

Community Health Needs Assessment McPherson County, KS

On Behalf of Lindsborg Community Hospital



April 2025

VVV Consultants LLC
Olathe, KS

Community Health Needs Assessment

Table of Contents

I. Executive Summary

- a) Community Health Area of Future Focus (A prioritized description of future community unmet needs identified by community discussion)
- b) Town Hall CHNA Health Findings: Areas of Strengths and Areas to Change and/or Improvement.

II. Methodology

- a) CHNA Scope and Purpose
- b) Local Collaborating CHNA Parties (The identity of all organizations in which the organization collaborated and third parties that engaged to assist with the CHNA)
- c) CHNA and Town Hall Research Process (A description of the process & methods used to conduct the CHNA, a description of how the organization considered the input of persons representing the community, an explanation of the process/ criteria used in prioritizing, and an evaluation of the impact of any actions that were taken to address the significant health needs identified in the immediately preceding CHNA.)
- d) Community Profile (A description of the community served by the facility and how the community was determined)

III. Community Health Status

- a) Historical Community Health Indicators Review - Secondary Data
- b) Current Community Health Status - Online Feedback Research

IV. Inventory of Existing County Health Resources

- a) Community Healthcare Service Offerings
- b) Provider Manpower (Local and Visiting Specialists)
- c) CHNA Inventory of PSA Services and Providers (A description of the existing healthcare facilities and other resources within the community available to meet the needs identified through the CHNA)

V. Detail Exhibits

- a) Patient Origin & Access to Care
- b) Town Hall Attendees, Notes, and Feedback
- c) Public CHNA Notice / News
- d) Primary Research Detail
- e) County Health Rankings & Roadmap Detail

I. Executive Summary

[VVV Consultants LLC]

I. Executive Summary

Primary Service Area of McPherson County, KS - 2025 Community Health Needs Assessment (CHNA)

The previous Community Health Needs Assessment for McPherson Hospital, Inc., Lindsborg Community Hospital, and Mercy Hospital and its primary service area was completed in 2022. (Note: The Patient Protection and Affordable Care Act (ACA) requires non-profit hospitals to conduct a CHNA every three years and adopt an implementation strategy to meet the needs identified by the CHNA). The Round 5 McPherson County, KS CHNA began in November of 2024 and was facilitated/created by VVV Consultants, LLC (Olathe, KS) staff under the direction of Vince Vandelaar, 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, providers, and other residents to research and prioritize county health needs while documenting 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 a 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.) Guides the hospital and local health department on how they can align their services and community benefit programs to best meet needs, and 8.) fulfills the Hospital's "Mission" to deliver.

County Health Area of Future Focus on Unmet Needs

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

McPherson County (KS) PSA				
2025 CHNA Unmet Needs - Town Hall 2/21/25				
On behalf McPherson Hospital, Inc., Lindsborg Community Hospital and Mercy Hospital				
McPherson County KS Town Hall: (36 Attendees, 138 Total Stakeholder Votes)				
#	Community Health Needs to Change and/or Improve	Votes	%	Accum
1	Mental Health (Suicide, Providers, Diag, Aftercare)	28	20%	20%
2	Insurance (Affordable Coverage)	20	14%	35%
3	Substance Abuse (Alcohol and Drugs)	16	12%	46%
4	Childcare (Affordable and Accessible)	15	11%	57%
5	Workforce Staffing	15	11%	68%
6	Obesity (Exercise/Healthy Foods)	13	9%	78%
7	Housing (Accessible, Affordable, and Safe)	11	8%	86%
Total Votes		138		
Other Items receiving votes: Transportation, Poverty, Sex Education, Food Insecurity, Chronic Disease Management / Prevention, Elderly Advocacy, Homeless, ADA Compliance, Child Immunization				

Town Hall CHNA Findings: Areas of Strengths

McPherson County KS PSA - Community Health Strengths			
#	Topic	#	Topic
1	Access to exercise	7	Opioid dispensing
2	Community connections and partnerships	8	Outpatient services
3	Education	9	Positive perception/quality of care
4	Emergency services	10	Provider base and access
5	General surgery	11	Senior living and long-term living
6	OB services	12	Visiting specialists

Key CHNA Round #5 Secondary Research Conclusions found:

KANSAS HEALTH RANKINGS: According to the 2023 Robert Woods Johnson County Health Rankings, McPherson Co, KS, on average was ranked 6th in Health Outcomes, 3rd in Health Factors, and 31st in Physical Environmental Quality out of the 105 Counties.

TAB 1. McPherson County's population is 30,091 (based on 2023 findings). About five percent (5.3%) of the population is under the age of 5, while the population that is over 65 years old is 20.6%. Children in single parent households make up a total of 16% compared to the rural norm of 17.7%, and 85.5% are living in the same house as one year ago.

TAB 2. In McPherson County, the average per capita income is \$34,116 while 10.2% of the population is in poverty. The severe housing problem was recorded at 10.1% compared to the rural norm of 9.8%. Those with food insecurity in McPherson County is 8.4%, and those having limited access to healthy foods (store) is 8.4%. Individuals recorded as having a long commute while driving alone is 16.5% compared to the norm of 25.8%.

TAB 3. Children eligible for a free or reduced-price lunch in McPherson County is 30.6%. Findings found that 92.7% of McPherson County ages 25 and above graduated from high school while 31.4% has a bachelor's degree or higher (2023).

TAB 4. The percentage of births where prenatal care began in the first trimester was recorded at 82.4% compared to the rural norm of 84.8%. Additionally, the percentage of births with low birth weight was 5.2%. McPherson County recorded 6.2% of births occurring to teens between ages 15-19. The percentage of births where mother smoked during pregnancy was 9.9% compared to the rural norm of 10.6%.

TAB 5. The McPherson County primary care service coverage ratio is 1 provider (county based offed physician who is a MD and/or DO) to 1,436 residents. There were 2,058 preventable hospital stays in compared to the rural norm of 2,948. Patients who gave their hospital a rating of 9 or 10 (scale 0-10) was 69% while patients who reported they would definitely recommend the hospital was recorded at 69%. The average time a patient spent in the ER before leaving the visit was 104 minutes.

Secondary Research Continued

TAB 6. In McPherson County, adults diagnosed with depression as of 2021 was 18.7%. The Mental Behavioral hospital admissions rate per 100k was 47.7 compared to the rural norm of 50.3.

TAB 7a – 7b. McPherson County has an obesity percentage of 35.9% and a physical inactivity percentage is 23.6%. The percentage of adults who smoke is 16.9%, while the excessive drinking percentage is 17%. The percentage of adults who have taken medication for high blood pressure is 80.9%, while their heart failure admissions rate was recorded at 21.7. Those with kidney disease is 3.2% compared to the rural norm of 3.4%. The percentage of adult individuals who were recorded with cancer was 8.2% while adults recorded with diabetes (20+) is 8.1% compared to the rural norm of 8.7%.

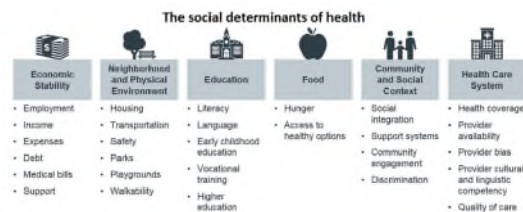
TAB 8. The adult uninsured rate for McPherson County is 9.3% compared to the rural norm of only 10.4%.

TAB 9. The life expectancy rate in McPherson County for males and females is roughly 77.7 years of age. Alcohol-impaired driving deaths for McPherson County is 26.9% while age-adjusted Cancer Mortality rate per 100,000 is 149.9. The age-adjusted heart disease mortality rate per 100,000 is at 173.3.

TAB 10. A recorded 77.6% of McPherson County has access to exercise opportunities. Continually, 45% of women have done a mammography screening compared to the rural norm of 45%. Adults recorded in McPherson County who have had regular routine check-up is 71.6%.

Social Determinants Views Driving Community Health: From Town Hall conversations Neighborhood and Physical Environment followed by Health Care System, Community/Social Support, and Economic Stability are impacting community health, see Sec V for a detailed analysis.

Social Determinants Online Community Feedback – McPherson Co N=228



"KEY" Social Determinant Takeaways to Improve Our Community Health	
Need childcare ; transportation for seniors in small towns; workforce to support expanding these areas	Better communication , cooperation and workflow between all healthcare systems
Urgent Care at Mercy needs expanded hours . Difficult to get a same day appointment at PIFC so patients go to ER for care that could be provided at clinic or wait for the limited hours available	Economic stability and education is a concern and I notice them in tandem. Supports for young families and children could do a lot to support the economic stability of our most vulnerable citizens
Affordability due to income, and accessibility due to insurances are the biggest obstacles. Quality healthcare is a luxury for higher wage earners	Housing has to be the top priority in McPherson (100-150 new homes each year). We are currently reaping the negative consequences of a lack of housing.

Key CHNA Round #5 Primary Research Conclusions found:

Community feedback from residents, community leaders, and providers (N=228) provided the following community insights via an online perception survey:

- Using a Likert scale, the average between McPherson County stakeholders and residents that would rate the overall quality of healthcare delivery in their community as either Very Good or Good; is 79.1%.
- McPherson County stakeholders are very satisfied with some of the following services: Ambulance Services, Emergency Services, Inpatient Services, Outpatient Services, Pharmacy, Primary Care, Public Health, School Health, Visiting Specialists.
- When considering past CHNA needs, the following topics came up as the most pressing: Mental Health Services, Workforce Staffing, Housing, Access to Specialists, Obesity, Access to Home Health, Transportation, Insurance Options, After Hours Urgent Care, Safe Pathways and Sidewalks.

During the Town Hall on February 21st, 2025, a discussion was held to evaluate the impact of any actions taken to address the 2022 significant health needs identified. The table below was reviewed in-depth asking for feedback on which needs are still pressing and ongoing, thus evaluating actions taken in 2022.

McPherson Co, KS - CHNA YR 2025 N=228					
Past CHNA Unmet Needs Identified		Ongoing Problem			Pressing
Rank	Ongoing Problem	Votes	%	Trend	Rank
1	Mental Health / Crisis Intervention (Diagnosis, Placement, Aftercare, Providers)	96	16.0%		1
2	Housing	70	11.6%		3
3	Access to specialists (OB, Surgery, CV, Pulmonology, Urology)	61	10.1%		4
4	Obesity (Nutrition & Exercise)	61	10.1%		5
5	Workforce Staffing	55	9.2%		2
6	Transportation	43	7.2%		7
7	Insurance Options (Education)	33	5.5%		8
8	Distracted Driving	32	5.3%		12
9	Safe Pathways and Sidewalks	31	5.2%		10
10	Access to Home Health	29	4.8%		6
11	After hours Urgent Care/ Walk-in Clinic	26	4.3%		9
12	Senior Health	26	4.3%		11
13	Parenting	20	3.3%		14
14	Cancer	18	3.0%		13
Totals		601	100.0%		

II. Methodology

[VVV Consultants LLC]

II. Methodology

a) CHNA Scope and Purpose

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

JOB #1: Meet/Report IRS 990 Required Documentation

1. A definition of the community served by the hospital facility and a description of how the community was determined.
2. A description of the process and methods used to conduct the CHNA.
3. A description of how the hospital facility solicited and took into account input received from persons who represent the broad interests of the community it serves.
4. A prioritized description of the significant health needs of the community identified through the CHNA. This includes a description of the process and criteria used in identifying certain health needs as significant and prioritizing those significant health needs.
5. A description of resources potentially available to address the significant health needs identified through the CHNA.
6. An evaluation of the impact of any actions that were taken to address the significant health needs identified in the immediately preceding 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.).

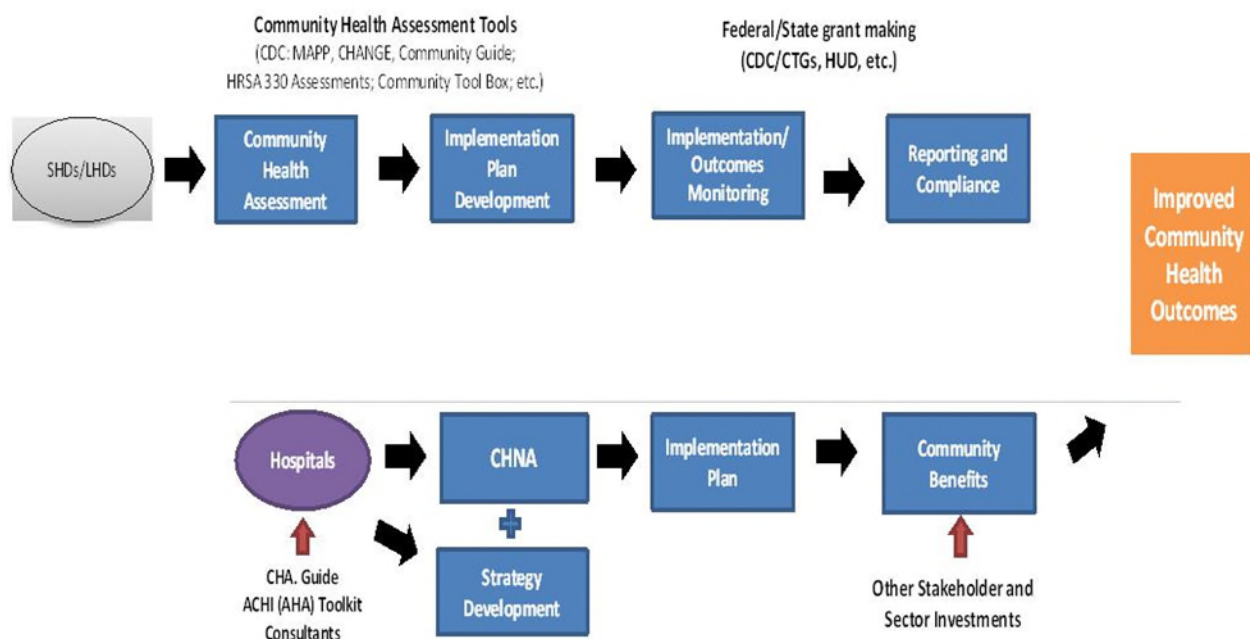
JOB #2: Making a CHNA Widely Available to the Public

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. 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). 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):

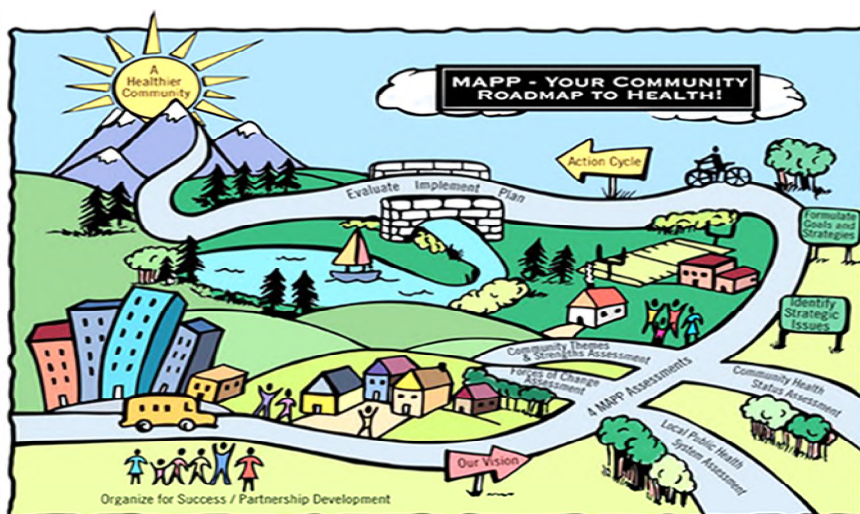
1. Pre-Application
2. Application
3. Document Selection and Submission
4. Site Visit
5. Accreditation Decision
6. Reports
7. Reaccreditation

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.



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.

Round #5 CHNA focuses on Social Determinants & Health Equity.

Centers for Medicare & Medicaid Services Health Equity Domains

CMS' Hospital Commitment to Health Equity has introduced two equity-focused process measures in 2023: screening for Social Drivers of Health (SDOH-01) and Screen Positive Rate for Social Drivers of Health (SDOH-02).

Domain 1: Equity as a Strategic Priority

The hospital has a strategic plan for advancing health care equity that accomplishes the following:

- Identifies priority populations who currently experience health disparities.
- Establishes health care equity goals and discrete action steps to achieve them.
- Outlines specific resources that are dedicated to achieving equity goals.
- Describes an approach for engaging key stakeholders, such as community partners.

Domain 2: Data Collection

The hospital is engaging in the following three key data collection activities.

- Collecting demographic information, including self-reported race and ethnicity, and SDOH information, on a majority of patients
- Training staff in the culturally sensitive collection of demographics and SDOH information
- Inputting patient demographic and/ or SDOH information into structured interoperable data elements using a certified electronic health record technology.

Domain 3: Data Analysis

The hospital stratifies key performance indicators by demographic and/ or SDOH variables to identify equity gaps and includes this information on hospital performance dashboards.

Domain 4: Quality Improvement

The hospital participates in local, regional and or national quality improvement activities that are focused on reducing health disparities.

Domain 5: Leadership Engagement

The hospital's senior leadership, including the chief executives and the entire hospital board of trustees, demonstrates a commitment to equity through the following two activities.

- Annual reviews of the hospital's strategic plan for achieving health equity
- Annual reviews of key performance indicators stratified by demographic and/ or social factors.

Sources:

The Joint Commission. (2022, June 20). R3 Report: New Requirements to Reduce Health Care Disparities. Retrieved from https://www.jointcommission.org/-/media/tje/documents/standards/r3-reports/r3_disparities_july2022-6-20-2022.pdf

Health Equity Innovation Network. (2022, August 29). Quick Start Guide: Hospital Commitment to Health Equity Measure. Retrieved from <https://hqin.org/wp-content/uploads/2022/08/Quick-Start-Guide-Hospital-Commitment-to-Health-Equity-Measure.pdf>

The Joint Commission (TJC) Elements of Performance - Regulatory and Accreditation Requirements Related to Health Equity and Social Determinants of Health

New and revised TJC requirements to reduce health care disparities went into effect Jan. 1, 2023. Below are the six elements of performance.

Element of Performance 1:

The organization designates an individual to lead activities aimed at reducing healthcare disparities. **(Hospital Responsibility)**

Element of Performance 2:

The organization assesses the patient's health-related social needs and provides information about community resources and support services. **(CHNA full report- Section I and III)**

Examples of health-related social needs may include the following:

- Access to transportation
- Difficulty paying for prescriptions or medical bills.
- Education and literacy
- Food insecurity
- Housing insecurity

Element of Performance 3:

The organization identifies healthcare disparities in its patient population by stratifying quality and safety data. **(CHNA Town Hall)** Examples of sociodemographic characteristics may include but are not limited to the following: Age, Gender, Preferred Language, Race, and ethnicity.

Element of Performance 4:

The organization develops a written action plan that describes how it will address at least one of the healthcare disparities identified. **(CHNA IMPL Development Plan)**

Element of Performance 5:

The organization acts when it does not achieve or sustain goal(s) in its action plan to reduce health care disparities.

Element of Performance 6:

At least annually, the organization informs key stakeholders, identifying leaders, licensed practitioners, and staff, about its progress in reducing identified healthcare disparities. **(Hospital Responsibility)**

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.

McPherson Hospital, Inc.

1000 Hospital Dr

McPherson, Kansas 67460

(620) 241-2250

CEO: Tanner Wealand

History: Over the last several years, additional renovations have included: upgrades to the radiology and lab waiting areas; the construction of a new medical office building; and more recently, upgrade and renaming of the Women's Care and Birth Center; the creation of a Women's Imaging and Diagnostic Center; upgrades to the medical/surgical and ICU units, patient rooms and nurses stations, including the creation of infection control rooms in the ICU; the addition of sleep study rooms; the installation of a permanent MRI, and recent acquisitions of a new CT Scanner and 3D mammography unit. Regardless of the changes in the physical appearance and medical capabilities, the continuing mission of McPherson Hospital, Inc. will remain the same – to meet our community's needs by providing superior healthcare and exceptional service for each person, every time.

Mission: Superior healthcare and exceptional services for each person, every time.

Vision: To be a vibrant and thriving five-star center for health, serving as our community's first choice for health and wellness.

Values:

- **Compassion** - I will treat everyone with kindness, acceptance, empathy, and understanding.
- **Accountability** - I will be trustworthy, responsible, and dependable while taking ownership of my actions.
- **Respect** - I will value the feelings, wishes, rights, and traditions of everyone without judgment.
- **Excellence** - I will strive to understand and exceed the expectations of others.

Services We Offer:

- | | | |
|--------------------------|-------------------------------------|---------------------------------|
| • Cardiac rehabilitation | • Laboratory | • Respiratory care |
| • Emergency services | • Nursing | • Speech therapy |
| • Hess Fitness Center | • Nutrition Services | • Surgery |
| • Infusion Therapy | • Physical and occupational therapy | • Telemedicine |
| | • Primary Care Clinic | • Walk-in care |
| | • Radiology | • Women's Care and Birth Center |
| | | • Wound Care |

Mercy Hospital-Moundridge

218 E Pack St

Moundridge, Kansas 67107

(620) 345-6391

CEO: Aaron Herbel

History: Mercy Hospital is a non-profit hospital located in Moundridge, KS and has served the Moundridge community and surrounding areas since 1944. The establishing principle of our small rural hospital was to serve our fellow men. This continues to be our mission statement to this day.

Mission: We, the staff at Mercy believe that St. Paul's injunction "...by love serve one another," should be the basis of our service here.

Vision: To be: "The Best Small Hospital in Kansas!"

Values:

- Community Engagement
- Compassionate Care
- Health Excellence

Services We Offer:

- 24/7 Emergency Department
- Laboratory
- Radiology
- Infusion
- Endoscopy
- Outpatient physical and occupational therapy
- Walk-In Clinic
- Counseling

Lindsborg Community Hospital

605 W Lincoln St

Lindsborg, Kansas 67456

(785) 227-3308

Administration: Mark Rooker

History: As a young pioneer community, Lindsborg was home to a multitude of "prairie practitioners", with as many as 17 doctors providing for the medical needs in homes by making house calls on horseback. The first community hospital was established by Dr. William Holwerda in the early forties at the corner of State and First Streets in Lindsborg. Services at the new Lindsborg Community Hospital commenced in 1949. Some forty years later, plans were initiated to build a brand new facility. The doors to the current hospital opened November 1, 1991, followed by the Lindsborg Rural Health Clinic in 1994. In 2012, the clinic merged with the hospital and became a "provider based clinic", a department of Lindsborg Community Hospital now known as the Family Health Care Clinic. On October 1, 2012, Lindsborg Community Hospital became an affiliate of Salina Regional Health Center, creating a partnership that will enable the Smoky Valley communities to enjoy local healthcare for decades to come.

Mission: Partners caring for the health of the Smoky Valley communities.

Vision: To be the facility of choice, we will be the leader in rural health care and wellness with teamwork, innovation, technology and compassion.

Values:

- Patient Centered Care
- Integrity
- Reliability
- Respect
- Care & Compassion
- Team Player

Services We Offer:

- Family Health Care Clinic
- Chronic Care Management
- Lifestyle Health
- Acute Care
- Cardiac Rehabilitation
- Emergency Services
- Frozen Meals to Go
- Laboratory
- Meals on Wheels
- Outpatient Services:
 - o Holistic Pain Management
 - o Specialty Clinics
 - o Specialty Treatment
- Radiology
- Rehabilitation Services
- Surgery/Endoscopy Services
- Swing Bed or Skilled Care Services
- Urgent Care Clinic
- Wellness Center

McPherson County Public Health

1001 N Main St

McPherson, Kansas 67460

(620) 241-1753

Director: Shalei Shea

Service Providers:

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

Family Planning and Reproductive Health

- Annual well-woman exam
- Pregnancy testing, counseling, and referrals
- Basic infertility services
- Birth control, including pills, Depo Provera, patches, rings, IUD, hormonal implant, natural family planning and abstinence
- Sexually transmitted infection testing and treatment
- Pap smear testing
- Breast cancer screening
- And more!

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

Infectious Diseases

- McPherson County Health Department investigates and monitors communicable diseases defined as Kansas Reportable Diseases in cooperation with the Kansas Department of Health and Environment (KDHE)

*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 83 unique community CHNA’s in KS, MO, IA, NE and WI (references found on our website VandehaarMarketing.com)

Introduction: Who We Are

Background and Experience



VVV Consultants LLC



Vince Vandehaar, MBA – Principal

VVV Consultants LLC (Olathe, KS) – 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



Olivia G Hewitt BA – Associate Consultant

VVV Consultants LLC – May 2024

- Emporia University – BS Marketing
- Hometown: Olathe, KS



Cassandra Kahl, BHS – Director, Project Management

VVV Consultants LLC– 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, create processes to improve market performance, champion a turnaround, and uncover strategic “critical success” initiatives.

Our Vision: to meet today’s challenges with the voice of the market solutions.

Our Values:

Engaged – we are actively involved in community relations & boards.

Reliable – we do what we say we are going to do.

Skilled – we understand business because we’ve been there.

Innovative – we are process-driven & think “out of the box.”

Accountable – we provide clients with a return on their investment.

II. Methodology

c) CHNA and Town Hall Research Process

Round #5 Community Health Needs Assessment (CHNA) process began in November of 2024 for McPherson Hospital, Inc., Mercy Hospital, and Lindsborg Community Hospital in McPherson County, KS to meet Federal IRS CHNA requirements.

In early November 2024, a meeting was called amongst the McPherson Hospital, Inc., Mercy Hospital, and Lindsborg Community Hospital leaders to review CHNA collaborative options. <Note: VVV Consultants LLC from Olathe, KS was asked to facilitate this discussion with the following agenda: VVV CHNA experience, review CHNA requirements (regulations) and discuss CHNA steps/options to meet IRS requirements and to discuss next steps.> Outcomes from discussion led to the McPherson Hospital, Mercy Hospital, and Lindsborg Community Hospital to request VVV Consultants LLC to complete a CHNA IRS aligned comprehensive report.

VVV CHNA Deliverables:

- Document Hospital Primary Service Area - meets the 80% 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% Patient Origin Rule), a patient origin three-year summary was generated documenting patient draw by zips as seen below:

LCH- Defined Primary Serv Area KHA				Overall (IP/ER/OP) YR23-YR21		
		TOTALS	39,100			
#	ZIP	City	County	Total 3YR	%	ACCUM
1	67456	Lindsborg	McPherson	24,224	62.0%	62.0%
2	67464	Marquette	McPherson	4,462	11.4%	73.4%
3	67460	McPherson	McPherson	2,689	6.9%	80.2%

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 the CHNA calendar of events, explain / coach clients to complete the required participant database, and schedule / organize all Phase II activities.

Phase II—Qualify Community Need:

A) Conduct secondary research to uncover the following historical community health status for the primary service area. Use Kansas Hospital Association (KHA), Vital Statistics, Robert Wood Johnson County Health Rankings, etc. 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

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, an evaluation of past CHNA needs actions taken, a 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 section documented in the Table of Contents. Publish hard copy reports (2) for client usage plus create a full CHNA report pdf to be posted on the hospital website to meet government CHNA regulation criteria.

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

Collaborative Joint CHNA - McPherson Co. KS McPherson Hospital, Lindsborg Community Hospital, and Mercy Hospital VVV CHNA Round #5 Work Plan - Year 2025			
Project Timeline & Roles - Working Draft as of 11/13/24			
Step	Timeframe	Lead	Task
1	6/1/2024	VVV / Hosp	Meeting Leadership information regarding CHNA Round #5 for review.
2	7/18/2024	Hosp	Received Signed Quote... Select/approve CHNA Round #5 Option B —work to start 11/1/24.
3	8/21/2024	VVV	Hold Client Kick-off Meeting. Review CHNA process / timeline with leadership. Request KHA PO reports for FFY 21, 22 and 23 and hospital client to complete PSA IP/OP/ER/Clinic patient origin counts file (Use ZipPSA_3yrPOrigin.xls)
4	8/21/2024	VVV	Send out REQCommInvite Excel file. HOSP & HLTH Dept to fill in PSA Stakeholders Names /Address /Email
5	Aug 2024	VVV	Prepare CHNA Wave#5 Stakeholder Feedback "online link". Send link for hospital review.
6	Nov 2024 - Jan. 2025	VVV	Assemble & complete Secondary Research - Find / populate 10 TABS. Create Town Hall ppt for presentation.
7	Sept 1, 2024	VVV / Hosp	Prepare PR #1 story / E Mail Request announcing upcoming CHNA work to CEO to review/approve.
8	11/15/2024	Hosp	Place PR#1 story to local media CHNA survey announcing "online CHNA Round #5 feedback". Request public to participate. Send E #1 email request to local stakeholders
9	11/15/2024	VVV	Launch / conduct online survey to stakeholders: Hospital will e-mail invite to participate to all stakeholders. Cut-off 12/18/2024 for Online Survey
10	12/1/2024	VVV / Hosp	Prepare PR #2 story / E Mail (E#2) Request announcing upcoming Town Hall. VVV will send to CEO to review/approve.
11	12/18/2024	Hosp	Place PR #2 story to local media announcing upcoming Town Hall. Request public to participate. Send E Mail (E#2) request to local stakeholders
12	2/19/2025	ALL	Conduct conference call (time TBD) with Hospital / Public HLTH to review Town Hall data / flow
13	February 21st, 2025	VVV	Conduct CHNA Town Hall. Lunch 11:30-1:00pm (McPherson Community Center) . Review & Discuss Basic health data plus RANK Health Needs.
14	On or Before 4/16/25	VVV	Complete Analysis - Release Draft 1- seek feedback from Leaders (Hospital & Health Dept.)
15	On or Before 5/16/25	VVV	Produce & Release final CHNA report. Hospital will post CHNA online (website).
16	3/12/2025	Both	Conduct Client Implementation Plan PSA Leadership meeting
17	On or Before 6/30/2025	Hosp	Hold Board Meetings discuss CHNA needs, create & adopt an implementation plan. Communicate CHNA plan to community.

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

Phase I—Discovery:

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

Phase II—Qualify Community Need:

A) Conduct secondary research to uncover the following historical community health status for the primary service area. Use Kansas Hospital Association (KHA), Vital Statistics, Robert Wood Johnson County Health Rankings, etc. 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

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



2025 Community Health Needs Assessment
McPherson County
 Collaboration: McPherson Hospital, Lindsborg Community Hospital, Mercy Hospital

VVV Consultants LLC
 Olathe, Kansas 66061

VandehaarMarketing.com
 913-302-7264

1

CHNA Town Hall Team Tables

McPherson Co, KS CHNA Town Hall Friday, Feb 21st (11:30 - 1:00 pm)									
Table	Lead	First	Organization	Table	Lead	First	Organization		
1	A	XX	Herbel Aaron	21	F	XX	Shiloh Vincent		
2	A		Querkens Eric	22	F		Demel Summer		
3	A		Grove Bill	23	F		Johnson Tammy		
4	A		Rierson Abbey	24	F		Wealand Tanner		
5	B	XX	Hawkinson Debbie	25	G	XX	Shea Shale		
6	B		Hoffman Karissa	26	G		Becker Travis		
7	B		Morales Kasi	27	G		Heflin Rhett		
8	B		Northcutt Kristi	28	G		Phillips Fernetta		
9	C	XX	Rothrock LaMonte	29	H	XX	Rooker Mark		
10	C		Pavara Lenzy	30	H		Gills Jason		
11	C		Gongler Laraine	31	H		Libweller David		
12	C		Wiens Larry	32	H		Parks Laura		
13	D	XX	Schneider Michael	33	I	XX	Ostlund Jim		
14	D		Flaming Patrick	34	I		Clark Charity		
15	D		Golden Mikel	35	I		Koehn Keith		
16	D		McIrvin Michael	36	I				
17	E	XX	Russell Alyssa	37	J	XX	Kolby Mazouch		
18	E		Dietrich Sara	38	J		O'Dell David		
19	E		Rierson Cody	39	J		Ostlund Jodi		
20	E		Scott Sally	40	J				

2

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

- Opening Welcome / Introductions / Review CHNA Purpose and Process (5 mins)
- Discuss New Focus: Social Determinants of Health (5 mins)
- Review Current Service Area "Health Status"
 - Review Secondary Health Indicator Data (10 TABs)
 - Review Community Online Feedback (30 mins)
- Collect Community Health Perspectives
 - Share Table Reflections to verify key takeaways
 - Conduct an Open Community Conversation / Stakeholder Vote to determine the Most Important Unmet Needs (45 mins)
- Close / Next Steps (5 mins)

3



Introduction: Who We Are
Background and Experience



Vince Vandehaar, MBA – Principal
 VVV Consultants LLC (Olathe, KS) – 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



Olivia G Hewitt BA – Associate Consultant
 VVV Consultants LLC – May 2024
 – Emporia University – BS Marketing
 – Hometown: Olathe, KS



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

4

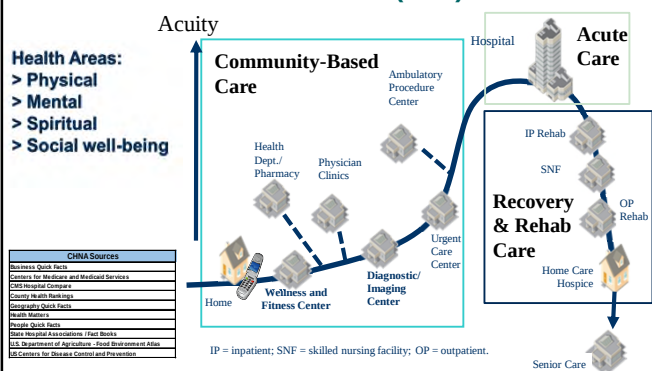
Town Hall Participation / Purpose & Parking Lot

- ALL attendees practice “Safe Engagement”, working together in table teams.
- ALL attendees are welcome to share. Engaging conversation (No right or wrong answer)
- Request ALL to Take Notes of important health indicators
- Please give truthful responses – Serious community conversation.
- Discuss (Speak up) to uncover unmet health needs
- Have a little fun along the way

6

System of Care Delivery

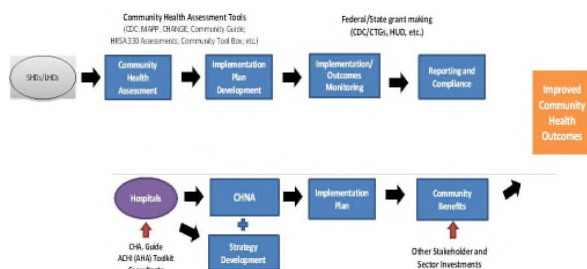
Birth to Grave (SG2)



7

Community Health Needs Assessment

Joint Process: Hospital & Local Health Providers



8

A Conversation with the Community & Stakeholders

Community Stakeholder – An Inclusive Conversation

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

9

II. Review of a CHNA

- What is a Community Health Needs Assessment (CHNA)..?
 - 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)

10

CHNA Written Report Documentation to meet IRS 990 CHNA Requirements: Table of Contents

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

11

Social Determinants of Health



Social determinants of health are the conditions in the places where people live, learn, work, play, and worship that affect a wide range of health risks and outcomes.

Health equity is when everyone has the opportunity to attain their full health potential, and no one is disadvantaged from achieving this potential because of their social position or other socially determined circumstances.

TASK A: Your Initial Thoughts on SDoH? (Small White Card)

12

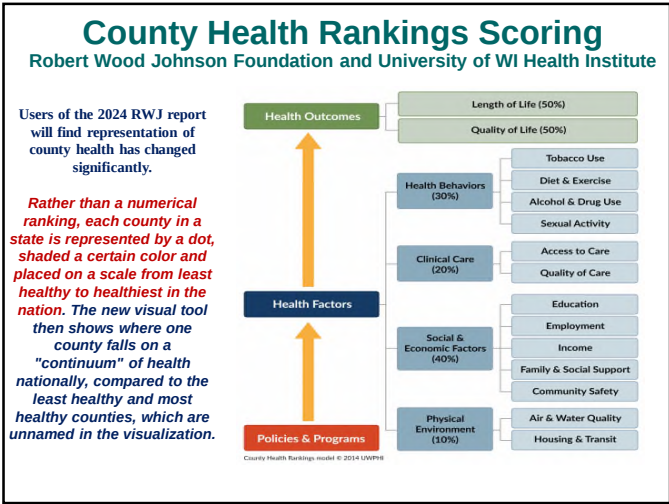
IV. Review Current County Health Status: Secondary Data by 10 Tab Categories with a focus on Social Determinants with a Local Norm & State Rankings

Trends: Good Same Poor

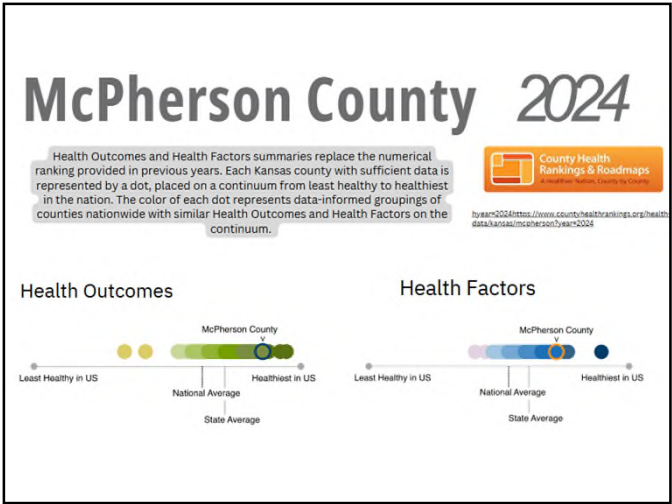
Health Indicators - Secondary Research

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

14



15



17

IV. Community Health Conversation: Your Perspectives / Suggestions !

Tomorrow:
What is occurring or might occur that would affect the "health of our community"?

Today:

- 1) What are the **Healthcare Strengths** of our community that contribute to health? (**BIG White Card**)
- 2) Are there healthcare services in your community/neighborhood that you feel **need to be improved and/or changed**? (**Small Color Card**)
- 3) What other **Ideas** do you have to **address Social determinants**? (**Small White Card - A**)

39

Community Health Needs Assessment Round #5 Year 2025

Thank You

Next Steps

VVV Consultants LLC
601 N Mahaffie
Olathe, KS 66061

VVV@VandehaarMarketing.com
OGH@VandehaarMarketing.com
(913) 302-7264

41

Data & Benchmarks Review

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

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

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

Community health assessment indicators should be.

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

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

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

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

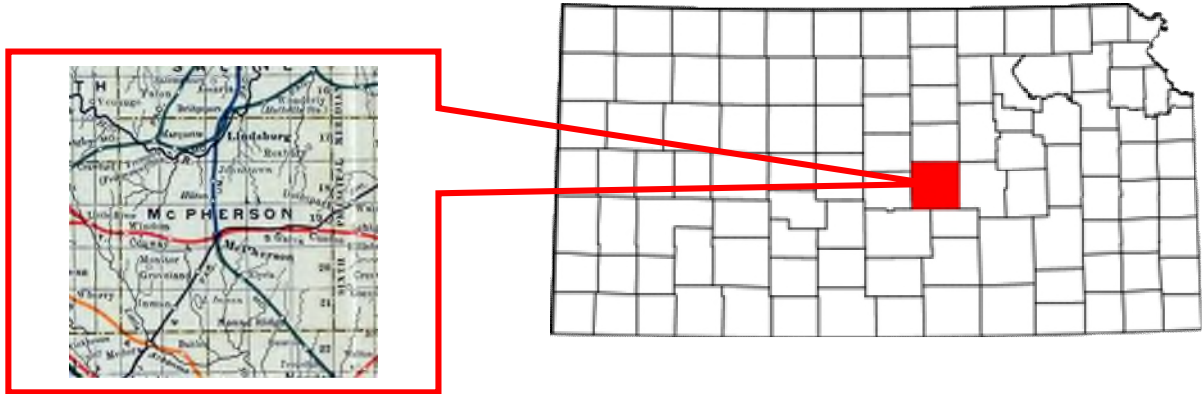
Sources of community-health level indicators:

- [County Health Rankings and Roadmaps](#)
The annual Rankings measure vital health factors, including high school graduation rates, obesity, smoking, unemployment, access to healthy foods, the quality of air and water, income inequality, and teen births in nearly every county in America. They provide a snapshot of how health is influenced by where we live, learn, work and play.
- [Prevention Status Reports \(PSRs\)](#)
The PSRs highlight—for all 50 states and the District of Columbia—the status of public health policies and practices designed to prevent or reduce important public health problems.
- [Behavioral Risk Factor Surveillance System](#)
The world's largest, ongoing telephone health survey system, tracking health conditions and risk behaviors in the United States yearly since 1984. Data is 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 are 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.

II. Methodology

d) Community Profile (A Description of Community Served)

McPherson County (KS) Community Profile



The population of McPherson County, founded in 1867, was estimated to be 30,091 citizens in 2023 and approximately 991 square miles with a population density of 33 persons per square mile. Cities within McPherson County include Lindsborg, Marquette, McPherson (county seat), Canton, Galva, Inman, Moundridge, Roxbury, and Windom.

Interstate 135 runs vertically throughout McPherson County. Kansas State Highway 4 runs through the top portion of the county.

Adjacent counties

- [Saline County](#) (north)
- [Dickinson County](#) (northeast)
- [Marion County](#) (east)
- [Harvey County](#) (southeast)
- [Reno County](#) (southwest)
- [Rice County](#) (west)
- [Ellsworth County](#) (northwest)

McPherson County (KS) Community Profile

McPherson County Public Airports¹

Name	USGS Topo Map
McPherson Airport	McPherson South
Moundridge Municipal Airport	Moundridge

Schools in McPherson County: Public Schools²

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

¹ [https://kansas.hometownlocator.com/features/cultural,class,airport,scfips,20113.cfm](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										
ZIP	City	ST	County	Population			Households		HH Avg Size23	Per Capita23
				Year 2023	Year 2028	5yr CHG	Year 2023	Year 2028		
67107	Moundridge	KS	McPherson	3,171	3,167	-0.1%	1,256	1,264	2.4	\$30,368
67428	Canton	KS	McPherson	1,345	1,311	-2.5%	529	524	2.5	\$34,103
67443	Galva	KS	McPherson	1,680	1,659	-1.3%	691	691	2.4	\$41,793
67456	Lindsborg	KS	McPherson	4,963	4,916	-0.9%	1,824	1,823	2.3	\$29,773
67460	Mcpherson	KS	McPherson	16,146	16,168	0.1%	6,518	6,598	2.3	\$35,590
67464	Marquette	KS	McPherson	1,110	1,132	2.0%	480	493	2.2	\$34,348
67476	Roxbury	KS	McPherson	19	19	0.0%	9	9	2.1	\$30,878
67491	Windom	KS	McPherson	376	362	-3.7%	141	138	2.7	\$39,137
67546	Inman	KS	McPherson	2,431	2,374	-2.3%	974	964	2.4	\$35,304
Totals				31,241	31,108	-1.0%	12,422	12,504	2.4	\$34,588

ZIP	City	ST	County	Population				Year 2020		Females
				Pop 21+	Pop. 65+	Kids<18	Gen Y	Males	Females	Age 20-35
67107	Moundridge	KS	McPherson	2448	936	691	661	1,537	1634	448
67428	Canton	KS	McPherson	977	270	356	310	663	682	201
67443	Galva	KS	McPherson	1236	334	428	442	872	808	217
67456	Lindsborg	KS	McPherson	3588	1133	1238	980	2,414	2549	763
67460	Mcpherson	KS	McPherson	11895	3285	4059	3534	8,052	8094	2871
67464	Marquette	KS	McPherson	887	292	219	261	550	560	164
67476	Roxbury	KS	McPherson	16	8	3	3	8	11	3
67491	Windom	KS	McPherson	288	89	86	106	197	179	44
67546	Inman	KS	McPherson	1877	611	533	543	1,206	1225	353
Totals				23,212	6,958	7,613	6,840	15,499	15,742	5,064

ZIP	City	ST	County	Population 2020				Year 2023		
				White %	Black%	Asian%	Hispan%	Housing Units	% Rentals	Soc Econ Index
67107	Moundridge	KS	McPherson	92.4%	0.7%	0.3%	4.7%	1,374	24%	61
67428	Canton	KS	McPherson	94.3%	1.0%	0.3%	1.7%	600	19%	55
67443	Galva	KS	McPherson	95.1%	0.2%	0.2%	2.6%	748	14%	52
67456	Lindsborg	KS	McPherson	89.0%	2.1%	0.4%	5.5%	1,997	26%	53
67460	Mcpherson	KS	McPherson	85.6%	2.1%	1.2%	7.2%	7,191	28%	56
67464	Marquette	KS	McPherson	94.9%	0.1%	0.0%	3.4%	665	12%	53
67476	Roxbury	KS	McPherson	78.9%	0.0%	0.0%	10.5%	10	20%	88
67491	Windom	KS	McPherson	93.1%	0.0%	0.0%	1.9%	166	17%	58
67546	Inman	KS	McPherson	94.9%	0.4%	0.1%	1.5%	1,050	22%	57
Totals				90.9%	0.7%	0.3%	4.3%	13,801	20.3%	59

Source: ERSA Demographics 2023

III. Community Health Status

[VVV Consultants LLC]

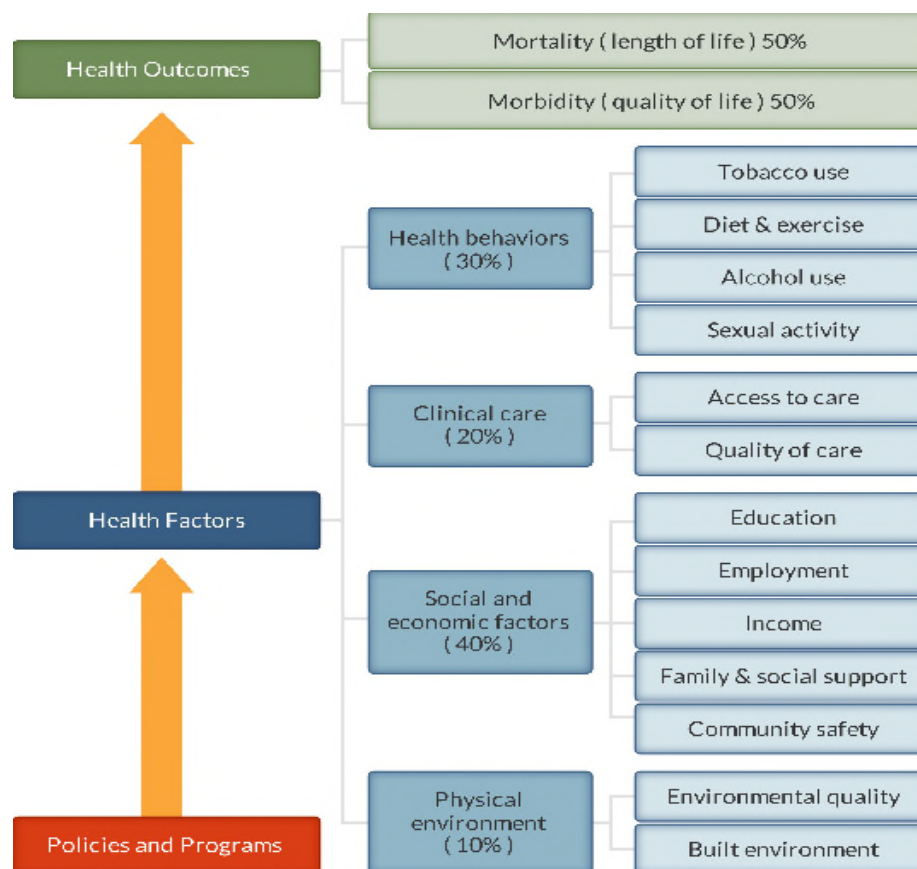
III. Community Health Status

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 uses a number of health factors to rank each county.



County Health Rankings model ©2012 UWPHI

National Research – Year 2023 RWJ Health Rankings:

#	2023 KS Rankings - 105 Counties	Definitions	McPherson County 2023	McPherson County 2021	Trend	CKS Norm (N=16)
1	Health Outcomes		6	5	-	40
	Mortality	Length of Life	8	8		40
	Morbidity	Quality of Life	11	9	-	42
2	Health Factors		3	6	+	40
	Health Behaviors	Tobacco Use, Diet/Exercise, Alcohol Use, Sexual Activity	4	19	+	38
	Clinical Care	Access to care / Quality of Care	12	7	-	45
	Social & Economic Factors	Education, Employment, Income, Family/Social Support, Community Safety	14	6	+	40
3	Physical Environment	Environmental quality	41	76	+	56
NECKS Counties: Anderson, Atchison, Brown, Chase, Coffey, Doniphan, Franklin, Greenwood, Jackson, Jefferson, Linn, Lyon, Miami, Marshall, Morris, Nemaha, Osage, Pottawatomie, Riley, and Wabaunese						

PSA Secondary Research:

When studying community health, it is 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.

1	Population Health Indicators	McPherson County 2025	McPherson County 2022	Trend	State of KS	CKS Norm (N=16)	Source
a	Population estimates, 2023	30,091	30,146		2,936,716	50,421	People Quick Facts
b	Persons under 5 years, percent, 2020-2022	5.3%	5.7%		6.0%	5.5%	People Quick Facts
c	Persons 65 years and over, percent, 2020-2022	20.6%	20.2%		17.2%	22.6%	People Quick Facts
d	Female persons, percent, 2020-2022	50.3%	50.8%		49.8%	48.9%	People Quick Facts
e	White alone, percent, 2020-2022	94.4%	95.1%		85.9%	93.3%	People Quick Facts
f	Black or African American alone, percent, 2020-2022	1.7%	1.3%		6.2%	2.3%	People Quick Facts
g	Hispanic or Latino, percent, 2020-2022	5.7%	4.5%		13.0%	6.7%	People Quick Facts
h	Language other than English spoken at home, percent of persons age 5 years+, 2017-2021	5.6%	5.4%		11.8%	4.4%	People Quick Facts
i	Living in same house 1 year ago, percent of persons age 1 year+, 2017-2021	85.5%	85.5%		84.4%	87.8%	People Quick Facts
j	Children in single-parent households, percent, 2017-2021	16.0%	15.1%	-	21.0%	17.7%	County Health Rankings
k	Veterans, 2018-2022	1,357	1,560		163,472	2,873	People Quick Facts

Tab 2: Economic Profile

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

2	Economic - Health Indicators	McPherson County 2025	McPherson County 2022	Trend	State of KS	CKS Norm (N=16)	Source
a	Per capita income in past 12 months (in 2021 dollars), 2018-2022	\$34,116	\$31,579		\$38,108	32,996	People Quick Facts
b	Persons in poverty, percent, 2020-2022	10.2%	7.7%	-	12.0%	11.4%	People Quick Facts
c	Total Housing units, 2023	13,248	13,418		1,292,622	22,238	People Quick Facts
d	Persons per household, 2018-2022	2.3	2.2		2.5	2.4	People Quick Facts
e	Severe housing problems, percent, 2015-2019	10.1%	9.9%		12.3%	9.8%	County Health Rankings
f	Total employer establishments, 2022	897	NA		75,057	1226	Business Quick Facts
g	Unemployment, percent, 2021	1.9%	3.5%		2.7%	2.5%	County Health Rankings
h	Food insecurity, percent, 2020	8.4%	10.7%	+	9.9%	9.4%	County Health Rankings
i	Limited access to healthy foods, percent, 2019	8.4%	8.4%		8.4%	8.6%	County Health Rankings
j	Long commute - driving alone, percent, 2017-2021	16.5%	15.5%	-	21.6%	25.8%	County Health Rankings
k	Community Spending on Food, 2024	13.0%	NA		12.7%	13.2%	Kansas Health Matters
l	Community Spending on Transportation, 2024*	19.0%	NA		18.1%	19.6%	Kansas Health Matters
m	Households With Internet Sub (2018-2022) *	86.5%	NA		86.7%	82.5%	Kansas Health Matters
n	Student Loan Spending-to-Income, 2023 *	4.3%	NA		4.6%	4.9%	Kansas Health Matters

**New Social Determinant Data Resources

Tab 3: Educational Profile

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

3	Education - Health Indicators	McPherson County 2025	McPherson County 2022	Trend	State of KS	CKS Norm (N=16)	Source
a	Children eligible for free or reduced price lunch, percent, 2020-2021	30.6%	33.2%		48.0%	41.6%	County Health Rankings
b	High school graduate or higher, percent of persons age 25 years+, 2018-2022	92.7%	91.4%		91.0%	93.3%	People Quick Facts
c	Bachelor's degree or higher, percent of persons age 25 years+, 2018-2022	31.4%	28.8%		34.7%	25.7%	People Quick Facts

#	McPherson County Schools	Moundridge USD 423	Canton-Galva USD 419	McPherson USD 418	Smoky Valley USD 400	Inman USD 448
1	Total # Public School Nurses	2	2	6	1 RN and .5 LPN	2
2	School Wellness Plan in place (Active)	Yes	Yes		Yes	Yes
3	VISION: # Screened / Referred to Prof / Seen by Professional	State Guidelines	State Guidelines	MMS 159 MHS 179	525 screened, 29 referred - 6%, 25A%-5% seen by prof	State Guidelines
4	HEARING: # Screened / Referred to Prof / Seen by Professional	State Guidelines	State Guidelines	MMS158 MHS 162	429 screened, 15 referred-5%, 12-3% seen by prof	State Guidelines
5	ORAL HEALTH: # Screened / Referred to Prof / Seen by Professional	Yearly	Yearly	MMS 416 MHS 600	668 screened, 21 referred-5%, 12-3% seen by prof	Yearly
6	SCOLIOSIS: # Screened / Referred to Prof / Seen by Professional	NO	NO	NA	0 - we do not screen for this	NO
7	# of Students served with no identified chronic health concerns	50 kids	50 kids	MMS -450	Approx. 82%	50 kids
8	School has a suicide prevention program	YES	YES		Yes	YES
9	Compliance on required vaccinations (%)	YES	YES	MMS -90%	90% and approx. 10% exempt for religion	YES

Tab 4: Maternal / Infant Profile

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

4	Maternal/Infant - Health Indicators (Access/Quality)	McPherson County 2025	McPherson County 2022	Trend	State of KS	CKS Norm (N=16)	Source
a	Percent of Births Where Prenatal Care began in First Trimester, 2020-2022	82.4%	85.0%		81.3%	84.8%	Kansas Health Matters
b	Percentage of Premature Births, 2020-2022	9.6%	8.0%		9.1%	9.7%	Kansas Health Matters
c	Percent of Infants up to 24 months that received full Immunizations, 2017-2018	67.2%	62.9%	+	69.2%	71.6%	Kansas Health Matters
d	Percent of Births with Low Birth Weight, 2020-2022	5.2%	4.3%		7.3%	6.7%	Kansas Health Matters
e	Percent of all Births Occurring to Teens (15-19), 2020-2022	6.2%	4.1%	-	5.5%	4.8%	Kansas Health Matters
f	Percent of births Where Mother Smoked During Pregnancy, 2020-2022	9.9%	10.8%	+	10.0%	10.6%	Kansas Health Matters
g	Child Care Centers per 1,000 Children, 2010-22*	6.9	NA		7.0	8.2	County Health Rankings

#	Criteria - Vital Statistics Rate per 1,000	McPherson Co. 2024	Trend	Kansas
a	Total Live Births, 2017	10.9		12.5
b	Total Live Births, 2018	8.4		12.5
c	Total Live Births, 2019	8.0		12.1
d	Total Live Births, 2020	8.8		11.8
e	Total Live Births, 2021	11.2		11.8
f	Total Live Births, 2017-2021 - 5 year Rate (%)	9.5%		12.7%

Tab 5: Hospitalization and Provider Profile

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

5	Hospital/Provider - Health Indicators (Access/Quality)	McPherson County 2025	McPherson County 2022	Trend	State of KS	CKS Norm (N=16)	Source
a	Primary Care Physicians (Pop Coverage per MDs & DOs) - No extenders Included, 2020	1436:1	1427:1		1285:1	1918:1	County Health Rankings
b	Preventable hospital rate per 100,000, 2020 (lower the better)	2,058	3,034	+	2,576	2,948	County Health Rankings
c	Patients Who Gave Their Hospital a Rating of 9 or 10 on a Scale from 0 (Lowest) to 10 (Highest)	69%	80%	-	NA	77.8%	CMS Hospital Compare, Latest Release
d	Patients Who Reported Yes, They Would Definitely Recommend the Hospital	69%	82%	-	NA	74.9%	CMS Hospital Compare, Latest Release
e	Average (Median) time patients spent in the emergency department, before leaving from the visit (mins)	104	98	-	NA	121	CMS Hospital Compare, Latest Release

Source: Internal Records - McPherson County Health Department				
#	Community Programs	YR 2022	YR 2023	YR 2024
1	Core Community Public Health:			
	Epidemiology	112	147	128
2	Child Care Inspections			
	# of licensed facilities as of 12/31	37	34	36
	Actual program cost	\$118,443.00	\$144,540.00	\$138,528.00
3	Environmental Services	N/A	N/A	N/A
4	Home Health	N/A	N/A	N/A
5	Screenings:			
	STI	71	114	134
	Pap smears	42	39	48
	Well-Women Exams	184	153	114
	Healthy Living Labs	N/A	N/A	91
6	Vaccine:			
	# of vaccine doses administered	3343	2047	1774
	Actual cost	\$108,459.54	\$235,854.38	\$162,162.38
7	WIC:			
	Participants	372	384	381
	Actual program cost	\$57,642.61	\$72,216.88	\$111,675.15

Tab 6: Behavioral / Mental Health Profile

Behavioral healthcare provides another important indicator of community health status.

6	Mental - Health Indicators	McPherson County 2025	McPherson County 2022	Trend	State of KS	CKS Norm (N=16)	Source
a	Adults Ever Diagnosed with Depression, 2021*	18.7%	NA		NA	19.8%	Kansas Health Matters
b	Age-adjusted Suicide Mortality Rate per 100,000 population, 2020-2022	37.9	21.4	-	18.7	23.3	Kansas Health Matters
c	Mental Behavioral Hospital Admission Rates per 100,000, 2018-2020	47.7	47.7		75.1	50.3	Kansas Health Matters
d	Average Number of mentally unhealthy days, 2020	4.5	4.4		5.0	4.8	County Health Rankings

****New Social Determinant Data Resources**

CDC - 2023 U.S. County Opioid Dispensing			
State	County	FIPS	Opioid Dispensing Rate per 100
KS	McPherson	20113	30.4
	KS Average 2023		41.7
Source: U.S. County Opioid Dispensing Rates, 2023 Drug Overdose CDC Injury Center			

Tab 7a: Risk Indicators & Factors Profile

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

7a	High-Risk - Health Indicators	McPherson County 2025	McPherson County 2022	Trend	State of KS	CKS Norm (N=16)	Source
a	Adult obesity, percent, 2020	35.9%	37.2%		36.7%	39.0%	County Health Rankings
b	Adult smoking, percent, 2020	16.9%	17.2%		16.4%	18.0%	County Health Rankings
c	Excessive drinking, percent, 2020	17.0%	18.6%		20.3%	17.1%	County Health Rankings
d	Physical inactivity, percent, 2020	23.6%	27.2%	+	22.8%	25.2%	County Health Rankings
e	Age-Adjusted Prevalence of Sleeping less than 7 Hours Among Adults*	29.2%	NA		32.7%	33.0%	ephtracking.cdc.gov
f	Sexually transmitted infections (chlamydia), rate per 100,000 - 2020	378.2	357.4	-	506.1	282.1	County Health Rankings

Tab 7b: Chronic Risk Profile

7b	Chronic - Health Indicators *	McPherson County 2025	McPherson County 2022	Trend	State of KS	CKS Norm (N=16)	Source
a	Age-Adjusted Prevalence of Arthritis Among Adults >=18 ,2021	23.3%	NA		24.2%	24.6%	ephtracking.cdc.gov
b	Age-Adjusted Prevalence of Current Asthma Among Adults >=18 ,2021	9.9%	NA		10.2%	10.1%	ephtracking.cdc.gov
c	Age-Adjusted Prevalence of Diagnosed Diabetes Among Adults >=18 ,2021	8.9%	NA		10.1%	9.8%	ephtracking.cdc.gov
d	Age-Adjusted Prevalence of Chronic Kidney Disease Among Adults >=18 ,2021	2.6%	NA		2.8%	2.7%	ephtracking.cdc.gov
e	Age-Adjusted Prevalence of COPD Among Adults >=18 ,2021	5.9%	NA		6.5%	6.4%	ephtracking.cdc.gov
f	Age-Adjusted Prevalence of Coronary Heart Disease Among Adults >=18, 2021	5.3%	NA		5.8%	5.7%	ephtracking.cdc.gov
g	Age-Adjusted Prevalence of Cancer Among Adults >=18 ,2021	6.4%	NA		6.3%	6.4%	ephtracking.cdc.gov
h	Age-Adjusted Incidence Rate of Breast Cancer per 100k (Females Only)- 2014-2018	NA	NA		NA	NA	Kansas Health Matters
i	Age-Adjusted Prevalence of Stroke Among Adults >=18 ,2021	2.6%	NA		2.8%	2.7%	ephtracking.cdc.gov

**New Social Determinant Data Resources

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.

8	Insurance Coverage - Health Indicators	McPherson County 2025	McPherson County 2022	Trend	State of KS	CKS Norm (N=16)	Source
a	Uninsured, percent, 2020	9.3%	8.9%	-	10.9%	10.4%	County Health Rankings
b	Persons With Health Insurance, 2021 *	90.4%	NA		89.1%	89.9%	Kansas Health Matters
c	Kansas Medical Assistance Programs - Adults per 1,000 (ages 20-64), 2022 *	73.7	NA		99.4	103.7	Kansas Health Matters

**New Social Determinant Data Resources

#	McPherson Hospital - McPherson	YR 22	YR 23	YR 24
1	Bad Debt - Write off	\$4,008,673	\$4,383,702	\$5,389,043
2	Charity Care - Free Care Given	\$477,926	\$603,185	\$172,573

Tab 9: Mortality Profile

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

9	Mortality - Health Indicators	McPherson County 2025	McPherson County 2022	Trend	State of KS	CKS Norm (N=16)	Source
a	Life Expectancy, 2019 - 2021	77.7	78.5		77.8	76.7	Kansas Health Matters
b	Age-adjusted Cancer Mortality Rate per 100,000 population, 2020-2022 (lower is better)	149.9	185.1	+	151.4	158.1	Kansas Health Matters
c	Age-adjusted Heart Disease Mortality Rate per 100,000 population, 2020-2022 (lower is better)	173.3	141.5	-	162.0	169.0	Kansas Health Matters
d	Age-adjusted Chronic Lower Respiratory Disease Mortality Rate per 100,000, 2020-2022	48.4	60.7	+	47.1	45.4	Kansas Health Matters
e	Alcohol-impaired driving deaths, percent, 2016-2020	26.9%	21.9%	-	19.94%	14.7%	County Health Rankings

Causes of Death by County of Residence, 2018-2022	McPherson Co. 2024	%	Trend	Kansas	Kansas %
TOTAL (All Causes)	374			27,312	
Suicide & Self-Inflicted Injury	93	24.9%		6,058	22.2%
Cancer	81	21.7%		5,537	20.3%
Chronic Lower Respiratory Disease	59	15.8%		5,520	20.2%
Heart disease	47	12.6%		3,603	13.2%
Diabetes	27	7.2%		3,085	11.3%
Kidney disease	22	5.9%		1,774	6.5%
Alzheimer's disease	15	4.0%		1,283	4.7%
Pneumonia	4	1.1%		879	3.2%

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.

10	Preventative - Health Indicators*	McPherson County 2025	McPherson County 2022	Trend	State of KS	CKS Norm (N=16)	Source
a	Access to exercise opportunities, percent, 2022 & 2023	77.6%	57.5%	+	79.9%	58.1%	County Health Rankings
b	Age-Adjusted Prevalence of Hearing Disability Among Adults >=18, 2021	6.5%	NA		6.9%	6.8%	ephtracking.cdc.gov
c	Age-Adjusted Prevalence of High Chloesterol Among Adults >=18 ,2021(Screened in the last 5 years)	32.4%	NA		32.7%	32.7%	ephtracking.cdc.gov
d	Age-Adjusted Prevalence of High Blood Pressue Among Adults >=18 ,2021	29.9%	NA		32.2%	32.1%	ephtracking.cdc.gov
e	Mammography annual screening, percent, 2017	45.0%	44.0%		48.0%	45.0%	County Health Rankings
f	Age-Adjusted Prevalence of Visits to Doctor for Routine Check-Up Among Adults >=18 ,2021	71.6%	75.2%	-	71.7%	72.2%	ephtracking.cdc.gov
g	Age-Adjusted Prevalence of Visits to the Dentist Among Adults >=18 ,2022	68.3%	69.9%		63.0%	62.0%	ephtracking.cdc.gov
h	Percent Annual Check-Up Visit with Eye Doctor	TBD	TBD		TBD	TBD	ephtracking.cdc.gov

****New Social Determinant Data Resources**

PSA Primary Research:

For each CHNA Round #5 evaluation, a community stakeholder survey has been created and administered to collect current healthcare information for McPherson County, Kansas.

Chart #1 – McPherson County, KS PSA Online Feedback Response (N=228)

McPherson Co, KS - CHNA YR 2025 N=228			
For reporting purposes, are you involved in or are you a ...? (Check all that apply)	McPherson Co KS N=228	Trend	*Round #5 Norms N=4,917
Business/Merchant	12.4%		10.7%
Community Board Member	17.5%		10.1%
Case Manager/Discharge Planner	0.0%		1.1%
Clergy	1.5%		1.3%
College/University	5.1%		2.7%
Consumer Advocate	3.6%		2.5%
Dentist/Eye Doctor/Chiropractor	1.5%		0.6%
Elected Official - City/County	2.9%		2.2%
EMS/Emergency	2.9%		2.6%
Farmer/Rancher	12.4%		9.4%
Hospital	29.2%		23.7%
Health Department	1.5%		1.3%
Housing/Builder	2.9%		0.9%
Insurance	0.7%		1.3%
Labor	2.9%		4.0%
Law Enforcement	2.2%		1.0%
Mental Health	2.9%		2.6%
Other Health Professional	17.5%		13.5%
Parent/Caregiver	16.8%		19.0%
Pharmacy/Clinic	2.2%		2.9%
Media (Paper/TV/Radio)	0.0%		0.4%
Senior Care	12.4%		4.3%
Teacher/School Admin	9.5%		7.9%
Veteran	3.6%		2.8%
TOTAL	137		3547
*Norms: KS Counties: Ellis, Pawnee, Russell, Sheridan, Smith, Thomas, Trego, Barton, Norton, Decatur, Harper, Pratt, Nemaha, Miami, Johnson, Edwards, Kiowa, Jackson, McPherson. Mo Counties: Atchison, Holt. NE County: Furnas. IA County: Decatur.			

Typical Sample Sizes Research Studies		
Number of Subgroup Analyses	Households	Firms
	Regional	Regional
None / Few (1-2)	200-500	50-200
Average (3-4)	500-1,000	200-1,000
Many (5+)	1,000+	1,000+
Sudman. <i>Applied Sampling</i> . (Academic Press, 1976), 87. Ibid., 30.		

Quality of Healthcare Delivery Community Rating

McPherson Co, KS - CHNA YR 2025 N=228			
How would you rate the "Overall Quality" of healthcare delivery in our community?	McPherson Co KS N=228	Trend	*Round #5 Norms N=4,917
Top Box %	35.6%		27.5%
Top 2 Boxes %	79.1%		70.2%
Very Good	35.6%		27.5%
Good	43.6%		42.7%
Average	17.3%		23.3%
Poor	3.6%		5.2%
Very Poor	0.0%		1.2%
Valid N	225		4,897
*Norms: KS Counties: Ellis, Pawnee, Russell, Sheridan, Smith, Thomas, Trego, Barton, Norton, Decatur, Harper, Pratt, Nemaha, Miami, Johnson, Edwards, Kiowa, Jackson, McPherson. Mo Counties: Atchison, Holt. NE County: Furnas. IA County: Decatur.			

Re-evaluate Past Community Health Needs Assessment Needs & Actions Taken

McPherson Co, KS - CHNA YR 2025 N=228					
Past CHNA Unmet Needs Identified			Ongoing Problem		Pressing
Rank	Ongoing Problem	Votes	%	Trend	Rank
1	Mental Health / Crisis Intervention (Diagnosis, Placement, Aftercare, Providers)	96	16.0%		1
2	Housing	70	11.6%		3
3	Access to specialists (OB, Surgery, CV, Pulmonology, Urology)	61	10.1%		4
4	Obesity (Nutrition & Exercise)	61	10.1%		5
5	Workforce Staffing	55	9.2%		2
6	Transportation	43	7.2%		7
7	Insurance Options (Education)	33	5.5%		8
8	Distracted Driving	32	5.3%		12
9	Safe Pathways and Sidewalks	31	5.2%		10
10	Access to Home Health	29	4.8%		6
11	After hours Urgent Care/ Walk-in Clinic	26	4.3%		9
12	Senior Health	26	4.3%		11
13	Parenting	20	3.3%		14
14	Cancer	18	3.0%		13
Totals		601	100.0%		

Community Health Needs Assessment “Causes of Poor Health”

McPherson Co, KS - CHNA YR 2025 N=228			
In your opinion, what are the root causes of "poor health" in our community? Please select top three.	McPherson Co KS N=228	Trend	*Round #5 Norms N=4,917
Chronic Disease Management	7.6%		8.6%
Lack of Health & Wellness	12.9%		11.3%
Lack of Nutrition / Access to Healthy Foods	11.7%		10.3%
Lack of Exercise	16.2%		14.0%
Limited Access to Primary Care	3.9%		5.1%
Limited Access to Specialty Care	5.5%		6.5%
Limited Access to Mental Health	14.6%		15.0%
Family Assistance Programs	4.9%		5.0%
Lack of Health Insurance	11.3%		12.4%
Neglect	8.4%		9.1%
Lack of Transportation	2.9%		4.8%
Total Votes	487		9,288
*Norms: KS Counties: Ellis, Pawnee, Russell, Sheridan, Smith, Thomas, Trego, Barton, Norton, Decatur, Harper, Pratt, Nemaha, Miami, Johnson, Edwards, Kiowa, Jackson, McPherson. Mo Counties: Atchison, Holt. NE County: Furnas. IA County: Decatur.			

Community Rating of HC Delivery Services (Perceptions)

McPherson Co, KS - CHNA YR 2025 N=228	McPherson Co KS N=228			*Round #5 Norms N=4,917	
How would our community rate each of the following?	Top 2 boxes	Bottom 2 boxes	Trend	Top 2 boxes	Bottom 2 boxes
Ambulance Services	84%	2.5%		82.6%	3.6%
Child Care	45%	16.1%		39.2%	23.4%
Chiropractors	74%	5.7%		71.4%	7.6%
Dentists	74%	5.6%		60.6%	17.5%
Emergency Room	83%	3.5%		75.0%	7.5%
Eye Doctor/Optomtrist	73%	6.3%		71.9%	9.3%
Family Planning Services	47%	12.2%		46.9%	16.0%
Home Health	61%	8.2%		57.1%	10.6%
Hospice/Palliative	69%	7.0%		64.9%	8.4%
Telehealth	52%	7.9%		52.8%	11.5%
Inpatient Hospital Services	81%	3.7%		75.4%	6.2%
Mental Health Services	38%	25.8%		34.7%	28.7%
Nursing Home/Senior Living	81%	6.8%		52.4%	15.9%
Outpatient Hospital Services	85%	2.7%		74.6%	5.4%
Pharmacy	83%	4.1%		83.9%	2.7%
Primary Care	86%	2.6%		76.9%	6.1%
Public Health	72%	4.9%		63.2%	8.9%
School Health	69%	3.9%		59.5%	7.6%
Visiting Specialists	67%	4.9%		67.8%	7.4%
*Norms: KS Counties: Ellis, Pawnee, Russell, Sheridan, Smith, Thomas, Trego, Barton, Norton, Decatur, Harper, Pratt, Nemaha, Miami, Johnson, Edwards, Kiowa, Jackson, McPherson. Mo Counties: Atchison, Holt. NE County: Furnas. IA County: Decatur.					

Community Health Readiness

McPherson Co, KS - CHNA YR 2025 N=228		% Bottom 2 Boxes (Lower is better)	
Community Health Readiness is vital. How would you rate each? (% Poor / Very Poor)	McPherson Co KS N=228	Trend	*Round #5 Norms N=4,917
Behavioral/Mental Health	30.2%		31.0%
Emergency Preparedness	6.6%		7.1%
Food and Nutrition Services/Education	12.6%		16.0%
Health Wellness Screenings/Education	9.8%		9.8%
Prenatal/Child Health Programs	6.4%		13.4%
Substance Use/Prevention	21.4%		32.9%
Suicide Prevention	24.7%		34.2%
Violence/Abuse Prevention	24.4%		32.0%
Women's Wellness Programs	13.2%		17.2%
Exercise Facilities / Walking Trails etc.	11.3%		14.7%
*Norms: KS Counties: Ellis, Pawnee, Russell, Sheridan, Smith, Thomas, Trego, Barton, Norton, Decatur, Harper, Pratt, Nemaha, Miami, Johnson, Edwards, Kiowa, Jackson, McPherson. Mo Counties: Atchison, Holt. NE County: Furnas. IA County: Decatur.			

Healthcare Delivery "Outside our Community"

Specialties:

McPherson Co, KS - CHNA YR 2025 N=228			
In the past 2 years, did you or someone you know receive HC outside of our community?	McPherson Co KS N=228	Trend	*Round #5 Norms N=4,917
Yes	78.1%		71.5%
No	21.9%		28.5%
*Norms: KS Counties: Ellis, Pawnee, Russell, Sheridan, Smith, Thomas, Trego, Barton, Norton, Decatur, Harper, Pratt, Nemaha, Miami, Johnson, Edwards, Kiowa, Jackson, McPherson. Mo Counties: Atchison, Holt. NE County: Furnas. IA County: Decatur.			

Specialty	Counts
ORTH	15
OBG	14
SURG	13
CANC	6
CARD	6
PRIM	6
DERM	5
EMER	5
DENT	4
PEDS	4

Access to Providers / Staff in our Community

McPherson Co, KS - CHNA YR 2025 N=228			
Access to care is vital. Are there enough providers / staff available at the right times to care for you and our community?	McPherson Co KS N=228	Trend	*Round #5 Norms N=4,917
Yes	62.0%		57.1%
No	38.0%		42.9%

What healthcare topics need to be discussed further at our Town Hall?

McPherson Co, KS - CHNA YR 2025 N=228			
What needs to be discussed further at our CHNA Town Hall meeting? Top 3	McPherson Co KS N=228	Trend	*Round #5 Norms N=4,917
Abuse/Violence	16.9%		4.1%
Access to Health Education	16.9%		3.5%
Alcohol	12.3%		4.2%
Alternative Medicine	16.9%		3.8%
Behavioral/Mental Health	46.9%		9.9%
Breastfeeding Friendly Workplace	5.4%		1.2%
Cancer	5.4%		3.0%
Care Coordination	13.1%		3.3%
Diabetes	9.2%		2.9%
Drugs/Substance Abuse	26.2%		7.5%
Family Planning	10.0%		2.1%
Health Literacy	18.5%		3.3%
Heart Disease	5.4%		1.8%
Housing	27.7%		7.0%
Lack of Providers/Qualified Staff	23.1%		5.6%
Lead Exposure	2.3%		0.6%
Neglect	5.4%		2.1%
Nutrition	28.5%		4.6%
Obesity	26.2%		5.9%
Occupational Medicine	0.0%		0.6%
Ozone (Air)	2.3%		0.5%
Physical Exercise	23.1%		5.2%
Poverty	25.4%		5.2%
Preventative Health/Wellness	32.3%		5.8%
Sexually Transmitted Diseases	2.3%		1.5%
Suicide	24.6%		6.1%
Teen Pregnancy	3.8%		1.8%
Telehealth	5.4%		2.3%
Tobacco Use	9.2%		2.3%
Transportation	19.2%		3.2%
Vaccinations	15.4%		2.1%
Water Quality	10.8%		2.9%
TOTAL Votes	130		12,547
*Norms: KS Counties: Ellis, Pawnee, Russell, Sheridan, Smith, Thomas, Trego, Barton, Norton, Decatur, Harper, Pratt, Nemaha, Miami, Johnson, Edwards, Kiowa, Jackson, McPherson. Mo Counties: Atchison, Holt. NE County: Furnas. IA County: Decatur.			

IV. Inventory of Community Health Resources

[VVV Consultants LLC]

YR 2025 - Inventory of Health Services - McPherson Co, KS

Cat	HC Services Offered in county: Yes / No	Hospital Services at McPherson Hospital, Inc., Lindsborg Community Hospital, and/or Mercy Hospital	HLTH Dept	Other
Clinic	Primary Care	Yes	Yes (FP)	Yes
Hosp	Alzheimer Center	No		Yes
Hosp	Ambulatory Surgery Centers	No		
Hosp	Arthritis Treatment Center	No		
Hosp	Bariatric/weight control services	Yes		
Hosp	Birthing/LDR/LDRP Room	Yes		
Hosp	Breast Cancer	Yes		
Hosp	Burn Care	No		
Hosp	Cardiac Rehabilitation	Yes		
Hosp	Cardiac Surgery	No		
Hosp	Cardiology services	Yes		Yes
Hosp	Case Management	Yes	Yes DOH Clients	
Hosp	Chaplaincy/pastoral care services	Yes		Yes
Hosp	Chemotherapy	No		Yes
Hosp	Colonoscopy	Yes		
Hosp	Crisis Prevention	Yes		Yes
Hosp	CTScanner	Yes		
Hosp	Diagnostic Radioisotope Facility	Yes		
Hosp	Diagnostic/Invasive Catheterization	No		
Hosp	Electron Beam Computed Tomography (EBCT)	No		
Hosp	Enrollment Assistance Services	Yes	Yes DOH Clients	yes
Hosp	Extracorporeal Shock Wave Lithotripter (ESWL)	No		
Hosp	Fertility Clinic	No		
Hosp	FullField Digital Mammography (FFDM)	Yes		
Hosp	Genetic Testing/Counseling	No		
Hosp	Geriatric Services	Yes		Yes
Hosp	Heart	No		Yes
Hosp	Hemodialysis	No		
Hosp	HIV/AIDS Services - Testing/Education/Referral	Yes	Yes	
Hosp	Image-Guided Radiation Therapy (IGRT)	No		
Hosp	Inpatient Acute Care - Hospital services	Yes		
Hosp	Intensity-Modulated Radiation Therapy (IMRT) 161	No		
Hosp	Intensive Care Unit	No		
Hosp	Intermediate Care Unit	Yes		
Hosp	Interventional Cardiac Catheterization	No		
Hosp	Isolation room	Yes		
Hosp	Kidney	No		Yes
Hosp	Liver	No		
Hosp	Lung	Yes		Yes
Hosp	MagneticResonance Imaging (MRI)	Yes		
Hosp	Mammograms 3D	Yes		
Hosp	Mobile Health Services	Yes		
Hosp	Multislice Spiral Computed Tomography (<64 slice CT)	Yes		
Hosp	Multislice Spiral Computed Tomography (>64+ slice CT)	Yes		
Hosp	Neonatal	Yes		
Hosp	Neurological services	Yes		Yes
Hosp	Obstetrics	Yes		Yes

YR 2025 - Inventory of Health Services - McPherson Co, KS

Cat	HC Services Offered in county: Yes / No	Hospital Services at McPherson Hospital, Inc., Lindsborg Community Hospital, and/or Mercy Hospital	HLTH Dept	Other
Hosp	Occupational Health Services	Yes		
Hosp	Oncology Services	No		Yes
Hosp	Orthopedic services	No		Yes
Hosp	Outpatient Surgery	Yes		
Hosp	Pain Management	Yes		
Hosp	Palliative Care Program	Yes		Yes
Hosp	Pediatric	Yes		Yes
Hosp	Physical Rehabilitation	Yes		Yes
Hosp	Positron Emission Tomography (PET)	No		
Hosp	Positron Emission Tomography/CT (PET/CT)	No		
Hosp	Psychiatric Services	Yes		Yes
Hosp	Radiology, Diagnostic	Yes		
Hosp	Radiology, Therapeutic	Yes		
Hosp	Reproductive Health (Pre-conception counseling/ED)	Yes	Yes	
Hosp	Robotic Surgery	No		
Hosp	Shaped Beam Radiation System 161	No		
Hosp	Single Photon Emission Computerized Tomography (SPECT)	No		
Hosp	Sleep Center	Yes		
Hosp	Social Work Services	Yes	Yes DOH Clients	Yes
Hosp	Sports Medicine	Yes		Yes
Hosp	Stereotactic Radiosurgery	Yes		
Hosp	Swing Bed Services	Yes		
Hosp	Transplant Services	No		
Hosp	Trauma Center	Yes		
Hosp	Ultrasound	Yes		
Hosp	Women's Health Services	Yes	Yes	Yes
Hosp	Wound Care	Yes		
SR	Adult Day Care Program	No		
SR	Assisted Living	No		Yes
SR	Home Health Services	No		Yes
SR	Hospice/Respite Care	Yes		Yes
SR	LongTerm Care	No		Yes
SR	Nursing Home Services	No		Yes
SR	Retirement Housing	No		Yes
SR	Skilled Nursing Care	Yes		Yes
ER	Emergency Services	Yes		
ER	Urgent Care Center	No		
ER	Ambulance Services	Yes		
SERV	Access to Farmworker Program and TB Control Program	Yes	Yes	Yes
SERV	Alcoholism-Drug Abuse	No		Yes
SERV	Annual Influenza Clinics locally and in surrounding communities	Yes	Yes	
SERV	Blood Donor Center	No		
SERV	Child Care Licensing, surveys and compliance evaluation	No	Yes	
SERV	Chiropractic Services	No		Yes

YR 2025 - Inventory of Health Services - McPherson Co, KS

Cat	HC Services Offered in county: Yes / No	Hospital Services at McPherson Hospital, Inc., Lindsborg Community Hospital, and/or Mercy Hospital	HLTH Dept	Other
SERV	Complementary Medicine Services	No		
SERV	Dental Services	Yes		Yes
SERV	Developmental Screening	No	Yes	Yes
SERV	Early Infant and Childhood Screenings and intervention/services	No	Yes	Yes
SERV	Fitness Center (Rehab facilities allow people to come in for a fee)	Yes		yes
SERV	Healthy Start Home visits for prenatal, postnatal and infants/families	No	Yes	
SERV	Health Education Classes	Yes	Yes	Yes
SERV	Health Fair (Annual) (Partner together)	Yes	Yes	
SERV	Health Information Center	No	Yes	
SERV	Health Screenings	Yes	Yes	Yes
SERV	Immunizations and Foreign Travel	Yes	Yes	
SERV	Infant/toddler/booster car seats with law enforcement agency	Yes	No	Yes
SERV	Maternal and Child Health Services	Yes	Yes	Yes
SERV	Meals on Wheels	Yes		Yes
SERV	Nail Care Clinics	No	Yes	Yes
SERV	Nursing Health Assessments	No	Yes	
SERV	Nutrition Programs (WIC)	No	Yes	
SERV	Outreach clinics at Senior Centers and Elderly Housing	Yes	Yes	
SERV	Parenting Classes (Just starting)	No	No	
SERV	Patient Education Center	No	Yes	
SERV	Pre-conception counseling	Yes	Yes	
SERV	Retail Store for Breastfeeding equipment and aids	No	Yes	
SERV	Sexually Transmitted Infection Screening and Treatment	Yes	Yes	
SERV	Support Groups (Diabetic and BF Coalition)	Yes	Yes	
SERV	Teen Outreach Services	No	Yes	
SERV	Tobacco Treatment/Cessation Program	No	Cessation	
SERV	Transportation to Health Facilities	No		Yes
SERV	Tuberculosis Screening, referral and treatment	Yes	Yes	
SERV	Wellness Program (DOH with Extension Office)	Yes	Yes	

Provider Manpower - McPherson Co KS (Update YR 2025)												
	Supply Working in McPherson Co (KS)											
	MD / DO FTE County Based				Visiting Providers to County			PA / APPS FTE County Based				
# of FTE Providers	McPherson Hospital, Inc.	Lindsborg Hospital	Mercy Hospital	Other	McPherson Hospital, Inc.	Lindsborg Hospital	Mercy Hospital	McPherson Hospital, Inc.	Lindsborg Hospital	Mercy Hospital	Other	
Primary Care:												
Family Practice	3.0	1.8		6.0				6.0	1.8			
Walk-In Care	0.0		0.3					3.0		0.3	3.0	
Internal Medicine (Hospitalist)	2.0											
Obstetrics/Gynecology												
Pediatrics					0.80							
Medicine Specialists:												
Audiology					1.40							
Allergy/Immunology												
Cardiology					0.65	0.12			0.1			
Dermatology					0.70							
Endocrinology												
Gastroenterology												
Oncology/Rado					0.40							
Infectious Diseases												
Nephrology					0.10							
Neurology												
Podiatry				1.0		0.01						
Psychiatry				14.0								
Pulmonary					0.45							
Rheumatology						0.09						
Surgery Specialists:												
General Surgery	2.0					0.07	0.05					
Neurosurgery					0.05							
Ophthalmology				1.0								
Orthopedics					0.10	0.02						
Otolaryngology (ENT)					0.80							
Plastic/Reconstructive												
Thoracic/Cardiovascular/Vasc												
Urology					0.20							
Hospital Based:												
Anesthesia/Pain	2.0		0.3			0.22			3.8			
Emergency	2.8		0.3							0.8		
Radiology												
Pathology												
Physical Medicine/Rehab	6.5		4.5	2.0				3.0			2.0	
TOTALS	18.3	1.8	5.4	24.0	5.65	0.54	0.05	12.0	5.6	1.1	5.0	

YR 2025 - Visiting Specialists to McPherson Co, KS					
Lindsborg Community Hospital (Lindsborg)					
Specialty	Physician Name	Office Location	Schedule	Days per Month	FTE
Rheumatology	Dr. Ken Baxa	Lindsborg Community Hospital	2nd & 4th Wednesday of the month	2	0.09
Podiatry	Dr. Lucas Cosens	Lindsborg Community Hospital	1st Thursday afternoon of each month	0.5	0.01
Cardiology	Dr. Bellah/ Julia Jennings APRN	Lindsborg Community Hospital	Bellah- Monday PM/ Jennings 4th Thursday/ PRN	2.5	0.12
Holistic Pain Mangement	Rotating Clinic/Procedures	Lindsborg Community Hospital	Procedure 2nd & 4th Tuesday/ 4th Friday every month Clinic- 1st & 3rd Tuesday and Wednesday, 2nd Thursday PM	5.5	0.22
General Surgery	Dr. Jesse Gray	Lindsborg Community Hospital	Thursday morning	4	0.07
Orthopedics	Dr. Kevin Klug	Lindsborg Community Hospital	2nd Monday morning	0.5	0.02

Area Health Services Directory McPherson County KS - Year 2025 Update

Emergency Numbers

Police/Sheriff	911
Fire	911
Ambulance	911

Non-Emergency Numbers

McPherson County Sheriff	620-245-1225
McPherson County Ambulance	620-241-2250

Municipal Non-Emergency Numbers

	<u>Police/Sheriff</u>	<u>Fire</u>
McPherson	620-245-1225	620-245-2505
Canton	620-628-4313	620-628-4666
Galva	620-654-3211	620-654-3303
Inman	620-585-2108	620-585-6600
Marquette	785-546-2205	785-410-6879
Moundridge	620-345-2777	620-345-2413
Lindsborg	785-227-2988	785-227-2988

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

The Omega Project
201 S Chestnut St
McPherson, KS 67460
620-241-1371

CKF Addiction Treatment
617 E Elm St
Salina, KS 67401
785-825-6224

ASSISTED/SENIOR LIVING

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

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

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

MCDS 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

Sunflower Terrace By Bethany Village
821 E Swensson St
Lindsborg, KS 67456
785-227-8331

Bethany Village
321 N. Chestnut
Lindsborg, KS 67456
785-227-2334

Brookdale McPherson
1460 N Main St
McPherson, KS 67460
620-241-6600

Loving Care McPherson
1411 Dover Rd
McPherson, KS 67460
620-718-5047

McPherson Care Center
1601 N Main St
McPherson, KS 67460
620-241-5360

Riverview Estates Inc
202 S Washington St
Marquette, KS 67464
785-546-2211

Heartland Haven
1345 Cherokee Rd
Inman, KS 67546
620-585-6908

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

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

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

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

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 &
Health Center
111 W Smith St
Hesston, KS 67062
620-951-4497

Sean Hubbard DC
710 S Meadows Dr
Hesston, KS 67062
620-327-5063

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

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

Smoky Valley Chiropractic
121 W Lincoln St
Lindsborg, KS 67456
785-227-4455

Banning Family Chiropractic
132.5 North Main St
Lindsborg, KS 67456
785-212-6152

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

Stupka Chiropractic and Wellness
114 W Euclid St
McPherson, KS 67460
620-504-6677

Schwerdtfager Chiropractic Office
136 N Main St
Lindsborg, KS 67456
785-227-2633

Dr. Michael McIrvine
115 E Marlin St #109
McPherson, KS 67460
620-241-8822

Fox Chiropractic
104 N Main St Apt B
McPherson, KS 67460
620-947-3157

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

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

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 Street
Newton, KS 67114
316-283-0070

Healing Grounds, LLC
803 N Main St
McPherson, KS 67460
620-885-5041

Seeds of Hope Therapy
207 N Main St #201
McPherson, KS 67460
620-654-7292

Advocate Counseling
and Therapy
823 N Main St
McPherson, KS 67460
785-819-6905

Prairie View
1102 Hospital Dr
McPherson, KS 67460
800-992-6292

The Attuned Path, LLC
401 E Kansas Ave Suite 103
McPherson, KS 67460
620-504-9523

McPherson Psychological
Associates
114 N Main St
McPherson, KS 67460
620-504-8262

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

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

Lindsborg Family Dental Care
101 N Harrison St
Lindsborg, KS 67456
785-227-2299

McPherson Dental Care
700 N Maple St
McPherson, KS 67460
620-241-5000

Mid Kansas Dental
801 N Maple St
McPherson, KS 67460
620-241-6512

Wince Family Dental
1325 E 1st St
McPherson, KS 67460
620-490-3833

Family Dental Center
503 W 1st St
McPherson, KS 67460
620-241-1425

Yowell Dental Group
1540 N Main St
McPherson, KS 67460
620-241-0842

DURABLE MEDICAL SUPPLIES

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

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

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

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

GOVERNMENT

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

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

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

City of Lindsborg
101 South Main
Lindsborg, KS 67456
785-227-3355

City of Marquette
113 North Washington Street
Marquette, Kansas 67464
785-546-2205

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

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 McKinney
224 S Main
McPherson, KS 67460
620-790-7170

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

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

Fuqua Insurance Group
130 N Main St
Lindsborg, KS 67456
785-227-3304

Elliott Insurance Agency
207 N Main #103
McPherson, KS 67460
620-241-0753

Vital Coverage Insurance
Agency
211 S Main St
McPherson, KS 67460
316-217-8197

L&L Advisors - Jana McKinney
224 S Main St
McPherson, KS 67460
620-798-7170

Farm Bureau Financial Services
210 E Euclid St
McPherson, KS 67460
620-241-0225

KSI Agency LLC
135 S Christian Ave
Moundridge, KS 67107
620-345-8600

HEALTH AND WELLNESS

Integrated Health
And Wellness Center, L.L.C.
1319 E 1st St
McPherson, KS 67460
620-504-6344

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
620-504-6677

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

Healthy Lifestyle
Wellness Center
421 N Main St #2
McPherson, KS 67460
620-241-9669

CTFit24
119 N. Main
McPherson, KS 67460
620-504-6000

Genesis Health Club
601 N. Main
McPherson, KS 67460
620-245-0900

McPherson Family YMCA
220 N. Walnut
McPherson, KS 67460
620-241-0363

HEALTHCARE

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

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

McPherson County
Health Department
1001 N Main St,
McPherson, KS 67460
620-241-1753

WIC-

◦Supplemental food program
for pregnant, breastfeeding
and post-partum
◦Women, infants, and children
up to 5 years

Channell Family Wellness
1101 N Main St
McPherson, KS 67460
620-504-5996

McPherson Medical and Sur
1000 Hospital Dr
McPherson, KS 67460
620-241-7400

Great Plains Family Medicine
400 W 1st St
McPherson, KS 67460
620-504-6002

McPherson Walk-In Clinic
1000 Hospital Dr,
McPherson, KS 67460
(620) 504-6241

Partners in Family Care
1800 Gordon St
McPherson, KS 67460
620-242-0404

GraceMed McPherson
Family Clinic
322 N Main St Suite 101
McPherson, KS 67460
620-504-6187

Hutchinson Clinic –
McPherson Location
619 N Main St
McPherson, KS 67460
620-504-6530

Dr. Brian Billings, MD
619 N Main St
McPherson, KS 67460
620-504-6530

Dr. James Larzalere, MD
1233 N Main St
McPherson, KS 67460
620-241-4272

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

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

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

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

Touching Hearts
121 W Marlin St # 300
McPherson, KS 67460
620-639-2790

Community Care Hospice
905 Cedars Dr
McPherson, KS 67460
620-654-6960

Bluestem PACE
113 S Ash St
McPherson, KS 67460
844-588-7223

McPherson Care Center
1601 N Main St
McPherson, KS 67460
620-241-5360

Loving Care of McPherson
1411 Dover Rd
McPherson, KS 67460
620-718-5047

HOSPITALS

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

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

Lindsborg Community
Hospital
605 W Lincoln St
Lindsborg, KS 67456
785-227-3308

MENTAL HEALTH

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

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

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

Lindsborg Community Hospital
605 W Lincoln St
Lindsborg, KS 67456
785-227-3308

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

Advanced Physical Therapy
400 W 4th St
McPherson, KS 67460
620-241-4201

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

McPherson Eye Care
1323 E 1st St
McPherson, KS 67460
620-241-2262
Esther V. Rettig
901 N Main St
McPherson, KS 67460
620-245-0556

Walters Optometry
915 N Main St
McPherson, KS 67460
620-241-9600

Legacy Eyecare of McPherson
100 W Kansas Ave Ste 202
McPherson, KS 67460
620-241-5810

Eyecare Associate of
Lindsborg
104 N 2nd St
Lindsborg, KS 67456
785-212-2030

Tammy Goering, OD
1323 E 1st St
McPherson, KS 67460
620-241-2262

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

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

AuBurn Pharmacy
216 N Harrison
Lindsborg, KS 67456
785-227-3374
785-227-2509

Mathis Pharmacy
113 W 1st St B
McPherson, KS 67460
620-241-1625

Dillions Pharmacy
1320 N Main St
McPherson, KS 67460
620-241-6108

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
400 W 4th St
McPherson, KS 67460
316-804-8879

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

McPherson Hospital, Inc.
1010 Hospital Dr
McPherson, KS 67460
620-241-2250

Continu Care
1015 S Main St
McPherson, KS 67460
620-241-1825

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

Pentagon Physical Therapy
621 S Main St
McPherson, KS 67460
620-245-5630

McPherson Care Center
1601 N Main St
McPherson, KS 67460
620-241-5360

Cinda Rogers, PTA
1015 S Main St
McPherson, KS 67460
620-241-1825

Lindsborg Community
Hospital
605 W Lincoln St
Lindsborg, KS 67456
785-227-3308

Revive Therapy and
Performance
324 2nd St
Moundridge, KS 67107
620-345-7400

Pathfinders Physical Therapy
135 S Christian Ave # B
Moundridge, KS 67107
620-345-7600

Melissa Hawkins, CPTA
218 E Pack St
Moundridge, KS 67107
620-345-6391

Rehab Choice Inc
321 N Chestnut St
Lindsborg, KS 67456
785-212-6110

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

McPherson Recreation
Commission
220 N Walnut St
McPherson, KS 67460
620-241-0363

McPherson Sports Center
400 N Eshelman
McPherson, KS 67460

McPherson YMCA
220 N Walnut St
McPherson, KS 67460
620-241-0363

Lindsborg City Parks and
Recreation Commission
101 South Main St
Lindsborg, KS 67456
785-227-3355

Marquette Recreation Commission
310 Swedonia St
Marquette, KS 67464

McPherson Water Park
511 N Lakeside Dr
McPherson, KS 67460
620-504-5757

Lindsborg Swimming Pool
520 S 1st St
Lindsborg, KS 67456
785-227-4500

Moundridge Swimming Pool
400 Washington Ave
Moundridge, KS 67107
620-345-2159

Marquette Swimming Pool
Lincoln St
Marquette, KS 67464
785-546-2286

Meadowlark Trail
1300 Moccasin Rd
McPherson, KS 67460

Oak Grove Loop
527 S Park St
McPherson, KS 67460

McPherson Lakeside
Park Trail
416 Lakeside Dr
McPherson, KS 67460
620-245-2565

Swensson Park
400 N Main St
Lindsborg, KS 67456

Park Department
607 W 1st St
McPherson, KS 67460
620-245-2565

Wall Park
101-335 S Lakeside
McPherson, KS 67460
620-245-2535

REHABILITATION

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

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

McPherson Hospital
Rehabilitation Services
1010 Hospital Dr
McPherson, KS 67460
620-241-2250

McPherson Health and Rehab
1601 N. Main St
McPherson, KS 67460
620-241-5360

SCHOOLS

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

McPherson USD 418
Central Office
514 N Main St
McPherson, KS 67460
620-241-9400

Canton-Galva USD 419
Central Office
109 S. Main, P.O. Box 317
Canton, Kansas 67428
620-628-4901

Inman USD 448
119 S. Main Street
Inman, KS 67546
620-585-6441

Smoky Valley USD 400
126 S. Main St
Lindsborg, KS 67456
785-227-2981

Moundridge USD 423
526 E. Cole St
Moundridge, KS 67107
620-345-5500

McPherson College
1600 E. Euclid
McPherson, KS 67460
800-653-6935

Central Christian College
of Kansas
1200 S. Main St, P.O. Box 1403
McPherson, KS 67460
620-241-0723

Bethany College
335 E Swensson St
Lindsborg, KS 67456
785-227-3380

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

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

McPherson Senior Center
112 E Euclid St
McPherson, KS 67460
620-241-1848

McPherson County
Council on Aging
926 N Main St B
McPherson, KS 67460
620-241-4383

Lindsborg Senior Center
116 S Main St
Lindsborg, KS 67456
785-227-3983

Meals on Wheels
915 N Walnut St # 2
McPherson, KS 67460
620-241-5238

Marquette Senior Center
102 N Washington St
Marquette, KS 67464
785-546-2747

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

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

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

Windom Senior Center
601 Main St
Windom, KS 67491
620-489-647

SOCIAL SERVICE AGENCY

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

AGAPE Inc
101 Wheat St
Goessel, KS 67053
620-367-2275

McPherson Department for
Children and Families (DCF)
218 E. Kansas
620-241-3802
Apply for food stamps and
medical

Circles of McPherson County
1200 E Kansas Ave
McPherson, KS 67460
620-241-9011

Kansas Department
of Children
& Families
115 E Euclid St
McPherson, KS 67460
620-241-3802

McPherson County Council on Aging
926 N Main St B
McPherson, KS 67460
620-241-4383

United Way of McPherson County
306 N Main St
McPherson, KS 67460
620-241-5152

Disability Supports – Great Plains
2520 N Waldron St
Hutchinson, KS 67502
620-669-8522

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

McPherson County
Food Bank
707 S Main St
McPherson, KS 67460
620-241-8050

New Beginning of
McPherson Inc
891 N Vanguard St
McPherson, KS 67460
620-245-0146

Loving Care of McPherson
1411 Dover Rd
McPherson, KS 67460
620-718-5407

Transportation Resources

J&N Cab-620-245-9405

MAC Cab-241-6068

In A Rush Shuttle
620-245-7116

In town flat fee of \$10 each way

Out of town: \$70-Wichita, \$45-Salina and \$35-

Hutchinson

-Doctor's appointment is \$10/hour waiting fee

-No handicap-accessible vehicle

Lindsborg Senior Center
Bus Rides
116 S Main St
Lindsborg, KS 67456
785-227-3983

Homeless Shelters

Salina Rescue Mission
1716 Summers Rd
Salina, KS
785-823-2610

McPherson Housing
Coalition
1826 14th Ave
McPherson, KS 67460
620-241-7828

Housing Resources

Northridge Crossing
507 E Northview Ave
620-241-1234

Park Ridge Apartments
1715 N Main St
620-241-8100

Lakeside Plaza Apartments
729 Kerschner Dr
(620) 241-0166

Lamco Property
Management
620-241-2315

Mt. Hope Sanctuary
Contact and fill out an application
303 N Walnut St
McPherson, KS 67460
Phone:620-241-1993

Omega Project
201 S. Chestnut St.
McPherson, KS
620-241-1371

V. Detail Exhibits

[VVV Consultants LLC]

a.) Patient Origin Source Files

[VVV Consultants LLC]

Patient Origin History 2021- 2023 for IP, OP and ER – McPherson County, KS

McPherson County, Kansas Residents				
#	Inpatients - KHA HIDI	YR23	YR22	YR21
	Total	2,834	2,789	2,816
1	McPherson Hospital, Inc. - McPherson, KS	731	769	747
2	Salina Regional Health Center - Salina, KS	386	375	501
3	Wesley Healthcare - Wichita, KS	354	325	311
4	Hutchinson Regional Medical Center - Hutchinson, KS	355	311	253
5	NMC Health - Newton, KS	250	224	258
6	Mercy Hospital Inc. - Moundridge, KS	180	189	186
7	Ascension Via Christi Hospitals - Wichita, KS	202	183	164
8	Lindsborg Community Hospital - Lindsborg, KS	94	113	122
9	The University of Kansas Health System - Kansas City, KS	47	57	58
10	Salina Surgical Hospital - Salina, KS	44	47	50
11	Stormont Vail Health - Topeka, KS	15	29	23
	Other Hospitals	176	167	143

McPherson County, Kansas Residents				
#	Outpatients - KHA HIDI	YR23	YR22	YR21
	Total	57,481	51,469	51,892
1	McPherson Hospital, Inc. - McPherson, KS	31,024	25,249	25,676
2	Lindsborg Community Hospital - Lindsborg, KS	9,199	9,473	9,511
3	Mercy Hospital Inc. - Moundridge, KS	3,919	4,378	4,128
4	NMC Health - Newton, KS	3,928	3,885	3,919
5	Salina Regional Health Center - Salina, KS	3,473	3,298	3,521
6	Hutchinson Regional Medical Center - Hutchinson, KS	1,854	1,514	1,459
7	The University of Kansas Health System - Kansas City, KS	766	722	665
8	Wesley Healthcare - Wichita, KS	698	636	616
9	Salina Surgical Hospital - Salina, KS	422	331	384
10	Ascension Via Christi Hospitals Wichita, Inc.	460	345	321
11	Children's Mercy Kansas City - Kansas City, MO	422	330	369
	Other Hospitals	1,316	1,308	1,323

McPherson County, Kansas Residents				
#	Emergency - KHA HIDI	YR23	YR22	YR21
	Total	10,596	6,390	9,266
1	McPherson Hospital, Inc. - McPherson, KS	6,016	1,826	4,653
2	Lindsborg Community Hospital - Lindsborg, KS	1,196	1,234	1,263
3	Salina Regional Health Center - Salina, KS	745	741	870
4	Mercy Hospital Inc. - Moundridge, KS	792	769	720
5	Hutchinson Regional Medical Center - Hutchinson, KS	724	684	680
6	NMC Health - Newton, KS	495	544	482
7	Wesley Healthcare - Wichita, KS	236	215	241
8	Ascension Via Christi Hospitals Wichita, Inc.	150	139	110
9	Wesley Woodlawn Hospital & ER - Wichita, KS	54	18	21
10	Hillsboro Community Hospital - Hillsboro, KS	7	9	27
11	Ascension Via Christi Hospital St. Teresa - Wichita, KS	14	13	13
	Other Hospitals	167	198	186

b.) Town Hall Attendees, Notes, & Feedback

[VVV Consultants LLC]

Attendance McPherson Co, KS CHNA Town Hall 2/21/25 11:30-1pm N=36						
#	Table	Lead	Attend	Last	First	Organization
1	A	XX	x	Herbel	Aaron	Mercy Hospital
2	A		x	Rierson	Abbey	McPherson College
3	A		x	Grove	Bill	USD 418
4	A		x	Duerksen	Eric	Hutton Corp.
5	A		x	Huddle	Michele	
6	B	XX	x	Hawkinson	Debbie	McPherson Chamber of Commerce
7	B		x	Hoffman	Karissa	Lindsborg Community Hospital
8	B		x	Morales	Kasi	McPherson Industrial Dev Co
9	B		x	Northcutt	Kristi	City of Lindsborg
10	C	XX	x	Martins	Todd	
11	C		x	Grove	Bill	
12	C		x	Beckers	Keith	
13	C		x	Willems	Andie	
14	D	XX	x	Schneider	Michael	McPherson College
15	D		x	Golden	Mikel	City of McPherson
16	D		x	Flaming	Patrick	Prairie View
17	D		x	Kidd	Lucky	Radio
18	D		x	Goss	Becky	
19	E	XX	x	Russell	Alyssa	Lindsborg Community Hospital
20	E		x	Dietrich	Sara	McPherson Hospital
21	F	XX	x	Vincent	Shiloh	USD 418: McPherson
22	F		x	Demel	Summer	McPherson Center for Health
23	F		x	Wealand	Tanner	McPherson Hospital
24	G	XX	x	Phillips	Fernetta	Mercy Hospital, Inc.
25	G		x	Heflin	Rhett	CHS McPherson Refinery
26	G		x	Becker	Travis	Moundridge Manor
27	H	XX	x	Rooker	Mark	Lindsborg Community Hospital
28	H		x	Litwiller	David	LITWILLER CONSTRUCTION
29	H		x	Parks	Laura	United Way of McPherson County
30	I	XX	x	Ostlund	Jim	McPherson Co Comm Foundation
31	I		x	Blevins	Nickie	McPherson Hospital
32	I		x	Clark	Charity	McPherson Hospital
33	J	XX	x	Mazouch	Kolby	Lindsborg Community Hospital
34	J		x	O'Dell	David	McPherson County
35	J		x	Ostlund	Jodi	Great Plains Family Medicine
36	J		x	Blevins	Arlo	Sherrifs Dept

McPherson County KS Town Hall Event Notes

Date: 2/21/2025: 11:30- 1p.m. Community Center Attendance: N=36

INTRO: Following is a recap of the community conversation during CHNA 2025 Town Hall

- In McPherson, other than English, Spanish, German, Vietnamese, Swedish, Chinese, and ALS are being spoken.
- Veterans are going to Hutchinson, Salina, and Wichita.
- Broadband access is expensive and lacking in north McPherson.
- The community agrees that affordable childcare is a need. They need birth to one and one to school age (limited).
- More than 18.7% of adults are depressed. The community is most worried about teens and seniors.
- Drugs are a concern, specifically, Meth, Fentanyl, Inhalants, and Opioids.
- Cancer for younger generations is a concern. The community would like to manage all chronic diseases in better efforts.
- In McPherson County, drinking and driving within the county is high.
- New gyms in the community have opened and affordable gyms are available.

What is coming/occurring that will affect health of the community:

- 5,000 new employees coming to the community for a month and a half.
- Insurance / reimbursement changes.
- Staffing shortages
- Turn around at the Refinery

Things going well for healthcare in the community:

- Access to exercise
- Community connections and partnerships
- Education
- Emergency services
- General surgery
- OB services
- Opioid dispensing
- Outpatient services
- Positive perception/quality of care
- Provider base and access
- Senior living and long-term living
- Visiting specialists

Areas to improve or change in the community:

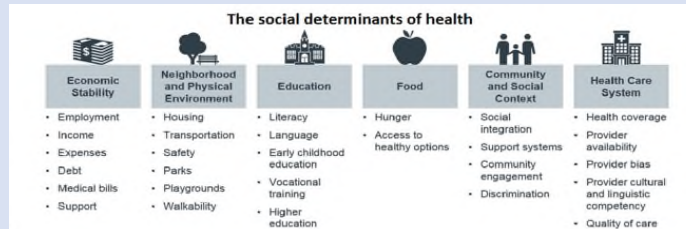
- ADA Compliance
- Child Immunizations
- Childcare (Affordable & Accessible)
- Chronic Disease Management and Prevention
- Elderly Advocacy
- Food Insecurity
- Homeless
- Housing (Affordable, Accessible, and Safe)
- Insurance (Affordable Coverage)
- Mental Health (Suicide, Providers, Diag, Aftercare)
- Obesity (Exercise & Healthy Foods)
- Poverty
- Sex Education
- Substance Abuse (Drugs & Alcohol)
- Transportation
- Workforce Staffing

Round #5 CHNA - McPherson KS PSA			
Town Hall Conversation - Strengths (Big White Cards) N=36			
Card #	What are the strengths of our community that contribute to health?	Card #	What are the strengths of our community that contribute to health?
7	Access	17	Healthcare
13	Access PCP	18	Healthy community
20	Access to acute healthcare	23	High confidence in our healthcare
4	Access to care	22	High graduation rate
21	Access to care	22	High perception of emergency care
29	Access to care - primary	1	High scores for fitness/activity
25	Access to emergency services	23	Highly educated
3	Access to exercise	31	hospital access and services
22	Access to exercise	11	Hospital care
33	Access to exercise/activity options	24	Hospital services - medical
14	Access to general practioners	18	Hospitals and healthcare workers
28	Access to gyms	35	Housing
25	Access to health care proximity	32	Income
14	Access to health facilities	22	Insured
28	Access to hospitals/PCP	2	Internet/technology
25	Access to insurance	5	Jobs available
31	Access to physical exercise/fitness	5	Law Enforcement
12	Access to specialty care	23	Low ER wait times
35	Affordable insurance	16	Mental
19	Ambulance services	18	Money sufficient industry
19	Broadband sufficient	26	Neighbors/community outreach
30	Caring employees/medical staff	10	Non-profits
35	Chiropractor	12	Number of hospitals
18	Clean and friendly	32	Number of hospitals
2	Clean water/air	12	Number of privileges
10	Collaboration	32	Number of providers
11	College	33	Number of providers
24	Colleges - access to education	31	Number of providers in county
31	Community collaboration	3	OB
12	Community culture	6	OB
19	Community engagement	29	Opioid Dispensing
7	Community involvement	3	Outpatient services
33	Community perception of healthcare providers	9	Outpatient services
17	Community/county engagement	25	Overall economic stability
13	Coordination of care	3	Overall quality of health care
8	County health department	20	Partnerships/support among providers
7	Coverage	9	Person centered care
11	Crime	27	Pharmacy
10	Current hospital situation	16	Physical
34	Easy access to doctors	17	Physical health/experience
17	Economic	8	Preventative Care
24	Economic stability - industry	14	Preventative care/screening
10	Economic stability/jobs	3	Primary care
11	Economy	6	Provider Access
15	Economy	4	Quality of care
13	ED/Hospital services	28	Quality of care
2	Education	29	Quality of healthcare
5	Education	9	Quick access to care
17	Education	15	Safety
21	Education	24	Safety - police and fire
10	Education (3 colleges)	3	School health
19	Elder care	29	School health/quality
4	Emergency care	22	School nurses
9	Emergency care	28	Schools
14	Emergency care	1	Schools working with Prairieview
28	Emergency care	14	Senior care
13	Emergency responders	8	Senior living facilities
3	Emergency room	20	SNF's
27	Emergency room care	16	Social well-being
12	Emergency services	28	Some specialties

Round #5 CHNA - McPherson KS PSA			
Town Hall Conversation - Weaknesses (Color Cards) N= 36			
Card #	What are the weaknesses of our community that contribute to health?	Card #	What are the weaknesses of our community that contribute to health?
16	Access (food, housing, providers)	28	Insurance
15	Access to affordable and reliable childcare	34	Insurance
19	Access to affordable healthy foods	35	Insurance
18	Access to affordable healthy foods (education)	22	Insurance (nationally)
31	Access to healthy food	6	Insurance deductibles
15	Access to mental health services	30	Insurance/affordable healthcare
21	Access to mental health specialists	14	K-12 - focus more on people/kids
11	Access to providers	4	Lower obesity rate
2	Accessibility	4	Lower suicide rate
22	Active lifestyle spaces/options	10	Mental behavior/health
23	Add ortho surgery	11	Mental health
32	Addictions	17	Mental health
12	Afforability of care	20	Mental health
27	Affordability of healthcare	25	Mental health
1	Affordable childcare	29	Mental health
18	Affordable childcare	31	Mental Health
31	Affordable childcare	35	Mental health
17	Affordable health insurance	22	Mental health - support/stigma
20	Affordable housing	9	Mental health (suicide)
36	Affordable housing	16	Mental health access
18	Affordable housing/ safe & accessible	6	Mental health prevention
5	Affordable housing/apartments	3	Mental health services
36	Affordable transportation	19	Mental health services
24	Amount/cost of childcare	30	Mental health services
3	Availability of specialists	33	Mental health services
13	Behavioral health	26	Mental health/suicide
18	Behavioral health	8	Mental health/suicide prevention
24	Better access to behavior health	1	Mental/behavioral health
4	Better sexual education in schools	6	Midwife services
23	Cancer screening	4	More access to healthy foods
28	Child care accessibility cost	4	More housing
20	Child imunization	21	Need more childcare
5	Childcare	15	Nutrituion education
6	Childcare	23	OB providers
7	Childcare	30	Obesity
8	Childcare	34	Obesity
9	Childcare	19	Obesity
12	Childcare	25	Obesity
13	Childcare	8	Obesity - nutrition/exercise
17	Childcare	33	OBGYN
22	Childcare	33	Ortho
25	Childcare	9	Overall health
26	Childcare	8	Persons in poverty
27	Childcare	10	Poverty
19	Childcare - access from 0-4	13	Poverty
8	Chronic OX prevention	31	Poverty
12	Community culture	16	Poverty
33	Community health	14	Primary care
24	Cost of housing	21	Public opion of hospital
29	Cost of insurance	2	Public transportation
35	Daycare	17	Quality staffing
28	Diet and exercise	7	Specialists - OBGYN
2	Disconnected between classes	10	Staffing
14	Discrimination	35	Staffing employees
12	Drug/alcohol abuse	7	Staffing workforce
10	Early childcare	30	STD's
7	Edication on healthy diet	26	STI
19	Education about healthy foods	1	Substance abuse
36	Education and access to mental health	6	Substance abuse

Round #5 CHNA - Community Hospital - McPherson KS PSA

Social Determinants "A" Card Themes (N = 36 with 68 Votes): E=11, N=19, ED=0, C=16, F=5 & P=17



Card #	Code	First Impressions on Social Determinants Impacting Delivery	Card #	Code	First Impressions on Social Determinants Impacting Delivery
15	C	Community/Social	7	N	Neighborhood
17	C	Community/Social	12	N	Neighborhood
6	C	Social	14	N	Neighborhood
7	C	Social	15	N	Neighborhood
13	C	Social	18	N	Neighborhood
24	C	Social	22	N	Neighborhood
28	C	Social	26	N	Neighborhood
29	C	Social	31	N	Neighborhood
30	C	Social	8	N	Neighborhood - housing
31	C	Social	23	N	Neighborhood (transportation/housing)
32	C	Social media - youth mental health	21	N	Neighborhood and built
21	C	Social/Community	1	N	Neighborhood and built enviroment
1	C	Social/Community Context	16	N	Neighborhood and built enviroment
5	C	Social/Community Context	17	N	Neighborhood enviroment
10	C	Social/Community Context	4	N	Neighborhoods
27	C	Social/Community Context	2	N	Transportation
13	E	Economic	20	N	Neighborhood
7	E	Economic	32	P	Accessability for Elderly
3	E	Economic Stability	6	P	Health
11	E	Economic Stability	8	P	Health
12	E	Economic Stability	17	P	Health
16	E	Economic Stability	15	P	Health Access
18	E	Economic Stability	12	P	Health conditions/health insurance
19	E	Economic Stability	14	P	Healthcare
22	E	Economic Stability	24	P	Healthcare
27	E	Economic Stability	3	P	Healthcare Access
25`	E	Economic Stability	4	P	Healthcare Access
30	F	Access to affordable, healthy food	5	P	Healthcare Access
8	F	Food	10	P	Healthcare Access
9	F	Food	20	P	Healthcare Access
26	F	Food	19	P	Healthcare access and quality
29	F	Food	25	P	Healthcare and quality
28	N	Enviroment (housing/transportation)	11	P	Healthcare System (behavior health)
2	N	Neighborhood	30	P	Hearth health, OBGYN

Email Request: Cut & Paste into your email blind cc to community.

From: Tanner Wealand, Laraine Gengler, and Aaron Herbel

Date: 11/15/2024

To: Community Leaders, Providers and Hospital Board and Staff

Subject: CHNA Round #5 2025 Online Survey – McPherson Co

Over the next three months, **McPherson Hospital, Lindsborg Community Hospital, and Mercy Hospital** will be partnering together alongside other community health providers to complete the 2025 McPherson County Community Health Needs Assessment (CHNA). The goal of this assessment update is to understand progress in addressing health needs cited in the past CHNA reports.

VVV Consultants LLC, an independent healthcare consulting firm from Olathe, KS, has been retained to conduct this countywide research. All responses will be confidential.

Your feedback and suggestions regarding community health delivery are especially important to collect to be able to complete the 2025 CHNA and implementation plan updates. To gather this feedback, a short and confidential online survey has been developed and can be accessed through the link below.

LINK: https://www.surveymonkey.com/r/McPhersonCo_2025CHNA

All community residents and business leaders are encouraged to complete CHNA Round #5 online survey by **Wednesday, December 18th, 2024. Save the date Friday, February 21st, 2025, for lunch from 11:30am-1pm** to attend the McPherson County CHNA Town. Please stay on the lookout for more information to come soon. Thank you in advance for your time and support.

McPherson Hospital, Lindsborg Community Hospital, and Mercy Hospital Seeking Community Input on Local Conditions that Impact Health in McPherson County

Tue, November 12, 2024 by [Brenna Eller](#) Ad ASTRA Radio

McPHERSON, Kan. — McPherson Hospital, Lindsborg Community Hospital, and Mercy Hospital are collaborating to gather community input as part of their 2025 Community Health Needs Assessment.

Over the coming months, these hospitals will work together with local community leaders to update the Community Health Needs Assessment (CHNA) for McPherson County, Kan.

They are seeking input from the community regarding healthcare delivery and unmet needs to complete this assessment update. They are also seeking input on local conditions that impact health in the community such as the ability to eat healthy foods and stay physically active in McPherson County. VVV Consultants LLC, an independent research firm based in Olathe, Kan., has been engaged to carry out this countywide research.

The objective of this assessment update is to evaluate the progress made in addressing community health needs identified in the 2013, 2016, 2019, and 2022 reports, while also gathering current community health perceptions and ideas. A short community survey has been created to facilitate this process. Community members can participate by visiting the hospitals' websites, their Facebook pages, or by scanning the provided QR code.



All community residents and business leaders are encouraged to complete this online survey by Dec. 18, 2024.

A CHNA Town Hall meeting will also be held to discuss the survey findings on Friday, Feb. 21, 2025, for lunch from 11:30 a.m. to 1:00 p.m.

For any questions regarding CHNA activities, contact: tannerw@mcphersonhospital.org, ah@mercyh.org, or larryv@lindsborghospital.org.

EMAIL #2 Request Message

From: Tanner Wealand, Laraine Gengler, and Aaron Herbel

Date: 12/27/24

To: Area Community Leaders, Providers and Hospital Board & Staff

Subject: McPherson County Community Health Needs Assessment Town Hall lunch– February 21, 2025

McPherson Hospital, Lindsborg Community Hospital, and Mercy Hospital will host a Town Hall Community Health Needs Assessment (CHNA) luncheon on Friday, February 21st. The purpose of this meeting will be to review collected community health indicators and gather community feedback on key unmet health needs for McPherson Co, KS. **Note: This event will be held on Friday, February 21st from 11:30 a.m. - 1:00 p.m. at the McPherson Community Center (122 E. Marlin).**

We hope you find the time to attend this important event. All business leaders and residents are encouraged to join us. To adequately prepare for this event, it is imperative all RSVP who plan to attend town hall.

LINK: https://www.surveymonkey.com/r/McPhersonCo_TownHallRSVP



Thanks in advance for your time and support!

Source: The McPherson Sentinel/November 24, 2024

cense for Walgreens.

Town Hall announced

Provided by McPherson Center for Health

McPherson Hospital, Lindsborg Community Hospital, and Mercy Hospital are inviting the public to participate in a Community Health Needs Assessment Town Hall roundtable. The event will take place on Friday, February 21st, from 11:30 a.m. to 1:00 p.m. at the McPherson Community Building, located at 122 Marlin Street.

The purpose of this event is to identify and prioritize the community's health needs. The findings from this discussion will help fulfill both federal and state mandates.

To ensure adequate preparation, attendees are asked to RSVP by scanning the attached QR code.



d.) Primary Research Detail

[VVV Consultants LLC]

CHNA 2025 Community Feedback: McPherson County, KS (N=228)						
ID	Zip	Rating	c1	c2	c3	Q10. Being this a strong topic of interest, do you have any thoughts, ideas, and/or specific suggestions (food, housing, transportation, support, etc.) to address these 5 social determinants to improve our community health? (Please Be Specific)
1049	67456	Good	AWARE			I am not aware of any of these having specific shortcomings
1083	67460	Average	CC	ACC		Appropriate and affordable childcare is a significant issue in our community. This impacts the availability of parents to take days off for medical reasons rather than child care needs.
1006	67456	Good	CC	FINA		Community supported child care with affordable prices.
1152	67546	Good	CC	TRAN	NH	Need childcare; transportation for seniors in small towns; workforce to support expanding these areas
1216	67460	Average	CHIRO	HOUS	FINA	Research now proves that chiropractic care greatly reduces the length of hospital stays. Housing and food are too damn expensive and public transportation here is very poor.
1205	67107	Good	CLIN	HRS	EMER	Monthly or quarterly health topic presentations. Urgent Care at Mercy needs expanded hours. Difficult to get a same day appointment at PIFC so patients go to ER for care that could be provided at clinic or wait for the limited hours available at Mercy urgent care.
1175	67460	Average	COLLAB			They all relate to one another. Work on one social determinant of health often ripples to others. Continue to embrace partnerships in the county.
1158	67456	Good	COMM	AWARE		There can never be too much communication about what is available to the community. Multiple media must be used and used accurately.
1062	67107	Good	COMM	COLLAB		Better communication , cooperation and workflow between all healthcare systems
1035	67456	Very Good	DIAB	EDU	OBES	Diabetes education was once offered in Lindsborg-with rates of obesity and diabetes along with other related complications are on the increase it would be an important program to have in place. Nurses are a huge piece of the patient education puzzle in all aspects of health and wellness. Having nurse educators to assist patients in navigating the healthcare system has the potential to improve patient health outcomes.
1024	67460	Very Good	DOH	EDU	SPRT	Each of these is incredibly broad. My only suggestion is for public health to take the lead on being a hub of information on local health and social care resources/programs. There's a lot of assistance in the community around these social determinants, but people may not always know where to go to get help.
1204	67107	Good	ECON	EDU	SPRT	Economic stability and education is a concern and I notice them in tandem. Supports for young families and children could do a lot to support the economic stability of our most vulnerable citizens. Education is a part of the supports. Investing in early childhood and childhood development has amazing return on investment.
1221	67460	Average	ECON	INSU		Employers need to recruit harder because there are people that want to work and have insurance.
1099	67460	Very Good	EDU	COMM	REC	Honestly, I think it's education and communication. Anytime McPherson comes up with an idea to improve walking facilities or playground areas. Community at large complains about the cost. I really don't know the answer other than starting the education at a younger age or working with the workforces in town to help push healthy lifestyles
1174	67501	Average	EDU	PREV	NUTR	There needs to be more education onto how to keep yourself healthy naturally. Good organic healthy fresh food should not be 3x the price of fast food.
1190	67456	Very Good	EDU	SERV	ACC	Getting information to those who need it seems to be key. What services and programs are available and how to get that to people who can and would use it?
1084	67456	Very Good	EDU	SERV	INSU	Generally, I think we need to do a better of job of educating people about services, insurance, etc., and also offering support services (i.e. children of aging parents).
1180	67456	Good	FINA	INSU	WAG	Affordability due to income, and accessibility due to insurances are the biggest obstacles. Quality healthcare is a luxury for higher wage earners. The shrinking middle class and low wage earners are often priced out of even considering healthcare as an option. We have good providers, quality facilities, good community programs, but the core issue remains affordability for the majority of people in our region.
1218	67460	Very Good	HOME	SPRT		we have a large homeless community here and when hospitalized we have no where to send them locally.
1215	67460	Very Good	HOUS	ACC		Housing has to be the top priority in McPherson (100-150 new homes each year). We are currently reaping the negative consequences of a lack of housing. Once improved upon, we will see positive impact on these 5 areas. Additionally, we need to see a consolidation of community resources for the betterment of the whole (eg The water park is nearing end of life, the Y needs to be replaced, how can those entities work together to create an attractive solution for the current residents along with prospective residents? Something like the Newton Y on I-35 would be a great addition to the McPherson community)
1211	67460	Average	HOUS	FINA	CC	Housing is very expensive. Daycare is next to impossible to find.
1095	67456	Very Good	HOUS	NH		Need housing for elderly. So many rules on who gets a place first. Need more apartments like Villa Ro. Over on cedar street those are a mess.
1143	67491	Very Good	HOUS	NUTR	RESO	I wish I could solve housing issues and adequate food service. Have worked on these issues for years with little effect. Our church gives out over 350 meals a week.

CHNA 2025 Community Feedback: McPherson County, KS (N=228)						
ID	Zip	Rating	c1	c2	c3	Q10. Being this a strong topic of interest, do you have any thoughts, ideas, and/or specific suggestions (food, housing, transportation, support, etc.) to address these 5 social determinants to improve our community health? (Please Be Specific)
1161	67460	Good	HOUS	POV	TRAN	There is not enough housing for low-income families, there is not transportation between the eight communities in McPherson County, so it can be really hard to get to appointments if you don't have sufficient transportation. Childcare is terrible, not enough spaces for children whose parents have to work to support the family.
1004	67460	Very Good	HOUS			McPherson is known for expensive housing. Need more incentives for developers to build single family homes.
1115		Very Good	HOUS			We need more housing in Lindsborg especially housing to downsize in that is handicap friendly
1108	67456	Very Good	INSU	ACC		Lack of insurance to obtain health care.
1144	67062	Good	INSU	EDU	RESO	A public table listing common healthcare needs with various insurance options. ie. difference in coverage between Medicare advantage and Medicare, High deductible, etc. Common Healthcare services include PCPs, specialists, physical/occupational therapy, medication, hospital stays. People are unaware of their benefits.
1102		Good	MH	SPEC	REF	I think mental health care services should be a higher priority. It's also extremely difficult to get in to see specialists even with a referrals. This allows existing problems to get worse over time.
1106	67456	Very Good	NO			I have no specifics to this
1005	67456	Very Good	NO			I'm not involved enough to know.
1220	67460	Average	NUTR	ACC	SH	Ensure access to nutritional options, including the modification of school food programs which are nutritional deficient and set students on a bad course.
1028	67107	Good	NUTR	EDU	FINA	It would be great to see basic nutritional education, perhaps even with recipes or ideas for simple, easy, nutrient dense meals for busy households. Group-oriented Exercise challenges for adults that include incentives. Financial education would also be great, like basic budgeting. STEPNC does a good job, but there are probably many other people who are teetering on the edge of stability who could use the education and encouragement. Another big issue related to that which will continue to get worse is chronic online gambling.
1188	67460	Average	NUTR	FINA	EDU	With the price of groceries, healthy food is expensive. There are not great access to health education places in the area.
1186	67107	Good	NUTR	HRS		Food bank should have more hours they are open
1039	67456	Good	NUTR	PREV	REC	Having more programs and incentives in the schools to encourage healthy eating and exercise. Holding community fairs and or events to encourage healthy eating and exercise. Such as walks, bike rides that are not necessarily competitive. Community feast that focuses on healthy eating.
1219	67491	Good	NUTR			Open the food bank more
1160	67460	Very Good	PREV	FIT	NUTR	More opportunities and clubs centered around health and fitness. Better access to organic foods in grocery stores or specialty stores.
1213	67460	Good	PRIM	SPRT	ACC	Good primary care providers with accessibility are a key to supporting general health care and well-being in any community.
1164	67460	Very Good	QUAL			Excellent
1203	67107	Very Good	REC	ACC	SH	I believe improving current trails (park) and adding more walking/biking trails will draw people to our town and having safe routes to school that allow student to be active on the way to and from school will improve both the mental and physical wellbeing of residents.
1199	67460	Good	REC	QUAL	ACC	Our local YMCA is very poor--location, size of the building, offerings are limited by the physical facility. Locker rooms are poor and access for families/children with disabilities is difficult.
1014	67107	Good	SAFE	SPRT		Local communities need to continue to make their residents feel safe with programs that give them a choice to put themselves in better circumstances
1183	67456	Very Good	SH	FIT		Strengthen schools and provide more recreation/exercise opportunities.
1217	67460	Good	SH	HOUS	INSU	Better school facilities. Better access to food bank, etc for those needing assistance. Affordable housing. Jobs that offer health insurance.
1140	67460	Good	SH	NUTR	PREV	Too much candy used as motivation or rewards in elementary and middle school. Not enough movement and exercise is incorporated into school. This drops a lot when kids go to middle school. PE is an elective and 6th graders don't often get the electives they want. Also, one of the PE classes is the last hour which is better than nothing but would be much more beneficial to healthy brain activity if the PE classes were early in the day. The food at school lunch is also a bunch of processed junk. When a kid can pick processed chicken nuggets everyday they are set up to fail.
1198	67460	Average	SH	SERV		where do you have control of information and that is in the K-12 curriculum, and public awareness of all the services that are happening in the county
1131	67460	Very Good	SPIRT			When people follow God and live by the principals in the Bible, they do better in living right and caring for others.
1018	67107	Very Good	SPRT	FINA	SERV	Healthcare needs supportive income to cover costs of maintaining and increasing services.
1182	67460	Very Good	SPRT	QUAL	RESO	We don't want to enable people. We want to create frameworks that can help them to be successful. So often people believe being handed material goods or money will fix a problem. I believe it can actually make it worse because we are basically making this behavior appropriate.
1226	67717	Very Good	SW	CLIN	RESO	I feel a community social worker may be beneficial in the clinic setting to help with resources for some of these social determinants.

CHNA 2025 Community Feedback: McPherson County, KS (N=228)						
ID	Zip	Rating	c1	c2	c3	Q10. Being this a strong topic of interest, do you have any thoughts, ideas, and/or specific suggestions (food, housing, transportation, support, etc.) to address these 5 social determinants to improve our community health? (Please Be Specific)
1133	67460	Good	TRAN	ACC		a city bus that ran during the week and made stops at Walmart and Dillons and at the places less likely to have transportation
1075	67460	Good	TRAN	EDU	HRS	Transportation - educate the public as to what is available. Taxi, gen. public trans - that's about it. Transportation from facilities is expensive. Access to the food bank has limited hours. Education about services that are available. If doctors don't tell patients what is available, how do folks find out about community support. Not everyone can get info from the health dept. Set up kiosks (manned) in grocery stores, Wal-Mart, senior centers, schools etc. The walk in care in McPherson seems to be working well. Have not clue about mental health services in the county.
1173	67456	Very Good	TRAN	FUND	RESO	access to transportation, known organization with funds to help with meds/transport/appt
1100	67456	Very Good	TRAN	HRS	HOUS	Need public transportation that runs evenings and weekends. Need local Home Health Agency. Need affordable private residences.
1090		Very Good	TRAN	NH	STFF	Transportation bus in lindsborg a available more hours. Congress needs to pass all free school lunches no matter the income. Reduced services for the elderly...who have fixed income & no money. More staffing support & training. Education classes in evening not morning because those working are often ones in need. Revamp a Steps program for lindsborg with better community support, publicly admitting lindsborg HAS poverty and working to encompass better without singling out.
1032	67456	Very Good	TRAN			Transportation to McPherson and Salina medical facilities would be a great benefit.
1201	67107	Average	YOUTH	ACC		I think that parents reliance on screens acts to isolate kids from their neighborhoods, towns and robs them of building self reliance.

CHNA 2025 Community Feedback: McPherson County, KS (N=228)						
ID	Zip	Rating	c1	c2	c3	Q8. In your opinion, what are the root causes of "poor health" in our community? Other (Be Specific)
1220	67460	Average	ACC	NUTR		The presence of Dollar General and other "cheap" stores and the lack of good nutritional "fresh" options is a dangerous combination.
1035	67456	Very Good	ACC			Lack of ADA accessibility.
1103	67456	Good	DOCS	QUAL	INSU	Doctors treating patient's ailments rather than following insurance guidelines.
1071		Good	EDU	ECON		Lack of education and work ethic.
1198	67460	Average	EDU	SH		lack of education about health in the community and K-12
1180	67456	Good	FINA	ACC	INSU	Lack of access due to expense. Insurance plans are outrageously expensive, healthcare is expensive, pharmaceuticals are expensive. For those fortunate enough to be insured through an employer, paying coinsurance and deductibles is more than most can afford.
1204	67107	Good	FINA			Financial strain
1190	67456	Very Good	NUTR	ACC		Access to healthy foods and better nutrition is there. Getting folks to want that is difficult.
1157	67460	Poor	NUTR	ACC		The increase in fast food restaurants and less healthy options.
1160	67460	Very Good	OBES	EDU	FIT	Obesity and lack of education on exercise and proper nutrition
1126	67416	Good	OTHR			Reliance of the healthcare community on technology (see prior documentation)
1221	67460	Average	OTHR			We reside next to a refinery
1131	67460	Very Good	OWN	NUTR	FIT	Too many people are apathetic about eating healthy food or getting exercise. If people valued their health, they wouldn't use any type of recreational drugs (illegal & legal)
1226	67717	Very Good	SW	POV	SPRT	Limited social services for disadvantaged populations
1005	67456	Very Good				Don't know what.

CHNA 2025 Community Feedback: McPherson County, KS (N=228)						
ID	Zip	Rating	c1	c2	c3	Q13. What "new" community health programs should be created to meet current community health needs?
1186	67107	Good	CC			extended daycare
1024	67460	Very Good	COLLAB	COMM		Not sure new ones are needed, just better coordination and information sharing
1203	67107	Very Good	COUN	EDU	NUTR	Counseling services and some fitness classes and education about healthy eating
1188	67460	Average	DENT	EDU		Dental work for people in poverty. Education of healthy habits.
1161	67460	Good	DENT			Keeping a dentist at Grace Med.
1035	67456	Very Good	DIAB	EDU	MH	Pre-diabetes and diabetes education. Out patient mental health services.
1075	67460	Good	DIAL	OP	EDU	Kidney dialysis. Outpatient education in smaller communities. Include health, nutrition, mental health, stop smoking, diabetes - at fairs, senior centers, pre-school, churches etc.
1120	67464	Average	DOCS	QUAL		better dr
1039	67456	Good	DOH	SERV		Maybe having a community feast or fair that is free to the public to encourage such and to share programs available to people seeking this.
1077	67460	Good	DOM	PREV		Domestic violence. This should be offered to women. We also have 2 colleges in McPherson. Domestic violence prevention and treatment should be offered there as well
1175	67460	Average	DRUG	SERV		Overdose programs
1147	67460	Poor	EDU	NUTR		Healthy eating education
1198	67460	Average	EDU			k-12 curriculum updates and delivery methods
1181	67464	Good	EMER			Bigger E.R.
1221	67460	Average	FINA	FIT	REC	New YMCA Facility and affordable memberships
1028	67107	Good	FINA	SPRT	EDU	Financial support services for people at all levels of financial health, including education on gambling.
1104	67456	Good	FIT	FINA	HRS	Low impact exercise — yoga, chair yoga, straps, stretching — that is affordable for more people and is available at convenient times to working people.
1037	67456	Good	FIT	NUTR		Exercise and nutrition
1183	67456	Very Good	FIT	REC		Quality exercise and recreation facilities.
1007	67456	Very Good	FIT			Exercise wellness center
1061	67460	Average	MH	ACC	HRS	More access for mental health services after hours.
1189	67460	Average	MH	CLIN	DRUG	Walk in Mental Health Clinic, in patient, outpatient, and detox for substance abuse
1177	67546	Good	MH	DRUG	SERV	Mental health and drug rehab services
1219	67491	Good	MH	FAC		More mental health people and facility
1218	67460	Very Good	MH	HOME		something for mental health and for the homeless
1101	67456	Very Good	MH	SPEC		Having a face to face mental health specialist on call.
1076	67460	Very Good	MH	THER		Mental health therapy
1131	67460	Very Good	MH	TRAN		People with mental health problems that are a danger to society need to be placed in an institution that can care for them instead of just letting them roam free or sit in jail when they violate the law. Since this county does not have any place to put these individuals, they need to be transported to a larger city that can provide the help needed.
1112	67476	Good	MH			Mental Health
1180	67456	Good	MH			Mental health crisis intervention for all ages.
1011		Very Good	MH			Mental health services.
1143	67491	Very Good	MH			Strong Mental health
1084	67456	Very Good	NH	MH	SPRT	More programs addressing aging, more programs to help children of aging parents, parenting classes, more AED/CPR training, recognizing the signs of mental illness/suicidal thoughts, ADHD and Autism programs/support services, speech pathology
1126	67416	Good	NH			There needs to be someone that truly takes a look at the technology that is being utilized with our elderly population.
1214	67460	Poor	NUTR	ACC		access to a dietaten. show us how to help our body's feel better from within
1016	67401	Very Good	NUTR	EDU		Nutrition education
1174	67501	Average	NUTR	SPRT		More farmers markets, and community health programs.
1166	67443	Good	OBG			Obgyn
1100	67456	Very Good	OTHR			Affordable massage.
1205	67107	Good	POD	URL		Podiatry. Urology.
1030	67456	Average	PREV	DOCS		There needs to be more focus on wellness. We travel out of town to see a medical provider that is focused on keeping us well and not just prescribing a pill.
1160	67460	Very Good	PREV	FIT	REC	Health classes, fitness classes for a community where you don't have to be a gym member. More trails.
1095	67456	Very Good	PREV	NUTR		Wellness, eating right
1173	67456	Very Good	PREV			fall prevention
1010	67456	Very Good	PSY	FF	TELE	access to psychiatric beds when an individual is in crisis. Also, routine "office" visits for patients that need weekly followup or intervention and cannot drive or do not have access to a computer for telehealth
1009	67460	Average	QUAL	SPRT		Community care team invested in improving health to the underprivileged
1099	67460	Very Good	REC	NUTR	CHRON	I'd love to see some sort of expanded adult recreation. Not necessarily sports leagues but anything to get healthy, living and healthy eating to the forefront. Also, the stigma of chronic pain and disease that causes a lot of obesity issues
1019	67460	Very Good	REC			Indoor pool
1201	67107	Average	REC			More trails
1163	67456	Very Good	RESO	SPRT		More programs like the Parkinsons web series with KU the local hospital did. Not only did I learn a lot, but I met people with similar concerns.
1182	67460	Very Good	RESO			Anything that pushes personal growth and knowledge.
1094	67456	Very Good	RHE			Rheumatologist –
1217	67460	Good	SH	YOUTH	SERV	after school activities to keep kids active (fighting childhood obesity, starting healthy habits)
1162	67456	Very Good	WAG	NURSE		Better wages for nurses
1216	67460	Average	YOUTH	ORTH		biomechanical exams for children and young adults. This could eliminate the need for joint replacement surgeries later on

McPherson Hospital, Lindsborg Community Hospital, and Mercy Hospital are working together to update a comprehensive community-wide 2025 Community Health Needs Assessment (CHNA) to identify unmet health needs. To gather current area feedback, a short online survey has been created to evaluate current community health needs and delivery. NOTE: Please consider your answers to the survey questions as it relates to ALL healthcare services in our community, including but not limited to our local hospital.

While your participation is voluntary and confidential, all community input is valued. Thank you for your immediate attention! CHNA 2025 online feedback deadline is December 27, 2024.

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

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

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

	Very Good	Good	Fair	Poor	Very Poor
Ambulance Services	☐	☐	☐	☐	☐
Child Care	☐	☐	☐	☐	☐
Chiropractors	☐	☐	☐	☐	☐
Dentists	☐	☐	☐	☐	☐
Emergency Room	☐	☐	☐	☐	☐
Eye Doctor/Optometrlist	☐	☐	☐	☐	☐
Family Planning Services	☐	☐	☐	☐	☐
Home Health	☐	☐	☐	☐	☐
Hospice/Palliative	☐	☐	☐	☐	☐
Telehealth	☐	☐	☐	☐	☐

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

	Very Good	Good	Fair	Poor	Very Poor
Inpatient Hospital Services	☐	☐	☐	☐	☐
Mental Health Services	☐	☐	☐	☐	☐
Nursing Home/Senior Living	☐	☐	☐	☐	☐
Outpatient Hospital Services	☐	☐	☐	☐	☐
Pharmacy	☐	☐	☐	☐	☐
Primary Care	☐	☐	☐	☐	☐
Public Health	☐	☐	☐	☐	☐
School Health	☐	☐	☐	☐	☐
Visiting Specialists	☐	☐	☐	☐	☐

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

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

6. From our past CHNA, a number of health needs were identified as priorities. Are any of these an ongoing problem for our community? Please select top three.

- | | |
|---|--|
| ☐ Mental Health / Crisis Intervention (Diagnosis, Placement, Aftercare, Providers) | ☐ Parenting |
| ☐ Access to specialists (OB, Surgery, CV, Pulmonology, Urology) | ☐ Access to Home Health |
| ☐ Cancer | ☐ Safe Pathways and Sidewalks |
| ☐ Obesity (Nutrition & Exercise) | ☐ Senior Health |
| ☐ Insurance Options (Education) | ☐ Distracted Driving |
| ☐ Workforce Staffing | ☐ Housing |
| ☐ After hours Urgent Care/ Walk-in Clinic | ☐ Transportation |

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

- | | |
|---|--|
| ☐ Mental Health / Crisis Intervention (Diagnosis, Placement, Aftercare, Providers) | ☐ Parenting |
| ☐ Access to specialists (OB, Surgery, CV, Pulmonology, Urology) | ☐ Access to Home Health |
| ☐ Cancer | ☐ Safe Pathways and Sidewalks |
| ☐ Obesity (Nutrition & Exercise) | ☐ Senior Health |
| ☐ Insurance Options (Education) | ☐ Distracted Driving |
| ☐ Workforce Staffing | ☐ Housing |
| ☐ After hours Urgent Care/ Walk-in Clinic | ☐ Transportation |

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

- | | |
|--|--|
| ☐ Chronic Disease Management | ☐ Limited Access to Mental Health |
| ☐ Lack of Health & Wellness | ☐ Family Assistance Programs |
| ☐ Lack of Nutrition / Access to Healthy Foods | ☐ Lack of Health Insurance |
| ☐ Lack of Exercise | ☐ Neglect |
| ☐ Limited Access to Primary Care | ☐ Lack of Transportation |
| ☐ Limited Access to Specialty Care | |

Other (Be Specific).

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

	Very Good	Good	Fair	Poor	Very Poor
Behavioral/Mental Health	☐	☐	☐	☐	☐
Emergency Preparedness	☐	☐	☐	☐	☐
Food and Nutrition Services/Education	☐	☐	☐	☐	☐
Health Wellness Screenings/Education	☐	☐	☐	☐	☐
Prenatal/Child Health Programs	☐	☐	☐	☐	☐
Substance Use/Prevention	☐	☐	☐	☐	☐
Suicide Prevention	☐	☐	☐	☐	☐
Violence/Abuse Prevention	☐	☐	☐	☐	☐
Women's Wellness Programs	☐	☐	☐	☐	☐
Exercise Facilities / Walking Trails etc.	☐	☐	☐	☐	☐

10. Social Determinants are impacting healthcare delivery. These determinants include 1) Education Access and Quality, 2) Economic Stability, 3) Social / Community support, 4) Neighborhood / Environment, and 5) Access to Quality Health Services. Being this a strong topic of interest, do you have any thoughts, ideas, and/or specific suggestions (food, housing, transportation, support, etc.) to address these 5 social determinants to improve our community health? (Please Be Specific)

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

☐ Yes

☐ No

If yes, please specify the services received

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

☐ Yes

☐ No

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

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

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

☐ Abuse/Violence

☐ Health Literacy

☐ Poverty

☐ Access to Health Education

☐ Heart Disease

☐ Preventative Health/Wellness

☐ Alcohol

☐ Housing

☐ Sexually Transmitted Diseases

☐ Alternative Medicine

☐ Lack of Providers/Qualified Staff

☐ Suicide

☐ Behavioral/Mental Health

☐ Lead Exposure

☐ Teen Pregnancy

☐ Breastfeeding Friendly Workplace

☐ Neglect

☐ Telehealth

☐ Cancer

☐ Nutrition

☐ Tobacco Use

☐ Care Coordination

☐ Obesity

☐ Transportation

☐ Diabetes

☐ Occupational Medicine

☐ Vaccinations

☐ Drugs/Substance Abuse

☐ Ozone (Air)

☐ Water Quality

☐ Family Planning

☐ Physical Exercise

Other (Please specify).

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

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

Other (Please specify).



* 16. For reporting analysis, please enter your HOME 5-digit ZIP code.

e.) County Health Rankings & Roadmap Detail

[VVV Consultants LLC]

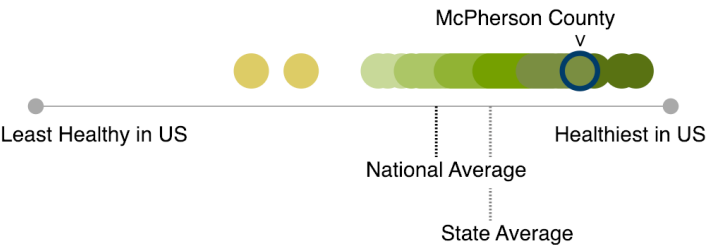
McPherson County 2024

Health Outcomes and Health Factors summaries replace the numerical ranking provided in previous years. Each Kansas county with sufficient data is represented by a dot, placed on a continuum from least healthy to healthiest in the nation. The color of each dot represents data-informed groupings of counties nationwide with similar Health Outcomes and Health Factors on the continuum.

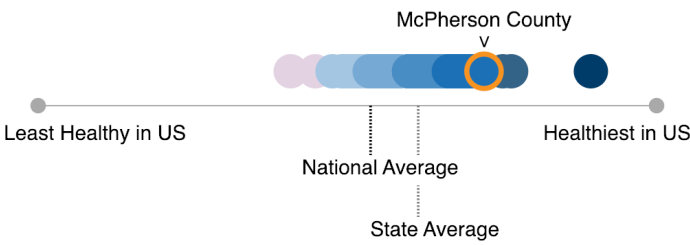


[hyear=2024https://www.countyhealthrankings.org/health-data/kansas/mcpherson?year=2024](https://www.countyhealthrankings.org/health-data/kansas/mcpherson?year=2024)

Health Outcomes



Health Factors



Population: 30,012

Length of Life	McPherson County	Kansas	United States	
Premature Death	6,700	8,100	8,000	
Quality of Life	McPherson County	Kansas	United States	
Poor or Fair Health	13%	14%	14%	
Poor Physical Health Days	3.0	3.2	3.3	
Poor Mental Health Days	4.5	5.0	4.8	
Low Birthweight	6%	7%	8%	
Additional Health Outcomes (not included in summary)	McPherson County	Kansas	United States	
Life Expectancy	77.7	77.0	77.6	
Premature Age-Adjusted Mortality	370	400	390	
Child Mortality		60	50	
Infant Mortality		6	6	
Frequent Physical Distress	9%	10%	10%	
Frequent Mental Distress	15%	16%	15%	
Diabetes Prevalence	9%	10%	10%	
HIV Prevalence	39	143	382	

Note: Blank values reflect unreliable or missing data.

The annual County Health Rankings & Roadmaps data release provides a snapshot of the health of each county in two summaries: Health Factors (which measure issues that can shape the health outcomes) and Health Outcomes (which measure length and quality of life). Each county is placed on a continuum from least healthy to healthiest in the nation and categorized into a group of counties with similar Health Outcomes or Health Factors. The following tables illustrate the “drivers” for health of this county.

What do these drivers mean? The drivers indicate the measures with the greatest impact on the health of the county. Drivers labeled with a green plus sign are measures on which the county performed particularly well compared to all counties nationwide. Those labeled with a red minus sign are measures which could be improved and may warrant additional attention.

Health Factors: Drivers with the greatest impact on health, McPherson County, KS - 2024

Health Behaviors		McPherson County	Kansas	United States
Adult Smoking		17%	16%	15%
Adult Obesity		36%	37%	34%
Food Environment Index		8.2	7.1	7.7
Physical Inactivity		24%	23%	23%
Access to Exercise Opportunities		78%	80%	84%
Excessive Drinking		17%	20%	18%
Alcohol-Impaired Driving Deaths		27%	20%	26%
Sexually Transmitted Infections		378.2	506.1	495.5
Teen Births		14	19	17
Clinical Care		McPherson County	Kansas	United States
Uninsured		9%	11%	10%
Primary Care Physicians		1,440:1	1,280:1	1,330:1
Dentists		2,000:1	1,580:1	1,360:1
Mental Health Providers		970:1	420:1	320:1
Preventable Hospital Stays		2,058	2,576	2,681
Mammography Screening		45%	48%	43%
Flu Vaccinations		45%	47%	46%
Social & Economic Factors		McPherson County	Kansas	United States
High School Completion		93%	92%	89%
Some College		73%	71%	68%
Unemployment		1.9%	2.7%	3.7%
Children in Poverty		10%	14%	16%
Income Inequality		3.9	4.4	4.9
Children in Single-Parent Households		16%	21%	25%
Social Associations		22.2	13.2	9.1
Injury Deaths		107	82	80
Physical Environment		McPherson County	Kansas	United States
Air Pollution - Particulate Matter		7.3	6.7	7.4
Drinking Water Violations		No		
Severe Housing Problems		10%	12%	17%
Driving Alone to Work		82%	78%	72%
Long Commute - Driving Alone		17%	22%	36%



VVV Consultants LLC

VVV Consultants LLC

Vince Vandelaar, MBA

Principal & Adjunct Professor

VVV@VandelaarMarketing.com

Olivia Hewitt, BS

Associate

OGH@VandelaarMarketing.com

Cassandra Kahl, BHS MHA

Director, Project Management

CJK@VandelaarMarketing.com

HQ Office:

601 N Mahaffie, Olathe, KS 66061

(913) 302-7264

<http://vandelaarmarketing.com/>

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