

Coffey County

Community Health Needs Assessment



A partnership between
the Coffey County Health Department
and Coffey Health System



Public Health
Prevent. Promote. Protect.
Coffey County Health Department



Coffey Health System

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Project Leads

Lindsay Payer, Administrator, Coffey County Health Department
Tracy Campbell, Director of Marketing, Coffey Health System

Goals

1. Identify/prioritize healthcare needs (medical conditions, service lines, geographic location, etc.) and implement best practices to address key priorities.
2. To align our priorities with the needs of the community, and create a plan so priorities are collectively defined throughout the healthcare community.
3. Evaluate and improve our level of care in each community.
4. To improve relationships with other health partners, so communication is accurate, quick, and meaningful.

Timeline

October 2016 - February 2017	Collect data from internal and external sources
March - May 2017	Summarize data into a format easily understood by the public
June 2017	Conduct a community engagement event to establish prioritization and consensus of health issues in Coffey County
July-August 2017	One-on-one meetings with Coffey Health System medical staff to review data and collect input Develop task forces/focus groups to examine specific issues as prioritized in community meetings: chronic disease, children's health, and aging (with socioeconomic factors touching on all three)
September 2017	Identify action plans
October 2017	Present research and preliminary action plans at the CHS Board of Trustees' annual fall retreat
November - December 2017	Finalize evidence-based action plans
January 2017	Present final report and action plans to the Coffey County Commission/Board of Health and the Coffey Health System Board of Trustees Disseminate formally adopted report
February 2017	Begin working with specific departments and community organizations to enact evidence-based action plans

Payer and Campbell will continue to meet biweekly to review status, with formal updates given to Coffey County Commission/Board of Health and the Coffey Health System Board of Trustees every six months.

Overview

Background

A Community Health Needs Assessment is a component of the Affordable Care Act established to promote a proactive stance regarding population health. Such assessments are required every three years for county health departments and not-for-profit hospitals/systems.

In 2011-12, Coffey County Health Department completed a Community Health Needs Assessment as part of a consortium with seven other counties in east-central Kansas. While this allowed for the cost and workload to be shared among the eight counties, the results reflected regional concerns, which are vastly different from needs and concerns in Coffey County.

As a county-based Prospective Payment Hospital (now Critical Access Hospital retroactive to July 11, 2017) Coffey Health System was not required to conduct regular assessments. In 2013, CHS contracted with Kansas State University's Office for Rural Development to conduct a similar study; however, its purpose was to evaluate CHS's strengths/weaknesses/and community perceptions, not to measure population health and community resources.

Armed with the lessons learned from these two prior experiences, Coffey County Health Department Administrator Lindsay Payer and Coffey Health System Director of Marketing Tracy Campbell sought permission to partner on a true Community Health Needs Assessment focusing solely on Coffey County.

Research

Payer and Campbell embarked on strategic research and analysis. Data from a variety of state and national sources was gathered with assistance from the Kansas Health Institute. All data reflected the health of Coffey County residents only, regardless of where they receive treatment; likewise, statistics garnered from Coffey Health System/Coffey County Hospital included only patients with Coffey County addresses.

Rather than compiling random pages of statistics, Payer sorted the information into easily-understood groupings: births, children, chronic disease, men, women, aging, and socioeconomics. For each of these groupings, Campbell developed infographics. See pages 10-19.

A grant from the Robert Wood Johnson Foundation covered printing expense.

Community Engagement Events

Two evenings of community engagement activities were facilitated by Sonya Armbruster of the Wichita State University Community Engagement Institute. Payer and Campbell led a discussion of Coffey County health statistics as presented in the afore-mentioned infographics.

Following exercises to help the group focus on forces of change within our community, Armbruster

led participants through prioritizing health-related issues in Coffey County. Priority health issues are children's health, chronic disease, aging.¹

Costs related to the community event were also covered by the Robert Wood Johnson Foundation grant.

Analysis

Originally, the project leads had planned to follow the community engagement event with a public survey. Rather than to survey a much *wider* population, the decision was made to instead take a closer look at the priority issues by sitting down with the people whose lives are most impacted. By homing in on the three priority issues, Payer and Campbell hoped to gain greater insight into the specific strengths, weaknesses, and environmental factors influencing children's health, chronic disease, and aging in Coffey County. Three separate focus groups were recruited consisting of patients, parents, caregivers, practitioners, educators, and others. Each group met twice and provided a deeper understanding—and in some cases, unexpected—perspective.

To better understand the state of mental health needs in the county, a separate meeting was held with representatives of the Burlington Police Department, Coffey County Sheriff's Department, and Coffey County Jail, with input from local court officials.

Simultaneously, individual meetings were conducted with the Coffey Health System clinic physicians, physician assistants, and nurse practitioners who are on the front line of healthcare in Coffey County.

Looking Ahead

A three-pronged approach to the future has evolved from this process. This report concludes with recommended action items broken down in table format. Each table includes specific action items that are already underway or can be taken at the community level as well as by the Coffey County Health Department and Coffey Health System, respectively.

¹ Because it influences everyone, socioeconomic was selected as the top priority; however, those issues are outside the scope of the Community Health Needs Assessment.

Infographics

Data regarding health-related issues in Coffey County was compiled into eight infographics (pages 8-17). Sources are cited on a cumulative two-page report (pages 18-19).

Coffey County Births 2015

85%
had at least adequate prenatal care
(80% prenatal care in first trimester)³¹

56
born at 39 weeks or later³¹

92%
normal for gestational age³¹

83%
breastfed at birth³¹

0

- still births
- deaths in first 7 days of life
- deaths in first year of life³¹

78 live births to Coffey County residents³¹

12%
children living in poverty
(but trend is decreasing slightly)⁷
KS 18 US 22

95%
insured (to 19 years of age)³²

- 50% Commercial Insurance
- 26% Self Pay
- 21% Medicaid
- 2.5% Medicare/Other³³

95%
of moms are high school graduates³¹

100%
Coffey County schools
have all-day kindergarten³²



24%
born to moms who smoked
during pregnancy³¹

7
abortions in Kansas¹⁴

33%
born out of wedlock³¹

12
inadequate prenatal care³¹

5
teen pregnancies³¹

22%
not fully immunized
by 35 months¹⁵

Resources:
4 delivery physicians Lactation educators at hospital & health dept. WIC program
CCH Obstetrics certified by High Five for Mom & Baby Hospital Pre-natal Classes
Coffey County recognized as a Community Supporting Breastfeeding

Coffey County: Our Children Ages 0-17

14%

living below poverty level
KS 22 US 23¹⁷

95%

insured (to 19 years of age)³²

- 50% Commercial Insurance
- 26% Self Pay
- 21% Medicaid
- 2.5% Medicare/Other³³

High school student survey

- 93% report a doctor visit in the past year
- 85% report a dentist visit in the past year
- 90% consider themselves healthy
- 74% plan to leave Coffey County as adults³⁸

24%

Coffey County residents are <18³

90:76

Boys v. girls born 2015-2016³⁷



30

School discipline cases
countywide including illicit
drugs and violent incidents³⁰
(without injury)

59

average number of Coffey County
minors hospitalized per year

Top 3 diagnoses groups

- (minus newborns)
- Respiratory 20
- Mental diseases/disorders 19
- Digestive 13
- All others >7⁴⁰

100%

Coffey County schools
have all-day kindergarten³²

97%

graduate high school
5-year adjusted cohort formula²

84%

will read proficiently
at 3rd-8th grade²²

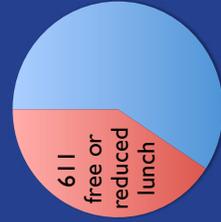
95%

school attendance rate¹

1:1:1

student to teacher ratio

1,499 public school
students attending
Coffey County schools¹



64%

no dental sealants
KS 57³³

18%

obvious dental decay
KS 16³³

6%

births occurred to teens (2012-2016,
but down since 2000)¹⁹

22%

not fully immunized by 35 months¹⁵

22%

Children with low access to adequate
food KS 22 US 23⁴

of these, 33%
do not qualify for assistance⁴

Chronic Disease

Hypertension*

43% KS 53 US 55²⁰

Stroke*

26% KS 25 US 27²⁰

Diabetes*

24% KS 25 US 27²⁰

Osteoporosis*

3% KS 6 US 6²⁰

Chronic Kidney*

10% KS 15 US 16²⁰

Vascular Disease

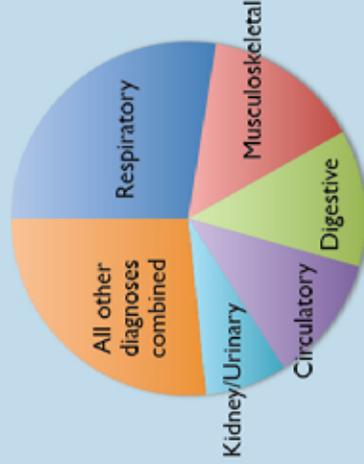
(leads to stroke)

25% KS 39 US 37¹⁹

*Medicare population

Coffey County Hospital Major Diagnosis Groups

Excluding obstetrics/newborns (2016)



Leading cause of death

KS & Coffey County²⁶

1. Heart disease
2. Cancer
3. Chronic lower respiratory disease

Top CHS clinic visits for chronic conditions

1. Chronic pain 1,408
2. Hypertension 744
3. Diabetes 685
4. ADHD 516
5. Degenerative disk/lumbar 444

COPD

(Chronic Obstructive Pulmonary Disease)
Leading cause of admissions at Coffey County Hospital at 18%

CHF

(Congestive Heart Failure)
Hospital admissions 2x state rate²¹

Heart disease

mortality higher than state/national rate and hospitalization rate higher than state¹⁹

Cancer

Slightly above KS & US¹⁹

Alzheimer's

Death rate above national average¹⁹
41:1000 v. US 25

Nephritis

(Inflammation of kidney)
Mortality rate 19.4
v. KS 17 US 13¹⁹

Chronic Disease infographic continued

Health Behaviors #15 among KS Counties¹⁰

Coffey County Adults:

16% smoke¹¹

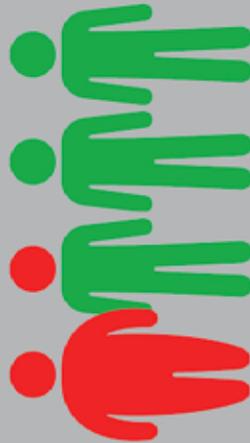
24% report no leisure/physical activity¹²

3.3 days/month poor physical health¹¹

3.0 days/month poor mental health¹¹

59% of chronic respiratory patients still smoke³⁵

31% report BMI>30¹²



Routine Screenings

Diabetes

76% of diabetic Medicare enrollees age 65-75 receive A1C monitoring
KS 89 US 85¹³



Mammograms

64% of females age 67-69 have had mammogram in past two years
Trending up since 2010
KS 69 US 63¹³



Colon Cancer Screenings

57% of adults age 50+ have been screened at least once
KS 60 US 61³⁵



Preventable Hospital Events* 77:1,000 Medicare enrollees

KS 48 US 50¹³

*Pneumonia, dehydration, asthma, diabetes, conditions that could have been prevented if adequate primary care was accessed.¹³

Resources:

Cancer Support Group
Recreation Center
Health Department Drug Program

16 CCH Specialty Physicians
Registered Dietician
KSU Ext. Office Nutrition Program

Men's Health in Coffey County

Less likely to die from Alzheimer's²⁶

Gender breakdown Medicare patients ²²	Male	Female
CFCO	47.4%	52.6%
KS	44.6%	55.4%
US	45.4%	54.7%

488 male-owned businesses vs. 293 female-owned²⁷

Median salaries by education level³

High school/GED	\$38,354
Some college	\$51,000
Bachelor's degree	\$69,667

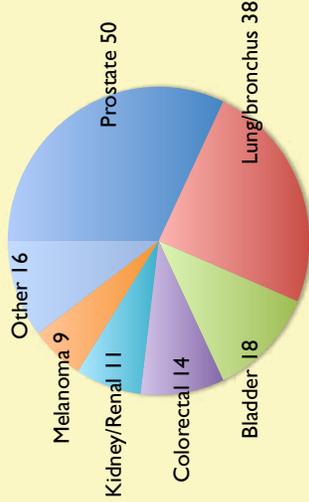
\$1.8X

On average, salaries for men are 1.8X female salaries at all education levels

Top hospital diagnoses (all hospitals)¹²

- disease of circulatory system
- disease of respiratory system
- cancer

Top cancer diagnoses²⁸



Top Coffey County Hospital inpatient diagnoses²⁴

- bacterial pneumonia
- pneumonia, unspecified
- COPD exacerbation

Life expectancy 75 years¹⁶

- Lower than KS & US
- Lower than women
- Trending down

Cause of death²⁶

- heart disease (2x more likely than women)
- cancer (2x more likely) - prostate, lung, bladder
- chronic lower resp. disease (5x more likely than women)
- Men also more likely to die from: diabetes, accidents, and suicide

Men over 65 **2X** as likely to be diagnosed with cancer²⁵

Causes of longest hospital stay:

- Parasitic disease, mental disorders, cancer²³

97%

high school graduation rate - all males

88%

graduation rate special education²

67%

multiracial males graduate high school



Special education vs. female at all grades

Women's Health in Coffey County

Life expectancy

Female **82**

Male **75**

Female - KS 81 US 81

Male - KS 76 US 76¹⁶

Cancer rates lower than men²⁶

78%

report having routine pap/cervical cancer screening

KS 78 US 79³⁰

293 female-owned businesses²⁷

Gender breakdown for Medicare patients²²

	Male	Female
CFCO	47.4%	52.6%
KS	44.6%	55.4%
US	45.4%	54.7%



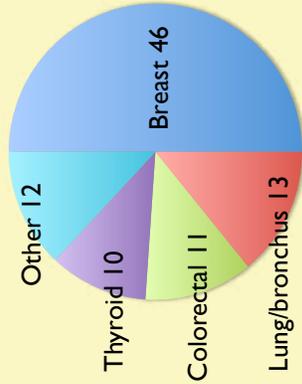
97% high school graduation rate - all females

100%

graduation rate among girls on free/reduced lunch

86% high school graduation rate special education²

Top cancer diagnoses (all ages)²⁸



Cancer is highest among 65+²⁵

More likely than men to be hospitalized for diseases of:

- Blood
- Digestive system
- Genito-urinary system
- Musculo-skeletal/connective tissue
- Endocrine²³

More likely diagnosed with arthritis

Top hospital diagnoses (all hospitals)⁴² (non-childbirth)

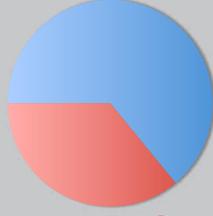
- Pneumonia
- COPD
- CHF

4X more likely to be diagnosed with Alzheimer's²⁶

1.5X more likely to be hospitalized for mental illness²³

34% of births are to unwed mothers²⁹

18.7% pregnant mothers report smoking
KS 12 US 9¹⁹



Mammograms
64% of females age 67-69 have had mammogram in past two years
Trending up since 2010
KS69 US63¹³

Female-led single parent households with young children
Poverty rate = 40%
All families = 11%³

Median salaries by education level are far less than those of men³

	Female	Male
High school/GED	\$20,060	\$38,345
Some college	\$25,647	\$51,000
Bachelor's degree	\$46,944	\$69,667

Coffey County Socio-Economic Portrait

8,384 Residents

\$57,433

Median household income
KS & US \$66K³

Strengths

as compared to state & national goals
(KS Health Matters)

- Hospital patient satisfaction rates
- Emergency preparedness
- Recreation center
- Access to healthcare
- Library system
- Low crime
- High air/water quality

\$24/hour

Highest average hourly wage in KS⁵

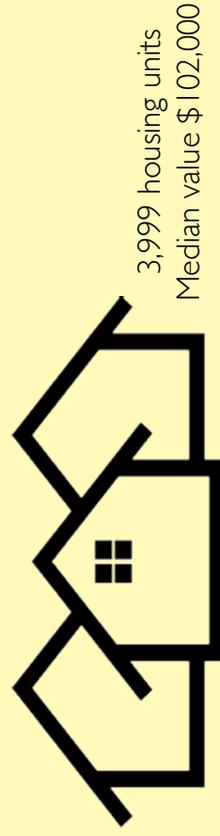
- Only 12% of children live in poverty - among top US performers⁷
- Only 8% of population receives welfare benefits
- 41% children eligible for free/reduced lunch KS 50% US 52%¹⁰
- 10% uninsured adults - KS 13% US 13%³
- Poverty rates at 5%, better in all categories than state & US⁸

Per capita county expenditures 2015

Road & bridge	\$546
Health department	\$ 64
Hospital & ambulance	\$243
Law enforcement	\$194
Mental health	\$ 9

Major industries:

- Nuclear/Utilities
- Agriculture
- Healthcare
- Education
- Transportation
- Service
- Government



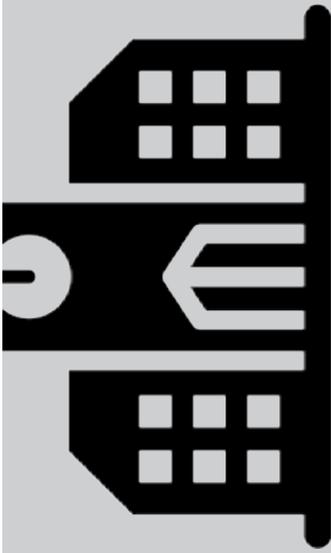
Life expectancy

Female 82

Male 75

Female - KS 81 US 81

Male - KS 76 US 76¹⁶



96%

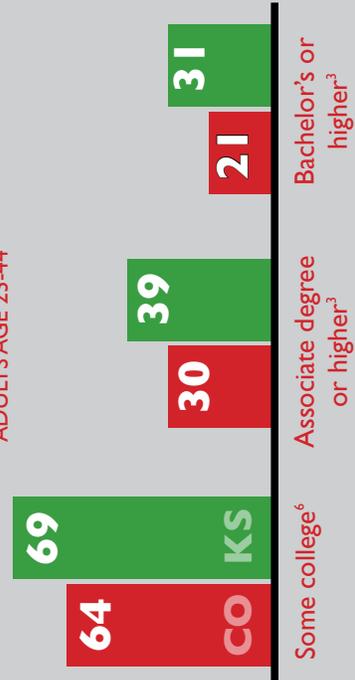
- High school graduation rate 2015-16²
- Highest in the state for 2015-16
- Exceeds top US performers
- Graduation rate for multiracial male 2015-16 66%²



53%

4th graders below proficient in reading
KS 45 US 61¹

HIGHER EDUCATION PERCENTAGES
ADULTS AGE 23-44



Births in 2015: 78
Deaths in 2015: 105
Median age: 44

Leading cause of death

- Heart disease
- Cancer
- Chronic lower respiratory disease

Concerns

as compared to state & national goals
(KS Health Matters)

- Rank #67 in socioeconomics among KS counties¹⁰
- % of births to moms who smoked during pregnancy
- Chronic disease: Alzheimer's, cancer, COPD, heart
- Young deaths by traffic & unintentional injury
- Oral health
 - % students grade 3-12 without sealants
 - % students K-12 with obvious decay
- Male life expectancy



- Unemployment: 6.1%⁵
- 274 people over age 16 not working
- 29% of children live in single-parent households⁶
- On average income is \$30-40K less than married couples³
- Households with no motor vehicle 6% or 220 households³

Aging in Coffey County (65 and over)

19% population is over age 65³

28% of Coffey County seniors live alone¹⁷

8.4% live below poverty level¹⁷
KS 7.4% US 9.4%

Lower occurrence of diabetes than national average²⁰

↓ 24% US 27%

Heart disease mortality rate decreasing¹⁹



1,612 Coffey County residents are over age 65³

Life expectancy

Female	82
Male	75

Female - KS 81 US 81
Male - KS 76 US 76¹⁶

63% of seniors spend 30+% of income on rent¹⁷

\$5,190 average monthly nursing home rate/semi-private

\$2,925 average monthly assisted living rate - all levels

Diseases above KS rate

COPD
(Chronic Obstructive Pulmonary Disease)
Leading cause of admissions at Coffey County Hospital at 18%

CLRD
(Chronic Lower Respiratory Disease)
Death rate almost 2x as high as state¹⁹

Alzheimer's
Death rate above national average¹⁹
41:1000 v. US 25

Pneumonia
Bacterial pneumonia hospital admissions 2x state rate²¹

CHF
Hospital admissions 1.7x state rate²¹

Stroke ↑
Trending upward²⁰

113 nursing home beds

26 assisted living beds

30 senior apartments

7% receive regular meals via senior centers/Meals on Wheels³⁹

Current Resources

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Access to Clinical Care

I: 1054 Primary Care Physician: Population Ratio
KS I:1181 US I:1139³⁴

Coffey County Hospital

- 25 inpatient beds (Critical Access = 24 beds)
- 24/7 EMS/Ambulance coverage
- 24-hour Emergency Room coverage
 - #16 in nation for shortest length of stay (CHS=116 minutes, US 273 minutes)⁴⁰
 - #16 in nation for “door to diagnostic exam time” CCH=4 minutes, US=24)⁴⁰
 - #24 in nation for shortest average inpatient admit time (CCH=120 minutes, US=280)⁴⁰
- Lab, radiology, cardio-pulmonary, home health, I.V. therapy, obstetrics, orthopedics, physical/occupational therapy, speech pathology, social services, surgery (general), swingbed

Coffey County Health Department

- Nursing Services: Physicals, Assessments
- Blood Draws
- Child & Adult Immunizations
- Wellness Coaching & Health Education
- Family Planning Services
- Prescription Drug Assistance

Primary care clinics

- Coffey Health System: Burlington, Gridley, LeRoy, Waverly
- Cotton O’Neil Clinic in Lebo

Adult immunizations offered at:

- Coffey County Health Department
- Coffey Health System
- Local pharmacies

Specialists at Coffey County Hospital:

- | | |
|-----------------------|---------------------|
| • Audiology | • Orthopedics |
| • Cardiology (3) | • Orthotics |
| • Dermatology | • Pain Management |
| • Ear/Nose/Throat | • Podiatry |
| • Gastroenterology | • Speech Pathology |
| • Gynecology | • Surgery (general) |
| • Oncology/Hematology | • Urology |

Pharmacies

Coffey County Transportation
Early Detection Works
Access to Recreation Center
East Central Kansas Area Agency on Aging
COF
Mental health - Crosswinds, Solid Ground
Counseling, Therapy Services
Apollo Durable Medical Supplies

3 Community Health Centers within 40 miles of Burlington (Iola, Emporia, Ottawa)

Ranked #39 in state for Clinical Care¹⁰

100% Population living in a Health Professional Shortage Area
KS 50% US: 33%³⁶

I: 2095 Mid-level Provider: Population Ratio
KS I:1088¹⁰

I: 2,096 Dentist Population Ratio
KS I:1804 US I:1525

I: 767 Mental Health Providers Ratio
KS I:539 US I:493¹⁰
(includes psychiatrists, psychologists, clinical social workers, counselors)

Services not available at Coffey County Hospital:

- Pulmonary (physician death in 2017)
- Endocrinology (diabetes)
- Nephrology (kidney care)
- Rheumatology
- Psychiatry
- Allergist
- Cardiac rehabilitation
- Dialysis
- Neurology
- Midwives
- Wound care
- Sleep studies

Infographic Data Sources

Data Sources: Coffey County Community Health Needs Assessment
June 2017

- 1- US Department of Education, EDStats. Accessed via DATA.GOV. 2014-15. Source geography: School District
- 2- Kansas State Department of Education, Data Central. Accessed via Kansas K-12 Report Generator, 2017. Source geography: County; Source Timeframe: 2015-16.
- 3- US Census Bureau, American Community Survey, 2011-15. Accessed via Community Commons, 2017. Source geography: Tract.
- 4- Feeding America. 2015. Accessed via Community Commons. Source Geography: County.
- 5- US Department of Labor, Bureau of Labor Statistics. 2017- March. Accessed via Community Commons, 2017. Source Geography: County.
- 6- US Census Bureau, American Community Survey, 2011-15. Accessed via 2017 County Health Rankings. Source geography: County.
- 7- US Census Bureau, Small Area Income & Poverty Estimates, 2015. Accessed via 2017 County Health Rankings. Source geography: County.
- 8- Kansas Health Matters, County Dashboard: Economy & Poverty, data referenced 2010-14.
- 9- National Center for Education Statistics, NCES- Common Core of Data, 2014-15. Source geography: Address.
- 10- University of Wisconsin Population Health Institute, 2017 County Health Rankings.
- 11- Centers for Disease Control, BRFSS, 2015. Accessed via 2017 County Health Rankings. Source geography: County.
- 12- National Diabetes Surveillance System, 2013. Accessed via 2017 County Health Rankings. Source geography: County.
- 13- Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care, 2014. Accessed via Community Commons. Source geography: County.
- 14- Kansas Information for Communities, Bureau of Epidemiology and Public Health Informatics, Kansas Department of Health and Environment, Source Geography: County; Source Timeframe: 2015.
- 15- CoCasa report. 2016. Source: Coffey County Health Department WebIZ.
- 16- Institute for Health Metrics and Evaluation, 2010. Accessed via Kansas Health Matters, 2017. Source Geography: County.
- 17- US Census Bureau, American Community Survey, 2011-15. Accessed via Kansas Health Matters, 2017. Source Geography: County.
- 18- US Census Bureau, 2015. Accessed by Kansas Health Matters, 2017. Source Geography: County.
- 19- Kansas Department of Health & Environment, 2013-15. Access via Kansas Health Matters, 2017. Source Geography: County.
- 20- Centers for Medicare & Medicaid Services, 2015. Access via Kansas Health Matters, 2017. Source Geography: County.
- 21- Kansas Department of Health & Environment, 2012-14. Accessed via Kansas Health Matters, 2017.

- 22- Kansas Department of Health & Environment, Kansas Annual Summary of Vital Statistics, 2015. Source Geography: County; Source Timeframe: 2010-14.
- 23- Kansas Information for Communities, Bureau of Epidemiology and Public Health Informatics, Kansas Department of Health & Environment. Accessed via KIC February 24, 2017. Source Geography: County; Source Timeframe: 2010-14.
- 24- Coffey Health System, Coffey County Hospital records request.
- 25- Kansas Information for Communities, Bureau of Epidemiology and Public Health Informatics, Kansas Department of Health & Environment. Accessed via KIC February 24, 2017. Source Geography: County; Source Timeframe: 2010-13.
- 26- Kansas Information for Communities, Bureau of Epidemiology and Public Health Informatics, Kansas Department of Health & Environment. Accessed via KIC February 24, 2017. Source Geography: County; Source Timeframe: 2011-15
- 27- U.S. Census Bureau, 2012 Economic Census: Survey of Business Owners. Updated every 5 years. Survey of Business Owners. Accessed via Quickfacts, 2017.
- 28- Kansas Information for Communities, Bureau of Epidemiology and Public Health Informatics, Kansas Department of Health & Environment. Accessed via KIC February 24, 2017. Source Geography: County; Source Timeframe: 2008-13.
- 29- Kansas Information for Communities, Bureau of Epidemiology and Public Health Informatics, Kansas Department of Health & Environment. Accessed via KIC February, 2017. Source Geography: County; Source Timeframe: 2015. Geography: County.
- 30- Centers for Disease Control, BRFSS, 2006-12. Accessed via Community Commons, May 2017. Source Geography: County.
- 31- Bureau of Epidemiology and Public Health Informatics, Kansas Department of Health and Environment, 2015 Annual Summary of Vital Statistics.
- 32- Kansas Health Institute, Kansas Action for Children, 2016 Kansas Kids Count Data. Accessed February 2017. Source Geography: Coffey County.
- 33- Kansas Department of Health & Environment, 2015-16. Accessed via Kansas Health Matters, 2017.
- 34- US Department of Health & Human Services, Health Resources and Services Administration, Area Resource File. 2014. Source Geography: County.
- 35- Centers for Disease Control & Prevention, Behavioral Risk Factor Surveillance System. 2006-12. Access via Community Commons, May 2017. Source Geography: County.
- 36- US Department of Health & Human Services, Health Resources and Services Administration, Area Resource File. 2016. Source Geography: County.
- 37- Inpatient Discharges, all hospitals, Coffey County residents, 2015-2016. Accessed via Kansas Hospital Association Analytic Advantage.
- 38- Informal survey given to all Coffey County high school seniors, 2017.
- 39- East Central Kansas Area Agency on Aging, May 2017
- 40- Inpatient Discharges, all hospitals, Coffey County residents age 0-17, 2015-16. Accessed via Kansas Hospital Association Analytic Advantage.
- 41- Becker's Hospital Review, data from Hospital Compare, October 2014 - September 2015
- 42- Inpatient Discharges, all hospitals, Coffey County residents by age/gender, 2015-2016. Accessed via Kansas Hospital Association Analytic Advantage.

Community Meetings

June 27-28, 2017

Grant funding from the Robert Wood Johnson Foundation allowed us to bring in a professional facilitator from Wichita State University's Community Engagement Institute. Sonya Armbruster is a veteran of the Community Health Needs Assessment process, and led meetings on two consecutive evenings in June 2017.

Participants were personally selected to represent not just healthcare in Coffey County, but all communities and demographics within the county.

Payer and Campbell presented their compiled infographics on the first night, with group discussion of the findings. Armbruster then led discussion and activities that ultimately brought about prioritization of health-related concerns in Coffey County.

Participants were given five votes to cast as they saw fit among the topics presented, meaning they could cast all their votes for one issue or distribute their votes among up to five priorities. The results were as follows:

<u>Topic/Concern</u>	<u>Votes</u>
Socioeconomics	34
Chronic disease	27
Aging	25
Children	23
Births	18
Women's Health	10
Men's Health	9
Access to Clinical Care	7



The following people were invited to participate in the community meetings on June 27 and 28. Invitees included the Coffey County Commission, county and city elected officials, school district officials (all districts), healthcare professionals, mental health professionals, business leaders, and others selected based upon demographics, residence, and community involvement.

The goal was to have 40 participants. A total of 42 attended. Their names are highlighted.

Position/Demographic	Last Name	First Name	Residence
CHS Board Secretary	Allegre	Peter	Lebo
Seniors	Arnold	Rita	LeRoy
Seniors	Arnold	George	LeRoy
	Barker	Mary	Lebo
Burlington schools	Barnes	Tonya	Burlington
Life Care Center	Bartley	Tracy	Burlington
	Bashaw	Greg	Gridley
Special needs	Becker	Susie	Burlington
Healthcare (PT)	Belcher	Rachel	Burlington
Special needs	Bemis	Todd	Leroy
Healthcare	Beyer	Lindsey	Gridley
CHS Med Staff	Beying, A.P.R.N.	Ashley	Burlington
Government city	Birk	Derek	Gridley
	Booth	Linda	New Strawn
Therapy Services	Bowers	Kim	Burlington
CHS Med Staff	Braun, M.D.	Donald	Burlington
CHS Board	Clark	Jeff	Burlington
CHS Med Staff (Yates Center)	Clark, M.D.	Beverly	Yates Center
Waverly Library	Clarkson	Jackie	Waverly
District 4	Combes	Kenneth	Burlington
Crosswinds	Cunningham	Amanda	Emporia
District 1	Dale	Jim	Burlington
school-lebo	Davies	Angela	Lebo
Middle age	Deal	Clinton	LeRoy
Young family	Decker	Crystal	LeRoy
	Doggett	Linda	LeRoy
Social worker @ school	Dyer	Brian	Burlington
CHS Med Staff	Fejfar, M.D.	Shane	Burlington
Wolf Creek Nuclear Plant	Findley	Kelly	Burlington
	Fischer	Lyle	LeRoy
Wolf Creek Nuclear Plant	Fleming	Wes	Burlington
USD 243 Lebo Principal	Ford	Duane	Lebo
CHS Med Staff	Fox, M.D.	Richard	Burlington
Life Care Center	Goracke	Laurie	Burlington
Housing	Gilbert	Ronda	LeRoy
Lebo school	Gould	Theresa	Lebo
City of Gridley	Griffin	Bridget	Gridley

	Guidry	Yolanda	Burlington
Coffey County Economic Dev	Haines	Stacy	Burlington
Ministerial Alliance chair	Hale	Jay	Burlington
Wolf Creek Nuclear Plant	Heflen*	Adam	* represented by Annette Stull
Optometric Center	Herder	Dale	Burlington
Burlington Elementary	Hermon	Laurie	Burlington
CHS Chief Executive Officer	Hernandez	Leonard	New Strawn
Healthcare	Hess	Sallee	Burlington
Healthcare	Higgins	James	Burlington
	Hill	Colby	
CHS Board Treasurer	Hopkins	Steve	New Strawn
The Meadows	Houston	Becky	Burlington
Healthcare	Huginin	Jenifer	Burlington
Healthcare nursing education	Jarvis	Keri	Burlington
CHS Med Staff	Jarvis, M.D.	Chris	Burlington
COF			Burlington
Healthcare/nursing	Jones	Thelma	LeRoy
Agriculture and ministry	Jones	Paul	LeRoy
City of Lebo	Julian	Jerry	Lebo
City of Gridley	Kelly	Larry	Gridley
City of Burlington	Kewley	Gina	Burlington
City of Gridley	Kraft	Jan	Gridley
CPA-Lebo	Lane	Cecil	Lebo
Government county/mental health	Lee	Carl	Burlington
Coffey County Sheriff's Office	Lind	Jeremy	Burlington
USD 244 Elementary Princ.	Long	Darla	Burlington
CHS Med Staff	Louderbaugh, A.P.R.N.	Laurel	Burlington
Mayor	Luke	Stan	Burlington
EMT-Lebo	Marks	Michelle	Lebo
USD 244 Superintendent	Marshall	Craig	Burlington
Housing	Martin	Tim	Burlington
	Masten	Georgia	Waverly
Area Agency on Aging	Elizabeth	Maxwell	ECKAAA
Leadership	Meader	Craig	Waverly
District 2	Meats	Don	Burlington
USD 245 Leroy	Mildward	Russ	LeRoy
Burlington Schools	Moddie	Stacey	Burlington
Coffey Health System	Morrison	Angie	Burlington
Healthcare & senior	Mueller	Susan	Burlington
God's storehouse	Norman	Christy	New Strawn
New Strawn Library	North	Vanessa	Burlington
Assembly of God	Patterson	Charlie	Burlington
City of New Strawn	Petterson	Mark	New Strawn
Coffey County Attorney	Phelan	Chris	Burlington

Seniors	Raaf	Paula	Gridley
	Raaf	Mark	Yates Center
	Reed	Rita	Waverly
USD 244 High Principal	Reed	Stacy	Burlington
USD 243 Superintendent	Reese	Corey	
CHS Board Chair	Reese	Judy	Gridley
Seniors	Rhodes	Judy	Burlington
Young Family & Healthcare	Rich	Katie	Gridley
CHS Board	Rich	Rosemary	Waverly
Coffey County Sheriff's Office	Rogers	Randy	Gridley
USD 245	Rosenguist	Julie	LeRoy
CHS Board	Roth	Cameron	Burlington
District 3	Rowley	Fred	Burlington
Lebo school	Rozine	Vicki	Lebo
	Rudeen	Jim	Gridley?
District 5	Saueressig	Bob	Burlington
Corp of Engineers	Schoonover*	Jeremy	* Represented by Barb Busenbarrick
Healthcare EMS & special needs	Schulte	Jered	Burlington
CHS Med Staff	Shell, M.D.	John	Burlington
CHS Med Staff	Sides, M.D.	Jon	Burlington
	Skillman	Mike	Burlington
CHS Med Staff	Sloyer, M.D.	Jeff	Burlington
Burlington Rec Center	Stewart	Salli	Burlington
Government county	Stukey	Russel	Waverly
CHS Board Vice Chair	Stukey	Craig	Waverly
CHS Board	Thomas	Jodi	Waverly
Burlington Schools	Thomsen	Mandy	Burlington
USD 244 Middle Principal	Thomsen	Matt	Burlington
Seniors	Traylor	Gene	Burlington
Business owner	Trimble	Angela	Burlington
Agriculture	Trostle	Kerry	LeRoy
Healthcare nursing	True	LaDonna	LeRoy
	VanArsdale	Mike	Lebo
Burlington Rec Center	Wagner	Janine	Burlington
CHS Med Staff (Yates Center)	Whitesides, P.A.	Travis	Yates Center
USD 243 Waverly Principal	Wildeman	Susan	Waverly
Business owner	Williams	Christine	LeRoy
USD245 Superintendent	Williams	Bobbi	LeRoy
Healthcare	Withers	Tina	Burlington
Rock Creek Dental	Wurdeman	Gabe	Burlington
CHS Board	Young	Dennis	





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**COMMUNITY ENGAGEMENT
INSTITUTE**

Center for Public Health Initiatives

Coffey County Community Health
Assessment
Forces of Change and CHA Prioritization

for

Coffey County Health Department
&
Coffey County Health System

July 3, 2017

Community Health Assessment: Forces of Change and Health Prioritization Process

Introduction/Background

On Tuesday, June 27 and Wednesday, June 28, 2017, the Coffey County Health Department held two community meetings in support of two components of their comprehensive process to complete their Community Health Assessment. The meetings were held in Burlington, KS at Burlington High School. Attendees included representatives from city governments, the County Commission, public health, local healthcare, education, area clergy, and concerned citizens. These meetings were held to distribute the preliminary findings of the assessment to the community at large and ensure that the community's input was sought.

In the first meeting, Coffey County Health System and Coffey County Health Department staff presented data on health outcomes within the county. CPHI facilitator Sonja Armbruster then led the group in the Forces of Change assessment. This assessment identifies 1) what is occurring or might occur that affects the health of the community or the local public health system, and 2) the specific threats or opportunities that are generated by these occurrences. In the second meeting, Ms. Armbruster led participants in a discussion-based prioritization process to identify the health concerns on which the community wished to focus. Using the social-ecological model, participants discussed the drivers of health outcomes. Participants completed the evening by taking a final vote on priority health areas and reviewing the results of the vote.

Forces of Changes Process

Data collected below are written feedback from meeting participants. Participants were given the following prompt:

Think about forces of change – outside of your control – that affect the local public health system or community.

1. *What has occurred recently that may affect our local public health system or community?*
2. *What may occur in the future?*

Forces of change were categorized into six areas: Social, Economic, Political, Science & Technology, Environmental, Legal and Ethical (numbers in parenthesis represent additional participants who agreed with the identification of the item.)

Environmental

Opportunities	Threats
-Rec. center (5) -County transportation (2) -Trails in county (3) -Outdoor recreation (4) -Coffey County Lake & John Redmond visitors (2) -Recycling program (2) -Spent fuel processing/storage (3) -Concern for water, air, etc. – farmers -Sustainable agriculture	-Adequate water supply (2) -Natural disasters (1) -Agricultural run off (2) -Sidewalks -spent fuel w.c. (2)

Political

Opportunities	Threats
<ul style="list-style-type: none"> -Contact our legislators -Run for office -Volunteer county level -VOTE! (1) -No parties -More critical discussions -Respect leadership even if we disagree (4) -Vote smart 	<ul style="list-style-type: none"> -Lack of prioritization of funding →Goals -Not knowing about what Congress or political environment is thinking about healthcare -Appointing good old boy (1) -May have to limit services -High rate of uninsured/underinsured (1) -School funding (2) -RX companies (1) -Special interest affecting legislation (7)

Social

Opportunities	Threats
<ul style="list-style-type: none"> -Community alliances for education (2) -Mentoring programs (2) -Support groups (3) -Access to healthcare (2) -Public library system (4) -School & connection to the county (3) -Technology -COF integration (3) -It first starts in the home – leadership from husband, family will follow (2) 	<ul style="list-style-type: none"> -Attendance, time, opportunity (1) -Lack of finance (1) -Underage drinking -Smoking (3) -Technology (1) -Drugs (2) -Mental health resources (8) -High stress (1) -Social pressure (1) -Can't afford to retire (4) -Lack of common sense

Economic

Opportunities	Threats
<ul style="list-style-type: none"> -More child care, especially infants (3) -Intermodal facility (gardner) (3) -Attract complimentary businesses (1) -Increase service lines -Increase hotel services (2) -Attract factories/industry (3) -More activities for the young people (1) -Not defining resources (1) -Businesses working together (1) -In-home care (1) -Support small business in town (tours) (1) 	<ul style="list-style-type: none"> -Unskilled workforce -Lose Wolf Creek (6) -Lack of jobs (2) -Lose hospital (3) -Lower government funding (3) -Increased childcare costs (1) -Increased healthcare costs (4) -Online shopping -Not utilizing resources (2) -Obamacare -Can't afford to retire, raising grandchildren -Sustained ag. comm. (agricultural community?) -Lack of housing (1) -Brain drain

Science and Technology

Opportunities	Threats
-Access to info online -Hands on learning (1) -Nuclear industry spin-off (1) -Ag opportunities -Solar power (1) -Adaptive equipment for disabled (sidewalks) (1) -Wind generators (1) -New medications and treatment	-Cost of new meds & TRX (1) -Crop disease -Drought -Agricultural product exposure (1) -Loss of grid “electric” -Government regulations over controlled on med -ISIS -Scammers

Legal & Ethical

Opportunities	Threats
-To vote to drop Senate & House term limits -Vote smart (1) -KS legal services (1) -Public education – politics, health, nutrition (1)	-FED/State influence -Illegal drugs, domestic violence (4) -Loss of insurance (7), abuse – adult/child (4) -Cost, Wind tax credit vs nuclear/coal (1) -Scammers (elderly financial abuse) (4) -Tax credits that affect specialized industry (4)

Community Meeting Feedback (first meeting)

Data collected below are written feedback from participants following the first meeting (Forces of Change.)

1. Reflections on the Community Health Assessment Data

- Some surprises, some not. What conditions does the hospital treat? What conditions does the hospital not treat and send out to other facilities?
- Surprised of age of death for men – what can be done? Why do we spend do much on road infrastructure compared to public and mental health?
- Mental Health needs. Medical care for the uninsured – not ER. Wellness – activity level of residents.
- The number of elderly and how to care for them
- Excellent! I think this model could be shared
- Amount of support services provided for mental health, Alzheimer’s, ADHD, etc.
- Most of it wasn’t shocking, but the 3rd grade reading rate and per capita spending stood out to me
- Very good and comprehensive. Some surprising – like the incidence of school age people hospitalized for mental health
- No surprises. A brief visit at long term care facilities, memory units, hospitals – reflects the data.

- Statistics and discussions
- Need for chronic disease education, mental illness need for resources, immunization rates, healthcare expansion and opportunities, smoking during pregnancy
- Appreciated the detailed data – good information!
- Interesting and informative
- Different opinions on subject effecting community
- Surprised at rate of pregnant smokers
- More of a focus on the elderly issues/care! Need to target ways to keep our graduates within our communities
- Good information to reflect on, seeing so many things that need community focus
- Poverty level – number of beds in nursing home etc. versus elderly population
- Long hospital stays and mental health disorders
- Seniors living and assisted living facilities. Making Coffey County move attention to seniors, evals, housing, medical and social
- Very surprised on high percentage of children with low access to adequate food
- Educating mothers on dangers of pregnant smoking and COPD education
- Good info, was excellent—some input is hard to digest. How the data was compiled? #39? 1612 over 65?? It's all about economics.

2. Reflection on Forces of Change Results (surprises, additions)

- Discussion about long term care and bed space
- Don't understand the intermodal? Economic opportunities – we are reliant on Wolf Creek, very few well paid jobs outside of WC, county government, hospital and education. The amount of people who don't exercise – county wide recreation facility.
- The need for mental health care
- Alzheimer's numbers surprised me
- Political impact seemed to be placed on every board. Amount of education and support services that need to be.
- Was not surprised by economics being a large category
- Priority given to economics
- Please add to the flip chart: VA clinic needed in the county
- I realized more people are concerned about the community
- 74% plan to leave Coffey Co. as adults – mental disorders
- Surprised we rank 39th
- What funding is on community? Missing concerns of retaining health care units
- Lots of concern for economics
- Economics play big part in the country
- Voting is a great change agent that is often being neglected.
- Make sure “hands-on” learning is urged within the schools

- Interesting thoughts
- Economics, development, raising grandchildren
- 3.3 days poor physical health, 3.0 days poor mental health, 6 days not feeling good – huge
- Average home price – due to Wolf Creek?
- It's all about economics.

3. What additional data do I need to help me with prioritization?

- Elderly population and percentage of those that will need long term care.
- Why are so few senior citizens using Meals on Wheels, poverty vs high wage.
- No data, just need time to review
- Funding and support services
- Timeline for intermodal facility and Amazon facility – how much time do we have to capitalize on those opportunities?
- Long term care addressing the elderly economics
- Just know/learn data – then we just have to organize as to what needs done first
- Interested in after school care and latch key children, but more beds needed for senior care is a priority
- More definitions of issue “identify”
- What goals can be met
- More information on mental health
- Grant options for funding
- Would like to know if specific types of cancer are causing mortality
- What services do you want to see at CHS? Does medical cost for a particular procedure play a part in decision whether to seek treatment or not?
- Amount of childhood obesity in our county
- Reasoning and mainly is it achievable? Focus small to start and items that we can see a roll so to speak on
- Seniors on C-PAPs, number of grandparents raising grandchildren
- Resources available for Alzheimer's patients and families. What are the top 2 drivers for health disease in community?
- What has already been done as a community
- Maybe some more on the “why” behind the data—I realize that is very difficult to do for a whole group.

4. What went well at this meeting?

- Information sharing
- Mostly everything – good meeting!
- Turnout, discussion on needs, improvement and what we do well as a community
- Good conversation, good flow of information, great data presentation
- Good data provided, good guidance in evaluating data and proceeding
- Stuck to the scheduled time – thank you!
- The attendance and how thoughts/concerns were voiced
- Good brainstorming and ideas
- Very well organized and educational

- Moved right along and did well in clarifying
- Communication
- Sharing of the data and good info
- I liked the input, ideas and data
- Flip charts were good to add thoughts
- Good start of the conversation
- I enjoyed the handout data. It was also nice to see the charts and what was written. All good stuff.

5. What could be improved for tomorrow?

- Move past brainstorming to hard, rational considerations of possibilities
- Focus on top issues – get an idea of what each of us can do in the place we are in our communities
- Include law enforcement in our group to see the social/economic problems they are experiencing, specifically the mental health issues
- Encourage people to not lose focus and interest
- People willing to talk openly, honestly, not taking things personal

Prioritization Process

Data collected below are ideas recorded by participants during small group discussion. Participants were asked to brainstorm the drivers of health outcomes in eight different areas, keeping in mind the social-ecological model. Participants were later given the opportunity to cast five votes each for whatever combination of health areas they deemed most important.

Social Ecological Model



Socio-Economic: 34 votes

- Pros
 - Everybody knows your name
 - Library system
 - Recreation center
 - Low crime rate
 - Mental health services
 - Coffey County transportation
 - Nursing homes/long-term care
 - Bike program
 - Local government
 - Trails
 - Lake
 - Churches
- Cons
 - Lack of industry
 - Mental health stigma
 - Local government
 - Lack of childcare

Chronic Disease: 27 votes

- Poor diet/lack of exercise/time
- Poor personal choices
- Stress
- Inherited conditions
- Education-early Dx
- Quality food
- Time to create homemade meals14.81oo much processed foods
 - Ease of making
- \$ cost insured
- No seek treatment early enough
- Disease process advanced
- Too little preventative health (prioritize)
- Education

Aging: 25 votes

- Transportation
- Cost of housing→shortage
- Financial preparation for retirement
- Finances-fixed income
- Meals on wheels—access? Quality? Special diets not available.
- Increase living expenses/rent
- Sharing money with family
- Information overload
- Lack of knowledge

Children: 23 votes

- School dental exams
- Breastfeeding resources
 - Health department and CHW
- Mental illness in children→ lack of funding, stigma, pressures, stress in the home
 - Education at school
- Social media impacting immunizations
- Social media impacts teen mental health
- Short term gratification
- No daily family time
- No role models
- Too much technology—cell phones, computers, tv

Births: 18 votes

- Lack of insurance. No prenatal care
- Stress (24% mothers smoking)
- Cultural norms shifting (Babies born out of wedlock)
- Immunizations
- Single moms
- Knowledge/educational level
- Drug babies

Women's Health: 10 votes

- Educate
- Cancer preventions and resources available \$
- Busy
- Uncomfortable—mammo, women's exams
- Denial
- Environment
- Living longer
- Early Alzheimer's detection need
- Lack of childcare/cost

Men's Health: 9 votes

- Educate—stigmas
- Money
- Rapport and PCP
- Busy
- Uncomfortable
- Denial
- Eating habits
- Job related

Access to Clinical Care: 7 votes

- Pros
 - Access/satellite clinics
 - Specialty care
 - CC Transportation
 - Joint services with regional hospitals
- Cons
 - Uninsured/underinsured
 - Out of pocket \$
 - Lack of VA clinic

Prioritization Vote Totals:

Socio-Economic	34 votes
Chronic Disease	27 votes
Aging	25 votes
Children	23 votes
Births	18 votes
Women's Health	10 votes
Men's Health	9 votes
Access to Clinical Care	7 votes

Conclusions

The top four health areas prioritized by the group are: socio-economics, chronic disease, aging, and children.

Participant evaluations of the process were largely positive, with many of the participants indicating that they valued the group discussions and the sharing of community concerns.

Acknowledgements

Program development and delivery was provided by Wichita State University's Center for Public Health Initiatives. This work was designed and coordinated by Sonja Armbruster with support from Caitlin Brock.

Please direct any questions about this report to the Director of the Center for Public Health Initiatives, sonja.armbruster@wichita.edu

Appendices

1. Slides from Community Meeting on June 27, 2017
2. Slides from Community Meeting on June 28, 2017
3. Process Evaluation Responses from Participants

Appendix 3: Event Evaluation

Coffey County Community Health Assessment
 Forces of Change & Health Prioritization
 Evaluation Summary
 June 28, 2017

Rating Scale: Strongly Agree = 5.00, Agree = 4.00, Neutral = 3.00, Disagree = 2.00, Strongly Disagree = 1.00

	Response	Frequency	Percent
I was able to contribute to the prioritization of health issues in a meaningful way. Mean Score:	Strongly Agree	10	37.04
	Agree	15	55.56
	Neutral	2	7.41
	Disagree		
	Strongly Disagree		
	Total	27	100.00

	Response	Frequency	Percent
The mix of presentation and discussion kept me engaged in the meeting. Mean Score:	Strongly Agree	11	40.74
	Agree	15	55.56
	Neutral	1	3.70
	Disagree		
	Strongly Disagree		
	Total	27	100.00

	Response	Frequency	Percent
This meeting was a good use of my time. Mean Score:	Strongly Agree	13	48.15
	Agree	9	33.33
	Neutral	4	14.81
	Disagree	1	3.70
	Strongly Disagree		
	Total	27	100.00

1. What was the most helpful part of the meeting?
 - Discussion
 - Discussion with individuals
 - Discussion and exploration of topics—prioritizing, exploring how things became how they are.
 - Group conversations—open forum
 - Discussion—hearing others’ concerns
 - Sharing of ideas
 - Group discussions
 - Discussions—thinking outside the box

- Prioritization
- The stats
- Open discussions
- Seeing other community concerns, thoughts
- Seeing what others think
- Sharing ideas and viewpoints was very beneficial
- Being able to see the data on these issues
- Hearing from all the different agencies
- Leadership—Sonja, Lindsay, Tracey
- Giving us the data sheets.
- The data gathered on the [illegible].
- All groups gathering and different perspectives
- All the good information data
- Overall good variety of community members
- Working in teams
- The handouts; Speaker Sonja outstanding; the screen presentation excellent.
- The data that was provided upfront to help make informed decisions on prioritization
- Community involvement

2. What was the least helpful part of the meeting?

- Freezing cold—hard to concentrate
- Data—didn't seem accurate
- Lack of time to more deeply discuss issues
- N/A
- The criteria and magnitude part
- No examples of feasible solutions
- It was all very educational and enlightening.
- I would have rather had a round table discussion to hear everyone's concerns.
- Too many moves
- Brainstorming—these things require deep thought, not “off the top of my head” thoughts.
- Putting the data on the “sheets” rather than the “individual” issues on the sheets. There are many things on the paper I don't agree with.
- Nothing
- Overall good, some groups possibly unrepresented or under-represented—law enforcement, school district upper management only had one school board member there both nights, hospital admin only there one night.
- Clarity—keep it simple in the ask so we don't flounder on what is asked to do.
- Not that it was least helpful, but the handouts and all the data was a bit overwhelming and having time to digest it all in the time given, when we broke into groups.
- None

3. The most important thing we can do next to improve health in our community includes:
- Work harder on men's health
 - Working together as a community to make plans for improvements.
 - Follow up to use the information that was gathered. Don't just put it away—USE IT!
 - Work with the county, city, Rec Center, and schools on offering more exercise opportunities to battle chronic disease. Encourage employers to offer incentives for healthier lifestyle choices.
 - Work together to fund approaches to integrate problems/approaches.
 - Continue this process
 - Start with myself
 - Work together
 - Following through
 - Improve the economy
 - Working on key issues
 - Continue on the next step to correct some problems
 - Get involved—everyone can make a difference by giving their input from the place they are in their lives.
 - Take action, get strategic planning committee involved and commission. They need to see problems and try to work on it.
 - Teach compassion to raise each other. Compassion is the missing link.
 - Do something. This was just like the drill we went through in Sept. 2013 (KSU prof instead of WSU prof)—same flip chart drill, and same outcome—three priorities.
 - 1/3 of our matters are “unwed”/teenage pregnancy!! That affects almost every [illegible] of social economic areas—including the aging that have to provide day care for a pregnant granddaughter and we have got to educate that 40% of single parent/unwed mothers are in the poverty level: Don't get pregnant until you are prepared.
 - Knowledge/start small and build
 - Push forward to other organization meetings.
 - I question was the data as accurate as possible. It seemed the reliability/consistency of the data may not have been as solid as one would like.
 - Keep the interest—start small and grow
 - My hat goes off to you. Keep up the excellent work! Continue the lunch and learn sessions. I thoroughly enjoy them. My prayer—that Jehovah-Jireh my heavenly provider will bless you with any needed funds to continue this great effort. I can't wait until the next one.
 - More money—more involvement

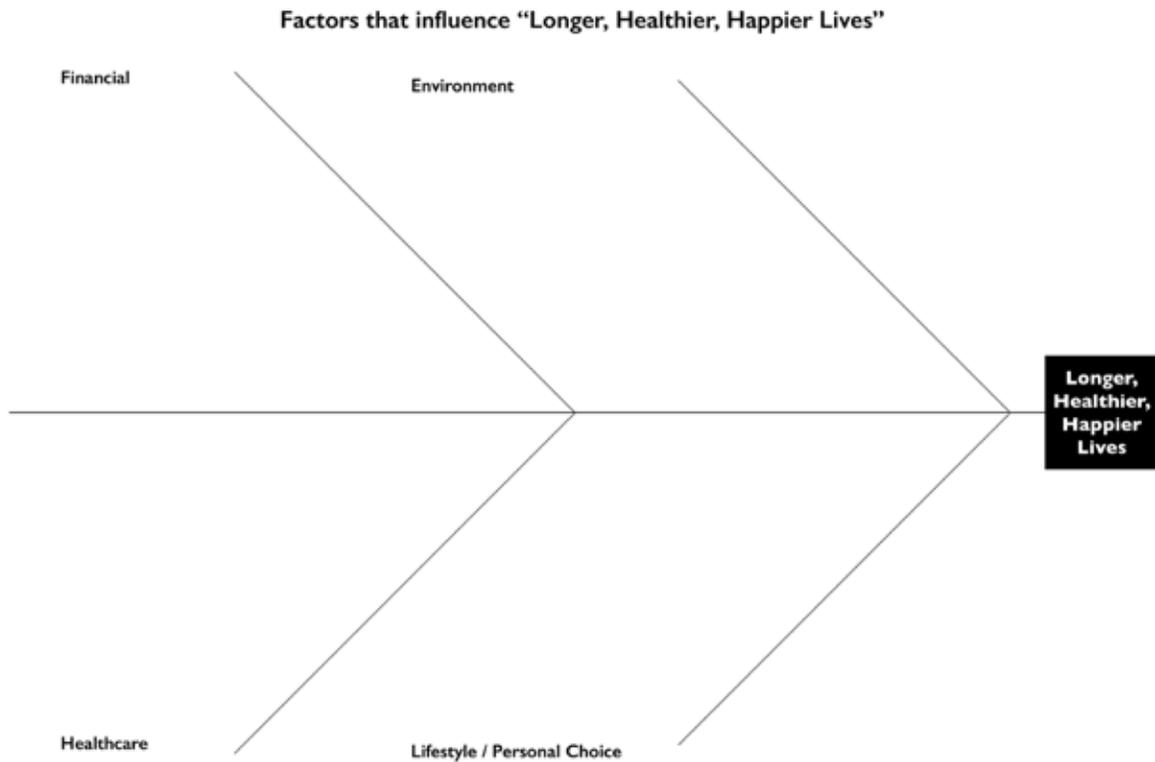
Focus Groups

The initial plan was to do a public survey following the community meetings; however, it became clear that the next step was not to *broaden* our approach to the designated priorities. The next step was to *delve deeper* into the priority topics of children's health, chronic disease, and aging, with an overarching theme of socioeconomics.

To get a deeper sense of this issues facing these populations in Coffey County, three focus groups were established. The groups consisted of clinicians, patients, families, caregivers, and representatives from applicable community-based organizations. Each group met twice, facilitated by the CHS/CCHD project leads.

- Meeting #1 Identify specific data to address, drill down to root causes, determine measurable long-term goals. Project leads then pooled together participant responses to determine themes and potential action plans for the next three to five years.
- Meeting #2 Review and discuss potential action plans with input from everyone involved.

Process



Throughout the first set of meetings, participants were asked to jot down their thoughts regarding financial, environmental, healthcare, and lifestyle/personal choice factors that impact the goal of “Longer, healthier, happier lives” in Coffey County.

On the following pages, the input of our participants is compiled in table format.

Children's Health Focus Group

Participants:

Crystal Decker
Laurie Hermon
Peggy Link
Darla Long
Craig Marshall
Michelle McVey
Stacy Moddie
Craig Turner
Amy Sides
Janelle Stukey
Tina Withers

Results

Themes:

- Parenting skills/accountability
- Mental health
- Poor housing

Action Items

- **Parenting classes**
- **Mental health**
- **Housing**

Children's Health Focus Group - Individual Responses

Financial	Environment	Healthcare	Lifestyle
Not a lot of industry/factory work, lost our "assembly line" work	Housing not fit to live in - mold, asbestos	Lack of medical cards, parents won't reapply	Parents are role models, therefore the child sees drugs, alcohol
Parents afraid to ask for assistance	Drugs in the home	Cost of prescriptions	Video games, TV, phones as a babysitter
Neglect of parents - spending money on drugs, alcohol	Cleanliness - animals	Lack of government regulation on drug prices	Lack of parent involvement
Medical expenses from child's diagnosis/siblings	Proper bedding for good sleep	Parents too lazy to take kids to dr.	Child not wanting to bring friend home, embarrassed of living conditions
Lack of education	Abuse, mental, physical, substance	Cost of medical insurance	Lack of money for sports, shoes, gear, dues
Jobs that require parents to be away from home	Windows open - allergies, asthma	Parent not educated on immunizations	Child may not be a "natural athlete" so being involved is hard
Choosing wrong priorities	Lack of self care, brushing teeth, flossing	Time consuming filling out paperwork, parent gives up, child suffers	Parents too tired to play with kids after work
Split households	Access to clean showers/running water	Don't want to ask for help	"Survival mode"
	Bullying, emotional problems	Lack of responsibility- parents sense of "free" or reduced services	Making choices on what's worked in the past
	Mental stress	Having to take time off work to take kids to dr.	Social media
	No positive home life	Poor nutrition, habits	Instant gratification
	Lack of trust/confidence	Taking care of symptoms, not cause	Not utilizing the rec center
		Addictions	Transportation issues
		Fear	Lack of exercise, friendships
		Misinterpretation of research/data	Lack of role models
			Family values

Services used local or needed local	Questions/Comments:
Drug addiction intervention	County Attorney needs to be more involved in "cracking down" on families that are truant.
Smoking sensation class	
Lack of skills classes/goals/vision classes for community	
Community banks offer trainings or sessions for financial planning	
Need urgent care	
Pharmacy on Sunday	

Children’s Health - Group Discussion Notes

Positive	What’s missing?
Rec Center	Building relationships with community figures and kids
Prenatal care	
Discovering parental problems fast	
Great community	
Community organizations	
Agency organizations	
Breast feeding support	
Strong infrastructure - community	
Safe from crime	

Obstacles to “Longer, Healthier, Happier Lives”

Financial	Environment	Healthcare	Lifestyle/Personal Choices
Cost of eating healthy	Inadequate housing - poor quality	Can’t force them to use resource	Lack of parental supervision, bad choices
Prioritizing what’s important	Unhealthy circumstances at home - animals, mold	Poor parenting	Video games
Limited financial support	Poor sleeping conditions	Substance abuse	Lack of money for bikes, shoes, sports activities
Bad luck	Allergies, no A/C, pet allergies	Disconnect of responsibility	Instant gratification - meal planning, time management
Health issues preventing work	Physical, mental, sexual abuse - drug/alcohol abuse, scared to get help	Misuse of ER/ambulance - “safety net”	Energy drinks
Poor parenting	Bullying/emotional stress	Single parent, hard to take child to doctor, dentist	Peer pressure
Utilizing money poorly - entertainment instead of priorities	Having conversations with kids about social media	Deductibles	Sex- lack of supervision
Out of district students may not have transportation to stay after school for assistance	Educating kids on safety around the community	Need for a pediatric specialist	Faith-based dialog
		Electronic consults	
		Resource of someone to help families deal or understand health issues for chronic disease (county social worker)	

Chronic Disease Focus Group

Participants:

Antonia Ahlgrim
Verla Bartholomew
Cassie Bailey
Lindsay Beyer
Heather Bolen
Kim Bower
Charles Coker
Dondi Eichman
Barbara Hills
Carl Lee
Thelma Jones
Angie Morrison
Tiffany Neely
Sheri O'Keefe
Kara Reynolds
Kim Robrahn
Patti Ann Sanborn
Tammra Schillig
Gayle Taylor

Results

Themes:

- Wellbeing
- Access to care
- Physical inactivity
- Poor nutrition
- Lack of support

Action items:

- **Chronic disease self-management course**
- **Case manager**
- **Space from Depression**
- **Personal health coaching**

Chronic Disease Focus Group - Individual Responses

Financial	Environment	Healthcare	Lifestyle
Poor financial planning	Choose wrong environment to live in	Fear of what the doctor will say	CO2/pulmonary problems can lead to decreased mental function
Can't afford insurance	Use vehicles rather than walk	Lack of emphasis on preventative health	Need walking group/club
Can't afford healthy food	Exposure to farm chemicals	Don't want to change lifestyle	Bike/walking paths
Don't like to cook or know how, junk food is easy	Poor sidewalks	Not accepting responsibility for own health	Unhealthy choices
No transportation	Smoking	Health premiums too costly for low income	Breaking family patterns
Appointments aren't being kept	Pets - homes not "clean"	Insurance denying tests/procedures	Stress - so they use "crutches" i.e. smoking, drugs, eating poorly
Not educated about nutrition	No bike lane	Availability of physicians/specialists - months in advance, too long to wait	Lack of education
Lack of employment	Generation stuck in rut, lazy	Stigma, especially men	Knowing financial limits
Dental insurance won't cover root canal	Need vocational training	Mental illness - less happy	Depression
Mental health - insurance pays low portion of bill, can't afford service	Jobs are sedentary, desk jobs, no movement	Can't afford to pay for uncovered services	No exercise/lack of energy
Hospital dictates payment schedule instead of what you can afford	Too much TV, computers	Regulations - authorizations for healthcare, meds	Eating out/fast food Junk food in the house
Living paycheck to paycheck, single-income families	No one home to cook or direct kids	Standard of care - cost healthcare providers, hospitals to meet the standard	Missing out on family time due to TV/phones
Child care too expensive	All stores are north of town	Process is too complex	Don't know how to manage blood pressure or diabetes
High cost of dr. visits, putting off regular visits that "could" detect early problems	Allergies - seems to be more asthma lately, Poor air quality	Pain management not addressed properly	Doctors give prescriptions too quickly, relaxed culture
Can't afford shoes to exercise	Lack of basic necessities in home	No faith in the system	Time constraints
Gap between those who can afford insurance and those who can't	Distance to bigger communities limits vocational opportunities	Scared of what people think	Smoking cessation plans
Lack of resources for preventative meds.	Social pressures	Intercommunicate between providers to ensure patients are on point with treatment	Accountability
Bad prosperity	Illegal drugs	Clear instruction on restrictions - be a doctor, not a friend	Poor stress management
Food shortage - healthy whole foods - God's Storehouse is mostly canned food	Air, water, waste management issues, increased lead levels		Society of instant gratification
Rent, utilities, vehicles too costly	Weather changes impact chronic disease		Injuries from playing sports
Choosing food over health/family	Not having adequate support in the home.		Poverty
Not able to afford oxygen/meds	Stress leads to health problems		Expectations

Housing not adequate for chronic conditions	Playgrounds - astroturf/rubber can cause health problems	Availability of urgent care
Lack of jobs that provide health insurance	In the past, city of Burlington water bill would say "drink at your own risk," water not meeting standards	Fatigue
Lack of support, isolation from family	Lack of healthy food at fast food establishments	
	"What will people think"	
	Agricultural runoff	
	Family influences	
	Education	

Services used local or needed local	Questions/Comments:
Pulmonary support needs to be reestablished	Thank you for trying to make Coffey County better!
Teach/coach people how to budget	How do you install mental discipline to overcome chronic disease?
Alzheimer's/Dementia support group	Excellent physicians, very good healthcare facilities, excellent EMS
Ear-Nose-Throat	
Ophthalmologists	
Need support groups	
Need full time general surgeon	
Need for disease specific groups	
Stigma for mental illness	
Psychiatry needs	
Endocrine	
Hematology	
Need dementia training for healthcare employees	
Vein care - out of town	
Education for retirement knowledge/options	
Diabetic seminar	
After work education/availability	
Need urgent care	
Memory testing services needed	
Rheumatologist	
Cooking classes - health education	
More comprehensive health screenings	
Wellness programs	

Chronic Disease - Group Discussion Notes

Positive	What's missing?
Rec Center	Availability of resources
Specialty care	Respite care
Mental health providers	Central resource directory
Doctors	Evening Lunch & Learn's
Grocery store	Urgent Care
Transportation	Financial planner
Social/activities	
Schools	
Libraries	
CHS	
WIFI	
Goods storehouse	
Low poverty, high salaries	

Obstacles to “Longer, Healthier, Happier Lives”

Financial	Environment	Healthcare	Lifestyle/ Personal Choices
Expensive re-visits	Smoking	Fear of diagnosis	Lack of motivation
Healthy food	Generation	Lack of local specialists	Lack of education
Preventative meds-loss of income, child care	Lazy	Stigma of mental illness	Lack of time
Support	Safety- poor sidewalks, bike lanes	Lack of resources- if Dr. can't explain or help patients with issues	Don't give body time to heal
Insurance rates	Astroturf- long term risks	Lack of support groups - dementia Alzheimer's	Smoking cessation
High deductible	Embarrassment	Specialty clinics - memory testing	Exhausted- fast food is easy
Insurance doesn't cover all meds	Vocational training		Lazy
Poor planning			Larger families - struggle financially
Priorities			Resources for long work hour families - availability to get to Dr.
Lack of industry for jobs/money			Diagnosis restrictions
Lifestyle choices			
Faith based			
Lack of knowledge of resources			
Lack of education skills for work			
Single parent			
Accountability- personal			
Apathetic			

Aging Focus Group

Participants:

John Atkin, M.D.
Tracy Bartley
Rita Beard
Linda Booth
Marilyn Eccles
Polly Epting
Stan Luke
Becky Houston
Kerri Hugunin
Jo Neill
Paula Raaf
Rita Reed
Judy Reese
Kara Reynolds
Judy Rhodes
Vicki Seems
Clarissa Sents
Mike Skillman
Salli Stewart
Marilyn Storrer
Terri Tweedy

Results

Themes:

- Wellbeing/isolation, loneliness
- Access to care/financial barriers
- Physical inactivity
- Poor nutrition

Action Items:

- **Case management**
- **Chronic disease self-management course**

Aging Focus Group - Individual Responses

Financial	Environment	Healthcare	Lifestyle
Increased cost of prescriptions	Poor diet choices	Costly ER visits	Addicted to fun
Grandparents taking care of kids	Lack of fresh air	Lack of referrals among providers	Choosing a certain lifestyle to live
Limited savings	Men won't go to the doctor	Need dental/eye care	Electronics
Low paying jobs in small town	Old homes/need repairs/lead paint	Too expensive for meds/treatments	Depression
Healthier foods are too expensive	Lack of motivation	Isolation/loneliness	In need of interaction with others
Rising cost of insurance premiums	Need neighbor/buddy for encouragement	Fall through the crack	Lack of prevention
Lack of business opportunities	Sudden change in living conditions	Case manager	Exercise-no time, too busy
Elderly live on SS with no other income	TV time is too negative	Fear of hearing diagnosis	Caregivers take care of others & not themselves
Poor retirement planning	Transportation	"It will go away" idea	Inactive because of pain
Lack of knowledge of support avail.	Lazy	Transportation to dr. out of town	Lack of activities guided for seniors
Lack of home health staff	Hate to ask for help/impose	Counselor/instruct services avail.	Mental health issues-stress. \$\$
50-mile radius to serve clients, longer radius to serve rural areas	Farmers exposed to chemicals	Family members too busy to assist	Sedentary behaviors
Unwillingness to have conversations	Need county housing assessment	Instability in government	Not motivated, "why bother"
Rising utilities	Sedentary behaviors	Availability of service provider	Loneliness
Family breakdown	Lack of bike paths	Lack of access to mental services	Technology
Poor education	Allergies	Refuse to see a doctor	Stress- go, go, go
Competitive markets making cost high	Burning wood, no ventilation	Lack of trust	Need outdoor opportunities
Lack of affordable senior housing	Lack of interaction		"Why cook, just me"
Loss of income/assets	Home cleanliness		
Lack of nursing homes	Lack of walking trails		
No insurance	Lack of rentals, apartments, senior living		
Pride	Lack of knowledge of transportation		
Lead to believe MCR & SS were enough			
Lack of health insurance (not enough)			
Slow approval process (MCD)			
Stress of monthly bills			

Services used local or needed local	Questions:
Allergist	Can doctors take a more active part in their patients lives? (elderly)
Dermatologist	People don't know what all is available to them. Who can help?
Audiologist	Do all the providers know the available resources?
Periodontist- Topeka	
Pacemaker check- Topeka	
Allergist- Topeka	
Endocrinologist	
Need aging advocate widespread in county.	
Orthopedic surgeon- Olathe (will operate on obese people in Coffey Co.)	
Need nursing staff	
Alzheimer's Association	
Travel to Walmart for \$4 medicines	
Cancer Treatment- KU	
Nephrology	
Cardiologist	
Pain Management	
Holistic treatments	
Need preventative services	
Ring-a-day service - connect with senior citizens	
Skin cancer tests	
Need mental health services	
Need wound care	
Need more PCP in general	

Aging - Group Discussion Notes

Positive	What's missing?
CHS services-widespread	Prevention
Public transportation	Resources - unaware of
Self-employed	
Family-close to help/support	
MOW	
Rec Center	
LHD-linking resources	
AAA	
Strong community/neighbor	
Library	
Senior Center	
Ag-work despite age	
WCNOC	
Military	
Ministerial faith base is strong	
Open to ideas, easy to work with	

Obstacles to “Longer, Healthier, Happier Lives”

Financial	Environment	Healthcare	Lifestyle/Personal Choices
Lack of staff	Economics-heating/cooling	MCR	Technology
Insurance premiums	Lifestyle	ER visits when clinic could be used	Mobility
Drug costs	Smoker/previous smoker	Family members being proactive in health-care	Caregiver
Income stress	Old homes/structures (lead paint)	Mental health- isolation, loneliness	Stress
Lack of available jobs	Mold, leaky roof	Communication between departments	Family History
Grandparents taking care of kids	Too proud to ask for help	Communication between provider & patient	Depressed
Retirement planning	Lack of housing/apartments	Integrated care	“just me”
Difficult conversations	Unaware of local resources	2nd pair of ears	Transportation-no family
Multi-generations		Polypharmacy	Lack of environmental opportunity
			Accessibility
			Lack of daily interaction

Grant Report

**2017 County Health Rankings & Roadmaps
State Team Action Funding Opportunity**

Final Project Report

<p>State: Kansas Primary Contact Person (Name, Email): Lindsay Payer, lpayer@coffeycountyks.org Funded Agency: Coffey County Health Department</p>

Please place an X next to the areas(s) on which your project focused.	
X	Engage people and organizations from a variety of different sectors as partners in improving community health. Possibilities include community members, funders, business, government, education, faith-based, and community development.
X	Build or strengthen relationships and capacity with multi-sector partners to identify strategies to advance health equity.
	Build local community members' and leaders' capacity to improve health and health equity.
X	Connect people from communities so that they can learn from each other.

Activities and Partners

Please describe the work/activities completed and how it addressed the focus areas checked above this.

Grant funding supported the community engagement portion of a Community Health Needs Assessment, conducted jointly by the Coffey County Health Department and Coffey Health System. In the months leading up to the community forums, data was compiled by the project leads and placed into infographics by categories: socio-economics, births, children, chronic diseases, men's health, women's health, aging, and access to care. The data was distributed to key community partners for accuracy and clarification prior to full publication. The data was then presented to community members in two facilitated meetings through partnership with Wichita State University Community Engagement. A diverse group was convened during these meetings, including representation from all areas of health, business, education, local government, faith, etc. They reviewed, discussed, and prioritized the key health indicators from the data.

Quality improvement processes were used to facilitate conversations and identify priorities, which will then be further discussed in the assessment process. Task forces are being developed to address the overarching priorities of chronic disease, aging, and children. These groups will consist of relevant clinicians, representatives of community organizations, patients, and family members. The task forces will guide the development of action plans for the next 3-5 years for specific health indicators.

Most significant outcomes/successes

Community partners from throughout Coffey County were represented. 44 individuals participated in the two public forum sessions, with many expressing an interesting in serving on subject matter task forces.

**County Health
Rankings & Roadmaps**

Building a Culture of Health, County by County

A Robert Wood Johnson Foundation program

The value of the conversation and education process during prioritization was impressive and representative of how much Coffey County cares for its residents.

The evaluations revealed that the process and the infographics were useful for community decisions going forward.

Even as a rural Kansas community, we are very fortunate to have access to county-level data, such as that found in the County Health Rankings, Kansas Information for Counties, and Kansas Health Matters.

What could we improve about the funding award process?

We need more time to continue to implement the review process. The data collection and preparation was very lengthy. Despite bi-weekly meetings and hours of work in-between, we needed more time to fulfill the grant requirements.

Proposed Action Plans

Throughout the Community Health Needs Assessment process, it became clear that Coffey County already has many services available to address population needs; however, those services are under utilized. By working together, Coffey County Health Department and Coffey Health System will enhance communication about these available services.

To address unmet and/or newly identified needs, extensive research went into identifying evidence-based, measurable practices that provide a good fit for Coffey County. The action plans are not meant to be all-encompassing; rather, they are intended to provide an outline for consideration by the Coffey County Commission and Coffey Health System Board of Trustees. Additional detail and direction will be added at the discretion of the two boards.

Children’s Health Action Plan

Recurring themes:

- Parental accountability
- Mental health/resilience
- Poor housing

Black = promote an existing service

Red = potential new service

	Overall	Coffey County Health Department	Coffey Health System
Policy	<p>Case Manager position/Community Health Worker</p> <p>Breastfeeding Coalition</p>	<p>Tobacco-free schools, parks, courthouse</p>	<p>Evening/weekend clinic appts (Saturday is “sick” clinic). Midlevel late hours?</p> <p>EMR prompts for screenings/education at well-child checks (developmental, mental health)</p> <p>Fluoride/sealants at well-child checks</p> <p>High 5 for Mom & Baby</p>
Environment	<p>Mental Health First Aid for teachers</p> <p>Single-mom support network</p> <p>Addressing immunization rates/parental fears</p>	<p>Addressing immunization rates/parental fears</p> <p>Convening literacy task force with libraries & schools</p> <p>Administrator on Child Protection Committee at school</p>	<p>Improving communication between providers/organizations</p> <p>Reduce number of uninsured patients via Insurance advocate/Navigator</p> <p>Case manager is now on-call for Child Protection Committee at school</p> <p>Addressing immunization rates/parental fears</p>
Program	<p>Adverse Childhood Event (ACE) assessments</p> <p>Drug court</p>	<p>“Space from Depression”</p> <p>Coffey County Resource Council</p>	<p>Options for pulmonologist vacancy (telehealth or staff)</p> <p>340B pharmacy program</p> <p>Diabetes education program</p>
Information & Education	<p>Promote “Parents as Teachers”</p> <p>Promote food resources</p> <p>Promote prescription drug program</p> <p>Certified “Safe Sleep” Counselor</p> <p>Community Baby Shower</p>	<p>“Eat Well on \$4 a Day” class</p> <p>Promote prescription drug program</p>	<p>Promote “Parents as Teachers” to families of newborns</p> <p>Partnership with CC Library reading program</p> <p>“Birth & Beyond” classes</p> <p>Certified Lactation Counselor</p>

Chronic Disease Action Plan

- Recurring themes:
- Wellbeing
 - Access to care
 - Physical inactivity
 - Poor nutrition
 - Lack of support

Black = promote an existing service
Red = potential new service

	Overall	Coffey County Health Department	Coffey Health System
Policy	<p>Case Manager position/Community Health Worker</p> <p>Mental health practitioner</p> <p>Build timeline for screenings into Crosswinds contract</p> <p>Incentives for employee well-ness programs</p>	<p>Mental health practitioner</p> <p>Mental health practices</p> <p>Pursue Kansas Heart & Stroke Collaborative Interventions</p> <p>Tobacco-free schools, parks, courthouse (also in Childrens' Health)</p> <p>Partner with addiction</p>	<p>Develop system to flag charts of chronic disease patients so that screens are performed regularly (A1C on diabetes pts. even if for unrelated visit)</p> <p>Send reminders for colonoscopies, annual screenings</p> <p>Telehealth services: stroke, psychiatric, pulmonary, neurology</p> <p>Inpatient pneumonia/flu vaccines</p>
Environment	<p>Technology must be consistent with Osawatomie for online mental health screenings</p> <p>Healthy options at local restaurants</p> <p>Mental health training for law enforcement & key hospital staff beyond "Mental Health First Aid"</p>	<p>Improve telehealth technology</p> <p>Add A1c to all health fair blood draws</p>	<p>Options for pulmonologist vacancy</p> <p>Chronic disease clinician (like diabetes education, but expanded)</p> <p>Improving communication between providers/ organizations</p> <p>Reduce number of uninsured patients via Insurance advocate/Navigator</p>
Program	<p>Chronic disease self-management (KOHP) classes</p>	<p>Coffey County Resource Council</p> <p>"Space from Depression"</p> <p>Buddy systems/elderly exercise class</p>	<p>Add A1c to annual Community Blood Tests</p> <p>340B pharmacy program</p>
Information & Education	<p>Targeted campaigns: blood pressure, diabetes, men's health, respiratory protection for farmers, vaccinations (children and adult)</p> <p>10 Signs of Alzheimer's training</p>	<p>"Eat Well on \$4 a Day" class</p> <p>Promote prescription drug program</p> <p>Stress management education</p> <p>Interventions to increase social support for physical activity in community settings</p>	<p>Promote A1C screens</p> <p>Men's health event</p> <p>Encourage active use of patient portal</p>

Aging Action Plan

Recurring themes:

- Wellbeing, isolation, loneliness
- Access to care, financial barriers
- Physical inactivity
- Poor nutrition

Black = promote an existing service
Red = potential new service

	Overall	Coffey County Health Department	Coffey Health System
Policy	<p>Case Manager position/Community Health Worker</p> <p>Advocate for Medicare mental health coverage</p>	<p>Mental health practices for Medicare</p> <p>Pursue Kansas Heart & Stroke Collaborative Interventions</p>	<p>Pursue expanded VA services</p> <p>Telehealth services: stroke, psychiatric, pulmonary, neurology</p>
Environment	<p>Additional in-home care providers</p>	<p>Additional in-home care providers</p> <p>Housing Improvement task force</p>	<p>Additional nursing home/assisted living beds</p> <p>Working with Meals On Wheels</p> <p>Hospital residential care</p> <p>GPS-based personal medical alert system</p>
Program	<p>Alzheimer's/dementia support group</p>	<p>Coffey County Resource Council</p> <p>"Space from Depression"</p> <p>Chronic disease self-management (KOHP) classes</p> <p>Buddy systems/elderly exercise class</p> <p>Exercise (tai chi, chair, walking)</p>	<p>Options for pulmonologist vacancy</p> <p>340B pharmacy program</p>
Information & Education	<p>Financial/retirement education for middle-age AND already retired</p> <p>"Eat Well on \$4 a Day" class</p> <p>Promote prescription drug program</p> <p>Promote Medicare D assistance</p> <p>10 Signs of Alzheimer's training</p> <p>Promote Medicare D assistance</p>		<p>Encourage active use of patient portal</p>

Items listed here are in addition to action items specifically related to children's health, chronic disease, and aging.

Promote Health and Wellbeing in the Community

Black = promote an existing service
Red = potential new service

	Overall	Coffey County Health Department	Coffey Health System
Policy	Case Manager position Tobacco-free schools, parks, courthouse		Smoking cessation info at clinics, flag in EMR Improve clinic admission process Telehealth services: stroke, psychiatric, pulmonary, neurology Financial assistance policy
Environment	Services for families in unhealthy housing situations Bike/walking trails	Re-evaluate gaps in mental health care Evaluate availability of child-care & incentives for infant care slots	Access to care: partnering with CC Transportation and educating all clinic staff
Program		Look into "Circles" program Coffey County Resource Council Mindfulness program	Develop an employee health program, starting internally and then offering the service to employers throughout the county.
Information/Education	Centralized resource directory Joint campaign promoting health at all levels: blood pressure, diabetes, men's health, respiratory protection for farmers, vaccinations (children and adult), children's dental health	"Eat Well on \$4 a Day" class Promote prescription drug program Stress management education	

Community Health Needs Assessment Report
Presented to Coffey County Commission
January 8, 2018