	29	2.1%
67501-Hutchinson, KS	25	0.1%	16	0.1%	19	0.1%	14	0.1%	19	0.1%

b) Town Hall Attendees, Notes, & Feedback

[VVV Consultants LLC]

Moundridge, KS 2022 CHNA Town Hall - 7/14 (5:30-7pm)								
#	Table	Lead	Attend	Last	First	Organization	Title	City
1	A		X	Elmore	Heather	Pine Village		
2	A		X	Falco	Brian	Moundridge EMS	Director	Moundridge
3	A		X	Jantz	Carl			
4	B		X	Litwiller	David	LITWILLER CONSTRUCTION		Hillsboro
5	B		X	Toews	Gerald			
6	B	##	X	Wiggers	Waylan	Mercy Hospital Inc.	Board of Directors	Halstead
7	C		X	Herbel	Aaron	Mercy Hospital Inc.	Administrator	Moundridge
8	C	##	X	Rierson	Cody	USD 423	Superintendent	Moundridge
9	C		X	Sparks	Frances	Moundridge EMS	Operations Manager	Moundridge
10	D	##	X	McGee	Murray	City of Moundridge	City Administrator	Moundridge
11	D		X	Sparks	Michael	Moundridge Police Department	Chief	Moundridge
12	D		X	Wenger	Daniel	Harvest Ag Fabricating		Moundridge
13	E		X	Dyck	Andrew			
14	E		X	Flaming	Patrick	Prairie View Mental and Behavioral Health	VP of Access Services	Newton
15	E	##	X	Unruh	Mike	Mercy Hospital Inc.	Board Chairman	Moundridge
16	F	##	X	Bradley	Janis	Moundridge EMS	Paramedic	Moundridge
17	F		X	Goering	Paula		Resident/Civic	
18	F		X	Koehn	Lee	Mercy Hospital Inc.	Board Member	Moundridge
19	G	##	X	Dyck	Charles	Moundridge Manor	Board member	Moundridge
20	G		X	Guhr	Leon		Resident/Civic	
21	G		X	Tripplitt	Glenda	Community Resident	Mercy PFEC Member	Moundridge
22	H		X	Davis	Betsy	Libray	Director	

Moundridge (KS) Town Hall Event Notes

Attendance: N=24

Date: 7/14/2022 – 5:30 p.m. to 7 p.m.

Community identified the following drugs (substance abuse) occurring in Moundridge, KS: Opioids, Marijuana, Methamphetamine.

At the Moundridge, KS Town Hall meeting on July 14th, 2022, housing and transit came up as contributing to physical environment. Alcohol abuse and drug abuse came up as major needs within the county as well as cancer. It was found out that people are leaving community for: cardiologist, urologist, neurology, OBG, Pulmonologist, dental, and behavioral health.

Strengths-

- | | |
|--------------------------------------|------------------------------------|
| - Access to young providers locally | - Can pay bills |
| - Local hospital with an ER | - Wealthy |
| - Faith-based values | - Infrastructure of roads |
| - Local Physical Therapists services | - Quality EMS |
| - Senior Care facilities | - Access to local groceries stores |
| - Local drug rehab | - Family community |
| - Financial stewards | |

Needs-

- | | |
|---------------------------------|---|
| - Obesity | - Distracted Driving |
| - Housing | - After Hours Urgent Clinic |
| - Insurance Options (Education) | - Workforce staffing |
| - Transportation | - Cancer |
| - Access to Home Health | - Safe pathways and sidewalks |
| - OB | - Mental Health (Patient, Treatment, Aftercare, Provider) |
| - Parenting | - Crisis Intervention |
| - Senior Health | |
| - Access to Specialty Doctors | |

Wave #4 CHNA - Moundridge PSA

Town Hall Conversation - Strengths (White Cards) N=21

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	General provider care	12	Parenting skills, young parents
1	Strong school district	13	Spiritual health (churches)
1	Economic opportunity/ income	13	Hospital access
2	Provider availability- people have PCP	13	Doctor office access
2	Mercy's bad debt	13	Grocery store (local)
2	Single parents	13	Nursing home/ low income housing
3	Hospital with ER	13	EMS
3	Clinic	13	Schools
4	Access to physicians	14	Spiritual care
5	Hospital close	14	Access to doctors and hospital
5	Doctors	14	Good nursing homes
5	Progressive leadership	15	Hospital
6	Police- aggressive on crime, but caring	15	Doctors
6	Quality EMS care	15	Wealthy
6	Good education	16	Hospitals
6	Access to city officials	16	Income level
7	Community/ contacts	16	Nursing homes
7	Access	16	Local drug rehab
7	Active community	17	Enough doctors- sufficient care providers
8	Family	17	Local hospital- ER
8	Faith	17	Nursing homes for elderly
8	Jobs	17	Local drug rehab abuse center
8	Roads	17	Lower % of poverty
8	Community connections	18	First responders
8	Hospital	18	Religious care and support
9	Clinic appointments	18	Schools- maternal care, nutrition
9	Hospital in town	19	Hospital
9	ER physical	19	Doctors
9	Job's	19	EMS
9	Roads	19	Air and water
9	Family	19	Physical therapy
10	Progressive thinking leadership	20	Access to healthcare
10	Community is growing/ investing resources in utilities /schools/ etc.	20	Hospital with ER
10	Faith-based values: honesty, integrity	20	Faith based values
11	Depression	20	Physical therapy
11	Diabetes	20	2 senior care facilities
11	Aging	21	Jobs/ business
11	Dental	21	Schools
12	Mental health pro.	21	Services
12	Depression all ages	21	Access to doctors

Wave #4 CHNA - Moundridge PSA

Town Hall Conversation - Weaknesses (Color Cards) N=21

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	Dental	12	Drugs/ alcohol
1	Vision care	12	Restaurants
1	Mental health care	12	Gym
2	Mental health care	12	ER
2	Crisis	12	After hours clinic/ urgent care
2	Dental/ vision	12	Good restaurants/ good eating habits
2	Parenting guidance	12	Mental health care
2	Substance abuse	12	Cancer treatment
2	Cancer care/ cancer prevention	13	Obesity
2	Depression	13	Public transit
2	Obstetrics	14	Obesity- exercise program
2	Urgent care	14	Cancer care- awareness
3	Mental and emotional care	14	Drug abuse
3	Mental crisis intervention	14	Depression/ mental health/ stress
3	Substance abuse counseling	14	Texting while driving
3	Parenting guidance	15	Need more specialty doctors
4	People depressed	15	Drug and substance abuse rehab
4	Suicide	15	Reduce suicide rates
4	Obesity	15	Cancer awareness
4	Cancer issues	15	Stress and obesity challenges
4	More dental care needed	16	Obesity
4	Parenting guidance	16	Distracted driving
5	More aggressive doctors or up to date/ current doctors	16	Drug abuse
5	Better access for mental health	16	Exercise opportunity
6	Public 24/7 exercise facility	16	Alcohol abuse
6	Not enough access to specialty physicians/ procedures	17	Where do I go to get help with stress
6	Too much care delivery traveling out of county	17	Depression in all ages
6	Preventative care not reactionary	17	Medicare
7	Specialty services	17	Ageing problems
7	More nursing staff to accommodate higher acuity PTS	17	Drug problems- sharing or selling
8	Urgent care	17	Obesity
8	Mental health care	18	Pathways, sidewalks
8	Home health	18	Availability to paid time off
9	Attitudes- too conservative	18	MS/ HS sexual education program
9	Geriatric health care	18	Parental support
9	Pediatrics	18	Mental health availability
9	Diabetes care	19	Education- better eating and drinking
9	Community activities beyond sports	19	Drug enforcement
9	Home health care	19	Cancer prevention
10	Drugs/ alcohol	19	Transportation
10	Mental health care	19	Youth drug abuse
10	Prevention	20	Insurance- education
11	# of providers/ access to care (specialty MDs)	20	Access to specialty doctors
11	Higher education around drug/ alcohol use/ abuse and risk to physical and mental health	20	Staffing- understaffed
11	Access to mental health care/ crisis intervention	21	Exercise opportunity
12	Mental health care	21	Insurance- bad debt
12	Obesity	21	Housing

From: Aaron Herbel, CEO

Date: 06/24/2022

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

Subject: CHNA 2022 Town Hall Event – Mercy Hospital – Moundridge, KS

Please join Mercy Hospital for a Town Hall meeting on Thursday, July 14th, from 5:30 p.m. – 7:00 PM at Cloud Nine Venue (205 S Avenue A). The purpose of this meeting is to review key health indicators for McPherson County and gather your feedback for our 2022 Community Health Needs Assessment (CHNA) programs.

Healthcare leaders, social service providers, community-based organizations, and county residents are all invited to this event – *please spread the word.*

To adequately prepare for this socially distanced gathering, we need your RSVP by July 12th. Please utilize the link below or scan the QR code to complete your RSVP if you plan to attend this important event.

RSVP Now: <https://www.surveymonkey.com/r/MercyH>



Scan the QR code to RSVP!

We hope you can find the time to attend this event on July 14th! Thank you for your time and participation!

If you have any questions regarding CHNA activities, please call Aaron @ (xxx) xxx-xxxx

Join Mercy Hospital – Moundridge, KS as They Host the 2022 CHNA Town Hall Event

Media Release: 06/24/22

Mercy Hospital will be hosting a Town Hall meeting for the 2022 McPherson County Kansas Community Health Needs Assessment on **Thursday, July 14th from 5:30 p.m. to 7:00 p.m.** located in the Cloud Nine Venue (205 S Avenue A) During this meeting, we will review the community health indicators and gather feedback opinions on key community needs.

As we continue to focus on the safety of our community in conjunction with COVID guidelines, it is vital everyone planning to attend this event RSVPs to properly adhere to guidelines for this social distanced event. Please visit our hospital website and social media sites or scan the QR Code below to obtain the link to complete your RSVP! We hope that you find the time to join us for this important event on July 14th. Thanks in advance for your time and support!

If you have any questions about CHNA activities, please call (xxx) xxx-xxxx



Scan the QR Code to RSVP!

d.) Primary Research Detail

[VVV Consultants LLC]

2022 CHNA Open End Comments KEY					
C	Topic	C	Topic	C	Topic
ALLER	Allergy/Immunology	CHIR	Chiropractor	OP	Outpatient Services/Surgeries
AES	Anesthesia/Pain	CHRON	Chronic Diseases	DIS	Disability / Disabled
CARD	Cardiology	CLIN	Clinics (Walk-In, Urgent)	PAIN	Pain Management
DERM	Dermatology	COMM	Communication	PARK	Parking
EMER	Emergency	CORP	Community Lead Healthcare	PHAR	Pharmacy
ENDO	Endocrinology	CONF	Confidentiality	DOCS	Physicians
FP	Family Practice (General)	COVD	COVID / Masks / Guidelines	FLU	Pneumonia / Flu
GAS	Gastroenterology	DENT	Dentists	COL/SCRE	Colonoscopy / Screenings
POD	Podiatry	DIAB	Diabetes	POV	Poverty
GER	Gerontology	DIAL	Dialysis	PNEO	Prenatal
HEMO	Hematology	DUP	Duplication of Services	PREV	Preventative Health / Wellness
IFD	Infectious Diseases	ECON	Economic Development	PRIM	Primary Care:
IM	Internal Medicine	CUL	Cultural / Competence / Bilingual	PROS	Prostate
NEO	Neonatal/Perinatal	EMS	EMS	DOH	Public Health Department
NEP	Nephrology	ADMIN	Administration / Leadership	EDU	Public Health Education
NEU	Neurology	FAC	Facility / Hospital	QUAL	Quality of care
NEUS	Neurosurgery	FAM	Family Planning Services	REC	Recreation
OBG	Obstetrics/Gynecology	FEM	Women's Health / Female Docs	RESP	Respiratory Therapy / Disease
ONC	Oncology/Radiation Onc	FINA	Financial Aid / Cost of Care	NO	Response "No Changes," etc.
OPHT	Ophthalmology / Eye Doctor	FIT	Fitness/Exercise	SANI	Sanitary Facilities
ORTH	Orthopedics	ALL	General HC Improvement	SH	School Health/Ed/Nurse
ENT	Otolaryngology (ENT)	APP	Employee Appreciation / Value	STD	Sexually Transmitted Diseases
PATH	Pathology	SERV	Service Need / Outreach	MOB	Mobile Services
PEDS	Pediatrics	WEB	Website / Portal / Online	SS	Social Services
PHY	Physical Medicine/Rehab	OWN	Owning Your Health	SPEC	Specialist Physician care
PLAS	Plastic/Reconstructive	RURAL	Rural Health	SPEE	Speech Therapy
PSY	Psychiatry	HH	Home Health	STRK	Stroke
PUL	Pulmonary	HSP	Hospice	DRUG	Substance Abuse (Drugs/Rx)
RAD	Radiology	HSPT	Hospitalists	SUIC	Suicide
RHE	Rheumatology	MAN	Hospital Management	SPRT	Support Programs / Groups / Assistance
SURG	Surgery	HRS	Hours of Operations / Limited Hrs	TPRG	Teen Pregnancy
VAST	Thoracic / CV / Vascular	INFD	Infidelity	TELE	Telemedicine
URL	Urology	IP	Inpatient Services	THY	Thyroid
VIO	Abuse/Violence	LEAD	Lead Exposure	RUSH	TIME SPENT WITH PATIENT
ACC	Access to Care	HR	Human Resources	SMOK	Smoking / Tobacco / Vaping
SCAN	MRI / Imaging / Scans	ADOL	Adolescents / Young Adults Care	TRAN	Transportation
AIR	Air Quality	MAMO	Mammogram	TRAU	Trauma
FUND	Funding / Grants	MRKT	Marketing	TRAV	Travel
ALC	Alcohol	STFF	Medical Staff / Recruitment	EQUIP	Equipment / Technology
ALT	Alternative Medicine	H2O	Water Quality	RET	Staff Retention
REF	Referrals	BH	Mental Health Services	INSU	Uninsured/Underinsured
ALZ	Alzheimer's	FF	Follow-Up Care / Consultation	AWARE	Awareness of Services
AMB	Ambulance Service	HOUS	HOUSING	VACC	Vaccinations
BED	Bedside / PT Care	TRAIN	Training / Education (Staff)	WOU	Wound Care
ASLV	Assisted Living	NURSE	Nurses (Access / Quality)	BILL	Biling
AUD	Auditory / Audiology	NEG	Neglect	VETS	Veteran Care
BACK	Back/Spine	NH	Nursing Home / Senior Care	WAG	Wages / Benefits
BD	Blood Drive	NUTR	Nutrition	WAIT	Wait Times / Waiting Room
PT	Physical Therapy	PART	Partner / Collaborate	SAFE	Safety
SCH	Scheduling / Appointments	PHONE	Phone / System / Calls	ULT	Ultrasound
BRST	Breastfeeding	OBES	Obesity	WIC	WIC Program
CANC	Cancer	ORAL	Oral Surgery	LAB	Laboratory Work
CHEM	Chemotherapy	ORTHOD	Orthodontist	COUN	Therapy / Counseling
CC	Child Care	OTHR	Other	RESCH	Research

CHNA 2022 Community Feedback: Moundridge PSA only (N=164)							
ID	Zip	Rating	Movement	c1	c2	c3	Q2. I have recently (in the past year) had difficulty accessing medical care because: [check all that apply] Tell us more about your answer.
1017	67107	Good	Getting better	ACC			I haven't had difficulty accessing care.
1057	67107	Good	Getting better	ACC	DOCS		Wichita is closest for some services. Sometimes docs come to Newton.
1179	67443	Average	Getting better	ACC			It is hard to see my health care provider in between semi annual visits when a concern comes up.
1213	67107	Good	Staying the same	ACC			The issue can be more that I am not willing to take off of work.
1316	67107	Average	Staying the same	ACC	SPEC		Easily access personal physician in McPherson, other specialties as required.
1361	67107	Good	Staying the same	ACC			I work 8-5, take a lot of time off for my family; my husband is not a healthy person and requires a lot of my time.
1415	67107	Poor	Staying the same	ACC	PRIM		I have narcolepsy, and the closest specialist is in Wichita. It's also just too much hassle to set up a primary care doctor and to understand how to do it here.
1432	67546	Poor	Staying the same	ACC			I work out of the county and tend to find providers closer to my work to reduce the commute.
1334	67443	Poor	Getting worse	ALT			There is no alternative care offered in this community. Allopathic does not have all the answers. Their solution is more pills. I don't feel welcome because my choices on how to care for myself aren't something they understand, so they make light of it and make me feel unwelcome and stupid. They buy into all the lies of CDC and Dr Fauci.
1389	67107	Average	Getting worse	ALT	EDUC		There are confusing noises from traditional medicine to more natural/ integrative doctors. This hinders people from getting care since they don't know who to believe.
1071	67428	Average	Getting worse	BH			We need more places to treat mental health
1484	67428	Poor	Getting worse	BH			I would like access to more mental Healthcare providers that work with adult ADHD.
1103	67107	Good	Getting better	DENT	INSU		I personally can't get dental insurance because it's too expensive and is expensive and so I can't get dental work done
1156	67107	Good	Staying the same	DOCS	QUAL		I have pain issues...but therapy is available. Doctor is trying to solve my problem.
1111	67546	Average	Getting worse	FINA			High co-pays for emergency room visits.
1217	67107	Average	Getting worse	FINA	INSU		Healthcare, and thereby health insurance are ridiculously expensive. I believe so much should be able to work at full-time job and still afford health care. That is not currently the case in McPherson County.
1226	67107	Average	Getting worse	FINA			Healthcare should be affordable for everyone.
1395	67546	Average	Getting worse	FINA			Make too much for any assistance with anything but struggling to make it from paycheck to paycheck
1423	67107	Good	Staying the same	FINA	QUAL		Health care in the US is insanely expensive and the system definitely needs to change. I'm fortunate to be in good health and am comfortable financially. I know this isn't the case for so many people in our community and throughout our country.
1428	67107	Average	Staying the same	FINA			I go without things/care if can't afford them.
1448	67546	Good	Staying the same	FINA	INSU		Even with health insurance medical testing is expensive
1495	67107	Good	Getting better	FINA	SPEC		Having the money for co-pays, procedures or any actual surgeries is so hard to come up with. The other part is I wish we had more specialized care here at our own hospital so I didn't have to go to another facility.
1500	67107	Good	Staying the same	FINA	INSU		Healthcare deductibles are outrageous!
1306	67107	Good	Staying the same	INSU	DOCS		Have insurance and our provider will work you in .
1381	67107	Good	Getting better	INSU			I have a high deductible healthcare from Obamacare.
1414	67107	Good	Getting better	INSU			I have good insurance
1015	67107	Good	Staying the same	OTHR			Too busy with work-related responsibilities to see the doctor.
1104	67107	Average	Getting worse	PRIM			My primary care is in El Dorado so 45 minute drive
1174	67428	Good	Getting better	QUAL			I'm on Medicare and that doesn't bother McPherson Hospital on giving me the treatment I need
1180	67107	Good	Getting better	QUAL			I feel like we are well taken care of and provided for!
1281	67107	Poor	Getting worse	QUAL	ACC	DOH	We go to Wichita for all of our care because good competent care is not available nearby. Also of note our daughter needed birth control and went to the health department only to find out that isn't an offered service when it is at most other health departments in the state including Sedgwick County Health department.
1294	67443	Good	Staying the same	QUAL			I haven't had any problems when I needed help.
1303	67107	Good	Getting better	QUAL			I have not had difficulty
1323	67107	Good	Staying the same	QUAL			I have not had difficulty.
1336	67107	Good	Staying the same	QUAL	INSU		Since I have Medicare and a supplement I don't worry about expenses and I feel lucky to have that.
1150	67107	Good	Staying the same	SCH			I work out of town so scheduling is tricky.
1312	67107	Good	Getting worse	SCH			Getting an appointment early enough in the morning is a problem.
1116	67546	Good	Getting better	SPEC	PRIM		Its hard to find the specialist to deal with my RA And also hard to find a primary Dr that is accepting new patients
1119	67107	Average	Staying the same	SPEC	QUAL	PHARM	No immunology in the county. Complex medical history in children is not able to be addressed by current providers. Pharmacies are great in the county! If they fall in the provider list.
1202	67107	Good	Getting better	SPEC			When my medical care needs are more than what is present in my community my doctor has referred me to specialists who can take care of me. I am also still able to go to Newton or Wichita to get the specialized care that I need.
1350	67107	Average	Getting worse	SPEC			I have complex health issues and I have to travel to Wichita for adequate and comprehensive
1355	67443	Average	Getting better	SPEC			I had severe pseudo cyst that required surgery at KU med transplant.
1365	67428	Average	Staying the same	SPEC			For more extensive health concerns I find myself going out of town to get those needs met.
1229	67107	Good	Staying the same	SURG	QUAL		It's just not like in Phoenix. The other day when I had hernia surgery in Hutchinson they dismissed me before I was fully with it and they didn't even offer me a wheelchair-I had to ask for one.
1322	67107	Good	Staying the same	TECH	ACC		Additional information would be helpful in written form instead of on line material only due to not being accessible to computers & not being technologically advanced to fully understand

CHNA 2022 Community Feedback: Moundridge PSA only (N=164)							
ID	Zip	Rating	Movement	c1	c2	c3	Q4. What do you feel are the root causes of poor health in our county?
1119	67107	Average	Staying the same	ACC			See above. Also close proximity to Newton and their providers
1322	67107	Good	Staying the same	ACC			The inability to locate resources
1343	67107	Good	Staying the same	ACC	POV		not Accessible to all. Poverty.
1425	67107	Good	Staying the same	ACC	AWARE		Maybe people don't know where to get information and resources about health/wellness?
1495	67107	Good	Getting better	ACC	FINA		Lack of Health care to individuals and families due to money.
1497	67546	Average	Staying the same	CIN	ACC		Inability to get urgent care with provider when needed. Seeing a provider who does not know me or my medical history, is stressful.
1423	67107	Good	Staying the same	COVD	OBES		COVID, obesity
1116	67546	Good	Getting better	DENT	FINA	INSU	Very hard to afford dental care for anyone even with insurance, the community has had bad issues with grace med dentist. And lack of primary Drs
1057	67107	Good	Getting better	DOCS	QUAL		Docs are too busy and we have to rely on PAs.
1365	67428	Average	Staying the same	DOCS	STFF		Not enough Dr's.
1034	67107	Average	Getting worse	DRUG			Poor choices and drug use and addiction
1120	67107	Good	Staying the same	DRUG			Lack of compassion for truly suffering people due to addicts using the system.
1447	67107	Average	Staying the same	DRUG			Drugs
1448	67546	Good	Staying the same	DRUG			Drug use
1051	67107	Good	Getting better	EDU	DRUG		Lack of health education. Drugs with side effects instead of fixing the problem.
1334	67443	Poor	Getting worse	EDUC			CDC guidelines. The growing distrust in Drs and hosp being run by health ins and CDC..both of which erode the Dr pt relationship. Because if we actually listen to their or and let them make choices they are threatened by big pharma..CDC..there is no relationship where this evil isn't lurking in the corner.
1414	67107	Good	Getting better	EDUC			Ignorance
1493	67107	Average	Staying the same	EDUC	FIT	NUTR	Lack of education on weightless. We need another avenue besides weight loss surgery. Its too expensive.
1008	67443	Good	Getting better	FINA			Cost
1071	67428	Average	Getting worse	FINA			Money. Many cannot afford healthcare
1113	67107	Average	Staying the same	FINA			Money
1183	67107	Good	Getting better	FINA	DRUG		Financial and possibly drug related
1186	67107	Good	Staying the same	FINA			Financial
1187	67107	Good	Staying the same	FINA			Financial
1202	67107	Good	Getting better	FINA			I am not sure that the county has poor health in general but the costs of health care (medical tests, prescriptions,etc.) can cause that.
1217	67107	Average	Getting worse	FINA	INSU		Lack of access to affordable care. Lack of access to health insurance. Not enough government subsidies to afford running quality hospitals.
1257	67107	Good	Staying the same	FINA	TRAN		Financial means and possibly lack of transportation to access
1274	67107	Good	Staying the same	FINA	EDUC		Money and bad information
1323	67107	Good	Staying the same	FINA			Cost
1392	67107	Average	Staying the same	FINA			People choosing to not go to get help due to the cost.
1395	67546	Average	Getting worse	FINA	INSU		Cost of medical care, cost of health insurance, cost of living increasing without wages reflecting the increase
1428	67107	Average	Staying the same	FINA			Expense
1452	67107	Average	Staying the same	FINA			Cost of healthcare
1465	67546	Good	Staying the same	FINA			Cost of medical care.
1475	67107	Good	Getting better	FINA	INSU		Finances and insurance
1500	67107	Good	Staying the same	FINA	DRUG		The cost of care and medications
1053	67107	Good	Getting worse	FIT			Lack of exercises
1111	67546	Average	Getting worse	FIT			Sedentary life style
1179	67443	Average	Getting better	FIT	NUTR		Lifestyles
1190	67107	Average	Staying the same	FIT	NUTR		Lack of exercise and healthy lifestyles
1271	67107	Good	Staying the same	FIT	COMM		LACK OF TIME TO DEVOTE TO EXERCISE. NOT ENOUGH COMMUNICATION FROM PLACES WHERE I COULD EXERCISE.
1346	67107	Good	Getting worse	FIT	NUTR	EDUC	Lack of exercise, poor diet, cost of healthy foods, lack of education regarding healthy lifestyles, sedentary lifestyles
1458	67107	Average	Staying the same	FIT			Lack of athletic centers/Rex/exercise places
1103	67107	Good	Getting better	FUND			Poor federal government spending
1386	67428	Average	Staying the same	FUND	NUTR		Underfunding for community health resources, lack of quality food resources at reasonable prices.
1431	67107	Good	Staying the same	H2O			Fertilizer in our ground water.
1015	67107	Good	Staying the same	INSU	FINA		Restrictive insurance coverage networks and under-payment for services by health insurance companies that put profits before people all the time. The combination of these two things is threatening the future of healthcare in our small community and putting access to care at risk.
1123	67107	Good	Staying the same	INSU			Uninsured people who aren't able to afford healthcare
1128	67107	Good	Staying the same	INSU			Health insurance.
1206	67443	Average	Getting better	INSU			People without insurance,
1228	67107	Good	Getting better	INSU			Difficulty getting health insurance
1294	67443	Good	Staying the same	INSU			Probably poor insurance, or no insurance.
1336	67107	Good	Staying the same	INSU			People without insurance
1381	67107	Good	Getting better	INSU			No affordable health insurance
1467	67107	Average	Staying the same	INSU	ACC		Lack of insurance or ability to get off work for care
1104	67107	Average	Getting worse	NH			Community getting older
1017	67107	Good	Getting better	NUTR	OWN		Time demands: eating too much fast food because people have such busy lives and they don't take time to cook from scratch and suffer mentally from stress in their lives.
1098	67443	Average	Staying the same	NUTR	FIT		Diets/sedentary lifestyle

CHNA 2022 Community Feedback: Moundridge PSA only (N=164)							
ID	Zip	Rating	Movement	c1	c2	c3	Q4. What do you feel are the root causes of poor health in our county?
1203	67428	Good	Getting better	NUTR	FIT	DRUG	Poor eating choices and lack of exercise routines, and lack of vitamins. Too many prescriptions being written for drugs that cause too many other problems.
1216	67443	Good	Getting better	NUTR			Poor eating habits
1235	67107	Good	Staying the same	NUTR			Stress and processed food
1303	67107	Good	Getting better	NUTR			fast food & sodas
1355	67443	Average	Getting better	NUTR	FIT	CLIN	Healthier eating establishments, affordable gyms, better communication on health fairs and clinic options.
1482	67107	Good	Staying the same	NUTR			Convenience, so much is so easy to get moderation is hard.
1028	67546	Good	Staying the same	OBES			Obesity
1238	67428	Good	Staying the same	OBES			Overweight!
1299	67428	Average	Getting better	OBES	SMOK		Obesity and smoking
1484	67428	Poor	Getting worse	OBES	ACC		Obesity, lack of Healthcare in smaller communities
1501	67107	Good	Getting worse	OBES			Obesity
1208	67107	Good	Getting better	OWN			Poor choices on each one's part.
1312	67107	Good	Getting worse	OWN	POV	FIT	Poor choices, poverty, lack of exercise
1432	67546	Poor	Staying the same	OWN			Lack of personal accountability.
1422	67107	Good	Staying the same	POV			Poverty
1229	67107	Good	Staying the same	QUAL	FINA		In Phoenix my primary gave me his personal cell number but here my doctor won't even pick up the phone. I have to pay for an appointment.
1281	67107	Poor	Getting worse	QUAL	TRAIN		apathy on the part of providers. Lack of provider education. My husband was an inpatient at a local hospital overnight with chest pain and sat 5 hours without telemetry attached. We will never stay at a local hospital again. Our lives depend on it. This is 1 of many examples. This level of care is unacceptable. Relevant continuing education is important for all providers.
1463	67107	Good	Staying the same	REC			We need better parks. Our children need safe and nice public areas to play. Only one mice park by the richest side of town!
1316	67107	Average	Staying the same	SPEC			Few specialists in community.
1511	67443	Average	Staying the same	STFF	DOCS	SPEC	Lack of providers, especially some specialty providers.
1350	67107	Average	Getting worse	TRAU			Not equipped for patients regarding trauma or complex medical histories

CHNA 2022 Community Feedback: Moundridge PSA only (N=164)							
ID	Zip	Rating	Movement	c1	c2	c3	Q5. What are the 3 most important health issues in our community? [Select 3] Others given...
1431	67107	Good	Staying the same	ALC			Booze.
1017	67107	Good	Getting better	BH			Mental health
1071	67428	Average	Getting worse	BH			Mental health
1386	67428	Average	Staying the same	BH			Lack of mental health resources
1482	67107	Good	Staying the same	BH			Healthy relationships
1497	67546	Average	Staying the same	BH	DRUG		Mental health, addiction
1030	67546	Good	Staying the same	DRUG			Drug overdose
1034	67107	Average	Getting worse	DRUG			Drug use
1119	67107	Average	Staying the same	DRUG			Opioid addiction
1183	67107	Good	Getting better	DRUG			Drug use
1186	67107	Good	Staying the same	DRUG			Drug abuse
1448	67546	Good	Staying the same	DRUG			Drug use
1534	67428	Good	Staying the same	DRUG	ALC	BH	Drug/alcohol addictions, Lack of spiritual health that affects family life, personal health.
1334	67443	Poor	Getting worse	EDUC	OWN		People having no clue how to take care of themselves and not taking responsibility for their own health. They want some one else to do it for them..
1015	67107	Good	Staying the same	INSU			Under-payment for services by health insurance
1094	67107	Good	Staying the same	NH			Activities for seniors (aging folks)
1103	67107	Good	Getting better	NH			Long term care for disabled veterans
1179	67443	Average	Getting better	NH			Large elderly population.
1240	67107	Average	Getting better	OBES			Obesity
1341	67107	Good	Staying the same	OBES	CANC		Obesity, cancer
1389	67107	Average	Getting worse	OBES	OWN		Obesity/ Poor lifestyle choices
1458	67107	Average	Staying the same	OBES			Obesity
1484	67428	Poor	Getting worse	OBES			Obesity
1501	67107	Good	Getting worse	OBES	ALC		Obesity , alcohol abuse
1507	67107	Average	Staying the same	OBES	BH		Obesity and mental health
1150	67107	Good	Staying the same	OTHR			Work related injuries
1281	67107	Poor	Getting worse	OTHR			preventable accident (lawn mowers falling over on people, car accidents with no restraints)
1229	67107	Good	Staying the same	QUAL	BH		Few options for choosing quality providers, including marriage and occupational counseling.
1493	67107	Average	Staying the same	SH			Schools that do NOTHING to support kids who learn differently.
1453	67107	Average	Getting worse	SMOK			Teen vaping

Welcome to the 2019 McPherson County Health Assessment Survey

The purpose of this survey is to get your opinions about health issues in McPherson County. The information will be used to identify the most important areas for health improvements that can be addressed through community actions. Participation in the survey is voluntary and all individual responses will remain confidential. Only total survey results will be shared.

This survey is being conducted in partnership with McPherson Hospital, McPherson County Health Department, Lindsborg Community Hospital, and Mercy Hospital in Moundridge. We thank you for your participation.

* 1. How do you perceive the health of your community?

Very Unhealthy	Unhealthy	Somewhat Healthy	Healthy	Very Healthy
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* 2. I am satisfied with the quality of life in our community (think about well-being, safety, physical and mental health education, etc.)

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* 3. The community has enough health and wellness activities to meet my needs.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Not Sure
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* 4. I am satisfied with the health care available in our community.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* 5. I have access to the medical specialist I need.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* 6. In the past year, I chose not to receive health care services due to cost.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* 7. I have my own doctor I use whenever I am sick.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* 8. I feel there are adequate private pay (not covered by insurance) home care services options in our county.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* 9. I am satisfied with the public health services (disease prevention, immunizations, reproductive health, etc.)

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* 10. If I need help during times of stress, I have support in my community.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* 11. There is enough access to medical care for residents with low income in our community.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* 12. This community is a good place to grow old (consider senior housing, transportation to medical services, shopping, senior care and other services for the elderly living alone).

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* 13. It is easy for me to get to places (grocery stores, doctors, work, etc.)

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* 14. There are jobs available in the community (consider locally owned and operated businesses, jobs with career growth, livable wages, etc.)

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* 15. I feel my community is a safe place to live and raise children (consider size, location, cost, etc.)

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* 16. I have seen improvement in healthy activities and healthy eating options in my community in the last three years.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* 17. I have seen improvement in the access to healthcare in my community in the last three years.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* 18. I feel helpless in making changes to my community.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* 19. In the following list, what do you think are the three most important “health problems” in our community?

- ☐ Aging problems (hearing/vision loss, falls, etc.)
- ☐ Alcohol abuse
- ☐ Bullying
- ☐ Cancers
- ☐ Child abuse/neglect
- ☐ Dental problems
- ☐ Diabetes
- ☐ Domestic / family violence
- ☐ Drug abuse
- ☐ Heart disease and stroke
- ☐ High blood pressure
- ☐ Infant death
- ☐ Infectious disease (hepatitis, TB, etc.)
- ☐ Lack of wound care options
- ☐ Mental health problems
- ☐ Obesity
- ☐ Rape/sexual assault
- ☐ Respiratory/lung diseases
- ☐ Smoking
- ☐ Suicide
- ☐ Teenage pregnancy
- ☐ Other (please specify)

* 20. In the following list, what do you think are the three most "risky behaviors" in our community?

- ☐ Alcohol abuse
- ☐ Dropping out of school
- ☐ Drug abuse
- ☐ Sharing / selling narcotics
- ☐ Lack of education
- ☐ Poor eating habits
- ☐ Not getting "shots" to prevent disease
- ☐ Texting/cell phone while driving
- ☐ Tobacco use/e-cigarette use
- ☐ Not using birth control
- ☐ Not using seat belts or child safety seats
- ☐ Unsafe sex

Other (please specify)

* 21. In the following list, what is the biggest barrier of access to healthcare for you?

- ☐ Available medical specialist
- ☐ Hours of operation for healthcare facilities
- ☐ Transportation to healthcare facilities
- ☐ Lack of medical resources / referral services
- ☐ Lack of coordination between multiple medical providers
- ☐ Lack of private pay home care services
- ☐ Lack of insurance
- ☐ Lack of funds for care
- ☐ Insurance roles or limitations in coverage

* 22. Where do you and/or your family get most of your health information? (Check all that apply)

- ☐ Physician office
- ☐ Hospital
- ☐ Church group
- ☐ Internet
- ☐ School
- ☐ Family/friends
- ☐ Library
- ☐ TV
- ☐ Radio
- ☐ Newspaper/magazines
- ☐ Work site
- ☐ Health Department
- ☐ Social media
- ☐ Other (please specify)

* 23. In the past three years, either I or a member of my family have used hospital-based services in McPherson County.

- ☐ Yes
- ☐ No

24. If you used a hospital-based service in McPherson County within the past three years, how satisfied were you with the care you received?

Completely Dissatisfied Somewhat Dissatisfied Neutral Somewhat Satisfied Completely Satisfied

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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* 25. Do you see a dentist regularly?

- ☐ Yes
- ☐ No

If not, why?

* 26. Zip Code

* 27. Gender

- ☐ Male
- ☐ Female
- ☐ Other

* 28. Your Age

- ☐ Under 18
- ☐ 18-25 years
- ☐ 26-39 years
- ☐ 40-54 years
- ☐ 55-64 years
- ☐ 65-80 years
- ☐ Over 80 years

* 29. Are you responsible for health decisions for others in your household? If so, please specify ages.

- ☐ Yes
- ☐ No

(If yes, please specify ages)

* 30. Marital Status

- ☐ Married/living together
- ☐ Divorced
- ☐ Never married
- ☐ Separated
- ☐ Widowed

Other (please specify)

* 31. Your highest education level

- ☐ Less than high school
- ☐ High school diploma/GED
- ☐ College Associate's degree
- ☐ College Bachelor's degree or higher

Other (please specify)

* 32. Current employment status

- ☐ Employed full-time
- ☐ Employed part-time
- ☐ Retired
- ☐ Unemployed, seeking work
- ☐ Unemployed, not seeking work
- ☐ Other (please specify)

* 33. Which of these groups would you say best represents your race? Please select all that apply.

- ☐ White
- ☐ Black / African American
- ☐ Hispanic or Latino
- ☐ American Indian or Alaskan Native
- ☐ Asian
- ☐ Native Hawaiian or Pacific Islander
- ☐ Other (please specify)

* 34. Annual Household Income

- ☐ Less than \$20,000
- ☐ \$20,000 to \$39,000
- ☐ \$40,000 to \$59,000
- ☐ \$60,000 to \$79,000
- ☐ \$80,000 to \$99,000
- ☐ \$100,000 to \$149,000
- ☐ Over \$150,000

* 35. Where do you receive medical care? Check all that apply

- ☐ Local hospital
- ☐ Local health department
- ☐ Urgent care
- ☐ Emergency room
- ☐ Doctor's office

Other (please specify)

* 36. How do you pay for your health care?

- ☐ Pay cash
- ☐ Veteran Administration
- ☐ Indian Health Services
- ☐ Medicaid
- ☐ Medicare
- ☐ Health insurance (private insurance, HMO, etc.)
- ☐ Unable to pay

Other (please specify)

Thank you for your responses. Once again, all responses are kept in the strictest confidence and only total survey results will be shared publicly. If you have any questions, would like more information about the Community Health Needs Assessment, or are completing a paper survey, please refer or submit to contact below.

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