

2019 Community Health Needs Assessment for McPherson County, Kansas

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Executive Summary

Background and Process

In 2019, the leadership of McPherson Hospital in McPherson, Lindsborg Community Hospital in Lindsborg, Mercy Hospital in Moundridge, and the McPherson County Health Department chose to collaborate in creating a community health needs assessment (CHNA). Provisions of the Affordable Care Act (ACA) require charitable hospitals to conduct community health needs assessments every three years, and adopt implementation strategies to meet identified needs.

Further, the Public Health Accreditation Board (PHAB) defines public health accreditation as the development of a set of standards, a process to measure health department performance against those standards, and reward or recognition for those health departments who meet the standards. This accreditation process also requires a periodic community health assessment.

The service area assessed was McPherson County, Kansas. This assessment combines existing secondary data with information gleaned from a survey made available to county residents in addition to workgroup feedback representing a broad cross section of organizations from throughout the target area. After reviewing this data and compiling and reviewing existing resources, a list of prioritized needs has been developed.

Needs Identified and Prioritized – Results of the survey indicated perceived health issues in the county. The identified needs were reviewed and prioritized by a workgroup comprised of a cross section of stakeholders from throughout the county. This group met to discuss survey results and explore relevant county secondary data from various sources indicated in this report. The workgroup examined the top health issues gleaned from the survey to arrive at a prioritized list, which is discussed in more detail below.

This CHNA was reviewed and approved in June 2019 by the Boards of the three hospitals mentioned above.

Community Health Needs Assessment Partners

McPherson County Public Health Department

The McPherson County Health Department mission is to promote healthy behaviors that protect the well-being and the environmental safety of McPherson County residents. A variety of programs and services make a significant contribution to the well-being of county residents. Funding sources include Federal and State grants, McPherson County taxes, and fees collected. Programs are established to be preventive and proactive in the reduction of health risks and reactive when circumstances dictate. The McPherson County Health Department serves an average of 3600 clients per year, ranging in age from newborns to centenarians.

McPherson Hospital

McPherson Hospital is a progressive, 49-bed acute care not-for-profit facility providing high quality care to meet the primary, acute and emergent health needs of residents throughout McPherson County. Along with a medical staff of 19 physicians offering a variety of healthcare services, outpatient services are also available through specialty clinics. Ten hospital-employed physicians and seven mid-level providers offer family practice, general surgery, OB/GYN and hospitalist services. Other services include lab, OB, rehabilitation, respiratory care, emergency services, cardiac rehab, acute medical and surgical care, and others.

Lindsborg Community Hospital

Lindsborg Community Hospital is a 25 bed Critical Access Hospital which employs around 125 people from the Smoky Valley, including Lindsborg, Salina, McPherson, Marquette and surrounding communities. Family practice medicine is provided by family practice physicians and physician assistants at the adjoining Family Health Care Clinic, a department of Lindsborg Community Hospital. Specialty physicians and clinics offer services in areas of podiatry, general surgery, cardiology and behavioral health. Lindsborg Community Hospital provides family healthcare services, offering emergency department coverage 24/7, acute care, skilled nursing care, diagnostic lab and radiology services for in- and outpatients, rehabilitation services and an urgent care clinic on weekends. On October 1, 2012, Lindsborg Community Hospital became an affiliate of Salina Regional Health Center.

Mercy Hospital

From humble beginnings in a white boarding house, Mercy Hospital Inc. has provided healthcare services from Moundridge, Kansas, on the southern edge of McPherson County, for 75 years. They believe their mission statement: "...by love serve one another" should guide their service to the community and direct their actions as they strive to be the best small hospital in Kansas through high-quality personalized care. Mercy is a 501(c)3 non-profit organization, licensed as a hospital with the Kansas Department of Health and Environment. In addition to Moundridge, their service area includes the rural communities of Goessel, Galva, Inman and Hesston. Mercy is blessed to have six family practice physicians on its active medical staff and several other specialties with admitting privileges. In addition to acute care and 24-hour

emergency room services, their patients come to receive outpatient surgery, physical, occupational, or speech therapy, laboratory services, and skilled nursing care.

Community Description

For purposes of this assessment, the target area of focus is the population of McPherson County. In the mid-1800's, the Santa Fe Trail passed through what is now McPherson County, which was officially designated as such in the spring of 1870. The population at that time was 738. Over the decades, McPherson County has turned into a place where small, thriving communities have each created their own rich histories and continue to progress into the future.

McPherson County is 900 square miles in size. Located in prime agricultural land in the center of the United States, McPherson County is also abundant in many other forms of commerce and industry including manufacturing in plastics and related enterprises, chrome plating, polyethylene products such as piping and fittings for plumbing, fiberglass insulation, food products, pharmaceuticals, metal forming equipment, aluminum products for consumer households, and others. National companies with facilities in the City of McPherson include North American Products (CertainTeed), Johns Manville and Pfizer. These companies employ citizens from throughout McPherson County and beyond.

Located near the center of the state of Kansas on Interstate 135, McPherson County has a population estimate of 28,537 according to the U.S. Census Bureau. The county seat is McPherson with an estimated population of 13,201. Other communities across the county include Canton, Galva, Inman, Lindsborg, Marquette, Moundridge and Windom.

The area defined in this report is McPherson County, which is the primary service area of McPherson Hospital, Lindsborg Community Hospital and Mercy Hospital in Moundridge, all of which are located within the county. A distance of 14 miles separates McPherson from Lindsborg, and it is 16 miles from McPherson to Moundridge. Some hospitals draw from more specific communities in the county based on their location. All three hospitals treat patients regardless of socio-economic status.

Demographic Analysis of Community

Current data for the types of information sought after for this kind of research is sometimes not available as data collection agencies don't provide annual updates. The latest data accessible will be shared below to provide a snapshot of the overall status of McPherson County in several demographic and socio-economic areas.

The latest census data along with some estimates from the United States Census Bureau (USCB) are utilized in this analysis. Statistics indicate that over the last few decades, county population has fluctuated, trending upward during the last two decades of the last century but tapering off slightly over the past 10 years. The chart below shows a 2.2% decline in the McPherson County population between 2010 and the estimated 2018 population. This reflects a change from the State of Kansas whose population has increased during this same time period. Estimates from the United States Census Bureau indicate populations in the year 2010 of 2,853,118 and 2,911,505 in 2018.

Population and population change

Location	1980	1990	2000	2010	2018	Percent Change 1980 - 2018
McPherson County	26,855	27,340	29,571	29,180	28,537	6.2
State of Kansas	2,364,236	2,477,588	2,688,824	2,853,118	2,911,505	23.1

Source: census.gov.quickfacts.mcphersoncountykansas

Population by age variable (percentage)

Population Variable	McPherson County	Kansas
Under 5 years	6.2	7.2
5 to 9 years	6.5	7.1
10 to 14 years	6.7	7.0
15 to 19 years	6.7	7.1
20 to 24 years	6.0	7.2
25 to 29 years	5.7	6.9
30 to 34 years	5.3	6.3
35 to 39 years	5.3	6.0
40 to 44 years	5.3	6.1
45 to 49 years	7.2	7.1
50 to 54 years	7.9	7.2
55 to 59 years	7.1	6.4
60 to 64 years	5.6	5.2
65 to 69 years	4.4	3.8
70 to 74 years	3.7	2.9
75 to 79 years	3.2	2.4
80 to 84 years	3.1	2.0
85 years and over	3.9	2.1
Median age in years (2017)	40.8	36.3
Median Value of Owner Occupied Housing Units (2017)	\$140,300	\$139,200

Sources: census.gov.quickfacts.mcphersoncountykansas;
factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=bkmk

McPherson County is predominately white with 95.2% of the population identifying themselves that way. This statistic stayed the same from 2016. The second largest population is Hispanic at 4.1% of the county population, which is an increase of .6 percent from 2015. The county also saw an increase in the Asian population with a .5 percent increase since 2015. Though the county racial/ethnic composition differs significantly from the State of Kansas in these areas, the state saw a decrease in these same areas.

Racial/Ethnic Composition by percentage of total population

Population Variable	McPherson County	Kansas
White	95.2	86.5
Black	1.2	6.2
Asian	1.0	3.1
American Indian	0.6	1.2
Hispanic/Latino Origin	4.1	11.9
White, not Hispanic	91.6	75.9

Source: [census.gov/quickfacts/mcphersoncountykansas](https://www.census.gov/quickfacts/mcphersoncountykansas)

Education rates for persons age 25 and over, 2013-2017

Education Level	McPherson County	Kansas
High school graduate or higher, percent of persons age 25+	91.4%	90.5%
Bachelor's degree or higher, percent of persons age 25+	28.6%	32.3%

Source: [census.gov/quickfacts/mcphersoncountykansas](https://www.census.gov/quickfacts/mcphersoncountykansas)

The following is a series of tables that represent the overall financial and socio-economic status of McPherson County.

The latest United States Census Bureau estimate for McPherson County median household income is from 2017. The median income of \$68,684 is near the 2014 estimate of \$68,271. The chart below reflects household income statistics for 2017.

Household Income

2017 Household Income	McPherson County	Kansas
Median Household Income	\$68,684	\$70,711
Income less than \$10,000	1.2%	6.1%
Income \$10,000 to \$14,999	2.2%	4.6%
Income \$15,000 to \$24,999	4.8%	9.8%
Income \$25,000 to \$34,999	7.6%	10.4%
Income \$35,000 to \$49,999	13.4%	14.2%
Income \$50,000 to \$74,999	27.3%	19.2%
Income \$75,000 to \$99,999	15.8%	12.9%
Income \$100,000 to \$149,999	18.4%	13.7%
Income \$150,000 to \$199,999	5.2%	4.7%
Income \$200,000 and Over	4.1%	4.4%

Source: factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=bkml

Poverty and other socio-economic factors can impact overall health and access to healthcare. Below are trends related to McPherson County and the state's low income population.

Percentage of people living below poverty level

Time Series	McPherson County	Kansas
2014	8.1%	13.8%
2015	7.2%	13.6%
2016	6.6%	13.3%
2017	7.6%	12.8%

Source: factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=bkmk

Percentage of children living below poverty level

Time Series	McPherson County	Kansas
2014	12.3%	18.5%
2015	9.4%	18.1%
2016	7.0%	17.2%
2017	7.8%	16.4%

Source: factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=bkmk

Risky behaviors also impact a community's overall health and have been a consideration on the Community Health Needs Assessment survey for McPherson County. Trends in some risky behaviors are outlined below.

Behavior	McPherson Co. 2019	Kansas 2019	McPherson Co. 2016	Kansas 2016
Adults who smoke	14%	17%	15%	18%
Physical inactivity	23%	NA	25%	25%
Teen births (number per 1,000 females ages 15-19)	22	28	26	28
STD (new Chlamydia cases per 100,000)	369.7	417.6	370	418

Source: countyhealthrankings.org

Access to food, especially for children, is a concern in many communities and is a factor in helping children maintain their overall health. The table below, reflecting trends toward lower percentages of students approved for free lunches, mirrors the county's success in reducing the percentage of people and children in poverty.

Percentage of public school students approved for free and reduced price lunches

Year	McPherson County	Kansas
2014	40.61%	50.03%
2015	38.06%	49.97%
2016	35.34%	49.27%
2017	32.67%	47.95%

Source: datacenter.kidscount.org/data/tables/1277-free-and-reduced-lunch#detailed/5/2814-2918/false/871,870,573,869,36,868,867,133,38,35/any/2761

McPherson County has seen some fluctuation in the percentage of uninsured adults in the past five years as illustrated by the table below.

Uninsured adult population rate

Time Series	McPherson County	Kansas
2013	12.8%	17.5%
2014	11.2%	14.4%
2015	9.6%	12.8%
2016	10.5%	12.3%
2017	11.1%	12.3%

Source: kansashealthmatters.org/indicators/index/view?indicatorId=1397&periodId=242&localeId=996 from the U.S. Census Bureau

McPherson County has historically seen lower than average unemployment rates than the nation and the State of Kansas. The table below shows similar county trends with the State of Kansas. Both the county and the state have seen steady reductions in unemployment rates over the last five years.

Unemployment rates

Year	McPherson County	Kansas
2012	4.5	6.2
2013	3.7	5.8
2014	3.9	5.1
2015	3.6	4.7
2016	3.4	4.4
2017	3.2	4.0
2018	2.9	3.6

Source: kansashealthmatters.org/indicators/index/view?indicatorId=520&periodId=1487&localeId=19 from the U.S. Census Bureau

General County Health

Overall, McPherson County ranks extremely high in health outcomes and health factors. The Robert Wood Johnson County Health Rankings and Roadmaps Report for 2019 ranked McPherson County 9th

overall in health outcomes of 102 Kansas counties. This is the same placement as in 2016. Health outcomes represent how healthy a county is based on length and quality of life. The county is down one spot from 2016, ranking 3rd in health factors which represents what influences the health of a county based on four factors: health behaviors, clinical care, social and economic factors and physical environment.

CHNA Methodology and Process

The McPherson County Health Needs Assessment data collection process included gathering opinions from county sources using a survey, and quantitative data from secondary sources. The survey instrument utilized in past assessments was reviewed with changes suggested by a team of focus group members from throughout the county.

On March 28, 2019, the electronic survey (along with an offered printable format) was made available to the general public (See Appendix 1). The publicized date for completion was April 12, but results continued to come in after that date. Publicity included local radio and newspaper announcements, social media pages, county hospital and public health websites, links sent to specific groups such as area businesses, senior populations, and personal invitations to individuals representing a broad spectrum of the population based on professional affiliations, interests and community engagement (See Appendix 2). Also included in the group receiving a specific invitation to complete the survey was an organization called Step MC who advocates for and meets regularly with medically underserved and low income populations in the county. "Step" stands for "Steps to End Poverty" and their mission is to walk alongside those in the program to foster connections and create pathways to help them out of poverty. The survey was shared with the participants in the program who were encouraged to participate. The various other organizations who were provided links shared the link and encouraged their constituents to participate as well. All respondents were anonymous to survey administrators and paper copies were available as was stated clearly in the communication process.

The survey instrument included a total of 36 questions in a variety of formats including dichotomous, rank order, semantic differential and demographic analysis. A total of 380 surveys were submitted electronically. Two paper copies were received and results included in the tabulation.

The survey sought opinions and perspectives on several key areas including health care quality and access, general perceptions regarding safety, housing and other social infrastructure, and opinions about specific health problems in the county. Responses to survey items were tallied and analyzed, providing excellent data from which to draw conclusions and establish direction moving forward.

General Survey Results

Demographic analysis of survey respondents reveals that the largest categories responding were people aged 40 to 54 years old, married and employed full time. Significantly more females responded than men, and the majority of all respondents were white with Hispanic the next highest ethnic group. Responses were received from every household income category. The highest respondent group was in the \$100,000 to \$149,000 category with 20.79%. Nearly 17% of participants had household incomes less than \$40,000. Over 80% fund their health care through private insurance, and 20% pay cash. Almost 14% have Medicare.

Using many of the same survey questions from year to year reveals trackable changes in perspectives and analysis of the impact of efforts to improve the general health of the community, and how or if perceptions change.

- Approximately 91% of respondents indicated that they perceive the health of their community either somewhat healthy or healthy, which is consistent with the 2016 results.
- Nearly 50% agreed with the statement that they are satisfied with the health care available in the community compared with 43% in 2016.
- Nearly 51% agree that they have seen improvement in access to healthcare in the last three years compared with 42% three years ago. Thus, there is perceived improvement to access and options as there have been tangible changes in options for care in the county. Further, while those who either strongly disagree, disagree or are neutral on perceived sufficient access to care for low income stayed consistent, those who agree with that statement increased from 16.15% in 2016 to 22.37% currently.
- Worth noting is that only 33% said they agree that they have seen improvement in health activities and healthy eating options in their community in the last three years. Over 24% disagreed with this statement. This compares to 2016 results of 41.93% and 13.66% respectively.
- Just over 38% agree that the community has enough health and wellness activities to meet their needs compared to 41% in 2016.
- There was a significant change in those who disagree that they are satisfied with the quality of life. Over 14% disagree with being satisfied compared with 6.83% three years ago. Interestingly, the number of those agreeing with that statement remained flat in the low 50% range.

Some questions sought perspectives on access to care. It should be noted that availability of medical specialists varies among communities in the county, and the majority of those are visiting physicians from larger hospitals or clinics in other counties.

- Regarding barriers to access, 28.16% indicated that an available medical specialist was the biggest obstacle compared to 44.41% three years ago so there is improvement in this area.
- Insurance roles or limitations in coverage were the second highest barrier at 24.21% of respondents.

When asked specifically to indicate the current three most “risky behaviors” in the county out of a list of 12 options, drug abuse received 64.74%, distantly followed by texting/cell phone use while driving at 47.11% and alcohol abuse at 43.16%.

When asked to indicate the three most important “health problems” out of a list of 21 options, the top two were very close in responses. Drug abuse received the most of those placing it in the top three with 47.11% followed closely by mental health problems at 46.84% and then obesity at 32.11%.

Process for Prioritizing

After the data from the survey was analyzed, a workgroup (See Appendix 3) was formed to explore results and prioritize identified needs. This group represented a cross-section of persons in the county with knowledge about social and health issues based on occupation or engagement in the communities. During a special meeting held on May 1, 2019, this workgroup reviewed secondary data related to the

county on a number of demographic, socio-economic and health issues. The group also reviewed survey results and commented on any other factors perceived through the survey.

The purpose of the meeting was to get consensus from this group regarding the findings of the survey and to prioritize those needs. Following discussion on secondary data analysis and survey results, the group as a whole concurred with the findings of the survey with the most prominent health problems in the county as drug abuse (which would include opioids), mental health problems and obesity, in that order. As part of the discussion, it was mentioned that while alcohol abuse was a separate item on the “health problem” part of the survey, 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.

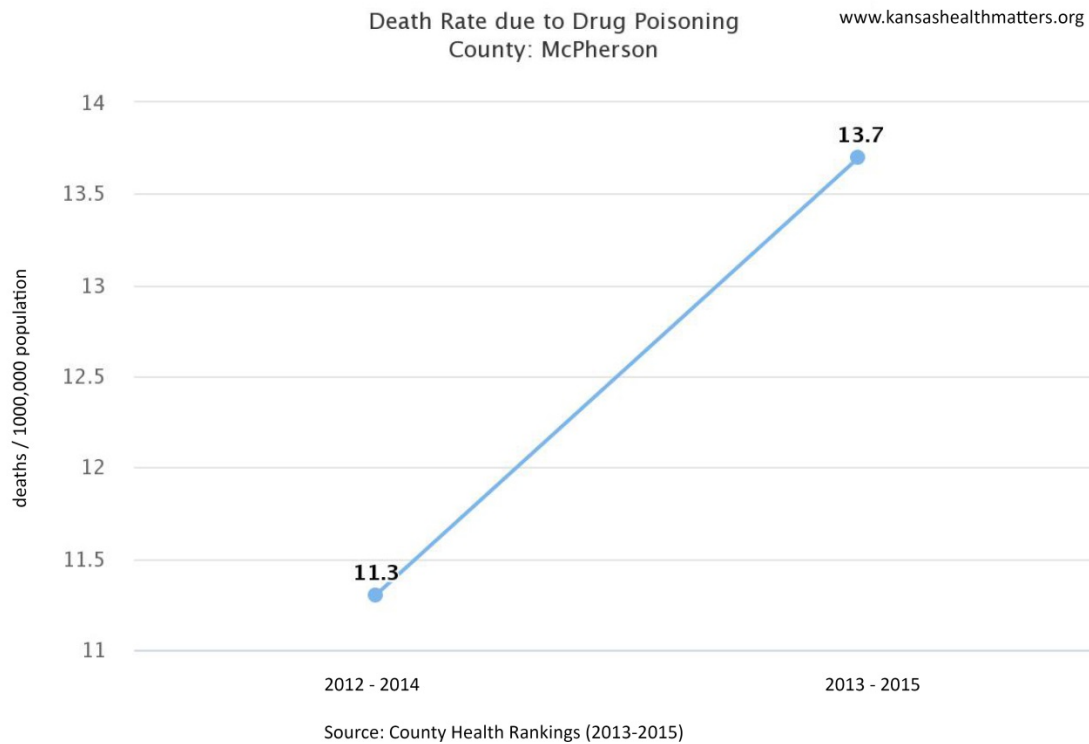
Analysis of Issues

The previous Community Health Needs Assessment in 2016 indicated the top three county health concerns were obesity, cancer and mental health issues. In this most recent assessment, a shift in results occurred. The top three are now drug abuse, mental health and obesity. This section includes supportive secondary data for these issues identified through the survey and workgroup assessment process. For comparison purposes, some data includes statistics from other counties.

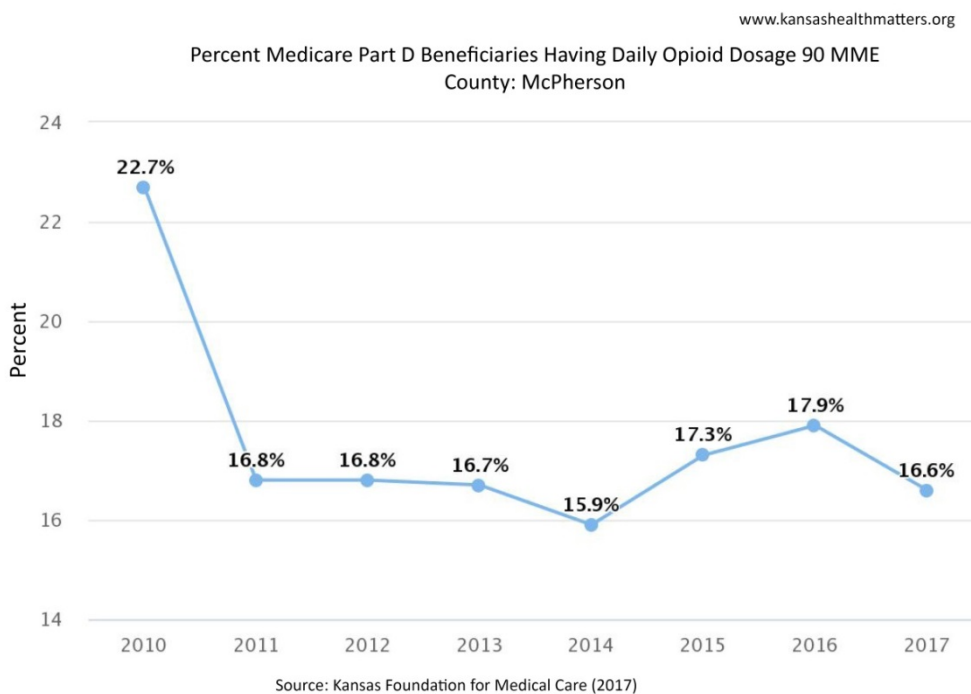
Drug Abuse

In the 2016 McPherson County CHNA survey, drug abuse ranked fourth in the most important health needs in the county and was not addressed in implementation strategies previously as only the top three were included. The 2019 survey places it first and the secondary data supports that. The graphs below reflect increases in drug related deaths and usage in the county over the last several years.

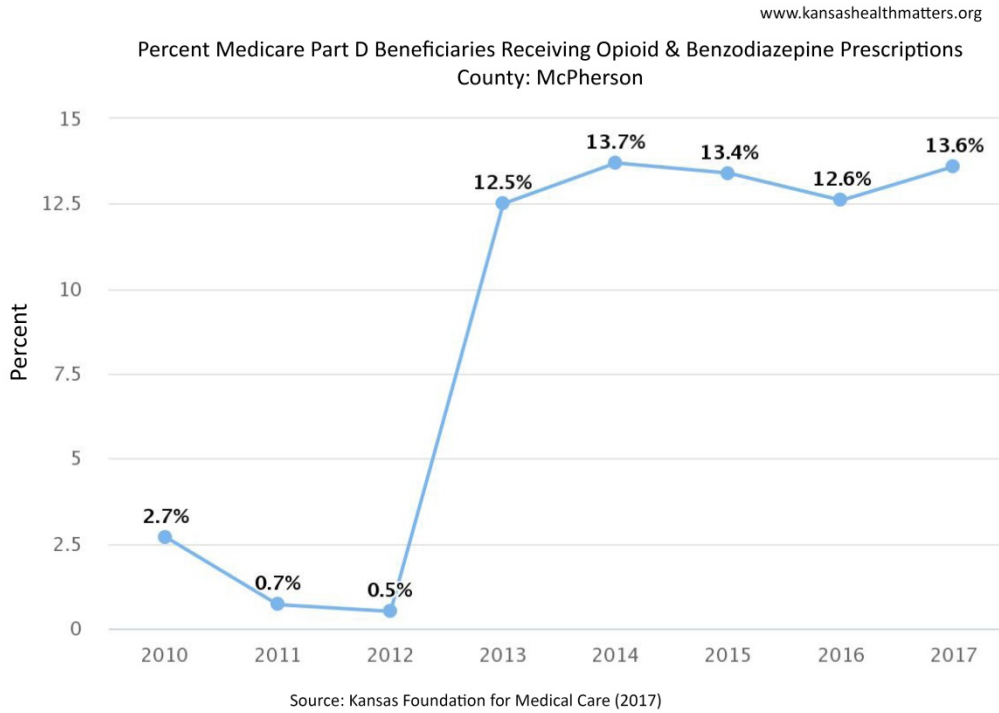
The first graph indicates an increase of 2.4 deaths due to drug poisoning from 2013 to 2015, the date range used for the statistical analysis. The 13.7 deaths per 100,000 population is greater than the 11.4 value for the state of Kansas but less than contiguous Saline and Reno counties for the same time period, which have considerably larger populations.



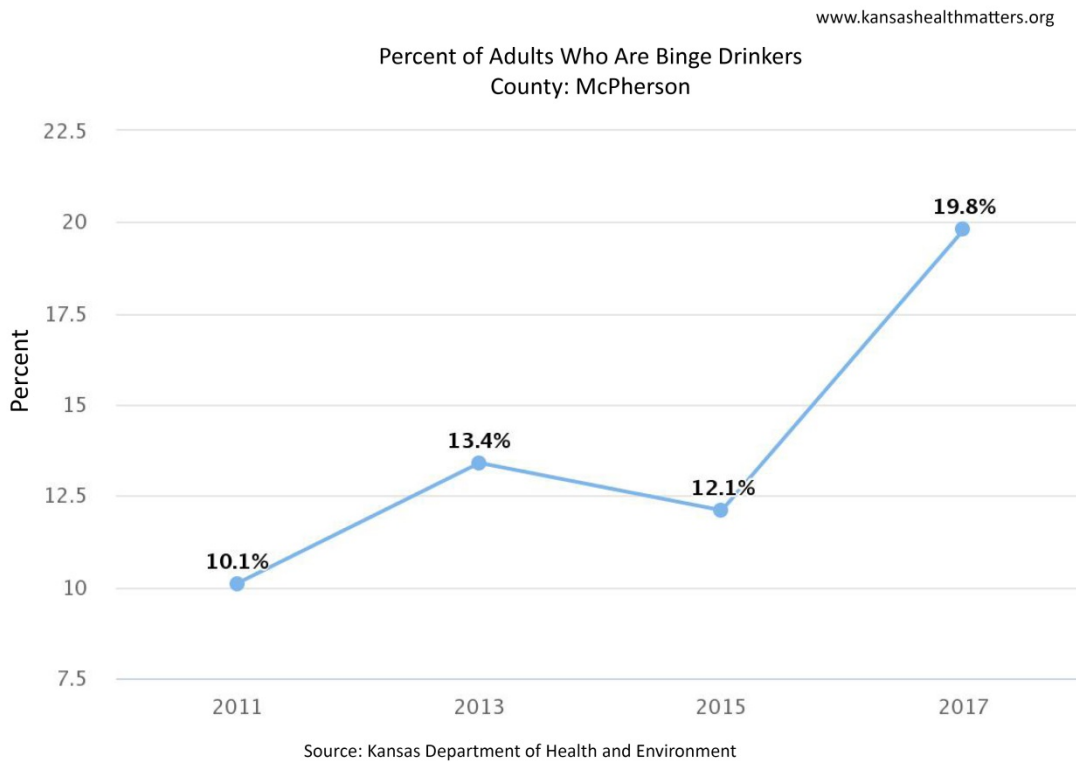
One trend that declined in the last couple of years is the percent of Medicare Part D beneficiaries having a daily opioid dosage greater or equal to the CDC recommendation of no more than 90 mg Morphine Milligram Equivalent (≥ 90 MME). This is equal to the current state percentage as well.



The number of Medicare Part D beneficiaries receiving opioid and benzodiazepine prescriptions has stayed relatively high the last several years, but has remained less than the state average of 15.1%.



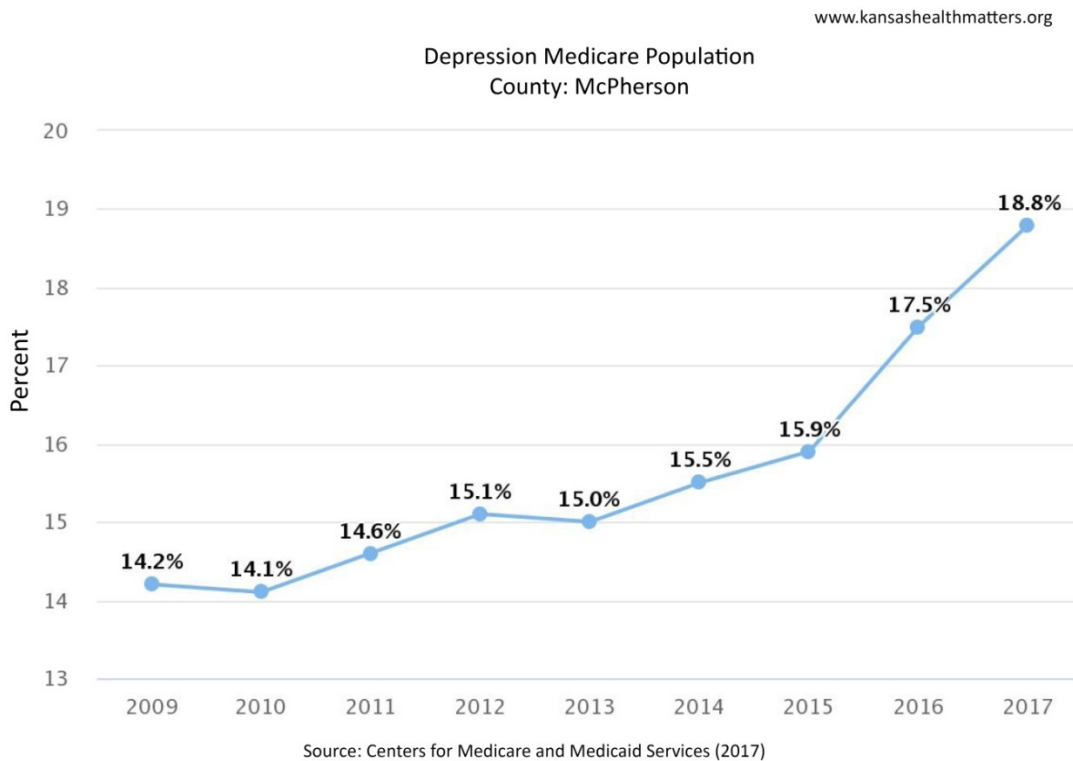
The figure below represents adults in the county 18 years and older who reported binge drinking at least once during the 30 days prior to being surveyed by the Kansas Department of Health and Environment.



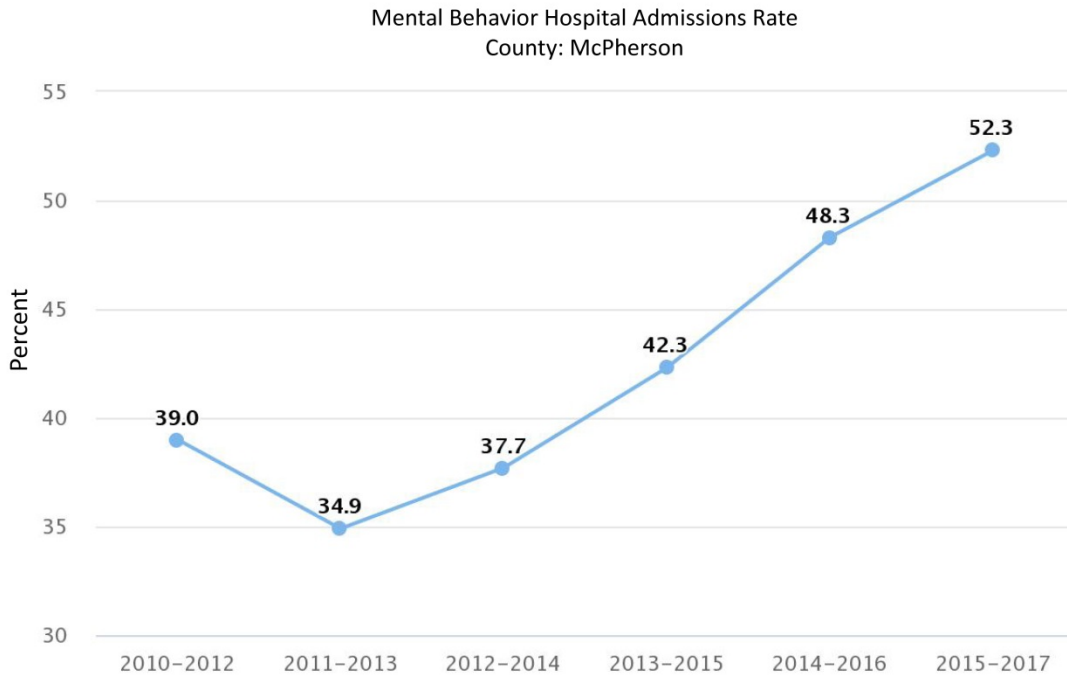
Mental Health

Mental health as an area for concern in McPherson County has risen higher over the last several years. It was not considered significant in the 2013 survey. In the 2016 survey it was considered third highest area for concern and now it is ranked second in 2019.

Data regarding mental health trends specifically related to Kansas counties is not as prevalent as other health concerns. Therefore, it is difficult to illustrate the extent of mental health conditions in McPherson County. However, there is data related to the percentage of Medicare recipients who had been treated for depression. The graph below supports the findings in the survey and concurrence from the workgroup, showing the significant increase in this health issue even in the last four years. The 2019 statistical reports use 2017 data.



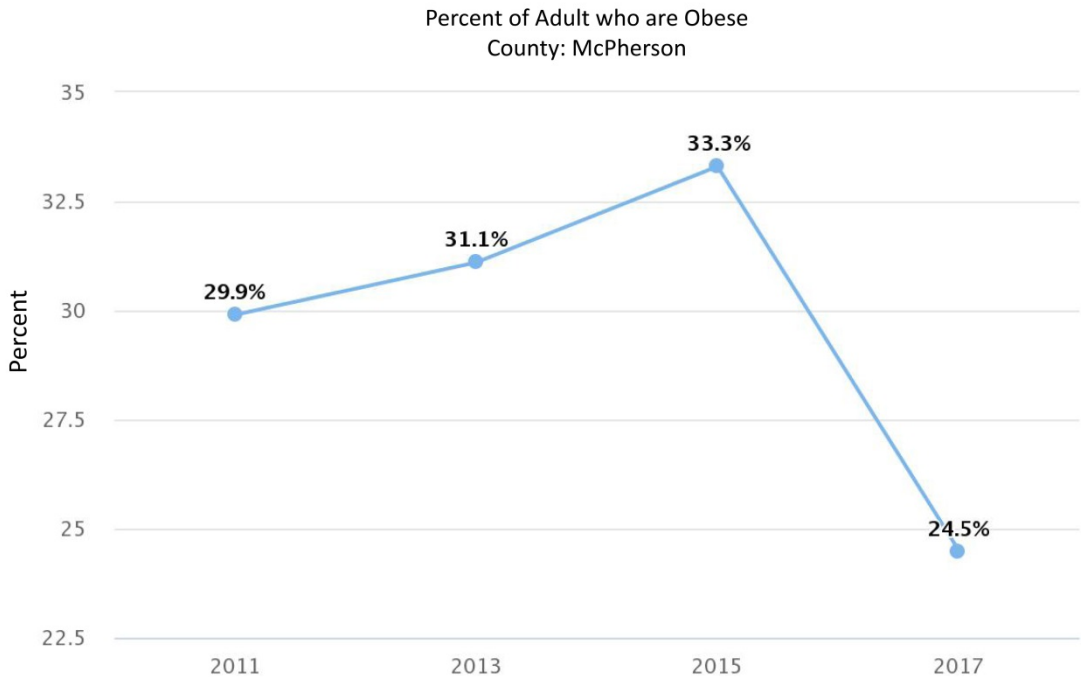
Another way to determine the extent of mental health issues is to track the number of hospital admissions as a result of mental behavior disorders. The graph below shows the steady increase of mental health related hospital admissions in the county. The 52.3% compares to the state average of 72.7% and contiguous Rice County at 33.5% and Harvey County at 50.4%.



Source: Kansas Department of Health and Environment

Obesity

The National Centers for Disease Control (CDC) uses the Body Mass Index (BMI) to define weight categories for individuals. The BMI index is a person's weight in kilograms divided by the square of height in meters. The CDC defines overweight as individuals with a BMI of 25.0 – 29.9 kg/m² and obese as individuals with a BMI of ≥ 30 kg/m². Obesity has consistently ranked high in survey results from prior health needs assessments so it has been an ongoing part of strategies to address as a need in the county. As a result of these efforts, it has steadily moved down in priority each year, being replaced by other significant needs. It ranks third in 2019. This trend is consistent with the research related to obesity rates both in McPherson County and in the state of Kansas according to the Kansas Department of Health and Environment. The graph below shows a significant decrease in the percent of adults who are obese as of 2017.

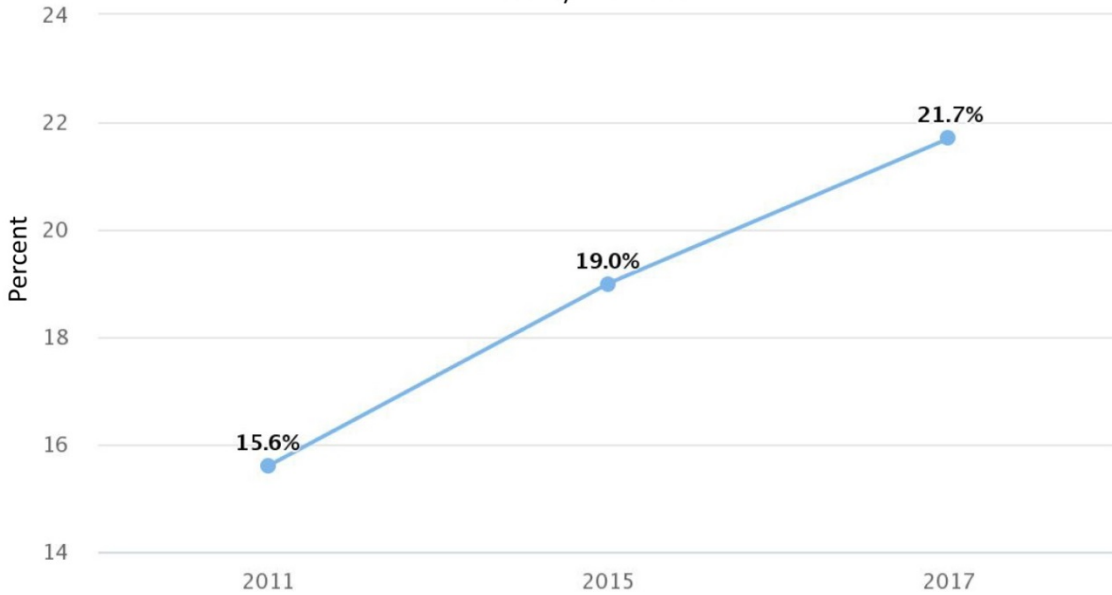


Source: Kansas Department of Health and Environment (2017)

The most obvious contributors to obesity are diet and exercise. There is a broad range of statistics available in these areas including food insecurities, physical activity, adults consuming fruits and vegetables, access to exercise opportunities and adequate healthy food resources.

For example, part of the reduced number of obese adults could be attributed to the graph below. With increased awareness of issues related to obesity along with options for exercise in the county, the graph illustrates that adults are beginning to exercise more.

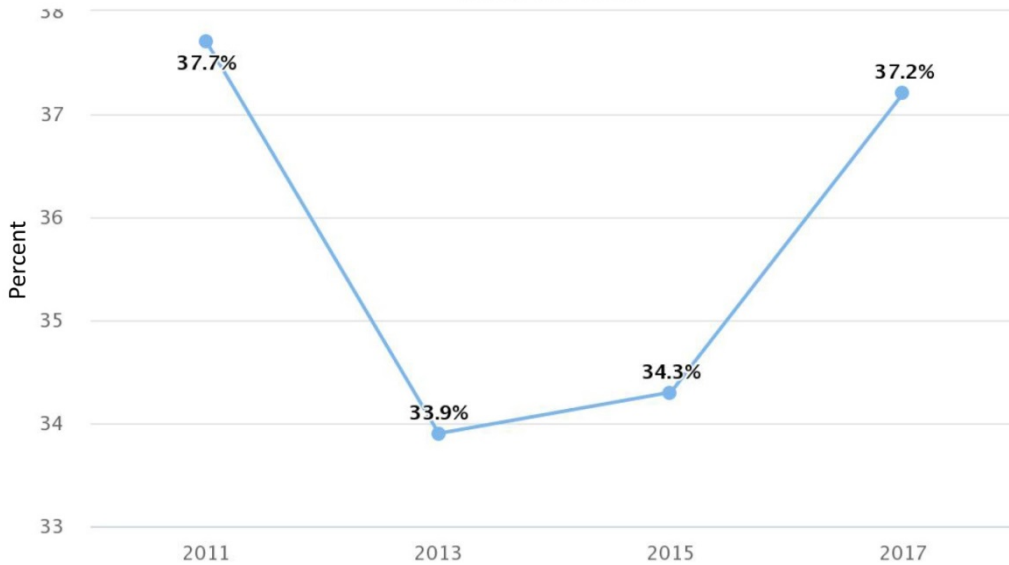
Percent of Adults Doing Enough Physical Activity To Meet Both The Aerobic AND Strengthening Exercise Recommendations
County: McPherson



Source: Kansas Department of Health and Environment (2017)

McPherson County still has work to do, however. The percent of adults who are overweight, which is a separate measure from obesity, is increasing as the graph below illustrates. The 37.2% compares with 34.8% for the state average and 32.9% in contiguous Saline County.

Percent of Adults Who are Overweight
County: McPherson



Source: Kansas Department of Health and Environment (2017)

Summary

The above provides a snapshot of McPherson County with regard to demographics, socio-economic status and identified health needs. There were no comments or feedback received from the general public to the prior CHNA. This effort is an ongoing process to establish relationships with key stakeholders and open the lines of communication so that agencies and organizations can work toward a common goal of positively impacting the overall health of the county.

Community Resources and Assets

The following are some of the organizations who provide daily support for the citizens of McPherson County in a variety of ways. The hospitals in McPherson County may work collaboratively with certain groups to address the identified health needs from the CHNA.

Al-Anon

A mutual support program for people whose lives have been affected by someone else's drinking.

Celebrate Recovery

Addiction support.

Child Start

Provides early childhood development services that prepare children for lifelong success.

Client Centered Counseling

Counseling for children, families and adults.

Court Appointed Special Advocate (CASA)

Advocating for the best interests of abused and neglected children within the court system by providing trained volunteers who investigate cases and provide recommendations to the courts.

Disability Supports of the Great Plains

Provides support and assistive services to persons with disabilities.

Early Childhood Center

Head Start and Early Childhood Special Education Services offered such as speech, language, physical and occupational therapy, preschool screening and other services.

Friendship Meals

Provides nutritious, well-balanced meals to senior citizens.

Heart to Heart Child Advocacy Center

Promotes and facilitates a multi-disciplinary child-focused approach to prevention, investigation, intervention, prosecution and treatment of child physical and sexual abuse.

Kansas State Research and Extension Office

Classes for home safety, emergency preparedness, budgeting, food preparations, etc.

Lindsborg Community Hospital

Provides inpatient/outpatient services.

MCDS

Provides services to individuals with disabilities by promoting community inclusion and employment opportunities with the maximum level of independence and dignity.

McKids

Services for families with special needs children, health/nursing, nutrition, vision, and hearing issues, speech, physical and occupational therapies.

McPherson County Council on Aging

Supports senior citizens through a diversified serve structure intended to strengthen their capability to remain in their own homes and respective communities while maintaining dignity and self- determination.

McPherson County Food Bank

Providing basic food assistance for needy families in the McPherson County.

McPherson Family YMCA

Uniting in a common effort to enrich the quality of spiritual, mental, physical and social life for ourselves and community.

McPherson Hospital

Provides inpatient/outpatient services.

McPherson County Health Department

Promotes healthy behaviors that protect the well-being and the environmental safety of McPherson County residents.

McPherson County Senior Centers

Provide a wide variety of support and assistance programs for seniors.

Meals on Wheels

Serves the elderly and infirm by providing hot nutritious meals.

Mercy Hospital

Provides inpatient/outpatient services.

Mount Hope Sanctuary

Provides transitional housing and life-changing programs and support services for women and their children who are facing hopeless circumstances due to either generational or situational poverty.

Narcotics Anonymous

Provides recovery programs from the effects of addictions.

National Alliance on Mental Illness (NAMI)

Provides awareness , support and education for those affected by mental illness.

Prairie View

Evaluations, referrals, education programs, crisis intervention, recovery, substance abuse, counseling, and other programs.

Salvation Army

Gives temporary assistance to those in need.

Safehope

Provides confidential, non-judgmental advocacy and support to victims of sexual assault and domestic violence.

Special Olympics

Provides year-round sports training, education and athletic competition in a variety of Olympic-type sports for all children and adults with intellectual disabilities.

STEPMC

Organized to facilitate, develop and support leaders in a county-wide CIRCLES initiative aimed at ending poverty by creating the framework for people to build relationships across economic and class lines in order to transform lives.

United Cerebral Palsy

Advances the independence, productivity and full citizenship of people with disabilities.

Valley Hope – Moundridge

A substance abuse inpatient treatment center with locations throughout the Midwest.

Implementation Strategy

Guided by the identified significant county health needs from the assessment, plans will be formulated by each participating hospital in the county to address those needs as they pertain to their particular service area. Each hospital will utilize individually allocated financial resources to implementation strategies and will collaborate as needed with the county health department and a variety of community organizations and resources, and possibly with each other in order to properly address significant health needs. These strategies will be developed further over the next several months. Detailed implementation plans will be created for each hospital where they will be approved by governing bodies and made widely available.

Appendix 1

Representatives from the following areas from throughout the county received survey links, information about the assessment process and/or provided input for the assessment:

- Private Colleges
- Public and private education administrators
- United Way of McPherson County
- Senior care administration
- Senior care advocacy
- Chamber of Commerce
- City Governments
- County Government
- Personal counseling professionals
- Hospital administration
- Retail
- Mental health
- Community foundations
- Health care workers
- Physicians
- Police and sheriff
- Medically underserved and low income representatives
- EMS and emergency care
- County research and extension
- Recreation commission
- Dental care
- Disability care and advocacy
- Family fitness

Appendix 2

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

* 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

* 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

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

Strongly Disagree Disagree Neutral Agree Strongly Agree

* 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

* 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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Appendix 3

The roundtable workgroup included county-wide representatives from the following disciplines:

- Healthcare providers
- Mental health
- City Government
- Law enforcement including police and sheriff
- Senior advocacy
- Senior living and care
- Personal counseling and support
- Community urgent care provider
- McPherson County Public Health Department
- Chamber of Commerce
- Community foundations
- State research and extension
- Medically underserved and low income
- Public education
- Private post-secondary education
- Family fitness
- Hospitals from the county
- Ministry based community outreach

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This document is available to the public on the websites of each of the hospitals referenced in this assessment.

A McPherson Hospital Implementation Strategy for Needs Identified in a Community Health Needs Assessment for McPherson County, McPherson, Kansas

2019 - 2022

Executive Summary

Background and Process

In 2019, the leadership of McPherson Hospital in McPherson, Lindsborg Community Hospital in Lindsborg, Mercy Hospital in Moundridge, and the McPherson County Health Department chose to collaborate in creating a community health needs assessment (CHNA). Provisions of the Affordable Care Act (ACA) require charitable hospitals to conduct community health needs assessments every three years, and adopt implementation strategies to meet identified needs. This CHNA was reviewed and approved in June 2019 by the Boards of the three hospitals mentioned above. However, each hospital agreed that implementation strategies would be developed separately, as fiscal years do not run concurrently.

The service area assessed was McPherson County, Kansas. The assessment combined existing secondary data with information gleaned from a survey made available to county residents and feedback from a workgroup representing a broad cross section of organizations from throughout the target area. Results of the survey indicated perceived health issues in the county. The identified issues were reviewed and prioritized by the workgroup who concurred with the priorities indicated in the survey results.

After reviewing this data and compiling and reviewing existing resources, a list of prioritized needs was developed.

Needs Identified and Prioritized

After the data from the survey was analyzed, the workgroup was formed to explore results and begin to prioritize identified needs. The workgroup met to discuss survey results and explore relevant county secondary data from various sources indicated in the assessment. During a special meeting held in May of 2019, this workgroup was asked to review and discuss the top issues identified from the survey and consider other survey results. The group was then asked to rank the top three health issues from the survey in order of importance.

The top three health issues indicated by the survey and concurred by workgroup members, in order of priority are:

- 1) Drug Abuse (including alcohol)
- 2) Mental Health Issues

3) Obesity

Implementation Plan

As mentioned previously, each hospital in the county agreed that implementation strategies would be developed separately, as fiscal years do not run concurrently, and each hospital operates independently of the other. A strategy committee comprised of a cross-section of McPherson Hospital employees was formed to examine the results of the Community Health Needs Assessment to determine a course of action for McPherson Hospital in addressing the actionable needs identified. As allowable, some identified needs may not be addressed during this time frame due to either lack of resources, needs that are beyond our scope to make an impact, or needs that are already being met sufficiently through other organizations.

The strategy committee feels strongly that a proper course of action can make an impact on several of the identified needs as a whole. The hospital is already engaged in initiatives that target some of the identified needs. Additional strategies have been suggested that will be explored in the coming months. The plan includes identification of actionable initiatives, status, a brief explanation, impact, and resources.

The following charts provide a summary of activities that target the identified needs.

Drug Abuse

Initiative	Status	Plan	Impact	Resources
Community Drug Abuse Taskforce	Current and ongoing	The hospital is part of this ongoing taskforce whose goals are to provide resources, outreach and education to the public about the dangers of opioid use.	Impact will be monitored as activities and initiatives develop over the years. The goal is to educate the communities in McPherson County to help prevent abuse, make McPherson County a safer place and to get ahead of the epidemic.	Hospital staff, EMS, police, fire, PrairieView Mental Health Center, Client-Centered Counseling, CKF Addiction Treatment Center, city government, physicians

K-TRACS EHR Integration	In progress and testing	Utilize this database designed to let physicians and pharmacists know if a patient is receiving and filling multiple controlled substance prescriptions. The plan is to integrate patient drug prescribing history into our EHR.	Providers who are aware of their current and past prescriptions can make informed decisions on what they are prescribing.	Internal staff, K-TRACS, Kansas State Board of Pharmacy, EHR
Non-Narcotic Order Set	In progress	Design an orderset for electronic use that does not contain narcotics.	Patients will not be exposed to as many narcotics. Education that you do not always need narcotics to control pain.	Internal staff, EHR
Electronic Prescribing of Narcotics	On EHR governance committee agenda	Make it mandatory for all providers to electronically prescribe narcotics.	Electronically prescribing medications provides better tracking and drug management, increasing provider awareness of patients' narcotic use.	Internal staff, EHR, DrFirst Medical Record Software
Provide Staff Training and Education on Drug Abuse	Working on scheduling	Have PrairieView Mental Health Center provide education to staff on how to properly identify and care for patients with a substance abuse problem.	Staff will be able to better identify and care for drug abuse patients and provide better education and referral services upon discharge.	PrairieView Mental Health Center, internal staff, CKF Addiction Treatment

Mental Health

Initiative	Status	Plan	Impact	Resources
Community Mental Health Taskforce	Current and ongoing	The hospital participates in this taskforce created to address mental health issues in the county. They meet quarterly to develop resources and educational opportunities to bring awareness and create dialogue between agencies to better care for mental health patients. Public educational forums are planned each spring and fall.	Impact will be monitored as activities and initiatives continue to develop over the years. The goal is to educate the communities in McPherson County about mental health issues and to develop inter-agency strategies to provide appropriate care for patients.	McPherson Mayor, PrairieView Mental Health Center, hospital staff, EMS, area law enforcement, McPherson County Health Department
Assess Internal Employee Assistance Program and Provide Training	Planning	As a means of assisting hospital employees while educating them on mental health issues, the plan is to research available resources and opportunities for hospital employees to become educated about and engaged in management of their own potential issues as well as for patients.	Better educated employees will allow for appropriate treatment and care for themselves and their patients.	Hospital staff

Obesity

Initiative	Status	Plan	Impact	Resources
Walk Kansas Co-sponsorship	Ongoing	Take an active role and partner with the Kansas State University Extension Office in McPherson County for this annual spring event designed to encourage teams of 6 or more people to track minutes of physical activity and food choices during an 8-week period.	Potentially impacts a couple hundred people, encouraging activity and overall good health.	McPherson Hospital, McPherson County Extension Office
Internal wellness committee story sharing	Planning	To develop personal weight loss and wellness stories of hospital employees that can be shared internally and externally to encourage others.	Leading by example, the impact can be that others in the county will be encouraged to create their own success stories.	Hospital wellness committee and other employees
Targeted Doc Talks	Current and ongoing	Continue a series of lectures from hospital providers on topics of general health as well as targeted toward specific identified health needs.	Potentially reaching hundreds of people with education and resources.	Hospital staff

Virtual Run Sponsorship	In progress	Sponsor a community-wide effort to motivate and engage people in specific healthy activities with goals toward individual completion.	Potentially impacts hundreds of people, encouraging physical activity and overall good health.	Hospital staff
“Pair-a-docs” Radio Show	Current and ongoing	Continue a monthly radio show where hospital providers and others discuss a variety of health topics.	Potential audience is in the thousands with current and relevant health information.	Hospital staff
Food insecurity screenings in the clinics	Planning	Include two validated screening questions about food insecurity during annual exams in the physician clinics.	11% of people in McPherson County struggle with food insecurity, which increases risk for obesity and simultaneous malnutrition. Implementing screenings would raise awareness of patients who are struggling with food insecurity, and potentially reduce the risk of obesity by directing them to resources or food assistance programs.	Dietitian, clinic staff, community resources (food bank, public health department, etc.)

Other initiatives may be identified as these strategies are implemented and opportunities arise for education and action to address these needs.

As per IRS regulations, actions taken annually toward this implementation strategy will be reported on the Form 990 after each taxable year.

This implementation strategy was reviewed and approved by the McPherson Hospital Board of Trustees on October 28, 2019.