Community Health Needs Assessment
Fiscal Year Ending December 31, 2019

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Contents

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Consultants' Report

Ms. Jolie Girard
Patient Financial Counselor
Meade District Hospital

On behalf of Meade District Hospital (Hospital), we have assisted in conducting a Community Health Needs Assessment (CHNA) consistent with the scope of services outlined in our engagement letter dated June 3, 2019. The purpose of our engagement was to assist the Hospital in meeting the requirements of Internal Revenue Code §501(r)(3) and Regulations thereunder. We also relied on certain information provided by the Hospital, specifically certain utilization data, geographic HPSA information and existing community health care resources.

Based upon the assessment procedures performed, it appears the Hospital is in compliance with the provisions of §501(r)(3). Please note that we were not engaged to, and did not, conduct an examination, the objective of which would be the expression of an opinion on compliance with the specified requirements. Accordingly, we do not express such an opinion.

We used and relied upon information furnished by the Hospital, its employees and representatives and on information available from generally recognized public sources. We are not responsible for the accuracy and completeness of the information and are not responsible to investigate or verify it.

These findings and recommendations are based on the facts as stated and existing laws and regulations as of the date of this report. Our assessment could change as a result of changes in the applicable laws and regulations. We are under no obligation to update this report if such changes occur. Regulatory authorities may interpret circumstances differently than we do. Our services do not include interpretation of legal matters.

BKD, LLP

December 30, 2019

Introduction

Internal Revenue Code (IRC) Section 501(r) requires health care organizations to assess the health needs of their communities and adopt implementation strategies to address identified needs. Per IRC Section 501(r), a byproduct of the *Affordable Care Act*, to comply with federal tax-exemption requirements, a tax-exempt Hospital facility must:

- ✓ Conduct a Community Health Needs Assessment every three years.

- ✓ Adopt an implementation strategy to meet the community health needs identified through the assessment.

- ✓ Report how it is addressing the needs identified in the Community Health Needs Assessment and a description of needs that are not being addressed with the reasons why such needs are not being addressed.

The Community Health Needs Assessment must take into account input from persons who represent the broad interest of the community served by the Hospital, including those with special knowledge of or expertise in public health. The Hospital must make the Community Health Needs Assessment widely available to the public.

This community health needs assessment, which describes both a process and a document, is intended to document Meade District Hospital's (Hospital) compliance with IRC Section 501(r). Health needs of the community have been identified and prioritized so that the Hospital may adopt an implementation strategy to address specific needs of the community.

The process involved:

- ✓ Collection and analysis of a large range of data, including demographic, socioeconomic and health statistics, health care resources.

- ✓ Surveys of key informants who represent a) broad interests of the community, b) populations of need or c) persons with specialized knowledge in public health.

This document is a summary of all the available evidence collected during the Community Health Needs Assessment conducted in tax year 2019. It will serve as a compliance document as well as a resource until the next assessment cycle. Both the process and document serve as the basis for prioritizing the community's health needs and will aid in planning to meet those needs.

Summary of Community Health Needs Assessment

The purpose of the community health needs assessment is to understand the unique health needs of the community served by the Hospital and to document compliance with federal laws outlined above.

The Hospital engaged **BKD, LLP** to conduct a formal community health needs assessment. **BKD, LLP** is one of the largest CPA and advisory firms in the United States, with approximately 2,700 partners and employees in 40 offices. BKD serves more than 1,000 hospitals and health care systems across the country. The Community Health Needs Assessment was conducted during 2019.

Based on current literature and other guidance from the treasury and the IRS, the following steps were conducted as part of the Hospital's community health needs assessment:

- ✓ The "community" served by the Hospital was defined by utilizing inpatient and outpatient data regarding patient origin. This process is further described in Community Served by the Hospital.

- ✓ Population demographics and socioeconomic characteristics of the community were gathered and reported utilizing various third parties (see references in Appendices). The health status of the community was then reviewed. Information on the leading causes of death and morbidity information was analyzed in conjunction with health outcomes and factors reported for the community by countyhealthrankings.org. Health factors with significant opportunity for improvement were noted.

- ✓ Community input was provided through key stakeholder surveys of 16 stakeholders. Results and findings are described in the Key Stakeholder section of this report.

- ✓ Information gathered in the steps above was analyzed and reviewed to identify health issues of uninsured persons, low-income persons and minority groups and the community as a whole. Health needs were ranked utilizing a weighting method that weighs: 1) how many people are affected by the issue, 2) the consequences of not addressing the problem, 3) the impact on vulnerable populations and 4) prevalence of common themes.

- ✓ An inventory of health care facilities and other community resources potentially available to address the significant health needs identified through the CHNA was prepared and collaborative efforts were identified.

General Description of Hospital

Meade District Hospital is a 20-bed critical access hospital, located in Meade, Kansas. A five-member Board of Directors governs the Hospital and is responsible for compliance with legal requirements, maintenance of professional and ethical standards of healthcare and financial and operational management. Board meetings are held monthly.

The Meade Hospital District was formed in the early 1950s. Over the next 50 years, the original building was remodeled and expanded several times. In November 2000, the voters of the Hospital District approved the construction of a new facility; which was completed in 2004. With this approval, the citizens of Meade County and surrounding counties are able to receive advanced healthcare services in a new modern facility.

In 2005, the Hospital assumed the operation of three Rural Health Clinics and also purchased the Lone Tree Retirement Center. These acquisitions led the Board of Directors and staff to explore a name change that reflects the wide array of services provided by the Hospital District. The Hospital District is now doing business as Artesian Valley Health System (AVHS).

Mission Statement

"Artesian Valley Health System exists to enhance the lives of those who entrust us with their care by providing an exceptional health care experience with compassion and quality while meeting the unique needs of all members of our communities."

Summary of 2019 Needs Assessment Findings

The following health needs were identified based on the information gathered and analyzed through the community health needs assessment conducted by the Hospital. These needs have been prioritized based on information gathered through the community health needs assessment.

Identified Community Health Needs

1. Mental Health Providers

2. Physical Inactivity

3. Lack of Health Knowledge/Education

4. Adult Obesity

These identified community health needs are discussed in greater detail later in this report.

Community Served by the Hospital

Meade District Hospital is located in Meade County, which is in Southwest Kansas.

Defined Community

A Community is defined as the geographic area from which a significant number of the patients utilizing Hospital services reside. While the community health needs assessment considers other types of health care providers, the Hospital is the single largest provider of acute care services. For this reason, the utilization of Hospital services provides the clearest definition of the Community.

Based on the patient origin of acute care discharges from January 1, 2018, through December 31, 2018, management has identified the community to include the corresponding counties listed in *Exhibit 1*, with discharge percent of total greater than 2 percent.

Exhibit 1 Summary of Inpatient Discharges by Zip Code 01/01/2018 to 12/31/2018			
Zip Code	**County**	**Discharges**	**Percent Discharges**
67864	Meade	4,976	69.7%
67869	Meade	1,502	21%
67844	Meade	660	9.3%
		7,138	100.0%

Community Details

Identification and Description of Geographical Community

The geographic area of the defined community based on the identified zip codes in Exhibit 1 includes Meade County. The community health needs assessment utilizes this county with all or significant portions included in the community. The following map geographically illustrates the Hospital's location and community by showing the counties included as well as zip codes shaded by the number of inpatient discharges.
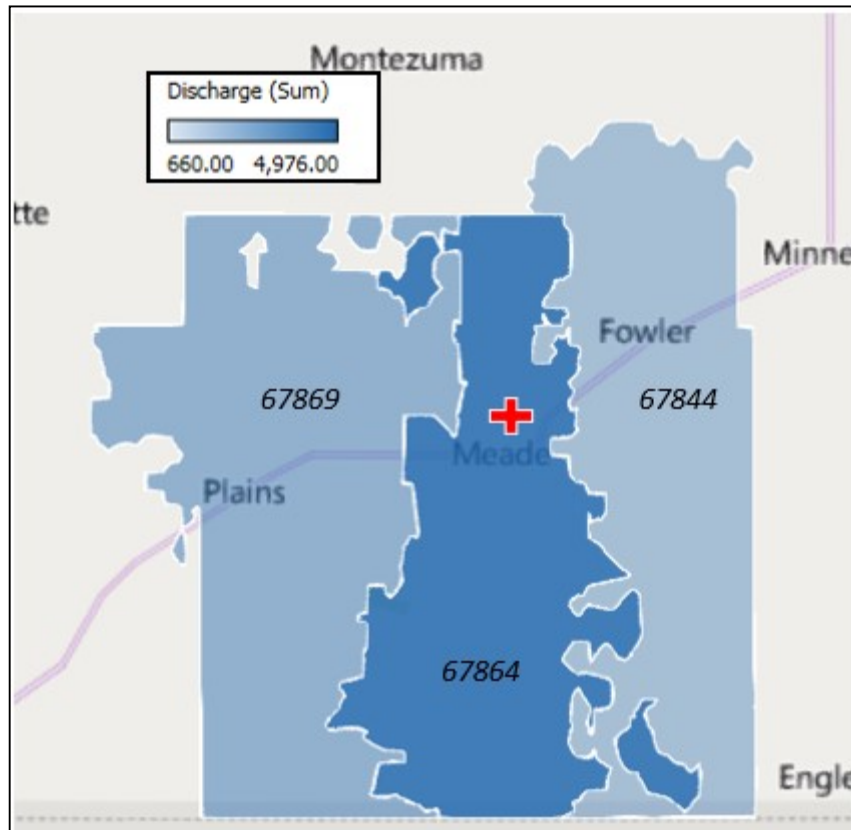
Community Population and Demographics

The U.S. Bureau of Census compiled population and demographic data based on the American Community Survey 2013 - 2017, 5-year estimates data sets. *Exhibit 2* below shows the total population of the community. It also provides the breakout of the community between male and female population, age, race/ethnicity and Hispanic population.

Exhibit 2						
Demographic Snapshot						
Total Population			**Population by Gender**			
	Population				**Male**	**Female**
Meade County, KS	4,295		**Meade County, KS**		2,163	2,132
Kansas	2,903,820		**Kansas**		1,445,980	1,457,840
United States	321,004,407		**United States**		158,018,753	162,985,654
Age Distribution						
Age Group	**Meade County**	**% of Total**	**Kansas**	**% of Total**	**United States**	**% of Total**
0 - 4	296	6.9%	196,826	6.8%	19,853,515	6.2%
5 - 19	978	22.8%	602,965	20.8%	62,377,283	19.4%
20 - 24	266	6.2%	217,288	7.5%	22,501,965	7.0%
25 - 34	463	10.8%	383,984	13.2%	44,044,173	13.7%
35 - 44	418	9.7%	348,347	12.0%	40,656,419	12.7%
45 - 54	572	13.3%	360,925	12.4%	43,091,143	13.4%
55 - 64	560	13.0%	367,212	12.6%	40,747,520	12.7%
65+	742	17.3%	426,273	14.7%	47,732,389	14.9%
Total	**4,295**	**100.0%**	**2,903,820**	**100.0%**	**321,004,407**	**100%**

Race/Ethnicity						
	White	**Black**	**Hispanic**	**Indian & Alaska Native**	**Asian**	**Other**
Meade County	3,446	24	-	41	-	69
Percentage	96.26%	0.67%	0.00%	1.15%	0.00%	1.93%
Kansas	2,220,256	163,490	334,860	19,241	80,142	85,831
Percentage	76.46%	5.63%	11.53%	0.66%	2.76%	2.96%
United States	197,277,789	39,445,495	56,510,571	2,098,763	16,989,560	8,682,249
Percentage	61.46%	12.29%	17.60%	0.65%	5.29%	2.70%

Data Source: US Census Bureau, American Community Survey. 2013-17.

While the relative age of the community population can impact community health needs, so can the ethnicity and race of a population. The population of the CHNA community by race and ethnicity illustrates different categories of race such as, white, black, Asian, other and multiple races.

Exhibit 3 reports the percentage of population living in urban and rural areas. Urban areas are identified using population density, count and size thresholds. Urban areas also include territory with a high degree of impervious surface (development). Rural areas are all areas that are not urban. This table helps to understand how access to care can be limited.

Exhibit 3 Urban/Rural Population				
	Urban Population	**Rural Population**	**Percent Urban**	**Percent Rural**
Meade County	0	4,575	0.0%	100.0%
Kansas	2,116,961	736,157	74.2%	25.8%
United States	249,253,271	59,492,267	80.7%	19.3%
Data Source: US Census Bureau, Decennial Census. 2010.				
*Populations might not match between Demographic charts due to ACS 5 year data vs. Decennial data				

## Socioeconomic Characteristics of the Community

The socioeconomic characteristics of a geographic area influence the way residents access health care services and perceive the need for health care services within society. The economic status of an area may be assessed by examining multiple variables within the community. The following exhibits are a compilation of data that includes household per capita income, employment rates, uninsured population poverty and educational attainment for the community. These standard measures will be used to compare the socioeconomic status of the community to Kansas and the United States.

Income and Employment

Exhibit 4 presents the per capita income for the community. This includes all reported income from wages and salaries as well as income from self-employment, interest or dividends, public assistance, retirement and other sources. The per capita income in this exhibit is the average (mean) income computed for every man, woman and child in the specified area. Meade County has a per capita income below both Kansas and United States amounts.

Exhibit 4 Per Capita Income			
	Total Population	**Aggregate Household Income ($)**	**Per Capita Income ($)**
Meade County	4,295	$ 105,667,300	$ 25,173
Kansas	2,903,820	$ 83,734,036,100	$ 29,600
United States	321,004,407	$ 9,658,475,311,300	$ 31,177
Data Source: US Census Bureau, American Community Survey. 2013-17.			

Per Capita Income ($)

- Kansas (26,900)
- United States (31,177)
- Meade County (25,173)
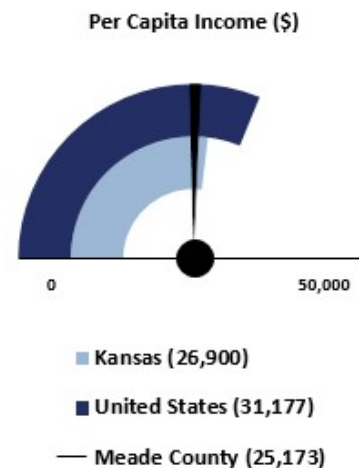
Meade County is supported by major industries including trade, transportation and utilities. *Exhibit 5* summarizes employment by major industry. *Exhibit 6* lists the top employers for Meade County.

Exhibit 5				
Employment by Major Industry - 2018				
Major Industries	**Meade County**	**%**	**United States**	**%**
Government				
Federal Government	16	1.0%	2,795,394.00	1.9%
State Government	19	1.2%	4,625,666.00	3.2%
Local Government	537	32.5%	14,157,642.00	9.7%
Goods-producing				
Natural resources and mining	339	20.5%	1,936,662.00	1.3%
Construction	117	7.1%	7,221,709.00	4.9%
Manufacturing	22	1.3%	12,646,288.00	8.7%
Service-providing				
Trade, transportation and utilities	431	26.1%	27,396,183.00	18.8%
Information	-	0.0%	2,813,627.00	1.9%
Financial activities	76	4.6%	8,182,367.00	5.6%
Professional and business services	32	1.9%	20,862,570.00	14.3%
Education and health services	-	0.0%	22,629,392.00	15.5%
Leisure and hospitality	40	2.4%	16,192,871.00	11.1%
Other services (& Unclassified)	21	1.3%	4,495,132.00	3.1%
Total employment	1,650	100.0%	145,955,503.00	100.0%
Source: U.S. Department of Labor, Bureau of Labor Statistics				

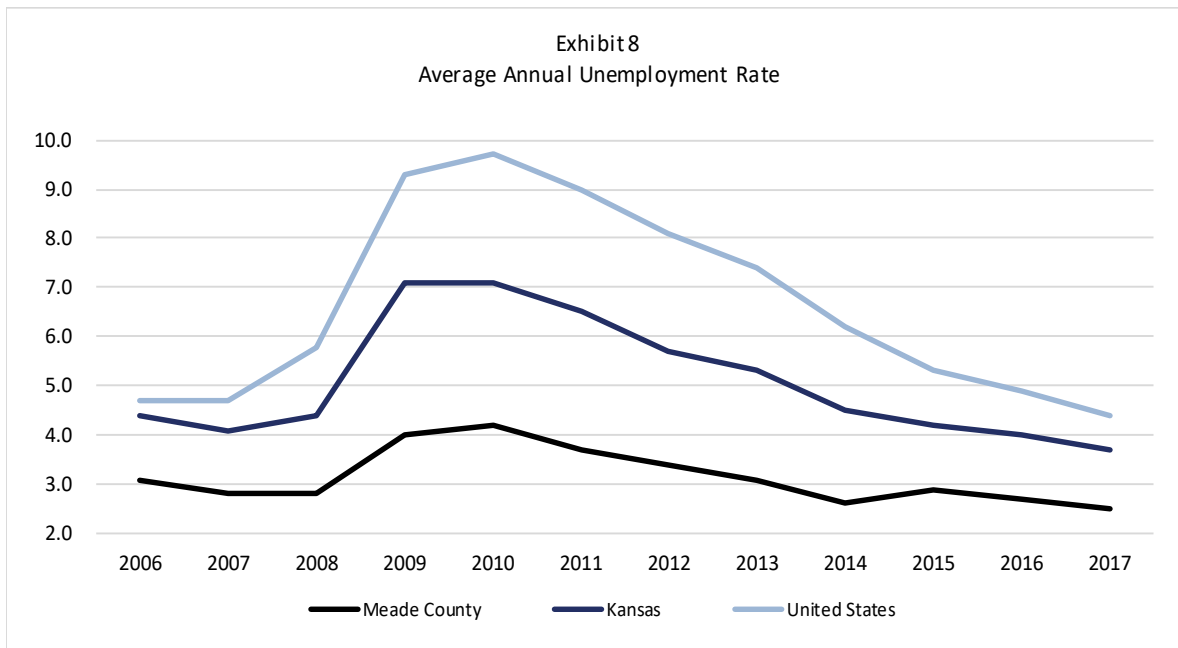| Exhibit 6	
Top Employers	
ANR Pipeline Co.	Meade Auto Truck Center
Allegiance Communications	Meade City
CMS Electric Cooperative	Meade County
Coop Elevator & Supply	Meade District Hospital
Fowler State Bank	Meade Medical Clinic
Great Plains Christian Radio	Meade State Bank
Lone Tree Retirement Center	USD 226
Source: City of Meade	

Unemployment Rate

Exhibit 7 presents the average annual resident unemployment rates for Meade County, Kansas and the United States. *Exhibit 8* illustrates that unemployment rates for the community had risen and peaked in 2010. The following years depicted a steady decline.

Exhibit 7											
Average Annual Unemployment Rate											
	2006	**2007**	**2008**	**2009**	**2010**	**2011**	**2012**	**2013**	**2014**	**2015**	**2016**	**2017**
Meade County	3.1	2.8	2.8	4.0	4.2	3.7	3.4	3.1	2.6	2.9	2.7	2.5
Kansas	4.4	4.1	4.4	7.1	7.1	6.5	5.7	5.3	4.5	4.2	4.0	3.7
United States	4.7	4.7	5.8	9.3	9.7	9.0	8.1	7.4	6.2	5.3	4.9	4.4
Data Source: US Department of Labor, Bureau of Labor Statistics. 2018 - March											

Exhibit 8
Average Annual Unemployment Rate

Poverty

Exhibit 9 presents the percentage of total population below 100 percent Federal Poverty Level (FPL) for the CHNA community, Kansas and the United States. Poverty is a key driver of health status and is relevant because poverty creates barriers to access including health services, healthy food and other necessities that contribute to poor health status.

Low-income residents often postpone seeking medical attention until health problems become aggravated, creating a greater demand on a given community's medical resources. This includes reliance upon emergency room services for otherwise routine primary care. Often uninsured, the low-income demographics' inability to pay for services further strains the medical network. Low-income residents are also less mobile, requiring medical services in localized population centers, placing additional pressure on those providers already in high demand.

Exhibit 9 Population Below 100% FPL		
Population (for Whom Poverty Status is Determined)	**Population in Poverty**	**Percent in Poverty**
Meade County 4,171	507	12.2%
Kansas 2,820,265	361,285	12.8%
United States 313,048,563	45,650,345	14.6%
Data Source: US Census Bureau, American Community Survey. 2013-17.		

Percent Population in Poverty

- Kansas (12.8%)
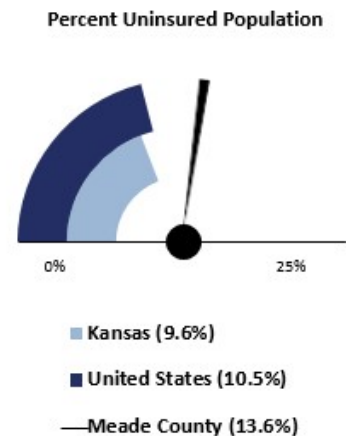- United States (14.6%)
- Meade County (12.2%)
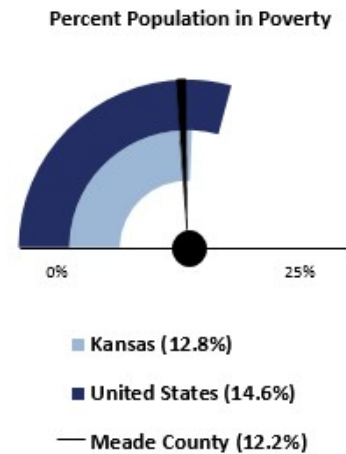
Uninsured

Exhibit 10 reports the percentage of the total civilian noninstitutionalized population without health insurance coverage for Meade County, Kansas, and the United States. This indicator is relevant because lack of insurance is a primary barrier to health care access including regular primary care, specialty care and other health services that contributes to poor health status. The lack of health insurance is considered a key driver of health status.

Exhibit 10 Health Insurance Coverage Status by Age		
Population (Civilian Noninstitutionalized)	**Total Uninsured**	**Percent Uninsured**
Meade County 4,171	567	13.6%
Kansas 2,843,739	274,403	9.6%
United States 316,027,641	33,177,146	10.5%
Data Source: US Census Bureau, American Community Survey. 2013-17.		

Percent Uninsured Population

- Kansas (9.6%)
- United States (10.5%)
- Meade County (13.6%)

Education

Exhibit 11 presents educational attainment with an associate's level degree or higher for Meade County, Kansas, and the United States. This is relevant because educational attainment has been linked to positive health outcomes.

Exhibit 11			
Educational Attainment of Population Age 25 and Older			
	Total Population Age 25 and Older	**Population with Associate's Degree or Higher**	**Percent with Associate's Degree or Higher**
Meade County	2,755	838	30.4%
Kansas	1,886,741	766,875	40.7%
United States	216,271,644	84,805,084	39.2%
Data Source: US Census Bureau, American Community Survey. 2013-17.			

Percent Population Age 25+ with Associate's Degree or Higher

■ Kansas (40.7%)

■ United States (39.2%)

— Meade County (30.4%)
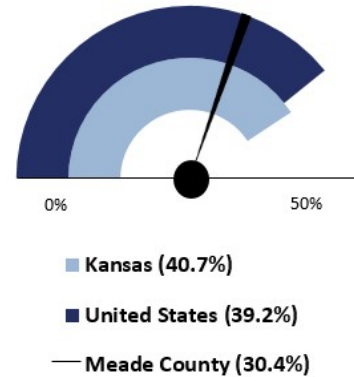
Physical Environment of the Community

A community's health also is affected by the physical environment. A safe, clean environment that provides access to healthy food and recreational opportunities is important to maintaining and improving community health. This section will touch on a few of the elements that relate to some needs mentioned throughout the report.

Grocery Store Access

Exhibit 12 reports the number of grocery stores per 100,000-population. Grocery stores are defined as supermarkets and smaller grocery stores primarily engaged in retailing a general line of food, such as canned and frozen foods; fresh fruits and vegetables; and fresh and prepared meats, fish and poultry. Included are delicatessen-type establishments. Convenience stores and large general merchandise stores that are also retail food, such as supercenters and warehouse club stores are excluded. This is relevant because it provides a measure of healthy food access and environmental influences on dietary behaviors.

Exhibit 12			
Grocery Store Access			
	Total Population	Number of Establishments	Establishments Rate per 100,000
Meade County	4,295	1	23.28
Kansas	2,903,820	511	17.81
United States	321,004,407	65,399	21.18
Data Source: US Census Bureau, County Business Patterns			
Additional data analysis by CARES. 2016.			

Grocery Stores, Rate
(Per 100,000 Population)

0

■ Kansas (18)
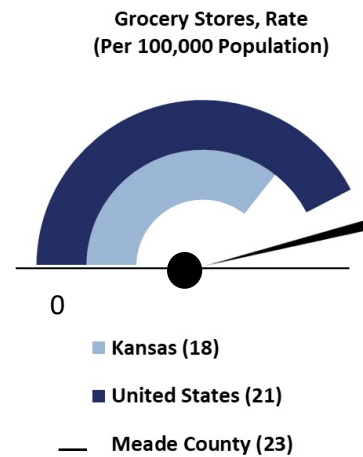
■ United States (21)

— Meade County (23)

Exhibit 13 reports the percentage of the population living in census tracts designated as food deserts. A food desert is defined as a low-income census tract where a substantial number or share of residents has low access to a supermarket or large grocery store. This is relevant because it highlights populations and geographies facing food insecurity.

Exhibit 13			
Population with Low Food Access			
	Total Population	Population with Low Food Access	Percent with Low Food Access
Meade County	4,295	2,320	54.02%
Kansas	2,903,820	752,888	25.93%
United States	321,004,407	69,266,771	21.58%
Data Source: US Department of Agriculture, Economic Research Service,			
USDA - Food Access Research Atlas. 2015.			

Percent with Low Food Access

0%   55%

■ Kansas (25.93%)

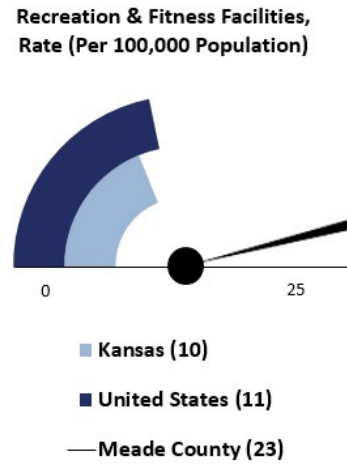■ United States (21.58%)

— Meade County (54.02%)
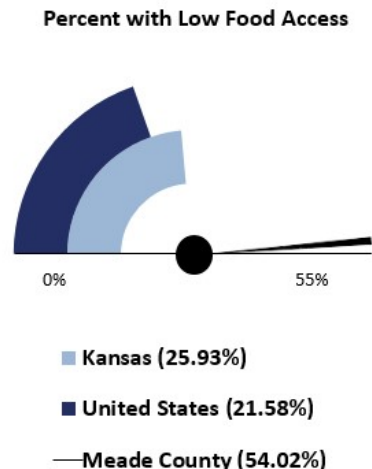
Recreation and Fitness Access

Exhibit 14 reports the number per 100,000 population of recreation and fitness facilities as defined by North American Industry Classification System (NAICS) Code 713940. It is relevant because access to recreation and fitness facilities encourages physical activity and other healthy behaviors.

Exhibit 14 Recreation and Fitness Facility Access			
	Total Population	Number of Establishments	Establishments Rate per 100,000
Meade County	4,295	1	23.28
Kansas	2,903,820	273	9.57
United States	321,004,407	33,980	11.01

Data Source: US Census Bureau, County Business Patterns
Additional data analysis by CARES. 2016.

Recreation & Fitness Facilities, Rate (Per 100,000 Population)

■ Kansas (10)
■ United States (11)
— Meade County (23)

The trend graph below (*Exhibit 15)* shows the percent of adults who are physically inactive by year for the community and compared to Kansas and the United States. Since 2004, the community has had a higher percentage of adults who are physically inactive compared to Kansas and the United States. Beginning in 2011 there was a decline in the percentage of Meade County adults who are physically inactive to become in line with the rest of Kansas. Beginning in 2014 the percentage of Meade County adults who are physically inactive began to increase while Kansas and the United States are still decreasing.
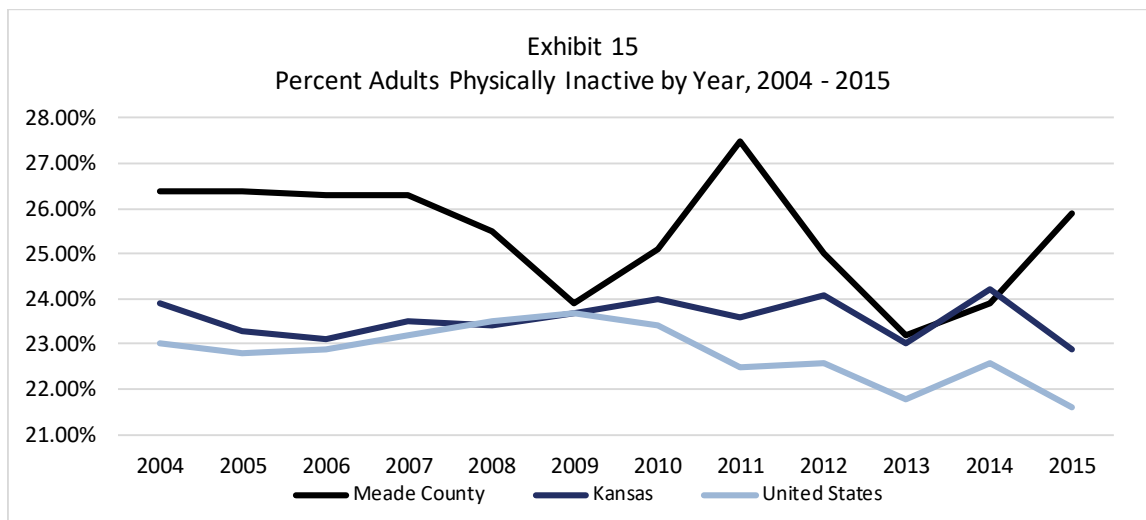
Exhibit 15
Percent Adults Physically Inactive by Year, 2004 - 2015

Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion 2013.

Clinical Care of the Community

A lack of access to care presents barriers to good health. The supply and accessibility of facilities and physicians, the rate of uninsurance, financial hardship, transportation barriers, cultural competency and coverage limitations affect access.

Rates of morbidity, mortality and emergency hospitalizations can be reduced if community residents access services such as health screenings, routine tests and vaccinations. Prevention indicators can call attention to a lack of access or knowledge regarding one or more health issues and can inform program interventions.

Access to Primary Care

Exhibit 16 reports the number of primary care physicians per 100,000 population. Doctors classified as "primary care physicians" by the AMA include: General Family Medicine MDs and DOs, General Practice MDs and DOs, General Internal Medicine MDs and General Pediatrics MDs. Physicians age 75 and over and physicians practicing subspecialties within the listed specialties are excluded. This is relevant because a shortage of health professionals contributes to access and health status issues.

Exhibit 16		
Access to Primary Care		
Total Population	**Primary Care Physicians**	**Primary Care Physicians Rate per 100,000**
Meade County 4,357	1	22.95
Kansas 2,904,021	2,457	84.60
United States 318,857,056	279,871	87.80

Data Source: US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File. 2014.

Primary Care Physicians, Rate (Per 100,000 Population)

- Kansas (85)
- United States (88)
- Meade County (23)
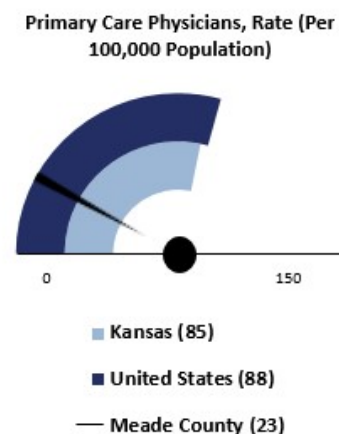
Preventable Hospital Events

Exhibit 17 reports the discharge rate (per 1,000 Medicare enrollees) for conditions that are ambulatory care sensitive (ACS). ACS conditions include pneumonia, dehydration, asthma, diabetes and other conditions, which could have been prevented if adequate primary care resources were available and accessed by those patients. This indicator is relevant because analysis of ACS discharges allows demonstrating a possible "return on investment" from interventions that reduce admissions (for example, for uninsured or Medicaid patients) through better access to primary care resources.

Exhibit 17		
Preventable Hospital Events		
Total Medicare Part A Enrollees	**Ambulatory Care Sensitive Condition Hospital Discharges**	**Ambulatory Care Sensitive Condition Discharge Rate**
Meade County 525	26	51
Kansas 261,763	13,441	51.3
United States 22,488,201	1,112,019	49.4

Data Source: Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care. 2015.

Health Status of the Community

This section of the assessment reviews the health status of the community with comparisons to the state of Kansas. This in-depth assessment of the mortality and morbidity data, health outcomes, health factors and mental health indicators of the county residents that make up the community will enable the Hospital to identify priority health issues related to the health status of its residents.

Good health can be defined as a state of physical, mental and social well-being, rather than the absence of disease or infirmity. According to Healthy People 2020, the national health objectives released by the U.S. Department of Health and Human Services, individual health is closely linked to community health. Community health, which includes both the physical and social environment in which individuals live, work and play, is profoundly affected by the collective behaviors, attitudes and beliefs of everyone who lives in the community. Healthy people are among a community's most essential resources.

Numerous factors have a significant impact on an individual's health status: lifestyle and behavior, human biology, environmental and socioeconomic conditions, as well as access to adequate and appropriate health care and medical services. The interrelationship among lifestyle/behavior, personal health attitude and poor health status is gaining recognition and acceptance by both the general public and health care providers. Some examples of lifestyle/behavior and related health care problems are presented in the table below.

Studies by the American Society of Internal Medicine conclude that up to 70 percent of an individual's health status is directly attributable to personal lifestyle decisions and attitudes. Persons who do not smoke, who drink in moderation (if at all), use automobile seat belts (car seats for infants and small children), maintain a nutritious low-fat, high-fiber diet, reduce excess stress in daily living and exercise regularly have a significantly greater potential of avoiding debilitating diseases, infirmities and premature death.

Health problems should be examined in terms of morbidity as well as mortality. Morbidity is defined as the incidence of illness or injury and mortality is defined as the incidence of death.

Lifestyle	Primary Disease Factor
Smoking	Lung cancer
	Cardiovascular disease
	Emphysema
	Chronic bronchitis
Alcohol/drug abuse	Cirrhosis of liver
	Motor vehicle crashes
	Unintentional injuries
	Malnutrition
	Suicide
	Homicide
	Mental illness
Poor nutrition	Obesity
	Digestive disease
	Depression
Driving at excessive speeds	Trauma
	Motor vehicle crashes
Lack of exercise	Cardiovascular disease
	Depression
Overstressed	Mental illness
	Alcohol/drug abuse
	Cardiovascular disease

Due to limited morbidity data, this health status report relies heavily on death and death rate statistics for leading causes in death in the community, along with the state of Kansas. Such information provides useful indicators of health status trends and permits an assessment of the impact of changes in health services on a resident population during an established period of time. Community attention and health care resources may then be directed to those areas of greatest impact and concern.

Leading Causes of Death

Exhibit 18 reflects the leading causes of death for Meade County residents and compares the rates, per hundred thousand, to Kansas average rates, per hundred thousand.

Exhibit 18 Age-Adjusted Rates			
Selected Causes of Resident Deaths	**Age-Adjusted Death Rate per 100,000 Population**		
	Meade County	**Kansas**	**United States**
Cancer	172.2	164.2	160.9
Coronary Heart Disease	71.7	88.2	99.6
Lung Disease	59.0	49.8	41.3
* Data is suppressed due to insufficient source data			
Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2012-16.			

Health Outcomes and Factors

An analysis of various health outcomes and factors for a particular community can, if improved, help make that community a healthier place to live, learn, work and play. A better understanding of the factors that affect the health of the community will assist with how to improve the community's habits, culture and environment. This portion of the community health needs assessment utilizes information from County Health Rankings, a key component of the Mobilizing Action Toward Community Health (MATCH) project, a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute.

The County Health Rankings model is grounded in the belief that programs and policies implemented at the local, state and federal levels have an impact on the variety of factors that, in turn, determine the health outcomes for communities across the nation. The model provides a ranking method that ranks all 50 states and the counties within each state, based on the measurement of two types of health outcomes for each county: how long people live (mortality) and how healthy people feel (morbidity). These outcomes are the result of a collection of health factors and are influenced by programs and policies at the local, state and federal levels.

Counties in each of the 50 states are ranked according to summaries of a variety of health measures. Those having high ranks, *e.g.*, 1 or 2, are considered to be the "healthiest." Counties are ranked relative to the health of other counties in the same state on the following summary measures:

- Health Outcomes - rankings are based on an equal weighting of one length of life (mortality) measure and four quality of life (morbidity) measures.

- Health Factors - rankings are based on weighted scores of four types of factors:

    o   Health behaviors (six measures)

    o   Clinical care (five measures)

    o   Social and economic (seven measures)

    o   Physical environment (four measures)

A more detailed discussion about the ranking system, data sources and measures, data quality and calculating scores and ranks can be found at the website for County Health Rankings (www.countyhealthrankings.org).

As part of the analysis of the needs assessment for the community, data from Meade County will be used to compare the relative health status of the County to Kansas as well as to a national benchmark as seen in *Exhibit 19*. The current year information is compared to the health outcomes reported in 2015 and the change in measures is indicated. A better understanding of the factors that affect the health of the community will assist with how to improve the community's habits, culture and environment.

Health Outcomes - rankings are based on an equal weighting of one length of life (mortality) measure and four quality of life (morbidity) measures.

		Meade County 2016	Meade County 2019	Kansas 2019	Top US Performers 2019
Exhibit 19					
County Health Rankings - Health Outcomes					
Mortality	*	23	46	↑	
Premature death - Years of potential life lost before age 75 per 100,000 population (age-adjusted)		6,400	N/A	6,900	5,400
Morbidity	*	15	50	↑	
Poor or fair health - Percent of adults reporting fair or poor health (age-adjusted)		13%	14%	15%	12%
Poor physical health days - Average number of physically unhealthy days reported in past 30 days (age-adjusted)		3.0	3.2	3.1	3.0
Poor mental health days - Average number of mentally unhealthy days reported in past 30 days (age-adjusted)		2.9	3.1	3.3	3.1
Low birth weight - Percent of live births with low birth weight (<2500 grams)		5.0%	7.0%	7.0%	6.0%
* Rank out of 102 Kansas counties					
Source: Countyhealthrankings.org					

Exhibit 20
County Health Rankings - Health Factors

	Meade County 2016	Meade County 2019		Kansas 2019	Top US Performers 2019
Health Behaviors	* 4	37	▬		
Adult smoking - Percent of adults that report smoking at least 100 cigarettes and that they currently smoke	15.0%	15.0%		17.0%	14.0%
Adult obesity - Percent of adults that report a BMI >= 30	26.0%	35.0%	↑	33.0%	26.0%
Food environment index^ - Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best)	6.7	7.1	↑	6.9	8.7
Physical inactivity - Percent of adults aged 20 and over reporting no leisure time physical activity	26.0%	28.0%	↑	24.0%	19.0%
Access to exercise opportunities^ - Percentage of population with adequate access to locations for physical activity	41.0%	68.0%	↑	80.0%	91.0%
Excessive drinking - Percent of adults that report excessive drinking in the past 30 days	16.0%	15.0%	↓	17.0%	13.0%
Alcohol-impaired driving deaths - Percent of motor vehicle crash deaths with alcohol involvement	40.0%	31.0%	↓	24.0%	13.0%
Sexually transmitted infections - Chlamydia rate per 100K population	N/A	254.0		417.6	152.8
Teen births - Female population, ages 15-19	39.0	29.0	↓	28.0	14.0
Clinical Care	* 95	95	▬		
Uninsured adults - Percent of population under age 65 without health insurance	17.0%	14.0%	↓	10.0%	6.0%
Primary care physicians - Number of population for every one primary care physician	4,340	2,110	↓	1,310	1,050
Dentists - Number of population for every one dentist	4,360	4,300	↓	1,740	1,260
Mental health providers - Number of population for every one mental health provider	N/A	N/A		530	310
Preventable hospital stays - Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees	127.0	6,254.0	↑	4,078.0	2,765.0
Diabetic screening^ - Percent of diabetic Medicare enrollees that receive HbA1c screening	85.0%	N/A	↓	N/A	N/A
Mammography screening^ - Percent of female Medicare enrollees that receive mammography screening	61.0%	28.0%	↓	43.0%	49.0%
Social & Economic Factors	* 24	41	↑		
High school graduation^ - Percent of ninth grade cohort that graduates in 4 years	N/A	86.0%	↓	87.0%	96.0%
Some college^ - Percent of adults aged 25-44 years with some post-secondary education	58.0%	49.0%	↓	70.0%	73.0%
Unemployment - Percent of population age 16+ unemployed but seeking work	2.6%	2.4%	↓	3.6%	2.9%
Children in poverty - Percent of children under age 18 in poverty	16.0%	14.0%	↓	15.0%	11.0%
Income inequality - Ratio of household income at the 80th percentile to income at the 20th percentile	3.4	3.6	↑	4.3	3.7
Children in single-parent households - Percent of children that live in household headed by single parent	27.0%	29.0%	↑	29.0%	20.0%
Social associations^ - Number of membership associations per 10,000 population	36.8	35.6	↓	13.7	21.9
Violent Crime Rate - Violent crime rate per 100,000 population (age-adjusted)	581.0	N/A		365.0	63.0
Injury deaths - Number of deaths due to injury per 100,000 population	63.0	102.0	↑	73.0	57.0
Physical Environment	* 19	7	↓		
Air pollution-particulate matter days - Average daily measure of fine particulate matter in micrograms per cubic meter	11.8	7.1	↓	8.1	6.1
Drinking Water Violations - Percentage of population getting water from a public water system with at least on health-based violation	No	No	▬		
Severe housing problems - Percentage of household with at least 1 of 4 housing problems: overcrowding, high housing costs or lack of kitchen or plumbing facilities	7.0%	9.0%	↑	13.0%	9.0%
Driving alone to work - Percentage of the workforce that drives alone to work	78.0%	71.0%	↓	82.0%	72.0%
Long commute, driving alone - Among workers who commute in their car alone, the percentage that commute more than 30 minutes	14.0%	18.0%	↑	20.0%	15.0%

* Rank out of 102 Kansas counties

^ Opposite Indicator signifying that an increase is a positive outcome and a decrease is a negative.

Note: N/A indicates unreliable or missing data

Source: Countyhealthrankings.org

A number of different health factors shape a community's health outcomes. The County Health Rankings model includes four types of health factors: health behaviors, clinical care, social and economic and the physical environment. The following summary shows some of the major improvements from 2015 to current year and challenges faced by Meade County. The improvements/challenges shown below in *Exhibit 21* were determined using a process of comparing the rankings of the county's health outcomes in the current year to the rankings in 2015. If the current year rankings showed an improvement or decline of four percent or four points, or were deemed significant, they were included in the charts below.

Exhibit 21	
Meade County Improvements and Challenges	
Improvements	**Challenges**
Uninsured Adults - percent decreased from 17% to 14%	Adult Obesity - percent increased from 26% to 35%
Alcohol-Impaired Driving Deaths - percent decreased from 40% to 31%	Low Birth Weight - percent increased from 5% to 7%
Access to Exercise Opportunities - percent increased from 41% to 68%	Physical Inactivity - percent increased from 26% to 28%

As can be seen from the summarized table above, there are numerous areas that have room for improvement. However, there are also significant improvements made within Meade County during the past few years.

The following exhibits show a more detailed view of certain health outcomes and factors for the community, Kansas and the United States.
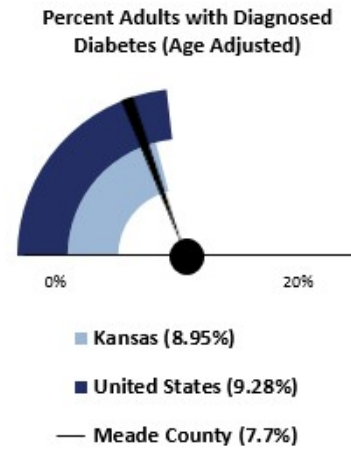
Community Health Status Indicators

Diabetes (Adult)

Exhibit 22 reports the percentage of adults aged 20 and older who have ever been told by a doctor that they have diabetes. This is relevant because diabetes is a prevalent problem in the U.S.; it may indicate an unhealthy lifestyle and puts individuals at risk for further health issues.

Exhibit 22		
Population with Diagnosed Diabetes		
Total Population Age 20 and Older	**Population with Diagnosed Diabetes**	**Percent* with Diagnosed Diabetes**
Meade County 3,031	291	7.70%
Kansas 2,107,012	207,387	8.95%
United States 241,492,750	24,722,757	9.28%

* Age-adjusted Rate

Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2015.


Percent Adults with Diagnosed Diabetes (Age Adjusted)

0%   20%

■ Kansas (8.95%)

■ United States (9.28%)

— Meade County (7.7%)

Heart Disease (Adult)

Exhibit 23 reports the percentage of adults aged 18 and older who self-report that they have ever been told by a doctor, nurse or other health professional that they have coronary heart disease or angina. This is relevant because coronary heart disease is a leading cause of death in the U.S. and is also related to high blood pressure, high cholesterol and heart attacks

Exhibit 23		
Population with Heart Disease		
Total Medicare Fee-for-Service Beneficiaries	**Beneficiaries with Heart Disease**	**Percent with Heart Disease**
Meade County 768	233	30.3%
Kansas 399,262	105,373	26.4%
United States 33,725,823	9,076,698	26.9%

Data Source: Centers for Medicare and Medicaid Services. 2017

Percent Adults with Heart Disease

0%   35%

■ Kansas (26.4%)

■ United States (26.9%)

—Meade County (30.3%)
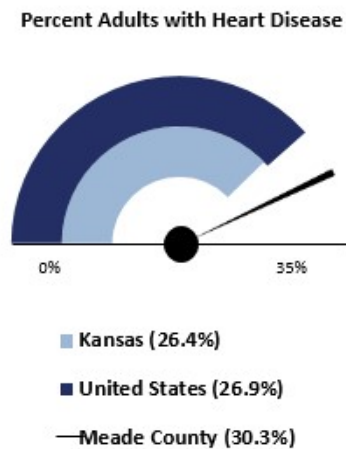
High Blood Pressure (Adult)

Exhibit 24 reports the percentage of adults aged 18 and older who self-report that they have ever been told by a doctor, nurse or other health professional that they had high blood pressure.

Exhibit 24		
Population with High Blood Pressure		
Total Population Age 18 and Older	**Population with High Blood Pressure**	**Percent with High Blood Pressure**
Meade County 3,240	1,040	32.1%
Kansas 2,112,400	578,798	27.4%
United States 232,556,016	65,476,522	28.2%
Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2006-12.		

Percent Adults with High Blood Pressure

- Kansas (27.4%)
- United States (28.2%)
- Meade County (32.1%)
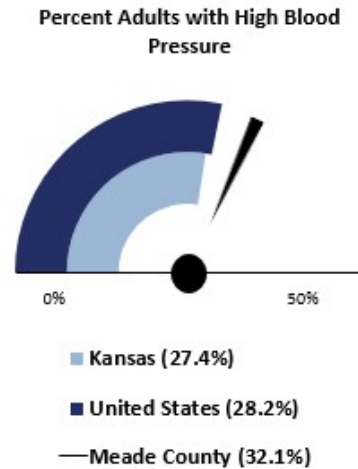
Obesity

Exhibit 25 reports the percentage of adults aged 20 and older who self-report that they have a Body Mass Index (BMI) greater than 30.0 (obese). Excess weight may indicate an unhealthy lifestyle and puts individuals at risk for further health issues.

Exhibit 25		
Population with Obesity		
Total Population Age 20 and Older	**Population with BMI > 30.0 (Obese)**	**Percent* with BMI > 30.0 (Obese)**
Meade County 3,031	1,059	34.9%
Kansas 2,107,012	699,363	33.2%
United States 241,492,750	67,983,276	28.2%
Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2015.		

Percent Adults with BMI > 30.0 (Obese)

- Kansas (33.2%)
- United States (28.2%)
- Meade County (34.9%)
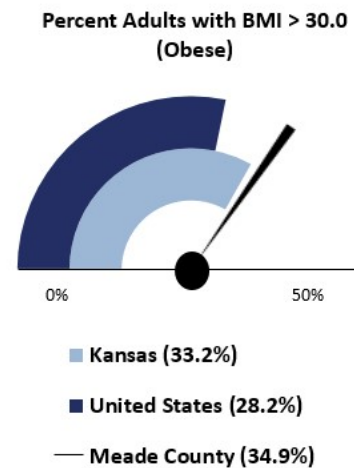
Poor Dental Health

Exhibit 26 reports the percentage of adults aged 18 and older who self-report that six or more of their permanent teeth have been removed due to tooth decay, gum disease or infection. This is relevant because it indicates lack of access to dental care and/or social barriers to utilization of dental services.

Exhibit 26 Population with Poor Dental Health		
Total Population Age 18 and Older	Population with Poor Dental Health	Percent with Poor Dental Health
Meade County 3,204	0	0.0%
Kansas 2,112,400	303,584	14.4%
United States 235,375,690	36,842,620	15.7%
Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2006-10.		

Percent Adults with Poor Dental Health

■ Kansas (14.4%)
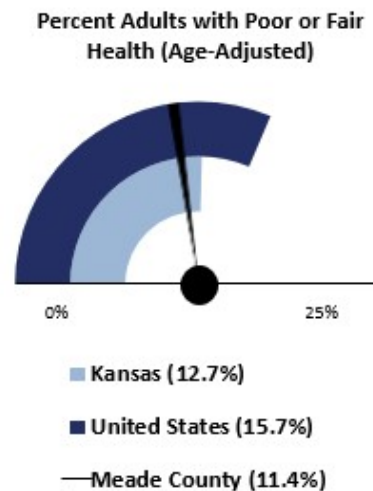■ United States (15.7%)
— Meade County (0%)
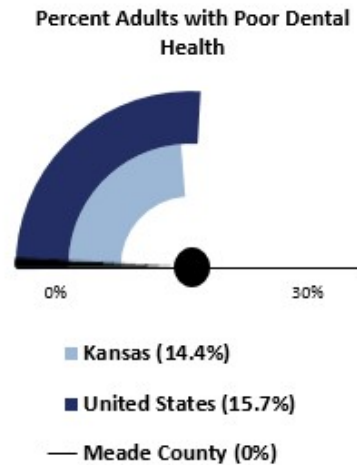
Poor General Health

Exhibit 27 reports the percentage of adults aged 18 and older who self-report having poor or fair health in response to the question "Would you say that in general your health is excellent, very good, good, fair or poor?" This is relevant because it is a measure of general poor health status.

Exhibit 27 Population with Poor General Health		
Total Population Age 18 and Older	Population with Poor General Health	Percent* with Poor General Health
Meade County 3,204	395	11.4%
Kansas 2,112,400	278,937	12.7%
United States 232,556,016	37,766,703	15.7%
* Age-adjusted Rate		
Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. Us Department of Health & Human Services, Health Indicators Warehouse. 2006-12		

Percent Adults with Poor or Fair Health (Age-Adjusted)

■ Kansas (12.7%)
■ United States (15.7%)
—Meade County (11.4%)

Community Input – Key Stakeholder Survey

Obtaining input from key stakeholders (persons with knowledge of or expertise in public health, community members who represent the broad interest of the community or persons representing vulnerable populations) is a technique employed to assess public perceptions of the county's health status and unmet needs. This input is intended to ascertain opinions among individuals likely to be knowledgeable about the community and influential over the opinions of others about health concerns in the community.

Methodology

Electronic surveys were distributed to stakeholders representing Meade County. Stakeholders were determined based on a) their specialized knowledge or expertise in public health, b) their involvement with underserved and minority populations or c) their affiliation with local government, schools and industry.

Sixteen stakeholders provided input through an online community health survey on the following issues:

- ✓ Health and quality of life for residents of the primary community
- ✓ Underserved populations and communities of need
- ✓ Barriers to improving health and quality of life for residents of the community
- ✓ Opinions regarding the important health issues that affect community residents and the types of services that are important for addressing these issues

The survey consisted of a series of ten questions. Please refer to *Appendix C* for a list of the survey questions.

Key Stakeholder Profiles

Key stakeholders who were asked to participate in the online survey worked for the following types of organizations and agencies:

- ✓ Meade District Hospital
- ✓ Social service agencies
- ✓ Local school systems and educational organizations
- ✓ Public health agencies
- ✓ Other medical providers
- ✓ Local elected officials and governmental agencies
- ✓ Local businesses

Key Stakeholder Survey Results

The questions on the survey were grouped into four major categories. A summary of the stakeholders' responses by each of the categories follows. Paraphrased quotes are included to reflect some commonly held opinions and direct quotes are employed to emphasize strong feelings associated with the statements. This section of the report summarizes what the key stakeholders said without assessing the credibility of their comments.

1. ***General opinions regarding health and quality of life in the community***

   The key stakeholders were asked to rank the health and quality of life in Meade County on a scale of 1-10, with 10 representing perfect health. They were also asked to provide their opinion on whether the health and quality of life had improved, declined or stayed the same over the past few years. Lastly, key stakeholders were asked to provide support for their answers.

   The average ranking of overall health and quality of life in Meade County was an eight. When asked what factors influenced their ranking, stakeholders noted access to quality health care, wellness center, good school district, walking trail and low crime.

   When asked whether the health and quality of life had improved, declined or stayed the same, 43.75 percent of those that responded to this question felt the health and quality of life had improved over the last few years. Twenty-five percent expressed they thought the health and quality of life had stayed the same over the last three years and 31.25 percent responded the health and quality of life in the community had declined.
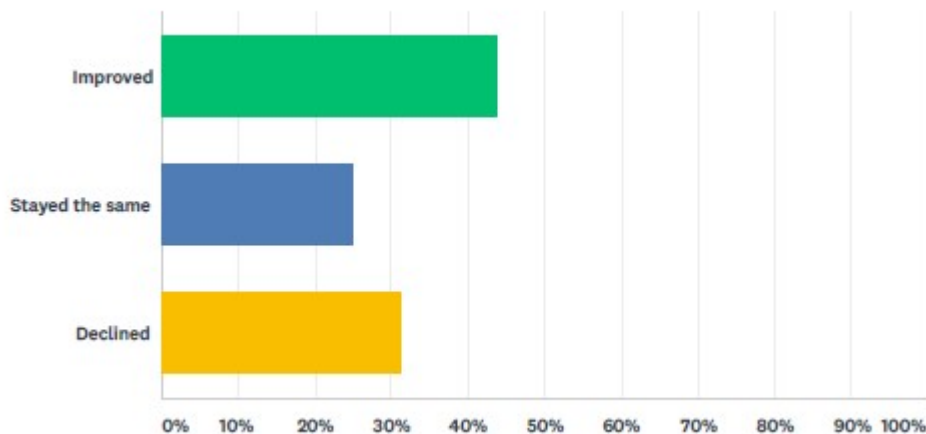

2. ***Underserved populations and communities of need***

   Key stakeholders were asked to provide their opinions regarding specific populations or groups of people whose health or quality of life may not be as good as others. They were also asked to provide their opinions as to why they thought these populations were underserved or in need. Each key stakeholder was asked to consider the specific populations they serve or those with which they usually work.

   The majority of the key stakeholders identified persons living with low incomes or in poverty as most likely to be underserved due to lack of access to services. Lack of financial resources prevents persons with low income from seeking medical care and receiving the resources they need. It also leads to people being uninsured and underinsured. Often, persons living with low-income also have less access to safe housing, reliable transportation and healthy nutrition.

Persons with mental health needs, including drug and alcohol addiction, were another group identified as a population whose health needs may not be being met in the community due to lack of understanding regarding mental health conditions and available resources. Stakeholders expressed a lack of mental health providers in the area.
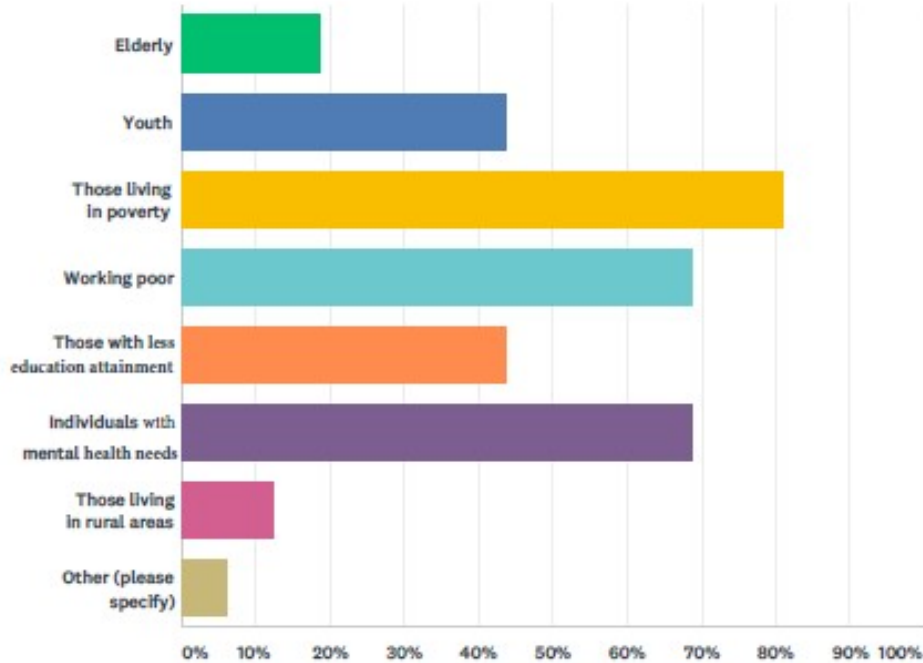
"With the rising cost of health insurance, I believe it is difficult for low income individuals to afford all of their health care needs."

"I find that those living in poverty don't know how to make choices that lead to long-term improvements in their lifestyle. They may be less likely to take advantage of opportunities available to them because they are focused on surviving one day at a time. Often less nutritious foods are cheaper than those with greater nutritional value."

"Mental illness is a challenge because there are few providers in all of western Kansas, but the need is getting greater."

3. Barriers

The survey included an assessment of community perceptions of major barriers to addressing health issues. The overwhelming majority of respondents strongly agreed or agreed that the lack of mental health providers (75%), lack of insurance (62.50%) and lack of education/awareness (56.25%) are big barriers to health care. Other barriers included lack of fitness facilities and transportation.

4. Most important health and quality of life issues

The survey solicited input from participants regarding health problems of the community. Substance abuse/excessive drinking, shortage of mental health providers, lack of knowledge and education, and physical inactivity were identified as the biggest health and quality of life issues impacting the community.

Additional survey results:

➤ When asked what needs to be done to address the critical issues, participants indicated the following:

- More education

- Healthier food options in Plains and other rural areas

- More mental health programs

- Address the availability of opioids

- Quality jobs with insurance benefits

- Programs that can also be provided by mental health agencies to address those in poverty

- Economic development and better internet service

- More opportunities for community-wide fitness

➤ When asked what services should be offered in Meade County, participants indicated the following:

- Mental health services

- Optometry

- Outreach health education programs

- Wellness director or facility that worked with the entire community on fitness and health education

Health Issues of Vulnerable Populations

According to Dignity Health's Community Need Index (see Appendices), the Hospital's community has a moderate to high level of need. The CNI score is an average of five different barrier scores that measure socioeconomic indicators of each community (income, cultural, education, insurance and housing). The zip codes in the community that have the highest need in the community are listed in *Exhibit 28*.

Exhibit 28			
Zip Codes with Highest Community Need Index			
Zip Code	**CNI Score***	**City**	**County**
67844	3.4	Fowler	Meade
67864	3.6	Meade	Meade
67869	4.0	Plains	Meade

* Scale of 1 (Lowest Need) to 5 (Highest Need)

Source: Dignity Health Community Need Index

Information Gaps

This assessment was designed to provide a comprehensive and broad picture of the health in the overall community served by the Hospital; however, there may be a number of medical conditions that are not specifically addressed in this report due to various factors, including but not limited to, publically available information or limited community input.

In addition, certain population groups might not be identifiable or might not be represented in numbers sufficient for independent analysis. Examples include homeless, institutionalized persons, undocumented residents and members of certain ethnic groups who do not speak English or Spanish. Efforts were made to obtain input from these specific populations through key stakeholder interviews.

Prioritization of Identified Health Needs

Priority setting is a required step in the community benefit planning process. The IRS regulations indicate that the needs assessment must provide a prioritized description of the community health needs identified through the assessment, and include a description of the process and criteria used in prioritizing the health needs.

Using findings obtained through the collection of primary and secondary data, the Hospital completed an analysis of these to identify community health needs. The following data was analyzed to identify health needs for the community.

Leading Causes of Death

Leading causes of death for the community and the death rates for the leading causes of death were compared to U.S. adjusted death rates. Causes of death in which the county rate compared unfavorably to the U.S. adjusted death rate resulted in a health need for the Hospital CHNA community.

Health Outcomes and Factors

An analysis of the County Health Rankings health outcomes and factors data was prepared for Ottawa County. County rates and measurements for health behaviors, clinical care, social and economic factors and the physical environment were compared to state benchmarks. County rankings in which the county rate compared unfavorably (by greater than 30 percent of the national benchmark) resulted in an identified health need.

Primary Data

Health needs identified through key informant interviews were included as health needs. Needs for vulnerable populations were separately reported on the analysis in order to facilitate the prioritization process.

Health Needs of Vulnerable Populations

Health needs of vulnerable populations were included for ranking purposes.

To facilitate prioritization of identified health needs, a ranking process was used. Health needs were ranked based on the following five factors. Each factor received a score between 0 and 5, with a total maximum score of 25 (indicating the greatest health need).

1) **How many people are affected by the issue or size of the issue?** For this factor, ratings were based on the percentage of the community who are impacted by the identified need. The following scale was utilized: >25% of the community= 5; >15% and <25%=4; >10% and <15%=3; >5% and <10%=2 and <5%=1.

2) **What are the consequences of not addressing this problem?** Identified health needs, which have a high death rate or have a high impact on chronic diseases, received a higher rating.

3) **What is the impact on vulnerable populations?** This rating factor used information obtained from key stakeholder interviews to identify vulnerable populations and determine the impact of the health need on these populations.

4) **Prevalence of common themes.** The rating for this factor was determined by how many sources of data (Leading Causes of Death, Primary Causes for Inpatient Hospitalization, Health Outcomes and Factors and Primary Data) identified the need.

5) **Alignment with Hospital's resources**. The rating for this factor was determined by whether or not the need fits within the Hospital's strategic plan, as well as the Hospital's ability to address the need. Rating of one (least) through five (greatest) was given to each need, based on management assessment.

Each need was ranked based on the five prioritization metrics. As a result, the following summary list of needs was identified:

Health Problem	How many people are affected by the issue?	What are the consequences of not addressing this problem?	What is the impact on vulnerable populations?	Prevalence of common themes	Alignment with Hospital's Resources	Total Score
Exhibit 29						
Ranking of Community Health Needs						
Mental Health Providers	5	4	5	5	5	24
Physical Inactivity	4	4	5	5	3	21
Lack of Health Knowledge/Education	4	4	5	5	2	20
Adult Obesity	5	3	3	5	3	19
Substance Abuse	4	3	5	3	3	18
Primary Care Physicians	4	4	3	5	1	17
Adult Smoking	4	4	3	1	1	13
Heart Disease	3	4	1	3	1	12
Children in Poverty	2	2	3	1	4	12
Children in Single-Parent Households	3	2	2	1	4	12
Preventable Hospital Stays	2	3	1	3	2	11
Cancer	3	4	1	1	1	10
Lung Disease	3	3	1	1	2	10
Stroke	3	3	1	1	1	9
Excessive Drinking	2	2	2	1	1	8
Dentists	2	2	1	1	1	7
Alcohol-Impaired Driving Deaths	1	2	2	1	1	7
Violent Crime Rate	1	2	2	1	1	7
Teen Birth Rate	1	1	1	1	1	5
Sexually Transmitted Infections	1	1	1	1	1	5

Management's Prioritization Process

For the health needs prioritization process, the Hospital engaged a leadership team to review data presented in the report and the most significant health needs identified in *Exhibit 29*.

As a result of the analysis described, Hospital management identified the following health needs as the most significant needs for the community. Based on the criteria outlined above, the health needs that scored a 19 or more (out a possible 25) were identified as priority areas that will be addressed through Meade District Hospital's Implementation Strategy for years 2020-2022.

- Mental Health Providers

- Physical Inactivity

- Lack of Health Knowledge/Education

- Adult Obesity

Health Care Resources

The availability of health resources is a critical component to the health of a county's residents and a measure of the soundness of the area's health care delivery system. An adequate number of health care facilities and health care providers is vital for sustaining a community's health status. Fewer health care facilities and health care providers can impact the timely delivery of services. A limited supply of health resources, especially providers, results in the limited capacity of the health care delivery system to absorb charity and indigent care as there are fewer providers upon which to distribute the burden of indigent care. This section addresses the availability of health care resources to the residents of Meade County.

Hospitals and Health Centers

Residents of the community also take advantage of services provided by hospitals in neighboring counties. *Exhibit 30* summarizes acute care hospital services available to the residents of Meade County:

Exhibit 30 Summary of Acute Care Hospitals					
Name	**Address**	**County**	**Miles from Meade City**	**Bed Size***	**Facility Type**
Minneola District Hospital	212 Main Street Minneola, KS 67865-0127	Minneola	21.0	54	Short Term/Acute

* Includes subprovider beds, excludes skilled nursing facility beds

Source: Ushospitalfinder.com

Other Health Care Facilities and Providers

Short-term acute care Hospital services are not the only health services available to members of the Hospital's community. *Exhibit 31* provides a listing of rural health clinics within the Hospital's community.

Exhibit 31 Summary of Other Health Care Facilities		
Facility	**Address**	**County**
Meade Rural Health Clinic	119 N Hart St, Meade, KS 67864	Meade
Plains Rural Health Clinic	402 Grand Ave, Plains, KS 67869	Plains

Source: Avheatlhsystem.com

APPENDICES

APPENDIX A

SOURCES

DATA TYPE	SOURCE	YEAR(S)
Discharges by Zip Code	Meade District Hospital	2018
Community Details: Population & Demographics	Community Commons via US Census Bureau https://factfinder.census.gov/	2013-2017
Community Details: Urban/Rural Population	Community Commons via US Census Bureau https://factfinder.census.gov/	2013-2017
Socioeconomic Characteristics: Income	Community Commons via US Census Bureau https://factfinder.census.gov/	2013-2017
Socioeconomic Characteristics: Employment by Major Industry	Bureau of Labor Statistics http://www.bls.gov/cew/datatoc.htm	2018
Socioeconomic Characteristics: Top Employers by County	The City of Meade Kansas cityofmeade.org/meade_business.htm	2013
Socioeconomic Characteristics: Unemployment	Community Commons via Bureau of Labor Statistics https://www.communitycommons.org/	2018
Socioeconomic Characteristics: Poverty	Community Commons via US Census Bureau https://factfinder.census.gov/	2013-2017
Socioeconomic Characteristics: Uninsured	Community Commons via US Census Bureau https://factfinder.census.gov/	2013-2017
Socioeconomic Characteristics: Education	Community Commons via US Census Bureau https://factfinder.census.gov/	2013-2017
Physical Environment: Grocery Store Access	Community Commons via US Census Bureau https://www.communitycommons.org/	2016
Physical Environment: Food Access/Food Deserts	Community Commons via US Department of Agriculture https://www.communitycommons.org/	2015
Physical Environment: Recreation/Fitness Access	Community Commons via US Census Bureau https://www.communitycommons.org/	2016
Clinical Care: Access to Primary Care	Community Commons via US Department of Health & Human Services https://www.communitycommons.org/	2016
Critical Care: Preventable Hospital Events	Community Commons via Dartmouth Atlas of Health Care https://www.communitycommons.org/	2015
Leading Causes of Death	Community Commons via Centers for Disease Control and Prevention https://www.communitycommons.org/	2012-2016
Health Outcomes and Factors	Community Commons via Centers for Disease Control and Prevention https://www.communitycommons.org/	2011-2017
Health Outcome Details	Community Commons via Centers for Disease Control and Prevention https://www.communitycommons.org/	2011-2017
Health Care Resources: Hospitals	US Hospital Finder http://www.ushospitalfinder.com/	2018
Health Care Resources: Rural Health Clinics	Artesian Valley Health System https://avhealthsystem.com/home-style-5/facilities/meade-rural-health-clinic-2/	2019
Zip Codes with Highest CNI	Dignity Health Community Need Index http://cni.chw-interactive.org	2018

APPENDIX B

ANALYSIS OF DATA

Analysis of CHNA Data
Analysis of Health Status-Leading Causes of Death

	U.S. Crude Rates	Kansas Crude Rates	(A) County Rate	(B) 10% Increase of Kansas Crude Rate	If (A)>(B), then "Health Need"
COUNTY:					
Heart Disease	99.6	88.2	71.7	97.0	
Cancer	160.9	164.2	172.2	180.6	
Lung Disease	41.3	49.8	59.0	54.8	Health Need

The crude rate is shown per 100,000 residents. Please refer to Exhibit 18 for more information

APPENDIX C

KEY STAKEHOLDER SURVEY QUESTIONS

Meade District Hospital
Community Health Needs Assessment
Key Stakeholder Survey Questions

1) Please provide your contact information. (*i.e.*, Name, Company and Title, Address, Email)

2) Rank the overall health and quality of life in Meade County from 1-10 compared to what you would think of as a "10" or perfect health.

3) Please explain what factors influence your ranking in the previous question.

4) In your opinion, has health and quality of life in the county improved, stayed the same or declined in the past few years?

5) Are there segments of the population in Meade County that you believe have more unmet health needs of lower quality of life than others?

6) Please explain your answer to the previous question regarding segments of the population with more health needs or lower quality of life.

7) What barriers exist in Meade County preventing individuals from obtaining better health and quality of life?

8) What are the most critical health and quality of life issues in Meade County?

9) What needs to be done to address the issues you selected in the previous question?

10) Are there any health services that are not offered in Meade County that you believe should be?

APPENDIX D

DIGNITY HEALTH COMMUNITY NEED INDEX REPORTS
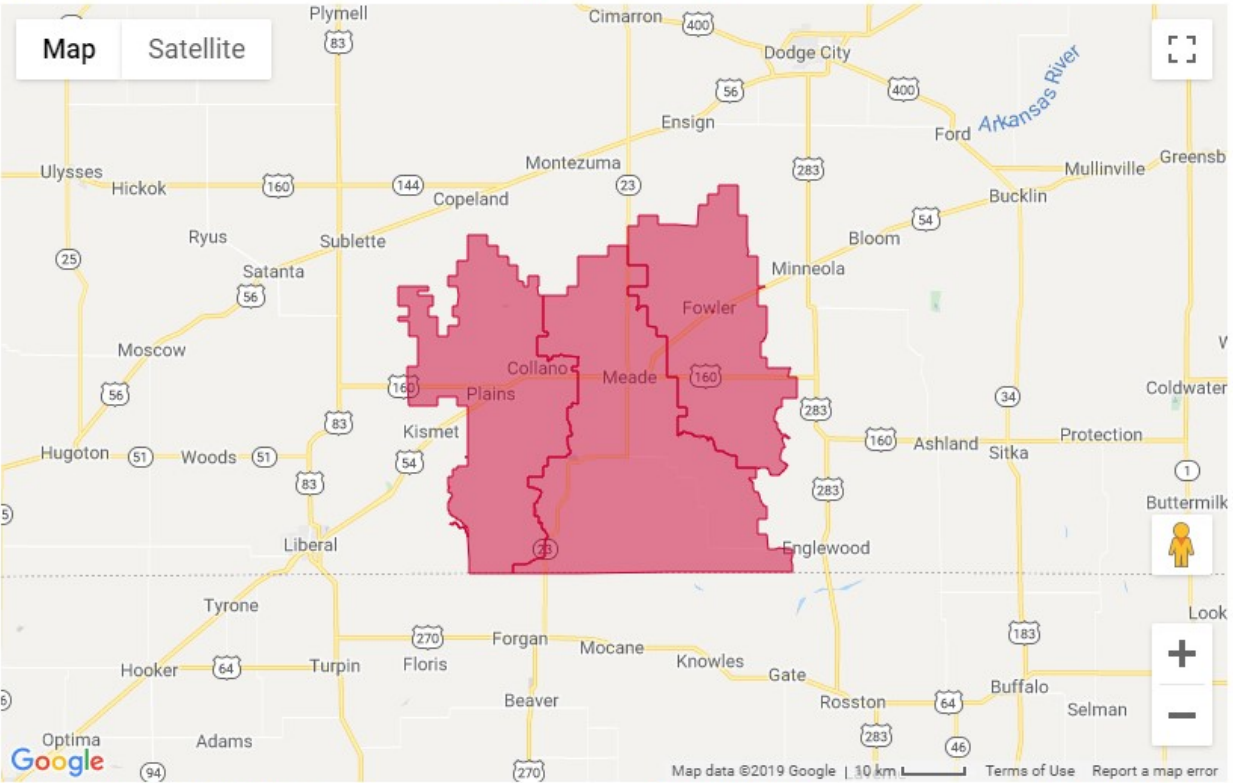
Mean(zipcode): 3.7 / Mean(person): 3.7   CNI Score Median: 4   CNI Score Mode: None

Zip Code	CNI Score	Population	City	County	State
■ 67844	3.4	826	Fowler	Meade	Kansas
■ 67864	3.6	2062	Meade	Meade	Kansas
■ 67869	4	1501	Plains	Meade	Kansas