



Community Health Needs Assessment

Stanton County, KS

March 2013

In partial fulfillment of requirements related to the
Patient Protection and Affordable Care Act
and local health department accreditation

Sponsored by:

**Stanton County Hospital, Family Practice, and
Long Term Care Unit**

Holly Medical Clinic

Stanton County Health Department

In cooperation with:

office of
Local Government
K-State Research and Extension


K-STATE
Research and Extension

Stanton County Community Health Needs Assessment

Executive Summary

November 2013

The Patient Protection and Affordable Care Act (PPACA) created a new IRS Code which imposes additional requirements on tax-exempt hospitals. Specifically, hospitals must complete a Community Health Needs Assessment (CHNA) at least once every three years. The CHNA must include input from persons who represent the broad interest of the community with input from persons having public health knowledge or expertise. They then must make the assessment widely available to the public and adopt a written implementation strategy to address identified community needs.

The Public Health Accreditation Board (PHAB) defines public health accreditation as the development of a set of standards, a process to measure health department performance against those standards, and reward or recognition for those health departments who meet the standards. Accreditation also requires a periodic Community Public Health Needs Assessment.

In October, 2013, the Stanton County Hospital, Family Practice, and Long Term Care Unit, the Holly Medical Clinic, and the Stanton County Health Department co-sponsored the Kansas Rural Health Works (KRHW) Community Health Needs Assessment. The KRHW program is offered through K-State Research and Extension at Kansas State University. A broadly representative group of 23 Stanton County leaders met over the course of three meetings to identify priorities and devise action strategies. After consideration of a host of information, local health-related priorities were established.

Steering Committee Consensus on Overall Priorities for Stanton County

Below are the most important issues identified by the Steering Committee following the prioritization process. Specific action plans were developed to address each as Stanton County moves forward to improve the local health-related situation.

Priority #1: Promote health, wellness, and chronic disease prevention.

- Emphasize health education from cradle to grave.
- Focus on education relating to healthy lifestyle behaviors that can be carried throughout life. e.g. hygiene, nutrition, exercise, etc.
- Help adults achieve healthier lifestyle, e.g. weight loss, tobacco cessation, responsible alcohol use.
- Focus on youth through healthy start and youthful family education.
- Increase awareness and use of existing local services and providers thereby reducing health spending leakages.
- Work with existing local institutions, e.g. school district, local governments, ministerial alliance, etc. to collaborate with health and wellness education.
- Expand fitness and recreational opportunities for persons of all ages, including access to nature and a healthy environment.
- Expand opportunities for safe and affordable child daycare and after school care.
- Expand support services for children of middle- and high-school ages.

Priority #2: Enhance collective community support of the elderly, those who are alone, and everyone in need of assistance.

- Consider the spectrum of assistance needed by elderly persons in the home and the community as they age in place, function within the community, transition to greater levels of assistance, and seek longer-term care assistance.
- Consider the needs of persons and families who may be in need due to acute health conditions.
- Evaluate the feasibility of organizing a volunteer initiative to provide additional assistance to persons experiencing age and health-related challenges, possibly through a ministerial alliance.
- Consider the need for transportation assistance for those in need of regular medical care both within and out of the county.
- Ensure that elderly residents can access a full range of assistance needed to meet health and household needs.
- Consider current status of home and community-based assistance and strengthen programs as needed.
- Facilitate ongoing efforts to recruit quality day care providers for the elderly and the children of working families and provide assistance in meeting all regulatory requirements for facilities, safety, and provider care.

Priority #3: Evaluate alternatives to update and improve the county's health care system with an expanded array of programs and services.

- Include consideration of current and future needs related to hospital care, acute care access, mental health assistance, community-based transitional services for elderly, long-term care, day care, and community health and wellness.
- Emphasize regional collaboration to offer specialty clinics and the most comprehensive range of services feasible on behalf of county residents.
- Identify successful existing programs and expand/build upon them.
- Emphasize recruitment and retention of all types of health care providers.
- Strengthen efforts to recruit and train professional and volunteer emergency response providers throughout the county.
- Pursue a vision of holistic health care with a spectrum of services that enhance the physical, social, emotional, and spiritual needs of county residents.
- Enhance communication between health care providers and the community to improve public perceptions and attitudes about the local health care system thereby reducing health spending leakages and strengthening existing providers.
- Recruit providers across a range of essential basic health care services, including dental, vision, and mental health care.
- Expand efforts to secure external financial resources to bolster local health-related initiatives and providers and to improve access to technology and services.

Table of Contents

Report	Page
Introduction.....	1
Meeting Schedule.....	3
Health Priorities.....	5
Action Plans.....	15
Participants	27
Community Identification.....	31
Community Issues List	33

Appendices

Economic Contribution of Health Services

Data Analysis

Demographic Data

Economic Data

Health and Behavioral Data

Education Data

Traffic Data

Health Matters Data

Stanton County Community Survey

Health Services Directory

Program Presentations

Program 1: Data Analysis

Program 2: Prioritization

Program 3: Action Planning

Community Health Needs Assessment Requirements

Hospitals

Health Departments

IRS Reporting

Stanton County Community Health Needs Assessment

October 2 – October 16, 2013

The contents of this file document participation, discussion and information resources developed through the course of the Stanton County Community Health Needs Assessment. These documents and resources were compiled with the assistance of the Office of Local Government located in the Department of Agricultural Economics at Kansas State University. The process used to compile information, establish health-related priorities, and develop action plans employed the Kansas Rural Health Works Community Engagement Process.

The Community Engagement Process provides a way in which community members can evaluate their health care system through the analysis of information reports. The process is community-driven with input from health care providers. It helps the community identify, brainstorm, and solve problems related to local health care. As a result, the process leads to the identification of priority local health-related issues and mobilizes the community to improve the relative situation. A major element of the program was the development of action plans to address priority issues.

The full Community Engagement Process consists of a series of three public meetings over three weeks. The geographic scope of the program typically reflects the extent of the local hospital's market area identified based on the residential zip codes of inpatients from the previous calendar year.

A broad-based community **Steering Committee** is formed to analyze the information resources included in this packet to determine relevant issues and propose an action plan to improve local circumstances. The Steering Committee then presents their action plan to the community for review and possible implementation.

What follows are the work products developed by the Steering Committee through the course of the program. The **Priorities and Action Plans** records participants' thoughts and concerns about local issues and unmet needs. In the first meeting, participants identify all of their thoughts and ideas. Broader themes are identified and validated by the Steering Committee to begin building consensus about priorities in the second meeting. Finally, the Steering Committee develops action plans in response to the priority issues during the final meeting. The priorities identified and the action plans developed leads this compilation of information resources. The full **Meeting Schedule** follows this introduction.

Examining the composition of the **Meeting Participants** reveals that a priority of the program is to solicit input from a broad cross section of the community, not simply members of the local healthcare sector. The meeting participants refine their ideas about the local priorities going forward through the development of a variety of local information resources that follow.

The **Community Identification** page documents determinants of the geographic scope of the program.

The **Economic Contribution** report illustrates the relative importance of the health care sector to rural community economic viability. The estimates contained therein typically include a complete local census of current health care employment in the market area. Health care will generally be found to be among the top contributors to local economic wellbeing in most rural areas.

The **Data and Information** reports compile a wide variety of published data to show the current situation and trends affecting the local health-related situation. Data reflect conditions related to demographic, economic, social and behavioral, education, traffic, crime , and public health trends. These data represent objective indicators to help validate perceptions of the local situation. Further, these data have continuing utility to various local institutions seeking grants and funding support to work on local problems.

The **Community Survey** presents an effort to solicit input from the broader community. While the initiative is informal and non-representative, it does contribute considerable input from the broader community. The survey inquires about respondent's perceptions related to the most important local health concerns and their general satisfaction with various community attributes. At the end, an open-ended question queries respondents' views about local health-related issues and concerns.

The health **Asset Inventory** represents a comprehensive listing of local health providers and services. The broad distribution of the directory helps ensure that community members are aware of full extent of locally-available services. Further, it can help to identify any gaps that may exist in the current local inventory of health services and providers.

The **Presentations** display the information considered during the course of the health needs assessment, and describes the processes used to reach consensus and develop action plans.

Finally, the **CHNA Requirements** summarize the Affordable Care Act's requirements for affected hospitals and the requirements for health department accreditation. The **IRS Reporting** section details what information the hospital should provide to the IRS.

All of the information presented here is available for public access at the **Kansas Rural Health Works Website: www.krhw.net**. Local health care institutions are welcome to disseminate these information resources freely provided they are in their full and unaltered form.

Taken as a whole, the Community Engagement Process and these information resources fulfill most requirements for the community health needs assessment requirements for tax-exempt hospitals. The final requirement is that the governing board of the hospital or its designee must then formally declare its own strategic action priorities for the three-year period going forward until a new periodic review of community health-related needs is again required.

Questions about the Rural Health Works program can be directed to John Leatherman, Office of Local Government, Department of Agricultural Economics, K-State Research and Extension. Phone: 785-532-2643/4492; E-mail: jleather@k-state.edu. The Kansas Rural Health Works Website can be found at: www.krhw.net.

Stanton County Rural Health Works

Community Health Needs Assessment

October 2 – October 16, 2013

Sponsor: Stanton County Hospital, Family Practice, and Long Term Care Unit
Holly Medical Clinic
Stanton County Health Department

Local Coordinator

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Meeting Schedule

Meeting 1: Local Data

Wednesday, October 2nd, 2013

11:30 a.m. – 1:30 p.m. Lunch service begins at 11:15 a.m.

Stanton County 4H Building

Stanton County Fairgrounds

- | | |
|------------|--|
| 11:30 a.m. | Introduction and Purpose |
| 11:40 a.m. | Economic Contribution Report |
| 11:55 a.m. | Preliminary Needs Identification <ul style="list-style-type: none">• Issue Identification Cards• Discussion |
| 12:15 p.m. | Secondary Data Reports |
| 12:35 p.m. | Group Discussion |
| 12:45 p.m. | Community Survey <ul style="list-style-type: none">• Participant Survey• Community Outreach |
| 1:00 p.m. | Gathering Community Input |
| 1:05 p.m. | Preparation for Prioritization |
| 1:15 p.m. | Discussion |
| 1:30 p.m. | Adjourn |

Meeting 2: Issue Prioritization

Wednesday, October 9th, 2013

11:30 a.m. – 1:30 p.m. Lunch service begins at 11:15 a.m.

Stanton County 4H Building

Stanton County Fairgrounds

- | | |
|------------|---------------------------------------|
| 11:30 a.m. | Introduction and Review |
| 11:40 a.m. | Review of Data |
| 11:45 a.m. | Service Gap Analysis |
| 11:50 a.m. | Survey Results |
| 12:00 p.m. | Focus Group Formation and Instruction |
| 12:40 p.m. | Group Summaries |
| 1:00 p.m. | Prioritization |
| 1:20 p.m. | Action Committee Formation |
| 1:25 p.m. | Committee Charge |
| 1:30 p.m. | Adjourn |

Meeting 3: Action Planning

Wednesday, October 16th, 2013

11:30 a.m. – 1:30 p.m. Lunch service begins at 11:15 a.m.

Stanton County 4H Building

Stanton County Fairgrounds

- | | |
|------------|---|
| 11:30 a.m. | Introduction and Review |
| 11:40 a.m. | Action Planning |
| | <ul style="list-style-type: none">• Objectives and Input• Instruction• Organization |
| 12:00 p.m. | Workgroups Begin |
| 12:45 p.m. | Workgroup Reports |
| 1:00 p.m. | Organization and Next Steps |
| 1:20 p.m. | Summary |
| 1:25 p.m. | Program Evaluation |
| 1:30 p.m. | Adjourn |



Stanton County

Community Health Priorities Action Plans and Issue Identification

Identification of Stanton County Health Needs and Priorities

The purpose of the second meeting of the Kansas Rural Health Works Community Health Needs Assessment is to identify the overall health-related priorities that would be the focus of future efforts to improve the community health environment. Following a review of the community secondary data, health services directory, and community survey results, Steering Committee participants form small groups for the purpose of discussing local health related needs and issues.

To facilitate the discussion, the groups are asked to consider the following questions:

- *What is your vision for a healthy community?*
- *What are the top 3-4 things that need to happen to achieve your vision?*
 - What's right? What could be better?
 - Consider acute needs and chronic conditions
 - Discrete local issues, not global concerns
 - Consider the possible, within local control and resources, something to rally the community
- *What can the hospital do to help?*
- *What can the health department do to help?*

Each group comes to a consensus regarding the top two-four health-related issues they recommend as the focus to the overall Steering Committee. After each group reports, an effort is made to identify the top two-four issues across all of the groups. These, then, become the focus for action planning going forward. Below are the most important issues identified by the Steering Committee following the prioritization process. On the pages that follow are the notes taken by Steering Committee members participating in the small group discussions leading to the overall prioritization.

Steering Committee Consensus on Overall Priorities for Stanton County Adopted: October 16, 2013

Priority #1: Promote health, wellness, and chronic disease prevention.

- Emphasize health education from cradle to grave.
- Focus on education relating to healthy lifestyle behaviors that can be carried throughout life. e.g. hygiene, nutrition, exercise, etc.
- Help adults achieve healthier lifestyle, e.g. weight loss, tobacco cessation, responsible alcohol use.
- Focus on youth through healthy start and youthful family education.
- Increase awareness and use of existing local services and providers thereby reducing health spending leakages.
- Work with existing local institutions, e.g. school district, local governments, ministerial alliance, etc. to collaborate with health and wellness education.

- Expand fitness and recreational opportunities for persons of all ages, including access to nature and a healthy environment.
- Expand opportunities for safe and affordable child daycare and after school care.
- Expand support services for children of middle- and high-school ages.

Priority #2: Enhance collective community support of the elderly, those who are alone, and everyone in need of assistance.

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- Consider the needs of persons and families who may be in need due to acute health conditions.
- Evaluate the feasibility of organizing a volunteer initiative to provide additional assistance to persons experiencing age and health-related challenges, possibly through a ministerial alliance.
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- Emphasize regional collaboration to offer specialty clinics and the most comprehensive range of services feasible on behalf of county residents.
- Identify successful existing programs and expand/build upon them.
- Emphasize recruitment and retention of all types of health care providers.
- Strengthen efforts to recruit and train professional and volunteer emergency response providers throughout the county.
- Pursue a vision of holistic health care with a spectrum of services that enhance the physical, social, emotional, and spiritual needs of county residents.
- Enhance communication between health care providers and the community to improve public perceptions and attitudes about the local health care system thereby reducing health spending leakages and strengthening existing providers.

- Recruit providers across a range of essential basic health care services, including dental, vision, and mental health care.
- Expand efforts to secure external financial resources to bolster local health-related initiatives and providers and to improve access to technology and services.

**Focus Group 1 Discussion
October 9, 2013**

Discussion Questions

What is your vision for a healthy community?

- What's right?
- What could be better
- Consider acute needs and chronic conditions
- Discrete local issues, not global concerns
- Consider the possible, within local control and resources, something to rally the community

What can the hospital do to help?

What can the health department do to help?

Response

What is your vision for a healthy community?

- 1) Home Health
- 2) Grant writer
- 3) More outpatient clinics with specialists
- 4) Mammograms
- 5) Transportation to services in community
- 6) Expand the hospital- outreach and specialty
- 7) Outpatient clinics for quicker access and treatments (dermatologist, podiatrist, diabetic care)
- 8) Continuity of care by doctors / providers staying longer
- 9) Retention and recruitment of all staff
- 10) Public's perception-low confidence
- 11) Respite care to give caregivers a break
- 12) Getting community involvement
- 13) Letting the public know what's available
- 14) Child care
- 15) More staff (EMT's and Paramedics) for EMS

What are the top 3-4 things to achieve?

- 1) Specialists (Availability)(Options)
- 2) Elder Care/ Day Care/ Transportation
- 3) Staffing/ Retention, Quality, Housing
- 4) Promote Health and Wellness

Focus Group 2 Discussion

October 9, 2013

Discussion Questions

What is your vision for a healthy community?

- What's right?
- What could be better
- Consider acute needs and chronic conditions
- Discrete local issues, not global concerns
- Consider the possible, within local control and resources, something to rally the community

What can the hospital do to help?

What can the health department do to help?

Response

What's right with the community health?

- 1) Good continuity / consistent
- 2) Good reputation (quick/ prompt ER)
- 3) Confidence in physicians

What could be better with the community health?

- 1) Short on EMTs
- 2) Community Half-Marathon, 5Ks (color runs)
- 3) Lack of specialty clinics (find out why it hasn't worked in the past)
 - Save elderly from having to travel
 - Find out where MDs have sx privileges
- 4) Home health care
 - Reimbursement is poor and regulations are difficult to comply with
 - Possibly have a provider to help with bathing and other ADLs
 - Elder care
 - Medicare regulations?
- 5) Promote wellness
- 6) Lack of community participation
- 7) Needs town/community promotion
 - Possible committee to promote services

- 8) Find out what people's interests are and target
- 9) Lack of Daycare
- 10) Relay for Life
 - Keep money in community
 - Can help with families with serious health needs
- 11) Need education

What is your vision for a healthy community?

Continuity of care for all patients

What are the top three-four things that need to happen to achieve your vision for a healthy community?

- 1) EMT's- more staffing
- 2) Promoting healthy activities- Recreation department
- 3) Home health care
- 4) Finding the interest of the population

What can the hospital do to help?

- 1) Promote (imagine) community activities
- 2) Specialists

Stanton County Community Health Action Plans

The final step in the Rural Health Works Community Health Needs Assessment is to devise action plans to guide future implementation efforts. A primary emphasis of the program is to devise specific, action-oriented plans so the momentum of the community health initiative is not lost following the needs assessment.

To accomplish this, Steering Committee members break into work groups to focus on a specific priority. Their effort is to apply elements of the *Logic Model* planning process to craft action strategies. Following are the questions workgroup participants considered in drafting action plans. Given time constraints within the formal program setting, the resulting action plans are currently in draft form. It's recognized that crafting a detailed and effective action plan requires time and ongoing commitment. Program participants now have a template and a start in their efforts to create a road map guiding their way forward.

Community Health Planning Process

Getting Started

To start, we need to articulate the change we would like to see take place. To do so, we need to recognize the **existing situation** we believe can be improved. Consideration of the many data and information resources generated through the program can bolster the case for needed action. We can't accomplish everything at once, so we need a **sense of priority** about what we should do now rather than later. Finally, we need to articulate the goal or **intended outcome** we would like to see achieved.

- What's the **Situation** you'd like to see changed? What are the needs or problems to be addressed?
- What should the **Priorities** for attention, effort, and investment be? What are the most important things that need to be done to address the situation?
- What are the **Intended Outcomes** you'd like to see achieved? What will be the situation or condition when the goal has been achieved?

Filling in the Plan

- Now that we've established what we would like to achieve, we need to figure out how to do it. We can create an effective action plan by carefully considering what resources we **need to invest** into the effort, what **activities** we need to do to make progress, **who** we need to reach and involve, identify the **milestones** we'll need to see in order to know we're making progress, and, finally, the **ultimate impact** we would like to see achieved.

- What **Resources** are needed to take action? Who's available to work on the problem? How much time will it take? Is money or other resources needed? Who can we partner with to make progress?
- What **Activities** need to take place? Do we need to conduct regular meetings? Do we need to have special public meetings or events? Do products or information resources need to be developed? How should the media be involved? How do we foster needed partnerships and alliances?
- Who needs to **Participate** in order to make progress? Who are we trying to reach and influence? Who are the targets of our effort? Who needs to be involved?
- What are the **Short-Term Results** (6-12 months) you'd like to see? What would we like people to learn? What are the changes in awareness, knowledge, attitudes, or skills we'd like to see people exhibit? How will we measure this?
- What are the **Intermediate-Term Results** (1-2-3 years) you'd like to see? What are the behaviors, actions, decisions, or policies we'd like to see in place? How will we measure this?
- What is the desired **Ultimate Impact** (long-term) on the community? What are the social, economic, or other conditions we'd like to see in place in order to effect the kind of change the would be desired? How will we measure this?

**Stanton County Community Health Needs Assessment Action Planning
October 16, 2013**

Priority #1: Promote health, wellness, and chronic disease prevention.

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- Expand opportunities for safe and affordable child daycare and after school care.
- Expand support services for children of middle- and high-school ages.

Action Committee Members

- Jennifer Wilson; Infection control/School nurse; 620-481-3801
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- Georgia Tucker; Collection Clerk; Stanton County Hospital; Johnson City; ilovestartreck@hotmail.com
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- Linell Griffin; Physical Therapist; Stanton County Hospital; Johnson; lgriffin@stantoncountyhospital.com; 620-492-1410

Action Plan

Getting Started

Situation

- Wellness and healthy lifestyles
- Community events to promote health ("health fair")
- Need education
- Keep money in community

Priorities

- Health Fair- expand the week of health fair with different themes each day and then have all themes on Saturday at the recreation tournament
- Educating communities for wellness and awareness

Intended Outcomes

- Community involvement

Filling in the Plan

Resources

- Sponsorship
- Linell, Georgia, Jenny, Chris Floyd and Julie

Activities

- Organized themes

Participate

- Community and staff

Short-Term Results

- Health Fair expansion

Intermediate-Term Results

- Community involvement

Ultimate Impact

- More community involvement

**Stanton County Community Health Needs Assessment Action Planning
October 16, 2013**

Priority #2: Enhance collective community support of the elderly, those who are alone, and everyone in need of assistance.

- Consider the spectrum of assistance needed by elderly persons in the home and the community as they age in place, function within the community, transition to greater levels of assistance, and seek longer-term care assistance.
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Action Committee Members

- Heather Hinrichs; Manager; Stanton County Foods, Inc.; feather.bird42@gmail.com; 620-492-2390
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- Vincent Lau; Maintenance; Stanton County Hospital; Johnson City; vlau@stantoncountyhospital.com

Action Plan

Getting Started

Situation

- Transportation (doctor appointments, pharmacy, shopping, senior center, adult day care, care giver time away, socialization, child care)

Priorities

- Transportation
- Adult Day Care
- Child Care

Intended Outcomes

- Transportation - People using it
- Adult Care - Participation
- Child Care - Participation

Filling in the Plan

Resources

- Transportation - Van (Senior Center), Scheduling (Senior Center)
- Adult Care - Hospital (Activity Director) - Lunch
- Child Care - Location (Staffing, Cost, Funding - Grants)

Activities

- Transportation
- Adult Care - Activity Director
- Child Care

Participate

- Senior Center, Recreation Department, County/Elderly or Handicapped

Short-Term Results

- Transportation off the ground

Intermediate-Term Results

- Continued usage

Ultimate Impact

- No elderly left behind. Elderly to stay home longer.

Elderly-Transportation

- In and out of county, including residents of both Manter and Big Bow
- To include:
 - A. Shopping
 - A. Doctor Visit
 - A. Rx delivery service
 - A. Food delivery service
 - B. Library books being delivered
 - C. Meals on Wheels
 - C. Senior Center meal at noon

Items that are workable

- A. County vehicle (Van) is possible to use at senior center. Need driver and permission from county.
- B. May be able to get help from kid needing to do community service once a week or every other week.
- C. Meals are already being served at noon at Senior Center and being delivered to Johnson and Manter.

Adult Day Care

Assistance with elder when caregiver needs time to do other things

Concerns: location, staffing, cost, funding, licensing

Child Care

Need daycare in town

Possible times: 7:00 opening, closing 5:30

Possibly location old middle school, grade school or old bank downtown

Concerns: staffing, cost, funding, ages range, licensing, and permission

**Stanton County Community Health Needs Assessment Action Planning
October 16, 2013**

Priority #3: Evaluate alternatives to update and improve the county's health care system with an expanded array of programs and services.

- Include consideration of current and future needs related to hospital care, acute care access, mental health assistance, community-based transitional services for elderly, long-term care, day care, and community health and wellness.
- Emphasize regional collaboration to offer specialty clinics and the most comprehensive range of services feasible on behalf of county residents.
- Identify successful existing programs and expand/build upon them.
- Emphasize recruitment and retention of all types of health care providers.
- Strengthen efforts to recruit and train professional and volunteer emergency response providers throughout the county.
- Pursue a vision of holistic health care with a spectrum of services that enhance the physical, social, emotional, and spiritual needs of county residents.
- Enhance communication between health care providers and the community to improve public perceptions and attitudes about the local health care system thereby reducing health spending leakages and strengthening existing providers.
- Recruit providers across a range of essential basic health care services, including dental, vision, and mental health care.
- Expand efforts to secure external financial resources to bolster local health-related initiatives and providers and to improve access to technology and services.

Action Committee Members

- Jay Tusten; CEO; Stanton County Hospital; Ulysses/Johnson;
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- Marianne Mills; RN/CNO; Stanton County Hospital; Stanton-Walsh County;
mmills@stantoncountyhospital.com

Action Plan

Getting Started

Situation

- Update and improve the county's health care system with an expanded array of programs and services
- More EMT's and Paramedics
- Provide a more inviting community for new people that join our community
- More local services

Priorities

- Bringing in specialists to keep business here
- Making the environment more desirable for recruiting (develop a pride committee)
- Expand public knowledge and availability of services
- Offer educational assistance
- More advertisement of classes/positions
- Lack of housing and daycare
- Recreational/social activities needed
- Education assistance to community college and local high schools (promote ROZ)
- Specialty clinics- coordinator
- Practice location
- Retention and recruitment- airplane

Intended Outcomes

- Expanded availability of services
- Retention of healthcare professionals
- Bring in an additional paramedic
- Bring in additional EMT's
- If town offered more it would be easier to recruit and retain new families
- More specialists than we have room for

Filling in the Plan

Resources

- Establish a specialty coordinator
- Community involvement
- Local government involvement
- Community Daycare?
- Establish a coordinator

Activities

- PRIDE committee to establish regular meetings
- Involvement of hospital and medical staff in recruitment of professional staff and specialists
- Attending college fair for recruitment
- Expand relationship with high school on shadowing
- Reach out to schools
- Making calls
- Upgrades to building
- Advertising

Participate

- Hospital
- Health Department
- County and city government
- PRIDE Committee
- Chamber of Commerce
- Jay, Danny, Marianne, Camille, Barbara

Short-Term Results

- More specialty clinics
- PRIDE committee up and going
- Look into adding housing and daycare
- Have two additional specialty services available in six months
- Full suite of services available in 12 months

Intermediate-Term Results

- Community growth
- Retention efforts have improved of all health care providers
- Develop a PRIDE committee/welcome committee
- Mammography, Dermatology

Ultimate Impact

- Greater availability
- Retention of services
- More community activities
- Bowling alley?
- Provide services for a healthy community and keep as many in house as possible

Kansas Rural Health Works Action Planning Worksheet

This worksheet is intended to help Rural Health Works program participants build an effective action plan for improving conditions in the community.

Getting Started

To start, we need to articulate the change we would like to see take place. To do so, we need to recognize the **existing situation** we believe can be improved. Consideration of the many data and information resources generated through the program can bolster the case for needed action. We can't accomplish everything at once, so we need a **sense of priority** about what we should do now rather than later. Finally, we need to articulate the goal or **intended outcome** we would like to see achieved.

What's the **Situation** you'd like to see changed? What are the needs or problems to be addressed?

What should the **Priorities** for attention, effort, and investment be? What are the most important things that need to be done to address the situation?

1st:

2nd:

3rd:

What are the **Intended Outcomes** you'd like to see achieved? What will be the situation or condition when the goal has been achieved?

Filling in the Plan

Now that we've established what we would like to achieve, we need to figure out how to do it. We can create an effective action plan by carefully considering what resources we **need to invest** into the effort, what **activities** we need to do to make progress, **who** we need to reach and involve, identify the **milestones** we'll need to see in order to know we're making progress, and, finally, the **ultimate impact** we would like to see achieved.

What **Resources** are needed to take action? Who's available to work on the problem? How much time will it take? Is money or other resources needed? Who can we partner with to make progress?

What **Activities** need to take place? Do we need to conduct regular meetings? Do we need to have special public meetings or events? Do products or information resources need to be developed? How should the media be involved? How do we foster needed partnerships and alliances?

Who needs to **Participate** in order to make progress? Who are we trying to reach and influence? Who are the targets of our effort? Who needs to be involved?

What are the **Short-Term Results** (6-12 months) you'd like to see? What would we like people to learn? What are the changes in awareness, knowledge, attitudes, or skills we'd like to see people exhibit? How will we measure this?

What are the **Intermediate-Term Results** (1-2-3 years) you'd like to see? What are the behaviors, actions, decisions, or policies we'd like to see in place? How will we measure this?

What is the desired **Ultimate Impact** (long-term) on the community? What are the social, economic, or other conditions we'd like to see in place in order to effect the kind of change the would be desired? How will we measure this?

Stanton County Rural Health Works Program

Steering Committee Participants

Wednesday, October 02, 2013

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Steering Committee Participants

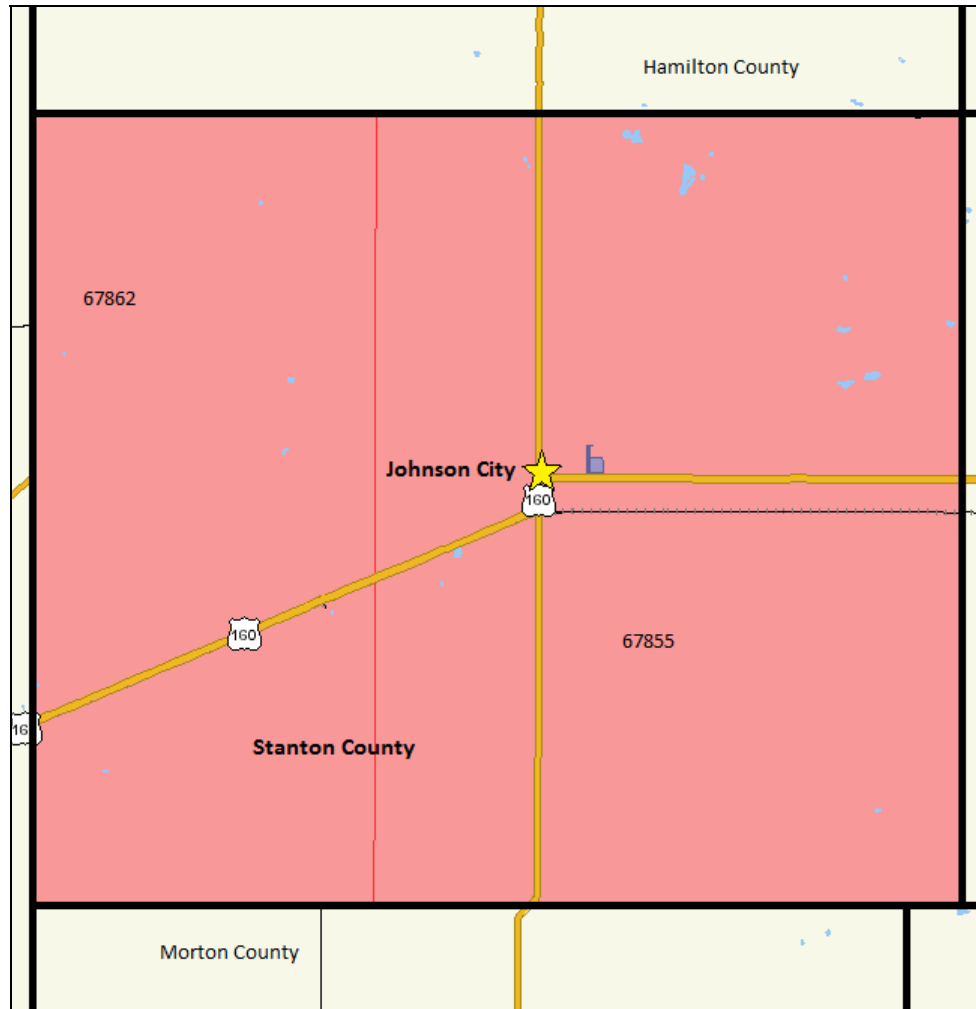
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Basis for the Organization of the Stanton County Community Health Needs Assessment

Share of Inpatient Discharges from Stanton County Zip Code, 2012

Hospital	Zip	City	State	COUNTY	Percentages
Stanton County Health Care Facility - KS	67855	JOHNSON	KS	STANTON	35.2%
Stanton County Health Care Facility - KS	81090	WALSH	CO	BACA	25.9%
Stanton County Health Care Facility - KS	67878	SYRACUSE	KS	HAMILTON	9.3%
Stanton County Health Care Facility - KS	67862	MANTER	KS	STANTON	7.4%
Stanton County Health Care Facility - KS	OTHER				22.2%
					100.0%
Stanton County Share					42.6%



Stanton County Preliminary Issues List
10/2/2013

Themes

1. Promotion of health and wellness; chronic disease prevention
2. Recruitment and retention of a quality health care workforce
3. Expanding the range of primary and specialty services and providers
4. Elder care and an aging population; need for community-based services, including home health care
5. Community perceptions and attitudes; the need to reduce health spending leakages
6. Keeping facilities and practices up to date
7. Cost, access, finance, reimbursements

What are the major health-related concerns in Stanton County?

1. Recruiting and retaining doctors and nurses and quality employees
2. We have a large number of elderly and not enough services
3. Surviving
4. Provide healthcare to all citizens in Stanton County
5. No home health available
6. Preventative healthcare
7. Lacking: Public Health System, availability of gym, teaching- school has started (lunch and learn monthly), screenings
8. Greater access to specialty services (e.g. Podiatry, Dermatology, Dentistry)
9. Improved EMS services- more paramedics available for transfers
10. Keeping the providers with the new Obama Care and what changes to Medicare and Medicaid
11. Can we keep things going
12. Public perceptions
13. Hospital, LTCU, ER, Clinic staffing very limited
14. Getting ill and not having appropriate knowledgeable staff
15. Immediate care- emergency services
16. Local services for long-term problems
17. Perception
18. Obesity
19. Getting people in "prevention" mode
20. People living longer
21. Keeping the facility open
22. Keeping equipment up to date
23. Keeping providers- medical staff, also nursing staff
24. Difficulty finding home health services
25. Immediate emergency care
26. Long-term care
27. Able to keep nursing employees

What needs to be done to improve the local healthcare system?

1. We need to meet the expectations of the people, from providing quality providers and employing quality employees in all departments
2. Increase revenue
3. Make sure to keep updated with the changes in healthcare
4. Care for elderly at home
5. Care for patients after discharge
6. Teaching healthy lifestyles
7. Screenings for early detection
8. Bring in the services needed
9. Community awareness of what is needed and why
10. Not sure what lacking, with new providers in place
11. Keeping good doctors for more than a few years
12. Keeping up with new health care regulations
13. Educate the public first
14. EMR with e-script capability for hospital and clinic ASAP
15. At present, minimal progress has occurred for the hospital and zero progress for the clinic
16. Training of staff, upgraded equipment
17. Connection to new technologies
18. Updating procedures for new services
19. Not sure at this point
20. Have community buy-in
21. Possible orthopedist outreach clinic- 1-2x/month
22. Possibly more out patient care providers available
23. I am not sure
24. I think we are on the right track

What should be the over-arching health care goals of the community?

1. To continue to have a great facility and clinic and that includes providers and employees
2. To have a facility that people use because they are confident they will be taken care of
3. Providing healthcare that is available
4. Prevention
5. Early detection treatment
6. Availability and affordability
7. Create a strong and unified system with no overlapping services
8. Create greater diversity of services
9. Quality health care for all
10. To provide quality affordable healthcare
11. To have our community seek healthcare at our local hospital first (rather than go elsewhere)

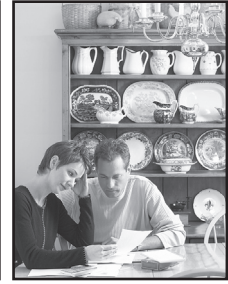
12. Maintaining ease of access to medical care in the clinic, hospital, LTCU, EPR
13. To see that the facility has funding for upgrades, med-staff training, good doctors
14. A healthy population
15. Educate public
16. Motivate public
17. Communicate our goals to community for better understanding
18. Making care accessible
19. Provide affordable and excellent healthcare to community
20. Being able to do more of the health testing here
21. Able to get the care you need within a short length of time

What are the greatest barriers to achieving health care goals?

1. The greatest barriers we have are our location and money, without the support of the county, we would struggle financially
2. Government, small employee pool location
3. Keep committee involved with goals and funding
4. Money and someone as a driving force
5. Community awareness- there are many that view SCH as a "band-aid" station.
6. There is a lack of awareness of the importance of all healthcare services in the county
7. New requirements put in place and changing government programs- how will this change things for rural healthcare
8. Money
9. Changing the long-standing public perceptions of our local health care
10. Human resources are scarce and current funds limited
11. The future of medicine tends to be fragmented
12. Not having enough staff and quality
13. Costs, getting into the center of the health industry not just hanging onto the edges
14. Money
15. Buy-in from public
16. Motivation to improve personal health status
17. Financing
18. Staff buy-in
19. Not knowing who is not getting adequate care
20. Location
21. Insurance paper work
22. Negative thoughts



KANSAS RURAL
HEALTH WORKS



The Importance of the Health Care Sector to the Economy of Stanton County

Kansas Rural Health Options Project December 2010

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and **KSTATE**
Kansas State University
Research and Extension

The Economics of Rural Health Care

The organization and delivery of health care services have undergone rapid evolution in recent years. For many Americans, the cost of services and access to care are important issues. This certainly is true in many rural areas where communities have struggled to maintain affordable, quality health care systems. As economic forces and technical advances continue to change health care, it is more important than ever for rural community leaders and health care providers to work together to ensure affordable, sustainable health care systems.

In an effort to provide useful information resources to rural community and health care leaders, the Kansas Rural Health Options Project (KRHOP) has teamed with the Office of Local Government, a unit of the Department of Agricultural Economics and K-State Research and Extension, to develop this report as a component of the *Kansas Rural Health Works* program. KRHOP is a partnership of the Office of Local and Rural Health at the Kansas Department of Health and Environment, the Kansas Hospital Association, the Kansas Board of Emergency Medical Services and the Kansas Medical Society. KRHOP is dedicated to assuring quality health care delivery in rural Kansas through the promotion of collaborative systems of care. *Kansas Rural Health Works* is supported by a federal grant to KRHOP (No. 5 H54 RH 00009-03) from the Health Resources and Services Administration, Office of Rural Health Policy.

The purpose of this report is to provide information resources that may be used to communicate to community leaders and concerned citizens the relative importance of health care to the local economy.

Much of this information draws on the national Rural Health Works program sponsored by the Office of Rural Health Policy, an initiative led by Cooperative Extension Service specialists at Oklahoma State University. Many persons knowledgeable about the Kansas health care system also contributed to this report, including specialists at the Kansas Hospital Association, the Office of Local and Rural Health, and hospital administrators from across the state who cooperated in the development of these resources.

The Office of Local Government welcomes any questions, comments or suggestions about this report or any of their other services. Contact your county Extension office or:

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Table of Contents

Introduction.....	1
Health Care Changes and Their Effects on Rural Communities.....	2
Health Services and Rural Development.....	5
Health Services and Retirees.....	5
Health Services and Job Growth.....	6
Understanding Today’s Health Care Impacts and Tomorrow’s Health Care Needs	6
Stanton County Demographic Data	7
Economic Indicators	8
Health Indicators and Health Sector Statistics	11
The Economic Impact of the Health Care Sector	13
An Overview of the Stanton County Economy, Highlighting Health Care.....	13
Health Sector Impact and Economic Multipliers	16
Summary and Conclusions.....	19
Selected References.....	21
Glossary of Terms	22

The Economic Contribution of the Health Care Sector In Stanton County, Kansas

Introduction

The rapidly changing delivery of health services in rural counties has the potential to greatly impact the availability of health care services in the future. These changes include:

- Insufficient Medicare and Medicaid payments to hospitals and providers may force a reduction in the provision of health care services.
- Although Kansas rural health networks are already fairly strong, creation of provider networks may substantially change the delivery of, and access to, local health care services.
- Use of telemedicine could increase access to primary, consultative and specialty health care services at the county level.
- Development of critical access hospitals could help health care services remain in rural counties. Kansas currently has over 80 critical access hospitals.

As a result, the health care sector can have a large impact on the local economy. All of these changes make it imperative that decision makers in Stanton County become proactive in maintaining high quality local health care services.

Health care facilities such as hospitals and nursing homes provide jobs and income to people in the community. As these employees spend their income in the community, a ripple spreads throughout the economy, creating additional jobs and income in other economic sectors. To help understand this important connection between the health sector and the local economy, this report will:

- Discuss the role of the health sector in rural development.
- Measure the employment, income, and retail sales impact of the health sector on the Stanton County economy.

This report will not make any recommendations.

Health Care Changes and Their Effects on Rural Communities

The changes occurring in the health care sector have had a substantial impact on many rural communities. Many people have found it more difficult to get health care coverage, insurance premiums have increased, and rural health care providers have been reimbursed at rates less than their urban counterparts for doing the same work. Concurrently, changes in urban health systems have had impact on rural health care delivery with the result that some rural communities have lost their ability to make decisions about their local health care.

Rapid increases in health care costs have driven these changes. In 1990, a person spent an average of \$2,239 (2008\$) on health care expenditures. By 2008, health care expenditures rose to \$3,486 per person. Additionally, the average person spent \$1,415 (2008\$) for insurance premiums and \$824 on out-of-pocket expenses such as deductibles and co-payments in 1990. In 2008, those figures rose to \$2,573 for insurance premiums and \$913 for out-of-pocket expenses. Table 1 shows the trend of increasing health care expenses from 1970 through 2008. Because of the increases in the demand for and cost of health care, the major purchasers of health care services – employers and government (through Medicare, Medicaid and other programs) – must search for ways to slow the rapid growth in health care expenditures.

Table 1. United States Per Capita Health Expenditures

Year	Per Capita Consumer Spending (2008\$)	Per Capita Insurance Premiums (2008\$)	Per Capita Out-of-Pocket Costs (2008\$)
1970	\$913	\$350	\$563
1980	\$1,307	\$708	\$598
1990	\$2,239	\$1,415	\$824
2000	\$2,786	\$1,957	\$829
2001	\$2,915	\$2,081	\$834
2002	\$3,114	\$2,251	\$863
2003	\$3,291	\$2,400	\$892
2004	\$3,376	\$2,476	\$900
2005	\$3,460	\$2,547	\$912
2006	\$3,492	\$2,586	\$906
2007	\$3,530	\$2,603	\$926
2008	\$3,486	\$2,573	\$913

Centers for Medicare & Medicaid Services; data are inflation adjusted to 2008 dollars

Typically, rural community residents pay little attention to their local health care system until it is needed. Consequently, many rural people have little idea of the overall importance of the health care sector to their community's economy, such as the number of jobs it currently provides and its potential to provide more jobs. To ensure that health care services remain available locally, rural communities need to understand these economic relationships. First, rural communities need to learn about their own local health care needs and take stock of their local health care system. While the emphasis at the national level is on controlling costs and eliminating duplication and overcapacity in the system (de-licensing unused hospital beds, for example), the issues are very different in rural communities.

One of the issues that underlies differences between health care systems in rural and urban areas is demographics. In rural areas, there are proportionately more elderly, more children living in poverty, higher unemployment and lower incomes. Rural people report poorer health and have more chronic health conditions. Rural people are more likely to be uninsured and have fewer health services available in the town where they live. Finally, people in rural communities are more likely to derive part of their income from the health care industry (either directly or indirectly).

Another issue that underlies the differences between urban and rural health care is the structure of the systems. In general, there are fewer providers and hospitals in rural areas, and they operate on very thin profit margins. In fact, many rural hospitals operate at a loss, with too few patients to cover daily costs. Also, until recently, most rural health care systems had been locally operated and controlled.

Pressures outside of the health care system also come into play in rural communities, creating stresses not applicable to urban systems. Cyclical commodity prices cause a periodic farm financial crisis, undermining the financial viability of family farms and business, such as farm implement manufacturers and dealers. Businesses located in rural areas tend to be small, often do not provide health insurance, and are highly vulnerable to changing economic conditions. Although these stresses can lead to mental and physical health problems, many people do not seek help for their health problems. Some will say they have too little time to seek out health care services, especially if they are working two jobs to make ends meet. For others, the strong sense of pride and self-reliance inherent among rural people may preclude many from seeking care, especially if they cannot afford it.

What is the ultimate impact of these changes and stresses on rural communities? Will it be a net gain or net loss, or will it all balance out in the end?

On the positive side, urban-based specialists may set up periodic office hours in rural clinics, health centers and hospitals; an urgent care center may open; and air medivac helicopters and other emergency medical services may be strategically located in a rural community. These services, while provided by many urban health systems, are convenient for rural residents, and otherwise would not be available to rural communities.

On the negative side, ties with financially strong urban health care providers can be detrimental to rural providers if the rural providers lose decision-making ability. Rural providers may also find themselves aligned with an organization that does not share their mission and values, or the rural provider may be unable to meet the expectations of the larger provider.

Anecdotal evidence suggests that the downsides can be significant and potentially devastating for a rural community. In some instances, urban or other outside interests have purchased rural clinics and hospitals and then closed them because they did not provide sufficient profit. Employers have signed contracts with insurance plans that push patients to the city for their health care, bypassing local, more convenient services. Emergency medical service providers have changed their service areas or closed their doors. When urban health organizations encourage insured rural residents to spend their health care dollars in the city rather than to purchase equivalent services locally, it can have a significant negative economic impact and result in a loss of health dollars within the local community. In addition, out of town trips to obtain health care naturally offer opportunities to spend dollars out of town that may have been spent locally. These out-migrated dollars are missed opportunities and can significantly impact the local economic base.

Rural communities need to overcome inertia and take stock of local health care. Rural providers should be challenged to organize, whether through formal or informal mechanisms, so that they can compete with urban systems. In general, regional strategies will probably work better than local ones. Providers must be willing to take risks and coordinate services.

Well-positioned rural health systems can meet these challenges. Fragmentation is a big problem in health systems, but smaller, independent rural systems have more opportunity to create linkages. The scarce resources available to rural health services have engendered innovation and efficiencies as a matter of survival. Strong local leadership helps sustain these systems. Many rural health organizations are committed to fiscal accountability, expressed as quality health care at low cost. It should not be too difficult to remind rural residents of the long-term commitment these rural providers have made in the communities they serve. In time, rural providers need to offer sustainable health care services that best meet community need.

Success in meeting these challenges can be measured in terms of increased local services, more spending on locally-available health care, local control of health resources, negotiation of good reimbursement rates for providers, and high levels of community satisfaction with local health care.

If rural health providers do not act, they will face the prospect of losing jobs; rural communities could lose health care services; and everybody may lose local control of their health care.

Health Services and Rural Development

Though the connections between health care services and rural development are often overlooked, at least three primary areas of commonality exist. A strong health care system can help attract and maintain business and industry growth, attract and retain retirees, and also create jobs in the local area.

Health Services and Community Industry

Studies have found that quality of life factors play a dramatic role in business and industry location decisions. Health care services represent some of the most significant quality of life factors for at least three reasons. First, good health and education services are imperative to industrial and business leaders as they select a community for location. Employees and participating management may offer strong resistance if they are asked to move into a community with substandard or inconvenient health services. Secondly, when a business or industry makes a location decision, it wants to ensure that the local labor force will be productive, and a key productivity factor is good health. Thus, investments in health care services can be expected to yield dividends in the form of increased labor productivity. The third factor that business and industry consider in location decisions is cost of health care services. A 1990 site selection survey concluded that corporations looked carefully at health care costs, and sites that provided health care services at a low cost sometimes received priority. In fact, 17 percent of the respondents indicated that their companies used health care costs as a tie-breaking factor between comparable sites (Lyne, 1990).

Health Services and Retirees

A strong and convenient health care system is important to retirees, a special group of residents whose spending and purchasing can provide a significant source of income for the local economy. Many rural areas have environments (for example, moderate climate and outdoor activities) that enable them to attract and retain retirees. Retirees represent a substantial amount of spending, including the purchasing power associated with pensions, investments, Social Security, Medicare and other transfer payments. Additionally, middle and upper income retirees often have substantial net worth. Although the data are limited, several studies suggest health services may be a critical variable that influences the location decision of retirees. For example, one study found that four items were the best predictors of retirement locations: safety, recreational facilities, dwelling units, and health care. Another study found that nearly 60 percent of potential retirees said health services were in the “must have” category when considering a retirement community. Only protective services were mentioned more often than health services as a “must have” service.

Health Services and Job Growth

Job creation represents an important goal for most rural economic development programs. National employment in health care services increased 70 percent from 1990 to 2008. In rural areas, employment in health-related services often accounts for 10 to 15 percent of total employment. This reflects the fact that the hospital is often the second largest employer in a rural community (local government including schools typically being the largest employer).

Another important factor is the growth of the health sector. Health services, as a share of gross domestic product (GDP), has increased over time. In 1990, Americans spent \$1.1 trillion on health care (2008\$), which accounted for 12.3 percent of the GDP. In 2005, health care costs increased to \$2.0 trillion, or 15.7 percent of the GDP. If current trends continue, projections indicate that Americans will spend 19.3 percent of GDP on health care by 2019. Capturing a share of this economic growth can only help a rural community.

Understanding Today's Health Care Impacts and Tomorrow's Health Care Needs

A strong health care system represents an important part of a community's vitality and sustainability. Thus, a good understanding of the community's health care system can help leaders and citizens fully appreciate the role and contributions of the health care system in maintaining community economic viability. In addition, a community should also examine the future health care needs of its residents in order to position itself so that it can respond to those needs. This report is designed to provide the kind of information that a community can use to understand its health care system and some possible indicators of current and future health care needs of its residents. The report begins with an examination of demographic, economic and health indicators and culminates with an illustration of the full economic impact of the health care sector in the county's economy.

Stanton County Demographic Data

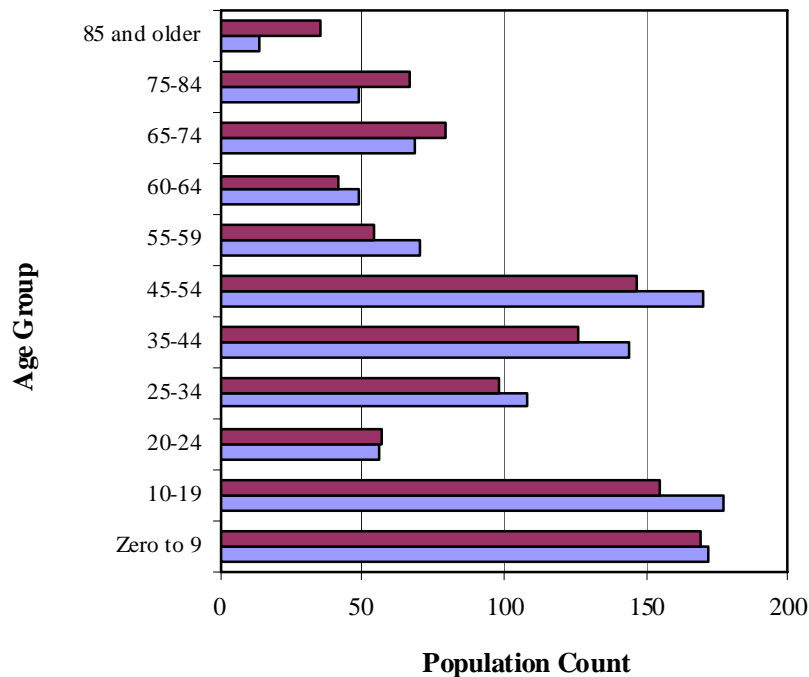
Table 2 presents population trends for Stanton County. In 2010, an estimated 2,147 people live in the county. Between 1990 and 2010, the population decreased 8.0 percent and also decreased 10.6 percent between 2000 and 2010. Population projections indicate that 2,146 people will live in the county by 2015. The state of Kansas population increased 8.5 percent between 1990 and 2000 and an additional 5.5 percent through 2010.

Table 2. Current Population, Population Change and Projections

Current Population		Percent Change in Population			Population Projections	
Year	Count	Years	County	State	Year	Count
1990	2,334	1990-2000	2.9	8.5	2015	2,146
2000	2,402	2000-2010	-10.6	5.5	2020	2,150
2010	2,147	1990-2010	-8.0	14.5	2025	2,156

U.S. Census Bureau; population projections from Woods and Poole Economics, Inc.

Figure 1. Population by Age and Gender

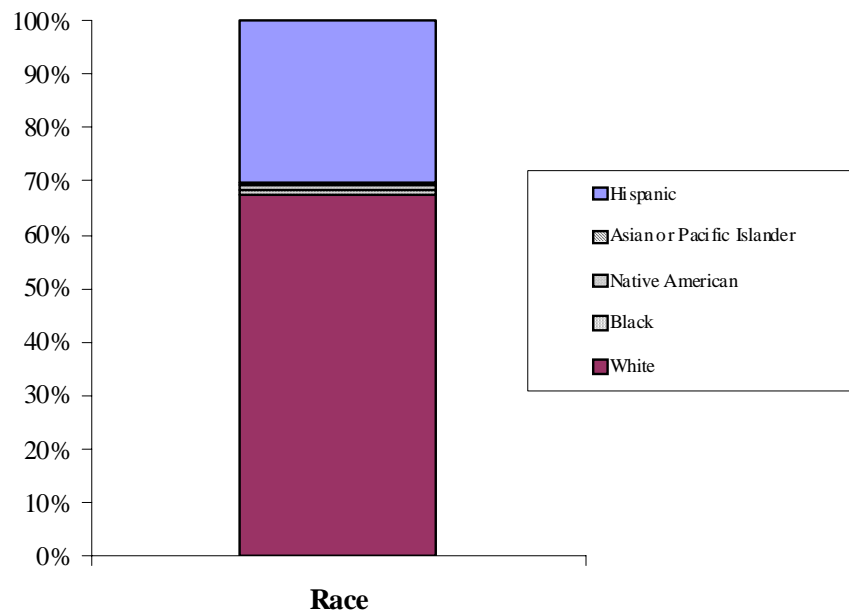


U.S. Census Bureau

Figure 1 shows a breakdown of the population by age and by gender. Here, people aged 19 and younger made up the largest portion of the population, with 31.9 percent. People aged 65 and older represented 14.9 percent of the population. Of those 65 and older, 42.2 percent were male and 57.8 percent were female. Age range can indicate the future health care needs of a county's population. A growing population of older adults has a different set of health care needs than a population with more young people.

Race can also play a role in assessing the health needs of the community. In the case of Hispanic immigrants, lack of English speaking skills may prevent them from using health care services within the county or from using health care services at all. Figure 2 shows the racial and ethnic composition of the county. Whites made up 67.3 percent of the county's population, while Native Americans represented 1.3 percent, African Americans made up 0.9 percent, Asians were 0.2 percent and Hispanics were 30.3 percent of the population. In Kansas, whites make up 80.5 percent of the population, Native Americans represent one percent, African Americans 6.3 percent, Asians 2.5 percent and Hispanics 9.6 percent.

Figure 2. Population by Race (2010)

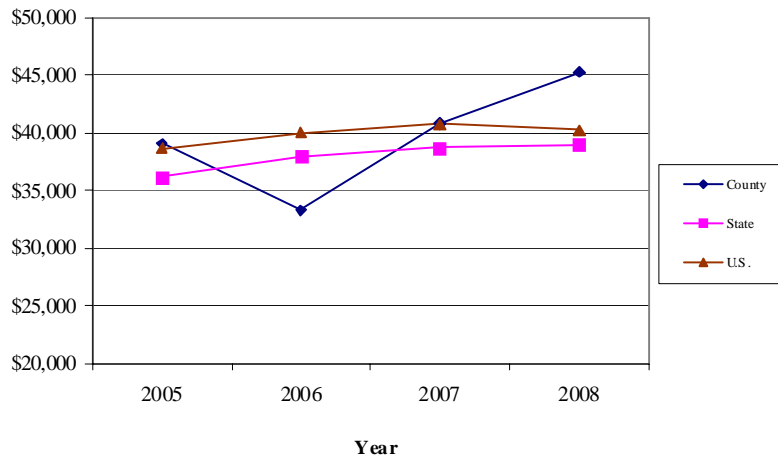


Woods and Poole Economics, Inc. Native American includes American Indians and Alaska Natives; Asian or Pacific Islander includes Asian Americans, Native Hawaiians, Pacific Islanders; Hispanic population is persons of Hispanic origin regardless of race.

Economic Indicators

An important question for health care providers is how people will pay for services. In rural areas, the likelihood of poverty, lack of insurance and chronic health conditions increases. Additionally, rural areas tend to have higher numbers of elderly, for whom supplemental income becomes a proportionally larger source of income. Such supplemental income comes in the form of transfer payments such as Social Security and other retirement benefits, disability, medical payments like Medicare and Medicaid, unemployment insurance, and veterans' benefits. The elderly, major consumers of health care services, receive much of this income, and a large portion of this assistance is available only to those who make the effort to apply. In order to maximize the income resources available in the county, one strategy is to ensure that every person receives all of the financial assistance from broader levels of government for which they are eligible.

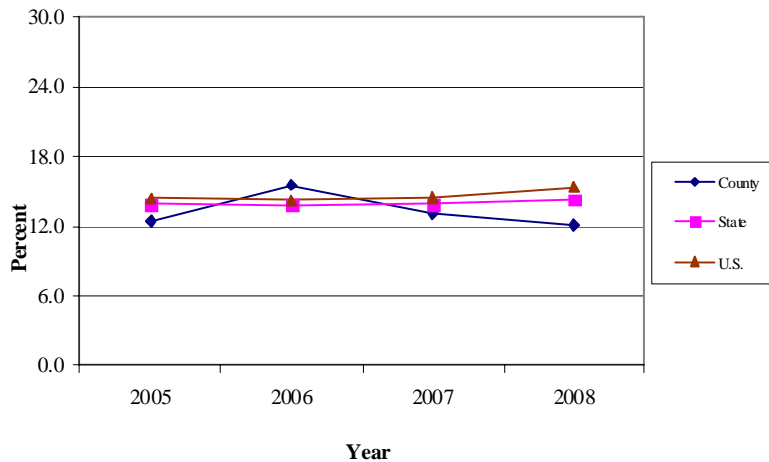
Figure 3. Total Per Capita Personal Income (2008\$)



Bureau of Economic Analysis; data are inflation adjusted to 2008 dollars.

Figure 3 shows the change in total per capita personal income, adjusted for inflation from 2005 through 2008. Per capita personal income has increased in Kansas and the United States. In Stanton County, personal income has increased from \$39,060 in 2005 to \$45,207 in 2008.

Figure 4. Transfer Income as a Percent of Total Income (2008\$)



Bureau of Economic Analysis; data are inflation adjusted to 2008.

Figure 4 shows how the relative proportion of transfer income to total income has changed during the same four years. In the U.S., transfer payments have increased as a percentage of total income by 6.6 percent, while transfer payments in Kansas have increased by 2.5 percent. In the county, the proportion of income stemming from transfer payments has decreased from 12.4 percent in 2005 to 12.1 in 2008.

Table 3 shows personal income data by source for Stanton County, Kansas and the nation. Within the county, 45.8 percent of all earnings come from wages and salaries, compared to 69.4 percent in Kansas and 71.6 percent for the entire United States. Retirement and disability make up 38.2 percent of transfer payments in the county, with another 46.1 percent coming from medical payments. In Kansas, 39.0 percent of all transfers come from retirement and disability, while medical payments represent 42.2 percent. For the U.S., medical payments make up the largest portion of transfers at 44.0 percent.

Table 3. 2008 Personal Income Data

Source	County Total	County Per Capita	County Percent	State Percent	U.S. Percent
Earnings					
Wages and Salaries	\$30,554,000	\$14,224	45.8	69.4	71.6
Other Labor Income	\$6,929,000	\$3,226	10.4	17.0	16.3
Proprietor's Income	\$29,221,000	\$13,604	43.8	13.6	12.1
Total Earnings	\$66,704,000	\$31,054	100.0	100.0	100.0
Transfer Payments					
Retirement and Disability	\$4,492,000	\$2,091	38.2	39.0	34.2
Medical Payments	\$5,428,000	\$2,527	46.1	42.2	44.0
Other	\$1,844,000	\$858	15.7	18.7	21.9
Total Transfer Payments	\$11,764,000	\$5,477	100.0	100.0	100.0
Personal Income					
Earnings by Place of Residence	\$62,821,000	\$29,246	65.4	68.8	66.6
Dividends, Interest, and Rent	\$21,525,000	\$10,021	22.4	17.0	18.0
Transfer Payments	\$11,764,000	\$5,477	12.2	14.3	15.3
Total Personal Income	\$96,110,000	\$44,744	100.0	100.0	100.0

Bureau of Economic Analysis

Per capita estimates based on 2009 Woods and Poole Economics, Inc. estimates.

Due to rounding error, numbers may not sum to match total.

Health Indicators and Health Sector Statistics

The following health indicators and statistics provide information from which communities may infer several things about local health care needs. While some items provide an indication of need by type of service, other items suggest the amount and source of resources available to pay for health services. Health care planners can use this information to arrange for necessary services and anticipate the administrative requirements needed to support such services.

Table 4. Health Services, Medicare, and Medicaid Funded Programs

	County Number	County Percent/Rate	State Percent/Rate
Hospitals (2009)			
Number ¹	1	0.5	0.1
Number of beds ¹	15	7.1	4.1
Admissions per bed ¹	12	5.8	0.0
Adult Care Homes (2009)			
Number ²	0	0.0	0.8
Number of beds ²	0	0.0	56.2
Assisted Living Facilities (2009)			
Number ²	1	3.2	0.7
Number of beds ²	15	47.9	29.6
Medicare (2007)			
Eligibles ^{3,4}	359	16.8	14.8
Medicaid Funded Programs			
Food Stamp Beneficiaries (2009) ⁴	105	5.0	7.4
Temporary Assistance for Families (FY 2009) ⁴	9	0.4	1.1

Kansas Hospital Association; Kansas Department on Aging; Kansas Department of Social and Rehabilitative Services; Center for Medicare and Medicaid Services

¹Rate per 1,000 population.

²Number of beds per 1,000 people 65 years and older.

³Annual average number of original Medicare eligibles---individuals who are either currently or formerly entitled or enrolled in either part A or part B original Medicare.

⁴Percent of total 2007 estimated population.

Table 4 shows the availability of certain types of health services in Stanton County as well as usage of some health care-related government programs. The county has 15 available hospital beds, with a rate of 5.8 admissions per bed per 1,000 people. Additionally, the county has 0 adult care home beds and 15 assisted living beds, or 47.9 beds per 1,000 older adults. Medicare users make up 16.8 percent of the county's total population and 5.0 percent of the county's population receive food stamp benefits.

Table 5. Maternity and Children's Health Statistics

	County Number	County Percent/Rate	State Percent/Rate
Poverty (2008)			
Total Persons in Poverty ¹	237	11.4	11.3
Children in Poverty ²	92	16.9	14.6
Total Births ³ (2008)	43	20.0	14.9
Births to Mothers without High-School Diploma ⁴ (2007)	N/A	55.0	18.2
Births with Adequate Prenatal Care ³ (2008)	26	68.4	77.6
Low Weight Births ⁵ (2007)	N/A	2.5	7.1
Immunization ⁶ (2007)	N/A	71.0	58.0
Infant Mortality ⁷ (2008)	1	5.1	7.4
Child Deaths ⁸ (2008)	1	5.3	1.7
Child Care Subsidies ⁹ (2008)	5	N/A	N/A

U.S. Census Bureau; 2008 Kansas Kids Count Data Book, Kansas Department of Health and Environment

¹ Percent of total population.

² Percent of children younger than 18 years in families below poverty level.

³ Percent of live births to all mothers who received adequate or better prenatal care.

⁴ Rate of live births per thousand females.

⁵ Percent of live births in a calendar year.

⁶ Percent of total kindergarteners who received all immunizations by age two.

⁷ Number of infant deaths younger than one year per thousand live births.

⁸ Number of deaths from all causes per 100,000 children ages 1-14.

⁹ Average monthly number of children participating in the Kansas Child Care Assistance program.

Table 5 gives information which can indicate the situation for young children and mothers. Within the county, 16.9 percent of children live in poverty, while 14.6 percent of children statewide live in poverty. Births to school age mothers occurred at a rate of 55.0 births per thousand teenage females, while school age mothers gave birth at a rate of 18.2 births per thousand teens statewide. Low weight births occurred in 2.5 percent of all live births in the county, while statewide low weight births occurred in 7.1 percent of all live births.

The Economic Impact of the Health Care Sector

An Overview of the Stanton County Economy, Highlighting Health Care

Table 6 presents employment, income and sales data for Stanton County for 2008. Health care income and sales data were estimated using state average data. Data for all other economic sectors come from various government statistics and published data sources.

The table aggregates the economic sectors into broad categories, and the employment numbers indicate “average” jobs in each sector, including full- and part-time employment. Labor income represents local wages and proprietary income. Total income is the broadest measure of income generated within the local economy, and includes labor income plus dividend, interest, rents, corporate profits, etc.

Table 6. Direct Employment, Income and Sales by Economic Sector and Health Services Relative Shares Compared to the State and U.S., 2008 (\$thousands)

Sector	Employment	Labor Income	Total Income	Total Sales
Agriculture	630	\$14,673	\$86,651	\$203,050
Mining	1	\$187	\$502	\$902
Construction	26	\$1,123	\$1,232	\$3,280
Manufacturing	16	\$513	\$527	\$3,152
Transportation, Information, Public Utilities	130	\$4,605	\$6,195	\$11,270
Trade	206	\$8,902	\$15,243	\$23,621
Services	976	\$24,551	\$45,004	\$78,987
Health Services ¹	130	\$7,471	\$11,041	\$17,036
Health and Personal Care Stores	3	\$78	\$122	\$167
Veterinary Services	0	\$0	\$0	\$0
Home Health Care Services	0	\$0	\$0	\$0
Doctors and Dentists	48	\$3,360	\$3,830	\$5,614
Other Ambulatory Health Care	0	\$0	\$0	\$0
Hospitals	79	\$4,032	\$7,089	\$11,255
Nursing/Residential Care Facilities	0	\$0	\$0	\$0
Government	336	\$13,080	\$15,362	\$20,323
Total	2,322	\$67,633	\$170,716	\$344,585
Health Services as a Percent of Total				
County	5.6	11.0	6.5	4.9
State	8.7	8.1	6.0	4.4
Nation	8.1	8.4	6.4	5.3

Minnesota IMPLAN Group; Due to rounding error, numbers may not sum to match total.

¹In some Kansas counties, various health services are consolidated within a single entity in the classification system shown here. In such cases, it may not be possible to break apart employment, income or sales information. If you have questions regarding the organization of health care services in your county, contact your local hospital administrator.

Health services are separated from the service and retail trade sectors but not double counted in the totals. The numbers for each sector include not only the professionals in the sector (the doctors, dentists, etc.) but also support staff (assistants, clerks, receptionists, etc.) employed by the business. In the health sector, the Health and Personal Care stores category includes pharmacies, while the Doctors and Dentists category includes chiropractors, optometrists, and other health care practitioners. Other Ambulatory Health Care Services includes services such as medical and diagnostic labs and outpatient care centers.

Health Services employs 130 people, 5.6 percent of all job holders in the county. Health Services for the state of Kansas employs 8.7 percent of all job holders, while 8.1 percent of all job holders in the United States work in Health Services. Health Services in the county has a number 6 ranking in terms of employment (Figure 5). Health Services is number 5 among payers of wages to employees (Figure 6) and number 5 in terms of total income (Figure 7). As with most rural areas, the health sector plays an important role in the economy.

Figure 5. Employment by Sector (2008)

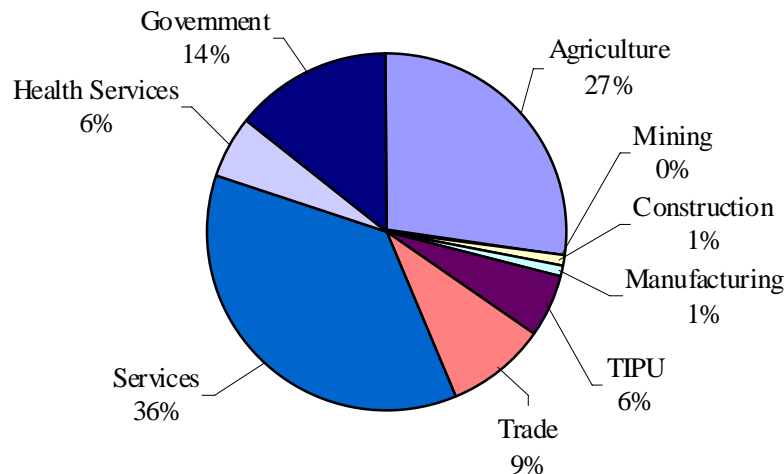
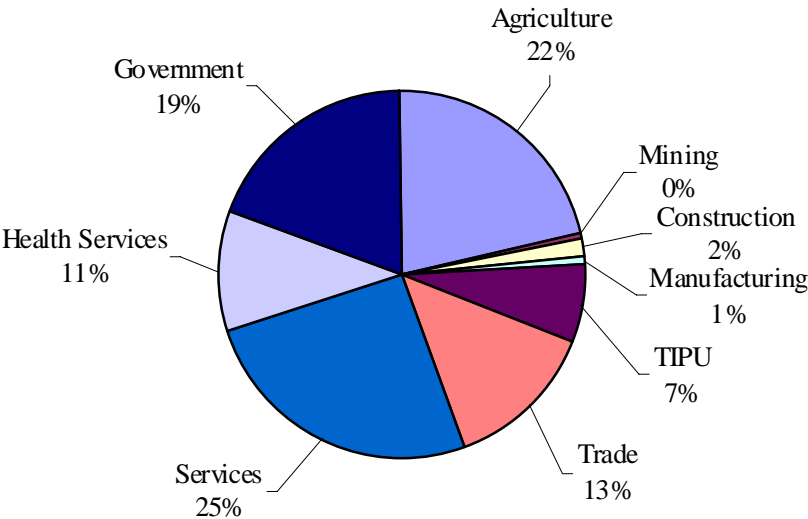
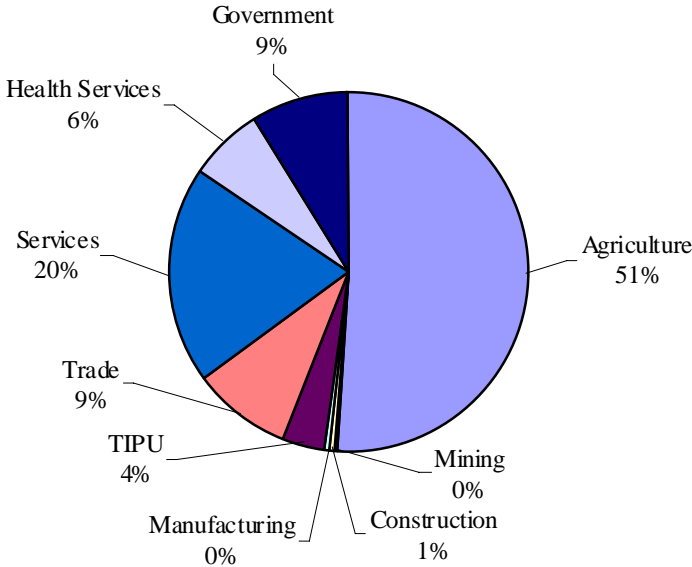


Figure 6. Labor Income by Sector (2008)



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Figure 7. Total Income by Sector (2008)



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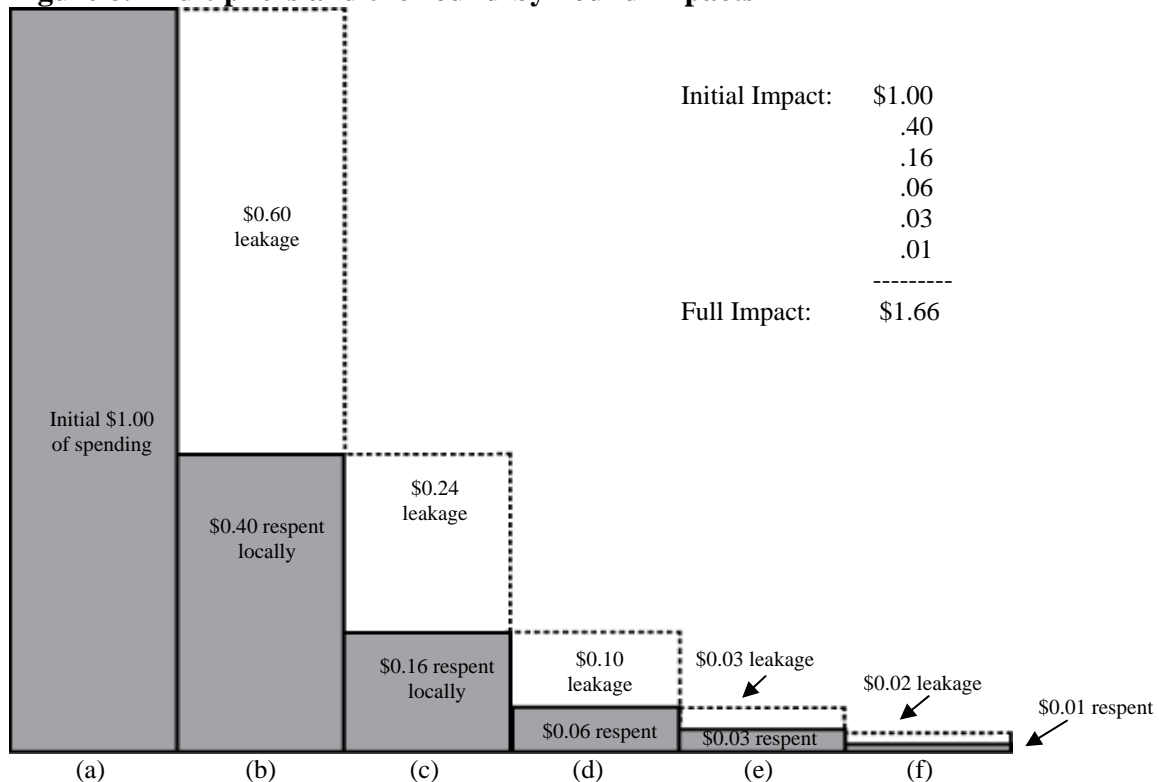
Health Sector Impact and Economic Multipliers

The previous section detailed the direct contributions of the Health Services sector within the Stanton County economy, but the full impact of the sector goes beyond the number of people employed and the wages they receive. The employment and income levels in the health sector have a significant impact on employment and income throughout other industries in the market area. This secondary impact or “ripple effect” comes from local businesses buying and selling to each other and from area workers spending their income for household goods and services; the ripple effect spreads the economic impact of the health sector throughout the community economy.

As dollars are spent locally, they are, in turn, re-spent for other goods and services. Some of these goods are produced locally while others are imports (the portion of the dollar spent on imports leaves the community as leakage). This spending and re-spending occurs over multiple rounds until it is finally exhausted.

Graphically, we can illustrate the round-by-round relationships modeled as shown in Figure 8. The direct effect of spending is shown in the far left-hand side of the figure (the first bar (a)). For simplification, the direct effects of a \$1.00 change in the level of spending plus the indirect effects spillover into other sectors and create an additional 66 cents of activity. In this example, the multiplier is 1.66. A variety of multipliers can be calculated using these analysis techniques.

Figure 8. Multipliers and the round-by-round impacts



Tables 7 and 8 illustrate the ripple effect in the county. As an example, Table 7 shows that the hospital sector employs 79 people and has an employment multiplier of 1.24. This means that for each job created in the hospital sector, another 0.24 jobs are created in other businesses and industries in the county's economy. The direct impact of the 79 hospital employees results in an indirect impact of 18 jobs ($79 \times 0.24 = 18$) throughout all businesses and industries in the market area. Thus, the hospital sector employment had a total impact on area employment of 97 jobs ($79 \times 1.24 = 97$).

Table 7. Health Sector Impact on Employment, 2008

Health Sectors	Direct Employment	Economic Multiplier	Total Impact
Health and Personal Care Stores	3	1.12	3
Veterinary Services	0	0.00	0
Home Health Care Services	0	0.00	0
Doctors and Dentists	48	1.25	60
Other Ambulatory Health Care	0	0.00	0
Hospitals	79	1.24	97
Nursing and Residential Care Facilities	0	0.00	0
Total	130		160

Note: Most data obtained from secondary sources; some data unavailable or extrapolated
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Similarly, multiplier analysis can estimate the total impact of the estimated \$7,089,000 direct income for hospital employees shown in Table 8. The hospital sector had an income multiplier of 1.12, which indicates that for every one dollar of income generated in the hospital sector, another \$0.12 is generated in other businesses and industries in the county's economy. Thus, the hospital sector had an estimated total impact on income throughout all businesses and industries of \$7,926,000 ($\$7,089,000 \times 1.12 = \$7,926,000$).

Table 8. Health Sector Impact on Income and Retail Sales, 2008 (\$thousands)

Health Sectors	Direct Income	Economic Multiplier	Total Impact	Retail Sales
Health and Personal Care Stores	\$122	1.11	\$135	\$28
Veterinary Services	\$0	0.00	\$0	\$0
Home Health Care Services	\$0	0.00	\$0	\$0
Doctors and Dentists	\$3,830	1.09	\$4,184	\$866
Other Ambulatory Health Care	\$0	0.00	\$0	\$0
Hospitals	\$7,089	1.12	\$7,926	\$1,640
Nursing/Residential Care Facilities	\$0	0.00	\$0	\$0
Total	\$11,041		\$12,246	\$2,533

Note: Most data obtained from secondary sources; some data unavailable or extrapolated.
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In this manner, the total employment and income impacts of all the health services sectors can be estimated. In Table 7, the total employment impact of the health services sector results in an estimated 160 jobs in the local economy. In Table 8, the total income impact of health services results in an estimated \$12,246,000 for the economy.

The last column in Table 8 shows the retail sales that the health sector helps to generate. To estimate this, this study incorporates a retail sales capture ratio (retail sales to total personal income). Stanton County had retail sales of \$19,881,800 and \$96,110,000 in total personal income. Thus, the estimated retail sales capture ratio equals 20.7 percent. Using this as the retail sales capture ratio for the county, this says that people spent 20.7 percent of their income on retail goods and services within the market. By taking all the household income associated with health sector activities and multiplying by the retail sales capture ratio, we can estimate the impacts of the health sector on area retail sales. Thus, the total retail sales generated by the retail sector equals \$2,533,000 ($\$12,246,000 \times 20.7\% = \$2,533,000$). This is a conservative estimate, as this method does not consider the impact of any local purchases made by the health services businesses.

Summary and Conclusions

The Health Services sector of Stanton County, Kansas, plays a large role in the area's economy. Health Services represents one of the largest employers in the area and also serves as one of the largest contributors to income. Additionally, the health sector has indirect impacts on the local economy, creating additional jobs and income in other sectors. The health sector also contributes substantially to retail sales in the region. All of this demonstrates the importance of the health care sector to the local economy.

While the estimates of economic impact are themselves substantial, they are only a partial accounting of the benefits to the county. Health care industries in rural counties help to preserve the population base, invigorating the communities and school systems. Similarly, many hospitals and nursing care facilities have active community outreach programs that enhance community services and the quality of life for community residents.

A vigorous and sustainable health care system is essential not only for the health and welfare of community residents, but to enhance economic opportunity as well. Health-related sectors are among the fastest growing in economy. Given demographic trends, this growth is likely to continue. The attraction and retention of new business and retirees also depends on access to adequate health care services.

While industry trends related to health care are positive overall, many rural communities have significant challenges. The economics of health care are rapidly changing. As health care costs escalate and government funding becomes tighter, rural markets may become less attractive to many providers. This will lead to the continued restructuring of rural health care services in many areas.

If a community wants to maintain the benefits associated with accessible and affordable health care, it must actively work to meet these challenges. The challenges cannot be met by those directly responsible for health care administration alone. They require a community-wide response involving government, business and civic leaders, and they frequently incorporate outside assistance from professional resources providers, such as the Kansas Hospital Association, the Office of Local and Rural Health, the Kansas Department of Health and Environment, and others.

In meeting current and future challenges, health care and community leaders can engage in an ongoing process of strategic health planning. This is continuous effort to maintain and enhance the community's health care situation. The strategic health planning process helps local communities identify their health care needs; examine the social, economic, and political realities affecting the local delivery of health care; determine what is wanted and what realistically can be achieved to meet their identified health care needs; and develop and mobilize an action plan based on their analysis and planning.

Strategic health planning involves cooperation among people and organizations to pursue common goals. The process is designed to answer three questions:

- (1) Where is the community now?
- (2) Where does the community want to go?
- (3) How will the community get there?

For the strategic health planning process to be most effective, it must be based in the community and driven by the community. Local residents and their leaders must participate; a current knowledge of the health care industry is not necessary. This process is about local people solving local problems. The local hospital and health care providers should have input into the decision-making and should support and trust the outcomes, but, the community must provide the energy and commitment.

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Glossary of Terms

Doctors and Dentists Sector: includes physicians, dentists, chiropractors, optometrists, other health care professionals, and all support staff employed by these professionals.

Employment: annual average number of full and part-time jobs, including self-employed for a given economic sector.

Employment Economic Multiplier: indicates the total jobs in the economy closely tied, in this case, to one job in the health sector.

Employee Compensation: total payroll (wages, salaries and certain benefits) paid by local employers.

Government Sector: includes all federal, state and local government enterprises; federal, state and local electric utilities; state and local government passenger transit; state and local government education and non-education; and federal military and non-military.

Gross Domestic Product (GDP): the total value of output of goods and services produced by labor and capital investment in the United States.

Health and Personal Care Stores: pharmacies.

Income Economic Multiplier: indicates total income generated in the economy due to one dollar of income, in this case, in the health sector.

Indirect Business Taxes: sales, excise fees, licenses and other taxes paid during normal operation. All payments to the government except for income taxes.

Multipliers: Its calculation is based on the structure of the local economy. All of the buying and selling relationships between businesses and consumers are charted in an economic transactions table. When a dollar is spent in one area of the economy, all of the economic interconnections are stimulated as the effect “ripples” to other areas of the economy. The effect is caused by businesses buying and selling goods or services to each other and by local labor who use their income to purchase household goods and services. Over successive rounds of spending and re-spending, the effect of the original dollar is multiplied to some new, larger level of activity. Eventually, the economic “leakages” associated with the purchase of imported goods and non-local taxes and investments causes the ripple effect to finally run out. Multipliers are derived through algebraic calculations of the economic transactions table of the local economy.

Other Ambulatory Health Care Services: medical and diagnostic labs and other outpatient care services and all of their employees.

Other Property Income: corporate income, rental income, interest and corporate transfer payments.

Proprietor Income: income from self-employment (farmers and business proprietors, for example).

Personal Income: income received by individuals from all sources (employment, Social Security, et cetera).

Total Income: employee compensation plus proprietor income plus other property income plus indirect business taxes.

Total Sales: total industry production for a given year (industry output).

Kansas State University Agricultural Experiment Station and Cooperative Extension Service,
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Stanton County Rural Health Works



Communities Building Affordable & Sustainable Healthcare Systems

Demographic, Economic and Health Indicator Data

Introduction

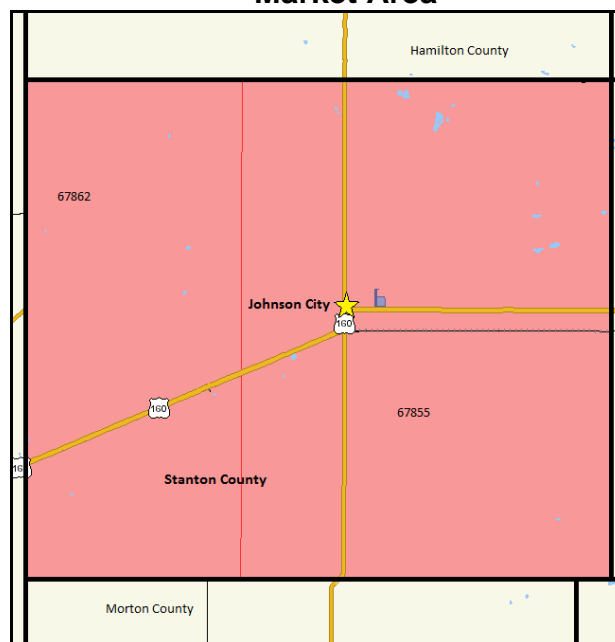
Kansas Rural Health Works (KRHW) is dedicated to helping rural communities build affordable and sustainable local health care systems. The Office of Local Government at K-State Research and Extension is supporting Community Health Needs Assessments. These needs assessments bring a broad-based group of community leaders together to assess local needs, establish priorities, and develop strategic action plans to improve the local health situation. This is an opportunity for the community to rally together to address high-priority local needs and to make the community a better place to live, work, and raise a family. No one can do it for us unless we do it ourselves. The resources presented here support that process. The opportunity is now.

Background Data Summary

Following are a variety of data and statistics about background demographic, economic and health conditions in Stanton County that may have implications related to local health care needs. Most of the data only is available at a county scale and reflects the Stanton County boundaries.

- Between 1990 and 2010, the population decreased 8.0 percent in Stanton County, and is projected to remain stable at about 2,146.
- People aged 19 and younger made up the largest portion of the population, with 31.9 percent, of which 51.9 percent were male and 48.1 percent were female.
- In Stanton County, personal income has increased from \$39,060 in 2005 to \$45,207 in 2008.
- Medicare users make up 16.8 percent of the county's total population and 5.0 percent of the county's population receive food stamp benefits.
- Within the county, 16.9 percent of children live in poverty, while 14.6 percent of children statewide live in poverty.

Stanton County Primary Health Market Area



ZIP codes within the Stanton County Health Market Area.

Source: Claritas, Inc. 2012.

Stanton County Rural Health Works

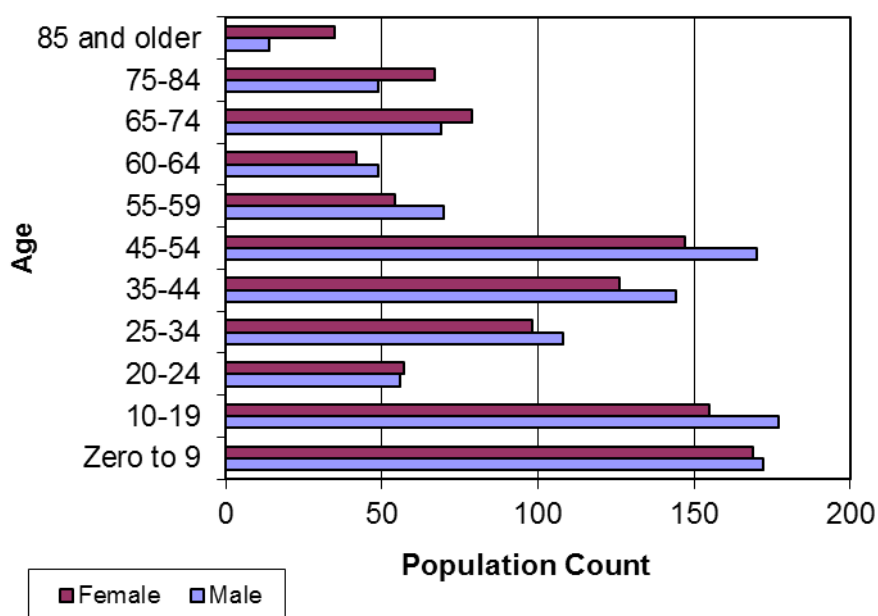
Table 1 presents population trends for Stanton County. In 2010, an estimated 2,147 people live in the county. Between 1990 and 2010, the population decreased 8.0 percent and also decreased 10.6 percent between 2000 and 2010. Population projections indicate that 2,146 people will live in the county by 2015. The state of Kansas population increased 8.5 percent between 1990 and 2000 and an additional 5.5 percent through 2010.

Table 1. Current Population, Population Change and Projections

Current Population		Percent Change in Population			Population Projections	
Year	Count	Years	County	State	Year	Count
1990	2,334	1990-2000	2.9	8.5	2015	2,146
2000	2,402	2000-2010	-10.6	5.5	2020	2,150
2010	2,147	1990-2010	-8.0	14.5	2025	2,156

U.S. Census Bureau; population projections from Woods & Poole Economics, Inc.

Figure 1. Population by Age and Gender (2009)

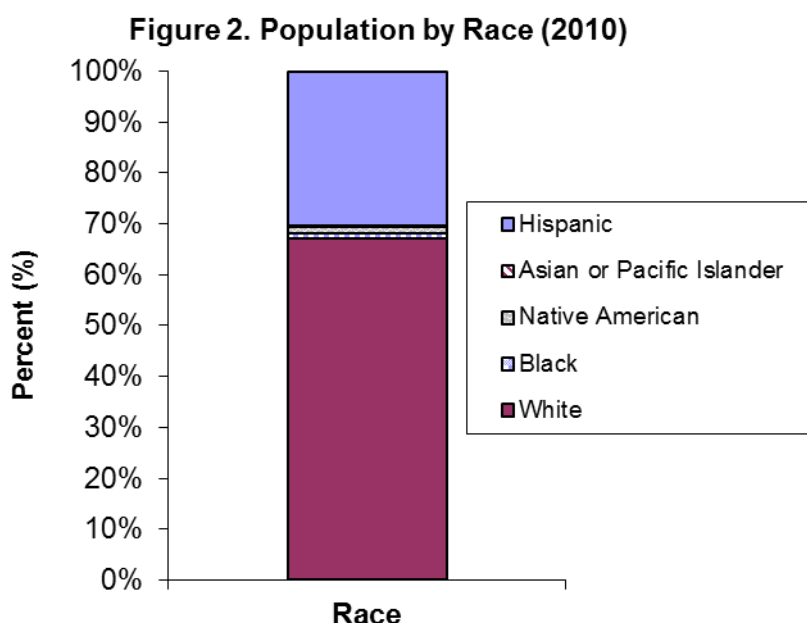


U.S. Census Bureau, 2010

Figure 1 shows a breakdown of the population by age and by gender. Here, people aged 19 and younger made up the largest portion of the population, with 31.9 percent. Of those aged 19 and younger, 51.9 percent were male and 48.1 percent were female. Age range can indicate the future health care needs of a county's population. A growing population of older adults has a different set of health care needs than a population with more young people.

Stanton County Rural Health Works

Race can also play a role in assessing the health needs of the community. In the case of Hispanic immigrants, lack of English speaking skills may prevent them from using health care services within the county or from using health care services at all. Figure 2 shows the racial and ethnic composition of the county. Whites made up 67.3 percent of the county's population, while Native Americans represented 1.3 percent, African Americans made up 0.9 percent, Asians were 0.2 percent and Hispanics were 30.3 percent of the population. In Kansas, whites make up 80.5 percent of the population, Native Americans represent one percent, African Americans 6.3 percent, Asians 2.5 percent and Hispanics 9.6 percent.



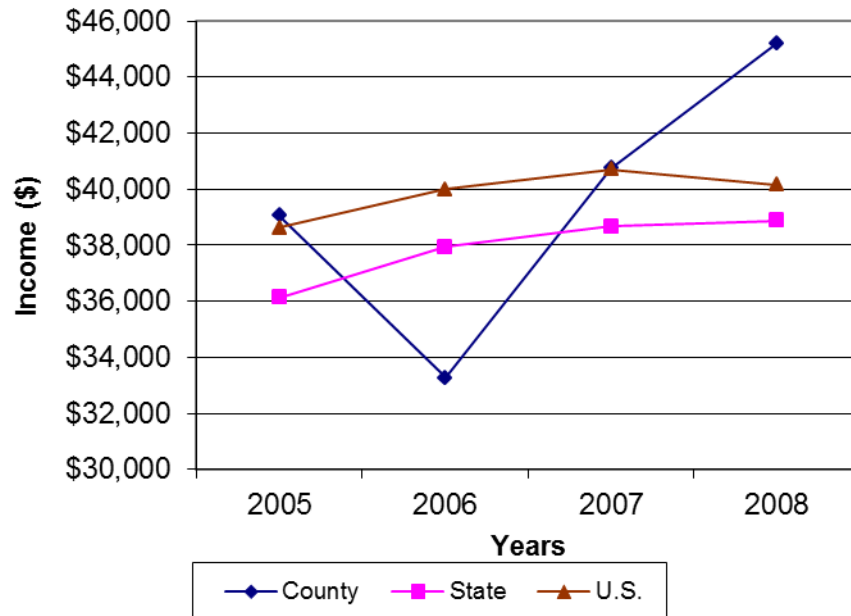
Woods and Poole Economics, Inc. Native American includes American Indians and Alaska Natives; Asian or Pacific Islander includes Asian Americans, Native Hawaiians, Pacific Islanders; Hispanic population is persons of Hispanic origin regardless of race.

Economic Indicators

An important question for health care providers is how people will pay for services. In rural areas, the likelihood of poverty, lack of insurance and chronic health conditions increases. Additionally, rural areas tend to have higher numbers of elderly, for whom supplemental income becomes a proportionally larger source of income. Such supplemental income comes in the form of transfer payments such as Social Security and other retirement benefits, disability, medical payments like Medicare and Medicaid, unemployment insurance, and veterans' benefits. The elderly, major consumers of health care services, receive much of this income, and a large portion of this assistance is available only to those who make the effort to apply. In order to maximize the income resources available in the county, one strategy is to ensure that every person receives all of the financial assistance from broader levels of government for which they are eligible.

Stanton County Rural Health Works

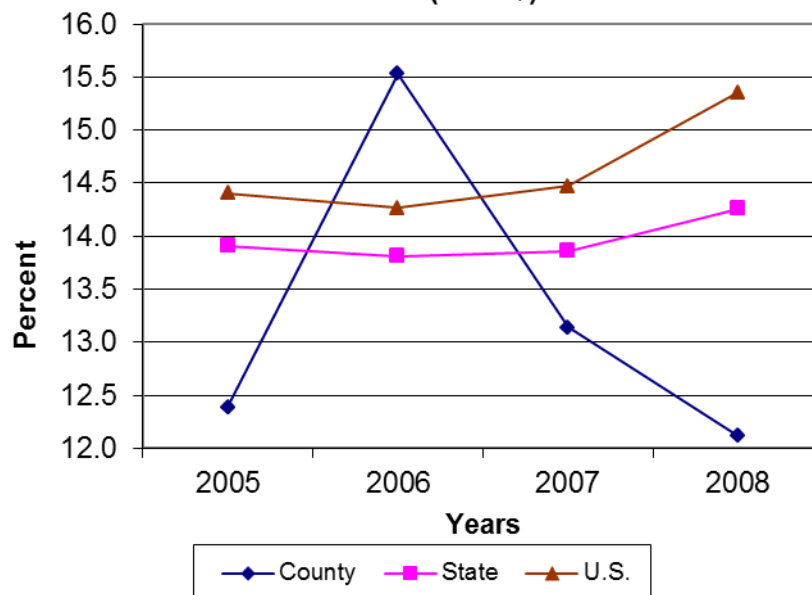
Figure 3. Total Per Capita Personal Income (2008 \$)



Bureau of Economic Analysis; data are inflation adjusted to 2008 dollars.

Figure 3 shows the change in total per capita personal income, adjusted for inflation from 2005 through 2008. Per capita personal income has increased in Kansas and the United States. In Stanton County, personal income has increased from \$39,060 in 2005 to \$45,207 in 2008.

Figure 4. Transfer Income as a Percent of Total Income (2008 \$)



Bureau of Economic Analysis; data are inflation adjusted to 2008.

Stanton County Rural Health Works

Figure 4 shows how the relative proportion of transfer income to total income has changed during the same four years. In the U.S., transfer payments have increased as a percentage of total income by 6.6 percent, while transfer payments in Kansas have increased by 2.5 percent. In the county, the proportion of income stemming from transfer payments has fluctuated from 12.4 percent in 2005 to 12.1 in 2008.

Table 2 shows personal income data by source for Stanton County, Kansas, and the nation. Within the county, 45.8 percent of all earnings come from wages and salaries, compared to 69.4 percent in Kansas and 71.6 percent for the entire United States. Retirement and disability make up 38.2 percent of transfer payments in the county, with another 46.1 percent coming from medical payments. In Kansas, 39.0 percent of all transfers come from retirement and disability, while medical payments represent 42.2 percent. For the U.S., medical payments make up the largest portion of transfers at 44.0 percent.

Table 2. 2008 Personal Income Data

Source	County Total	County Per Capita	County Percent	State Percent	U.S. Percent
Earnings					
Wages and Salaries	\$30,554,000	\$14,224	45.8	69.4	71.6
Other Labor Income	\$6,929,000	\$3,226	10.4	17.0	16.3
Proprietor's Income	\$29,221,000	\$13,604	43.8	13.6	12.1
Total Earnings	\$66,704,000	\$31,054	100.0	100.0	100.0
Transfer Payments					
Retirement and Disability	\$4,492,000	\$2,091	38.2	39.0	34.2
Medical Payments	\$5,428,000	\$2,527	46.1	42.2	44.0
Other	\$1,844,000	\$858	15.7	18.7	21.9
Total Transfer Payments	\$11,764,000	\$5,477	100.0	100.0	100.0
Personal Income					
Earnings by Place of Residence	\$62,821,000	\$29,246	65.4	68.8	66.6
Dividends, Interest, and Rent	\$21,525,000	\$10,021	22.4	17.0	18.0
Transfer Payments	\$11,764,000	\$5,477	12.2	14.3	15.3
Total Personal Income	\$96,110,000	\$44,744	100.0	100.0	100.0

Bureau of Economic Analysis

Per capita estimates based on 2009 Woods and Poole Economics, Inc. estimates.

Due to rounding error, numbers may not sum to match total.

Stanton County Rural Health Works

Health Indicators and Health Sector Statistics

The following health indicators and statistics provide information from which communities may infer several things about local health care needs. While some items provide an indication of need by type of service, other items suggest the amount and source of resources available to pay for health services. Health care planners can use this information to arrange for necessary services and anticipate the administrative requirements needed to support such services.

Table 3. Health Services, Medicare, and Medicaid Funded Programs

	County Number	County Percent/Rate	State Percent/Rate
Hospitals (2009)			
Number ¹	1	0.5	0.1
Number of beds ¹	15	7.1	4.1
Admissions per bed ¹	12	5.8	0.01
Adult Care Homes (2009)			
Number ²	0	0.0	0.8
Number of beds ²	26	83.1	56.2
Assisted Living Facilities (2009)			
Number ²	1	3.2	0.7
Number of beds ²	15	47.9	29.6
Medicare (2007)			
Eligibles ^{3,4}	359	16.8	14.8
Medicaid Funded Programs			
Food Stamp Beneficiaries (2009) ⁴	105	5.0	7.4
Temporary Assistance for Families (FY 2009) ⁴	9	0.4	1.1

Kansas Hospital Association; Kansas Department on Aging; Kansas Department of Social and Rehabilitative Services; Center for Medicare and Medicaid Services

¹Rate per 1,000 population.

²Number of beds per 1,000 people 65 years and older.

³Annual average number of original Medicare eligibles---individuals who are either currently or formerly entitled or enrolled in either part A or part B original Medicare.

⁴Percent of total 2007 estimated population.

Table 3 shows the availability of certain types of health services in Stanton County as well as usage of some health care-related government programs. The county has 15 available hospital beds, with a rate of 5.8 admissions per bed per 1,000 people. Additionally, the county has 26 adult care home beds and 15 assisted living beds. Medicare users make up 16.8 percent of the county's total population and 5.0 percent of the county's population receive food stamp benefits.

Stanton County Rural Health Works

Table 4. Maternity and Children's Health Statistics

	County Number	County Percent/Rate	State Percent/Rate
Poverty (2008)			
Total Persons in Poverty ¹	237	11.4	11.3
Children in Poverty ²	92	16.9	14.6
Total Births ³ (2008)	43	20	14.9
Births to Mothers without High-School Diploma ⁴ (2007)	N/A	55.0	18.2
Births with Adequate Prenatal Care ³ (2008)	26	68.4	77.6
Low Weight Births ⁵ (2007)	N/A	2.5	7.1
Immunization ⁶ (2007)	N/A	71.0	58.0
Infant Mortality ⁷ (2008)	1	5.1	7.4
Child Deaths ⁸ (2008)	1	5.26	1.7
Child Care Subsidies ⁹ (2008)	5	N/A	N/A

U.S. Census Bureau; 2008 Kansas Kids Count Data Book, Kansas Department of Health and Environment

¹ Percent of total population.

² Percent of children younger than 18 years in families below poverty level.

³ Percent of live births to all mothers who received adequate or better prenatal care.

⁴ Rate of live births per thousand females.

⁵ Percent of live births in a calendar year.

⁶ Percent of total kindergarteners who received all immunizations by age two.

⁷ Number of infant deaths younger than one year per thousand live births.

⁸ Number of deaths from all causes per 100,000 children ages 1-14.

⁹ Average monthly number of children participating in the Kansas ChildCare Assistance program.

Table 4 gives information which can indicate the situation for young children and mothers. Within the county, 16.9 percent of children live in poverty, while 14.6 percent of children statewide live in poverty. Births to mothers without a high-school diploma occurred at a rate of 55.0 births per thousand teenage females, while mothers without a high-school diploma gave birth at a rate of 18.2 births per thousand teens statewide. Low weight births occurred in 2.5 percent of all live births in the county, while statewide low weight births occurred in 7.1 percent of all live births.

This information was prepared by the Office of Local Government, K-State Research and Extension. For questions or other information, call 785-532-2643.

Stanton County Rural Health Works



Communities Building Affordable & Sustainable Healthcare Systems

Economic & Demographic Data

Introduction

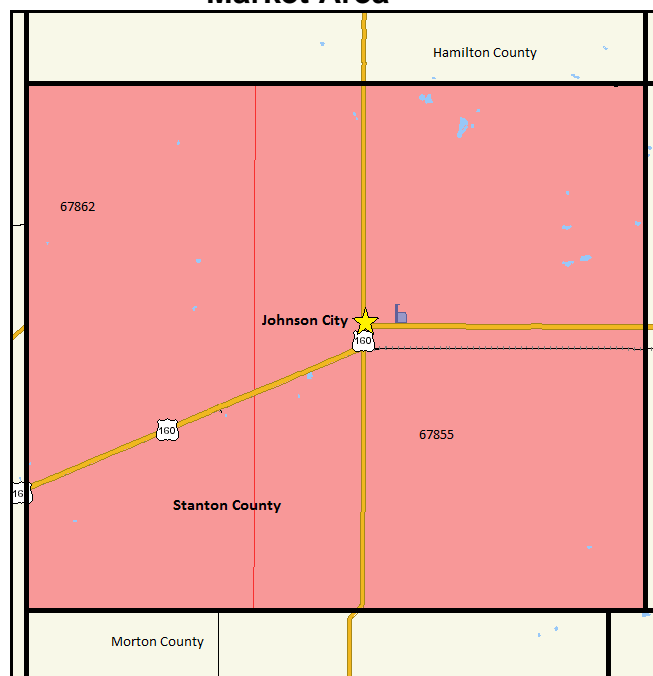
Kansas Rural Health Works (KRHW) is dedicated to helping rural communities build affordable and sustainable local health care systems. The Office of Local Government at K-State Research and Extension is supporting Community Health Needs Assessments. These needs assessments bring a broad-based group of community leaders together to assess local needs, establish priorities, and develop strategic action plans to improve the local health situation. This is an opportunity for the community to rally together to address high-priority local needs and to make the community a better place to live, work, and raise a family. No one can do it for us unless we do it ourselves. The resources presented here support that process. The opportunity is now.

Economic Data Summary

Following are data and statistics about the economic and demographic characteristics of Stanton County that may have implications related to local health care needs. Some of the data only is available at a county scale and reflects the Stanton County boundaries.

- The total population of Stanton County has declined by over 6% since 2000, but is projected to stabilize.
- The proportion of the population 65 years and older is about 16% and is projected to increase.
- The Hispanic population is a rapidly growing demographic and is contributing to population stabilization and the number of children in the county.
- Almost 10% of households live on less than \$15,000 income per year, and about 17% live on less than \$25,000 per year.
- In 2012, almost \$12 million in transfer income was paid to county residents, about 13% of total personal income.
- Stanton County has begun trending similarly with the state average in terms of the percentage of population living in poverty.

Stanton County Primary Health Market Area

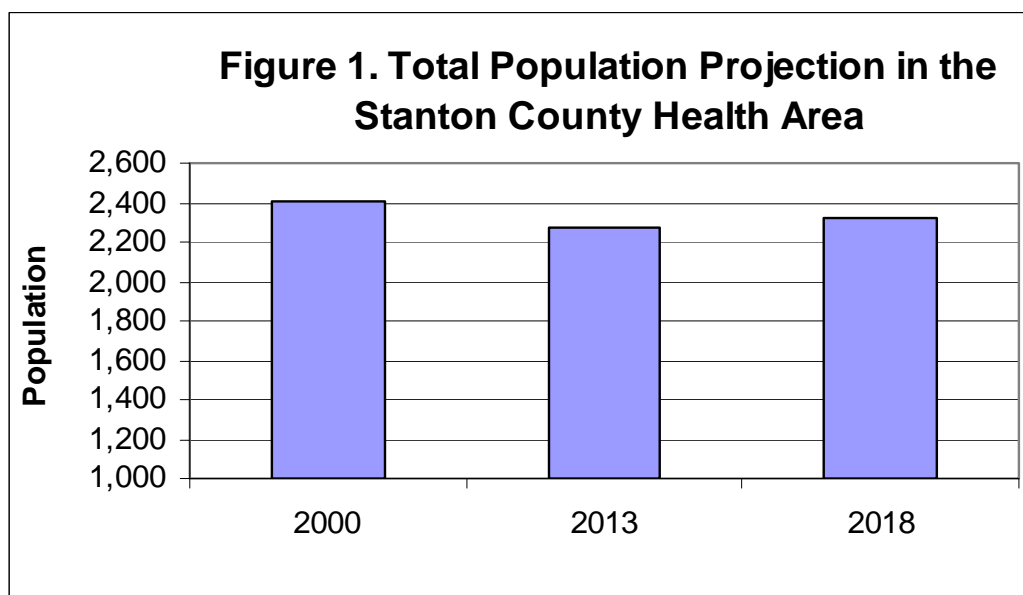


ZIP codes within the Stanton County Health Market Area.

Source: Claritas, Inc. 2012.

Stanton County Rural Health Works

Typical of many rural counties in Kansas, county population has been in a decline, over 6% since 2000. The trend is expected to stabilize in the near-term future. The implications of a decreasing trend are that there are fewer people to make up local economic markets, fewer people to support local public services, and a thinner local labor market. All of these create greater challenges for businesses, local governments and communities.



Claritas, Inc., 2012

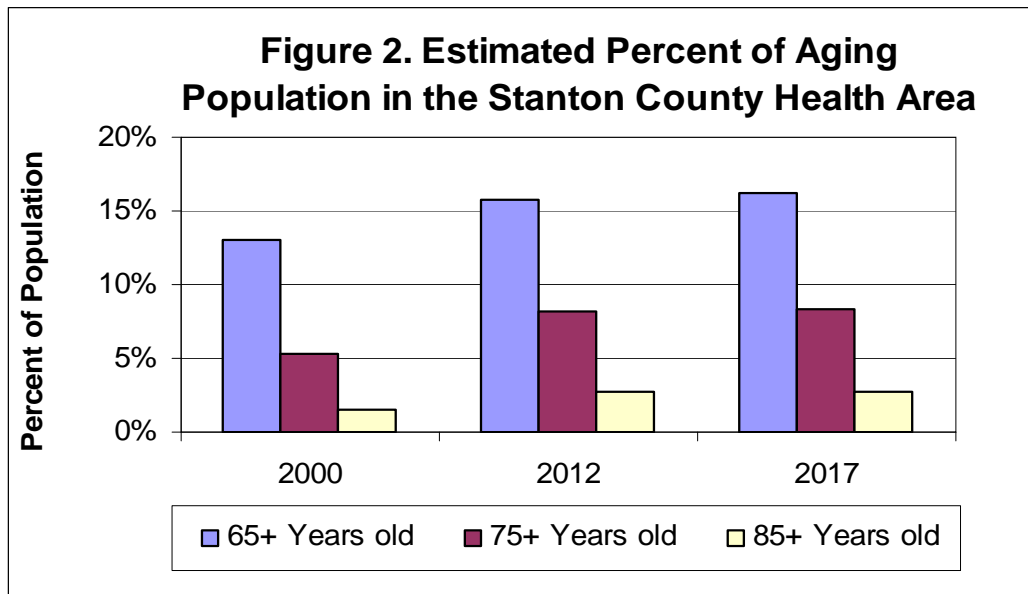
The proportion of the population 65 years and older is among the fastest growing demographic groups even as the overall population declines, and in Stanton County the population 65 years and older has increased slightly. But in the average county, the oldest of the old, persons 85 years and older, are increasing to a similar degree among the elderly, with women commonly outliving men. The implications of these trends are several: without a source of renewal from economic growth, the community will increasingly rely on an elderly, fixed income population base to support local services. Further, the proportion of the population with special health care needs, especially community and home health care assistance, will increase.

Table 1. Percent of Aging Population in the Johnson City Health Area

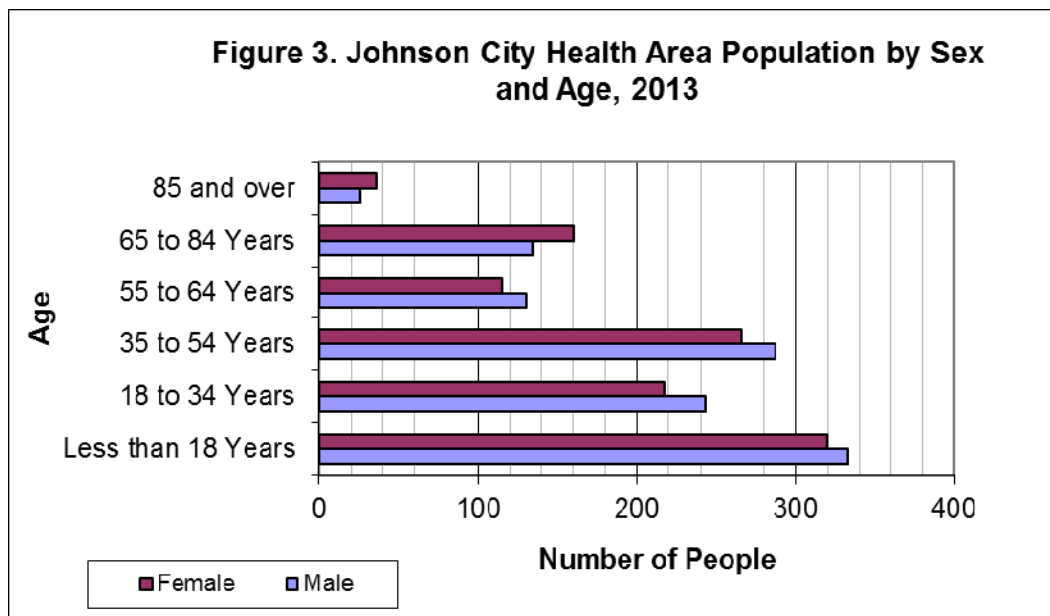
	2000		2013		2018	
	Percent	Population	Percent	Population	Percent	Population
65+ Years old	13.0%	312	15.7%	356	16.2%	376
75+ Years old	5.3%	128	8.2%	187	8.3%	193
85+ Years old	1.6%	38	2.7%	62	2.8%	64

Claritas, Inc., 2012

Stanton County Rural Health Works



Claritas, Inc., 2012



Claritas, Inc., 2012

The racial composition of Stanton County is rather heterogeneous, which is fairly atypical of many rural Kansas counties. Whites make up about 82 percent of the population. Three hundred and ninety-eight persons in Stanton County identify themselves as non-white. It's not uncommon for non-whites to have specific health care needs that are very different than the white population. The Hispanic and Latino population is rapidly growing proportion of the population.

Stanton County Rural Health Works

Table 2. 2013 Estimated Population by Single Race Classification

	Population	Percent
White Alone	1,869	82.4%
Black or African American Alone	13	0.6%
American Indian and Alaska Native Alone	28	1.2%
Asian Alone	3	0.1%
Native Hawaiian and Other Pacific Islander Alone	1	0.0%
Some Other Race Alone	298	13.1%
Two or More Races	55	2.4%
Total	2,267	100.0%

Claritas, Inc., 2012

Table 3. 2013 Estimated Population Hispanic or Latino by Origin

	Population	Percent
Hispanic or Latino	912	40.2%
Not Hispanic or Latino	1,355	59.8%
Total	2,267	100.0%

Claritas, Inc., 2012

Table 4. Johnson City Health Area Hispanic and Latino Population Projection

	2000	2013	2018
Total Population	2,406	2,267	2,321
Hispanic and Latino Population	570	912	1,050
Percentage of Population	23.7%	40.2%	45.2%

Claritas, Inc., 2012

Almost 60 percent of the adult population reported living as a married individual with a spouse present. Conversely, about 17 percent reported no longer being married by divorce or spousal death; almost 10 percent are widowed. Many of these individuals may live in some other cohabitation arrangement. Still, it raises a question about the number of people living alone. Within the context of community health care needs, people living alone face sometimes tremendous challenges should illness arise or injury occur. Most often, there are only informal support structures in place to assist such individuals in times of need.

Stanton County Rural Health Works

Table 5. 2013 Estimated Population Age 15+ by Marital Status

	Count	Percent
Total, Never Married	347	20.1%
Married, Spouse present	997	57.7%
Married, Spouse absent	85	4.9%
Widowed	171	9.9%
Divorced	128	7.4%
Males, Never Married	224	13.0%
Previously Married	99	5.7%
Females, Never Married	123	7.1%
Previously Married	200	11.6%

Claritas, Inc., 2012

Table 6. 2013 Estimated Population Age 25+ by Educational Attainment

	Count	Percent
Less than 9th grade	248	17.6%
Some High School, no diploma	166	11.8%
High School Graduate (or GED)	419	29.7%
Some College, no degree	285	20.2%
Associate Degree	97	6.9%
Bachelor's Degree	152	10.8%
Master's Degree	37	2.6%
Professional School Degree	9	0.6%
Doctorate Degree	0	0.0%

Claritas, Inc., 2012

The income and wealth resources of many Stanton County residents are relatively modest. More than 17 percent of households report an annual income of less than \$25,000, and half of that group lives on less than \$15,000 per year. As represented by housing values, the wealth resources of many individuals and households holds a similar trend. About 22 percent of the housing stock is valued at less than \$40,000. But, the implications of such income and wealth characteristics in the context of increasing longevity and rising health care costs raises questions as to whether all who need it can afford health insurance and health care services.

Stanton County Rural Health Works

Table 7. 2013 Estimated Households by Household Income

	Count	Percent
Income Less than \$15,000	78	9.3%
Income \$15,000 - \$24,999	66	7.8%
Income \$25,000 - \$34,999	99	11.7%
Income \$35,000 - \$49,999	167	19.8%
Income \$50,000 - \$74,999	227	26.9%
Income \$75,000 - \$99,999	117	13.9%
Income \$100,000 - \$149,999	66	7.8%
Income \$150,000 - \$199,999	14	1.7%
Income \$200,000 - \$499,999	8	0.9%
Income \$500,000 or more	1	0.1%
Total Estimated Households	843	100.0%

Estimated Average Household Income	\$59,454
Estimated Median Household Income	\$51,267
Estimated Per Capita Income	---

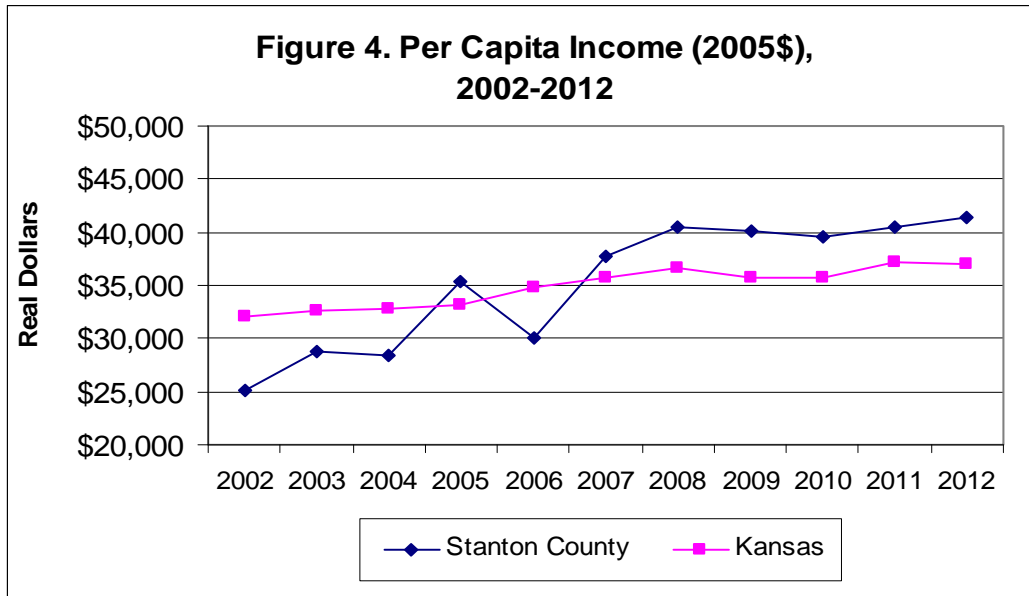
Claritas, Inc., 2012

Table 8. 2013 Estimated All Owner-Occupied Housing Values

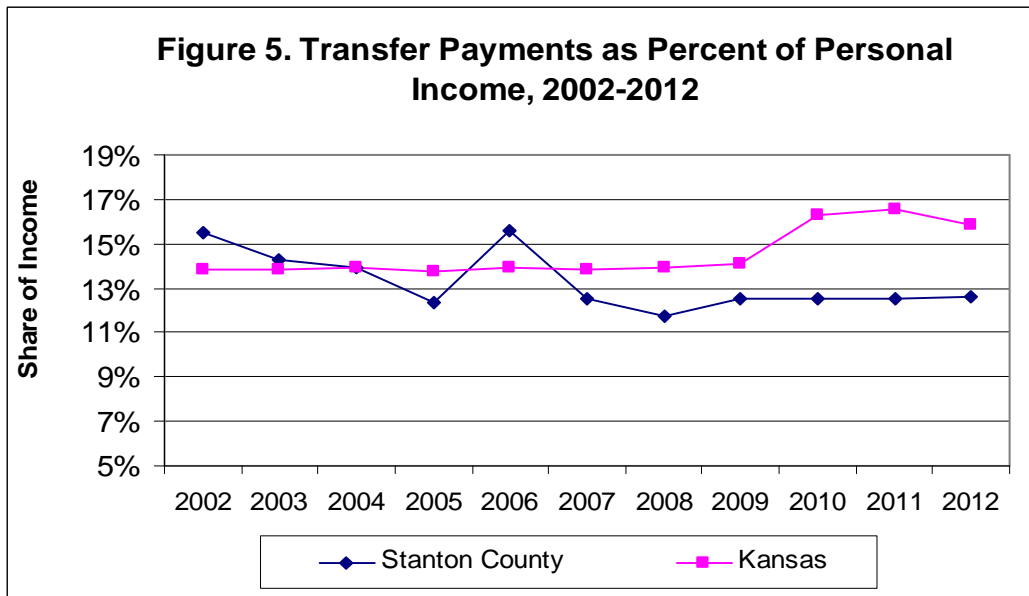
	Count	Percent
Value Less than \$20,000	82	13.3%
Value \$20,000 - \$39,999	53	8.6%
Value \$40,000 - \$59,999	124	20.1%
Value \$60,000 - \$79,999	112	18.1%
Value \$80,000 - \$99,999	71	11.5%
Value \$100,000 - \$149,999	109	17.6%
Value \$150,000 - \$199,999	27	4.4%
Value \$200,000 - \$299,999	29	4.7%
Value \$300,000 - \$399,999	2	0.3%
Value \$400,000 - \$499,999	1	0.2%
Value \$500,000 - \$749,999	2	0.3%
Value \$750,000 - \$999,999	0	0.0%
Value \$1,000,000 or more	6	1.0%
Total	618	100.0%

Claritas, Inc., 2012

Stanton County Rural Health Works



Woods and Poole, Inc., 2012



Woods and Poole, Inc., 2012

Unlike most rural areas, Stanton County is slightly less dependent on transfer income, such as retirement and disability insurance benefits, medical benefits, and income maintenance. These financial resources can be of enormous importance to those who receive them. From an economic perspective, these payments help support the local economy. Every person legitimately entitled to receive them, should have access to this assistance.

Stanton County Rural Health Works

Table 9. Stanton County Personal Income by Major Source

	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Total Earnings (Millions 2005\$)	\$37.85	\$46.62	\$43.74	\$54.84	\$39.45	\$54.30	\$58.77	\$58.87	\$60.13	\$61.39	\$62.65
Farm Earnings	\$9.33	\$17.48	\$14.20	\$26.08	\$10.09	\$22.00	\$26.46	\$24.92	\$25.76	\$26.60	\$27.44
Agricultural Services, Other	\$0.36	\$0.28	\$0.31	\$0.30	\$0.22	\$0.31	\$0.27	\$0.38	\$0.39	\$0.39	\$0.39
Mining	\$0.33	\$0.25	\$0.25	\$0.11	\$0.14	\$0.12	\$0.22	\$0.18	\$0.19	\$0.19	\$0.19
Construction	\$2.79	\$1.91	\$1.99	\$2.08	\$1.64	\$1.65	\$1.93	\$1.57	\$1.57	\$1.57	\$1.57
Manufacturing	\$1.15	\$0.90	\$0.77	\$0.71	\$0.51	\$0.53	\$0.43	\$0.70	\$0.71	\$0.72	\$0.73
Transport, Comm. & Public Utility	\$1.01	\$0.91	\$1.09	\$0.96	\$1.56	\$1.82	\$1.91	\$2.29	\$2.30	\$2.31	\$2.32
Wholesale Trade	\$5.60	\$5.64	\$5.85	\$5.04	\$5.37	\$7.58	\$7.02	\$7.86	\$7.97	\$8.08	\$8.19
Retail Trade	\$1.22	\$1.13	\$1.20	\$1.32	\$1.45	\$1.53	\$1.42	\$1.46	\$1.46	\$1.45	\$1.44
Finance, Insurance & Real Estate	\$2.06	\$2.45	\$2.99	\$2.70	\$2.38	\$2.11	\$2.29	\$2.71	\$2.77	\$2.83	\$2.89
Services	\$4.33	\$4.99	\$4.05	\$4.62	\$4.61	\$4.97	\$5.03	\$4.52	\$4.60	\$4.68	\$4.76
Federal Civilian Government	\$0.59	\$0.58	\$0.56	\$0.62	\$0.57	\$0.61	\$0.65	\$0.67	\$0.67	\$0.68	\$0.68
Federal Military Government	\$0.26	\$0.36	\$0.37	\$0.41	\$0.38	\$0.36	\$0.36	\$0.40	\$0.41	\$0.43	\$0.45
State and Local Government	\$8.84	\$9.76	\$10.12	\$9.89	\$10.54	\$10.72	\$10.78	\$11.22	\$11.35	\$11.48	\$11.61
Personal Income (Millions 2005\$)	\$60.76	\$67.94	\$66.91	\$79.45	\$66.36	\$82.01	\$87.97	\$87.42	\$89.30	\$91.18	\$93.06
Wages and Salaries	\$24.81	\$25.00	\$25.50	\$23.38	\$24.55	\$29.24	\$29.17	\$29.21	\$30.00	\$30.80	\$31.59
Other Labor Income	\$5.20	\$5.87	\$6.16	\$5.64	\$5.79	\$6.28	\$6.44	\$6.76	\$6.92	\$7.08	\$7.24
Proprietors Income	\$7.85	\$15.75	\$12.08	\$25.83	\$9.11	\$18.78	\$23.16	\$22.91	\$23.21	\$23.52	\$23.82
Dividends, Interest & Rent	\$16.22	\$14.23	\$16.26	\$16.78	\$18.61	\$20.88	\$22.61	\$21.58	\$22.09	\$22.60	\$23.10
Transfer Payments To Persons	\$9.40	\$9.72	\$9.31	\$9.79	\$10.32	\$10.28	\$10.29	\$10.94	\$11.20	\$11.45	\$11.71
Less Social Insurance Contributions	\$3.57	\$3.60	\$3.62	\$3.42	\$3.43	\$4.04	\$4.24	\$4.27	\$4.41	\$4.56	\$4.71
Residence Adjustment	\$0.85	\$0.97	\$1.22	\$1.45	\$1.40	\$0.59	\$0.54	\$0.30	\$0.30	\$0.30	\$0.30

Woods and Poole, Inc., 2012

Note: Historical employment, earnings, and income data 1969-2002, and total population data 1969-2003, are from the U.S. Department of Commerce; employment and earnings data by private non-farm SIC industry for 2001 and 2002 are estimated from private non-farm NAICS industry data.

Stanton County Rural Health Works

Table 10. Personal Current Transfer Receipts for Stanton County

(thousands of dollars)	2009	2010	2011
Personal current transfer receipts (\$000)	11,718	12,335	12,919
Current transfer receipts of individuals from governments	11,274	11,817	12,421
Retirement and disability insurance benefits	4,796	4,841	4,928
Old-age, survivors, and disability insurance (OASDI) benefits	4,745	4,789	4,875
Railroad retirement and disability benefits	(L)	(L)	(L)
Workers' compensation	(L)	(L)	(L)
Other government retirement and disability insurance benefits \1	(L)	(L)	(L)
Medical benefits	5,054	5,226	5,699
Medicare benefits	3,357	3,573	3,799
Public assistance medical care benefits \2	1,697	1,653	1,895
Medicaid \3	1,517	1,475	1,693
Other medical care benefits \4	180	178	202
Military medical insurance benefits \5	0	0	(L)
Income maintenance benefits	998	1,296	1,392
Supplemental security income (SSI) benefits	68	102	102
Family assistance \6	110	133	136
Supplemental Nutrition Assistance Program (SNAP)	150	188	241
Other income maintenance benefits \7	670	873	913
Unemployment insurance compensation	121	200	193
State unemployment insurance compensation	112	189	179
Unemployment compensation for Fed. civilian employees (UCFE)	0	0	0
Unemployment compensation for railroad employees	0	0	0
Unemployment compensation for veterans (UCX)	(L)	(L)	(L)
Other unemployment compensation \8	0	0	0
Veterans benefits	(L)	(L)	(L)
Veterans pension and disability benefits	(L)	(L)	(L)
Veterans readjustment benefits \9	(L)	(L)	(L)
Veterans life insurance benefits	(L)	(L)	(L)
Other assistance to veterans \10	0	0	0
Education and training assistance \11	138	144	142
Other transfer receipts of individuals from governments \12	127	66	(L)
Current transfer receipts of nonprofit institutions	255	291	295
Receipts from the Federal government	107	118	118
Receipts from state and local governments	55	58	58
Receipts from businesses	93	115	119
Current transfer receipts of individuals from businesses \13	189	227	203

Bureau of Economic Analysis, 2012

Stanton County Rural Health Works

Notes for Table 10:

1. Consists largely of temporary disability payments and black lung payments.
 2. Consists of medicaid and other medical vendor payments.
 3. Consists of payments made under the TriCare Management Program (formerly called CHAMPUS) for the medical care of dependents of active duty military personnel and of retired military personnel and their dependents at nonmilitary medical facilities.
 4. Through 1995, consists of emergency assistance and aid to families with dependent children. For 1998 forward, consists of benefits-- generally known as temporary assistance for needy families-- provided under the Personal Responsibility and Work Opportunity Reconciliation Act of 1996. For 1996-97, consists of payments under all three of these programs.
 5. Consists largely of general assistance, refugee assistance, foster home care and adoption assistance, earned income tax credits, and energy assistance.
 6. Consists of trade readjustment allowance payments, Redwood Park benefit payments, public service employment benefit payments, and transitional benefit payments.
 7. Consists largely of veterans readjustment benefit payments, educational assistance to spouses and children of disabled or deceased veterans, payments to paraplegics, and payments for autos and conveyances for disabled veterans.
 8. Consists of State and local government payments to veterans.
 9. Consists largely of federal fellowship payments (National Science Foundation fellowships and traineeships, subsistence payments to State maritime academy cadets, and other federal fellowships), interest subsidy on higher education loans, basic educational opportunity grants, and Job Corps payments.
 10. Consists largely of Bureau of Indian Affairs payments, education exchange payments, Alaska Permanent Fund dividend payments, compensation of survivors of public safety officers, compensation of victims of crime, disaster relief payments, compensation for Japanese internment, and other special payments to individuals.
 11. Consists of State and local government educational assistance payments to nonprofit institutions, and other State and local government payments to nonprofit institutions.
 12. Consists largely of personal injury payments to individuals other than employees and other business transfer payments.
- All state and local area dollar estimates are in current dollars (not adjusted for inflation).
- (L) Less than \$50,000, but the estimates for this item are included in the totals.

Stanton County Rural Health Works

Table 11. Employment by Major Industry for Stanton County

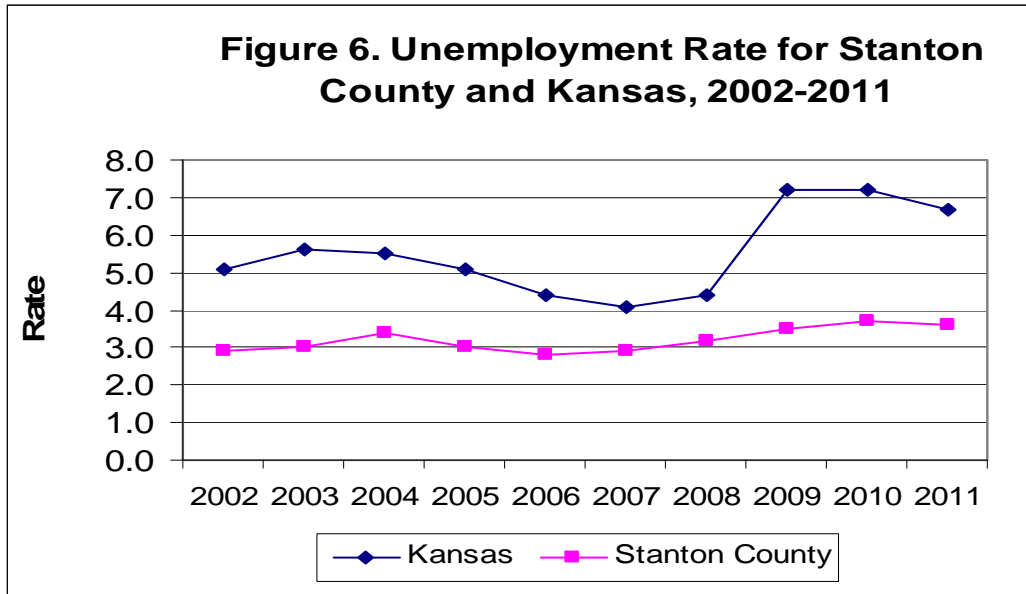
(Thousands)	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Total Employment	1.58	1.54	1.50	1.47	1.47	1.46	1.45	1.47	1.51	1.57	1.57
Farm Employment	0.47	0.45	0.44	0.41	0.39	0.39	0.37	0.37	0.37	0.38	0.38
Agricultural Services, Other	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01
Mining	0.06	0.06	0.05	0.02	0.03	0.04	0.05	0.08	0.08	0.09	0.09
Construction	0.07	0.07	0.06	0.07	0.06	0.05	0.06	0.05	0.05	0.05	0.05
Manufacturing	0.03	0.03	0.03	0.03	0.02	0.02	0.02	0.03	0.03	0.03	0.03
Transport, Comm. & Public Utility	0.40	0.37	0.35	0.36	0.36	0.38	0.38	0.38	0.39	0.42	0.42
Wholesale Trade	0.14	0.13	0.12	0.12	0.12	0.14	0.14	0.15	0.16	0.17	0.17
Retail Trade	0.11	0.10	0.10	0.10	0.11	0.11	0.10	0.09	0.10	0.10	0.10
Finance, Insurance & Real Estate	0.08	0.08	0.10	0.10	0.08	0.08	0.08	0.09	0.10	0.11	0.11
Services	0.25	0.23	0.20	0.22	0.23	0.23	0.23	0.23	0.24	0.25	0.25
Federal Civilian Government	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01
Federal Military Government	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01
State and Local Government	0.29	0.32	0.33	0.33	0.35	0.32	0.30	0.30	0.30	0.30	0.30

Woods and Poole, Inc., 2012

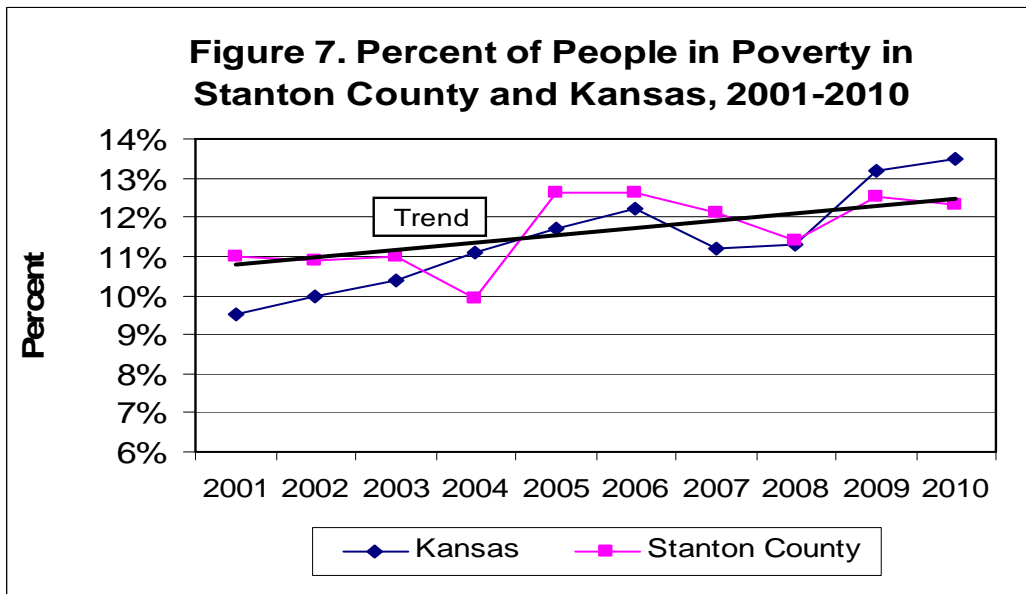
Note: Employment in number of jobs includes proprietors and part-time jobs.

Stanton County Rural Health Works

As with most rural areas, the way people in Stanton County earn a living is changing. While employment in traditional industries such as farming and construction has been decreasing over the last 10 years, a greater proportion of people are earning a living working in mining and wholesale trade. Consistent with the overall population stability, employment in government has remained stable. Stanton County has begun trending similarly with the state average in terms of the percentage of population living in poverty.



Kansas Department of Labor, 2011



U.S. Census Bureau, 2010

This information was prepared by the Office of Local Government, K-State Research and Extension. For questions or other information, call 785-532-2643.

Stanton County Rural Health Works



Communities Building Affordable & Sustainable Healthcare Systems

Health and Behavioral Data

Introduction

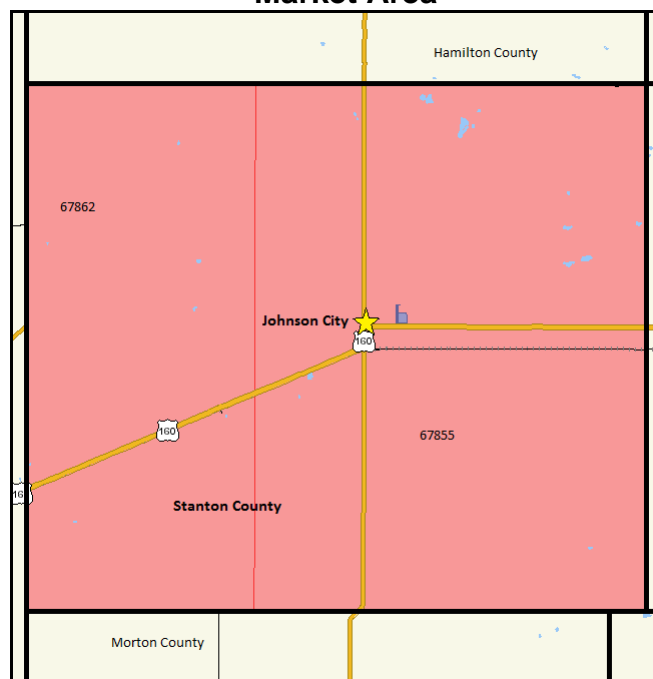
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Health and Behavioral Data Summary

Following are a variety of data and statistics about health and behavioral characteristics in Stanton County that may have implications for local health care needs. The data is reported by county.

- In most rural counties there is increasing interest in community-based elder care assistance, something that is frequently lacking in many rural communities.
- Nearly half of all live births had less than adequate prenatal care, and about 20% of children do not receive needed vaccinations.
- The rates of youth tobacco use and binge drinking have declined recently, but have historically been well above the state rates.
- Indicators related to family, food and energy assistance suggest a portion of the population is experiencing economic distress.
- In the recent past, usage of Stanton County Hospital appears to have remained relatively stable.

Stanton County Primary Health Market Area



ZIP codes within the Stanton County Health Market Area.

Source: Claritas, Inc. 2012

Stanton County Rural Health Works

We typically track occupancy rates at in long-term care nursing facilities, but only those independent of the hospital. We cannot reliably track occupancy of hospital nursing beds. In most rural counties the trend is a declining number of beds and lower occupancy rates. This suggests that there is an increasing interest in community-based elder care assistance, something that is frequently lacking in many rural communities.

Considering available indicators of children's welfare, a relatively small population base can lead to large percentage and rate changes that must be interpreted cautiously. While available data are limited, the trends related to adequate prenatal care have declined from 2006 to 2010. While immunization rates have generally improved, about 20% of children do not receive needed vaccinations. The rates of youth tobacco use and binge drinking have improved, but have historically been well above the rates for Kansas.

Table 2. Indicators of Children's Welfare

Health Indicators		Trend Data						
		2006	2007	2008	2009	2010	2011	2012
Immunizations	Stanton	45.9%	71.0%	79.0%	89.0%	79.0%	-	-
	KS	51.1%	58.0%	63.0%	70.0%	-	-	-
Prenatal Care	Stanton	66.7%	67.7%	68.4%	61.5%	53.6%	-	-
	KS	78.4%	77.4%	77.5%	79.0%	-	-	-
Low Birth Weight Babies	Stanton	0.0%	2.5%	2.3%	6.3%	3.3%	-	-
	KS	7.2%	7.1%	7.2%	7.3%	-	-	-
Teen Violent Deaths (per 100,000 15-19 year-olds)	Stanton	0.0	0.0	0.0	0.0	0.0	-	-
	KS	40.5	47.1	38.5	36.4	-	-	-
Youth Tobacco Use	Stanton	-	-	19.0%	13.4%	12.8%	11.2%	8.8%
	KS	14.9%	13.5%	13.0%	12.6%	12.7%	11.8%	10.7%
Youth Binge Drinking	Stanton	-	-	24.0%	15.2%	20.4%	15.2%	6.1%
	KS	16.7%	15.6%	15.2%	14.7%	13.7%	12.7%	12.5%
Asthma (per 1,000)	Stanton	-	0.0	3.6	0.0	0.0	1.5	-
	KS	1.7	1.9	1.5	1.4	1.4	-	-
Mental Health (per 1,000)	Stanton	-	0.0	1.8	1.6	1.5	0.0	-
	KS	2.9	2.7	3.4	3.3	3.3	-	-

Kansas KIDSCOUNT, 2011

Stanton County Rural Health Works

Table 3 contains information about persons served by state and federally-funded social services. Indicators related to family, food and energy assistance suggest a portion of the population is experiencing economic distress.

Table 3. Persons Served by Selected Public Assistance Programs in Stanton County

		Persons Served		
		FY 2009	FY 2010	FY 2011
Major Services				
Temporary Assistance for Families	Avg. monthly persons	9	14	18
TANF Employment Services	Avg. monthly adults	5	5	7
Child Care Assistance	Avg. monthly children	11	20	15
Food Assistance	Avg. monthly persons	105	137	168
Energy Assistance	Annual persons	43	42	44
General Assistance	Avg. monthly persons	0	0	0
Vocational Rehabilitation Services	Avg. monthly persons	2	2	4
Family Preservation	Annual persons	1	1	2
Reintegration/Foster Care	Avg. monthly children	1	3	2
Adoption Support	Avg. monthly children	0	0	0
Home and Community Based Services				
Physical Disability	Annual consumers	5	4	4
Traumatic Brain Injury	Annual consumers	0	0	1
Developmental Disability	Annual consumers	1	6	1
Autism	Annual consumers	0	0	0
Managed Behavioral Health Services				
Substance Abuse (PIHP)	Annual consumers	1	0	2
Mental Health (PAHP)	Annual consumers	34	35	26
Institutional Services				
Intermediate Care Facility (ICF-MR)	Average daily census	0	0	0
State Hospital - Developmental Disability	Average daily census	0	0	0
State Hospital - Mental Health	Average daily census	0	0	0
Nursing Facility - Mental Health	Average daily census	0	0	0

Kansas Department of Social and Rehabilitation Services, 2010

In considering the selected vital statistics in Table 4, we again observe small numbers. Among those that stand out, however, are that over 46 percent of newborns less than adequate prenatal care. In 2010, there were five births to teenage mothers, four of whom were out of wedlock. And, about half of all marriages end in dissolution.

In the recent past, usage of Stanton County Health Care Facility appears to have been relatively stable (Table 5). The number of outpatient visits has varied slightly from 2006-2007 to 2009-2010. Medicaid assistance is clearly important to the local patient base.

Stanton County Rural Health Works

Table 4. Selected Vital Statistics for Stanton County, 2010

	<u>Total</u>	<u>10-14</u>	<u>15-19</u>	<u>20-24</u>	<u>25-29</u>	<u>30-34</u>	<u>35-39</u>	<u>40-44</u>	<u>45 & Over</u>
Live Births by Age-Group of Mother	30	0	5	8	12	4	0	1	0
Adequacy of Prenatal Care	<u>Adequate Plus</u>		<u>Adequate</u>		<u>Intermediate</u>		<u>Inadequate</u>		
by Number and Percentage	3	10.7%	12	42.9%	1	3.6%	12	42.9%	
	<u>Total</u>	<u>10-14</u>	<u>15-19</u>	<u>20-24</u>	<u>25-29</u>	<u>30-34</u>	<u>35-39</u>	<u>40-44</u>	<u>45 & Over</u>
Out-of-Wedlock Births by Age	14	0	4	4	4	1	0	1	0
	<u>Live Births</u>		<u>Stillbirths</u>		<u>Abortions</u>		<u>Total Pregnancies</u>		
	<u>10-14 yrs.</u>	<u>15-19 yrs.</u>	<u>10-14 yrs.</u>	<u>15-19 yrs.</u>	<u>10-14 yrs.</u>	<u>15-19 yrs.</u>	<u>10-14 yrs.</u>	<u>15-19 yrs.</u>	
Teenage Pregnancies	0	5	0	0	0	0	0	5	
	<u>0-4</u>	<u>5-14</u>	<u>15-24</u>	<u>25-34</u>	<u>35-44</u>	<u>45-54</u>	<u>55-64</u>	<u>65-84</u>	<u>85 & Over</u>
Deaths by Age Group	0	0	0	0	0	0	1	7	9
Marriages	<u>2006</u>		<u>2007</u>		<u>2008</u>		<u>2009</u>		<u>2010</u>
by Number and Rate per 1,000 Population	24	10.8	10	4.6	13	6.1	14	6.6	16 7.2
Marriages Dissolutions	<u>2006</u>		<u>2007</u>		<u>2008</u>		<u>2009</u>		<u>2010</u>
by Number and Rate per 1,000 Population	5	2.2	11	5.1	8	3.7	6	2.8	12 5.4

Kansas Department of Health and Environment, 2010

Stanton County Rural Health Works

Table 5. Hospital Data for Stanton County				
	2006-07	2007-08	2008-09	2009-10
Number of Practicing Physicians (county)	2	3	2	2
Persons per Physician (county)	1,068	709	1,054	1,097
Stanton County Hospital				
Licensed Acute Beds	25	15	18	18
Licensed Swing Beds	25	3	3	3
Staffed Beds-Hospital	18	15	18	10
Staffed Beds-Nursing Home Unit	26	26	26	26
Admissions-Hospital	138	183	178	143
Admissions-Nursing Home Unit	-	13	10	1
Admissions-Swing Beds	-	35	37	21
Inpatient Days - Hospital	1,010	992	1,076	797
Inpatient Days - Nursing Home Unit	8,657	8,130	7,841	7,350
Inpatient Days - Swing-beds	-	497	530	346
Emergency Room Visits	570	667	697	606
Outpatient Visits	9,286	9,678	9,164	8,654
Inpatient Surgical Operations	0	-	-	-
Outpatient Surgical Operations	58	14	2	10
Medicare Inpatient Discharges	130	99	79	67
Medicare Inpatient Days	885	356	394	351
Medicaid Inpatient Discharges	22	14	18	17
Medicaid Inpatient Days	4,140	4,072	3,703	4,418
Kansas Hospital Association STAT Report, 2008, 2009, 2010				
Kansas Statistical Abstract, 2010				

This information was prepared by the Office of Local Government, K-State Research and Extension. For questions or other information, call 785-532-2643.

Stanton County Rural Health Works



Communities Building Affordable & Sustainable Healthcare Systems

Education Data

Introduction

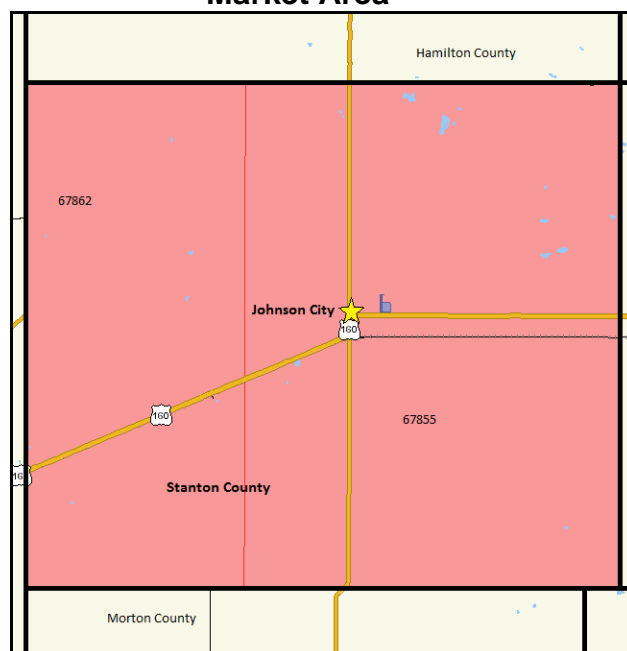
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Education Data Summary

Following are a variety of data and statistics about the K-12 school system in Stanton County that may have implications related to local health care needs. The data in this case reflects information reported by the school districts located in Stanton County.

- Total student enrollment in Stanton County K-12 school districts has steadily declined from 2000 to 2012.
- As the student population has declined, the student-to-teacher ratio has decreased.
- The trend in the student dropout rate has increased slightly in Stanton County over the past decade. In 2010-2011, the dropout rate was at 0.5 percent.
- The trend in student-on-student violence has been relatively stable over time, while student-on-faculty violence has not been a problem in recent history.

Stanton County Primary Health Market Area



ZIP codes within the Stanton County Health Market Area.

Source: Claritas, Inc. 2012.

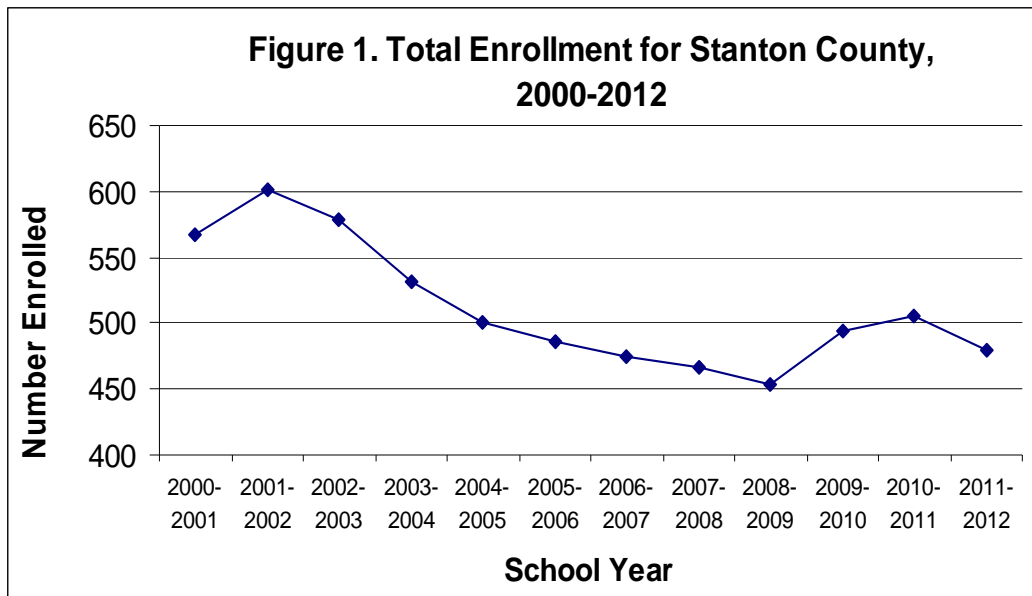
Stanton County Rural Health Works

Stanton County School Districts

USD 452 - Stanton County

Kansas Department of Education, 2011

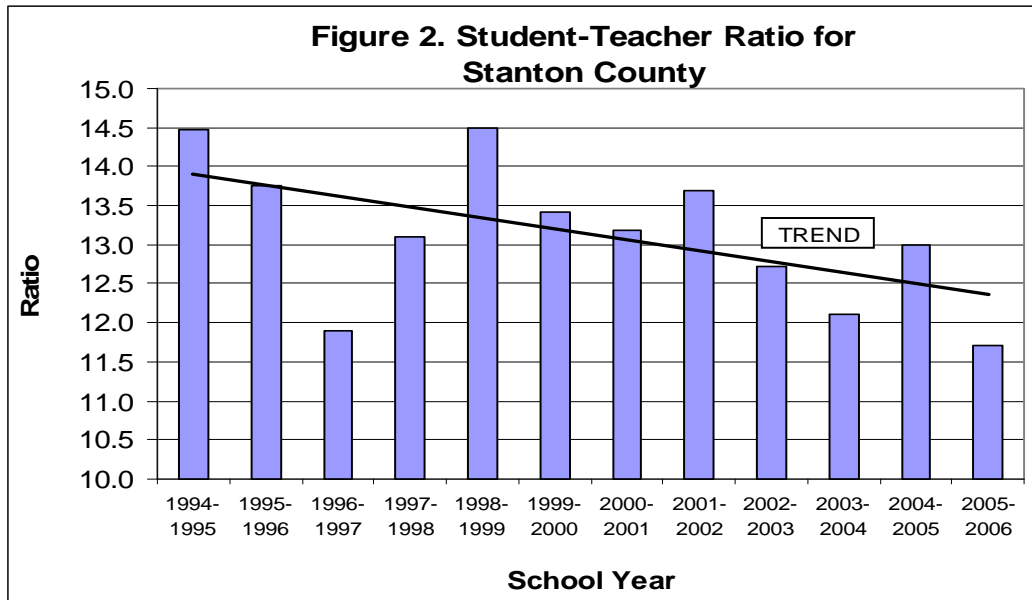
Total student enrollment in Stanton County K-12 school districts has steadily declined from 2000 to 2012. Enrollment was 480 in the 2011-2012 school year, down from 567 in 2000-2001.



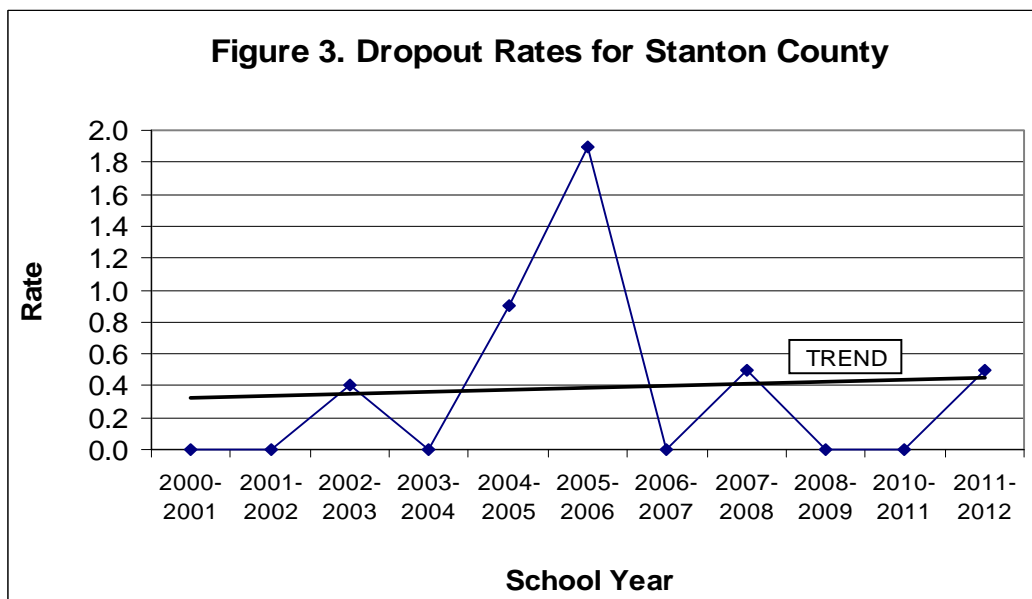
Kansas Department of Education, 2012

As the student population has declined, the student-to-teacher ratio has decreased. This generally means that as the school-age population has declined, the district staff has been retained. The ratio of about 13 students per teacher permits fairly close attention for each of the students.

Stanton County Rural Health Works



Kansas Department of Education, 2012

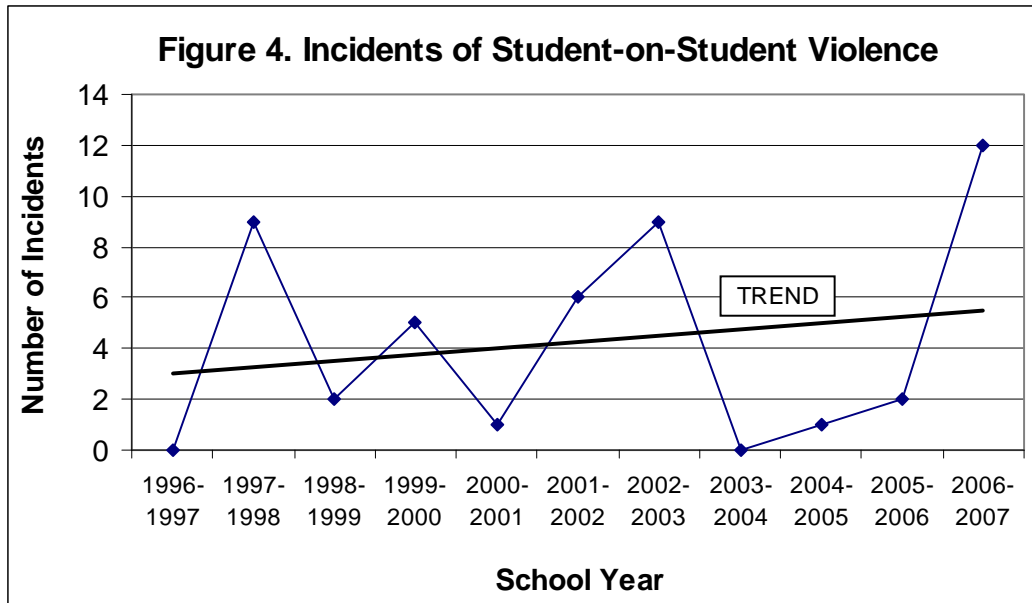


Kansas Department of Education, 2012

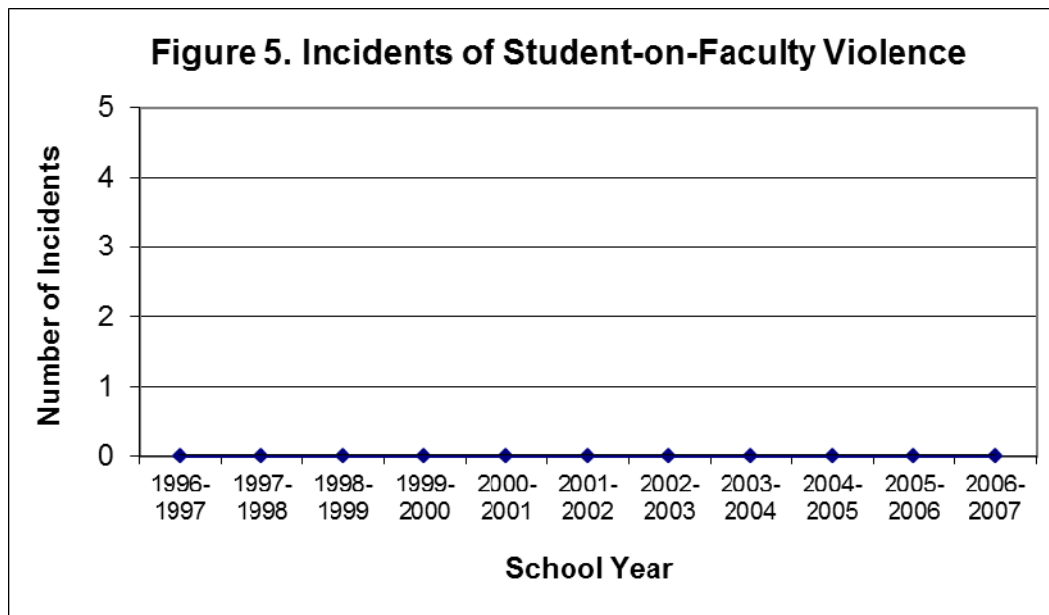
The trend in the student dropout rate has remained fairly stable in Stanton County over the past decade. In 2011-2012, the dropout rate was at 0.5 percent.

Stanton County Rural Health Works

Violence in the school is extremely disruptive to learning. The trend in student-on-student violence has fluctuated, while student-on-faculty violence has not been a problem in recent history.



Kansas Department of Education, 2012



Kansas Department of Education, 2012

Prepared by the Office of Local Government, K-State Research and Extension. For questions or other information, call 785-532-2643.

Stanton County Rural Health Works



Communities Building Affordable & Sustainable Healthcare Systems

Traffic Data

Introduction

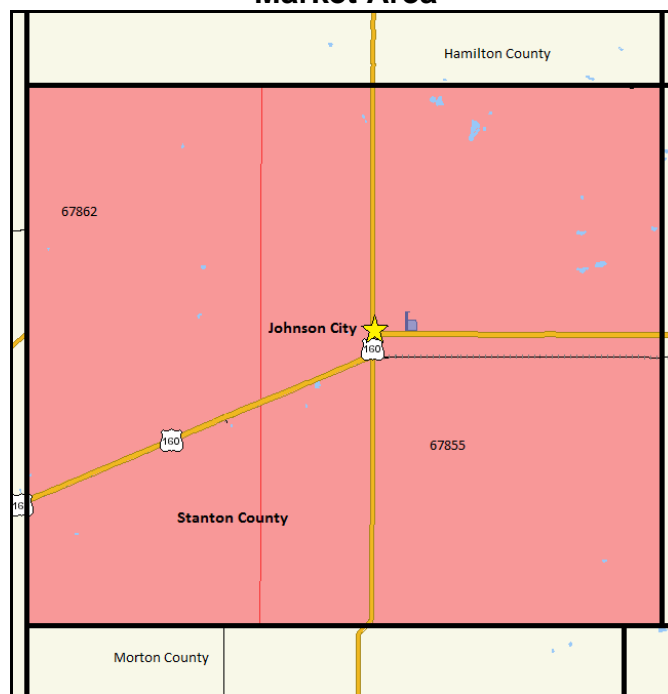
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Traffic Data Summary

Following are a variety of data and statistics about traffic accidents in Stanton County. The data is reported by county.

- The rate of traffic accidents in Stanton County is lower than the rate for the state as a whole.
- In 2008, there were 37 total vehicle crashes in Stanton County.
- The trends over time are relatively stable, but must be considered in the context of stable population.
- In 2008, the most recent year for which data were available, there were 11 accidents involving injury, and 17 people injured or killed.
- In nearly 90 percent of these accidents vehicle occupants were wearing seat belts.

Stanton County Primary Health Market Area



ZIP codes within the Stanton County Health Market Area.

Source: Claritas, Inc. 2012.

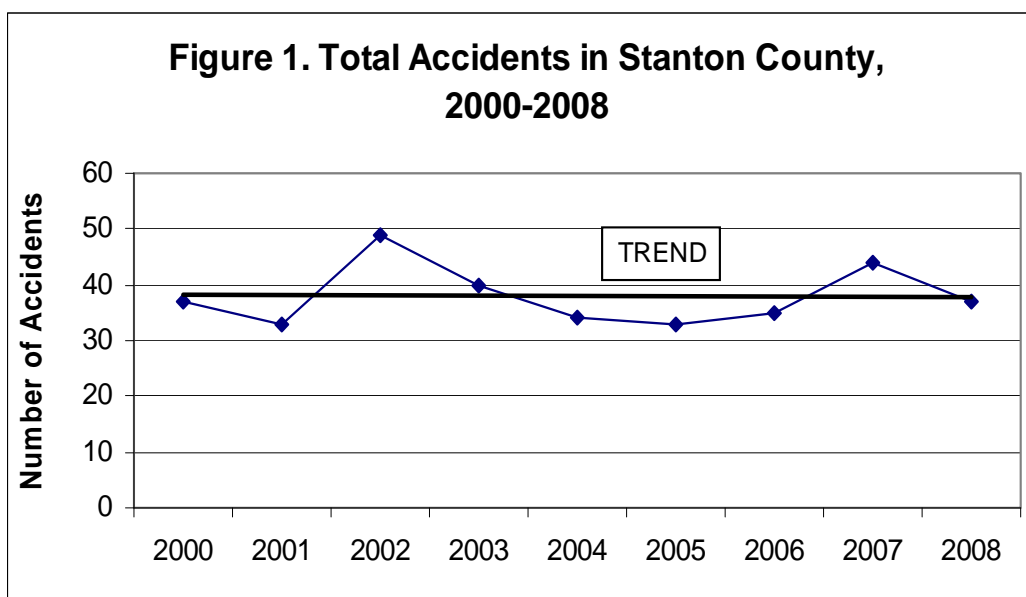
Stanton County Rural Health Works

The rate of traffic accidents in Stanton County is lower than the rate for the state as a whole. This is unusual in a rural county. Of course, deer-vehicle collisions account for some of the accidents. In 2008, there were 37 total vehicle crashes in Stanton County. The trends over time are relatively stable, but must be considered in the context of stable population. In 2008, the most recent year for which data were available, there were 11 accidents involving injury, and 17 people injured or killed. In nearly 90 percent of these accidents vehicle occupants were wearing seat belts.

Table 1. 2008 Traffic Accident Facts for Stanton County and Kansas

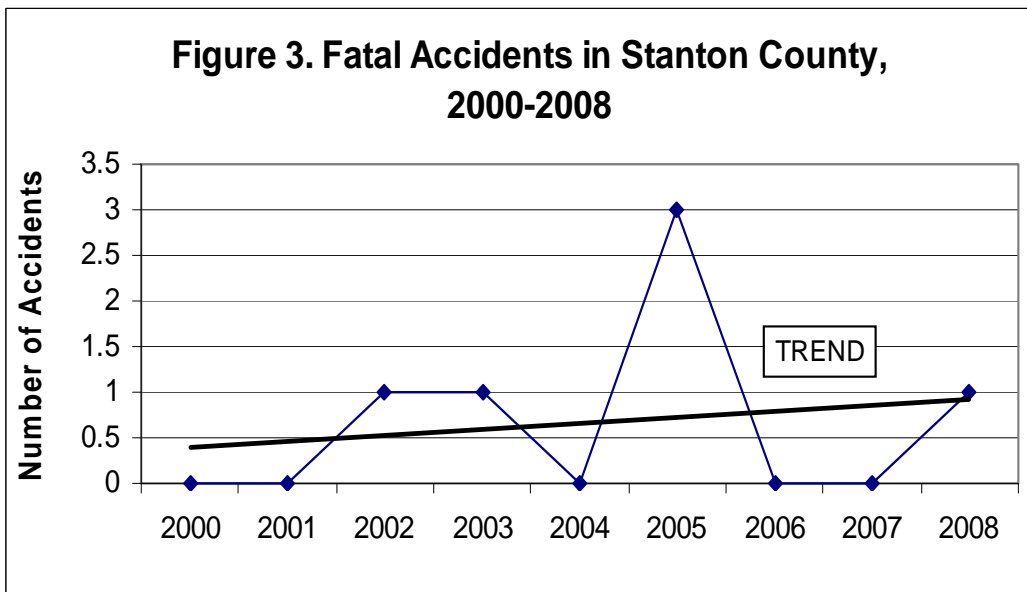
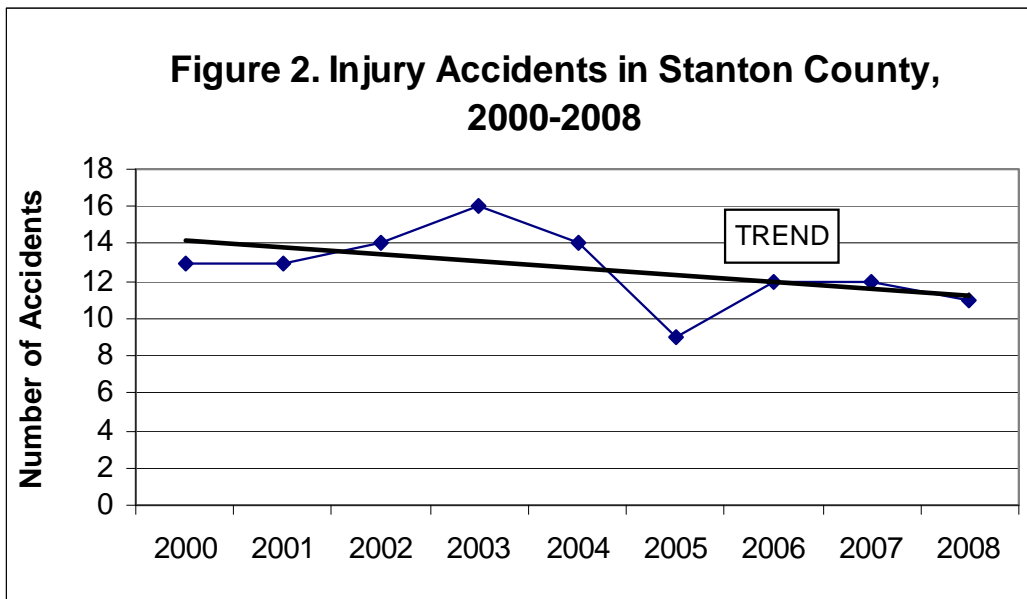
Accidents	Stanton	Kansas	Rate per 1,000 Population	
			Stanton	Kansas
Total	37	65,858	17.0	23.5
Fatal Accidents	1	348	0.5	0.1
Injury Accidents	11	14,866	5.1	5.3
Property Damage Only	25	50,644	11.5	18.0
Deer Involved	9	9,371	4.1	3.3
Speed Related	4	7,917	1.8	2.8
Alcohol Related	-	3,366	-	1.2
People				
Deaths	1	385	0.5	0.1
Injuries	17	21,058	7.8	7.5
Restraint Use	89.1%	80.9%	86.2%	80.9%

Kansas Traffic Accident Facts, 2012



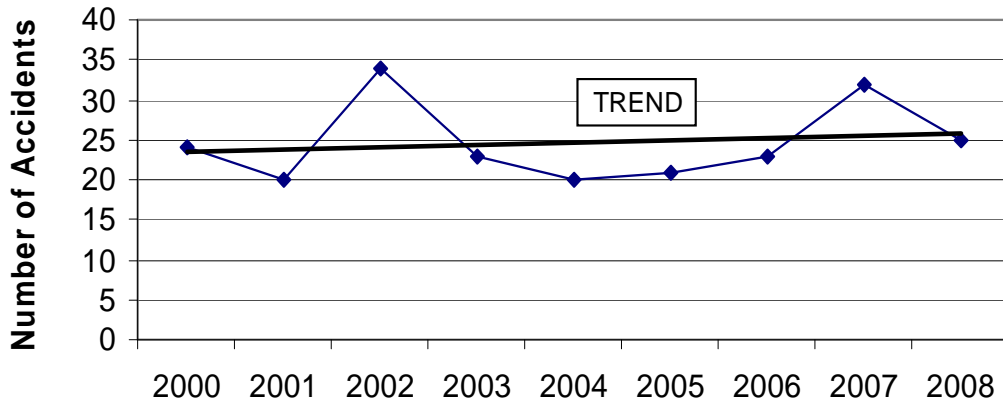
Kansas Department of Transportation, 2012

Stanton County Rural Health Works



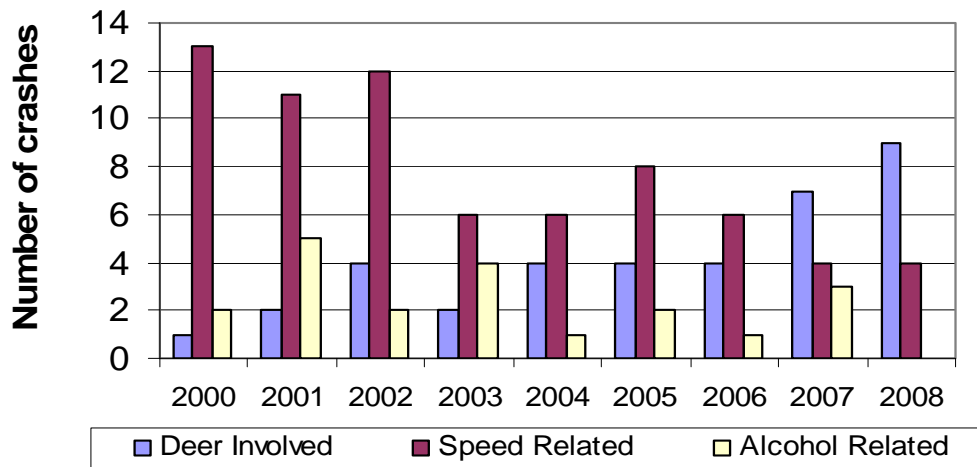
Stanton County Rural Health Works

Figure 4. Property Damage Only Accidents in Stanton County, 2000-2008



Kansas Department of Transportation, 2012

Figure 5. Other Crashes in Stanton County, 2000-2008



Kansas Department of Transportation, 2012

This information was prepared by the Office of Local Government, K-State Research and Extension. For questions or other information, call 785-532-2643.

Stanton County Rural Health Works



Communities Building Affordable & Sustainable Healthcare Systems

Kansas Health Matters Data Compilation

Introduction

Kansas Rural Health Works (KRW) is dedicated to helping rural communities build affordable and sustainable local health care systems. The Office of Local Government at K-State Research and Extension is supporting Community Health Needs Assessments. These needs assessments bring a broad-based group of community leaders together to assess local needs, establish priorities, and develop strategic action plans to improve the local health situation. This is an opportunity for the community to rally together to address high-priority local needs and to make the community a better place to live, work, and raise a family. No one can do it for us unless we do it ourselves. The resources presented here support that process. The opportunity is now.

Kansas Health Matters

The '*Kansas Health Matters*' Web site is intended to help hospitals, health departments, community members and policy makers learn about the health of the community and how to improve it. It provides local health data, resources, promising best practices, news articles and information about community events related to important community health issues. The site specifically aims at supporting the development of community health assessments and community health improvement plans by hospitals and local health departments, but its content also is relevant for anyone interested in how assess and improve the health of communities.

The Kansas Health Matters Website can be found at: www.kansashealthmatters.org

Data Summary

A host of county-level data have been posted to the Health Matters Website, including:

- Access to Health Services
- Children's Health
- Immunizations and Infectious Disease
- Maternal, Fetal and Infant Health
- Mortality Data
- Prevention and Safety
- Substance Abuse
- Wellness and Lifestyle
- Economic Conditions
- Poverty
- Education
- Environment
- Public Safety

It should be noted, however, that some places with too few events of a given type may display no results, or may show multi-county regional values.

Stanton County Rural Health Works

Access to Health Services

Average Monthly WIC Participation

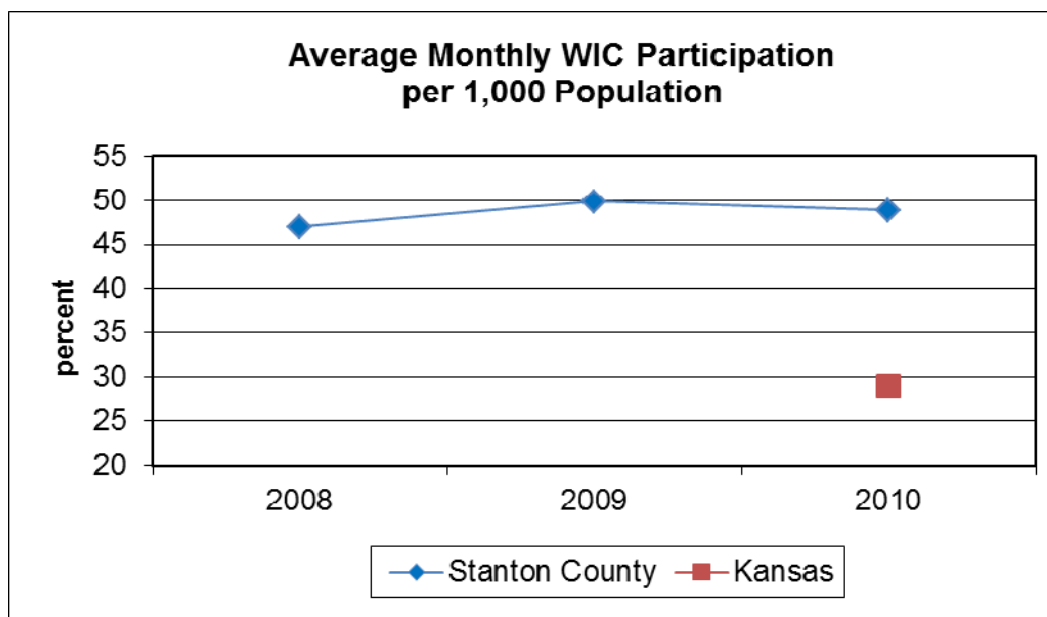
Value: 48.8 average cases per 1,000 population

Measurement Period: 2010

Location: County : Stanton

Comparison: KS state value

Categories: Health / Access to Health Services



What is this Indicator?

This indicator shows the average monthly number of women and children participating in WIC per 1,000 population.

Why this is important: WIC is a nutrition program that provides nutrition and health education, healthy food and other services to Kansas families who qualify. WIC stands for Women, Infants and Children. WIC's goal is to help keep pregnant and breastfeeding women, new moms, and kids under age 5 healthy.

National Studies have documented WIC benefits:

- WIC reduces fetal deaths and infant mortality.
- WIC reduces low birth weight rates and increases the duration of pregnancy.
- WIC improves the growth of nutritionally at-risk infants and children.
- WIC decreases the incidence of iron deficiency anemia in children.
- WIC improves the dietary intake of pregnant and postpartum women and improves weight gain in pregnant women.
- Pregnant women participating in WIC receive prenatal care earlier.
- Children enrolled in WIC are more likely to have a regular source of medical care and have more up to date immunizations.

Stanton County Rural Health Works

- WIC helps get children ready to start school: children who receive WIC benefits demonstrate improved intellectual development.
WIC significantly improves children's diets.

WIC also offers immunization screening and referral, breastfeeding support, and nutrition and health classes on a variety of topics including meal planning, maintaining a healthy weight, picky eaters, caring for a new baby, shopping on a budget and more.

An average of 17,747 women, 18,863 infants and 36,629 children received services each month. Total Average: 76,239.

The percent of eligible women, infants and children (up to age 5), served by WIC is estimated to be 72.23%.

Unduplicated number of WIC participants served in Calendar Year 2008 is 128,407
WIC services are provided at 109 County Health Department clinic sites.

Technical Note: The county and regional values are compared to Kansas State value / US value.

Source: Kansas Department of Health and Environment

URL of Source: <http://www.kdheks.gov/>

URL of Data: <http://www.kdheks.gov/nws-wic/>

Ratio of Population to Primary Care Physicians

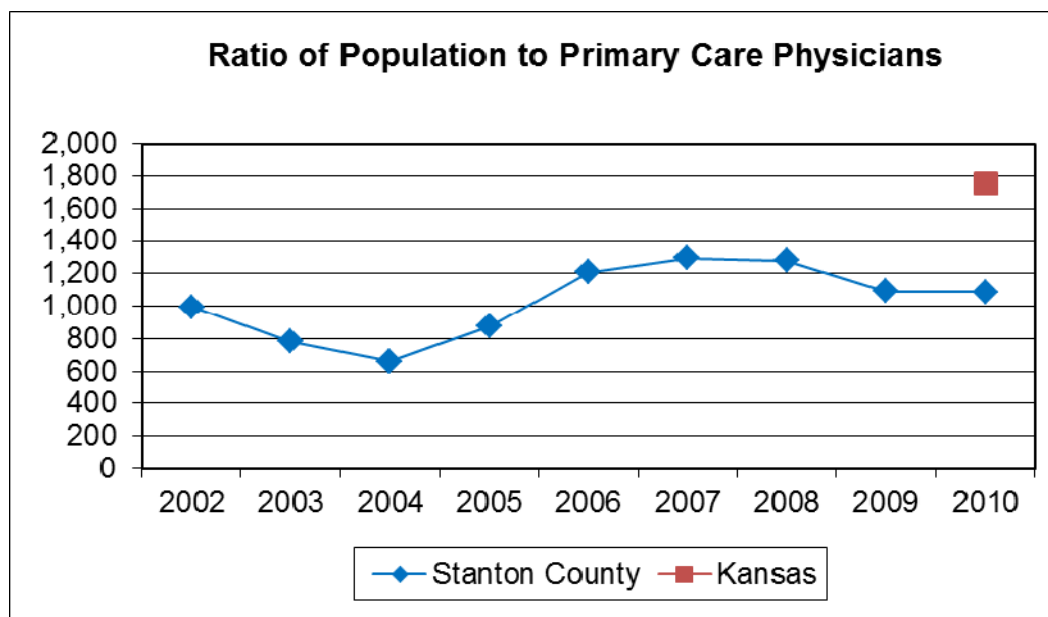
Value: 1,090 population per physician

Measurement Period: 2010

Location: County : Stanton

Comparison: KS State Value

Categories: Health / Access to Health Services



Stanton County Rural Health Works

What is this Indicator?

This indicator shows the ratio of population to one primary care physician FTE.

Why this is important: Primary care is the backbone of preventive health care, and a strong primary care workforce is essential to health of our country. Primary care physicians play a key role in providing and coordinating high-quality health care. Adequate access to primary care can improve care coordination and reduce the frequency of avoidable hospitalizations. The Association of American Medical Colleges estimated that the nation would have a shortage of approximately 21,000 primary care physicians in 2015. Without action, experts project a continued primary care shortfall due to the needs of an aging population, and a decline in the number of medical students choosing primary care.

Technical Note: The county and regional values are compared to Kansas State value / US value.

Source: Kansas Department of Health and Environment

URL of Source: <http://www.kdheks.gov/>

URL of Data: <http://www.kdheks.gov/>

Staffed Hospital Bed Ratio

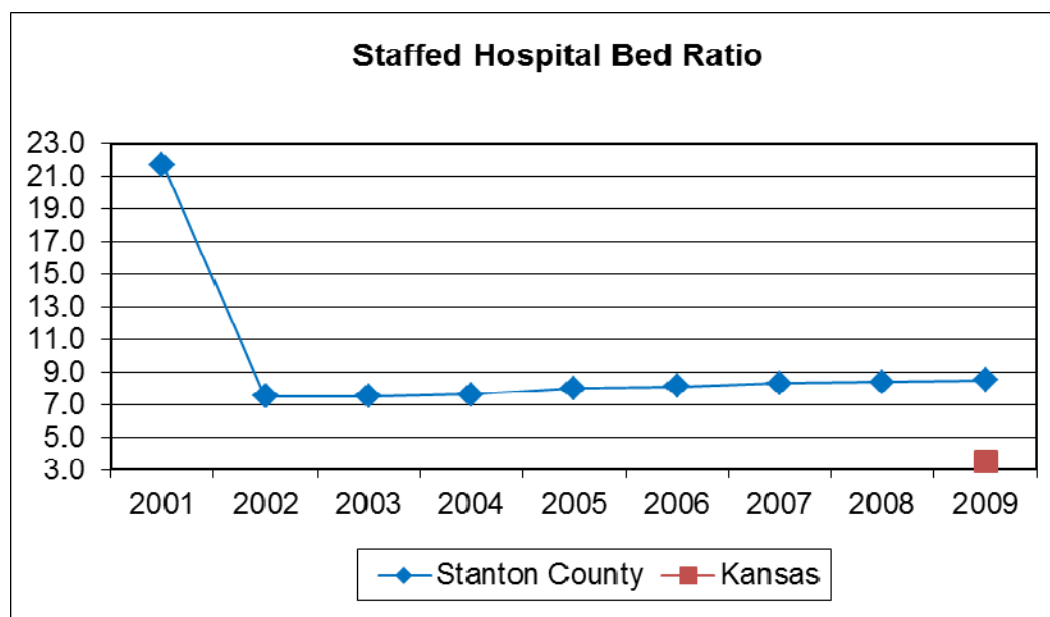
Value: 8.5 beds per 1,000 population

Measurement Period: 2009

Location: County : Stanton

Comparison: KS State Value

Categories: Health / Access to Health Services



What is this Indicator?

This indicator shows the ratio of the number of staffed hospital beds to 1,000 population.

Why this is important: Staffed Hospital Bed Ratio Staffed Hospital Bed Ratio Staffed Hospital Bed Ratio is the average complement of beds fully staffed during the year, or

Stanton County Rural Health Works

those beds that are set-up, staffed, and equipped, and in all respects, ready for use by patients remaining in the hospital overnight.

The exploding demand for healthcare in the U.S. is nothing new. But the growing critical shortage of staffed hospital beds, fueled primarily by the historic growth of an aging population that requires increasing hospitalization, that looms as a possible crisis. In Kansas, 13.2 percent of the population in 2010 was 65 years or older.

Technical Note: The county and regional values are compared to Kansas State value / US value.

Source: Kansas Hospital Association

URL of Source: <http://www.kha-net.org/>

URL of Data: <http://www.kha-net.org/communications/annualstatreport/de...>

Stanton County Rural Health Works

Children's Health

Percent of WIC Mothers Breastfeeding Exclusively

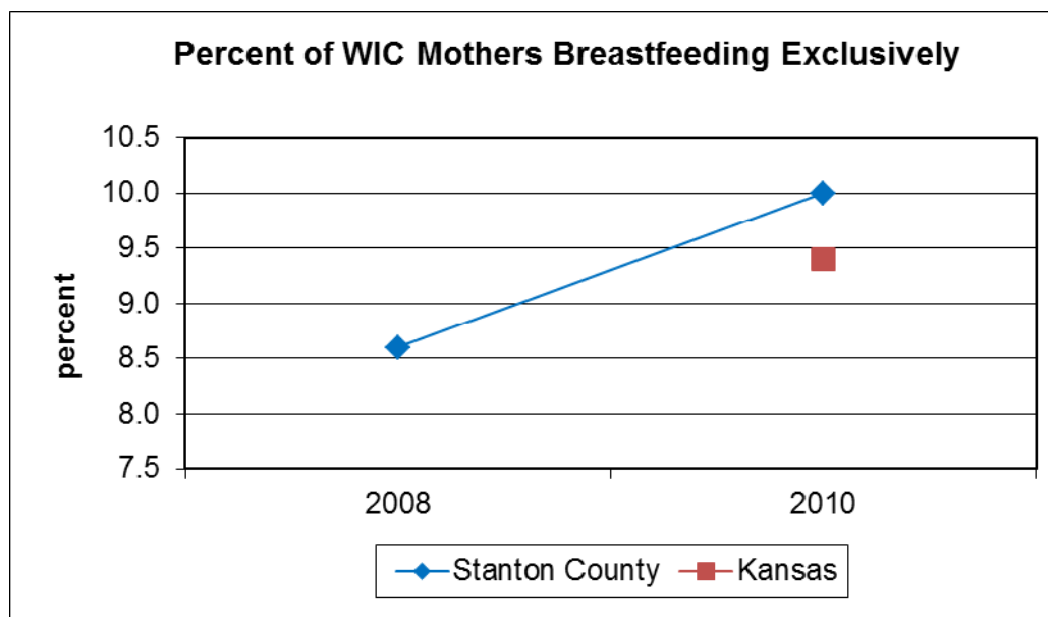
Value: 10 percent

Measurement Period: 2010

Location: County : Stanton

Comparison: KS State Value

Categories: Health / Children's Health; Health / Access to Health Services



What is this Indicator?

This indicator shows the percentage of babies on WIC whose mothers reported breastfeeding exclusively at age 6 months.

Why this is important: Babies who are breastfed are generally healthier and achieve optimal growth and development compared to those who are fed formula milk.

If the vast majority of babies were exclusively fed breast milk in their first six months of life - meaning only breast milk and no other liquids or solids, not even water - it is estimated that the lives of at least 1.2 million children would be saved every year. If children continue to be breastfed up to two years and beyond, the health and development of millions of children would be greatly improved.

Infants who are not breastfed are at an increased risk of illness that can compromise their growth and raise the risk of death or disability. Breastfed babies receive protection from illnesses through the mother's milk.

Baseline: 43.5 percent of infants born in 2006 were breastfed at 6 months as reported in 2007-09. Target: 60.6 percent

Technical Note: The county and regional values are compared to Kansas State value / US value.

Stanton County Rural Health Works

Source: Kansas Department of Health and Environment

URL of Source: <http://www.kdheks.gov/>

URL of Data: <http://www.kdheks.gov/nws-wic/>

Stanton County Rural Health Works

Diabetes

Percentage of Adults with Diagnosed Diabetes

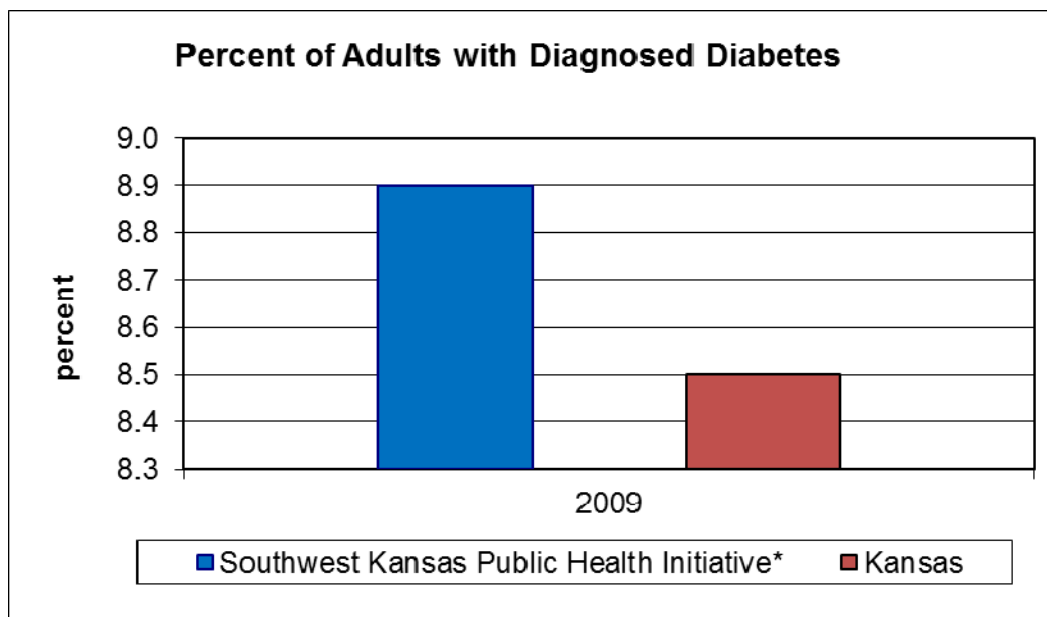
Value: 8.9 percent

Measurement Period: 2009

Location: Public Health Preparedness Region: Southwest Kansas Public Health Initiative

Comparison: KS State Value

Categories: Health / Diabetes



*County data was unavailable; Regional value was reported

What is this Indicator?

This indicator shows the percentage of adults that have ever been diagnosed with diabetes. Women who were diagnosed with diabetes only during the course of their pregnancy were not included in this count.

Why this is important: In 2007, diabetes was the seventh leading cause of death in the United States. In 2010, an estimated 25.8 million people or 8.3% of the population had diabetes. Diabetes disproportionately affects minority populations and the elderly and its incidence is likely to increase as minority populations grow and the U.S. population becomes older. Diabetes can have a harmful effect on most of the organ systems in the human body; it is a frequent cause of end-stage renal disease, non-traumatic lower-extremity amputation, and a leading cause of blindness among working age adults. Persons with diabetes are also at increased risk for ischemic heart disease, neuropathy, and stroke. In economic terms, the direct medical expenditure attributable to diabetes in 2007 was estimated to be \$116 billion.

Technical Note: The County / Region value is compared to the Kansas State value. Confidence intervals were not taken into account while making this comparison.

Source: Kansas Department of Health and Environment

URL of Source: <http://www.kdheks.gov/>

URL of Data: <http://www.kdheks.gov/brfss/Expansion/index.html>

Stanton County Rural Health Works

Exercise, Nutrition & Weight

Percentage of Adults Consuming Fruits & Vegetables 5 or More Times Per Day

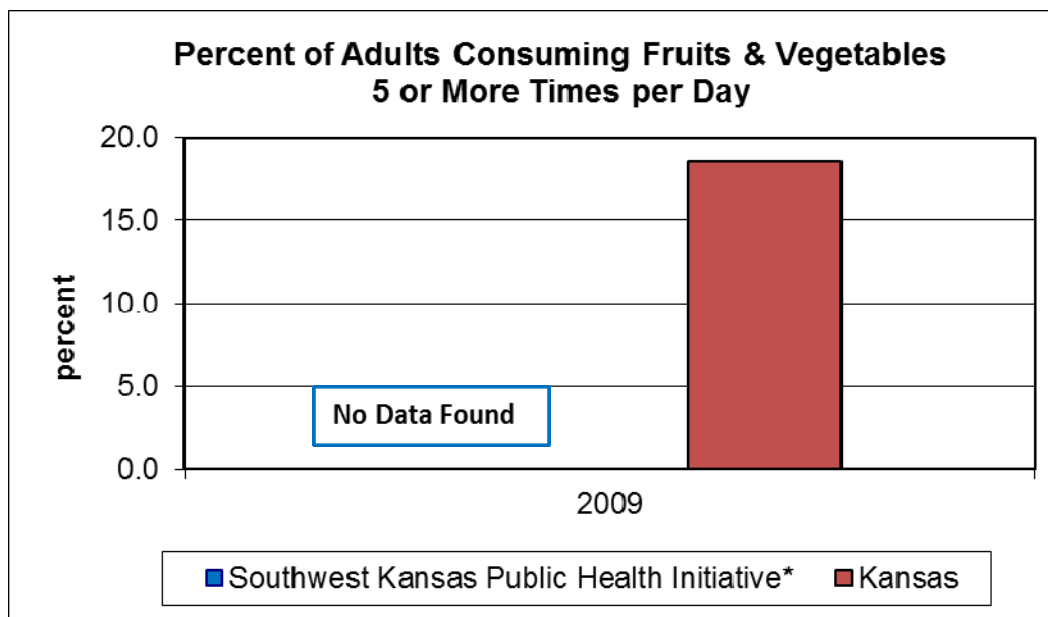
Value: No data found

Measurement Period: 2009

Location: Public Health Preparedness Region: Southwest Kansas Public Health Initiative

Comparison: KS State Value

Categories: Health / Exercise, Nutrition, & Weight



*County data was unavailable; Regional value was unavailable

What is this Indicator?

This indicator shows the percentage of adults who consume fruits and vegetables five or more times per day.

Why this is important: It is essential to eat a fresh, healthy and balanced diet in order to maintain a healthy weight and prevent chronic disease. Numerous studies have shown a clear link between the amount and variety of fruits and vegetables consumed and rates of chronic diseases, especially cancer. According to the World Cancer Research Fund International, about 35 percent of all cancers can be prevented through increased fruit and vegetable consumption. The USDA currently recommends four and one-half cups (nine servings) of fruits and vegetables daily for a 2,000-calorie diet, with higher or lower amounts depending on the caloric level. Despite the benefits, many people still do not eat recommended levels of fruits and vegetables. This is particularly true of consumers with lower incomes and education levels.

Technical Note: The County / Region value is compared to the Kansas State value.

Confidence intervals were not taken into account while making this comparison.

Source: Kansas Department of Health and Environment

URL of Source: <http://www.kdheks.gov/>

URL of Data: <http://www.kdheks.gov/brfss/Expansion/index.html>

Stanton County Rural Health Works

Percentage of Adults Participating in Recommended Level of Physical Activity

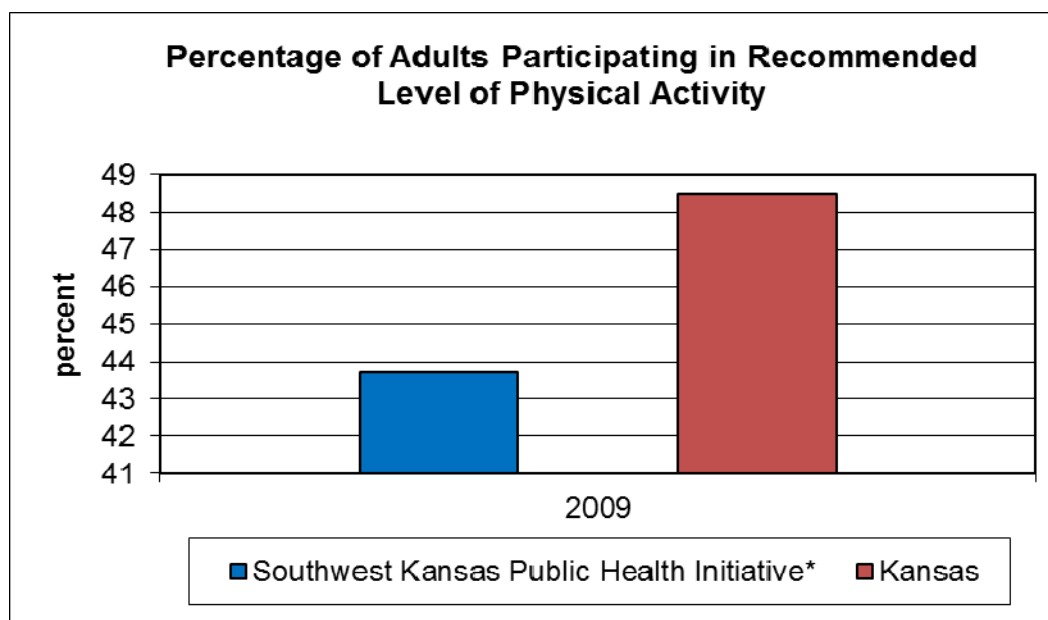
Value: 43.7 percent

Measurement Period: 2009

Location: Public Health Preparedness Region: Southwest Kansas Public Health Initiative

Comparison: KS State Value

Categories: Health / Exercise, Nutrition, & Weight



*County data was unavailable; Regional value was reported

What is this Indicator?

This indicator shows the percentage of adults 18 years and older who engage in moderate physical activity for at least 30 minutes on five days per week, or vigorous physical activity for at least 20 minutes three or more days per week.

Why this is important: Active adults reduce their risk of many serious health conditions including obesity, heart disease, diabetes, colon cancer, and high blood pressure. In addition, physical activity reduces the symptoms of anxiety and depression, improves mood and feelings of well-being, and promotes healthy sleep patterns. More than 60 percent of adults in the United States do not engage in the recommended amount of activity, and about 25 percent of adults are not active at all. The American College of Sports Medicine (ACSM) recommends that active adults perform physical activity three to five times each week for 20 to 60 minutes at a time to improve cardiovascular fitness and body composition. In addition to reducing the risk of multiple chronic diseases, physical activity helps maintain healthy bones, muscles, joints, and helps to control weight, develop lean muscle, and reduce body fat. **The Healthy People 2020 national health target is to increase the proportion of adults who engage in aerobic physical activity of at least moderate intensity for at least 150 minutes/week, or 75 minutes/week of vigorous intensity, or an equivalent combination to 47.9%.**

Technical Note: The County / Region value is compared to the Kansas state value. Confidence intervals were not taken into account while making this comparison.
Source: Kansas Department of Health and Environment

Stanton County Rural Health Works

URL of Source: <http://www.kdheks.gov/>

URL of Data: <http://www.kdheks.gov/brfss/Expansion/index.html>

Percentage of Adults Who are Obese

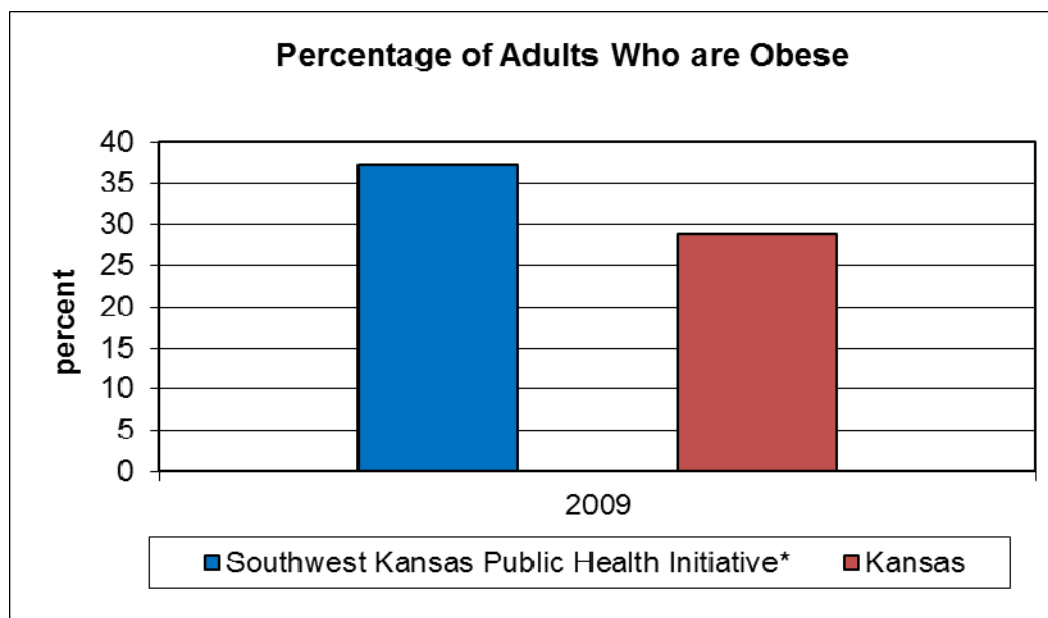
Value: 37.2 percent

Measurement Period: 2009

Location: Public Health Preparedness Region: Southwest Kansas Public Health Initiative

Comparison: KS State Value

Categories: Health / Exercise, Nutrition, & Weight



*County data was unavailable; Regional value was reported

What is this Indicator?

This indicator shows the percentage of adults (ages 18 and older) who are obese based on the Body Mass Index (BMI). The BMI is calculated by taking a person's weight and dividing it by their height squared in metric units. ($BMI = \text{Weight (Kg)} / [\text{Height (cm)}^2]$) A BMI ≥ 30 is considered obese.

Why this is important: The obesity is an indicator of the overall health and lifestyle of a community. Obesity increases the risk of many diseases and health conditions including heart disease, Type 2 diabetes, cancer, hypertension, stroke, liver and gallbladder disease, respiratory problems, and osteoarthritis. Losing weight and maintaining a healthy weight help to prevent and control these diseases. Obesity leads to significant economic costs due to increased healthcare spending and lost earnings. **The Healthy People 2020 national health target is to reduce the proportion of adults (ages 20 and up) who are obese to 30.6%.**

Technical Note: The County / Region value is compared to the Kansas state value. Confidence intervals were not taken into account while making this comparison.
Source: Kansas Department of Health and Environment

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URL of Source: <http://www.kdheks.gov/>

URL of Data: <http://www.kdheks.gov/brfss/Expansion/index.html>

Percentage of Adults Who are Overweight

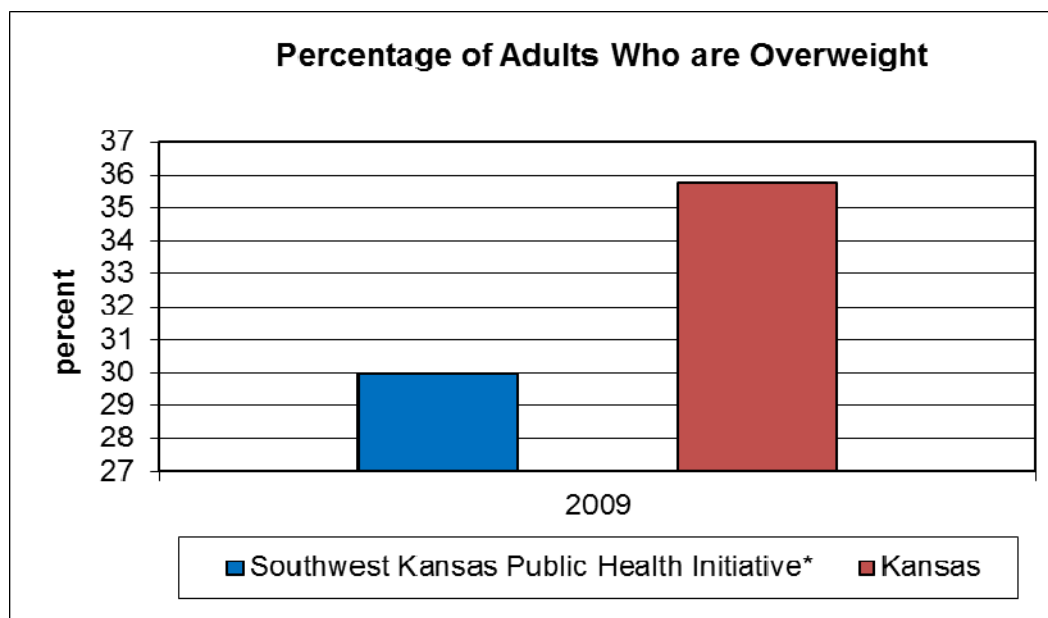
Value: 30 percent

Measurement Period: 2009

Location: Public Health Preparedness Region: Southwest Kansas Public Health Initiative

Comparison: KS State Value

Categories: Health / Exercise, Nutrition, & Weight



*County data was unavailable; Regional value was reported

What is this Indicator?

This indicator shows the percentage of adults who are overweight according to the Body Mass Index (BMI). The BMI is calculated by taking a person's weight and dividing it by their height squared in metric units. ($BMI = \text{Weight (Kg)} / [\text{Height (cm)}^2]$) A BMI between 25 and 29.9 is considered overweight.

Why this is important: The percentage of overweight adults is an indicator of the overall health and lifestyle of a community. Being overweight affects quality of life and puts individuals at risk for developing many diseases, especially heart disease, stroke, diabetes, and cancer. Losing weight helps to prevent and control these diseases. Being overweight or obese also carries significant economic costs due to increased healthcare spending and lost earnings.

Technical Note: The County / Region value is compared to the Kansas State value. Confidence intervals were not taken into account while making this comparison.

Source: Kansas Department of Health and Environment

URL of Source: <http://www.kdheks.gov/>

URL of Data: <http://www.kdheks.gov/brfss/Expansion/index.html>

Stanton County Rural Health Works

Heart Disease and Stroke

Congestive Heart Failure Hospital Admission Rate

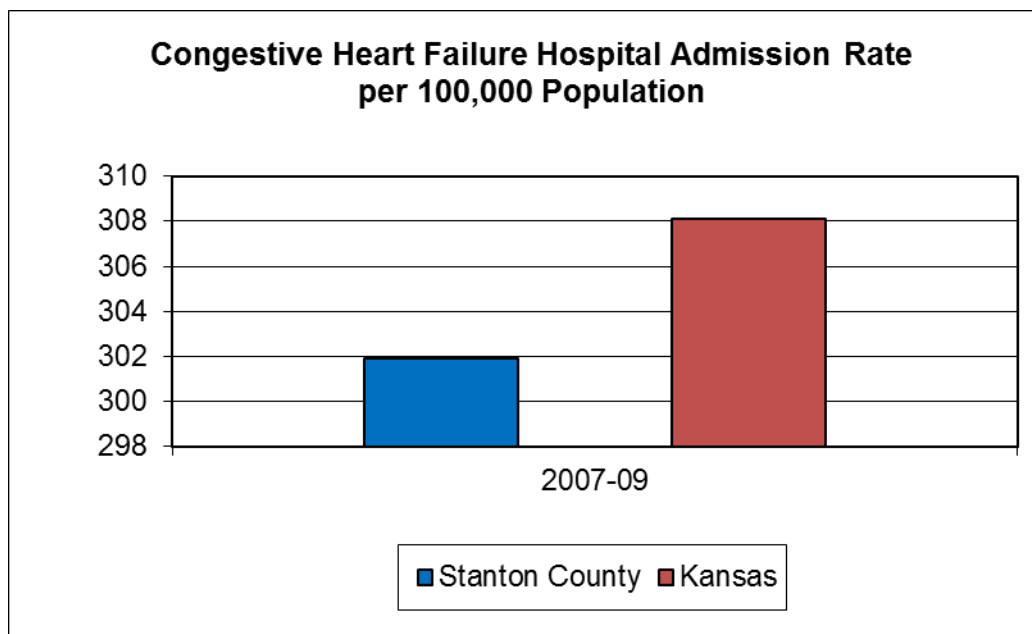
Value: 301.89 per 100,000 population

Measurement Period: 2007-2009

Location: County : Stanton

Comparison: KS State Value

Categories: Health / Heart Disease & Stroke; Health / Access to Health Services; Health / Wellness & Lifestyle



What is this Indicator?

This indicator shows the number of admissions for congestive heart failure per 100,000 population in an area.

Why this is important: Prevention of congestive heart failure admissions is an important role for all health care providers. Providers can help individuals stay healthy by preventing disease, and they can prevent complications of existing disease by helping patients live with their illnesses.

While these indicators use hospital inpatient data, their focus is on outpatient health care. Prevention Quality Indicators (PQIs) assess the quality of the health care system as a whole, and especially the quality of ambulatory care, in preventing medical complications. As a result, these measures are likely to be of the greatest value when calculated at the population level and when used by public health groups, State data organizations, and other organizations concerned with the health of populations. Serving as a screening tool, these indicators can provide initial information about potential problems in the community that may require further, more in-depth analysis.

Technical Note: The county and regional values are compared to Kansas State value / US value.

Source: Kansas Department of Health and Environment

Stanton County Rural Health Works

URL of Source: <http://www.kdheks.gov/>

URL of Data: <http://kic.kdhe.state.ks.us/kic/>

Heart Disease Hospital Admission Rate

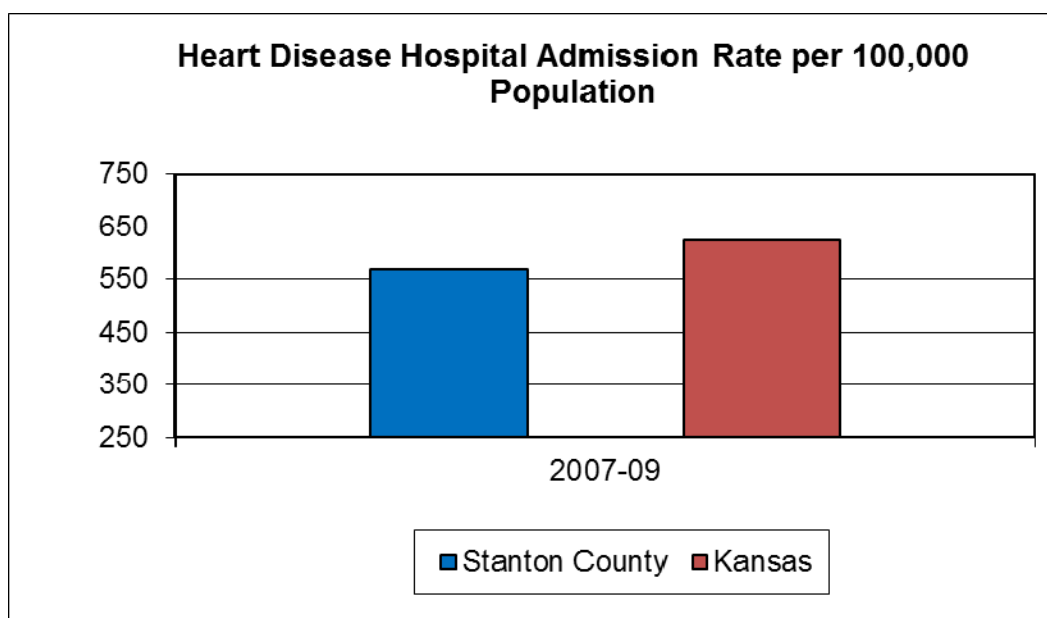
Value: 569.25 per 100,000 population

Measurement Period: 2007-2009

Location: County : Stanton

Comparison: KS State Value

Categories: Health / Heart Disease & Stroke; Health / Access to Health Services; Health / Wellness & Lifestyle



What is this Indicator?

This indicator shows the number of admissions for heart disease (ICD9 diagnoses 402, 410-414 or 429) per 100,000 population in an area.

Why this is important: Heart disease has consistently been a public health concern and is the leading cause of death in the United States. For coronary heart disease alone, the estimated direct and indirect costs for the overall U.S. population are approximately \$165.4 billion for 2009. According to the national hospital discharge survey, hospitalizations for heart disease accounted for 4.2 million hospitalizations in 2006. Approximately 62% of these short-stay hospitalizations occurred among people ages 65 years and older. There is also evidence that heart disease hospitalization rates vary among racial and ethnic groups.

Technical Note: The county and regional values are compared to Kansas State value / US value.

Source: Kansas Department of Health and Environment

URL of Source: <http://www.kdheks.gov/>

URL of Data: <http://kic.kdhe.state.ks.us/kic/>

Percentage of Adults with Hypertension

Stanton County Rural Health Works

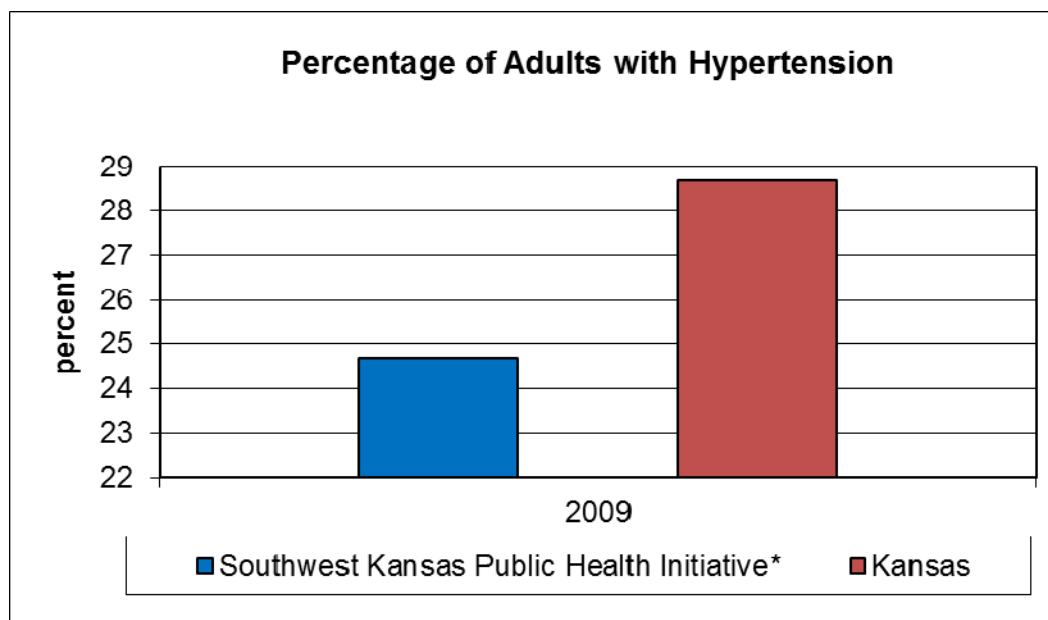
Value: 24.7 percent

Measurement Period: 2009

Location: Public Health Preparedness Region: Southwest Kansas Public Health Initiative

Comparison: KS State Value

Categories: Health / Heart Disease & Stroke



*County data was unavailable; Regional value was reported

What is this Indicator?

This indicator shows the percentage of adults who have been told they have high blood pressure. Normal blood pressure should be less than 120/80 mm Hg for an adult. Blood pressure above this level (140/90 mm Hg or higher) is considered high (hypertension).

Why this is important: High blood pressure is the number one modifiable risk factor for stroke. In addition to stroke, high blood pressure also contributes to heart attacks, heart failure, kidney failure, and atherosclerosis. The higher your blood pressure, the greater your risk of heart attack, heart failure, stroke, and kidney disease. In the United States, one in three adults has high blood pressure, and nearly one-third of these people are not aware that they have it. Because there are no symptoms associated with high blood pressure, it is often called the "silent killer." The only way to tell if you have high blood pressure is to have your blood pressure checked. High blood pressure can occur in people of any age or sex; however, it is more common among those over age 35. It is particularly prevalent in African Americans, older adults, obese people, heavy drinkers, and women taking birth control pills. Blood pressure can be controlled through lifestyle changes including eating a heart-healthy diet, limiting alcohol, avoiding tobacco, controlling your weight, and staying physically active.

The Healthy People 2020 national health target is to reduce the proportion of adults aged 18 years and older with high blood pressure to 26.9%.

Technical Note: The County / Region value is compared to the Kansas State value. Confidence intervals were not taken into account while making this comparison.

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Source: Kansas Department of Health and Environment

URL of Source: <http://www.kdheks.gov/>

URL of Data: <http://kic.kdhe.state.ks.us/kic/>

Stanton County Rural Health Works

Immunizations & Infectious Diseases

Bacterial Pneumonia Hospital Admission Rate

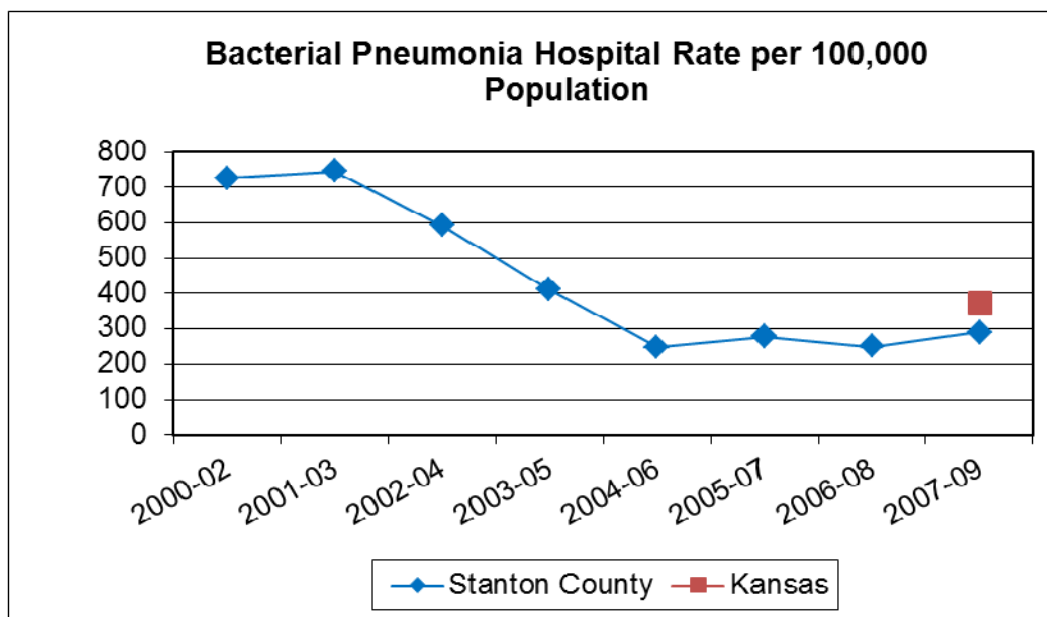
Value: 291.64 per 100,000 population

Measurement Period: 2007-2009

Location: County : Stanton

Comparison: KS State Value

Categories: Health / Immunizations & Infectious Diseases; Health / Other Conditions; Health / Access to Health Services



What is this Indicator?

This indicator shows the number of admissions for bacterial pneumonia per 100,000 population in an area.

Why this is important: Prevention of bacterial pneumonia is an important role for all health care providers. Providers can help individuals stay healthy by preventing disease, and they can prevent complications of existing disease by helping patients live with their illnesses.

While these indicators use hospital inpatient data, their focus is on outpatient health care. Prevention Quality Indicators (PQIs) assess the quality of the health care system as a whole, and especially the quality of ambulatory care, in preventing medical complications. As a result, these measures are likely to be of the greatest value when calculated at the population level and when used by public health groups, State data organizations, and other organizations concerned with the health of populations. Serving as a screening tool, these indicators can provide initial information about potential problems in the community that may require further, more in-depth analysis.

Technical Note: The county and regional values are compared to Kansas State value / US value.

Source: Kansas Department of Health and Environment

URL of Source: <http://www.kdheks.gov/>

Stanton County Rural Health Works

URL of Data: <http://kic.kdhe.state.ks.us/kic/>

Percent of Infants Fully Immunized at 24 Months

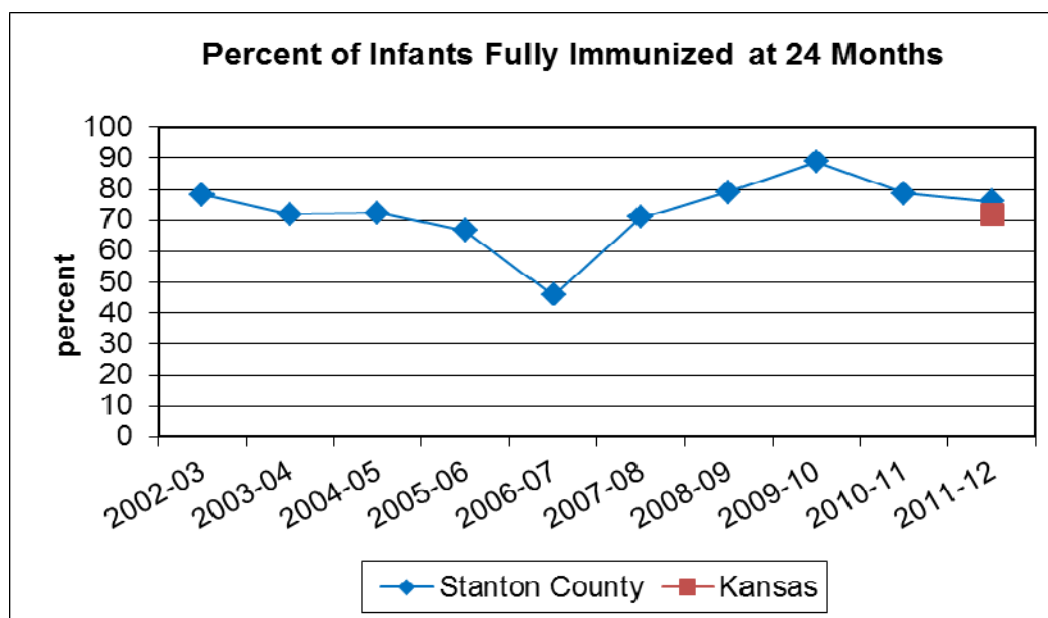
Value: 76.2 percent

Measurement Period: 2011-2012

Location: County : Stanton

Comparison: KS State Value

Categories: Health / Immunizations & Infectious Diseases; Health / Children's Health; Health / Maternal, Fetal & Infant Health



What is this Indicator?

This indicator shows the percent of infants who were immunized with the 4 DTaP, 3 Polio, 1 MMR, 3 Haemophilus influenzae type b,, and 3 Hepatitis B vaccines (the 4:3:1:3:3 series) by 24 months of age.

Why this is important: Vaccine coverage is of great public health importance. By having greater vaccine coverage, there is an increase in herd immunity, which leads to lower disease incidence and an ability to limit the size of disease outbreaks. In 2006, a widespread outbreak of mumps occurred in Kansas and across the United States. Prior to the outbreak, the incidence of mumps was at a historical low, and even with the outbreak, the mumps disease rates were still lower than pre-vaccination era. Due to high vaccination coverage, tens or hundreds of thousands of cases were possibly prevented. However, due to unvaccinated and under-vaccinated individuals, the United States has seen a rise in diseases that were previously present at low levels, specifically measles and pertussis.

Technical Note: The county value is compared to the Kansas State value.

Source: Kansas Department of Health and Environment

URL of Source: <http://www.kdheks.gov/>

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URL of Data: http://www.kdheks.gov/immunize/retro_survey.html

Percentage of Adults Ages 18 Years and Older Who Received A Flu Shot During the Past 12 Months

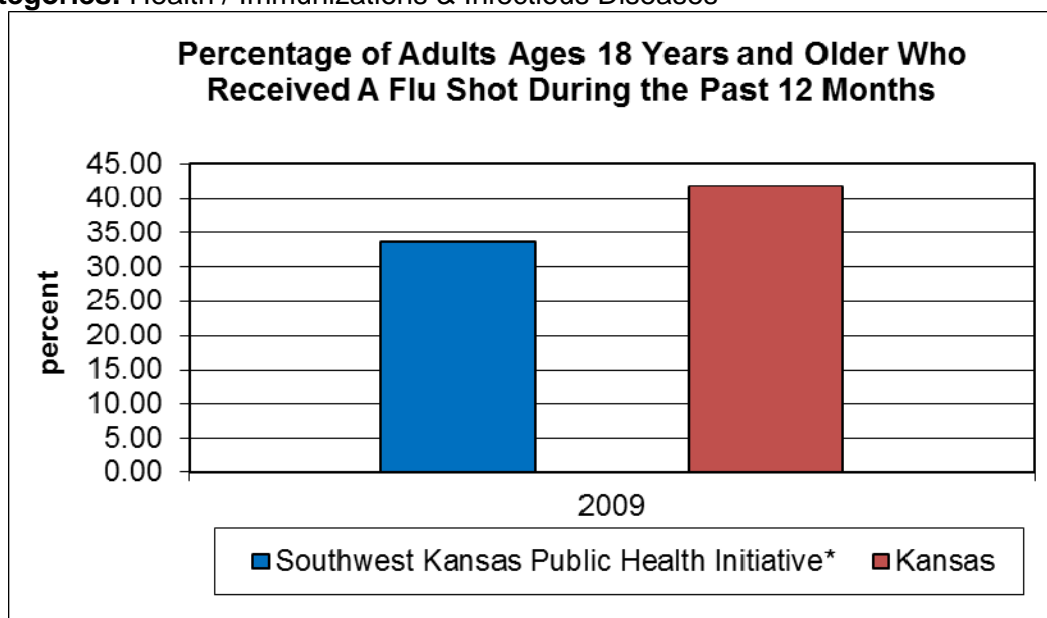
Value: 33.6 percent

Measurement Period: 2009

Location: Public Health Preparedness Region: Southwest Kansas Public Health Initiative

Comparison: KS State Value

Categories: Health / Immunizations & Infectious Diseases



*County data was unavailable; Regional value was reported

What is this Indicator?

This indicator shows the percentage of adults 18 years and older who received the influenza vaccination (flu shot or flu spray) in the past year.

Why this is important: Influenza is a contagious disease caused by the influenza virus. It can lead to pneumonia and can be dangerous for people with heart or breathing conditions. Infection with influenza can cause high fever, diarrhea and seizures in children. It is estimated that 226,000 people are hospitalized each year due to influenza and 36,000 die - mostly the elderly. The seasonal influenza vaccine can prevent serious illness and death. The Centers for Disease Control and Prevention (CDC) recommends annual vaccinations to prevent the spread of influenza.

Technical Note: The County / Region value is compared to the Kansas state value.

Confidence intervals were not taken into account while making this comparison.

Source: Kansas Department of Health and Environment

URL of Source: <http://www.kdheks.gov/>

URL of Data: <http://www.kdheks.gov/brfss/Expansion/index.html>

Stanton County Rural Health Works

Sexually Transmitted Disease Rate

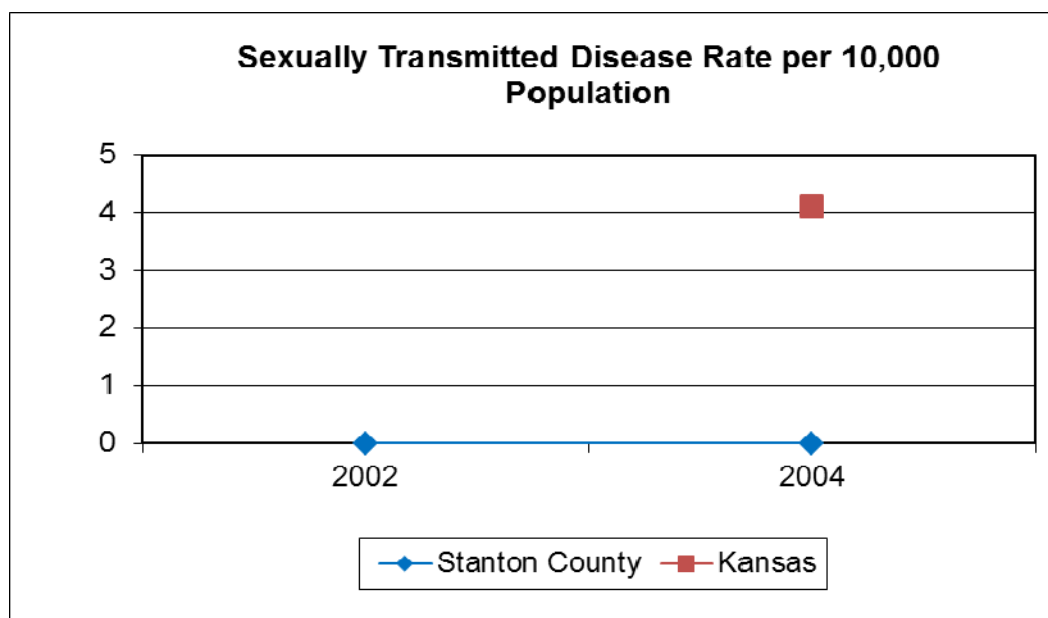
Value: 0 cases/10,000 population

Measurement Period: 2004

Location: County : Stanton

Comparison: KS State Value

Categories: Health / Immunizations & Infectious Diseases



What is this Indicator?

This indicator shows the crude incidence rate per 1,000 population due to sexually transmitted diseases.

Why this is important: The Centers for Disease Control and Prevention (CDC) estimates that there are approximately 19 million new STD infections each year—almost half of them among young people ages 15 to 24.³ The cost of STDs to the U.S. health care system is estimated to be as much as \$15.9 billion annually.⁴ Because many cases of STDs go undiagnosed—and some common viral infections, such as human papillomavirus (HPV) and genital herpes, are not reported to CDC at all—the reported cases of chlamydia, gonorrhea, and syphilis represent only a fraction of the true burden of STDs in the United States.

Untreated STDs can lead to serious long-term health consequences, especially for adolescent girls and young women. CDC estimates that undiagnosed and untreated STDs cause at least 24,000 women in the United States each year to become infertile.

In 2008, 13,500 cases of primary and secondary syphilis were reported in the United States, a 17.7 percent increase from 2007. The rate of primary & secondary syphilis in the United States was 18.4% higher in 2008 than in 2007.

Chlamydia, the most frequently reported bacterial sexually transmitted disease in the United States, is caused by the bacterium, *Chlamydia trachomatis*. Under-reporting of chlamydia is substantial because most people with chlamydia are not aware of their infections and do not seek testing.

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Healthy People 2020 has set 18 objectives to reduce STD rates in the United States.

Technical Note: The county and regional values are compared to Kansas State value / US value.

Source: Kansas Department of Health and Environment

URL of Source: <http://www.kdheks.gov/>

URL of Data: http://www.kdheks.gov/std/std_reports.html

Stanton County Rural Health Works

Maternal, Fetal & Infant Health

Infant Mortality Rate

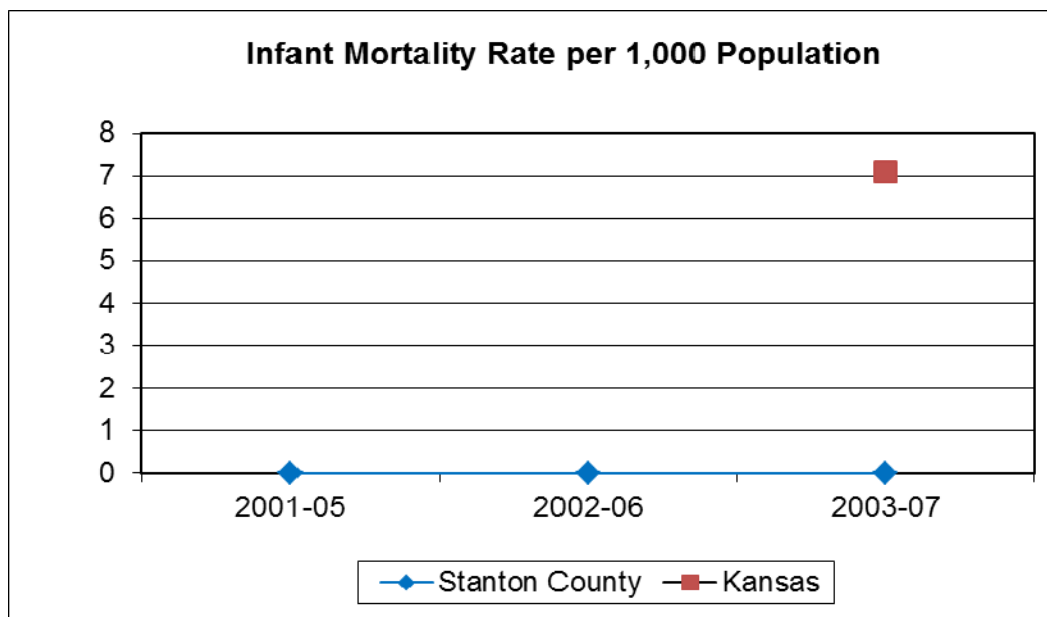
Value: 0 deaths/1,000 population

Measurement Period: 2003-2007

Location: County : Stanton

Comparison: KS State Value

Categories: Health / Maternal, Fetal & Infant Health; Health / Mortality Data



What is this Indicator?

This indicator shows the rate of infant deaths (prior to one year of age) per 1,000 live births.

Why this is important: One of the basic indicators of the health of a community or state is infant mortality, the death of an infant before one year of age. The calculated infant mortality rate (IMR), while not a true measure of population health, serves as one proxy indicator of population health since it reflects the apparent association between the causes of infant mortality and other factors that are likely to influence the health status of the whole population such as economic development, general living conditions, social wellbeing where basic needs are met, rates of illness such as diabetes and hypertension, and quality of the environment.

The number of infant deaths to Kansas residents dropped from 290 in 2009 to 253 in 2010. The number of Kansas resident births in 2010 was 40,439. This resulted in an infant mortality rate of 6.28 per 1,000 live births compared to 7.01 in 2009. Although the one year decline was not statistically significant at the 95% confidence level, the number of infant deaths is the lowest in Kansas since recordkeeping began in 1912. The infant mortality rate is the lowest recorded. Over the last 22 years Kansas has experienced a statistically significant declining trend in the annual infant mortality rate (with a lot of ups and downs in between).

The 2010 infant mortality rate represents a 28.4 percent decrease from the 1989 IMR of

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8.77. That change is statistically significant at the 95% confidence level.

The Healthy People 2020 target is 6.0 infant deaths per 1,000 live births. The leading causes of death among infants are birth defects, pre-term delivery, low birth weight, Sudden Infant Death Syndrome (SIDS), and maternal complications during pregnancy.

Technical Note: The county and regional values are compared to Kansas State value.

Source: Kansas Department of Health and Environment

URL of Source: <http://www.kdheks.gov/>

URL of Data: <http://kic.kdhe.state.ks.us/kic/index.html>

Number of Births per 1,000 Population

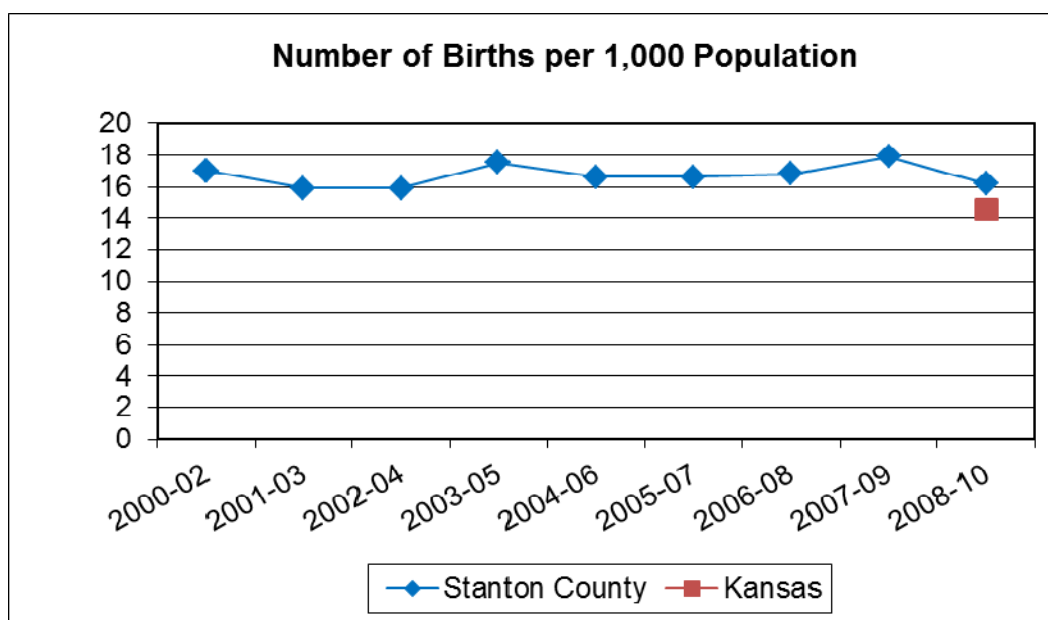
Value: 16.2 births/1,000 population

Measurement Period: 2008-2010

Location: County : Stanton

Comparison: KS State Value

Categories: Health / Maternal, Fetal & Infant Health



What is this Indicator?

This indicator shows the number of births per 1,000 population.

Why this is important: The birth rate is an important measure of population health. The birth rate is usually the dominant factor in determining the rate of population growth; however, it depends on both the level of fertility and the age structure of the population.

Technical Note: The county and regional values are compared to the Kansas State value.

Source: Kansas Department of Health and Environment

URL of Source: <http://www.kdheks.gov/>

URL of Data: <http://kic.kdhe.state.ks.us/kic/index.html>

Stanton County Rural Health Works

Percent of all Births Occurring to Teens (15-19 years)

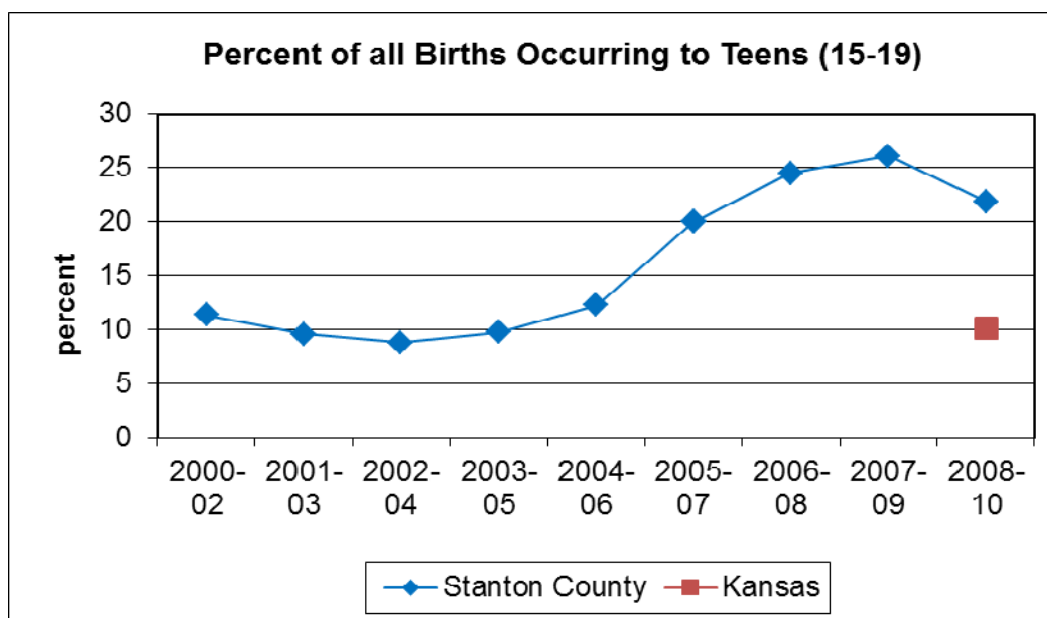
Value: 21.9 percent

Measurement Period: 2008-2010

Location: County : Stanton

Comparison: KS State Value

Categories: Health / Maternal, Fetal & Infant Health; Health / Teen & Adolescent Health



What is this Indicator?

This indicator shows the percentage of births in which mothers were 15-19 years of age.

Why this is important: For many women, a family planning clinic is the entry point into the health care system and one they consider their usual source of care. Each year, publicly funded family planning services prevent 1.94 million unintended pregnancies, including 400,000 teen pregnancies. These services are cost-effective, saving nearly \$4 in Medicaid expenditures for pregnancy-related care for every \$1 spent.

In Kansas, 4,265 births occurred to women 10-19 years of age, representing 10.3 percent of the births in 2009.

Births resulting from unintended pregnancies can have negative consequences including birth defects and low birth weight. Children from unintended pregnancies are more likely to experience poor mental and physical health during childhood, and have lower educational attainment and more behavioral issues in their teen years.

The negative consequences associated with unintended pregnancies are greater for teen parents and their children. Eighty-two percent of pregnancies to mothers ages 15 to 19 are unintended. One in five unintended pregnancies each year is among teens. Teen mothers are less likely to graduate from high school or attain a GED by the time they reach age 30; earn an average of approximately \$3,500 less per year, when compared with those who delay childbearing until their 20s; and receive nearly twice as much Federal aid for nearly twice as long.

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Unintended pregnancies are associated with many negative health and economic consequences. Unintended pregnancies include pregnancies that are reported by women as being mistimed or unwanted. Almost half of all pregnancies in the United States are unintended. The public costs of births resulting from unintended pregnancies were \$11 billion in 2006. (This figure includes costs for prenatal care, labor and delivery, post-partum care, and 1 year of infant care).

Technical Note: Births with unknown values are excluded from the denominator for this calculation. The county and regional values are compared to the Kansas state value. Confidence intervals were not taken into account while making this comparison.

Source: Kansas Department of Health and Environment

URL of Source: <http://www.kdheks.gov/>

URL of Data: <http://kic.kdhe.state.ks.us/kic/index.html>

Percent of Births Occurring to Unmarried Women

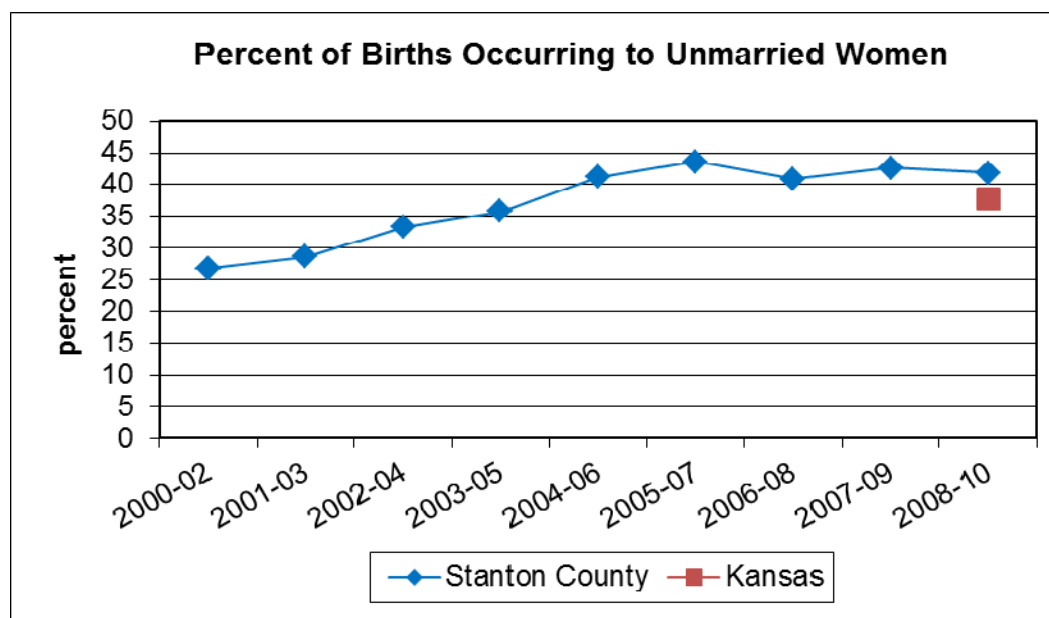
Value: 41.9 percent

Measurement Period: 2008-2010

Location: County : Stanton

Comparison: KS State Value

Categories: Health / Maternal, Fetal & Infant Health; Health / Family Planning



What is this Indicator?

This indicator shows the percentage of all births to mothers who reported not being married.

Why this is important: Non-marital births reflect the number of children born to unmarried women and includes both planned and unplanned pregnancies as well as women who were living with a partner at the time of birth. In previous decades, the term was often used to describe births to teen mothers; however, in recent decades, the average age of unmarried women having children has increased and less than one

Stanton County Rural Health Works

quarter of non-marital births were to teenaged women. Despite the older age of unmarried mothers, health concerns remain for the children of unmarried women. Studies have found that infants born to non-married women are at greater risk of being born preterm, having a low birth weight, dying in infancy and living in poverty than babies born to married women. In 2007, nearly 4 in 10 births in the U.S. were to unmarried women, according to CDC.

Technical Note: Births with unknown values are excluded from the denominator for this calculation. The county and regional values are compared to the Kansas state value. Confidence intervals were not taken into account while making the comparison with the state.

Source: Kansas Department of Health and Environment

URL of Source: <http://www.kdheks.gov/>

URL of Data: <http://kic.kdhe.state.ks.us/kic/index.html>

Percent of Births where Mother Smoked During Pregnancy

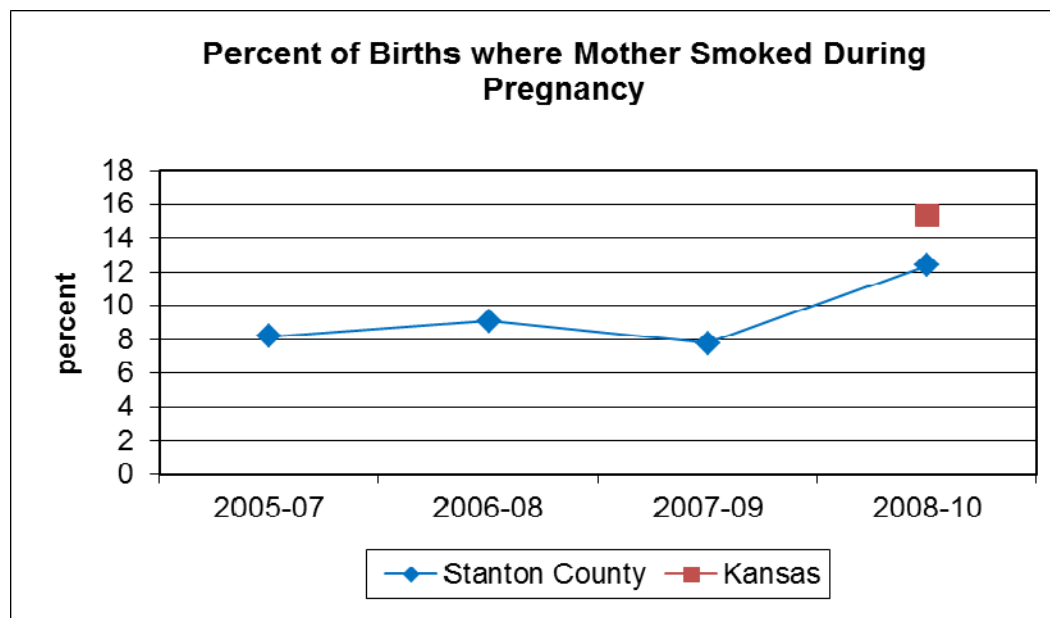
Value: 12.4 percent

Measurement Period: 2008-2010

Location: County : Stanton

Comparison: KS State Value

Categories: Health / Maternal, Fetal & Infant Health; Health / Other Chronic Diseases



What is this Indicator?

This indicator shows the percentage of births in which the mothers reported smoked during their pregnancy.

Why this is important: Smoking is a major public health problem. Smokers face an increased risk of lung cancer, stroke, cardiovascular diseases, and multiple other disorders. Smoking during pregnancy adversely affects the health of both the mother and her baby. Maternal smoking can result in miscarriages, premature delivery, and sudden infant death syndrome. Smoking during pregnancy nearly doubles a woman's

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risk of having a low birth weight baby, and low birth weight is a key predictor for infant mortality. In addition, smoking also increases the risk of preterm delivery. Low birth weight and premature babies face an increased risk of serious health problems during the infant period, as well as chronic lifelong disabilities such as cerebral palsy, mental retardation, and learning problems

Technical Note: Births with unknown values are excluded from the denominator for this calculation. The county and regional values is compared to the Kansas State value. Confidence intervals were not taken into account while making this comparison.

Source: Kansas Department of Health and Environment

URL of Source: <http://www.kdheks.gov/>

URL of Data: <http://kic.kdhe.state.ks.us/kic/index.html>

Percent of Births Where Prenatal Care began in First Trimester

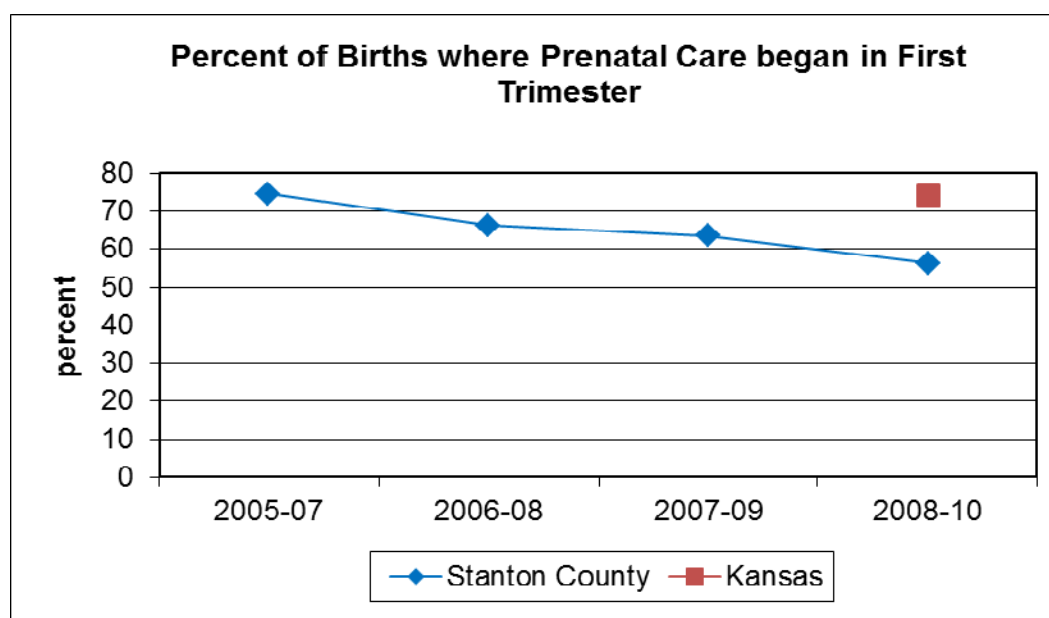
Value: 56.4 percent

Measurement Period: 2008-2010

Location: County : Stanton

Comparison: KS State Value

Categories: Health / Maternal, Fetal & Infant Health



What is this Indicator?

This indicator shows the percentage of births in which mothers received prenatal care in the first trimester.

Why this is important: Babies born to mothers who do not receive prenatal care are three times more likely to have a low birth weight and five times more likely to die than those born to mothers who do get care. Early prenatal care (i.e., care in the first trimester of a pregnancy) allows women and their health care providers to identify and, when possible, treat or correct health problems and health-compromising behaviors that can be particularly damaging during the initial stages of fetal development. Increasing the number of women who receive prenatal care, and who do so early in their

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pregnancies, can improve birth outcomes and lower health care costs by reducing the likelihood of complications during pregnancy and childbirth.

Technical Note: Births with unknown values are excluded from the denominator for this calculation. The county and regional values are compared to the Kansas state value. Confidence intervals were not taken into account while making the comparison with the state.

Source: Kansas Department of Health and Environment

URL of Source: <http://www.kdheks.gov/>

URL of Data: <http://kic.kdhe.state.ks.us/kic/index.html>

Percent of Births with Inadequate Birth Spacing

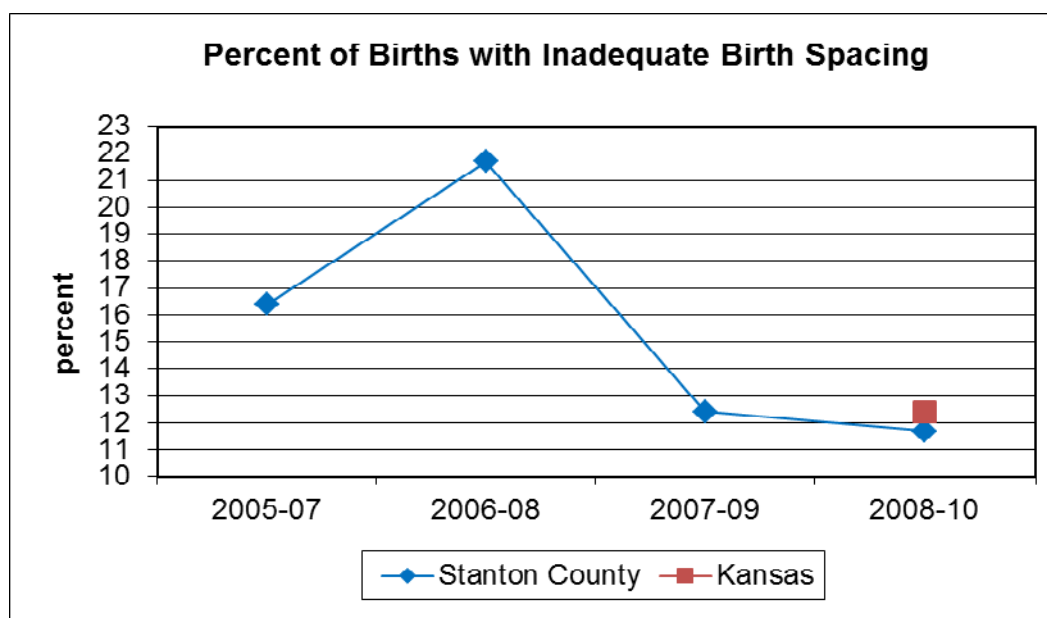
Value: 11.7 percent

Measurement Period: 2008-2010

Location: County : Stanton

Comparison: KS State Value

Categories: Health / Maternal, Fetal & Infant Health; Health / Children's Health



What is this Indicator?

This indicator shows the percentage of live births in which a sibling was born less than 18 months prior.

Why this is important: Birth Spacing refers to the time interval from one child's birth date until the next child's birth date. There are many factors to consider in determining what is an optimal time interval between pregnancies. However, researchers agree that 2 ½ years to 3 years between births is usually best for the well being of the mother and her children. When births are spaced 21/2 years to 3 years apart there is less risk of infant and child death. There is also lower risk of the baby being underweight. Short intervals between births can also be bad for mother's health. There is a greater risk of bleeding in pregnancy, premature rupture of the bag of waters and increased risk of maternal death. A time interval of six months or more after finishing breastfeeding is also

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recommended before becoming pregnant again for the mother to be able to rebuild her nutritional stores.

Technical Note: Births with unknown values are excluded from the denominator for this calculation. The county and regional values are compared to the Kansas State value. Confidence intervals were not taken into account while making this comparison.

Source: Kansas Department of Health and Environment

URL of Source: <http://www.kdheks.gov/>

URL of Data: <http://kic.kdhe.state.ks.us/kic/index.html>

Percent of Births with Low Birth Weight

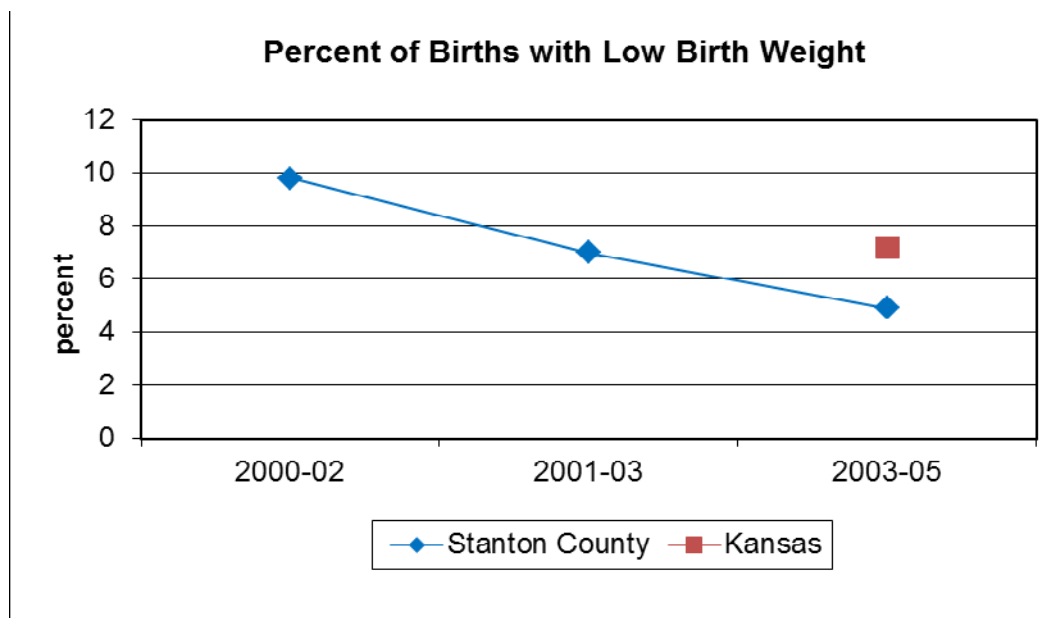
Value: 4.9 percent

Measurement Period: 2003-05

Location: County : Stanton

Comparison: KS State Value

Categories: Health / Maternal, Fetal & Infant Health



What is this Indicator?

This indicator shows the percentage of all births in which the newborn weight is less than 2,500 grams (5 pounds, 8 ounces).

Why this is important: Babies born with a low birth weight are more likely than babies of normal weight to require specialized medical care, and often must stay in the intensive care unit. Low birth weight is often associated with premature birth. While there have been many medical advances enabling premature infants to survive, there is still risk of infant death or long-term disability. The most important things an expectant mother can do to prevent prematurity and low birth weight are to take prenatal vitamins, stop smoking, stop drinking alcohol and using drugs, and most importantly, get prenatal care.

Stanton County Rural Health Works

Technical Note: Births with unknown values are excluded from the denominator for this calculation. The county and regional values are compared to the Kansas State value. Confidence intervals were not taken into account while making this comparison.

Source: Kansas Department of Health and Environment

URL of Source: <http://www.kdheks.gov/>

URL of Data: <http://kic.kdhe.state.ks.us/kic/index.html>

Percentage of Premature Births

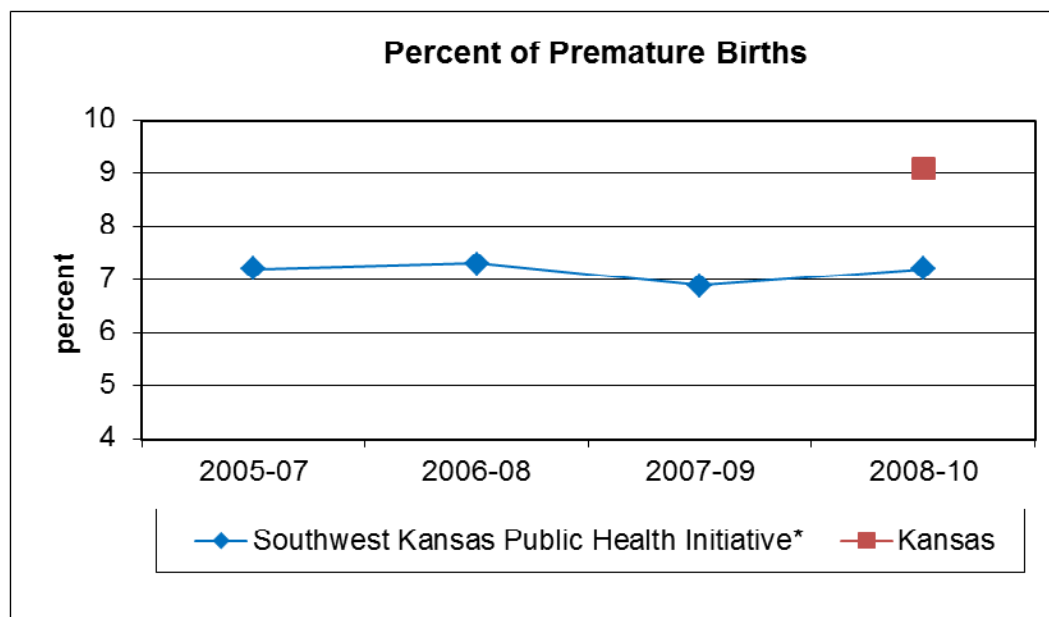
Value: 7.2 Percent

Measurement Period: 2008-10

Location: Public Health Preparedness Region: Southwest Kansas Public Health Initiative

Comparison: KS State Value

Categories: Health/Maternal, Fetal & Infant Health



*County data was unavailable; Regional value was reported

What is this Indicator?

This indicator shows the percentage of births to resident mothers in which the baby had less than 37 weeks of completed gestation.

Why this is important: Babies born premature are likely to require specialized medical care, and oftentimes must stay in intensive care nurseries. While there have been many medical advances enabling premature infants to survive, there is still risk of infant death or long-term disability. The most important things an expectant mother can do to prevent prematurity and very low birth weight are to take prenatal vitamins, stop smoking, stop drinking alcohol and using drugs, and most importantly, get prenatal care.

The Healthy People 2020 national health target is to reduce the proportion of infants who are born preterm to 11.4%.

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Technical Note: The County / Region value is compared to the Kansas State Value. Total live births exclude births for which the gestational length of the baby was unknown. The trend is a comparison between the most recent and previous measurement periods. Confidence intervals were not taken into account in determining the direction of the trend.

URL of Source: <http://www.kdheks.gov/>

URL of Data: <http://kic.kdhe.state.ks.us/kic/index.html>

Stanton County Rural Health Works

Mental Health & Mental Disorders

Percentage of Adults who Reported Their Mental Health Was Not Good on 14 or More Days in the Past 30 Days.

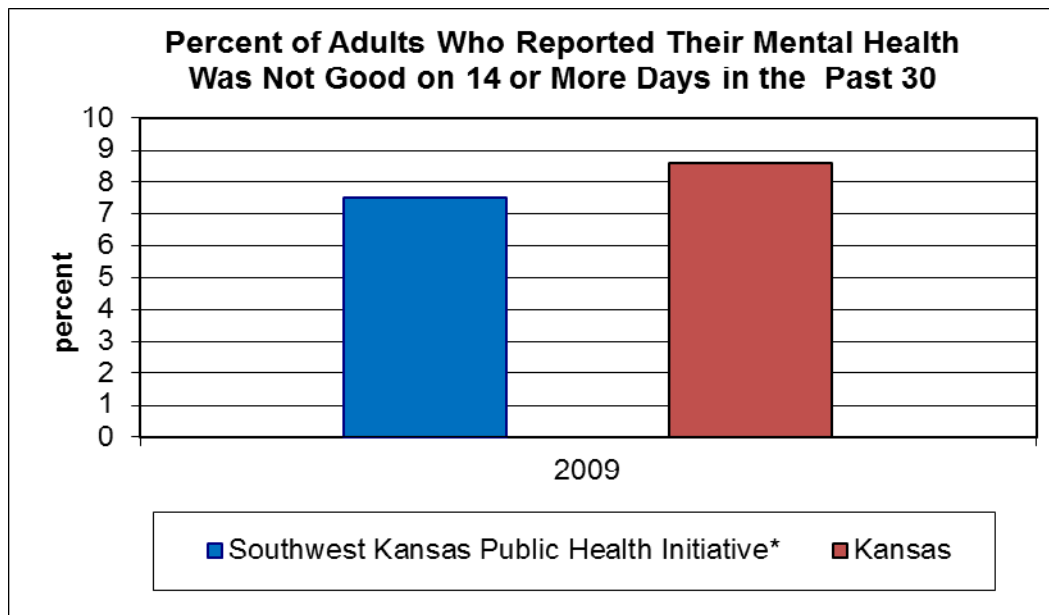
Value: 7.5 percent

Measurement Period: 2009

Location: Public Health Preparedness Region: Southwest Kansas Public Health Initiative

Comparison: KS State Value

Categories: Health / Mental Health & Mental Disorders



*County data was unavailable; Regional value was reported

What is this Indicator?

This indicator shows the percentage of adults who stated that they experienced fourteen or more days of poor mental health in the past month.

Why this is important: Psychological distress can affect all aspects of our lives. It is important to recognize and address potential psychological issues before they become critical. Occasional days of feeling "down" or emotional are normal, but persistent mental or emotional health problems should be evaluated and treated by a qualified professional.

Technical Note: The County / Region value is compared to the Kansas State value. Confidence intervals were not taken into account while making this comparison.

Source: Kansas Department of Health and Environment

URL of Source: <http://www.kdheks.gov/>

URL of Data: <http://www.kdheks.gov/brfss/Expansion/index.html>

Stanton County Rural Health Works

Mortality Data

Age-adjusted Alzheimer's Disease Mortality Rate per 100,000 Population

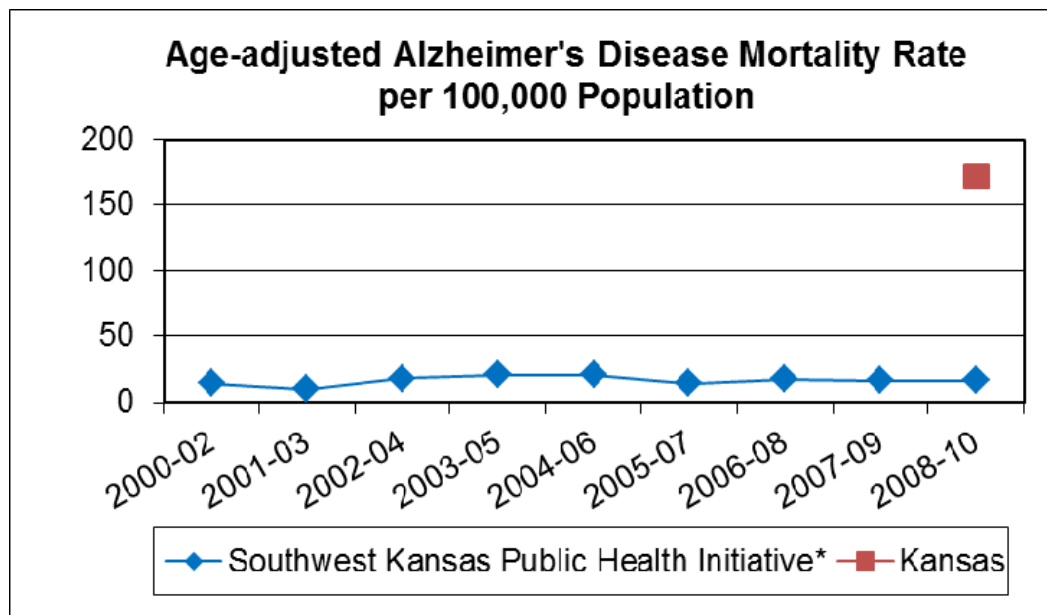
Value: 16.3 deaths/100,000 population

Measurement Period: 2008-2010

Location: Public Health Preparedness Region: Southwest Kansas Public Health Initiative

Comparison: KS State Value

Categories: Health / Mortality Data; Health / Older Adults & Aging



*County data was unavailable; Regional value was reported

What is this Indicator?

This indicator shows the total age-adjusted death rate per 100,000 population due to Alzheimer's disease.

Why this is important: Dementia is the loss of cognitive functioning--thinking, remembering, and reasoning--to such an extent that it interferes with a person's daily life. Dementia is not a disease itself, but rather a set of symptoms. Memory loss is a common symptom of dementia, although memory loss by itself does not mean a person has dementia. Alzheimer's disease is the most common cause of dementia, accounting for the majority of all diagnosed cases.

Nationally, Alzheimer's disease is the 6th leading cause of death among adults aged 18 years and older. In Kansas, 963 people died from Alzheimer's, the 6th leading cause of death in the state. The age-adjusted mortality rate was 28.4 deaths per 100,000 population. Estimates vary, but experts suggest that up to 5.1 million Americans aged 65 years and older have Alzheimer's disease. These numbers are predicted to more than double by 2050 unless more effective ways to treat and prevent Alzheimer's disease are found.

Dementia affects an individual's health, quality of life, and ability to live independently.

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People living with dementia are at greater risk for general disability and experience frequent injury from falls. Older adults with dementia are 3 times more likely to have preventable hospitalizations. As their dementia worsens, people need more health services and, oftentimes, long-term care. Many individuals requiring long-term care experience major personal and financial challenges that affect their families, their caregivers, and society.

Technical Note: The County / Region values are compared to the Kansas State value.

Source: Kansas Department of Health and Environment

URL of Source: <http://www.kdheks.gov/>

URL of Data: <http://kic.kdhe.state.ks.us/kic/index.html>

Age-adjusted Atherosclerosis Mortality Rate per 100,000 population

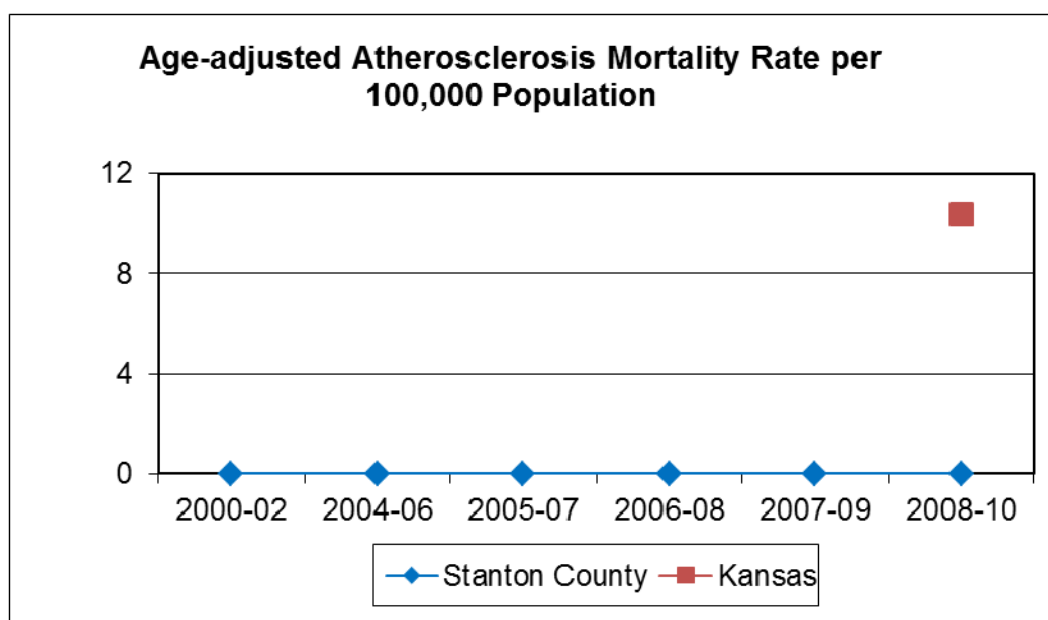
Value: 0 deaths/100,000 population

Measurement Period: 2008-2010

Location: County : Stanton

Comparison: KS State Value

Categories: Health / Mortality Data; Health / Other Chronic Diseases



What is this Indicator?

This indicator shows the total age-adjusted death rate per 100,000 population due to atherosclerosis.

Why this is important: Hardening of the arteries, also called atherosclerosis, is a common disorder. It occurs when fat, cholesterol, and other substances build up in the walls of arteries and form hard structures called plaques. In 2009, atherosclerosis accounted for 321 deaths and was the 11th leading cause of death in the Kansas.

Hardening of the arteries is a process that often occurs with aging. However, high blood cholesterol levels can make this process happen at a younger age. For most people,

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high cholesterol levels are the result of an unhealthy lifestyle -- most commonly, eating a diet that is high in fat. Other lifestyle factors are heavy alcohol use, lack of exercise, and being overweight.

Other risk factors for hardening of the arteries are:

- Diabetes
- Family history of hardening of the arteries
- High blood pressure
- Smoking

Technical Note: The County / Region values are compared to the Kansas State value.

Source: Kansas Department of Health and Environment

URL of Source: <http://www.kdheks.gov/>

URL of Data: <http://kic.kdhe.state.ks.us/kic/index.html>

Age-adjusted Cancer Mortality Rate per 100,000 Population

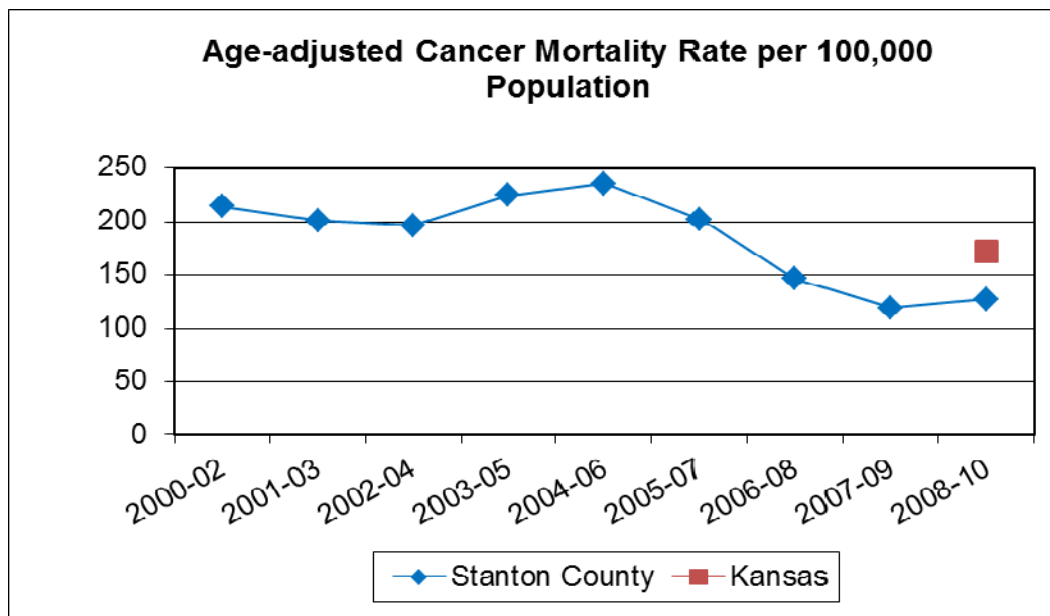
Value: 127.4 deaths/100,000 population

Measurement Period: 2008-2010

Location: County : Stanton

Comparison: KS State Value

Categories: Health / Mortality Data



What is this Indicator?

This indicator shows the total age-adjusted death rate per 100,000 population due to all cancers.

Why this is important: Cancer has been the second leading cause of death in the United States. In Kansas 5,304 persons died of cancer in 2009. With an age-adjusted mortality rate of 173.3 deaths per 100,000 population, Cancer temporarily bumped heart disease from the number one cause of death in Kansas.

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Technical Note: The County / Region values are compared to the Kansas State value.

Source: Kansas Department of Health and Environment

URL of Source: <http://www.kdheks.gov/>

URL of Data: <http://kic.kdhe.state.ks.us/kic/index.html>

Age-adjusted Cerebrovascular Disease Mortality Rate per 100,000 Population

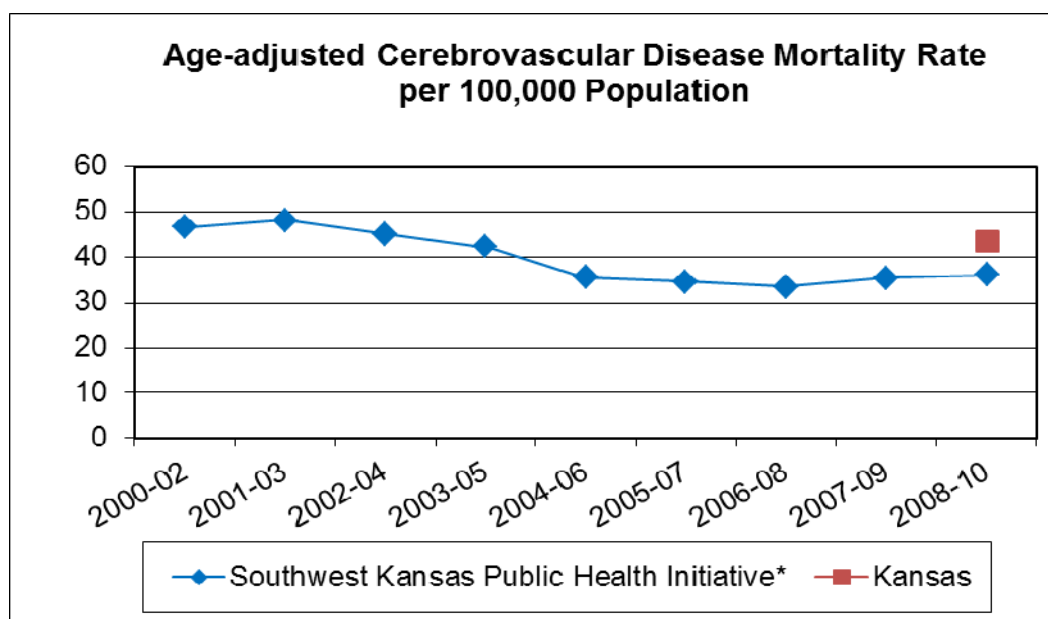
Value: 36.05 deaths/100,000 population

Measurement Period: 2008-2010

Location: Public Health Preparedness Region: Southwest Kansas Public Health Initiative

Comparison: KS State Value

Categories: Health / Mortality Data



*County data was unavailable; Regional value was reported

What is this Indicator?

This indicator shows the total age-adjusted death rate per 100,000 population due to cerebrovascular disease.

Why this is important: Stroke is the third leading cause of death among Americans, accounting for nearly 1 out of every 17 deaths. It is also the leading cause of serious long-term disability. Risk factors for stroke include inactivity, obesity, high blood pressure, cigarette smoking, high cholesterol, and diabetes

Technical Note: The County / Region values are compared to the Kansas State value.

Source: Kansas Department of Health and Environment

URL of Source: <http://www.kdheks.gov/>

URL of Data: <http://kic.kdhe.state.ks.us/kic/index.html>

Stanton County Rural Health Works

Age-adjusted Chronic Lower Respiratory Disease Mortality Rate per 100,000 Population

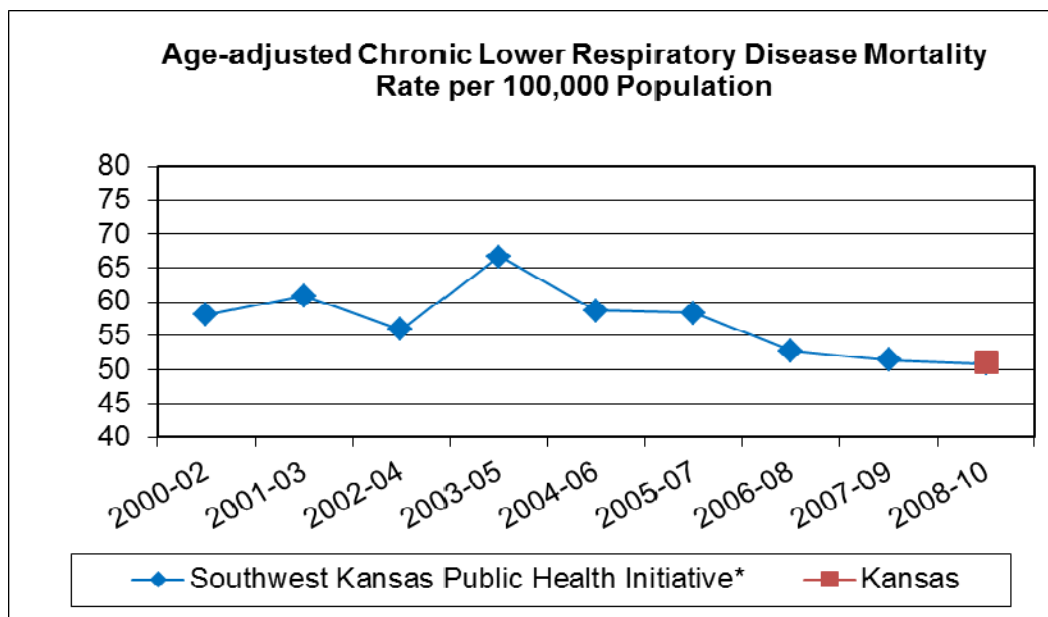
Value: 50.9 deaths/100,000 population

Measurement Period: 2008-2010

Location: Public Health Preparedness Region: Southwest Kansas Public Health Initiative

Comparison: KS State Value

Categories: Health / Mortality Data



*County data was unavailable; Regional value was reported

What is this Indicator?

This indicator shows the total age-adjusted death rate per 100,000 population due to chronic lower respiratory disease.

Why this is important: Chronic Lower Respiratory Disease (CLRD) is the fourth leading cause of death in the United States but the third leading cause of death in Kansas. It is projected to be third nationwide by 2020.

Approximately 124,000 people die each year in the United States from CLRD. This estimate is considered low, however, because CLRD is often cited as a contributory, not underlying, cause of death on the death certificate. In Kansas in CLRD accounted for 1,577 deaths in 2009, producing an age-adjusted mortality rate of 50.9 deaths per 100,000 population.

CLRD comprises three major diseases: chronic bronchitis, emphysema, and asthma. Approximately \$42.7 billion is spent annually on direct and indirect health care costs due to CLRD.

Tobacco smoking is the most important risk factor for chronic bronchitis and emphysema, accounting for about 80% of cases. Cigarette smokers are 10 times more

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likely to die from these diseases than nonsmokers. The remaining 20% of cases are attributable to environmental exposures and genetic factors. Asthma appears to have a strong genetic basis, with 30% to 50% of all cases due to an inherited predisposition.

A direct association between secondhand smoke and lower respiratory disease has been documented by the Environmental Protection Agency. Smoking cessation in the single most effective way to reduce the risk of CLRD and its progression.

Lower respiratory disease deaths increased in the United States by 163% between 1965 and 1998. This trend reflects smoking patterns initiated 30 to 50 years ago.

Technical Note: The County / Region values are compared to the Kansas State value.

Source: Kansas Department of Health and Environment

URL of Source: <http://www.kdheks.gov/>

URL of Data: <http://kic.kdhe.state.ks.us/kic/index.html>

Age-adjusted Diabetes Mortality Rate per 100,000 Population

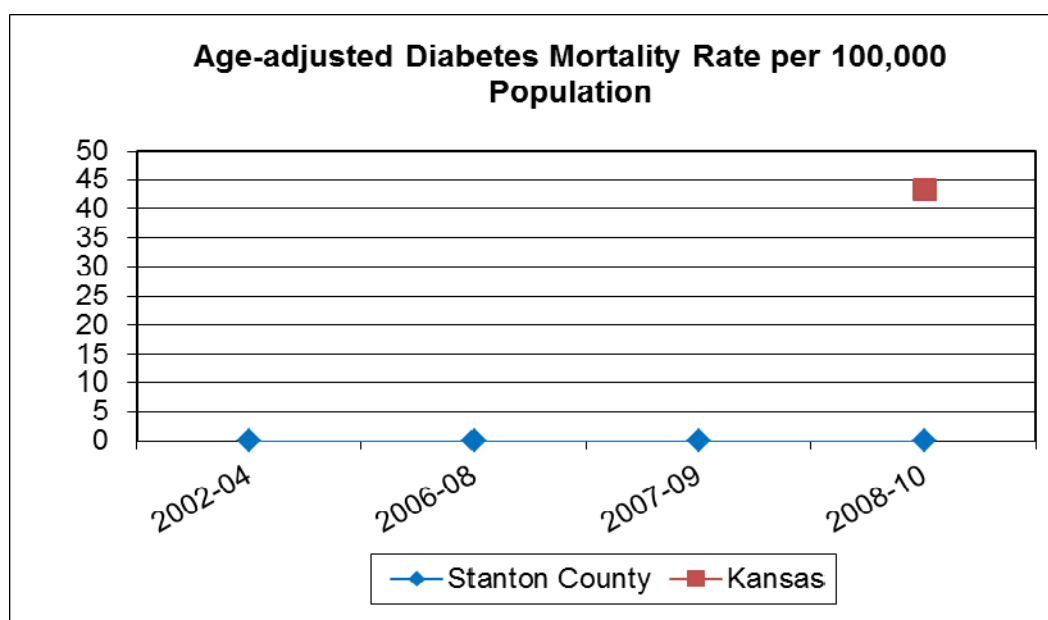
Value: 0 deaths/100,000 population

Measurement Period: 2008-2010

Location: County : Stanton

Comparison: KS State Value

Categories: Health / Mortality Data



What is this Indicator?

This indicator shows the total age-adjusted death rate per 100,000 population due to Diabetes.

Why this is important: In 2007, diabetes was the seventh leading cause of death in the United States. In 2010, an estimated 25.8 million people or 8.3% of the population had diabetes. Diabetes disproportionately affects minority populations and the elderly and its incidence is likely to increase as minority populations grow and the U.S.

Stanton County Rural Health Works

population becomes older.

Diabetes can have a harmful effect on most of the organ systems in the human body; it is a frequent cause of end-stage renal disease, non-traumatic lower-extremity amputation, and a leading cause of blindness among working age adults. Persons with diabetes are also at increased risk for ischemic heart disease, neuropathy, and stroke. In economic terms, the direct medical expenditure attributable to diabetes in 2007 was estimated to be \$116 billion.

Technical Note: The County / Region values are compared to the Kansas State value.

Source: Kansas Department of Health and Environment

URL of Source: <http://www.kdheks.gov/>

URL of Data: <http://kic.kdhe.state.ks.us/kic/index.html>

Age-adjusted Heart Disease Mortality Rate per 100,000 Population

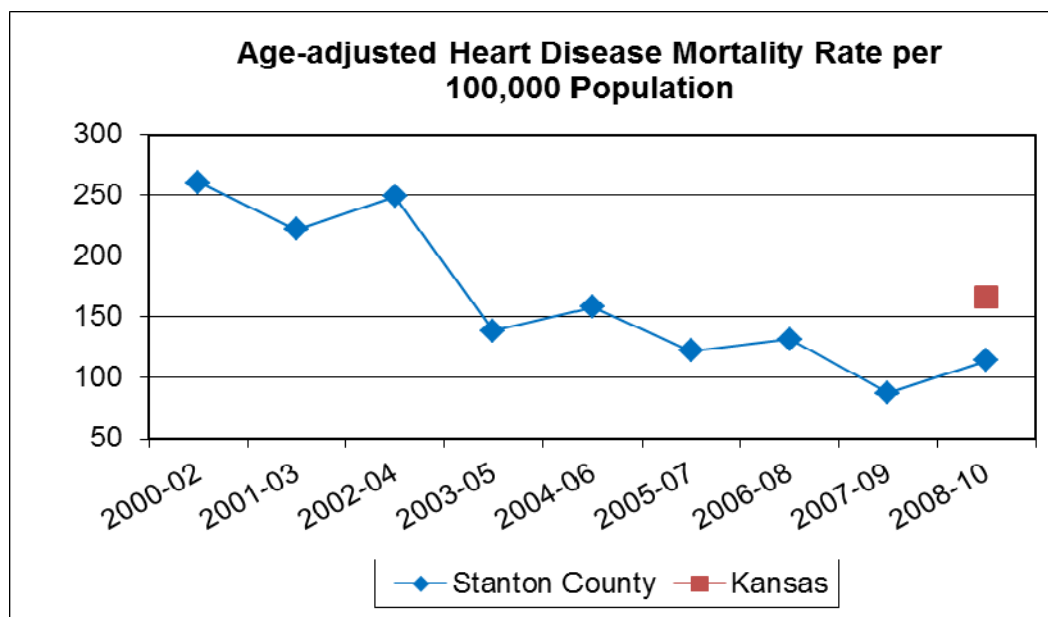
Value: 114.26 deaths/100,000 population

Measurement Period: 2008-2010

Location: County : Stanton

Comparison: KS State Value

Categories: Health / Mortality Data



What is this Indicator?

This indicator shows the total age-adjusted death rate per 100,000 population due to heart disease.

Why this is important: Heart disease is the number one cause of death in the U.S. and Hawaii. Physical inactivity, overweight, and obesity are considered cardiovascular risk determinants. Regular physical activity and a diet low in unhealthy fats and high in fruits and vegetables may help reduce the risk for cardiovascular disease. In 2009, the U.S. spent an estimated \$68.9 billion on costs associated with stroke, including health care, medicine, and lost productivity.

Stanton County Rural Health Works

Technical Note: The County / Region values are compared to the Kansas State value.

Source: Kansas Department of Health and Environment

URL of Source: <http://www.kdheks.gov/>

URL of Data: <http://kic.kdhe.state.ks.us/kic/index.html>

Age-adjusted Homicide Mortality Rate per 100,000 Population

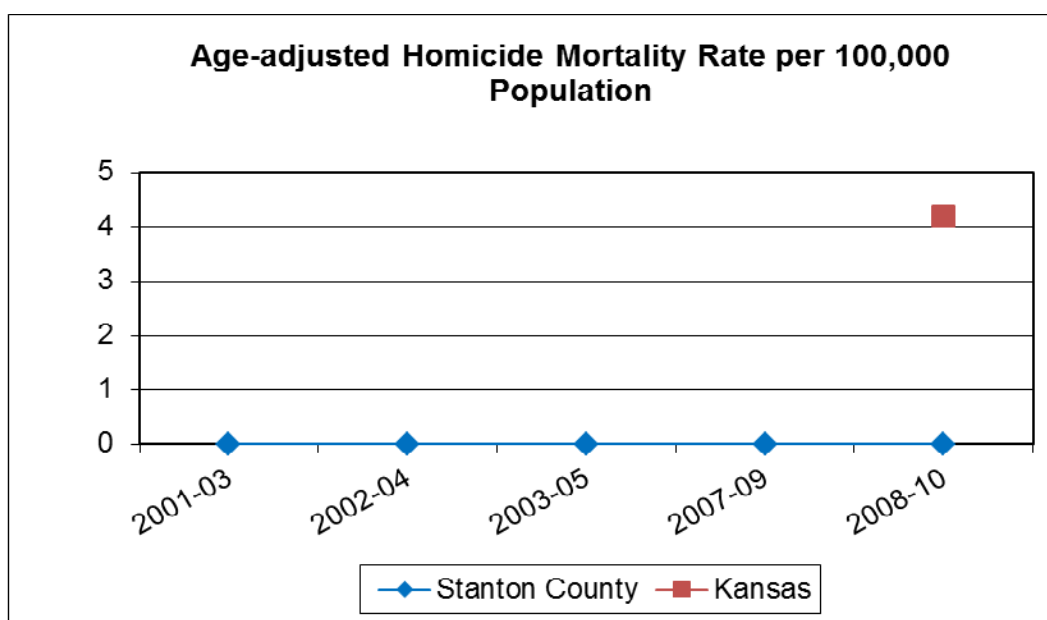
Value: 0 deaths/100,000 population

Measurement Period: 2008-2010

Location: County : Stanton

Comparison: KS State Value

Categories: Health / Mortality Data



What is this Indicator?

This indicator shows the total age-adjusted death rate per 100,000 population due to homicide.

Why this is important: A violent crime is a crime in which the offender uses or threatens to use violent force upon the victim. Violent crimes include homicide, assault, rape, and robbery. Violence negatively impacts communities by reducing productivity, decreasing property values, and disrupting social services. Homicides in Kansas totaled 127 in 2009. The age-adjusted mortality rate was 4.6 deaths per 100,000 population. The 2007 National age-adjusted mortality rate was 6.11 per 100,000 population. The national target is 5.5 homicides per 100,000 population.

Technical Note: The County / Region values are compared to the Kansas State value.

Source: Kansas Department of Health and Environment

URL of Source: <http://www.kdheks.gov/>

URL of Data: <http://kic.kdhe.state.ks.us/kic/index.html>

Stanton County Rural Health Works

Age-adjusted Mortality Rate per 100,000 Population

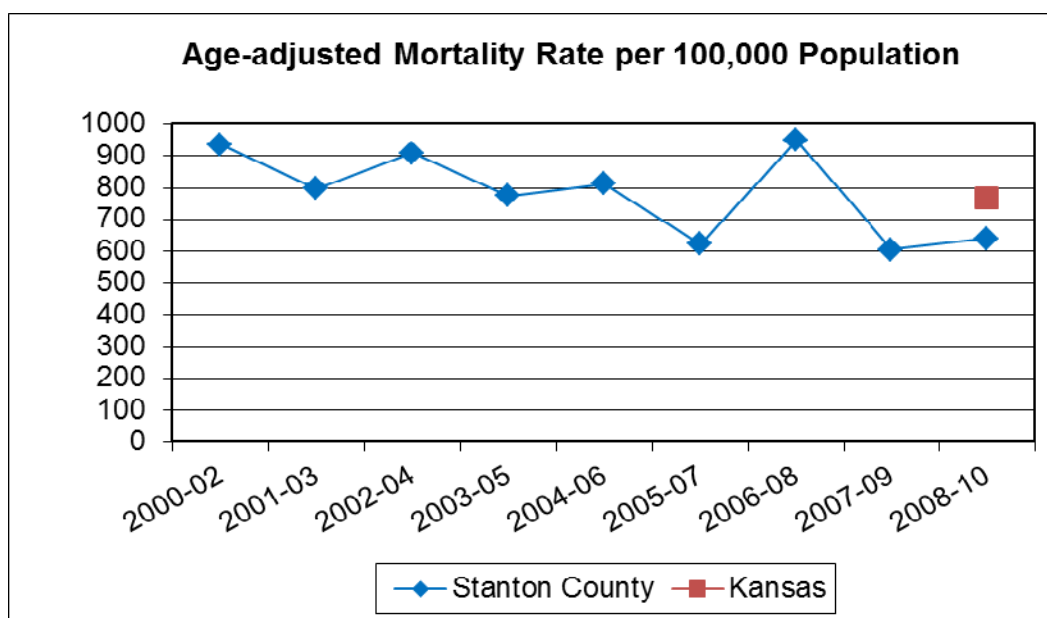
Value: 640.72 deaths/100,000 population

Measurement Period: 2008-2010

Location: County : Stanton

Comparison: KS State Value

Categories: Health / Mortality Data



What is this Indicator?

This indicator shows the total age-adjusted death rate per 100,000 population due to all causes.

Why this is important: Mortality or death rates are often used as measures of health status for a population. Many factors affect the risk of death, including age, race, gender, occupation, education, and income. By far the strongest of these factors affecting the risk of death is age. Populations often differ in age composition. A "young" population has a higher proportion of persons in the younger age groups, while an "old" population has a higher proportion in the older age groups. Therefore, it is often important to control for differences among the age distributions of populations when making comparisons among death rates to assess the relative risk of death. Age-adjusted mortality rates are valuable when comparing two different geographic areas, causes or time periods.

Technical Note: The County / Region values are compared to the Kansas State value.

Source: Kansas Department of Health and Environment

URL of Source: <http://www.kdheks.gov/>

URL of Data: <http://kic.kdhe.state.ks.us/kic/index.html>

Stanton County Rural Health Works

Age-adjusted Nephritis, Nephrotic Syndrome, Nephrosis Mortality Rate per 100,000 Population

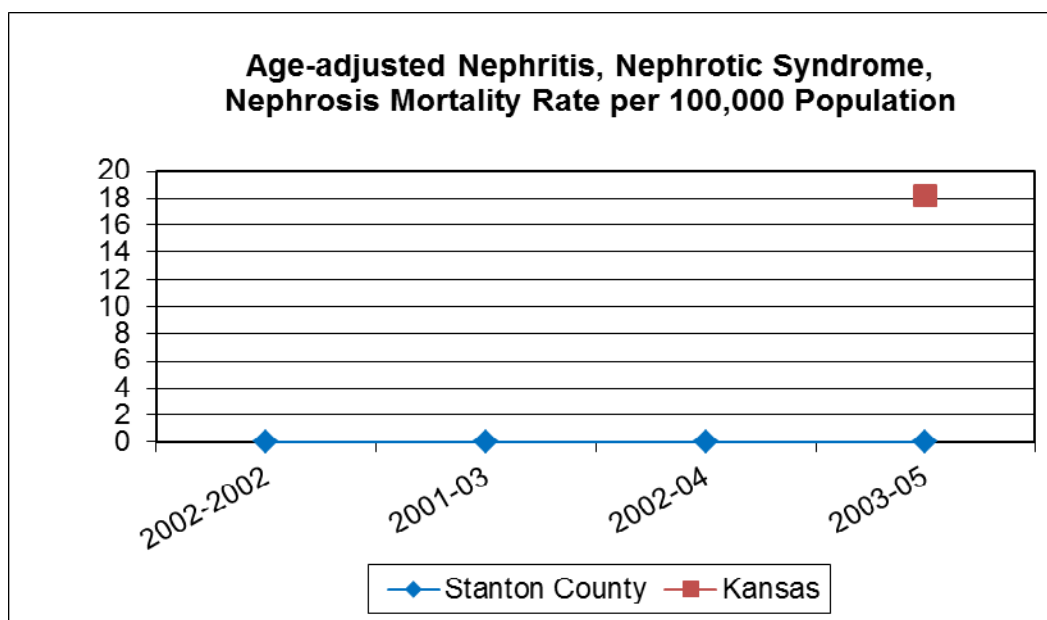
Value: 0 deaths/100,000 population

Measurement Period: 2003-2005

Location: County : Stanton

Comparison: KS State Value

Categories: Health / Mortality Data



What is this Indicator?

This indicator shows the total age-adjusted death rate per 100,000 population due to nephritis, nephrotic syndrome, nephrosis.

Why this is important: Chronic kidney disease (CKD) -- called kidney disease here for short -- is a condition in which the small blood vessels in the kidneys are damaged, making the kidneys unable to do their job. Waste then builds up in the blood, harming the body. Nephritis, nephrotic syndrome, and nephrosis are diseases associated with the kidney and as a group represented the 9th leading cause of death in Kansas, claiming 556 lives in 2009.

Kidney disease is most often caused by diabetes or high blood pressure. Diabetes and high blood pressure damage the blood vessels in the kidneys, so the kidneys are not able to filter the blood as well as they used to. Usually this damage happens slowly, over many years. As more and more blood vessels are damaged, the kidneys eventually stop working.

Other risk factors for kidney disease are cardiovascular (heart) disease and a family history of kidney failure.

Chronic nephritis is a chronic inflammation of the tissues of the kidney. It is caused by a wide variety of etiological factors. The disease is frequently associated with a slow, progressive loss of kidney function. It is usually discovered accidentally, either by routine urinalysis (tests done to check kidney function) or during a routine physical checkup.

Stanton County Rural Health Works

when anemia, hypertension, or laboratory findings (elevated serum creatinine and blood urea nitrogen) are discovered. Its course is long and the prognosis (expectancy of cure) is poor.

CKD and end-stage renal disease (ESRD) are significant public health problems in the United States and a major source of suffering and poor quality of life for those afflicted. They are responsible for premature death and exact a high economic price from both the private and public sectors. CKD and ESRD are very costly to treat. Nearly 25 percent of the Medicare budget is used to treat people with CKD and ESRD

Technical Note: The County / Region values are compared to the Kansas State value.

Source: Kansas Department of Health and Environment

URL of Source: <http://www.kdheks.gov/>

URL of Data: <http://kic.kdhe.state.ks.us/kic/index.html>

Age-adjusted Suicide Mortality Rate per 100,000 Population

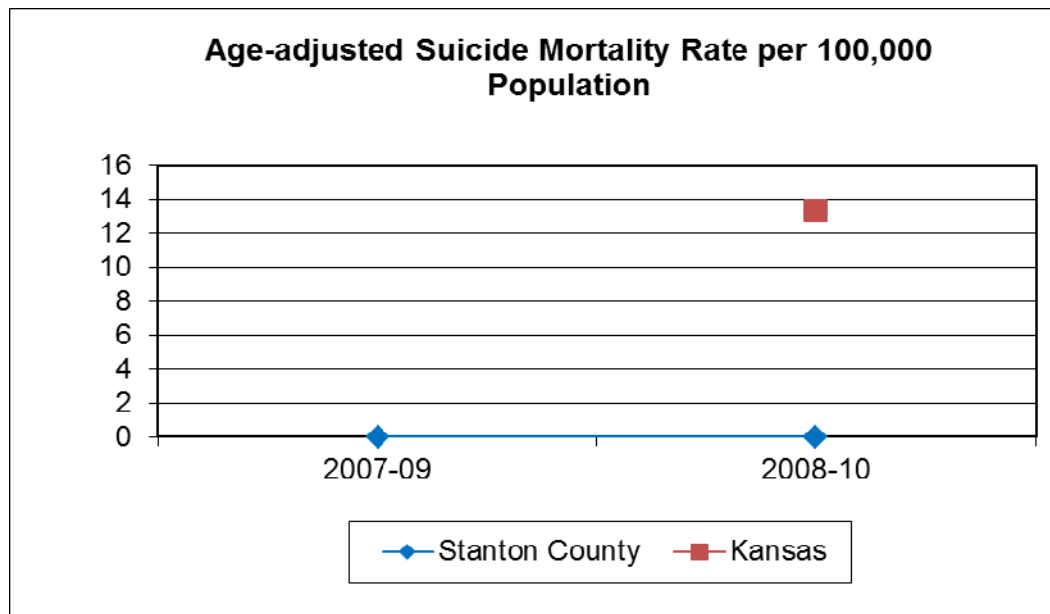
Value: 0 deaths/100,000 population

Measurement Period: 2008-2010

Location: County : Stanton

Comparison: KS State Value

Categories: Health / Mortality Data



What is this Indicator?

This indicator shows the total age-adjusted death rate per 100,000 population due to suicide.

Why this is important: Suicide results in the tragic loss of human life as well as agonizing grief, fear, and confusion in families and communities. Its impact is not limited to an individual person or family, but extends across generations and throughout communities. The breadth of the problem and the complexity of its risk factors make suicide prevention well suited to a community-based public health approach that

Stanton County Rural Health Works

engages multiple systems and reaches all citizens. Depression and suicide are significant public health issues. Depression is one of the most common mental disorders experienced by elders, but fortunately is treatable by a variety of means.

Technical Note: The County / Region values are compared to the Kansas State value.

Source: Kansas Department of Health and Environment

URL of Source: <http://www.kdheks.gov/>

URL of Data: <http://kic.kdhe.state.ks.us/kic/index.html>

Age-adjusted Traffic Injury Mortality Rate per 100,000 Population

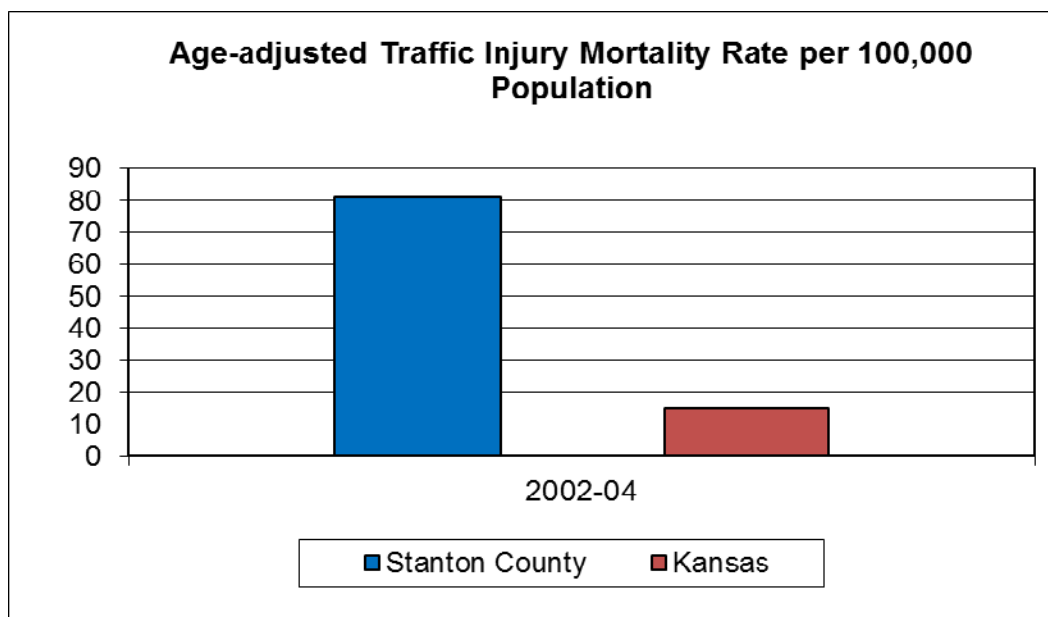
Value: 81.08 deaths/100,000 population

Measurement Period: 2002-04

Location: County : Stanton

Comparison: KS State Value

Categories: Health / Mortality Data



What is this Indicator?

This indicator shows the death rate per 100,000 population due to on- or off-road accidents involving a motor vehicle. Deaths resulting from boating accidents and airline crashes are not included in this measure.

Why this is important: Motor vehicle-related injuries kill more children and young adults than any other single cause in the United States. More than 41,000 people in the United States die in motor vehicle crashes each year, and crash injuries result in about 500,000 hospitalizations and four million emergency department visits annually. Increased use of safety belts and reductions in driving while impaired are two of the most effective means to reduce the risk of death and serious injury of occupants in motor vehicle crashes.

Technical Note: The County / Region values are compared to the Kansas State value.

Source: Kansas Department of Health and Environment

Stanton County Rural Health Works

URL of Source: <http://www.kdheks.gov/>

URL of Data: <http://kic.kdhe.state.ks.us/kic/index.html>

Age-adjusted Unintentional Injuries Mortality Rate per 100,000 Population

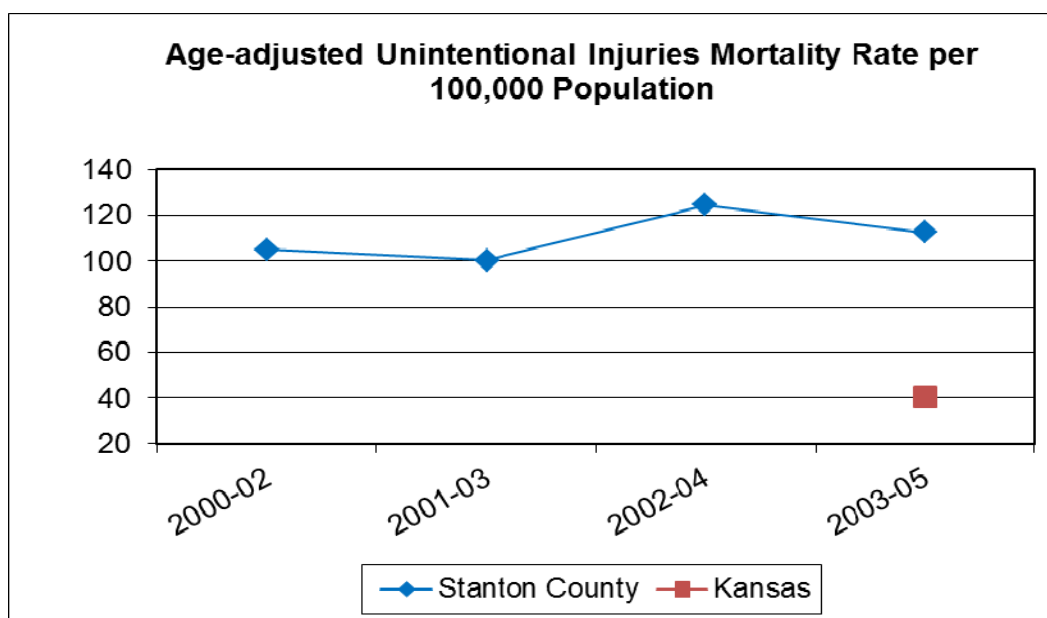
Value: 112.5 deaths/100,000 population

Measurement Period: 2003-2005

Location: County : Stanton

Comparison: KS State Value

Categories: Health / Mortality Data



What is this Indicator?

This indicator shows the total age-adjusted death rate per 100,000 population due to unintentional injuries.

Why this is important: Injuries are one of the leading causes of death for Americans of all ages, regardless of gender, race, or economic status. For ages 15 to 24 years, injury deaths exceed deaths from all other causes combined and account for nearly four out of five deaths in this age group. Intentional injuries are those resulting from purposeful human action directed at oneself or others. Major risk factors for intentional injuries from interpersonal or self-inflicted violence include firearms, alcohol abuse, mental illness, and poverty. Unintentional injuries refer to those that are unplanned and include motor-vehicle accidents, falls, fires and burns, and drownings.

In Kansas, unintentional injuries accounted for 1,301 deaths making it the fourth leading cause of death. The age-adjusted mortality rate was 43.8 deaths per 100,000 population. In the US, one death out of every 17 results from injury. In 2006, unintentional injuries were the fifth leading cause of death overall in the U.S, and increased 1.4% from 2005 to 2006. In 2006, 121,599 people died from unintentional injuries.

Technical Note: The County / Region values are compared to the Kansas State value.

Stanton County Rural Health Works

Source: Kansas Department of Health and Environment

URL of Source: <http://www.kdheks.gov/>

URL of Data: <http://kic.kdhe.state.ks.us/kic/index.html>

Stanton County Rural Health Works

Oral Health

Percentage of Screened 3-12 Grade Students with No Dental Sealants

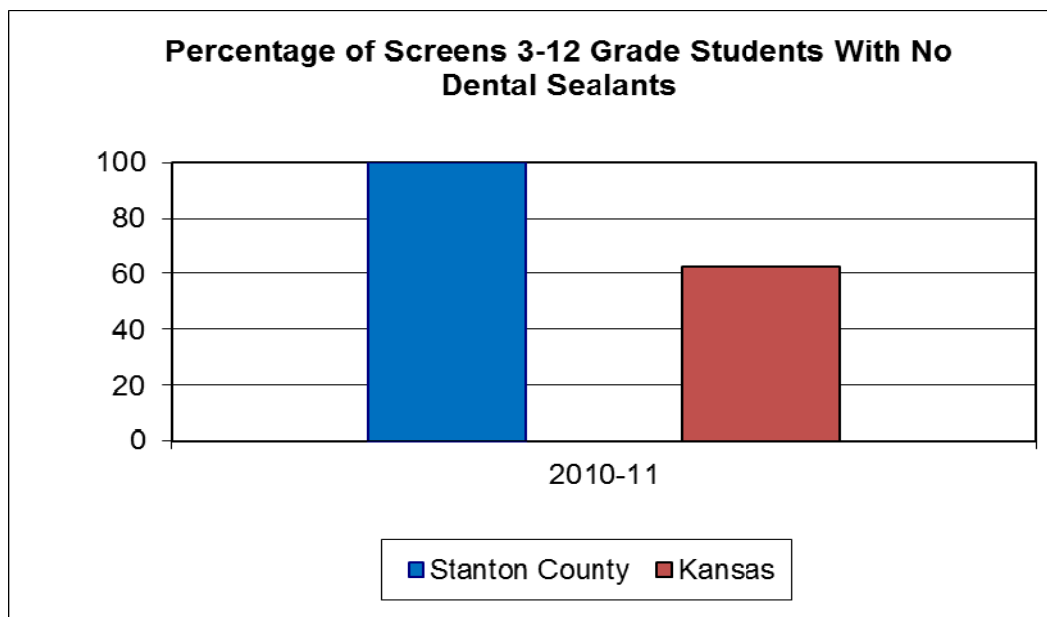
Value: 100 Percent

Measurement Period: 2010-2011

Location: County : Stanton

Comparison: KS State Value

Categories: Health/Oral Health



What is this Indicator?

This indicator shows the and percentage of children with no dental sealants present on any tooth grades 3-12, who participated in dental screenings by calibrated licensed dentists and hygienists at their schools

Why this is important: Children with untreated oral disease often experience persistent pain, the inability to eat comfortably or chew well, embarrassment at discolored and damaged teeth, and distraction from play and learning. Nationally more than 51 million school hours are lost each year because of dental-related illness. Oral health screenings provide schools with an opportunity to focus on the importance of good oral health. Screenings also identify children with untreated dental disease and assist schools with appropriate referrals to dental professionals.

Technical Note: The data are from a convenience sample. Only those schools that participated in the statewide oral health screening program implemented by the Bureau of Oral Health to satisfy the Kansas State Statute for Annual Dental Inspection (K.S.A. 72-5201) are entered into the database.

Regarding a US Value comparison and a HP2020 target, there is no direct comparison that can be made to Kansas 'No Dental Sealant' data. The national and HP2020 values are from a survey of age groups 6 to 9 and 13 to 15 years of age based on the National Health & Nutrition Examination Survey (NHANES), CDC, and NCHS criteria. The Kansas criteria for its data are school grade levels 3 -12.

Stanton County Rural Health Works

The national value and HP2020 target for 'No Dental Sealants' of age group 6 to 9 is 25.5 percent and 28.1 percent respectively and 19.9 percent and 21.9 percent respectively for age group 13 to 15.

Source: Kansas Department of Health and Environment

URL of Source: <http://www.kdheks.gov/>

URL of Data: <http://kic.kdhe.state.ks.us/kic/index.html>

Percentage of Screened K-12 Students with Obvious Dental Decay

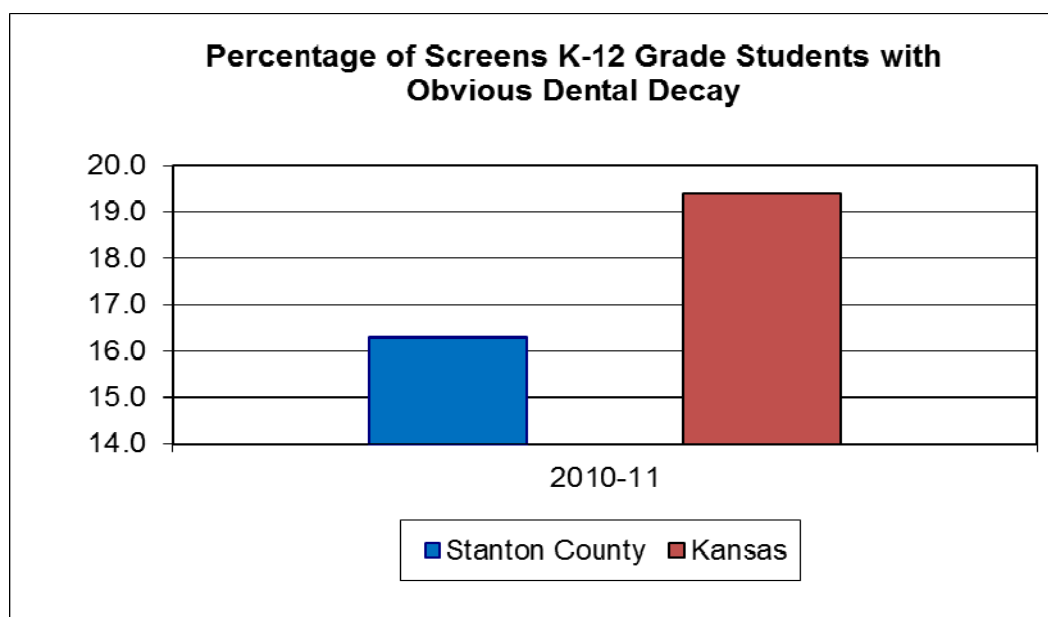
Value: 16.3 Percent

Measurement Period: 2010-2011

Location: County : Stanton

Comparison: KS State Value

Categories: Health/Oral Health



What is this Indicator?

This indicator shows the percentage of obvious dental decay found in children grades K-12, who participated in dental screenings by calibrated licensed dentists and hygienists at their schools

Why this is important: Children with untreated oral disease often experience persistent pain, the inability to eat comfortably or chew well, embarrassment at discolored and damaged teeth, and distraction from play and learning. Nationally more than 51 million school hours are lost each year because of dental-related illness. Oral health screenings provide schools with an opportunity to focus on the importance of good oral health. Screenings also identify children with untreated dental disease and assist schools with appropriate referrals to dental professionals.

Technical Note: The data are from a convenience sample. Only those schools that participated in the statewide oral health screening program implemented by the Bureau of Oral Health to satisfy the Kansas State Statute for Annual Dental Inspection (K.S.A.

Stanton County Rural Health Works

72-5201) are entered into the database.

Regarding a US Value comparison and a HP2020 target, there is no direct comparison that can be made to Kansas 'Obvious Dental Decay' data. The national and HP2020 values are from a survey of age groups 6 to 9 and 13 to 15 years of age based on the National Health & Nutrition Examination Survey (NHANES), CDC, and NCHS criteria. The Kansas criteria for its data are school grade levels K -12.

The national value and HP2020 target for 'Obvious Dental Decay' of age group 6 to 9 is 28.8 percent and 25.9 percent respectively and 17.0 percent and 15.3 percent respectively for age group 13 to 15.

Source: Kansas Department of Health and Environment

URL of Source: <http://www.kdheks.gov/>

URL of Data: <http://kic.kdhe.state.ks.us/kic/index.html>

Stanton County Rural Health Works

Prevention & Safety

Injury Hospital Admission Rate

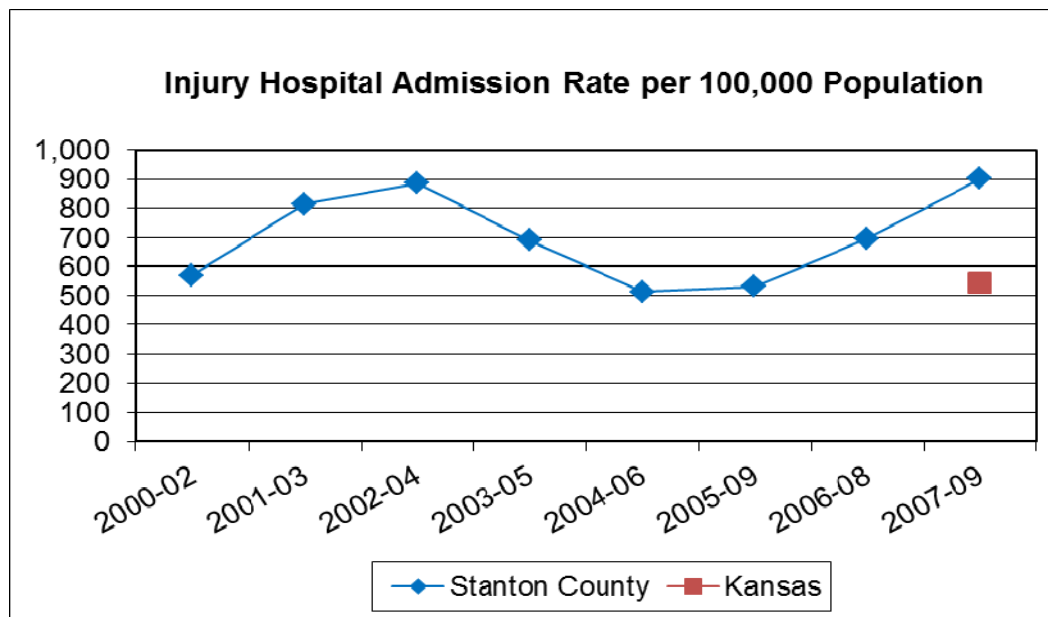
Value: 901.26 Per 100,000 population

Measurement Period: 2007-2009

Location: County : Stanton

Comparison: KS State Value

Categories: Health/Prevention & Safety



What is this Indicator?

This indicator shows the number of hospital admissions for unintentional and intentional injury (secondary ICD 9CM diagnoses of E800-E928 excluding E870-E879) per 100,000 population in an area.

Why this is important: Injuries are the leading cause of death for Americans ages 1 to 44, and a leading cause of disability for all ages, regardless of sex, race/ethnicity, or socioeconomic status. More than 180,000 people die from injuries each year, and approximately 1 in 10 sustains a nonfatal injury serious enough to be treated in a hospital emergency department. Beyond their immediate health consequences, injuries and violence have a significant impact on the well-being of Americans by contributing to: Premature death, disability, poor mental health, high medical costs and lost productivity. The effects of injuries and violence extend beyond the injured person or victim of violence to family members, friends, coworkers, employers, and communities. Injuries are not tracked systematically unless they result in hospitalization or death. Hospital admission data only represent the most serious injuries.

Technical Note: The county and regional values are compared to Kansas State value.

Source: Kansas Department of Health and Environment

URL of Source: <http://www.kdheks.gov/>

URL of Data: <http://kic.kdhe.state.ks.us/kic/index.html>

Stanton County Rural Health Works

Respiratory Diseases

Chronic Obstructive Pulmonary Disease (COPD) Hospital Admission Rate

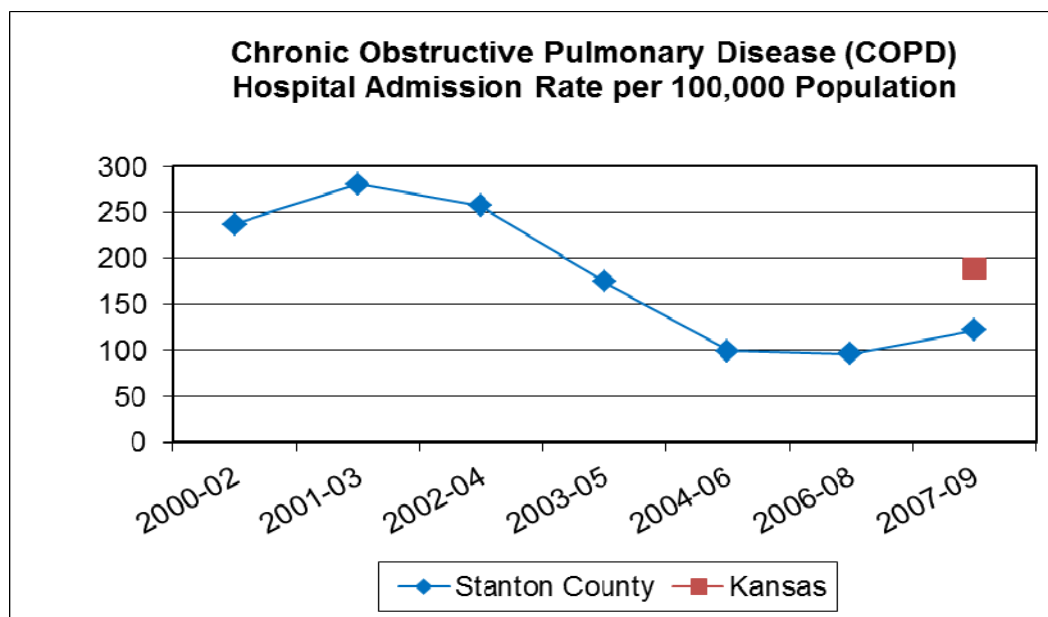
Value: 121.66 Per 100,000 population

Measurement Period: 2007-2009

Location: County : Stanton

Comparison: KS State Value

Categories: Health/Respiratory Diseases



What is this Indicator?

This indicator shows the number of admissions for chronic obstructive pulmonary disease per 100,000 population in an area.

Why this is important: Chronic obstructive pulmonary disease is a leading cause of death in Kansas. Preventing hospital admissions is an important role for all health care providers. Providers can help individuals stay healthy by preventing disease, and they can prevent complications of existing disease by helping patients live with their illnesses. While these indicators use hospital inpatient data, their focus is on outpatient health care. Prevention Quality Indicators (PQIs) assess the quality of the health care system as a whole, and especially the quality of ambulatory care, in preventing medical complications. As a result, these measures are likely to be of the greatest value when calculated at the population level and when used by public health groups. Serving as a screening tool, these indicators can provide initial information about potential problems in the community that may require further, more in-depth analysis.

Technical Note: The county and regional values are compared to Kansas State value.

Source: Kansas Department of Health and Environment

URL of Source: <http://www.kdheks.gov/>

URL of Data: <http://kic.kdhe.state.ks.us/kic/index.html>

Stanton County Rural Health Works

Substance Abuse

Percentage of Adults Who are Binge Drinkers

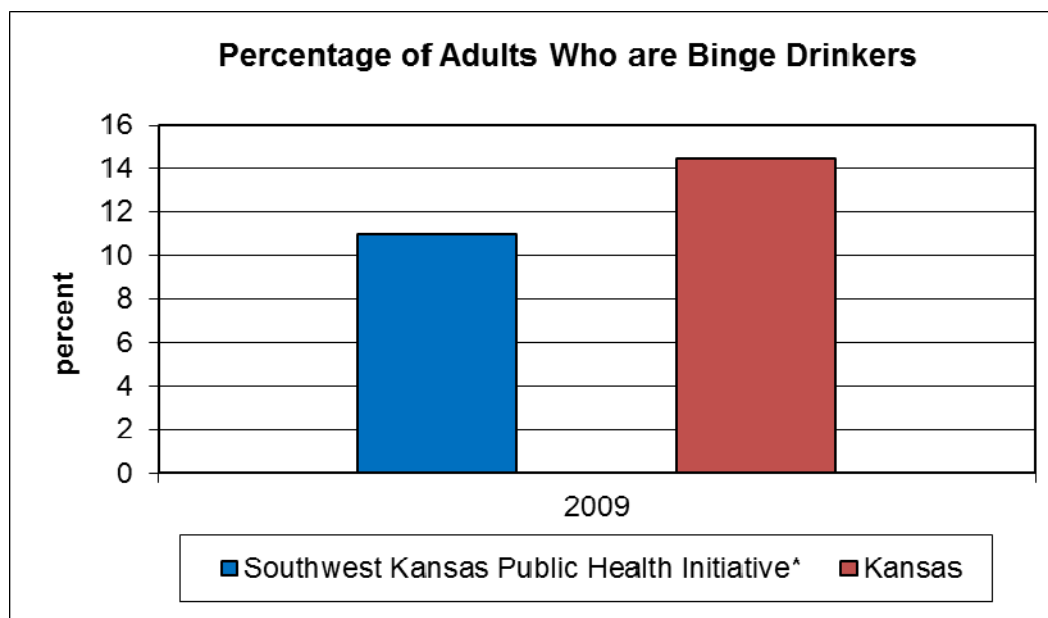
Value: 11 Percent

Measurement Period: 2009

Location: Public Health Preparedness Region: North Central Kansas Public Health Initiative

Comparison: KS State Value

Categories: Health/Substance Abuse



*County data was unavailable; Regional value was reported

What is this Indicator?

This indicator shows the percentage of adults 18 years and older who reported binge drinking at least once during the 30 days prior to the survey. Male binge drinking is defined as five or more drinks on one occasion, and female binge drinking is four or more drinks on one occasion.

Why this is important: Binge drinking is an indicator of excessive alcohol use in the United States. Binge drinking can be dangerous and may result in vomiting, loss of sensory perception, and blackouts. The prevalence of binge drinking among men is twice that of women. In addition, it was found that binge drinkers are 14 times more likely to report alcohol-impaired driving than non-binge drinkers. Alcohol abuse is associated with a variety of negative health and safety outcomes including alcohol-related traffic accidents and other injuries, employment problems, legal difficulties, financial loss, family disputes and other interpersonal problems. **The Healthy People 2020 national health target is to reduce the proportion of adults aged 18 years and older engaging in binge drinking during the past 30 days to 24.3%.**

Technical Note: The County / Region value is compared to the Kansas state value. Confidence intervals were not taken into account while making this comparison.

Source: Kansas Department of Health and Environment

URL of Source: <http://www.kdheks.gov/>

Stanton County Rural Health Works

URL of Data: <http://kic.kdhe.state.ks.us/kic/index.html>

Percentage of Adults Who Currently Smoke Cigarettes

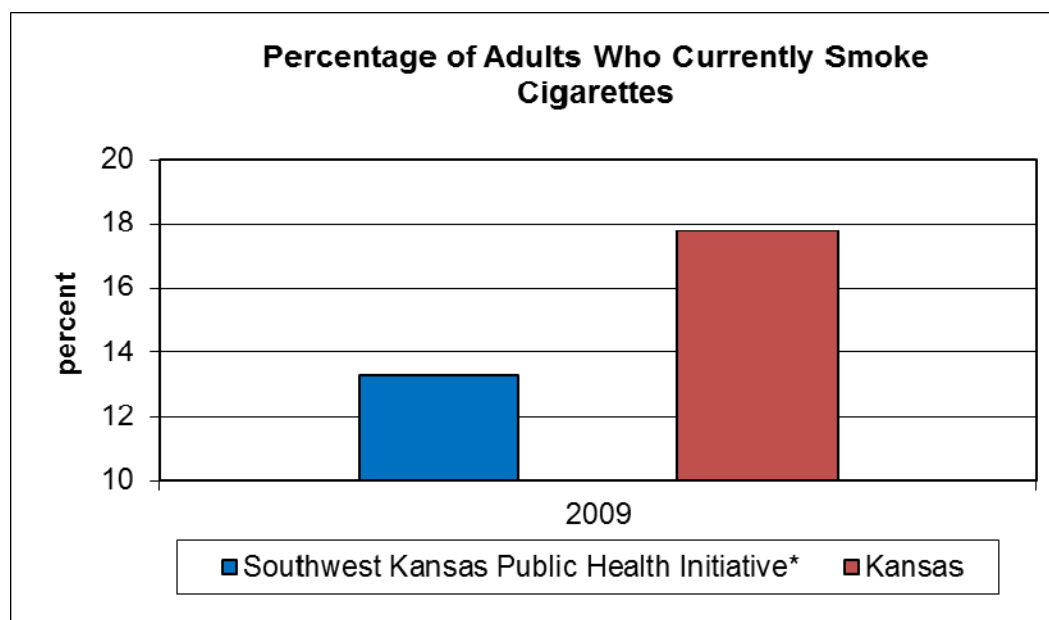
Value: 13.3 Percent

Measurement Period: 2009

Location: Public Health Preparedness Region: North Central Kansas Public Health Initiative

Comparison: KS State Value

Categories: Health/Substance Abuse



*County data was unavailable; Regional value was reported

What is this Indicator?

This indicator shows the percentage of adults 18 years and older who currently smoke cigarettes.

Why this is important: Tobacco use is one of the most preventable causes of illness and death in America today. Tobacco use causes premature death to almost half a million Americans each year, and it contributes to profound disability and pain in many others. Approximately one-third of all tobacco users in this country will die prematurely because of their dependence on tobacco. Areas with a high smoking prevalence will also have greater exposure to secondhand smoke for non-smokers, which can cause or exacerbate a wide range of adverse health effects, including cancer, heart disease, respiratory infections, and asthma. **The Healthy People 2020 national health target is to reduce the proportion of adults aged 18 years and older who smoke cigarettes to 12%.**

Technical Note: The County / Region value is compared to the Kansas state value. Confidence intervals were not taken into account while making this comparison.

Source: Kansas Department of Health and Environment

URL of Source: <http://www.kdheks.gov/>

URL of Data: <http://www.kdheks.gov/brfss/Expansion/index.html>

Stanton County Rural Health Works

Wellness & Lifestyle

Percentage of Adults with Fair or Poor Self-Perceived Health Status

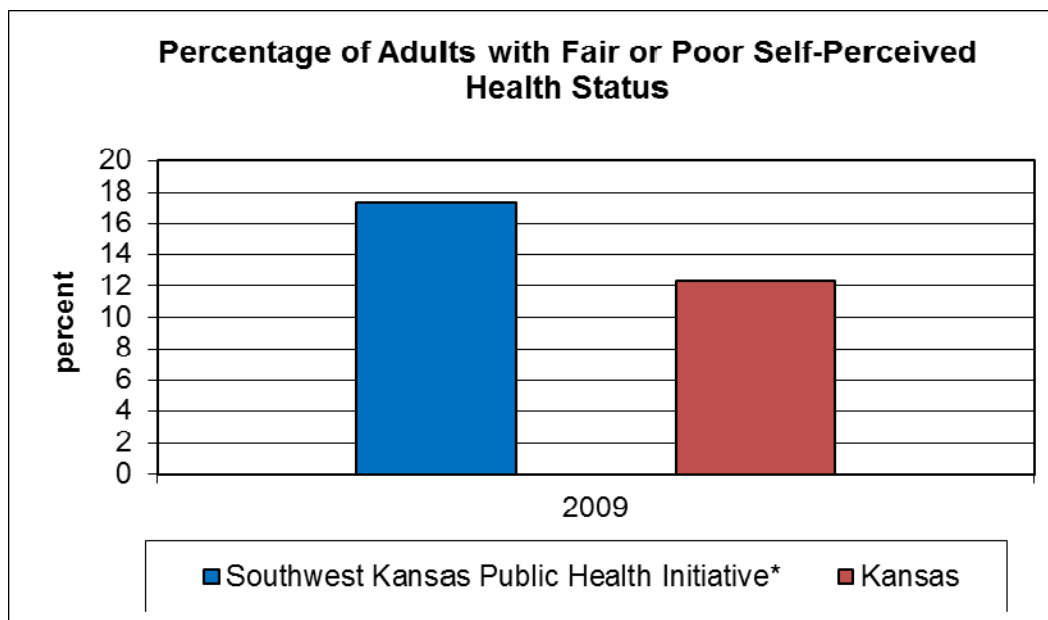
Value: 17.3 percent

Measurement Period: 2009

Location: Public Health Preparedness Region: Southwest Kansas Public Health Initiative

Comparison: KS State Value

Categories: Health/Wellness & Lifestyle



*County data was unavailable; Regional value was reported

What is this Indicator?

This indicator shows the percentage of adults 18 years and older answering poor or fair to the question: "how is your general health?"

Why this is important: People's subjective assessment of their health status is important because when people feel healthy they are more likely to feel happy and to participate in their community socially and economically. Areas with unhealthy populations lose productivity due to lost work time. Healthy residents are essential for creating a vibrant and successful community.

Technical Note: The County / Region value is compared to the Kansas state value. Confidence intervals were not taken into account while making this comparison.

Source: Kansas Department of Health and Environment

URL of Source: <http://www.kdheks.gov/>

URL of Data: <http://www.kdheks.gov/brfss/Expansion/index.html>

Stanton County Rural Health Works

Economic Climate

Uninsured Adult Population Rate

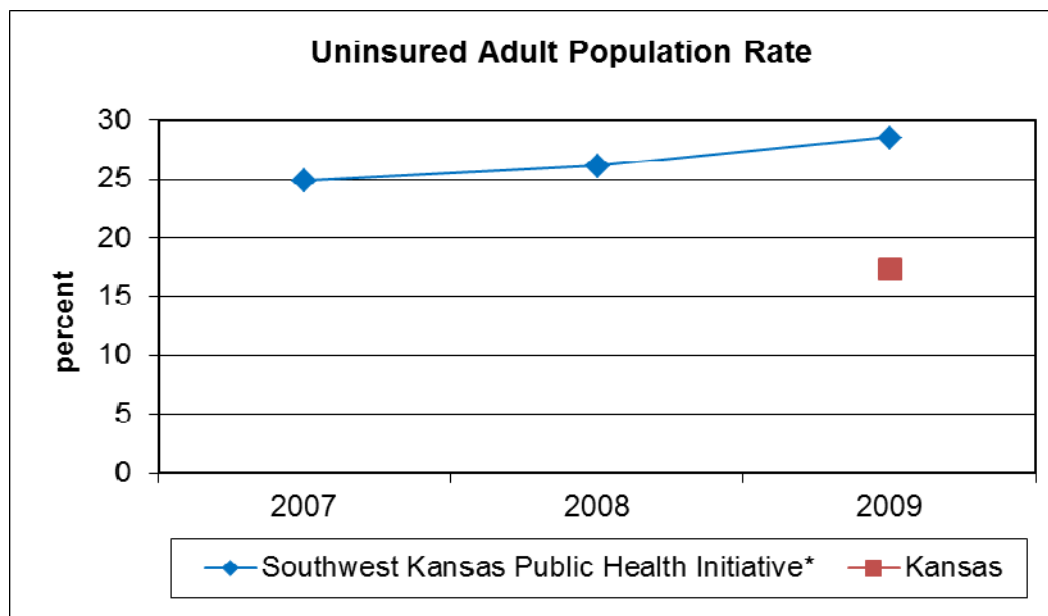
Value: 28.5 percent

Measurement Period: 2009

Location: Public Health Preparedness Region: Southwest Kansas Public Health Initiative

Comparison: KS State Value

Categories: Economy/Poverty



*County data was unavailable; Regional value was reported

What is this Indicator?

This indicator shows the estimated percent of persons ages 18-64 who are uninsured.

Why this is important: Access to health services encompasses four components: coverage, services, timeliness, and workforce.

Health insurance coverage helps patients get into the health care system. Uninsured people are:

- Less likely to receive medical care
- More likely to die early
- More likely to have poor health status

Lack of adequate coverage makes it difficult for people to get the health care they need and, when they do get care, burdens them with large medical bills. Current policy efforts focus on the provision of insurance coverage as the principal means of ensuring access to health care among the general population. Other factors, described below, may be equally important to removing barriers to access and utilization of services.

Access to health care services in the United States is regarded as unreliable; many people do not receive the appropriate and timely care they need. The U.S. health care

Stanton County Rural Health Works

system, which is already strained, will face an influx of patients in 2014, when 32 million Americans will have health insurance for the first time. All of these issues, and others, make the measurement and development of new strategies and models essential.

In 2009-2010, the percentage of Kansans without health insurance rose to 13%, the highest rate of the decade, 2000-2010. This percentage climbed from 11.3% in 2005-2006 and 12.7% in 2008-2009. Approximately 357,500 Kansas residents - children and adults - lacked insurance in 2009-2010, also the highest number in the decade and an increase of about 10,000 people from 347,400 during 2008-2009. The percentage of Kansans (13) who were uninsured in 2009-2010 compared favorably with the United States percentage of 16.5%.

Healthy People 2020 has set a target of 100% coverage for medical insurance. Increase the proportion of persons with health insurance. The national baseline for comparison was 83.2 percent of persons had medical insurance in 2008.

Technical Note: The County / Region value is compared to the Kansas state value.

Source: U.S. Census Bureau

URL of Source: <http://www.census.gov/>

URL of Data: <http://www.census.gov/did/www/sahie/>

Stanton County Rural Health Works

Employment

Unemployed Workers in Civilian Labor Force

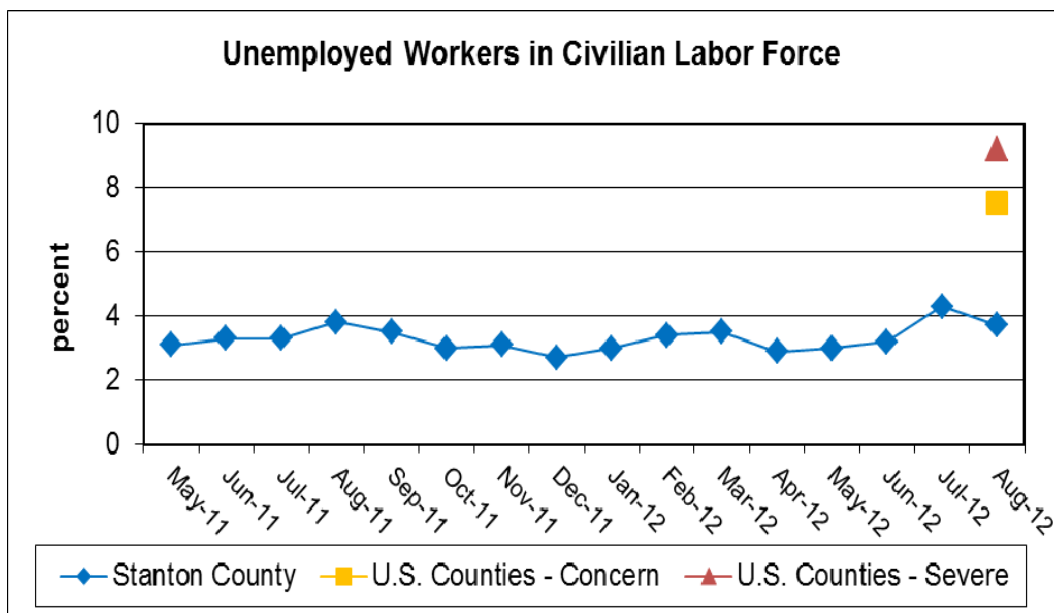
Value: 3.7 Percent

Measurement Period: 2012, August

Location: County : Stanton

Comparison: U.S. Counties

Categories: Economy/Employment



What is this Indicator?

This indicator describes the civilians, 16 years of age and over, who are unemployed as a percent of the U.S. civilian labor force.

Why this is important: The unemployment rate is a key indicator of the local economy. Unemployment occurs when local businesses are not able to supply enough and/or appropriate jobs for local employees and/or when the labor force is not able to supply appropriate skills to employers. A high rate of unemployment has personal and societal effects. During periods of unemployment, individuals are likely to feel severe economic strain and mental stress. Unemployment is also related to access to health care, as many individuals receive health insurance through their employer. A high unemployment rate places strain on financial support systems, as unemployed persons qualify for unemployment benefits and food stamp programs.

Technical Note: The distribution is based on non-seasonally adjusted data from 3,141 U.S. counties and county equivalents.

Source: U.S. Bureau of Labor Statistics

URL of Source: <http://www.bls.gov/>

URL of Data: <http://data.bls.gov/PDQ/outside.jsp?survey=la>

Stanton County Rural Health Works

Government Assistance Programs

Household with Cash Public Assistance Income

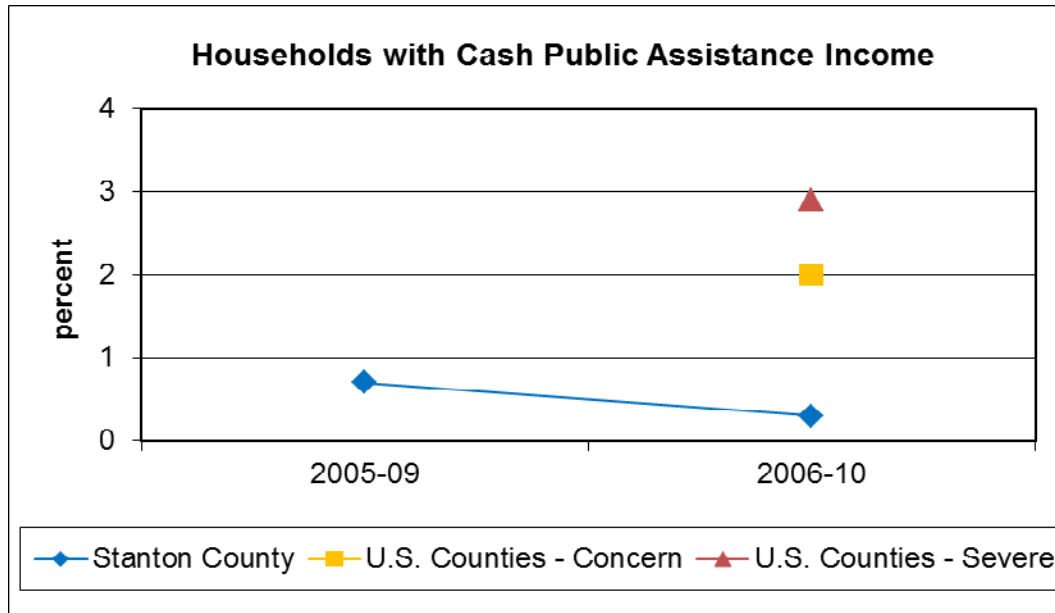
Value: 0.3 Percent

Measurement Period: 2006-2010

Location: County : Stanton

Comparison: U.S. Counties

Categories: Economy/Government Assistance Programs



What is this Indicator?

This indicator shows the percentage of households receiving cash public assistance income.

Why this is important: Public assistance income includes general assistance and Temporary Assistance to Needy Families (TANF). It does not include Supplemental Security Income (SSI) or noncash benefits such as Food Stamps. Areas with more households on public assistance programs have higher poverty rates.

Technical Note: The distribution is based on data from 3,143 U.S. counties and county equivalents.

Source: American Community Survey

URL of Source: <http://www.census.gov/acs/www/>

URL of Data: <http://factfinder2.census.gov/>

Stanton County Rural Health Works

Home Ownership

Foreclosure Rate

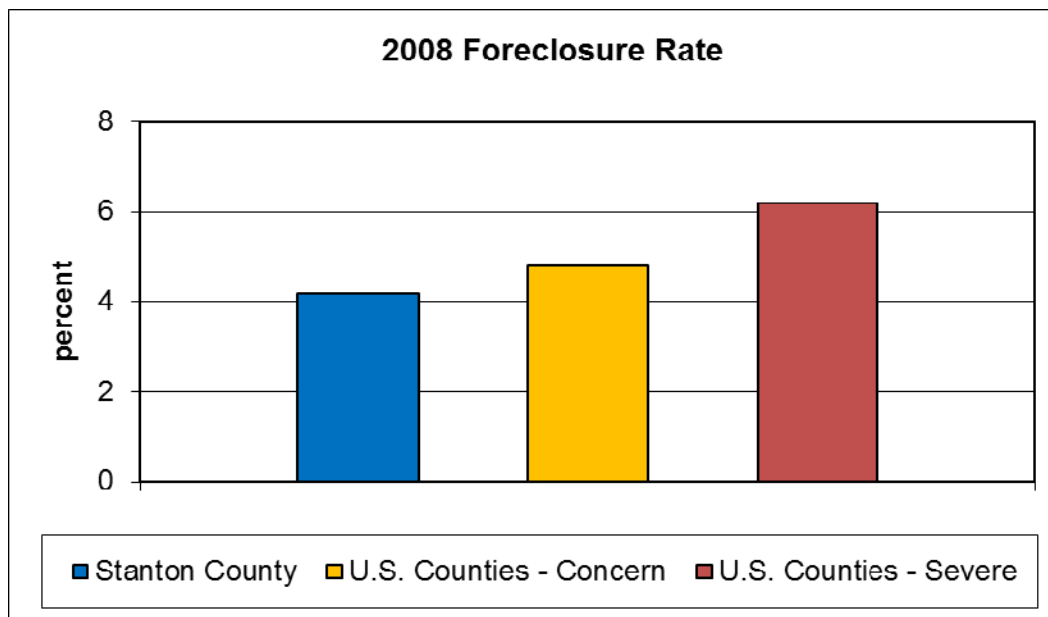
Value: 4.2 Percent

Measurement Period: 2008

Location: County : Stanton

Comparison: U.S. Counties

Categories: Economy/Home Ownership



What is this Indicator?

This indicator shows the percentage of mortgages that ended in foreclosure.

Why this is important: Foreclosure rate is a measure of economic stability. A foreclosure is the repossession of a home and/or property by a lender in the event that the borrower defaults on a loan or is unable to meet the agreement of the mortgage. Unfortunately, foreclosures have become commonplace in many American cities and towns. Following a period of rising housing prices in the U.S., prices began to decline steeply and the years 2006 and 2007 saw unprecedented numbers of foreclosures among homeowners, the majority of whom had subprime mortgages. The ensuing "subprime mortgage crisis" was the first major indicator of the U.S. financial crisis.

Individuals and families who lose their homes to foreclosure are often left homeless or in precarious financial situations. Studies show that both the stress and forced relocation following home foreclosure have negative impacts on the health and well-being of individuals and families.

Technical Note: The distribution is based on data from 3,137 U.S. counties.

Source: U.S. Department of Housing and Urban Development

URL of Source: <http://www.huduser.org/portal/>

URL of Data: http://www.huduser.org/portal/datasets/nsp_foreclosure_data.html

Stanton County Rural Health Works

Homeowner Vacancy Rate

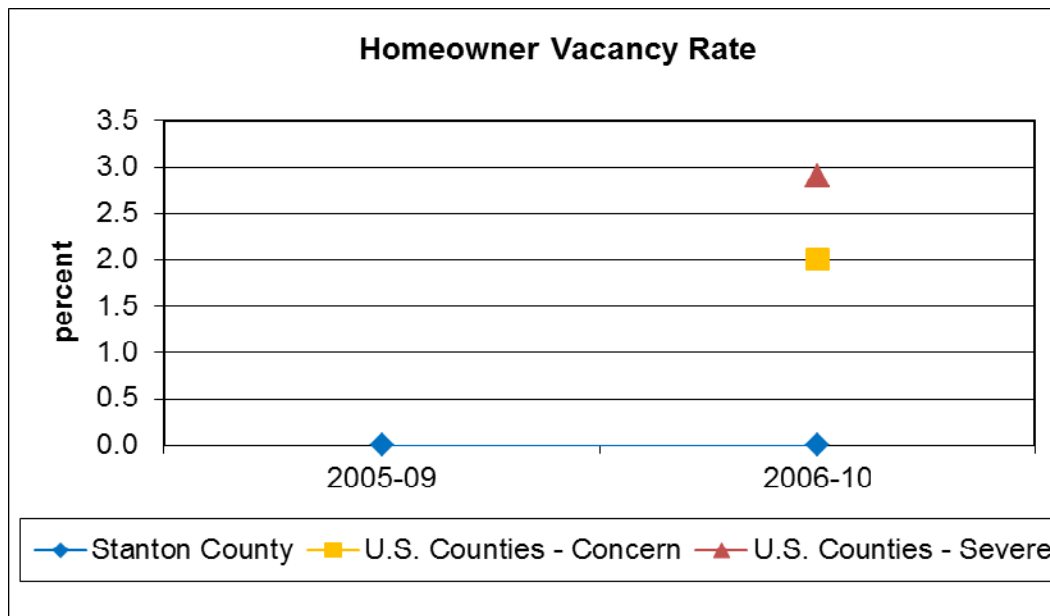
Value: 0 Percent

Measurement Period: 2006-2010

Location: County : Stanton

Comparison: U.S. Counties

Categories: Economy/Homeownership



What is this Indicator?

This indicator shows the percentage of vacant home property.

Why this is important: The homeowner vacancy rate is the proportion of property that is vacant "for sale." It is computed by dividing the number of vacant units "for sale only" by the sum of the owner-occupied units, vacant units that are "for sale only," and vacant units that have been sold but not yet occupied. Vacancy status is often used as a basic indicator of the housing market. It is used to identify turnover and assess the demand for housing. It provides information on the stability and quality of housing for a particular geographic region.

Technical Note: The distribution is based on data from 3,143 U.S. counties and county equivalents.

Source: American Community Survey

URL of Source: <http://www.census.gov/acs/www/>

URL of Data: <http://factfinder2.census.gov/>

Homeownership

Value: 58.9 Percent

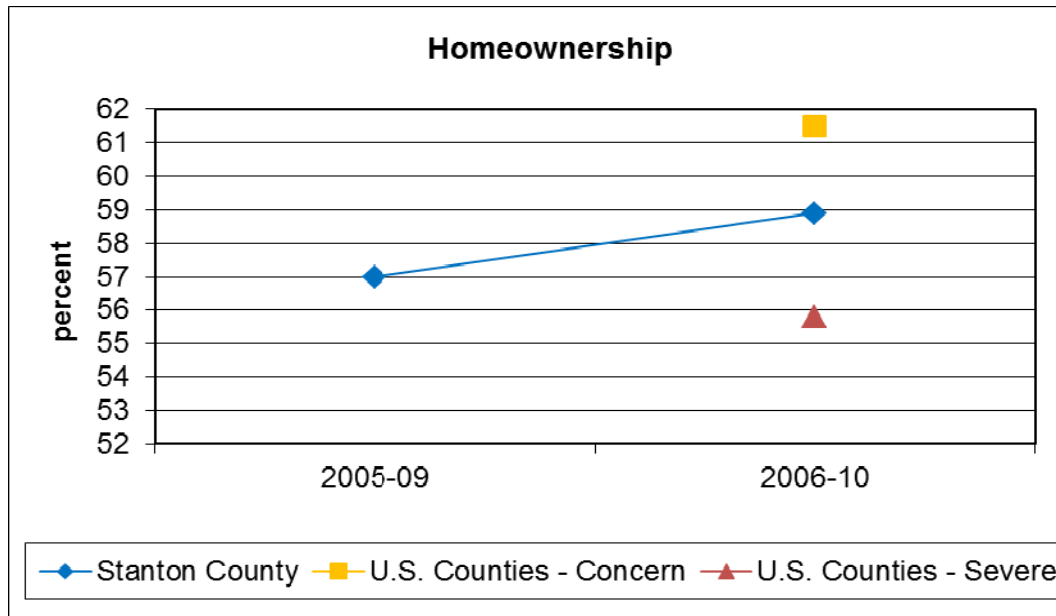
Measurement Period: 2006-2010

Stanton County Rural Health Works

Location: County : Stanton

Comparison: U.S. Counties

Categories: Economy/Homeownership



What is this Indicator?

This indicator shows the percentage of housing units that are occupied by homeowners.

Why this is important: Homeownership has many benefits for both individuals and communities. Homeowners are more likely to improve their homes and to be involved in civic affairs, both of which benefit the individual and the community as a whole. In addition, homeownership provides tax benefits.

Technical Note: The distribution is based on data from 3,143 U.S. counties and county equivalents.

Source: American Community Survey

URL of Source: <http://www.census.gov/acs/www/>

URL of Data: <http://factfinder2.census.gov/>

Stanton County Rural Health Works

Housing Affordability & Supply

Renters Spending 30% or More of Household Income on Rent

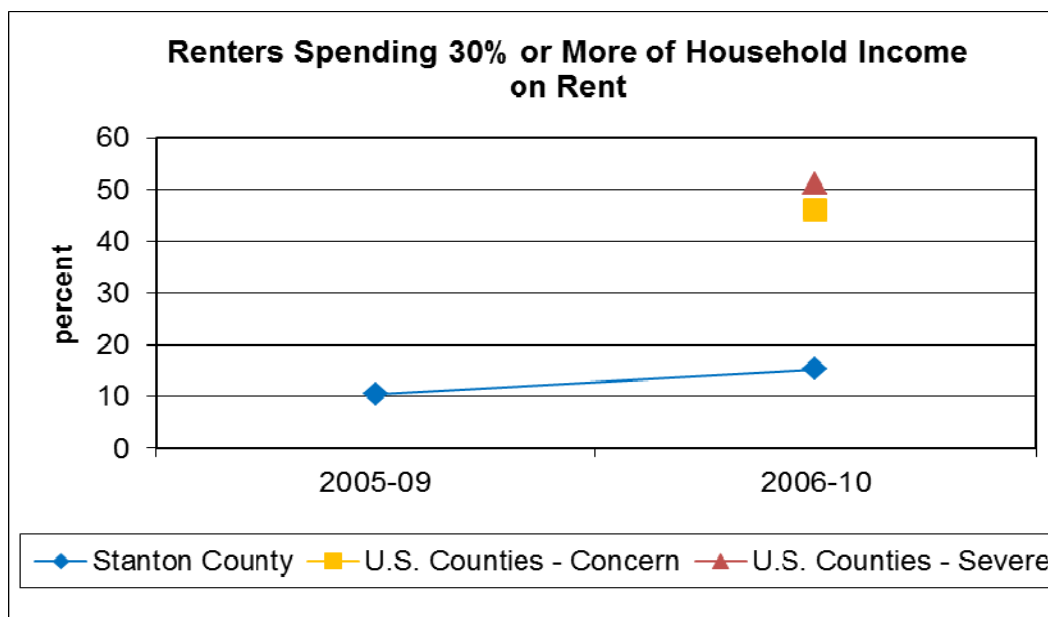
Value: 15.2 Percent

Measurement Period: 2006-2010

Location: County : Stanton

Comparison: U.S. Counties

Categories: Economy/Housing Affordability & Supply



What is this Indicator?

This indicator shows the percentage of renters who are paying 30% or more of their household income in rent.

Why this is important: Spending a high percentage of household income on rent can create financial hardship, especially for lower-income renters. With a limited income, paying a high rent may not leave enough money for other expenses, such as food, transportation and medical. Moreover, high rent reduces the proportion of income a household can allocate to savings each month.

Technical Note: The distribution is based on data from 3,143 U.S. counties and county equivalents.

Source: American Community Survey

URL of Source: <http://www.census.gov/acs/www/>

URL of Data: <http://factfinder2.census.gov/>

Stanton County Rural Health Works

Income

Median Household Income

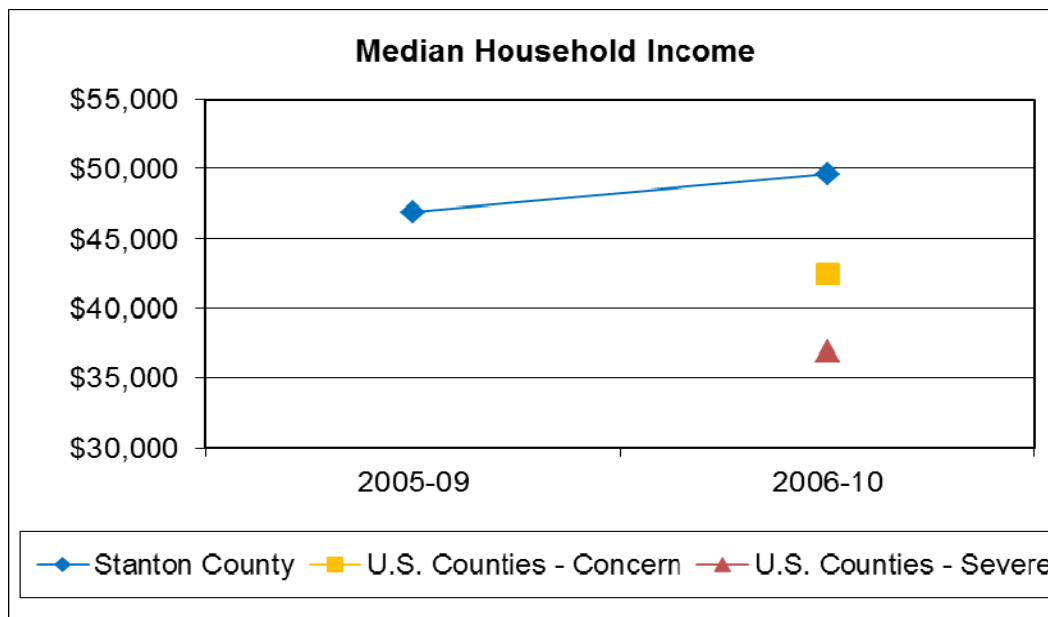
Value: 49,612 Dollars

Measurement Period: 2006-2010

Location: County : Stanton

Comparison: U.S. Counties

Categories: Economy/Income



What is this Indicator?

This indicator shows the median household income. Household income is defined as the sum of money received over a calendar year by all household members 15 years and older.

Why this is important: Median household income reflects the relative affluence and prosperity of an area. Areas with higher median household incomes are likely to have more educated residents and lower unemployment rates. Higher employment rates lead to better access to healthcare and better health outcomes, since many families get their health insurance through their employer. Areas with higher median household incomes also have higher home values and their residents enjoy more disposable income.

Technical Note: The distribution is based on data from 3,143 U.S. counties and county equivalents.

Source: American Community Survey

URL of Source: <http://www.census.gov/acs/www/>

URL of Data: <http://factfinder2.census.gov/>

Stanton County Rural Health Works

Per Capita Income

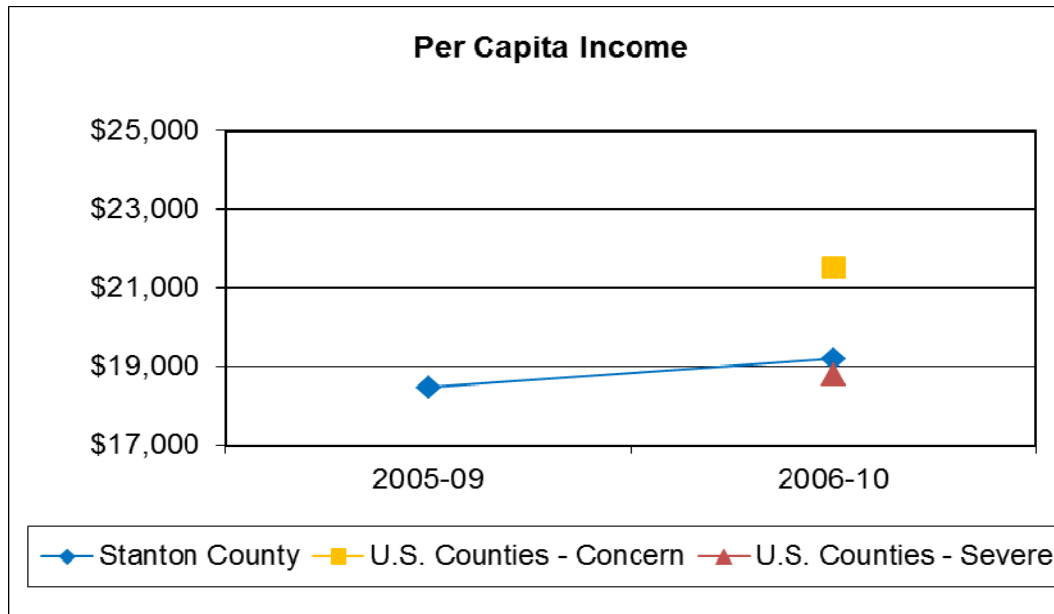
Value: 19,196 Dollars

Measurement Period: 2006-2010

Location: County : Stanton

Comparison: U.S. Counties

Categories: Economy/Income



What is this Indicator?

This indicator shows the per capita income.

Why this is important: Per capita income, or income per person, is the total income of the region divided by the population. It is an aggregate measure of all sources of income and therefore is not a measure of income distribution or wealth. Areas with higher per capita incomes are considered to be more prosperous; however, median income is a more accepted measure of the economic well-being of a region because median income is not skewed by extremely high or low outliers.

Technical Note: The distribution is based on data from 3,143 U.S. counties and county equivalents.

Source: American Community Survey

URL of Source: <http://www.census.gov/acs/www/>

URL of Data: <http://factfinder2.census.gov/>

Stanton County Rural Health Works

Poverty

Children Living Below Poverty Level

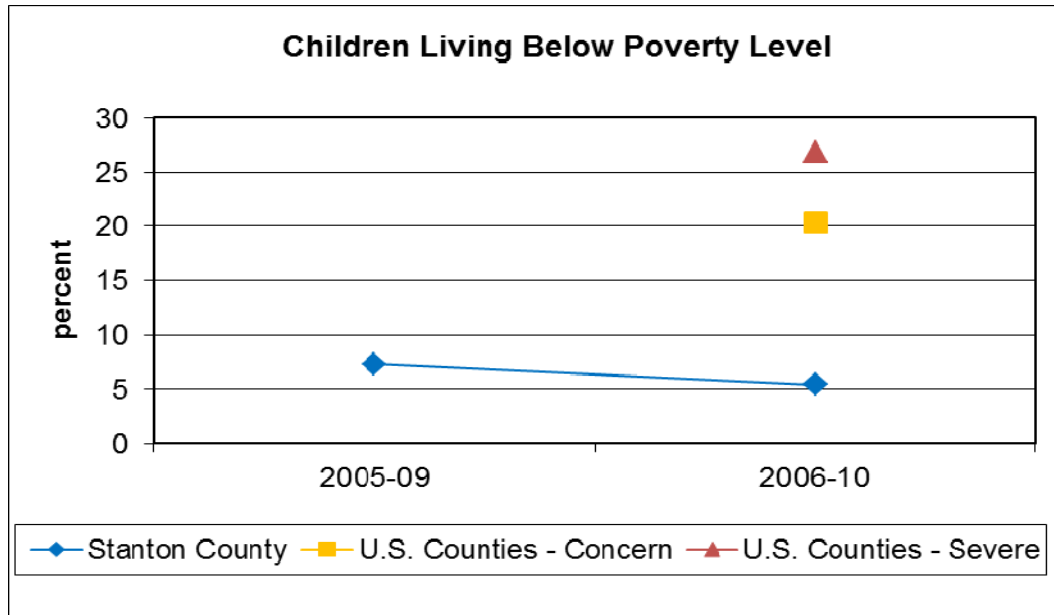
Value: 5.4 Percent

Measurement Period: 2006-2010

Location: County : Stanton

Comparison: U.S. Counties

Categories: Economy/Poverty



What is this Indicator?

This indicator shows the percentage of people under the age of 18 who are living below the federal poverty level.

Why this is important: Family income has been shown to affect a child's well-being in numerous studies. Compared to their peers, children in poverty are more likely to have physical health problems like low birth weight or lead poisoning, and are also more likely to have behavioral and emotional problems. Children in poverty also tend to exhibit cognitive difficulties, as shown in achievement test scores, and are less likely to complete basic education.

Technical Note: The distribution is based on data from 3,142 U.S. counties and county equivalents.

Source: American Community Survey

URL of Source: <http://www.census.gov/acs/www/>

URL of Data: <http://factfinder2.census.gov/>

Stanton County Rural Health Works

Families Living Below Poverty Level

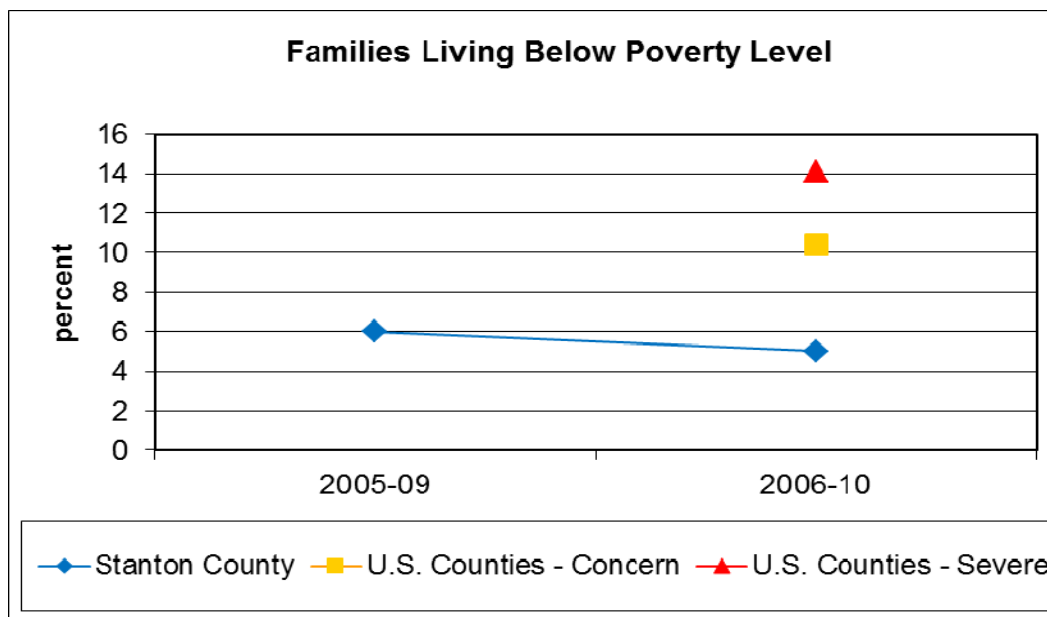
Value: 5 Percent

Measurement Period: 2006-2010

Location: County : Stanton

Comparison: U.S. Counties

Categories: Economy/Poverty



What is this Indicator?

This indicator shows the percentage of families living below the federal poverty level.

Why this is important: Federal poverty thresholds are set every year by the Census Bureau and vary by size of family and ages of family members. A high poverty rate is both a cause and a consequence of poor economic conditions. A high poverty rate indicates that local employment opportunities are not sufficient to provide for the local community. Through decreased buying power and decreased taxes, poverty is associated with lower quality schools and decreased business survival.

Technical Note: The distribution is based on data from 3,143 U.S. counties and county equivalents.

Source: American Community Survey

URL of Source: <http://www.census.gov/acs/www/>

URL of Data: <http://factfinder2.census.gov/>

Low-Income Persons who are SNAP Participants

Value: 7.8 Percent

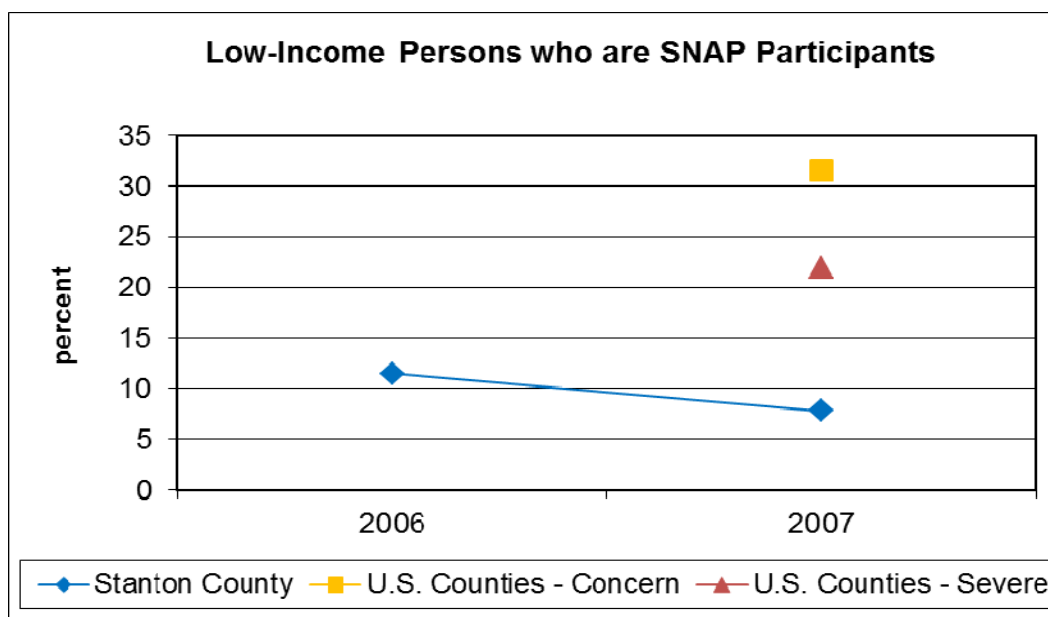
Measurement Period: 2007

Location: County : Stanton

Comparison: U.S. Counties

Categories: Economy/Poverty

Stanton County Rural Health Works



What is this Indicator?

This indicator shows the percentage of low-income persons who participate in the Supplemental Nutrition Assistance Program (SNAP). Low-income persons are defined as people living in a household with an income at or below 200 percent of the federal poverty level.

Why this is important: SNAP, previously called the Food Stamp Program, is a federal assistance program that provides low-income families with electronic benefit transfers (EBTs) that can be used to purchase food. The purpose of the program is to assist low-income households in obtaining adequate and nutritious diets.

The number of Americans receiving SNAP benefits reached 39.68 million in February 2010, the highest number since the Food Stamp Program began in 1939. As of June 2009, the average monthly benefit was \$133.12 per person and as of November 2009, one in eight Americans and one in four children were using SNAP benefits.

Technical Note: The distribution is based on data from 3,141 U.S. counties and county equivalents.

Source: U.S. Department of Agriculture - Food Environment Atlas

URL of Source: <http://www.ers.usda.gov/FoodAtlas/>

URL of Data: <http://www.ers.usda.gov/FoodAtlas/downloadData.htm>

People 65+ Living Below Poverty Level

Value: 10.2 Percent

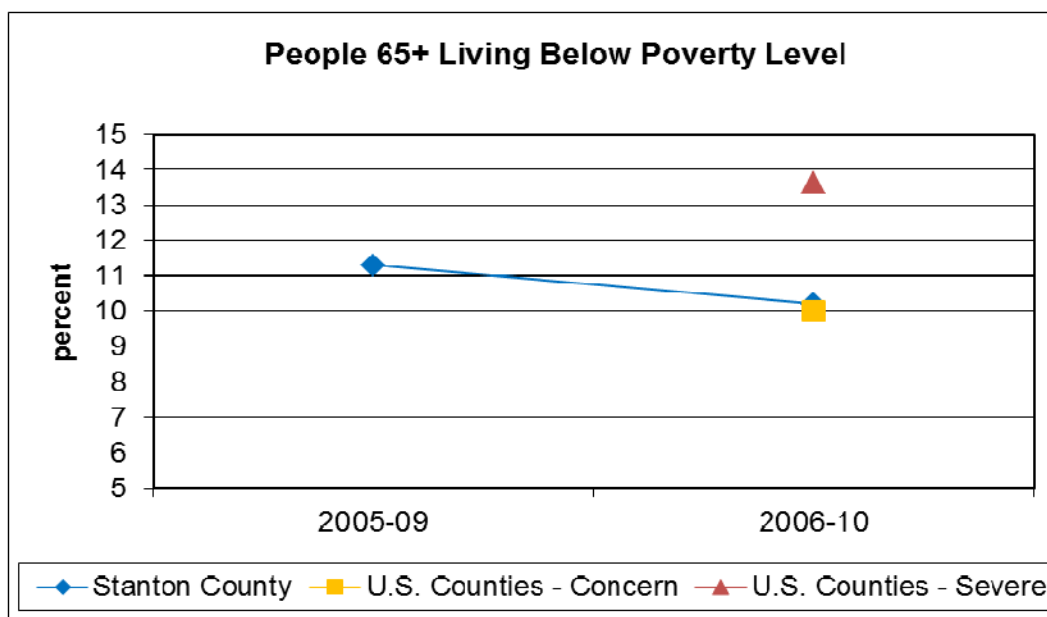
Measurement Period: 2006-2010

Location: County : Stanton

Comparison: U.S. Counties

Categories: Economy/Poverty

Stanton County Rural Health Works



What is this Indicator?

This indicator shows the percentage of people aged 65 and over living below the federal poverty level.

Why this is important: Federal poverty thresholds are set every year by the Census Bureau and vary by size of family and ages of family members. Seniors who live in poverty are an especially vulnerable group due to increased physical limitations, medical needs, and social isolation. Seniors often live on a fixed income from pensions or other retirement plans and social security. If this income is insufficient in the face of increasing prescription costs and other costs of living, most seniors have no way to supplement their income. Retirement plans may be vulnerable to fluctuations in the stock market as well; the increasing reliance of retirees on stock market based retirement plans may explain why more seniors nationwide are now slipping into poverty.

Technical Note: The distribution is based on data from 3,142 U.S. counties and county equivalents.

Source: American Community Survey

URL of Source: <http://www.census.gov/acs/www/>

URL of Data: <http://factfinder2.census.gov/>

People Living 200% Above Poverty Level

Value: 64.9 Percent

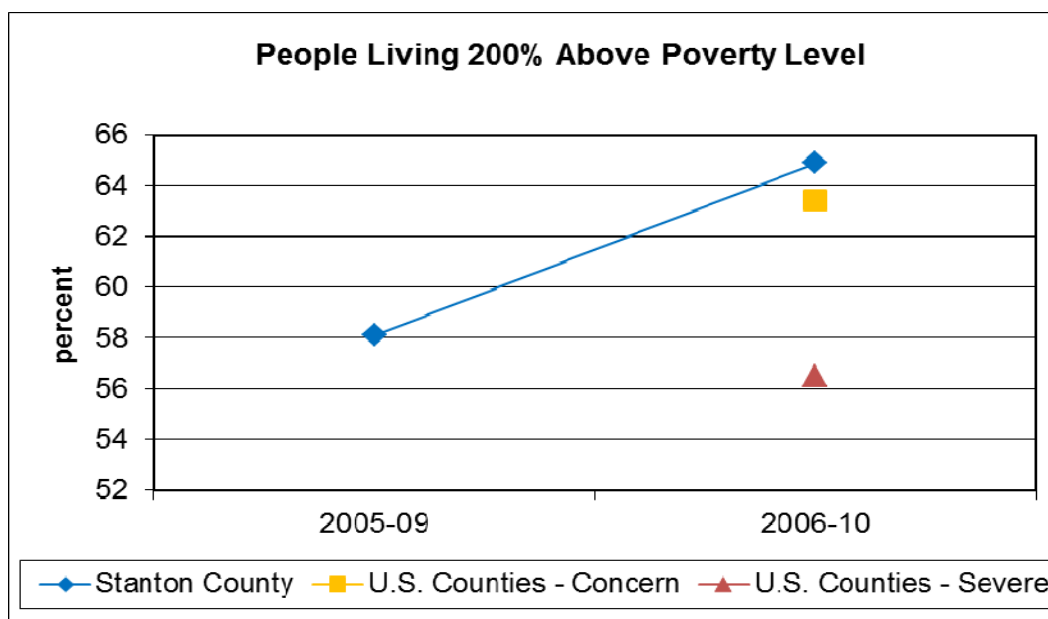
Measurement Period: 2006-2010

Location: County : Stanton

Comparison: U.S. Counties

Categories: Economy/Poverty

Stanton County Rural Health Works



What is this Indicator?

This indicator shows the percentage of residents living 200% above the federal poverty level in the community.

Why this is important: Federal poverty thresholds are set every year by the Census Bureau and vary by size of family and ages of family members. A high poverty rate is both a cause and a consequence of poor economic conditions. A high poverty rate indicates that local employment opportunities are not sufficient to provide for the local community. Through decreased buying power and decreased taxes, poverty is associated with lower quality schools and decreased business survival.

Technical Note: The distribution is based on data from 3,143 U.S. counties and county equivalents.

Source: American Community Survey

URL of Source: <http://www.census.gov/acs/www/>

URL of Data: <http://factfinder2.census.gov/>

People Living Below Poverty Level

Value: 6 Percent

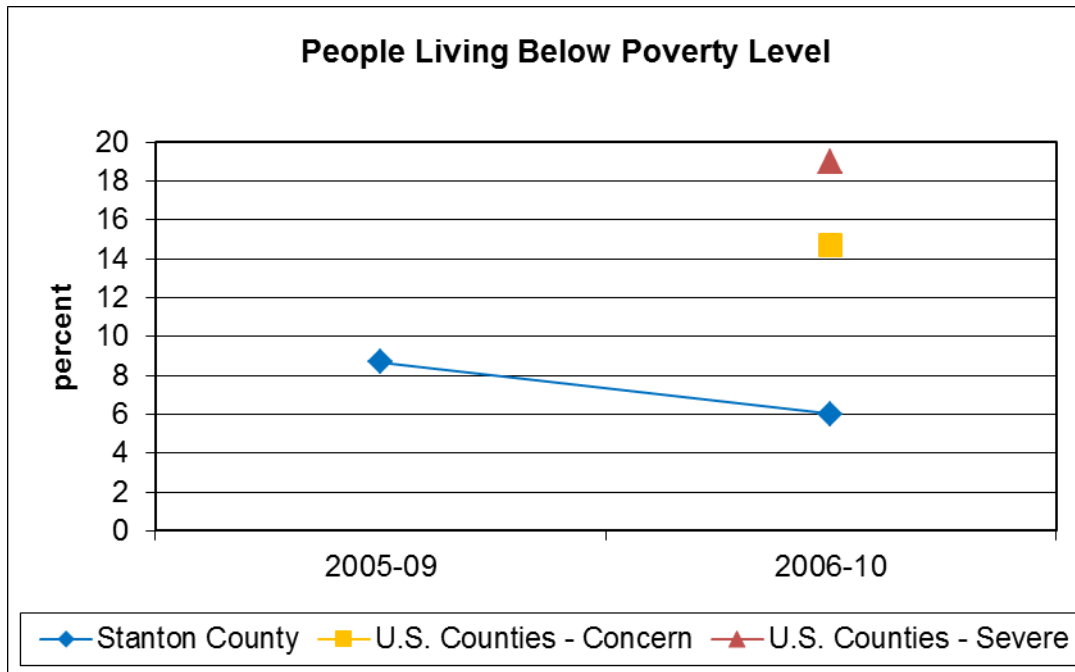
Measurement Period: 2006-2010

Location: County : Stanton

Comparison: U.S. Counties

Categories: Economy/Poverty

Stanton County Rural Health Works



What is this Indicator?

This indicator shows the percentage of people living below the federal poverty level.

Why this is important: Federal poverty thresholds are set every year by the Census Bureau and vary by size of family and ages of family members. A high poverty rate is both a cause and a consequence of poor economic conditions. A high poverty rate indicates that local employment opportunities are not sufficient to provide for the local community. Through decreased buying power and decreased taxes, poverty is associated with lower quality schools and decreased business survival.

Technical Note: The distribution is based on data from 3,143 U.S. counties and county equivalents.

Source: American Community Survey

URL of Source: <http://www.census.gov/acs/www/>

URL of Data: <http://factfinder2.census.gov/>

Poverty Status by School Enrollment

Value: 2.7 Percent

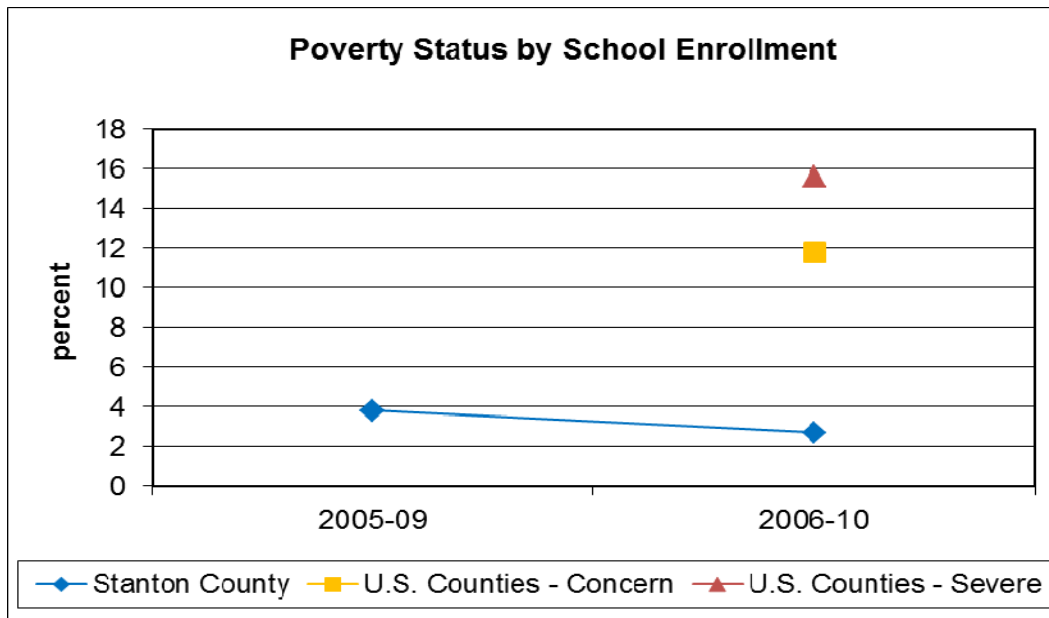
Measurement Period: 2006-2010

Location: County : Stanton

Comparison: KS State Value

Categories: Economy/Poverty

Stanton County Rural Health Works



What is this Indicator?

This indicator shows the percentage of school-aged children, aged 5 to 19, who are living below the federal poverty level and enrolled in school.

Why this is important: Family income has been shown to affect a child's well-being in numerous studies. Compared to their peers, children in poverty are more likely to have physical health problems like low birth weight or lead poisoning, and are also more likely to have behavioral and emotional problems. Children in poverty also tend to exhibit cognitive difficulties, as shown in achievement test scores, and are less likely to complete basic education.

Technical Note: The distribution is based on data from 105 Kansas counties.

Source: American Community Survey

URL of Source: <http://www.census.gov/acs/www/>

URL of Data: <http://factfinder2.census.gov/>

Students Eligible for the Free Lunch Program

Value: 44.4 Percent

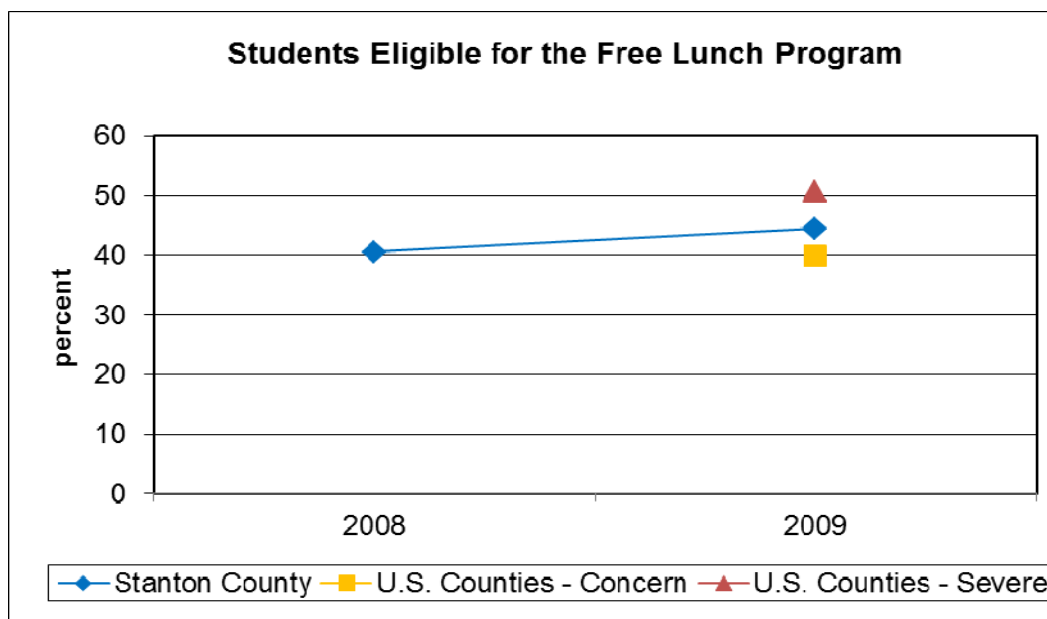
Measurement Period: 2009

Location: County : Stanton

Comparison: U.S. Counties

Categories: Economy/Poverty

Stanton County Rural Health Works



What is this Indicator?

This indicator shows the percentage of students eligible to participate in the Free Lunch Program under the National School Lunch Program.

Why this is important: The National School Lunch Program (NSLP) is a federally assisted meal program operating in public and nonprofit private schools and residential child care institutions. The Free Lunch Program (FLP) under the NSLP has been providing nutritionally balanced lunches to children at no cost since 1946. Families who meet the income eligibility requirements or who receive Supplemental Nutritional Assistance Program (SNAP) benefits can apply through their children's school to receive free meals. The FLP ensures that students who may otherwise not have access to a nutritious meal are fed during the school day. This helps students remain focused and productive in school. Moreover, the lunches help students meet their basic nutritional requirements when their families may not be able to consistently provide a balanced and varied diet.

Technical Note: The distribution is based on data from 3,122 U.S. counties.

Source: U.S. Department of Agriculture - Food Environment Atlas

URL of Source: <http://www.ers.usda.gov/FoodAtlas/>

URL of Data: <http://www.ers.usda.gov/FoodAtlas/downloadData.htm>

Uninsured Adult Population Rate

Value: 29.1 percent

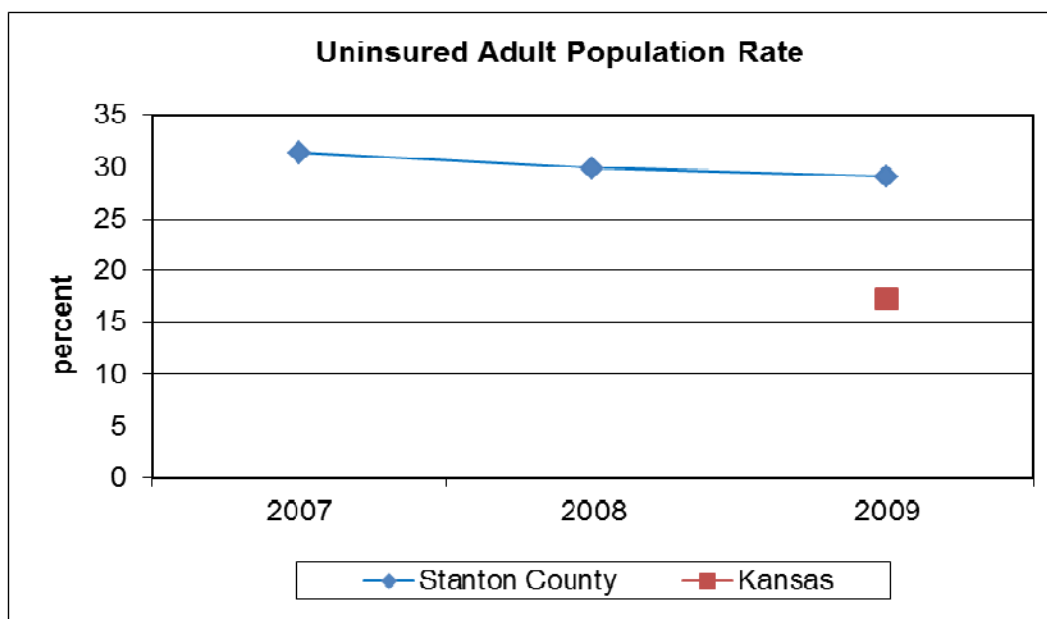
Measurement Period: 2009

Location: County : Stanton

Comparison: KS State Value

Categories: Economy/Poverty

Stanton County Rural Health Works



What is this Indicator?

This indicator shows the estimated percent of persons ages 18-64 who are uninsured.

Why this is important: Access to health services encompasses four components: coverage, services, timeliness, and workforce.

Health insurance coverage helps patients get into the health care system. Uninsured people are:

- Less likely to receive medical care
- More likely to die early
- More likely to have poor health status

Lack of adequate coverage makes it difficult for people to get the health care they need and, when they do get care, burdens them with large medical bills. Current policy efforts focus on the provision of insurance coverage as the principal means of ensuring access to health care among the general population. Other factors, described below, may be equally important to removing barriers to access and utilization of services.

Access to health care services in the United States is regarded as unreliable; many people do not receive the appropriate and timely care they need. The U.S. health care system, which is already strained, will face an influx of patients in 2014, when 32 million Americans will have health insurance for the first time. All of these issues, and others, make the measurement and development of new strategies and models essential.

In 2009-2010, the percentage of Kansans without health insurance rose to 13%, the highest rate of the decade, 2000-2010. This percentage climbed from 11.3% in 2005-2006 and 12.7% in 2008-2009. Approximately 357,500 Kansas residents - children and adults - lacked insurance in 2009-2010, also the highest number in the decade and an increase of about 10,000 people from 347,400 during 2008-2009. The percentage of Kansans (13) who were uninsured in 2009-2010 compared favorably with the United States percentage of 16.5%.

Stanton County Rural Health Works

Healthy People 2020 has set a target of 100% coverage for medical insurance. Increase the proportion of persons with health insurance. The national baseline for comparison was 83.2 percent of persons had medical insurance in 2008.

Technical Note: The county and regional values are compared to the Kansas State value.

Source: U.S. Census Bureau

URL of Source: <http://www.census.gov/>

URL of Data: <http://www.census.gov/did/www/sahie/>

Young Children Living Below Poverty Level

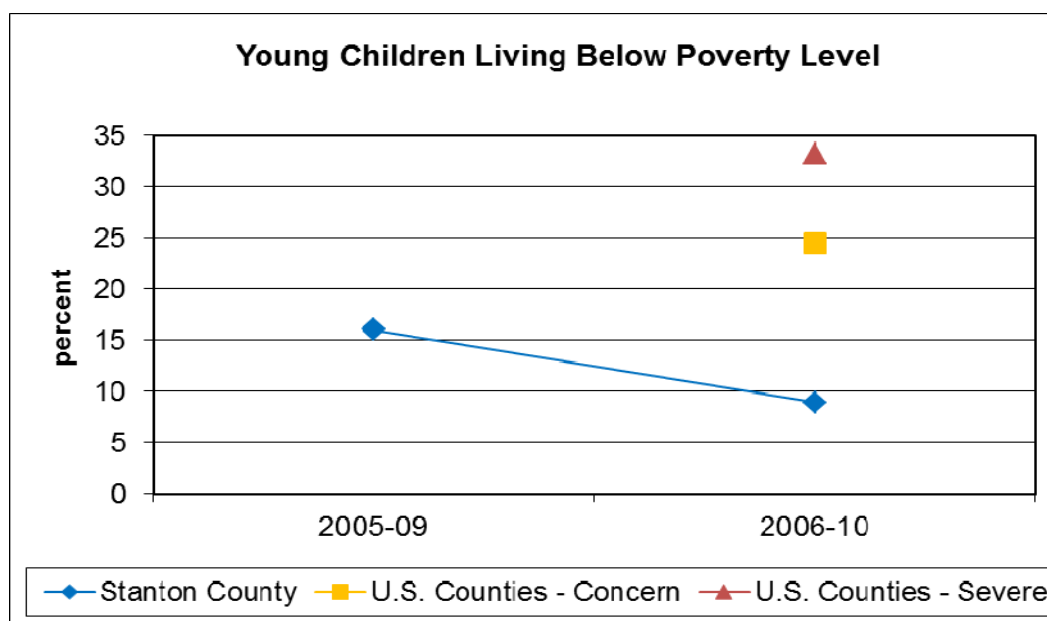
Value: 8.9 Percent

Measurement Period: 2006-2010

Location: County : Stanton

Comparison: U.S. Counties

Categories: Economy/Poverty



What is this Indicator?

This indicator shows the percentage of people under the age of 5 who are living below the federal poverty level.

Why this is important: Family income has been shown to affect a child's well-being in numerous studies. Compared to their peers, children in poverty are more likely to have physical health problems like low birth weight or lead poisoning, and are also more likely to have behavioral and emotional problems. Children in poverty also tend to exhibit cognitive difficulties, as shown in achievement test scores, and are less likely to complete basic education.

Technical Note: The distribution is based on data from 3,140 U.S. counties and county equivalents.

Stanton County Rural Health Works

Source: American Community Survey

URL of Source: <http://www.census.gov/acs/www/>

URL of Data: <http://factfinder2.census.gov/>

Stanton County Rural Health Works

Educational Attainment in Adult Population

High School Graduation

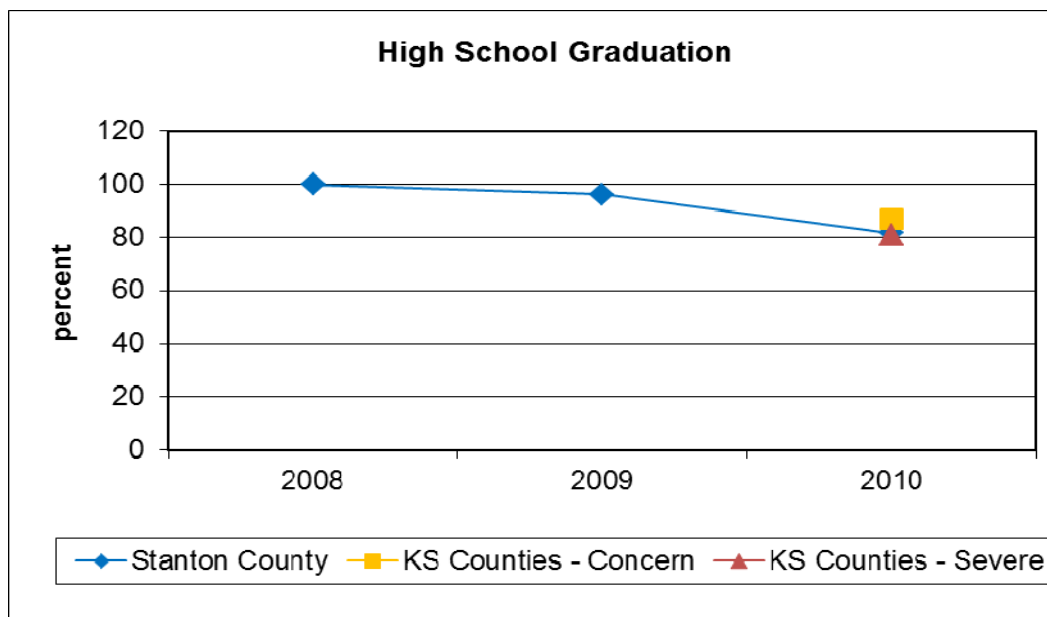
Value: 81.5 Percent

Measurement Period: 2010

Location: County : Stanton

Comparison: KS State Value

Categories: Education/Educational Attainment in Adult Population



What is this Indicator?

This indicator shows the percentage of students who graduate high school within four years of their first enrollment in 9th grade.

Why this is important: Individuals who do not finish high school are more likely than people who finish high school to lack the basic skills required to function in an increasingly complicated job market and society. Adults with limited education levels are more likely to be unemployed, on government assistance, or involved in crime.

The Healthy People 2020 national health target is to increase the proportion of students who graduate high school within four years of their first enrollment in 9th grade to 82.4%.

Technical Note: The distribution is based on data from 105 Kansas counties.

Source: The Annie E. Casey Foundation

URL of Source: <http://datacenter.kidscount.org/>

URL of Data:

<http://datacenter.kidscount.org/data/bystate/Rankings.aspx?state=KS&loct=5&by=a&order=a&ind=1274&dtm=2755&tf=133>

Stanton County Rural Health Works

People 25+ with a High School Degree or Higher

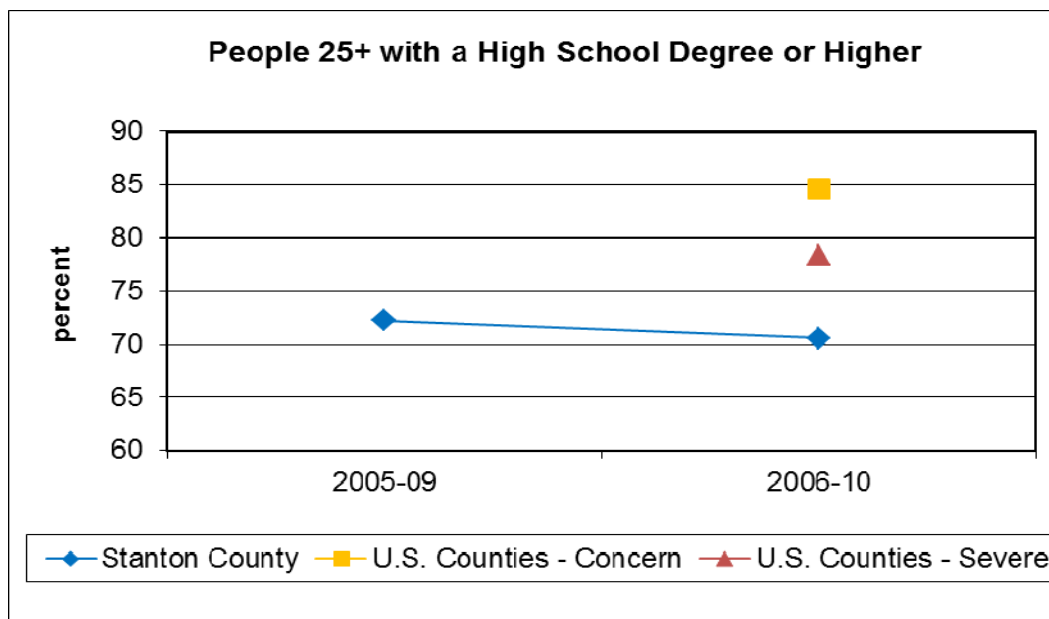
Value: 70.5 Percent

Measurement Period: 2006-2010

Location: County : Stanton

Comparison: U.S. Counties

Categories: Education/Educational Attainment in Adult Population



What is this Indicator?

This indicator shows the percentage of people over age 25 who have completed a high school degree or the equivalent.

Why this is important: Graduating high school is an important personal achievement and is essential for an individual's social and economic advancement. Graduation rates are also an important indicator of the performance of the educational system.

Technical Note: The distribution is based on data from 3,143 U.S. counties and county equivalents.

Source: American Community Survey

URL of Source: <http://www.census.gov/acs/www/>

URL of Data: <http://factfinder2.census.gov/>

Stanton County Rural Health Works

Higher Education

People 25+ with a Bachelor's Degree or Higher

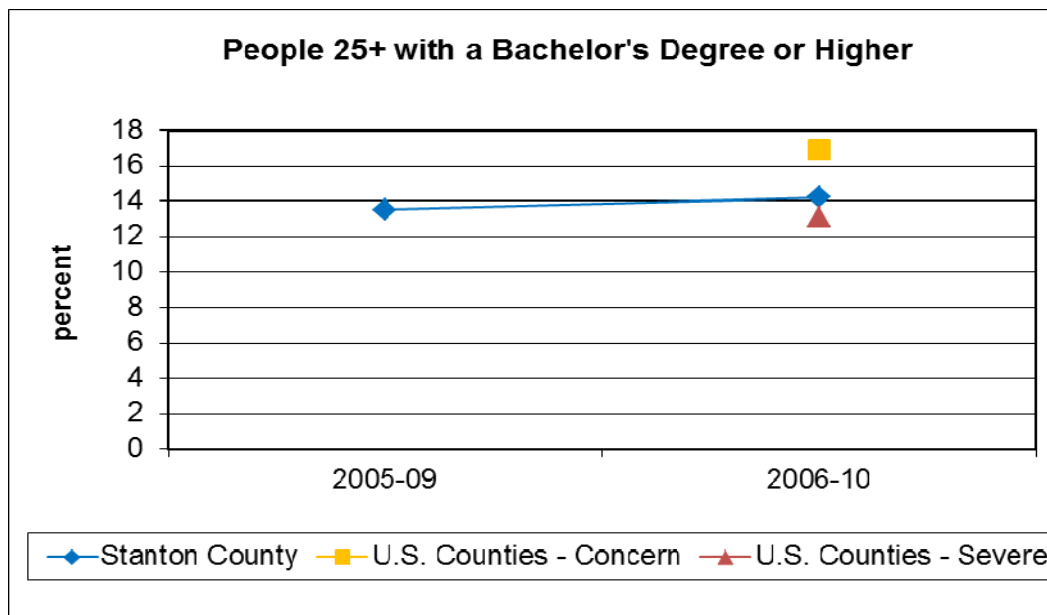
Value: 14.2 Percent

Measurement Period: 2006-2010

Location: County : Stanton

Comparison: U.S. Counties

Categories: Education/Higher Education



What is this Indicator?

This indicator shows the percentage of people 25 years and older who have earned a bachelor's degree or higher.

Why this is important: For many, having a bachelor's degree is the key to a better life. The college experience develops cognitive skills, and allows learning about a wide range of subjects, people, cultures, and communities. Having a degree also opens up career opportunities in a variety of fields, and is often the prerequisite to a higher-paying job. It is estimated that college graduates earn about \$1 million more per lifetime than their non-graduate peers.

Technical Note: The distribution is based on data from 3,143 U.S. counties and county equivalents.

Source: American Community Survey

URL of Source: <http://www.census.gov/acs/www/>

URL of Data: <http://factfinder2.census.gov/>

Stanton County Rural Health Works

School Environment

Student-to-Teacher Ratio

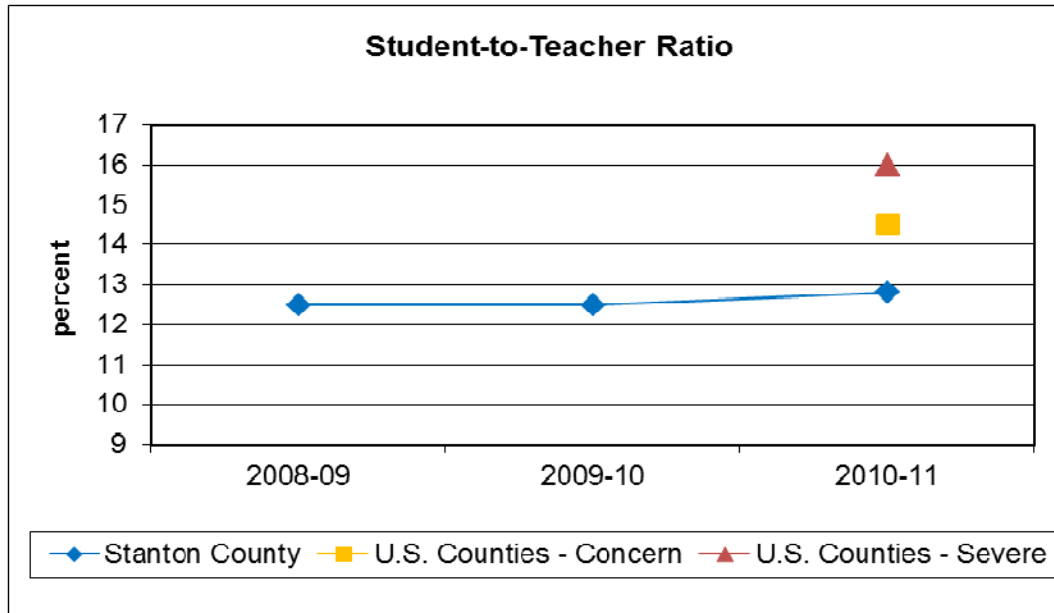
Value: 12.8 students/teacher

Measurement Period: 2010-2011

Location: County : Stanton

Comparison: U.S. Counties

Categories: Education/School Environment



What is this Indicator?

This indicator shows the average number of public school students per teacher in the county. It does not measure class size.

Why this is important: The student-teacher ratio gives a rough idea of the amount of individualized attention from teachers that is available to each student. Although it is not the same as class size, the student-teacher ratio is often a reasonable alternative on which to base estimates of class size. According to the National Center for Education Statistics, larger schools tend to have higher student-teacher ratios.

Technical Note: The distribution is based on data from 3,143 U.S. counties.

Source: National Center for Education Statistics

URL of Source: <http://nces.ed.gov/>

URL of Data: <http://nces.ed.gov/ccd/bat/>

Stanton County Rural Health Works

Built Environment

Farmers Market Density

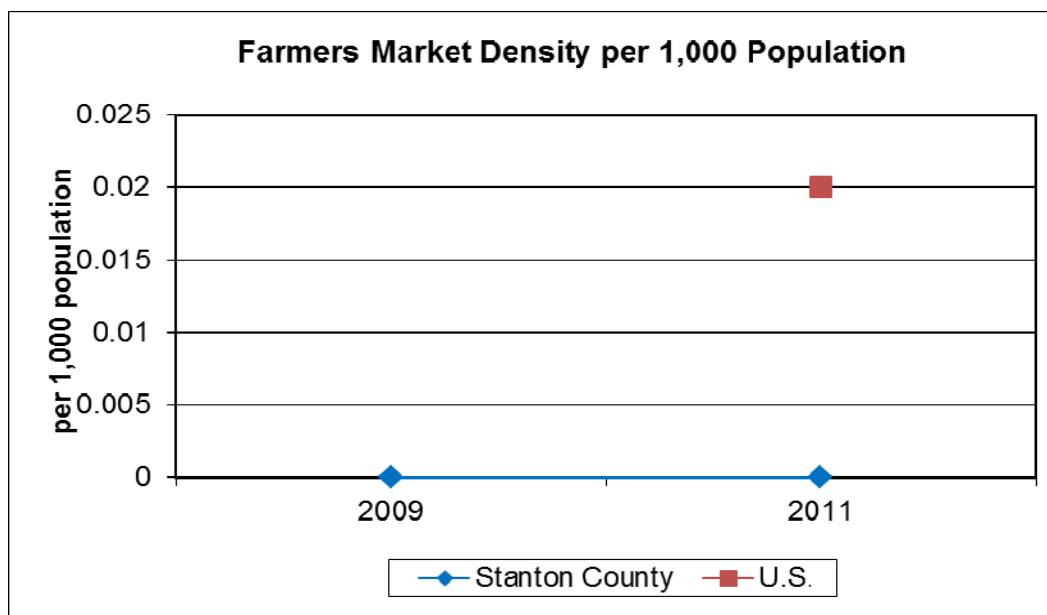
Value: 0 markets/1,000 population

Measurement Period: 2011

Location: County : Stanton

Comparison: U.S. Value

Categories: Environment/Build Environment



What is this Indicator?

This indicator shows the number of farmers markets per 1,000 population. A farmers market is a retail outlet in which vendors sell agricultural products directly to customers.

Why this is important: Farmers markets provide a way for community members to buy fresh and affordable agricultural products while supporting local farmers. Farmers markets often emphasize good nutrition and support consumers to cook healthier meals and maintain good eating habits. A diet comprised of nutritious foods, in combination with an active lifestyle, can reduce the incidence of heart disease, cancer and diabetes and is essential to maintain a healthy body weight and prevent obesity.

Technical Note: The regional value is compared to the median value of 3,141 U.S. counties. Market data is from 2009 and the population estimates are from 2008.

Source: U.S. Department of Agriculture - Food Environment Atlas

URL of Source: <http://www.ers.usda.gov/FoodAtlas/>

URL of Data: <http://www.ers.usda.gov/FoodAtlas/downloadData.htm>

Fast Food Restaurant Density

Value: 0.47 restaurants/1,000 population

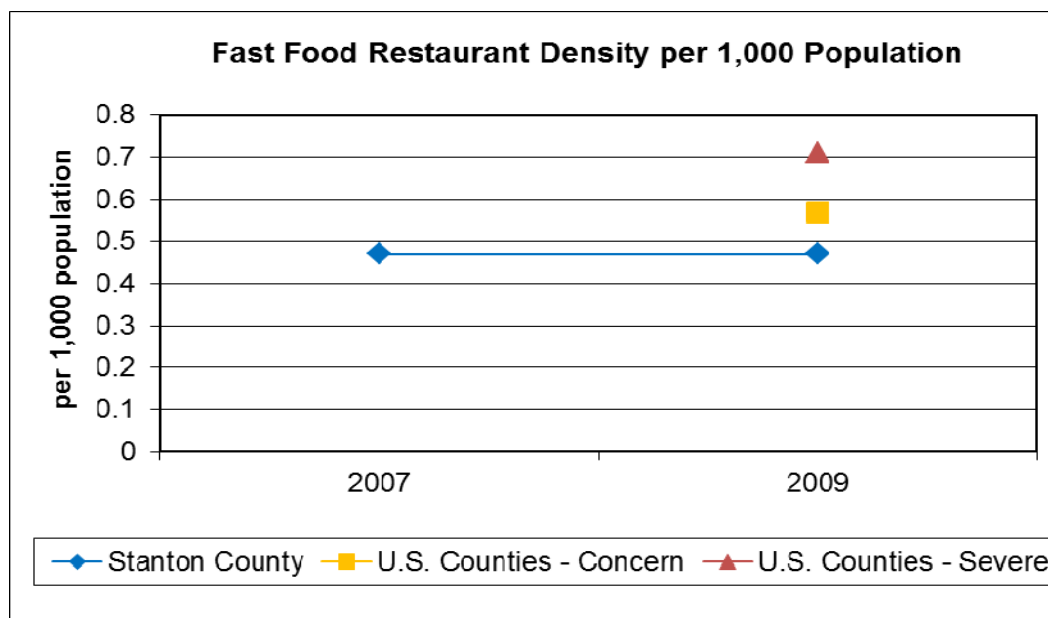
Stanton County Rural Health Works

Measurement Period: 2009

Location: County : Stanton

Comparison: U.S. Counties

Categories: Environment/Build Environment



What is this Indicator?

This indicator shows the number of fast food restaurants per 1,000 population. These include limited-service establishments where people pay before eating.

Why this is important: Fast food is often high in fat and calories and lacking in recommended nutrients. Frequent consumption of these foods and an insufficient consumption of fresh fruits and vegetables increase the risk of overweight and obesity. Individuals who are overweight or obese are at increased risk for serious health conditions, including coronary heart disease, type-2 diabetes, multiple cancers, hypertension, stroke, premature death and other chronic conditions. Fast food outlets are more common in low-income neighborhoods and studies suggest that they strongly contribute to the high incidence of obesity and obesity-related health problems in these communities.

Technical Note: The distribution is based on data from 3,141 U.S. counties.

Source: U.S. Department of Agriculture - Food Environment Atlas

URL of Source: <http://www.ers.usda.gov/FoodAtlas/>

URL of Data: <http://www.ers.usda.gov/FoodAtlas/downloadData.htm>

Grocery Store Density

Value: 0.47 stores/1,000 population

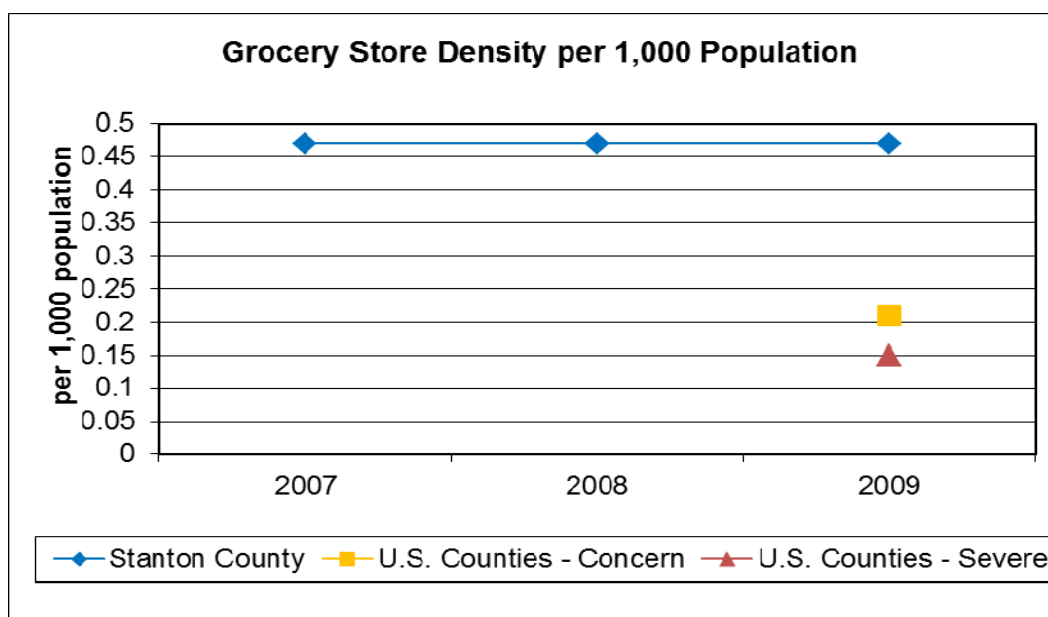
Measurement Period: 2009

Location: County : Stanton

Comparison: U.S. Counties

Categories: Environment/Build Environment

Stanton County Rural Health Works



What is this Indicator?

This indicator shows the number of supermarkets and grocery stores per 1,000 population. Convenience stores and large general merchandise stores such as supercenters and warehouse club stores are not included in this count.

Why this is important: There are strong correlations between the density of grocery stores in a neighborhood and the nutrition and diet of its residents. The availability and affordability of healthy and varied food options in the community increase the likelihood that residents will have a balanced and nutritious diet. A diet comprised of nutritious foods, in combination with an active lifestyle, can reduce the incidence of heart disease, cancer and diabetes and is essential to maintain a healthy body weight and prevent obesity. Low-income and under-served communities often have limited access to stores that sell healthy food, especially high-quality fruits and vegetables. Moreover, rural communities often have a high number of convenience stores, where healthy and fresh foods are less available than in larger, retail food markets.

Technical Note: The distribution is based on data from 3,141 U.S. counties.

Source: U.S. Department of Agriculture - Food Environment Atlas

URL of Source: <http://www.ers.usda.gov/FoodAtlas/>

URL of Data: <http://www.ers.usda.gov/FoodAtlas/downloadData.htm>

Households without a Car and >1 Mile from a Grocery Store

Value: 1.5 Percent

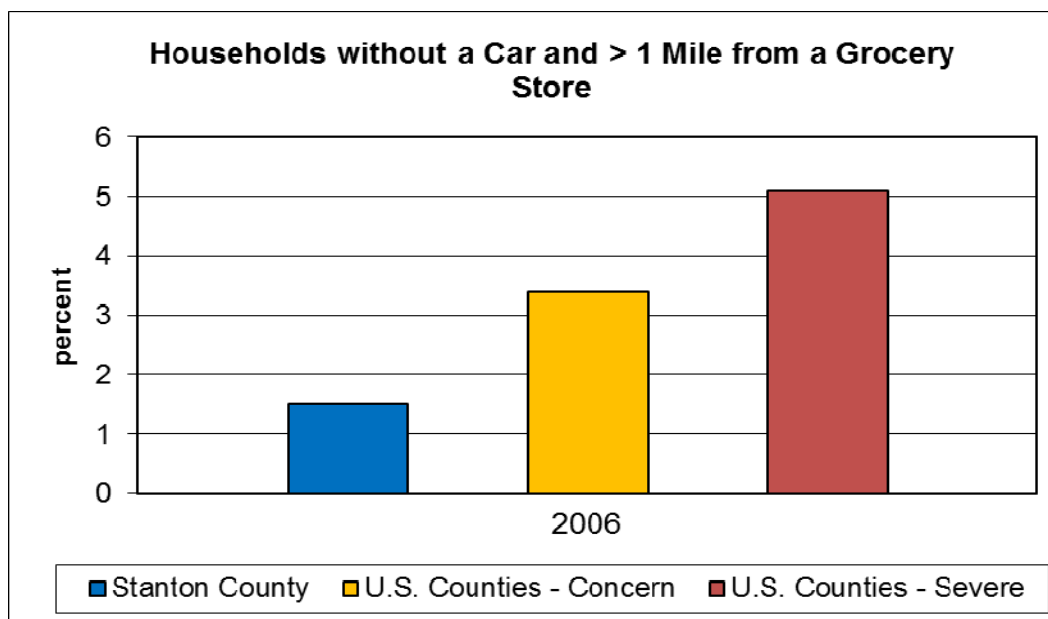
Measurement Period: 2006

Location: County : Stanton

Comparison: U.S. Counties

Categories: Environment/Build Environment

Stanton County Rural Health Works



What is this Indicator?

This indicator shows the percentage of housing units that are more than one mile from a supermarket or large grocery store and do not have a car.

Why this is important: The accessibility, availability and affordability of healthy and varied food options in the community increase the likelihood that residents will have a balanced and nutritious diet. A diet comprised of nutritious foods, in combination with an active lifestyle, can reduce the incidence of heart disease, cancer and diabetes and is essential to maintain a healthy body weight and prevent obesity. Low-income and under-served areas often have limited numbers of stores that sell healthy foods. People living farther away from grocery stores and who do not have personal transportation to access the grocery stores are less likely to access healthy food options on a regular basis and thus more likely to consume foods which are readily available at convenience stores and fast food outlets.

Technical Note: The distribution is based on data from 3,109 U.S. counties. Store data are from 2006 and household data are from 2000.

Source: U.S. Department of Agriculture - Food Environment Atlas

URL of Source: <http://www.ers.usda.gov/FoodAtlas/>

URL of Data: <http://www.ers.usda.gov/FoodAtlas/downloadData.htm>

Liquor Store Density

Value: No data found

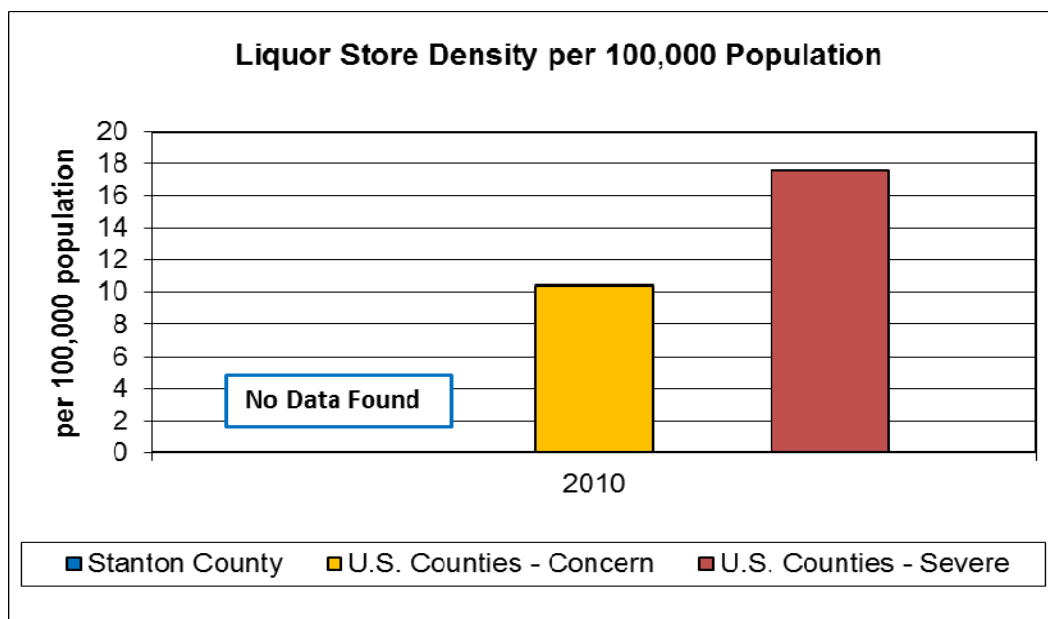
Measurement Period: 2010

Location: County : Stanton

Comparison: U.S. Counties

Categories: Environment/Build Environment

Stanton County Rural Health Works



What is this Indicator?

This indicator shows the number of liquor stores per 100,000 population. A liquor store is defined as a business that primarily sells packaged alcoholic beverages, such as beer, wine, and spirits.

Why this is important: Studies have shown that neighborhoods with a high density of alcohol outlets are associated with higher rates of violence, regardless of other community characteristics such as poverty and age of residents. High alcohol outlet density has been shown to be related to increased rates of drinking and driving, motor vehicle-related pedestrian injuries, and child abuse and neglect. In addition, liquor stores frequently sell food and other goods that are unhealthy and expensive. Setting rules that mandate minimum distances between alcohol outlets, limiting the number of new licenses in areas that already have a high number of outlets, and closing down outlets that repeatedly violate liquor laws can all help control and reduce liquor store density.

Technical Note: The distribution is based on data from 2,378 U.S. counties and county equivalents. Population estimates are from the U.S. Census Bureau.

Source: U.S. Census - County Business Patterns

URL of Source: <http://www.census.gov/econ/cbp/index.html>

URL of Data: <http://factfinder2.census.gov/main.html>

Low-Income and >1 Mile from a Grocery Store

Value: 11.2 Percent

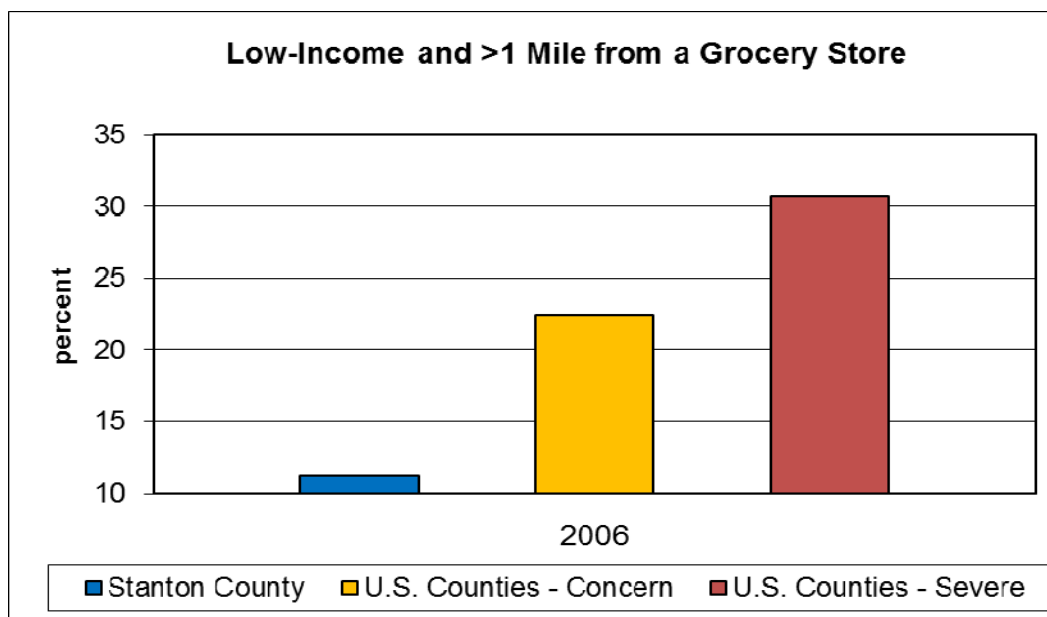
Measurement Period: 2006

Location: County : Stanton

Comparison: U.S. Counties

Categories: Environment/Build Environment

Stanton County Rural Health Works



What is this Indicator?

This indicator shows the percentage of the total population in a county that is low income and living more than one mile from a supermarket or large grocery store.

Why this is important: The accessibility, availability and affordability of healthy and varied food options in the community increase the likelihood that residents will have a balanced and nutritious diet. A diet comprised of nutritious foods, in combination with an active lifestyle, can reduce the incidence of heart disease, cancer and diabetes and is essential to maintain a healthy body weight and prevent obesity. Low-income and under-served areas often have limited numbers of stores that sell healthy foods. People living farther away from grocery stores are less likely to access healthy food options on a regular basis and thus more likely to consume foods which are readily available at convenience stores and fast food outlets.

Technical Note: The distribution is based on data from 3,109 U.S. counties. Store data are from 2006 and household data are from 2000.

Source: U.S. Department of Agriculture - Food Environment Atlas

URL of Source: <http://www.ers.usda.gov/FoodAtlas/>

URL of Data: <http://www.ers.usda.gov/FoodAtlas/downloadData.htm>

Recreation and Fitness Facilities

Value: 0 facilities/1,000 population

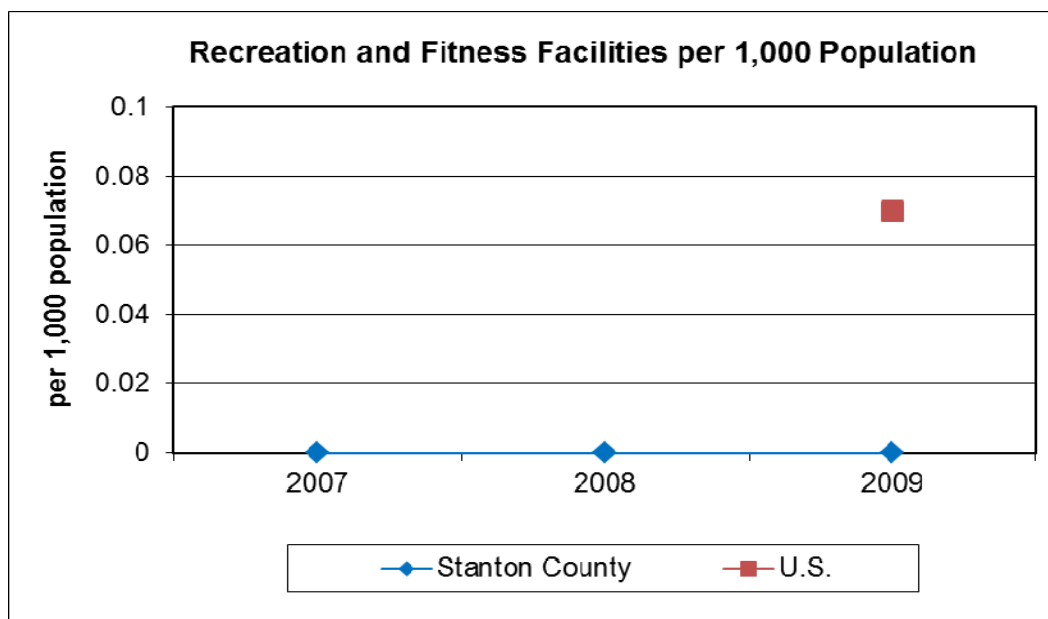
Measurement Period: 2009

Location: County : Stanton

Comparison: U.S. Value

Categories: Environment/Build Environment

Stanton County Rural Health Works



What is this Indicator?

This indicator shows the number of fitness and recreation centers per 1,000 population.

Why this is important: People engaging in an active lifestyle have a reduced risk of many serious health conditions including obesity, heart disease, diabetes, and high blood pressure. In addition, physical activity improves mood and promotes healthy sleep patterns. The American College of Sports Medicine (ACSM) recommends that active adults perform physical activity three to five times each week for 20 to 60 minutes at a time to improve cardiovascular fitness and body composition. People are more likely to engage in physical activity if their community has facilities which support recreational activities, sports and fitness.

Technical Note: The regional value is compared to the median value of 3,141 U.S. counties.

Source: U.S. Department of Agriculture - Food Environment Atlas

URL of Source: <http://www.ers.usda.gov/FoodAtlas/>

URL of Data: <http://www.ers.usda.gov/FoodAtlas/downloadData.htm>

SNAP Certified Stores

Value: 0 stores/1,000 facilities

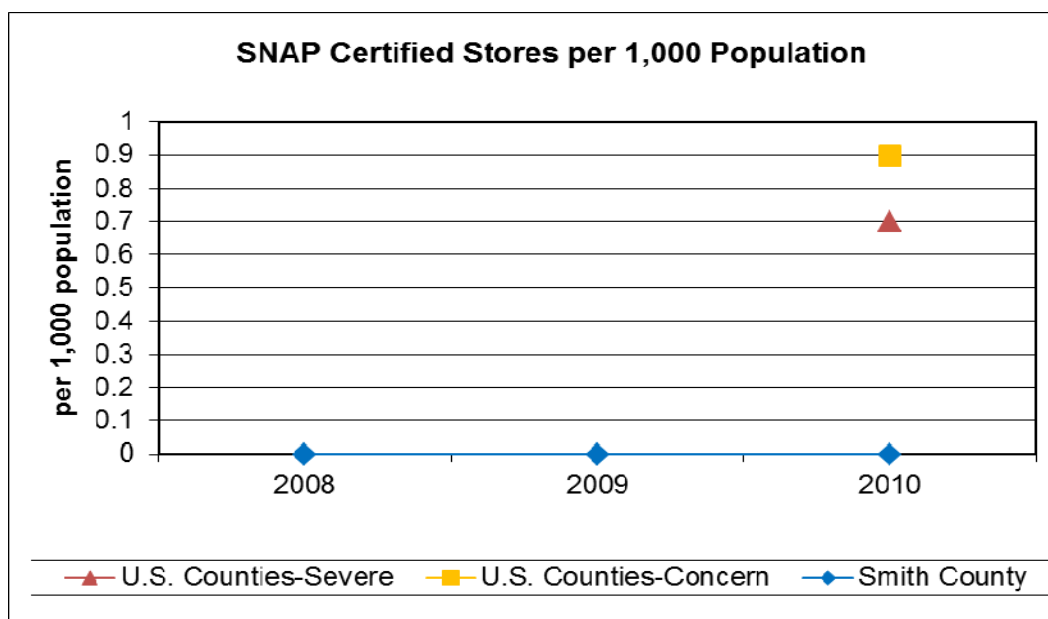
Measurement Period: 2010

Location: County : Stanton

Comparison: U.S. Counties

Categories: Environment/Build Environment

Stanton County Rural Health Works



What is this Indicator?

This indicator shows the number of stores certified to accept Supplemental Nutrition Assistance Program benefits per 1,000 population. SNAP stores include: supermarkets; grocery stores and convenience stores; super stores and supercenters; warehouse club stores; specialized food stores (retail bakeries, meat and seafood markets, and produce markets); and meal service providers that serve eligible persons.

Why this is important: SNAP, previously called the Food Stamp Program, is a federal-assistance program that provides low-income families with electronic benefit transfers (EBTs) that can be used to purchase food. The purpose of the program is to assist low-income households in obtaining adequate and nutritious diets.

The number of Americans receiving SNAP benefits reached 39.68 million in February 2010, the highest number since the Food Stamp Program began in 1939. As of June 2009, the average monthly benefit was \$133.12 per person and as of November 2009, one in eight Americans and one in four children were using SNAP benefits.

Technical Note: The distribution is based on data from 3,137 U.S. counties.

Source: U.S. Department of Agriculture - Food Environment Atlas

URL of Source: <http://www.ers.usda.gov/FoodAtlas/>

URL of Data: <http://www.ers.usda.gov/FoodAtlas/downloadData.htm>

Stanton County Rural Health Works

Toxic Chemicals

Increased Lead Risk in Housing Rate

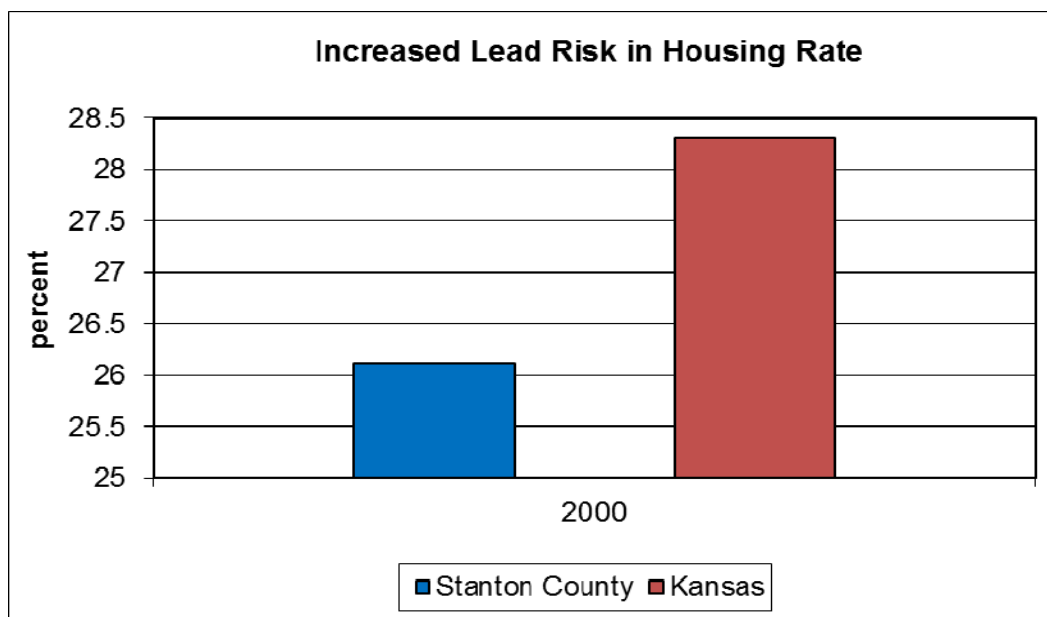
Value: 26.12 Percent

Measurement Period: 2000

Location: County : Stanton

Comparison: KS State Value

Categories: Environment/Toxic Chemicals



What is this Indicator?

This indicator shows the percentage of housing units, built before 1950 and at an elevated risk for lead exposure.

Why this is important: Lead poisoning is a preventable pediatric health problem affecting Kansas' children. Lead is a toxic metal that produces many adverse health effects. It is persistent and cumulative. Childhood lead poisoning occurs in all population groups and income brackets. There is no safe level of lead. Early identification and treatment of lead poisoning reduces the risk that children will suffer permanent damage. A blood lead test is the only way to tell if a child has an elevated blood level. Lead-based paint can be found in most homes built before 1950-and many homes built before 1978. Lead can also be found on walls, woodwork, floors, windowsills, eating and playing surfaces or in the dirt outside the home. In addition, renovation or maintenance projects that disturb lead-based paint can create a lead dust hazard that can be inhaled or can settle on toys, walls, floors, tables, carpets or fingers. Parents whose hobby or occupation involves working with or around lead can unknowingly bring lead dust home. Individuals should avoid "take-home" exposures by utilizing personal protection and hygiene after leaving the workplace. Wash your hands after working in the yard. Wash children's hands and faces after playing outside. Wash all fruits and vegetables before consuming them. Remove shoes before entering your home, and clean dust and tracked-in soil.

Lead poisoning can be difficult to recognize and can damage a child's central nervous system, brain, kidneys, and reproductive system. When lead is present in the blood it

Stanton County Rural Health Works

travels through every organ in the body. Lead interferes with the development of the brain. When lead enters the blood stream it collects in soft tissues of the body and it also settles in the bones and teeth, where it is stored for many years.

Technical Note: The regional value is compared to the Kansas State value.

Source: U.S. Census Bureau

URL of Source: <http://www.census.gov/>

URL of Data: <http://keap.kdhe.state.ks.us/epht/portal/ContentArea.aspx>

Stanton County Rural Health Works

Elections & Voting

Voter Turnout

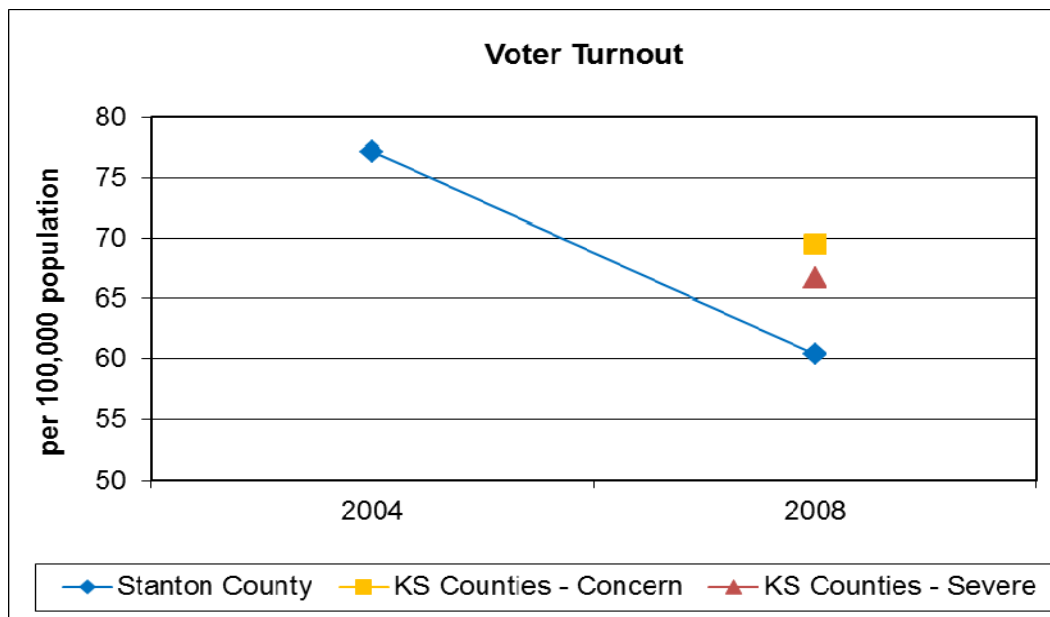
Value: 60.4 Percent

Measurement Period: 2008

Location: County : Stanton

Comparison: KS Counties

Categories: Government & Politics/Elections & Voting



What is this Indicator?

This indicator shows the percentage of registered voters who voted in the previous presidential general election.

Why this is important: Voting is one of the most fundamental rights of a democratic society. Exercising this right allows a nation to choose elected officials and hold them accountable. Voting ensures that all citizens have the opportunity to voice their opinions on issues such as the use of tax dollars, civil rights and foreign policy. By voting, individuals shape their communities and influence the next generation of society. A high level of turnout indicates that citizens are involved in and interested in who represents them in the political system.

Technical Note: The distribution is based on data from 105 Kansas counties.

Source: Kansas Secretary of State

URL of Source: <http://www.kssos.org/>

URL of Data: http://www.kssos.org/elections/elections_statistics.html

Stanton County Rural Health Works

Crime & Crime Prevention

Rate of Violent Crime per 1,000 population

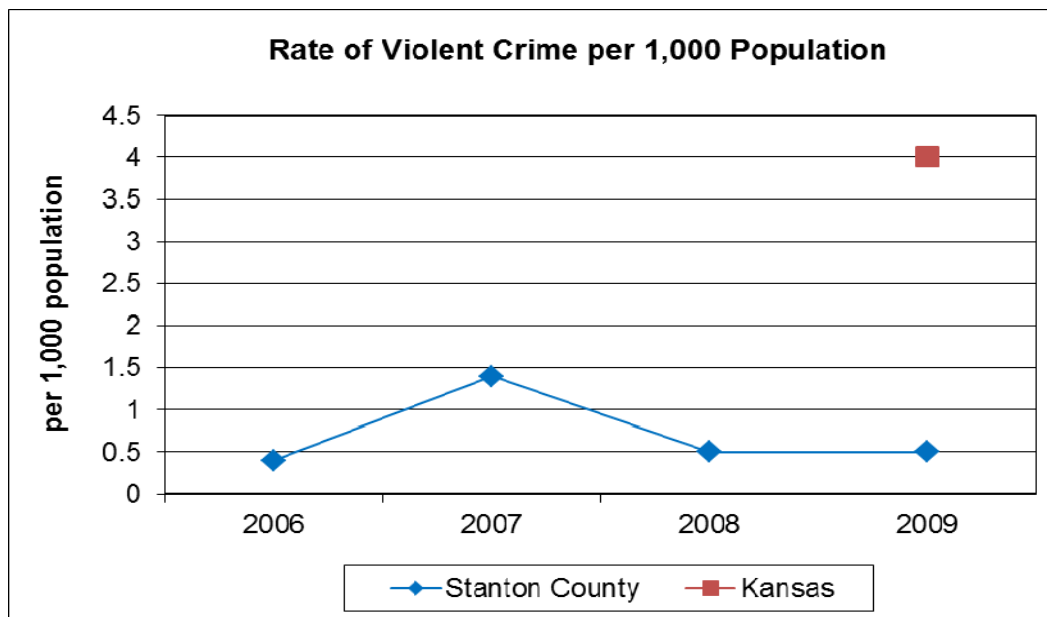
Value: 0.5 per 1,000 population

Measurement Period: 2009

Location: County : Stanton

Comparison: KS state value

Categories: Public Safety/Crime & Crime Prevention



What is this Indicator?

This indicator shows the rate of violent crimes like assault and robbery per 1,000 population.

Why this is important: Social support and good social relations make an important contribution to health. Social cohesion - defined as the quality of social relationships and the existence of trust, mutual obligations and respect in communities or in the wider society - helps to protect people and their health. Inequality is corrosive of good social relations. Societies with high levels of income inequality tend to have less social cohesion and more violent crime.

Technical Note: The county and regional values are compared to Kansas State value / US value. Under reporting of crime by some public safety jurisdictions may result in lower rates.

Source: Kansas Bureau of Investigation

URL of Source: <http://www.accesskansas.org/kbi/>

URL of Data: http://www.accesskansas.org/kbi/stats/stats_crime.shtml

Stanton County Rural Health Works

Demographics

Ratio of Children to Adults

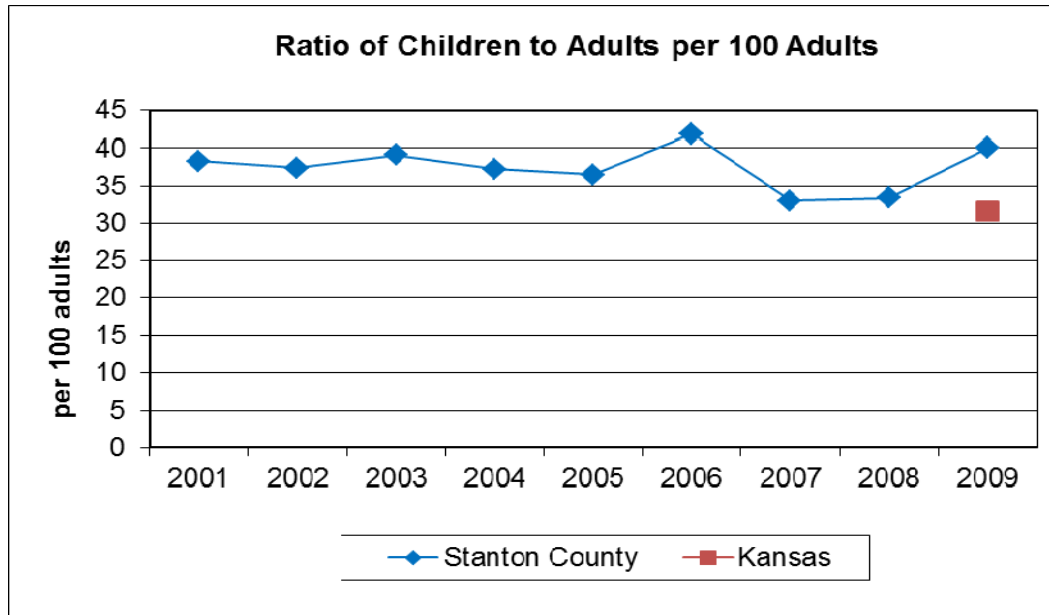
Value: 40 children per 100 adults

Measurement Period: 2009

Location: County : Stanton

Comparison: KS State Value

Categories: Social Environment/Demographics



What is this Indicator?

This indicator shows the ratio of adolescent dependent persons (under 15 years of age) per 100 persons aged 15-64.

Why this is important: The age structure of a population is important in planning for the future of a community, particularly for schools, community centers, health care, and child care. A population with more youth will have greater education and child care needs, while an older population may have greater health care needs. Older people are also far more likely to vote, making them an important political force.

Technical Note: The county and regional values are compared to Kansas State value.

Source: U.S. Census Bureau

URL of Source: <http://www.census.gov/>

URL of Data: <http://2010.census.gov/2010census/data/>

Stanton County Rural Health Works

Ratio of Elderly Persons and Children to Adults

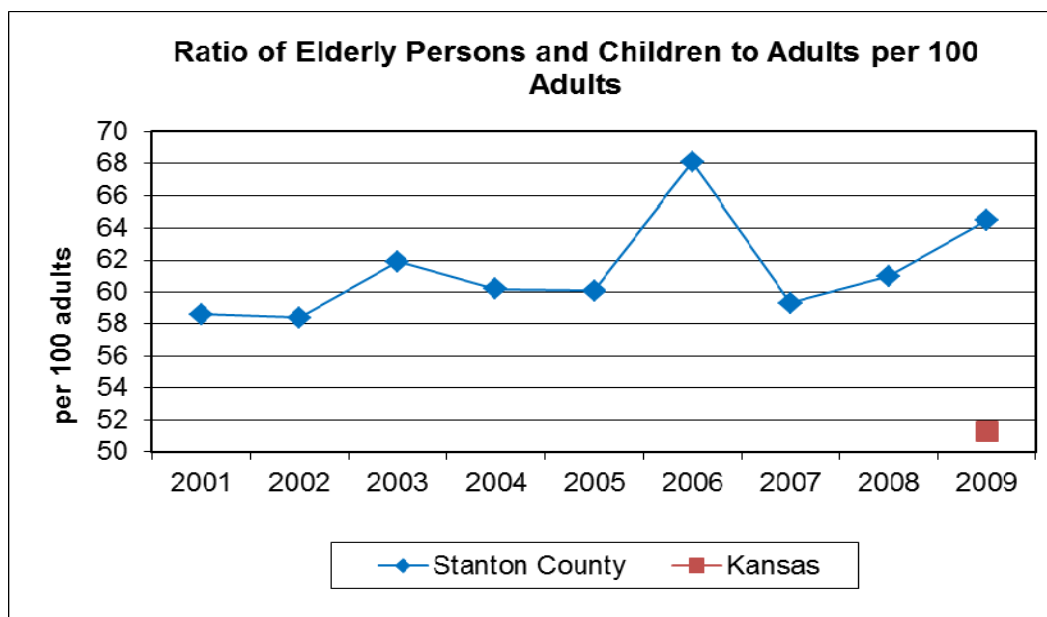
Value: 64.5 elderly & children per 100 adults

Measurement Period: 2009

Location: County : Stanton

Comparison: KS State Value

Categories: Social Environment/Demographics



What is this Indicator?

This indicator shows the ratio of all dependent persons (ages 0-14 and 65 and over) per 100 persons aged 15-64.

Why this is important: The age structure of a population is important in planning for the future of a community, particularly for schools, community centers, health care, and child care. A population with more youth will have greater education and child care needs, while an older population may have greater health care needs. Older people are also far more likely to vote, making them an important political force.

Technical Note: The county and regional values are compared to Kansas State value / US value.

Source: U.S. Census Bureau

URL of Source: <http://www.census.gov/>

URL of Data: <http://2010.census.gov/2010census/data/>

Ratio of Elderly Persons to Adults

Value: 24.4 elderly per 100 adults

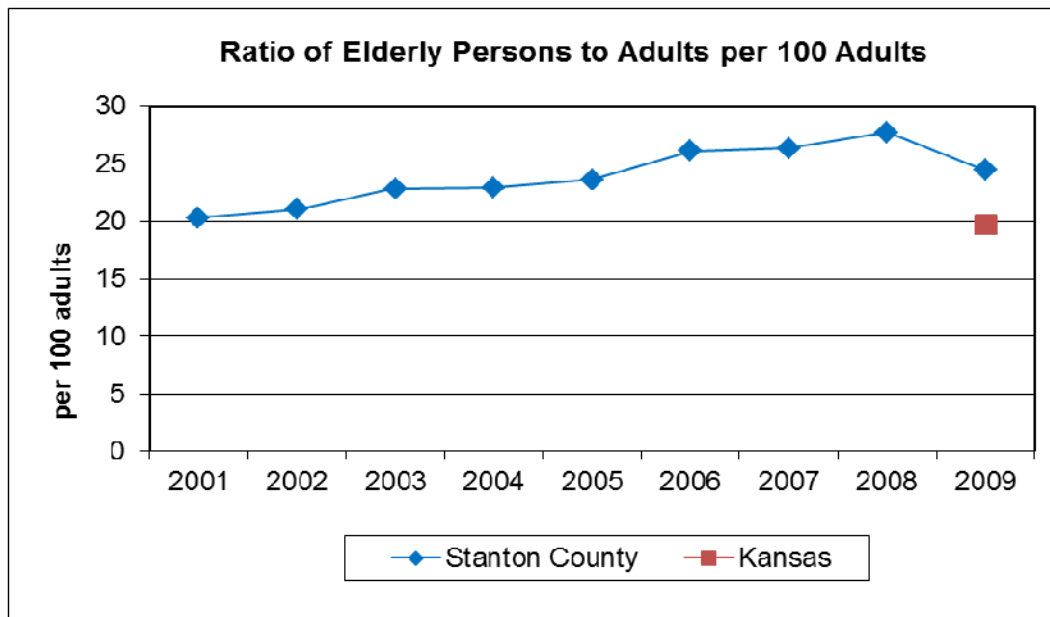
Measurement Period: 2009

Location: County : Stanton

Comparison: KS State Value

Categories: Social Environment/Demographics

Stanton County Rural Health Works



What is this Indicator?

This indicator shows the ratio of elderly dependent persons (65 and over) per 100 persons aged 15-64.

Why this is important: The age structure of a population is important in planning for the future of a community, particularly for schools, community centers, health care, and child care. A population with more youth will have greater education and child care needs, while an older population may have greater health care needs. Older people are also far more likely to vote, making them an important political force.

Technical Note: The county and regional values are compared to Kansas State value / US value.

Source: U.S. Census Bureau

URL of Source: <http://www.census.gov/>

URL of Data: <http://2010.census.gov/2010census/data/>

Stanton County Rural Health Works

Neighborhood/Community Attachment

People 65+ Living Alone

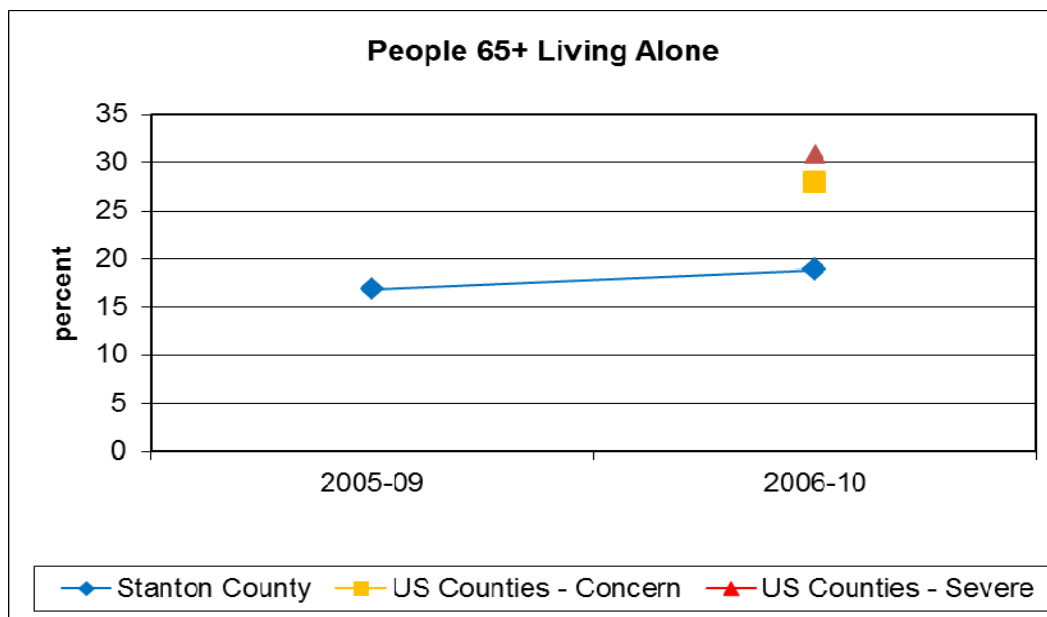
Value: 18.9 Percent

Measurement Period: 2006-2010

Location: County : Stanton

Comparison: US Counties

Categories: Social Environment/Neighborhood/Community Attachment



What is this Indicator?

This indicator shows the percentage of people 65 and over who live alone.

Why this is important: People over age 65 who live alone may be at risk for social isolation, limited access to support, or inadequate assistance in emergency situations. Older adults who do not live alone are most likely to live with a spouse, but they may also live with a child or other relative, a non-relative, or in group quarters. The Commonwealth Fund Commission on the Elderly Living Alone indicated that one third of older Americans live alone, and that one quarter of those living alone live in poverty and report poor health. Rates of living alone are typically higher in urban areas and among women. Older people living alone may lack social support, and are at high risk for institutionalization or losing their independent life style. Living alone should not be equated with being lonely or isolated, but many older people who live alone are vulnerable due to social isolation, poverty, disabilities, lack of access to care, or inadequate housing.

Technical Note: The distribution is based on data from 3,142 U.S. counties and county equivalents.

Source: American Community Survey

URL of Source: <http://www.census.gov/acs/www/>

URL of Data: <http://factfinder2.census.gov/>

Stanton County Rural Health Works

Commute to Work

Mean Travel Time to Work

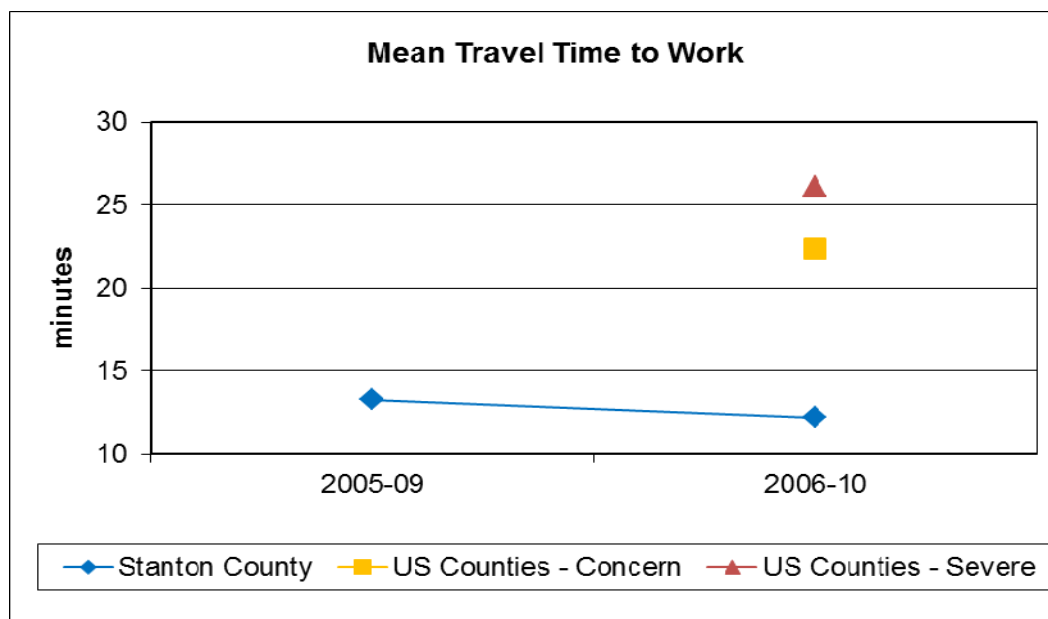
Value: 12.2 Minutes

Measurement Period: 2006-2010

Location: County : Stanton

Comparison: US Counties

Categories: Transportation/Commute to Work



What is this Indicator?

This indicator shows the average daily travel time to work in minutes for workers 16 years of age and older.

Why this is important: Lengthy commutes cut into workers' free time and can contribute to health problems such as headaches, anxiety, and increased blood pressure. Longer commutes require workers to consume more fuel which is both expensive for workers and damaging to the environment.

Technical Note: The distribution is based on data from 3,143 U.S. counties and county equivalents.

Source: American Community Survey

URL of Source: <http://www.census.gov/acs/www/>

URL of Data: <http://factfinder2.census.gov/>

Stanton County Rural Health Works

Workers who Drive Alone to Work

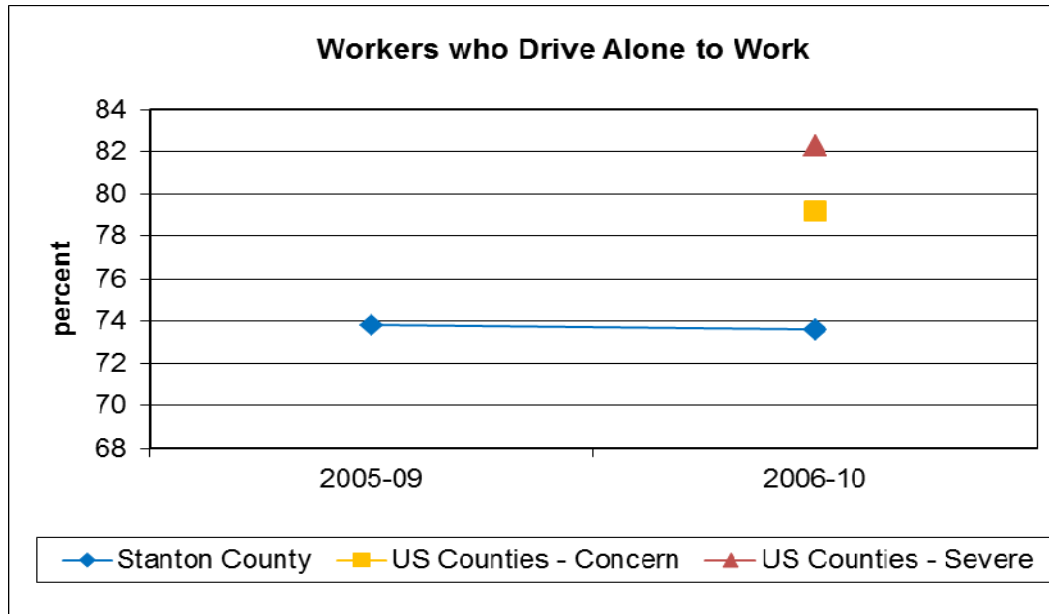
Value: 73.6 Percent

Measurement Period: 2006-2010

Location: County : Stanton

Comparison: US Counties

Categories: Transportation/Commute to Work



What is this Indicator?

This indicator shows the percentage of workers 16 years of age and older who get to work by driving alone in a car, truck, or van.

Why this is important: Driving alone to work consumes more fuel and resources than other modes of transportation, such as carpooling, public transportation, biking and walking. Driving alone also increases traffic congestion, especially in areas of greater population density.

Technical Note: The distribution is based on data from 3,143 U.S. counties and county equivalents.

Source: American Community Survey

URL of Source: <http://www.census.gov/acs/www/>

URL of Data: <http://factfinder2.census.gov/>

Workers who Walk to Work

Value: 7.2 Percent

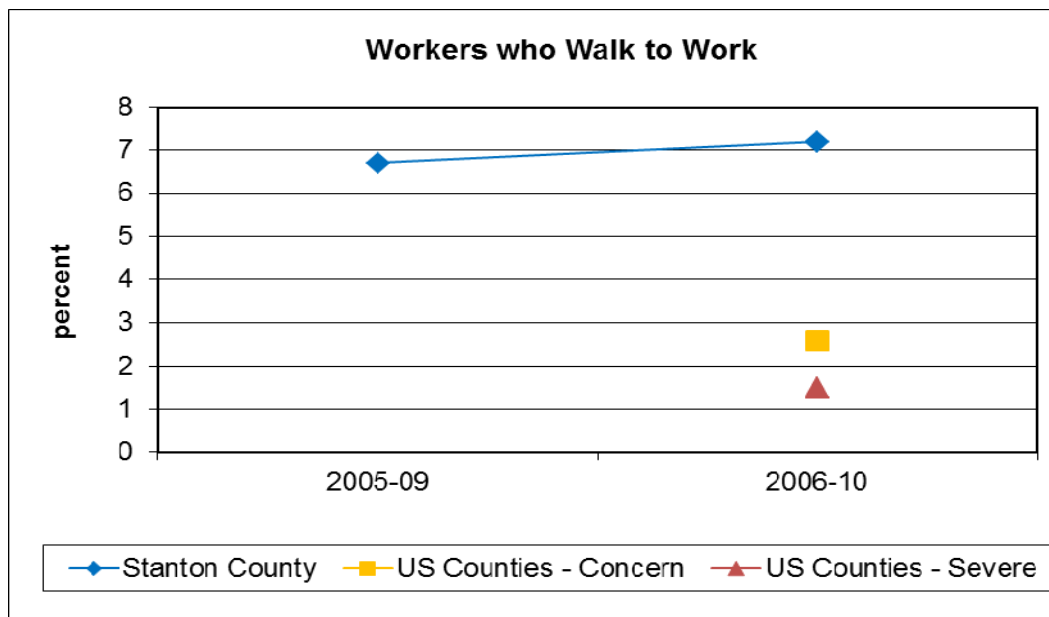
Measurement Period: 2006-2010

Location: County : Stanton

Comparison: US Counties

Categories: Transportation/Commute to Work

Stanton County Rural Health Works



What is this Indicator?

This indicator shows the percentage of workers 16 years of age and older who get to work by walking.

Why this is important: Walking to work is a great way to incorporate exercise into a daily routine. In addition to the health benefits, walking helps people get in touch with their communities, reduces commute costs and helps protect the environment by reducing air pollution from car trips. Furthermore, studies have shown that walking to work improves employees overall attitude and morale and reduces stress in the workplace.

The Healthy People 2020 national health target is to increase the proportion of workers who walk to work to 3.1%.

Technical Note: The distribution is based on data from 3,143 U.S. counties and county equivalents.

Source: American Community Survey

URL of Source: <http://www.census.gov/acs/www/>

URL of Data: <http://factfinder2.census.gov/>

Stanton County Rural Health Works

Personal Vehicle Travel

Households without a Vehicle

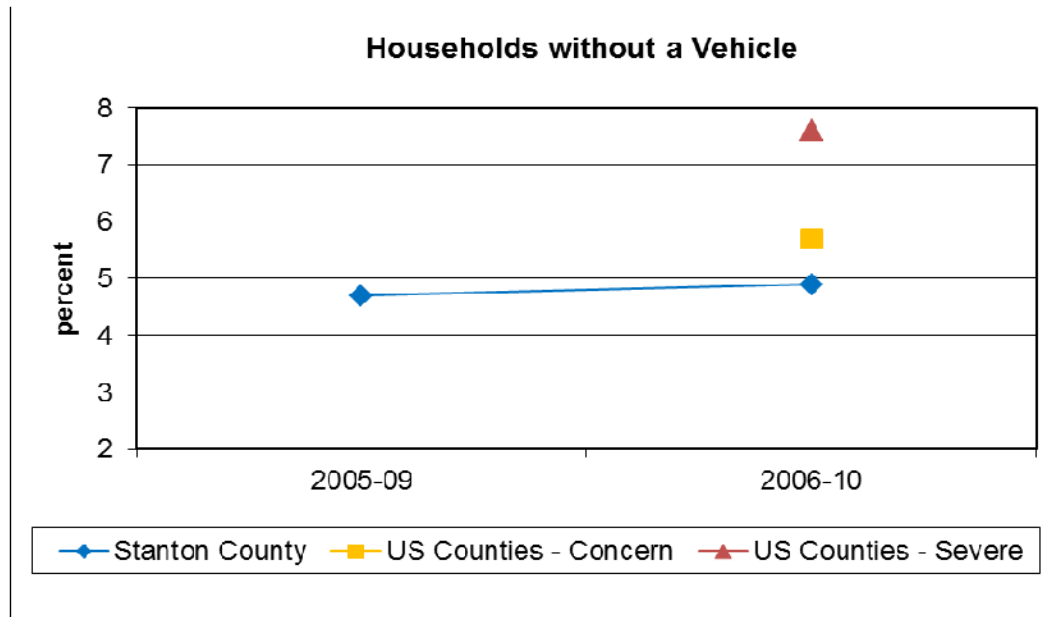
Value: 4.9 Percent

Measurement Period: 2006-2010

Location: County : Stanton

Comparison: US Counties

Categories: Transportation/Commute to Work



What is this Indicator?

This indicator shows the percentage of households that do not have a vehicle.

Why this is important: Vehicle ownership is directly related to the ability to travel. In general, people living in a household without a car make fewer than half the number of journeys compared to those with a car. This limits their access to essential local services such as supermarkets, post offices, doctors' offices and hospitals. Most households with above-average incomes have a car while only half of low-income households do.

Technical Note: The distribution is based on data from 3,143 U.S. counties and county equivalents.

Source: American Community Survey

URL of Source: <http://www.census.gov/acs/www/>

URL of Data: <http://factfinder2.census.gov/>

Stanton County Rural Health Works

Public Transportation

Workers Commuting by Public Transportation

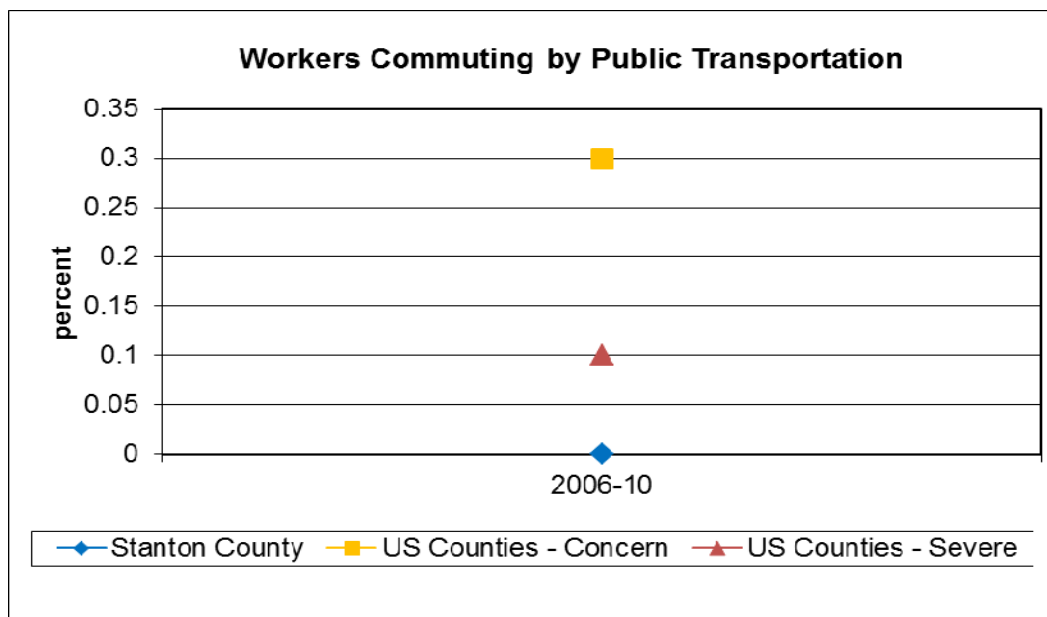
Value: 0 Percent

Measurement Period: 2006-2010

Location: County : Stanton

Comparison: US Counties

Categories: Transportation/Public Transportation



What is this Indicator?

This indicator shows the percentage of workers aged 16 years and over who commute to work by public transportation.

Why this is important: Public transportation offers mobility to U.S. residents, particularly people without cars. Transit can help bridge the spatial divide between people and jobs, services, and training opportunities. Public transportation is also beneficial because it reduces fuel consumption, minimizes air pollution, and relieves traffic congestion.

The Healthy People 2020 national health target is to increase the proportion of workers who take public transportation to work to 5.5%.

Technical Note: The distribution is based on data from 3,143 U.S. counties and county equivalents.

Source: American Community Survey

URL of Source: <http://www.census.gov/acs/www/>

URL of Data: <http://factfinder2.census.gov/>

This information was compiled by the Office of Local Government, K-State Research and Extension. For questions or other information, call 785-532-2643.



Ucaæ d{ } County

Community Survey Results

Stanton County Community Health Care Survey

Survey Highlights

- Non-random, non-representative
- “Lots” of input
- 68 total responses
- 99% see the doctor
- 96% use local doctor
- 93% were satisfied/somewhat satisfied
- 77% used hospital in past two years
- SCH captured 56%
- 94% had SCH experience
- 95% were satisfied/somewhat satisfied
- Specialty services
 - Cardiologist (7)
 - Orthopedist (6)
 - OB/GYN (5)
 - Urologist (5)
 - Pediatrician (4)
 - Dermatologist (3)
 - Radiologist (3)
- 86% used Stanton County Family Practice
- 86% were satisfied/somewhat satisfied
- 5% used Holly Medical Clinic – all satisfied
- 50% used County Health Department
- 91% were satisfied/somewhat satisfied
- General concerns:
 - Chronic conditions
 - Recruitment/retention of health care -providers
 - County Health Department access
 - Customer service
 - Personnel concerns
 - Cost/taxes

Stanton County CHNA Community Survey Results

1. Home Zip Code

	Number	Percent
67855 Johnson	52	76.5%
67862 Manter	11	16.2%
67878 Syracuse	1	1.5%
67951 Hugoton	1	1.5%
81041 Granada, CO	1	1.5%
81047 Holly, CO	2	2.9%
Total	68	100.0%

2. Use a Family Doctor for Most Routine Health Care

	Number	Percent
Yes	67	98.5%
No	1	1.5%
Don't Know	0	0.0%
Total	68	100.0%

3. Medical Provider Used for Routine Health Care

	Number	Percent
Community Health Center	0	0.0%
Health Department	0	0.0%
Emergency Room/Hospital	0	0.0%
Rural Health Clinic	0	0.0%
Specialist	0	0.0%
None	1	100.0%
Other (see list)	0	0.0%
Total	1	100.0%

3. Medical Provider for Routine Health Care

Other
Chiropractic care and eye care and dentist

4. Used a Family Doctor in the Stanton County Service Ara

	Number	Percent
Yes	65	95.6%
No	3	4.4%
Don't Know	0	0.0%
Total	68	100.0%

5. Satisfaction with Quality of Care

	Number	Percent
Satisfied	56	82.4%
Somewhat Satisfied	7	10.3%
Somewhat Dissatisfied	2	2.9%
Dissatisfied	3	4.4%
Total	68	100.0%

6. Reasons for Satisfaction

Convenience and available to the community.
Listens and talks to me.
Listens to you, good staff, friendly, easy to get to,
they call back.
Easy to make appointment.
Needs were met.
We have facilities for almost every level of care,
awesome annual health fairs, timely care.
Expertise- Knowledgeable, care for patient.
All doctors seemed genuinely concerned.
Because they work with my specialist often.
Doctor is very personable easy going doctor and is competent
in his practice.
Able to get appointments quickly.
Certain doctor is very short, rude, and horrible bedside
manners. Needs to go.
Friendly, confident.
I like to be informed about things and that's what I get.
The care I received.
Quality care the doctor listens, easy to get in.
Friendly, prompt, fast appointments.
Good care.
Quick to get in, Knowledgeable.
Real good doctor.
Small town doctors are good for the tiny stuff.
Met our needs adequately.
Caring and helpful.
Satisfied with the correct diagnoses and treatment-skilled and
knowledgeable physician who had rapport with
his or her patients.
Listened to my needs, got appointment quickly.
My questions were answered clearly with kindness.
I have confidence in doctor.
The doctor was able to take care of my problems.
I like the person ability and follow-up.
Nice, friendly care.
Problem resolved.
Has a wide range of care and knowledge.
The doctor's treatment fixed the ailment.
Knowledge and professionalism.
Complaint was diagnosed, treated, cured.
Caring, explained the what, where, and why to me.
Promptness for getting in.

6. Reasons for Dissatisfaction

More time spent on paperwork than actual care of patient.

Easy to get appointments. Doctor is awesome.

Goes beyond the normal to find the cause of your illness.

Doctor listens.

For some reason we can't keep a good doctor.

Had bad outcomes.

7. Used Services of a Hospital in Past 24 months

	Number	Percent
Yes	52	76.5%
No	16	23.5%
Don't Know	0	0.0%
Total	68	100.0%

8. Location of Hospital(s) Used

	Number	Percent
Stanton County Hospital, Johnson	45	55.6%
Morton County Hospital, Elkhart	2	2.5%
St. Catherine Hospital, Garden City	17	21.0%
Bob Wilson Memorial Grant County Hospital, U	8	9.9%
Keary County Hospital, Larkin	0	0.0%
Stevens County Hospital, Hugoton	0	0.0%
Southwest Medical Center, Liberal	5	6.2%
Other (See List)	4	4.9%
Total	81	100.0%

8. Hospital Used in Past 12 Months

Other

Dodge City Medical Clinic allergist

Texas Tech at Amarillo, TX

Wichita facilities

Lawrence hospital

Texas

9a. Ever Used Services of Stanton County Hospital

	Number	Percent
Yes	64	94.1%
No	4	5.9%
Don't Know	0	0.0%
Total	68	100.0%

9b. Type of Service Received

	Number	Percent
Inpatient	13	16.0%
Outpatient	37	45.7%
Emergency	25	30.9%
Other (see list)	6	7.4%
Total	81	92.6%

9b. Service Obtained at Stanton County Hospital

Other

Health Fair

Blood work (2)

Swing Patient

Physical Therapy (2)

9c. Satisfaction with Last Hospital Experience

	Number	Percent
Satisfied	50	79.4%
Somewhat Satisfied	7	11.1%
Somewhat Dissatisfied	1	1.6%
Dissatisfied	5	7.9%
Total	63	100.0%

9d. Reasons for Satisfaction

Great staff in the lab.

Lab was efficient; physical therapy was very caring and capable.

Needs were met. Great care.

Had good care.

It was great.

Doctors listened to everything I said and is very good and understands my questions and answers them.

Very kind and caring.

My problem/Question was handled here. I didn't have to travel.

The Nurses, Lab, X-ray are wonderful. The personal care given is like being home. Hospital is great.

Nurses were great. Certain doctor was very rude, would prefer to not be seen by him again.

ER is unorganized and slow asks unnecessary questions that should already be on computer.

The PA's on staff on weekends are better than our doctors.

Friendly staff.

Good care. Friendly nurses.

Provided service as needed.

Very attentive. Explained test and what to expect.

The patient received quality care from doctor, nursing staff, and other staff.

Professional service.

They did a good job. I left safe and well cared for.

Staff is personable and friendly.

Compassionate and great follow-up.

Friendly staff. Got in quick.

Fulfilled necessary procedures. Courteous and cordial.

Received help and the hospital is clean. Nice employees.

Met our needs.

Had real good care.

Knowledgeable and friendly.

Quality care.

Able to use local facilities for lab work.

Quality care and ease of use.

Doctor knew exactly what the problem was, took x-ray and fixed it.

Professional. Considerate.

9d. Reasons for Dissatisfaction

No doctor for ER. Relying on PA's for everything on weekends.

Lack of good signs and organization of health fair.

Facility lack of windows.

Unfriendly staff. Unskilled staff. Very uncomfortable place.

A new beautiful hospital yet blood taking was done
in the hallway?

The doctors did not know what they were doing. I was at
Stanton County three days, and they didn't know what was
wrong. Went to Morton county and they had it fixed
in half a day.

People were not professional, did not seem educated.

Doctor missed the injury on the x-ray and I had to go elsewhere.

ER is slow and unorganized.

10. Medical Specialist Used in Past 24 Months

Type	Location
Allergist	Dodge City
Anesthesiologist	Garden City
Cardiologist	Elkhart
Cardiologist	Hardon
Cardiologist	Hutchinson
Cardiologist	Ulysses
Cardiologist (3)	Garden City
Chiropractor	Ulysses
Dermatologist	Dodge City
Dermatologist	Ulysses
Dermatologist (2)	Liberal
Endocrinologist	Amarillo, Texas
ENT	Lakin
ENT	Liberal
Entomologist	Colorado Springs
Gynecologist	Garden City
Gynecologist (2)	Denver, Colorado
Gynecologist (2)	Ulysses
Internist	Denver, Colorado
Internist	Garden City
Neurologist	Wichita
Oncologist	Dodge City
Oncologist	Hutchinson
Ophthalmologist	Garden City
Ophthalmologist	McAllen, Texas
Optometrist	Garden City
Optometrist	liberal
Orthopedic Surgeon	Amarillo, Texas
Orthopedic Surgeon	Salina
Orthopedist	Pueblo, Colorado
Orthopedist (3)	Garden City
Pediatrician	Denver, Colorado
Pediatrician	Johnson
Pediatrician (2)	Garden City
Physical Therapist	Ulysses
Podiatrist	Dodge City/Garden City
Podiatrist	Garden City
Radiologist	Garden City
Radiologist	Johnson
Radiologist	Liberal
Surgeon	Pratt
Surgeon	Wichita
Urologist	Liberal
Urologist (4)	Garden City

11a. Ever Used Services of Stanton County Family Practice

	Number	Percent
Yes	56	86.2%
No	9	13.8%
Don't Know	0	0.0%
Total	65	100.0%

11b. Satisfaction with Stanton County Family Practice

	Number	Percent
Satisfied	43	79.6%
Somewhat Satisfied	3	5.6%
Somewhat Dissatisfied	2	3.7%
Dissatisfied	6	11.1%
Total	54	100.0%

11c. Reasons for Satisfaction

Great staff- they are open with what they say.
Prompt, knowledgeable, economical choice of medicine.
Doctors are excellent, caring & professional.
Hospital was very reliable and personable.
Very caring and work with doctors I have to see for proper
diabetic care and the foster children I care for.
The treatment and people were concerned and caring.
Caring. Professional. (2)
Always get what we need.
Can get in to see doctor quickly.
Problem handled locally.
Quality care.
Easy to get in. Prescribed needed meds.
Took care of our needs.
Appreciated physicians who reviewed patients yearly wellness.
Friendly accommodating staff.
Helpful personnel. Kind. Compassionate.
Made me feel welcome. Explained questions.
Provided services as needed.
Easy to get appointments.

11c. Reasons for Dissatisfaction

Doctor looked and acted like I was a hypochondriac and didn't ask enough questions of me.

(Personnel issue)

(Personnel issue)

Friendly. Caring. Prompt.

(Personnel issue)

Was not thorough, too brief.

No one stays very long.

12a. Ever Used Services of Holly Medical Clinic

	Number	Percent
Yes	3	4.7%
No	60	93.8%
Don't Know	1	1.6%
Total	64	100.0%

12b. Satisfaction with Holly Medical Clinic

	Number	Percent
Satisfied	3	100.0%
Somewhat Satisfied	0	0.0%
Somewhat Dissatisfied	0	0.0%
Dissatisfied	0	0.0%
Total	3	100.0%

12c. Reasons for Satisfaction

Great staff- they have set hours. The lab is great also.

Really like staff.

Personal and very nice, get the work done with the best procedures.

Loved my experience the lab staff is nice.

Quality care services.

13a. Ever Used Services of Stanton County Health Department

	Number	Percent
Yes	33	50.0%
No	33	50.0%
Don't Know	0	0.0%
Total	66	100.0%

13b. Satisfaction with Stanton County Health Department

	Number	Percent
Satisfied	26	81.3%
Somewhat Satisfied	3	9.4%
Somewhat Dissatisfied	2	6.3%
Dissatisfied	1	3.1%
Total	32	100.0%

13c. Reasons for Satisfaction

Kind/Knowledgeable/Willing to find info/Timely.
They handled my problem.
At the time they meet the needs of my young family.
Did their job well.
You can get what you need done in a timely manner.
Quality care services.
Received needed physicals and shots.
Met our needs.
Performed as needed. Were polite and proficient.
Can get in quickly good care and concern .
Provided services needed.
Friendly and caring.

13c. Reasons for Dissatisfaction

Services that are not provided for insurance carriers.

I was told if you are fully insured that I was not allowed to use the health department, even if I live in Stanton County and pay taxes. This is ridiculous! I wonder If the commissioners know that people are being turned away. I can go to Grant County Health Department for immunizations any time with no questions.

Had insurance wouldn't see us.

Only sees uninsured. Won't see people who live and pay taxes here.

Not up to other county standard and only for uninsured.

14. General Concerns about Stanton County Health Care

West Nile- long term care- we really want Stanton Co. to be able to admit to Holly Nursing Care Center.

Obesity- high blood pressure.

Need more specialized services coming to facility.

Paying a hospital admin. that does not live in our county or help support our county by paying taxes here!

County tax dollars going to support an out of state hospital.

All we have is a fancy and expensive first aid station.

I believe doing internal exams without the ability to fix accidental bowel penetrations is foolhardy.

Have been utilizing the services of Stanton County Hospital for many years and will continue to do so.

Lack of enough hospital employees. One more doctor would be great!

Need another doctor here in Stanton County.

I know we have several diabetic specialist in the are and could really use an in house facilitator to help us.

Unless we can recruit medical care providers who like living in Stanton County we will have turnover.

(Personnel issue.)

I don't know what we will do when one of your doctors retires. He is one of a kind and a part of the community.

(Personnel issue.)

(Personnel issue.)

14. General Concerns about Stanton County Health Care - continued

I was told if you are fully insured that I was not allowed to use the health department, even if I live in Stanton County and pay taxes. This is ridiculous! I wonder if the commissioners know that people are being turned away. I can go to Grant County Health Department for immunizations any time with no questions.

Why do we even try to do MRI's here when as soon as we do we are recommended to another doctor who refuses our images. Waste of money.

Too much expense made taxes too high, waste of our tax money.

Would like to see more assistance for elderly, health department could expand services.

Be as profitable as possible so they won't take anymore tax dollars. Overall hospital doctors are very important to viability of Stanton county.

Wish they had podiatrist available locally.

Front desk personnel are not friendly.

Be able to keep providers in area, offer more services.

(Personnel issue.)

(Personnel issue.)

Difficulty of attracting medical personnel to Stanton County.

We are very fortunate enough to have this hospital and doctors.

The billing procedure concerns me, very slow. Local mammograms.

The new staff at the clinics is a great improvement, my concern is the available admit to Holly Nursing Care Center.

No home health care available. Need preventative health care options.

I have been satisfied with the care I received.

Very pleased with the staff and lab, grateful to have them here for us.

Thank you to the dedicated personnel in the county and facilities.

Pleased with the hospital and services.

Billing doesn't seem to be done right. Hopefully that will be fixed.

Serious concerns. Board president needs to be replaced every 3-4 years. She and others speak openly to other people about patients health, financials and personal issues.

Distance from major hospital in case of extreme emergencies.

Hard to attract doctors to rural area.

I have to pay more cause I am insured. Catering to the uninsured instead.

OBAMACARE! Nothing is explained very well at all and many things are being vetoed.

Keep as many services at home as possible.



Stanton County Health Services Directory

Office of Local Government
Department of Agricultural Economics
K-State Research and Extension

May 2012

Emily Mashie, Research Assistant
Michael Porter, Research Assistant
Amy McVey, Research Assistant
Brock Burnick, Research Assistant
John Leatherman, Director

Office of
Local Government
K-State Research and Extension


K-STATE
Research and Extension

Stanton County Area Health Services Directory

This directory contains contact information for service providers supporting the local health care system. The directory includes telephone and Internet contact information for many health-related information centers in Kansas and throughout the U.S.

There are two purposes motivating the compilation of this information. The first is to ensure that local residents are aware of the scope of providers and services available in the local health care market. For most rural communities, capturing the greatest share of health care spending is an important source of community economic activity.

The second use of this information is for community health services needs assessment. The ability to review the full inventory of health-related services and providers can help to identify gaps that may exist in the local health care system. This could become the focus of future community efforts to fill the gaps in needed services.

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Table of Contents

Emergency Numbers	1
Non-Emergency Numbers.....	1
Municipal Non-Emergency Numbers	1
Other Emergency Numbers	2
Health Services	4
Hospitals	4
Health Department	5
Mental Health	5
Medical Professionals	5
Chiropractors	5
Clinics	6
Dentists.....	6
Pharmacies.....	6
Physicians and Health Care Providers	7
Rehabilitation Services	7
Other Health Care Services	8
Assisted Living/Nursing Homes/TLC	8
Diabetes	8
Disability Services	8
Domestic/Family Violence	9
Educational Training Opportunities	10
Food Programs	10
Government Healthcare	11
Home Health.....	12
Hospice.....	12
Massage Therapy	12
Medical Equipment and Supplies	13

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School Nurses	13
Senior Services	13
Veterinary Services	14
Local Government, Community, and Social Services	15
Adult Protection	15
Alcohol and Drug Treatment	15
Child Protection	16
Children and Youth	17
Day Care Providers – Adult	17
Day Care Providers - Children	17
Extension Office	18
Funeral Homes	18
Housing	18
Legal Services	19
Libraries, Parks and Recreation	19
Pregnancy Services	19
Public Information	20
Rape	20
Social Security	21
State and National Information, Services, Support ..	22
Adult Protection	22
Alcohol and Drug Treatment Programs	24
Better Business Bureau	26
Children and Youth	27
Community Action	30
Counseling	31
Disability Services	33
Environment	35
Food and Drug	36
Health Services	37
Hospice	39

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Housing	40
Legal Services	40
Medicaid Services	41
Mental Health Services	42
Nutrition	44
Road and Weather Conditions	45
Senior Services	45
Suicide Prevention	48
Veterans	49
Veterans Administration	50
Welfare Fraud Hotline	51

To provide updated information or to add new health and medical services to this directory, please contact:

Office of Local Government

K-State Research and Extension

10E Umberger

Manhattan, KS 66506

Phone: (785)-532-2643

Fax: (785)-532-3093

John Leatherman: jleather@k-state.edu

www.ksu-olg.info/

www.krhw.net

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Emergency Numbers

Police/Sheriff 911

Fire 911

Ambulance 911

Non-Emergency Numbers

Stanton County Sheriff 620-492-6279

Stanton County Ambulance 620-492-6866

Municipal Non-Emergency Numbers

Police/Sheriff

Johnson 620-492-6279

Fire

620-492-2125

Manter 620-492-6279

620-492-2125

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Other Emergency Numbers

Kansas Child/Adult Abuse and Neglect Hotline
1-800-922-5330

www.srskansas.org/hotlines.html

Domestic Violence Hotline
1-800-799-7233

www.ndvh.org

Emergency Management (Topeka)
785-274-1409

www.accesskansas.org/kdem

Federal Bureau of Investigation
1-866-483-5137

www.fbi.gov/congress/congress01/caruso100301.htm

Kansas Arson/Crime Hotline
1-800-KS-CRIME

800-572-1763

www.accesskansas.org/kbi

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Kansas Bureau of Investigation (Topeka)

785-296-8200

www.accesskansas.org/kbi

Kansas Crisis Hotline (Domestic Violence/Sexual Assault)

1-888-END-ABUSE

www.kcsdv.org

Kansas Road Conditions

1-866-511-KDOT

511

www.ksdot.org

Poison Control Center

1-800-222-1222

www.aapcc.org

Suicide Prevention Hotline

1-800-SUICIDE

www.hopeline.com

1-800-273-TALK

www.suicidepreventionlifeline.com

Toxic Chemical and Oil Spills

1-800-424-8802

www.epa.gov/region02/contact.htm

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Health Services

Hospitals

Stanton County Hospital

404 North Chestnut Street (Johnson)

620-492-6250

www.stantoncountyhospital.com

Stanton County Hospital Services Include:

24-Hour Emergency Room

Access to Flight Services

Acute Inpatient Care

Charity Care for the Indigent

Doppler Studies

EKG's

Holter Monitor

Intermediate Swing Bed

Johnson City Medical Clinic

Lab Services

Long Term Care-26 Beds

Medical Alert

MRI Scan

Obstetrics

Onsite CT Scans

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Physical Therapy (IP & OP)
Radiology
Skilled Swing Bed
Social Services
Ultrasound

Health Department

Stanton County Health Department
201 North Main Street (Johnson)
620-492-1440

Mental Health

Area Mental Health Center
201 North Mains Street (Johnson)
620-492-2658

Medical Professionals

Chiropractors

Syracuse Chiropractic Clinic
208 South Chestnut Street (Johnson)
620-492-4285

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Clinics

Johnson City Medical Clinic
106 East Greenwood Avenue (Johnson)
620-492-1409
www.stantoncountyhospital.com

Dentists

Walsh Dental Clinic
111 South Main Street (Johnson)
620-492-2455

Pharmacies

Collier Drug Store
5201 Willow Creek Drive (Johnson)
620-521-7875

Waldron's Pharmacy
111 South Mains Street (Johnson)
620-492-2390

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Physicians and Health Care Providers

Johnson City Medical Clinic

106 East Greenwood Avenue (Johnson)
620-492-1409

Stanton County Family Practice

114 North Main Street (Johnson)
620-492-1400

Rehabilitation Services

Johnson City Medical Clinic

106 East Greenwood Avenue (Johnson)
620-492-1409

Memorial Living Center

102 East Lane Drive Suite 102 (Johnson)
620-492-2356

Stanton County Family Practice

114 North Main Street (Johnson)
620-492-1400

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Other Health Care Services

Assisted Living/Nursing Homes/TLC

Memorial Living Center

102 East Lane Drive Suite 102 (Johnson)
620-492-2356

Stanton County Hospital Long Term Care Unit

404 North Chestnut Street (Johnson)
620-492-6806

Diabetes

Arriva Medical

1-800-375-5137

Diabetes Care Club

1-888-395-6009

Disability Services

American Disability Group

1-877-790-8899

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Kansas Department on Aging

1-800-432-3535

www.agingkansas.org/index.htm

Domestic/Family Violence

Child/Adult Abuse Hotline

1-800-922-5330

www.srskansas.org/services/child_protective_service_s.htm

Family Crisis Center

(Great Bend)

Hotline: 620-792-1885

Business Line: 620-793-1965

General Information – Women’s Shelters

www.WomenShelters.org

Kansas Crisis Hotline

Manhattan

785-539-7935

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Sexual Assault/Domestic Violence Center

(Hutchinson)

Hotline: 1-800-701-3630

Business Line: 620-663-2522

Educational Training Opportunities

Association of Continuing Education

620-792-3218

Food Programs

Kansas Food 4 Life

4 NW25th Road (Great Bend)

620-793-7100

Kansas Food Bank

1919 E Douglas (Wichita)

316-265-4421

www.kansasfoodbank.org

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Government Healthcare

Kansas Department on Aging (KDOA)

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

Kansas Department of Health and Environment (KDHE)

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

MEDICAID

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

MEDICARE

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

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Social & Rehabilitation Services (SRS)

3000 Broadway (Hays)
785-628-1066

Social Security Administration

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

Home Health

Memorial Living Center
102 East Lane Drive (Johnson)
620-492-2356

Hospice

Heritage Homecare
505 North Main Street (Ulysses)
620-356-6006

Massage Therapy

Johnson City Medical Clinic
106 East Greenwood Avenue (Johnson)
620-492-1409

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Memorial Living Center

102 East Lane Drive Suite 102 (Johnson)
620-492-2356

Syracuse Chiropractic Clinic

208 South Chestnut Street (Johnson)
620-492-4285

Medical Equipment and Supplies

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

School Nurses

Stanton County Schools USD 452

Stanton County Elementary School
200 North Long Street (Johnson)
620-492-6216
Stanton County Jr. /Sr. High
200 West Weaver Street (Johnson)
620-492-6284

Senior Services

Elder Care, Inc.

PO Box 1364 (Great Bend)
620-792-5942

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Senior Center

205 East Weaver Avenue (Johnson)
620-492-6816

Veterinary Services

Collingwood Animal Hospital

3721 South Road (Johnson)
620-492-2738

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Local Government, Community, and Social Services

Adult Protection

Adult Protective Services (SRS)

1-800-922-5330

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

Elder Abuse Hotline

1-800-842-0078

www.elderabusecenter.org

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

1-800-922-5330

Alcohol and Drug Treatment

Alcohol and Drug Abuse Services

1-800-586-3690

http://www.srskansas.org/services/alcohol_drug_assess.htm

http://www.srskansas.org/services/alcohol_drug_assess.htm

15

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Alcohol Detoxification 24-Hour Helpline
1-877-403-3387
www.ACenterForRecovery.com

Center for Recovery

1-877-403-6236

G&G Addiction Treatment Center

1-866-439-1807

Road Less Traveled

1-866-486-1812

Seabrook House

1-800-579-0377

The Treatment Center

1-888-433-9869

Child Protection

Kansas Department of Social and Rehabilitation Services West Region Protection Reporting Center – i.e. PROTECTION REPORT CENTER FOR ABUSE

1-800-922-5330

16

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Children and Youth

Children's Alliance

627 SW Topeka Boulevard (Topeka)
785-235-5437

www.childally.org

Kansas Children's Service League

1-800-332-6378

www.kcsl.org

Day Care Providers – Adult

Memorial Living Center

102 East Lane Drive Suite 102 (Johnson)
620-492-2356

Stanton County Hospital Long Term Care Unit

404 North Chestnut Street (Johnson)
620-492-6806

Day Care Providers - Children

Learning Tree Preschool

202 South Nipp Street (Johnson)
620-492-6850

17

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Wee Care Day Care

307 Ellsworth Avenue (Johnson)
620-492-2679

Extension Office

Stanton County Extension Office

201 North Main (Johnson)
620-492-2240

Funeral Homes

Garmand Funeral Home

605 West North Avenue (Johnson)
620-492-2153
www.garmandfuneralhomes.com

Housing

Corp Housing Equity

14482 West 118th Terrace (Olathe)
913-261-8067

18

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Legal Services

David C. Black

101 South Main Street (Johnson)
620-492-2130

Floyd Law Office LLC

511 North Main Street (Johnson)
620-492-6600

Moran M. Tomson

102 East Sherman Avenue (Johnson)
620-492-6607

Libraries, Parks and Recreation

Stanton County Library

103 East Sherman Avenue (Johnson)
620-492-2302

www.stantoncountylib.info

Pregnancy Services

Adoption is a Choice

1-877-524-5614

Adoption Network

1-888-281-8054

19

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Adoption Spacebook

1-866-881-4376

Graceful Adoptions

1-888-896-7787

Kansas Children's Service League

1-877-530-5275

www.kcsl.org

Public Information

Stanton County Library

103 East Sherman Avenue (Johnson)
620-492-2302

www.stantoncountylib.info

Stanton County Courthouse

201 North Main Street (Johnson)
620-492-2180

Rape

Domestic Violence and Rape Hotline

1-888-874-1499

20

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Family Crisis Center
1806 12th Street (Great Bend)
620-793-1885

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

Social Security

Social Security Administration
1-800-772-1213
1-800-325-0778
www.ssa.gov

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**State and National Information,
Services, Support**

Adult Protection

Adult Protection Services
1-800-922-5330

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

Domestic Violence and Sexual Assault (DVACK)
1-800-874-1499
www.dvack.org

Elder Abuse Hotline
1-800-842-0078
www.elderabusecenter.org

Elder and Nursing Home Abuse Legal
www.resource4nursinghomeabuse.com/index.html

**Kansas Coalition Against Sexual and Domestic
Violence**
1-888-END-ABUSE (363-2287)
www.kcsdv.org/ksresources.html

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**Kansas Department on Aging
Adult Care Complaint Program**
1-800-842-0078

National Center on Elder Abuse (Administration on Aging)
www.ncea.gov/NCEARoot/Main_Site?Find_Help/Help_Hotline.aspx

National Domestic Violence Hotline
1-800-799-SAFE (799-7233)
1-800-787-3224 (TTY)
www.ndvh.org

National Sexual Assault Hotline
1-800-994-9662
1-888-220-5416 (TTY)
www.4woman.gov/fdq/sexualassault.htm

National Suicide Prevention Lifeline
1-800-273-8255

Poison Center
1-800-222-1222

Sexual Assault and Domestic Violence Crisis Line
1-800-701-3630

23

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Social and Rehabilitation Services (SRS)
1-888-369-4777 (HAYS)
www.srskansas.org

Suicide Prevention Helpline
785-841-2345

Alcohol and Drug Treatment Programs

A 1 A Detox Treatment
1-800-757-0771

AAAAAH
1-800-993-3869

Abandon A Addiction
1-800-405-4810

Able Detox-Rehab Treatment
1-800-577-2481 (NATIONAL)

Abuse Addiction Agency
1-800-861-1768
www.thewatershed.com

24

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AIC (Assessment Information Classes)

1-888-764-5510

Al-Anon Family Group

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

www.al-anon.alateen.org

Alcohol and Drug Abuse Hotline

1-800-ALCOHOL

Alcohol and Drug Abuse Services

1-800-586-3690

www.srskansas.org/services/alc-drug_assess.htm

Alcohol and Drug Addiction Treatment Programs

1-800-510-9435

Alcohol and Drug Helpline

1-800-821-4357

Alcoholism/Drug Addiction Treatment Center

1-800-477-3447

Kansas Alcohol and Drug Abuse Services Hotline

1-800-586-3690

www.srskansas.org/services/alc-drug_assess.htm

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Mothers Against Drunk Driving

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

www.madd.org

National Council on Alcoholism and Drug Dependence, Inc.

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

www.ncadd.org

Recovery Connection

www.recoveryconnection.org

Regional Prevention Centers of Kansas

1-800-757-2180

www.smokyhillfoundation.com/rpc-locate.html

Better Business Bureau

Better Business Bureau

328 Laura (Wichita)

316-263-3146

www.wichita.bbb.org

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Children and Youth

Adoption

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

Boys and Girls Town National Hotline

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

Child/Adult Abuse and Neglect Hotline

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

Child Abuse Hotline

1-800-922-5330

Child Abuse National Hotline

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

Child Abuse National Hotline

1-800-4-A-CHILD (422-4453)
www.childabuse.com

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Child Find of America

1-800-426-5678

Child Help USA National Child Abuse Hotline

1-800-422-4453

Child Protective Services

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

Health Wave

P.O. Box 3599
Topeka, KS 66601
1-800-792-4884
1-800-792-4292 (TTY)
www.kansashealthwave.org

Heartspring (Institute of Logopedics)

8700 E. 29TH N
Wichita, KS 67226
www.heartspring.org

Kansas Big Brothers/Big Sisters

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

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Kansas Children's Service League (Hays)

785-625-2244

1-877-530-5275

www.kcsl.org

Kansas Department of Health and Environment

785-296-1500

www.kdheks.gov

e-mail: info@kdheks.gov

Kansas Society for Crippled Children

106 W. Douglas, Suite 900

Wichita, KS 67202

1-800-624-4530

316-262-4676

www.ksociety.org

National Runaway Switchboard

1-800-RUNAWAY

www.1800runaway.org/

**National Society for Missing and Exploited
Children**

1-800-THE-LOST (843-5678)

www.missingkids.com

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Parents Anonymous Help Line

1-800-345-5044

www.parentsanonymous.org/palindex10.html

Runaway Line

1-800-621-4000

1-800-621-0394 (TDD)

www.1800runaway.org/

Talking Books

1-800-362-0699

www.skyways.llb.kansas.gov/KSL/talking/ksl_bph.html

Community Action

Peace Corps

1-800-424-8580

www.peacecorps.gov

**Public Affairs Hotline (Kansas Corporation
Commission)**

1-800-662-0027

www.kcc.state.ks.us

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Counseling

Care Counseling

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

Carl Feril Counseling

608 N Exchange (St. John)
620-549-6411

Castlewood Treatment Center for Eating Disorders

1-888-822-8938
www.castlewoodtc.com

Catholic Charities

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

Center for Counseling

5815 W Broadway (Great Bend)
1-800-875-2544

Central Kansas Mental Health Center

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

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Consumer Credit Counseling Services

1-800-279-2227
www.kscocs.org/

Kansas Problem Gambling Hotline

1-866-662-3800
www.ksmhbc.org/Services/gambling.htm

National Hopeline Network

1-800-SUICIDE (785-2433)
www.hopeline.com

National Problem Gambling Hotline

1-800-552-4700
www.npgaw.org

Samaritan Counseling Center

1602 N. Main Street
Hutchinson, KS 67501

620-662-7835
<http://cmc.pdswebpro.com/>

Self-Help Network of Kansas

1-800-445-0116
www.selfhelpnetwork.wichita.edu

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Senior Health Insurance Counseling

1-800-860-5260

www.aqingkanssas.org

Sunflower Family Services, Inc.

(adoption, crisis pregnancy, conflict solution center)

1-877-457-5437

www.sunflowerfamily.org

Disability Services

**American Association of People with Disabilities
(AAPD)**

www.aapd.com

American Council for the Blind

1-800-424-8666

www.acb.org

Americans with Disabilities Act Information

Hotline

1-800-514-0301

1-800-514-0383 (TTY)

www.ada.gov

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Disability Advocates of Kansas, Incorporated

1-866-529-3824

www.disabilitysecrets.com

Disability Group, Incorporated

1-888-236-3348

www.disabilitygroup.com

Disability Rights Center of Kansas (DRC)

Formerly Kansas Advocacy & Protective Services

1-877-776-1541

1-877-335-3725 (TTY)

www.drckansas.org

Hearing Healthcare Associates

1-800-448-0215

**Kansas Commission for the Deaf and Hearing
Impaired**

1-800-432-0698

www.srskansas.org/kcdhn

Kansas Relay Center (Hearing Impaired service)

1-800-766-3777

www.kansasrelay.com

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National Center for Learning Disabilities

1-888-575-7373

www.ncld.org

National Library Services for Blind & Physically Handicapped

www.loc.gov/nls/

1-800-424-8567

Parmele Law Firm

8623 E 32nd Street N, Suite 100 (Wichita)

1-877-267-6300

Environment

Environmental Protection Agency

1-800-223-0425

913-321-9516 (TTY)

www.epa.gov

Kansas Department of Health and Environment

Salina 785-827-9639

Hays 785-625-5663

Topeka 785-296-1500

www.kdheks.gov

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Food and Drug

Center for Food Safety and Applied Nutrition

1-888-SAFEFOOD (723-3366)

www.cfsan.fda.gov/

www.healthfinder.gov/docs/doc03647.htm

US Consumer Product Safety Commission

1-800-638-2772

1-800-638-8270 (TDD)

www.cpsc.gov

USDA Meat and Poultry Hotline

1-888-674-6854

1-800-256-7072 (TTY)

www.fsis.usda.gov/

U.S. Food and Drug Administration

1-888-INFO-FDA

1-888-463-6332

www.fsis.usda.gov/

Poison Hotline

1-800-222-1222

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Health Services

American Cancer Society

1-800-227-2345

www.cancer.org

American Diabetes Association

1-800-DIABETES (342-2383)

www.diabetes.org

AIDS/HIV Center for Disease Control and Prevention

1-800-CDC-INFO

1-888-232-6348 (TTY)

www.cdc.gov/hiv/

AIDS/STD National Hot Line

1-800-342-AIDS

1-800-227-8922 (STD line)

American Health Assistance Foundation

1-800-437-2423

www.ahaf.org

American Heart Association

1-800-242-8721

www.americanheart.org

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American Lung Association

1-800-586-4872

American Stroke Association

1-888-4-STROKE

www.americanheart.org

Center for Disease Control and Prevention

1-800-CDC-INFO

1-888-232-6348 (TTY)

www.cdc.gov/hiv/

Elder Care Helpline

www.eldercarelink.com

Eye Care Council

1-800-960-EYES

www.seetolearn.com

Kansas Foundation for Medical Care

1-800-432-0407

www.kfmc.org

National Health Information Center

1-800-336-4797

www.health.gov/nhic

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National Cancer Information Center

1-800-227-2345

1-866-228-4327 (TTY)

www.cancer.org

**National Institute on Deafness and Other
Communication Disorders Information**

Clearinghouse

1-800-241-1044

1-800-241-1055 (TTY)

www.nidcd.nih.gov

Hospice

Hospice-Kansas Association

1-800-767-4965

Kansas Hospice and Palliative Care Organization

1-888-202-5433

www.lifeproject.org/akh.htm

Southwind Hospice, Incorporated

www.southwindhospice.com

785-483-3161

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Housing

Kansas Housing Resources Corporation

785-296-2065

www.housingcorp.org

**US Department of Housing and Urban
Development**

Kansas Regional Office

913-551-5462

Legal Services

Kansas Attorney General

1-800-432-2310 (Consumer Protection)

1-800-828-9745 (Crime Victims' Rights)

1-800-766-3777 (TTY)

www.ksag.org/

Kansas Bar Association

785-234-5696

www.ksbar.org

Kansas Department on Aging

1-800-432-3535

www.agingkansas.org/index.htm

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Kansas Legal Services

1-800-723-6953

www.kansaslegalservices.org

Southwest Kansas Area Agency on Aging

240 San Jose Drive (Dodge City)

(620) 225-8230

<http://www.swkaaa.org/>

Medicaid Services

First Guard

1-888-828-5698

www.firstguard.com

Kansas Health Wave

1-800-792-4884 or 1-800-792-4292 (TTY)

www.kansashealthwave.org

Kansas Medical Assistance Program

Customer Service

1-800-766-9012

www.kmpa-state-ks.us/

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Medicare Information

1-800-MEDICARE

www.medicare.gov

U.S. Department of Health and Human Services

Centers for Medicare and Medicaid Services

1-800-MEDICARE (1-800-633-4227) or

1-877-486-2048 (TTY)

www.cms.hhs.gov

Mental Health Services

Alzheimer's Association

1-800-272-3900 or 1-866-403-3073 (TTY)

www.alz.org

Developmental Services of Northwest Kansas

1-800-637-2229

Kansas Alliance for Mentally Ill (Topeka, KS)

785-233-0755

www.namikansas.org

Make a Difference

1-800-332-6262

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Mental Health America

1-800-969-6MHA (969-6642)

National Alliance for the Mentally Ill Helpline

1-800-950-NAMI (950-6264) or 703-516-7227 (TTY)

www.nami.org

National Institute of Mental Health

1-866-615-6464 or 1-866-415-8051 (TTY)

www.nimh.nih.gov

National Library Services for Blind and Physically

Handicapped

1-800-424-8567

www.loc.gov/nls/music/index.html

National Mental Health Association

1-800-969-6642

1-800-433-5959 (TTY)

www.nmha.org

State Mental Health Agency

KS Department of Social and Rehabilitation Services

915 SW Harrison Street (Topeka)

785-296-3959

www.srskansas.org

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Suicide Prevention Hotline

1-800-SUICIDE [784-2433]

www.hopeline.com

Nutrition

American Dietetic Association

1-800-877-1600

www.eatright.org

American Dietetic Association Consumer

Nutrition Hotline

1-800-366-1655

Department of Human Nutrition

Kansas State University

119 Justin Hall (Manhattan)

785-532-5500

www.humec.k-state.edu/hn/

Eating Disorders Awareness and Prevention

1-800-931-2237

www.nationaleatingdisorders.org

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Food Stamps

Kansas Department of Social and Rehabilitation Services (SRS)

1-888-369-4777 or Local SRS office

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

Kansas Department of Health and Environment

1000 SW Jackson, Suite 220 (Topeka)

785-296-1320

www.kdheks.gov/news-wic/index.html

Road and Weather Conditions

Kansas Road Conditions

1-866-511-KDOT

511

www.ksdot.org

Senior Services

Alzheimer's Association

1-800-487-2585

American Association of Retired Persons (AARP)

1-888-OUR-AARP (687-2277)

www.aarp.org

45

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Americans with Disabilities Act Information Line

1-800-514-0301 or 1-800-514-0383 [TTY]

www.usdoj.gov/crt/ada

American Association of Retired Persons

1-888-687-2277

www.aarp.org

Area Agency on Aging

1-800-432-2703

Eldercare Locator

1-800-677-1116

www.eldercare.gov/eldercare/public/home.asp

Home Buddy

1-866-922-8339

www.homebuddy.org

Home Health Complaints

Kansas Department of Social and Rehabilitation Services (SRS)

1-800-842-0078

46

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Kansas Advocates for Better Care Inc.

Consumer Information

1-800-525-1782

www.kabc.org

Kansas Department on Aging

1-800-432-3535 or 785-291-3167 (TTY)

www.agingkansas.org/index.htm

Kansas Foundation for Medical Care, Inc.

Medicare Beneficiary Information

1-800-432-0407

Kansas Tobacco Use Quitline

1-866-KAN-STOP (526-7867)

www.kdheks.gov/tobacco/cessation.html

Older Kansans Employment Programs (OKEP)

785-296-7842

www.kansascommerce.com

Older Kansans Hotline

1-800-742-9531

Older Kansans Information Reference Sources on

Aging (OKIRSA)

1-800-432-3535

47

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Senior Health Insurance Counseling for Kansas

1-800-860-5260

www.agingkansas.org/SHICK/shick_index.html

SHICK

1-800-860-5260

www.agingkansas.org/SHICK

Social Security Administration

785-296-3959 or 785-296-1491 (TTY)

www.srskansas.org

SRS Rehabilitation Services Kansas

785-296-3959

785-296-1491 (TTY)

www.srskansas.org

Suicide Prevention

Suicide Prevention Services

1-800-784-2433

www.spsfiv.org

48

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Veterans

Federal Information Center

1-800-333-4636

www.FirstGov.gov

U.S. Department of Veterans Affairs

1-800-513-7731

www.kcva.org

Education (GI Bill)

1-888-442-4551

Health Resource Center

1-877-222-8387

Insurance Center

1-800-669-8477

Veteran Special Issue Help Line

Includes Gulf War/Agent Orange Helpline

1-800-749-8387

U.S. Department of Veterans Affairs

Mammography Helpline

1-888-492-7844

49

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Other Benefits

1-800-827-1000

Memorial Program Service [includes status of headstones and markers]

1-800-697-6947

Telecommunications Device for the Deaf/Hearing Impaired

1-800-829-4833 (TTY)

www.vba.va.gov

Veterans Administration

Veterans Administration Benefits

1-800-669-8477

Life Insurance

1-800-669-8477

Education (GI Bill)

1-888-442-4551

Health Care Benefits

1-877-222-8387

Income Verification and Means Testing

1-800-929-8387

50

DRAFT

Mammography Helpline

1-888-492-7844

Gulf War/Agent Orange Helpline

1-800-749-8387

Status of Headstones and Markers

1-800-697-6947

Telecommunications Device for the Deaf

1-800-829-4833

www.vba.va.gov

Benefits Information and Assistance

1-800-827-1000

Debt Management

1-800-827-0648

Life Insurance Information and Service

1-800-669-8477

Welfare Fraud Hotline



Welfare Fraud Hotline

1-800-432-3913

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Kansas Rural Health Works Community Health Needs Assessment


Stanton County

John Leatherman
Professor, Department of Agricultural Economics
Director, Office of Local Government
K-State Research and Extension



Agenda

- CHNA overview
- Economic contribution of local health care
- Preliminary list of community concerns
- Health service area
- Local data reports
- Community health services directory
- Community health care survey
- Proposed schedule of meetings
- Focus group questions
- Next meeting





Local Health Needs Assessment

- Patient Protection and Affordable Care Act
- 501(c)3 (charitable) hospital every 3 years
 - Community Health Needs Assessment
 - Implementation strategy
 - Demonstrable effort for progress
- Public Health Accreditation every 5 years
 - Community Public Health Needs Assessment
 - Public health action planning
 - Strategic plan






KRHW CHNA Objectives

- KRHW Community Engagement Process since 2005
 - Help foster healthy communities
 - Help foster sustainable rural community health care system
 - Identify priority health care needs
 - Mobilize/organize the community
 - Develop specific action strategies with measurable goals


Community-driven Process

- Community-based, not driven by hospital, health care provider, or outside agency
- Local people solving local problems
- Community provides energy and commitment, with input from health care providers
- Public represented by you - community leaders who care enough to participate
- I make no recommendations

Steering Committee Meetings

- 3 two-hour working meetings over 3 weeks
- Why? Examine information resources
 - Economic contribution of health care; health services directory; community health care survey; data and information reports
- What? Identify priority health-related needs
 - Revisit information; small group discussion; group prioritization; form action teams
- How? Develop action strategies for priority needs
 - Leadership, measurable goals



KANSAS RURAL
HEALTHWORKS

Keys to Success

- Our process has a beginning and an end
- Your participation is critical
- Your preparation allows effective participation
- Every community has needs and the capacity to improve its relative situation
- Your ongoing commitment and initiative will determine whether that's true here
- We'll provide discussion forum and tools
- The rest is up to you

KANSAS RURAL
HEALTHWORKS

The Importance of the Health Care Sector to the Economy of Stanton County

Kansas Rural Health Options Project
December 2010

Jim Peltz, Research Assistant
Katie Worme, Extension Assistant
John Lundberg, Director

KANSAS RURAL
HEALTHWORKS

Importance of Health Care Sector

- Health services and rural development
 - Major U.S. Growth Sector
 - Health services employment up 70% from 1990-08
 - 10%-15% employment in many rural counties
 - Business location concern
 - Quality of life; productive workforce; 'tie-breaker' location factor
 - Retiree location factor
 - 60% called quality health care "must have"

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Health Services Employment

Figure 1. U.S. Employment Growth in Healthcare and All Other Industries, 2003Q1–2013Q1

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Health Services in Stanton County

Figure 5. Employment by Sector (2008)

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Total Health Care Impact

Health Sectors	Direct Employment	Economic Multiplier	Total Impact
Health and Personal Care Stores	3	1.12	3
Veterinary Services	0	0.00	0
Home Health Care Services	0	0.00	0
Doctors and Dentists	48	1.25	60
Other Ambulatory Health Care	0	0.00	0
Hospitals	79	1.24	98
Nursing and Residential Care Facilities	0	0.00	0
Total	130		161

KANSAS RURAL HEALTHWORKS

Health Care Impact (\$000)

Health Sectors	Direct Income	Economic Multiplier	Total Impact
Health and Personal Care Stores	\$141	1.11	\$157
Veterinary Services	\$0	0.00	\$0
Home Health Care Services	\$0	0.00	\$0
Doctors and Dentists	\$397	1.09	\$434
Other Ambulatory Health Care	\$0	0.00	\$0
Hospitals	\$4,032	1.12	\$4,509
Nursing/Residential Care Facilities	\$0	0.00	\$0
Total	\$4,571		\$5,100

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KANSAS RURAL HEALTHWORKS

Health Care Impact (\$000)

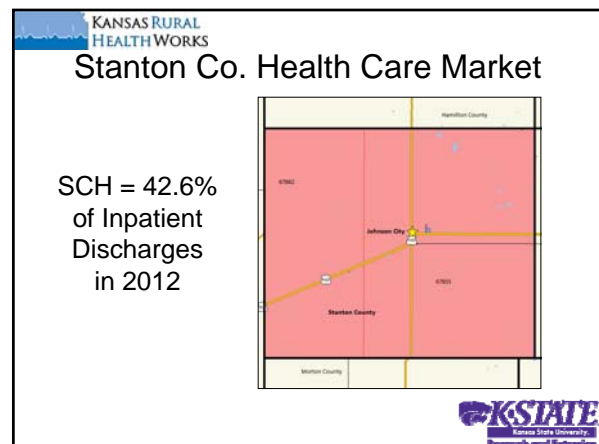
Health Sectors	Total Impact	Retail Sales	County Sales Tax Collection
Health and Personal Care Stores	\$157	\$33	\$0
Veterinary Services	\$0	\$0	\$0
Home Health Care Services	\$0	\$0	\$0
Doctors and Dentists	\$434	\$90	\$1
Other Ambulatory Health Care	\$0	\$0	\$0
Hospitals	\$4,509	\$933	\$9
Nursing/Residential Care Facilities	\$0	\$0	\$0
Total	\$5,100	\$1,055	\$11

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- KANSAS RURAL HEALTHWORKS
- ### Summary and Conclusions
- Trends and indicators show health care's economic importance
 - Health services among the fastest growing sectors – demographic trends suggest growth will continue
 - Attracting/retaining businesses & retirees depends on adequate health care services
 - Sustainable health care system essential for local health and economic opportunity
- KSTATE Kansas State University

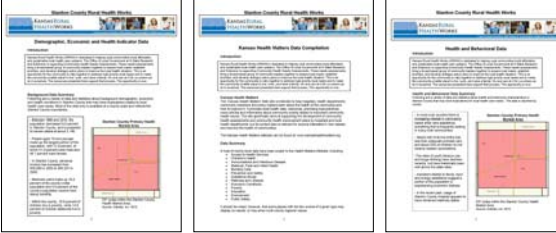
- KANSAS RURAL HEALTHWORKS
- ### Summary and Conclusions
- Economics of health care rapidly changing
 - Maintaining a sustainable local health care system is a community-wide challenge
 - Strategic health care planning must be ongoing and inclusive
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- KANSAS RURAL HEALTHWORKS
- ### Initial Community Perceptions
- What are major health-related concerns?
 - What needs to be done to improve local health care?
 - What should be the over-arching health care goals in the county?
 - What are the greatest barriers to achieving those goals?
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KANSAS RURAL HEALTHWORKS

Data Fact Sheets



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KANSAS RURAL HEALTHWORKS

Data Fact Sheets

- Seeking issues/needs in secondary data, i.e. that which is missing, a challenge, or could be improved
- Looking at the negative doesn't mean there isn't much that is good
- Data are indicators that require interpretation
- You decide what's important

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KANSAS RURAL HEALTHWORKS

Data Fact Sheets

- Seeking issues/needs in secondary data
- Economic & demographic data
 - Declining population ~ 8% 1990-2010, stabilize
 - Aging population ~ 16% 65+ & increasing
 - Hispanic population 40% and growing
 - 42% of population without spouse
 - 9% of HH live on <\$15,000, 17% <\$25,000
 - Transfer income > importance (\$12m, 13%)
 - 11% live in poverty (17% of children)

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KANSAS RURAL HEALTHWORKS

Data Fact Sheets

- Health & behavioral data
 - LTC capacity: community-based alternatives?
 - Youth tobacco use ~ 9+%, < KS & improving
 - Youth binge drinking ~ 6%, < KS & improving
 - Child immunizations ~ 80%, > KS & improving
 - 46% newborns < than adequate prenatal care
 - 5 teen births, 4 out-of-wedlock to 15-19 y.o.
 - Government food assistance increasing
 - Hospital short-term trends stable

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KANSAS RURAL HEALTHWORKS

Data Fact Sheets

- Crime data
 - Incomplete data
- Education data
 - Long-term enrollment decline
 - Dropout rate stable
 - Violence trending up (small #'s)
- Traffic data
 - 11% of crashes w. injury/death, no seatbelt
 - Stable overall trends

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KANSAS RURAL HEALTHWORKS

Data Fact Sheets

- Health Matters (random impressions)
 - Variability due to sampling; regional proxies
 - Regional obesity, diabetes > KS
 - 20% teen, 40% unmarried births rising, > KS
 - 12% of pregnant women smoke, < KS
 - Mortality rates generally better than KS

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KANSAS RURAL HEALTHWORKS

Data Fact Sheets

- Health Matters (random impressions)
 - Children's dental is a problem
 - Rate of injuries, traffic mortality high
 - Adult smoking, binge drinking < KS
 - Uninsured population is high, > KS
 - Adults with poor perceived health > KS
 - Some economic distress indicated
 - Elderly alone is a concern

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KANSAS RURAL HEALTHWORKS

Overall Conclusions from Data

- Population trends and income levels are creating challenges
- Accessing state/federal assistance essential
- Community-based services for elderly, alone
- Room for improvement in preventable problems – lifestyle and chronic conditions

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KANSAS RURAL HEALTHWORKS

You look. You decide.

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KANSAS RURAL HEALTHWORKS

Community Health Care Survey



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Community Health Care Survey

- Non-random, non-representative
- "Lots" of input
- 68 total responses
- 99% see the doctor
- 96% use local doctor
- 93% were satisfied/somewhat satisfied

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Community Health Care Survey


- 77% used hospital in past two years
- SCH captured 56%
- 94% had SCH experience
- 95% were satisfied/somewhat satisfied
- Specialty services
 - Cardiologist (7); Orthopedist (6); OB/GYN (5); Urologist (5); Pediatrician (4); Dermatologist (3); Radiologist (3)

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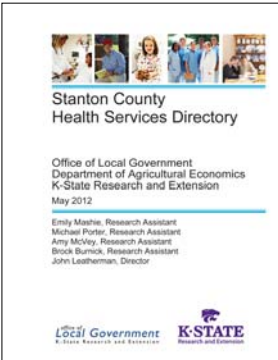
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Community Health Care Survey

- 86% used Stanton Co. Family Practice
- 86% were satisfied/somewhat satisfied
- 5% used Holly Medical Clinic – all satisfied
- 50% used County Health Department
- 91% were satisfied/somewhat satisfied
- General concerns:
 - Chronic conditions; recruitment/retention; Co. Health access; customer service; personnel concerns; cost/taxes





KANSAS RURAL HEALTHWORKS




Stanton County Health Services Directory

Office of Local Government
Department of Agricultural Economics
K-State Research and Extension
May 2012

Emily Maestas, Research Assistant
Michael Porter, Research Assistant
Amy McVey, Research Assistant
Brook Burch, Research Assistant
John Leatherman, Director


 



KANSAS RURAL HEALTHWORKS

Community Directory


- Comprehensive listing of health and related providers and services
- If they know it's available locally, they can choose to buy it at home
- Extended description of hospital, county health department, others as justified
- You ensure completeness and accuracy
- Consider the "gaps" that may exist
- Updatable, reproducible



KANSAS RURAL HEALTHWORKS

Public Meeting Schedule


- October 2 - **Why?** Overview, economic impact report, community concerns, data reports, draft health services directory, survey
- October 9 - **What?** Review data & information; group discussion; issue prioritization; team formation
- October 16 - **How?** Action planning
- After? That's up to you



KANSAS RURAL HEALTHWORKS

Next Meeting


- Introduction and review
- Review of data & survey results
- Service gap analysis
- Focus group formation and charge
- Group summaries
- Prioritization
- Next meeting date



KANSAS RURAL HEALTHWORKS


Next Meeting

- Homework: review the information, consider the questions
- Focus Group questions
 - What is your vision for a healthy community?
 - What are the top 3-4 things that need to happen to achieve your vision?
 - What can the hospital do to help?
 - What can the health department do to help?



www.krhw.net





Contact information:

John Leatherman


785-532-4492/2643



jleather@k-state.edu

More info:

www.krhw.net

www.ksu-olg.info




Kansas Rural Health Works Community Health Needs Assessment



Stanton County

John Leatherman
Professor, Department of Agricultural Economics
Director, Office of Local Government
K-State Research and Extension





Agenda

- CHNA overview and review
- Preliminary list of community concerns
- Local data reports
- Community health services gap analysis
- Community health care survey results
- Small group discussion
- Group prioritization
- Next meeting


Local Health Needs Assessment

- Patient Protection and Affordable Care Act creates hospital requirements
- Public Health Department Accreditation
- Both require Community Health Needs Assessment



KRHW CHNA Objectives


- KRHW CHNA
 - Help foster healthy communities and a sustainable rural community health care system
 - Identify priority health care needs
 - Mobilize/organize the community
 - Develop specific action strategies with measurable goals

Community-driven Process

- Community-based, not driven by hospital, health care provider, or outside agency
- Local people solving local problems
- Community provides energy and commitment, with input from health care providers
- Public represented by you
- I make no recommendations








The Importance of the Health Care Sector to the Economy of Stanton County

Kansas Rural Health Options Project
December 2010

Dr. Peter H. Hensel, President
Katie Warrick, Extension Specialist
John Leatherman, Director





KANSAS RURAL HEALTHWORKS

Summary and Conclusions

- Trends and indicators show health care's economic importance
- Health services among the fastest growing sectors – demographic trends suggest growth will continue
- Sustainable health care system essential for local health and economic opportunity
- Maintaining a sustainable local health care system is a community-wide challenge

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KANSAS RURAL HEALTHWORKS

Initial Community Perceptions

- What are major health-related concerns?
- What needs to be done to improve local health care?
- What should be the over-arching health care goals in the county?
- What are the greatest barriers to achieving those goals?

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KANSAS RURAL HEALTHWORKS

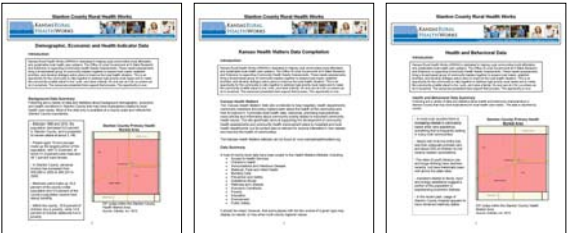
Collective Themes

- Health, wellness, chronic disease prevention
- Recruitment and retention of health workforce
- Expanding primary and specialty services
- Elder care; need for community-based services, including home health care
- Community perceptions and attitudes and the need to reduce health spending leakages
- Keeping facilities and practices up to date
- Cost, access, finance, reimbursements
- Your conclusions?

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KANSAS RURAL HEALTHWORKS

Data Fact Sheets



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KANSAS RURAL HEALTHWORKS

Data Fact Sheets

- Seeking issues/needs in secondary data, i.e. that which is missing, a challenge, or could be improved
- Looking at the negative doesn't mean there isn't much that is good
- Data are indicators that require interpretation
- You decide what's important

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KANSAS RURAL HEALTHWORKS

Overall Conclusions from Data


- Generally positive indicators
- Population trends and income levels are creating challenges
- Accessing state/federal assistance essential
- Community-based services for elderly, alone
- Room for improvement in preventable problems – lifestyle and chronic conditions

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KANSAS RURAL HEALTHWORKS

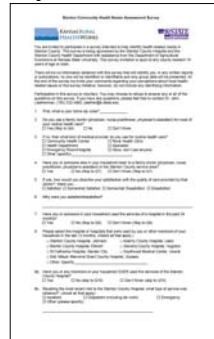
Your Analysis


- What did you see that you liked?
- What do you see that was troubling?
- What do you think could be improved?
- What do you think is in your collective capacity to make better?



KANSAS RURAL HEALTHWORKS

Community Health Care Survey






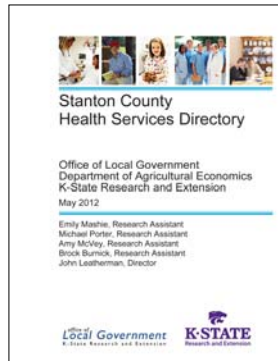
KANSAS RURAL HEALTHWORKS


Community Health Care Survey

- 68 responses
- Non-representative, but lots of input
- Local provider use and satisfaction
- Generally positive
- General concerns:
 - Chronic conditions; recruitment/retention; Co. Health access; customer service; personnel concerns; cost/taxes



KANSAS RURAL HEALTHWORKS






KANSAS RURAL HEALTHWORKS

Community Directory


- Comprehensive listing of health and related providers and services
- If they know it's available locally, they can choose to buy it at home
- You ensure completeness and accuracy
- Consider the "gaps" that may exist
- What was missing that you would like to see?



KANSAS RURAL HEALTHWORKS

Small Group Discussion


- Discussion leader and note taker
- Everyone contributes
- Time is critical – 30 minutes total
- At 15 minutes start deciding 2-4 priorities
- Consider the question
 - Everyone 30 seconds to respond
 - Seek commonalities/themes/combine concerns
 - Identify 1-2 group responses
 - Report to the group



KANSAS RURAL HEALTHWORKS

Discussion Questions


- *What is your vision for a healthy community?*
- *What are the top 3-4 things that need to happen to achieve your vision?*
 - What's right? What could be better?
 - Consider acute needs and chronic conditions
 - Discrete local issues, not global concerns
 - Consider the possible, within local control and resources, something to rally the community
- *What can the hospital do to help?*
- *What can the health department do to help?*



KANSAS RURAL HEALTHWORKS

Issue Prioritization


- Group reports
- What are the discrete local health concerns?
- What are the chronic health issues of local concern?
- What are the top 2-4 issues that should be the focus of local priority over the next 3-5 years?
- Which priority will you focus on?
- Homework



KANSAS RURAL HEALTHWORKS

Next Meeting

- Introduction and Review
- Review of priorities
- Work groups
- Work group reports
- Action group formation and leadership
- Action group meetings
- One-year follow up meeting
- Summary and evaluation



www.krhw.net





KANSAS RURAL HEALTHWORKS

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Kansas Rural Health Works Community Health Needs Assessment



Stanton County

John Leatherman
Professor, Department of Agricultural Economics
Director, Office of Local Government
K-State Research and Extension




Agenda

- CHNA overview and review
- Priority community health issues
- Work group formation and instructions
- Action plan development
- Group review
- Next steps
- Evaluation


Local Health Needs Assessment

- Patient Protection and Affordable Care Act creates hospital requirements
- Public Health Department Accreditation
- Both require Community Health Needs Assessment






KRHW CHNA Objectives


- KRHW CHNA
 - Help foster healthy communities and a sustainable rural community health care system
 - Identify priority health care needs
 - Mobilize/organize the community
 - Develop specific action strategies with measurable goals

Community-driven Process

- Community-based, not driven by hospital, health care provider, or outside agency
- Local people solving local problems
- Community provides energy and commitment, with input from health care providers
- Public represented by you
- I make no recommendations








The Importance of the Health Care Sector to the Economy of Stanton County

Kansas Rural Health Options Project
December 2010

Dr. Peter H. Henshaw, President
Katie Warrick, Extension Specialist
John Leatherman, Director





KANSAS RURAL HEALTHWORKS

Perceptions: Collective Themes

- Health, wellness, chronic disease prevention
- Recruitment and retention of health workforce
- Expanding primary and specialty services
- Elder care; need for community-based services, including home health care
- Community perceptions and attitudes and the need to reduce health spending leakages
- Keeping facilities and practices up to date
- Cost, access, finance, reimbursements

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KANSAS RURAL HEALTHWORKS

Data Fact Sheets

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KANSAS RURAL HEALTHWORKS

Overall Conclusions from Data

- Generally positive indicators
- Population trends and income levels are creating challenges
- Accessing state/federal assistance essential
- Community-based services for elderly, alone
- Room for improvement in preventable problems – lifestyle and chronic conditions

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KANSAS RURAL HEALTHWORKS

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KANSAS RURAL HEALTHWORKS

Community Health Care Survey

- 68 responses
- Non-representative, but lots of input
- Local provider use and satisfaction
- Generally positive
- General concerns:
 - Chronic conditions; recruitment/retention; Co. Health access; customer service; personnel concerns; cost/taxes

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KANSAS RURAL HEALTHWORKS

Issue Prioritization #1


- Health, wellness, chronic disease prevention
 - Emphasize health education
 - Focus on lifestyle behaviors that can be carried throughout life
 - Help adults achieve healthier lifestyle
 - Chronic disease prevention through education and screening
 - Promote awareness of local services
 - Expand fitness and recreation

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KANSAS RURAL HEALTHWORKS

Issue Prioritization #2


- Collective community support of the elderly, alone, and in need
 - Elder assistance in the home
 - Persons with acute health conditions
 - Transportation assistance
 - Elderly access to a full range of assistance
 - Home and community-based assistance
 - Day care for the elderly and children

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KANSAS RURAL HEALTHWORKS

Issue Prioritization #3


- Expanded health programs and services
 - Consideration of current and future needs
 - hospital care; acute care; mental health; transitional services, day care
 - Increased specialty clinics
 - Recruitment and retention
 - Recruit and train professional and volunteer emergency response providers
 - Improve public attitudes
 - Secure external financial resources

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KANSAS RURAL HEALTHWORKS

Action Planning


- This ain't easy
- This is only the start
- Once you begin, you'll see more is needed
- If this is important and if you are committed, *you'll know how!*
- The rest is up to you. It always has been.

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KANSAS RURAL HEALTHWORKS

Action Plan: Situation


- What is the existing situation you would like to see changed?
- What is the specific need/problem that you would like to see changed?
- Example: Enhance communication across providers and with the community
 - Providers in "silos" to patient detriment
 - Hospital board is insular

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KANSAS RURAL HEALTHWORKS

Action Plan: Priorities


- What are the top three things that need to happen to change the existing situation?
- Example:
 - Major providers meet periodically to exchange information and seek collaborative initiatives
 - Create a common public access point for information
 - Create an annual event to bring community and providers together

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KANSAS RURAL HEALTHWORKS

Action Plan: Intended Outcomes


- What will be the situation when you have achieved the goal?
- Example:
 - Patients experience continuum of care; providers are stronger with fewer leakages
 - Single Web-based portal for all provider info
 - Annual county health fair to learn about personal health, provider services, healthy choices, meet providers personally

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KANSAS RURAL HEALTHWORKS

Action Plan: Resources


- What resources are needed: who must be involved, how much time, money, what partnerships
- Example:
 - Major provider cooperation
 - Significant organizational and public relations capacity
 - IT capacity
 - Financial sponsorships



KANSAS RURAL HEALTHWORKS

Action Plan: Activities


- What meetings, events, public involvement, information resources, media, partnerships are needed?
- Examples:
 - Quarterly provider meetings – private sharing
 - Event leadership and planning committee
 - Solicit financial sponsorship
 - Media collaboration
 - State/regional provider involvement
 - Schedule of events



KANSAS RURAL HEALTHWORKS

Action Plan: Participation

- Who needs to be involved?
- Examples:
 - **Leadership** – who is the right person?
 - Who within this group will start?
 - Who outside this group should be involved?
 - Business, education, religious, social, public, customers and the underserved



KANSAS RURAL HEALTHWORKS

Action Plan: Short-term


- What has to happen in 6-12 months?
- What are the evaluation target metrics (awareness, knowledge, attitudes)?
- Examples:
 - Providers buy in, establish a regular meeting schedule, identify meeting coordinator
 - Public relations to announce initiatives
 - Work committees recruited and organized
 - Sponsors secured
 - Plans and designs solidified/finalized



KANSAS RURAL HEALTHWORKS

Action Plan: Intermediate-term


- What has to happen in 1-3 years?
- What are the evaluation target metrics (behaviors, decisions, actions, policies)?
- Examples:
 - Providers meeting regularly
 - Web-based portal up and updated regularly
 - Annual health fair with broad community participation
 - Expanded community “buy-in” for initiatives



KANSAS RURAL HEALTHWORKS

Action Plan: Ultimate Impact

- What has to happen in the long-term?
- What are the evaluation target metrics (how will the situation be different)?
- Examples:
 - Community surveys show high local usage and satisfaction with local providers
 - Data health indicators are improving
 - Annual health fair growth, business outreach and participation, multiple community events
 - Community undertakes new health initiatives



Health Priorities

- Priority #1: Health, wellness, and chronic disease prevention
- Priority #2: Collective community support of the elderly, alone, and in need
- Priority #3: Expanded health programs and services

Next Meeting

- Yes, there is a next meeting (sorry)
- Overall leadership and monitoring
- Work group leadership and meeting schedule
- Communicating with the community
- One-year follow up meeting open to the community
- Summary and evaluation

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Community Health Needs Assessment

Hospital Requirements

The Patient Protection and Affordable Care Act (PPACA) created a new IRS Code Section 501(r) which imposes additional requirements on tax-exempt hospitals. Specifically:

- All 501(c)3 Hospitals
- Governmental hospitals that have an IRS Determinate (c)3 Letter
- If you have ever applied for and received a letter (for the hospital entity) you have to comply.

Hospitals must Complete Community Needs Assessment

- At least once every three years; first one must be completed by end of tax year beginning after March 23, 2012.
- Include input from persons who represent the broad interest of the community.
- Include input from persons having public health knowledge or expertise.
- Make assessment widely available to the public
- Adopt a written implementation strategy to address identified community needs.*
- Failure to comply results in excise tax penalty of \$50,000 per year.

Patient Protection and Affordable Care Act (Health Care Reform Law March, 2010)

** Notice 2011-52 – must be approved by authorized governing body (board of directors)*

Community Health Needs Assessment Written Report Treasury and the IRS intend to require a hospital organization to document a Community Health Needs Assessment for a hospital facility in a written report that includes the following information:

1. A description of the community served by the hospital facility and how it was determined.
2. A description of the process and methods used to conduct the assessment, including a description of the sources and dates of the data and other information used in the assessment and the analytical methods applied to identify community health needs. The report should also describe information gaps that impact the hospital organization's ability to assess the health needs of the community served by the hospital facility. If a hospital organization collaborates with other organizations in conducting a CHNA, the report should identify all of the organizations with which the hospital organization collaborated. If a hospital organization contracts with one or more third parties to assist it in conducting a CHNA, the report should also disclose the identity and qualifications of such third parties.
3. A description of how the hospital organization took into account input from persons who represent the broad interests of the community served by the hospital facility, including a description of when and how the organization consulted with these persons (whether through meetings, focus groups, interviews, surveys, written correspondence, etc.) If the hospital organization takes into account input from an organization, the written report should identify

- the organization and provide the name and title of at least one individual in such organization with whom the hospital organization consulted.
4. A prioritized description of all of the community health needs identified through the CHNA, as well as a description of the process and criteria used in prioritizing such health needs.
 5. A description of the existing health care facilities and other resources within the community available to meet the community health needs identified through the CHNA.

CHNA Written Report needs to be:

- Widely available to the public
- On hospital website
- Given to anyone who asks

Implementation Strategy

Treasury and the IRS intend to require a hospital organization to specifically address each of the community health needs identified through a CHNA for a hospital facility in an implementation strategy, rather than in the written report documenting the hospital facility's CHNA.

An **implementation strategy** is a written plan that addresses each of the community health needs identified through a CHNA.

An implementation strategy will address a health need identified through a CHNA for a particular hospital facility if the written plan either:

1. describes how the hospital facility plans to meet the health need; or
2. identifies the health need as one the hospital facility does not intend to meet and explains why the hospital facility does not intend to meet the health need.

An Implementation Strategy needs to be:

- Approved by Board of Directors
- Attached to 990, and the 990 has to be widely available to the public

This summary was obtained from the *Kansas Health Matters* Website (<http://www.kansashealthmatters.org/>), and can be found here: (<https://www.myctb.org/wst/kansashealthmatters/hospitals/default.aspx>)

Community Health Needs Assessment

Health Department Accreditation

The Public Health Accreditation Board (PHAB) defines public health accreditation as the development of a set of standards, a process to measure health department performance against those standards, and reward or recognition for those health departments who meet the standards.

The PHAB standards were developed through the framework of the 10 Essential Public Health Services:

1. Monitor the health of the community
2. Diagnose and investigate health problems
3. Inform, educate, and empower people
4. Mobilize community partnerships
5. Develop policies
6. Enforce laws and regulations
7. Link to/provide health services
8. Assure a competent workforce
9. Evaluate quality
10. Research for new insights

Accreditation is a mechanism for demonstrating a local health department's capacity for providing the essential services as well as its ability to do so through a culture of continuous quality improvement. The [PHAB Standards and Measures Version 1.0](#) were released in May 2011.

Local health departments may seek accreditation as an individual agency or as a region, using the multi-jurisdictional approach. Accreditation status lasts for 5 years; at the end of the 5 year cycle, the department must seek reaccreditation.

Health departments must complete three prerequisites prior to applying for accreditation within the past 5 years

1. A community health assessment
2. A community health improvement plan
3. An agency strategic plan

The seven steps of the accreditation process are

1. Pre-application
2. [Accreditation Readiness Checklist](#)
3. [Online Orientation](#)
4. Statement of Intent
5. Application
6. Documentation Selection and Submission
7. Site Visit
8. Accreditation Decision
9. Reports

10. Reaccreditation

This summary was obtained from the *Kansas Health Matters* Website (<http://www.kansashealthmatters.org/>), and can be found here: (<https://www.myctb.org/wst/kansashealthmatters/healthdepartments/default.aspx>)

COMMUNITY HEALTH NEEDS ASSESSMENT TOOLKIT

Prepared by:

**National Center for Rural Health Works
Oklahoma State University**

and

**Center for Rural Health and
Oklahoma Office of Rural Health**

Prepared with Input and Advice from:

Community Health Needs Assessment National Advisory Team

May 2012

XI. Reporting

Each hospital facility is required to make the community health needs assessment widely available to community members. To accomplish this, the hospital needs to prepare a summary report of the community health needs assessment process and share the results with the community. This could be shared through newspaper articles, articles in the hospital newsletter, at local group meetings, website, etc.

The hospital board will utilize the community health needs assessment report (Example included in **Appendix P**) to determine the action plan, including the resulting community needs to be addressed, the implementation strategy for each community need, and the responsible person(s) or agency(ies). The hospital will address every need identified by the community. If the hospital is unable to address a particular need, this should also be indicated in the action plan. The hospital's action plan must also be made available to the community. This could be shared through newspaper articles, articles in the hospital newsletter, at local group meetings, website, etc. The hospital may want to share this report with the community advisory committee through an additional meeting or a report sent to them.

The hospital will also have to submit documentation or proof to the Internal Revenue Service (IRS) that a community health needs assessment process was completed. For convenience, a suggested outline of a final summary report is presented in the table below to assist in completing the IRS reporting forms. This report outline is also included in **Appendix Q**. The final report needs to include information pertaining to:

- Community Members;
- Medical Service Area;
- Community Meetings;

Summary Report Outline
Community Health Needs Assessment

Community Members Involved

Need to include name, organization and contact information for:

Hospital Administrator

Steering Committee or Leadership Group

Facilitator

Community Advisory Committee Members

Medical Service Area

Describe by county or zip code areas

Include populations and projected populations of medical service area

Include demographics of population of medical service area

Community Meetings #1, #2, and #3 (also any additional meetings)

Date

Agenda

List reports presented with short summary of each

Community Needs and Implementation Strategies

Include community needs and implementation strategies with responsibilities from community group

Hospital Final Implementation Plan

Include which needs hospital can address and the implementation strategies

Include which needs hospital cannot address and reason(s) why

Community Awareness of Assessment

Describe methodology for making assessment widely available to the community

Have Community Advisory Committee Report available to public

Have Hospital Action Plan with each health need addressed available to public

- Community Needs and Implementation Strategies;
- Hospital Final Implementation Plan; and
- Community Awareness of Assessment

The report is intended to include crucial data and not be all inclusive. If the IRS desires more data, they can request documents that were included in the community health needs assessment process, such the demographic and economic data report, community input summary report, etc.

The summary report will list all **community members** involved in the assessment, including the hospital administrator, the steering committee or leadership group, the facilitator, and the community advisory committee members. The **medical service area** of the hospital has been identified and is readily available, as well as population and demographic information of the medical service area and/or county. A summary of the date, agenda, and reports prepared and presented for all **community meetings** will be summarized. A short summary of each report presented at the community meetings would be beneficial. A summary report of the **community needs and suggested implementation strategies** from the Community Advisory Committee needs to be prepared; either utilizing the table provided in this document or a similar summary report. The **hospital final implementation plan** adopted by the hospital should also be included. This report should indicate which community needs the hospital will address and the implementation strategy planned for each. If all identified community needs or issues are not addressed, then the reason why an identified need/issue is not being addressed must be included in the report (e.g., lack of finances or human resources). Each hospital facility is required to make the **assessment widely available to the community members**. Newspaper reporters are usually available to write articles to share the community health needs assessment with the general public.

IRS Reporting Forms

The hospital is required through the new legislation to disclose any community health needs assessment activities in its annual information report to the Internal Revenue Service (IRS). **IRS Form 990** is required to be completed by all organizations exempt from income tax. When completing **IRS Form 990**, additional schedules may be required. Hospitals are required to complete Schedule H. See page 3 of *IRS Form 990, Part IV, Checklist of Required Schedules, Question 20a, 'Did the organization operate one or more hospitals? If "Yes," complete Schedule H.'*

Form 990 (2011)		Page 3	
Part IV Checklist of Required Schedules			
		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Form **990** (2011)

Attached in **Appendix Q** are both of these IRS reporting forms (**Form 990** and **SCHEDULE H**).

IRS SCHEDULE H (Form 990) is required to be completed by any tax-exempt organization that operates one or more hospitals. **SCHEDULE H** is broken into six major parts with subsections for **Part V**:

PART I - Financial Assistance and Certain Other Community Benefits at Cost

PART II - Community Building Activities

PART III - Bad Debt, Medicare, & Collection Practices

PART IV - Management Companies and Joint Ventures

PART V - *Facility Information*

Section A. Hospital Facilities

Section B. Facility Policies and Procedures (Complete a separate Part V, Section B, for each of the hospital facilities listed in Part V, Section A.)

Community Health Needs Assessment (Optional for 2010)

Financial Assistance Policy

Billing and Collections

Policy Relating to Emergency Medical Cater

Charges for Medical Care

Section C. Other Facilities That Are Not Licensed, Registered, or Similarly
Recognized as a Hospital Facility

PART VI - Supplemental Information

SCHEDULE H, Part V (Sections A and B) and **Part VI** address the community health needs assessment process. **Part V, Section A**, requires a listing of all hospital facilities in order of size from largest to smallest, measured by total revenue per facility.

Schedule H (Form 990) 2011

Page **3**

Part V Facility Information

Section A. Hospital Facilities

(list in order of size, from largest to smallest)

How many hospital facilities did the organization operate during the tax year? _____

Name and address

	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)
1									
2									

Part V, Section B, is required to be completed for each facility listed in **Section A**.

Section B is divided into four subsections. The first subsection, **Community Health Needs Assessment**, is the section that deals with community health needs assessment.

Schedule H (Form 990) 2011

Page **4**

Part V Facility Information (continued)

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

Name of Hospital Facility: _____

Line Number of Hospital Facility (from Schedule H, Part V, Section A): _____

Community Health Needs Assessment (Lines 1 through 7 are optional for tax year 2011)

1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment (Needs Assessment)? If "No," skip to line 8

	Yes	No
1		

There are seven questions relating to Community Health Needs Assessment shown below. Some questions may require additional information; i.e., **Questions 1j, 3, 4, 5c, 6i, and 7.**

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for tax year 2011)			
1	During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment (Needs Assessment)? If "No," skip to line 8	1	
If "Yes," indicate what the Needs Assessment describes (check all that apply):			
a	<input type="checkbox"/> A definition of the community served by the hospital facility		
b	<input type="checkbox"/> Demographics of the community		
c	<input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input type="checkbox"/> How data was obtained		
e	<input type="checkbox"/> The health needs of the community		
f	<input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j	<input type="checkbox"/> Other (describe in Part VI)		
2	Indicate the tax year the hospital facility last conducted a Needs Assessment: 20__		
3	In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3	
4	Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4	
5	Did the hospital facility make its Needs Assessment widely available to the public?	5	
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply):			
a	<input type="checkbox"/> Hospital facility's website		
b	<input type="checkbox"/> Available upon request from the hospital facility		
c	<input type="checkbox"/> Other (describe in Part VI)		
6	If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply):		
a	<input type="checkbox"/> Adoption of an implementation strategy to address the health needs of the hospital facility's community		
b	<input type="checkbox"/> Execution of the implementation strategy		
c	<input type="checkbox"/> Participation in the development of a community-wide community benefit plan		
d	<input type="checkbox"/> Participation in the execution of a community-wide community benefit plan		
e	<input type="checkbox"/> Inclusion of a community benefit section in operational plans		
f	<input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the Needs Assessment		
g	<input type="checkbox"/> Prioritization of health needs in its community		
h	<input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i	<input type="checkbox"/> Other (describe in Part VI)		
7	Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	7	

The supplemental information for these questions (for each separate facility) will need to be included in **Part VI, Supplemental Information, Question 1, Required descriptions.**

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.

Part VI, Supplemental Information, has six additional questions that must be answered. Most of these questions are related to community health needs assessment:

- **Question 2, Needs assessment.**
- **Question 4. Community information.**
- **Question 5. Promotion of community health.**
- **Question 6. Affiliated health care system.**
- **Question 7. State filing of community benefit report.**

The other questions will need answered but may not directly pertain to community health needs assessment.

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

For additional information on IRS reporting requirements, consult your tax professional.

Appendix P

Example of Summary Community Health Needs

Community Needs and Suggested Implementation Strategies and Responsibilities

Community Need	Implementation Strategy	Responsible Org. or Person
1. _____ _____ _____	_____ _____ _____	_____ _____ _____
2. _____ _____ _____	_____ _____ _____	_____ _____ _____
3. _____ _____ _____	_____ _____ _____	_____ _____ _____
4. _____ _____ _____	_____ _____ _____	_____ _____ _____
5. _____ _____ _____	_____ _____ _____	_____ _____ _____
6. _____ _____ _____	_____ _____ _____	_____ _____ _____
7. _____ _____ _____	_____ _____ _____	_____ _____ _____
8. _____ _____ _____	_____ _____ _____	_____ _____ _____
9. _____ _____ _____	_____ _____ _____	_____ _____ _____
10. _____ _____ _____	_____ _____ _____	_____ _____ _____

(Continued – Page 2)

Community Needs and Suggested Implementation Strategies and Responsibilities

Community Need	Implementation Strategy	Responsible Org. or Person
11. _____ _____ _____	_____ _____ _____	_____ _____ _____
12. _____ _____ _____	_____ _____ _____	_____ _____ _____
13. _____ _____ _____	_____ _____ _____	_____ _____ _____
14. _____ _____ _____	_____ _____ _____	_____ _____ _____
15. _____ _____ _____	_____ _____ _____	_____ _____ _____
16. _____ _____ _____	_____ _____ _____	_____ _____ _____
17. _____ _____ _____	_____ _____ _____	_____ _____ _____
18. _____ _____ _____	_____ _____ _____	_____ _____ _____
19. _____ _____ _____	_____ _____ _____	_____ _____ _____
20. _____ _____ _____	_____ _____ _____	_____ _____ _____

(Continued – Page 3)

Community Needs and Suggested Implementation Strategies and Responsibilities

Community Need	Implementation Strategy	Responsible Org. or Person
21. _____ _____ _____	_____ _____ _____	_____ _____ _____
22. _____ _____ _____	_____ _____ _____	_____ _____ _____
23. _____ _____ _____	_____ _____ _____	_____ _____ _____
24. _____ _____ _____	_____ _____ _____	_____ _____ _____
25. _____ _____ _____	_____ _____ _____	_____ _____ _____
26. _____ _____ _____	_____ _____ _____	_____ _____ _____
27. _____ _____ _____	_____ _____ _____	_____ _____ _____
28. _____ _____ _____	_____ _____ _____	_____ _____ _____
29. _____ _____ _____	_____ _____ _____	_____ _____ _____
30. _____ _____ _____	_____ _____ _____	_____ _____ _____

Labette Health Center

Parsons, KS

Community Needs Assessment Recommendations

March 25, 2011

- Cost of Health Care
 - Market the Community Clinic – Supported by Labette Health
 - Market availability of services and cost comparisons vs. larger communities
 - Education regarding affordable health screening tools
 - Review target of educational tools
 - Education regarding risk factors
 - Build on successful examples
 - Create a Culture of Health
 - Market quality of care vs. stereotyping of rural providers/facilities
- Smoking/tobacco use is seen as a significant health issue for the Labette Health Center community
 - Focus on education regarding the effects of tobacco use on health
 - Market Smoking Cessation classes
- Cardiovascular heart disease and stroke are seen as significant health problems for the Labette Health Center community
 - Focus education on the benefits of screening and early detection
 - Focus education efforts on behavioral changes proven to help
 - Smoking cessation programs
 - Healthy eating and weight reduction
 - Exercise programs
- Diabetes is seen as a significant health problem for the Labette Health Center community
 - Build on success of the Rector Center
 - Market services of the Rector Center
- Educational programs
 - Review who we are trying to educate and how we are trying to reach them
 - Focus on improving what we currently have:
 - Hospital newsletter
 - Hospital website
 - Focus on new methods of contacting citizens:
 - Look for more electronic methods of informing citizens
 - Look for more focused communication, i.e.: Facebook, Twitter, text messaging to reach local people

- Teen Pregnancy is seen as a significant issue in the community Labette Health Center serves.
 - Provide leadership to engage community factors to discuss and work on this issue including:
 - Faith Community
 - Parents groups
 - Community civic leadership
 - Social service agencies
 - Discuss parental responsibility and ways to enhance it

Note: This is not a problem that Labette Health Center can solve. This is a problem where Labette Health Center can provide leadership to engage various community groups to understand the problem and engage it as their own.

There was good discussion about the Labette Health Center community and the health problems facing them. The consensus of the group was that Labette Health Center was 'community conscious' regarding health issues facing the community. Labette Health Center has a unique opportunity to become more focused in their educational programs as it celebrates fifty years of service to the community. These efforts can become more successful by focusing on the community they are trying to reach and then reviewing different methods to reach them. This can include upgrading current efforts including newsletters and websites and employing other communication methods such as Twitter, Facebook, and e-news for example.

Appendix Q

Example CHNA Reporting

Summary Report Outline
Community Health Needs Assessment

Community Members Involved

Need to include name, organization and contact information for:

Hospital Administrator

Steering Committee or Leadership Group

Facilitator

Community Advisory Committee Members

Medical Service Area

Describe by county or zip code areas

Include populations and projected populations of medical service area

Include demographics of population of medical service area

Community Meetings #1, #2, and #3 (also any additional meetings)

Date

Agenda

List reports presented with short summary of each

Community Needs and Implementation Strategies

Include community needs and implementation strategies with responsibilities from community group

Hospital Final Implementation Plan

Include which needs hospital can address and the implementation strategies

Include which needs hospital cannot address and reason(s) why

Community Awareness of Assessment

Describe methodology for making assessment widely available to the community

Have Community Advisory Committee Report available to public

Have Hospital Action Plan with each health need addressed available to public

Community Engagement and Needs Assessment Process and Report
Guadalupe County Hospital
Santa Rosa, New Mexico
May 7, 2012

Process:

The hospital CEO, representatives from *HealthInsight*, the New Mexico Office of Rural and Primary Care and consultants conducted three meetings; a variety of community members were invited and in attendance. The group was diverse and represented all segments of the community. Meetings were approximately an hour and a half in length. Consultants prepared and conducted a survey of community attitudes and issues regarding health and health care in the county. Initially, with the hospital staff and with input from *HealthInsight* staff members, consultants determined the primary service area of Guadalupe County Hospital. Community members from this entire service area participated in these meetings. For example, participants included consumers, community leaders, public health officials, health care officials and experts, economic and community development specialists, education leaders and law enforcement. The meetings were conducted on February 29, March 13, and April 10, 2012.

Economic Impact:

Consultants conducted an economic impact study to indicate the value of health care and specifically the hospital to the community's economic environment and viability.

In 2011, Guadalupe County Hospital had 50 full and part time employees from hospital operations with a payroll of \$2.9 million (wages, salaries and benefits). The hospital also spent \$3.4 million on capital improvements for a total of 86 jobs and a \$3.4 million payroll. The secondary multiplier for hospital employment was 1.34 meaning that for every job in the hospital an additional 0.34 job or 17 additional jobs were created in the county for a total employment impact from operations of 67 jobs. The construction multiplier was 1.23 creating an additional 20 jobs for a total of 106 jobs. The grand total for employment impact was 173 jobs.

The income multipliers for hospital operations and hospital construction were 1.18 and 1.16 respectively. That resulted in an additional \$523,694 from operations and \$554,540 from construction activities for a total of \$3.4 million from operations and \$4.0 million from construction for a grand total income impact of \$7.4 million. While construction varies from year to year, the hospital provides a huge economic impact for Guadalupe County.

Health Indicators/Health Outcomes:

Data compiled by the State of New Mexico and various national databases¹ indicated the following information for discussion at the second community meeting

- Accessibility/availability of primary care physicians (PCPs), county 69 PCPs per 100,000 population
- Births to women under 18, county rate 9.2, peer counties range 4.6-11.0
- A high percentage (77.8% county vs. 57.6% for New Mexico) of pregnant women receive prenatal care in first trimester
- Heart disease #1 leading cause of death, county rate 190.6, state rate 176.0
- Cancer #2 leading cause of death, county rate 174.9, state rate 173.2
- Stroke (cerebrovascular disease) #5 leading cause of death, county rate 90.4, state rate 41.8
- Diabetes #6 leading cause of death high, county rate 36.6, state rate 32.2
- Female breast cancer deaths high, county rate 62, state rate 22.1
- Substantiated child abuse allegations high, county rate 39.4, state rate 18.5
- Youth report caring and supportive family at a very high level, county rate 72.7, state rate 54.1
- Alcohol-related deaths high, county rate 101.8, state rate 52.9
- Uninsured adults high, county rate 30.6, state rate 22.9
- Low birth weight high, county rate 12.7, state rate 8.5
- Adolescent obesity high, county rate 18.7, state rate 13.5
- Motor vehicle traffic crash deaths high, county rate 31.0, state rate 18.3

Economic and Demographic Data and Information:

Economic and demographic data and information were compiled from a variety of data sources²:

- Population flat from 2000 – 2010 (county 0.1% increase)

¹ Health Indicators/Health Outcomes data sources include County Health Rankings from University of Wisconsin Population Health Institute and Robert Wood Johnson Foundation; Community Health Status Indicators from U. S. Department of Health and Human Services; New Mexico Selected Health Statistics Annual Report from the New Mexico Department of Health; New Mexico Death Certificate Database, Office of Vital Records and Health Statistics from the New Mexico Department of Health; and New Mexico's Indicator-Based Information System from the New Mexico Department of Health.

² Economic and Demographic data and information sources include population data, County Business Patterns, and poverty data from U. S. Census Bureau; employment, earnings, and transfer receipt reports from the U. S. Department of Commerce, Regional Economic Information System, Bureau of Economic Analysis; and employment and unemployment data from the U. S. Department of Labor, Bureau of Labor Statistics.

- Population growing in 45+ age group (absolute and percentage), county 2000, 35.7% and 2010, 44.1%, state 2000, 33.9% and 2010, 39.9%
- State demographers predicted 27.2% growth for next decade; cannot explain projected growth from the local perspective
- Health sector is very important to economy, represents 12.2% of total county employment and 19.5% of total county earnings
- Transfer receipts as a percent of total personal income high, county 42.4%, state 21.5%; this indicates a high percentage of income comes from federal and state programs.
- High unemployment, county 10%, state 7.1%
- Poverty all people high, county 23.7%, state 19.8%
- Poverty under age 18 high, county 30.5%, state 28.5%

Potential solutions or approaches to the problems and the information gained from the local survey were discussed at the third community meeting.

- Breast cancer education and screening was seen as a solution to the high death rate for breast cancer. Education must be culturally sensitive and timely presented to local women. Guadalupe County Hospital has received some grant monies in the past for these programs and will consider seeking additional grant funding to expand this program.
- The hospital will assist the community to apply for grant programs to provide grant funding for programs to educate the population regarding
 - Decreasing obesity in all population groups
 - Nutrition education to decrease reliance on fatty, high caloric and high cholesterol foods and food preparation
 - Educational programs must be:
 - Age specific
 - Culturally sensitive
 - Provide options, i.e.; classes, webinars
 - Catered to specific target groups, i.e., Diabetes education, stroke and heart disease education, education regarding prenatal care and childcare, etc.

Guadalupe County Hospital is and will continue to pursue a variety of positive changes for health care and access to health care in the Guadalupe County service area. These include:

- Website development with contact list for updates and e-Newsletters
- Telemedicine services
- Care flight – dedicated helicopter
- Physical therapy/ occupational therapy
- Optometrist
- Chiropractor
- New doctors moving to the area
- Scholarships for nursing and allied health personnel

- Mini health fairs
- Outreach to surrounding communities
- Share patient satisfaction scores on a regular basis

While the hospital has and will continue to provide dynamic leadership for the Guadalupe County community, many health and health related issues involve behavioral choices. The ability to change these issues will of necessity involve the entire community including the hospital.

Conclusion:

It should be noted that the population base of the Guadalupe County service area precludes offering a variety of services on site. For instance, a population base of 10,000 to 12,000 people is required as a minimum for a general surgeon. However, Guadalupe County Hospital will continue to work with the community and the hospital board to maximize the array of services available to local consumers. The CEO and the board have already built a new facility that incorporates the county public health office in the same building. They have a state of the art facility that was carefully planned and laid out. They have installed electronic health records systems and have qualified for federal Meaningful Use incentives. The CEO and the board have demonstrated that simply being rural does not mean second-class care or services. By maximizing the service potential of a variety of health and human services, the CEO has demonstrated her connection with and her commitment to this community.



American Hospital
Association

SPECIAL BULLETIN

Monday, April 8, 2013

This bulletin is three pages.

IRS RELEASES PROPOSED RULE ON COMMUNITY HEALTH NEEDS ASSESSMENT AND RELATED REQUIREMENTS FOR CHARITABLE HOSPITALS

The Internal Revenue Service (IRS) on April 3 released a [proposed rule](#) on the community health needs assessment (CHNA) requirement for tax-exempt hospitals created by the *Patient Protection and Affordable Care Act* (Section 501(r) of the Internal Revenue Code). In addition, the proposed rule provides guidance on the consequences if a hospital facility fails to satisfy the requirements of Section 501(r), including the CHNA, financial assistance policy, limitation on charges, and billing and collection provisions.

The CHNA proposed rule largely tracks the guidance that was issued by IRS in 2011 (Notice 2011-52). Several of the modifications respond to concerns raised by hospitals. Importantly, the guidance on how IRS will respond to noncompliance recognizes, as AHA has urged, that not all infractions are of the same significance and takes a calibrated approach.

Highlights of the IRS rule are detailed below.

CHNA PROVISIONS

Identifying community health needs. In contrast to the 2011 IRS Notice that required all health needs be identified and prioritized, the proposed regulation clarifies that a CHNA may focus only on significant health needs. Similarly, the implementation strategy may address only a few of the significant health needs identified in the CHNA as long as it explains why it does not address the other significant health needs.

Community input. The proposed regulation trims back some of the detailed documentation that the Notice required regarding who was consulted and the input received. Summaries, in general terms, of the input will be sufficient, and no names of individuals contacted will be required. The proposed rule adds a requirement to consider input received regarding a CHNA or implementation strategy that has been adopted. Going forward, a hospital would be required to consider input on its existing CHNA or implementation strategy as part of conducting its next required assessment.

Joint CHNA and joint implementation strategy. While the Notice focused on hospital facility-specific CHNA reports and implementation strategies, the proposed rule explicitly allows hospitals that collaborate to share joint reports and strategies under certain conditions. Among other conditions, the joint CHNA report must clearly identify each hospital facility to

which it applies, and the authorized body of each facility must adopt the joint report as its own. A joint strategy must include a summary or other tool that helps the reader easily locate those portions of the joint implementation strategy that relate to each hospital facility.

Making the CHNA widely available. While the proposed rule continues to allow use of the web to meet this requirement, it includes additional requirements. A complete version of the CHNA must be “conspicuously” posted; the report must remain on the web until two subsequent CHNA reports have been posted; an individual must not be required to create an account or provide personally identifiable information in order to access the report; a paper copy must be available for public inspection without charge.

Implementation strategy. In addition to describing the actions intended to address significant health needs, the proposed rule adds several requirements. The anticipated impact of these actions must be included as well as a plan to evaluate the impact. In addition to attaching the strategy to the Form 990, annual updates should be included on the Form 990 describing the actions taken during that tax year to address the needs identified in the strategy or, if no action was taken, the reasons why no action occurred.

Timing for adoption of strategy. The proposed rule includes the requirement from the Notice that the strategy be adopted in the same tax year as the hospital facility finishes conducting the CHNA (typically, by making the report widely available to the public). Recognizing the difficulty this will present for some hospitals in completing their first CHNA, it creates transition relief allowing for later adoption in connection with a hospital facility’s first CHNA under certain conditions.

CONSEQUENCES OF NONCOMPLIANCE WITH SECTION 501 (R) REQUIREMENTS

The proposed regulations make a distinction between errors and omissions and noncompliance that is willful and egregious.

Excused noncompliance. Under the proposed regulations, noncompliance may be excused in two circumstances: (1) when it is minor, inadvertent and due to reasonable cause, and the hospital facility corrects the error or omission as promptly as is reasonable given the nature of the noncompliance; and (2) when noncompliance rises above the level of minor and inadvertent, but is neither willful nor egregious, and the hospital facility corrects and discloses the noncompliance to the government.

Willful and egregious noncompliance. If, however, failure to meet Section 501(r) requirements is willful and egregious, it would result in revocation of tax-exempt status. (“Willful” would include gross negligence, reckless disregard or willful neglect.) The IRS would evaluate all facts and circumstances in making its determination, including the relative size, scope, nature, recurrence and significance of the failure, as well as the reasons for the failure and whether it was corrected.

If the offending hospital facility is part of a multi-facility organization, the organization would maintain its tax exemption. Instead, the organization would be subject to unrelated business income tax on the activities of the noncompliant hospital facility for the entire year in which the facility willfully and egregiously failed to meet one or more Section 501(r) requirements.

NEXT STEPS

The IRS proposed rule was published in the April 5 *Federal Register*. Comments will be accepted until July 5. Watch for an *AHA Regulatory Advisory* with further details in the coming weeks.

Hospital Requirements and PPACA

The Patient Protection and Affordable Care Act (PPACA) created a new IRS Code Section 501(r)(3) which imposes four additional requirements for hospitals exempt from taxation under Section 501(c)(3).

CHARITABLE HOSPITALS MUST:

- Complete Community Needs Assessment
- Meet Financial Assistance Policy Requirements
- Adhere to Limitations on Charges
- Follow Billing and Collection Practices



Community Health Needs Assessment

- At least once every three years; first one must be completed by end of tax year beginning after March 23, 2012
- Include input from persons who represent the broad interest of the community
- Include input from persons having public health knowledge or expertise
- Make assessment widely available to the public
- Adopt a written implementation strategy to address identified community needs *
- Failure to comply results in excise tax penalty of \$50,000 per year

*Patient Protection and Affordable Care Act
(Health Care Reform Law March 23, 2010)*

** Notice 2011-52 – must be approved
by authorized governing body (board of directors)*



IRS April 5 Proposed Rule

- Provides guidance to charitable hospital organizations on CHNA and related excise tax and reporting obligations
- The CHNA proposed rule largely tracks the guidance that was issued by IRS in 2011 (Notice 2011-52)
- Several modifications respond to concerns raised in KHA Sept. 22, 2011 comment letter
- KHA comment letter on proposed rule July 5



Internal Revenue Service proposed rule provides guidance to charitable hospital organizations on the community health needs assessment requirements, and related excise tax and reporting obligations, enacted as part of the Patient Protection and Affordable Care Act.

Identifying Community Health Needs

- In contrast to the 2011 IRS Notice that required all health needs be identified and prioritized, the proposed regulation clarifies that a **CHNA may focus only on significant health needs.**
- Similarly, the implementation strategy may address only a few of the significant health needs identified in the CHNA as long as it explains why it does not address the other significant health needs.



A CHNA only needs to identify and prioritize significant health needs. A hospital facility may determine whether a health need is significant based on all of the facts and circumstances present in the community it serves.



Community Input

- The proposed regulation trims back some of the detailed documentation that the Notice required regarding who was consulted and the input received.
- Summaries, in general terms, of the input will be sufficient, and no names of individuals contacted will be required.
- The proposed rule adds a requirement to consider input received regarding a CHNA or implementation strategy that has been adopted.
- Going forward, a hospital would be required to consider input on its existing CHNA or implementation strategy as part of conducting its next required assessment.

In assessing a community's health needs, hospital facilities must take into account input from, at a minimum:

At least one state, local, tribal or regional governmental public health department

Members of medically underserved, low-income and minority populations in the community, or individuals representing their interests

Written comments received on the hospital facility's most recently conducted CHNA and implementation strategy

A list of "who should collaborate" can be found on the KHM Web site.

The CHNA report should:

Summarizes in general terms the input provided, including how and over what time period such input was provided

Provides the names of organizations providing input and summarizes the nature and extent of those organizations' input

Describes the medically underserved, low-income or minority populations being represented by organizations or individuals providing input

Joint CHNA and Joint Implementation Strategy



- While the Notice focused on hospital facility-specific CHNA reports and implementation strategies, the proposed rule explicitly **allows hospitals that collaborate to share joint reports and strategies** under certain conditions.
- Among other conditions, the joint CHNA report must clearly identify each hospital facility to which it applies, and the authorized body of each facility must adopt the joint report as its own.
- A joint strategy must include a summary or other tool that helps the reader easily locate those portions of the joint implementation strategy that relate to each hospital facility.

If a hospital facility conducts a joint CHNA process with other hospital facilities, all of the collaborating hospital facilities may produce a joint CHNA report, as long as all of the facilities define their community to be the same. The joint CHNA report must clearly identify each hospital facility to which it applies, and each hospital facility must adopt the joint CHNA report.

Hospital facilities adopting a joint CHNA report also may adopt a joint implementation strategy, provided the joint implementation strategy clearly identifies each hospital facility, its particular role and responsibilities in taking the actions described in the implementation strategy and the programs and resources it plans to commit in taking those actions.

The joint implementation strategy also must include a summary that helps the reader easily locate those portions of the joint implementation strategy that relate to the hospital facility.

Making the CHNA Widely Available

While the proposed rule continues to allow use of the Web to meet this requirement, it includes additional requirements:

- A complete version of the CHNA must be “conspicuously” posted;
- The report must remain on the Web until two subsequent CHNA reports have been posted;**
- An individual must not be required to create an account or provide personally identifiable information in order to access the report;
- A paper copy must be available for public inspection without charge.



The proposed regulations require the CHNA report to remain on the Web site of the hospital facility until two subsequent CHNA reports have been posted, so information on trends will be available to the public.

Implementation Strategy

In addition to describing the actions intended to address significant health needs, the proposed rule adds several requirements.

- The anticipated impact of these actions must be included as well as a plan to evaluate the impact.
- In addition to attaching the strategy to the Form 990, **annual updates** should be included on the Form 990 describing the actions taken during that tax year to address the needs identified in the strategy or, if no action was taken, the reasons why no action occurred.



In addition to describing the actions intended to address significant health needs, the proposed rule adds several requirements. The anticipated impact of these actions must be included as well as a plan to evaluate the impact.

In addition to attaching the strategy to the Form 990, **annual updates** should be included on the Form 990 describing the actions taken during that tax year to address the needs identified in the strategy or, if no action was taken, the reasons why no action occurred.

Timing for Adoption of Strategy

- The proposed rule includes the requirement from the Notice that the strategy be adopted in the same tax year as the hospital facility finishes conducting the CHNA (typically, by making the report widely available to the public).
- Recognizing the difficulty this will present for some hospitals in completing their first CHNA, it creates transition relief allowing for later adoption in connection with a hospital facility's first CHNA under certain conditions.



The proposed regulations provide transition relief for the adoption of a hospital facility's implementation strategy for its first CHNA conducted after March 23, 2010.

In general, a hospital facility's implementation strategy must be adopted in the same taxable year the CHNA is considered conducted.

However, for the first CHNA conducted, the proposed regulations provide that a hospital facility must adopt a strategy on or before the 15th day of the fifth calendar month following the close of its first taxable year beginning after March 23, 2012. This relief is provided in recognition of the fact that certain hospital facilities may not have a full three years to conduct their first CHNA.