



# COMING TOGETHER: COMMUNITY MEETING RESULTS & NEXT STEPS




April 9, 2015



**Riley County Community Health Improvement Planning Meeting**

**APRIL 9**



**Results and Next Steps**  
Thursday, April 9<sup>th</sup> 3:00 – 5:00 p.m.

**First United Methodist Church**  
Harris Activity Center Auditorium  
530 Poyntz Ave.  
Manhattan

**In this meeting we will:**

- Review the results of meetings held in multiple Riley County communities
- Discuss finalizing health priorities for maximum impact on improving our community's health in the next 3-5 years
- Learn about opportunities to be involved and identify specific action steps going forward

Please join us, and feel free to invite others.  
All are welcome!  
Refreshments served.

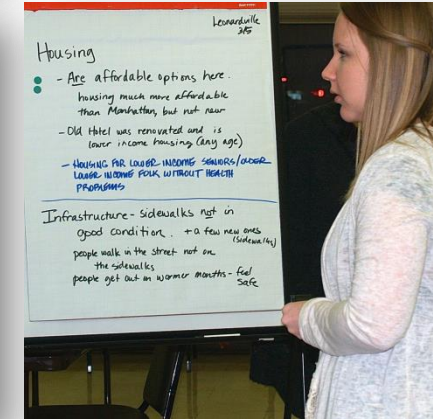
For more information see <http://datacounts.net/rcchip>

# WELCOME!



Riley County Commission


# Addressing Community Need: Today's Charge



Mercy Regional Health Center

# Planning a Healthy Future



**PROCLAMATION**  
  
**By the Board of Health**  
**National Public Health Week, April 6 – 12, 2015**

A PROCLAMATION encouraging participation in the Riley County National Public Health Week, April 6 – 12, 2015

WHEREAS, the week of April 6 – 12, 2015 is National Public Health Week, where the theme is "Healthiest Nation 2030" begins today; and,

WHEREAS, the provision of public health services is a high priority of the Riley County Board of Health because it is essential to the well-being of our residents and is cost effective; and,

WHEREAS, Riley County residents are receiving the benefits of leadership from public health professionals that provide the ten essential public health services each and every day that comprise the three core functions of public health: Assessment, Policy Making, and Assurance; and,

WHEREAS, public health services prevent epidemics and the spread of disease, protect against environmental hazards, prevent injuries, promote and encourage healthy behaviors, respond to disasters and assist communities in recovery, and assure the quality and accessibility of health services; and

WHEREAS, Riley County was recognized as the 2014 Public Health County of the Year by the Kansas Association of Counties and the Kansas Association of Local Health Departments as a result of the collaboration, coordination, and commitment to assuring a strong local and regional public health system; and,

WHEREAS, Riley County has been recognized as the healthiest Kansas County according to the 2015 *County Health Rankings and Roadmaps*, a collaboration of the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute; and,

WHEREAS, "National Public Health Week" recognizes the fundamental and vital role the Riley County Health Department has in assuring that everyone in a community has optimal health regardless where they live, work, learn, play, and pray; and,

WHEREAS, the Riley County Health Department has effectively promoted, protected, and provided public health services to Riley County for more than 63 years with the vision of "healthy people in a healthy community". Now, therefore,

We, the Board of Riley County Commissioners, do hereby proclaim April 6 - 12, 2015 as "National Public Health Week" in Riley County.


IN WITNESS THEREOF, we have hereunto set our hands and caused the seal of the Riley County, Kansas, to be affixed this 6<sup>th</sup> day of April, 2015.


**THE BOARD OF COUNTY COMMISSIONERS  
 OF RILEY COUNTY, KANSAS**

*Donald G. Wells*  
 CHAIR

*Robert J. [Signature]*  
 MEMBER

*Bess Wilson*  
 MEMBER

ATTEST:  
  
**RICH VARGO**  
 Riley County Clerk




Riley County Health Department



# OVERVIEW OF COMMUNITY MEETING PROCESS



# Community Meetings for Public Input

✓ **January 29**

*Community Leader Meeting*

✓ **February 8**

*Manhattan*

✓ **February 12**

*Manhattan*

✓ **February 18**

*Riley*

✓ **February 24**

*Ogden*

✓ **February 25**

*Keats*

✓ **March 2**

*Randolph (Seniors)*

✓ **March 4**

*Randolph*

✓ **March 5**

*Leonardville*

✓ **March 31**

*Leonardville (Seniors)*

✓ **April 1**

*Riley (Seniors)*

**April 9**

*First United Methodist Church*

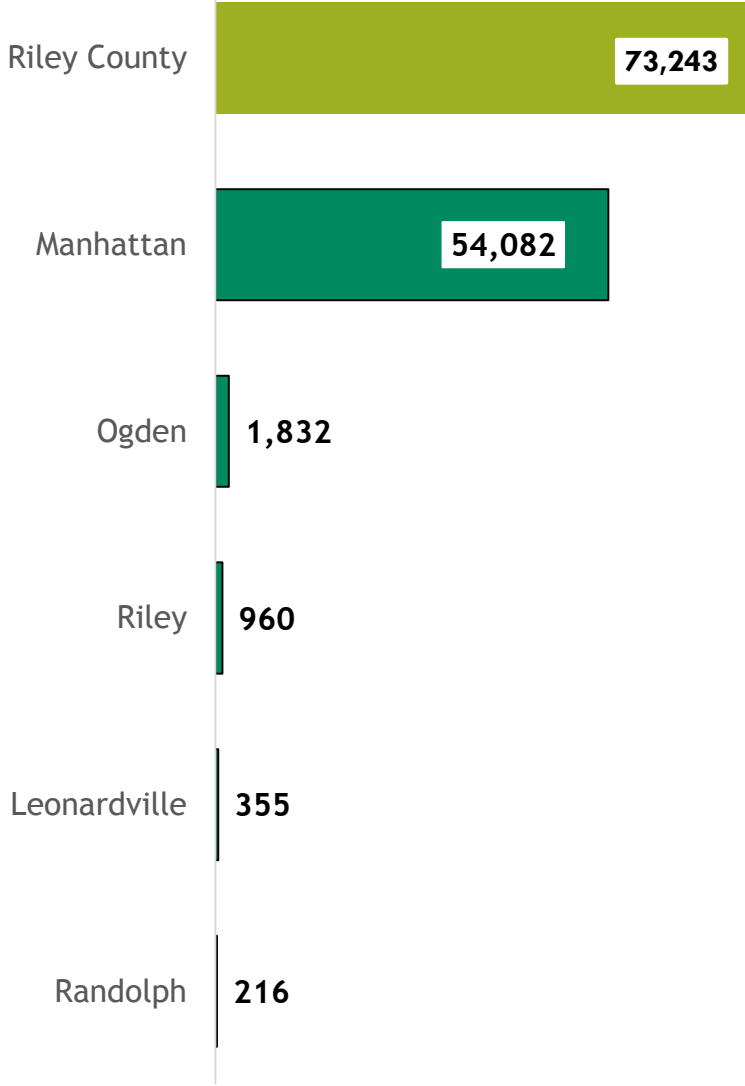
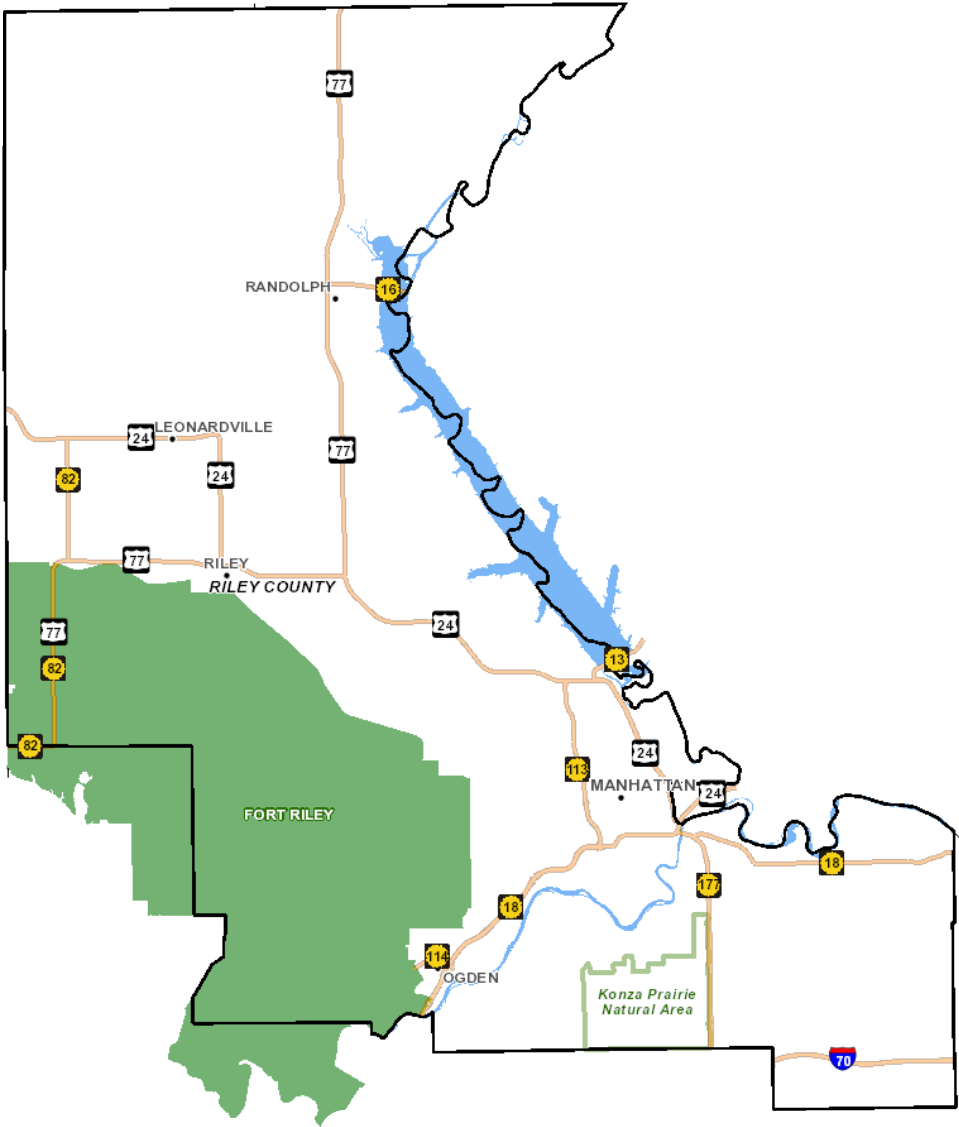
*Manhattan*

**3:00-5:00pm**

***Results and Next Steps!***

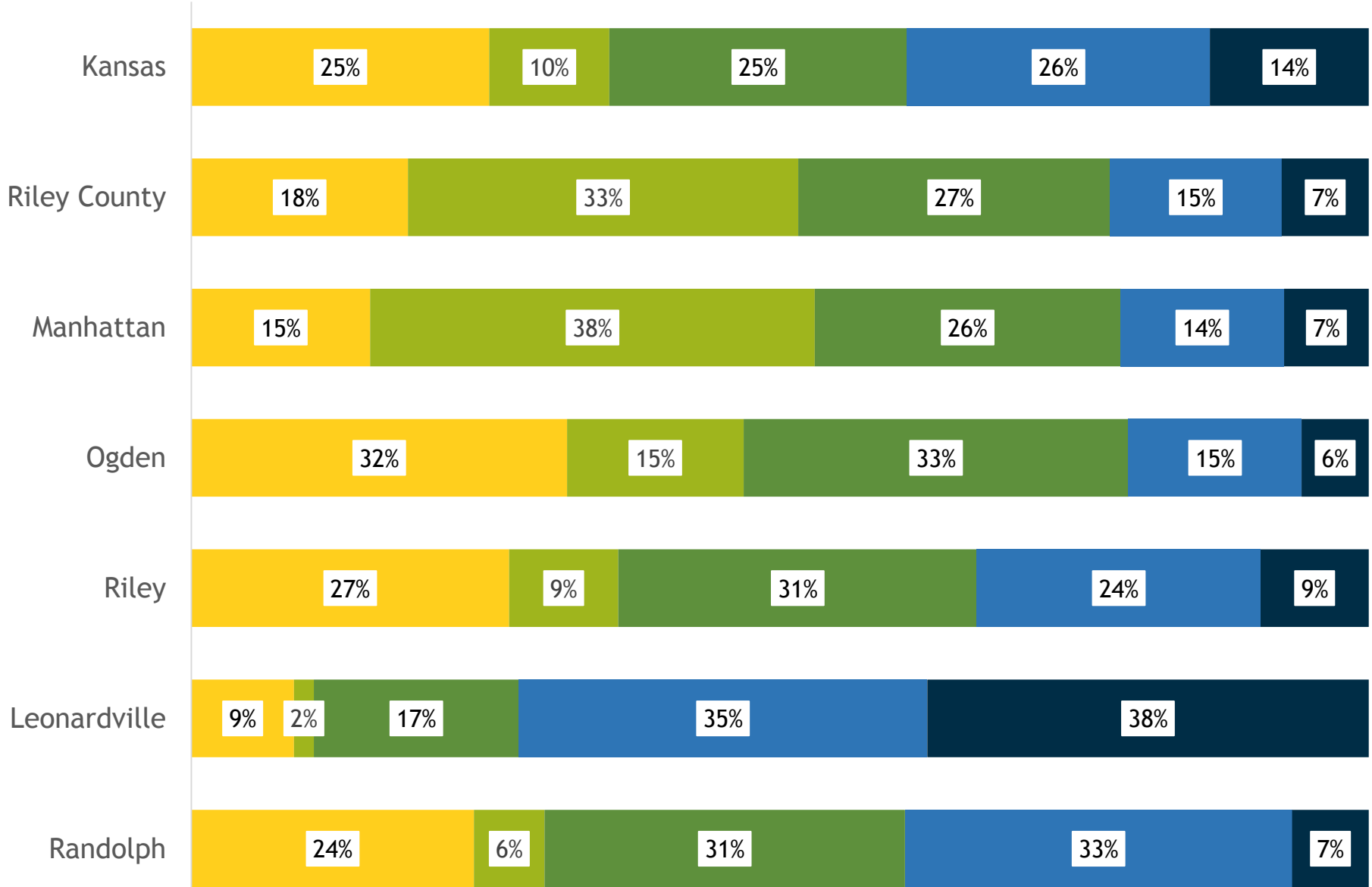
# Population of Riley County and Cities

2009-2013 Census ACS 5-year estimates



# Percent Population by Age Group

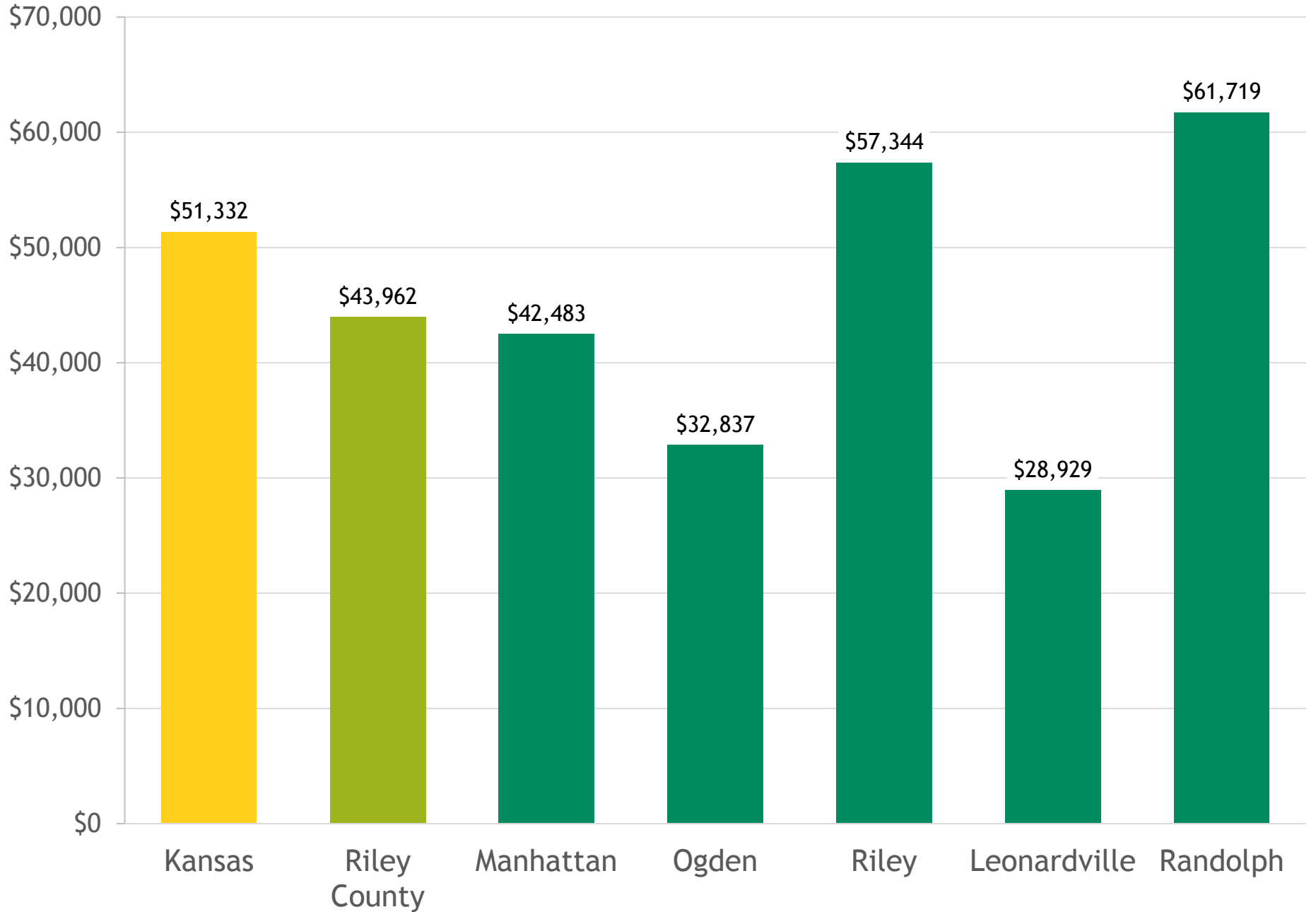
■ 0 - 17 yrs    
 ■ 18 - 24 yrs    
 ■ 25 - 44 yrs    
 ■ 45 - 64 yrs    
 ■ 65+ yrs



\* 2009 – 2013 ACS Census Estimates



# Median Household Income



*“The overarching theme of the data collected is that Riley County is a community that is divided between a high quality of life, prosperity, and growth on one hand, and dwindling resources for and lack of attention to those who are most in need on the other.”*



WICHITA STATE  
UNIVERSITY

CENTER FOR COMMUNITY SUPPORT  
AND RESEARCH

# Overview of CCNA Findings

- High quality of life
- Growth
- Spirit of community and collaboration
  
- “Invisible” population with significant needs
- Lack of accessible and affordable mental health services
- Lack of affordable housing
- Lack of accessible and affordable child care



# Comprehensive Community Needs Assessment

- Quality of Life
- Physical Health
- Mental Health
- Social Issues
- Children and Youth
- Education
- Aging
- Housing
- Transportation
- Infrastructure
- Economics and Personal Finance

# Top three needs related to housing in your community?



**Percent respondents who selected these among their top three:**

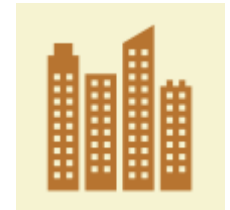
52% Affordable housing

26% Assistance with property repair and maintenance

26% Higher quality rentals

24% Code enforcement

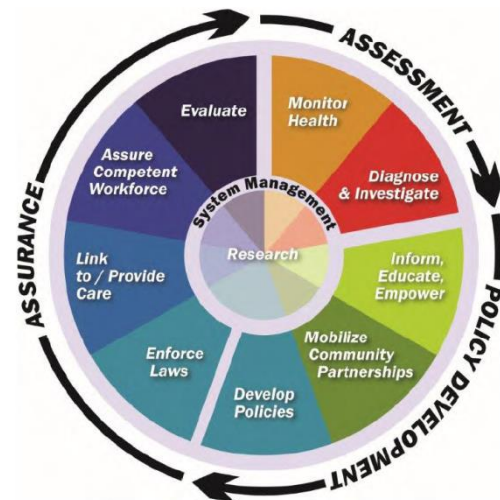
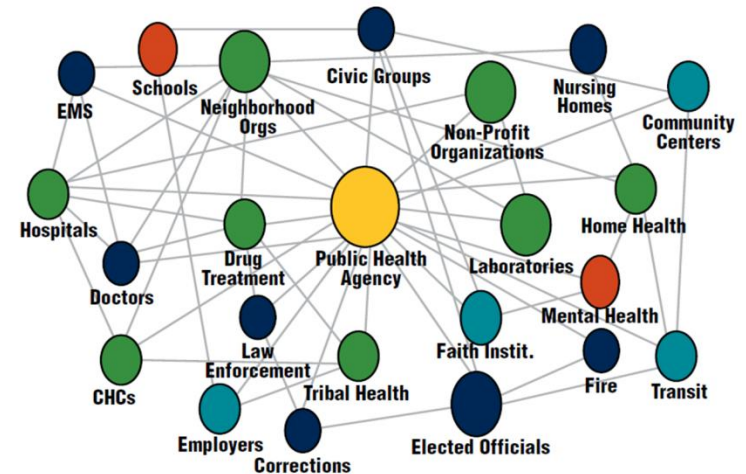
20% Neighborhood improvement programs



# Local Public Health Systems Assessment (LPHSA)

- What is public health? Activities that society undertakes to assure the conditions in which people can be healthy.
  - *The public health system is more than the public health agency...it involves all public and private entities that contribute to public health and the health and well-being of a community.*
- 10 Essential Public Health Services provided the framework for the assessment instrument that uses “model standards”
  - Describe an optimal level of performance and capacity
  - Approximately 100 people participated in the assessment in June 2014
- See report for detailed description of scoring instrument, process, and results

<http://www.datacounts.net/lphsa/default.asp>



# Leading Causes of Death (2009-2013)



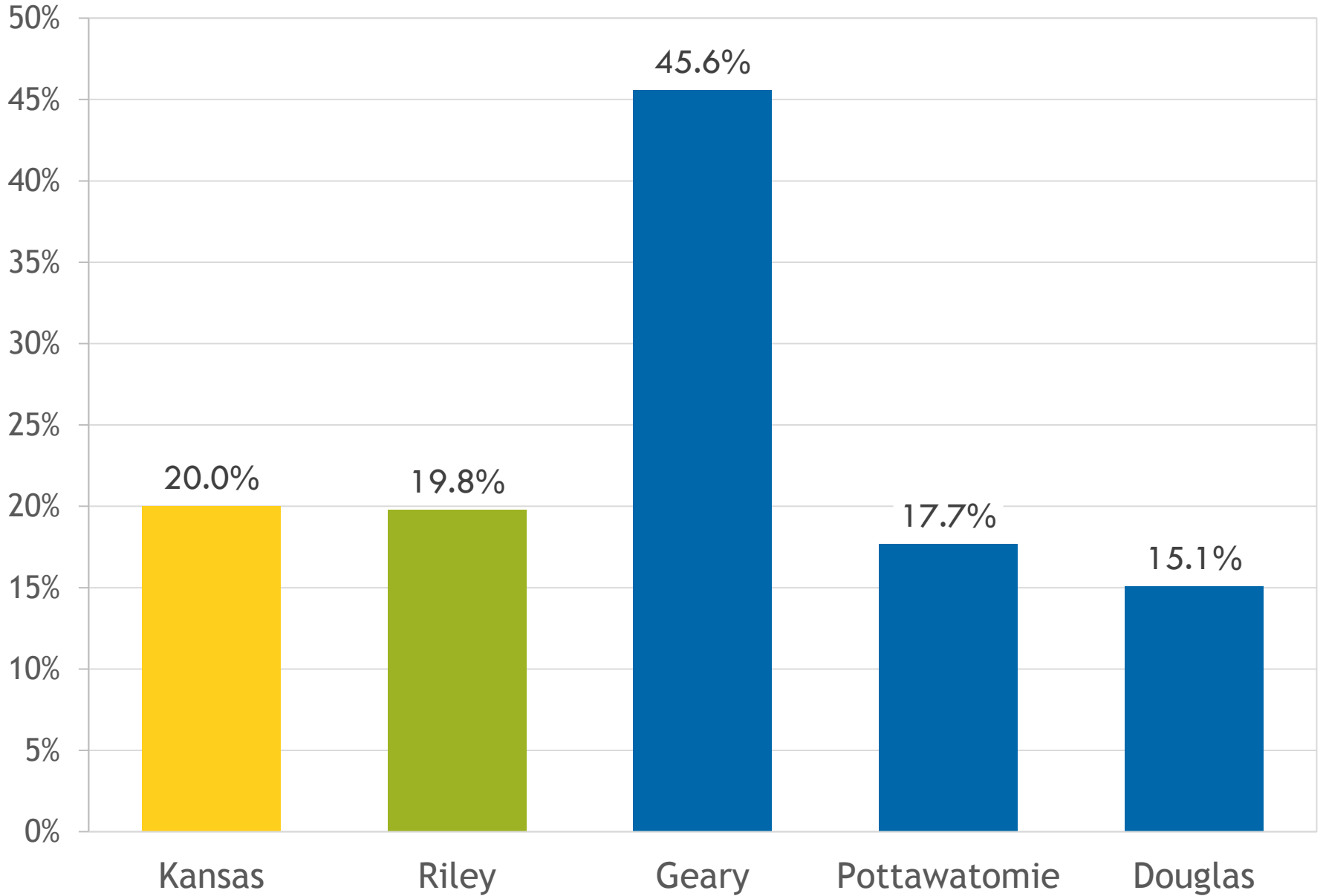
## Kansas

1. Cancer
2. Heart Disease
3. Chronic Lower Respiratory Diseases
4. Unintentional Injuries
5. Stroke
6. Alzheimer's Disease
7. Diabetes
8. Pneumonia & Influenza
9. Kidney Disease
10. Suicide

## Riley County

1. Cancer
2. Heart Disease
3. Stroke
4. Chronic Lower Respiratory Diseases
5. Unintentional Injuries
6. Pneumonia & Influenza
7. Alzheimer's Disease
8. Diabetes
9. Kidney Disease
10. Suicide

# Percentage of Adults Who Currently Smoke Cigarettes (2013)





# What were communities asked?

- In your opinion, what are the top health needs that must be addressed in the next 3-5 years?





# OVERVIEW OF RESULTS



# Meeting Participation

- Relatively small numbers of participants (5-25), but those who did attend were active, knowledgeable, and engaged community members
- Population 45 and older generally better represented; limited representation of younger adults and families with children; very limited college student representatives
- Differences among Riley County communities; not homogenous
- Rural communities had common themes
- ...and some similar themes for all

# Summary of Top Issues

- See reference copies of summary voting results on your tables



# Assumptions and Limitations

- ❑ An effort was made to accurately summarize and synthesize common themes
- ❑ Not all communities used the same terminology for similar issues – an effort was made to categorize similar issues
- ❑ Some categories were combined or split in summary results
- ❑ A few community members participated in more than one meeting, generally because they had ties to multiple communities
- ❑ Some participants left before they had the opportunity to vote or did not vote
- ❑ Voting methods and number of votes allowed per participant varied slightly
- ❑ Includes January 29<sup>th</sup> Community Leader meeting results

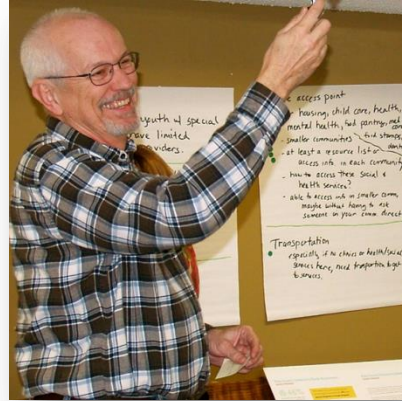
| <b>Summary of Top Issues</b>                                      | <b># of Meetings</b> | <b># of Meetings Top 3</b> | <b>Total "Votes"</b> |
|---|----------------------|----------------------------|----------------------|
| <b>Mental Health</b>  | 7                    | 5                          | 106                  |
| <b>Healthy Lifestyle (Nutrition, Physical Activity)</b>           | 10                   | 3                          | 101                  |
| <b>Transportation</b>   | 9                    | 5                          | 99                   |
| <b>Housing</b>  | 10                   | 3                          | 87                   |
| <b>Communication &amp; Coordination of Systems &amp; Services</b> | 5                    | 1                          | 64                   |
| <b>Access to Critical Services Outside Manhattan</b>              | 7                    | 6                          | 60                   |
| <b>Child &amp; Before/After School Care</b>                       | 7                    | 3                          | 47                   |
| <b>Substance Abuse</b>  | 5                    | 1                          | 46                   |
| <b>Employment</b>   | 2                    | 1                          | 39                   |
| <b>Binge Drinking</b>   | 4                    | 0                          | 23                   |
| <b>Environment &amp; Infrastructure</b>                           | 5                    | 1                          | 18                   |
| <b>Special Needs</b>  | 3                    | 1                          | 15                   |
| <b>Poverty/Economic Challenges</b>                                | 3                    | 1                          | 14                   |

# Mental Health

“Lots of private practices but demand exceeds supply.”

“Difficult for anyone to receive services.”

“We have to take our son to Topeka for the services he needs.”



# Mental Health

- ❑ Stigma associated with mental health
- ❑ Psychiatric services
- ❑ Pediatric/youth psychiatric providers
- ❑ Medications
- ❑ Lack of inpatient beds, crisis stabilization unit
- ❑ Long wait times for appointments
- ❑ Insufficient mental health services and providers
- ❑ Military population mental health needs



# Healthy Lifestyle

“There’s a convenience store, but it’s too expensive and doesn’t even have bananas!”



# Healthy Lifestyle

- Very broad category – many related items combined
- Healthy eating, good nutrition
- Access to healthy foods
- Lack of grocery stores and access to fresh foods in rural communities
- Healthy habits, poor choices
- Childhood obesity
- Physical activity and recreation opportunities for all ages
- Recreation facilities and infrastructure
- Nutrition challenges for older adults

# Transportation

“My son has to take a day off work to drive me to doctor appointments.”



# Transportation

- ❑ ATA Bus: unclear policies, limited routes, timing, affordability, complicated schedule, schedules not posted, rural riders have to be gone all day – too long for older adults, limited drop-off & pick-up points for rural communities
- ❑ Rural communities need transportation to get to services, especially health services
- ❑ Need walking/biking paths to connect town to other areas (e.g., Ogden – Manhattan)

# Housing

“I have too much money to qualify for housing assistance but too little to feel secure.”

“I can't afford assisted living so I'll stay here as long as I can.”



# Housing

- ❑ Affordability
- ❑ Better affordable, low income housing options
- ❑ Quality
- ❑ Family & senior housing
- ❑ Rental issues
- ❑ Assisted living, independent living, ability to stay in own home
- ❑ Homelessness
- ❑ Home care, home maintenance

# Communication and Coordination Related to Systems & Services

“You need to be able to access information about services and resources...without having to ask someone in your community directly.”

[Member from rural community where everyone knows each other]



# Communication and Coordination Related to Systems & Services

- ❑ Better communication, information to those who need services
- ❑ Awareness of social service programs in general, resources
- ❑ Networking of service providers so they are better aware of resources
- ❑ Single access point in each of the communities for housing, child care, health, mental health, food pantry, medical card, food stamps, dentists, etc. – at least information

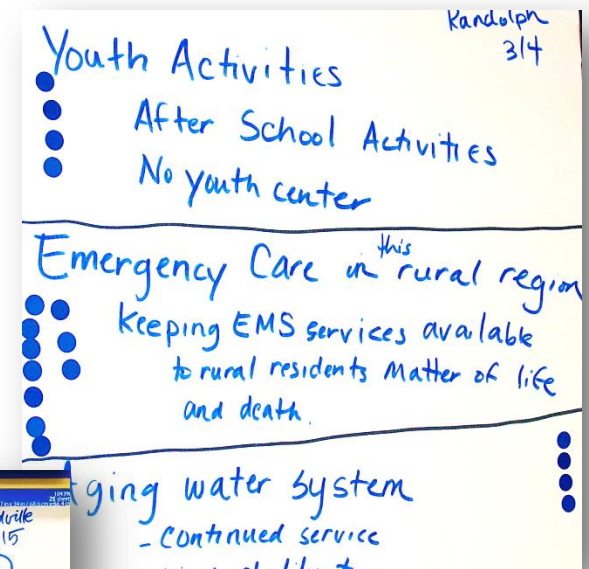


# Access to Critical Services Outside Manhattan (Includes EMS Issues)

“There’s Manhattan and then there’s the rest of Riley County. We’re the outcasts and the outlanders.”

“Next time I have a heart attack, I’m going to drive myself to the hospital!”

[Participant said he waited 2 hours for an ambulance]



# Access to Critical Services Outside Manhattan (Includes EMS Issues)

- Access to health services in rural areas: medical, health department, pharmacy, chiropractor, vision screening, immunizations, diabetes checks, nurse or physician assistant visit, etc.
- If not permanent presence, at least 1-2/week, 1/month
- Meals on wheels in rural communities
- Need first responders in Leonardville
- Ambulance/EMS issues: improve response times, know addresses (they get lost), better house numbering/address labeling, better informed drivers, road quality issues, responders need to know how to help an older person off the floor
  - Rural communities spoke positively of their rural, local responders, but had improvement suggestions for Manhattan responders

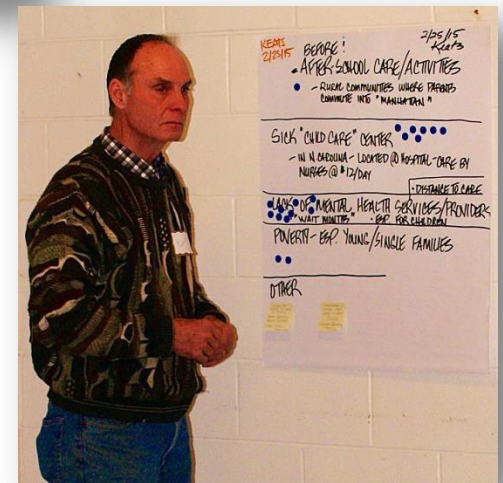
# Child and Before/After School Care

“Kids use the library after school, but we need more and more variety.”

[Rural community member]



“Parents, especially single parents, need options so they aren't penalized at work when their child is sick.”



# Child and Before/After School Care

- Affordability
- Infant, early childhood, preschool
- Lack sufficient child care in rural areas
- No/limited before/after school care in rural communities (most parents commute to Manhattan)
- Need “sick” child care option

# Substance Abuse

“Marijuana use in rural areas is subtle but pervasive. It may not be considered a problem but it is!”

“Drug use cuts across all social groups both urban and rural Riley County.”



# Substance Abuse

- Rural drug use
- Drugs and alcohol
- *Combined with mental health in community leader meeting, but always mentioned separately from mental health in community meetings*

# Employment

- Top issue only for community leader meeting
- Also mentioned at Ogden in terms of lacking local jobs in Ogden

# Binge Drinking

“We need to get rid of Fake Patty’s Day!”





# Binge Drinking

- Mentioned in 4 meetings
- Associated with college students and Fake Patty's Day

# Environment and Infrastructure

- ❑ Ogden: issue with clean water supply, trash, littering, no recycling, clean environment
- ❑ Randolph: need a cell phone tower
- ❑ Rural: sidewalks not in good condition, radon exposure
- ❑ Keats: need better quality water and sewer systems, problems with trash, Manhattan codes don't apply

# Special Needs

- ❑ Intellectually and delayed development
- ❑ Special needs related to education
- ❑ Children and youth with special health care needs
- ❑ Limited services and providers in Manhattan for children, youth, and adults with special needs – have to travel to Topeka for services
- ❑ No one (providers) in Riley County specializes in autism spectrum disorder

# Poverty/Economic Challenges

- ❑ Related to access to health care, services
- ❑ Helping people improve their situation – assistance and services, education
- ❑ Poverty/economic challenges related to families and young children, seniors
- ❑ Higher cost of living than in years' past (e.g., cell phone bill)

# Other Issues

- Access to Health Services (3 communities)
- Maternal Child Health
- Education
- Dental Care
- Safety/Security
- Specific disease (cancer, diabetes)
- Immunizations
- Social connections (3 communities)
- Tobacco
- Disability



# WHAT NOW?



# Avenues for Moving Forward on Top Priority Issues

1. **Special Action Team/Coalition**: Address together as a community through coordinated partners and specially formed action teams (top 1-3 issues not otherwise being addressed)
2. **Existing Group Takes Ownership**: Hand-off to existing groups already in place and working on issue; become involved with those groups or initiatives
3. **Organization Level Change or Increased Focus**: One or more organizations may choose to address through strategic planning, advocacy efforts, resource re-allocation or organization-level policy changes, etc.



# LEVEL OF VALIDATION OF LEADING ISSUES? TOUR OF CONCERNS





# You may wish to consider...

- ❑ **Concern:** Level of community concern, social outrage, or desire/acceptance of change?
- ❑ **Magnitude:** Proportion of population and/or communities affected?
- ❑ **Seriousness:** Level of health impact
- ❑ **Feasibility of Solutions:** Known and proven strategies to address? Resources available to implement strategies?

*Considerations adapted from Prioritization Matrix developed by Eric Coates, Industrial Hygienist, Department of Public Health, Fort Riley Medical Activity, for sharing of prioritization matrix*

# Validate EVERY Issue/Page

This was accurately identified as a *TOP* health priority and should be addressed in a coordinated, concerted effort over the next 3 years with focused attention, time and resources.

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree
- Don't Know/Unsure

*May put an item on the  
“Missed the Boat” page*





# LEVEL OF COMMITMENT CARD



# Level of Commitment Cards

- ❑ Validation versus commitment
- ❑ Also interested in how actionable these items will be in terms of community member/ leader/organization involvement
- ❑ Before you leave, please VOTE on each issue
- ❑ Could be from an individual, organization, or volunteer/community perspective
- ❑ Does NOT commit you to work on this issue indefinitely or at all – you can change your mind!
- ❑ BUT, please give your **best guess** of you or your organization's potential interest level in helping to address each issue
- ❑ Everyone, please submit before you leave – even if you decline to help for all issues, which is good information for us



# CLARIFY CHALLENGING ISSUES, IDENTIFY ACTIONS



# Why these issues?

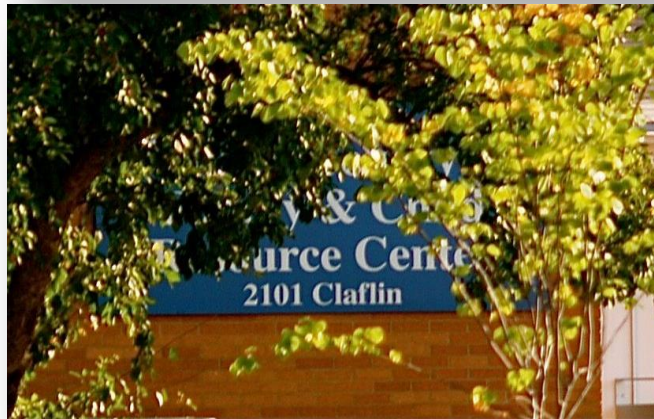
- Top concerns
- Complex issues lacking straightforward definitions, scope, and solutions
- Need help further clarifying issues and potential action steps
- *May be other known groups working on some of the issues not listed for breakout discussions*
- *We will form other breakout groups as needed*

# Discussion Questions

- **WHO:** Who is already working on this? Who *should* be working on this?
- **WHEN:** When should the work be accomplished? How urgent?
  - **Immediately:** May – December 2015
  - **Soon:** January – December 2016
  - **Future:** January 2017 – December 2017
- **WHAT ELSE:** What else do we need to know? What questions need to be answered before we can move forward? (This may be an action step.)
- **LET'S DO THIS!** List 1-5 actionable and feasible first steps to start moving us forward. (Don't make these too complicated. These should be steps that are possible to complete.)

# Next Steps Can Begin Today

What is your Health Department committed to doing?







# CLOSING REMARKS





# Thank you!

## *Submit your Commitment Cards*

