Bob St. Peter: Hello, I'm Bob St. Peter, a pediatrician and the former president of the Kansas Health Institute. Today is May 7th, 2026, and I'm in Hutchinson, Kansas to interview Benjamin Anderson. Benjamin is the CEO and president of Hutchinson Regional Health Care System. Thanks for joining us today.

Benjamin Anderson: A pleasure to be here, Dr. St. Peter.

BSP: This interview is part of the Kansas Oral History Project, exploring health issues in Kansas. The Kansas Oral History Project is a nonprofit corporation that collects and preserves oral histories of Kansans. This series is supported by donations from generous individuals and a grant from the United Methodist Health Ministry Fund. Our videographer is former State Representative Dave Heinemann. Benjamin, again, thanks for being here.

BA: It's a pleasure.

BSP: Just start by telling me a little bit about your story and how you ended up in Kansas.

BA: I was born in the Bay Area of California, in a very diverse area and moved to Sacramento as an adolescent, was there for several years. My family split up when I was a junior in high school, and my mom and brothers and I, we moved to Springfield, Missouri to live with some family, and that was my introduction to the Midwest. Through that experience, unfortunately, I encountered some pretty intense poverty during that time and a lot of instability that I think even still informs my perspective around life and work and engagement and community today. But through that move, I was then ultimately admitted to Drury University where I attended during that time.

BSP: I heard a funny story about you and Drury. So, you have to tell us that story.

BA: You're referring to how I was admitted?

BSP: Yes.

BA: I had lost a semester's worth of grades with the way that my family split up. My mom wasn't in a good place at the time and had removed us from school and really didn't check us out. I lost a semester of grades. It brought my cumulative GPA down considerably. I was not a competitive applicant for a competitive school like a private liberal arts school like Drury.

So, I applied to several state schools, and I was denied, not even waitlisted, just denied, "You're not a fit here. You need to go elsewhere or don't go." But I really wanted to go to Drury. I knew if we had [not] removed my second semester of my sophomore year grades, I actually—I was admittable. My test scores and grades would have passed.

So, I just started cold calling and knocking on the door of the admissions counselor, the vice president of admissions at the time. He was a guy named Chip Parker. I just was knowing on his

door, “Hey, my name’s Benjamin, and I really want to go to school here. What do I have to do to go to school here?”

Initially, he wasn’t sure. It probably took me four or five months. I took the ACT. I wrote a convincing entrance paper, statement telling my story, and basically saying, “If you let me in”—I remember the moment when I finally connected with him. I realized just through his body language, he just said, “All right, man. We’ll give you a shot.” The next week, I got a letter in the mail, and it was one of the happiest days of my life because it wasn’t just getting admitted into a good school. There was financial aid. There was housing. There was food. For the first time in years, I had everything I needed to thrive, just by being on campus. It was an immediate step out of poverty and into stability, just by being on campus and having access to the financial aid and scholarships needed to make it go.

BSP: From what I remember, you did a great job there and actually was a speaker at graduation.

BA: I ultimately did commencement. I couldn’t believe it. When I spoke at commencement, it was ten or fifteen minutes of telling the story about not even having enough money to put gas in our gas tank, four of us in a two-seater Toyota pickup truck, a 1981 Toyota pickup truck, not having—it was the same clothes, your two, three outfits that I would just rotate through that we got at a thrift store. So, to be able to even be admitted there was—it meant more to me than the diploma.

BSP: You went on and got another degree from there also?

BA: Yes, I went and got an MBA. Then I went on to Dartmouth College for a degree from the tech school of business as well later on, but it started at Drury.

BSP: I want to ask you a little bit about that. So, then what happened after you left Drury?

BA: I got a four-year degree in English, and the reason I majored in English was because I didn’t have to buy books. My mom was an English teacher. She taught me how to write and taught me that I could always keep my grades up if I took an English class each semester. I also realized I didn’t have a lot of money for books. You could always rent the only copy of whatever volume was at the library, and then I wouldn’t have to buy—I just kept my costs down. I kept taking so many English classes that ultimately, they said, “You know, you can finish your degree in English faster than the one in business.” I said, “Let’s just do that. Let’s just get a degree in English.”

I intended to go to law school, but I really changed my priorities my senior year in college and ended up going on a different path. I determined pretty early on—a lot of people had helped me along the way to get into and get through college. So, I wanted to spend the next several years of my life helping other at-risk kids do that. I founded a 501(c)3 not-for-profit organization that sent kids to college on scholarships, really diverse backgrounds. I didn’t know the term “equity.” I really wasn’t paying attention to diversity. I just knew these kids were a little bit like me.

BSP: Where were you living at the time?

 

BA: Springfield, still in Springfield. I founded this 501(c)3, not knowing much about running a business, but just it was a crash course. I pulled together a board, cobbled together a little revenue and some grants and spent six years doing that, living on the fraction of a youth pastor's salary. I didn't need a whole lot at the time.

In retrospect, I was pretty vulnerable even then. I didn't have insurance. I was just doing it out of passion. So, I helped about seventy kids get into college through a four-year mentoring program that gave them each what we called "a gold card." We'd research colleges that were a fit for them from an athletic or academic or a financial aid standpoint and just help them, guide them into college. I spent six years doing that and then I got a call from the college, from Drury, saying, "Will you come back and be the house father of a fraternity here?" I think I was twenty-five years old at the time. So, in my last year of running that nonprofit, I was living in a fraternity home, and it was like walking back into a hurricane. I left in some ways socially maybe part of the problem on campus and came back as part of the solution, working through that.

But it was helpful. I think my undergraduate years weren't all challenging. I had a wonderful experience being a college cheerleader. I competed on ESPN at Disney World. I learned how to be an ambassador for an organization or a college. I was able to come back and give back to the college a little bit, but that paid for my MBA and helped launch me into the next phase of my career.

BSP: That's awesome. I think that that explains a lot of things that I know that you have done over your career, maybe those experiences that you just talked about. So we'll have a chance to get into some of those. What happened next? You had your MBA; you were still in Springfield.

BA: I transferred the nonprofit work to another organization, developed it in this other organization and then went back, was focusing on school. I got a modest salary from the college. I took a job as an assistant manager at a Walgreens while I was living on campus. My days would be 7:30 to 4:00, I'd be working at Walgreens, 5:00 to 9:00, I'd be in MBA classes, and then I'd go home, and until 2:00 in the morning, there was thumping bass and a lot of parties, just learning how to exist in that mixture and make sure everyone stayed alive as that happened.

Toward the end of that season when I was at Walgreens, I heard from the dean of the business school who said, "There's an alum in Dallas, Texas who's looking to recruit doctors to rural areas. He works for a firm that does this stuff. Is anyone interested?" and I said, "If I can take high school kids and colleges and make them match, maybe I could take doctors in hospitals in communities and make them match. Maybe I can do that." I didn't have five years of banking or insurance or health care. I didn't have that experience. I wasn't building on something traditional, but I did have the skills and some better awareness of budgets and business and management because I had picked that up by that time.

So, I went down and interviewed. I gave it my best shot. I was hired. It was a commission-based job. It was high pressure, a cut-throat industry, either you perform, or you out kind of thing. I just committed to be the first one in and the last one out for those years I was there. I read every trade magazine I could. I learned everything I could possibly learn in the industry.

 

BSP: And it was focused on recruiting just physicians or other health care providers?

BA: I was really in the physicians' space. The firm did more broad work than that, but I was just focused on recruiting doctors.

BSP: To hard-to-place practices in Texas or anywhere?

BA: I was actually asked to cover Northern California, Oregon, and Nevada. So, I could actually go home and see my family on the company's nickel. It was so exciting to me. I could go back and actually help recruit doctors. But the places that they needed them were in rural areas. I had married a rural farm kid from Sabetha, Kansas. So, I had a connection to rural that I wouldn't have otherwise had. I'd never been to Kansas, other than just knowing her, but it did make me curious about rural areas. I just poured my heart into that work and tried to figure out how I could be of value to these rural hospital CEOs.

And through that, I fell in love with the work of a rural hospital CEO. I figured out, what we're doing at this firm, we're taking a doctor from one community, we're putting him in another one, and we're charging 30,000 bucks. Ultimately, that's not gratifying because these doctors were leaving for some reason and going to a place for another reason. Often, it was burn-out. It was moral [?] [00:10:49.15] injury. It was an unsustainable workload. It was culture. It was misaligned incentives. We were just pulling them out of an unhealthy place and no guarantee that where they were going was any healthier. I wanted to be on the side that fixed that.

Also, I've always been more curious about what goes on in the broader community and how the health system can help improve a community than only managing a hospital. But it's so important that we manage the hospital well first so that we have the credibility to do something else. So, I've always been curious about that. I just set a goal while I was there. "I think I want to be a rural hospital CEO by the time I'm forty." At the time, I was in my late twenties. "I want to do that."

So, I just started cold-calling rural hospital CEOs at 6:30 in the morning, a little bit like I called the VP admissions guy, and just said, "My name is Benjamin. I'm a twenty-nine-year-old, twenty-eight-year-old MBA from Dallas, Texas. I want to be like you when I grow up. What do I do?" Before 8:00, their assistants weren't in there screening their calls. They would pick up the call, and I was so surprised that every one of them would take that call without exception. They would either return the call or take it. So, it was Kansas that I called because I asked my wife, "Where do you want to live?" and she said, "The rectangular state in the middle is the center of the universe, if you didn't know." She was like a homing pigeon. It's like a magnetic force. She's going to get there. She wanted to live there, and I wanted to live with her. So, I guess we're going there. I Googled every hospital around all the areas where she had family. I found the names of the CEOs and their phone numbers. Those were the people I called at 6:30 in the morning.

 

I think that experience with poverty made me hungry. I didn't grow up in generational poverty. I encountered it as an adolescent. I realized, "This is terrible. I don't ever want to live like this again. "

BSP: How fragile it can be.

BA: Yes, how vulnerable. I just said, "I'm never going to live like that again. I'm going to be the hungriest one in the room." I just started calling them, and one said—you know, it was Maynard Oliverius in Topeka. It was the first one I called. He said, "Join the American College of Health Care Executives and call Melissa Hungerford at the Kansas Hospital Association." I just called them. I called back the next day. "I did this. I paid my 150 bucks. I joined the ACHE, and I talked to these folks."

I just got advice from these guys, and they just said, "Stay in touch." Finally, one guy named Ron Bender at Clay Center, Kansas at the time emailed me a current report from the Kansas Hospital Association and said, "There's an open position in Ashland, Kansas. I don't know you. I won't recommend your work. If you use my name, they're going to take your call, but after that, you're on your own."

BSP: That was your foot in the door.

BA: I cold called and ended up meeting with a guy from Great Plains Health Alliance who then introduced me to the board chair of Ashland Health Center who was a local veterinarian. They invited me for an interview, not because I was qualified, but because they were desperate. They couldn't find somebody. They'd had seven administrators and eleven doctors in a period of eighteen months. They just couldn't keep stability. It was an old Hill-Burton, fifty-year-old hospital, poorly maintained, a lot of deferred maintenance. I just sat down with the board chair. I was transparent about what I knew, and he was transparent with me, and he said, "The facilities in this place are fifty-five years old. The finances are upside down. We've had no doctor for eight months, no CEO for six months. The morale is low here. The turnover is high. We've got a few days of cash on hand, and if we lose this hospital, we're undoubtedly going to lose our school system. If we lose our school system, this town's gone, and 125 years of way of life is going to go away." He said, "I am prepared to advocate for you despite your youth and lack of experience," which was another way of saying, "No one else is applying." "Would you be willing to come?"

At the time, I was interviewing for Baylor Health System in Dallas to run a pay-management service line for the cancer center. It seemed like a more reasonable track. I could get into leadership that way. We took a chance, and we moved to Kansas. I poured myself into that place for four-and-a-half, five years and learned—we poured our heart into that community, and ultimately that resulted in several new doctors moving there. Just after I left, they approved a bond for a new hospital, and they rebuilt the hospital, which would not even be affordable now with all the inflation that's happened, but they got it done just in time. They built a beautiful facility that's still thriving. They've got stable leadership there, and the same med staff are still working there.

 

BSP: I want to come back to this issue of recruiting physicians and getting them there, but let's move on. If you have anything else you want to talk about with Ashland, but I want to go to your next step. One of the features there I wanted to spend more time on is your effort around recruiting physicians. So four years in Ashland, and then what happened?

BA: Well, four years, but there was one special thing that happened that really gave me a look into the capacity of rural Kansans to solve problems. I think it's a story worth sharing because it really informed how I saw change management moving forward. I took a road trip with a dishwasher at the time. He was twenty-one years old. I took a road trip with him to Oklahoma City to pick up my wife who was finishing a teaching contract. He shared with me he had just washed out of a baseball scholarship and was home sort of licking his wounds and figuring himself out. But he shared with me that his grandmother had just passed away from breast cancer, and she hadn't had a mammogram until Stage 4. Had she had it earlier, she'd probably still be alive.

I just asked, I think ignorantly, "Why didn't she get a mammogram?" It is hard, assuming that folks just don't prioritize it. He said, "The nearest digital mammogram is two-and-a-half hours away. It's in Wichita." I'd never in my life lived in a place that had that kind of access issue. Then I said, "What do you think we need to do about that?" He said, "I think we need to have a basketball game." I really wasn't connecting with—I said, "Help me understand how a game of basketball has to do with the mammograms. How are you going to fix that?"

BSP: And you were in Kansas after all.

BA: I didn't know that. I said, "Why basketball?" And he said, "Well, basketball was invented here." I said, "That's debatable." He said, "It is not debatable. Go to Lawrence, Kansas and experience the Phog [KU's Allen Fieldhouse]. Basketball is our sport." He was sharing with me, "If you want to reach people with a message that matters, you do it in a language or a medium that they can understand, and here we understand basketball." When I asked, "Why basketball?" he educated me really quickly, like wondering, "Who did they hire for this hospital? You don't know anything about Kansas. Basketball's our thing."

I said, "What do you propose we do?" He said, "I think two towns can play each other, a girls basketball game, and those teams can play each other. They can wear pink uniforms and we'll show up and pay some money at the door, and we'll use that money to pay for mammograms for women who can't get access to them. And if we raise enough money, maybe we can even bring a bus with a mammogram machine here, so people don't need to travel, and they don't have to pay for it."

I thought, "All right, man." I'm picturing, "How is this going to work?" Well, the [Kansas] State [High School] Activities Association said, "You can't have any more than three players on a team outside the season. You'll jeopardize your season," and he wouldn't drop it. So, he went back and said, "No, we'll have three current players on either of these teams, Ashland and Coldwater, "We'll have three recent graduates, and we'll have nine celebrity players."

BSP: You set your sights very high on those celebrity players.

 

BA: I was thinking like the fifty-nine-year-old math teacher. “Are people going to pay money for that?” I said, “Who do you have in mind?” He said, “There’s this player named Jackie Stiles. She’s the NCAA’s all-time leading scorer right now.” This was back in 2009. I said, “Yeah, I’m aware. I was at the game where she broke the record.” I was in Springfield, Missouri. We’re in the same college class, and I watched her break that record. I didn’t know her, but I watched her break the record.

He said, “I don’t how to get her.” I said, “I suppose you’ve got her cell number?” He said, “No, but her dad’s a track coach over at Claflin High School. I bet if we’d just call over to the high school.” Sure enough, her dad said, “Here’s her cell number. I bet she’d like to do it.” And then she committed to do it.

I said, “Who else have you got, Joe?” He said, “There’s this player named Shalee Lehning. She’s from Sublette, Kansas, and she’s leading the nation right now in assists with Kansas State, and she just got drafted by the Atlanta Dream.” I said, “I suppose you’ve got her number?” He’s like, “No, but this rancher in Ashland is a booster for Kansas State with the Gardiner Angus Ranch.” So, we called Garth Gardiner with the Gardiner Angus Ranch, and he said, “Yeah, I know the athletic director. I’ll get her cell number for you. Give me a minute.” And that afternoon, we had her cell number. So, Shalee said, “If Jackie’s coming, I’m coming.”

Then players from K-State, KU, Missouri, Missouri State, Iowa, USC, Notre Dame, Texas, Oklahoma, Oklahoma State, Montana, Montana State, Tennessee, Ohio State, Old Dominion University all committed to come play in this game because Jackie was there. Then the KU cheerleaders said they’d be the cheerleaders for the game. K-State said, “Wait a minute. If KU’s bringing their cheerleaders, we’re coming, and we’re bringing our pep band because we got to one-up KU.” So, they brought the pep band to the game.

Then Fox Sports Network agreed to broadcast this game live from coast to coast out of Ashland, Kansas. They spent a whole day wiring that 1960s gym. And it sold out in an hour at thirty bucks a ticket. There were kids that were camping outside the elementary school ready to buy tickets, and it sold out in an hour. It was on national TV. And Fox Sports won an Emmy for broadcasting.

The first game raised $70,000. It went on for ten years until COVID. It raised over half a million dollars, and the bus came and still is going there to this day.

BSP: To do mammograms for—

BA: Pap smears, mammograms, colonoscopies, HPV vaccines, now not just for women, for women and men. It doesn’t just pay for preventive stuff. It pays for cancer care, anything that health insurance won’t cover. If you’re uninsured, it covers it all. They pay for that. That went on for ten years.

BSP: It’s so easy to see where your vision of the role of a hospital and the community lies, just listening to these stories that you’ve been telling. That’s awesome. I’m glad you brought up that.

 

BA: It wouldn't have happened, Bob, if five towns didn't work together. There's only one place that the band could stay, and it was at this reunion hall at Meadow Lake in Coldwater. Otherwise, they couldn't come. But our town, the sheriff had confiscated drug funds they could use to fly everybody in. They've got that on 54 Highway. We thought, "If the drug lords knew"—it's such a good cause. Perhaps they wouldn't have minded it. We all worked together to make it happen.

BSP: That's awesome. So, tell me about the move to Lakin. What led to that?

BA: I got a call from the board chair in Lakin who read some of these stories. I think one was in *Sports Illustrated* or some of the publications. *NPR*, I think had featured how we were recruiting doctors. He said, "I think you need to come here." I said, "I'm really not interested in moving. If we're going to move anywhere, it's going to be northeast, closer to my wife's family, but we're pretty settled here." He called three or four months in a row until finally he just said, "I want to understand—

BSP: Did that remind you of somebody, the persistence?

BA: That's right. His name was Dr. John Weed. He was the local dentist. He was the board chair. He said, "What matters most to you?" I said, "Well, what matters most to me is different than what matters most to my wife. What matters most to her trumps what matters most to me" as far as where we live. I live in this hospital. She's the one that has to really live in the community. He said, "What matters most to both of you?" I said, "I want a place where I can be creative where I can engage in the community, I can run a good organization and engage in the community to help lift up the economy and the sense of well-being within the community, and I want a board that's going to give me the freedom to be creative and do some work on the national level as well to affect policy and advocacy, things like that." I said, "What matters most to my wife is that I'm not in a job that's going to take me away any more than this one is currently taking me away from her. We're starting a family. She's the CFO of our household. She doesn't want to be in debt," those types of things. I said, "But what matters most to me is I want to go to Dartmouth." I'd learned about this health delivery science master's at Dartmouth. And he said immediately, impulsively, "We'll pay for it." I said, "That's not a cheap degree." He said, "Yeah, we've got it." "You're the chair; but you're not the board." He said, "Just come visit with us." So, I went up and visited with him, and he said, "Yeah, we'll pay for it."

So, that drew me there. What also drew me to Lakin was it was eighteen miles away from the world's largest beef packing plant. There were people from forty countries there. When I was at Drury, I got a minor in global diversity. It was just when this concept was coming out in the nineties. I'd been fascinated with other cultures and thought, "It would be really cool to work with those folks. By the way, they all had Blue Cross and Blue Shield insurance. We could find a sustainable way to work with them. I really want to be in that plant."

So, I moved there because I knew a few of the doctors that were there. I'd tried to recruit them to Ashland. They reversed and said, "Why don't you come work with us?" I went to work there and

 

again poured my heart into that place over six years. We saw a significant growth during that time period.

BSP: Talking about the diversity of the community that you served there, talk about some of the innovative things that you did. I heard you mention your Baylor roots that involved even reaching back to those Baylor roots to really do some in-depth work in the community around Lakin. Tell people who may not know, where is Lakin? The county is less than 2,500 people, right? Kearny County?

BA: The county is maybe 3,900 people, 2,200 people in the town. I didn't know this when I moved there, but it's the 10th most remote town in the United States, according to the *Washington Post*. That was not a contest I knew we were in.

BSP: The longest distance from a major metropolitan area.

BA: The driving distance to a city of 75,000 or more, and that was Pueblo was three-and-a-half hours away. Four-and-a-half hours away is Wichita; five-and-a-half-hours away is Denver. That's where you go to the shopping malls, Wichita or Denver. It was very, very remote. We would say sometimes, "We're right next to absolutely nothing."

BSP: Yet it had this incredible diversity of people from around the world.

BA: It was a collision of geographic isolation and cultural diversity.

BSP: Talk about some of the things you did to understand that community, particularly the immigrants working at the meat-packing plant.

BA: The refugee population. While I was at Dartmouth, I was profoundly influenced by a teacher—

BSP: Just to say, you did an executive program. So, you didn't leave the hospital for an extended period of time. You were doing this over a period of a year.

BA: A few weeks at a time over two years, I would go there. It was designed executive, and I would highly recommend it. The program's still in existence today.

BSP: You took a group of us out to Dartmouth one time.

BA: I did.

BSP: To visit the program.

BA: That's right. It was years ago. And since I've probably sent thirty people through that program. I just encouraged them to go. One of the things I learned, I was profoundly influenced by a woman you met when you were there. Her name was Elizabeth Teisberg. We had dinner with her. I remember a doctor from Beloit, Kansas, we were in this conversation where we were

 

talking about how folks in Washington make decisions that don't make sense for rural Kansans. She said, this doctor was particularly saying, "They don't know rural. They don't know rural." And the lesson that we took away was, "So, they don't. So, teach them. Pick one meaningful thing to measure that brings about meaningful change, lowers costs, and improves outcomes. Show them how you did it, and they will run to you. Don't wait on the feds to solve your problems. You solve them."

Elizabeth Teisberg had a profound impact on me. One of the things she showed me was with disparities you take what you're already measuring, and you just divide it by people group and see what happens. There was a perception at the time that disparities were for urban places, those kinds of issues. We're a rural town. Everybody's equal here. We'll bootstrap it. We didn't have a disparity issue. And her challenge to me was, "How do you know? Don't assume you know without looking. So, take what you're measuring and divide it by people group."

So, what we did was we engaged our community in connection with Baylor. My granddad went to Baylor. I always wanted to go to Baylor. I didn't have the means to do it when I was getting into college, but I'd stayed connected there, and I started hosting through a connection there, and one of my mentors was the CEO of Baylor Health System at the time, a guy I cold called called Joel Allison. For five years, he took my phone calls. He brought me down there and introduced me to the Honors College, and I'd hosted while I was at Lakin thirty interns from Baylor to come up and do summer work with us. The first group that came up, we pulled together a community engagement survey through the University of Kansas School of Medicine, the Department of Preventive Medicine and Public Health, where we asked the community—it wasn't just door to door, but we engaged them through what's called community-based participatory research, "What services in seven categories of this community are you aware of that would help you improve your health and wellness? What do you want to see more of?" It was in education. It was in health care. It was in the faith community. It was in the employer community, the public health department, these types of areas within the community. We said, "In these areas, what are you aware of?" The research extension office was in there.

They would check the boxes. It was all quantitative. They would check the boxes. They'd get $10 in chamber bucks, which is like a religion in rural Kansas. Keep the money local, right? So, we had this grant from the United Methodist Health Ministry Fund gave us the grant money to do it. We had this 10,000 bucks. It was gold. Everybody was after that. You can buy gas with that, you know?

So, we got out in the community, and these kids from Baylor, we just opened doors for them. Malcolm Gladwell in his book, *The Tipping Point*, calls a category of people "connectors." It's not necessarily the mayor or the school board president. It's the home health worker. It's the gas station attendant. It's maybe a teacher or a parent. Everybody knows and loves them.

BSP: That knows the right people.

BA: When they got sold on it and they realized that they could get some incentive dollars, some chamber bucks, then they opened doors for all of them. They went into employers. They went into the local coffee shops. They went to the seed salesmen who knew all the farmers.

 

BSP: Do I remember something with getting into the big meat packing plants?

BA: We did, those who worked there. That was Round 2 of that survey. We did this for several years in a row, and then ultimately the Kansas Health Foundation helped us fund the broader work that was in six counties. That was in Year 2. But in Year 1, we had an 85 percent response rate of the households in our community

BSP: Which is phenomenally high.

BA: Really high from a public health standpoint, yes, 85 percent, and there was less than a 5 percent duplicate rate because we had a map literally, and there were pins in the house, every home that we covered. It was anonymous. You had the survey that went in one envelope. You had the address that went in another. And the address for tracking that you'd gotten it, but you knew that there was a separate thing.

BSP: And you saw some areas that didn't have a lot of representation.

BA: We went in, and what we figured out was, "Hey, we can't get into these neighborhoods because there are pit bulls in front of the trailer houses." But we figured out, "Oh, we know where they work. They work at Tyson." So, Tyson allowed us to go into the plant and pull people off the line on the clock, and they got a break for doing it and they go ten bucks. We were able to capture them while they were at work.

BSP: And Tyson saw the potential for improved health and well-being.

BA: They did.

BSP: And reduced missing work.

BA: They did. That got us in where a grant from Tyson actually paid for care coordinators that were employed by us to go into there and funnel all those people for permanent care.

BSP: I'll just remind people. You're in Lakin as a hospital administrator, and you're out doing all of this.

BA: Or other folks are doing it.

BSP: You're—

BA: Encouraging it, yes.

BSP: You asked for the opportunity to be creative and do different things. So these are some of the things you took on.

 

BA: It's so important. We started recruiting doctors with the data that came from that. What we did was we took the data and divided it by White versus Hispanic. And Caucasian folks in every single area of health care were more aware of health care services than were Hispanic or Latino folks. In all but three categories, White folks desired fewer services than Hispanic folks. The only three exceptions were I think it was hospice or end-of-life care. It was mental health services or palliative care, addiction or mental health services.

And there were some cultural reasons as we did some qualitative interviewing. But there was a clear disparity around awareness of services and access of services between one population and another that we couldn't unsee. Once we see that, knowing about that and just doing nothing, that's not something that we can live with at that point, but that was the challenge that came from Dr. Teisberg at Dartmouth was "Look at this, and figure it out, and ask them what matters most to them." So, we did that, and then we built that infrastructure around that that had everything to do with the health system so we could adequately meet the needs of our community, and we had the credibility to find millions of dollars in grants when we were there because we had the voice of the community saying it in a unique way. Eighty-five percent of the households in this community said this. Any arguing? No. So, we got the dollars to do something with it.

BSP: That's awesome. You mentioned a variety of people that were living in that part of the state working at Tyson's. Talk to me a little bit about some outreach that you did in particular to families I think from East Africa that involved getting into people's homes and learning about each other.

BA: Memory Lane, Dr. St. Peter. This is going back a few years. We discovered that there was a group of East Africans that were particularly isolated. This is in 2015, 2014, 2015. And the reputation, they were from Somalia, and the reputation was wild drivers, turn right, hit a building. If there's a fight at the Tyson plant, it's between a Somalian and someone else, like sort of dukes up, warrior culture. That was by reputation.

But we were just particularly curious about that group. So, my kids and I and another family, we just started going into the African shop and knocking and saying, "Hey, can we buy some tea from you?" It was tea, dates, raisins, and one other thing—whatever I could use at our house until my wife was like, "No more dates! We're all going to have diabetes." So, we just kept finding reasons to get into there. And then through that, we just slowly started building a relationship with them. And then ultimately, I got a phone call and an invitation into the home of the patriarch of this community, matriarch, patriarch of this community. Then through that, they started asking questions like, "We're trying to get a driver's license, but we don't understand the test. Not all of us speak English. Could there be a translator?" or "Hey, how does health insurance work? I pay the premium, but then I have to pay to use my insurance." I said, "Man, I'm in health care, and it doesn't make sense to me either. It's crazy."

So, we just started figuring out how to help them navigate some of these issues. "I need to go down to the City Building. Is there somebody that can help us because they're saying we're not—our African store is not an industrial thing. It's a commercial thing. I don't understand. Can you help us?" Ultimately, we were invited into their most vulnerable moment when the city was trying to rezone an area and boot out this watering hole for the Somali community. We were able

 

to go in and advocate. In a 3-2 vote, the city commissioner of the council voted to keep them there and make an exception for them.

I think that built inroads into there and some trust. Then that led to this idea of a "Guess Who's Coming to Dinner?" series where Baylor students helped us to do that. We had local people that were willing to open up their homes for somebody from somewhere else, and then they would reciprocate a few weeks later. You'd get ranchers that were kicking off their boots, sitting cross-legged on the floor of a Somali home, eating goat meat and rice, and at the same time, these Somali folks, just terrified, were going into this rancher's home in the middle of nowhere, wondering like, "Are we in the right place?" You'd have an advocate going with you.

But it turns out that's really hard work to do. It's easier to give a doctor a $50,000 retention bonus than it is to get a local community member even to invite that doctor into their home if they're new because if we're honest as Kansans, we don't audition for new family members very well. We have our Sunday-after-church people. It's not that we think poorly of you. We just don't think about you.

I think we had to learn in our community that the two fingers coming off the top of the steering wheel wasn't actually hospitality, but you've got to have people over. You've got to break bread with them or accept their invitation to go. So, we learned that.

BSP: Wonderful stories. Tell me what the return, the value of this to the hospital in Kearny County.

BA: We saw a 60 percent increase in primary care visits during the season. And guess what? They're privately insured by Blue Cross.

BSP: Because they're all working at Tyson.

BA: A lot of them were, yes. We saw our obstetrics numbers double. They went from 180 to over 375 babies a year in a town of 2,200 people.

BSP: So, you were drawing from surrounding areas, not just Lakin.

BA: Twenty counties but immigrants, first-generation Americans have babies. In this country, we have a population issue. We have a birth rate issue, and the ones that are having babies are first-generation Americans. We appeal to them. We built trust with them, and they said, "I'll choose there to have my kid."

So, thirty percent of our OB volume came from Garden City and out to Lakin, which is where these folks were living.

BSP: And that's twenty-five miles away.

 

BA: Twenty-five miles away. They would drive out, leaving a community with OB-GYNs to have family doctors deliver because "That one gets me. She's been where I'm from in Africa. I want to go see her."

BSP: What was the reaction to your other patients in the clinic, in the hospital to see this shift in maybe the tone and the skin of the people coming in the parking lot?

BA: It was mixed. There's not active racism. It's very much passive. No one's going to go, "I have Black people, or I hate this group or that group." They're not going to say it out loud, but they're going to bristle up or behave differently. The nonverbals will be there, that kind of stuff. Overall, there was an acceptance of it, and part of it was because we're more profitable and therefore using fewer tax dollars to subsidize our operations.

BSP: There. you go.

BA: That's a religion of its own. We were using fewer tax dollars than we were since 1991, and we were as profitable or more profitable than we were, but it was all driven by this—

BSP: Expanding services.

BA: New growth.

BSP: Getting out into the community.

BA: Maternal fetal medicine was flying in to do that. We had urology flying in and GYN flying in. We had better access locally because of this. We knew that for obstetrics, for example, if you're going to do ob, you need to do it really well. And to do it really well, you need to do it often. And half of the volume of OB came from these first-generation Americans. So, they're saying, "Okay."

It really sums up with the conversation I had with a thirty-something-year-old city council member as I was departing and moving on to Denver. "Look, I know what you're doing with all of this stuff" is what he said. "You know, bringing all of these immigrants, refugees, and whatever. I tell you where I am with it. As long as I can get into my doctor in a timely way, if I can get my bill in a timely way, and I can understand it, and the place doesn't use any more tax money, knock yourself out. Spare me all of the buzzwords. I don't care about all that stuff. If you want to do that stuff, fine, as long as it doesn't affect me."

And I took that not as an insult, but as an invitation. If that's what you're saying we've got to do to get this done for these folks, for everyone in the community, that's exactly what I'm about. I want you to be able to get into your doctor in a timely way, understand your bill, and get good care. All of that can be done, and we can care for these people at the same time. And that was the invitation by the community to get it done.

 

BSP: Getting timely care and getting in to see your doctor requires having doctors. Tell us a little bit about some of the innovative things that you did around recruiting physicians to very sparsely populated parts of the state.

BA: I've got a father-in-law who's a brilliant ag business guy. He invented a piece of farm equipment called the HydraBed in Sabetha, Kansas, which I knew so little about ag at the time, I thought it was a waterbed. It turns out he really changed things for farmers. He taught me this analogy. It was through the United States Department of Agriculture called "The Four Principles of Soil Health," which are maximize living roots, minimize disturbance, maximize biodiversity, maximize soil cover. They came out after the Great Depression and the Dust Bowl, ensuring the Dust Bowl would never happen again.

But really, I had an epiphany as I was talking about those things. If a new doctor is like a seedling, into what are we planting them? Is it rocky, sandy, yucky stuff? Is it fertile, nutritious soil? What is it? You can tell a whole lot about the soil or the environment by looking at the condition of what's growing in it. If what's growing in it is wilted and struggling, not very healthy, it may be the weather, but it's likely not all the weather, and you can't change the weather, but there's a whole lot you can do to weather it.

So, we started looking at the environment. We started analyzing, "What are the motivations of a doctor who would choose to live in an area that smells like feed lots in the summertime, where the icicles freeze sideways in the wintertime?

BSP: A little bit of wind?

BA: A lot of wind and it's really cold. There's nothing blocking that wind. The people who choose to live out here generationally are the grandchildren of the survivors of the Dust Bowl. They're a scrappy group, kind of gritty, hardworking, sometimes stubborn, just salt of the earth, hardworking, attention deflecting, honest as the day is long. Your children and your grandkids are going to have to live with your last name. So, you make decisions like that kind of people.

But the people that would move into that, I've discovered in twenty years of recruiting about six categories or profiles of folks. The local kid coming home. Happy holidays if we find that one because there's aren't enough of them, but if you find one, great. There's the work visa doctor treated like the foreigner. They're here for three to four years, the federal government's attempt to solve a workforce issue. We rely heavily on these. There's the troublemaker. This one cuts up goats in the front yard or drinks a mysterious red potion, slurs his words at work, or sleeps with the nurses, or throws instruments, or yells the f bomb in inappropriate places, has the in-and-out service for high school kids.

BSP: And can't get a job anywhere else.

BA: Can't get a job anywhere else. I've spent more time on that one, not that there's any of those in Kansas. If you get on the Kansas State Board of Healing Arts website, you'll find some doozy stories that go on because some of these places will succumb to—the only ologist. I'll go out there. There's the coaster, done working, not done getting paid. Bought too many Harleys in

 

their forties. They didn't save enough, and their kids are still on the payroll. They need to keep working, but their bodies are done being on call all the time. So, I'll come take a full-time job with a full-time paycheck, but you can hire locums to do the call. There's the money doctor. If you pay me a million bucks, I'll go anywhere until somebody pays me a million and one. And then lastly, there's the missionary, the one driven by a sense of mission or a purpose greater than themselves. The greater the need, the more they're drawn there.

What we've figured out is that's the one we were really after. If they happened to have local ties, then even better. So, we set up environments, including ten weeks of paid time off per year, to send them overseas to do what they so loved to do, saying, "If you want to go to Africa, great. Africa's here. Somalia, Ethiopia, Eritrea, Sudan. That's here. You want to go to South America? South America's here. Mexico, Ecuador, El Salvador, these places, they're here. If you want to go to Europe, we have people who speak Dutch or German and Spanish but no English. There are Mennonites.

BSP: So, they can see those types of patients right there in Kearny County.

BA: Yes.

BSP: But you also created the opportunity for them to be able to continue doing international missionary work.

BA: That's right and going there. In fact, I went to Somalia in 2016 with a refugee living in Garden City, Kansas from Somalia. My experience in Somalia was entirely different because he was their voucher for me. He said, "No, he's with me. He's good. He's cool." So, I didn't feel unsafe. I felt covered. He was looking out for me. He knew how to navigate things in ways I never could have. That gave me a connection to the Somali community because the day before I left, the Imam of the Somali community came to me with a large duffel bag and said, "I'd like you to take this on the plane with you." "Wait a minute here. What are we doing?" It was vitamins. It was love notes to his wife and kids. They were all going to be one kilometer away from where I was in that country, and no greater gift could I have given this man than to go to his family home, and for me as a White American to be invited into that Somali home having been in the country one day—there were Americans that had been there for years and never had that happen, and they invited me in, and I ate with them and met his daughters and took pictures. That gave me a permanent, forever connection to the Somali community in Garden City.

BSP: Tell me about the doctors that you were successful in recruiting. You've been gone from Lakin for a while. Is that a systemwide solution to the shortage of physicians in rural parts of the country? How successful were you? Do you think that it is a strategy?

BA: We recruited fourteen medical providers into our community. Some of them were CNAs; some were APPs; some were doctors.

BSP: And those are advanced practitioners.

BA: That's right.

 

BSP: Who are nurses who have received specialized training.

BA: That's right. Some were PAs, nurse practitioners.

BSP: Physician assistants.

BA: We recruited so much that we actually lost our HPSA score, Health Professional Shortage Area score. That was going to put our rural health clinic status at risk because you have to be in HPSA-designated area.

BSP: You have to have a shortage of health care providers to qualify, and you had recruited so many providers.

BA: We didn't need it anymore. I had to call the Governor's office and get them to make an exception. "Can we please keep our rural health clinic status because we actually aren't a shortage area anymore, but we're serving these regions."

BSP: You were also serving a large geographic area.

BA: Twenty counties. Then we started getting more doctors that wanted to work there than we had the ability to hire. We started helping our southwest Kansas neighboring hospitals recruit the same way by recruiting in bulk and bringing these large number of providers, saying, "How would you like to practice with your friends and near your friends? If you don't want to practice OB, you can go to Satanta. If you do want to practice OB, you can go to Lakin. If you want to do inpatient/outpatient work, you can go to Tribune."

So, we recruited this large number, about twenty providers, into the area beyond what we did in Lakin. There ended up being about forty medical providers in southwest Kansas that were serving a huge number of southwest Kansans. We just started flying them in on weekends twice a year. Sponsors were helping them. The Methodist Health Fund helped once. The Associated Purchasing Services helped. Farmers started giving us their airplanes to fly them in on small planes so they could get there for a weekend. We just started coordinating these efforts similar to the basketball game because we could do more together, and we couldn't have done that as one community, but we could do it as a region.

BSP: You said that this had a very positive impact on your volume at the hospital—deliveries, clinic visits, whatever. That's an obvious reason why the hospital would like the kinds of things that were going on. But why is it the role of a hospital to engage in the way that you've been talking about at the community level? Is that just Benjamin's view of the role of the hospital? Is it something that other hospitals share?

BA: I don't know that it's particularly the role of the hospital, but it's the role of a leader. A leader could be a superintendent of schools. It could be a hospital administrator. It could be a city manager. It could be an organizer, some sort of United Way director. But it really comes down to leadership, which is how the Kansas Leadership Center has always defined leadership, which

 

is influencing others for the common good. And maybe it's not by position, but it's by moral imperative. If we don't, people die. Can we live with that? No. I can do it as well from the seat of a hospital president as somebody who runs a school system or a pastor. A pastor could do this. They're very influential in their communities. It could be a state legislator who just is so connected in the community and is a darling. It could be any of those areas. I just happen to be in a hospital.

BSP: You happen to be a hospital administrator.

BA: And to have the credibility to do any of that, I have to run a really good hospital. We've got to focus on running good operations. If you've got lousy schools, you don't have the credibility as a school administrator to do anything like this. You focus for sure on running a good operation and then from there.

BSP: I have a lot more I want to cover with you. I'll keep moving on here. This experience in Lakin, you were there six, seven years. How long were you there?

BA: Six-and-a-half years.

BSP: Then you ended up making a move that surprised many of us who knew you, I think, to Denver to work for the Colorado Hospital Association, still focusing on your priority of rural health and your role there. Tell me a little bit about why that move occurred.

BA: We went from zero to four children in twenty-two months. We adopted a pair of kids, pregnant right after that, and then the birth mother of the first two called, saying, "I'm pregnant with one more." All came to us within twenty-two months. One of them had some pretty significant special needs—epilepsy, some behavioral health stuff, and we needed to be near Children's Hospital, Colorado. He was struggling in school. We weren't thriving. We could fix medical care, but I couldn't fix the IEP issue in the school system.

BSP: The special types of accommodations and services and supports that help kids like your son.

BA: The Individual Education Plan. I couldn't fix that and the access to resources there. So, we needed to be near a school called Denver Academy, which is ranked nationally to help him learn how to read and get caught up. I just called—I'd been on the speaking circuit for four or five years, telling the story about Lakin, and I called the president of the Colorado Hospital Association. I said, "Hey, you told me to call you sometime. Do you have any work I could do there?" He said, "We're in the last few days of interviewing for a vice president of rural health for the Hospital Association. Would you consider that?"

I went up there and interview for that. The following week, I just made an announcement. We're going to go. We're going to do that. So, we moved there, and ultimately David, our son, ended up getting a neurosurgery and had a piece of a lesion in his brain removed, and the seizures have stopped. That allowed us then to return to Kansas ultimately four years later and be in a more stable place closer to family.

 

BSP: I'm imagining there are parts of that story, both as a hospital administrator and a father trying to get services for a child living in rural parts of a state. How did your experiences inform the way that you guys dealt with that?

BA: It certainly did. I was on the outside of health care when I was an adolescent. I always promised if I could ever get an education, if I could ever end up in a position of influence, if I could ever change that in some way, I would spend the rest of my life sending the elevator back down, if I could get out of that. Then I found myself as a dual master prepared health care executive not being able to access the very services we were trying to provide to other people. That's such a vulnerable feeling. There have been crucial moments in our family's journey where we were being told, "No, you can't have access to the IDD waiver. No, you can't get access to residential treatment for your kid. No, you can't get access to inpatient psychiatric neurological care within a health system" because those two departments don't talk to each other that I had to leverage professional connections to get access to what we needed.

BSP: That the average person would never have the capacity to do.

BA: No. And that to me in 2025 is unconscionable. And yet, I did it. I did it because you do anything for your kid. It was a reminder to me that there are decades more work that needs to be done to ensure that the foster kid gets the same opportunity as our kid—had he not been adopted, he'd be dead. No question to me.

And that doesn't make us heroes. That highlights the injustice in the system. And no one's trying to do that to each other. We have these things about our system that we have to fix and change. Certainly, there have been several really crucial moments that it could have destroyed our family had we not been able to access the services. We were just at our end. In my last year in Colorado, we spent more on the care of our son than the average family income in Colorado, just on trying to get him the care he needed because insurance doesn't pay. It was so much. So, thinking, "For heaven's sakes, if we couldn't"—we were rationing care at the time as a health care executive. We were rationing care because we couldn't afford any more.

So, we have so much work to do around making sure that health care is affordable for people and accessible to people, and it actually helps them improve their health and make them better.

BSP: Again, I'm hearing a lot of explanation for the passion and the energy that you've shown in the time that you've been here in our state. Let me ask quickly about your time in Colorado. I know you have done a lot of work nationally. Is Kansas different than other states from a rural health perspective, or are we kind of like other states, and nothing that stands out? Any particular challenges or opportunities that you can see?

BA: The four years that I spent—I was in every rural Colorado community that had a hospital, all forty-three of those. That was my tribe. I knew them well. They knew my kids. I spent time with them and got to see—there were three really different versions of Colorado, rural Colorado. There were the mountains west. There were the plains, which is essentially far, far, west Kansas, the eastern plains, and there are these resort communities: Vail, Frisco, Glenwood Springs, and

 

those areas. There's three different rurals in Colorado, and they all have very different demographics, but they all had access issues.

The difference was Colorado had expanded Medicaid. If a rural hospital closes in Colorado, someone did something stupid. There's enough money. They're fine unless they mess up their revenue cycle. They're paying doctors too much. The board has dysfunction. They can't keep administrators, those types of things, but that's operational. Kansas doesn't have those safety nets. You have to be really, really disciplined operationally.

BSP: Kansas is one of ten states that has not yet expanded Medicaid.

BA: They never did. We don't have that. So, we're scrappier. We've got to go track down grants and get really solid with your revenue cycle to go track down grants and scholarships. You've got to cobble together all different kinds of resources to make a hospital go. It's one of the reasons we have more hospitals at risk of closure than any other state in the country because we don't have the safety nets that we saw in Colorado. It doesn't mean that we can't provide care here. We just have to be pretty creative about getting there, especially for the most vulnerable among us.

BSP: One of the themes that we're tracking through all of the interviews that we're doing for this series is around America's health rankings that looks at the rankings of states. In 1991, Kansas ranked as the 8th healthiest state in the country, and there was a steady decline over a few decades to a low point in 2022 where we ranked 31st. We've bounced back up a few places since then, but Kansas experienced a larger decline in ranking than any other state in the country.

You were working in Kansas; I was working in Kansas over a lot of that period of time. What do you think are some of the things—and, again, health didn't get worse in Kansas. It's that our relative ranking compared to other states—other states were making more progress quicker than we were. So, our relative ranking declined. What are some of the reasons that you think might explain that?

BA: Well, first, we have to stop and just sit in that for a minute, that average becomes aspirational. We're below average. What are we doing here? What have all of our efforts come to?

I had a long conversation with Ed O'Malley with the Kansas Health Foundation on this exact subject because upward mobility and the rankings themselves are so important to Kansas Health Foundation. We in this community, in Hutchinson, 40 percent of our population are what are considered ALICE families, which are Access Limited Income Constrained and Employed. These are working people, and we live in a country where for 250 years, we've believed that if you work hard, you ought to be able to make it here, whether you're first generation or tenth generation American. You ought to be able to make it here with hard work. Hard work's good for the human soul. Anything that disincentivizes it is not good for the person. It's not good for society. We work hard here, but we have people who are keeping that vow, keeping that promise, staying with that, and they're not making it. They don't have insurance, and their food insecurity, their kids don't have coats, and things like that.

 

So, we have these infrastructure issues that have existed. I think it's complex, Dr. St. Peter. I think from 2008 to 2016, we had a very urban-focused administration that didn't intend to hurt rural people, but over and over, there were policies that were sort of put on top of rural states that didn't necessarily benefit rural states.

BSP: You're talking about a federal—

BA: At a federal level, yes. I think that's a portion of it. I think there's been some natural population shifting that's happened. Folks have left rural areas, looking for opportunities in urban areas. Technology has affected that. Culturally, kids aren't living as close to their parents anymore. That's a factor.

But when we were living in western Kansas, we saw over and over these federal policies that would come that would not be helpful. I think we have to look at, "What's the infrastructure? What's the environment that's in place?" We focused during that era, the decade or two—it wasn't just tied to one presidential administration, but there was this season where we were shifting toward a more urban focus around racial equity, and we were ignoring the other disparities around geographic disparities.

One of the things I concluded during that season is we can't assume that one disparity matters more than another. Racial equity is a defining issue in this country. It's extremely important, one of the most defining issues of our generation, and it's not the only issue. When a rural American is 50 percent more likely to die due to unintended injury than an urban American, the western Kansas phrase for that is "That ain't right. It just ain't right." When a woman in a rural southeast is more than three times more likely to die during childbirth than an urban woman in Denver, we have a problem.

And we have been on the receiving end in Kansas of those geographic disparities. We have these infrastructure issues. So, the way that we've been able to connect here on the concept of equity, which has become a political word and all that, it's basically to say, ask, "Are rural Kansans, are they dumber than urban folks because they die sooner? Their smoking rates are higher, whatever." Well, no. One human in this country is not inherently inferior to another. We have environmental issues. So, insofar as we can address the environmental issues, we address the issues then we're focused on upward mobility and helping people that are already working hard get to where they need to go. Those gaps still exist in Kansas.

BSP: I hear in the way you've described the things that you've done in several different positions really trying to address that broad set of issues that you're talking about there, not just the medical care provided inside the walls of the hospital.

BA: It won't get it done. We looked yesterday at our employee health plan. We did something bold with our employee health plan and eliminated all out of pocket if you get your care in our health system. For the first time ever, our patient care technicians can actually afford the services that they're providing to other people.

 

It's been a wild experiment. The Kansas Data Trust is about to study it for us this year and look at the economic impact. We looked at the data from 2025 yesterday. What happens when everyone who works there and their families gets unlimited access to health care overnight? A surgery, zero dollars. Nine months of prenatal care to deliver a baby, no out of pocket. Drugs, no out of pocket other than GLPs.

BSP: You said you did that with your current employees. Bring us up to your current position. When you left Denver, you came back to Hutchinson.

BA: Yes.

BSP: Talk about that and then continue the story about what you're doing here.

BA: I'm currently the president and CEO of Hutchinson Regional Health Care System. I had a conversation with a few colleagues. Among them was Kim Moore from the Methodist Health Ministry Fund about Hutchinson. The hospital had not weathered COVID well. They were in kind of a vulnerable place and needing to make some changes. I'd interviewed. I'd known the board chair from being on a KU board with him. So, I came back a few years ago to really focus on the steady rebuild of this system since then.

One of the changes we made because we figured out about 50 percent of our spending for our own health plan was spent outside of our system, that our own employees weren't using our health system. They were going to Wichita or Newton or somewhere else. So, we needed to change that. We said, "Well, we'll incentivize them. We'll eliminate anything out of pocket if you get the health care here," knowing that it's just really about twenty cents on the dollar expense because we already have all of that—all the fixed cost in place.

That significantly changed the behavior of folks. Out of several hundred MRIs that were done in 2025 among our several thousand of our employees and their spouses and their families, three were done outside of our health system.

BSP: After you made this change.

BA: After we made the change.

BSP: And previously it was a significant number.

BA: Far higher than that. But it immediately changed, and they realized, "Oh my gosh, I can get an MRI" or "I can get an MRI now on this knee that's been bothering me for five years when I couldn't have afforded it otherwise" So, people started addressing it.

We looked at the data though. In nineteen of twenty categories around chronic illness, we're behind the benchmark. We're worse off. Our employees are not all that healthy. So, what it's showing us is access to care is one factor. It's not the only one. We now have a plan where you can be as healthy or as unhealthy as you want on our health plan, but we have to look at community-based infrastructure if we want to lower the cost of health care for our own team

 

members, which means, "Do they have a place to walk?" Enter the new YMCA across the street. "Do they have enough food?" We've worked out food. "Do they have housing? Are they in a safe place? Can they get to work and back? They have transportation. Who's watching their kids?" All of these things will affect their stress. It will affect their mental health. It will affect their physical health. So, we have to be in that space if we're going to be able to manage the cost of health care. So much of it is outside the health system.

So, we have to be in that space if we want to sustain health care delivery in general. Otherwise, people end up in the ER for something that has nothing to do with medical care. They come in there, and it's totally avoidable.

BSP: Hutchinson's a bigger community than Ashland or Lakin. What's different about being here in Hutchinson?

BA: I would say the story of Hutch—we call it Hutch–the story of Hutch, Kansas is the story of middle America. There's a little bit of everything that you'll find in middle America here. It's perhaps no coincidence that we're a hundred miles from the geographic center of the United States. We're in the middle of it all. There's a college here. There are public schools. There are private schools. There's tourism with the Cosmosphere and the Salt Museum. There's a world-renowned golf course here. Three miles away from that golf course, there's extreme poverty. That exists in the same community. There are infrastructure issues. There are public health disparities. There are the 67502 wealthy and the 67501 poor.

BSP: Those are zip codes.

BA: Those are zip codes, and rarely the two shall meet. We have these issues, and we have to address them as a community. But the solutions that come out of a place like this are solutions that could be applied in other areas of Kansas and across the country. And those are exciting opportunities as we look at the future. If we solve some of these things here, like Dr. Teisberg said, we can tell CMS, we can tell the federal government how we did it. We can show them. They're looking for solutions to bring people together to improve the health of Americans.

BSP: Do you think that the challenges that hospital administrators face are greater or different in some ways than the challenges that the administrators in bigger, middle-sized—we're not a big metropolitan area here in Hutch, but it's a lot bigger than some of the rural communities in the state. Are they essentially the same challenges, maybe with just different tints, or are they fundamentally different?

BA: I think there's some of the same challenges, and really some of the same challenges we saw in rural East Africa. We might even have more in common with the folks in rural East Africa and rural Kansas than we do say with Dallas, Texas or Boston, Massachusetts. But ultimately, people are people. We want the same stuff. We want security for our families. We want economic opportunity. We want the chance to be educated, to be able to work hard and make it. Insofar as we're willing to get folks together to solve those problems, we'll end up in a better place.

 

BSP: Well, we've covered a lot of territory today. It's been a lot of fun. Thank you very much for joining us.

BA: Thank you for the conversation, Dr. St. Peter. It's nice to spend time with you again.

[End of File]

 