



2018
Community Health Needs Assessment
for
Riley County, Kansas

Via Christi Hospital – Manhattan

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**Via Christi Hospital – Manhattan
2018 Community Health Needs Assessment for Riley County
April 20, 2018**

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Date CHNA adopted by the Board of Directors _____ June 27, 2018 _____

EXECUTIVE SUMMARY

The purpose of this Community Health Needs Assessment (CHNA) is to identify and prioritize the significant health needs of Riley County served by Via Christi Hospital in Manhattan, Kansas. The priorities which have been identified in this report by the community help to guide the hospital's leadership and other stakeholders in planning for community health improvement programs and community benefit activities. Additionally, these priorities will encourage collaborative efforts with other organizations that share in the mission to improve community health. This CHNA report meets the requirements of the Patient Protection and Affordable Care Act in which not-for-profit hospitals conduct a CHNA at least once every three years.

The geographical area of Riley County was chosen for this CHNA because that is where Via Christi Hospital in Manhattan (VCH-M) is located and where the bulk of their patients live or work. The actual survey instrument is available for review in Appendix I of this report.

The methodology adopted for this CHNA effort included secondary data analysis (e.g. United States Census Bureau, Healthy Communities, etc.), distribution of a paper survey in public locations in Manhattan, and promotion of its availability online through a radio interview and the hospital's website. There were also two focus groups conducted in Manhattan where service providers and volunteers from numerous organizations representing the broad interests of the community took part. The list of people participating in the focus group, as well as the organizations they represented, is available in Appendix III of this report. Notes generated from the focus group discussions are contained in Appendix IV.

This CHNA was conducted in coordination with the CHNA of Wamego Health Center (WHC) in adjacent Pottawatomie County, Kansas. VCH-M is a 51% percent owner of WHC. WHC is a 25-bed critical access hospital. WHC distributed the same survey in Pottawatomie County, the results of which are included in this report. A focus group was also conducted in Pottawatomie County using the same format and facilitator as that used in Riley County.

The process used to determine priorities included the number of survey respondents who identified the issue as a problem for them or their household, whether or not the issue had been identified in a previous CHNA, how many people are currently impacted by the issue, whether or not community organizations are already addressing the issue. Also considered was the availability of resources and expertise as well as mission and vision fit of the hospital to address the problems identified.

Significant Needs in 2018

The top five needs identified by the 2018 CHNA respondents for the various target populations are:

Physical Health

- 1) Affordable health insurance
- 2) Affordable health services
- 3) Facilities for physical activity (including parks, trails, rec centers)
- 4) Affordable prescriptions
- 5) Access to healthy food options

Mental Health

- 1) Affordable mental health services
- 2) Increased number of mental healthcare providers
- 3) High quality mental health services
- 4) Increased mental health education/prevention
- 5) Substance abuse prevention/treatment

Children 5 Years of Age and Younger

- 1) Affordable child care
- 2) After school programs
- 3) Financial assistance to families (for nutrition, childcare, housing, etc.)
- 4) Bullying prevention
- 5) Parenting education/skills development

Teens (13 to 18 years old)

- 1) Bullying prevention
- 2) Appropriate internet/technology use (e.g. sexting, cyberbullying, etc.)
- 3) Mental health care
- 4) Employment opportunities
- 5) Substance abuse prevention/treatment & opportunities to contribute to community

Older Adults

- 1) Affordable housing
- 2) Affordable prescriptions
- 3) Access to daily meals
- 4) Independent living in the home
- 5) Assisted living options

Needs Identified in the Focus Group Discussions

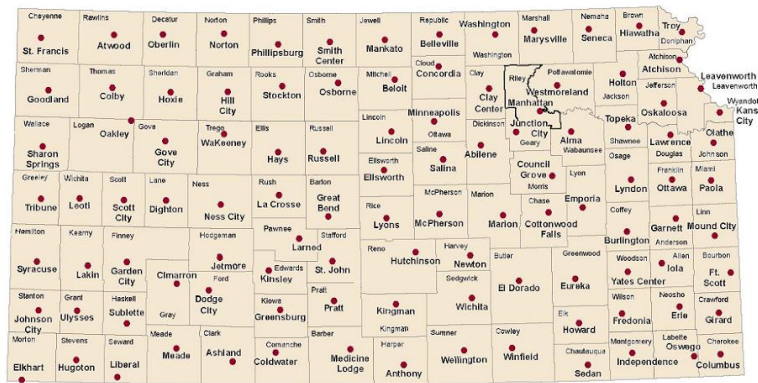
- 1) Inadequate mental health services, especially inpatient beds for crisis situations
- 2) Limited options for health care services for the underinsured and uninsured
- 3) Increase of mental health providers and a short-term mental health treatment center for inpatient/crisis stabilization
- 4) Approval of Medicaid expansion by the State of Kansas
- 5) Indoor exercise facility (Pottawatomie County in particular)

RILEY COUNTY COMMUNITY PROFILE

Riley County is located in the northeast portion of the State of Kansas. The population estimate on July 1, 2016 reported by the United States Census Bureau was 73,343.¹ The county seat for Riley County is Manhattan Kansas which is also the largest city and home of Kansas State University, one of the county's largest employers along with Fort Riley.

¹ United States Census Bureau, *Quick Facts*, Riley County, Kansas, downloaded on March 16, 2018 from <https://www.census.gov/quickfacts/fact/table/US/PST045217>

Figure 1: Map of Kansas with Riley County Outlined²



According to the 2010 United States Census, the county has a total area of 610 square miles of land with a population of 117 people per square mile. In addition, there were 28,212 housing units; however, that number increased to 30,370 by July 1, 2016. The owner-occupied housing unit rate was 41.8 percent with the median value of owner-occupied housing units at \$184,500. The median gross rent for Riley County is \$905 which is \$130 more a month than other Kansans pay and \$160 more than residents of the neighboring county of Pottawatomie pay for rent.³

The racial composition of Riley County in 2016 was 83.6 percent white, 7.8 percent Hispanic or Latino, 6.9 percent Black or African American, 0.7 percent American Indian or Alaska Native, 5.0 percent Asian, 0.2 percent Native Hawaiian and other Pacific Islander and 3.5 percent reporting multiple races. Nearly eight percent of the residents are Hispanic or Latino.⁴

In 2016, there were 26,544 households in which on average 2.5 people were living. Approximately 10 percent of the households identified that another language, other than English, was spoken at home although 8.4 percent identified they were born in a different country.⁵

Approximately 17 percent of the population is under the age of 18 and 8.8 percent over the age of 65. The population of younger residents decreased by 1.4 percent since April 2010, while the percentage of senior citizens increased by 1.5 percent during the same time period. In 2016, females represented 47 percent of the population compared to the 53 percent of their male counterparts.⁶

The education achievement of residents living in Riley County is higher than those living in the State of Kansas as 95.6 percent reported graduating from high school compared to 90.3 percent for State residents and 46.0 percent reported having a bachelor's degree or higher compared to 31.6 percent for the State.⁷

² Institute for Policy & Social Research, The University of Kansas, downloaded March 12, 2018 from <http://ipsr.ku.edu/ksdata/ksah/ksa34.shtm>

³ United States Census Bureau, *Quick Facts*, Riley County, Kansas, downloaded on March 16, 2018 from <https://www.census.gov/quickfacts/fact/table/US/PST045217>

⁴ Ibid

⁵ Ibid

⁶ Ibid

⁷ Ibid

According to 2016 Quick Facts, 7.1 percent of the Riley County residents live with a disability; these are people under the age of 65. In addition, 8.8 percent under the age of 65 reported having no health insurance coverage.⁸

The median household income for Riley County (in 2016 dollars) was \$46,609. This was nearly \$7,000 less than what was reported as the median household income for all Kansans. In addition, 18.2 percent of the Riley County residents are living in poverty compared to 12.1 percent in the State. How much of the lower income and poverty status is represented by the large number of students and entry level military living in the area is not known but may be a factor in this variance.⁹

VIA CHRISTI HOSPITAL IN MANHATTAN DESCRIPTION¹⁰

Via Christi Hospital in Manhattan (VCH-M) is a healthcare leader in northeastern Kansas, with 150 physicians, 500 employees and 250 volunteers serving the people of Manhattan and the surrounding areas with a wide range of quality health and wellness services. Other services offered in Manhattan include:

Diabetes Care and Treatment

VCH-M Diabetes Center is dedicated to serving people with diabetes and their families. The purpose of the Center is to educate patients about diabetes, give them the confidence they need to manage the daily challenges of living with diabetes and to prevent long-term complications.



Accredited by the American Diabetes Association, the Diabetes Center is designed to help patients at any stage of the disease, whether newly diagnosed or looking for ongoing support. With a staff of educators certified by the AADE, VCH-M offers information, classes and one-on-one support to help patients become informed and live well with the disease.

Emergency Room

The ER at VCH-M offers high-quality medical services by physicians with specialty training in emergency and family medicine. It is equipped to handle all situations, from emergencies such as heart attacks, to other urgent illnesses and injuries. In addition to physicians who specialize in emergency medicine, physicians in other medical specialties throughout the community are available for consultation with the ER.

The ER is physician-staffed 24 hours a day, with physician assistants, nurses, technicians and other staff providing additional support. With 16 treatment rooms available for a variety of emergency situations, the emergency room sees approximately 24,000 patients each year.



⁸ Ibid

⁹ Ibid

¹⁰ Via Christi Health (2018) Via Christi Hospital locations and services webpage. Downloaded on March 20, 2018 from <https://www.viachristi.org/location/via-christi-hospital-manhattan>

Heart Care and Cardiac Rehabilitation

Heart and cardiac care at VCH-M allows residents of the region to receive quality diagnostic and interventional cardiac services without traveling far from home. In addition to routine cardiac testing and monitoring, VCH-M cardiologists perform interventional procedures such as angioplasty and stent placements within VCH-M's state-of-the-art catheterization laboratory. The Imaging Center includes a 128-slice CT scanner that provides access to advanced images of the heart and other organs.



Cardiology services at VCH-M includes: ambulatory blood pressure monitoring; cardiac event monitoring; cardiac rehabilitation; cardiac stress testing using standard Bruce protocols, thallium and dual isotope exams and pharmacologic; echocardiogram; electrocardiogram; full-service catheterization lab testing for diagnostic procedures, stent placements, angioplasty and peripheral capabilities; holter monitoring and vascular ultrasound.

Labor and Delivery

The VCH-M Birth and Women's Center gives women patients the best of both worlds. VCH-M offers advanced medical services and technologies to keep mother and child safe in a family-focused environment. The family-centered model includes: a homelike environment for labor delivery and recovery; a wide range of non-invasive, low-tech birthing techniques, including a whirlpool hot tub and birthing ball; rooming-in with baby with new bassinets; double-sized beds; state-of-the-art monitoring equipment for the safety of each new mom and her baby; a breastfeeding-friendly facility where a full-time lactation consultant can assist the new mom with questions on techniques of feeding.



The Birth and Women's Center is the only AAP-registered Level II neonatal intensive care nursery in the area, meaning they are prepared to care for premature babies or for new infants who have other special medical needs.

Orthopedics

VCH-M provides pre-procedure education, treatment from a highly qualified group of orthopedic professionals and excellent rehabilitation care all in one place. Located within the surgical unit, the Joint Care Center is a full-service, specialized unit dedicated to joint replacement surgery with a focus on hip and knee replacement surgery. The JCC emphasizes patient education, family involvement and specialized quality care.

Specific surgeries include: knee and hip replacement; pre and post-surgical care; pre-surgery class before procedure and post-surgical rehabilitation.



Outpatient Behavioral Health

VCH-M Outpatient Behavioral Health program is committed to providing compassionate, high-quality and ethical services to help people achieve good health, both physical and emotional. The Outpatient Behavioral Health team includes board-certified psychiatrists, psychologists, and registered nurses who are available to assist each individual in meeting their goals.

The Outpatient Adult clinic serves patients 18 and older when professional treatment is needed for anxiety, depression, mood disorders, stress, grief and concerns which interfere with daily living.



Pain Management Clinic

VCH-M provides comprehensive pain management through a team approach, with a staff of registered nurses and an anesthesiologist who specializes in pain management. The team works with each patient from evaluation to treatment, giving professional advice on lifestyle recommendations, pharmacological treatments and alternative pain relief methods.

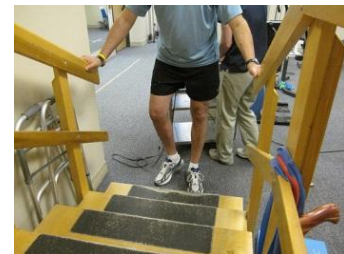
Some of the services provided at VCH-M Pain Management Clinic include: vertebroplasty; dorsal column stimulator trials and permanent implantations; cervical, thoracic and lumbar epidural steroid injections; epidural adhesiolysis; facet injections/medial branch blocks; radiofrequency ablation for facet joint/medial branch nerves; peripheral nerve blocks; knee, hip and shoulder intraarticular injections; major/minor bursa injections and trigger point injections just to name a few.



Physical Rehabilitation and Therapy

Rehabilitation services at VCH-M provide treatment for patients of all ages and diagnoses. Whether the patient is hospitalized, recovering in the inpatient rehabilitation unit, or receiving treatment on an outpatient basis, VCH-M rehabilitation team will help each patient regain as much independence as possible by rebuilding important skills and abilities lost as a result of illness, injury or disability. Services may include worker rehabilitation, pre-employment screens, aquatic therapy, voice therapy, swallowing dysfunction, lymphedema, women's health, speech therapy, physical therapy, cardiac rehabilitation, occupational therapy or multiple types of treatment in addition to education, support and introduction of the latest equipment to augment each patient's quality of life.

The inpatient rehabilitation team works with patients who have been diagnosed with a number of illnesses or injuries, including but not limited to: stroke, multiple trauma, orthopedic injury or surgery, joint replacement, neurological disorders, heart disease, arthritis, brain injury, amputation, Parkinson's, pneumonia, hip fracture or spinal surgery.



Sleep Medicine

VCH-M sleep disorder lab is accredited by the American Academy of Sleep Medicine, and is a cutting-edge facility that assesses why a person is having difficulty sleeping and identifies what can be done to address the problem. The sleep lab offers a full range of services designed to evaluate, diagnose, treat and help manage sleep disorders.



Sleep studies conducted by the lab include polysomnogram (PSG), CPAP titration, split-night polysomnogram and multi sleep latency test. For example, the PSG, through small sensors attached to key points on the body, test, measures and records brain waves, heart rhythms, muscle activity, breathing patterns, and leg and eye movements. Results from this type of study can reveal a lot about snoring, daytime sleepiness, unexplained headaches and severe nasal obstructions.

Weight Loss Services (Via Christi LIGHT)

According to the Centers for Disease Control and Prevention, more than one-third of adult Americans are obese which puts them at greater risk for developing life-threatening complications such as: certain forms of cancer, coronary heart disease, diabetes, gallbladder disease, high blood pressure, high LDL cholesterol, osteoarthritis, pregnancy complications, sleep apnea and stroke.

VCH-M LIGHT, is a physician-supervised weight-management program to help individuals lose inches and weight and get healthy. LIGHT includes five components: medical supervision, psychological evaluation, nutritional counseling, personal training and surgical intervention.



COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) METHODOLOGY

Description of CHNA Process and Methods

The 2018 Community Needs Assessment is the fourth such survey of Manhattan/Riley County residents conducted by Via Christi Hospital Manhattan either as an individual ministry or in partnership with other community organizations. The first one, conducted in 2010 was based on interviews conducted with individuals representing businesses, healthcare providers, government agencies, school districts, faith communities and other not-for-profits in Manhattan, Wamego, Ogden and Junction City. The 2012 CHNA, conducted by Via Christi Health, focused solely on the health care needs of the aging population in all of the Via Christi Health markets. The 2015 CHNA conducted by Wichita State University's Center for Community Support and Research was lead and coordinated by Riley County Seniors' Service Center through a grant from the Caroline Peine Charitable Foundation and in which Via Christi Hospital Manhattan, Konza United Way, Riley County Council on Aging and Wamego Health Center were funding partners. All of these assessments are available for download on Via Christi's webpage <https://www.viachristi.org/about-via-christi/mission/community-benefit>.

Data Collection

The 2018 CHNA gathered data from three major sources:

- Primary data collected from residents submitting their responses to printed surveys or available online through the VCH-M and Wamego Health Center (WHC) websites. Appendix I contains a copy of the survey instrument used to gather data, Appendix II shares the open-ended remarks made on the survey and Appendix V is a spreadsheet reflecting cross-tabulation analysis of responses based on selected variables. This survey was distributed in Riley County by VCH-M and in Pottawatomie County by WHC.
- There were a total of 781 respondents with 328 identifying Riley County as their home base and 303 identifying Pottawatomie. Of the 781, 68 (8.7%) of the respondents returned a paper copy of the survey with the majority of others using the SurveyMonkey version. The Pottawatomie County analysis is reported in a separate document but is available online from WHC.
- Two focus groups were held in Riley County and one in Pottawatomie County to measure the status of health care in the Manhattan/Wamego areas by looking at the strengths, weaknesses, new trends, missing services, etc. Appendix III identifies the focus group participants and the organizations represented and Appendix IV summarizes the take-away points from the focus group discussions.
- Secondary data collected by others but shared in written reports or articles available for download from the internet were used when appropriate. All sources used for this part of the analysis have been identified in the footnotes.

This CHNA, like all the others conducted, used a structured, data-driven process designed to identify the extent and depth of community needs when it comes to health care services. The primary purpose of this CHNA is to help VCH-M and others identify and prioritize the significant health needs of Riley County. The priorities identified in this report will help to guide the hospital's leadership in assessing their community health improvement programs and community benefit activities, as well as its collaborative efforts done in conjunction with other area organizations that share in the mission to improve community health.

This CHNA also meets the reporting requirements of the Patient Protection and Affordable Care Act that not-for-profit hospitals conduct a community health needs assessment at least once every three years and makes it publicly available for others to review and use.

VCH-M made the survey available in electronic and paper formats. The electronic format was promoted on its website and on its Facebook page; the promotion ran for 43 days and reached more than 5,800 individuals. In an effort to reach those residents without easy access to computers, paper copies of the survey were made available at the Riley County Public Library, the Riley County Health Department and the Riley County Senior Services Center.

The general public was also informed about this effort through a radio talk show hosted by KMAN in which the listening audience was directed to the VCH-M website that housed the survey link. Target populations representing young adults, Hispanics and other minority groups, as well as those from low-income households are not proportionately represented in the survey responses. Outside secondary data resources are used to supplement the CHNA analysis and focus group participants brought experience and perspectives on the needs of underrepresented segments of the community.

COMMUNITY HEALTH NEEDS ASSESSMENT FINDINGS

SOCIODEMOGRAPHIC CHARACTERISTICS OF SURVEY RESPONDENTS

Survey responses should be just one tool used in setting priorities for communities who are mapping out a strategic plan to improve the quality of life or health of their residents. Low response rates to surveys are not unique to the United States as researchers around the world are experiencing the same phenomenon. Men are the least likely to respond, while older women are the most likely.¹¹ The same is true for this survey and can be seen in Tables 1 and 2 below as females are proportionately over-represented when compared to the latest population projections for Riley County.

Table 1: Gender		
Gender	Survey Respondents	Riley County Population (2017 U.S. Census Est)
Female	83.8%	47.0%
Male	16.2%	53.0%

Table 2: Age		
Age	Survey Respondents	Riley County Population (2017 U.S. Census Est) ¹²
Under 18	0.0%	21.1%
18 to 24 years	4.9%	26.5%
25 – 34 years	21.9%	18.7%
35 – 49 years	25.2%	13.4%
50 – 64 years	27.0%	12.5%
65 – 74 years	12.2%	4.0%
75 years and older	8.8%	3.8%

Younger women, regardless of age category, out-responded their male counterparts on this CHNA survey. Research has shown that the majority of women also make the health care decisions in their family and given that more than 66 percent of the respondents are married, it is not surprising that the women in the household were more willing to respond to the survey questions focusing on health.¹³

The bulk of the Riley County CHNA respondents are residents of Manhattan, the largest city in the county, as more than 94 percent of these respondents identified their zip code as 66502 or 66503. More than 95 percent of the respondents identified their primary race as Caucasian. Table 3 shows the race and ethnic breakout for Riley County for both the CHNA and the 2016 Census. The rate of response by minority populations for the 2015 CHNA was 5.4 percent and in 2018 it is 4.9 percent.

¹¹ Amundsen, Bard and Elsie Lie (2013) *Fewer willing to participate in surveys*. The Research Council of Norway. Downloaded March 29, 2018 from <https://phys.org/news/2013-06-surveys.html>

¹² Population Demographics for Riley County, Kansas in 2017, 2018, downloaded March 30, 2018 from <https://suburbanstats.org/population/kansas/how-many-people-live-in-riley-county>

¹³ Rappleye, Emily (2015) *Women make 80 percent of healthcare decisions*. Becker's Hospital Review. Downloaded March 30, 2018 from <https://www.beckershospitalreview.com/hospital-management-administration/women-make-80-percent-of-healthcare-decisions.html>

However, respondents who identified themselves as multiracial did increase from 1.4 percent in 2015 to 2.8 percent in 2018. Although neither of these response rates is ideal when conducting community assessments, community leaders should also take into account the impact of education, household income, employment, current health status in addition to race when looking for trends of health access and outcomes.

Table 3: Race or Ethnicity		
Race or Ethnicity	2018 CHNA Respondents	Riley County Population (2016 U.S. Census Est)¹⁴
American Indian	0.6%	0.7%
Asian	0.3%	5.0%
Black	0.3%	6.9%
Caucasian	95.1%	83.6%
Pacific Islander	0.0%	0.2%
Two or More Races	2.8%	3.6%
Hispanic	3.1%	7.8%

While only 3.1 percent of the 2018 CHNA respondents identified themselves as Hispanic, this is more than the 2.0 percent for the 2015 CHNA. However, as one can easily see from Table 3, the Hispanics and Latinos continue to be underrepresented when compared to the general population.

According to the 2012-2016 American Community Survey, there were estimated to be 29,837 total households in Riley County in 2016 with a median value for owner-occupied houses at \$184,500. All households were projected to have a median household income of \$46,609.¹⁵ The median household income for those responding to this year’s CHNA was estimated to be nearly \$80,000.

Table 4 shows the annual household income of CHNA survey respondents along with the 2016 income and benefit data taken from the American Community Survey.

Table 4: Annual Household Income		
Amount	2018 CHNA Respondents	Riley County Households (ACS)
Less than \$10,000	1.6%	10.3%
\$10,000 - \$14,999	5.3%	4.1%
\$15,000 - \$24,999	7.6%	11.0%
\$25,000 - \$34,999	9.2%	12.8%
\$35,000 - \$49,999	11.8%	15.2%
\$50,000 - \$74,999	21.1%	17.2%
\$75,000 - \$99,999	16.4%	11.0%
\$100,000 - \$199,999	22.7%	13.8%
\$200,000 or more	4.3%	3.5%

¹⁴ United States Census Bureau, *QuickFacts*, op. cit.

¹⁵ United States Census Bureau, *American Fact Finder*. 2012-2016 American Community Survey 5-Year Estimates, Selected Economic Characteristics. Downloaded April 3, 2018 from https://factfinder.census.gov/faces/nav/jsf/pages/community_facts.xhtml?src=bkml.

Although underrepresented when compared to the census data, 14.5% of respondents reported having household incomes of less than \$25,000, an increase from 9.5% in the 2015 CHNA..¹⁶

According to the Census Bureau *Quick Facts*, 95.6 percent of Riley County residents over the age of 25 years reported graduating from high school or higher with 46.0 percent reporting they had received a bachelor’s degree or higher. How the 2018 CHNA respondents level of education compares with the 2015 CHNA is shown in Table 5.

Education Level	2018 CHNA Respondents	2015 CHNA Respondents
Less than 9 th grade	0.0%	0.2%
9 th – 12 th grade, no diploma	0.3%	0.8%
High school graduate or GED equivalent	8.1%	4.7%
Associate’s degree or vocational training	10.2%	7.3%
Some college (no degree)	12.7%	11.3%
Bachelor’s degree	36.5%	25.3%
Graduate or professional degree	32.2%	31.0%
No response	0.0%	19.4%

More than 66 percent of the 2018 CHNA respondents are married. This is about 13 percent higher than the previous CHNA. The current CHNA also received more responses from single, never married residents than the previous CHNA. Table 6 compares the respondent breakout for both CHNA efforts.

Marital Status	2018 CHNA Respondents	2015 CHNA Respondents
Single, never married	13.0%	9.9%
Married	66.3%	53.6%
Divorced	12.4%	8.2%
Widowed	6.5%	5.5%
Not married, but living together	1.9%	1.9%
Domestic partnership or civil union	0.0%	1.0%
No response	0.0%	20.1%

When respondents were asked if they are currently or if they had been a member of the Armed Services more than seven percent identified that they are or have served in the military in the 2018 CHNA. This is down from the 2015 CHNA when nearly 11.0 percent stated they were either engaged or had served.

When asked what their military status was right now, in 2018, 4.6 percent of the respondents stated they are currently active. However, of those who had a background in the military, there was an increase in the number of respondents who identified themselves as now being disabled or injured. In 2018, 4.6 percent of the respondents stated they were disabled or injured and in 2015, less than one percent identified themselves in this category.

¹⁶ Via Christi Health webpage, *Community Needs Assessment for Riley County*, January 2015. Downloaded on April 5, 2018 from <https://www.viachristi.org/sites/default/files/2015%20Riley%20County%20CHNA%2008142017.pdf>

When it came to the question of employment status, more than half of the respondents indicated they were employed full-time with one job and another 21.7 percent reporting they have more than one job currently. How the current respondents compare with the 2015 CHNA respondents when it comes to employment status is summarized in Table 7.

Table 7: Employment Status		
Employment Status	2018 CHNA Respondents	2015 CHNA Respondents
Self-employed	3.7%	4.8%
Employed full-time (one job)	54.5%	39.2%
Homemaker	4.1%	2.3%
Disabled	3.1%	1.8%
Unemployed for more than one year	0.3%	1.0%
Unemployed for 1 year or less	0.9%	0.8%
Working more than one job	6.2%	7.1%
Employed part time	11.8%	6.7%
Retired	13.4%	15.9%
Other/Not answered	1.9%	20.5%

Other sociodemographic variables that were asked for both CHNAs efforts are listed below in Table 8. The 2018 CHNA respondent group has an increased the percentage of students attending a four-year college or university (up to 7.7% from 4.6%), but fewer students enrolled in classes for credit. The combined total of students either taking some courses or attending a college or university changed less significantly from 2015 to 2018: 11.2% in 2015 to 9.9% in 2018. , as well as the percentage of faith participants in this research effort when compared to the previous CHNA. Having the survey promoted through various media outlets may have appealed more to some especially the younger generation.

Table 8: Other Sociodemographic Variables Tracked		
Variable Description	2018 CHNA Respondents	2015 CHNA Respondents
Yes, I am a student taking courses for credit	2.2%	6.6%
Yes, I am attending a 4-yr college or university	7.7%	4.6%
Yes, I do participate in a religious faith community	60.7%	51.4%

More than 71 percent of all respondents in the 2018 CHNA stated they get their news about community events through social media (Facebook, Twitter, etc.), reflecting an increase in reliance upon digital social media. When asking the respondents how they access the internet, most respondents indicated they have multiple ways and the most popular forms are through a home computer and a mobile application of some form. The percentage of these two forms has increased dramatically since the 2015 CHNA. See Table 9 for specific breakout.

Method of Access	2018 CHNA Respondents	2015 CHNA Respondents
Home computer	82.1%	70.3%
Public computer	4.7%	5.1%
Work computer	37.9%	44.3%
Mobile (table, cell phone, etc.)	74.0%	51.3%
I don't access the internet	2.8%	2.9%

Personal Health

When asked to identify all the sources for health-related information, 78.4 percent of the CHNA respondents reported from a doctor or nurse with the internet coming in second at 66.3 percent and friends and family third at 32.9 percent. This pattern seems to hold true regardless of gender, age, county lived in, self-reported ratings of physical and/or mental health or health care access. The only variable that deviates from this ranking is household income. When annual household income is \$15,000 or less, these respondents report they rely more on the internet (75.0%) than on a doctor or nurse (66.7%). However, even in this respondent group, friends and family still maintains the third top position at 33.3 percent.

Table 10 compares the 2018 CHNA with the 2015 CHNA responses and further breaks out the respondent groups by either Riley or Pottawatomie County for area differences. The top three responses for each respondent group were the same and are highlighted in gray. Notice the growth in the number of respondents who go to the internet for their medical information. However, there are some noticeable differences as well – such as books/magazines show-up more in the 2018 CHNA as a resource for health related information than they did in the 2015 CHNA. In addition, places that seem to have less importance as a resource in getting health information includes church, health departments, child's school, friends/family and help lines. Sources that gained prominence include books/magazines, pharmacists, doctor/nurse, hospitals and the internet.

Source	Community Health Needs Assessment					
	All Respondents		Riley County		Pottawatomie County	
	2018	2015	2018	2015	2018	2015
Books/magazines	20.9%	10.7%	22.6%	9.4%	18.8%	13.8%
Church	1.4%	3.5%	1.2%	3.4%	2.3%	3.9%
Health department	6.3%	7.5%	7.3%	8.2%	5.9%	6.0%
My child's school	3.6%	4.7%	4.3%	4.4%	4.0%	5.7%
Help lines	0.6%	1.3%	0.6%	1.4%	1.0%	1.0%
Pharmacist	25.5%	20.1%	25.3%	20.6%	24.4%	18.9%
Doctor/nurse	78.4%	73.9%	76.8%	73.6%	81.2%	74.5%
Hospital	18.2%	16.1%	18.3%	15.5%	18.5%	17.2%
Friends/family	32.9%	37.3%	34.8%	38.5%	31.4%	34.5%
Internet	66.3%	51.4%	68.6%	54.1%	61.4%	45.4%
Other	5.1%	21.4%	4.9%	21.9%	6.9%	20.1%

When asked to rate their overall health, nearly 50 percent of all 2018 CHNA respondents indicated their health was “very good to excellent.” However, that is down from 59.5 percent from the 2015 CHNA. Respondents living in Riley County were more likely to rank their health status higher than Pottawatomie County but the overall ranking was down from the 2015 CHNA. In looking at just the rating of “excellent” one can see that this rating has fallen from the previous CHNA for all respondents as well as for respondents living in Riley and Pottawatomie Counties. See Table 11 for a breakout of responses.

It is interesting to see the shift away from “excellent and very good” to just “good”, even though Riley County ranks third and Pottawatomie County ranks fifth in the 2018 Robert Wood Johnson’s *County Rankings* out of 103 counties in health outcomes.¹⁷

Table 11: How Would You Describe Your Overall Health?						
Community Health Needs Assessment						
Rating	All Respondents		Riley County		Pottawatomie County	
	2018	2015	2018	2015	2018	2015
Excellent	9.8%	20.0%	11.6%	20.3%	9.5%	18.9%
Very good	39.9%	39.5%	41.3%	39.3%	35.9%	39.8%
Good	36.6%	27.6%	36.8%	27.4%	37.5%	28.1%
Fair	11.5%	6.8%	7.9%	6.4%	14.5%	7.8%
Poor	2.2%	1.2%	2.13%	1.5%	2.6%	0.6%
Not sure/Not answered	0.1%	4.9%	0.3%	4.7%	0.0%	4.5%

What may be causing this decline in health self-report rating? Respondents for the 2018 CHNA who were more likely to identify their health status as very good to excellent were females between the ages of 18 and 34, more likely to get an annual flu vaccination, regularly exercise for three or more hours a week, rate their mental health as very good to excellent, have a master degree or more, have annual household incomes above \$200,000 a year and participate in a faith community.

Interestingly enough, the respondents in the 2018 CHNA age 65 years and above are the second highest age group to identify their health status as very good to excellent as nearly 51 percent of this respondent group ranked their health this high compared to nearly 56 percent of the respondents between the ages of 18 and 34. To be fair and balanced though, nearly 18 percent of the age 65 years and above group also had the highest proportion of respondents to identify their health as fair or poor.

In looking at specific diseases, the majority of respondents identified they had not yet been diagnosed with any major illnesses. But if they were having health related challenges, it was more likely to be from high blood pressure or high cholesterol. See Table 12 for the specific breakout of diseases listed.

Table 12: Diagnosed by Health Professional with Following Diseases						
Community Health Needs Assessment						
Rating	All Respondents		Riley County		Pottawatomie County	
	2018	2015	2018	2015	2018	2015
Alzheimer’s/dementia	0.3%	0.5%	0.0%	0.4%	0.7%	0.6%
Cancer	8.2%	7.1%	7.9%	7.3%	8.9%	6.8%

¹⁷ Robert Wood Johnson (2018) *County Health Rankings*. Downloaded on March 21, 2018 from <http://www.countyhealthrankings.org/app/kansas/2018/county/snapshots/149+161+173/include-additional>

Chronic lung disease	2.4%	2.2%	2.1%	2.5%	2.3%	1.6%
High cholesterol	17.8%	21.5%	20.4%	22.6%	17.2%	18.9%
Heart disease	3.6%	4.8%	4.0%	5.0%	4.0%	4.3%
Diabetes	8.6%	8.1%	9.8%	7.7%	10.0%	8.8%
High blood pressure	27.9%	23.6%	29.6%	23.4%	28.2%	24.0%
None of these	57.5%	32.2%	55.8%	31.1%	56.0%	35.0%

Some variables shows a positive decline (e.g. high cholesterol and heart disease) but keep in mind that the swing may be due more to the population of survey respondents (e.g. respondents with insurance coverage, higher household incomes, medical home, etc.) and some of the decline may be due to the qualifier of “diagnosed”.

When comparing the 2018 CHNA data with the previous CHNA, the percentage of people getting an annual flu shot has increased. There could be several possible explanations for this increase. More people in fact may be getting the annual flu vaccination; it is also possible that the 2018 CHNA was filled out by more people who are proactive in their own health care. It may also be the result of an increase in insurance coverage or outreach efforts have succeeded in prompting more people to receive the vaccination.

More than 96 percent of all survey respondents identified were covered by health insurance. Of the nearly 4 percent who did not have coverage, they were most likely to indicate that health care access was not available to them, worry more than others about having an adequate food supply, more apt to be male, more apt to identify their mental health status as being fair or poor, between the ages of 50 to 64 years old, have a high school or general education diploma, have an annual household income between \$15,000 to \$34,999 and less likely to participate in a faith community on a regular basis.

When asked whether or not the respondents consult a professional when they are sick, 84.3 percent of the respondents said yes they did. Several respondents indicated that they try to remedy their illnesses themselves but after a few days, if they’re not feeling better or still running a high fever, they will see a professional. Of the nearly 16 percent who said they do not consult a health care professional when they are sick, the reasons are varied but usually center around not wanting to miss work, the cost of seeking professional help (both for the appointment itself or the copay if insured), or the challenge of trying to schedule an appointment. See Table 13 for a breakout comparison of health behaviors between 2018 and 2015 CHNA respondents by county.

Table 13: Health Behaviors Comparison						
Rating	Community Health Needs Assessment					
	All Respondents		Riley County		Pottawatomie County	
	2018	2015	2018	2015	2018	2015
Have health insurance	96.3%	92.4%	95.7%	92.6%	96.7%	92.8%
Consult a professional when sick	84.3%	87.7%	85.7%	87.1%	83.1%	88.9%
Received flu shot or nasal spray in the last 12 months	73.82%	62.9%	74.0%	64.7%	73.0%	58.5%

When asked where the respondents go most often when they get sick, most respondents indicated they go to their doctor’s office, regardless of any other variable (e.g. gender, age, household income, etc.). The same response was given for this question in 2015 CHNA as well. Table 14 shows the responses for this question. Note the growing impact that urgent care centers are playing in the region on emergency rooms.

The vast majority of respondents agreed to the statement “I can access the healthcare I need in this community.” Over 81 percent of all respondents agreed with this statement, of which 33 percent strongly agreed. The proportion that strongly agree increased slightly from the 2015 CHNA. See Table 15 for a breakout over the last two CHNAs.

Table 14: Where People Go Most Often When Sick						
	Community Health Needs Assessment					
Rating	All Respondents		Riley County		Pottawatomie County	
	2018	2015	2018	2015	2018	2015
My doctor’s office	82.5%	86.7%	81.5%	75.8%	81.9%	76.6%
Medical clinic	2.4%	5.2%	1.9%	4.1%	2.7%	5.7%
Health department	0.4%	0.8%	0.3%	0.8%	0.0%	0.4%
Urgent care center	9.8%	3.4%	10.5%	3.1%	10.4%	2.7%
Hospital emergency center	0.9%	1.5%	0.9%	1.5%	1.3%	0.8%
Free clinic	0.9%	0.6%	0.3%	0.5%	1.7%	0.4%
Other	3.0%	1.8%	4.6%	1.2%	2.0%	2.5%

Table 15: I Can Access the Healthcare I Need in This Community						
	Community Health Needs Assessment					
Rating	All Respondents		Riley County		Pottawatomie County	
	2018	2015	2018	2015	2018	2015
Strongly agree	33.3%	29.2%	32.8%	29.0%	34.7%	25.3%
Agree	47.8%	52.9%	48.0%	49.6%	47.9%	52.2%
Neither disagree/agree	9.6%	7.9%	8.5%	7.1%	9.2%	8.6%
Disagree	7.9%	6.8%	8.2%	6.6%	7.9%	6.4%
Strongly disagree	1.6%	3.2%	2.4%	3.0%	0.3%	3.1%

The respondents’ ability to access needed healthcare services seems to have improved as more people selected “strongly agree” in 2018 compared to 2015. In the latest CHNA, respondents who selected “strongly agree” were more likely male, do not worry about their food supply, rated their health status as excellent or very good, were over the age of 65, had a graduate degree, had an annual household income between \$15,000 and \$34,999, and participate in a faith community. Given the household income and age of respondents, this cohort of respondents are most likely dependent on retirement income and are Medicare beneficiaries.

Physical Activity

When asked how many hours per week the respondents engage in physical activity or exercise outside of their jobs, the collective majority of respondents in the two counties selected between one and two hours; the next most frequent answer was three or more hours of exercise per week. In Riley County, the majority of respondents indicated three hours or more. The average number of hours spent in physical exercise in 2018 is less than what was reported in 2015. Those respondents who exercise three or more hours a week were also more likely than the other survey respondents to rate their physical and mental health as excellent or very good, do not worry about their food supply, participate in a faith community, have higher incomes and are male in gender.

Community Health Needs Assessment						
Rating	All Respondents		Riley County		Pottawatomie County	
	2018	2015	2018	2015	2018	2015
None	4.6%	3.1%	3.7%	3.0%	6.3%	2.9%
Less than 1 hour	17.6%	11.8%	15.3%	10.6%	20.5%	12.7%
Between 1 – 2 hours	29.2%	26.1%	26.0%	25.7%	31.7%	22.8%
Between 2 – 3 hours	22.2%	22.5%	25.1%	20.2%	17.8%	23.8%
3 hours or more	26.5%	36.5%	30.0%	35.6%	23.8%	32.2%

Most respondents indicated that they exercise at home (65.2%), neighborhood (41.2%) in the park (22.2%) or at a private gym (21.8%). Others identified the public recreation center, school or specific locations. A recurring theme in the comments section of the survey was the perceived need for a YMCA facility that would offer aquatic activities. Approximately 26.0 percent of all 2018 CHNA respondents disagreed that there are enough options for physical activity in their community. Of those respondents living in Pottawatomie County, 29.1 percent feel there aren't enough options compared to 26.9 percent in Riley County. However, it should also be noted that 46.1 percent of Pottawatomie County and 53.6% of Riley County survey respondents agreed that their community already had enough options for physical activities.

Respondents provided numerous reasons to explain why they do not exercise. Some respondents have health issues that inhibit their physical activities. Others expressed a need for an affordable indoor therapy pool for water aerobics. Some suggested there just isn't enough time in the day to get much exercise in and several suggested that between school, work and required work around home, they didn't have energy or time to do more. Only a few admitted to not making exercise a priority. See Table 17 for other reasons given for not exercising. Note some respondents gave more than one reason and others skipped this question so total numbers may not add up to 100 percent.

Nutrition

The CHNA included a series of questions regarding food supply and diet selection to capture possible contributing factors, including environment, housing, civic and faith participation, education and literacy, and social services.

More respondents in Riley County (59.3%) agree or strongly agree with the statement “this community values physical activity,” than those who agree or strongly agree that “this community values healthy eating”(39%)

Table 17: Main Reasons for Not Exercising Weekly						
	Community Health Needs Assessment					
Rating	All Respondents		Riley County		Pottawatomie County	
	2018	2015	2018	2015	2018	2015
My job is physical or hard labor	6.5%	5.6%	8.0%	6.0%	5.7%	4.5%
Exercise is not important to me	2.5%	3.0%	3.6%	2.4%	1.4%	4.5%
Don't have access to a facility that has the things I need (e.g. pool)	8.2%	NA	6.6%	NA	9.2%	NA
Don't have enough time	26.5%	26.6%	20.9%	26.5%	31.2%	26.8%
Would need child care and I don't have it	8.4%	2.6%	5.6%	3.6%	11.7%	0.0%
Don't know how to find exercise partners	4.5%	3.4%	3.6%	3.6%	4.3%	3.0%
Don't like to exercise	14.4%	21.0%	12.6%	19.9%	16.7%	23.9%
It costs too much to exercise	11.5%	8.2%	11.3%	9.6%	11.4%	4.5%
There is no safe place to exercise	1.4%	0.0%	0.7%	0.0%	1.1%	0.0%
Other reason given	10.4%	29.6%	11.3%	28.3%	11.0%	32.8%

Table 18: Perceived Importance of Select Community Values						
	Community Health Needs Assessment					
“Agree to Strongly Agree”	All Respondents		Riley County		Pottawatomie County	
	2018	2015	2018	2015	2018	2015
This community values physical activity	53.5%	64.8%	59.3%	62.5%	49.7%	54.9%
This community values healthy eating	36.2%	45.4%	39.0%	43.6%	32.4%	38.8%

The responses indicate that residents value physical activity but perceive that healthy eating is not equally valued in the community. Availability of healthy, affordable food options and nutritional counseling may be a concern in the community.

In 2017, Manhattan was ranked 22nd in the *Top 100 Best Places to Live* based on its livability scores. In 2018, the City jumped up to number two! The City competed with more than 2,300 cities with populations between 20,000 and 350,000 on 40 data points selected by the research partnerships. Some of the rankings were based on economics, housing, amenities, infrastructure, demographics, social and civic capital, education and health care. While Wamego isn't large enough to be considered in

this ranking, its proximity to Manhattan affords Wamego residents the opportunity to access many of the services and amenities the City of Manhattan offers.¹⁸

While more than 68 percent of all respondents reported they can access healthy food in their community when needed, there is a wide difference between counties. For respondents living in Riley County, 78 percent of the respondents either agreed or strongly agreed with this statement. But in Pottawatomie County, only 56 percent of the respondents felt the same way when it came to their ability to access healthy food. However, the Wamego community has partnered with organizations, including the Wamego Health Center, to establish a community garden to grow vegetables and make them free of charge to those willing to harvest them. Excess produce is donated to the food pantry for distribution to the low income residents.

More than 84 percent of all respondents indicated they are not concerned about having enough food for them and/or their family to eat regardless of what county they lived in. Nearly eight percent of the respondents from Riley County and just over than five percent of Pottawatomie respondents identified they are concerned about having enough food. Combined with the respondents who are sometimes worried with those who are constantly worrying, almost 16 percent of all respondents are shouldering this concern. Given the demographics of the CHNA respondents, this figure is likely to be low.

Male respondents were somewhat more likely to respond they are concerned about having enough food for them and their families than female respondents. Sixteen percent of the men and nearly 15 percent of the women stated they worried or sometimes worried about having enough food in their households.

Respondents who perceive their health status as fair or poor are three times more likely to identify food scarcity as a concern. Worrying about household food supply was a variable that was analyzed as a cross-tab and additional correlations are set forth in Appendix V.

Thirty-nine percent of all respondents in the 2018 CHNA stated they eat fruit and/or vegetables twice a day, an increase from 31% in the 2015.

Table 19 shows that while more respondents are choosing to eat fruit/vegetables once or twice a day, those eating them more frequently throughout the day has decreased since the 2015 CHNA. The top three reasons respondents gave for not eating more fruits and vegetables are:

- They perceive these products cost too much,
- They don't have time to purchase and prepare them
- They, or members of their family, don't like all or some of the healthy foods available

¹⁸ Journal Communications, Inc. *Livability: Find Your Best Place to Live*. Downloaded April 13, 2018 from <https://livability.com/list/top-100-best-places-to-live/2018/10>

Table 19: In a Typical Day, How Many Times Fruit/Vegetables are Consumed						
Community Health Needs Assessment						
Number of Servings	All Respondents		Riley County		Pottawatomie County	
	2018	2015	2018	2015	2018	2015
None	2.5%	1.1%	2.1%	0.8%	2.0%	1.6%
One	23.4%	14.3%	21.0%	14.7%	26.6%	13.5%
Two	39.0%	31.4%	33.8%	31.3%	42.1%	31.4%
Three	25.0%	27.8%	29.3%	27.3%	23.0%	29.1%
Four or more	10.0%	19.8%	13.7%	20.6%	6.3%	17.8%

When the respondents were asked if they eat healthy foods, nearly 65% answered in the affirmative. Respondents from Riley County were more likely than the Pottawatomie County respondents to report this as can be seen in Table 20.

Table 20: Overall, I Eat Healthy Foods						
Community Health Needs Assessment						
Responses	All Respondents		Riley County		Pottawatomie County	
	2018	2015	2018	2015	2018	2015
Strongly agree	9.2%	14.1%	10.3%	15.5%	9.2%	10.9%
Agree	55.6%	59.6%	59.9%	57.9%	51.8%	63.2%
Neither agree or disagree	24.5%	14.3%	20.4%	14.6%	27.7%	13.6%
Disagree	9.5%	6.0%	8.5%	6.0%	10.6%	6.2%
Strongly disagree	1.2%	0.6%	0.9%	0.8%	.7%	0.0%

Smoking/Tobacco Use

When asked about their use of tobacco products, nearly 6.6 percent of the respondents indicated that they currently smoke or use tobacco products. Respondents from Riley County were more likely than respondents from Pottawatomie to self-identify as users. The overall rate of 6.6 percent is a slight decrease from the 2015 CHNA which was 7.6 percent. When the respondents who smoke/use tobacco products were asked where they would go if they wanted to quit, nearly 35 percent indicated their doctor. Just more than 15 percent said they didn't want to quit.

Overall Health Needs

When asked to identify the top three physical health needs for the community, respondents most frequently selected affordable health insurance, affordable health services and more facilities for physical activities. Affordable prescriptions ranked fourth, followed by access to healthy food options and an increased number of care providers. Table 21 shows the list of identified physical health needs with the response ratings.

Responses	Community Health Needs Assessment					
	All Respondents		Riley County		Pottawatomie County	
	2018	2015	2018	2015	2018	2015
Access to healthy food options	20.9%	18.3%	14.5%	17.1%	28.8%	21.2%
Affordable health insurance	48.1%	28.2%	49.4%	29.9%	45.1%	24.2%
Affordable health services	39.5%	32.4%	45.1%	33.7%	32.3%	29.2%
Affordable prescriptions	26.2%	19.5%	26.9%	18.9%	23.4%	20.9%
Children health services	9.5%	8.0%	7.7%	7.7%	11.2%	8.6%
Dental care options	14.9%	13.9%	18.5%	14.3%	10.9%	13.1%
Maternal health services	7.0%	4.9%	8.0%	5.2%	6.4%	4.5%
Prevention of infant mortality	1.3%	0.8%	1.2%	1.0%	1.4%	0.4%
Healthcare assistance for older adults	14.9%	13.8%	14.8%	14.5%	18.3%	12.3%
Healthcare assistance for veterans	7.5%	7.1%	6.5%	7.8%	9.2%	5.3%
Increased number of healthcare providers	19.0%	15.5%	21.6%	16.2%	15.3%	13.9%
Availability of transportation for health services	11.1%	14.5%	11.1%	16.1%	11.9%	10.9%
Facilities for physical activity	28.9%	30.0%	24.4%	28.5%	34.6%	33.7%
Increased health education/prevention	17.4%	21.6%	15.1%	22.1%	18.3%	20.3%
Substance abuse prevention/treatment	13.6%	1.2%	12.0%	1.4%	13.9%	0.8%
Tobacco use cessation (quitting) services	4.6%	4.0%	3.7%	3.6%	5.4%	5.1%
Other	11.1%	12.3%	15.4%	11.2%	7.8%	14.8%

Affordable health insurance rose to the top in 2018 as a new Presidential administration introduces new federal policies, creating uncertainty about Affordable Care Act.

Since the 2015 CHNA, respondents in 2018 appear less concerned about the availability of transportation for health services, facilities for physical activities and increased health education/prevention.

According to the Centers for Disease Control, in 2016, the number of overdose deaths in the United States involving opioids (including prescription opioids and illegal opioids like heroin and illicitly manufactured fentanyl) was 5 times higher than in 1999. On average, 115 Americans die every day from an opioid overdose. (CDC website citing Wide-ranging online data for epidemiologic research (WONDER). Atlanta, GA: CDC, National Center for Health Statistics; 2017. Available at <http://wonder.cdc.gov>)

<https://www.cdc.gov/drugoverdose/epidemic/index.html> (Accessed May 8, 2018).

Mental Health

Mental health has become a growing concern at all levels of government as resources have been slashed yet demand for services has not decreased. Prisons, nursing homes, and homeless shelters have all seen an increase population due to limited housing resources for people in need of mental health services. When the CHNA respondents were asked to describe their mental health, more than half of all respondents stated very good to excellent. However, there was a sharp drop in those who reported having excellent mental health and just over nine percent indicated their mental status as fair or poor. Table 22 summarizes the status of mental health for the CHNA respondents.

Responses	Community Health Needs Assessment					
	All Respondents		Riley County		Pottawatomie County	
	2018	2015	2018	2015	2018	2015
Excellent	20.3%	43.2%	21.7%	43.0%	21.5%	44.6%
Very good	37.5%	31.9%	36.0%	32.0%	38.4%	32.0%
Good	32.4%	20.1%	32.6%	21.0%	30.5%	18.8%
Fair	7.4%	4.0%	7.3%	4.0%	7.3%	4.3%
Poor	1.9%	0.3%	1.5%	0.5%	2.3%	0.0%
Not sure	0.5%	0.5%	0.9%	1.0%	0.0%	0.2%

When asked if the respondents consult a mental health professional when their mental status is not good, 35.9 percent said no.

Participants in the focus groups, as well as the respondents to the 2018 surveys, believe that local, state and federal governments need to devote more resources to address the needs of the mentally ill. When asked if the community has adequate mental health services for people who need them, more than half of all respondents (51.3%) disagreed and 18 percent strongly disagreed with the statement.

When asked to identify the top three needs related to mental health in their community, the number one need identified was affordable mental health services. Table 23 shows the list of mental health needs identified and ranked previously for a comparative analysis.

Social Issues

Respondents continue to report low rates of substance abuse, domestic violence, mental illness, and homelessness. More than 13% of respondents indicated that an adult in the household has a physical or developmental disability. Table 24 compares these responses to the previous CHNA.

Children and Youth

Nearly 41 percent of all 2018 CHNA respondents identified themselves as being either a parent or a custodial grandparent/guardian for a child under the age of 18. Of those who are responsible for a minor child, 13 percent stated they are single parents, 9.6 percent indicated that their child has a developmental disability, 9.3 percent stated their child has a chronic disease and nearly 15 percent of the children had been diagnosed with a mental illness or emotional disturbance.

Responses	Community Health Needs Assessment					
	All Respondents		Riley County		Pottawatomie County	
	2018	2015	2018	2015	2018	2015
Affordable mental health services	63.4%	38.3%	68.0%	39.9%	57.8%	34.5%
Affordable prescriptions	18.0%	13.9%	18.4%	15.1%	16.2%	11.1%
Children mental health services	24.8%	18.0%	19.3%	17.0%	31.1%	20.3%
High quality mental health services	43.1%	30.8%	44.6%	31.6%	41.2%	28.7%
Increased mental health education/prevention	42.1%	27.2%	38.6%	27.7%	45.6%	26.1%

Increased number of mental healthcare providers	44.4%	26.2%	46.2%	27.2%	42.9%	24.0%
Substance abuse prevention/treatment	25.2%	20.1%	21.8%	19.0%	28.4%	22.6%
Availability of transportation for mental health services	13.5%	11.7%	10.8%	12.1%	16.2%	10.9%
Other	8.9%	4.9%	10.8%	5.3%	7.4%	3.9%

Social Issue Description	Community Health Needs Assessment					
	All Respondents		Riley County		Pottawatomie County	
	2018	2015	2018	2015	2018	2015
Yes, I or someone in my household has a substance use issue	5.5%	5.4%	5.5%	5.2%	5.3%	5.8%
Yes, I or someone in my household currently experiences domestic violence	0.6%	0.8%	0.3%	0.7%	0.7%	1.2%
Yes, excluding mental illness, there are other adults living in my household who have a physical or developmental disability	13.3%	13.6%	14.8%	13.2%	13.0%	14.0%
Yes, there is someone in my immediate family that is currently homeless	1.25%	0.9%	1.8%	0.9%	0.3%	0.9%

Forty-eight percent of all respondents indicated that the community does an excellent or good job of meeting the recreational needs of the youth. Respondents indicated that the communities are not doing as well in their support for single parents, basic needs for low income children/youth and mental health services. In all three categories, the number of respondents rating these areas as excellent or good has decreased significantly. See Table 25 for a breakout of this question and a comparison to the 2015 CHNA. All respondents, regardless of whether they indicated having children or grandchildren, were allowed to respond to this question. A large percentage of the respondents selected they did not know. As a result, the 2018 CHNA percentages given below are based only on those who could respond to the question so findings could be compared to the 2015 CHNA.

Appendix V percentages will differ because they include the “do not know” responses which are important for planning purposes as people who have children need to know about available services and programs.

Need Description	Community Health Needs Assessment					
	All Respondents		Riley County		Pottawatomie County	
	2018	2015	2018	2015	2018	2015
Prenatal care (pregnancy)	65.5%	74.3%	72.8%	77.1%	61.5%	68.2%
Postnatal care (birth through first year)	67.9%	77.1%	73.4%	80.1%	64.0%	71.0%
Parental support/training	39.9%	52.9%	46.7%	51.8%	35.7%	55.2%
Support for single parents	23.0%	32.6%	26.5%	31.1%	20.5%	36.0%
Needs of children/youth with disabilities	32.4%	58.7%	28.4%	56.2%	37.2%	63.9%

Dental health	56.2%	64.5%	52.5%	61.6%	61.9%	70.8%
Mental health	21.9%	41.3%	24.7%	41.1%	19.5%	41.9%
Physical health	58.4%	75.1%	58.4%	74.4%	59.6%	76.7%
Recreational opportunities	56.8%	67.2%	58.4%	70.2%	56.1%	60.2%
Basic needs of low income children/youth	21.7%	36.3%	21.7%	32.9%	20.0%	44.0%

Overall, it appears that all need areas have shown decreases in the way the respondents feel the community is addressing the needs of children and youth. The focus group discussions also felt tremendous lack of resources for the youth in areas of mental health, prenatal care, and early childhood care in particular.

When asked to identify the top three health needs related to children (ranging from newborns to 12 years old) in their community, respondents' top three answers were: affordable newborn to age five children care (37.3%), after school programs (35.0%) and financial assistance to families for nutrition, childcare, housing, etc.(31.1%). Other health needs for this population are listed in Table 26. Note the significant increase in the need for bullying prevention, the fourth ranked need in 2018. In Riley County, the top needs were childcare for newborns to age 5 (44.4%, up from 23.4%), financial assistance to families (32%, up from 22.9%), and parenting education/skills development (31.1%, up from 18.3%).

Need Description	Community Health Needs Assessment					
	All Respondents		Riley County		Pottawatomie County	
	2018	2015	2018	2015	2018	2015
After school programs	35.0%	25.7%	30.7%	22.4%	40.9%	33.5%
Bullying prevention	30.2%	12.6%	26.5%	12.8%	35.0%	12.3%
Childcare for children – newborns to age 5	37.3%	21.5%	44.4%	23.4%	32.9%	17.0%
Dental care	10.5%	6.6%	10.8%	6.4%	9.1%	7.2%
Early childhood intervention programs	19.6%	12.6%	16.0%	14.0%	23.4%	9.4%
Financial assistance to families	31.1%	21.1%	32.0%	22.9%	29.0%	17.0%
Medical care	13.7%	6.3%	11.8%	6.6%	13.6%	5.7%
Mental health care	19.9%	8.2%	19.9%	9.1%	19.9%	6.2%
Mentoring programs for children	22.0%	15.0%	19.3%	14.7%	25.5%	15.8%
Nutrition programs	13.1%	10.7%	14.7%	11.6%	11.5%	8.4%
Parenting education/skills development	29.4%	18.2%	31.1%	18.3%	27.6%	18.1%
Services for children with physical/developmental disabilities	17.4%	7.0%	19.6%	10.0%	14.7%	0.0%

For the top three health needs related to teens (ranging in age 13 to 18 years old), the number one issue cited by nearly 38 percent of all respondents was appropriate internet/technology use (e.g. sexting, cyberbullying, etc.)

Table 27 shows the comparative data between the 2015 and 2018 CHNA studies. In Riley County, 32.6% of respondents indicated mental health care as a top need for teens.

Need Description	Community Health Needs Assessment					
	All Respondents		Riley County		Pottawatomie County	
	2018	2015	2018	2015	2018	2015
Appropriate internet/technology use	37.7%	12.9%	31.6%	13.7%	45.3%	11.1%
Bullying prevention	38.8%	13.0%	36.8%	14.2%	40.4%	10.3%

Relationship violence prevention	18.5%	13.0%	17.8%	14.2%	19.6%	10.3%
Dental care	5.1%	1.8%	5.9%	1.9%	4.2%	1.8%
Employment opportunity for teens	27.3%	21.3%	26.0%	21.4%	27.7%	21.1%
Medical care	6.4%	1.1%	7.6%	1.2%	4.9%	0.8%
Mental health care	29.5%	6.0%	32.6%	6.7%	26.7%	4.3%
Obesity prevention	19.7%	7.3%	21.4%	7.2%	18.3%	7.6%
Parenting education/skills development	20.7%	8.3%	19.7%	8.6%	23.2%	7.6%
Opportunities to contribute to community	26.9%	17.8%	26.6%	17.8%	28.4%	0.0%
Services for children with physical or developmental disabilities	11.2%	4.3%	13.5%	5.0%	8.4%	2.9%
Substance abuse prevention/treatment	26.9%	11.7%	22.7%	10.6%	30.9%	14.4%
Teen pregnancy prevention/sex education	16.3%	7.6%	19.7%	7.9%	12.6%	6.8%

All of the needs in Table 27 show an increase by the 2018 CHNA respondents.

The Senior Population

More than 65 percent of the 2018 CHNA respondents agree or strongly agree that the community is supportive of healthy aging. While 51 percent of the respondents agree that the necessary senior services are available in the community, another 16 percent disagree with that position and nearly 33 percent suggest they don't really know if necessary services are available or not.

When asked if the respondent is a caregiver for an older adult, 8.3 percent stated they were. Of that caregiver group, 66.1 percent said they are receiving the services they need. But services that are needed and not readily available or affordable included: appropriate affordable housing for someone that doesn't qualify for Medicaid, counseling for care options, affordable health insurance, home care for an elderly parent with dementia, assisted living areas, respite care, support group for those living with a depressed or anxious spouse, and transportation for medical treatments.

The top three health needs identified for older adults in this area included: affordable housing (36.0%), affordable prescriptions (34.5%) and access to daily meals (21.1%). Table 28 covers the health needs of older adults in the community and how the 2018 needs compare to 2015 needs.

While some of the needs have remained stable over the last three years (e.g. independent living in a retirement community, safety, substance abuse, vision care, etc.), the perceived need for others has increased (e.g. access to daily meals, affordable prescriptions, affordable housing, assisted living options, etc.). This may be due to the fact that Kansas is one of the top states for a growing elderly population and as this population continues to age, they are likely to have increasing needs. Local governments and not-for-profit organizations will need to anticipate the needs for this aging population.

Need Description	Community Health Needs Assessment					
	All Respondents		Riley County		Pottawatomie County	
	2018	2015	2018	2015	2018	2015
Access to daily meals	21.1%	7.3%	21.0%	8.3%	21.8%	4.7%
Affordable prescriptions	34.5%	12.0%	38.2%	12.5%	30.5%	10.9%
Affordable housing	36.1%	20.6%	38.8%	21.8%	36.1%	17.9%
Assisted living options	18.1%	8.6%	16.2%	8.0%	22.1%	9.9%

Caregiver support	15.3%	10.8%	14.6%	11.5%	16.5%	9.0%
Day programs	11.7%	6.9%	9.7%	6.5%	14.4%	8.0%
Dental care	4.6%	2.7%	5.8%	2.8%	2.5%	2.5%
Ease of mobility in the community	13.1%	12.7%	15.2%	13.3%	10.5%	11.3%
Elder abuse	3.0%	1.1%	2.9%	1.2%	2.8%	0.6%
Health insurance	14.2%	5.9%	13.9%	6.1%	13.7%	5.3%
Home health care options	13.7%	10.8%	13.6%	11.7%	12.3%	8.8%
Hospice care	2.1%	1.7%	1.3%	1.7%	2.8%	1.6%
Independent living in a retirement community	6.3%	6.3%	5.2%	5.5%	7.4%	8.2%
Independent living in the home	18.9%	17.6%	21.7%	18.7%	15.8%	15.2%
Long term care options	12.3%	7.3%	12.3%	7.2%	11.9%	7.6%
Medical care	7.6%	8.0%	8.4%	8.9%	7.0%	6.0%
Memory care options/dementia support	11.5%	6.0%	11.0%	6.1%	11.9%	5.5%
Mental health services	7.6%	5.4%	7.4%	6.0%	6.3%	3.9%
Personal care services	9.3%	4.6%	9.4%	5.1%	8.8%	3.5%
Respite services for caregivers	9.6%	6.6%	10.7%	6.7%	8.8%	6.6%
Safety	3.8%	2.5%	3.9%	2.8%	3.5%	2.1%
Substance abuse	0.8%	0.3%	1.3%	0.1%	0.4%	0.8%
Transportation	17.8%	15.3%	17.8%	16.1%	17.9%	13.6%
Vision care	2.2%	1.8%	2.9%	2.0%	1.8%	1.2%

Accessing Community Information

Social media has grown increasingly important since the 2015 CHNA as a way to stay connected to the world around us – both locally and globally. Family and friends continue to be a popular source for news by more than half of the 2018 CHNA respondents. In 2018, most people rely on social media, family/friends and the internet for keeping abreast of community events and news. See Table 29 for specific breakout.

Method of Reception	2018 CHNA Respondents	2015 CHNA Respondents
Newspaper	42.2%	48.7%
Community flyers	18.0%	21.0%
Social media (Facebook, Twitter, etc.)	71.4%	40.9%
Newsletters	16.2%	18.8%
Email/RSS	27.0%	27.3%
Friends/family	58.4%	47.9%
Internet	55.0%	45.7%
Radio	42.9%	42.5%
TV/local cable	38.8%	38.8%
Other	0.6%	0.0%

Social media is being used by all respondents, regardless of gender, age, annual household income or level of education according to the findings of the 2018 CHNA. The group of respondents most likely to use social media are females (74.5%), respondents between the ages of 18 and 34 (85.9%), respondents

living in a household with an annual income between \$50,000 to \$74,999 (78.8%) and respondents with at least a bachelor's degree (79.2%).

Appendix V of this document shows the rate of response as well as the total frequency of response for each question. Included in this appendix is a cross tabulation analysis on the CHNA responses to questions asking the respondents self-health status rating on physical and mental health; whether they received their annual flu vaccine; whether they can access the healthcare services in the area when needed; how many hours per week they spend exercising; whether or not they worry about food supplies for them or their family; gender; age; level of highest education achieved; annual household income or whether they belong to a faith community.

This cross tabulation analysis was included to better understand the groups of people who may need to be targeted in order to ensure health care access points are understood and to see if more up-to-date methods to reach the various populations may be more effective. For example, 60.7 percent of the 2018 CHNA respondents identified that they participate in a religious/faith based community. This is an increase over 51.4 percent who reported this affiliation in the 2015 CHNA. As a result, health care providers may want to make sure that information regarding health screenings, flu vaccinations, etc. is posted not only on their webpage, Facebook page, but also in church bulletins to help spread the word about upcoming events through family/friends.

In 2010, the Robert Wood Johnson Foundation ranked Riley County as the second healthiest among the 99 Kansas counties that were assessed in that time period. Today, in 2018, Riley County ranks third. It is surpassed by Johnson and Wabaunsee counties.¹⁹

SIGNIFICANT COMMUNITY HEALTH NEEDS

Prioritizing Significant Needs

Needs are prioritized based on the findings of the CHNA the available resources that VCH-M has to effectuate change, the number of people impacted, whether or not other organizations are already addressing the need, and whether or not the need area is aligned with the Hospital's mission.

What Are the Significant Needs in 2018?

The top five needs identified by the 2018 CHNA respondents

Physical Health

- 1) Affordable health insurance
- 2) Affordable health services
- 3) Facilities for physical activity (including parks, trails, rec centers)
- 4) Affordable prescriptions
- 5) Access to healthy food options

¹⁹ Robert Wood Johnson (2018) *County Health Rankings*. Downloaded on March 21, 2018 from <http://www.countyhealthrankings.org/app/kansas/2018/county/snapshots/149+161+173/include-additional>

Mental Health

- 1) Affordable mental health services
- 2) Increased number of mental healthcare providers
- 3) High quality mental health services
- 4) Increased mental health education/prevention
- 5) Substance abuse prevention/treatment

Children 5 Years of Age and Younger

- 1) Affordable child care
- 2) After school programs
- 3) Financial assistance to families (for nutrition, childcare, housing, etc.)
- 4) Bullying prevention
- 5) Parenting education/skills development

Teens (13 to 18 years old)

- 1) Bullying prevention
- 2) Appropriate internet/technology use (e.g. sexting, cyberbullying, etc.)
- 3) Mental health care
- 4) Employment opportunities
- 5) Substance abuse prevention/treatment & opportunities to contribute to community

Older Adults

- 1) Affordable housing
- 2) Affordable prescriptions
- 3) Access to daily meals
- 4) Independent living in the home
- 5) Assisted living options

How the Hospital is addressing the Significant Needs

Physical Health

Via Christi Hospital in Manhattan offers its services to all people presenting themselves without regard for their ability to pay. VCH-M serves Medicaid and Medicare beneficiaries and offers financial assistance when appropriate. Central to the mission of VCH-M is its commitment to make financial assistance available to uninsured or underinsured patients to the greatest extent possible. Hospital staff assists patients with application completion through submission of government public benefit forms when they are in need of obtaining financial assistance for health care and may not be aware that they qualify for an existing program. The hospital arranges and gives a voucher for taxi transportation for low-income patients discharged from the hospital who have no other form of safe transportation back to their homes.

The hospital staff is a regular participant on the Flint Hills Wellness Coalition and the Neighbor to Neighbor Project. Both community initiatives promote the importance of nutrition and overall wellness for good health outcomes. In addition, the staff participated on the planning committee for the area's *Everybody Counts* event. This last event brought together community partners who provided free health care to the poor and vulnerable living in the Manhattan area, as well as an array of other social support services.

Hospital staff also participated in the Kansas Mission of Mercy by donating food for the poor and vulnerable who attended this event to receive free dental care. While patients were waiting to be seen by area dentists volunteering their services, patients were encouraged to attend educational sessions offered by the hospital staff on various health topics to increase awareness and provide connections to key community resources.

In the last year, VCH-M partnered with the Flint Hills Discovery Center to bring an educational exhibit called *To My Plate and Beyond* to the area. The exhibit was a healthy food adventure designed to promote awareness and education of the link between good food choices and healthy outcomes. The hospital staff educated participants on heart health, the importance of nutrition and dietetics and identified the best places to go in the area for exercise and recreation. All educational lectures were free and opened to the public.

In order to increase access to health care services, a new Via Christi Family Medicine Clinic was opened at 6th and Leavenworth on the East side of Manhattan and two new primary care providers were recruited to join the medical staff. This was in response to the indicated need for more physicians in the community in the last CHNA.

Staff has partnered with the Crisis Center in working to identify and treat victims of human trafficking. All staff receive education at town halls and various formats around how to identify red flags of victims of human trafficking with additional training on pediatric victims. The hospital has an active task force in place and a response team to respond when victims are identified.

The hospital offers shadowing opportunities and assists area college students on Capstone projects. VCH-M provides direct supervision and training of nursing students, establishing an important channel for new nurses to affiliate with the hospital or stay in the community upon completion of their training.

Mental Health

The hospital arranges and pays for secure transportation for low income qualified persons when they are needing to be transported to a different hospital for specialized treatment that may not be available locally (e.g. Osawatomie Psychiatric Hospital)

Hospital staff regularly attends Health and Human Services Committee meetings in the State Capitol and advocate and give testimony to legislators on need for expansion of Medicaid and additional resources needed for mental health care services.

Young Children

Staff holds weekly child safety seat education and installation checks in partnership with the Manhattan Fire Department that is open to the public. If the family cannot afford a child seat, a new one is provided at no cost.

A variety of classes are held to prepare expectant parents about basic care of newborns and young children. Some of the classes offered include: First Aid for Children, Daddy Basics, Breastfeeding Basics, Childbirth Education, and Safe Sitter to ensure young children are kept safe and are able to thrive.

Teens

The hospital offers volunteer opportunities to teens to give them a hands-on experience for possible health career choices. They have opportunities to interact with health care personnel and patients to explore all kinds of career choices in addition to adopting a good work ethic that will be required when they seek employment.

Staff routinely makes presentations to area high schools, vocational training schools, and colleges on health careers to assist them in making career choices and answer their questions regarding the process involved in becoming a health care professional.

Older Adults

Staff have presented talks to community members on a variety of aging topics (e.g. pain, movement and exercise, spirituality, etc.) to further enhance their knowledge on the aging process.

Staff participates in the Manhattan Ministerial Association meeting for the purpose of communicating and collaborating with local partners regarding community meals and resources available in the community to help the poor and vulnerable populations.

Via Christi Home Medical offers a wide range of home medical equipment and supplies to assist people to live independently for as long as they can. VCHM offers everything from diabetic testing supplies to mobility equipment and everything in between.

WHAT SIGNIFICANT NEEDS ARE NOT BEING ADDRESSED AND WHY?

NOTE: The resources identified under each heading is not intended to be an exhaustive list but offers the reader a few suggestions on where they can turn for assistance. Most resources cited are located in Manhattan but a few may be in Junction City or Wamego which are not too far away. Some additional ones are located in Topeka or may be national hotlines that can provide information regarding other programs that better serve the need of the person experiencing a specific problem.

Affordable Health Insurance – the hospital does not have the resources to go above and beyond what it is currently providing through its financial assistance program. It does offer health care to its own employees and their family but its resources are limited when it comes to providing health insurance for the community.

Resources Available:

- 1) Health Insurance Marketplace Call Center (800) 318-2596
- 2) Kansas Insurance Department (800) 432-2482
- 3) Senior Health Insurance Counseling for KS (SHICK) (800) 860-5260
- 4) Kansas Statewide Farmworker Health Program (KDHE) (785) 296-1200
- 5) North Central – Flint Hills Area Agency on Aging (800) 432-2703
- 6) KanCare – (800) 792-4884

Facilities for Physical Activity – there are parks, bike trails and recreational centers available in the community. While this was identified as a need, many of the 2018 CHNA respondents did not feel that it was a great need. Given, the community already has 28 parks, 13 which has playgrounds and 3 pools or the splash park; the hospital doesn't feel it should expend its limited resources on addressing this issue.

Affordable Prescriptions – while the hospital doesn't directly address this on a wide scale, VCH-M will assist with some limited prescriptions for patients by contacting the manufacturer to see if there are samples available if an individual has no other options or resources.

Resources Available:

- 1) Kansas Statewide Farmworker Health Program (KDHE) (785) 296-1200
- 2) Konza Prairie Community Health and Dental Center (785) 238-4711
- 3) Medical Services in Wamego – (785) 456-7872
- 4) National Organization for Rare Disorders (800) 999-6673
- 5) Kansas Drug Card – (913) 638-8415
- 6) Familywize – (800) 222-2818

Increase Number of Mental Healthcare Providers and High Quality Mental Health Services – VCH-M regularly seeks to find new physicians, including psychiatrists, who may be interested in moving into the Manhattan/Wamego area. There has been some success in getting new practitioners to set-up practices in the area but psychiatrists, especially child psychiatrists are in great demand and difficult to recruit to a small city. But the staff of the hospital continues to try. Given the reduction of financial support from the State of Kansas for mental health, it is difficult to recruit highly trained mental health specialists. The current demand for services is greater than the resources available making the waiting time longer than is expected by patients and their families and problematic for providers especially in critical situations.

Resources Available:

- 1) Pawnee Mental Health Services (785) 587-4300
- 2) Family Center (785) 532-6984
- 3) Family Care Center of Junction City (785) 762-4210
- 4) Cornerstone Family Counseling (785) 776-4105
- 5) Veridian Behavioral Health in Salina (785) 452-6113
- 6) Catholic Charities (785) 323-0644

Substance Abuse Prevention/Treatment – while many times the hospital will treat these individuals because they have been brought to the ER by law enforcement, family or friends, the hospital is not currently able to treat large volumes of these types of patients due to limited resources and staff expertise. There are other organizations who are the experts in dealing with this type of challenge and offer counseling, education/prevention for drug use disorders as well as alcohol, psychological testing and assessment, mental health hotlines, counseling and psychiatric medication services.

Resources Available:

- 1) Pawnee Mental Health Services of Riley County (785) 587-4300
- 2) Mental Health Services in Wamego (785) 456-7872
- 3) Peer to Peer Recovery Education Program (785) 233-0755
- 4) Central Kansas Foundation in Junction City (785) 762-3700

Affordable Child Care – the hospital does not have adequate space nor is child care a part of our mission when it comes to healthy children. There are several places in Manhattan where parents can go to get referrals but as more people move into the area, there is a need for more providers as openings are not vacant for long.

Resources Available:

- 1) Maternal & Infant/Family Connections (785) 776-4779
- 2) Family and Child Resource Center (785) 537-0688
- 3) Economic & Employment Services (785) 776-4011
- 4) K-State Center for Child Development (785) 532-3700
- 5) Maternal & Infant/Family Connections (785) 776-4779
- 6) Flint Hills Child Care Resource & Referral Agency

After School Programs – like affordable child care, the hospital does not have adequate space nor does opening a facility that would offer after school programs fit our mission statement. Here are existing organizations that do offer some programming for those interested.

Resources Available:

- 1) Boys & Girls Club of Manhattan (785) 539-1947
- 2) City of Manhattan Parks & Recreation (785) 587-2757

Financial Assistance to Families – the hospital provides financial assistance to families when they meet the financial assistance guidelines when hospitalized. However, since resources are limited, financial assistance is not available for other needs like rent or utility assistance. Here are a few programs that may be in a position to help with those kind of expenses on a temporary basis.

Resources Available:

- 1) Shepherd's Crossing (785) 776-1470
- 2) Assistance – Homeless Prevention (785) 539-9399
- 3) Homeless Rental Assistance Program (785) 537-3113
- 4) Economic & Employment Services: Food Assistance (785) 776-4011
- 5) Consumer Credit Counseling (785) 539-6666

Bullying Prevention & Inappropriate Internet/Technology Use – VCH-M is not in a position to assist with this needed area due to limited resources and expertise but most of the counseling agencies identified above and here in this section may be able to help youth who feel the need to bully others either in person or via the internet.

Resources Available:

- 1) Parents and Teachers as Allies (785) 233-0755
- 2) KU Child and Family Services Clinic in Lawrence (785) 864-4416
- 3) Cornerstone Family Counseling (785) 776-4105
- 4) Parents as Teachers (785) 587-2058
- 5) Family Center (785) 532-6984

Employment Opportunities – The hospital works with high schools, vocational training schools and colleges to give their students a bird’s eye view of health care careers or hands-on training to assist them in meeting requirements for grades or certifications for graduation. When vacancy arises within the hospital, those positions are advertised to find an appropriate match. However, for people who may need additional assistance in finding gainful employment, the resources listed below are recommended.

Resources Available:

- 1) Economic & Employment Services: Work Programs (785) 776-4011
- 2) Manhattan Workforce Center (785) 539-5691

Affordable Housing – The hospital is not in a position to assist with this community need due to lack of resources and expertise. Housing in the Manhattan area have risen and is expected to continue to rise as more people move in but this need does not complement our mission of providing health care.

Resources Available:

- 1) North Central – Flint Hills Area Agency on Aging (800) 432-2703
- 2) KS Department for Aging & Disability Services (800) 432-3535
- 3) Manhattan Housing Authority (785) 776-8588

Access to Daily Meals – The hospital may provide meals to caregivers who are spending the majority of their time with a loved one who is hospitalized and is covered by Medicaid or has identified they are low income. However, providing daily meals to the community at large is cost prohibitive and there are already several programs available in Manhattan and tied closely with faith communities.

Resources Available:

- 1) North Central – Flint Hills Area Agency on Aging (800) 432-2703
- 2) Emergency Food & Holiday Meal Assistance (785) 537-0730
- 3) Second Helping (785) 537-7006
- 4) St Paul’s Episcopal Church (785) 776-9427

Assisted Living Options – Via Christi does operate an assisted living facility in the Manhattan area but with a growing aging population in Kansas other assisted living options may be needed. Some aging individuals still want to remain in their home but may need help with medication management, bathing/showering, preparing meals and with shopping. So, there are a few other resources listed below which may help to accommodate those needs without having to move out of the house and into a specific facility.

Resources Available

- 1) Ascension Living – Via Christi Village (785) 539-7671
- 2) North Central – Flint Hills Area Agency on Aging (800) 432-2703
- 3) Medical Services in Wamego – (785) 456-7872

IMPACT EVALUATION OF EACH SIGNIFICANT NEED BEING ADDRESSED

Physical Health

For FY2018, Via Christi successfully recruited 2 new primary care physicians to the community and actively participated in health and wellness fairs through Everybody Counts, Ft. Riley Middle School, and a free health screenings day at the new 6th street clinic.

In FY2019 Via Christi will focus efforts on helping to increase access to affordable prescriptions and work on efforts to improve access to healthy food options. These efforts will look to collaborate with such groups as Dispensary of Hope, Meals on Wheels, Farmer's Markets, local social service agencies, and Bountiful Baskets. VCH-M will also have strong presence at local health events to provide prescription review by pharmacists and nutrition education and healthy food preparation techniques.

Mental Health

In FY2018, VCH-M was active in participating in community task forces for mental health and working to advocate for mental health patients with local and state legislature. In FY2019, Via Christi Manhattan will be developing calming transitional environment space for behavioral health patients waiting to go to inpatient facilities. VCH-M will also work to recruit two new mental health providers to Riley County. Both quality of mental health services and number of mental health providers were identified on the CHNA responses. Hospital associates will continue to work on task forces, testify and advocate on behalf of mental health patients, and actively engage with local partners to increase quality of care. Of note, VCH-M will be one of the members of the newly developing Community Care Teams initiatives in partnership with the Riley County Health Department in order to improve access to and coordination of services for patients.