

Community Health Needs Assessment Meade County, KS

On Behalf of Meade District Hospital



September 2025

VVV Consultants LLC
Olathe, KS

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I. Executive Summary

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I. Executive Summary

Meade District Hospital (Primary Service Area) – Meade County, KS - 2025 Community Health Needs Assessment (CHNA)

The previous Community Health Needs Assessment for Meade District Hospital and its primary service area was completed in 2022. (Note: The Patient Protection and Affordable Care Act (ACA) requires non-profit hospitals to conduct a CHNA every three years and adopt an implementation strategy to meet the needs identified by the CHNA). The Round 5 Meade County, KS CHNA began in April of 2025 and was facilitated/created by VVV Consultants, LLC (Olathe, KS) staff under the direction of Vince Vandehaar, MBA.

Creating healthy communities requires a high level of mutual understanding and collaboration among community leaders. The development of this assessment brings together community health leaders, providers, and other residents to research and prioritize county health needs while documenting community health delivery success. This health assessment will serve as the foundation for community health improvement efforts for the next three years.

Important community CHNA Benefits for both the local hospital and the health department, are as follows: 1.) Increases knowledge of community health needs and resources 2.) Creates a common understanding of the priorities of the community's health needs 3.) Enhances relationships and mutual understanding between and among stakeholders 4.) Provides a basis upon which community stakeholders can make decisions about how they can contribute to improving the health of the community 5.) Provides rationale for current and potential funders to support efforts to improve the health of the community 6.) Creates opportunities for collaboration in delivery of services to the community and 7.) Guides the hospital and local health department on how they can align their services and community benefit programs to best meet needs, and 8.) fulfills the Hospital's "Mission" to deliver.

County Health Area of Future Focus on Unmet Needs

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

2025 CHNA Unmet Needs				
Meade District Hospital (Primary Service Area)				
Meade, KS - 7/16/25 Town Hall: (25 Attendees, 95 Total Stakeholder Votes)				
#	Community Health Needs to Change and/or Improve	Votes	%	Accum
1	Childcare (Access)	17	18%	18%
2	Provider Recruitment (MD)	16	17%	35%
3	Mental Health (Diag, Placement, Providers, Aftercare)	15	16%	51%
4	Substance Abuse (Drugs and Alcohol)	10	11%	61%
5	Preventative Health and Wellness (Focus on Obesity)	10	11%	72%
6	Insurance Coverage (Affordable and Access)	8	8%	80%
	Total Votes	95		
Other Items receiving votes: Transportation, Workforce, Community Support to Address Healthcare Needs, Housing (Quality and Affordable), Economic Development, Advocacy.				

Town Hall CHNA Findings: Areas of Strengths

Meade District Hospital - Community Health Strengths			
#	Topic	#	Topic
1	Airport	7	Local Hospital
2	Community resources	8	Ministerial Alliance
3	Dentist	9	Parks & Recs
4	Grocery Store	10	Quality Providers
5	Health Department	11	Schools
6	Healthcare collaboration	12	Senior Living

Key CHNA Round #5 Secondary Research Conclusions found:

KANSAS HEALTH RANKINGS: According to the 2023 Robert Woods Johnson County Health Rankings, Meade Co, KS, on average was ranked 101st in Health Outcomes, 71st in Health Factors, and 15th in Physical Environmental Quality out of the 105 Counties.

TAB 1. Meade County's population is 3,911 (based on 2023 findings). About six percent (6.6%) of the population is under the age of 5, while the population that is over 65 years old is 18.5%. Children in single parent households make up a total of 19.5% compared to the rural norm of 16.9%, and 82.6% are living in the same house as one year ago.

TAB 2. In Meade County, the average per capita income is \$44,359 while 9.6% of the population is in poverty. The severe housing problem was recorded at 5.5% compared to the rural norm of 10%. Those with food insecurity in Meade County is 7.0%, and those having limited access to healthy foods (store) is 16.5%. Individuals recorded as having a long commute while driving alone is 17.1% compared to the norm of 21.5%.

TAB 3. Children eligible for a free or reduced-price lunch in Meade County is 53.4%. Findings found that 84.6% of Meade County ages 25 and above graduated from high school while 22.8% have a bachelor's degree or higher (2019-2023).

TAB 4. The percentage of births where prenatal care began in the first trimester was recorded at 79.3% compared to the rural norm of 76.1%. Additionally, the percentage of births with low birth weight was 6.6%.

TAB 5. In Meade County, there were 3,878 preventable hospital stays in compared to the rural norm of 2,532. Patients who gave their hospital a rating of 9 or 10 (scale 0-10) was 85% while patients who reported they would definitely recommend the hospital was recorded at 85%.

Secondary Research Continued

TAB 6. In Meade County, adults ever diagnosed with depression as of 2022 was 18%. The Mental Behavioral hospital admissions rate per 100k was 48.4 compared to the rural norm of 50.1.

TAB 7a – 7b. Meade County has an obesity percentage of 38.1% and a physical inactivity percentage is 24.2%. The percentage of adults who smoke is 16.2%, while the excessive drinking percentage is 17.5%. Those with kidney disease is 2.5% compared to the rural norm of 2.96%. The percentage of adult individuals who were recorded with cancer was 6.4% while adults recorded with diabetes (18+) is 8.9% compared to the rural norm of 10.7%.

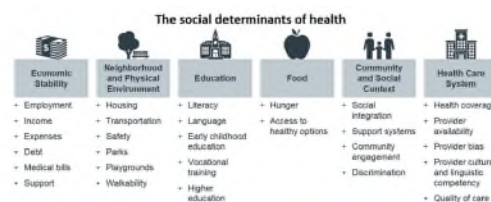
TAB 8. The adult uninsured rate for Meade County is 12.0% compared to the rural norm of only 17.9%.

TAB 9. The life expectancy rate in Meade County for males and females is roughly 72 years of age (72.4). Alcohol-impaired driving deaths for Meade County is 20.0% while age-adjusted Cancer Mortality rate per 100,000 is 107.3. The age-adjusted heart disease mortality rate per 100,000 is at 117.8.

TAB 10. A recorded 45.1% of Meade County has access to exercise opportunities. Continually, 54.0% of women have done a mammography screening compared to the rural norm of 34.8%. Adults recorded in Meade County who have had a regular routine check-up is 78.0%.

Social Determinants Views Driving Community Health: From Town Hall conversations the Economy followed by Provider Access and Community/Social Support are impacting community health, see Sec V for a detailed analysis.

Social Determinants Online Community Feedback – Meade Co, KS (N=136)



Meade Co, KS "KEY" Social Determinant Takeaways to Improve Our Community Health	
Community Transportation van that one vehicle households could schedule for local appts	More community involvement
Using education through the school system, civic groups and leaders, as well as government representatives.	Economic stability is a major impact for healthcare. Offering a flat rate Telehealth appointment would be helpful.
pay a decent wage, with decent benefits, and treat your employees well	Economic stability needs to begin with affordable housing.

Key CHNA Round #5 Primary Research Conclusions found:

Community Feedback from residents, community leaders, and providers (N=136) provided the following community insights via an online perception survey:

- Using a Likert scale, the average between Meade County stakeholders and residents that would rate the overall quality of healthcare delivery in their community as either Very Good or Good; is 65.9%.
- Meade County stakeholders are very satisfied with some of the following services: Chiropractors, Emergency Room, Inpatient Hospital Services, Outpatient Hospital Services, Primary Care, and Public Health.
- When considering past CHNA needs, the following topics came up as the most pressing: Mental Health Needs for Teen and Adults, Physician Recruitment, Illegal Substance Abuse, Vaping Among Teenagers, Obesity in Adults, and Wellness Center.

During the Town Hall on July 16th, 2025, a discussion was held to evaluate the impact of any actions taken to address the 2022 significant health needs identified. Any meaningful actions taken to address the 2022 unmet needs would be referenced in the Town Hall notes located in sec V. The table below was reviewed in-depth asking for feedback on which needs are still pressing and ongoing, thus evaluating actions taken in 2022.

Meade Co KS - CHNA YR 2025 N=136					
Past CHNA Unmet Needs Identified		Ongoing Problem			Pressing
Rank	Ongoing Problem	Votes	%	Trend	Rank
1	Mental Health Needs for Teens and Adults	56	17.9%		1
2	Physician recruitment	51	16.3%		2
3	Illegal Substance Abuse	35	11.2%		3
4	Obesity in Adults	33	10.5%		5
5	Vaping Among Teenagers	30	9.6%		4
6	Lack of Health Knowledge/Education	25	8.0%		7
7	Wellness center	24	7.7%		6
8	Community involvement	21	6.7%		10
9	Physical Inactivity	20	6.4%		8
10	Health education	18	5.8%		9
Totals		313	100.0%		

II. Methodology

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II. Methodology

a) CHNA Scope and Purpose

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

JOB #1: Meet/Report IRS 990 Required Documentation

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

Section 501(r) provides that a CHNA must take into account input from persons who represent the broad interests of the community served by the hospital facility, including individuals with special knowledge of or expertise in public health. Under the Notice, the persons consulted must also include: Government agencies with current information relevant to the health needs of the community and representatives or members in the community who are medically underserved, low-income, minority populations, and populations with chronic disease needs. In addition, a hospital organization may seek input from other individuals and organizations located in or serving the hospital facility's defined community (e.g., health care consumer advocates, academic experts, private businesses, health insurance and managed care organizations, etc.).

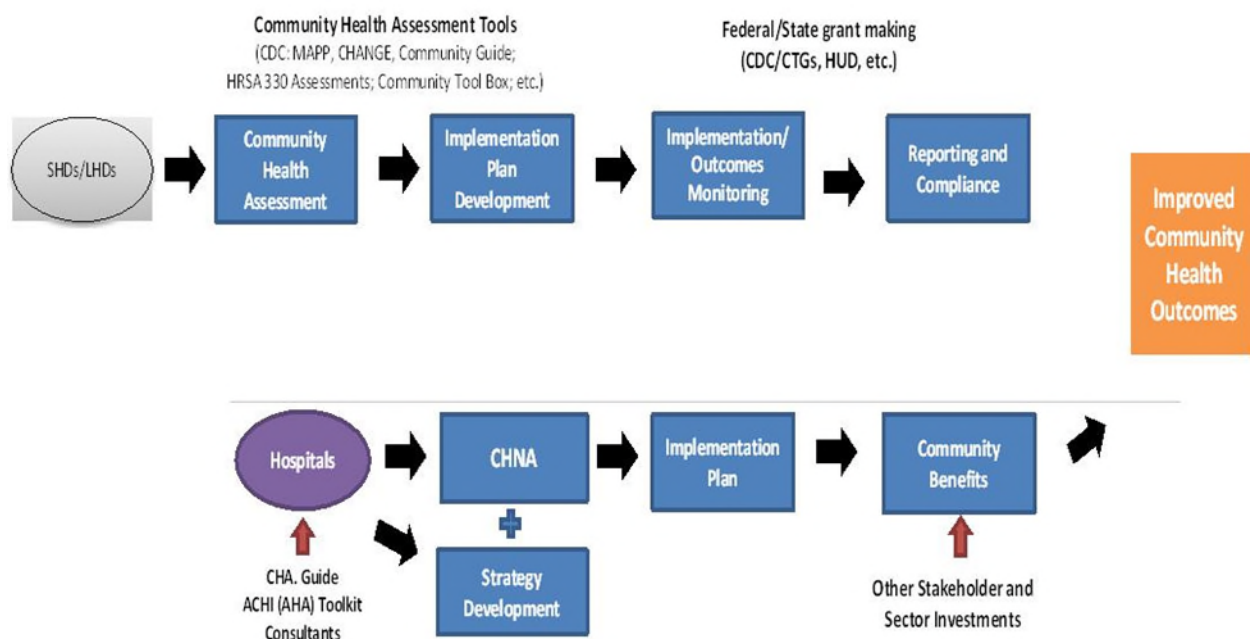
JOB #2: Making a CHNA Widely Available to the Public

The Notice provides that a CHNA will be considered to be "conducted" in the taxable year that the written report of the CHNA findings is made widely available to the public. The Notice also indicates that the IRS intends to pattern its rules for **making a CHNA "widely available to the public"** after the rules currently in effect for Form 990. Accordingly, an organization would make a **facility's written report** widely available by posting the final report on its website either in the form of (1) the report itself, in a readily accessible format or (2) a link to another organization's website, along with instructions for accessing the report on that website. *The Notice clarifies that an organization must post the CHNA for each facility until the date on which its subsequent CHNA for that facility is posted.*

JOB #3: Adopt an Implementation Strategy by Hospital

Section 501(r) requires a hospital organization to adopt an implementation strategy to meet the needs identified through each CHNA. The Notice defines an “implementation strategy” as a written plan that addresses each of the needs identified in a CHNA by either (1) describing how the facility plans to meet the health need or (2) identifying the health need as one that the facility does not intend to meet and explaining why the facility does not intend to meet it. A hospital organization may develop an implementation strategy in collaboration with other organizations, which must be identified in the implementation strategy. As with the CHNA, a hospital organization that operates multiple hospital facilities must have a separate written implementation strategy for each of its facilities.

Great emphasis has been given to work hand-in-hand with leaders from hospitals, the state health department and the local health department. A common approach has been adopted to create the CHNA, leading to aligned implementation plans and community reporting.



IRS Requirements Overview (Notice 2011-52)

Notice and Request for Comments Regarding the Community Health Needs Assessment Requirements for Tax-exempt Hospitals

Applicability of CHNA Requirements to “Hospital Organizations”

The CHNA requirements apply to “hospital organizations,” which are defined in Section 501(r) to include (1) organizations that operate one or more state-licensed hospital facilities, and (2) any other organization that the Treasury Secretary determines is providing hospital care as its principal function or basis for exemption.

How and When to Conduct a CHNA

Under Section 501(r), a hospital organization is required to conduct a CHNA for each of its hospital facilities once every three taxable years. ***The CHNA must take into account input from persons representing the community served by the hospital facility and must be made widely available to the public. The CHNA requirements are effective for taxable years beginning after March 23, 2012.*** As a result, a hospital organization with a June 30 fiscal year end must complete a CHNA full report every 3 years for each of its hospital facilities by fiscal June 30th.

Determining the Community Served

A CHNA must identify and assess the health needs of the **community served** by the hospital facility. Although the Notice suggests that geographic location should be the primary basis for defining the community served, it provides that the organization may also take into account the target populations served by the facility (e.g., children, women, or the aged) and/or the facility's principal functions (e.g., specialty area or targeted disease). *A hospital organization, however, will not be permitted to define the community served in a way that would effectively circumvent the CHNA requirements (e.g., by excluding medically underserved populations, low-income persons, minority groups, or those with chronic disease needs).*

Persons Representing the Community Served

Section 501(r) provides that a CHNA must take into account input from **persons who represent the broad interests of the community** served by the hospital facility, including individuals with special knowledge of or expertise in public health. Under the Notice, the persons consulted must also include: (1) government agencies with current information relevant to the health needs of the community and (2) representatives or members of medically underserved, low-income, and minority populations, and populations with chronic disease needs, in the community. In addition, a hospital organization may seek input from other individuals and organizations located in or serving the hospital facility's defined community (e.g., health care consumer advocates, academic experts, private businesses, health insurance and managed care organizations, etc.).

Required Documentation

The Notice provides that a hospital organization will be required to separately document the CHNA for each of its hospital facilities in a **written report** that includes the following information: 1) a description of the community served by the facility and how the community was determined; 2) a description of the process and methods used to conduct the CHNA; 3) the identity of any and all organizations with which the organization collaborated and third parties that it engaged to assist with the CHNA; 4) a description of how the organization considered the input of persons representing the community (e.g., through meetings, focus groups, interviews, etc.), who those persons are, and their qualifications; 5) a prioritized

description of all of the community needs identified by the CHNA and an explanation of the process and criteria used in prioritizing such needs; and 6) a description of the existing health care facilities and other resources within the community available to meet the needs identified through the CHNA.

Making a CHNA Widely Available to the Public

The Notice provides that a CHNA will be considered to be “**conducted**” in the taxable year that the written report of the CHNA findings is made **widely available to the public**. The Notice also indicates that the IRS intends to pattern its rules for making a CHNA “widely available to the public” after the rules currently in effect for Forms 990. *Accordingly, an organization would make a facility’s written report widely available by posting on its website either (1) the report itself, in a readily accessible format, or (2) a link to another organization’s website, along with instructions for accessing the report on that website. The Notice clarifies that an organization must post the CHNA for each facility until the date on which its subsequent CHNA for that facility is posted.*

How and When to Adopt an Implementation Strategy

Section 501(r) requires a hospital organization to adopt an implementation strategy to meet the needs identified through each CHNA. **The Notice defines an “implementation strategy” as a written plan that addresses each of the needs identified in a CHNA by either (1) describing how the facility plans to meet the health need, or (2) identifying the health need as one that the facility does not intend to meet and explaining why the facility does not intend to meet it.** A hospital organization may develop an implementation strategy in collaboration with other organizations, which must be identified in the implementation strategy. As with the CHNA, a hospital organization that operates multiple hospital facilities must have a separate written implementation strategy for each of its facilities.

Under the Notice, an implementation strategy is considered to be “adopted” on the date the strategy is approved by the organization’s board of directors or by a committee of the board or other parties legally authorized by the board to act on its behalf. Further, the formal adoption of the implementation strategy must occur by the end of the same taxable year in which the written report of the CHNA findings was made available to the public. For hospital organizations with a June 30 fiscal year end, that effectively means that the organization must complete and appropriately post its first CHNA no later than its fiscal year ending June 30, 2013, and formally adopt a related implementation strategy by the end of the same tax year. *This final requirement may come as a surprise to many charitable hospitals, considering Section 501(r) contains no deadline for the adoption of the implementation strategy.*

IRS Community Health Needs Assessment for Charitable Hospital Organizations - Section 501(0)(3) Last Reviewed or Updated: 21-Aug-2020

In addition to the general requirements for tax exemption under Section 501(c)(3) and Revenue Ruling 69-545, hospital organizations must meet the requirements imposed by Section 501(r) on a facility-by-facility basis in order to be treated as an organization described in Section 501(c)(3). These additional requirements are:

1. Community Health Needs Assessment (CHNA) - Section 501(r)(3),
2. Financial Assistance Policy and Emergency Medical Care Policy - Section 501(r)(4),
3. Limitation on Charges - Section 501(r)(5), and
4. Billing and Collections - Section 501(r)(6).

Medically underserved populations include populations experiencing health disparities or that are at risk of not receiving adequate medical care because of being uninsured or underinsured, or due to geographic, language, financial, or other barriers. Populations with language barriers include those with limited English proficiency. Medically underserved populations also include those living within a hospital facility’s service area but not receiving adequate medical care from the facility because of cost, transportation difficulties, stigma, or other barriers.

Additionally, in determining its patient populations for purposes of defining its community, a hospital facility must take into account all patients without regard to whether (or how much) they or their insurers pay for the care received or whether they are eligible for assistance under the hospital facility's financial assistance policy. If a hospital facility consists of multiple buildings that operate under a single state license and serve different geographic areas or populations, the community served by the hospital facility is the aggregate of these areas or populations.

Additional Sources of Input

In addition to soliciting input from the three required sources, a hospital facility may solicit and take into account input received from a broad range of persons located in or serving its community. This includes, but is not limited to:

- Health care consumers and consumer advocates
- Nonprofit and community-based organizations
- Academic experts
- Local government officials
- Local school districts
- Health care providers and community health centers
- Health insurance and managed care organizations,
- Private businesses, and
- Labor and workforce representatives.

Although a hospital facility is not required to solicit input from additional persons, it must take into account input received from any person in the form of written comments on the most recently conducted CHNA or most recently adopted implementation strategy.

Collaboration on CHNA Reports

A hospital facility is permitted to conduct its CHNA in collaboration with other organizations and facilities. This includes related and unrelated hospital organizations and facilities, for-profit and government hospitals, governmental departments, and nonprofit organizations.

In general, every hospital facility must document its CHNA in a separate CHNA report unless it adopts a joint CHNA report. However, if a hospital facility is collaborating with other facilities and organizations in conducting its CHNA, or if another organization has conducted a CHNA for all or part of the hospital facility's community, portions of a hospital facility's CHNA report may be substantively identical to portions of the CHNA reports of a collaborating hospital facility or other organization conducting a CHNA, if appropriate under the facts and circumstances.

If two hospital facilities with overlapping, but not identical, communities collaborate in conducting a CHNA, the portions of each hospital facility's CHNA report relevant to the shared areas of their communities might be identical. So, hospital facilities with different communities, including general and specialized hospitals, may collaborate and adopt substantively identical CHNA reports to the extent appropriate. However, the CHNA reports of collaborating hospital facilities should differ to reflect any material differences in the communities served by those hospital facilities. Additionally, if a governmental public health department has conducted a CHNA for all or part of a hospital facility's community, portions of the hospital facility's CHNA report may be substantively identical to those portions of the health department's CHNA report that address the hospital facility's community.

Collaborating hospital facilities may produce a joint CHNA report as long as all of the collaborating hospital facilities define their community to be the same and the joint CHNA report contains all of the same basic information that separate CHNA reports must contain. Additionally, the joint CHNA report must be clearly identified as applying to the hospital facility.

Joint Implementation Strategies

As with the CHNA report, a hospital facility may develop an implementation strategy in collaboration with other hospital facilities or other organizations. This includes but is not limited to related and unrelated hospital organizations and facilities, for-profit and government hospitals, governmental departments, and

nonprofit organizations. In general, a hospital facility that collaborates with other facilities or organizations in developing its implementation strategy must still document its implementation strategy in a separate written plan that is tailored to the particular hospital facility, taking into account its specific resources. However, a hospital facility that adopts a joint CHNA report may also adopt a joint implementation strategy. With respect to each significant health need identified through the joint CHNA, the joint implementation strategy must either describes how one or more of the collaborating facilities or organizations plan to address the health need or identify the health need as one the collaborating facilities or organizations do not intend to address. It must also explain why they do not intend to address the health need.

A joint implementation strategy adopted for the hospital facility must also: Be clearly identified as applying to the hospital facility, Clearly identify the hospital facility's role and responsibilities in taking the actions described in the implementation strategy as well as the resources the hospital facility plans to commit to such actions, and Include a summary or other tool that helps the reader easily locate those portions of the joint implementation strategy that relate to the hospital facility.

Adoption of Implementation Strategy

An authorized body of the hospital facility must adopt the implementation strategy. See the discussion of the Financial Assistance Policy below for the definition of an authorized body.· This must be done on or before the 15th day of the fifth month after the end of the taxable year in which the hospital facility finishes conducting the CHNA. This is the same due date (without extensions) of the Form 990.

Acquired Facilities A hospital organization that acquires a hospital facility (through merger or acquisition) must meet the requirements of Section 501(r)(3) with respect to the acquired hospital facility by the last day of the organization's second taxable year beginning after the date on which the hospital facility was acquired. In the case of a merger that results in the liquidation of one organization and survival of another, the hospital facilities formerly operated by the liquidated organization will be considered "acquired," meaning they will have until the last day of the second taxable year beginning after the date of the merger to meet the CHNA requirements. Thus, the final regulations treat mergers equivalently to acquisitions.

New Hospital Organizations

An organization that becomes newly subject to the requirements of Section 501(r) because it is recognized as described in Section 501(c)(3) and is operating a hospital facility must meet the requirements of Section 501(r)(3) with respect to any hospital facility by the last day of the second taxable year beginning after the latter of: The effective date of the determination letter recognizing the organization as described in Section 501(c)(3), or · The first date that a facility operated by the organization was licensed, registered, or similarly recognized by a state as a hospital.

New Hospital Facilities

A hospital organization must meet the requirements of Section 501(r)(3), with respect to a new hospital facility it operates by the last day of the second taxable year beginning after the date the facility was licensed, registered, or similarly recognized by its state as a hospital.

Transferred/Terminated Facilities

A hospital organization is not required to meet the requirements of Section 501(r)(3) with respect to a hospital facility in a taxable year if the hospital organization transfers all ownership of the hospital facility to another organization or otherwise ceases its operation of the hospital facility before the end of the taxable year. The same rule applies if the hospital facility ceases to be licensed, registered, or similarly recognized as a hospital by a state during the taxable year. By extension, a government hospital organization that voluntarily terminates its Section 501(c)(3) recognition as described in Rev. Proc. 2018-5 (updated annually) is no longer considered a hospital organization for purposes of Section 501(r) and therefore is not required to meet the CHNA requirements during the taxable year of its termination.

Public Health Criteria:

Domain 1: Conduct and disseminate assessments focused on population health status and public health issues facing the community.

Domain 1 focuses on the assessment of the health of the population in the jurisdiction served by the health department. The domain includes systematic monitoring of health status; collection, analysis, and dissemination of data; use of data to inform public health policies, processes, and interventions; and participation in a process for the development of a shared, comprehensive health assessment of the community.

DOMAIN 1 includes 4 STANDARDS:

- **Standard 1.1** - Participate in or Conduct a Collaborative Process Resulting in a Comprehensive Community Health Assessment
- **Standard 1.2** - Collect and Maintain Reliable, Comparable, and Valid Data That Provide Information on Conditions of Public Health Importance and on the Health Status of the Population
- **Standard 1.3** - Analyze Public Health Data to Identify Trends in Health Problems, Environmental Public Health Hazards, and Social and Economic Factors That Affect the Public's Health
- **Standard 1.4** - Provide and Use the Results of Health Data Analysis to Develop Recommendations Regarding Public Health Policy, Processes, Programs, or Interventions

Required CHNA Planning Process Requirements:

- a. Participation by a wide range of community partners.
- b. Data / information provided to participants in CHNA planning process.
- c. Evidence of community / stakeholder discussions to identify issues & themes. Community definition of a "healthy community" included along with list of issues.
- d. Community assets & resources identified.
- e. A description of CHNA process used to set priority health issues.

Seven Steps of Public Health Department Accreditation (PHAB):

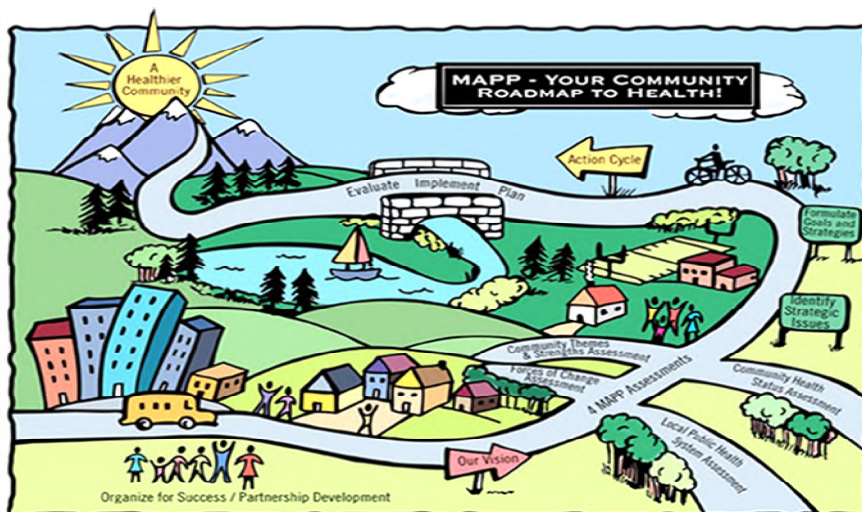
1. Pre-Application
2. Application
3. Document Selection and Submission
4. Site Visit
5. Accreditation Decision
6. Reports
7. Reaccreditation

MAPP Process Overview

Mobilizing for Action through Planning and Partnerships (MAPP) is a flexible strategic planning tool for improving the health and quality of life for the community. Like most strategic planning, MAPP involves organizing partners, creating a vision and shared values, collecting data, identifying areas for improvement, and developing goals and strategies to address them. Through collaboration with partners and the community, MAPP allows us to focus our efforts and work on issues to strengthen the local public health system.

The MAPP process includes the following six phases. It's important to note that MAPP has no set end point and will continue throughout the life cycle of the Community Health Improvement Plan (CHIP).

1. In this first phase, **Organize for Success/Partnership Development**, various sectors of the community with established relationships are reviewed, leading to the identification of areas for partnership development and creation of new relationships to enhance the MAPP process.
2. In the second phase, **Visioning**, a shared community vision and common values for the MAPP process are created.
3. In the third phase, **Four MAPP Assessments**, data is collected from existing and new sources about the health of our community, which results in a Community Health Assessment (CHA).
4. In the fourth phase, **Identify Strategic Issues**, community partners and health professionals select issues based on data collected from the third phase that are critical to the local public health system and align with the vision from the second phase.
5. In the fifth phase, **Formulate Goals and Strategies**, potential ways to address the strategic issues are identified by the community along with the setting of achievable goals. The final result is a Community Health Improvement Plan (CHIP).
6. The sixth and final phase of the MAPP process is the **Action Cycle**, which is where the work happens for meeting the objectives set in the previous phase. Through these collaborative efforts, the health of the community is improved.



Social Determinants of Health

What Are Social Determinants of Health?



[Social determinants of health \(SDOH\)external icon](#) are defined as the conditions in which people are born, grow, live, work, and age. SDOH are shaped by the distribution of money, power, and resources throughout local communities, nations, and the world. Differences in these conditions lead to health inequities or the unfair and avoidable differences in health status seen within and between countries.

[Healthy People 2030external icon](#) includes SDOH among its leading health indicators. One of Healthy People 2030's five overarching goals is specifically related to SDOH: Create social, physical, and economic environments that promote attaining the full potential for health and well-being for all.

Through broader awareness of how to better incorporate SDOH throughout the multiple aspects of public health work and the [10 Essential Public Health Services](#), public health practitioners can transform and strengthen their capacity to advance health equity. Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health, such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.

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

Centers for Medicare & Medicaid Services Health Equity Domains

CMS' Hospital Commitment to Health Equity has introduced two equity-focused process measures in 2023: screening for Social Drivers of Health (SDOH-01) and Screen Positive Rate for Social Drivers of Health (SDOH-02). (Although these measures will not be required until 2024, it is highly recommended that hospitals begin tracking them in 2023.)

Domain 1: Equity as a Strategic Priority

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

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

Domain 2: Data Collection

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

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

Domain 3: Data Analysis

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

Domain 4: Quality Improvement

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

Domain 5: Leadership Engagement

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

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

Sources:

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

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

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

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

Element of Performance 1:

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

Element of Performance 2:

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

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

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

Element of Performance 3:

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

Element of Performance 4:

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

Element of Performance 5:

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

Element of Performance 6:

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

II. Methodology

b) Collaborating CHNA Parties

Working together to improve community health takes collaboration. Listed below is an in-depth profile of the local hospital and Health Department CHNA partners:

Meade District Hospital Profile

510 E. Carthage Street Meade, Kansas 67864

Administrator: Dawn Unruh

About: Artesian Valley Health System (AVHS) is a thriving healthcare facility comprising a 20-bed critical access hospital and three rural health clinics. We proudly serve patients from over eleven surrounding communities and provide various healthcare services, including emergency, inpatient, and outpatient care; laboratory including microbiology, imaging, physical therapy, wound care, cardiac rehab, cardiopulmonary, sleep disorders laboratory, specialty clinic, and more. Our surgery department provides general surgery, interventional pain management, radiofrequency ablation, and orthopedic. Our six providers provide family care in our Meade, Montezuma, and Plains Rural Health Clinics.

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

Vision Statement: Artesian Valley Health System will be a financially and operationally healthy organization that is the preferred choice for the communities we serve for where people recognize the hospital as their point of entry into the healthcare system.

Values: Honor, Courage, and Commitment

Meade District Hospital offers the following services to its community:

- 24-Hour Emergency Care
- Cardiac Rehabilitation
- Imaging Services
- Laboratory Services
- Pain Management
- Physical Therapy
- Sleep Disorders Lab
- Surgical Services
- Urology Telehealth Consults
- Wound Care

Meade County Health Department Profile

Address: 308 S. Webb St Meade, KS 67864

Phone: 620-873-8745

Hours: Mon.-Thurs: 7:30 am - 5:00 pm Friday: 8:00 am -12:00 pm

Administrator: Rachel Clowdis, RN

Mission: The Mission of Meade Co Health Department is to Prevent Disease, Promote Wellness and Protect the Health of the citizens of Meade County.

Offerings:

- Adult Health
- Breastfeeding
- Child Care / Day Care
- Child Health
- Flu Shots
- Foot Care for Seniors
- Healthy Start
- Health Fair
- HIPPA
- Immunizations
- Influenza
- Lab Services
- Learn & Play
- Mom's Group
- Prenatal & Postnatal Care
- See to Learn
- Senior Services
- SRS Access Point
- Take a Break, Read!
- Vaccinations
- WIC
- Women's Clinic

II. Methodology

b) Collaborating CHNA Parties Continued

Consultant Qualifications:

VVV Consultants LLC 601 N. Mahaffie, Olathe, KS 66061 (913) 302-7264

VVV Consultants LLC is an Olathe, KS based "boutique" healthcare consulting firm specializing in Strategy, Research and Business Development services. To date we have completed 83 unique community CHNA's in KS, MO, IA, NE and WI (references found on our website VandehaarMarketing.com)

Introduction: Who We Are Background and Experience



VVV Consultants LLC
601 N Mahaffie
Olathe, KS 66061

Core Values

Engaged
Reliable
Skilled ---
Innovative
Accountable



Vince Vandehaar, MBA – Principal

VVV Consultants LLC – start 1/1/09 *

- Adjunct Full Professor @ Avila & Webster Universities
- 40+ year veteran marketer, strategist and researcher
- Saint Luke's Health System, BCBS of KC,
- Tillinghast Towers Perrin, and Lutheran Mutual Life
- Hometown: Bondurant IA



Olivia G Hewitt BA– Associate Consultant

VVV Consultants LLC – May 2024

- > Emporia State University – Communications / Marketing
- > Hometown: Olathe, KS



Cassandra Kahl, BHS MHA– Director, Project Management

VVV Consultants LLC – Nov 2020

- > University of Kansas – Health Sciences
- > Park University - MHA
- > Hometown: Maple, WI

VVV Consultants LLC (EIN 27-0253774) began as "VVV Research & Development INC" in early 2009 and converted to an LLC on 12/24/12. Web: VandehaarMarketing.com

Our Mission: to research, facilitate, train, create processes to improve market performance, champion a turnaround, and uncover strategic "critical success" initiatives.

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

Our Values:

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

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

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

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

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

II. Methodology

c) CHNA and Town Hall Research Process

Round #5 Community Health Needs Assessment (CHNA) process began in March of 2025 for Meade District Hospital in Meade County, KS to meet Federal IRS CHNA requirements.

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

VVV CHNA Deliverables:

- Document Hospital Primary Service Area - meets the 80% Patient Origin Rule.
- Uncover / document basic secondary research county health data, organized by 10 tabs.
- Conduct / report CHNA Community Check-in Feedback Findings (primary research).
- Conduct a Town Hall meeting to discuss with community secondary & primary data findings leading to determining (prioritizing) county health needs.
- Prepare & publish CHNA report which meets ACA requirements.

To ensure proper PSA Town Hall representation (that meets the 80% Patient Origin Rule), a patient origin three-year summary was generated documenting patient draw by zips as seen below:

Source from KHA HIDI						
Meade District Hospital - Defined PSA				Overall (IP/ER/OP) YR22-24 Total=33,360		
#	ZIP	City	County	Total 3YR	%	ACCUM
1	67864	Meade	Meade	11,740	35.2%	35.2%
2	67867	Montezuma	Gray	4,842	14.5%	49.7%
3	67869	Plains	Meade	4,044	12.1%	61.8%
4	67844	Fowler	Meade	2,175	6.5%	68.3%
5	67801	Dodge City	Ford	1,536	4.6%	73.0%
6	67835	Cimarron	Gray	1,448	4.3%	77.3%
7	67901	Liberal	Seward	1,268	3.8%	81.1%
			Other Zips	6,307		

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

Phase I—Discovery:

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

Phase II—Qualify Community Need:

A) Conduct secondary research to uncover the following historical community health status for the primary service area. Use Kansas Hospital Association (KHA), Vital Statistics, Robert Wood Johnson County Health Rankings, etc. to document current state of county health organized as follows:

Health Indicators - Secondary Research
TAB 1. Demographic Profile
TAB 2. Economic Profile
TAB 3. Educational Profile
TAB 4. Maternal and Infant Health Profile
TAB 5. Hospital / Provider Profile
TAB 6. Behavioral / Mental Health Profile
TAB 7. High-Risk Indicators & Factors
TAB 8. Uninsured Profile
TAB 9. Mortality Profile
TAB 10. Preventative Quality Measures

Phase III—Quantify Community Need:


Conduct a 90-minute Town Hall meeting with required community primary service area residents. At each Town Hall meeting, CHNA secondary data will be reviewed, an evaluation of past CHNA needs actions taken, a facilitated group discussion will occur, and a group ranking activity to determine the most important community unmet health needs was administered.

Phase IV—Complete Data Analysis and Create Comprehensive Community Health Needs Assessment:

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

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

Meade District Hospital - Meade, KS VVV CHNA Round #5 Work Plan - Year 2025			
Project Timeline & Roles - Working Draft as of 9/10/25			
Step	Timeframe	Lead	Task
1	9/3/2024	VVV / Hosp	Meeting Leadership information regarding CHNA Round #5 for review.
2	9/6/2024	Hosp	Select/approve CHNA Wave #5 Option B - VVV quote—work to start 8/1/25.
3	4/7/2025	VVV	Hold Client Kick-off Meeting. Review CHNA process / timeline with leadership. Request KHA PO reports for FFY 21, 22 and 23 and hospital client to complete PSA IP/OP/ER/Clinic patient origin counts file (Use ZipPSA_3yrPOrigin.xls)
4	3/11/2025	VVV	Send out REQCommInvite Excel file. HOSP & HLTH Dept to fill in PSA Stakeholders Names /Address /Email
5	on or before 4/7/2025	VVV	Prepare CHNA Wave#5 Stakeholder Feedback "online link". Send link for hospital review.
6	April - June. 2025	VVV	Assemble & complete Secondary Research - Find / populate 10 TABS. Create Town Hall ppt for presentation.
7	5/1/2025	VVV / Hosp	Prepare/send out PR #1 story / E Mail Request announcing upcoming CHNA work to CEO to review/approve.
8	5/19/2025	Hosp	Place PR story to local media CHNA survey announcing "online CHNA Wave #5 feedback". Request public to participate. Send E Mail request to local stakeholders
9	5/19/2025	VVV	Launch / conduct online survey to stakeholders: Hospital will e-mail invite to participate to all stakeholders. Cut-off 6/19/2025 for Online Survey
10	on or before 6/1/25	VVV / Hosp	Prepare/send out PR #2 / E Mail#2 Request announcing upcoming CHNA work to CEO to review/approve.
11	6/19/2025	Hosp	Place PR #2 to local media CHNA survey announcing "online CHNA Wave #5 feedback". Request public to participate. Send E Mail #2 request to local stakeholders
12	By 7/14/2025	ALL	Conduct conference call (time TBD) with Hospital / Public HLTH to review Town Hall data / flow
13	Dinner Wednesday, July 16th 2025	VVV	Conduct CHNA Town Hall. 5pm-6:30pm Dinner. Review & Discuss Basic health data plus RANK Health Needs.
14	On or Before 10/15/2025	VVV	Complete Analysis - Release Draft 1- seek feedback from Leaders (Hospital & Health Dept.)
15	On or Before 10/31/2025	VVV	Produce & Release final CHNA report. Hospital will post CHNA online (website).
16	September 30th 2025	Both	Conduct Client Implementation Plan PSA Leadership meeting
17	On or Before 12/31/2025	Hosp	Hold Board Meetings discuss CHNA needs, create & adopt an implementation plan. Communicate CHNA plan to community.



2025 Community Health Needs Assessment
Meade District Hospital (Meade Co, KS)
Meade, KS Town Hall July 16, 2025

VVV Consultants LLC
Olathe, Kansas 66061

VandehaarMarketing.com
913-302-7264

1

CHNA Town Hall Team Tables

RSVP's Meade District Hospital CHNA Town Hall WED July 16th 2025 5-6:30pm.											
#	Table	Lead	Last	First	Organization	#	Table	Lead	Last	First	Organization
1	A	XX	Cloudis	Rachel	Meade County Health Department	13	D	XX	Brown	Sheila	Artesian Valley Health System
2	A		Head	Candice	Artesian Valley Health System	14	D		gomez	arismeldy	
3	A		Ramsey	Amanda	Lone Tree Retirement Community	15	D		Ross	Jo	Meade County Health Department
4	A		Unruh	Dawn	Artesian Valley Health System	16	D		Conley	Jenny	Lone Tree Retirement Community
5	B	XX	Antell	Shelly	Artesian Valley Health System	17	E	XX	Borse	Jamie	Meade County Economic Development
6	B		Torres-Pereda	Crystal	Artesian Valley Health System	18	E		Henson	Wadona	KSRE-Meade County
7	B		McAtzee	Cassie	CATCH - Meade Rec	19	E		Patterson	Wade	Artesian Valley Health System
8	B		Mittlieder	Cassy	Lone Tree Retirement Community	20	E		Gleason	Janet	City of Meade
9	C	XX	Dewell	Michele	Artesian Valley Health System	21	E		Marrs	Marshall	Marrs Dental
10	C		Friesen	Brad	Artesian Valley Health System	22	F	XX	Thornton	Shawn	Thornton Crop Consulting
11	C		Schewengerdt	Andrew	Artesian Valley Health System	23	F		Zimmerman	Amber	Meade USD 236
12	C		Sims	Shanna	Lone Tree Retirement Community	24	F		Cordes	Dean	City of Meade, Kansas
						25	F		Marrs	Sintia	Marrs Dental

2

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

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

3

Introduction: Who We Are

Background and Experience





Vince Vandehaar, MBA – Principal
VVV Consultants LLC (Olathe, KS) – start 1/1/09 *

- Adjunct Full Professor @ Avila & Webster Universities
- 35+ year veteran marketer, strategist and researcher
- Saint Luke's Health System, BCBS of KC,
- Tillinghast Towers Perrin, and Lutheran Mutual Life
- Hometown: Bondurant IA



Olivia G Hewitt BS – Associate Consultant
VVV Consultants LLC – May 2024

- Emporia University – BS Marketing
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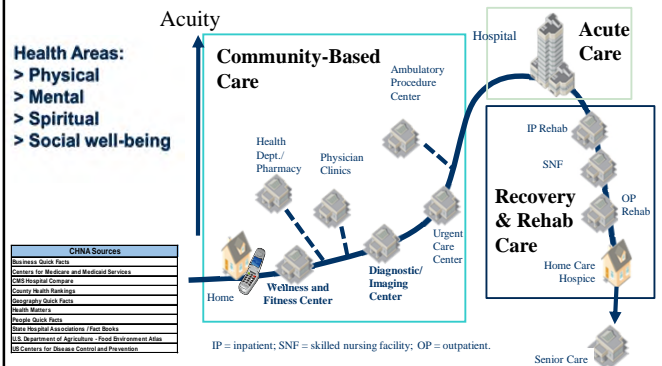
4

Town Hall Participation / Purpose & Parking Lot

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

6

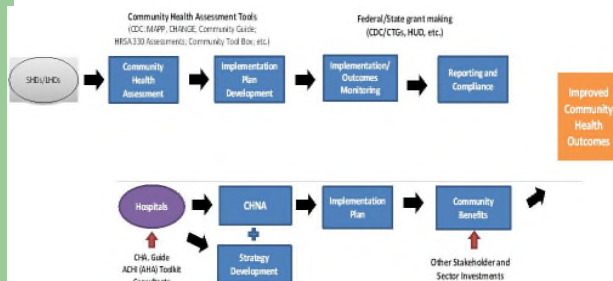
System of Care Delivery Birth to Grave (SG2)



7

Community Health Needs Assessment

Joint Process: Hospital & Local Health Providers



8

Meade District Hospital Define Service Area (Z=7)

Source from KHA HIDI						
Meade District Hospital - Defined PSA				Overall (IP/ER/OP) YR22-24 Total=33,360		
#	ZIP	City	County	Total 3YR	%	ACCUM
1	67864	Meade	Meade	11,740	35.2%	35.2%
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7	67901	Liberal	Seward	1,268	3.8%	81.1%
Other Zips				6,307		

9

A Conversation with the Community & Stakeholders

Community Stakeholder – An Inclusive Conversation

Consumers: Uninsured/underinsured people, Members of at-risk populations, Parents, caregivers and other consumers of health care in the community, and Consumer advocates.

Community leaders and groups: The hospital organization's board members, Local clergy and congregational leaders, Presidents or chairs of civic or service clubs -- Chamber of Commerce, veterans' organizations, Lions, Rotary, etc., Representatives from businesses -- owners/CEO's of large businesses (local or large corporations with local branches), Business people & merchants (e.g., who sell tobacco, alcohol, or other drugs), Representatives from organized labor, Political, appointed and elected officials, Foundations, United Way organizations. And other "community leaders."

Public and other organizations: Public health officials, Directors or staff of health and human service organizations, City/Community planners and development officials, Individuals with business and economic development experience, Welfare and social service agency staff, Housing advocates - administrators of housing programs: homeless shelters, low-income-family housing and senior housing, Education officials and staff - school superintendents, principals and teachers, Public safety officials, Staff from state and area agencies on aging, Law enforcement agencies - Chiefs of police, Local colleges and universities, Coalitions working on health or other issues.

Other providers: Physicians, Leaders in other not-for-profit health care organizations, such as hospitals, clinics, nursing homes and home-based and community-based services, Leaders from Catholic Charities and other faith-based service providers, Mental health providers, Oral health providers, Health insurers, Parish and congregational nursing programs, Other health professionals

10

II. Review of a CHNA

- **What is a Community Health Needs Assessment (CHNA)..?**
 - Systematic collection, assembly, analysis, and dissemination of information about the health of the community.
- **A CHNA's role is to....**
 - Identify factors that affect the health of a population and determine the availability of resources to adequately address those factors.
- **Purpose of a CHNA – Why Conduct One?**
 - Determine health-related trends and issues of the community
 - Understand / evaluate health delivery programs in place.
 - Meet Federal requirements – both local hospital and health department
 - Develop Implementation Plan strategies to address unmet health needs (4-6 weeks after Town Hall)

11

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

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

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Social Determinants of Health



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

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

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

13

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

Trends: **Good** **Same** **Poor**

Health Indicators - Secondary Research

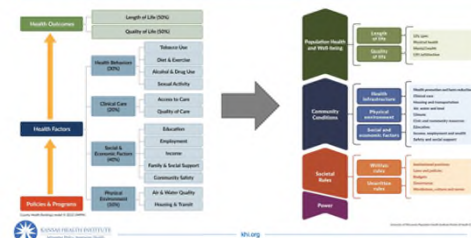
- TAB 1. Demographic Profile
- TAB 2. Economic Profile
- TAB 3. Educational Profile
- TAB 4. Maternal and Infant Health Profile
- TAB 5. Hospital / Provider Profile
- TAB 6. Behavioral / Mental Health Profile
- TAB 7. High-Risk Indicators & Factors
- TAB 8. Uninsured Profile
- TAB 9. Mortality Profile
- TAB 10. Preventative Quality Measures

14

County Health Rankings Scoring

Robert Wood Johnson Foundation and University of WI Health Institute

New County Health Rankings Model



Users of the 2024 RWJ report will find representation of county health has changed significantly. *Rather than a numerical ranking, each county in a state is represented by a dot, shaded a certain color and placed on a scale from least healthy to healthiest in the nation. The new visual tool then shows where one county falls on a "continuum" of health nationally, compared to the least healthy and most healthy counties, which are unnamed in the visualization.*

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IV. Community Health Conversation: Your Perspectives / Suggestions !

Tomorrow:

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

Today:

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

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Community Health Needs Assessment Round #5 Year 2025



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Thank You
Next Steps

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40

Data & Benchmarks Review

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

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

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

Community health assessment indicators should be.

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

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

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

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

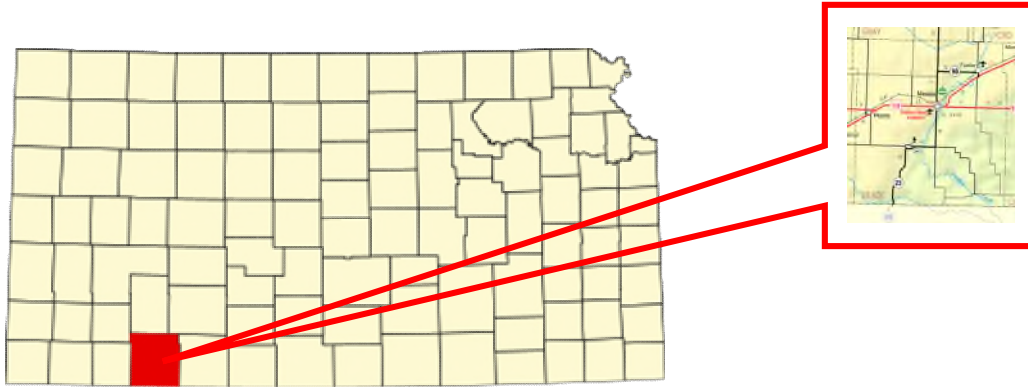
Sources of community-health level indicators:

- [County Health Rankings and Roadmaps](#)
The annual Rankings measure vital health factors, including high school graduation rates, obesity, smoking, unemployment, access to healthy foods, the quality of air and water, income inequality, and teen births in nearly every county in America. They provide a snapshot of how health is influenced by where we live, learn, work and play.
- [Prevention Status Reports \(PSRs\)](#)
The PSRs highlight—for all 50 states and the District of Columbia—the status of public health policies and practices designed to prevent or reduce important public health problems.
- [Behavioral Risk Factor Surveillance System](#)
The world's largest, ongoing telephone health survey system, tracking health conditions and risk behaviors in the United States yearly since 1984. Data is collected monthly in all 50 states, the District of Columbia, Puerto Rico, the US Virgin Islands, and Guam.
- The [Selected Metropolitan/ Micropolitan Area Risk Trends](#) project was an outgrowth of BRFSS from the increasing number of respondents who made it possible to produce prevalence estimates for smaller statistical areas.
- [CDC Wonder](#) Databases using a rich ad-hoc query system for the analysis of public health data. Reports and other query systems are also available.
- [Center for Applied Research and Engagement Systems external icon](#)
Create customized interactive maps from a wide range of economic, demographic, physical and cultural data. Access a suite of analysis tools and maps for specialized topics.
- [Community Commons external icon](#)
Interactive mapping, networking, and learning utility for the broad-based healthy, sustainable, and livable communities' movement.
- [Dartmouth Atlas of Health Care external icon](#)
Documented variations in how medical resources are distributed and used in the United States. Medicare data used to provide information and analysis about national, regional, and local markets, as well as hospitals and their affiliated physicians.
- [Disability and Health Data System](#)
Interactive system that quickly helps translate state-level, disability-specific data into valuable public health information.
- [Heart Disease and Stroke Prevention's Data Trends & Maps](#)
View health indicators related to heart disease and stroke prevention by location or health indicator.
- [National Health Indicators Warehouse external icon](#)
Indicators categorized by topic, geography, and initiative.
- [US Census Bureau external icon](#)
Key source for population, housing, economic, and geographic information.
- [US Food Environment Atlas external icon](#)
Assembled statistics on food environment indicators to stimulate research on the determinants of food choices and diet quality, and to provide a spatial overview of a community's ability to access healthy food and its success in doing so.
- [Centers for Medicare & Medicaid Services Research and Data Clearinghouse external icon](#)
Research, statistics, data, and systems.
- [Environmental Public Health Tracking Network](#)
System of integrated health, exposure, and hazard information and data from a variety of national, state, and city sources.
- [Health Research and Services Administration Data Warehouse external icon](#)
Research, statistics, data, and systems.
- [Healthy People 2030 Leading Health Indicators external icon](#)
Twenty-six leading health indicators are organized under 12 topics.
- [Kids Count external icon](#)
Profiles the status of children on a national and state-by-state basis and ranks states on 10 measures of well-being; includes a [mobile site external icon](#).
- [National Center for Health Statistics](#)
Statistical information to guide actions and policies.
- [Pregnancy Risk Assessment and Monitoring System](#)
State-specific, population-based data on maternal attitudes and experiences before, during, and shortly after pregnancy.
- [Web-based Injury Statistics Query and Reporting System \(WISQARS\)](#)
Interactive database system with customized reports of injury-related data.
- [Youth Risk Behavior Surveillance System](#)
Monitors six types of health-risk behaviors that contribute to the leading causes of death and disability among youth and adults.

II. Methodology

d) Community Profile (A Description of Community Served)

Meade County, Kansas Community Profile



The population of Meade County was estimated to be 4,055 as of the 2020 census, and a population density of about 4 persons per square mile. Meade County's major cities are Meade, Plains, and Fowler. Both U.S. Route 54 goes northeast and runs concurrent with Route 160. Kansas Highway Route 23 goes vertically through the middle of the county and connects to Routes 54 and 160 in Meade, KS.

In 1873, Meade County was established. The first permanent settlement in the county was established in 1878 at Meade City, 12 miles north of the city of Meade. Pearlette was settled shortly thereafter in 1879 by a company of sixteen families from Zanesville, Ohio led by John Jobling. The railroad first entered the country in 1887, ending a decade in which supplies had to be hauled from Dodge City.

Meade County (KS): Public Schools¹

Name	Level
Fowler Elem	Elementary
Fowler High	High
Meade Elem	Elementary
Meade High	High

¹ <https://kansas.hometownlocator.com/schools/sorted-by-county,n,meade.cfm>

Meade County (KS) - Detail Demographic Profile

ZIP	City	ST	County	Population			Households		HH Avg Size23	Per Capita23
				Year 2023	Year 2028	5yr CHG	Year 2023	Year 2028		
67844	Fowler	KS	MEADE	800	783	-2.1%	305	299	2.6	\$35,363
67864	Meade	KS	MEADE	1,852	1,796	-3.0%	777	762	2.3	\$39,422
67869	Plains	KS	MEADE	1,404	1,363	-2.9%	495	487	2.8	\$30,886
Totals				4,056	3,942	-2.7%	1,577	1,548	2.6	\$35,224

ZIP	City	ST	County	Population				Year 2020		Females
				Pop 21+	Pop. 65+	Kids<18	Gen Y	Males	Females	Age 20-35
67844	Fowler	KS	MEADE	583	164	202	198	415	385	124
67864	Meade	KS	MEADE	1368	420	471	410	964	888	282
67869	Plains	KS	MEADE	938	183	453	356	745	659	225
Totals				2,889	767	1,126	964	2,124	1,932	631

ZIP	City	ST	County	Population 2020				Year 2023		
				White%	Black%	Asian%	Hispan%	Housing Units	% Rentals	Soc Econ Index
67844	Fowler	KS	MEADE	82.3%	1.8%	0.0%	17.0%	392	28%	49
67864	Meade	KS	MEADE	85.2%	1.1%	0.7%	10.9%	936	24%	61
67869	Plains	KS	MEADE	69.1%	0.2%	0.1%	36.8%	600	18%	49
Totals				78.8%	1.0%	0.3%	21.6%	1,928	23.6%	53

Source: ERSA Demographics 2023

III. Community Health Status

[VVV Consultants LLC]

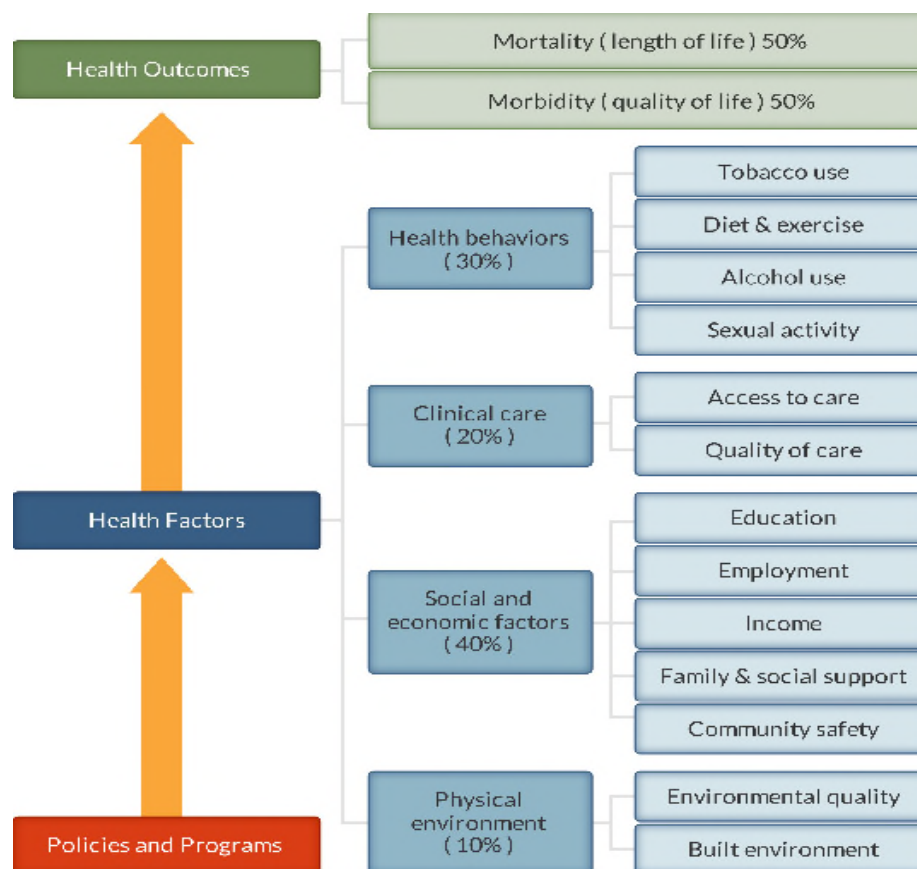
III. Community Health Status

a) Historical Health Statistics- Secondary Research

Health Status Profile

This section of the CHNA reviews published quantitative community health indicators from public health sources and results of community primary research. To produce this profile, VVV Consultants LLC staff analyzed & trended data from multiple sources. This analysis focuses on a set of published health indicators organized by ten areas of focus (10 TABS), results from the 2020 RWJ County Health Rankings and conversations from Town Hall participates. Each table published reflects a Trend column, with GREEN denoting growing/high performance indicators, YELLOW denoting minimal change/average performance indicators and RED denoting declining/low performance indicators.

Note: The Robert Wood Johnson Foundation collaborates with the University of Wisconsin Population Health Institute to release annual *County Health Rankings*. As seen below, RWJ's model uses a number of health factors to rank each county.



County Health Rankings model ©2012 UWPHI

National Research – Year 2023 RWJ Health Rankings:

#	2023 KS Rankings - 105 Counties	Definitions	Meade Co KS	Trend	NECKS Norm (N=12)
1	Health Outcomes		101		70
	Mortality	Length of Life	102		60
	Morbidity	Quality of Life	94		68
2	Health Factors		71		71
	Health Behaviors	Tobacco Use, Diet/Exercise, Alcohol Use, Sexual Activity	63		65
	Clinical Care	Access to care / Quality of Care	103		70
	Social & Economic Factors	Education, Employment, Income, Family/Social Support, Community Safety	61		69
3	Physical Environment	Environmental quality	15		53
NECKS Counties: Anderson, Atchison, Brown, Chase, Coffey, Doniphan, Franklin, Greenwood, Jackson, Jefferson, Linn, Lyon, Miami, Marshall, Morris, Nemaha, Osage, Pottawatomie, Riley, and Wabaunese					
http://www.countyhealthrankings.org , released 2023					

PSA Secondary Research:

When studying community health, it is important to document health data by topical areas for primary service area (PSA). Below is a summary of key findings organized by subject area.

Note: Each Tab has been trended to reflect County trends to NORM.

Health Indicators - Secondary Research
TAB 1. Demographic Profile
TAB 2. Economic Profile
TAB 3. Educational Profile
TAB 4. Maternal and Infant Health Profile
TAB 5. Hospital / Provider Profile
TAB 6. Behavioral / Mental Health Profile
TAB 7. High-Risk Indicators & Factors
TAB 8. Uninsured Profile
TAB 9. Mortality Profile
TAB 10. Preventative Quality Measures

Tab 1: Demographic Profile

Understanding population and household make-up is vital to start CHNA evaluation.

1	Population Health Indicators	Meade Co KS 2025	Trend	State of KS	SKS Rural Norm (N=23)	Source
a	Population estimates, July 2023	3,911		2,936,716	10,792	People Quick Facts
b	Persons under 5 years, percent, 2020-2022	6.6%		6.0%	6.2%	People Quick Facts
c	Persons 65 years and over, percent, 2020-2022	18.5%		17.2%	20.1%	People Quick Facts
d	Female persons, percent, 2020-2022	48.0%		49.8%	49.5%	People Quick Facts
e	White alone, percent, 2020-2022	93.6%		85.9%	91.9%	People Quick Facts
f	Black or African American alone, percent, 2020-2022	2.3%		6.2%	1.8%	People Quick Facts
g	Hispanic or Latino, percent, 2020-2022	21.2%		13.0%	19.9%	People Quick Facts
h	Language other than English spoken at home, percent of persons age 5 years+, 2019-2023	21.2%		11.8%	16.1%	People Quick Facts
i	Living in same house 1 year ago, percent of persons age 1 year+, 2019-2023	82.6%		84.4%	88.8%	People Quick Facts
j	Children in single-parent households, percent, 2018-2022	19.5%		21.0%	16.9%	County Health Rankings
k	Veterans, 2019-2023	175		163,472	485	People Quick Facts

Tab 2: Economic Profile

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

2	Economic - Health Indicators	Meade Co KS 2025	Trend	State of KS	SKS Rural Norm (N=23)	Source
a	Per capita income in past 12 months, 2019-2023	\$44,359		\$38,108	\$32,779	People Quick Facts
b	Persons in poverty, percent, 2021-2023	9.6%		12.0%	12.6%	People Quick Facts
c	Total Housing units, 2023	1,902		1,292,622	5,002	People Quick Facts
d	Persons per household, 2019-2023	2.6		2.5	2.5	People Quick Facts
e	Severe housing problems, percent, 2016-2020	5.5%		12.3%	10.0%	County Health Rankings
f	Total employer establishments, 2022	120		75,057	273	Business Quick Facts
g	Unemployment, percent, 2022	1.9%		2.7%	2.4%	County Health Rankings
h	Food insecurity, percent, 2021	7.0%		9.9%	9.7%	County Health Rankings
i	Limited access to healthy foods, percent, 2019	16.5%		8.4%	10.9%	County Health Rankings
j	Long commute - driving alone, percent, 2018-2022	17.1%		21.6%	21.5%	County Health Rankings
k	Community Spend on Food, 2024 *SDOH	13.4%		12.7%	13.7%	Kansas Health Matters
l	Community Spend on Transportation, 2024	21.3%		18.1%	20.2%	Kansas Health Matters
m	Households With Internet Sub (2019-2023) *SDOH	86.4%		86.7%	85.5%	Kansas Health Matters
n	Student Loan Spending-to-Income, 2024 *SDOH	4.1%		4.6%	4.8%	Kansas Health Matters

****New Social Determinant Data Resources**

Tab 3: Educational Profile

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

3	Education - Health Indicators	Meade Co KS 2025	Trend	State of KS	SKS Rural Norm (N=23)	Source
a	Children eligible for free or reduced price lunch, percent, 2021-2022	53.4%		48.0%	51.2%	County Health Rankings
b	High school graduate or higher, percent of persons age 25 years+, 2019-2023	84.6%		91.0%	86.3%	People Quick Facts
c	Bachelor's degree or higher, percent of persons age 25 years+, 2019-2023	22.8%		34.7%	22.4%	People Quick Facts

School District within Meade Co KS		Year 2024	Year 2024
#	School Health Indicators	USD 226	USD 225
1	Total # Public School Nurses	1 - As needed	1 - As needed
2	School nurse is part of the IEP team	No	No
3	School Wellness Plan in place	Yes	Unsure
4	VISION: # Screened / Referred to Prof / Seen by Prof	193/17/unknown	53/6/unknown
5	HEARING: # Screened / Referred to Prof / Seen by Prof	193/3/3	53/0
6	ORAL HEALTH: # Screened / Referred / Seen by Prof	326/13/unknown (20:0)	Data unavailable
7	SCOLIOSIS: # Screened / Referred / Seen by Prof	N/a	N/A
8	Students No identified chronic health concerns	Yes	Yes
9	School has a Suicide Prevention Program	Second Steps taught K-8; mandatory teacher training annually.	Unsure
10	Compliance on required vaccinations	87%	10.84% (51 total 43 UTD, 3 not UTD, 5 exemptions)

Tab 4: Maternal / Infant Profile

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

4	Maternal/Infant - Health Indicators (Access/Quality)	Meade Co KS 2025	Trend	State of KS	SKS Rural Norm (N=23)	Source
a	Percent of Births Where Prenatal Care began in First Trimester, 2021-2023	79.3%		81.3%	76.1%	Kansas Health Matters
b	Percentage of Premature Births, 2021-2023	11.0%		9.1%	9.4%	Kansas Health Matters
c	Percent of Infants up to 24 months that received full Immunizations, 2017-2018	77.1%		69.2%	68.3%	Kansas Health Matters
d	Percent of Births with Low Birth Weight, 2021-2023	6.6%		7.3%	7.7%	Kansas Health Matters
e	Percent of all Births Occurring to Teens (15-19), 2021-2023	NA		5.5%	6.9%	Kansas Health Matters
f	Percent of births Where Mother Smoked During Pregnancy, 2020-2022	NA		10.0%	8.7%	Kansas Health Matters
g	Child Care Centers per 1,000 Children, 2010-22**	3.4		7.0	7.0	County Health Rankings

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

#	Criteria - Vital Statistics Rate per 1,000	Meade Co. 2025	Trend	Kansas
a	Total Live Births, 2017	10.2		12.5
b	Total Live Births, 2018	13.5		12.5
c	Total Live Births, 2019	15.1		12.1
d	Total Live Births, 2020	14.1		11.8
e	Total Live Births, 2021	12.2		11.8
f	Total Live Births, 2017-2021 - 5 year Rate (%)	13.0%		12.7%

Tab 5: Hospitalization and Provider Profile

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

5	Hospital/Provider - Health Indicators (Access/Quality)	Meade Co KS 2025	Trend	State of KS	SKS Rural Norm (N=23)	Source
a	Primary Care Physicians (Pop Coverage per MDs & DOs) - No extenders Included, 2021	NA		1285:1	1918:1	County Health Rankings
b	Preventable hospital rate per 100,000, 2021 (lower the better)	3,878		2,576	2,532	County Health Rankings
c	Patients Who Gave Their Hospital a Rating of 9 or 10 on a Scale from 0 (Lowest) to 10 (Highest)	85%		78%	77%	CMS Hospital Compare, Latest Release
d	Patients Who Reported Yes, They Would Definitely Recommend the Hospital	85%		77%	73%	CMS Hospital Compare, Latest Release
e	Average (Median) time patients spent in the emergency department, before leaving from the visit (mins)	126		112	106	CMS Hospital Compare, Latest Release

Source: Internal Records - Meade KS		
Community Contributions - Local Health Dept Operations		YR 2024
1	Adult Health services: Blood pressures/dressing changes/ ear washes/labs	133
2	Child Health (insurance and no-insurance)	62
3	Footcare (Seniors)	59
4	Immunizations/Vaccine ##	986
5	Family Planning Services	96
6	WIC Administration	126

Tab 6: Behavioral / Mental Health Profile

Behavioral healthcare provides another important indicator of community health status.

6	Mental - Health Indicators	Meade Co KS 2025	Trend	State of KS	SKS Rural Norm (N=23)	Source
a	Adults Ever Diagnosed with Depression, 2022	18%		NA	19.4%	Kansas Health Matters
b	Age-adjusted Suicide Mortality Rate per 100,000 population, 2020-2022	18.2		18.7	18.8	Kansas Health Matters
c	Mental Behavioral Hospital Admission Rates per 100,000, 2018-2020	48.4		75.1	50.1	Kansas Health Matters
d	Average Number of mentally unhealthy days, 2021	4.6		5.0	4.9	County Health Rankings

****New Social Determinant Data Resources**

CDC - 2023 U.S. County Opioid Dispensing			
State	County	FIPS	Opioid Dispensing Rate per 100
KS	Meade County	20119	66.3
	KS Average 2023		41.3
Source: U.S. County Opioid Dispensing Rates, 2023 Drug Overdose CDC Injury Center			

Tab 7a: Risk Indicators & Factors Profile

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

7a	High-Risk - Health Indicators	Meade Co KS 2025	Trend	State of KS	SKS Rural Norm (N=23)	Source
a	Adult obesity, percent, 2021	38.1%		36.7%	40.6%	County Health Rankings
b	Adult smoking, percent, 2021	16.2%		16.4%	19.0%	County Health Rankings
c	Excessive drinking, percent, 2021	17.5%		20.3%	17.3%	County Health Rankings
d	Physical inactivity, percent, 2021	24.2%		22.8%	28.2%	County Health Rankings
e	Sexually transmitted infections (chlamydia), rate per 100,000 - 2021	199		506	323	County Health Rankings

Tab 7b: Chronic Risk Profile

7b	Chronic - Health Indicators *New SDOH	Meade Co KS 2025	Trend	State of KS	SKS Rural Norm (N=23)	Source
a	Age-Adjusted Prevalence of Arthritis Among Adults >=18 ,2021	23.0%		23.1%	24.3%	ephtracking.cdc.gov
b	Age-Adjusted Prevalence of Current Asthma Among Adults >=18 ,2021	9.9%		9.5%	10.3%	ephtracking.cdc.gov
c	Age-Adjusted Prevalence of Diagnosed Diabetes Among Adults >=18 ,2021	8.9%		8.7%	10.7%	ephtracking.cdc.gov
d	Age-Adjusted Prevalence of Chronic Kidney Disease Among Adults >=18 ,2021	2.5%		2.7%	2.9%	ephtracking.cdc.gov
e	Age-Adjusted Prevalence of COPD Among Adults >=18 ,2021	5.7%		6.4%	6.8%	ephtracking.cdc.gov
f	Age-Adjusted Prevalence of Coronary Heart Disease Among Adults >=18 ,2021	5.2%		5.2%	6.0%	ephtracking.cdc.gov
g	Age-Adjusted Prevalence of Cancer Among Adults >=18 ,2021	6.4%		6.4%	6.2%	ephtracking.cdc.gov
i	Age-Adjusted Prevalence of Stroke Among Adults >=18 ,2021	2.5%		2.7%	2.9%	ephtracking.cdc.gov

**New Social Determinant Data Resources

Tab 8: Uninsured Profile and Community Benefit

Based on state estimations, the number of insured is documented below. Also, the amount of charity care (last three years of free care) from area providers is trended below.

8	Insurance Coverage - Health Indicators	Meade Co KS 2025	Trend	State of KS	SKS Rural Norm (N=23)	Source
a	Uninsured, percent, 2020	12.0%		13.4%	17.9%	County Health Rankings
b	Persons With Health Insurance, 2021 *SDOH	91.0%		89.1%	86.5%	Kansas Health Matters
c	Kansas Medical Assistance Programs - Adults per 1,000 (ages 20-64), 2022 *SDOH	141		99	121	Kansas Health Matters

**New Social Determinant Data Resources

	Meade District Hospital 2025	YR 2022	YR 2023	YR 2024
1	Charity Care	\$36,670	\$13,820	\$58,295
2	Bad Debt Writeoffs	\$431,685	\$418,865	\$318,847

Tab 9: Mortality Profile

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

9	Mortality - Health Indicators	Meade Co KS 2025	Trend	State of KS	SKS Rural Norm (N=23)	Source
a	Life Expectancy, 2018 - 2020	72.4		77.0	75.0	Kansas Health Matters
b	Age-adjusted Cancer Mortality Rate per 100,000 population, 2018-2020 (lower is better)	107.3		151.4	162.2	Kansas Health Matters
c	Age-adjusted Heart Disease Mortality Rate per 100,000 population, 2018-2020 (lower is better)	117.8		162.0	182.9	Kansas Health Matters
d	Age-adjusted Chronic Lower Respiratory Disease Mortality Rate per 100,000, 2018-2020 (Lower is better)	38.1		47.1	42.4	Kansas Health Matters
e	Alcohol-impaired driving deaths, percent, 2016-2020	20.0%		19.9%	14.3%	County Health Rankings

Causes of Death by County of Residence, 2018-2022	Meade Co. 2025	%	Trend	Kansas	Kansas %
TOTAL (All Causes)	42			27,312	
Cancer	9	21.4%		5,537	20.3%
Suicide & Self-Inflicted Injury	7	16.7%		6,058	22.2%
Diabetes	7	16.7%		3,085	11.3%
Chronic Lower Respiratory Disease	5	11.9%		5,520	20.2%
Kidney disease	4	9.5%		1,774	6.5%
Alzheimer's disease	4	9.5%		1,283	4.7%
Heart disease	3	7.1%		3,603	13.2%
Pneumonia	1	2.4%		879	3.2%

Tab 10: Preventive Quality Measures Profile

The following table reflects future health of the county. This information also is an indicator of community awareness of preventative measures.

10	Preventative - Health Indicators	Meade Co KS 2025	Trend	State of KS	SKS Rural Norm (N=23)	Source
a	Access to exercise opportunities, percent, 2020 & 2022	45.1%		79.9%	60.9%	County Health Rankings
b	Age-Adjusted Prevalence of Hearing Disability Among Adults >=18, 2021	6.3%		6.9%	7.1%	ephtracking.cdc.gov
c	Age-Adjusted Prevalence of High Chloesterol Among Adults >=18 ,2021(Screened in the last 5 years)	31.1%		32.7%	32.8%	ephtracking.cdc.gov
d	Age-Adjusted Prevalence of High Blood Pressue Among Adults >=18 ,2021	30.0%		32.2%	32.7%	ephtracking.cdc.gov
e	Mammography annual screening, percent, 2017	54.0%		48.0%	34.8%	County Health Rankings
f	Age-Adjusted Prevalence of Visits to Doctor for Routine Check-Up Among Adults >=18 ,2022	78.0%		45.0%	76.3%	Kansas Health Matters
g	Age-Adjusted Prevalence of Visits to the Dentist Among Adults >=18 ,2022	66.1%		63.0%	62.0%	Kansas Health Matters
h	Percent Annual Check-Up Visit with Eye Doctor	TBD		TBD	TBD	TBD

****New Social Determinant Data Resources**

PSA Primary Research:

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

Chart #1 – Meade County, KS PSA Online Feedback Response (N=136)

Meade Co KS - CHNA YR 2025 N=136			
For reporting purposes, are you involved in or are you a ...? (Check all that apply)	Meade Co KS N=136	Trend	*Round #5 Norms N=8,289
Business/Merchant	14.6%		10.1%
Community Board Member	6.8%		8.8%
Case Manager/Discharge Planner	0.0%		1.0%
Clergy	1.5%		1.3%
College/University	1.5%		3.1%
Consumer Advocate	2.4%		2.0%
Dentist/Eye Doctor/Chiropractor	1.0%		0.8%
Elected Official - City/County	1.5%		1.9%
EMS/Emergency	2.9%		2.4%
Farmer/Rancher	10.2%		8.2%
Hospital	13.7%		20.3%
Health Department	1.0%		1.4%
Housing/Builder	0.5%		0.7%
Insurance	0.5%		1.2%
Labor	3.4%		3.1%
Law Enforcement	0.5%		0.9%
Mental Health	0.5%		2.5%
Other Health Professional	7.3%		12.1%
Parent/Caregiver	18.5%		17.0%
Pharmacy/Clinic	2.0%		2.3%
Media (Paper/TV/Radio)	0.0%		0.4%
Senior Care	3.9%		3.7%
Teacher/School Admin	2.4%		7.4%
Veteran	3.4%		3.0%
TOTAL	121		6,553
*Norms: IA Counties: Carroll, Page, Sac Mo Counties: Atchison, Holt, Harrison, Clinton, Caldwell, DeKalb, Daviess, Boone KS Counties: Ellis, Pawnee, Russell, Sheridan, Smith, Thomas, Trego, Barton, Norton, Decatur, Harper, Pratt, Nemaha, Miami, Johnson, Edwards, Kiowa, Jackson, Ellsworth, Republic, Meade, Atchison, Brown WI County: Richland NE Counties: Furnas, Custer			

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

Quality of Healthcare Delivery Community Rating

Meade Co KS - CHNA YR 2025 N=136			
How would you rate the "Overall Quality" of healthcare delivery in our community?	Meade Co KS N=136	Trend	*Round #5 Norms N=8,289
Top Box %	25.2%		26.5%
Top 2 Boxes %	65.9%		69.8%
Very Good	25.2%		26.5%
Good	40.7%		43.3%
Average	26.7%		23.9%
Poor	5.9%		5.1%
Very Poor	1.5%		1.2%
Valid N	135		8,260
*Norms: IA Counties: Carroll, Page, Sac Mo Counties: Atchison, Holt, Harrison, Clinton, Caldwell, DeKalb, Daviess, Boone KS Counties: Ellis, Pawnee, Russell, Sheridan, Smith, Thomas, Trego, Barton, Norton, Decatur, Harper, Pratt, Nemaha, Miami, Johnson, Edwards, Kiowa, Jackson, Ellsworth, Republic, Meade, Atchison, Brown WI County: Richland NE Counties: Furnas, Custer			

Re-evaluate Past Community Health Needs Assessment Needs

Meade Co KS - CHNA YR 2025 N=136					
Past CHNA Unmet Needs Identified			Ongoing Problem		Pressing
Rank	Ongoing Problem	Votes	%	Trend	Rank
1	Mental Health Needs for Teens and Adults	56	17.9%		1
2	Physician recruitment	51	16.3%		2
3	Illegal Substance Abuse	35	11.2%		3
4	Obesity in Adults	33	10.5%		5
5	Vaping Among Teenagers	30	9.6%		4
6	Lack of Health Knowledge/Education	25	8.0%		7
7	Wellness center	24	7.7%		6
8	Community involvement	21	6.7%		10
9	Physical Inactivity	20	6.4%		8
10	Health education	18	5.8%		9
Totals		313	100.0%		

Community Health Needs Assessment “Causes of Poor Health”

Meade Co KS - CHNA YR 2025 N=136			
In your opinion, what are the root causes of "poor health" in our community? Please select top three.	Meade Co KS N=136	Trend	*Round #5 Norms N=8,289
Chronic Disease Management	8.8%		8.6%
Lack of Health & Wellness	11.6%		11.7%
Lack of Nutrition / Access to Healthy Foods	7.6%		10.7%
Lack of Exercise	12.9%		14.0%
Limited Access to Primary Care	5.6%		5.4%
Limited Access to Specialty Care	10.0%		5.9%
Limited Access to Mental Health	16.9%		14.7%
Family Assistance Programs	3.2%		4.7%
Lack of Health Insurance	9.2%		12.0%
Neglect	6.8%		8.6%
Lack of Transportation	7.2%		5.0%
Total Votes	249		15,621
*Norms: IA Counties: Carroll, Page, Sac Mo Counties: Atchison, Holt, Harrison, Clinton, Caldwell, DeKalb, Daviess, Boone KS Counties: Ellis, Pawnee, Russell, Sheridan, Smith, Thomas, Trego, Barton, Norton, Decatur, Harper, Pratt, Nemaha, Miami, Johnson, Edwards, Kiowa, Jackson, Ellsworth, Republic, Meade, Atchison, Brown WI County: Richland NE Counties: Furnas, Custer			

Community Rating of HC Delivery Services (Perceptions)

Meade Co KS - CHNA YR 2025 N=136	Meade Co KS N=136			*Round #5 Norms N=8,289	
How would our community rate each of the following?	Top 2 boxes	Bottom 2 boxes	Trend	Top 2 boxes	Bottom 2 boxes
Ambulance Services	60%	14.7%		82.4%	3.5%
Child Care	33%	29.0%		40.6%	21.1%
Chiropractors	80%	3.0%		71.3%	6.7%
Dentists	54%	13.1%		63.9%	13.9%
Emergency Room	73%	4.0%		73.4%	7.8%
Eye Doctor/Optomtrist	9%	83.5%		70.6%	9.8%
Family Planning Services	23%	31.8%		45.9%	16.5%
Home Health	45%	17.9%		57.4%	10.9%
Hospice/Palliative	54%	15.6%		65.4%	7.8%
Telehealth	37%	23.6%		51.3%	12.6%
Inpatient Hospital Services	73%	4.1%		75.4%	5.8%
Mental Health Services	20%	60.0%		35.2%	29.4%
Nursing Home/Senior Living	66%	6.2%		48.4%	18.1%
Outpatient Hospital Services	79%	4.1%		74.8%	5.2%
Pharmacy	74%	11.1%		82.9%	3.2%
Primary Care	81%	3.0%		76.8%	6.4%
Public Health	73%	5.2%		62.4%	8.8%
School Health	40%	21.3%		58.9%	8.3%
Visiting Specialists	56%	8.5%		68.0%	7.1%
*Norms: IA Counties: Carroll, Page, Sac Mo Counties: Atchison, Holt, Harrison, Clinton, Caldwell, DeKalb, Daviess, Boone KS Counties: Ellis, Pawnee, Russell, Sheridan, Smith, Thomas, Trego, Barton, Norton, Decatur, Harper, Pratt, Nemaha, Miami, Johnson, Edwards, Kiowa, Jackson, Ellsworth, Republic, Meade, Atchison, Brown WI County: Richland NE Counties: Furnas, Custer					

Community Health Readiness

Meade Co KS - CHNA YR 2025 N=136		% Bottom 2 Boxes (Lower is better)	
Community Health Readiness is vital. How would you rate each? (% Poor / Very Poor)	Meade Co KS N=136	Trend	*Round #5 Norms N=8,289
Behavioral/Mental Health	57.8%		32.1%
Emergency Preparedness	10.8%		7.4%
Food and Nutrition Services/Education	21.0%		16.4%
Health Wellness Screenings/Education	12.3%		10.1%
Prenatal/Child Health Programs	24.4%		13.3%
Substance Use/Prevention	55.7%		33.2%
Suicide Prevention	60.3%		34.5%
Violence/Abuse Prevention	52.6%		32.7%
Women's Wellness Programs	38.8%		18.4%
Exercise Facilities / Walking Trails etc.	28.4%		15.4%

Healthcare Delivery "Outside our Community"

Specialties:

Meade Co KS - CHNA YR 2025 N=136			
In the past 2 years, did you or someone you know receive HC outside of our community?	Meade Co KS N=136	Trend	*Round #5 Norms N=8,289
Yes	82.5%		69.1%
No	17.5%		30.9%

SPEC	CTS
DENT	8
ORTH	6
CARD	5
SPEC	4
OBG	3

Access to Providers / Staff in our Community

Meade Co KS - CHNA YR 2025 N=136			
Access to care is vital. Are there enough providers / staff available at the right times to care for you and our community?	Meade Co KS N=136	Trend	*Round #5 Norms N=8,289
Yes	49.3%		55.8%
No	50.7%		44.2%

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

Meade Co KS - CHNA YR 2025 N=136			
What needs to be discussed further at our CHNA Town Hall meeting? Top 3	Meade Co KS N=136	Trend	*Round #5 Norms N=8,289
Abuse/Violence	3.4%		3.9%
Access to Health Education	2.9%		3.5%
Alcohol	4.5%		3.6%
Alternative Medicine	4.4%		3.7%
Behavioral/Mental Health	8.2%		9.1%
Breastfeeding Friendly Workplace	1.0%		1.2%
Cancer	2.2%		2.6%
Care Coordination	2.3%		3.2%
Diabetes	3.3%		2.7%
Drugs/Substance Abuse	4.7%		6.6%
Family Planning	2.7%		2.1%
Health Literacy	2.3%		3.2%
Heart Disease	1.5%		1.6%
Housing	5.1%		5.9%
Lack of Providers/Qualified Staff	6.4%		5.0%
Lead Exposure	0.4%		0.5%
Neglect	1.8%		2.0%
Nutrition	5.3%		4.6%
Obesity	5.9%		5.6%
Occupational Medicine	0.7%		0.6%
Ozone (Air)	1.2%		0.5%
Physical Exercise	4.5%		5.0%
Poverty	2.4%		4.8%
Preventative Health/Wellness	4.5%		5.6%
Sexually Transmitted Diseases	1.2%		1.5%
Suicide	6.2%		6.0%
Teen Pregnancy	1.7%		1.7%
Telehealth	2.5%		2.1%
Tobacco Use	0.8%		2.0%
Transportation	3.0%		3.1%
Vaccinations	1.9%		2.2%
Water Quality	1.1%		2.6%
TOTAL Votes	397		24,430
*Norms: IA Counties: Carroll, Page, Sac Mo Counties: Atchison, Holt, Harrison, Clinton, Caldwell, DeKalb, Daviess, Boone KS Counties: Ellis, Pawnee, Russell, Sheridan, Smith, Thomas, Trego, Barton, Norton, Decatur, Harper, Pratt, Nemaha, Miami, Johnson, Edwards, Kiowa, Jackson, Ellsworth, Republic, Meade, Atchison, Brown WI County: Richland NE Counties: Furnas, Custer			

IV. Inventory of Community Health Resources

[VVV Consultants LLC]

YR 2025 - Inventory of Health Services - Meade Co, KS				
Cat	HC Services Offered in county: Yes / No	Hospital	HLTH Dept	Other
Clinic	Primary Care	Yes	Yes (FP)	
Hosp	Alzheimer Center	No		Yes
Hosp	Ambulatory Surgery Centers	No		
Hosp	Arthritis Treatment Center	No		
Hosp	Bariatric/weight control services	No		
Hosp	Birthing/LDR/LDRP Room	No		
Hosp	Breast Cancer	No		
Hosp	Burn Care	No		
Hosp	Cardiac Rehabilitation	Yes		
Hosp	Cardiac Surgery	No		
Hosp	Cardiology services	Yes		Yes
Hosp	Case Management	Yes	Yes DOH Clients	
Hosp	Chaplaincy/pastoral care services	Yes		Yes
Hosp	Chemotherapy	No		
Hosp	Colonoscopy	Yes		
Hosp	Crisis Prevention	No		
Hosp	CTScanner	Yes		
Hosp	Diagnostic Radioisotope Facility	No		
Hosp	Diagnostic/Invasive Catheterization	No		
Hosp	Electron Beam Computed Tomography (EBCT)	No		
Hosp	Enrollment Assistance Services	No	Yes DOH Clients	
Hosp	Extracorporeal Shock Wave Lithotripter (ESWL)	No		
Hosp	Fertility Clinic	No		
Hosp	FullField Digital Mammography (FFDM)	No		
Hosp	Genetic Testing/Counseling	No		
Hosp	Geriatric Services	No		
Hosp	Heart	No		Yes
Hosp	Hemodialysis	No		
Hosp	HIV/AIDS Services - Testing/Education/Referral	No	Yes -	
Hosp	Image-Guided Radiation Therapy (IGRT)	No		
Hosp	Inpatient Acute Care - Hospital services	Yes		
Hosp	Intensity-Modulated Radiation Therapy (IMRT) 161	No		
Hosp	Intensive Care Unit	No		
Hosp	Intermediate Care Unit	No		Yes
Hosp	Interventional Cardiac Catheterization	No		
Hosp	Isolation room	Yes		
Hosp	Kidney	No		Yes
Hosp	Liver	No		
Hosp	Lung	No		Yes
Hosp	MagneticResonance Imaging (MRI)	Yes		
Hosp	Mammograms 3D	No		
Hosp	Mobile Health Services	No		
Hosp	Multislice Spiral Computed Tomography (<64 slice CT)	Yes		
Hosp	Multislice Spiral Computed Tomography (>64+ slice CT)	No		
Hosp	Neonatal	No		
Hosp	Neurological services	No		
Hosp	Obstetrics	No		Yes
Hosp	Occupational Health Services	No		
Hosp	Oncology Services	No		Yes
Hosp	Orthopedic services	Yes		Yes
Hosp	Outpatient Surgery	Yes		

YR 2025 - Inventory of Health Services - Meade Co, KS				
Cat	HC Services Offered in county: Yes / No	Hospital	HLTH Dept	Other
Hosp	Pain Management	Yes		
Hosp	Palliative Care Program	No		
Hosp	Pediatric	No		
Hosp	Physical Rehabilitation	Yes		Yes
Hosp	Positron Emission Tomography (PET)	No		
Hosp	Positron Emission Tomography/CT (PET/CT)	No		
Hosp	Psychiatric Services	No		Yes
Hosp	Radiology, Diagnostic	Yes		
Hosp	Radiology, Therapeutic	No		
Hosp	Reproductive Health (Pre-conception counseling/ED)	No	Yes	
Hosp	Robotic Surgery	No		
Hosp	Shaped Beam Radiation System 161	No		
Hosp	Single Photon Emission Computerized Tomography (SPECT)	No		
Hosp	Sleep Center	Yes		
Hosp	Social Work Services	No	Yes DOH Clients	
Hosp	Sports Medicine	Yes		Yes
Hosp	Stereotactic Radiosurgery	No		
Hosp	Swing Bed Services	Yes		
Hosp	Transplant Services	No		
Hosp	Trauma Center	No		
Hosp	Ultrasound	Yes		
Hosp	Women's Health Services	No	Yes	Yes
Hosp	Wound Care	Yes		
SR	Adult Day Care Program	No		Yes
SR	Assisted Living	No		Yes
SR	Home Health Services	No		Yes
SR	Hospice/Respite Care	No		Yes
SR	LongTerm Care	No		Yes
SR	Nursing Home Services	No		Yes
SR	Retirement Housing	No		Yes
SR	Skilled Nursing Care	Yes		Yes
ER	Emergency Services	Yes		
ER	Urgent Care Center	No		
ER	Ambulance Services	No		Yes
SERV	Access to Farmworker Program and TB Control Program	No	Yes	Yes
SERV	Alcoholism-Drug Abuse	No		Yes
SERV	Annual Influenza Clinics locally and in surrounding communities	Yes	Yes	
SERV	Blood Donor Center	No		Yes
SERV	Child Care Licensing, surveys and compliance evaluation	No	Yes	
SERV	Chiropractic Services	No		Yes
SERV	Complementary Medicine Services	No		Yes
SERV	Dental Services	No		Yes
SERV	Developmental Screening	No	Yes	Yes
SERV	Early Infant and Childhood Screenings and intervention/services	No	Yes	Yes
SERV	Fitness Center (Rehab facilities allow people to come in for a fee)	No		

YR 2025 - Inventory of Health Services - Meade Co, KS				
Cat	HC Services Offered in county: Yes / No	Hospital	HLTH Dept	Other
SERV	Healthy Start Home visits for prenatal, postnatal and infants/families	No	Yes	
SERV	Health Education Classes	No	Yes	Yes
SERV	Health Fair (Annual) (Partner together)	Yes	Yes	
SERV	Health Information Center	No	Yes	
SERV	Health Screenings	Yes	Yes	Yes
SERV	Immunizations and Foreign Travel	No	Yes	
SERV	Infant/toddler/booster car seats with law enforcement agency	No	No	Yes
SERV	Maternal and Child Health Services	No	Yes	Yes
SERV	Meals on Wheels	No		Yes
SERV	Nail Care Clinics	No	Yes	
SERV	Nursing Health Assessments	No	Yes	
SERV	Nutrition Programs (WIC)	No	Yes	
SERV	Outreach clinics at Senior Centers and Elderly Housing	No	Yes	
SERV	Parenting Classes (Just starting)	No	No	Yes
SERV	Patient Education Center	No	Yes	
SERV	Pre-conception counseling	No	Yes	
SERV	Retail Store for Breastfeeding equipment and aids	No	Yes	
SERV	Sexually Transmitted Infection Screening and Treatment	No	Yes	
SERV	Support Groups (Diabetic and BF Coalition)	No	Yes	Yes
SERV	Teen Outreach Services	No	Yes	
SERV	Tobacco Treatment/Cessation Program	No	Cessation	
SERV	Transportation to Health Facilities	No		
SERV	Tuberculosis Screening, referral and treatment	No	Yes	
SERV	Wellness Program (DOH with Extension Office)	No	Yes	

YR 2025 - Physician Manpower - Meade Co KS

# of FTE Providers	Supply Working in County		
	County Based MD or DO	Visiting DRs to Hospital (FTE)	County based PA / NP
Primary Care:			
Family Practice	1		5
Internal Medicine			
Obstetrics/Gynecology			
Pediatrics			
Medicine Specialists:			
Allergy/Immunology			
Cardiology		0.05	
Dermatology			
Endocrinology			
Gastroenterology			
Oncology/RADO			
Infectious Diseases			
Nephrology			
Neurology			
Psychiatry			
Pulmonary			
Rheumatology			
Surgery Specialists:			
General Surgery		0.15	
Neurosurgery			
Ophthalmology			
Orthopedics		0.05	
Otolaryngology (ENT)			
Plastic/Reconstructive			
Thoracic/Cardiovascular/Vasc			
Urology		0.05	
Hospital Based Specialists:			
Anesthesia/Pain	1		
Audiology		0.05	
Emergency			2
Radiology			
Pathology			
Hospitalist *			
Neonatal/Perinatal			
Physical Medicine/Rehab			
Dentistry			
TOTALS	2	0.35	7

YR 2025 - Visiting Specialists to Meade District Hospital

Specialty	Physician Name	Office Location	Schedule	Days per Month	FTE
CARDIOLOGY	Dr. Qaddour	Ascension Via Christi Hospital Wichita	First Wednesday of the Month	1	0.05
GENERAL SURGERY	Dr. Frankum	Goodland Regional Medical Center	First & Third Friday of the Month	3	0.15
ORTHOPEDIC	Dr. Kawtharani	Southwest Medical Center	Surgery - Second Friday of the Month. Clinic - Fourth Wednesday of the Month	1	0.05
UROLOGY	HaysMed Urologists	HaysMed	Second Wednesday of the Month	1	0.05

Meade County Area Health Services Directory Year 2025

Emergency Numbers:

Police/Sheriff	911
Fire	911
Ambulance	911

Non-Emergency Numbers:

Meade County Sheriff	(620) 873-8765
Meade County Ambulance	(620) 873-2280
Meade Rural Fire Department	(620) 873-8766

Other Emergency Numbers

National 211 Information and Referral for Kansas - United Way of the Plains
(Helps with food, housing, employment, health care, counseling and during emergency events).

Dial 2-1-1 for service area

Alternate #: 888-413-4327 24/7

Kansas Child/Adult Abuse and Neglect Hotline
1-800-922-5330
www.srskansas.org/hotlines.html

Domestic Violence Hotline
1-800-799-7233
www.ndvh.org

Emergency Management (Topeka)
785-274-1409
www.accesskansas.org/kdem

Federal Bureau of Investigation
1-866-483-5137
www.fbi.gov/congress/congress01/caruso100301.htm

Kansas Arson/Crime Hotline
1-800-KS-CRIME
800-572-1763
www.accesskansas.org/kbi

Kansas Bureau of Investigation (Topeka)
785-296-8200
www.accesskansas.org/kbi

Kansas Crisis Hotline (Domestic Violence/Sexual Assault)
1-888-END-ABUSE
www.kcsdv.org

Kansas Road Conditions
1-866-511-KDOT
511
www.ksdot.org

Poison Control Center
1-800-222-1222
www.aapcc.org

National Human Trafficking Resource Center Hotline
1-888-373-7888
<http://www.polarisproject.org/what-we-do/national-human-trafficking-hotline/the-nhtc/overview>
<https://ictsos.org/>
<https://hopemedicalks.com/>

Toxic Chemical and Oil Spills
1-800-424-8802
www.epa.gov/region02/contact.htm

Hospital

Meade District Hospital
510 E Carthage St
(620) 873-2141
<https://www.avhealthsystem.com/>

Health Department

Meade County Health Department
309 S Webb St
(620) 873-8745
<http://meadecohealth.com/>

WIC
Nutrition Program
Education and healthy supplemental foods

Medical Professionals

Chiropractors

Chalker Chiropractic Center
234 E Carthage St
Meade, KS
620-873-2888

Revive Family Chiropractic
135 E Carthage St
Meade, KS
620-873-9177
Alyssa Rudzik, DC

Clinics (Rural / FQHC)

Meade Rural Health Clinic
119 N Hart St
Meade, KS
620-873-2112

Dentists

Marrs Dental
120 S Fowler St
Meade, KS
620-873-2802
Brian Headrick, DDS

Optometrists

Prairie Vista Eye & Optical
2381 N Kansas Ave
Liberal, KS 67901
620-624-1679

Pharmacies

Bachman Drug
129 S Fowler St
620-873-2641

Government, Community, and Social Services

Adult Protection

Adult Protective Services (SRS)

1-800-922-5330

www.srskansas.org/ISD/ees/adult.htm

Elder Abuse Hotline

1-800-842-0078

www.elderabusecenter.org

Kansas Department of Social and Rehabilitation Services West Region Protection Reporting Center

1-800-922-5330

Domestic Violence and Sexual Assault (DVACK)

1-800-874-1499

www.dvack.org

Elder and Nursing Home Abuse Legal

www.resource4nursinghomeabuse.com/index.html

Kansas Coalition Against Sexual and Domestic Violence

1-888-END-ABUSE (363-2287)

www.kcsdv.org/ksresources.html

Kansas Department on Aging Adult Care Complaint Program

1-800-842-0078

National Center on Elder Abuse

(Administration on Aging)

www.ncea.gov/NCEAroot/Main_Site?Find_Help/Help_Hotline.aspx

National Sexual Assault Hotline

1-800-994-9662

1-888-220-5416 (TTY)

www.4woman.gov/faq/sexualassault.htm

National Suicide Prevention Lifeline

1-800-273-8255

Sexual Assault and Domestic Violence Crisis Line

1-800-701-3630

Social and Rehabilitation Services (SRS)

1-888-369-4777 (HAYS)

www.srskansas.org

Alcohol and Drug Treatment Programs

AIC (Assessment Information Classes)

1-888-764-5510

Al-Anon Family Group

1-888-4AL-ANON (425-2666)

www.al-anon.alateen.org

Alcohol and Drug Abuse Hotline

1-800-ALCOHOL

Alcohol and Drug Addiction Treatment Programs

1-800-510-9435

Alcohol and Drug Helpline

1-800-821-4357

Alcoholism/Drug Addiction Treatment Center

1-800-477-3447

Mothers Against Drunk Driving

1-800-GET-MADD (438-6233)

www.madd.org

National Council on Alcoholism and Drug Dependence, Inc.

1-800-NCA-CALL (622-2255)

www.ncadd.org

The Treatment Center

1-888-433-9869

Assisted Living/Nursing Homes/TLC

Meade Beam Senior Center

624 W Carthage St

Meade, KS 67864

620-873-5363

Fowler Senior Center

310 Church

Fowler, KS 67864

620-646-5360

Young At Heart

315 Grant Ave

Plains, KS 67869

620-563-7807

Kismet Senior Citizens INC

501 Main St

Kismet, KS 67859

620-563-7793

Community Hall Senior Center

307 N Aztec St

Montezuma, KS 67867

620-846-2662

Your Life, Your Choice LLC

Ashland-Ev Harmon – 620-635-0226

Charities & Ministries

Catholic Charities of Southwest Kansas

906 Central Ave

Dodge City, KS 67801

620-227-1562

Catholic Charities of Northern Kansas

PO Box 1366

Salina, KS 67402

785-825-0208

Catholic Charities of Northeast Kansas

616 Merchant St
Emporia, KS 66801
620-343-2296

Catholic Charities of NE Kansas-Kansas City

9720 W 87th
Overland Park, KS 66212
913-433-2100

Saint Francis Ministries

Dodge City, KS
620-225-1442

Children and Youth**Kansas Dept for Children and Families**

620-227-8505 (Dodge City)

Adoption

1-800-862-3678
www.adopt.org/

Boys and Girls Town National Hotline

1-800-448-3000
www.girlsandboystown.org

Child/Adult Abuse and Neglect Hotline

1-800-922-5330
www.srskansas.org/

Child Abuse National Hotline

1-800-422-4453
1-800-222-4453 (TDD)
www.childhelpusa.org/home

Child Find of America

1-800-426-5678

Child Help USA National Child Abuse Hotline

1-800-422-4453

Child Protective Services

1-800-922-5330
www.srskansas.org/services/child_protective_services.htm

Kansas Big Brothers/Big Sisters

1-888-KS4-BIGS
www.ksbbbs.org

Kansas Children's Service League (Hays)

785-625-2244
1-877-530-5275
www.kcsl.org

Kansas Society for Crippled Children

106 W. Douglas, Suite 900
Wichita, KS 67202
1-800-624-4530
316-262-4676
www.kssociety.org

National Runaway Switchboard

1-800-RUNAWAY
www.1800runaway.org/

National Society for Missing and Exploited Children

1-800-THE-LOST (843-5678)
www.missingkids.com

Parents Anonymous Help Line

1-800-345-5044
www.parentsanonymous.org/paIndex10.html

Runaway Line

1-800-621-4000
1-800-621-0394 (TDD)
www.1800runaway.org/

Community Action**Peace Corps**

1-800-424-8580
www.peacecorps.gov

Public Affairs Hotline (Kansas Corporation Commission)

1-800-662-0027
www.kcc.state.ks.us

Community Resources**Harvest America (Dodge City)**

100 Military Plaza
Suite 206
620-227-7559

Ministerial Alliance

620-873-2951

Plan Life Wise Insurance

Jessica Edwards – Sr Market Advisor
316-262-1550

United Way

2010 1st Ave
Dodge City, KS 67801
620-227-8793

1700 N Lincoln Ave
Liberal, KS 67901
620-624-5400

1509 E Fulton St
Garden City, KS 67846
620-275-1425

Counseling**Care Counseling**

Family counseling services for Kansas and Missouri
1-888-999-2196

Catholic Charities

1-888-468-6909
www.catholiccharitiessalina.org

Central Kansas Mental Health Center

1-800-794-8281
Will roll over after hours to a crisis number.

Consumer Credit Counseling Services

1-800-279-2227

www.kscgccs.org/**Kansas Problem Gambling Hotline**

1-866-662-3800

www.ksmhc.org/Services/gambling.htm**National Hopeline Network**

1-800-SUICIDE (785-2433)

www.hopeline.com**National Problem Gambling Hotline**

1-800-552-4700

www.npgaw.org**Sunflower Family Services, Inc.**

(Adoption, crisis pregnancy, conflict solution center)

1-877-457-5437

<https://sunflowerhouse.org/>**Crime Prevention****Meade County Sheriff**

620-873-8765

APS/CPS: Prevention and Protection Services

1-800-922-5330

<https://www.dcf.ks.gov/services/pps/pages/report>adulthoodabuseen neglect.aspx**Day Care Providers – Children****Child Care Connections**

Resource & Referral Agency

1-877-678-2548

Disability Services**American Association of People with Disabilities (AAPD)**www.aapd.com**American Council for the Blind**

1-800-424-8666

www.acb.org**Americans with Disabilities Act Information Hotline**

1-800-514-0301

1-800-514-0383 (TTY)

www.ada.gov**Disability Advocates of Kansas, Incorporated**

1-866-529-3824

www.disabilitysecrets.com**Disability Group, Incorporated**

1-888-236-3348

www.disabilitygroup.com**Disability Rights Center of Kansas (DRC)**

Formerly Kansas Advocacy & Protective Services

1-877-776-1541

1-877-335-3725 (TTY)

www.drckansas.org**Hearing Healthcare Associates**

1-800-448-0215

Kansas Commission for the Deaf and Hearing Impaired

1-800-432-0698

www.srskansas.org/kcdhh**Kansas Relay Center** (Hearing Impaired service)

1-800-766-3777

www.kansasrelay.com**National Center for Learning Disabilities**

1-888-575-7373

www.ncld.org**National Library Services for Blind & Physically Handicapped**www.loc.gov/nls/

1-800-424-8567

Parmelee Law Firm8623 E 32nd Street N, Suite 100 (Wichita)

1-877-267-6300

Domestic/Family Violence**Child/Adult Abuse Hotline**

1-800-922-5330

www.srskansas.org/services/child_protective_services.htm**General Information – Women's Shelters**www.WomenShelters.org**Kansas Crisis Hotline**

Manhattan

785-539-7935

Environment**Environmental Protection Agency**

1-800-223-0425

913-321-9516 (TTY)

www.epa.gov**Kansas Department of Health and Environment**

785-296-1500

www.kdheks.govE-mail: info@kdheks.gov**Food and Drug Safety****Center for Food Safety and Applied Nutrition**

1-888-SAFEFOOD (723-3366)

www.cfsan.fda.gov/www.healthfinder.gov/docs/doc03647.htm

US Consumer Product Safety Commission

1-800-638-2772
1-800-638-8270 (TDD)
www.cpsc.gov

USDA Meat and Poultry Hotline

1-888-674-6854
1-800-256-7072 (TTY)
www.fsis.usda.gov/

U.S. Food and Drug Administration

1-888-INFO-FDA
1-888-463-6332
www.fsis.usda.gov/

Poison Hotline

1-800-222-1222

Food Programs**Meade Food Bank**

212 S Webb St

Meade, KS 67864
620-873-2951

Community Food Cupboard

417 N Kansas Ave
Liberal, KS 67901
620-655-7372

The Salvation Army

1100 Ave E
Dodge City, KS 67801
620-225-4871

Manna House

1012 1st Ave
Dodge City, KS 67801
620-227-6707

TEFAP

Emergency Food Assistance Program
Applications at MCHD

Government Healthcare**Kansas Department on Aging (KDOA)**

503 South Kansas Avenue (Topeka)
785-296-4986 or 1-800-432-3535
www.agingkansas.org/

Kansas Department of Health and Environment (KDHE)

Curtis State Office Building
1000 South West Jackson (Topeka)
785-296-1500
www.kdheks.gov/contact.html

MEDICAID

Kansas Department of Social & Rehabilitation
Services (SRS)
3000 Broadway (Hays)
785-628-1066

MEDICARE

Social Security Administration
1212 East 27th Street (Hays)
785-625-3496

Social & Rehabilitation Services (SRS)

3000 Broadway (Hays)
785-628-1066

Social Security Administration

1212 East 27th Street (Hays)
785-625-3496

Health and Fitness Centers**Genesis Health**

1700 Avenue F
Dodge City, KS 67801
620-225-6821

Genesis Health

2330 N Kansas Avenue
Liberal, KS 67901
620-624-0463

Genesis Health

712 St. John St.
Garden City, KS 67846
620-275-1766

Lucy Wade

620-214-6074

Health Services**KanCare**

800-792-4884

Early Detection Works

224 N Taylor Ave
Garden City, KS 67846
620-275-5302

Kansas Statewide Farm Worker Program

Tina Guenther 620-290-0133
301 W McArtor Rd
Dodge City
620-253-6104
620-253-8811

Alzheimer's Association

1-800-272-3900

American Cancer Society

1-800-227-2345
www.cancer.org

American Diabetes Association

1-800-DIABETES (342-2383)
www.diabetes.org

AIDS/HIV Center for Disease Control and Prevention

1-800-CDC-INFO
1-888-232-6348 (TTY)
www.cdc.gov/hiv/

AIDS/STD National Hot Line

1-800-342-AIDS
1-800-227-8922 (STD line)

American Health Assistance Foundation

1-800-437-2423
www.ahaf.org

American Heart Association

1-800-242-8721
www.americanheart.org

American Lung Association

1-800-586-4872

American Stroke Association

1-888-4-STROKE
www.americanheart.org

Center for Disease Control and Prevention

1-800-CDC-INFO
1-888-232-6348 (TTY)
www.cdc.gov/hiv/

Elder Care Helpline

www.eldercarelink.com

Eye Care Council

1-800-960-EYES
www.seetolearn.com

Kansas Foundation for Medical Care

1-800-432-0407
www.kfmc.org

Kansas Relay Center

1-800-922-5330
<https://kansasrelay.com/>

National Health Information Center

1-800-336-4797
www.health.gov/nhic

National Cancer Information Center

1-800-227-2345
1-866-228-4327 (TTY)
www.cancer.org

National Institute on Deafness and Other Communication Disorders Information

Clearinghouse
1-800-241-1044
1-800-241-1055 (TTY)
www.nidcd.nih.gov

Home Health**Via Christi Home Medical**

2601 Central Ave #4
Dodge City, KS 67801
620-227-7080

Healthwatch Home Health and Hospice

1701 N Kansas Ave Suite 106 Liberal, KS 67901
620-626-4798

Prairie Home Health and Hospice of the Prairie

200 4th Circle Dodge City, KS 67801
620-227-7209
Fax: 620-227-7429

Hospice**Common Spirit Hospice St. Catherine**

602 N 6th St Garden City, KS 67846
620-272-2519

Hospice-Kansas Association

1-800-767-4965

Kansas Hospice and Palliative Care Organization

1-888-202-5433
www.lifeproject.org/akh.htm

Legal Services**Kansas Attorney General**

1-800-432-2310 (Consumer Protection)
1-800-828-9745 (Crime Victims' Rights)
1-800-766-3777 (TTY)
www.ksag.org/

Kansas Bar Association

785-234-5696
www.ksbar.org

Kansas Department on Aging

1-800-432-3535
www.agingkansas.org/index.htm

Kansas Legal Services

785-233-2068
www.kansaslegalservices.org

Southwest Kansas Area Agency on Aging

240 San Jose Drive
Dodge City, KS 67801
(316) 225-8230
<http://www.swkaaa.org/>

Libraries, Parks, and Recreation**Meade State Park**

12165 S V Rd
Meade, KS

Medicaid Services**KanCare Eligibility Worker**

1700 Ave F (Genesis)
Dodge City, KS 67801
620-225-0625

KanCare Ombudsman

1-855-643-8180

First Guard

1-888-828-5698
www.firstguard.com

Kansas Health Wave
1-800-792-4884 or 1-800-792-4292 (TTY)
www.kansashealthwave.org
Kansas Medical Assistance Program
Customer Service
1-800-766-9012
www.kmpa-state-ks.us/

Medicare Information
1-800-MEDICARE
www.medicare.gov

U.S. Department of Health and Human Services
Centers for Medicare and Medicaid Services
1-800-MEDICARE (1-800-633-4227) or
1-877-486-2048 (TTY)
www.cms.hhs.gov

Medical Equipment and Supplies

American Medical Sales and Repair
1-866-637-6803

Life Watch USA
1-800-716-1433

Mental Health Services

Compass Behavioral Health (Dodge City)
620-227-8566
<https://compassbehavioralhealth.com/>

Iroquois Center for Human Development
620-723-2272
<https://www.irqcenter.com/>

KVC Health Systems:
<https://www.kvc.org>

Southwest Guidance Center
333 West 15th
Liberal, KS 67901
620-624-8171

Kansas Alliance for Mentally Ill (Topeka, KS)
785-233-0755
www.namikansas.org

Make a Difference
1-800-332-6262

Mental Health America
1-800-969-6MHA (969-6642)

National Alliance for the Mentally Ill Helpline
1-800-950-NAMI (950-6264) or 703-516-7227 (TTY)
www.nami.org

National Institute of Mental Health
1-866-615-6464 or 1-866-415-8051 (TTY)
www.nimh.nih.gov

National Library Services for Blind and Physically Handicapped
1-800-424-8567
www.loc.gov/nls/music/index.html

National Mental Health Association
1-800-969-6642
1-800-433-5959 (TTY)
www.nmha.org

State Mental Health Agency
KS Department of Social and Rehabilitation Services
915 SW Harrison Street
Topeka, KS 66612
785-296-3959
www.srskansas.org

Suicide Prevention Hotline
1-800-SUICIDE [784-2433]
www.hopeline.com

Suicide and Crisis Lifeline
Dial or text 988
Available 24/7

Nutrition

American Dietetic Association
1-800-877-1600
www.eatright.org

American Dietetic Association Consumer Nutrition Hotline
1-800-366-1655

Department of Human Nutrition
Kansas State University
119 Justin Hall
Manhattan, KS 66506
785-532-5500
www.humec.k-state.edu/hn/

Eating Disorders Awareness and Prevention
1-800-931-2237
www.nationaleatingdisorders.org

Food Stamps
Kansas Department of Social and Rehabilitation Services (SRS)
1-888-369-4777 or Local SRS office
www.srskansas.org/ISD/ees/food_stamps.htm

Kansas Department of Health and Environment
1000 SW Jackson, Suite 220
Topeka, KS 66612
785-296-1320
www.kdheks.gov/news-wic/index.html

Pregnancy Services

Adoption is a Choice
1-877-524-5614

Adoption Network
1-888-281-8054

Adoption Spacebook
1-866-881-4376

Graceful Adoptions
1-888-896-7787

Kansas Children's Service League
1-877-530-5275
www.kcsl.org

Public Information

Meade City Hall
132 S Fowler St
Meade, KS
620-873-2091

Rape

Domestic Violence and Rape Hotline
1-888-874-1499

Kansas Crisis Hotline
Manhattan
785-539-7935
1-800-727-2785

Road and Weather Conditions

Kansas Road Conditions
1-866-511-KDOT
511
www.ksdot.org

School Nurses

USD 226 Meade School District
310 E Grant St,
Meade High School
620-873-2981
Meade Elementary/Jr High
620-285-8430
<https://www.usd226.org/>

Senior Services

Older Kansans Employment
Southwest Kansas Area Agency on Aging
240 San Jose Drive
Dodge City, KS 67801
(316) 225-8230
<http://www.swkaaa.org/>

150 Plaza Drive, Suite 310
Liberal, Kansas 67901
620-624-2255

1807 E Mary, Suite 1
Garden City, KS 67846
620-275-4500

Alzheimer's Association
1-800-487-2585

American Association of Retired Persons (AARP)
1-888-OUR-AARP (687-2277)
www.aarp.org

Americans with Disabilities Act Information Line
1-800-514-0301 or 1-800-514-0383 [TTY]
www.usdoj.gov/crt/ada

American Association of Retired Persons
1-888-687-2277
www.aarp.org

Area Agency on Aging
1-800-432-2703

Eldercare Locator
1-800-677-1116
www.eldercare.gov/eldercare/public/home.asp
Home Buddy
1-866-922-8339
www.homebuddy.org

Home Health Complaints
Kansas Department of Social and Rehabilitation Services (SRS)
1-800-842-0078

Kansas Advocates for Better Care Inc.
Consumer Information
1-800-525-1782
www.kabc.org

Kansas Department on Aging
1-800-432-3535 or 785-291-3167 (TTY)
www.agingkansas.org/index.htm

Kansas Foundation for Medical Care, Inc.
Medicare Beneficiary Information
1-800-432-0407

Older Kansans Employment Programs (OKEP)
785-296-7842
www.kansascommerce.com

Older Kansans Hotline
1-800-742-9531

Older Kansans Information Reference Sources on Aging (OKIRSA)
1-800-432-3535

Senior Health Insurance Counseling for Kansas
1-800-860-5260
www.agingkansas.org/SHICK/shick_index.html

SHICK
1-800-860-5260
www.agingkansas.org/SHICK

SRS Rehabilitation Services Kansas

785-296-3959
785-296-1491 (TTY)
www.srskansas.org

Social Security**Social Security Administration**

1-800-772-1213
1-800-325-0778
www.ssa.gov

Social Security Administration

785-296-3959 or 785-296-1491 (TTY)
www.srskansas.org

Veterinary Services**Meade Veterinary Clinic**

124 S Fowler St
Meade, KS
620-873-2880

Veterans**Dodge City VA Clinic**

1-888-878-6881 x 57450 (Main Phone)
620-225-7171 x 41019 (Mental Health Care)
844-724-7842 (ER Notification)

Kansas Soldier's Home

Dodge City
620-682-7560
620-353-0177 (Cell)

Federal Information Center

1-800-333-4636
www.FirstGov.gov

U.S. Department of Veterans Affairs

1-800-513-7731
www.kcva.org

Education (GI Bill)

1-888-442-4551

Health Resource Center

1-877-222-8387

Insurance Center

1-800-669-8477

Veteran Special Issue Help Line

Includes Gulf War/Agent Orange Helpline
1-800-749-8387

Veterans Administration**Veterans Administration Benefits**

1-800-669-8477

Life Insurance

1-800-669-8477

Education (GI Bill)

1-888-442-4551

Health Care Benefits

1-877-222-8387

Income Verification and Means Testing

1-800-929-8387

Mammography Helpline

1-888-492-7844

Gulf War/Agent Orange Helpline

1-800-749-8387

Status of Headstones and Markers

1-800-697-6947

Telecommunications Device for the Deaf

1-800-829-4833
www.vba.va.gov

Benefits Information and Assistance

1-800-827-1000

Debt Management

1-800-827-0648

Life Insurance Information and Service

1-800-669-8477

General Online Healthcare Resources

Doctors and Dentists--General

[AMA Physician Select: Online Doctor Finder](#) (American Medical Association) [DocFinder](#) (Administrators in Medicine)
[Find a Dentist](#) (Academy of General Dentistry) [Find a Dentist: ADA Member Directory](#) (American Dental Association)
[Physician Compare](#) (Centers for Medicare & Medicaid Services)

Hospitals and Clinics--General

[Find a Health Center](#) (Health Resources and Services Administration) [Find a Provider: TRICARE Provider Directories](#)
(TRICARE Management Activity) [Hospital Quality Compare](#) (Centers for Medicare & Medicaid Services)

Doctors and Dentists--Specialists

[ACOG's Physician Directory](#) (American College of Obstetricians and Gynecologists) [ACR: Geographic Membership Directory](#) (American College of Rheumatology) [American College of Surgeons Membership Directory](#) (American College of Surgeons) [American Osteopathic Association D.O. Database](#) (American Osteopathic Association) [ASGE: Find a Doctor](#) (American Society for Gastrointestinal Endoscopy) [Cancer Genetics Services Directory](#) (National Cancer Institute) [Child and Adolescent Psychiatrist Finder](#) (American Academy of Child and Adolescent Psychiatry) [Dystonia: Find a Health Care Professional](#) (Dystonia Medical Research Foundation) [Expert Locator: Immunologists](#) (Jeffrey Modell Foundation) [Find a Dermatologic Surgeon](#) (American Society for Dermatologic Surgery) [Find a Dermatologist](#) (American Academy of Dermatology) [Find a Gastroenterologist](#) (American College of Gastroenterology) [Find a Gynecologic Oncologist](#) (Society of Gynecologic Oncologists) [Find a Hand Surgeon](#) (American Society for Surgery of the Hand) [Find a Hematologist](#) (American Society of Hematology) [Find a Neurologist](#) (American Academy of Neurology) [Find a Pediatric Dentist](#) (American Academy of Pediatric Dentistry) [Find a Pediatrician or Pediatric Specialist](#) (American Academy of Pediatrics) [Find a Periodontist](#) (American Academy of Periodontology) [Find a Physical Medicine & Rehabilitation Physician](#) (American Academy of Physical Medicine and Rehabilitation) [Find a Plastic Surgeon](#) (American Society of Plastic Surgeons) [Find a Podiatrist](#) (American Podiatric Medical Association) [Find a Thyroid Specialist](#) (American Thyroid Association) [Find a Urologist](#) (American Urological Association) [Find an ACFAS Physician](#) (American College of Foot and Ankle Surgeons) [Find an Allergist/Immunologist: Search](#) (American Academy of Allergy, Asthma, and Immunology) [Find an Endocrinologist](#) (Hormone Health Network) [Find an Eye M.D.](#) (American Academy of Ophthalmology) [Find an Interventional Radiologist](#) (Society of Interventional Radiology) [Find an Oncologist](#) (American Society of Clinical Oncology) [Find an Oral and Maxillofacial Surgeon](#) (American Association of Oral and Maxillofacial Surgeons) [Find an Orthopaedic Foot and Ankle MD](#) (American Orthopaedic Foot and Ankle Society) [Find an Otolaryngologist \(ENT\)](#) (American Academy of Otolaryngology--Head and Neck Surgery) [Finding an Eye Care Professional](#) (National Eye Institute) [GI Locator Service](#) (American Gastroenterological Association)

Other Healthcare Providers

[AMTA's Find a Massage Therapist](#) (American Massage Therapy Association) [Cancer Genetics Services Directory](#) (National Cancer Institute) [Find a Diabetes Educator](#) (American Association of Diabetes Educators) [Find a Genetic Counselor](#) (National Society of Genetic Counselors) [Find a Midwife](#) (American College of Nurse-Midwives) [Find a Nurse Practitioner](#) (American Academy of Nurse Practitioners) [Find a Physical Therapist](#) (American Physical Therapy Association) [Find a Professional: Online Directory of Audiology and Speech-Language Pathology Programs](#) (American Speech-Language-Hearing Association) [Find a Registered Dietitian](#) (Academy of Nutrition and Dietetics) [Find a Therapist](#) (Anxiety Disorders Association of America) [Find an Audiologist](#) (American Academy of Audiology) [Manual Lymphatic Drainage Therapists](#) (National Lymphedema Network) [National Register of Health Service Providers in Psychology](#) (National Register of Health Service Providers in Psychology) [NCCAOM: Find Nationally Certified Practitioners](#) (National Certification Commission for Acupuncture and Oriental Medicine) [Search for an Emergency Contraception Provider in the United States](#) (Princeton University, Office of Population Research)

Hospitals and Clinics--Specialized

[Accredited Birth Centers](#) (Commission for the Accreditation of Birth Centers) [Alzheimer's Disease Research Centers](#) (National Institute on Aging) [Cystic Fibrosis Foundation: Find a Chapter](#) (Cystic Fibrosis Foundation) [Cystic Fibrosis Foundation: Find an Accredited Care Center](#) (Cystic Fibrosis Foundation) [Dialysis Facility Compare](#) (Centers for Medicare & Medicaid Services) [FDA Certified Mammography Facilities](#) (Food and Drug Administration) [Find a Free Clinic](#) (National Association of Free Clinics) [Find an Indian Health Service Facility](#) (Indian Health Service) [Find Treatment Centers](#) (American Cancer Society) [Genetics Clinic Directory Search](#) (University of Washington) [Locate a Sleep Center in the United States by Zip Code](#) (American Academy of Sleep Medicine) [MDA ALS Centers](#) (Muscular Dystrophy Association) [Mental Health Services Locator](#) (Substance Abuse and Mental Health Services Administration) [NCI Designated Cancer Centers](#) (National Cancer Institute) [Neurofibromatosis Specialists](#) (Children's Tumor Foundation) [Post-Polio Directory 2011: Post-Polio Clinics, Health Professionals, Support Groups](#) (Post-Polio Health International including International Ventilator Users Network) [Spina Bifida Clinic Directory](#) (Spina Bifida Association of America) [Substance Abuse Treatment Facility Locator](#) (Substance Abuse and Mental Health Services Administration) [Transplant Center Search Form](#) (BMT InfoNet) [U.S. NMDP Transplant Centers](#) (National Marrow Donor Program) [VA Health Care Facilities Locator & Directory](#) (Veterans Health Administration) [Where to Donate Blood](#) (AABB) [Where to Donate Cord Blood](#) (National Marrow Donor Program)

Other Healthcare Facilities and Services

[Alzheimer's Disease Resource Locator](#) (Fisher Center for Alzheimer's Research Foundation) [American College of Radiology Accredited Facility Search](#) (American College of Radiology) [APA District Branch / State Association Directory](#) (American Psychiatric Association) [Directory of Organizations \(Deafness and Communication Disorders\)](#) (National Institute on Deafness and Other Communication Disorders) [Dog Guide Schools in the United States](#) (American Foundation for the Blind) [Eldercare Locator](#) (Dept. of Health and Human Services) [Find a Hospice or Palliative Care Program](#) (National Hospice and Palliative Care Organization) [Find Services \(for People with Vision Loss\)](#) (American Foundation for the Blind) [Find Urgent Care Centers by State](#) (Urgent Care Association of America) [Genetic Testing Laboratory Directory](#) (University of Washington) [Home Health Compare](#) (Centers for Medicare & Medicaid Services) [Medicare: Helpful Contacts](#) (Centers for Medicare & Medicaid Services) [Muscular Dystrophy Association Clinics and Services](#) (Muscular Dystrophy Association) [National Foster Care and Adoption Directory Search](#) (Children's Bureau) [Nursing Home Compare](#) (Centers for Medicare & Medicaid Services) [Organizations That Offer Support Services](#) (National Cancer Institute) [Poison Control Centers](#) (American Association of Poison Control Centers) [Resources and Information for Parents about Braille](#) (American Foundation for the Blind) [State-Based Physical Activity Program Directory](#) (Centers for Disease Control and Prevention) [TSA Chapters in the USA](#) (Tourette Syndrome Association) [Violence against Women: Resources by State](#) (Dept. of Health and Human Services, Office on Women's Health) [Where to Find Hair Loss Accessories and Breast Cancer Products](#) (American Cancer Society)

SOURCE: MedlinePlus provides links to directories to help you find libraries, health professionals, services and facilities. National Library of Medicine (NLM) does not endorse or recommend the organizations that produce these directories, nor the individuals or organizations that are included in the directories.

V. Detail Exhibits

[VVV Consultants LLC]

a.) Patient Origin Source Files

[VVV Consultants LLC]

Patient Origin History Year 2024 for IP, OP and ER – Meade County, KS

Meade County, Kansas Residents		
#	Inpatients - KHA HIDI	YR24
1	Southwest Medical Center - Liberal, KS	70
2	Wesley Healthcare - Wichita, KS	69
3	Meade District Hospital/Artesian Valley Health System - Meade, KS	60
	% of Patients Staying Home	15.2%
4	Minneola Healthcare - Minneola, KS	51
5	St. Catherine Hospital Garden City - Garden City, KS	35
	Other Hospitals	110
	Total	395

Meade County, Kansas Residents		
#	Outpatients - KHA HIDI	YR24
1	Meade District Hospital/Artesian Valley Health System - Meade, KS	5,176
	% of Patients Staying Home	55.8%
2	Minneola Healthcare - Minneola, KS	1,903
3	Southwest Medical Center - Liberal, KS	810
4	St. Catherine Hospital Garden City - Garden City, KS	410
5	St. Catherine Hospital Dodge City - Dodge City, KS	243
	Other Hospitals	734
	Total	9,276

Meade County, Kansas Residents		
#	Emergency - KHA HIDI	YR24
1	Meade District Hospital/Artesian Valley Health System - Meade, KS	843
	% of Patients Staying Home	58.9%
2	Minneola Healthcare - Minneola, KS	236
3	Southwest Medical Center - Liberal, KS	179
4	St. Catherine Hospital Dodge City - Dodge City, KS	42
5	Wesley Healthcare - Wichita, KS	39
6	St. Catherine Hospital Garden City - Garden City, KS	27
	Other Hospitals	66
	Total	1,432

b.) Town Hall Attendees, Notes, & Feedback

[VVV Consultants LLC]

Attendance Meade Co, KS CHNA Town Hall 7/16/25 5:00-6:30pm N=25						
#	Table	Lead	Attend	Last	First	Organization
1	A	XX	x	Clowdis	Rachel	Meade County Health Department
2	A		x	Carrillo	Natalie	AVHS
3	A		x	Meyer	Amy	MDH Nursing
4	A		x	Unruh	Dawn	Artesian Valley Health System
5	B	XX	x	Axtell	Shelly	Artesian Valley Health System
6	B		x	Torres-Pereda	Crystal	Artesian Valley Health System
7	B		x	McAtee	Casie	CATCH - Meade Rec
8	B		x	Mittlieder	Cassy	Lone Tree Retirement Community
9	C	XX	x	Dewell	Michele	Artesian Valley Health System
10	C		x	Friesen	Brad	Artesian Valley Health System
11	C		x	Schowengerdt	Andrew	Artesian Valley Health System
12	C		x	Sins	Shunna	Lone Tree Retirement Community
13	D	XX	x	Brown	Sheila	Artesian Valley Health System
14	D		x	Conley	Jenny	Lone Tree Retirement Community
15	D		x	Goldsberg	Shirley	
16	D		x	gomez	grismeldy	
17	D		x	Ross	Jo	Meade County Health Department
18	E	XX	x	Boese	Jamie	Meade County Economic Development
19	E		x	Gleason	Janet	City of Meade
20	E		x	Henson	Wadona	KSRE-Meade County
21	E		x	Marrs	Marshall	Marrs Dental
22	F	XX	x	Thornton	Shawn	Thornton Crop Consulting
23	F		x	Cordes	Dean	City of Meade, Kansas
24	F		x	Marrs	Sintia	Marrs Dental
25	F		x	Ross	Dawn	Rural Health Clinics

Meade District Hospital Town Hall Event Notes

Date: 7/16/2025 – 5:00-6:30 p.m. @ Meade District Hospital Attendance: N=25

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

- Homelessness is an issue in Dodge City and Liberal.
- Languages spoken in Meade County include English, Spanish, German, and Guatemalan.
- Single parent households are going up in the county.
- Dodge City, Wichita, and Amarillo have a veteran's clinic.
- Meade county is struggling economically (tariffs are impacting the grain market).
- Affordable healthy food is a struggle.
- Broadband access has improved in the county, but affordability is a barrier.
- Labor and delivery are going to Liberal, Dodge, Garden City, Pratt, and Wichita (high risk).
- Childcare is an issue. The county needs more childcare providers for all ages (focus on both accessible and affordable).
- There is a need for providers at the hospital.
- Access and placement to mental health care is a need (depression, anxiety, substance abuse, bipolar).
- As for drugs, meth, alcohol, marijuana, opioids, fentanyl, and cocaine are the most prevalent. Drinking and driving is an issue.
- The Health Department shared that STD rates have been rising.
- As for Chronic Disease, Diabetes, CAD, and CFH are the largest concerns.

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

- | | |
|---|----------------------------|
| • Cuts to Medicaid (Big Beautiful Bill) | • Misinformation on health |
| • Environmental Crisis | • SNAP ED Cuts |
| • Health Department funding cuts | • Water |
| • Misinformation on fluoride | |

Things going well for healthcare in the community:

- | | |
|----------------------------|------------------------|
| • Airport | • Local Hospital |
| • Community resources | • Ministerial Alliance |
| • Dentist | • Parks & Recs |
| • Grocery Store | • Quality Providers |
| • Health Department | • Schools |
| • Healthcare collaboration | • Senior Living |

Areas to improve or change in the community:

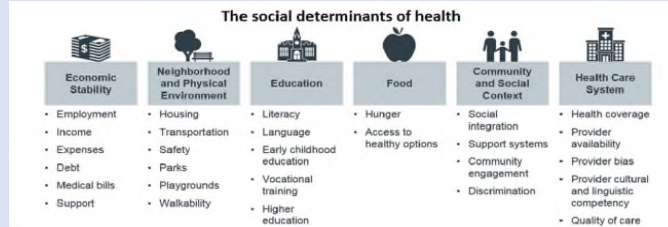
- | | |
|---|---|
| • Advocacy | • Mental Health (Diag, Placement, Providers, Aftercare) |
| • After School Programming | • Obesity (Nutrition and Fitness) |
| • Childcare (Access) | • Preventative Health and Wellness |
| • Community Support to Address Healthcare Needs | • Provider Recruitment (MD) |
| • Economic Development | • Substance Abuse (Drugs and Alcohol) |
| • Housing (Quality and Affordable) | • Transportation |
| • Insurance (Affordable and Access) | • Workforce |

Round #5 CHNA - Meade Co KS			
Town Hall Conversation - Strengths (Big White Cards) N=25			
Card #	What are the strengths of our community that contribute to health?	Card #	What are the strengths of our community that contribute to health?
3	Access to Care	6	Health Department
15	Access to Parks	10	Health Department
24	Access to Wellness	17	Health Department
6	Airport	21	Health Dept. Provides Many Services
22	Birth - 1st Trimester is Local	23	Health Dept. Resources are Easily Accessible
12	Caring Community Members	14	Hospital
21	Church Resources	16	Hospital
18	Church Support	15	Hospital / Clinic
1	Churches	21	Hospital / Clinic
20	Churches	9	In town Services (Pharmacy, Bank, Wellness Center, etc.)
16	Clinic	3	Inpatient / Outpatient Services
6	Collaboration between community health services	5	Inpatient Care / Outpatient MDH
18	Collaborative Health Entities (Health Dept. & Hospital)	8	Leaders
17	Communication Between Patients & Providers	4	Local Hospital
20	Community Education / Outreach	10	Local Hospital
3	Community Events	6	Local Pharmacy
4	Community Involvement	6	Long term care
5	Community Involvement / Pride	7	Long term care / Health Department / Hospital (All Staff)
4	Community Pride	6	Ministers
8	Community Pulls Together	11	Nonprofit / Community Organizations
13	Community Services	5	Nursing Home
14	Core	22	Nursing Home
17	Core Outreach	24	Nursing Home
13	County Health Department; Senior Living	9	Nursing Home Care Offered
2	Critical Hospital	11	Nursing Home Quality
14	Dentist	1	Nursing Homes
2	Dentist	1	People
23	Educated Providers & Staff	5	Pharmacy
23	Environmental quality - housing	22	Physician / Providers
7	Experienced and Skilled Providers	11	Provider Quality
24	Family Practice Providers	2	Providers
16	Food Bank	6	Providers
19	Food Bank in County	18	Quality Care
17	Food Banks	6	Rec. Department
18	Food Banks	14	Rec. Department
12	Good Emergency Care with Airport Access for Transport	7	Recreational Park / Lake
21	Good Grocery Stores	20	Relations & Community Partners (Dentist, Schools, etc)
13	Good Hospital	15	Resources (Library)
19	Good local Grocery Store	23	School needs / wants high priority
19	Good LTCU in Fowler / Meade	16	School System
21	Good Relationships	9	School System - access to Sports
15	Good Schools / Rec	6	School System - Food & Medical
13	Great Parks	5	Schools
4	Great School Districts	8	Schools
2	Grocery Store	24	Schools
8	Grocery Store	10	Size of Grocery Store
12	Grocery Store	17	Small Community Mindset (Helping Your Neighbors)
13	Grocery Store	13	Specialists - Dentist, Chiropractor, Physicians
14	Grocery Store	24	Specialty Clinic - Ortho, General, Cardiac - Urology
15	Grocery Store	23	Spiritual needs / wants = Accessible
18	Grocery Store	19	Strong Health Dept. / Hospital
22	Health / Wellness	9	Support within Community
9	Health Access	5	Vaccination / Immunizations
8	Health Access	7	Walking Trail
16	Health Clinic	7	Wellness Center
2	Health Department	19	Wellness Centers in Meade / Fowler
3	Health Department	4	Wonderful Health Department
5	Health Department		

Round #5 CHNA - Meade Co KS			
Town Hall Conversation - Weaknesses (Color Cards) N= 25			
Card #	What are the weaknesses of our community that contribute to health?	Card #	What are the weaknesses of our community that contribute to health?
19	Access to Childcare	19	Healthcare Access to Fowler
8	Access to Healthy Food	14	Healthy Foods
21	Access to Healthy Food	2	Heart Disease / Cancer
10	Access to Healthy Unprocessed Affordable Food	14	Higher Wages & More Job Opportunities
10	Access to Mental & Behavioral Health	16	Illegal Substance Abuse
5	Access to Services - Additional Providers	7	In town Providers / Understanding Needs
24	Add Providers & Other Staff for Healthcare	10	Info & Support for Physical Wellness
21	Affordable & Accessible Insurance	11	Lack of Child Care
5	Affordable & Accessible Child Care	1	Lack of Daycare
7	Affordable & Accessible Child Care	24	Limited Access to Affordable Food
8	Affordable & Accessible Child Care	7	Limited Resources - Need More Education
15	Affordable Health Care	14	Limiting Social Media for Youth - Mental Health
19	Affordable Housing	2	Mental Health
5	Affordable Insurance	5	Mental Health
7	Affordable Insurance	16	Mental Health
13	Affordable Insurance	22	Mental Health
23	Affordable Insurance	24	Mental Health
16	Affordable, Access to Health Foods	12	Mental Health / Social Media
6	After School Programs	8	Mental Health Access / Education
7	After School Programs	3	Mental Health Access / Suicide / Addiction
21	Attempted Suicide Awareness	11	Mental Health Care
18	Behavioral Health Access	1	Mental Health Education
20	Behavioral Health Access	9	Mental Health Providers
22	Care Access	17	Misinformation - Healthcare Overall
18	Child Care	13	More Daycare
23	Child Care	2	Need an MD
2	Child Care	17	Need for Specialized Care
3	Child Care	5	Obesity / Fitness - Prevention
6	Child Care	18	Optometrist
9	Child Care	23	Outpatients need to Stay in Meade
17	Child Care	5	Physical / Staff Recruitment
20	Child Care	16	Physical Exercise
24	Child Care	7	Physical Health Education
4	Child Care Availability	20	Provider & Specialty Access
21	Childcare Providers	19	Provider Needs
3	Chronic Disease / Prevention	3	Providers / Specialty Clinics
17	Communication	5	Quality Housing
11	Community Buy In	22	Specialty Care
12	Community Involvement	16	Specialty Physician Recruitment
20	Community Involvement	17	Staff - Retention / Availability
21	Community Involvement - School / Medical	5	Substance Abuse
17	Continuity of Care	18	Substance Use Resources
12	Daycare	9	Teacher Retention
15	Daycare	4	Transportation
14	Daycare - Affordable & Accessible	5	Transportation
1	Doc	6	Transportation
1	Drug Abuse	21	Transportation
2	Drugs	24	Transportation
5	Economic Hardship	19	Transportation for Healthcare
4	Education - Lower Grades & Up	18	Uninsured
14	Education the Youth - More Screenings at Schools	11	Weatherized Housing
22	EMS	3	Wellness / Nutrition Access (Physical Health)
6	Eye Doctor	20	Wellness / Obesity
6	Farmers Market	11	Wellness Center
8	Health Apathy	14	Wellness Center Accessibility
8	Health Education	1	Youth Vaping & Drinking

Round #5 CHNA - Meade Co, KS

Social Determinants "A" Card Themes (N = 25 with 51 Votes): E=25, N=1, ED=3, C=7, F=0 & P=15



Card #	Code	First Impressions on Social Determinants Impacting Delivery	Card #	Code	First Impressions on Social Determinants Impacting Delivery
1	C	Social / Support / Community	20	E	Economic Stability
3	C	Social	21	E	Economic Stability
7	C	Social & Community Context	22	E	Economic Stability
10	C	Social & Community Health	23	E	Economic Stability
15	C	Social Community	24	E	Economic Stability
20	C	Social & Community Context	25	E	Economic Stability
21	C	Social & Community Context	12	ED	Education Access & Quality
1	E	Money	18	ED	Access & Quality
2	E	Economic	19	ED	Education Access
3	E	Economic	13	N	Neighborhood & Physical Environment
4	E	Economic Stability	1	P	Health Access / Quality
5	E	Money	2	P	Health Care Access
6	E	Economic Stability	4	P	Health Care Access & Quality
7	E	Economic Stability	5	P	Access & Quality
8	E	Economic Stability	6	P	Health Care Access
9	E	Economy	8	P	Health Care Access & Quality
10	E	Economic Stability & Income	9	P	Access
11	E	Economic Stability	11	P	Health Care Access & Quality
12	E	Economic Stability	14	P	Health Care Access & Quality
13	E	Economic Stability	16	P	Health Care Access
14	E	Economic Stability	17	P	Health Care Access
15	E	Economic Stability	22	P	Health Care Access / Quality
16	E	Economic Stability	23	P	Health Care Access
17	E	Economy	24	P	Quality of Care
18	E	Money	25	P	Health Access / Quality
19	E	Economic Stability & Income			

EMAIL Request to CHNA Stakeholders

From: Meade District Hospital

Date: 5/1/2025

To: Community Leaders, Providers, Hospital Board and Staff

Subject: CHNA Round #5 Community Online Feedback Survey – Meade Co. KS

Meade District Hospital – Meade County, KS; will be working with other area providers over the next few months to update the 2022 Meade County, KS Community Health Needs Assessment (CHNA). We are seeking input from community members regarding the healthcare needs in Meade County in order to complete the 2025 CHNA.

The goal of this assessment update is to understand progress in addressing community health needs cited in 2016, 2019, and 2022 CHNA reports while collecting up-to-date community health perceptions and ideas.

Your feedback and suggestions regarding current community health delivery are especially important to collect in order to complete this comprehensive report. To accomplish this work, a short online survey has been developed for community members to take. Please visit our hospital webpage, facebook page, or utilize the link below to complete this survey.

LINK: https://www.surveymonkey.com/r/MeadeDistrictHospital_2025CHNA

All community residents and business leaders are encouraged to **complete the 2025 online CHNA survey by June 19th, 2025**. All responses are confidential.

Please Hold the Date A community Town Hall is scheduled for **Wednesday, July 16th, 2025 for dinner from 5pm-6:30pm at Meade District Hospital**. This meeting is to discuss the survey findings and identify unmet needs.

If you have any questions about CHNA activities, please call xxx-xxx-xxxx

Thank you for your time and participation.

EMAIL #2 Request Message

From: Crystal Torres

Date: 6/19/25

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

Subject: Meade County Community Health Needs Assessment Town Hall dinner– July 16th, 2025

Meade District Hospital will host a Town Hall Community Health Needs Assessment (CHNA) luncheon on Wednesday July 16th. The purpose of this meeting will be to review collected community health indicators and gather community feedback opinions on key unmet health needs for Meade Co KS.

Note: This event will be held on Wednesday, July 16th from 5:00 p.m. - 6:30 p.m. at Meade District Hospital with check-in starting at 4:45pm.

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

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



Thanks in advance for your time and support!

If you have any questions regarding CHNA activities, please call (620) 873-2141.

Join Meade District Hospital's CHNA Town Hall Wednesday, July 16th, 2025.

Media Release: 06/19/25

To gauge the overall community health needs of residents, **Meade District Hospital**, in conjunction with other area providers, invites the public to participate in a Community Health Needs Assessment Town Hall roundtable on **Wednesday, July 16th for dinner from 5:00 p.m. to 6:30 p.m.** located at **Meade District Hospital**.

This event is being held to identify and prioritize the community health needs. Findings from this community discussion will also serve to fulfill both federal and state mandates.

To adequately prepare for this event, is vital everyone planning to attend this event RSVPs. Please visit our hospital website and social media sites to obtain the link to complete your RSVP OR please utilize the QR code below.



We hope that you will be able to join us for this discussion on July 16th. Thanks in advance for your time and support!

If you have any questions about CHNA activities, please call (620) 873-2141.

###

d.) Primary Research Detail

[VVV Consultants LLC]

CHNA 2025 Community Feedback: Meade County, KS (N=136)						
ID	Zip	Rating	c1	c2	c3	Q10. Being this a strong topic of interest, do you have any thoughts, ideas, and/or specific suggestions (food, housing, transportation, support, etc.) to address these 5 social determinants to improve our community health? (Please Be Specific)
1089	67864	Good	DOH			More community involvement.
1076	67864	Good	ECON	HOUS	FINA	Economic stability needs to begin with affordable housing. When someone's rent is over \$800 a month and people are barely making \$2000 a month and that has to pay all bills including food and school expenses and fuel for a vehicle to get them to work; it is hard to feel like you can make it to the next paycheck. Health becomes the last thing to worry about. So going to the doctor is a last resort.
1042	67864	Very Good	ECON	TELE	TRAN	Economic stability is a major impact for healthcare. Offering a flat rate Telehealth appointment would be helpful. Better social media regulations on Meade County Buy Sell Trade along with comments made on school and community business postings. Negative or demeaning posts and comments are a poor reflection of our community. More transportation opportunities or outreach programs for elderly, home bound and poverty stricken community members. The school district needs to find ways to attract more educators. The better education Meade can provide the more attractive our community will be to those relocating. Meade could also work on the storefront appeal of the downtown area. When scouting a move, a person's first impression will be impacted by the visual appeal and upkeep of the downtown area, school facilities, hospital grounds, and provided businesses.
1093	67864	Very Good	EDU	DOCS	POV	1) Providing more education through joint efforts of the hospital, health department, and outside resources would be helpful (bring them into the school, Beam Center, etc.) 2. We need aggressive marketing and searches for businesses to locate in Meade (not retail). There needs to be more than the Eco Devo as it is county wide and not effective because of this. Meade needs its own task force and leader to seek economic development opportunities. 3. Continued programs to education our community about health care and special social events more often would enhance our community. 4. The housing projects have been helpful for our community, but without economic development our community will continue to decline in population greatly over the next 25 years. 5. Full time doctors would enhance access in Meade and I believe draw patients from out of town more. Having an optometrist would enhance this too. I don't know where this fits, but poverty has increased in Meade and programs like the summer lunch program from the school helps a ton of families. Getting our legislator to expand Medicaid would also help all hospitals in the state financially and to provide services to less fortunate people.
1101	67864	Very Good	EDU	MAN		Using education through the school system, civic groups and leaders, as well as government representatives; most people don't realize there are social determinants unless they are the ones affected.
1130	67864	Very Good	FINA	MH		Trying to get the community more involved when there are affordable opportunities is important. Also, mental health is an issue for many here who might feel some sort of isolation.
1069	67864	Poor	HOUS	EDU	STFF	There are more rentals here than there are people who own their house. This means there is no community roots being grown. With the rental rates skyrocketing, and the low availability of jobs/growth in your current position, I don't see people placing health as a top priority. Educational programs led by healthcare staff would be a great way to get buy-in to the community and the hospital. But think outside the box, you have to do it outside of normal working hours to get the crowd you need to reach. Offer a free meal or incentive, people who need to have better health maintenance instead of emergency health look at their time as what can they gain by trading it. When they show up, treat them like people, not patients. Hospitals/clinics can be very sterile for the right reasons, but staff should be personable and able to gain the trust of the people they work with. After all, they at some point are going to be seeing the more intimate areas of the body, how many people do you trust with yours?
1040	67864	Average	INSU	QUAL	RURAL	If the Medicaid cuts go through as proposed and now passed in the House of Representatives, our healthcare delivery will suffer greatly and rural hospitals will be affected. Access to quality healthcare will be interrupted, yet community leaders and community members continue to support people who vote against rural Kansans and their needs. People don't like politics, but rural communities need to foster candidates from either party who will vote for policies that expand Medicaid, promote rural initiatives, and advocate for children and the elderly, let alone the working poor in rural communities.
1080	67864	Average	MH	EDU	NUTR	good health can lead to improved mental stability and willingness to be a part of the community and neighborhoods Education for good nutrition and how to prepare healthy foods and the emotional support to change to better habits would improve the overall health of the community
1064	67844	Average	QUAL	SERV	SPEC	You do a great job of outreach -- in Meade. I haven't seen anything in Fowler, not sure about Plains. Maybe working with the food banks and providing information on health benefits of certain foods? I think again, working with other smaller SWKS hospitals to make sure services can be provided to our residents. For example, if I specialist will be in Minneola or Ashland, utilizing that resource for everyone.
1015	67864	Good	REC	FIT		Better sidewalks and trails for walking or running. Fitness center
1084	67864	Good	RURAL	SERV	TRAN	In a small community there are a handful of people, who provide services, who talk too much. People are going out of town, hoping for more privacy There are services available, that are not being utilized, such as the public transportation bus, currently located at Beam Sr Center The hospital stopped its Medical Equipment program, again are required to go out of town
1056	67864	Good	SCH	INSU	DOH	Transpiration services for appointments (some insurance companies will cover), community education modules, referral of noninsured to the health department.

CHNA 2025 Community Feedback: Meade County, KS (N=136)						
ID	Zip	Rating	c1	c2	c3	Q10. Being this a strong topic of interest, do you have any thoughts, ideas, and/or specific suggestions (food, housing, transportation, support, etc.) to address these 5 social determinants to improve our community health? (Please Be Specific)
1103	67864	Very Good	SEN	MRKT	FUND	Build up senior centers more. Advertise them and assist them anyway possible. Assist with fundraising for them.
1016	67864	Good	SEN			Eldercare and what options there are available.
1014	67864	Poor	SERV	SPEC	IM	It would be nice to have a service for hire to drive the elderly who cannot drive or have no one to take them to specialists appts. in surrounding cities including wichita or possibly expand tele visits with internal med, pulmonologist's, etc.
1006		Average	SPRT	SEN		More help supporting our elder community
1011	67864	Average	SPRT			I think we lack a general sense of community support for anything except sports. I'm not sure how you improve that, because people the majority don't seem to care
1070	67864	Good	TRAN	NUTR	SEN	Transportation is a need here. I do believe the food bank is very helpful in each town, support is their if sought, we have grocery stores in two communities. Convenience stores close with food. Great Churches that help. We have a lot of good things in each communities. And we have Core Community that teaches financials and feeds them. There is good opportunities. We have youth groups and senior centers. All these a great! Great Nursing homes with people who care. Great Hospital and Health Department that are more than willing to go out of their way to help. We have a Community Foundation. We have great leadership and people willing to step up. The wellness center is utilized. The Laundry place helps people on certain days. We should be very proud of all three communities.
1020	67837	Good	TRAN	SCH		Community Transportation van that one vehicle households could schedule for local appts

CHNA 2025 Community Feedback: Meade County, KS (N=136)						
ID	Zip	Rating	c1	c2	c3	Q8. In your opinion, what are the root causes of "poor health" in our community? Other (Be Specific)
1075	67864	Good	FINA	INSU		Cost of health insurance
1080	67864	Average	NUTR	PHAR		lack of whole organic foods/ need more focus on finding root causes and giving dietary supplements rather than prescription drugs for everything
1093	67864	Very Good	OPTH			No optometrist
1011	67864	Average	PREV	PHAR		Lack of proactive lifestyle for good health. People need to learn to live healthy to be healthy instead of relying on pharmaceuticals

CHNA 2025 Community Feedback: Meade County, KS (N=136)

ID	Zip	Rating	c1	c2	c3	Q13. What "new" community health programs should be created to meet current community health needs?
1114	67864	Average	ACC			better access to healthcare
1051	67864	Good	ACC			More information to our community to access.
1069	67864	Poor	ALC	PREV	NUTR	We need something like narcotics anonymous. We have an alcoholics anonymous, but it's only men and uninviting, and totally different. With the amount of drugs people are using, both legal and illegal, there should be a weekly program for people to attend anonymously to get the help and support they need. There also needs to be more preventative health classes focusing on diet and exercise. Cooking classes and purchasing on a budget would be helpful. How to cook with food you can get from the food bank, or recipes that use more whole foods, and throw in a dietitian to explain how different foods fuel or harm the body. Kids need the help, but if their parents learn, maybe it will rub off on them too.
1052		Average	CLIN	SCH	WAG	Having a clinic take appointments after 3pm would be good. PA's are paid to work and provide care. Not make is easier for them to leave early. Hard to get a child seen without having them miss school or practice.
1017	67869	Good	DERM	EDU		Dermatologist education
1107	67801	Good	DOCS			Physician recruitment help.
1080	67864	Average	EDU	MH		we need a "food babe" to educate about unhealthy food additives and to teach how to prepare healthy meals. Also more availability for mental health needs-
1093	67864	Very Good	EDU	PHAR	PREV	Increased education, having doctors, having the LTC work with the local pharmacy, and creating a wellness center that is much much better and inviting for the community would enhance community health greatly.
1058	67864	Good	FAC			Better facilities.
1011	67864	Average	FIT	EDU	QUAL	Increase exercise/outdoor activity options for both adults and kids, families and singles, as well as programs that educate/promote healthy eating. Quality food for the school cafeteria should be a priority. Community garden with educating people on growing AND using the food that is grown.
1008		Average	FIT	PREV		Work out training to learn machines at wellness center
1130	67864	Very Good	FIT			Build a wellness center
1015	67864	Good	FIT			Fitness center
1103	67864	Very Good	FIT			Need indoor pool for people of all ages to utilize year around for exercise easy on joints
1063	67864	Very Good	MH	DOCS		Mental health providers
1101	67864	Very Good	MH	DOH	FIT	What to do/where to go for crisis in mental health. Do medical and law enforcement together have a plan? If so, does the public know there is a plan? How can the public be reassured? Encourage programs in our community like yoga and the wellness center. Offer classes.
1061	67864	Good	MH	SMOK	NUTR	mental health, vaping ,dieting
1113	69869	Average	MH	SPEC		mental health and specialist
1118	67901	Good	MH			Maybe someone available for mental health.
1096	67864	Average	MH			Mental health
1043	67864	Average	MH			Mental health
1040	67864	Average	MH			Mental health services
1016	67864	Good	NUTR	EDU	TRAN	In home basic care need(cooking, cleaning, transporation) for elders.
1089	67864	Good	OBG	TEEN		women's health, teen health
1064	67844	Average	OBG			OB care.
1076	67864	Good	ORTHOD	OBG	MH	Orthodontist, Obstetrician, more mental health therapist.
1087	67869	Average	PREV			Wellness center
1129	67869	Good	PREV			Wellness center
1029	67864	Average	QUAL	SERV		New? Improve what we have.
1042	67864	Very Good	REC			Building a recreational center for the community.
1084	67864	Good	RESP	EQUIP		Respiratory & oxygen LOCAL! Medical equipment provider!
1060	67864	Good	SMOK	MH	OBES	vaping, mental health, weight
1056	67864	Good	SMOK	PREV	SUIC	Smoke/vaping prevention, suicide prevention, sexual education, eye care.
1070	67864	Good	TRAN			Transportation
1041	67864	Good	YOUTH	PREV		A health club that is suitable for young and old people would highly promote positive health mentally and physically

Meade District Hospital (Meade Co, KS) along with area providers have begun the process of updating a comprehensive community-wide 2025 Community Health Needs Assessment (CHNA) to identify unmet health needs. To gather current area feedback, a short online survey has been created to evaluate current community health needs and delivery. NOTE: Please consider your answers to the survey questions as it relates to ALL healthcare services in our community, including but not limited to our local hospital.

While your participation is voluntary and confidential, all community input is valued. Thank you for your immediate attention! CHNA 2025 online feedback deadline is set for June 19th, 2025.

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

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

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

	Very Good	Good	Fair	Poor	Very Poor
Ambulance Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chiropractors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dentists	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emergency Room	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eye Doctor/Optometrlist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family Planning Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Home Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hospice/Palliative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Telehealth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

	Very Good	Good	Fair	Poor	Very Poor
Inpatient Hospital Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Health Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nursing Home/Senior Living	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Outpatient Hospital Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pharmacy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Primary Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Visiting Specialists	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

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

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

- | | |
|---|--|
| <input type="checkbox"/> Mental Health Needs for Teens and Adults | <input type="checkbox"/> Physical Inactivity |
| <input type="checkbox"/> Vaping Among Teenagers | <input type="checkbox"/> Physician recruitment |
| <input type="checkbox"/> Illegal Substance Abuse | <input type="checkbox"/> Health education |
| <input type="checkbox"/> Obesity in Adults | <input type="checkbox"/> Wellness center |
| <input type="checkbox"/> Lack of Health Knowledge/Education | <input type="checkbox"/> Community involvement |

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

- | | |
|---|--|
| <input type="checkbox"/> Mental Health Needs for Teens and Adults | <input type="checkbox"/> Physical Inactivity |
| <input type="checkbox"/> Vaping Among Teenagers | <input type="checkbox"/> Physician recruitment |
| <input type="checkbox"/> Illegal Substance Abuse | <input type="checkbox"/> Health education |
| <input type="checkbox"/> Obesity in Adults | <input type="checkbox"/> Wellness center |
| <input type="checkbox"/> Lack of Health Knowledge/Education | <input type="checkbox"/> Community involvement |

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

- | | |
|--|--|
| <input type="checkbox"/> Chronic Disease Management | <input type="checkbox"/> Limited Access to Mental Health |
| <input type="checkbox"/> Lack of Health & Wellness | <input type="checkbox"/> Family Assistance Programs |
| <input type="checkbox"/> Lack of Nutrition / Access to Healthy Foods | <input type="checkbox"/> Lack of Health Insurance |
| <input type="checkbox"/> Lack of Exercise | <input type="checkbox"/> Neglect |
| <input type="checkbox"/> Limited Access to Primary Care | <input type="checkbox"/> Lack of Transportation |
| <input type="checkbox"/> Limited Access to Specialty Care | |

Other (Be Specific).

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

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

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

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

☐ Yes ☐ No

If yes, please specify the services received

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

☐ Yes ☐ No

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

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

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

- | | | |
|---|--|--|
| <input type="checkbox"/> Abuse/Violence | <input type="checkbox"/> Health Literacy | <input type="checkbox"/> Poverty |
| <input type="checkbox"/> Access to Health Education | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Preventative Health/Wellness |
| <input type="checkbox"/> Alcohol | <input type="checkbox"/> Housing | <input type="checkbox"/> Sexually Transmitted Diseases |
| <input type="checkbox"/> Alternative Medicine | <input type="checkbox"/> Lack of Providers/Qualified Staff | <input type="checkbox"/> Suicide |
| <input type="checkbox"/> Behavioral/Mental Health | <input type="checkbox"/> Lead Exposure | <input type="checkbox"/> Teen Pregnancy |
| <input type="checkbox"/> Breastfeeding Friendly Workplace | <input type="checkbox"/> Neglect | <input type="checkbox"/> Telehealth |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Nutrition | <input type="checkbox"/> Tobacco Use |
| <input type="checkbox"/> Care Coordination | <input type="checkbox"/> Obesity | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Occupational Medicine | <input type="checkbox"/> Vaccinations |
| <input type="checkbox"/> Drugs/Substance Abuse | <input type="checkbox"/> Ozone (Air) | <input type="checkbox"/> Water Quality |
| <input type="checkbox"/> Family Planning | <input type="checkbox"/> Physical Exercise | |

Other (Please specify).

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

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

Other (Please specify).



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

e.) County Health Rankings & Roadmap Detail

[VVV Consultants LLC]

Meade County

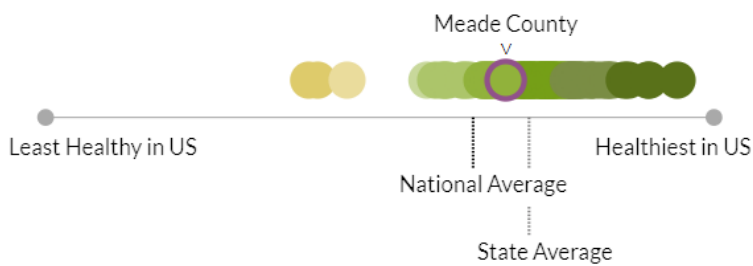
2025

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

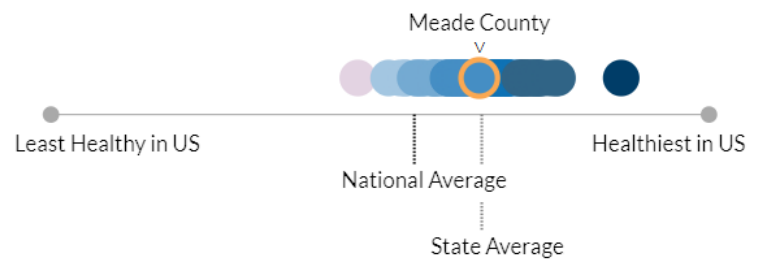


<https://www.countyhealthrankings.org/health-data/kansas/meade?year=2025>

Health Outcomes



Health Factors



Population: 3,911








Population Health and Well-being				
Length of life	Meade County	Kansas	United States	—
Premature Death	10,400	8,600	8,400	▼
Additional Length of life (not included in summary)	Meade County	Kansas	United States	—
Life Expectancy	74.1	76.4	77.1	▼
Premature Age-Adjusted Mortality	510	420	410	▼
Child Mortality		60	50	▼
Infant Mortality		6	6	▼
Quality of life	Meade County	Kansas	United States	—
Poor Physical Health Days	3.8	3.7	3.9	▼
Low Birth Weight	8%	7%	8%	▼
Poor Mental Health Days	5.2	5.2	5.1	▼
Poor or Fair Health	18%	15%	17%	▼
Additional Quality of life (not included in summary)				+

Note: Blank values reflect unreliable or missing data.

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

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

Health Factors: Drivers with the greatest impact on health, Meade County, KS - 2025

Health infrastructure		Meade County	Kansas	United States	
Flu Vaccinations		35%	49%	48%	▼
Access to Exercise Opportunities		68%	80%	84%	▼
Food Environment Index		7.6	6.8	7.4	▼
Primary Care Physicians			1,280:1	1,330:1	▼
Mental Health Providers			400:1	300:1	▼
Dentists		1,950:1	1,580:1	1,360:1	▼
Preventable Hospital Stays		3,051	2,529	2,666	▼
Mammography Screening		21%	49%	44%	▼
Physical environment		Meade County	Kansas	United States	
Severe Housing Problems		6%	12%	17%	▼
Driving Alone to Work		79%	77%	70%	▼
Long Commute - Driving Alone		18%	22%	37%	▼
Air Pollution: Particulate Matter		6.6	7.3	7.3	▼
Drinking Water Violations		No			▼
Broadband Access		86%	89%	90%	▼
Library Access		10	3	2	▼
Social and economic factors		Meade County	Kansas	United States	
Some College		64%	70%	68%	▼
High School Completion		85%	92%	89%	▼
Unemployment		2.1%	2.7%	3.6%	▼
Income Inequality		4.0	4.4	4.9	▼
Children in Poverty		13%	13%	16%	▼
Injury Deaths		164	85	84	▼
Social Associations		30.8	13.2	9.1	▼
Child Care Cost Burden		16%	19%	28%	▼



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