KANSAS RURAL HEALTH WORKS





Community Health Needs Assessment

Cowley County, KS

January 2013

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

Sponsored by:

William Newton Hospital

Cowley County Health Department

In cooperation with:

office of Local Government
K-State Research and Extension

K-STATE Research and Extension

Cowley County Community Health Needs Assessment
Executive Summary
January 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 November-December, 2012, the William Newton Hospital and Cowley 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 fourteen Cowley 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 Cowley 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 Cowley 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 youth, teaching 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.
- Work to prevent cancer and other chronic disease incidence through lifestyle education and modification, and promotion of appropriate screening practices.
- 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, etc. to collaborate with health and wellness education.

Priority #2: Enhance access to health service providers.

- Health service provider recruitment and retention is a key component.
- Issues of affordability affect access. Direct those eligible and in need toward available resources and assistance.
- Enhance communication and collaboration across health service providers to ensure more complete case management.
- Support options for access to care for the medically underserved.

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Cowley County Community Health Needs Assessment
November 26 - December 10, 2012

The contents of this file document participation, discussion and information resources developed through the course of the Cowley 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 Health Center Needs Assessment** revisits an extensive assessment conducted in early 2012 to determine the need for additional primary health services in Cowley County. That initiative was funded by a Community Health Center Planning Grant and represents a recent outreach initiative involving both health care providers and consumers.

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.

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.

Cowley County Rural Health Works
Community Health Needs Assessment
November 26-December 10, 2012

Sponsors: Cowley County Health Department
William Newton Hospital

Local Coordinator
Shona Salzman
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1300 E. 5th Avenue
Winfield, KS 67156
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Meeting Schedule

Meeting 1: Local Data
Monday, November 26, 2012
Assembly Room, Physician Pavilion, 1230 E. 6th Avenue, Winfield

Agenda

11:30 a.m.	Introduction and Purpose
11:40 a.m.	Economic Contribution Report
11:55 a.m.	Preliminary Needs Identification
	• Issue Identification Cards
	• Discussion
12:15 p.m.	Secondary Data Reports
12:35 p.m.	Group Discussion
12:45 p.m.	Community Survey
	• 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
Monday, December 3, 2012
Assembly Room, Physician Pavilion, 1230 E. 6th Avenue, Winfield

	Agenda
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
Monday, December 10, 2012
Assembly Room, Physician Pavilion, 1230 E. 6th Avenue, Winfield

	Agenda
11:30 a.m.	Introduction and Review
11:40 a.m.	Action Planning • Objectives and Input • Instruction • Organization
12:00 p.m.	Workgroups Begin
12:30 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

KANSAS RURAL HEALTH WORKS





Cowley County

Community Health Priorities Action Plans and Issue Identification

Steering Committee Consensus on Overall Priorities for Cowley County
December 3, 2012
Revised: December 10, 2012

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 be Steering Committee members participating in the small group discussions leading to the overall prioritization.

Steering Committee Consensus on Overall Priorities for Cowley County

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

- Emphasize health education from cradle to grave.
- Focus on youth, teaching 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.
- Work to prevent cancer and other chronic disease incidence through lifestyle education and modification, and promotion of appropriate screening practices.
- 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, etc. to collaborate with health and wellness education.

Priority #2: Enhance access to health service providers.

- Health service provider recruitment and retention is a key component.
- Issues of affordability affect access. Direct those eligible and in need toward available resources and assistance.
- Enhance communication and collaboration across health service providers to ensure more complete case management.
- Support options for access to care for the medically underserved.

Focus Group 1 Discussion
December 3, 2012

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?

Response

What is good?

There are lots of medical resources – but we're not sure that everyone is aware.
Dexter is grateful to have local access.
Assessment has been helpful. Agencies' working together has significantly improved.

What could be better?

Affordable access.
Case management.
Target specific diseases.
Lower chronic diseases in general. Accessibility is key.
Land-use planning for trails, etc.
Access to integrated care.
Peer coaches and patient navigation.
Access to quality health care.
Personal responsibility.
Broader base of people working on this issue.
Reimbursement will be less.
Obesity and tobacco use.

The EMR hasn't saved us money yet.
Parish nurses – community intervention will be key.
Pittsburg has not been helpful.
Don't duplicate services.

Consensus Needs:

Access to providers; money; patient navigation; don't duplicate services; primary care drivers.
Healthy lifestyles and education.
Creating a broad coalition – hospital, industry, chamber, government, target populations.

Focus Group 2 Discussion
December 3, 2012

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?

Response

What could be better?

Diabetes and obesity (lifestyle) – linked.
Health and wellness of youth.
Physician recruitment.
Cancer-related illness.
Lifestyle choices.
Shortage of Primary Care Physicians; recruitment.
Chronic disease prevention.
Breakdown of the family unit.
Inadequate access to preventative care.
Low-income families without healthcare.
Underage pregnancy.
Mental health issues.
Government regulations.
Inadequate education.
Children without healthcare.
Government requirements.

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Consensus Needs:

Obesity/Diabetes/Lifestyle.
Shortage of Primary Care Physicians; recruitment – not a "community issue" – already being addressed.
Health education.
Cancer related issues.
Mental health.

Focus Group 3 Discussion
December 3, 2012

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?

Response

What's your vision for a health community?

For CHA and health agency partnerships to continually assess and address community health needs through uniform health policy.
For health policy partners to apply uniform, comprehensive community-wide implementation of community health objectives.
That no one is denied health care services no matter their insurance status and that they are given quality care.
For all citizens to be able to receive needed medical/dental/vision care, treatment, and education.

What could be better?

Increased access.
Increased case management.
Increased consumer education related to prevention,
Uniform agency policy/objectives.
Prenatal care without upfront costs.
Dental care affordable to all.
Affordable health care for those who are uninsured in our county.

To have a true health community, it is very important that all community partners work together for the benefit of the population.
Health care is important, but preventative education is also a necessity, as is teaching behavior change techniques.
Assess the needs of the community – Diabetes, care, heart health care, dental and vision care?
Have health professionals give of their time, money, and specialties.
Be accredited.
Have standard policy and procedures.
Have and develop resources for acute needs and chronic conditions.
Coming together as a community and involving all entities – civic leaders, healthcare providers.
Organizations and citizens to work toward the goal together.

What can the hospital do to help?

Further partnerships between hospitals (like Winfield).
Outreach to the county population by providing healthy living education opportunities.
Provide physicians and specialists and actively recruit clinicians to our community.
Support by any means that they can.
Provide funding.
Provide expertise and education to individuals about their diet and healthy lifestyle choices.

What can the health department to do help?

Provide more case management.
Provide health system navigators.
Increase education about healthy lifestyle.
Work together with the community's needs.
By providing referrals to programs that could help families and individuals.
Provide staff during the week days.
Provide expertise.
Disease investigation and surveillance.

Cowley 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 member 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?

Cowley County Community Health Needs Assessment Action Planning
October 10, 2012

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

- Emphasize health education from cradle to grave.
- Focus on youth, teaching 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.
- Work to prevent cancer and other chronic disease incidence through lifestyle education and modification, and promotion of appropriate screening practices.
- 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, etc. to collaborate with health and wellness education.

Action Committee Members

Brandy Cuevas; Case Manager/ Quality Improvement; William Newton Hospital; Winfield; discharge@wnmh.org; 620-221-2300.

Gary Brewer; President (volunteer); William Newton Healthcare Foundation; Winfield/ Cowley; gbrewer.417@gmail.com; 620-221-1489.

Kelle Thompson; Director of Pharmacy; William Newton Hospital; Winfield; pharmacy@wnmh.org; 222-6206.

Richard Vaught; Administrator; William Newton Hospital; Winfield; admin@wnmh.org.

Shona Salzman; Assistant Administration/ Clinical Services; William Newton Hospital; Winfield; ssalzman@wnmh.org.

Tracie Gordon; Owner & Solutions Spa, LLC; Solutions Spa, LLC/ WNH Foundation Board Member; Winfield; solutions_spa@att.net.

Action Plan

Getting Started

Situation

-Identify and prevent chronic illness within the community.

Priorities

-Increased impact of screening (expand to community businesses as pre-employment, etc.).

-Young adult lifestyle skills – focus on youth.

-Overall awareness.

Intended Outcomes

-Reduced rate of obesity and other chronic illnesses.
-Widespread awareness and early screening.
-Positive trends in lifestyle choices.

Filling in the Plan

Resources

-Individuals to promote wellness within the community.
-State funding to help with chronic disease classes.
-IT for promotion and set up internet site (one local access point).
-Grants?
-Barrier – who?

Activities

-Add screening to current health fairs and possibly expand out to smaller rural areas.
-Increase visibility and awareness.

Participate

-Extension office.
-Hospital – Aritha?
-Church.
-Area college students.

Short-Term Results

-Collaborate a message and distribute at industries of what our focus and goals are.
-Establish an identity in our community regarding an increase of health awareness and chronic disease prevention.

Intermediate-Term Results

-Improvement in county statistics.
-Survey of activity rate (enrollment).
-Classes are being utilized.
-Online access being used.

Ultimate Impact

-Become one of the 100 best small rural healthy communities to live in.

Cowley County Community Health Needs Assessment Action Planning
October 10, 2012

Priority #2: Enhance access to health service providers.

- Health service provider recruitment and retention is a key component.
- Issues of affordability affect access. Direct those eligible and in need toward available resources and assistance.
- Enhance communication and collaboration across health service providers to ensure more complete case management.
- Support options for access to care for the medically underserved

Action Committee Members

Richard Vaught; Administrator; William Newton Hospital; Winfield; admin@wnmh.org.

Roderick A. Hathaway (Rick); Clergy/ Pastor; Trinity Lutheran Church & School; Winfield; trinitypastor@hotmail.com; 620-221-9460; 620-221-0646.

Shona Salzman; Assistant Administration/ Clinical Services; William Newton Hospital; Winfield; ssalzman@wnmh.org.

Action Plan

Getting Started

Situation

-Improved access to healthcare.

Priorities

-Supply of Primary Care Physicians.
-Expansion of MCD and affordable insurance coverage.
-Development of Community Health Clinic for underserved.

Intended Outcomes

-Keeping non-emergency patients out of the emergency room and into a medical home.
-Decrease chronic diseases.
-Decrease the percent of uninsured.
-Improved health status.
-Adequate supply of providers.

Filling in the Plan

Resources

-Funding for expansion of MCD/CHC for underserved.
-Money from grants and legacy.
-Local agencies to work on problem.
-Broad coalition of community stakeholders.
-Monsanto, Kansas Health Foundation.

Activities

-Media – includes newspaper, TV, radio, social media – can partner in informing the public of the resources available.
-Coalition.
-Conduct periodic physician and provider assessments.

Participate

-Community partners – healthcare, business, industry, educators, government.
-Reach everyone but targeted efforts at higher-risk populations.

Short-Term Results

-Higher-risk populations have medical home that targets chronic disease awareness and reduction.

Intermediate-Term Results

-Decrease the number in chronic disease rates (ex: obesity, etc.).

Ultimate Impact

-Increase the percent of insured population.

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?

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?

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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?

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Cowley County Rural Health Works Program

Steering Committee Participants
November 26, 2012

Name	*Position*	*Affiliation*	*Community*
Tracie Gordon	Owner & Solutions Spa, LLC solutions_spa@att.net	Solutions Spa, LLC/ WNH Foundation Board Member	Winfield
Shona Salzman	Assistant Administration/ Clinical Services ssalzman@wnmh.org	William Newton Hospital	Winfield
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Justin Waite	Director/ Paramedic jwaite@wilfieldems.org	Winfield Area EMS	Winfield
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Steering Committee Participants
December 3, 2012

Name	*Position*	*Affiliation*	*Community*
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Kelle Thompson	Director of Pharmacy pharmacy@wnmh.org	William Newton Hospital 222-6206	Winfield
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Robert Clock	CEO bob@clockmedical.com	Clock Medical Supply	Winfield
Van G. Coble	Pharmacist vancoble@gmail.com		
Justin Waite	Director/ Paramedic jwaite@wilfieldems.org	Winfield Area EMS	Winfield
Roderick A. Hathaway (Rick)	Clergy/ Pastor trinitypastor@hotmail.com	Trinity Lutheran Church & School 620-221-9460; 620-221-0646	Winfield
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Richard Vaught	Administrator admin@wnmh.org	William Newton Hospital	Winfield
Shona Salzman	Assistant Administration/ Clinical Services ssalzman@wnmh.org	William Newton Hospital	Winfield
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December 10, 2012

Name	*Position*	*Affiliation*	*Community*
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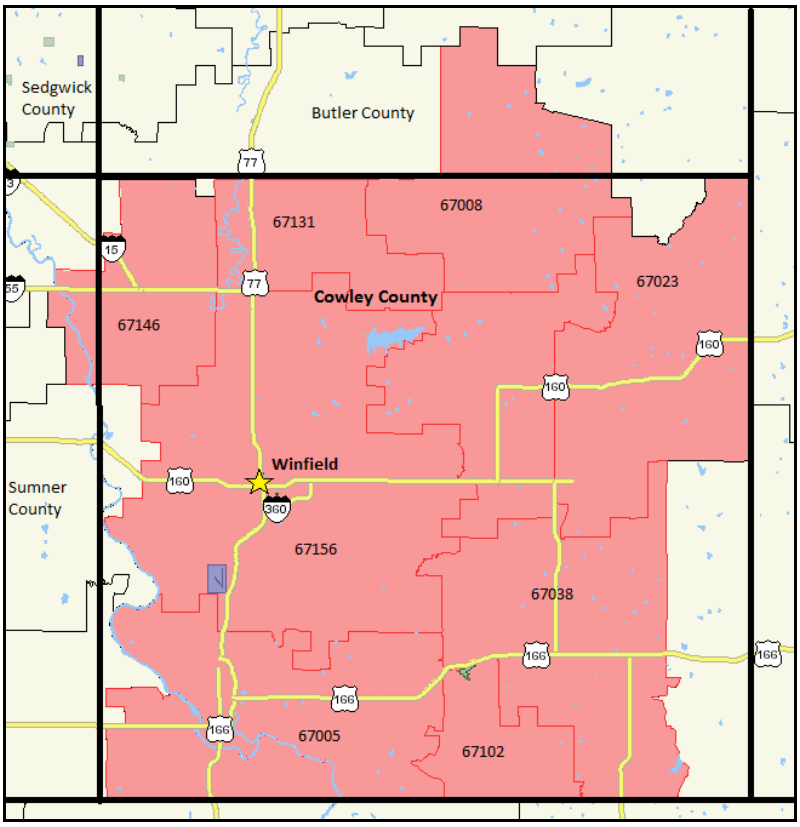
Basis for the Organization of the Cowley County Community Health Needs Assessment

Share of Inpatient Discharges from Cowley County Zip Code, 2011

Hospital	Zip	City	State	COUNTY	Percentage
William Newton Hospital - Winfield, KS	67156	WINFIELD	KS	COWLEY	60.9%
William Newton Hospital - Winfield, KS	67005	ARKANSAS CITY	KS	COWLEY	21.9%
William Newton Hospital - Winfield, KS	67038	DEXTER	KS	COWLEY	2.3%
William Newton Hospital - Winfield, KS	67119	OXFORD	KS	SUMNER	2.3%
William Newton Hospital - Winfield, KS	67019	BURDEN	KS	COWLEY	1.9%
William Newton Hospital - Winfield, KS	67024	CEDAR VALE	KS	CHAUTAUQUA	1.7%
William Newton Hospital - Winfield, KS	67346	GRENOLA	KS	ELK	1.4%
William Newton Hospital - Winfield, KS	67146	UDALL	KS	COWLEY	1.0%
William Newton Hospital - Winfield, KS	67152	WELLINGTON	KS	SUMNER	0.9%
William Newton Hospital - Winfield, KS	67008	ATLANTA	KS	COWLEY	0.7%
William Newton Hospital - Winfield, KS	67023	CAMBRIDGE	KS	COWLEY	0.7%
William Newton Hospital - Winfield, KS	67051	GEUDA SPRINGS	KS	SUMNER	0.6%
William Newton Hospital - Winfield, KS	74647	NEWKIRK	OK	KAY	0.4%
William Newton Hospital - Winfield, KS	OTHER				3.3%
					100.0%
				Cowley County Share	89.4%



Cowley County Preliminary Issues List
11/26/2012

Themes

Promotion of health and wellness / chronic disease prevention
Access for uninsured / underinsured
Physician recruitment
Education and case management for chronic conditions
Focus on youth education and welfare
Accessing mental health assistance, including addressing youth bullying
Financial concerns: cost, access, affordability, reimbursements

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

Cancer related illness (5)
Low income families without healthcare
Obesity (7)
Suicide
Mental Health Services
Life style issues (3)
Access to surgical procedures locally
Tobacco use
Diabetes (6)
Drug abuse
Insurance
Home resources (in-home care or care giving for those who can not afford it)
Need outpatient clinic
Underage pregnancy
Shortage of primary care physicians (going to increase with future retirements) (2)
Care for uninsured population
Physician recruitment
Additional funding
Government requirements to abide by
Heart Disease (2)
Choices for Medicare/ Medicaid patients for healthcare providers
Lack of infusion services for some medications
Uninsured and underinsured patients (2)
Children not getting adequate/preventive care
Breakdown of the Family Unit
Government dependence to provide health care needs

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

Trying to find a way to meet the needs of those who do not have healthcare and generating enough money to meet the needs.
Reimbursement of wellness incentives and after care follow up and education.
Access to a greater range of surgery/therapy options.
In an aging community, more emphasis on their care issues.
Improve access for uninsured and underinsured.
Develop a clinic for indigent.
Need more primary care physicians (recruitment). (3)
Pursue education efforts. (2)
Increase knowledge, awareness and resources.
Institute outpatient clinic for IV therapy, wound care, etc.
Affordable Care Act- low income clinic.
More on prevention rather than treatment.
Community para-medicine.
Look for ways to provide continuity of care across the healthcare spectrum.
Resources in the community to provide information about options available.
Improve dental health.
Further collaborative strategic planning to ensure health policy is applied throughout the community.
Improve affordable access for low income/ no insurance.
Affordable access to dental care.
Increased focus on prevention (awareness, education).
Communication with afflicted persons.
How to alter eating and exercising habits.
Community health clinic as an alternative to hospital emergency room.
Physician recruitment to replace existing aging providers.

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

Better ideas for lower income families and trying to figure out a system that does not cost the hospital in the way of helping off set the cost for their care.

To maintain a community hospital and healthcare system which meets the needs of the population.

To promote the overall strength of care already available and determine ways that more care options might be provided.

Develop strategies to address health related concerns; strengthen financial viability of health system.

Educate the community for preventative care assisting patients with transitioning home and teaching on disease process and management.

Expand number of P.C. physicians.

Available care for uninsured.

Available and affordable.

Needs met for all people.

Reduce chronic disease (heart, diabetes…).

Reduce poor health outcomes (priority).

Fiscally strengthen health care system (user and provider).

Decrease obesity, diabetes, and heart diseases.

Improved outcomes in terms of health by age sector.

Losing weight and creating a positive living environment.

What are the greatest barriers to achieving health care goals?

Financial- generating enough revenue to obtain highly knowledgeable physicians and equipment.

The unknown, education, and apathy.

Access to "big city" providers as an alternative to local services.

Lack of coordinating effort/sharing info for patients under the care of several doctors.

Physician shortage; financial resources.

Money and payments. No insurance or under-insured. Educating the public of of resources available.

Decrease in medical doctors- difficulty recruiting to small towns.

Financial resources.

Money.

Personnel to live/work in rural areas.

Lack of ability to pay.

Possible lack of providers.

Patients lack of personal responsibility.

Time and staff.

Public knowledge of issues (health literacy).

Getting the patients to buying-in to their chronic health issues.

Affordable health care (lack of good health insurance or high deductible plans).

Income level and insurance coverage.

Buy-in to individual choice impacts.

Aging demographics.

End of life issues (quality of final months).

Civic leadership towards goals.

Civic involvement in that effort.

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KANSAS RURAL HEALTH WORKS

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

Kansas Rural Health Options Project
December 2010

Jill Patry, *Research Assistant*
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RURAL HEALTH OPTIONS PROJECT KRHOP KANSAS

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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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The Economic Contribution of the Health Care Sector In Cowley 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 Cowley 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 Cowley 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.

Cowley County Demographic Data

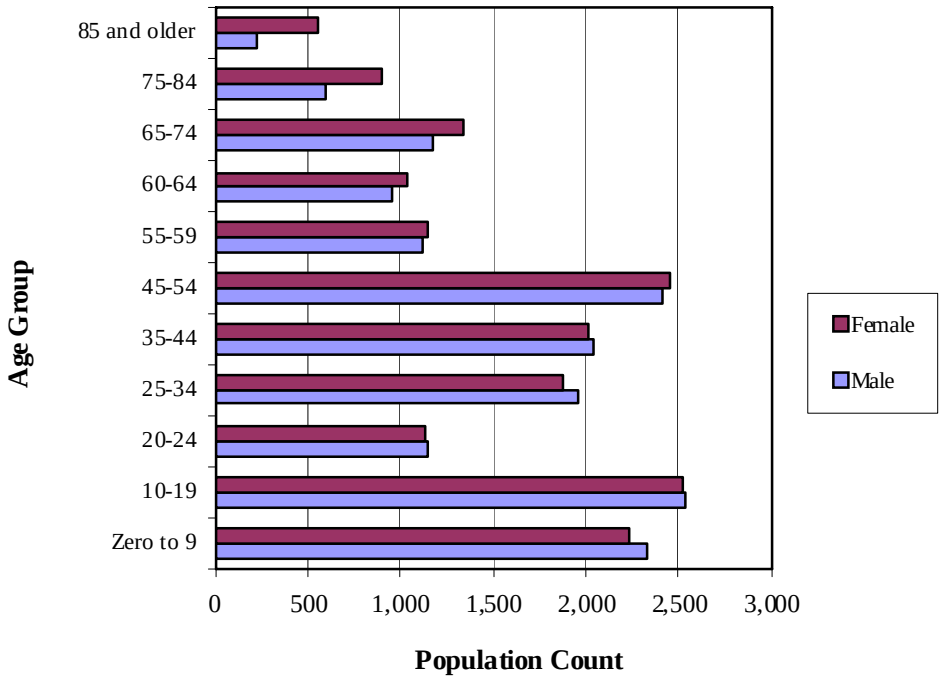
Table 2 presents population trends for Cowley County. In 2010, an estimated 33,979 people live in the county. Between 1990 and 2010, the population decreased 8.0 percent and also decreased 6.3 percent between 2000 and 2010. Population projections indicate that 33,809 people will live in the county by 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	36,933	1990-2000	-1.8	8.5	2015	33,809
2000	36,254	2000-2010	-6.3	5.5	2020	33,702
2010	33,979	1990-2010	-8.0	14.5	2025	33,627

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

Figure 1. Population by Age and Gender

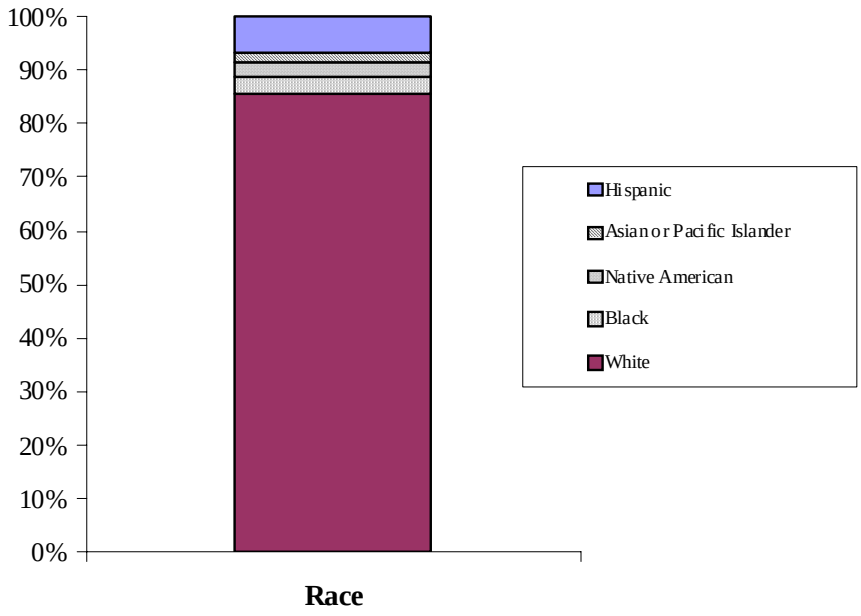


U.S. Census Bureau

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 28.6 percent. People aged 65 and older represented 14.2 percent of the population. Of those 65 and older, 41.5 percent were male and 58.5 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 85.3 percent of the county's population, while Native Americans represented 2.5 percent, African Americans made up 3.4 percent, Asians were 1.8 percent and Hispanics were 7.0 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)

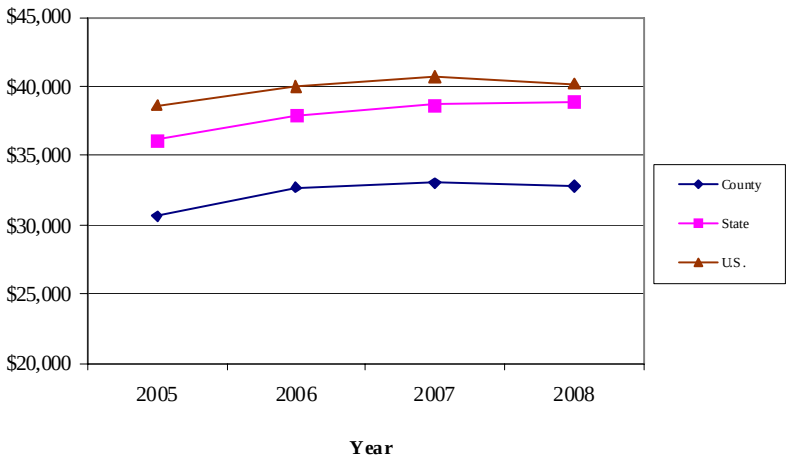


Woods and Poole Economics, Inc. Native American includes American Indians and Alaska Natives; Asian or Pacific Islander includes Asian Americans, Native Hawaiians, Pacific Islanders; Hispanic population is persons of Hispanic origin regardless of race.

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.

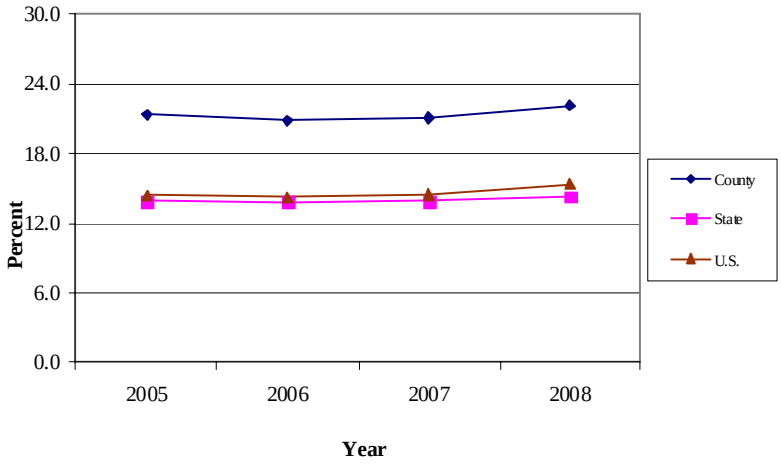
Figure 3. Total Per Capita Personal Income (2008$)



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 Cowley County, personal income has increased from $30,631 in 2005 to $32,796 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 increased from 21.3 percent in 2005 to 22.2 in 2008.

Table 3 shows personal income data by source for Cowley County, Kansas and the nation. Within the county, 70.8 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 43.1 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	$501,910,000	$14,734	70.8	69.4	71.6
Other Labor Income	$125,579,000	$3,686	17.7	17.0	16.3
Proprietor's Income	$81,750,000	$2,400	11.5	13.6	12.1
Total Earnings	$709,239,000	$20,820	100.0	100.0	100.0
Transfer Payments					
Retirement and Disability	$94,498,000	$2,774	38.2	39.0	34.2
Medical Payments	$106,580,000	$3,129	43.1	42.2	44.0
Other	$46,386,000	$1,362	18.7	18.7	21.9
Total Transfer Payments	$247,464,000	$7,264	100.0	100.0	100.0
Personal Income					
Earnings by Place of Residence	$691,784,000	$20,308	62.1	68.8	66.6
Dividends, Interest, and Rent	$175,430,000	$5,150	15.7	17.0	18.0
Transfer Payments	$247,464,000	$7,264	22.2	14.3	15.3
Total Personal Income	$1,114,678,000	$32,722	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]	2	0.1	0.1
Number of beds[1]	58	1.7	4.1
Admissions per bed[1]	43	1.3	0.01
Adult Care Homes (2009)			
Number[2]	7	1.5	0.8
Number of beds[2]	405	84.9	56.2
Assisted Living Facilities (2009)			
Number[2]	6	1.3	0.7
Number of beds[2]	207	43.4	29.6
Medicare (2007)			
Elligibles[3,4]	6,402	18.7	14.8
Medicaid Funded Programs			
Food Stamp Beneficiaries (2009)[4]	3,818	11.4	7.4
Temporary Assistance for Families (FY 2009)[4]	446	1.3	1.1

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

[1]Rate per 1,000 population.

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

[3]Annual 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.

[4] Percent of total 2007 estimated population.

Table 4 shows the availability of certain types of health services in Cowley County as well as usage of some health care-related government programs. The county has 58 available hospital beds, with a rate of 1.3 admissions per bed per 1,000 people. Additionally, the county has 405 adult care home beds, or 84.9 beds per 1,000 older adults, and 207 assisted living beds, or 43.4 beds per 1,000 older adults. Medicare users make up 18.7 percent of the county's total population and 11.4 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]	5,146	15.9	11.3
Children in Poverty[2]	1,666	20.6	14.6
Total Births[3] (2008)	505	14.8	14.9
Births to Mothers without High-School Diploma[4] (2007)	N/A	18.8	18.2
Births with Adequate Prenatal Care[3] (2008)	360	73.0	77.6
Low Weight Births[5] (2007)	N/A	8.5	7.1
Immunization[6] (2007)	N/A	40.0	58.0
Infant Mortality[7] (2008)	3	10.0	7.4
Child Deaths[8] (2008)	3	0.7	1.7
Child Care Subsidies[9] (2008)	300	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, 20.6 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 18.8 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 8.5 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 Cowley County Economy, Highlighting Health Care

Table 6 presents employment, income and sales data for Cowley 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	1,169	$7,665	$28,118	$83,825
Mining	341	$27,704	$71,973	$130,947
Construction	744	$27,460	$29,972	$86,695
Manufacturing	3,450	$209,281	$388,899	$1,712,225
Transportation, Information, Public Utilities	396	$25,621	$53,510	$89,458
Trade	2,477	$62,024	$103,409	$156,353
Services	9,048	$301,856	$414,414	$752,408
Health Services[1]	2,043	$88,022	$97,604	$151,580
Health and Personal Care Stores	157	$4,819	$7,558	$10,387
Veterinary Services	49	$1,358	$1,488	$3,452
Home Health Care Services	80	$2,293	$2,901	$3,956
Doctors and Dentists	351	$19,170	$22,191	$33,734
Other Ambulatory Health Care	11	$533	$932	$1,485
Hospitals	487	$37,262	$39,129	$65,652
Nursing/Residential Care Facilities	907	$22,587	$23,404	$32,914
Government	3,808	$159,658	$183,777	$206,448
Total	21,433	$821,269	$1,274,072	$3,218,358
Health Services as a Percent of Total				
County	9.5	10.7	7.7	4.7
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.

[1]In 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 2,043 people, 9.5 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 5 ranking in terms of employment (Figure 5). Health Services is number 4 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)

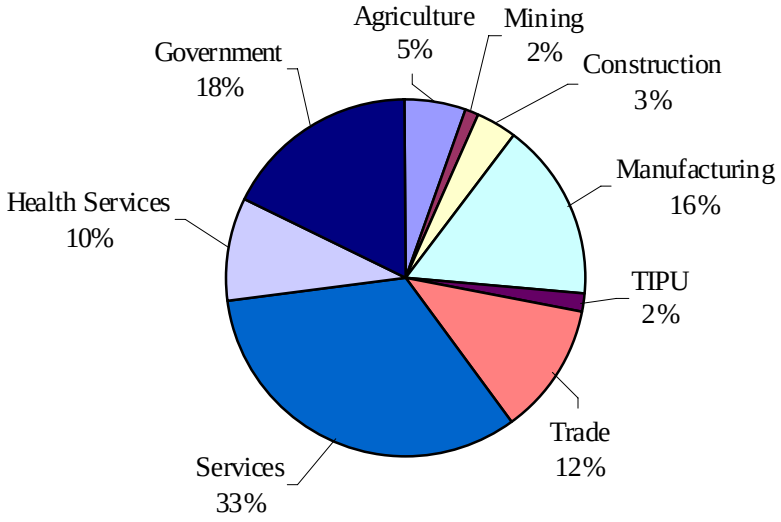


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Figure 6. Labor Income by Sector (2008)

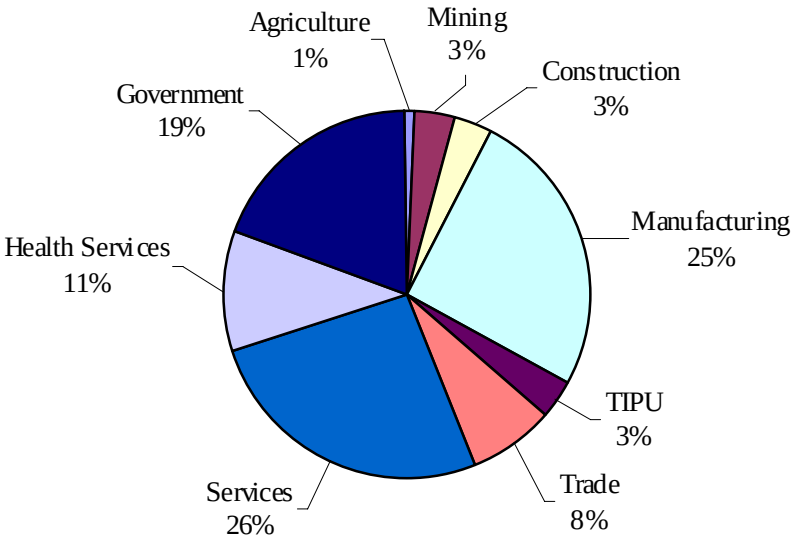

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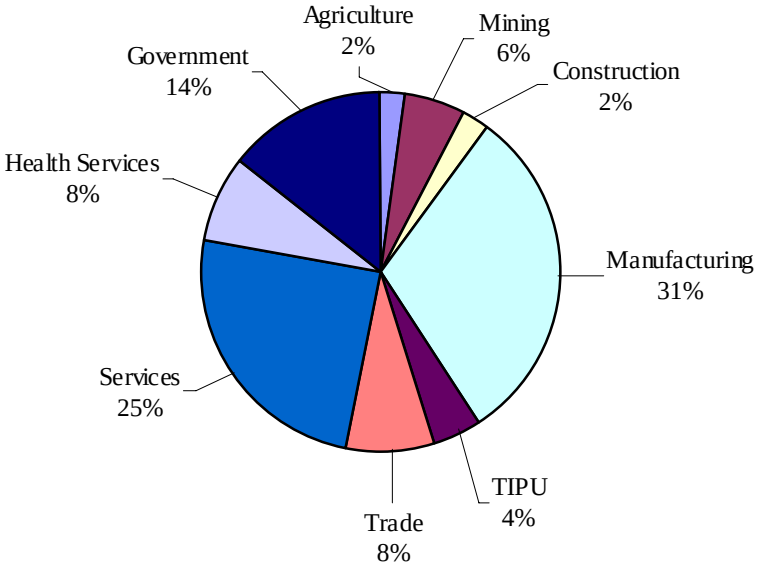
Figure 7. Total Income by Sector (2008)



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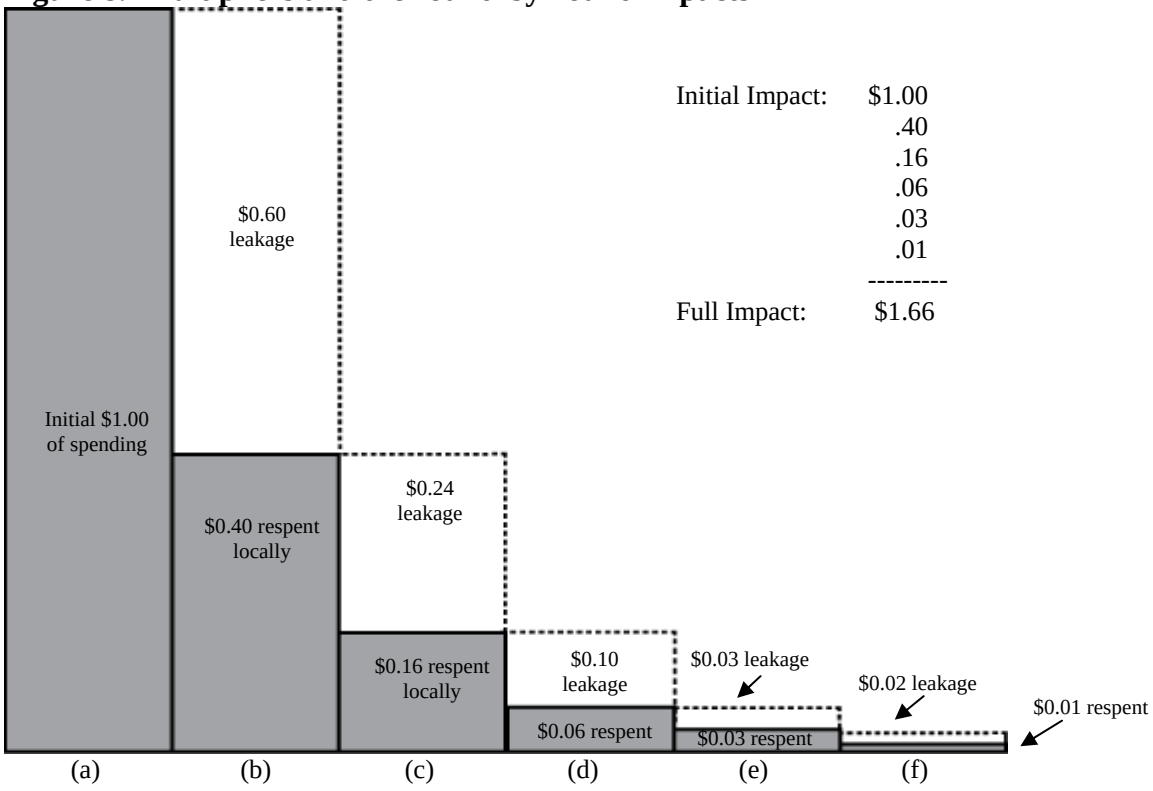
Health Sector Impact and Economic Multipliers

The previous section detailed the direct contributions of the Health Services sector within the Cowley 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 487 people and has an employment multiplier of 1.63. This means that for each job created in the hospital sector, another 0.63 jobs are created in other businesses and industries in the county's economy. The direct impact of the 487 hospital employees results in an indirect impact of 308 jobs (487 x 0.63 = 308) throughout all businesses and industries in the market area. Thus, the hospital sector employment had a total impact on area employment of 795 jobs (487 x 1.63 = 795).

Table 7. Health Sector Impact on Employment, 2008

Health Sectors	Direct Employment	Economic Multiplier	Total Impact
Health and Personal Care Stores	157	1.20	188
Veterinary Services	49	1.20	60
Home Health Care Services	80	1.18	94
Doctors and Dentists	351	1.34	471
Other Ambulatory Health Care	11	1.38	15
Hospitals	487	1.63	795
Nursing and Residential Care Facilities	907	1.15	1,040
Total	2,043		2,663

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 $39,129,000 direct income for hospital employees shown in Table 8. The hospital sector had an income multiplier of 1.25, which indicates that for every one dollar of income generated in the hospital sector, another $0.25 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 $48,859,000 ($39,129,000 x 1.25 = $48,859,000).

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	$7,558	1.19	$8,973	$2,676
Veterinary Services	$1,488	1.21	$1,796	$536
Home Health Care Services	$2,901	1.18	$3,418	$1,020
Doctors and Dentists	$22,191	1.18	$26,169	$7,806
Other Ambulatory Health Care	$932	1.24	$1,151	$343
Hospitals	$39,129	1.25	$48,859	$14,573
Nursing/Residential Care Facilities	$23,404	1.17	$27,306	$8,145
Total	$97,604		$117,672	$35,099

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 2,663 jobs in the local economy. In Table 8, the total income impact of health services results in an estimated $117,672,000 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). Cowley County had retail sales of $332,485,013 and $1,114,678,000 in total personal income. Thus, the estimated retail sales capture ratio equals 29.8 percent. Using this as the retail sales capture ratio for the county, this says that people spent 29.8 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 $35,099,000 ($117,672,000 x 29.8% = $35,099,000). 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 Cowley 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).

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Cowley County Rural Health Works

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 Cowley 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 Cowley County boundaries.

- Between 1990 and 2010, the population decreased 8.0% in Cowley County, and is projected to decrease modestly through 2025.

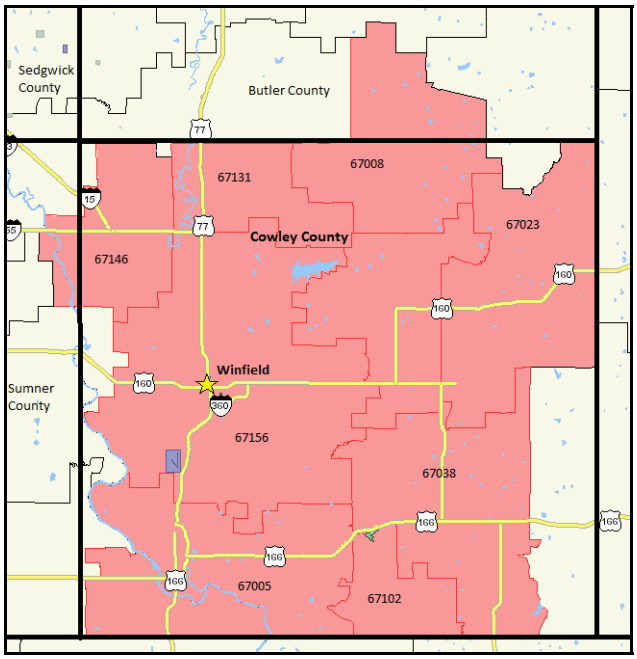
- People aged 19 and younger made up the largest portion of the population, with 28.6%.

- In Cowley County, personal income has increased from $30,631 in 2005 to $32,796 in 2008, well below state and national income levels.

- Medicare users make up 18.7% of the county's total population and 11.4% of the county's population receive food stamp benefits.

- Within the county, nearly 16% of the total polulation falls below the poverty threshhold, 20.6% of children live in poverty compared to 14.6% of children statewide.

Cowley County Primary Health Market Area



ZIP codes within the Cowley County Health Market Area.
Source: Claritas, Inc. 2012.

Cowley County Rural Health Works

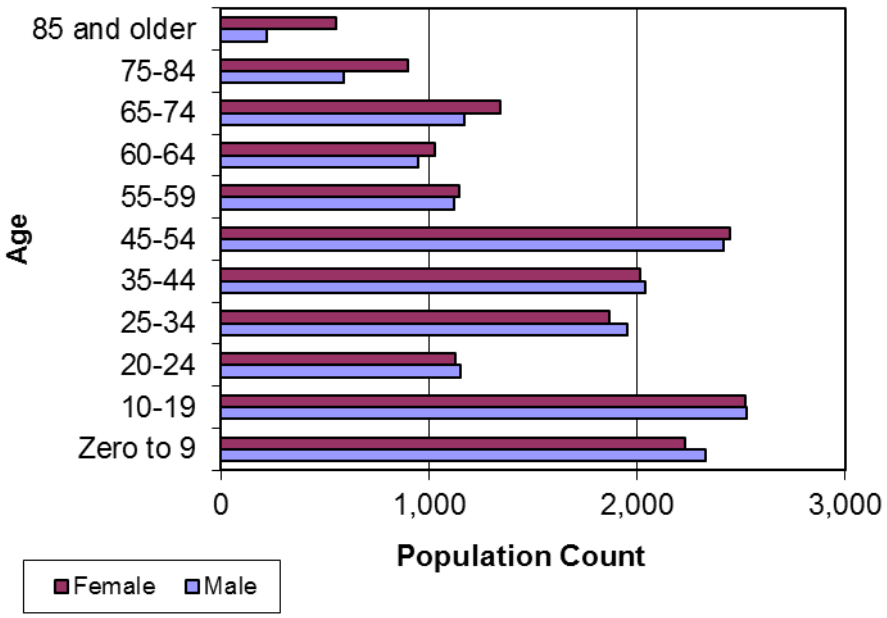
Table 1 presents population trends for Cowley County. In 2010, an estimated 33,979 people live in the county. Between 1990 and 2010, the population decreased 8.0 percent and also decreased 6.3 percent between 2000 and 2010. Population projections indicate that 33,809 people will live in the county by 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	36,933	1990-2000	-1.8	8.5	2015	33,809
2000	36,254	2000-2010	-6.3	5.5	2020	33,702
2010	33,979	1990-2010	-8.0	14.5	2025	33,627

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

Figure 1. Population by Age and Gender (2009)



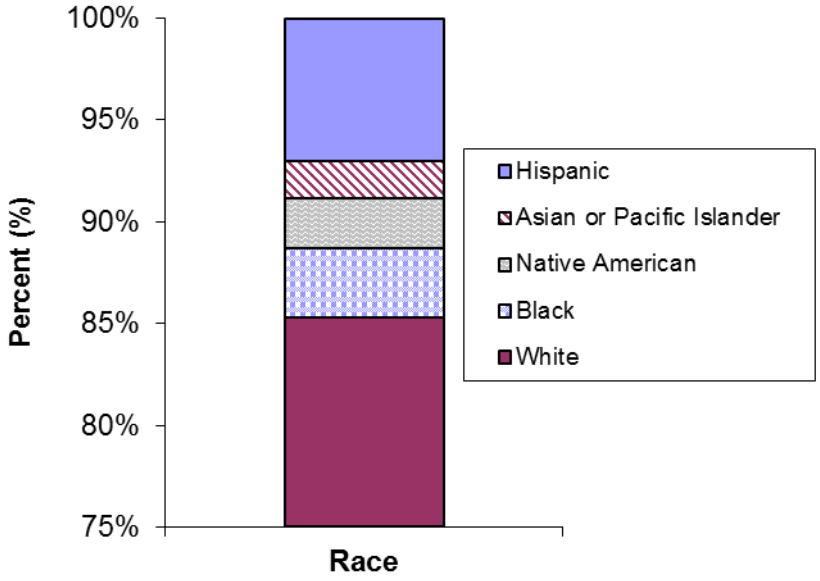
U.S. Census Bureau, 2010

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 28.6 percent. Of those aged 19 and younger, 50.6 percent were male and 49.4 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.

Cowley 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 85.3 percent of the county's population, while Native Americans represented 2.5 percent, African Americans made up 3.4 percent, Asians were 1.8 percent and Hispanics were 7.0 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)



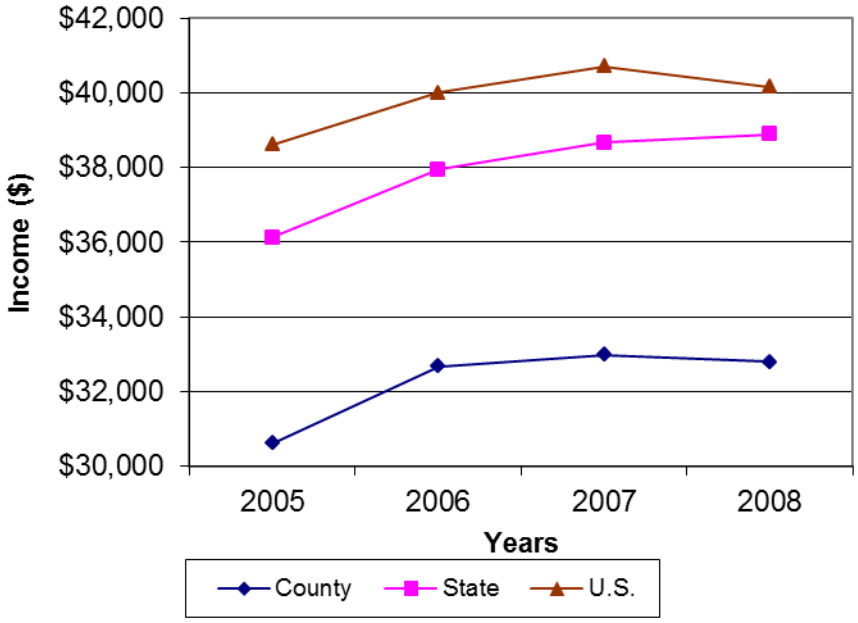
Woods and Poole Economics, Inc. Native American includes American Indians and Alaska Natives; Asian or Pacific Islander includes Asian Americans, Native Hawaiians, Pacific Islanders; Hispanic population is persons of Hispanic origin regardless of race.

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.

Cowley County Rural Health Works

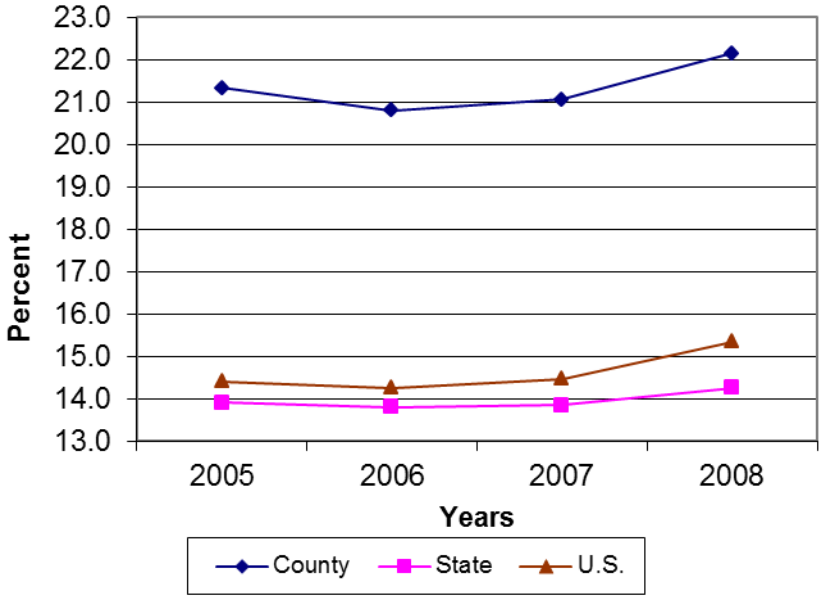
Figure 3. Total Per Capita Personal Income (2008 $)



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 Cowley County, personal income has increased from $30,631 in 2005 to $32,796 in 2008.

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



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

Cowley 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 increased from 21.3 percent in 2005 to 22.2 in 2008.

Table 2 shows personal income data by source for Cowley County, Kansas, and the nation. Within the county, 70.8 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 43.1 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	$501,910,000	$14,734	70.8	69.4	71.6
Other Labor Income	$125,579,000	$3,686	17.7	17.0	16.3
Proprietor's Income	$81,750,000	$2,400	11.5	13.6	12.1
Total Earnings	$709,239,000	$20,820	100.0	100.0	100.0
Transfer Payments					
Retirement and Disability	$94,498,000	$2,774	38.2	39.0	34.2
Medical Payments	$106,580,000	$3,129	43.1	42.2	44.0
Other	$46,386,000	$1,362	18.7	18.7	21.9
Total Transfer Payments	$247,464,000	$7,264	100.0	100.0	100.0
Personal Income					
Earnings by Place of Residence	$691,784,000	$20,308	62.1	68.8	66.6
Dividends, Interest, and Rent	$175,430,000	$5,150	15.7	17.0	18.0
Transfer Payments	$247,464,000	$7,264	22.2	14.3	15.3
Total Personal Income	$1,114,678,000	$32,722	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.

Cowley 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]	2	0.1	0.1
Number of beds[1]	58	1.7	4.1
Admissions per bed[1]	43	1.3	0.01
Adult Care Homes (2009)			
Number[2]	7	1.5	0.8
Number of beds[2]	405	84.9	56.2
Assisted Living Facilities (2009)			
Number[2]	6	1.3	0.7
Number of beds[2]	207	43.4	29.6
Medicare (2007)			
Elligibles[3,4]	6,402	18.7	14.8
Medicaid Funded Programs			
Food Stamp Beneficiaries (2009)[4]	3,818	11.4	7.4
Temporary Assistance for Families (FY 2009)[4]	446	1.3	1.1

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

[1]Rate per 1,000 population.

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

[3]Annual 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.

[4] Percent of total 2007 estimated population.

Table 3 shows the availability of certain types of health services in Cowley County as well as usage of some health care-related government programs. The county has 58 available hospital beds, with a rate of 1.3 admissions per bed per 1,000 people. Additionally, the county has 405 adult care home beds, or 84.9 beds per 1,000 older adults, and 207 assisted living beds. Medicare users make up 18.7 percent of the county's total population and 11.4 percent of the county's population receive food stamp benefits.

Cowley 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]	5,146	15.9	11.3
Children in Poverty[2]	1,666	20.6	14.6
Total Births[3] (2008)	505	1438	14.9
Births to Mothers without High-School Diploma[4] (2007)	N/A	18.8	18.2
Births with Adequate Prenatal Care[3] (2008)	360	73.0	77.6
Low Weight Births[5] (2007)	N/A	8.5	7.1
Immunization[6] (2007)	N/A	40.0	58.0
Infant Mortality[7] (2008)	3	10.04	7.4
Child Deaths[8] (2008)	3	0.74	1.7
Child Care Subsidies[9] (2008)	300	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, 20.6 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 18.8 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 8.5 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.

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Cowley 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 Cowley 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 Cowley County boundaries.

- Cowley county population has been relatively stable since 2000. The trend is expected to continue into the near-term future.

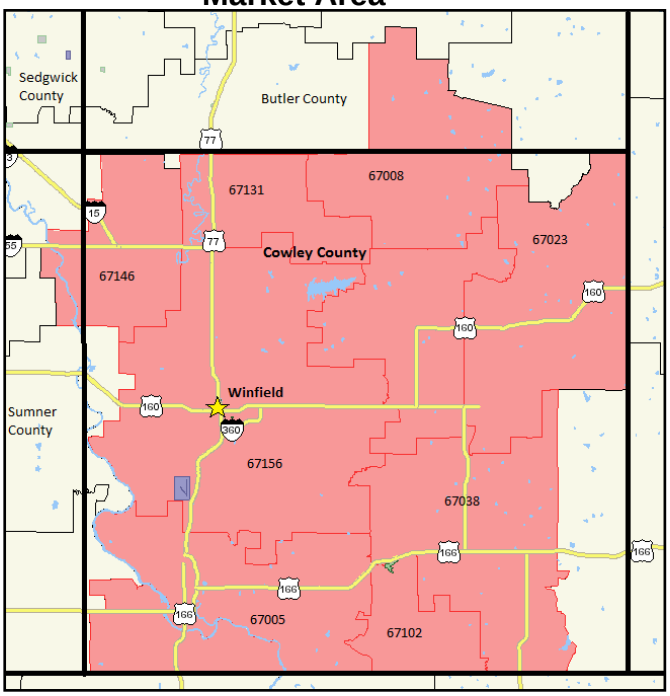
- The oldest of the old, persons 85 years and older are stable in numbers among the elderly, with women commonly outliving men.

- Over 14% of households live on less than $15,000 income per year.

- Transfer income to persons is among the fastest growing sources of income. In 2012, over $262 million in transfer income was paid to county residents, about 24% of total personal income.

- Cowley County is consistently above the state average in terms of the percentage of the population living in poverty.

Cowley County Primary Health Market Area

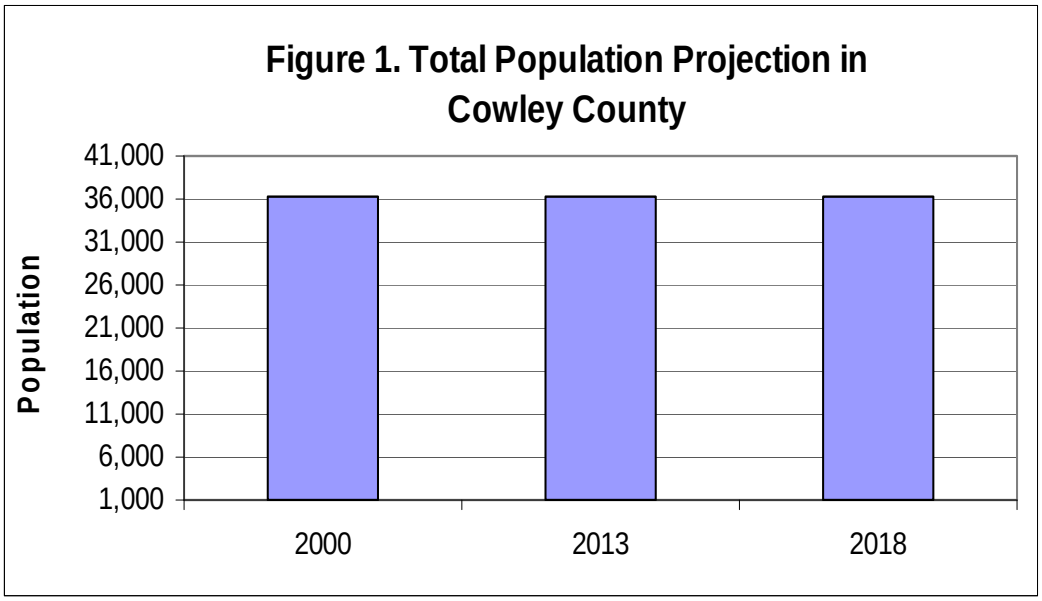


ZIP codes within the Cowley County Health Market Area.

Source: Claritas, Inc. 2012.

Cowley County Rural Health Works

Cowley county population has been relatively stable since 2000. The trend is expected to continue into the near-term future. In 2000, the population was 36,290 while in 2018 they are expecting the population to be 36,230.



Claritas, Inc., 2012

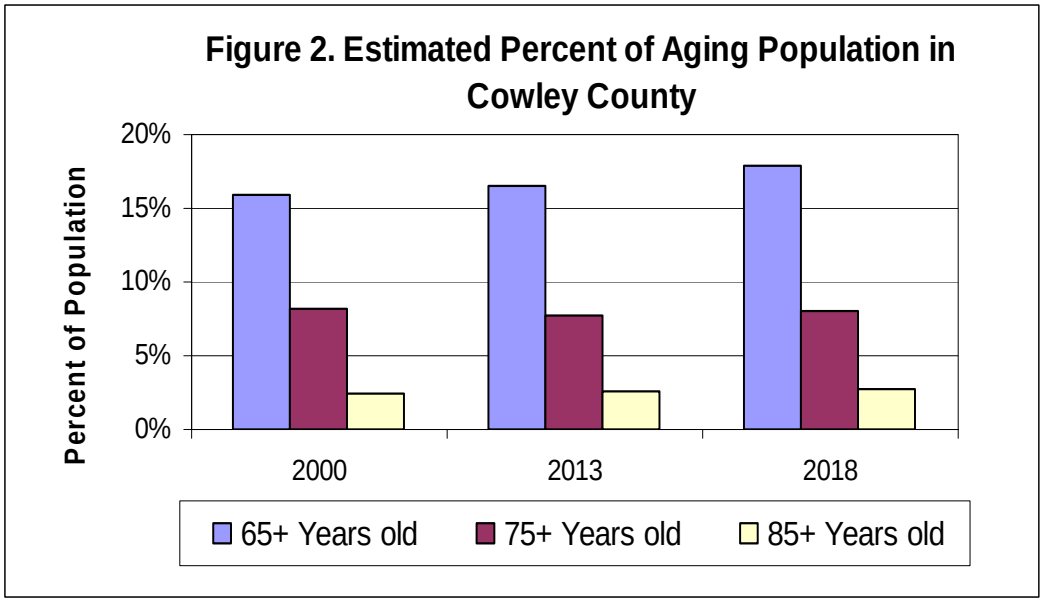
The proportion of the population 65 years and older is among the fastest growing demographic groups. In Cowley County, the population of 65 years and older increased 0.6 % from 2000 to 2013, and is expected to increase another 1.3 percent by 2018. The oldest of the old, persons 85 years and older are stable in numbers 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 Winfield Health Area

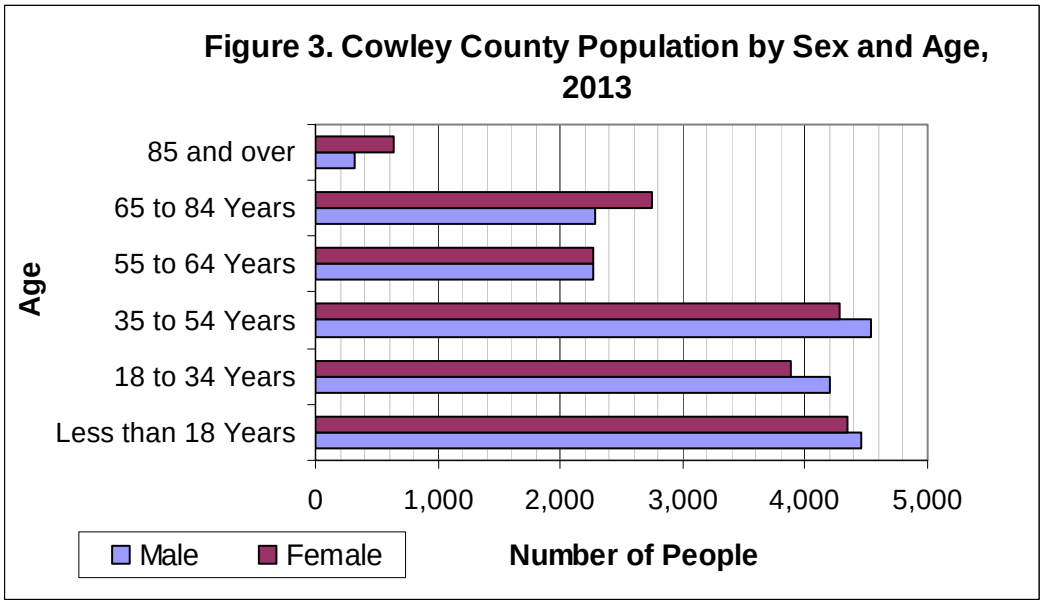
	2000		2013		2018	
	Percent	Population	Percent	Population	Percent	Population
65+ Years old	15.9%	5,770	16.5%	5,972	17.8%	6,451
75+ Years old	8.2%	2985	7.8%	2811	8.1%	2920
85+ Years old	2.5%	903	2.6%	954	2.7%	984

Claritas, Inc., 2012

Cowley County Rural Health Works



Claritas, Inc., 2012



Claritas, Inc., 2012

The racial composition of Cowley County is less homogenous than many rural Kansas counties. Whites make up over 85 percent of the population. Five thousand, three hundred and nine persons in Cowley 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 becoming a larger proportion of the total population.

Cowley County Rural Health Works

Table 2. 2013 Estimated Population by Single Race Classification

	Population	Percent
White Alone	30,898	85.3%
Black or African American Alone	1,000	2.8%
American Indian and Alaska Native Alone	731	2.0%
Asian Alone	587	1.6%
Native Hawaiian and Other Pacific Islander Alone	19	0.1%
Some Other Race Alone	1,615	4.5%
Two or More Races	1,357	3.7%
Total	36,207	100.0%

Claritas, Inc., 2012

Table 3. 2013 Estimated Population Hispanic or Latino by Origin

	Population	Percent
Hispanic or Latino	3,771	10.4%
Not Hispanic or Latino	32,436	89.6%
Total	36,207	100.0%

Claritas, Inc., 2012

Table 4. Cowley County Hispanic and Latino Population Projection

	2000	2013	2018
Total Population	36,291	36,207	36,230
Hispanic and Latino Population	1,304	3,771	4,502
Percentage of Population	3.6%	10.4%	12.4%

Claritas, Inc., 2012

The Cowley County Hispanic population is expected to grow rapidly. In 2000, it represented less than 4.0 percent of the total population. By 2018, it is projected to represent over 12 percent.

Cowley County Rural Health Works

Less than half the population lives in a household with a spouse present. About one-quarter have never been married and likely represent younger cohorts. That leaves about one-quarter of the population who are alone or in some other cohabitation arrangement. An estimated 19.6 percent of the population is no longer being married due to divorce or spousal death; almost 7.3 percent are widowed. 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.

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

	Count	Percent
Total, Never Married	7,968	27.6%
Married, Spouse present	14,038	48.6%
Married, Spouse absent	1,230	4.3%
Widowed	2,103	7.3%
Divorced	3,540	12.3%
Males, Never Married	4,576	15.9%
Previously Married	2,023	7.0%
Females, Never Married	3,392	11.8%
Previously Married	3,620	12.5%

Claritas, Inc., 2012

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

	Count	Percent
Less than 9th grade	1,469	6.3%
Some High School, no diploma	1,793	7.7%
High School Graduate (or GED)	7,116	30.4%
Some College, no degree	6,102	26.0%
Associate Degree	2,488	10.6%
Bachelor's Degree	2,960	12.6%
Master's Degree	1,141	4.9%
Professional School Degree	236	1.0%
Doctorate Degree	142	0.6%

Claritas, Inc., 2012

Cowley County Rural Health Works

The income and wealth resources of many Cowley County residents are relatively modest. Over 28 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. 23 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.

Table 7. 2013 Estimated Households by Household Income

	Count	Percent
Income Less than $15,000	1,977	14.2%
Income $15,000 - $24,999	1,978	14.2%
Income $25,000 - $34,999	1,855	13.4%
Income $35,000 - $49,999	2,474	17.8%
Income $50,000 - $74,999	2,537	18.3%
Income $75,000 - $99,999	1,620	11.7%
Income $100,000 - $149,999	1,041	7.5%
Income $150,000 - $199,999	248	1.8%
Income $200,000 - $499,999	148	1.1%
Income $500,000 or more	17	0.1%
Total Estimated Households	13,895	100.0%

Estimated Average Household Income	$53,197
Estimated Median Household Income	$41,897
Estimated Per Capita Income	---

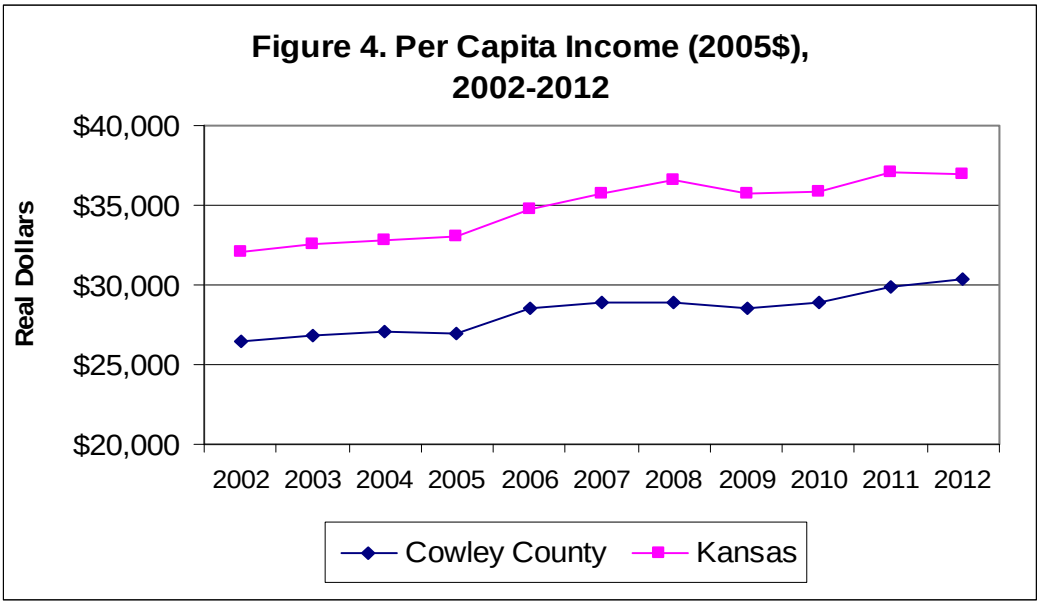
Claritas, Inc., 2012

Cowley County Rural Health Works

Table 8. 2013 Estimated All Owner-Occupied Housing Values

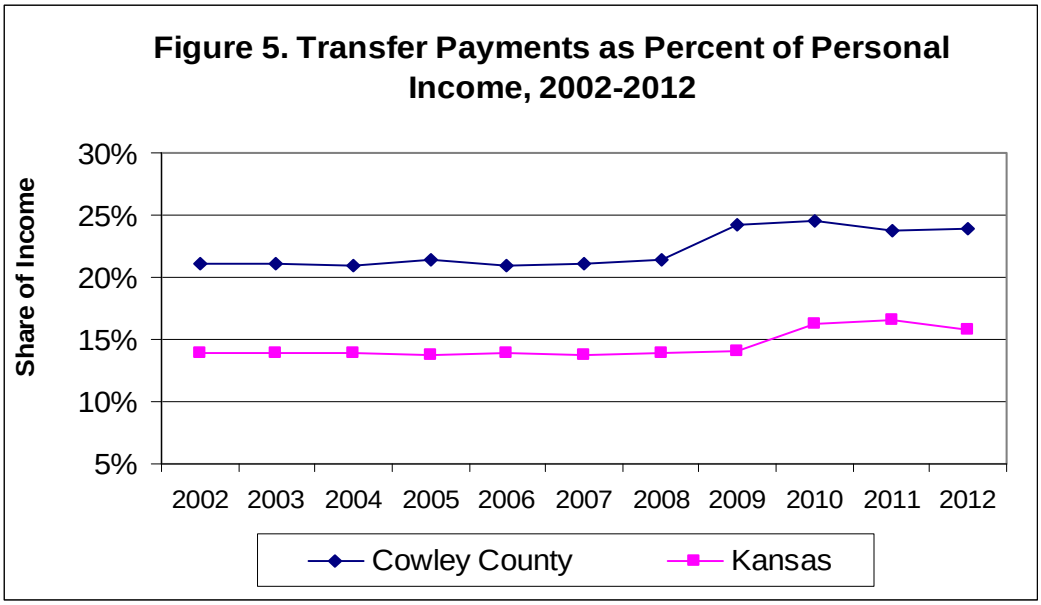
	Count	Percent
Value Less than $20,000	749	7.9%
Value $20,000 - $39,999	1,436	15.1%
Value $40,000 - $59,999	1,611	17.0%
Value $60,000 - $79,999	1,727	18.2%
Value $80,000 - $99,999	1,097	11.6%
Value $100,000 - $149,999	1,507	15.9%
Value $150,000 - $199,999	750	7.9%
Value $200,000 - $299,999	455	4.8%
Value $300,000 - $399,999	99	1.0%
Value $400,000 - $499,999	33	0.4%
Value $500,000 - $749,999	25	0.3%
Value $750,000 - $999,999	0	0.0%
Value $1,000,000 or more	0	0.0%
Total	9,489	100.0%

Claritas, Inc., 2012



Woods and Poole, Inc., 2012

Cowley County Rural Health Works



Woods and Poole, Inc., 2012

As with most rural areas, Cowley County is relatively more dependent on transfer income, such as retirement and disability insurance benefits, medical benefits, and income maintenance. That dependence has increased slightly in recent years. About 24 percent of total income in Cowley County comes from these sources. 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.

Cowley County Rural Health Works

Table 9. Cowley County Personal Income by Major Source

	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Total Earnings (Millions 2005$)	$649.56	$665.65	$664.04	$644.78	$670.78	$671.41	$657.04	$627.09	$634.73	$656.70	$676.63
Farm Earnings	$1.33	$17.21	$20.44	$14.99	$14.05	$4.88	$10.94	$4.91	$5.17	$5.60	$14.30
Agricultural Services, Other	$3.38	$3.20	$3.64	$3.87	$4.04	$4.70	$3.74	$4.08	$4.14	$3.87	$3.90
Mining	$7.38	$9.94	$10.22	$11.23	$12.15	$10.52	$17.37	$15.25	$16.53	$17.74	$21.28
Construction	$25.67	$26.85	$27.46	$28.65	$29.57	$28.00	$26.28	$23.33	$22.90	$21.96	$21.82
Manufacturing	$186.63	$186.50	$187.58	$184.95	$191.97	$204.67	$188.59	$174.45	$174.77	$183.91	$189.77
Transport, Comm. & Public Utility	$38.91	$36.45	$39.12	$40.94	$43.18	$40.41	$39.21	$37.13	$35.67	$37.36	$39.13
Wholesale Trade	$13.40	$10.85	$10.46	$11.22	$11.58	$11.03	$13.21	$13.93	$15.26	$16.54	$14.58
Retail Trade	$47.02	$47.91	$47.50	$44.99	$46.76	$46.68	$44.53	$44.63	$47.38	$50.75	$50.61
Finance, Insurance & Real Estate	$49.63	$50.57	$37.64	$19.91	$19.15	$18.89	$19.08	$19.97	$21.94	$24.78	$25.54
Services	$75.62	$74.05	$76.76	$77.54	$85.02	$90.57	$88.98	$80.94	$82.38	$83.96	$85.34
Federal Civilian Government	$7.76	$7.34	$7.19	$6.86	$6.47	$6.64	$6.44	$6.52	$7.09	$7.06	$7.14
Federal Military Government	$3.87	$5.31	$5.51	$6.31	$5.95	$5.72	$5.73	$6.30	$6.92	$7.27	$7.17
State and Local Government	$124.27	$131.82	$134.32	$131.01	$136.37	$136.99	$135.67	$137.30	$135.45	$134.33	$135.85
Personal Income (Millions 2005$)	$972.04	$975.23	$983.16	$967.98	$1,020.89	$1,044.05	$1,047.00	$1,031.54	$1,047.39	$1,082.36	$1,096.05
Wages and Salaries	$469.44	$456.74	$453.91	$440.92	$465.75	$481.92	$465.02	$446.04	$445.22	$446.96	$471.30
Other Labor Income	$110.50	$124.81	$121.61	$118.69	$118.99	$119.61	$117.88	$118.61	$120.73	$121.37	$125.60
Proprietors Income	$69.62	$84.11	$88.53	$85.17	$86.04	$69.88	$74.13	$62.44	$68.77	$88.37	$79.73
Dividends, Interest & Rent	$143.33	$130.07	$136.38	$137.23	$158.81	$175.13	$182.76	$174.55	$179.51	$188.67	$177.32
Transfer Payments To Persons	$204.68	$205.19	$206.33	$206.60	$213.06	$219.51	$224.18	$249.03	$256.52	$257.50	$262.06
Less Social Insurance Contributions	$76.53	$75.54	$75.18	$74.70	$78.77	$79.56	$77.90	$74.98	$74.21	$66.78	$68.60
Residence Adjustment	$51.01	$49.87	$51.59	$54.07	$57.02	$57.56	$60.91	$55.87	$50.84	$46.26	$48.64

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. Dept of Commerce (USDoC); employment and earnings data by private non-farm SIC industry for 2001 and 2002 are estimated from private non-farm NAICA industry data.

Cowley County Rural Health Works

Table 10. Personal Current Transfer Receipts for Cowley County

(thousands of dollars)	2009	2010	2011
Personal current transfer receipts ($000)	278,071	291,052	298,159
Current transfer receipts of individuals from governments	270,686	282,700	290,132
Retirement and disability insurance benefits	103,152	106,446	107,723
Old-age, survivors, and disability insurance (OASDI) benefits	97,000	100,092	101,242
Railroad retirement and disability benefits	5,899	6,101	6,224
Workers' compensation	127	120	124
Other government retirement and disability insurance benefits \1	126	133	133
Medical benefits	109,365	110,279	121,494
Medicare benefits	56,867	59,301	62,937
Public assistance medical care benefits \2	51,582	49,951	57,308
Medicaid \3	50,077	48,634	55,852
Other medical care benefits \4	1,505	1,317	1,456
Military medical insurance benefits \5	916	1,027	1,249
Income maintenance benefits	25,879	31,920	32,149
Supplemental security income (SSI) benefits	4,289	4,329	4,456
Family assistance \6	2,040	2,471	2,533
Supplemental Nutrition Assistance Program (SNAP)	6,611	8,289	7,582
Other income maintenance benefits \7	12,939	16,831	17,578
Unemployment insurance compensation	14,928	13,704	8,739
State unemployment insurance compensation	14,691	13,466	8,481
Unemployment compensation for Fed. civilian employees (UCFE)	(L)	(L)	(L)
Unemployment compensation for railroad employees	99	64	(L)
Unemployment compensation for veterans (UCX)	113	141	177
Other unemployment compensation \8	0	0	0
Veterans benefits	5,248	5,840	6,374
Veterans pension and disability benefits	4,843	5,197	5,642
Veterans readjustment benefits \9	347	588	677
Veterans life insurance benefits	56	53	53
Other assistance to veterans \10	(L)	(L)	(L)
Education and training assistance \11	8,865	12,791	13,246
Other transfer receipts of individuals from governments \12	3,249	1,720	407
Current transfer receipts of nonprofit institutions	4,242	4,695	4,760
Receipts from the Federal government	1,777	1,894	1,910
Receipts from state and local governments	917	941	931
Receipts from businesses	1,548	1,860	1,919
Current transfer receipts of individuals from businesses \13	3,143	3,657	3,267

Bureau of Economic Analysis, 2012

Cowley 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.

Cowley County Rural Health Works

Table 11. Employment by Major Industry for Cowley County

(Thousands)	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Total Employment	21.14	20.59	20.36	19.87	20.47	21.18	20.76	20.11	20.18	20.23	20.19
Farm Employment	1.05	1.03	1.01	1.00	0.97	0.98	0.97	0.96	0.96	0.95	0.96
Agricultural Services, Other	0.14	0.12	0.11	0.12	0.12	0.14	0.14	0.13	0.13	0.13	0.13
Mining	0.31	0.38	0.32	0.35	0.37	0.38	0.54	0.77	0.80	0.82	0.82
Construction	0.72	0.77	0.79	0.79	0.80	0.84	0.84	0.79	0.78	0.76	0.76
Manufacturing	3.66	3.53	3.51	3.38	3.49	3.76	3.71	3.35	3.30	3.33	3.33
Transport, Comm. & Public Utility	0.94	0.87	0.85	0.87	0.88	0.86	0.83	0.76	0.72	0.72	0.72
Wholesale Trade	0.43	0.34	0.33	0.35	0.35	0.31	0.35	0.36	0.38	0.40	0.40
Retail Trade	2.17	2.11	2.18	2.14	2.21	2.23	2.15	2.09	2.14	2.17	2.16
Finance, Insurance & Real Estate	1.53	1.45	1.27	0.89	0.89	0.96	1.00	1.02	1.09	1.16	1.16
Services	3.80	3.78	3.77	3.67	4.02	4.37	4.24	3.89	3.93	3.95	3.95
Federal Civilian Government	0.12	0.12	0.11	0.11	0.10	0.10	0.10	0.10	0.10	0.10	0.10
Federal Military Government	0.17	0.17	0.16	0.16	0.17	0.16	0.15	0.14	0.14	0.14	0.14
State and Local Government	3.76	3.73	3.86	3.78	3.81	3.81	3.63	3.56	3.47	3.36	3.32

Woods and Poole, Inc., 2012

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

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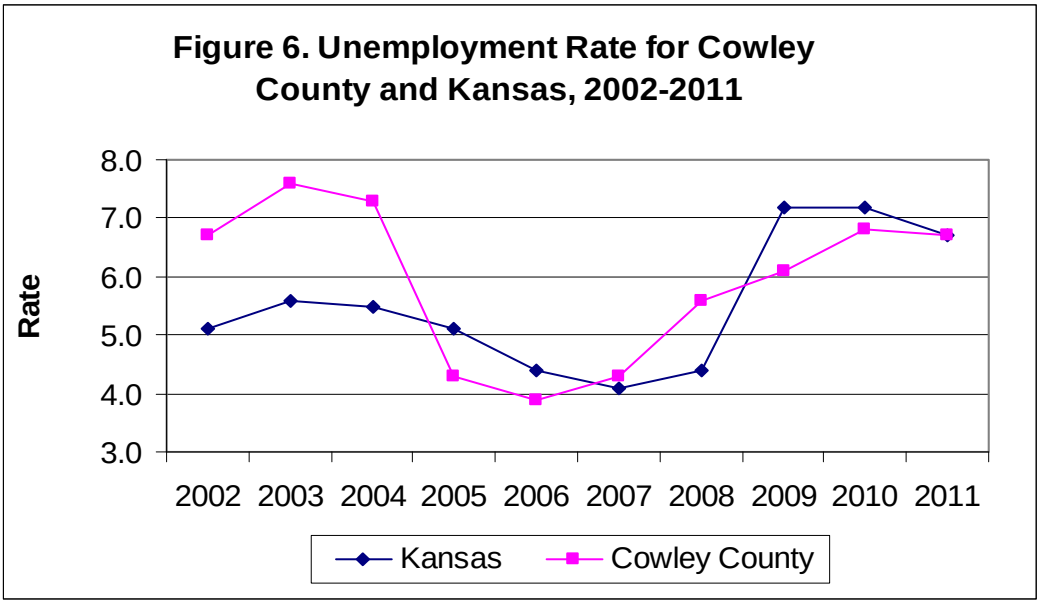
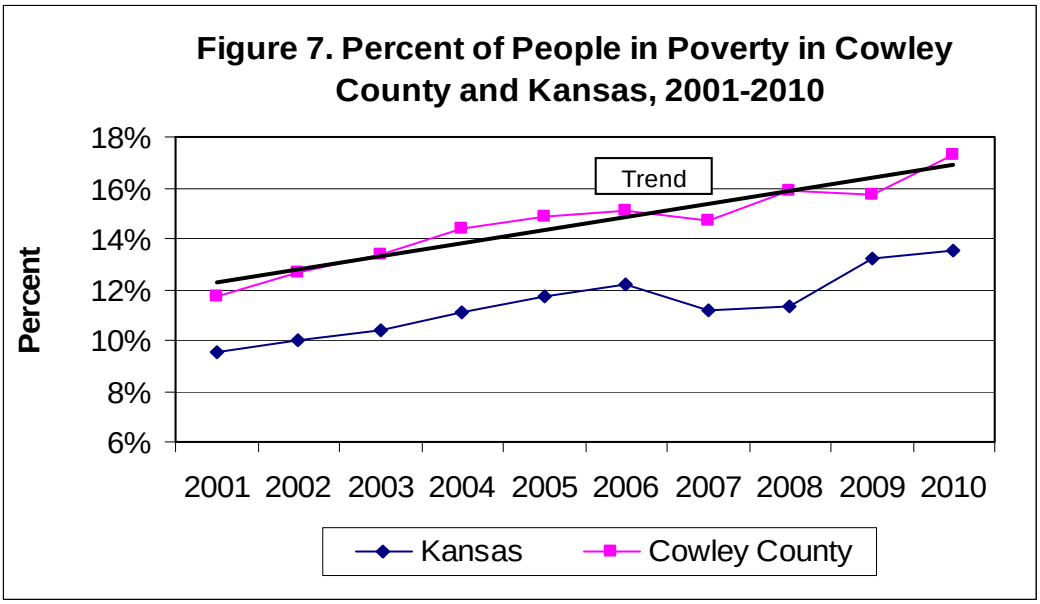
Cowley County Rural Health Works

As with most rural areas, the way people in Cowley County earn a living is changing. While employment in traditional industries such as farming and manufacturing has been decreasing over the last 10 years, a greater proportion of people are earning a living working in mining and services. Consistent with the overall population decline, employment in government has slightly decreased. Cowley County's trend is consistently above 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.

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Cowley County Rural Health Works

Health and Behavioral 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.

Health and Behavioral Data Summary

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

- Over time, occupancy has generally increased as the total number of beds relatively decreased for the county.

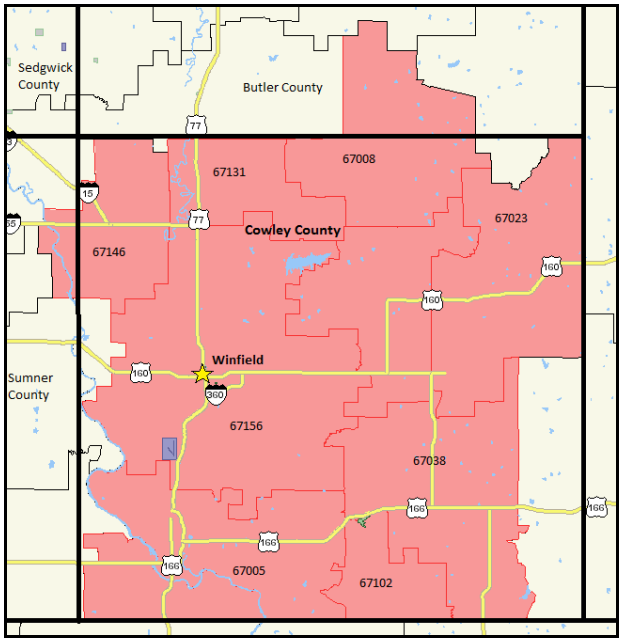
- The trends related to prenatal care and birth outcomes are generally positive. Still, about 26% of children do not receive needed vaccinations.

-The rates of youth binge drinking and tobacco usage have declined recently, but remain higher than the rates for the state as a whole

- Indicators related to food and energy assistance suggest a portion of the population is experiencing economic distress.

- In the recent past, usage of the local hospitals appears to have remained consistent.

Cowley County Primary Health Market Area



ZIP codes within the Cowley County Health Market Area.

Source: Claritas, Inc. 2012

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Cowley County Rural Health Works

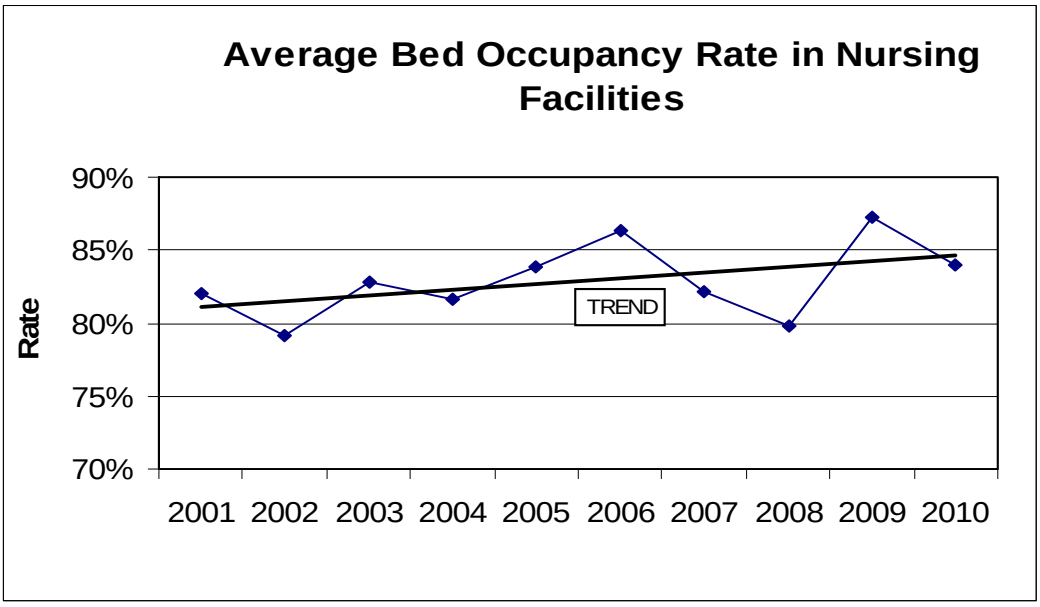
The number of nursing home beds includes only long-term care nursing facilities in Cowley County. It excludes any nursing care beds that may exist in a hospital nursing unit.

Over time, occupancy has generally increased as the total number of beds relatively decreased for the county.

Table 1. Average Cowley County Occupancy of Nursing Home Beds

	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Average Number of Nursing Beds	739	687	683	743	728	491	504	465	427	416
Average Nursing Occupancy Rate	82.0%	79.1%	82.8%	81.6%	83.9%	86.3%	82.2%	79.8%	87.3%	84.1%

Kansas Department on Aging, semi-annual reports



Cowley County Rural Health Works

Considering available indicators of children's welfare, the trends related to prenatal care and birth outcomes are similar to the state rates, overall. Immunization rates have improved significantly in the five most recent years for which data are available. Still, about 26% of children do not receive needed vaccinations. The rates of youth binge drinking and tobacco use have improved, but remain above the state rates.

Table 2. Indicators of Children's Welfare

		Trend Data						
Health Indicators		**2005**	**2006**	**2007**	**2008**	**2009**	**2010**	**2011**
Immunizations	**Cowley**	24.4%	22.0%	40.0%	54.0%	74.0%		
	KS	57.9%	51.1%	58.0%	63.0%	70.0%	-	-
Prenatal Care	**Cowley**	79.3%	77.2%	73.1%	73.0%	80.7%	-	-
	KS	79.1%	78.4%	77.4%	77.5%	79.0%	-	-
Low Birth Weight Babies	**Cowley**	5.2%	9.0%	8.5%	7.5%	6.8%	-	-
	KS	7.2%	7.2%	7.1%	7.2%	7.3%	-	-
Teen Violent Deaths	**Cowley**	34.8	34.9	141.9	0.0	0.0	-	-
(per 100,000 15-19 year-olds)	**KS**	46.0	40.5	47.1	38.5	36.4	-	-
Youth Tobacco Use	**Cowley**	20.7%	16.1%	15.3%	13.4%	15.1%	16.9%	16.9%
	KS	15.6%	14.9%	13.5%	13.0%	12.6%	12.7%	11.8%
Youth Binge Drinking	**Cowley**	14.0%	14.7%	16.2%	12.7%	15.7%	15.7%	13.2%
	KS	16.5%	16.7%	15.6%	15.2%	14.7%	13.7%	12.7%
Asthma (per 1,000)	**Cowley**	0.8	1.2	1.6	1.0	1.0	0.8	-
	KS	1.6	1.7	1.9	1.5	1.4	1.4	-
Mental Health (per 1,000)	**Cowley**	1.7	1.4	1.6	1.6	0.8	2.3	-
	KS	3.0	2.9	2.7	3.4	3.3	3.3	-

Kansas KIDSCOUNT, 2011

Table 3 contains information about persons served by state and federally-funded social services. Across the service categories reported, demand for most assistance programs have increased. Indicators related to food and energy assistance suggest a portion of the population is experiencing economic distress.

Cowley County Rural Health Works

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

		Persons Served		
		FY 2009	FY 2010	FY 2011
Major Services				
Temporary Assistance for Families	Avg. monthly persons	446	476	599
TANF Employment Services	Avg. monthly adults	153	169	257
Child Care Assistance	Avg. monthly children	279	246	254
Food Assistance	Avg. monthly persons	3,818	4,530	5,159
Energy Assistance	Annual persons	2,022	2,348	2,591
General Assistance	Avg. monthly persons	79	41	21
Vocational Rehabilitation Services	Avg. monthly persons	86	82	85
Family Preservation	Annual persons	57	75	63
Reintegration/Foster Care	Avg. monthly children	64	69	63
Adoption Support	Avg. monthly children	55	81	71
Home and Community Based Services				
Physical Disability	Annual consumers	134	120	117
Traumatic Brain Injury	Annual consumers	1	2	1
Developmental Disability	Annual consumers	264	227	266
Autism	Annual consumers	0	0	1
Managed Behavioral Health Services				
Substance Abuse (PIHP)	Annual consumers	127	125	117
Mental Health (PAHP)	Annual consumers	1041	1125	1158
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, among those that stand out are that almost 22 percent of newborns received less than adequate prenatal care. In 2010, there were 75 births to teenage women, placing them on a path of significant life challenges.

In the recent past, usage of the local hospitals have been relatively steady (Tables 5-6). Both Medicare and Medicaid recipients are an important of the patient base.

Cowley County Rural Health Works

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Table 4. Selected Vital Statistics for Cowley County, 2010

	Total	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45 & Over
Live Births by Age-Group of Mother	487	2	73	169	139	69	30	5	0

Adequacy of Prenatal Care	Adequate Plus		Adequate		Intermediate		Inadequate	
by Number and Percentage	207	43.2%	168	35.1%	14	2.9%	90	18.8%

	Total	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45 & Over
Out-of-Wedlock Births by Age	243	2	62	99	52	20	8	0	0

	Live Births		Stillbirths		Abortions		Total Pregnancies	
	10-14 yrs.	15-19 yrs.	10-14 yrs.	15-19 yrs.	10-14 yrs.	15-19 yrs.	10-14 yrs.	15-19 yrs.
Teenage Pregnancies	2	73	0	0	0	1	2	74

	0-4	5-14	15-24	25-34	35-44	45-54	55-64	65-84	85 & Over
Deaths by Age Group	5	1	2	11	13	29	54	158	143

Marriages	2006		2007		2008		2,009		2,010	
by Number and Rate per 1,000 Population	253	7.2	245	7.2	237	7.0	244	7.3	219	6.0

Marriages Dissolutions	2006		2007		2008		2,009		2,010	
by Number and Rate per 1,000 Population	124	3.5	139	4.1	152	4.5	131	3.9	150	4.1

Kansas Department of Health and Environment, 2010

Cowley County Rural Health Works

Table 5. Hospital Data for Cowley County

	2006-2007	2007-2008	2008-2009	2009-2010
Number of Practicing Physicians (county)	35	33	32	31
Persons per Physician (county)	979	1,030	1,051	1,090
South Central Kansas Medical Center				
Licensed Acute Beds	49	49	49	49
Licensed Swing Beds	28	28	28	24
Staffed Beds-Hospital	33	33	33	37
Staffed Beds-Nursing Home Unit	-	-	-	-
Admissions-Hospital	1,006	1,116	1,267	1,138
Admissions-Nursing Home Unit	-	-	-	-
Admissions-Swing Beds	186	208	169	204
Inpatient Days - Hospital	3,034	3,636	3,562	3,456
Inpatient Days - Nursing Home Unit	-	-	-	-
Inpatient Days - Swing-beds	1,315	1,500	1,010	1,305
Emergency Room Visits	6,045	7,701	7,306	6,966
Outpatient Visits	66,458	16,099	16,915	15,794
Inpatient Surgical Operations	176	252	200	273
Outpatient Surgical Operations	797	1,147	1,268	1,283
Medicare Inpatient Discharges	679	595	541	562
Medicare Inpatient Days	3,038	1,961	1,904	2,892
Medicaid Inpatient Discharges	217	231	218	254
Medicaid Inpatient Days	389	584	487	510

Kansas Hospital Association STAT Report, 2008, 2009, 2010
Kansas Statistical Abstract, 2010

Cowley County Rural Health Works

Table 6. Hospital Data for Cowley County

	2006-2007	2007-2008	2008-2009	2009-2010
Number of Practicing Physicians (county)	35	33	32	31
Persons per Physician (county)	979	1,030	1,051	1,090
William Newton Hospital				
Licensed Acute Beds	25	25	25	25
Licensed Swing Beds	-	25	25	25
Staffed Beds-Hospital	25	25	25	25
Staffed Beds-Nursing Home Unit	-	-	-	-
Admissions-Hospital	1,544	1,388	1,297	1,028
Admissions-Nursing Home Unit	-	-	-	-
Admissions-Swing Beds	135	129	106	100
Inpatient Days - Hospital	4,436	3,855	3,703	2,887
Inpatient Days - Nursing Home Unit	-	-	-	-
Inpatient Days - Swing-beds	852	689	585	566
Emergency Room Visits	9,439	9,613	9,274	8,680
Outpatient Visits	67,064	62,965	63,741	61,042
Inpatient Surgical Operations	751	576	528	473
Outpatient Surgical Operations	2,733	3,053	1,476	1,810
Medicare Inpatient Discharges	700	662	648	545
Medicare Inpatient Days	2,518	2,347	2,222	2,148
Medicaid Inpatient Discharges	221	312	310	292
Medicaid Inpatient Days	475	674	620	589

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.

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Cowley County Rural Health Works

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 Cowley 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 Cowley County.

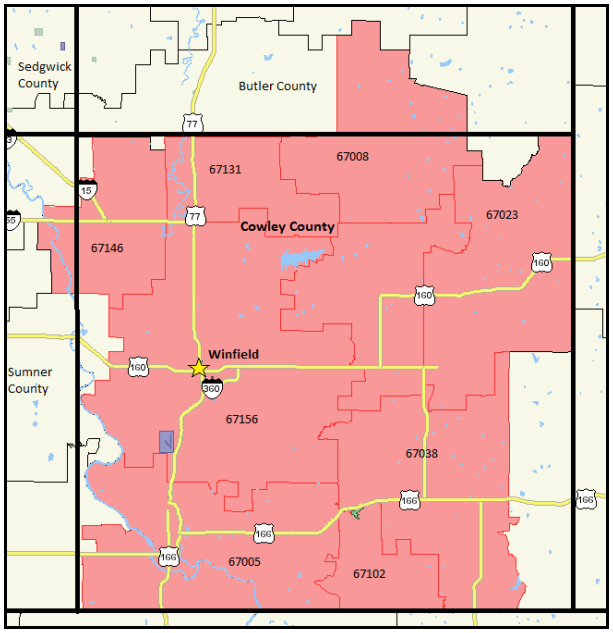
- Total student enrollment in Cowley County K-12 school districts has been declining from 2000 to 2012.

- As the student population has declined, the student-to-teacher ratio has decreased.

- The trend in the student dropout rate has been slowly increasing in Cowley County over the past decade. In 2011-2012, the dropout rate was at 2.0%.

- Violence in the school is extremely disruptive to learning. The trend in student-on-student violence has been generally stable over time, while student-on-faculty violence has been increasing.

Cowley County Primary Health Market Area



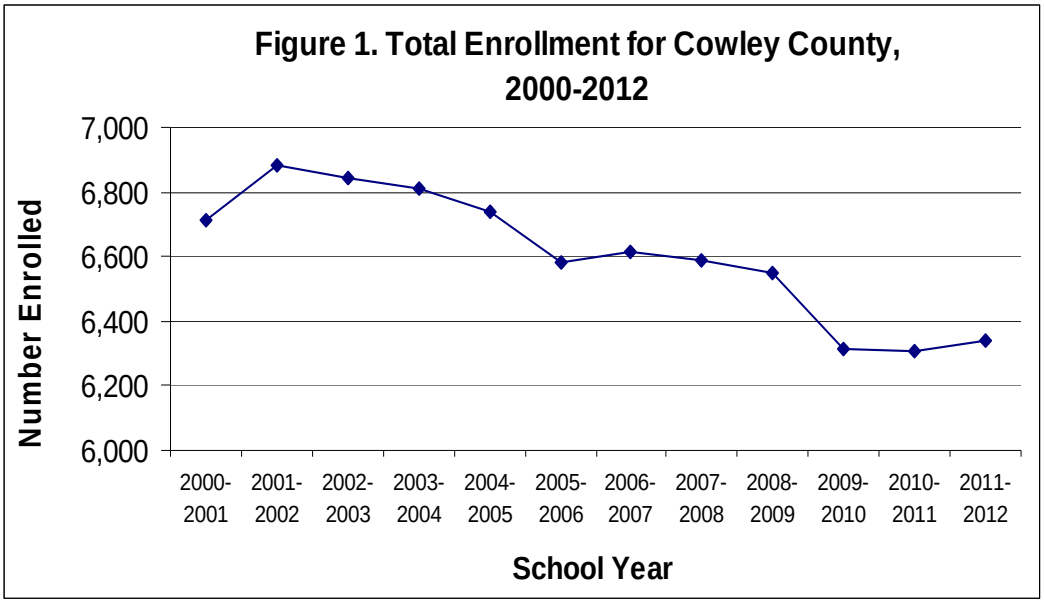
ZIP codes within the Cowley County Health Market Area.
Source: Claritas, Inc. 2012.

Cowley County Rural Health Works

Cowley County School Districts
USD 470 - Arkansas City
USD 462 - Central
USD 471 - Dexter
USD 463 - Udall
USD 465 - Winfield

Kansas Department of Education, 2011

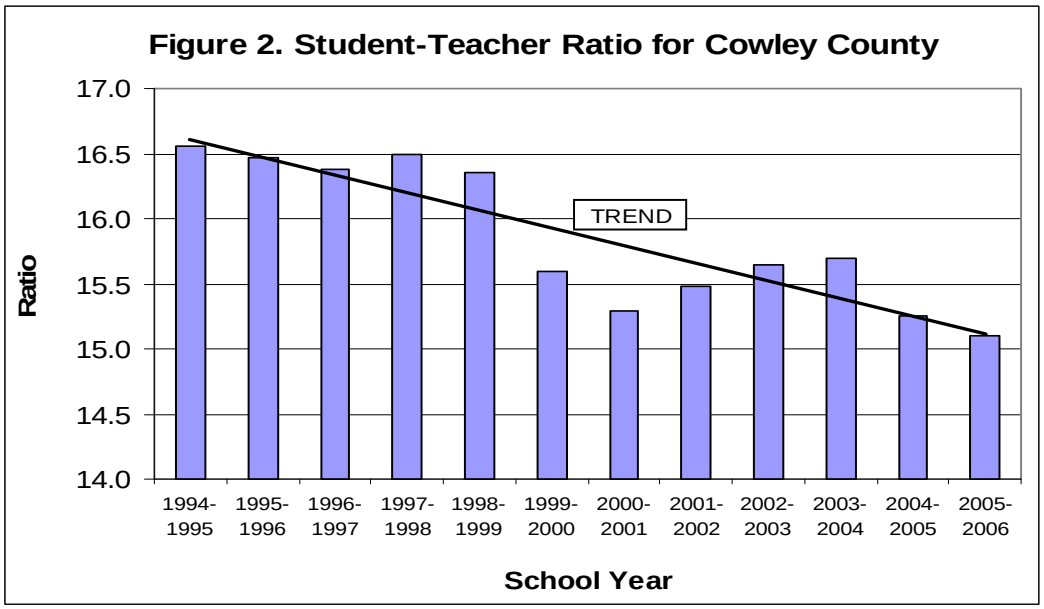
Total student enrollment in Cowley County K-12 school districts has been declining from 2000 to 2012. Enrollment was 6,341 in the 2011-2012 school year, down from 6,715 in 2000-2001.



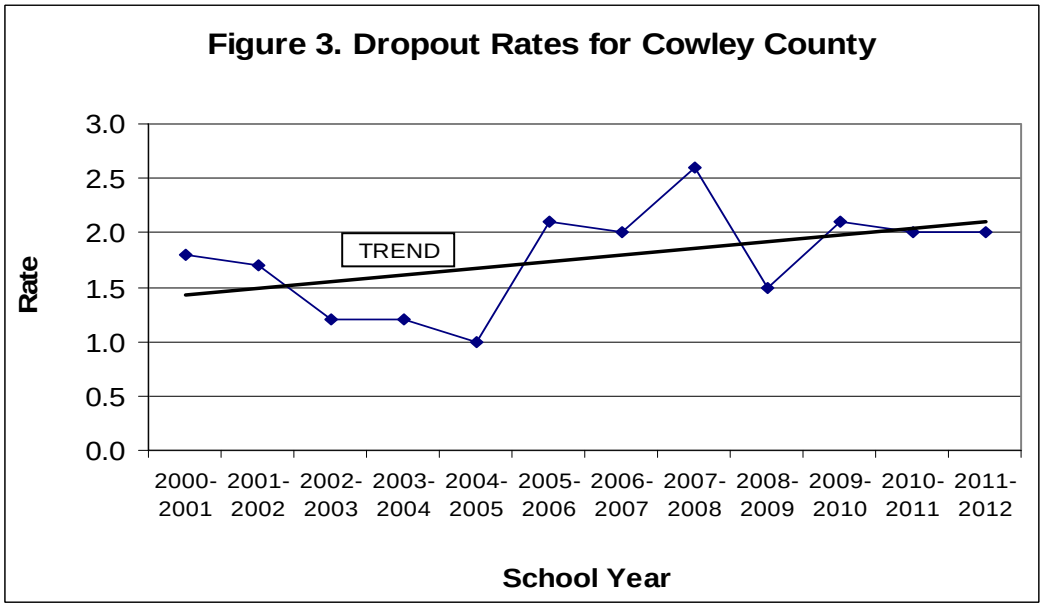
Kansas Department of Education, 2012

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 15.9 students per teacher permits fairly close attention for each of the students.

Cowley County Rural Health Works



Kansas Department of Education, 2012

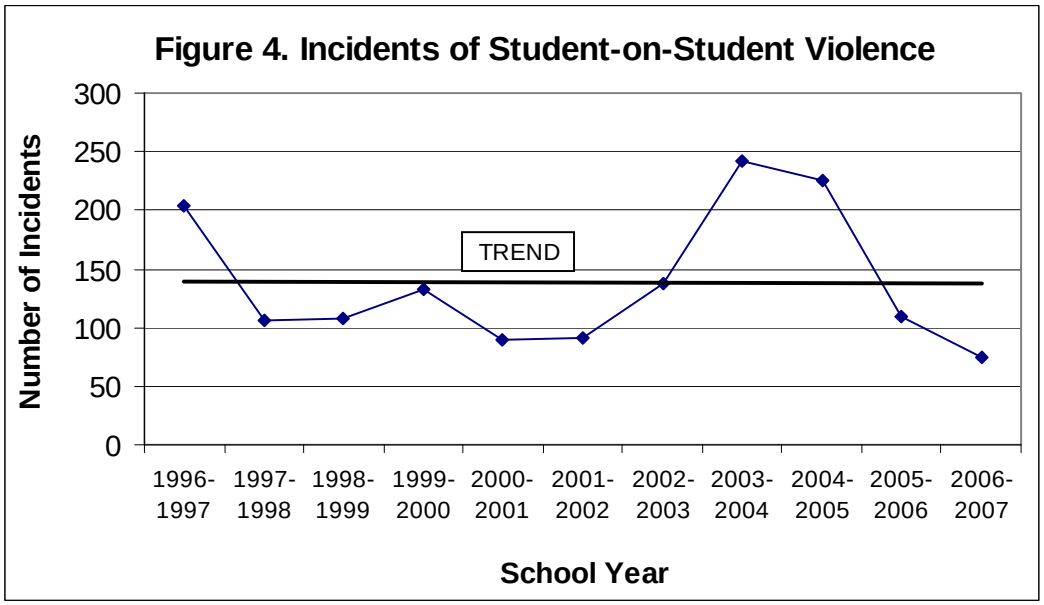


Kansas Department of Education, 2012

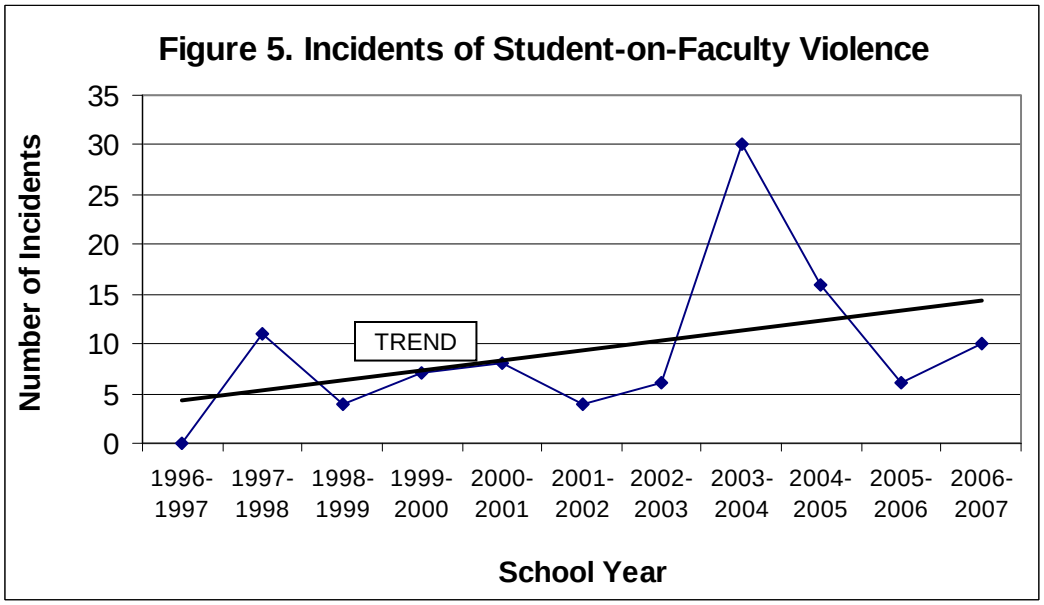
The trend in the student dropout rate has generally been increasing in Cowley County over the past decade. In 2011-2012, the dropout rate was at 2 percent.

Cowley County Rural Health Works

Violence in the school is extremely disruptive to learning. The trend in student-on-student violence has been generally stable over time with slight peaks from 2003 to 2005, while student-on-faculty violence has been increasing.



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.

Cowley County Rural Health Works

KANSAS RURAL HEALTH WORKS

Communities Building Affordable & Sustainable Healthcare Systems

Crime 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.

Crime Data Summary

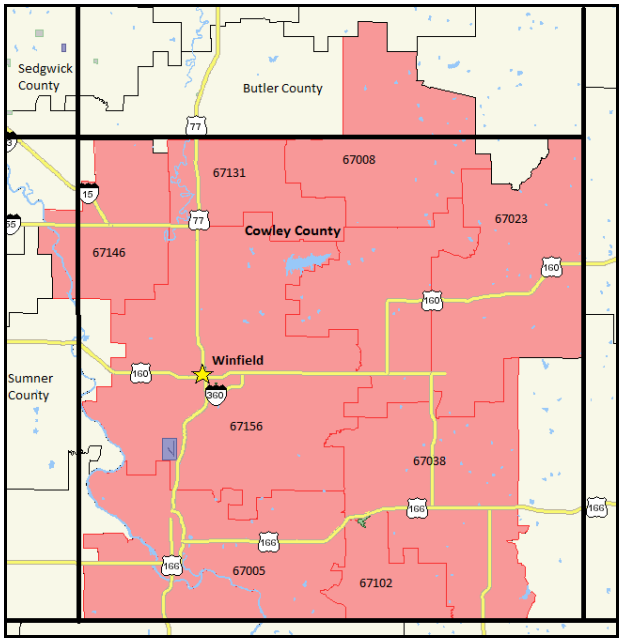
Following are a variety of data and statistics about criminal activity in Cowley County that may have implications related to local health care needs. Most of the data only is available at a county scale and reflects the Cowley County boundaries.

- The incidence of crime in Cowley County has been relatively consistent and similar to the state rates from 2009 to 2011. This applies to both the incidence of property crime and the incidence of violent crime. It should be noted that data for many counties are often partial or missing for a given year.

- The number of adult and juvenile arrests has fluctuated from 2006-2011.

- The number of full-time law enforcement officials per 1,000 population in Cowley County has been consistently below the state rate.

Cowley County Primary Health Market Area



ZIP codes within the Cowley County Health Market Area.
Source: Claritas, Inc. 2012.

Cowley County Rural Health Works

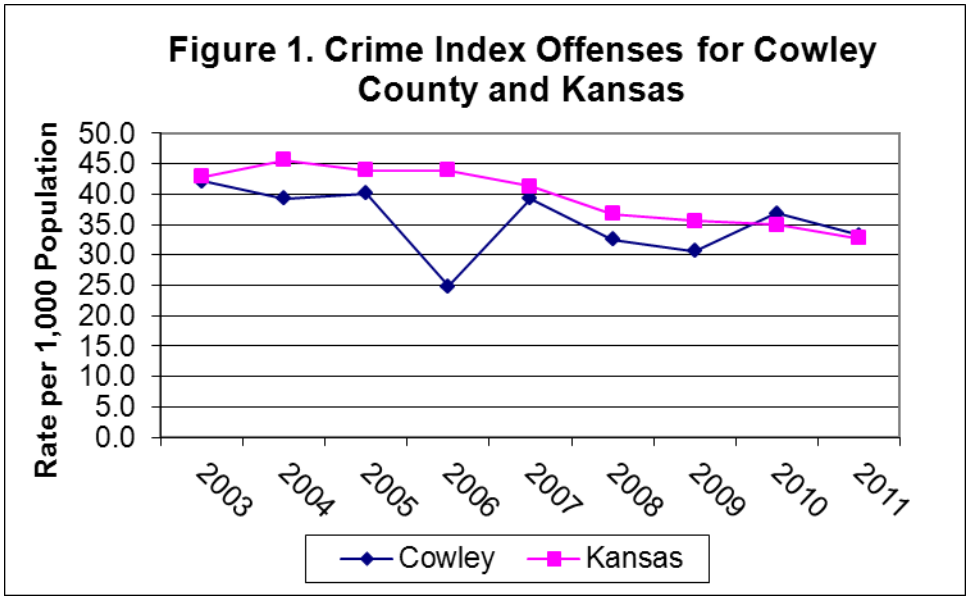
The incidence of crime in Cowley County has been relatively consistent and similar to the state rates from 2009 to 2011. This applies to both the incidence of property crime and the incidence of violent crime. It should be noted that data for many counties are often partial or missing for a given year.

Table 1. Crime Statistics for Cowley County and Kansas

	2009					
	Crime Index Offenses		Violent Crime		Property Crime	
	Number	Rate per 1,000	Number	Rate per 1,000	Number	Rate per 1,000
Cowley	1046	30.7	171	5.0	875	25.7
Kansas	98,757	35.6	11,099	4	87,658	31.6
	2010					
	Crime Index Offenses		Violent Crime		Property Crime	
	Number	Rate per 1,000	Number	Rate per 1,000	Number	Rate per 1,000
Cowley	1241	36.9	131	3.9	1110	33.0
Kansas	98,354	34.9	10,428	3.7	87,926	31.2
	2011					
	Crime Index Offenses		Violent Crime		Property Crime	
	Number	Rate per 1,000	Number	Rate per 1,000	Number	Rate per 1,000
Cowley	1229	33.3	130	3.5	1099	29.8
Kansas	96,596	32.8	10,091	3.4	86,505	29.3

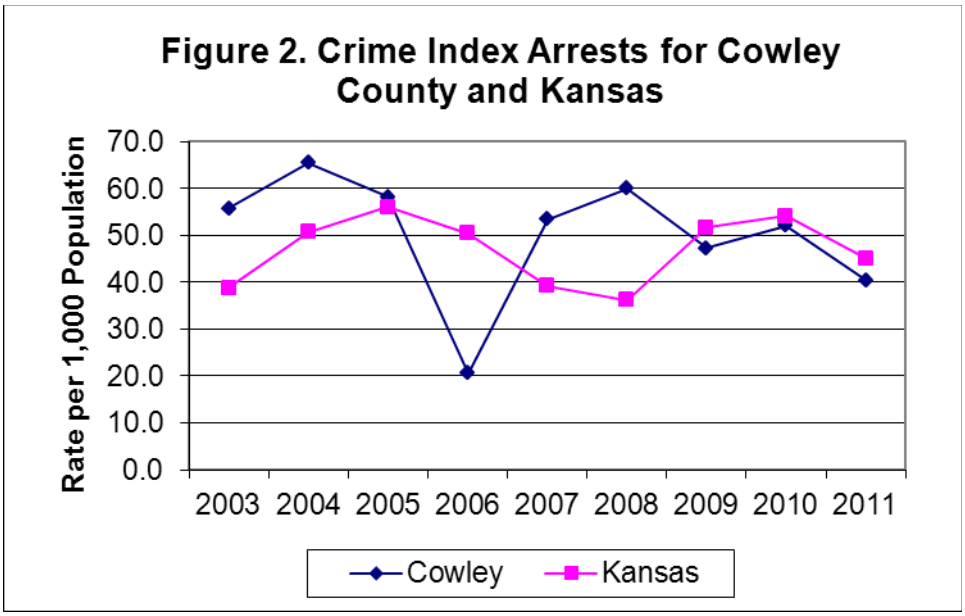
Kansas Bureau of Investigation, 2012

Index crimes include violent crimes (murder, rape, robbery, and aggravated assault/battery) plus property crime (burglary, theft, and motor vehicle theft).



Kansas Bureau of Investigation, 2012

Cowley County Rural Health Works



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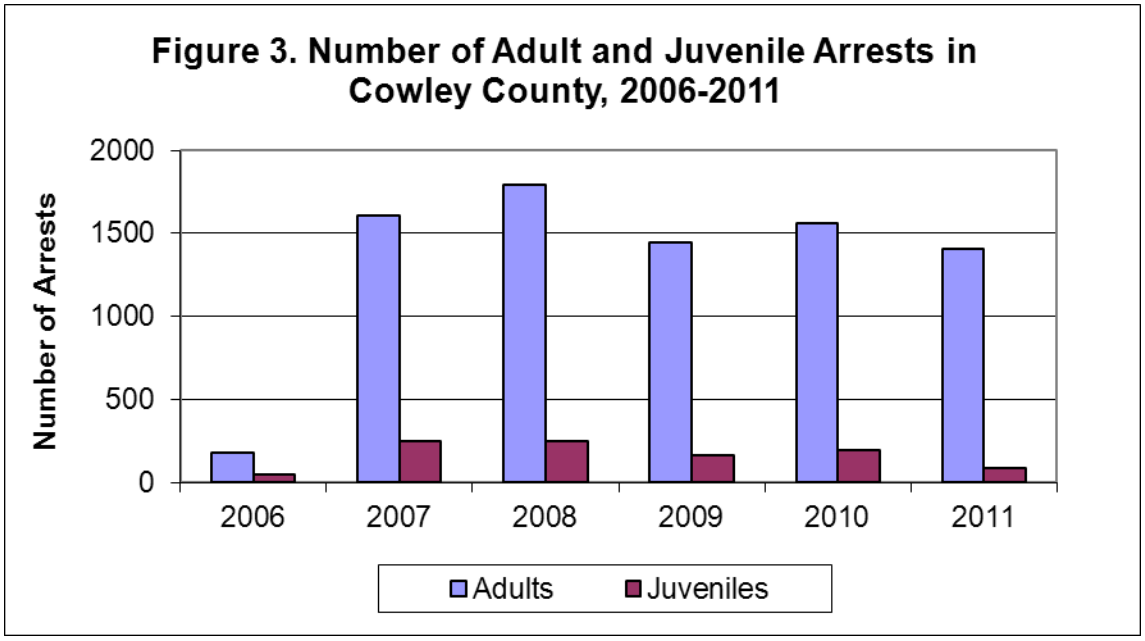

Kansas Bureau of Investigation, 2012

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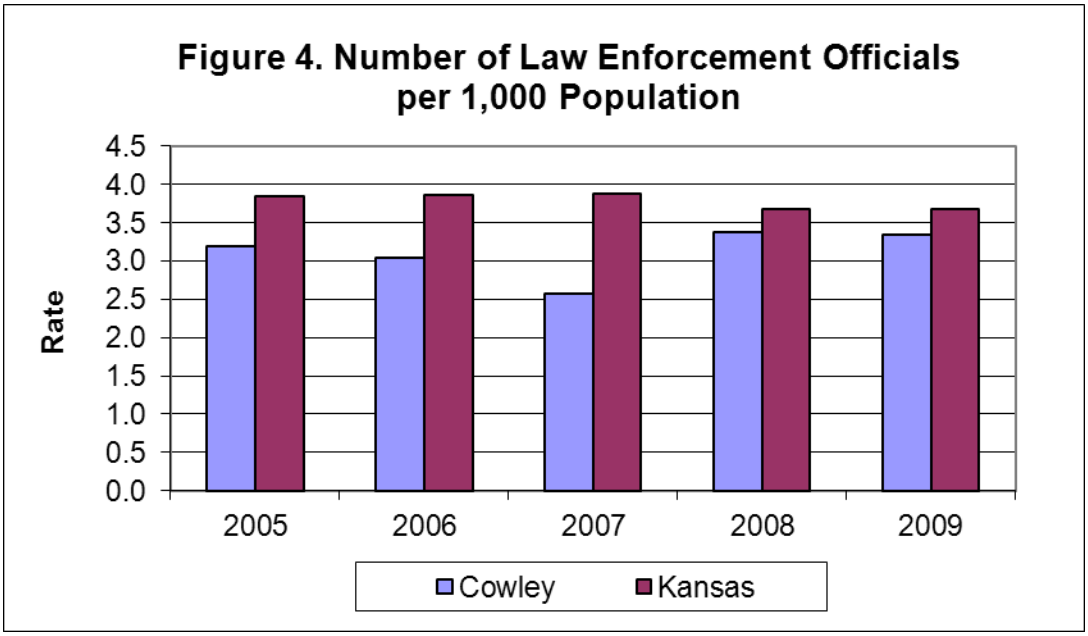
Cowley County Rural Health Works

The number of full-time law enforcement officials per 1,000 persons in Cowley County has been consistently below the state rate



Kansas Statistical Abstract, 2010

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Cowley County Rural Health Works

Traffic Data

Introduction

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Traffic Data Summary

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

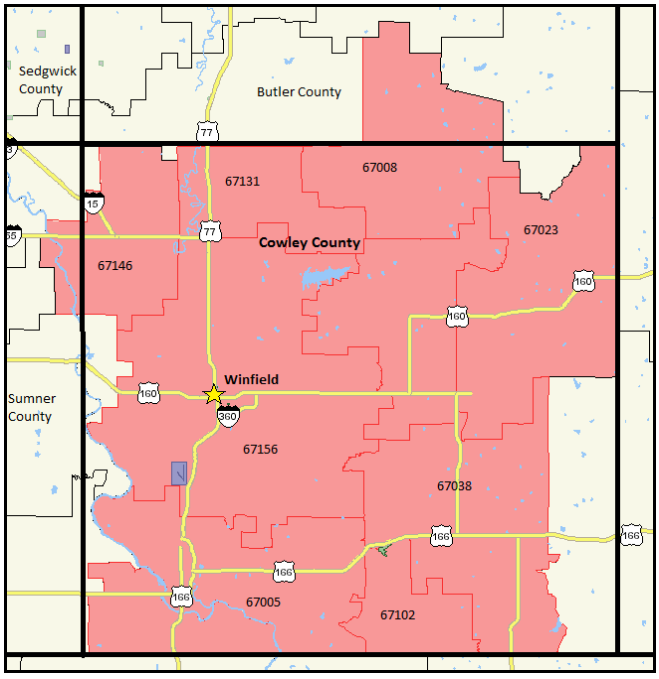
- The rate of traffic accidents in Cowley County is slightly higher than the rate for the state as a whole.

- In 2008, there were 944 total vehicle crashes in Cowley County, a decreasing trend.

- Between 2000 and 2008, the total number of traffic accidents has declined by more than 200 annually. While the trend is positive, but must be considered in the context of declining population.

- In 2008, the most recent year for which data were available, there were 190 accidents involving injury.

Cowley County Primary Health Market Area



ZIP codes within the Cowley County Health Market Area.

Source: Claritas, Inc. 2012.

Cowley County Rural Health Works

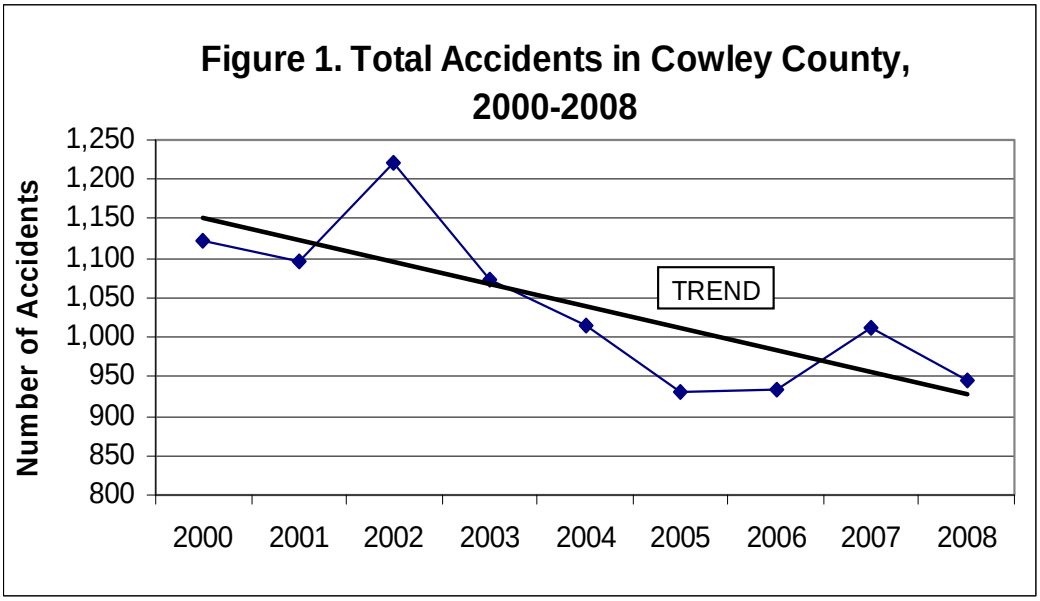
The rate of traffic accidents in Cowley County is slightly higher than the rate for the state as a whole, with deer-vehicle collisions accounting for many of the accidents. In 2008, there were 944 total vehicle crashes in Cowley County. The decreasing trend is positive, but must be considered in the context of declining population. In 2008, the most recent year for which data were available, there were 190 accidents involving injury.

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

			Rate per 1,000 Population	
Accidents	Cowley	Kansas	Cowley	Kansas
Total	944	65,858	26.0	23.5
Fatal Accidents	1	348	0.0	0.1
Injury Accidents	190	14,866	5.2	5.3
Property Damage Only	753	50,644	20.8	18.0
Deer Involved	224	9,371	6.2	3.3
Speed Related	63	7,917	1.7	2.8
Alcohol Related	38	3,366	1.0	1.2
People				
Deaths	1	385	0.0	0.1
Injuries	291	21,058	8.0	7.5
Restraint Use	82.0%	80.9%	82.0%	80.9%

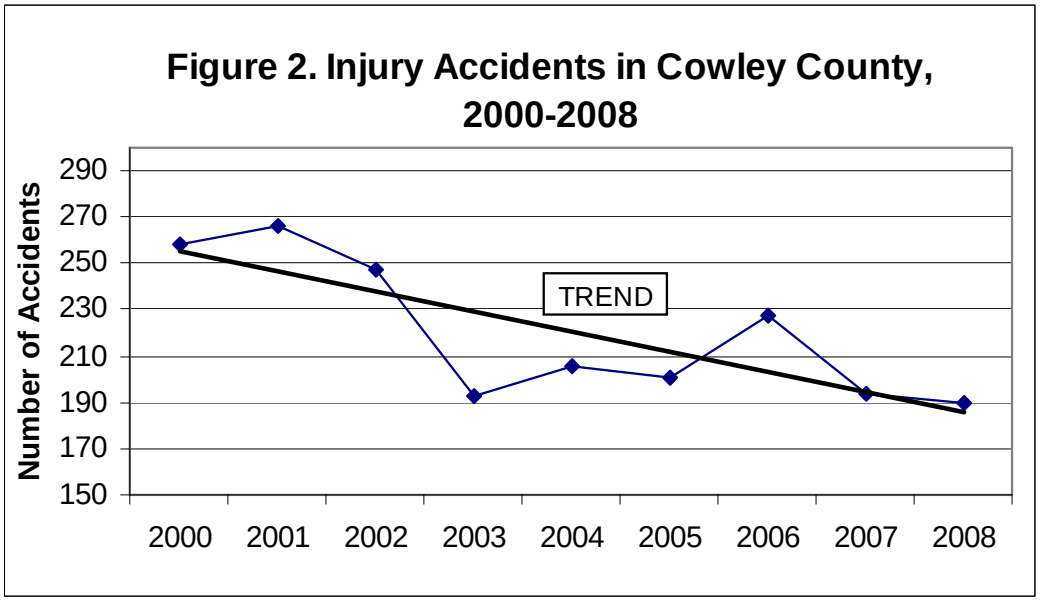
Kansas Traffic Accident Facts, 2012

* Population from Woods and Poole

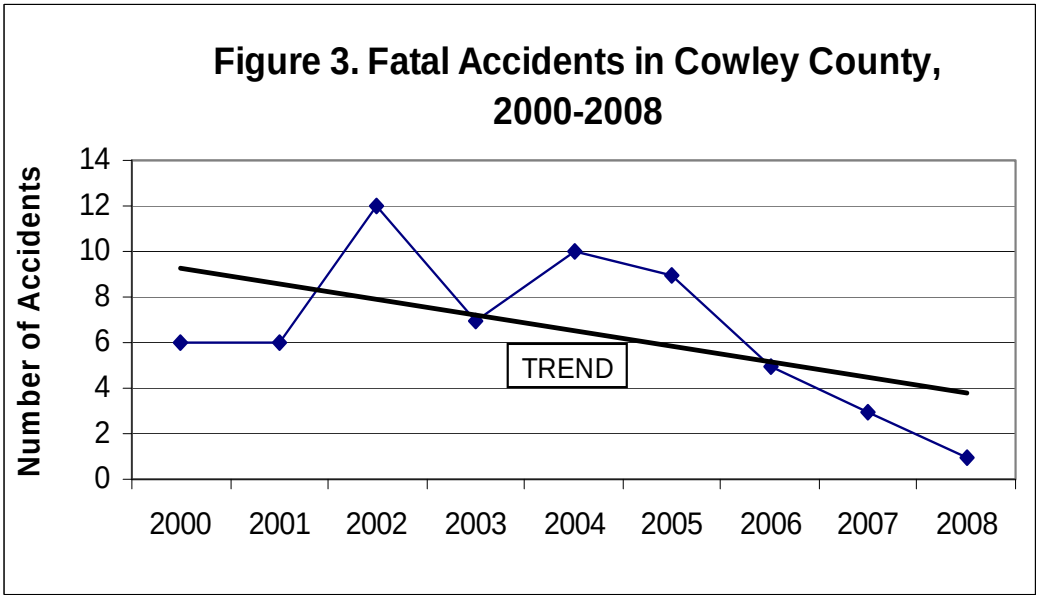


Kansas Department of Transportation, 2012

Cowley County Rural Health Works

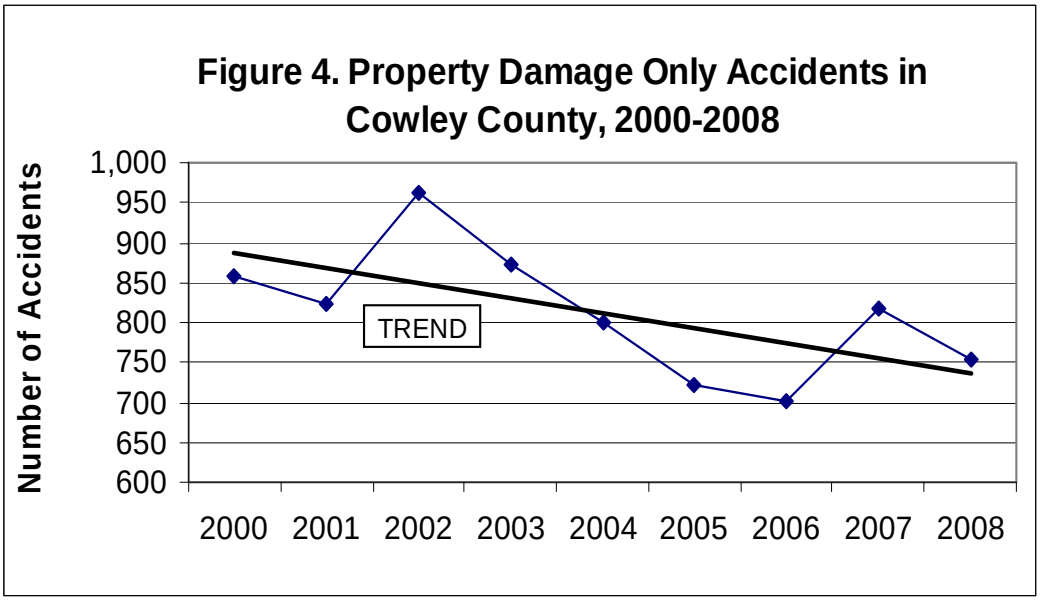


Kansas Department of Transportation, 2012

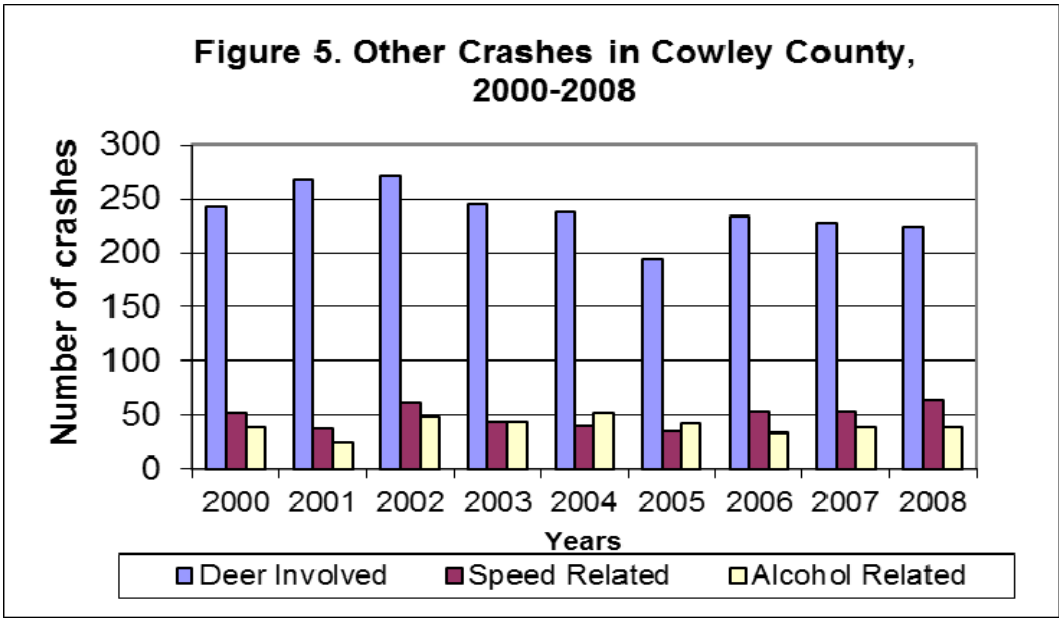


Kansas Department of Transportation, 2012

Cowley County Rural Health Works



Kansas Department of Transportation, 2012



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.

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Cowley County Rural Health Works

Kansas Health Matters Data Compilation

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.

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 poster 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

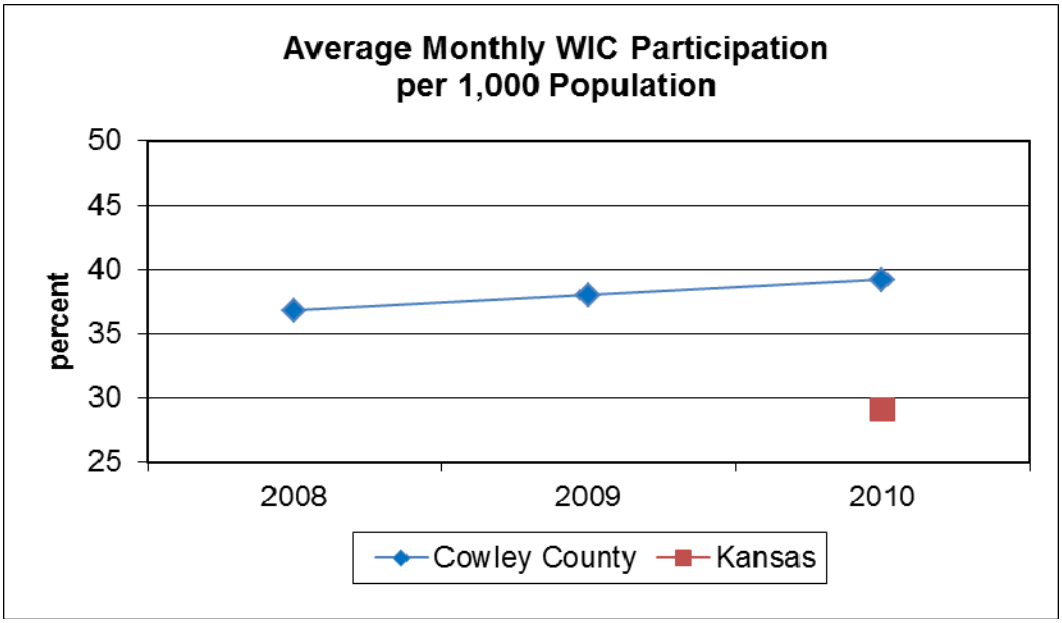
It should be noted, however, that some places with too few events of a given type may display no results, or may show multi-county regional values.

Cowley County Rural Health Works

Access to Health Services

Average Monthly WIC Participation

Value: 39.2 average cases per 1,000 population
Measurement Period: 2010
Location: County : Cowley
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.

Cowley County Rural Health Works

- Children enrolled in WIC are more likely to have a regular source of medical care and have more up to date immunizations.
- 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%.

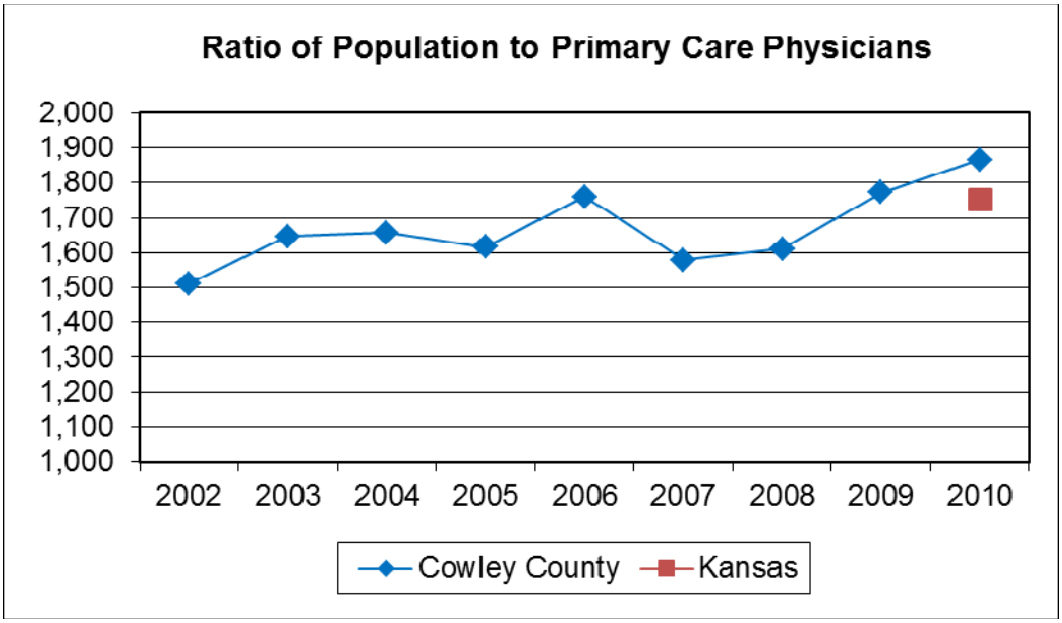
Unduplicated number of WIC participants served in Calendar Year 2008 is 128,407
WIC services are provided at 109 County Health Department clinic sites.

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: 1,865 population per physician
Measurement Period: 2010
Location: County : Cowley
Comparison: KS State Value
Categories: Health / Access to Health Services

Cowley County Rural Health Works



What is this Indicator?
This indicator shows the ratio of population to one primary care physician FTE.

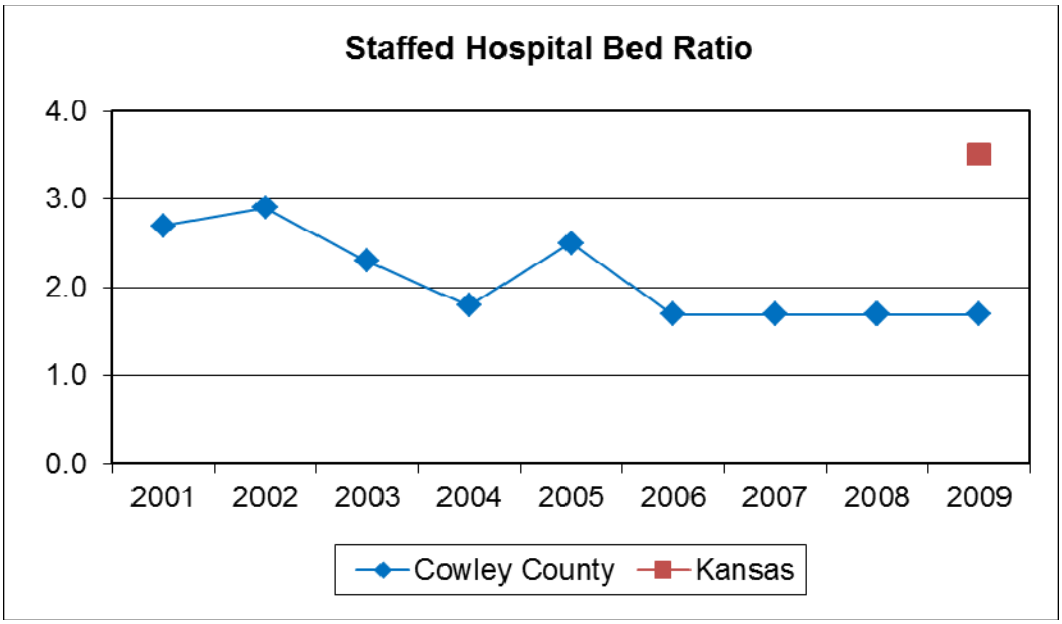
Why this is important: Primary care is the backbone of preventive health care, and a strong primary care workforce is essential to health of our country. Primary care physicians play a key role in providing and coordinating high-quality health care. Adequate access to primary care can improve care coordination 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: 1.7 beds per 1,000 population
Measurement Period: 2009
Location: County : Cowley
Comparison: KS State Value
Categories: Health / Access to Health Services

Cowley County Rural Health Works



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 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.

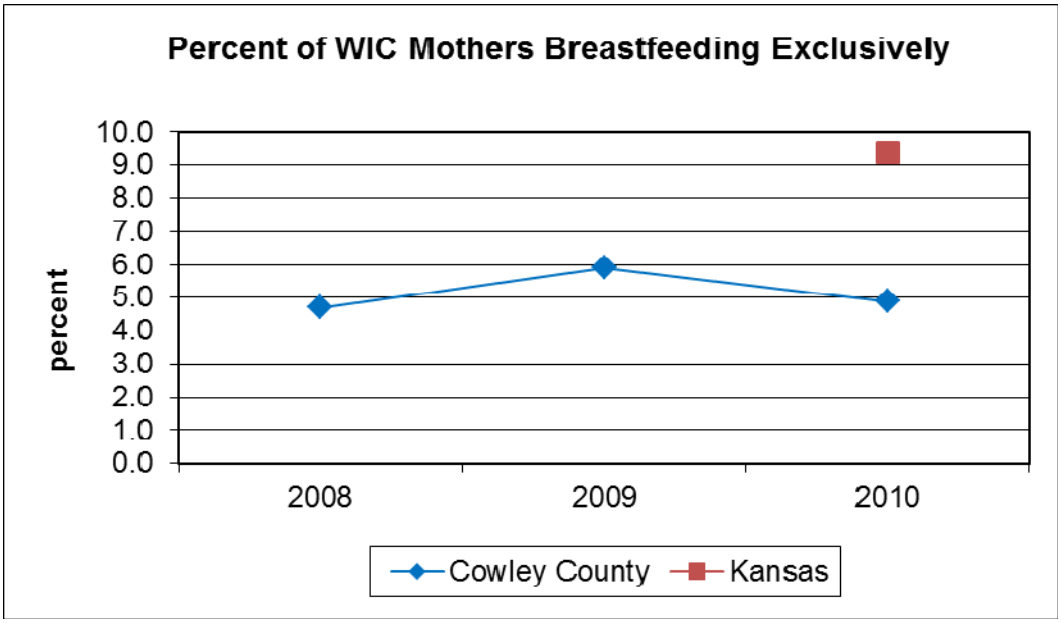
Technical Note: The county and regional values are compared to Kansas State value / US value.
Source: Kansas Hospital Association
URL of Source: http://www.kha-net.org/
URL of Data: http://www.kha-net.org/communications/annualstatreport/de...

Cowley County Rural Health Works

Children's Health

Percent of WIC Mothers Breastfeeding Exclusively

Value: 4.9 percent
Measurement Period: 2010
Location: County : Cowley
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 breast-feeding 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

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Cowley County Rural Health Works

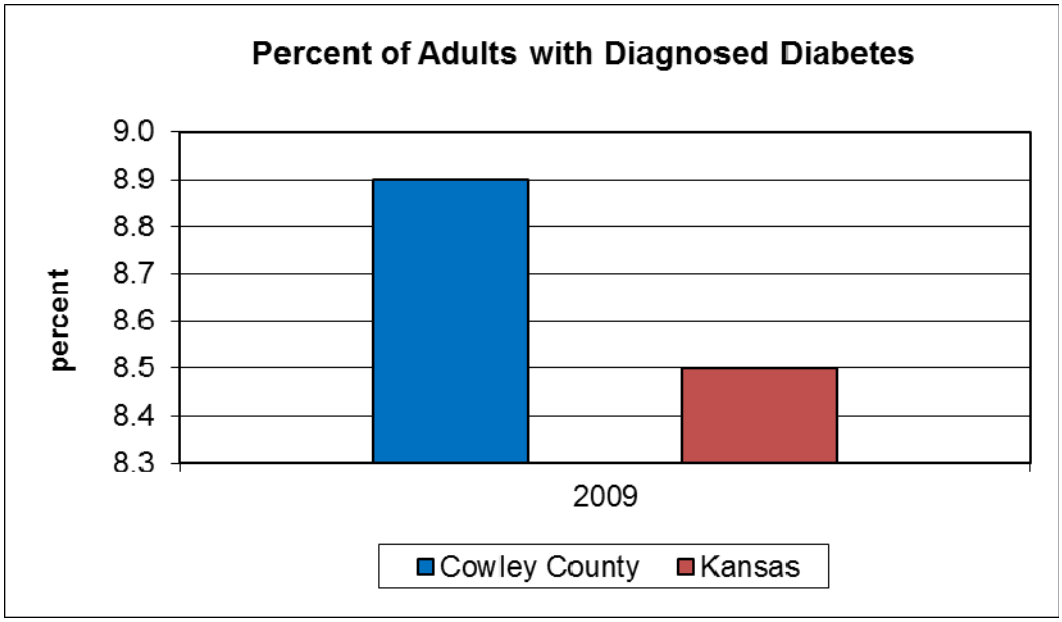
Technical Note: The county and regional values are compared to Kansas State value / US value.
Source: Kansas Department of Health and Environment
URL of Source: http://www.kdheks.gov/
URL of Data: http://www.kdheks.gov/nws-wic/

Cowley County Rural Health Works

Diabetes

Percentage of Adults with Diagnosed Diabetes

Value: 8.9 percent
Measurement Period: 2009
Location: County : Cowley
Comparison: KS State Value
Categories: Health / Diabetes



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.

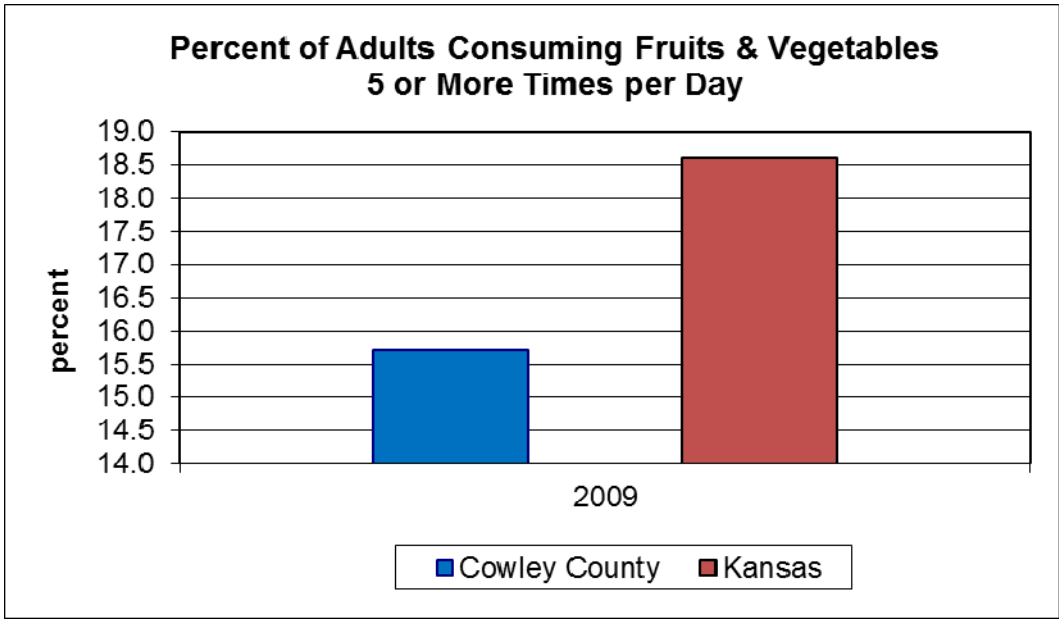
Technical Note: The County / Region value is compared to the Kansas State value. Confidence intervals were not taken into account while making this comparison.
Source: Kansas Department of Health and Environment
URL of Source: http://www.kdheks.gov/
URL of Data: http://www.kdheks.gov/brfss/Expansion/index.html

Cowley County Rural Health Works

Exercise, Nutrition & Weight

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

Value: 15.7 percent
Measurement Period: 2009
Location: County : Cowley
Comparison: KS State Value
Categories: Health / Exercise, Nutrition, & Weight



What is this Indicator?
This indicator shows the percentage of adults who consume fruits and vegetables five or more times per day.

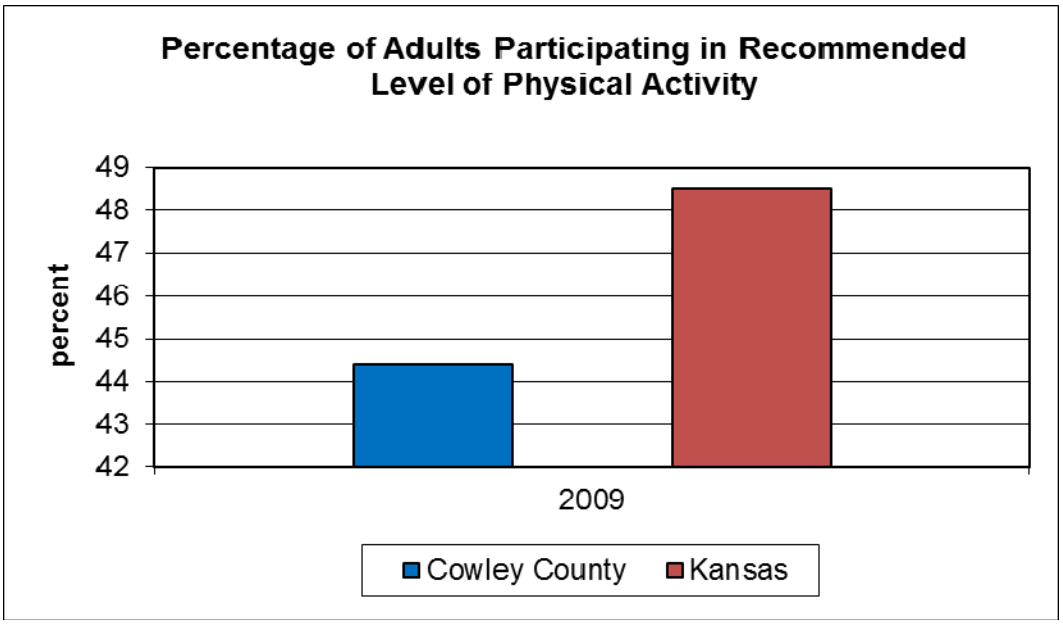
Why this is important: It is essential to eat a fresh, healthy and balanced diet in order to maintain a healthy weight and prevent chronic disease. Numerous studies have shown a clear link between the amount and variety of fruits and vegetables consumed and rates of chronic diseases, especially cancer. 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

Cowley County Rural Health Works

Percentage of Adults Participating in Recommended Level of Physical Activity

Value: 44.4 percent
Measurement Period: 2009
Location: County : Cowley
Comparison: KS State Value
Categories: Health / Exercise, Nutrition, & Weight



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%.**

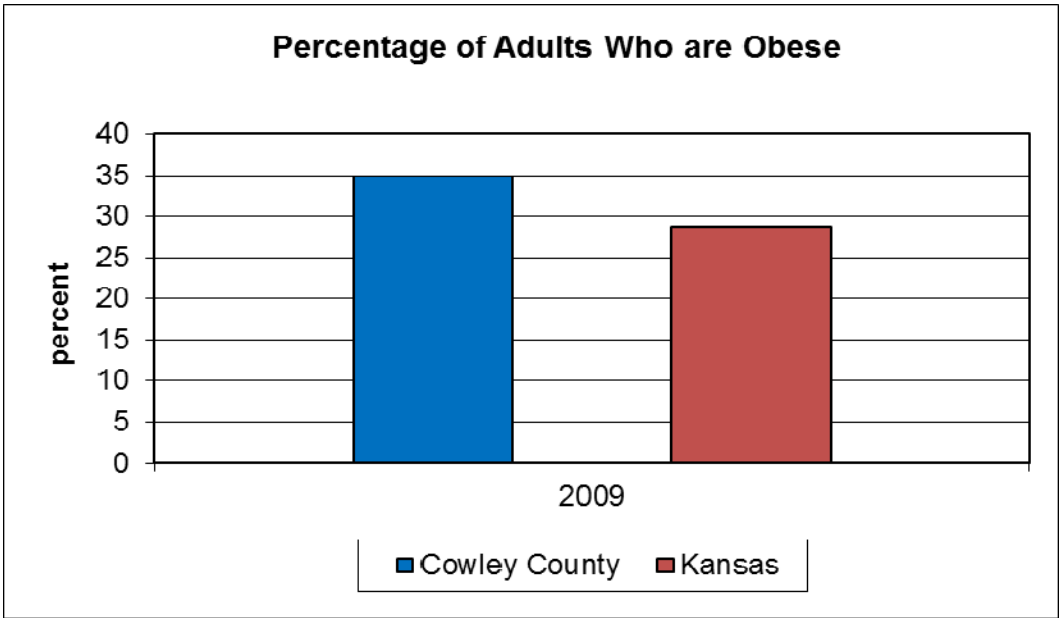
Technical Note: The County / Region value is compared to the Kansas state value. Confidence intervals were not taken into account while making this comparison.
Source: Kansas Department of Health and Environment
URL of Source: http://www.kdheks.gov/

Cowley County Rural Health Works

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

Percentage of Adults Who are Obese

Value: 34.9 percent
Measurement Period: 2009
Location: County : Cowley
Comparison: KS State Value
Categories: Health / Exercise, Nutrition, & Weight



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 = Weight (Kg)/[Height (cm) ^ 2]) A BMI >=30 is considered obese.

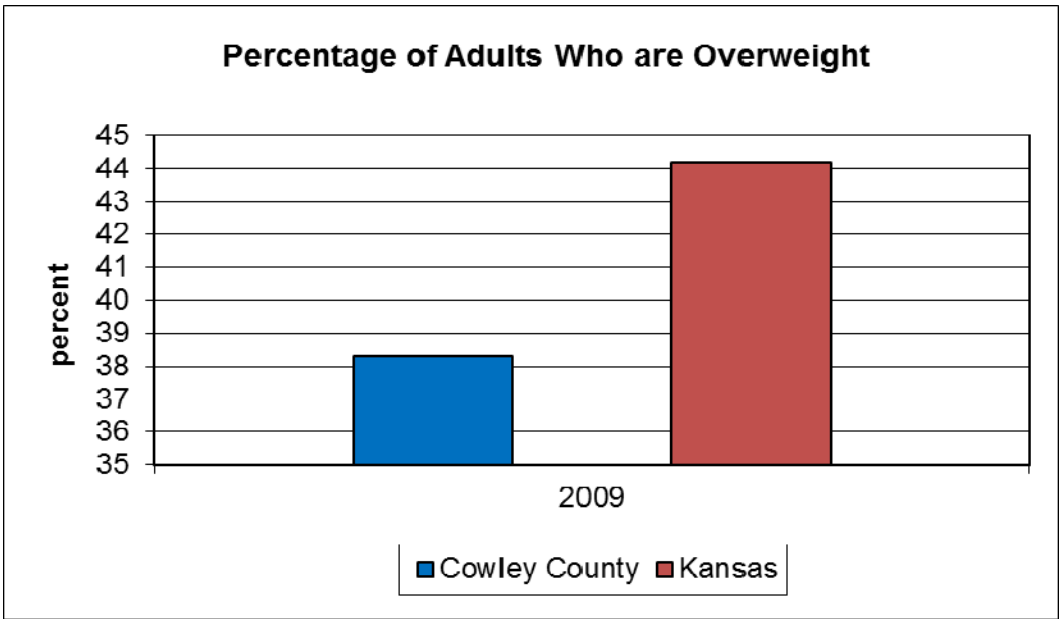
Why this is important: The obesity is an indicator of the overall health and lifestyle of a community. Obesity increases the risk of many diseases and health conditions including heart disease, Type 2 diabetes, cancer, hypertension, stroke, liver and gallbladder disease, respiratory problems, and osteoarthritis. 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
URL of Source: http://www.kdheks.gov/
URL of Data: http://www.kdheks.gov/brfss/Expansion/index.html

Cowley County Rural Health Works

Percentage of Adults Who are Overweight

Value: 38.3 percent
Measurement Period: 2009
Location: County : Cowley
Comparison: KS State Value
Categories: Health / Exercise, Nutrition, & Weight



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 = Weight (Kg)/[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.

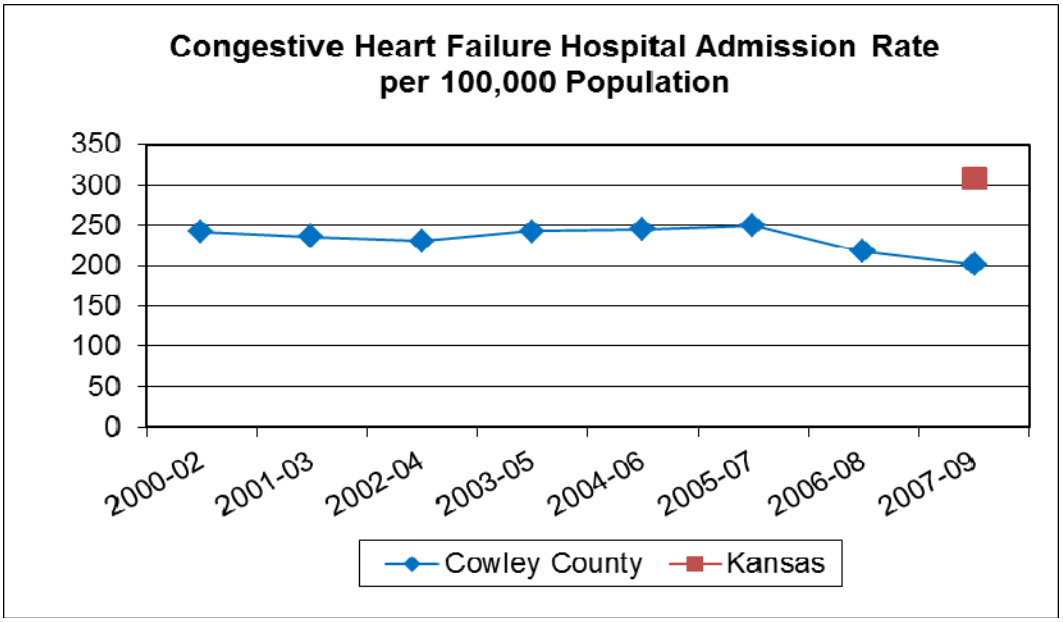
Technical Note: The County / Region value is compared to the Kansas State value. Confidence intervals were not taken into account while making this comparision.
Source: Kansas Department of Health and Environment
URL of Source: http://www.kdheks.gov/
URL of Data: http://www.kdheks.gov/brfss/Expansion/index.html

Cowley County Rural Health Works

Heart Disease and Stroke

Congestive Heart Failure Hospital Admission Rate

Value: 201.43 per 100,000 population
Measurement Period: 2007-2009
Location: County : Cowley
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.

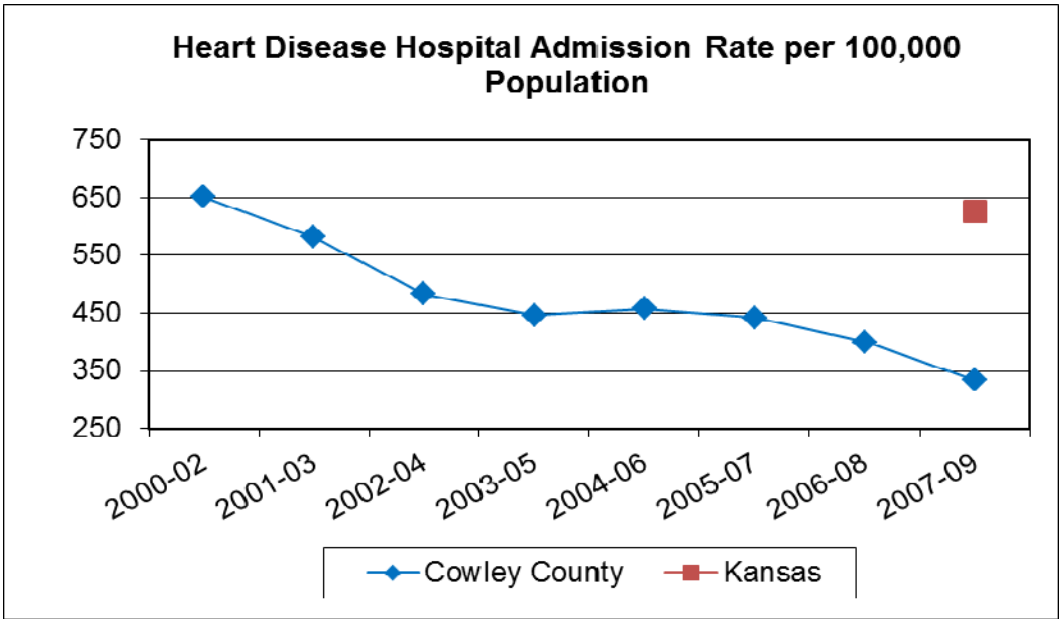
Technical Note: The county and regional values are compared to Kansas State value / US value.

Cowley 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/

Heart Disease Hospital Admission Rate

Value: 334.36 per 100,000 population
Measurement Period: 2007-2009
Location: County : Cowley
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.

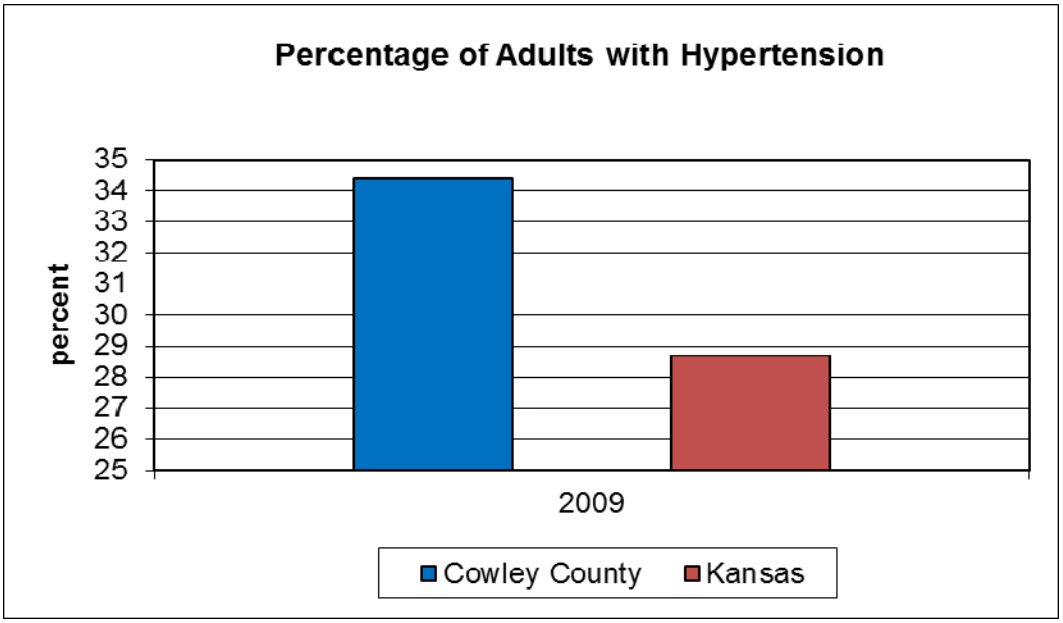
Why this is important: Heart disease has consistently been a public health concern and is the leading cause of death in the United States. For coronary heart disease alone, the estimated direct and indirect costs for the overall U.S. population are approximately $165.4 billion for 2009. According to 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/

Cowley County Rural Health Works

Percentage of Adults with Hypertension

Value: 34.4 percent
Measurement Period: 2009
Location: County : Cowley
Comparison: KS State Value
Categories: Health / Heart Disease & Stroke



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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Cowley County Rural Health Works

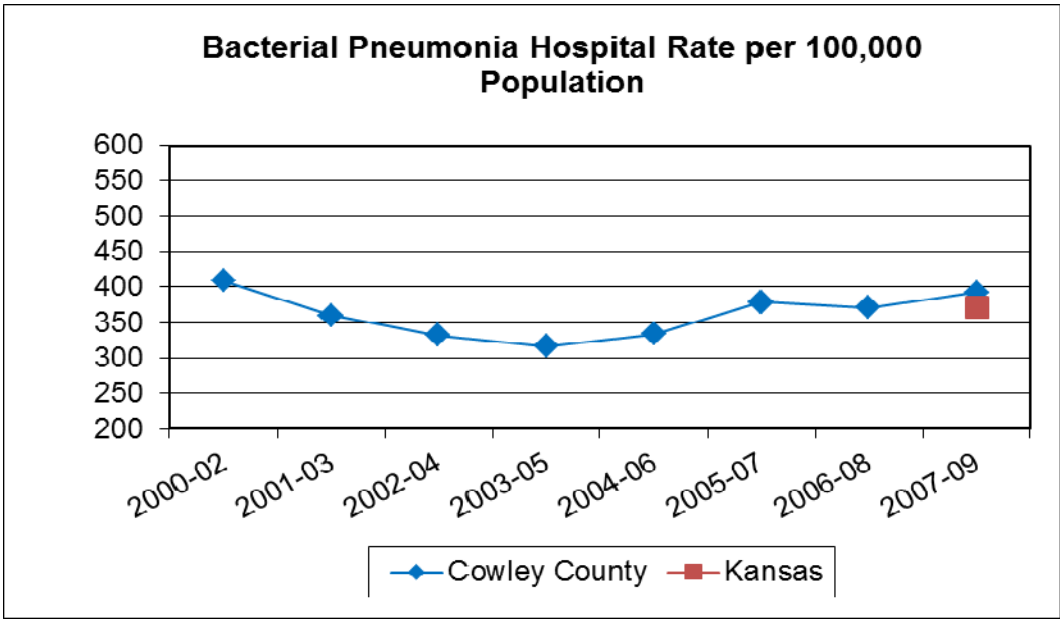
Source: Kansas Department of Health and Environment
URL of Source: http://www.kdheks.gov/
URL of Data: http://kic.kdhe.state.ks.us/kic/

Cowley County Rural Health Works

Immunizations and Infectious Disease

Bacterial Pneumonia Hospital Admission Rate

Value: 392.76 per 100,000 population
Measurement Period: 2007-2009
Location: County : Cowley
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.

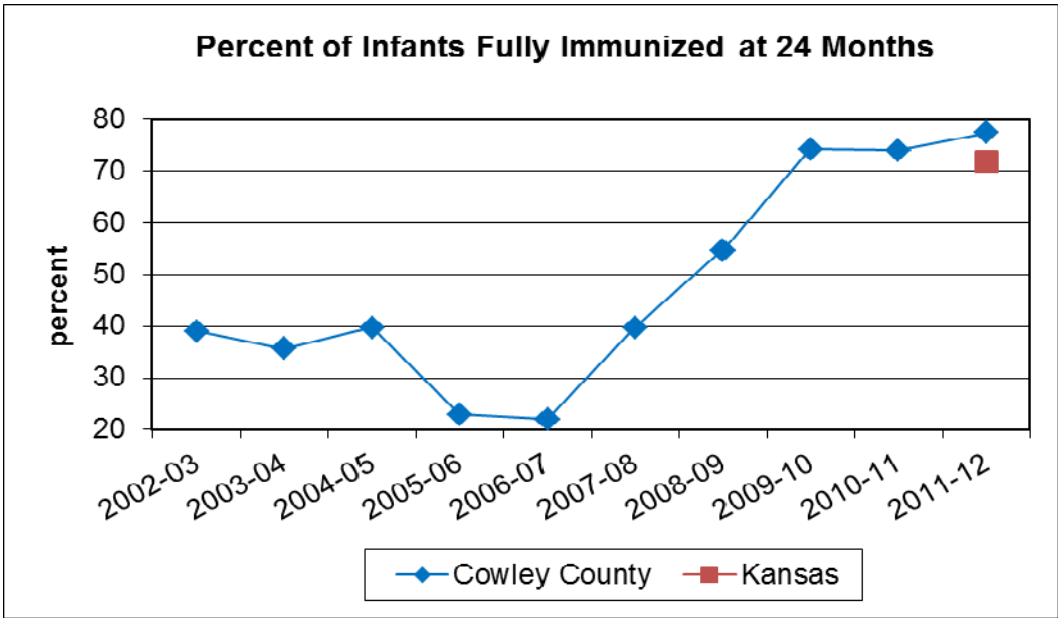
Technical Note: The county and regional values are compared to Kansas State value / US value.
Source: Kansas Department of Health and Environment
URL of Source: http://www.kdheks.gov/

Cowley County Rural Health Works

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

Percent of Infants Fully Immunized at 24 Months

Value: 77.4 percent
Measurement Period: 2011-2012
Location: County : Cowley
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.

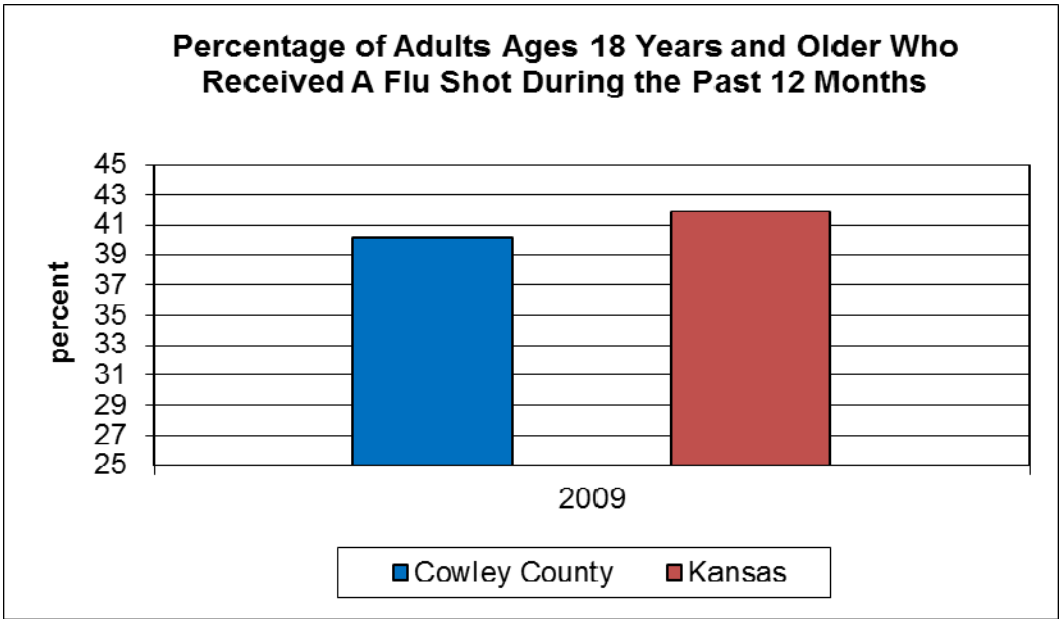
Technical Note: The county value is compared to the Kansas State value.
Source: Kansas Department of Health and Environment
URL of Source: http://www.kdheks.gov/

Cowley County Rural Health Works

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: 40.1 percent
Measurement Period: 2009
Location: County : Cowley
Comparison: KS State Value
Categories: Health / Immunizations & Infectious Diseases



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.

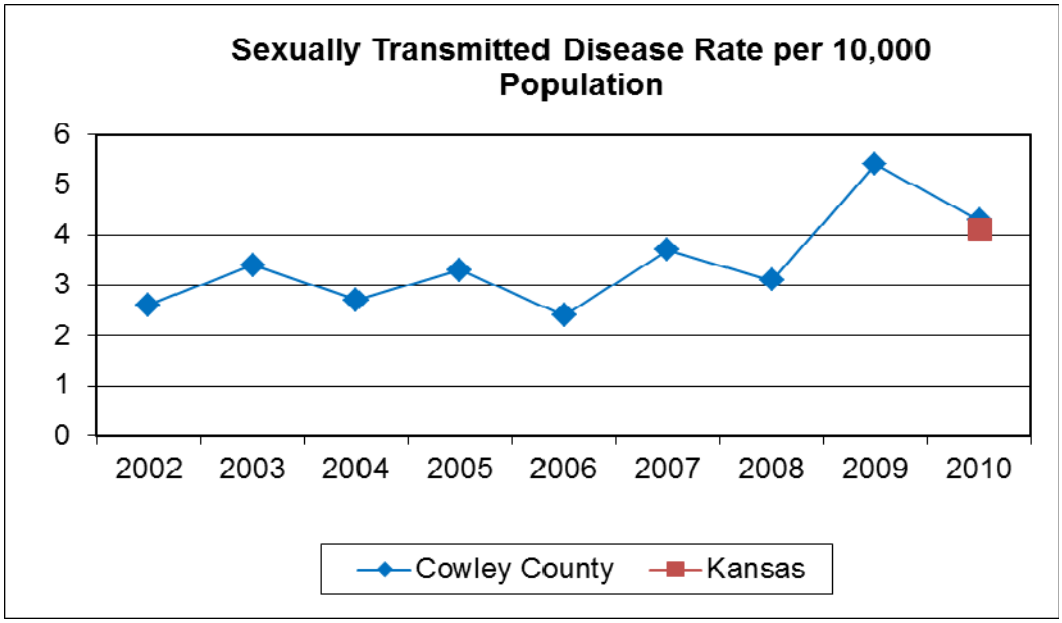
Why this is important: Influenza is a contagious disease caused by the influenza virus. It can lead to pneumonia and can be dangerous for people with heart or breathing conditions. Infection with influenza can cause high fever, diarrhea and seizures in children. It is estimated that 226,000 people are 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

Cowley County Rural Health Works

Sexually Transmitted Disease Rate

Value: 4.3 cases/10,000 population
Measurement Period: 2010
Location: County : Cowley
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

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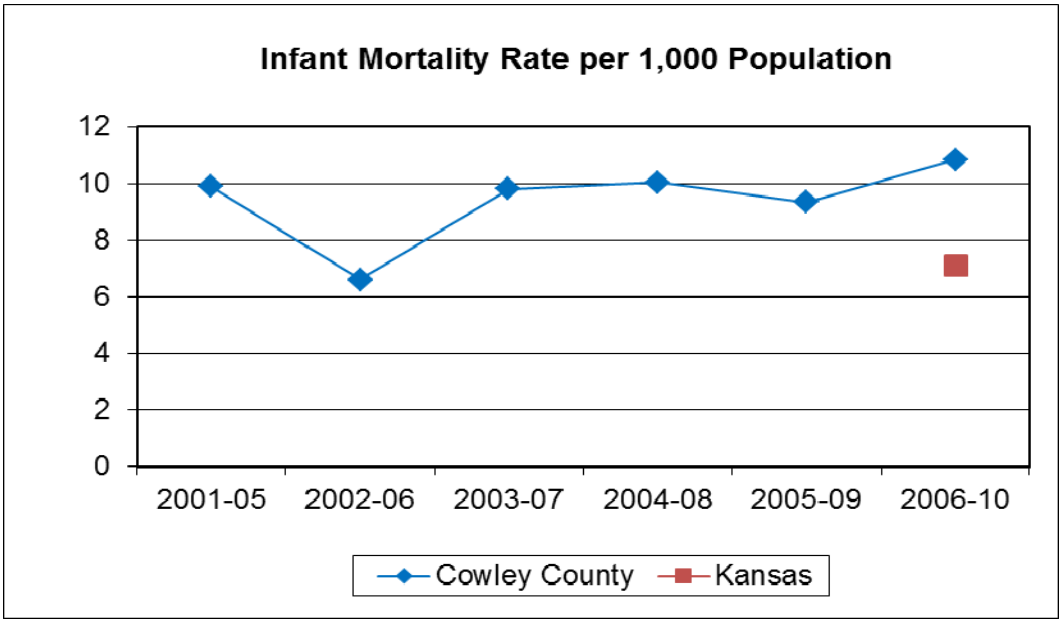
Maternal, Fetal & Infant Health

Infant Mortality Rate

Value: 10.86
Measurement Period: 2000-2010
Location: County : Cowley
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 8.77. That change is statistically significant at the 95% confidence level.

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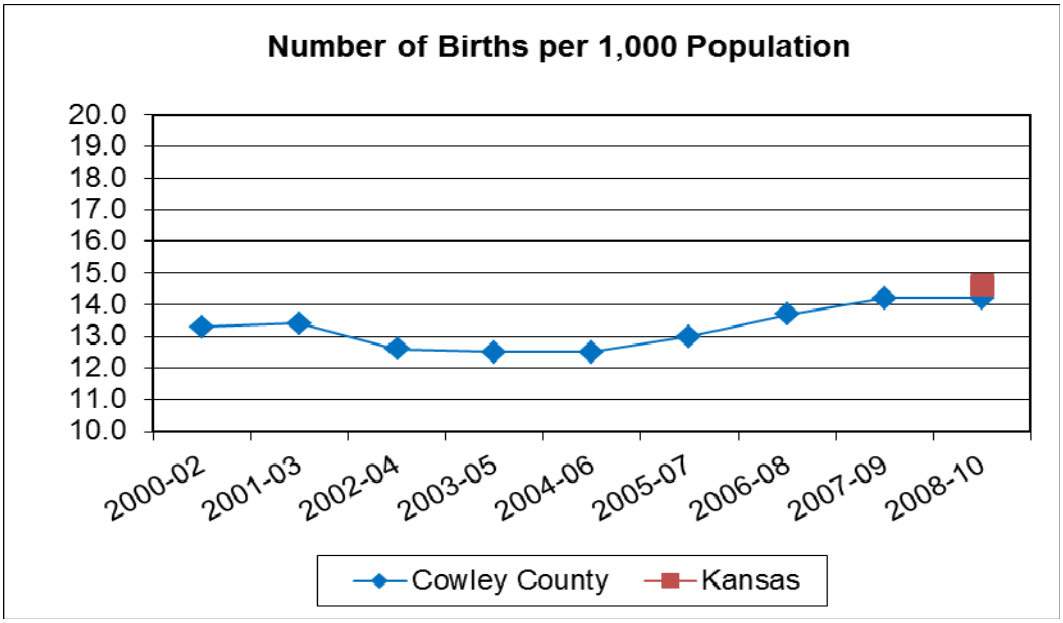
The Healthy People 2020 target is 6.0 infant deaths per 1,000 live births. The leading causes of death among infants are birth defects, pre-term delivery, low birth weight, Sudden Infant Death Syndrome (SIDS), and maternal complications during pregnancy.

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: 14.2 births/1,000 population
Measurement Period: 2008-2010
Location: County : Cowley
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.

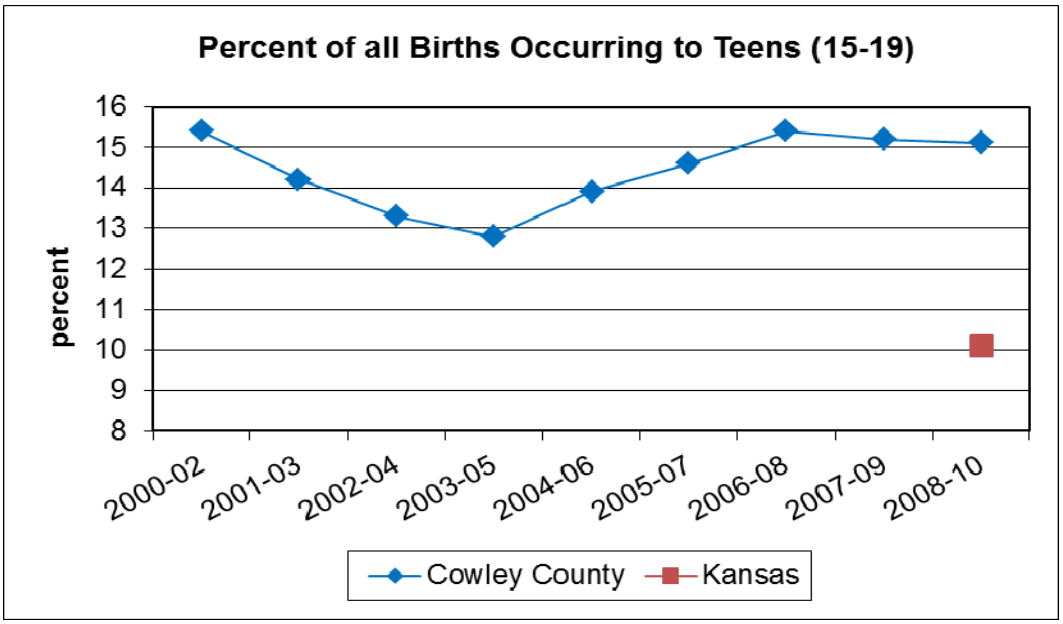
Technical Note: The county and regional values are compared to the Kansas State value.
Source: Kansas Department of Health and Environment
URL of Source: http://www.kdheks.gov/

Cowley County Rural Health Works

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

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

Value: 15.1 percent
Measurement Period: 2008-2010
Location: County : Cowley
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

Cowley County Rural Health Works

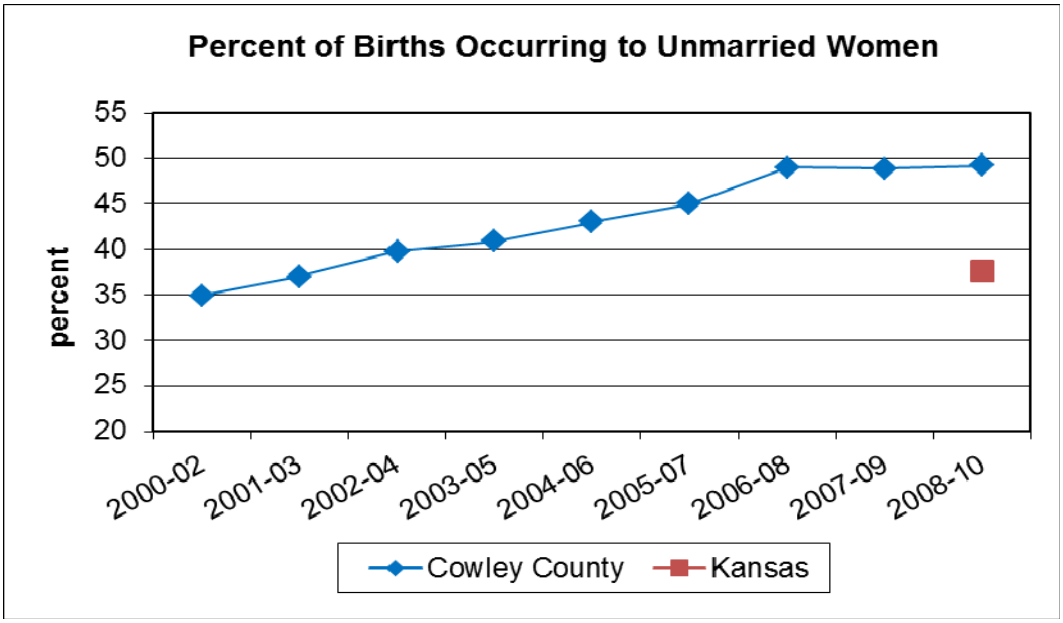
less likely to graduate from high school or attain a GED by the time they reach age 30; earn an average of approximately $3,500 less per year, when compared with those who delay childbearing until their 20s; and receive nearly twice as much Federal aid for nearly twice as long.

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: 49.2 percent
Measurement Period: 2008-2010
Location: County : Cowley
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.

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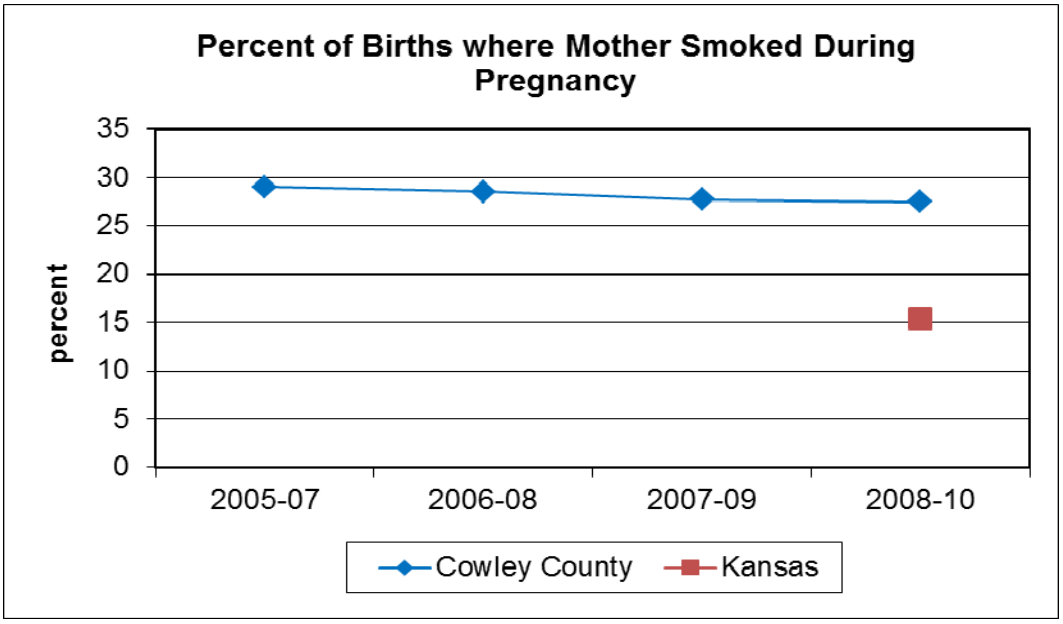
Why this is important: Non-marital births reflect the number of children born to unmarried women and includes both planned and unplanned pregnancies as well as women who were living with a partner at the time of birth. In previous decades, the term was often used to describe births to teen mothers; however, in recent decades, the average age of unmarried women having children has increased and less than one 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: 27.5 percent
Measurement Period: 2008-2010
Location: County : Cowley
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.

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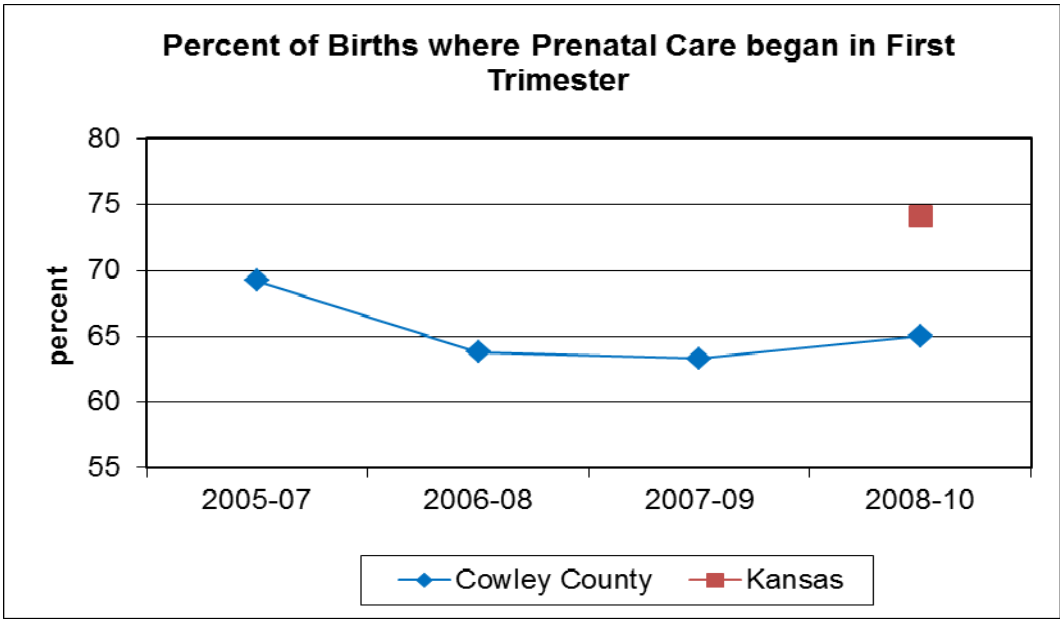
Why this is important: Smoking is a major public health problem. Smokers face an increased risk of lung cancer, stroke, cardiovascular diseases, and multiple other disorders. Smoking during pregnancy adversely affects the health of both the mother and her baby. Maternal smoking can result in miscarriages, premature delivery, and sudden infant death syndrome. Smoking during pregnancy nearly doubles a woman's 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: 65 percent
Measurement Period: 2008-2010
Location: County : Cowley
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.

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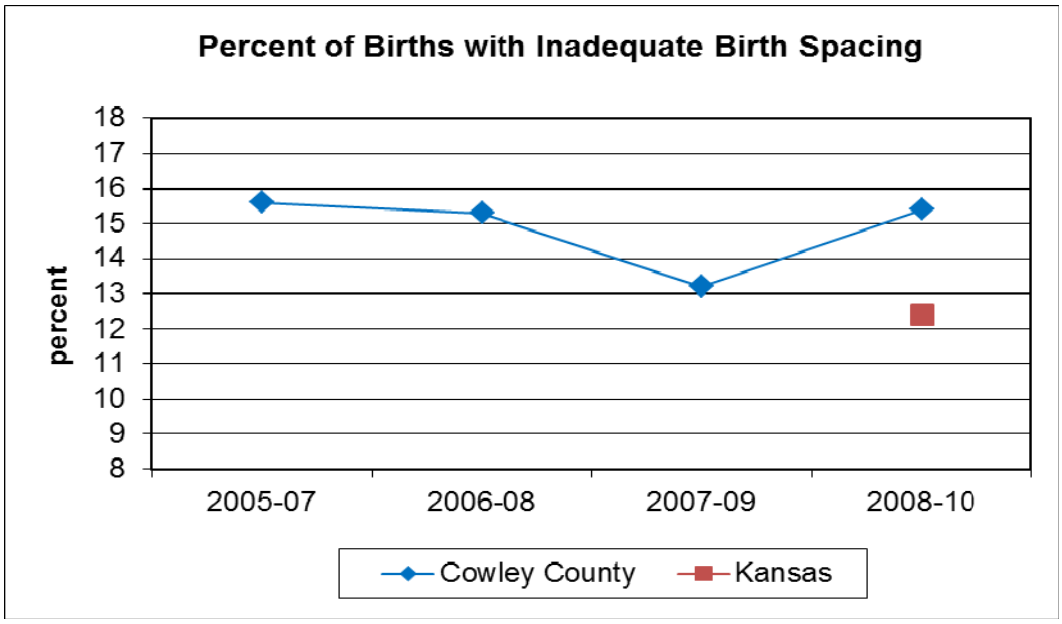
Why this is important: Babies born to mothers who do not receive prenatal care are three times more likely to have a low birth weight and five times more likely to die than those born to mothers who do get care. Early prenatal care (i.e., care in the first trimester of a pregnancy) allows women and their 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 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: 15.4 percent
Measurement Period: 2008-2010
Location: County : Cowley
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

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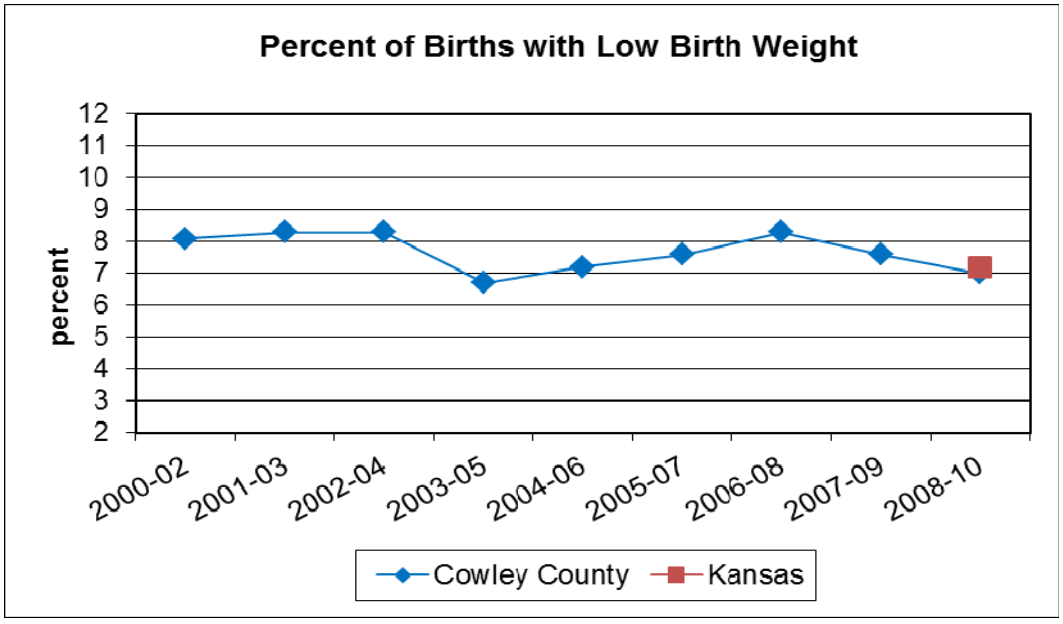
time interval between pregnancies. However, researchers agree that 2 ½ years to 3 years between births is usually best for the well being of the mother and her children. When births are spaced 21/2 years to 3 years apart there is less risk of infant and child death. There is also lower risk of the baby 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 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: 7.0 percent
Measurement Period: 2008-2010
Location: County : Cowley
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.

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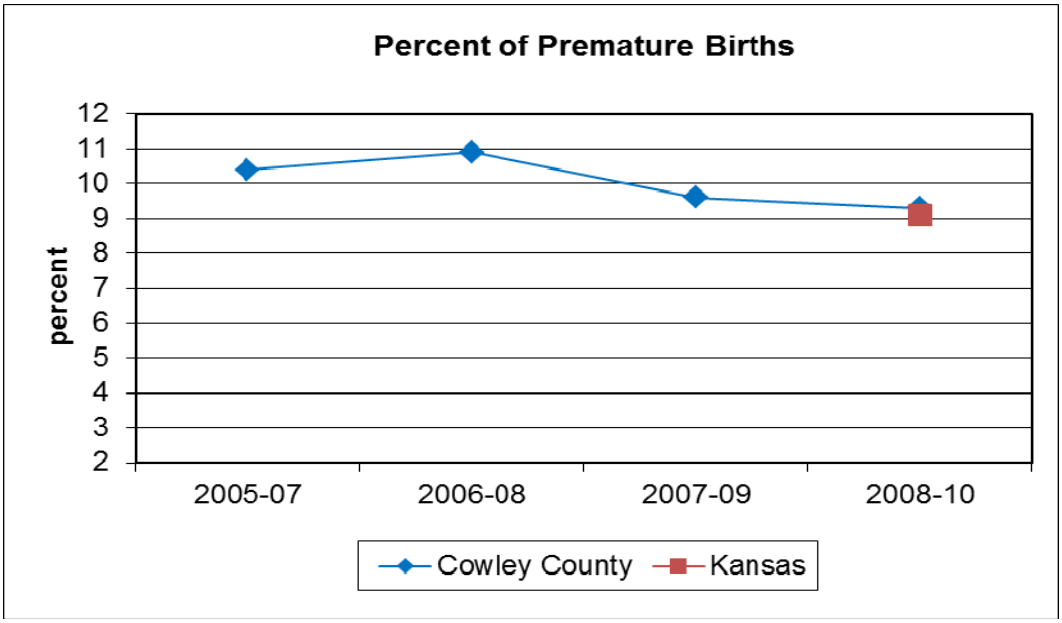
Low birth weight is often associated with premature birth. While there have been many medical advances enabling premature infants to survive, there is still risk of infant death or long-term disability. The most important things an expectant mother can do to prevent prematurity and low birth weight are to take prenatal vitamins, stop smoking, stop drinking alcohol and using drugs, and most importantly, get prenatal care.

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 Premature Births

Value: 9.3 percent
Measurement Period: 2008-2010
Location: County : Cowley
Comparison: KS State Value
Categories: Health / Maternal, Fetal & Infant Health



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

Cowley County Rural Health Works

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%.

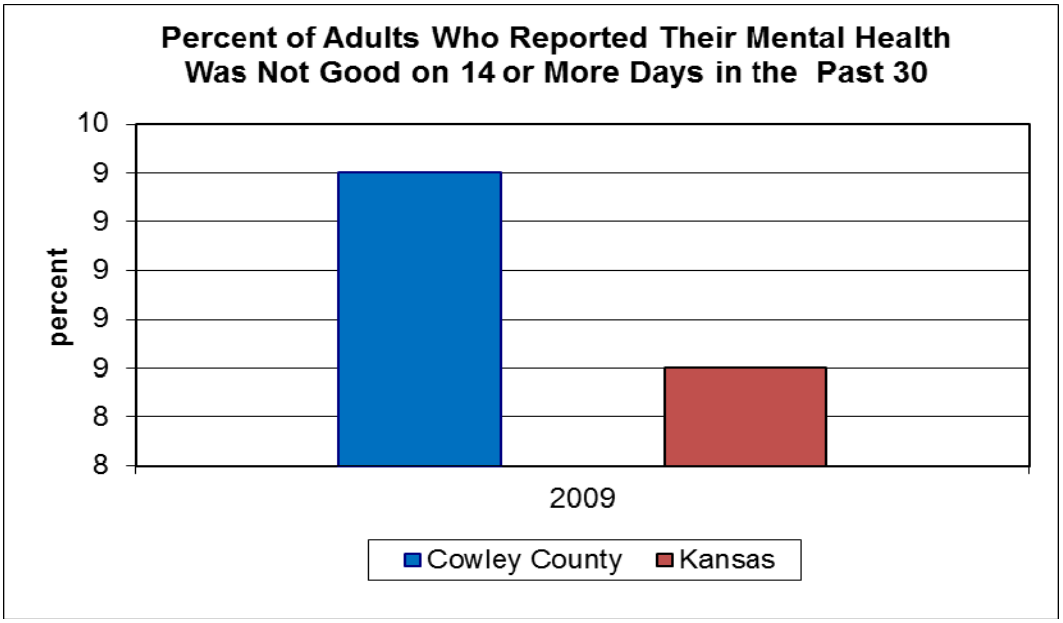
Technical Note: The County / Region value is compared to the Kansas State Value. Total live births excludes births for which the gestational length of the baby was unknown. The trend is a comparison between the most recent and previous measurement periods. Confidence intervals were not taken into account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

Cowley 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 Part 30 Days.

Value: 9.4 percent
Measurement Period: 2009
Location: County : Cowley
Comparison: KS State Value
Categories: Health / Mental Health & Mental Disorders



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.

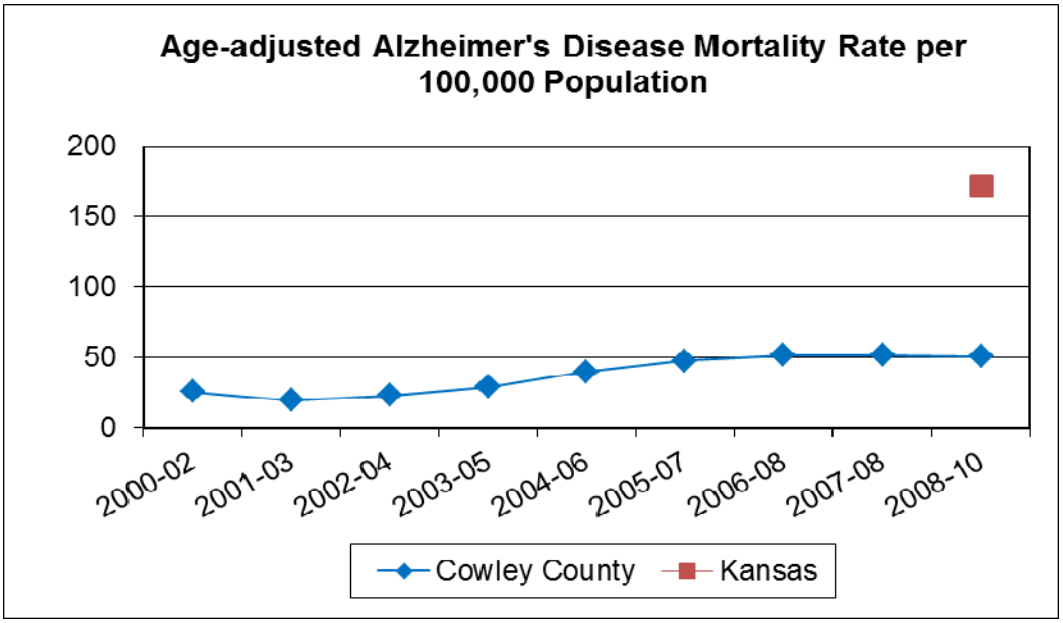
Technical Note: The County / Region value is compared to the Kansas State value. Confidence intervals were not taken into account while making this comparision.
Source: Kansas Department of Health and Environment
URL of Source: http://www.kdheks.gov/
URL of Data: http://www.kdheks.gov/brfss/Expansion/index.html

Cowley County Rural Health Works

Mortality Data

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

Value: 50.7 deaths/100,000 population
Measurement Period: 2008-2010
Location: County : Cowley
Comparison: KS State Value
Categories: Health / Mortality Data; Health / Older Adults & Aging



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.

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

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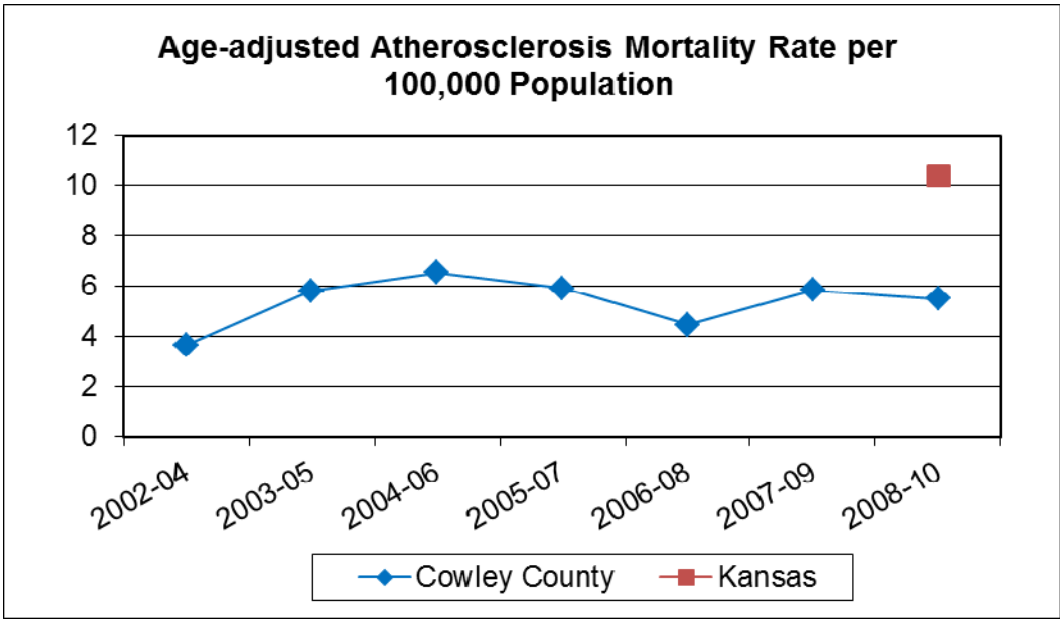
hospitalizations. As their dementia worsens, people need more health services and, oftentimes, long-term care. Many individuals requiring long-term care experience major personal and financial challenges that affect their families, their caregivers, and society.

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: 5.49 deaths/100,000 population
Measurement Period: 2008-2010
Location: County : Cowley
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, 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.

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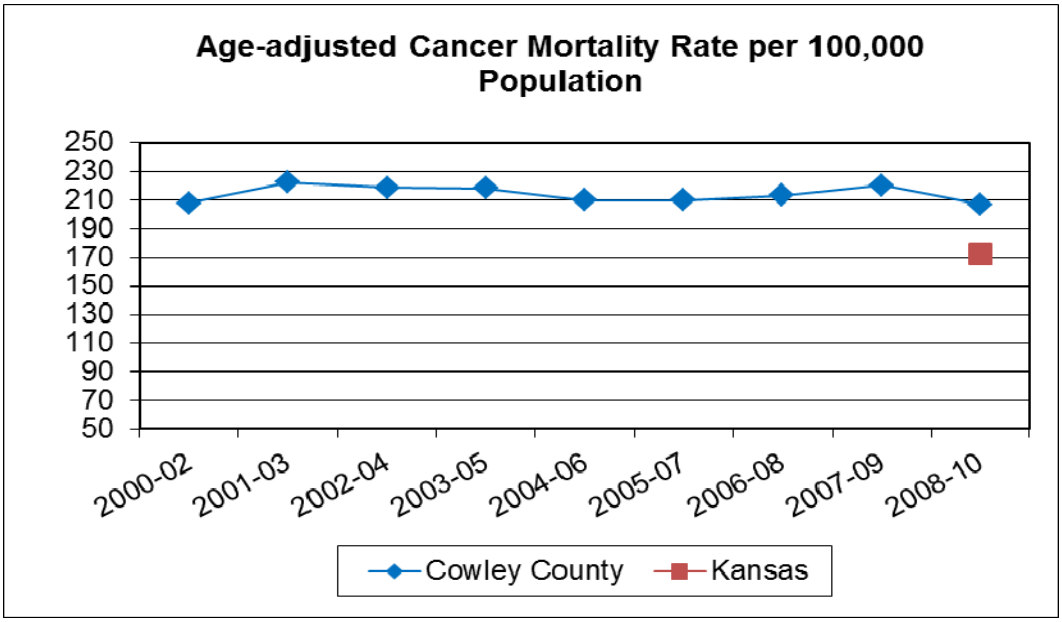
Other risk factors for hardening of the arteries are:

- 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: 207.1 deaths/100,000 population
Measurement Period: 2008-2010
Location: County : Cowley
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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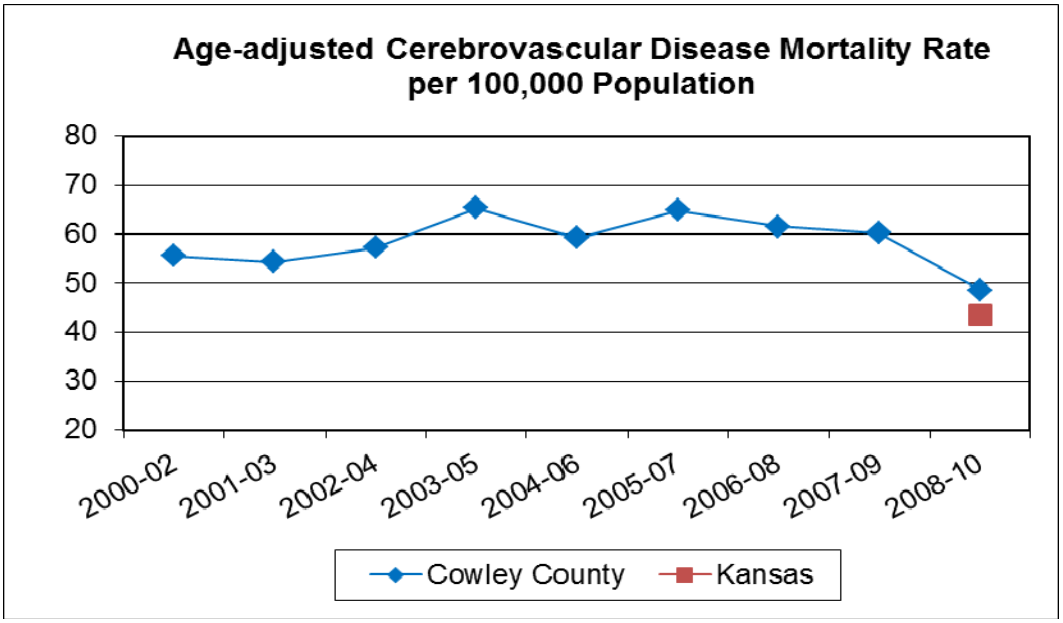
Technical Note: The County / Region values are compared to the Kansas State value.
Source: Kansas Department of Health and Environment
URL of Source: http://www.kdheks.gov/
URL of Data: http://kic.kdhe.state.ks.us/kic/index.html

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

Value: 48.5 deaths/100,000 population
Measurement Period: 2008-2010
Location: County : Cowley
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 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

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

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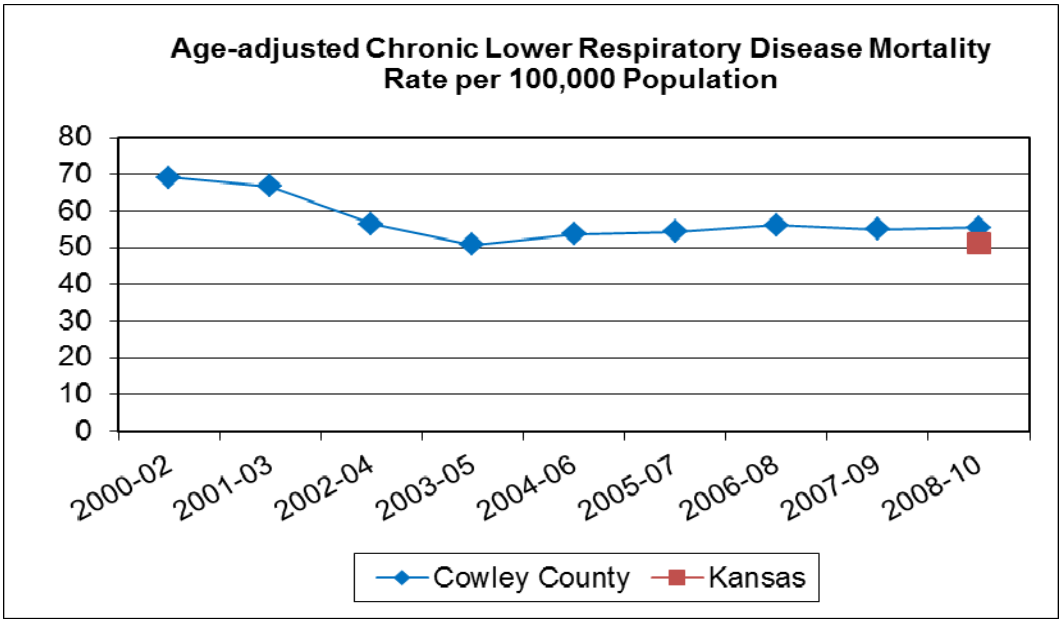
Value: 55.6 deaths/100,000 population
Measurement Period: 2008-2010
Location: County : Cowley
Comparison: KS State Value
Categories: Health / Mortality Data



What is this Indicator?
This indicator shows the total age-adjusted death rate per 100,000 population due to 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 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

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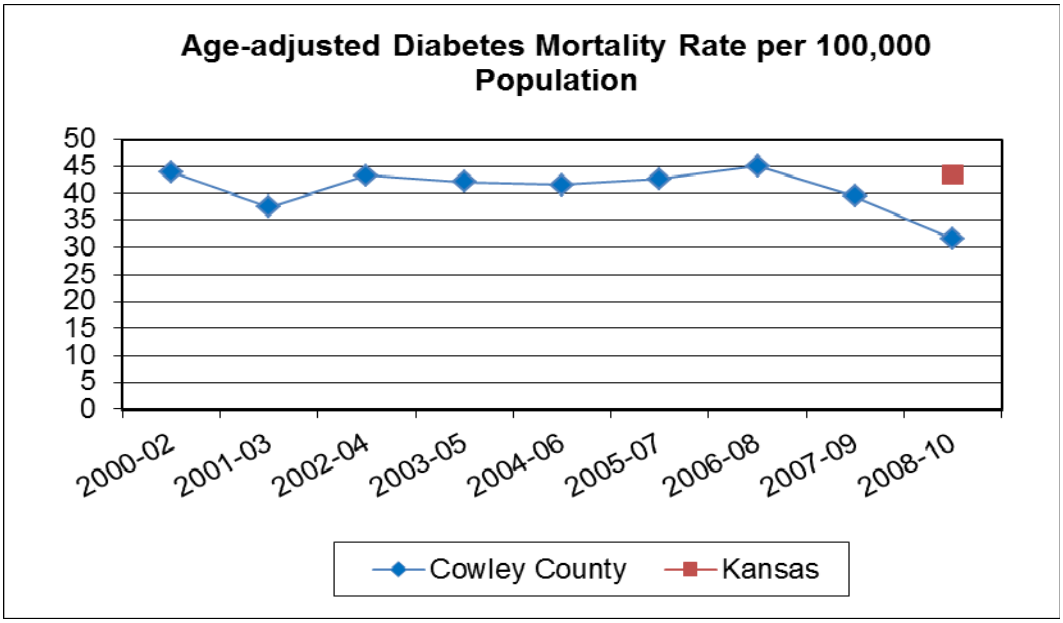
effective way to reduce the risk of CLRD and its progression.

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: 31.56 deaths/100,000 population
Measurement Period: 2008-2010
Location: County : Cowley
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. 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

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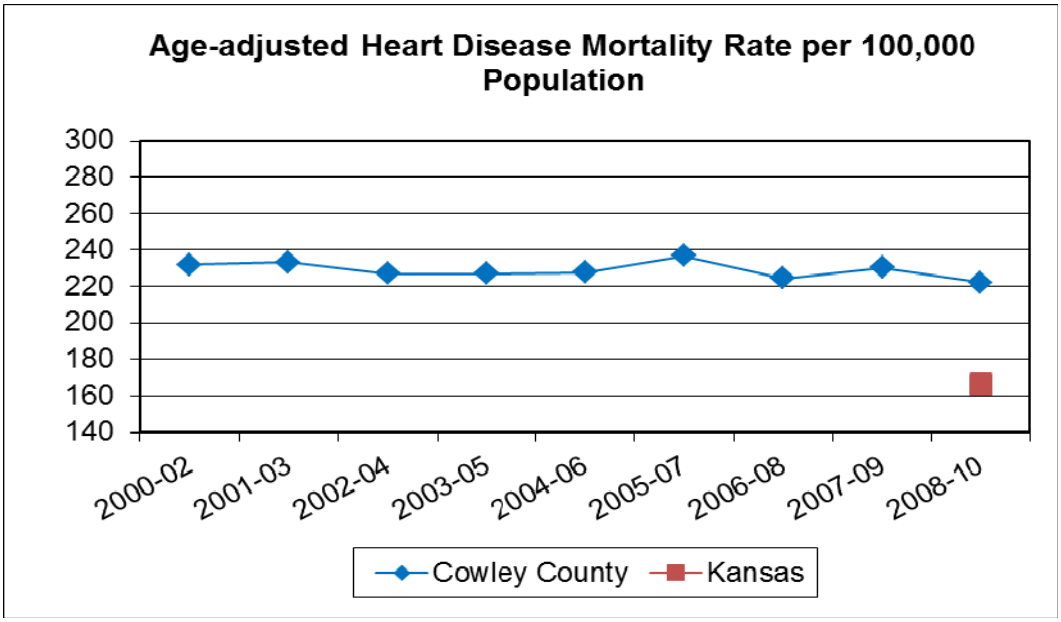
increased risk for ischemic heart disease, neuropathy, and stroke. In economic terms, the direct medical expenditure attributable to diabetes in 2007 was estimated to be $116 billion.

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: 222.28 deaths/100,000 population
Measurement Period: 2008-2010
Location: County : Cowley
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 in 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.

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/

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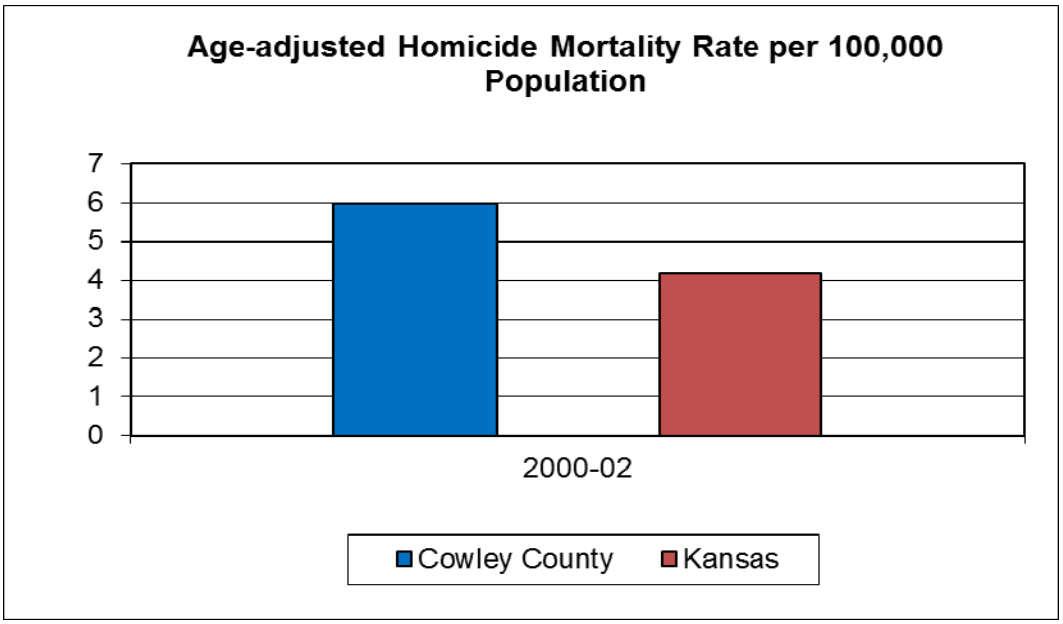
URL of Data: http://kic.kdhe.state.ks.us/kic/index.html

Age-adjusted Homicide Mortality Rate per 100,000 Population

Value: 5.98 deaths/100,000 population
Measurement Period: 2000-2002
Location: County : Cowley
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

Age-adjusted Mortality Rate per 100,000 Population

Value: 970.19 deaths/100,000 population

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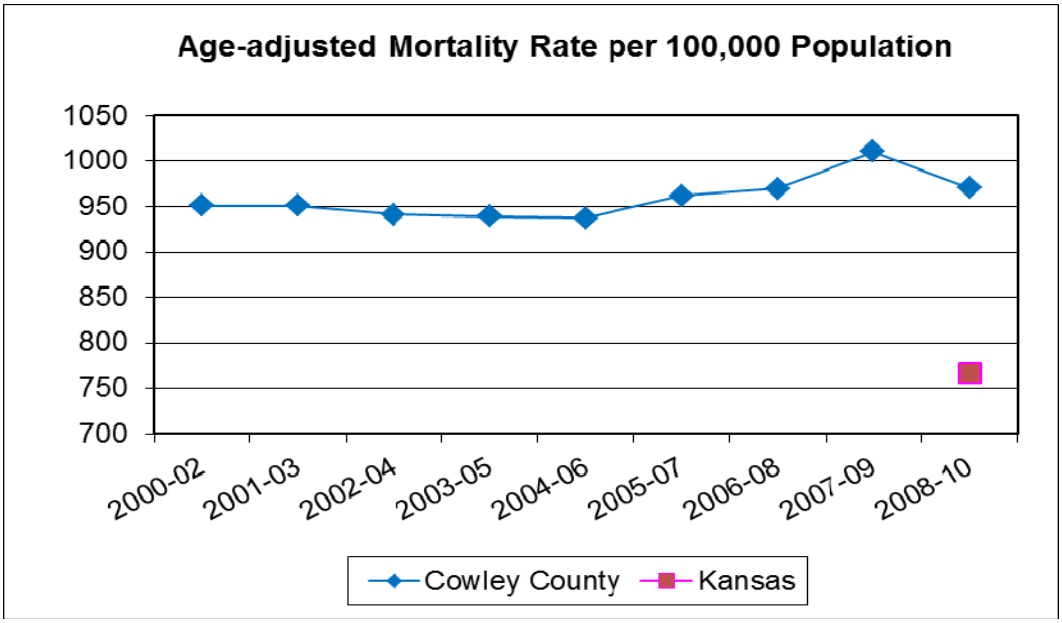
Measurement Period: 2008-2010
Location: County : Cowley
Comparison: KS State Value
Categories: Health / Mortality Data



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.

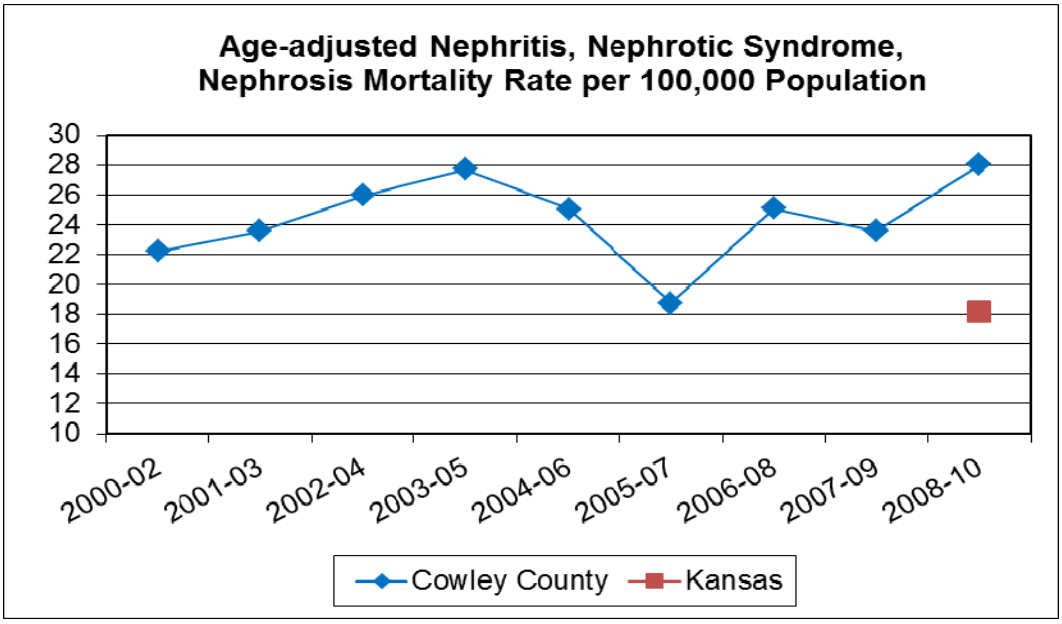
Technical Note: The County / Region values are compared to the Kansas State value.
Source: Kansas Department of Health and Environment
URL of Source: http://www.kdheks.gov/
URL of Data: http://kic.kdhe.state.ks.us/kic/index.html

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

Value: 28.03 deaths/100,000 population
Measurement Period: 2008-2010
Location: County : Cowley
Comparison: KS State Value

Cowley County Rural Health Works

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 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

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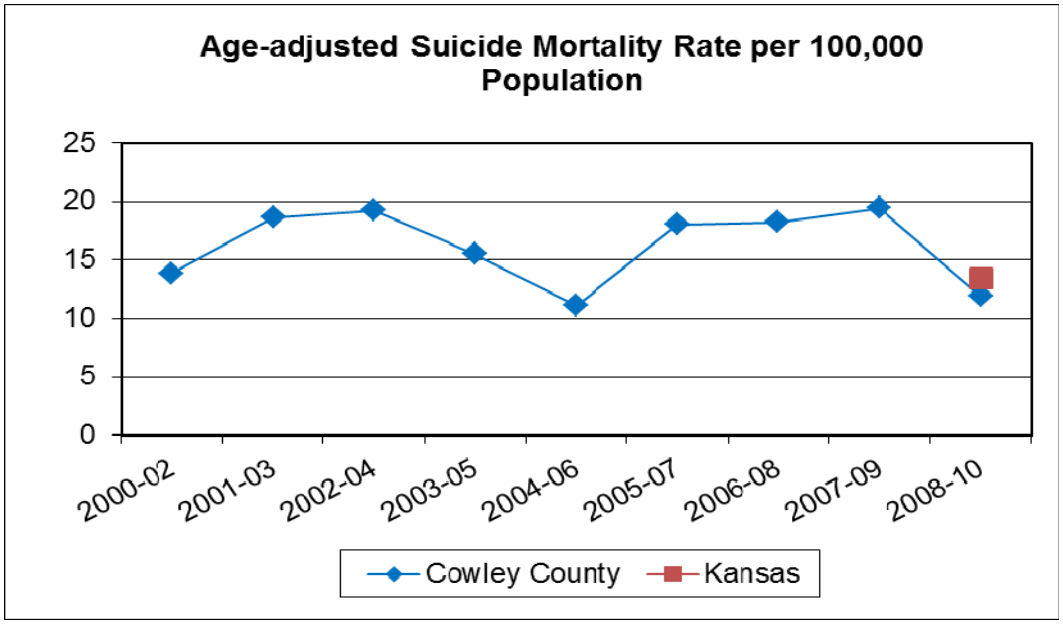
Technical Note: The County / Region values are compared to the Kansas State value.
Source: Kansas Department of Health and Environment
URL of Source: http://www.kdheks.gov/
URL of Data: http://kic.kdhe.state.ks.us/kic/index.html

Age-adjusted Suicide Mortality Rate per 100,000 Population

Value: 11.91 deaths/100,000 population
Measurement Period: 2008-2010
Location: County : Cowley
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 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/

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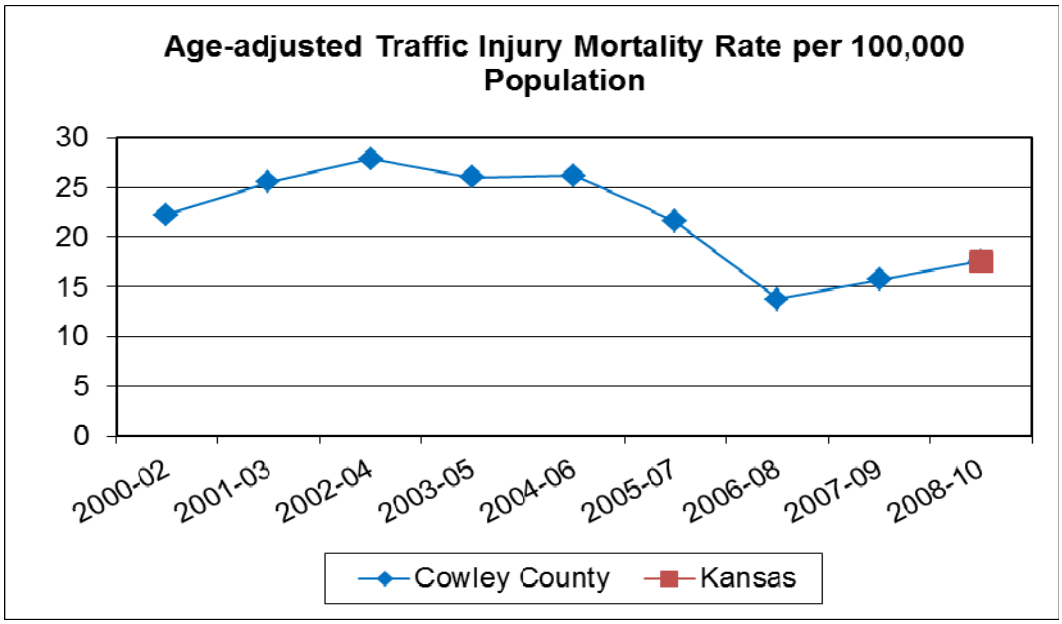
URL of Data: http://kic.kdhe.state.ks.us/kic/index.html

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

Value: 17.59 deaths/100,000 population
Measurement Period: 2008-2010
Location: County : Cowley
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
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

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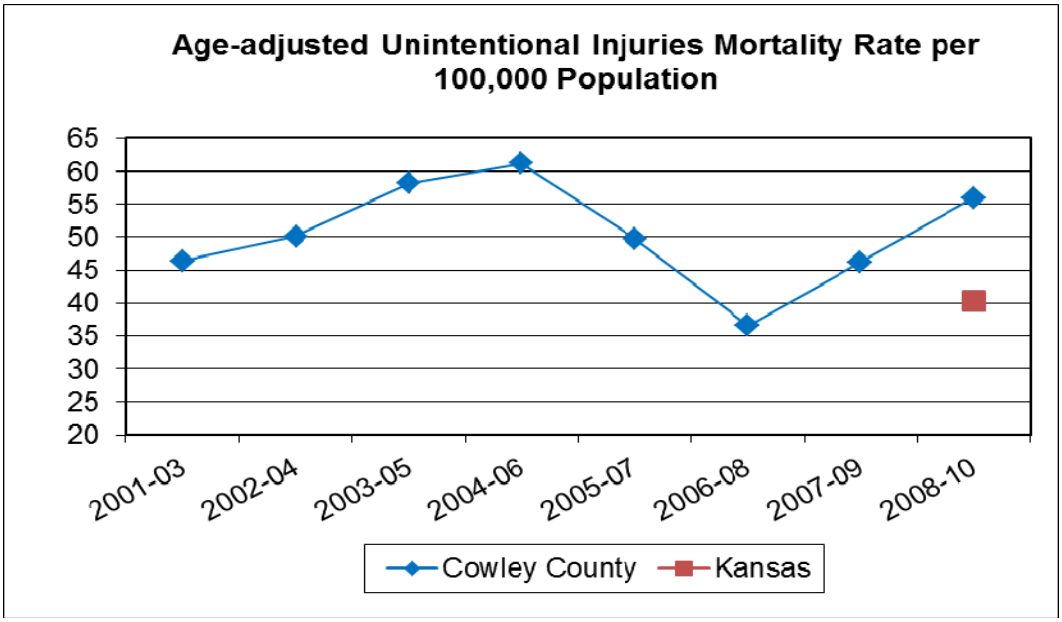
Value: 56 deaths/100,000 population
Measurement Period: 2008-2010
Location: County : Cowley
Comparison: KS State Value
Categories: Health / Mortality Data



What is this Indicator?
This indicator shows the total age-adjusted death rate per 100,000 population due to unitentional 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.

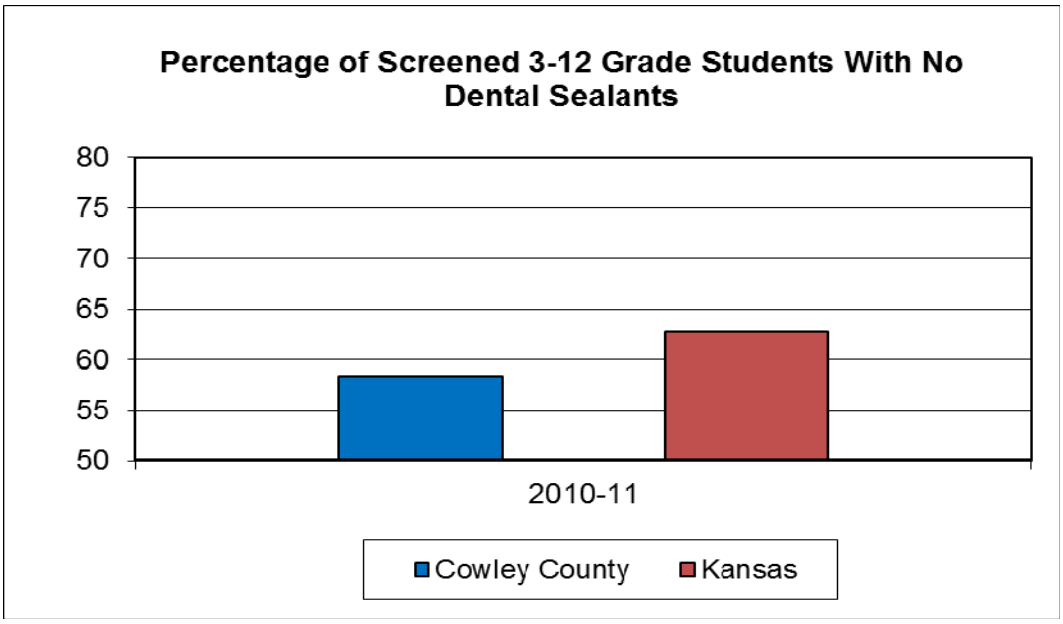
Technical Note: The County / Region values are compared to the Kansas State value.
Source: Kansas Department of Health and Environment
URL of Source: http://www.kdheks.gov/
URL of Data: http://kic.kdhe.state.ks.us/kic/index.html

Cowley County Rural Health Works

Oral Health

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

Value: 58.4 percent
Measurement Period: 2010-2011
Location: County : Cowley
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

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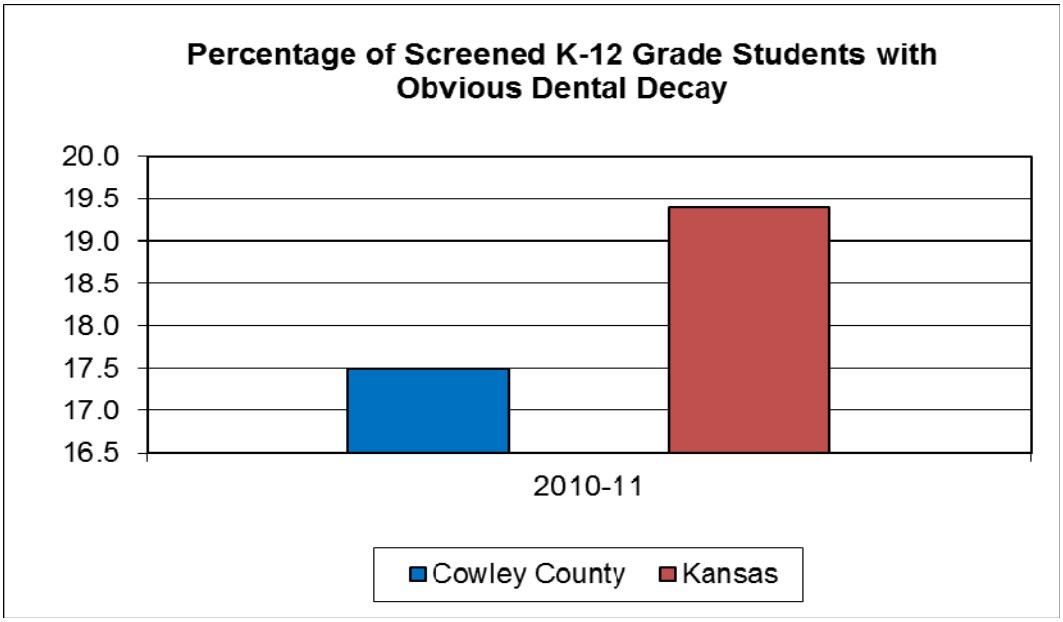
school grade levels 3 -12.

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: KDHE Bureau of Oral Health
URL of Source: http://www.kdheks.gov/
URL of Data: http://www.kdheks.gov/ohi/screening_program.htm

Percentage of Screened K-12 Grade Students with Obvious Dental Decay

Value: 17.5 percent
Measurement Period: 2010-2011
Location: County : Cowley
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

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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 '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: KDHE Bureau of Oral Health
URL of Source: http://www.kdheks.gov/
URL of Data: http://www.kdheks.gov/ohi/screening_program.htm

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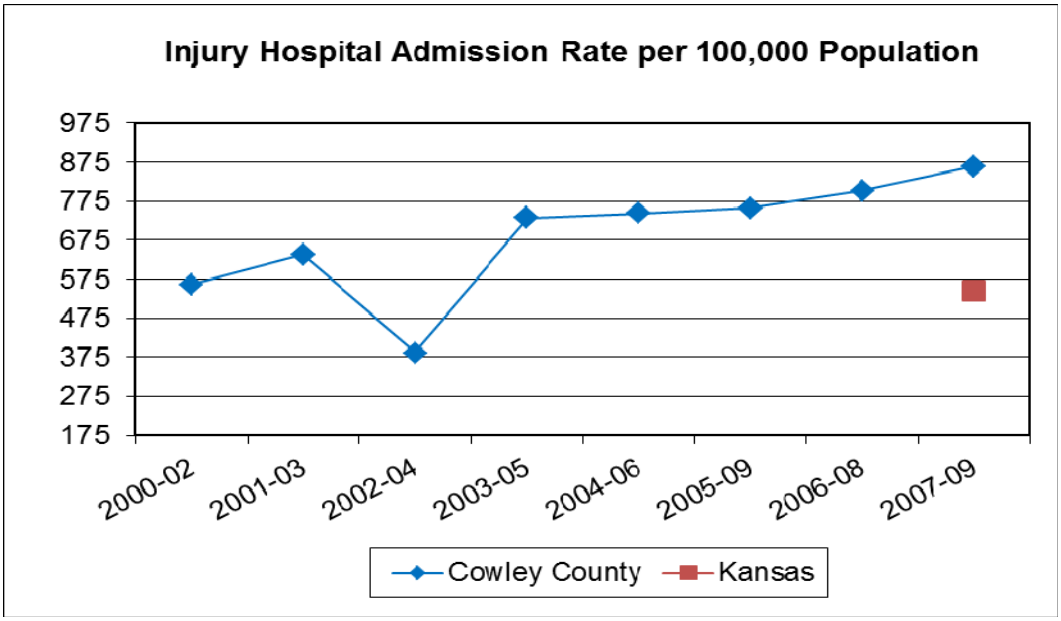
Prevention & Safety

Injury Hospital Admission Rate

Value: 864.82 Per 100,000 population
Measurement Period: 2007-2009
Location: County : Cowley
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.

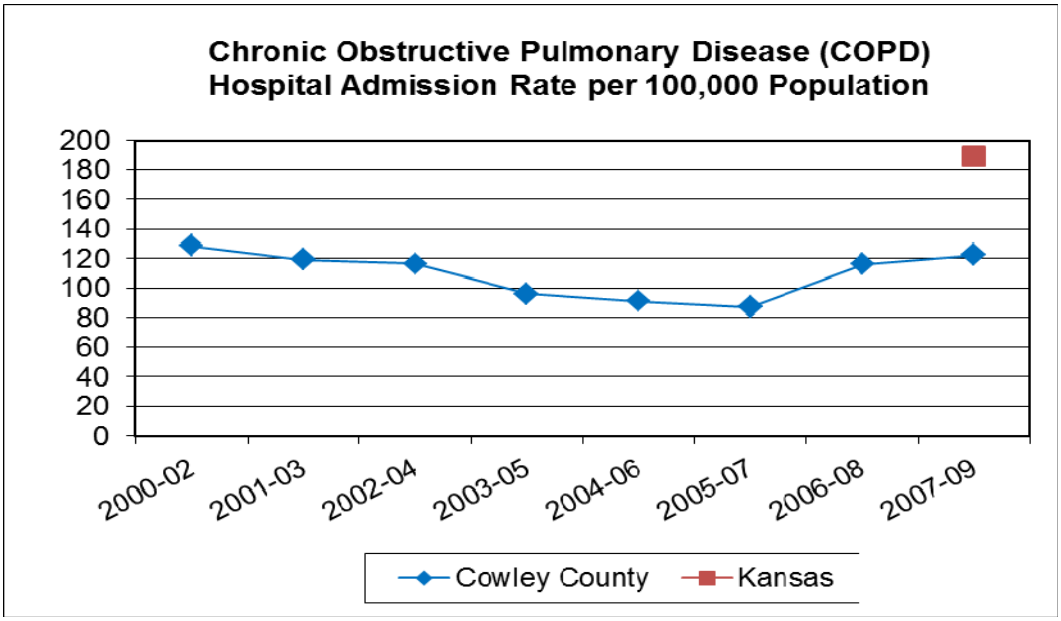
Technical Note: The county and regional values are compared to Kansas State value.
Source: Kansas Department of Health and Environment
URL of Source: http://www.kdheks.gov/
URL of Data: http://kic.kdhe.state.ks.us/kic/index.html

Cowley County Rural Health Works

Respiratory Diseases

Chronic Obstructive Pulmonary Disease (COPD) Hospital Admission Rate

Value: 122.37 Per 100,000 population
Measurement Period: 2007-2009
Location: County : Cowley
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.

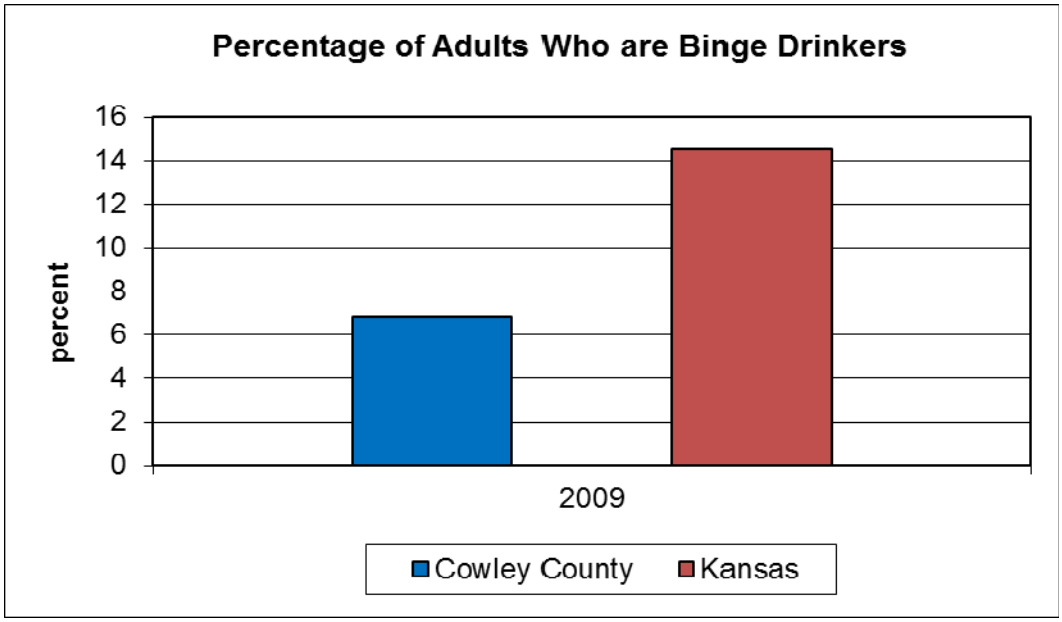
Technical Note: The county and regional values are compared to Kansas State value.
Source: Kansas Department of Health and Environment
URL of Source: http://www.kdheks.gov/
URL of Data: http://kic.kdhe.state.ks.us/kic/index.html

Cowley County Rural Health Works

Substance Abuse

Percentage of Adults Who are Binge Drinkers

Value: 6.8 percent
Measurement Period: 2009
Location: County : Cowley
Comparison: KS State Value
Categories: Health/Substance Abuse



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.

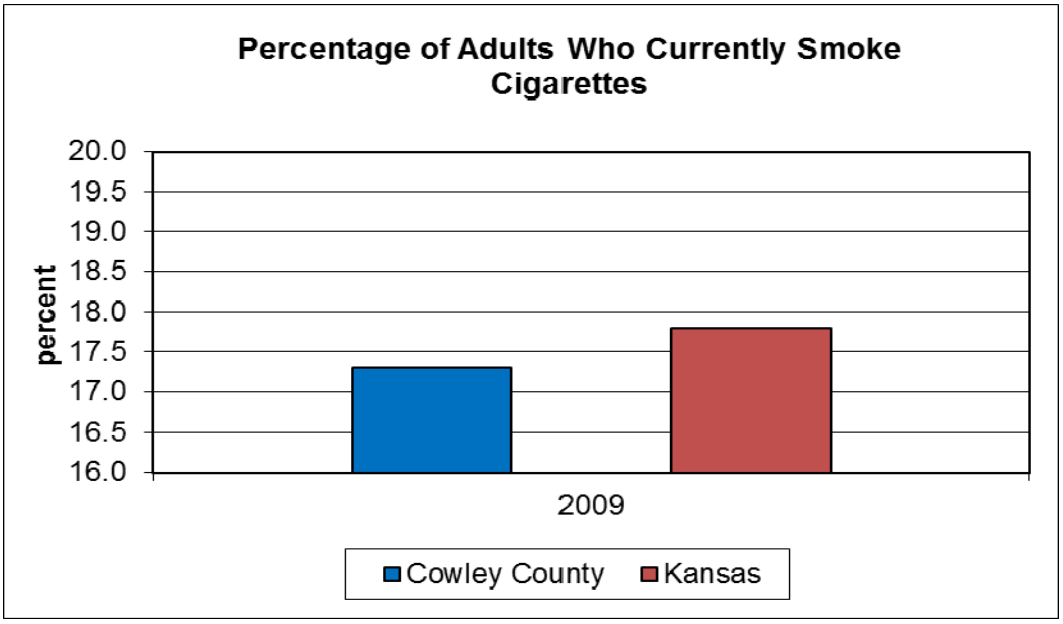
Why this is important: Binge drinking is an indicator of excessive alcohol use in the United States. Binge drinking can be dangerous and may result in vomiting, loss of sensory perception, and blackouts. The prevalence of binge drinking among men is twice that of women. In addition, it was found that 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/
URL of Data: http://kic.kdhe.state.ks.us/kic/index.html

Cowley County Rural Health Works

Percentage of Adults Who Currently Smoke Cigarettes

Value: 17.3 percent
Measurement Period: 2009
Location: County : Cowley
Comparison: KS State Value
Categories: Health/Substance Abuse



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%.**

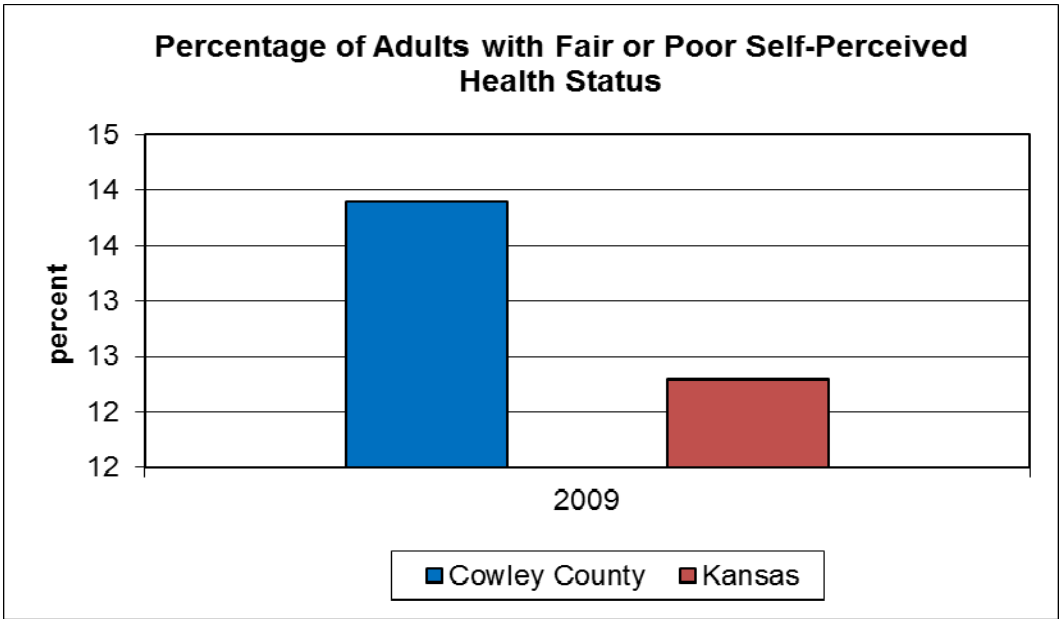
Technical Note: The County / Region value is compared to the Kansas state value. Confidence intervals were not taken into account while making this comparison.
Source: Kansas Department of Health and Environment
URL of Source: http://www.kdheks.gov/
URL of Data: http://www.kdheks.gov/brfss/Expansion/index.html

Cowley County Rural Health Works

Wellness & Lifestyle

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

Value: 13.9 percent
Measurement Period: 2009
Location: County : Cowley
Comparison: KS State Value
Categories: Health/Wellness & Lifestyle



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.

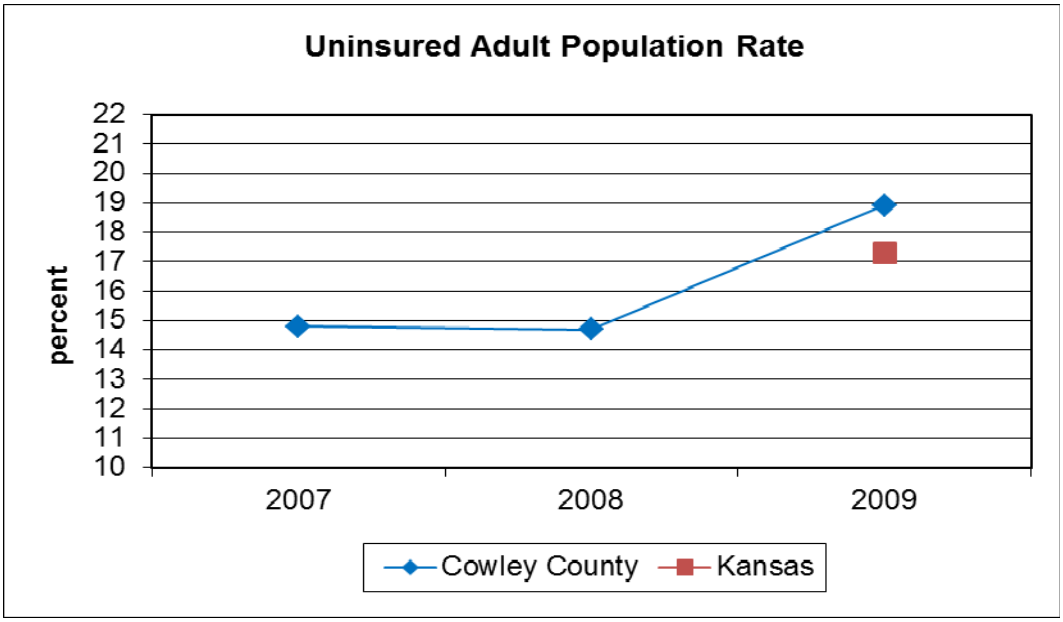
Technical Note: The County / Region value is compared to the Kansas state value. Confidence intervals were not taken into account while making this comparison.
Source: Kansas Department of Health and Environment
URL of Source: http://www.kdheks.gov/
URL of Data: http://www.kdheks.gov/brfss/Expansion/index.html

Cowley County Rural Health Works

Economic Climate

Uninsured Adult Population Rate

Value: 18.9 Percent
Measurement Period: 2009
Location: County : Cowley
Comparison: KS State Value
Categories: Economy/Poverty



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

Cowley County Rural Health Works

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.

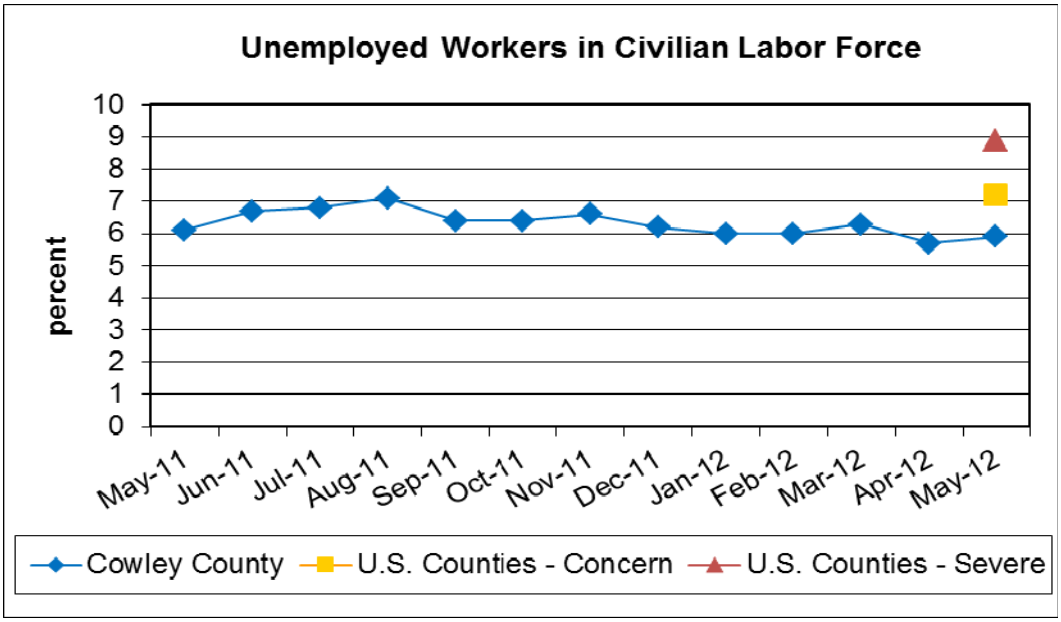
In 2009-2010, the percentage of Kansans without health insurance rose to 13%, the highest rate of the decade, 2000-2010. This percentage climbed from 11.3% in 2005-2006 and 12.7% in 2008-2009. Approximately 357,500 Kansas residents - children and adults - lacked insurance in 2009-2010, also the highest 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/

Unemployed Workers in Civilian Labor Force

Value: 5.9 Percent
Measurement Period: 2012, May
Location: County : Cowley
Comparison: U.S. Counties
Categories: Economy/Employment



Cowley County Rural Health Works

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.

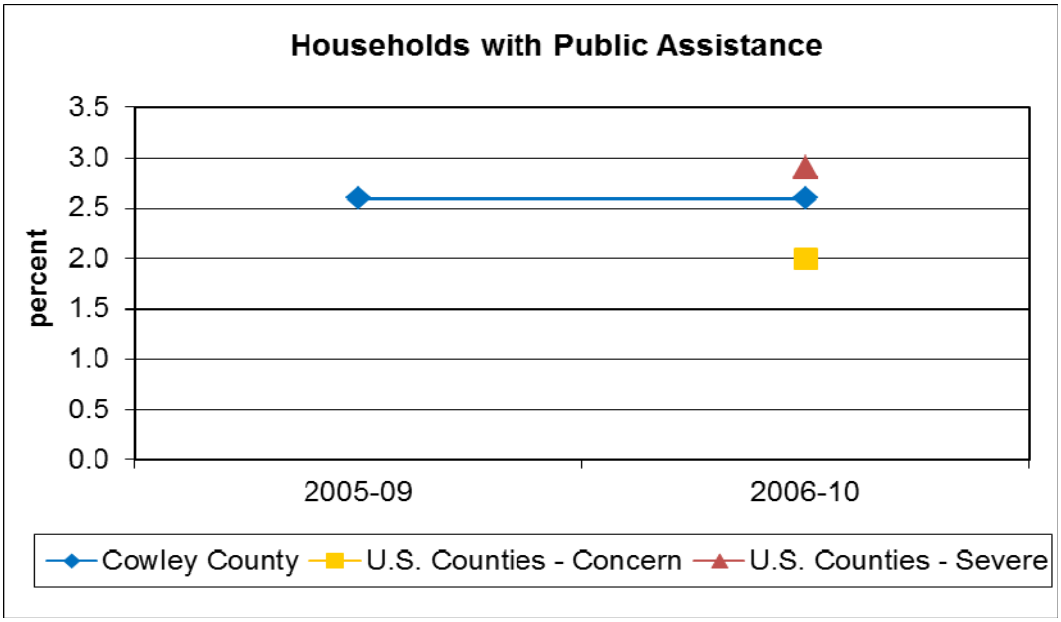
Technical Note: The distribution is based on non-seasonally adjusted data from 3,141 U.S. counties and county equivalents.
Source: U.S. Bureau of Labor Statistics
URL of Source: http://www.bls.gov/
URL of Data: http://data.bls.gov/PDQ/outside.jsp?survey=la

Cowley County Rural Health Works

Government Assistance Programs

Household with Public Assistance

Value: 2.6 Percent
Measurement Period: 2006-2010
Location: County : Cowley
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.

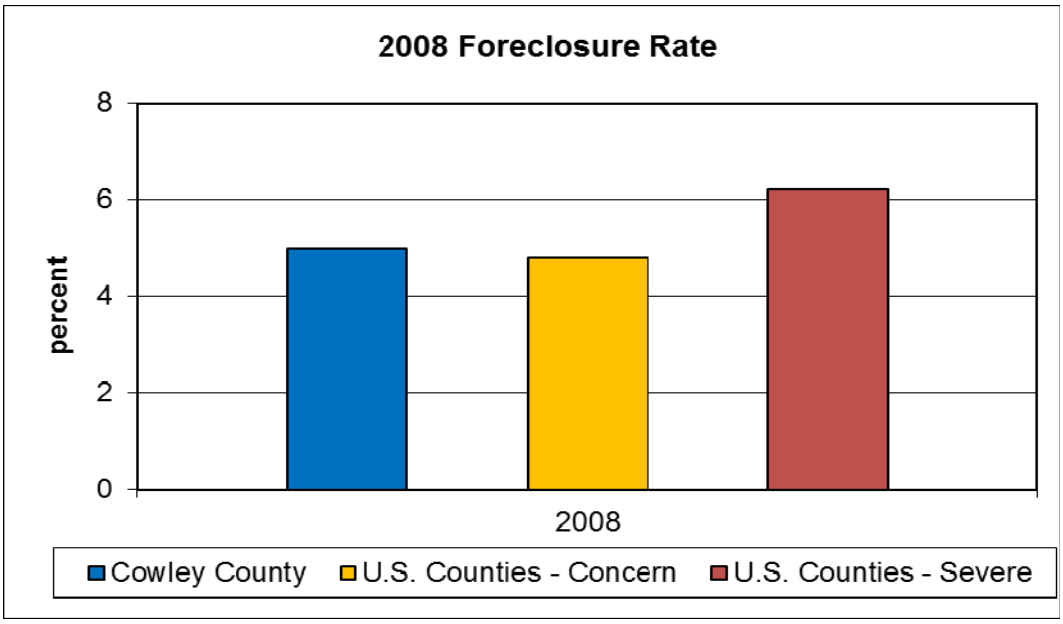
Technical Note: The distribution is based on data from 3,143 U.S. counties and county equivalents.
Source: American Community Survey
URL of Source: http://www.census.gov/acs/www/
URL of Data: http://factfinder2.census.gov/

Cowley County Rural Health Works

Home Ownership

Foreclosure Rate

Value: 5 Percent
Measurement Period: 2008
Location: County : Cowley
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.

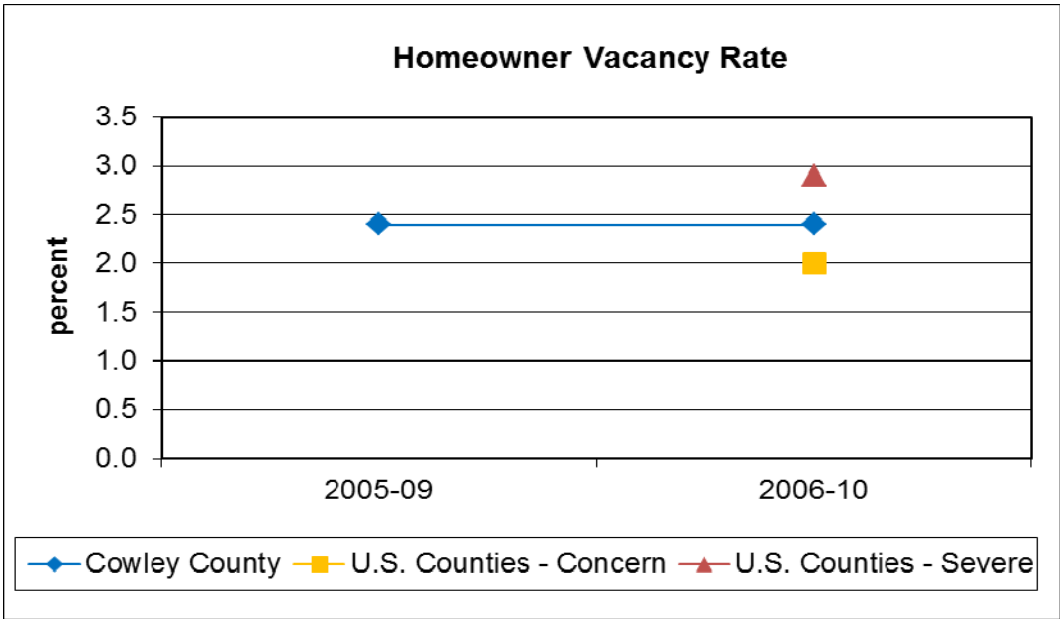
Individuals and families who lose their homes to foreclosure are often left homeless or in precarious financial situations. Studies show that both the stress and forced relocation following home foreclosure have negative impacts on the health and well-being of individuals and families.

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

Cowley County Rural Health Works

Homeowner Vacancy Rate

Value: 2.4 Percent
Measurement Period: 2006-2010
Location: County : Cowley
Comparison: U.S. Counties
Categories: Economy/Homeownership



What is this Indicator?
This indicator shows the percentage of vacant home property.

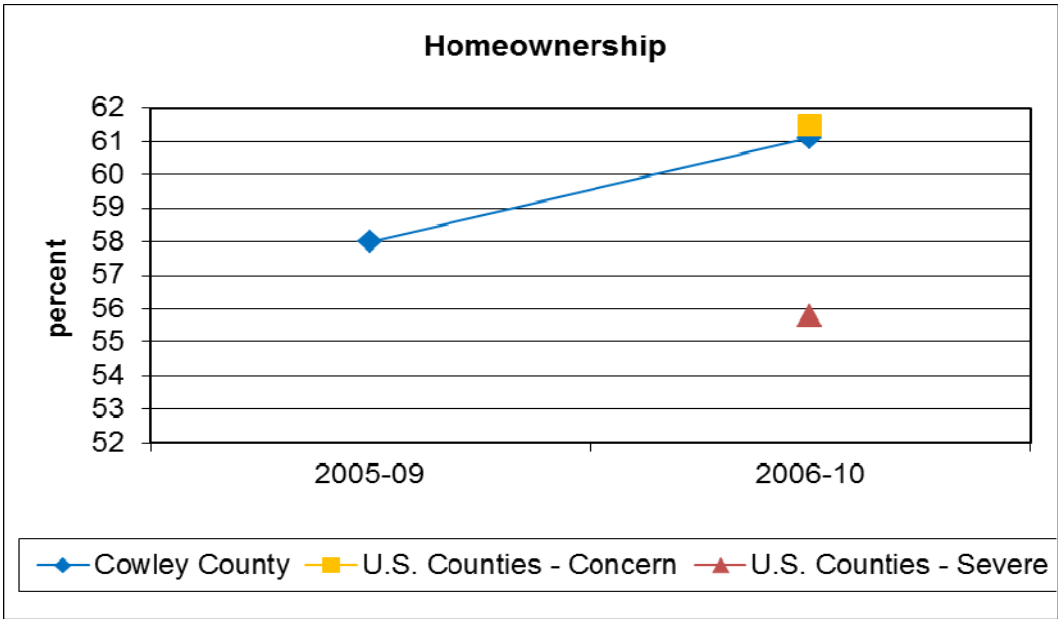
Why this is important: The homeowner vacancy rate is the proportion of property that is vacant "for sale." It is computed by dividing the number of vacant units "for sale only" by the sum of the owner-occupied units, vacant units that are "for sale only," and vacant units that have been sold but not 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

Cowley County Rural Health Works

Value: 61.1 Percent
Measurement Period: 2006-2010
Location: County : Cowley
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.

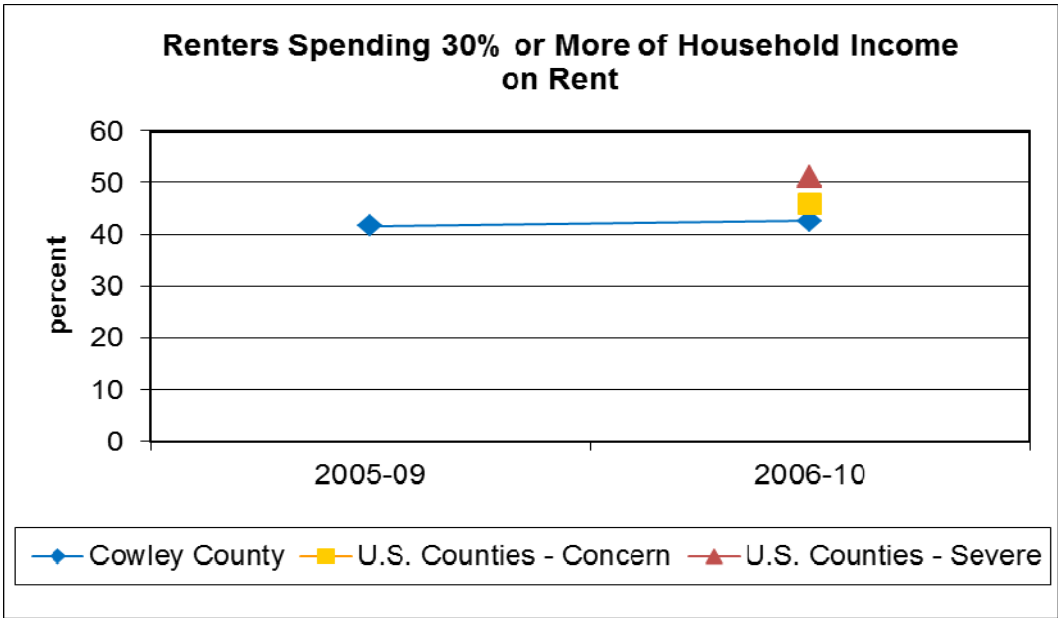
Technical Note: The distribution is based on data from 3,143 U.S. counties and county equivalents.
Source: American Community Survey
URL of Source: http://www.census.gov/acs/www/
URL of Data: http://factfinder2.census.gov/

Cowley County Rural Health Works

Housing Affordability & Supply

Renters Spending 30% or More of Household Income on Rent

Value: 42.7 Percent
Measurement Period: 2006-2010
Location: County : Cowley
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.

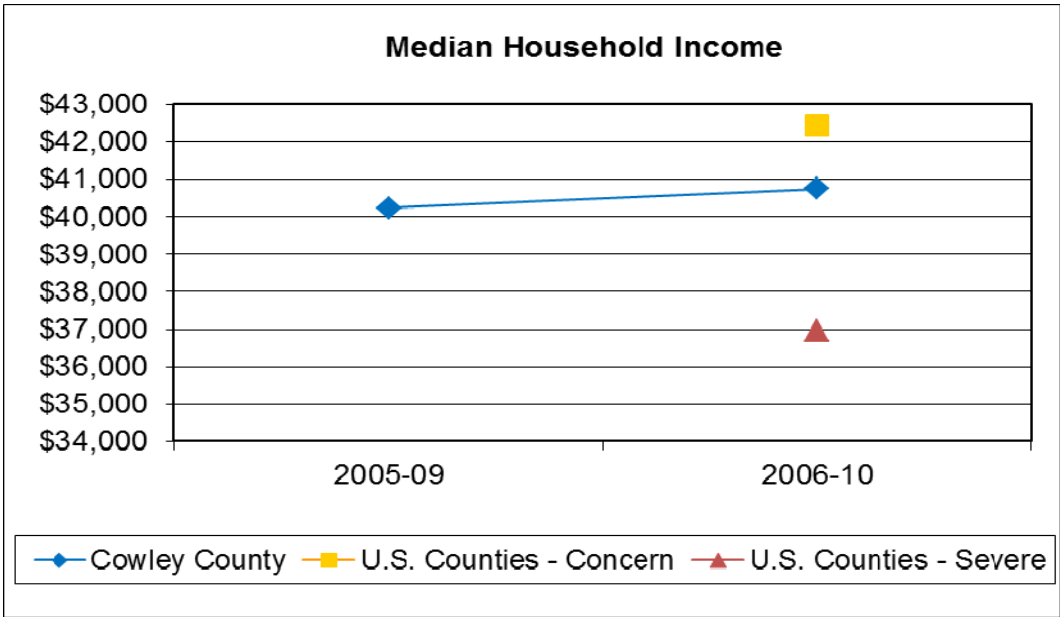
Technical Note: The distribution is based on data from 3,143 U.S. counties and county equivalents.
Source: American Community Survey
URL of Source: http://www.census.gov/acs/www/
URL of Data: http://factfinder2.census.gov/

Cowley County Rural Health Works

Income

Median Household Income

Value: 40,749 Dollars
Measurement Period: 2006-2010
Location: County : Cowley
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.

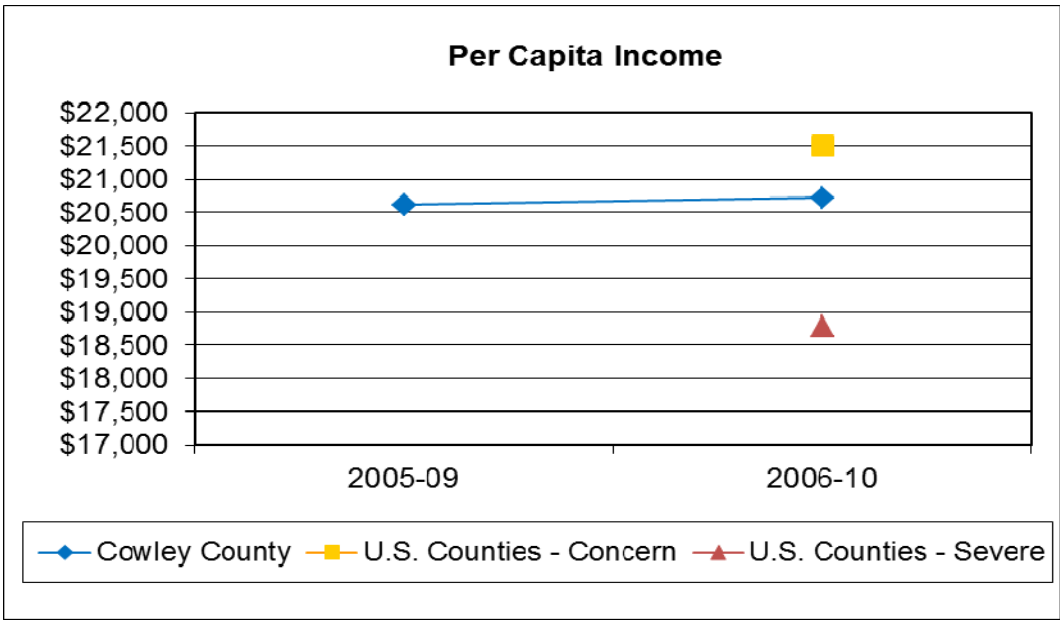
Why this is important: Median household income reflects the relative affluence and prosperity of an area. Areas with higher median household incomes are likely to have more educated residents and lower unemployment rates. Higher employment rates lead to better access to healthcare and better health outcomes, 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/

Per Capita Income

Cowley County Rural Health Works

Value: 20,720 Dollars
Measurement Period: 2006-2010
Location: County : Cowley
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.

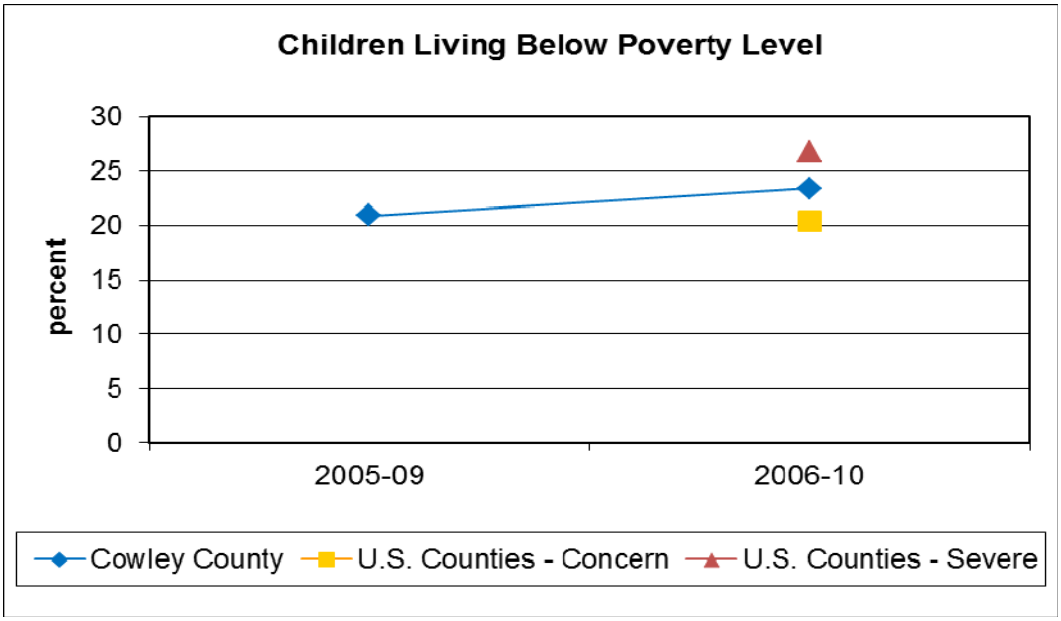
Technical Note: The distribution is based on data from 3,143 U.S. counties and county equivalents.
Source: American Community Survey
URL of Source: http://www.census.gov/acs/www/
URL of Data: http://factfinder2.census.gov/

Cowley County Rural Health Works

Poverty

Children Living Below Poverty Level

Value: 23.4 Percent
Measurement Period: 2006-2010
Location: County : Cowley
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.

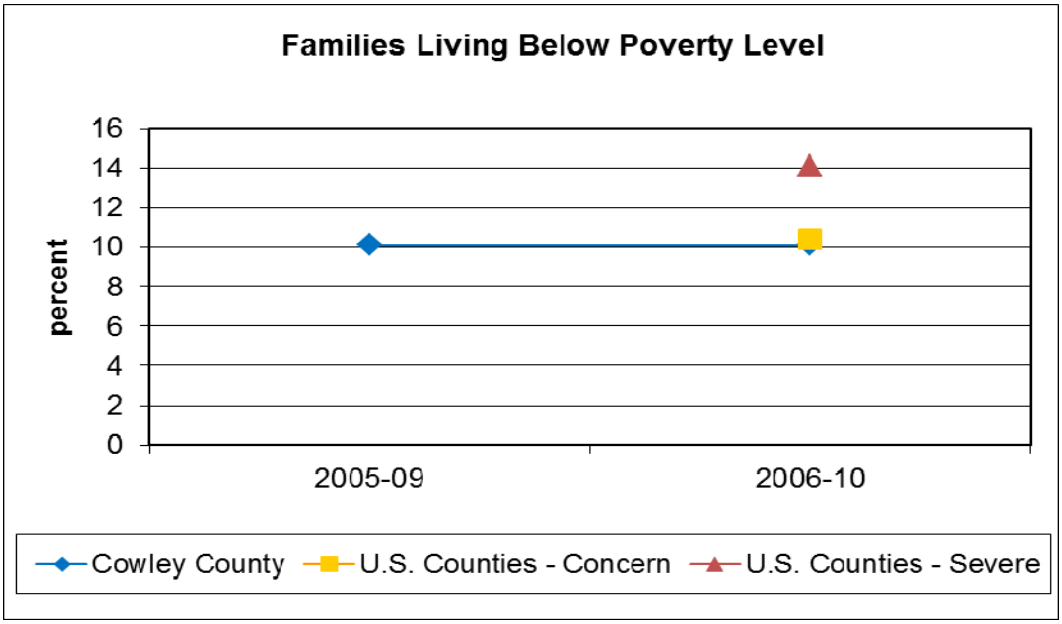
Technical Note: The distribution is based on data from 3,142 U.S. counties and county equivalents.
Source: American Community Survey
URL of Source: http://www.census.gov/acs/www/
URL of Data: http://factfinder2.census.gov/

Families Living Below Poverty Level

Value: 10.1 Percent

Cowley County Rural Health Works

Measurement Period: 2006-2010
Location: County : Cowley
Comparison: U.S. Counties
Categories: Economy/Poverty



What is this Indicator?
This indicator shows the percentage of families living below the federal poverty level.

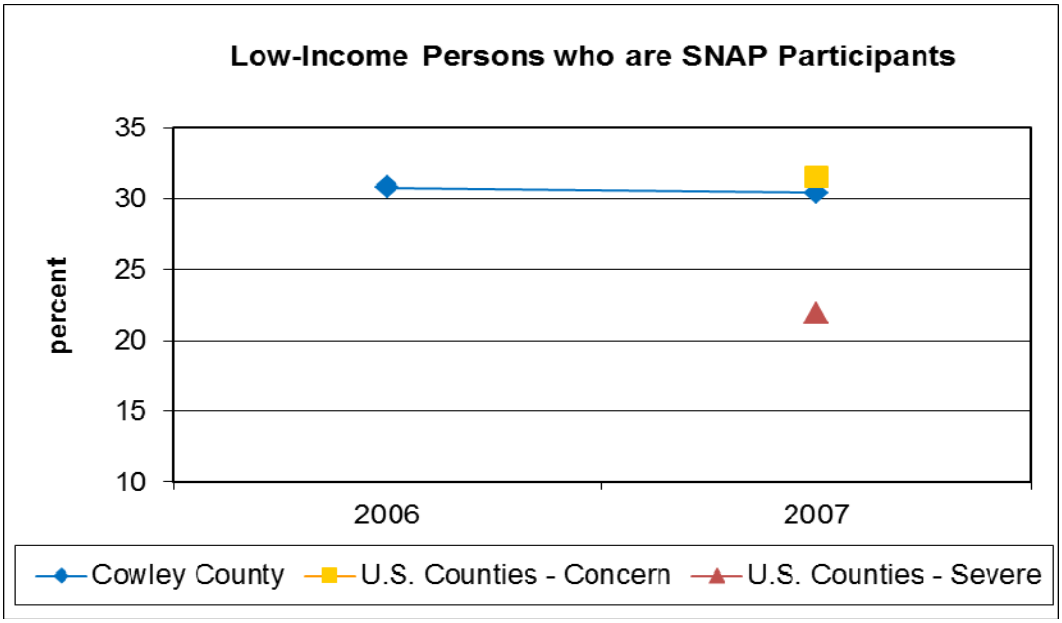
Why this is important: Federal poverty thresholds are set every year by the Census Bureau and vary by size of family and ages of family members. A high poverty rate is both a cause and a consequence of poor economic conditions. A high poverty rate indicates that local employment opportunities are not 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: 30.4 Percent
Measurement Period: 2007
Location: County : Cowley
Comparison: U.S. Counties
Categories: Economy/Poverty

Cowley 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.

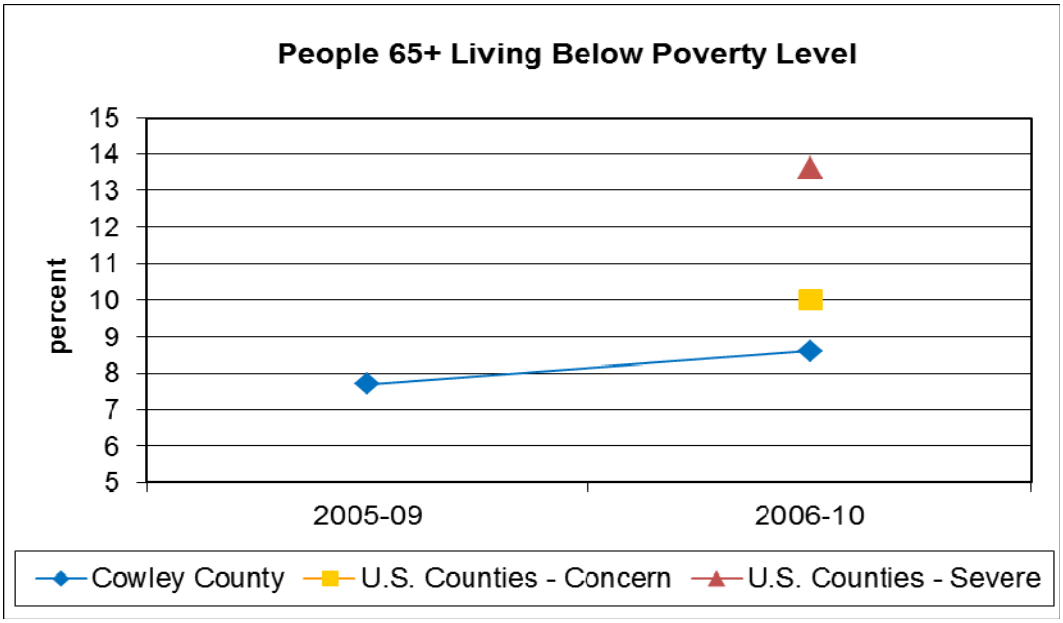
The number of Americans receiving SNAP benefits reached 39.68 million in February 2010, the highest number since the Food Stamp Program began in 1939. As of June 2009, the average monthly benefit was $133.12 per person and as of November 2009, one in eight Americans and one in four children were using 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: 8.6 Percent
Measurement Period: 2006-2010
Location: County : Cowley
Comparison: U.S. Counties
Categories: Economy/Poverty

Cowley 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.

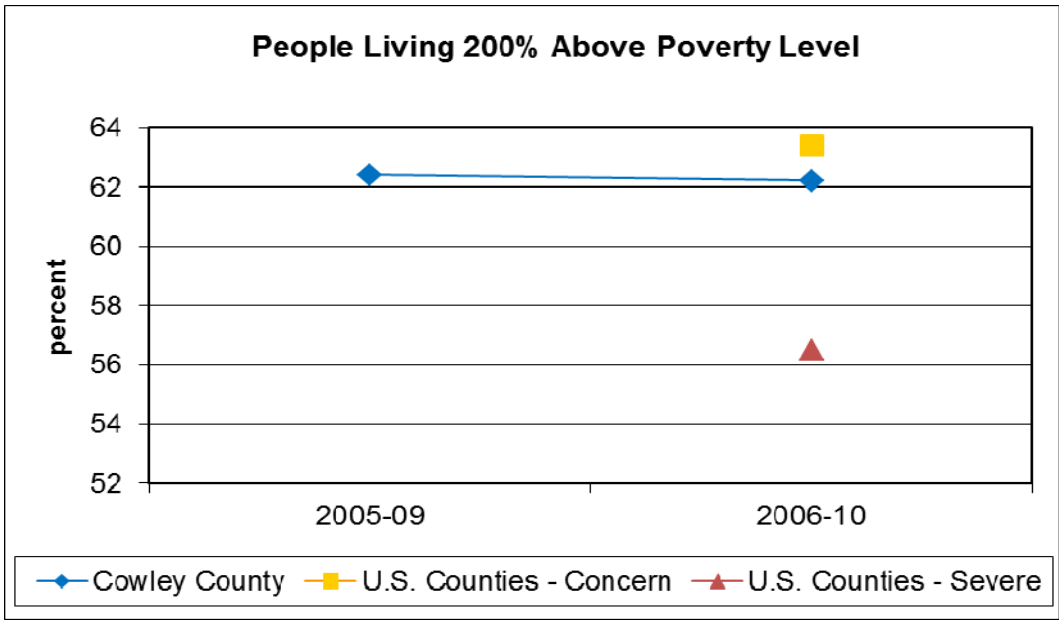
Why this is important: Federal poverty thresholds are set every year by the Census Bureau and vary by size of family and ages of family members. Seniors who live in poverty are an especially vulnerable group due to increased physical limitations, medical needs, and social isolation. Seniors often live 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: 62.2 Percent
Measurement Period: 2006-2010
Location: County : Cowley
Comparison: U.S. Counties
Categories: Economy/Poverty

Cowley 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.

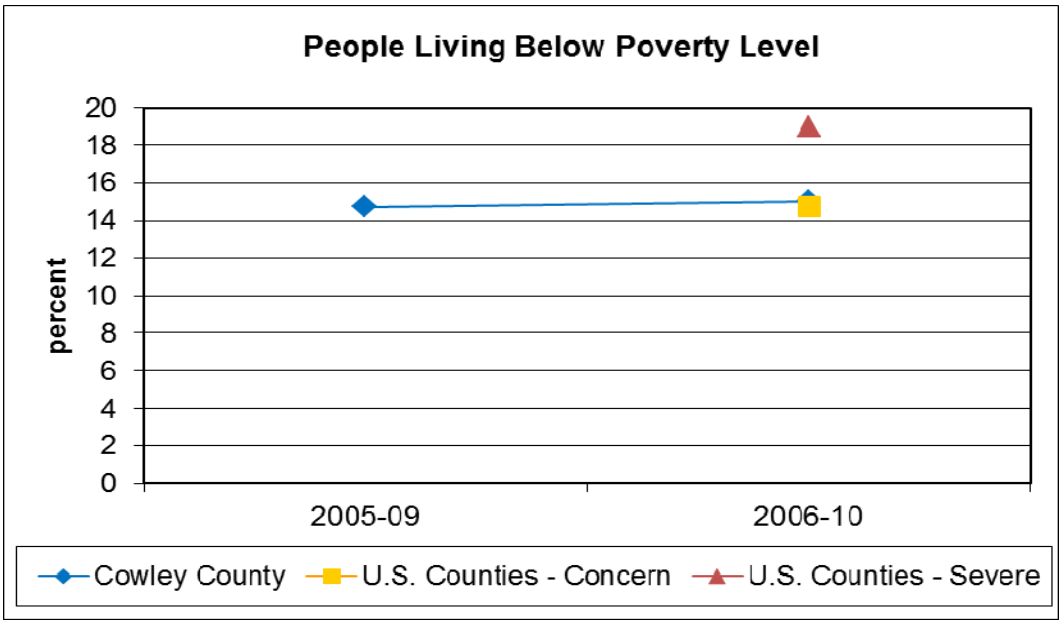
Why this is important: Federal poverty thresholds are set every year by the Census Bureau and vary by size of family and ages of family members. A high poverty rate is both a cause and a consequence of poor economic conditions. A high poverty rate indicates that local employment opportunities are not 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: 15 Percent
Measurement Period: 2006-2010
Location: County : Cowley
Comparison: U.S. Counties
Categories: Economy/Poverty

Cowley County Rural Health Works



What is this Indicator?
This indicator shows the percentage of people living below the federal poverty level.

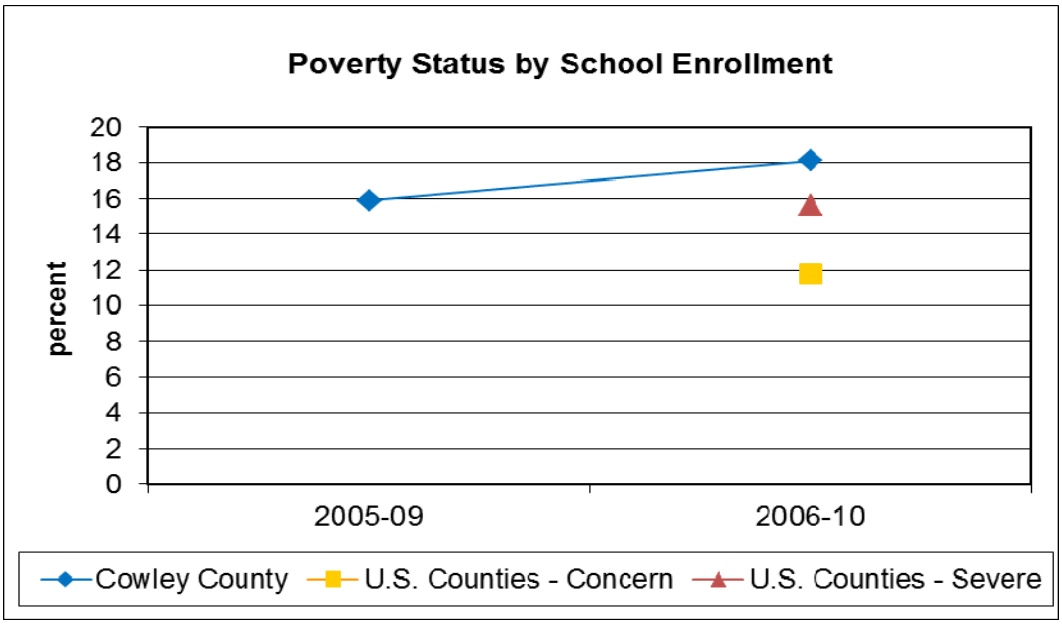
Why this is important: Federal poverty thresholds are set every year by the Census Bureau and vary by size of family and ages of family members. A high poverty rate is both a cause and a consequence of poor economic conditions. A high poverty rate indicates that local employment opportunities are not 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: 18.1 Percent
Measurement Period: 2006-2010
Location: County : Cowley
Comparison: KS State Value
Categories: Economy/Poverty

Cowley 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.

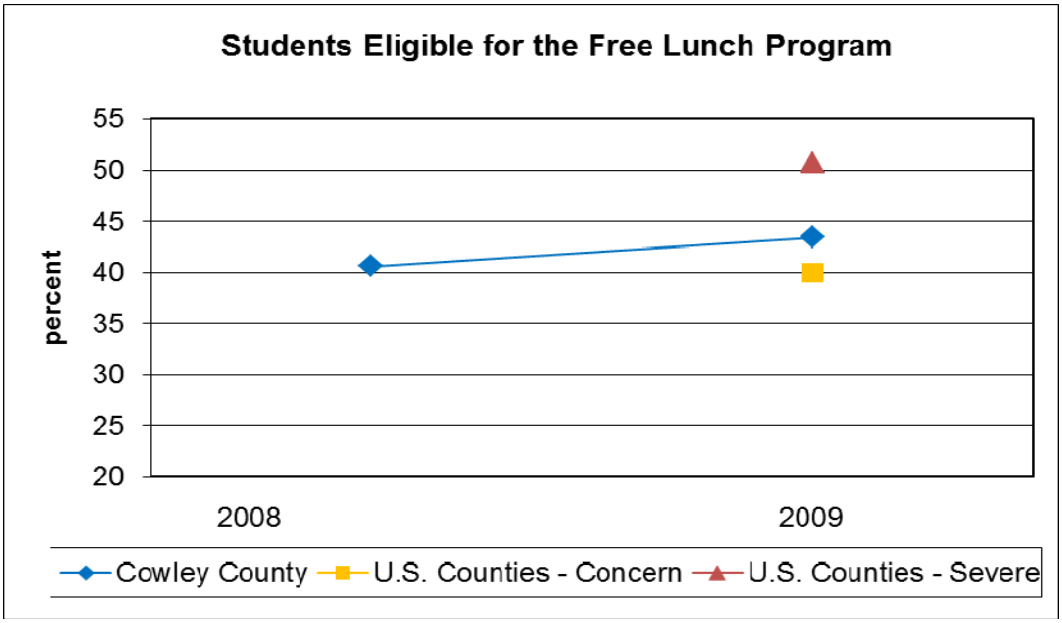
Why this is important: Family income has been shown to affect a child's well-being in numerous studies. Compared to their peers, children in poverty are more likely to have physical health problems like low birth weight or lead poisoning, and are also more likely to have behavioral and emotional problems. 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: 43.4 Percent
Measurement Period: 2009
Location: County : Cowley
Comparison: U.S. Counties
Categories: Economy/Poverty

Cowley 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.

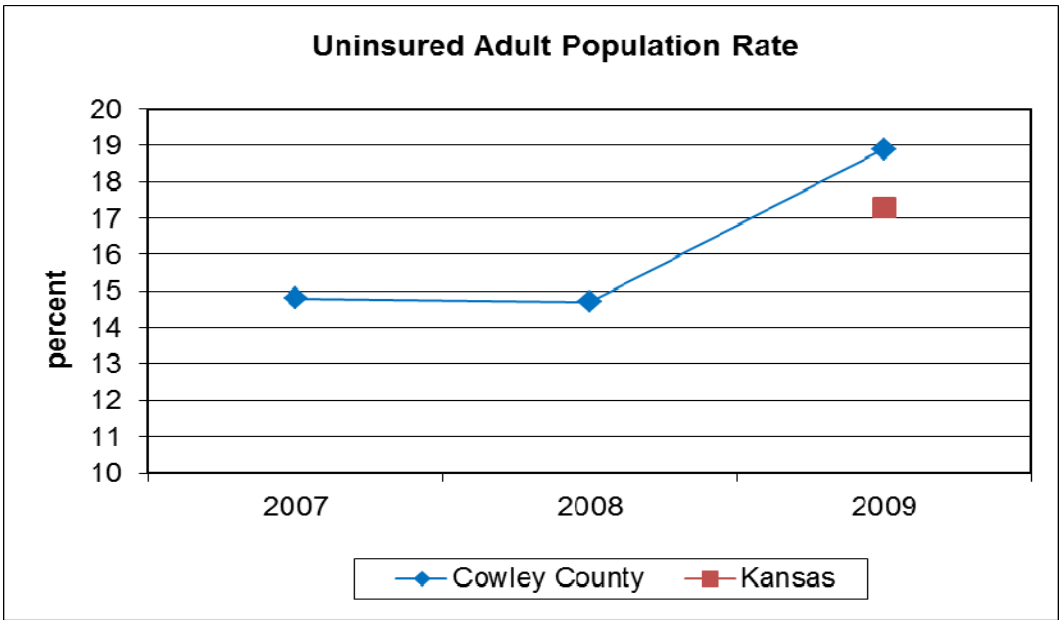
Why this is important: The National School Lunch Program (NSLP) is a federally assisted meal program operating in public and nonprofit private schools and residential child care institutions. The Free Lunch Program (FLP) under the NSLP has been providing nutritionally balanced lunches to children at 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: 18.9 Percent
Measurement Period: 2009
Location: County : Cowley
Comparison: KS State Value
Categories: Economy/Poverty

Cowley 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%.

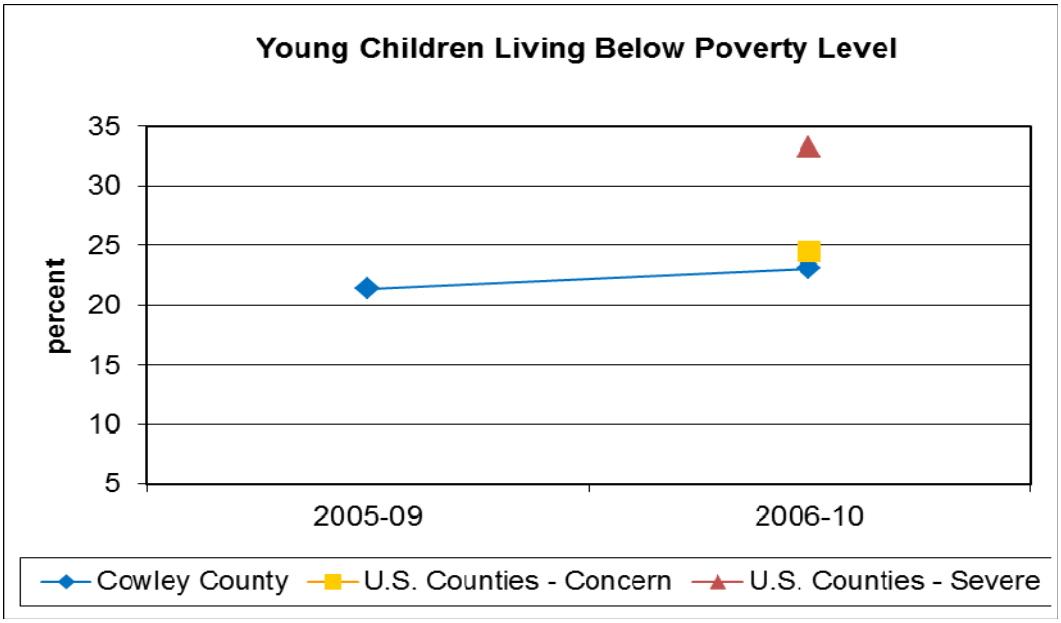
Cowley County Rural Health Works

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: 23.1 Percent
Measurement Period: 2006-2010
Location: County : Cowley
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.

Cowley County Rural Health Works

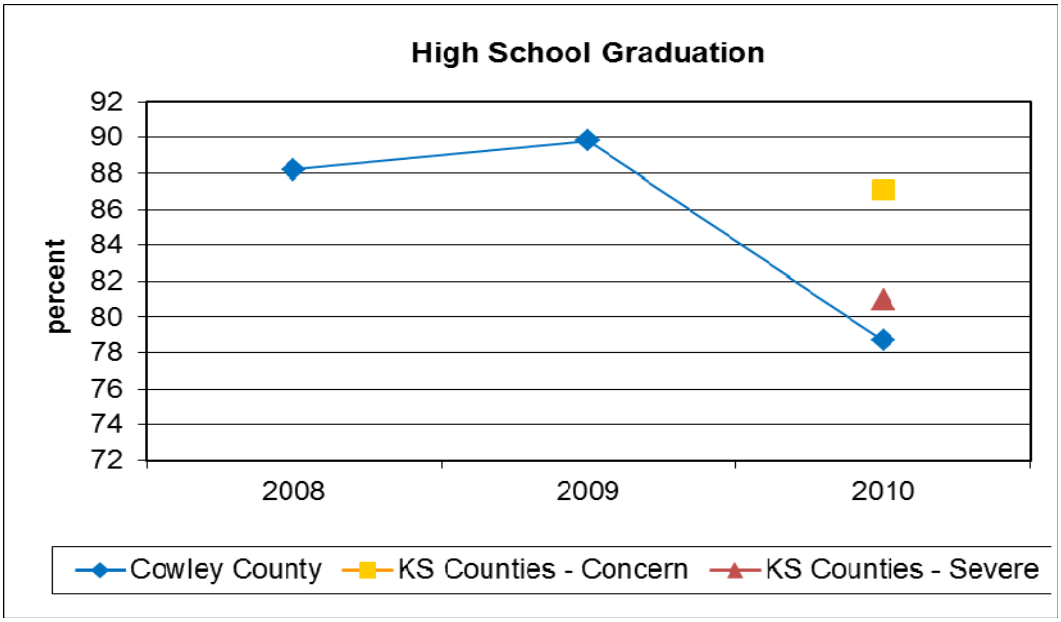
Source: American Community Survey
URL of Source: http://www.census.gov/acs/www/
URL of Data: http://factfinder2.census.gov/

Cowley County Rural Health Works

Educational Attainment in Adult Population

High School Graduation

Value: 78.7 Percent
Measurement Period: 2010
Location: County : Cowley
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.

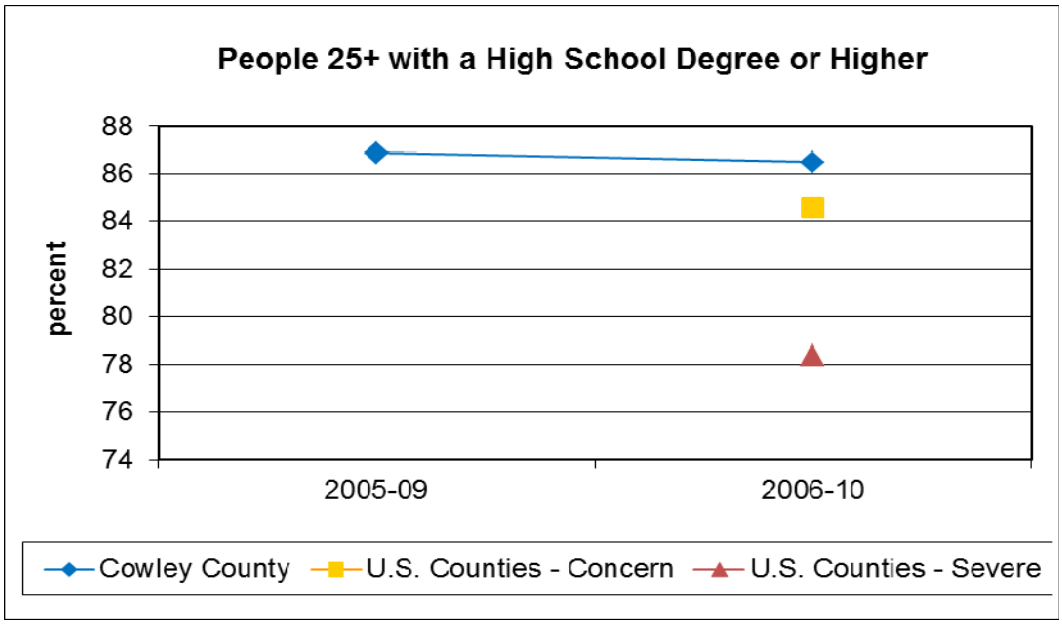
The Healthy People 2020 national health target is to increase the proportion of students who graduate high school within four years of their first enrollment in 9th grade to 82.4%.

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

Cowley County Rural Health Works

People 25+ with a High School Degree or Higher

Value: 86.5 Percent
Measurement Period: 2006-2010
Location: County : Cowley
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.

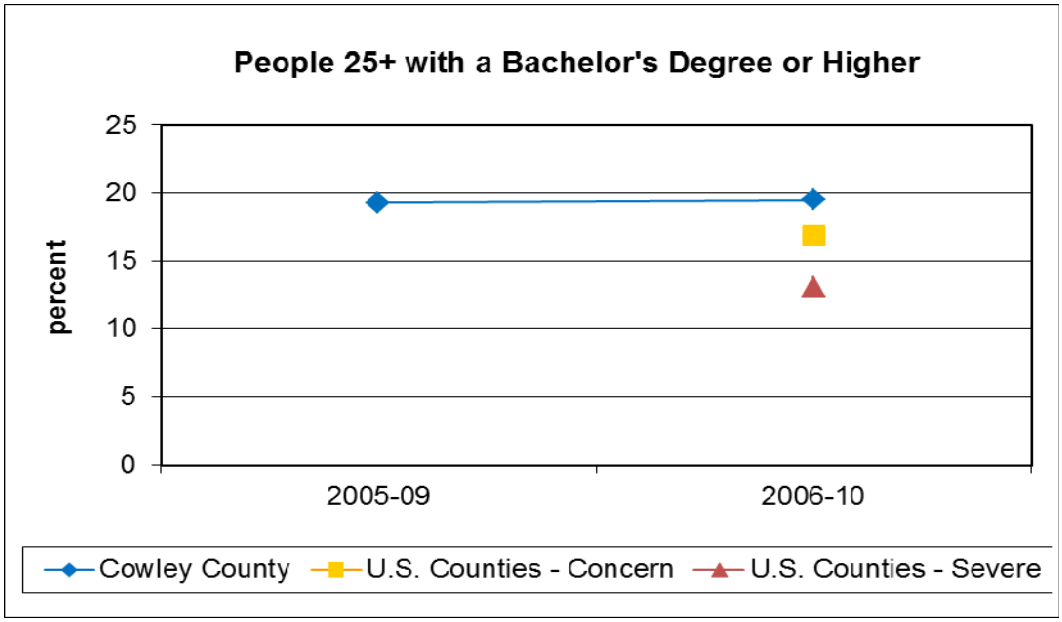
Technical Note: The distribution is based on data from 3,143 U.S. counties and county equivalents.
Source: American Community Survey
URL of Source: http://www.census.gov/acs/www/
URL of Data: http://factfinder2.census.gov/

Cowley County Rural Health Works

Higher Education

People 25+ with a Bachelor's Degree or Higher

Value: 19.5 Percent
Measurement Period: 2006-2010
Location: County : Cowley
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.

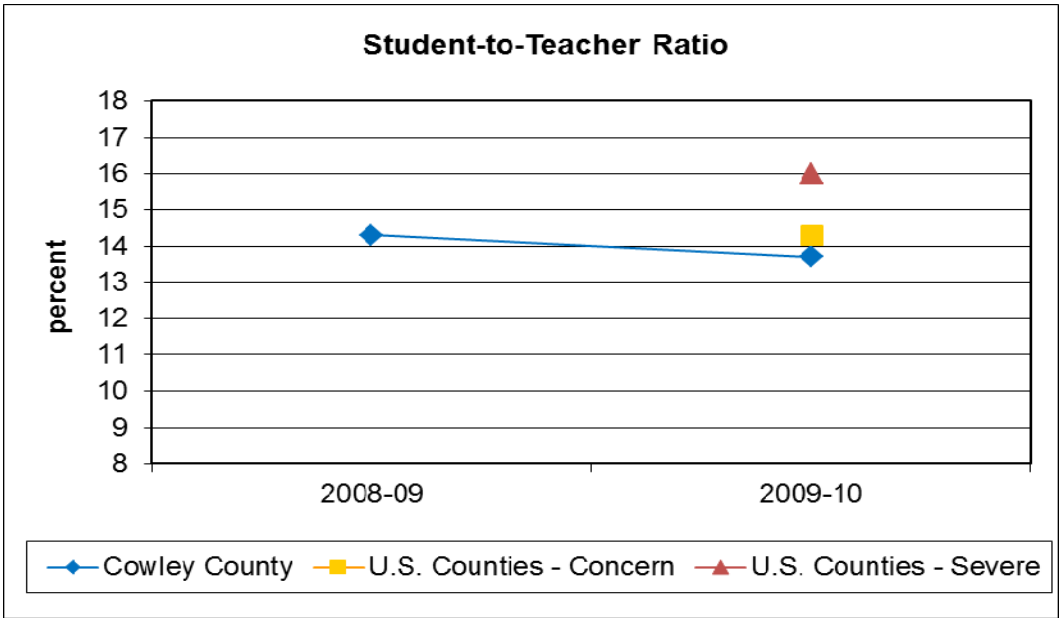
Technical Note: The distribution is based on data from 3,143 U.S. counties and county equivalents.
Source: American Community Survey
URL of Source: http://www.census.gov/acs/www/
URL of Data: http://factfinder2.census.gov/

Cowley County Rural Health Works

School Environment

Student-to-Teacher Ratio

Value: 13.7 students/teacher
Measurement Period: 2009-2010
Location: County : Cowley
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.

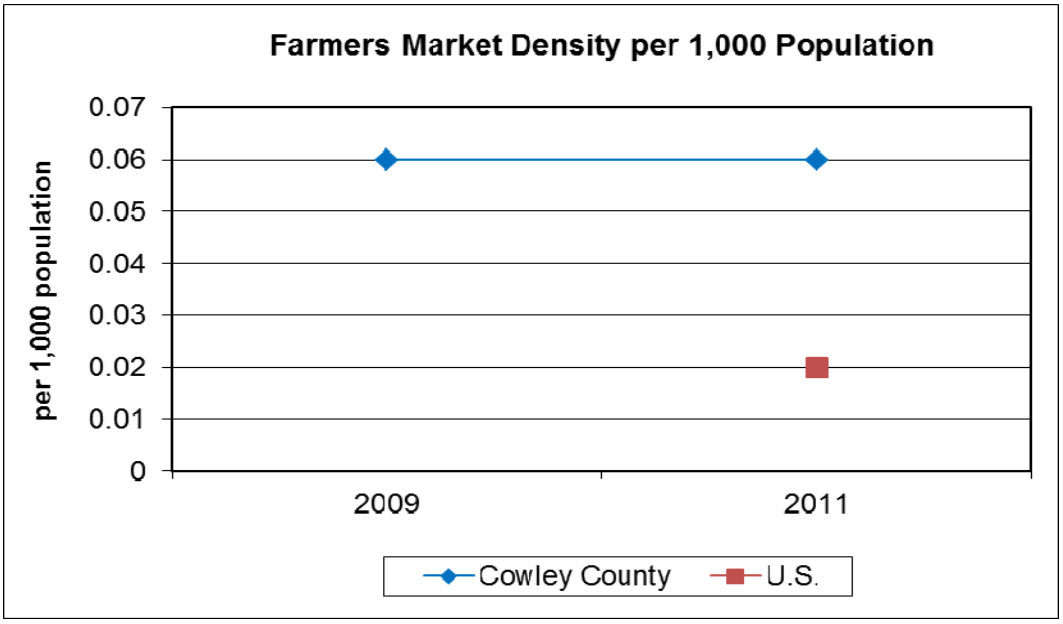
Technical Note: The distribution is based on data from 3,143 U.S. counties.
Source: National Center for Education Statistics
URL of Source: http://nces.ed.gov/
URL of Data: http://nces.ed.gov/ccd/bat/

Cowley County Rural Health Works

Built Environment

Farmers Market Density

Value: 0.06 markets/1,000 population
Measurement Period: 2011
Location: County : Cowley
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.

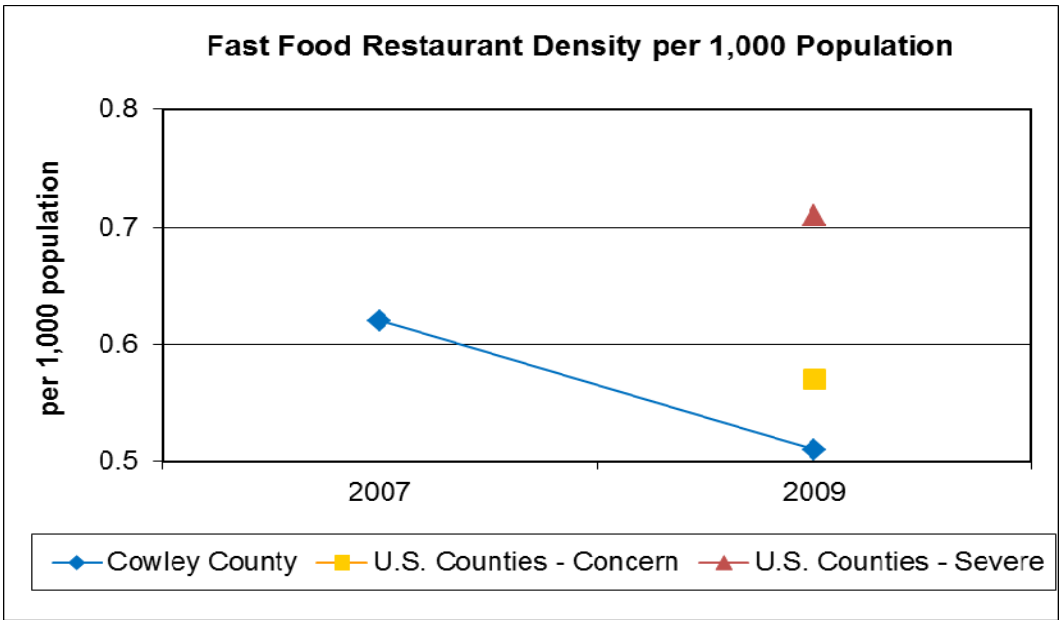
Why this is important: Farmers markets provide a way for community members to buy fresh and affordable agricultural products while supporting local farmers. Farmers markets often emphasize good nutrition and support consumers to cook healthier meals and maintain good eating habits. A diet comprised of 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

Cowley County Rural Health Works

Value: 0.51 restaurants/1,000 population
Measurement Period: 2009
Location: County : Cowley
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.

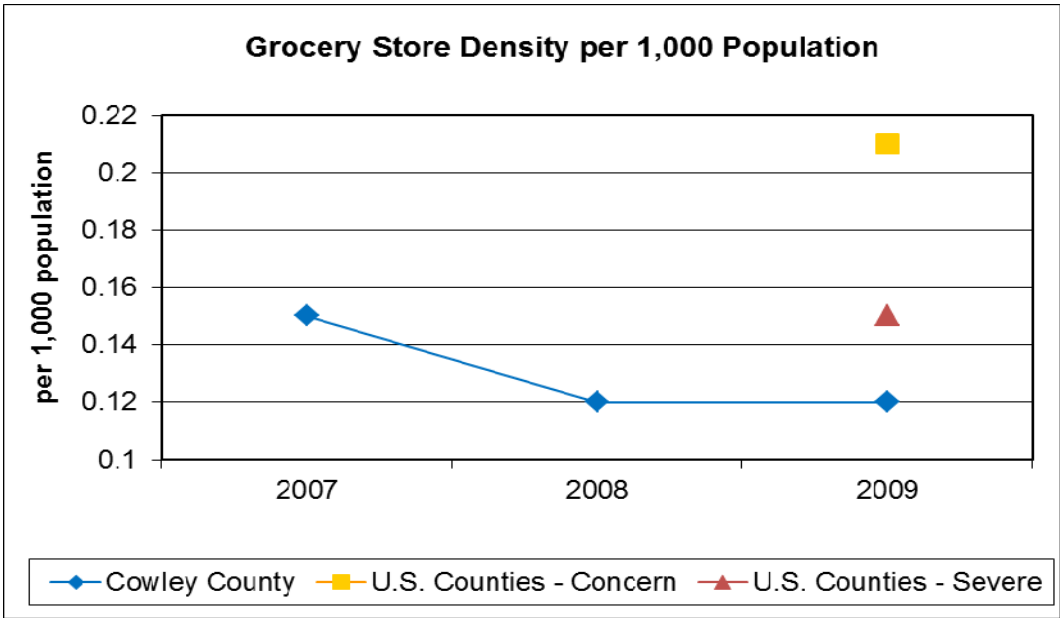
Technical Note: The distribution is based on data from 3,141 U.S. counties.
Source: U.S. Department of Agriculture - Food Environment Atlas
URL of Source: http://www.ers.usda.gov/FoodAtlas/
URL of Data: http://www.ers.usda.gov/FoodAtlas/downloadData.htm

Grocery Store Density

Value: 0.12 stores/1,000 population
Measurement Period: 2009

Cowley County Rural Health Works

Location: County : Cowley
Comparison: U.S. Counties
Categories: Environment/Build Environment



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.

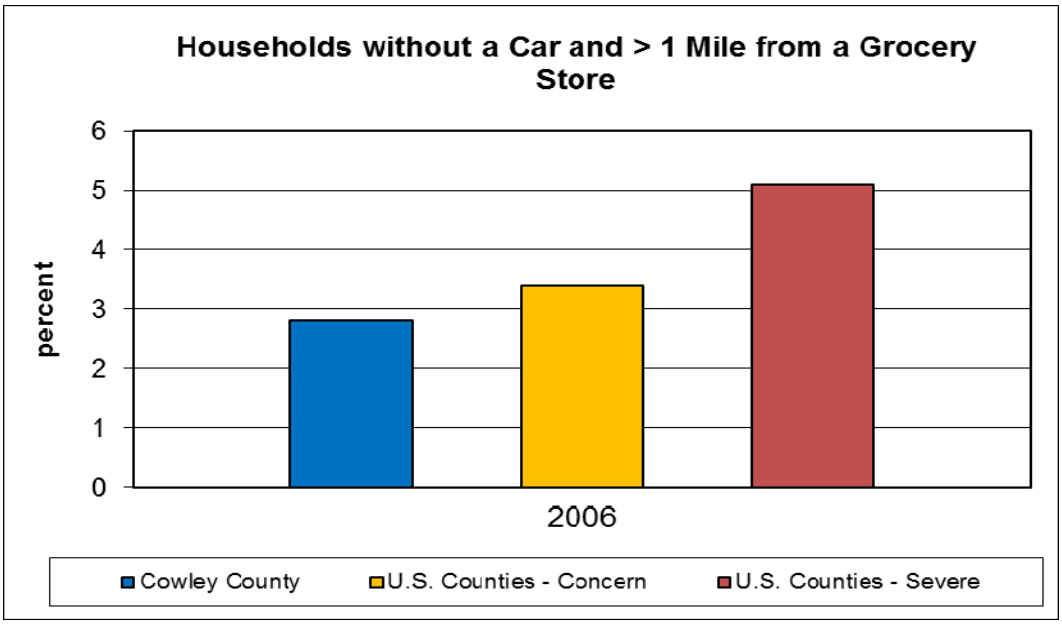
Technical Note: The distribution is based on data from 3,141 U.S. counties.
Source: U.S. Department of Agriculture - Food Environment Atlas
URL of Source: http://www.ers.usda.gov/FoodAtlas/
URL of Data: http://www.ers.usda.gov/FoodAtlas/downloadData.htm

Households without a Car and >1 Mile from a Grocery Store

Value: 2.8 Percent
Measurement Period: 2006

Cowley County Rural Health Works

Location: County : Cowley
Comparison: U.S. Counties
Categories: Environment/Build Environment



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.

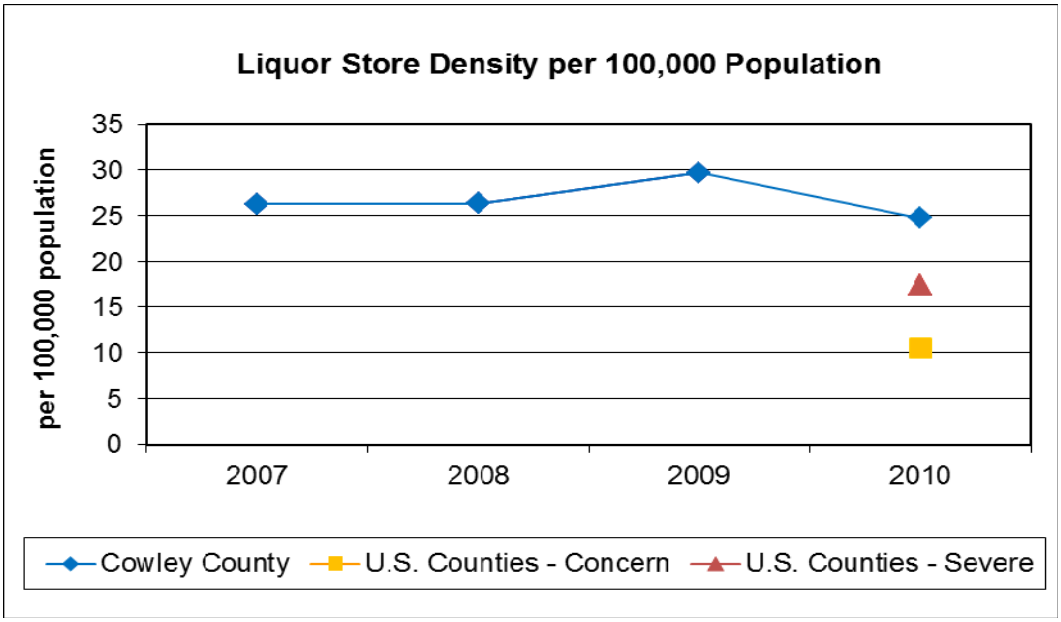
Technical Note: The distribution is based on data from 3,109 U.S. counties. Store data are from 2006 and household data are from 2000.
Source: U.S. Department of Agriculture - Food Environment Atlas
URL of Source: http://www.ers.usda.gov/FoodAtlas/
URL of Data: http://www.ers.usda.gov/FoodAtlas/downloadData.htm

Liquor Store Density

Value: 24.8 stores/100,000 population
Measurement Period: 2010

Cowley County Rural Health Works

Location: County : Cowley
Comparison: U.S. Counties
Categories: Environment/Build Environment



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.

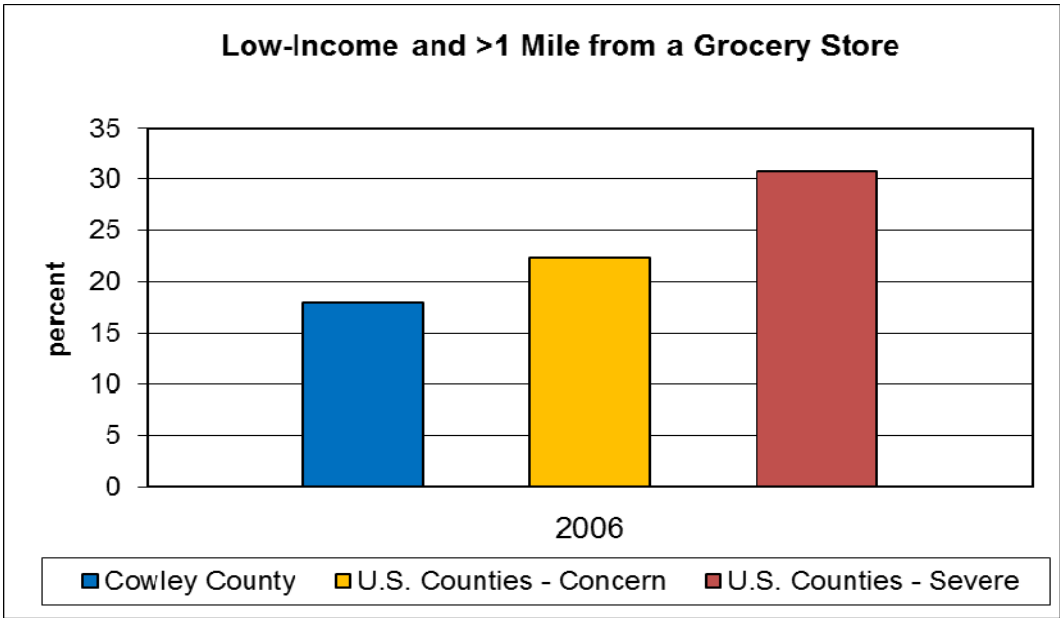
Technical Note: The distribution is based on data from 2,378 U.S. counties and county equivalents. Population estimates are from the U.S. Census Bureau.
Source: U.S. Census - County Business Patterns
URL of Source: http://www.census.gov/econ/cbp/index.html
URL of Data: http://factfinder2.census.gov/main.html

Low-Income and >1 Mile from a Grocery Store

Value: 17.9 Percent
Measurement Period: 2006

Cowley County Rural Health Works

Location: County : Cowley
Comparison: U.S. Counties
Categories: Environment/Build Environment



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.

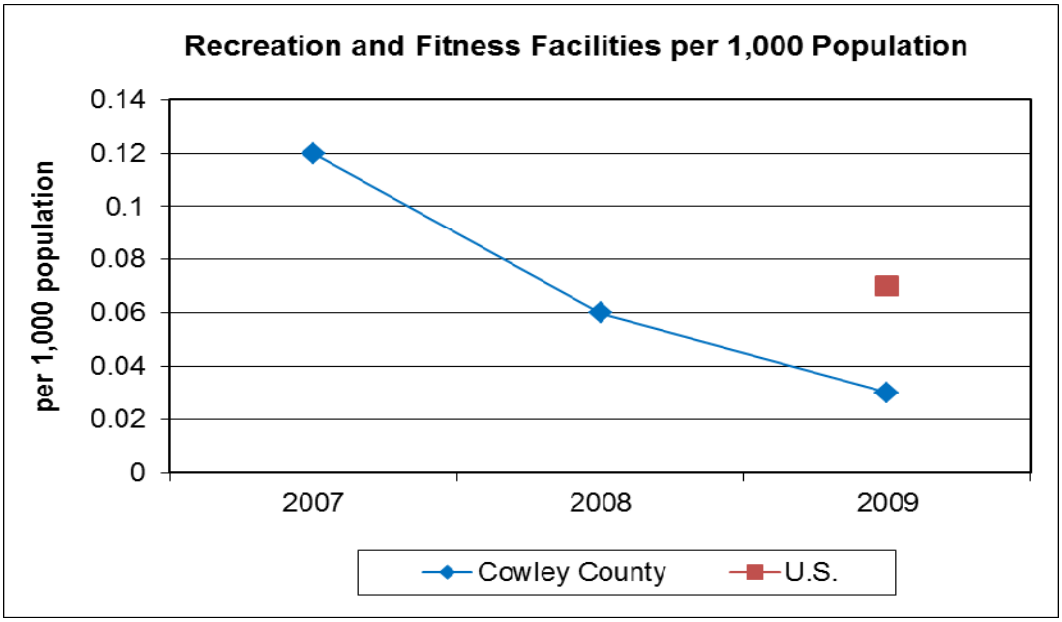
Technical Note: The distribution is based on data from 3,109 U.S. counties. Store data are from 2006 and household data are from 2000.
Source: U.S. Department of Agriculture - Food Environment Atlas
URL of Source: http://www.ers.usda.gov/FoodAtlas/
URL of Data: http://www.ers.usda.gov/FoodAtlas/downloadData.htm

Recreation and Fitness Facilities

Value: 0.03 facilities/1,000 population
Measurement Period: 2009
Location: County : Cowley
Comparison: U.S. Value

Cowley County Rural Health Works

Categories: Environment/Build Environment



What is this Indicator?
This indicator shows the number of fitness and recreation centers per 1,000 population.

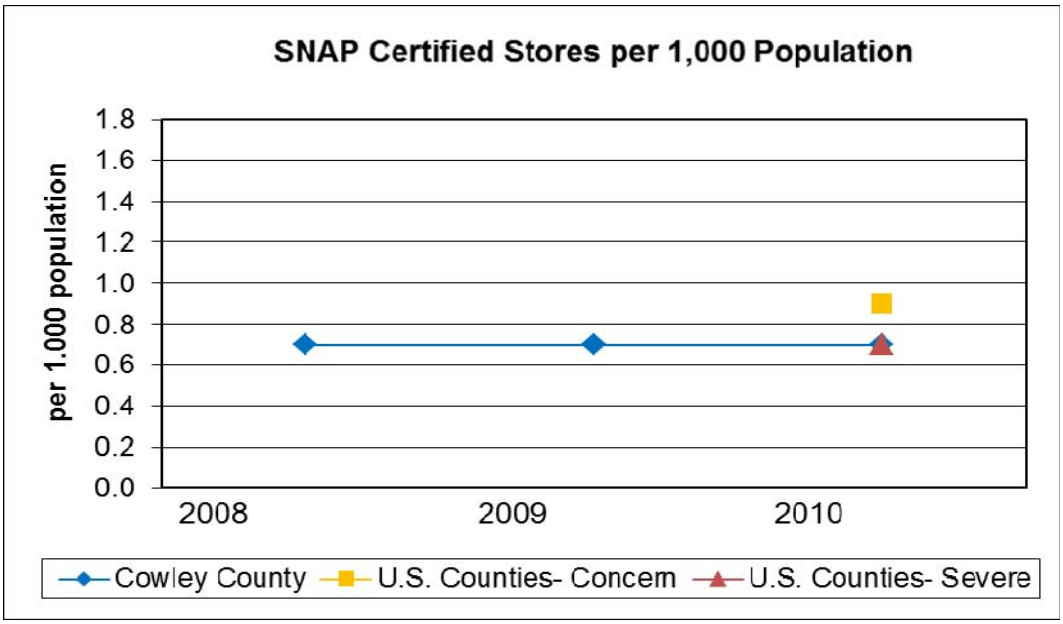
Why this is important: People engaging in an active lifestyle have a reduced risk of many serious health conditions including obesity, heart disease, diabetes, and high blood pressure. In addition, physical activity improves mood and promotes healthy sleep patterns. The American College of Sports Medicine (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: 0.7 stores/1,000 facilities
Measurement Period: 2010
Location: County : Cowley
Comparison: U.S. Counties
Categories: Environment/Build Environment

Cowley 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.

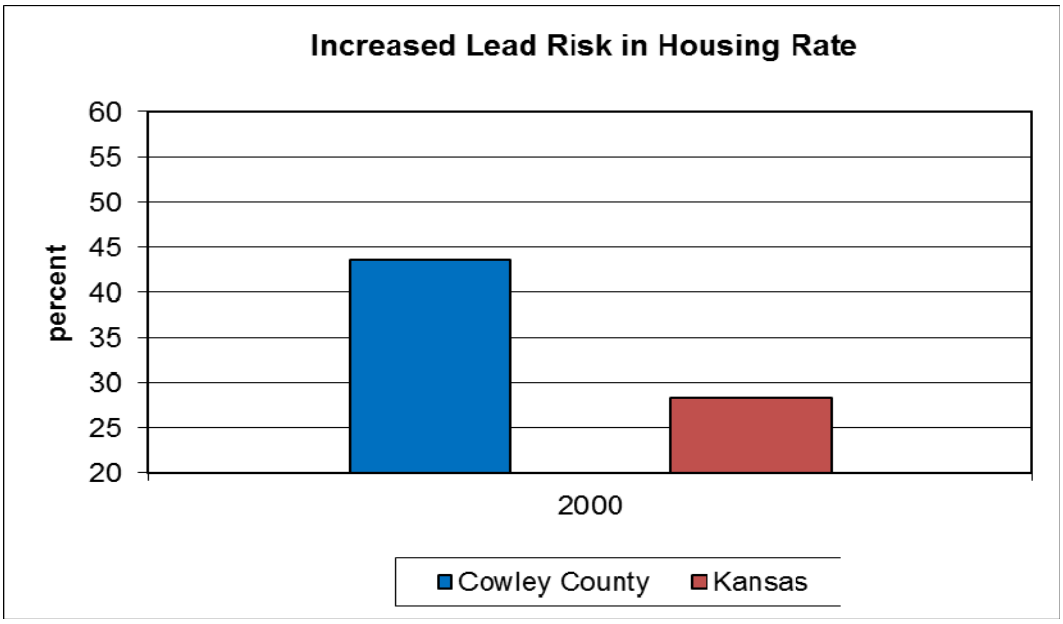
Technical Note: The distribution is based on data from 3,137 U.S. counties.
Source: U.S. Department of Agriculture - Food Environment Atlas
URL of Source: http://www.ers.usda.gov/FoodAtlas/
URL of Data: http://www.ers.usda.gov/FoodAtlas/downloadData.htm

Cowley County Rural Health Works

Toxic Chemicals

Increased Lead Risk in Housing Rate

Value: 43.54 Percent
Measurement Period: 2000
Location: County : Cowley
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,

Cowley County Rural Health Works

brain, kidneys, and reproductive system. When lead is present in the blood it 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.

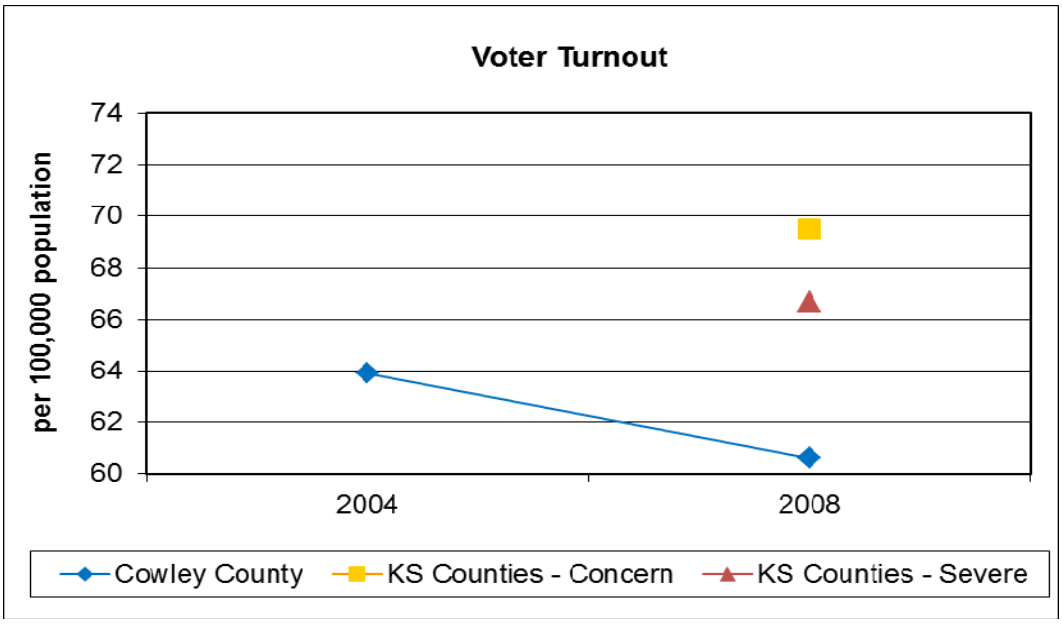
Technical Note: The regional value is compared to the Kansas State value.
Source: U.S. Census Bureau
URL of Source: http://www.census.gov/
URL of Data: http://keap.kdhe.state.ks.us/epht/portal/ContentArea.aspx

Cowley County Rural Health Works

Elections & Voting

Voter Turnout

Value: 60.6 Percent
Measurement Period: 2008
Location: County : Cowley
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.

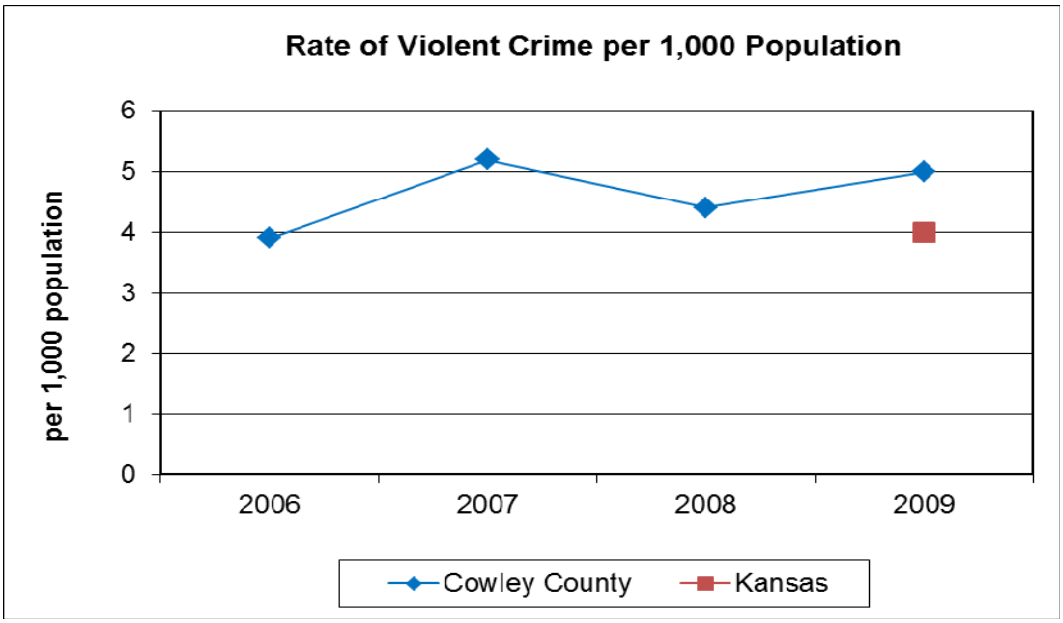
Technical Note: The distribution is based on data from 105 Kansas counties.
Source: Kansas Secretary of State
URL of Source: http://www.kssos.org/
URL of Data: http://www.kssos.org/elections/elections_statistics.html

Cowley County Rural Health Works

Crime & Crime Prevention

Rate of Violent Crime per 1,000 population

Value: 5 per 1,000 population
Measurement Period: 2009
Location: County : Cowley
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.

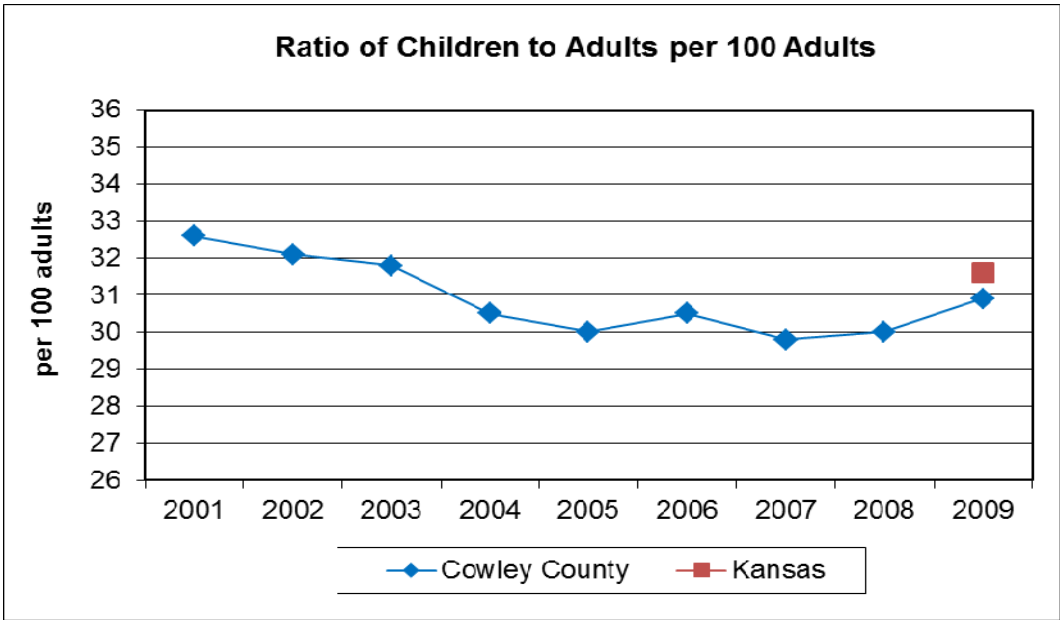
Technical Note: The county and regional values are compared to Kansas State value / US value. Under reporting of crime by some public safety jurisdictions may result in lower rates.
Source: Kansas Bureau of Investigation
URL of Source: http://www.accesskansas.org/kbi/
URL of Data: http://www.accesskansas.org/kbi/stats/stats_crime.shtml

Cowley County Rural Health Works

Demographics

Ratio of Children to Adults

Value: 30.9 children per 100 adults
Measurement Period: 2009
Location: County : Cowley
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.

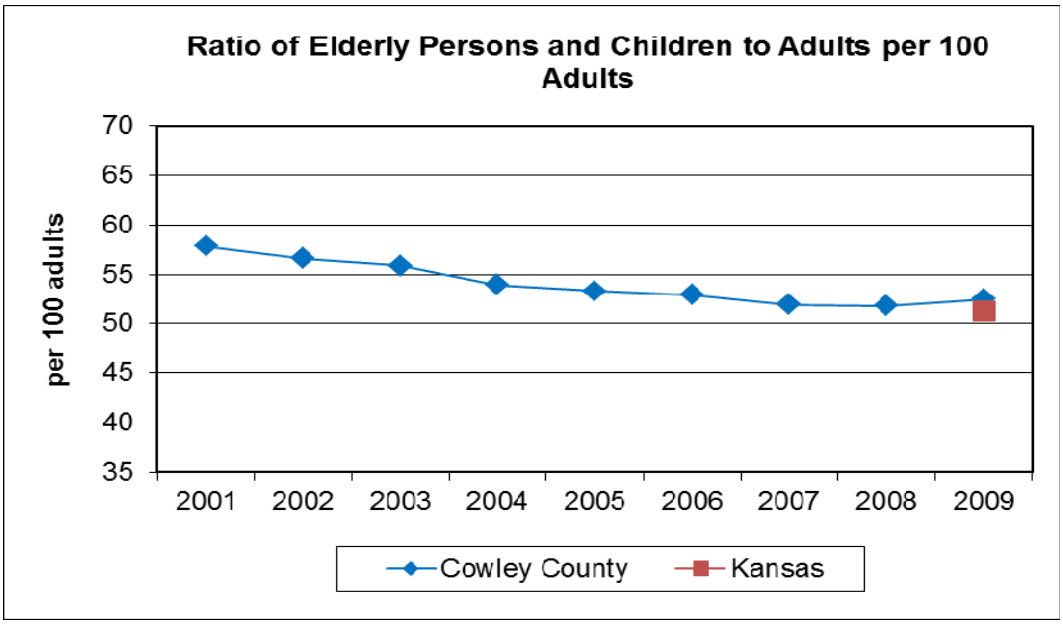
Technical Note: The county and regional values are compared to Kansas State value.
Source: U.S. Census Bureau
URL of Source: http://www.census.gov/
URL of Data: http://2010.census.gov/2010census/data/

Ratio of Elderly Persons and Children to Adults

Value: 52.5 elderly & children per 100 adults
Measurement Period: 2009

Cowley County Rural Health Works

Location: County : Cowley
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.

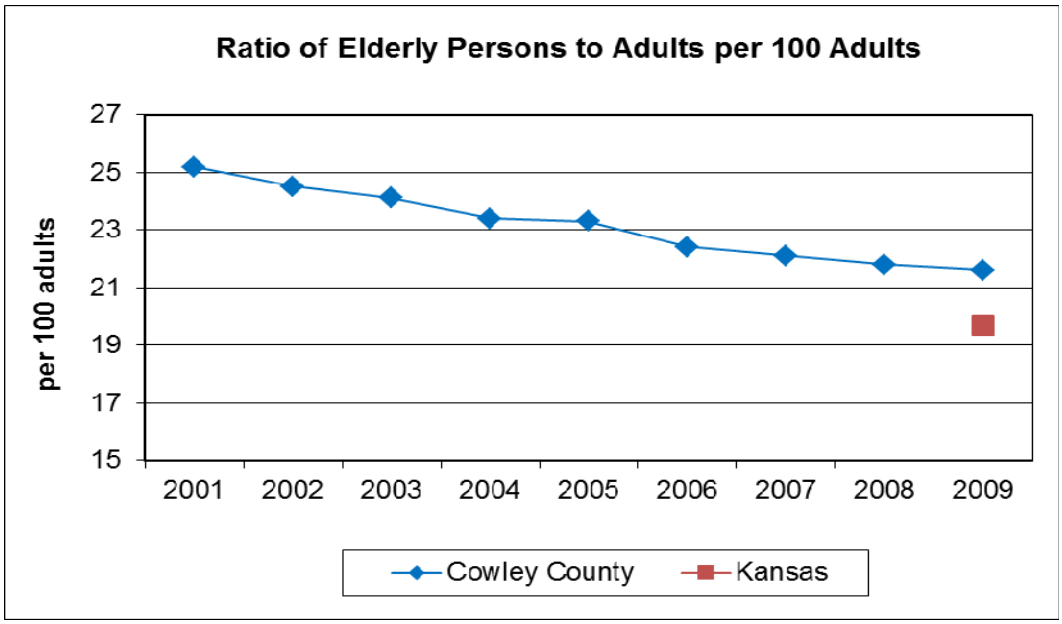
Why this is important: The age structure of a population is important in planning for the future of a community, particularly for schools, community centers, health care, and child care. A population with more youth will have greater education and child care needs, while an older population may have 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: 21.6 elderly per 100 adults
Measurement Period: 2009
Location: County : Cowley
Comparison: KS State Value
Categories: Social Environment/Demographics

Cowley 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.

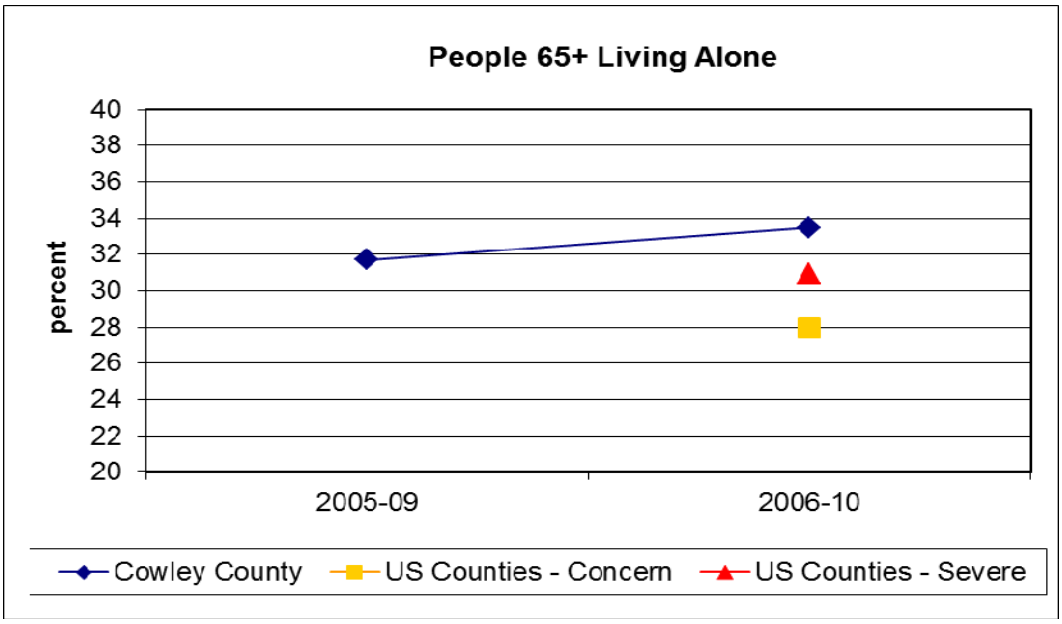
Technical Note: The county and regional values are compared to Kansas State value / US value.
Source: U.S. Census Bureau
URL of Source: http://www.census.gov/
URL of Data: http://2010.census.gov/2010census/data/

Cowley County Rural Health Works

Neighborhood/Community Attachment

People 65+ Living Alone

Value: 33.5 Percent
Measurement Period: 2006-2010
Location: County : Cowley
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.

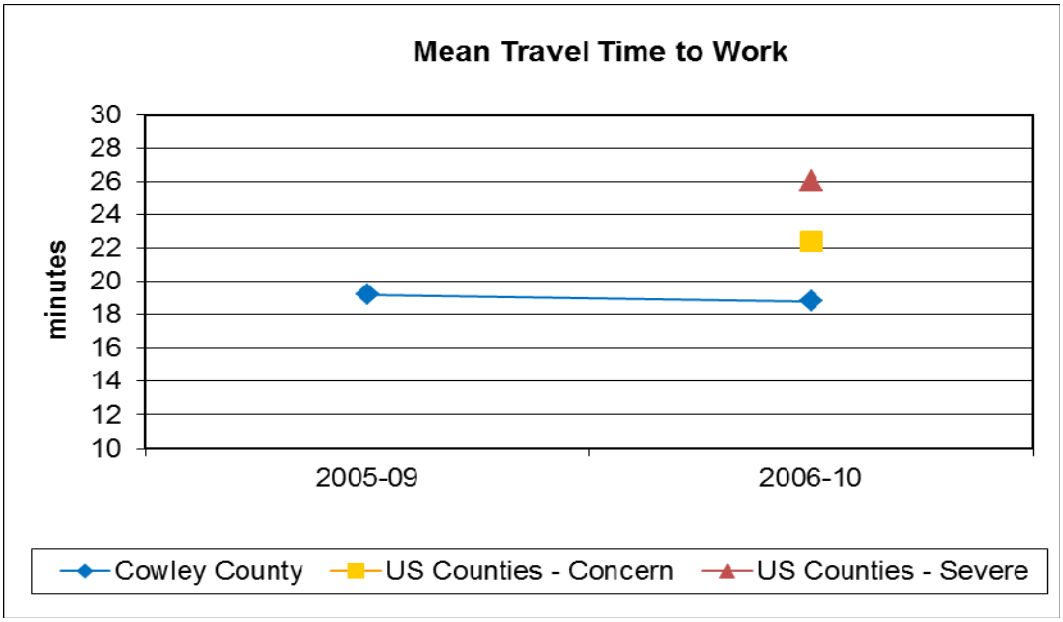
Technical Note: The distribution is based on data from 3,142 U.S. counties and county equivalents.
Source: American Community Survey
URL of Source: http://www.census.gov/acs/www/
URL of Data: http://factfinder2.census.gov/

Cowley County Rural Health Works

Commute to Work

Mean Travel Time to Work

Value: 18.8 Minutes
Measurement Period: 2006-2010
Location: County : Cowley
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.

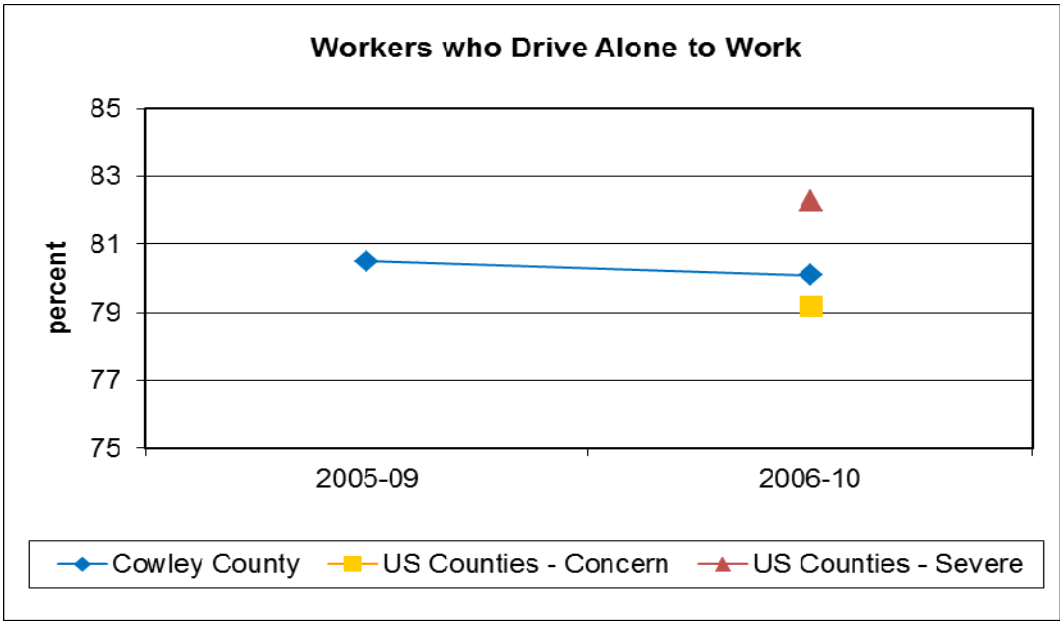
Technical Note: The distribution is based on data from 3,143 U.S. counties and county equivalents.
Source: American Community Survey
URL of Source: http://www.census.gov/acs/www/
URL of Data: http://factfinder2.census.gov/

Workers who Drive Alone to Work

Value: 80.1 Percent
Measurement Period: 2006-2010

Cowley County Rural Health Works

Location: County : Cowley
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.

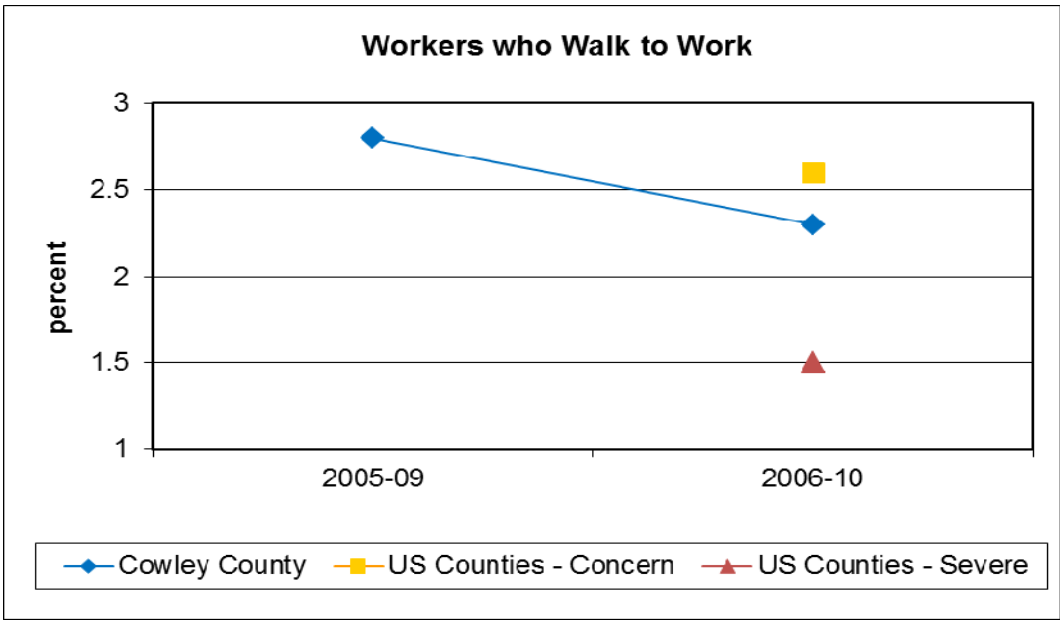
Why this is important: Driving alone to work consumes more fuel and resources than other modes of transportation, such as carpooling, public transportation, biking and walking. Driving alone also increases traffic congestion, especially in areas of greater population density.

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: 2.3 Percent
Measurement Period: 2006-2010
Location: County : Cowley
Comparison: US Counties
Categories: Transportation/Commute to Work

Cowley 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%.

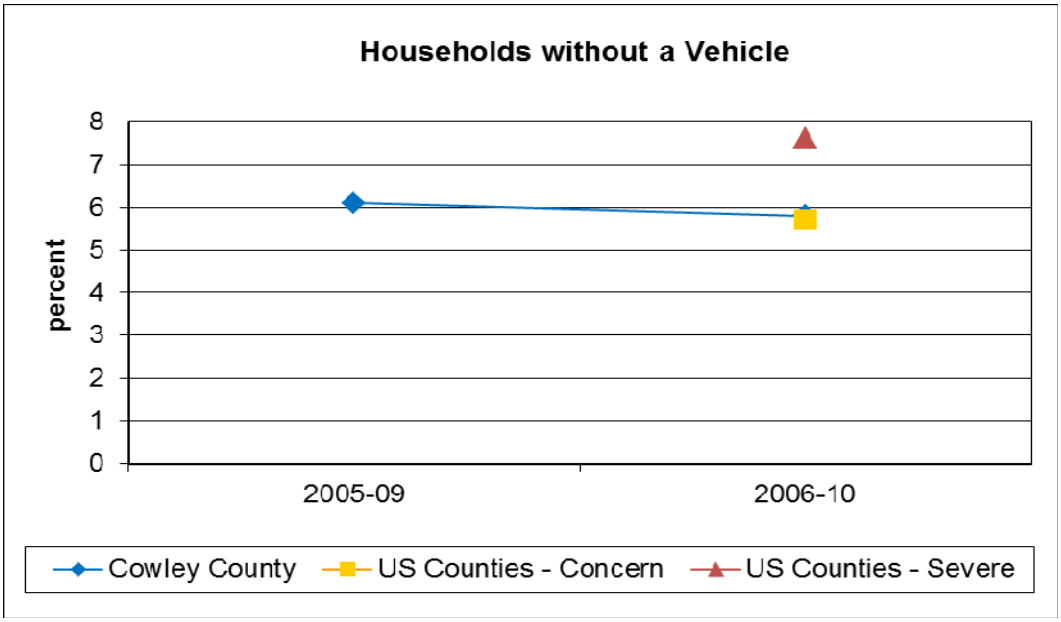
Technical Note: The distribution is based on data from 3,143 U.S. counties and county equivalents.
Source: American Community Survey
URL of Source: http://www.census.gov/acs/www/
URL of Data: http://factfinder2.census.gov/

Cowley County Rural Health Works

Personal Vehicle Travel

Households without a Vehicle

Value: 5.8 Percent
Measurement Period: 2006-2010
Location: County : Cowley
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.

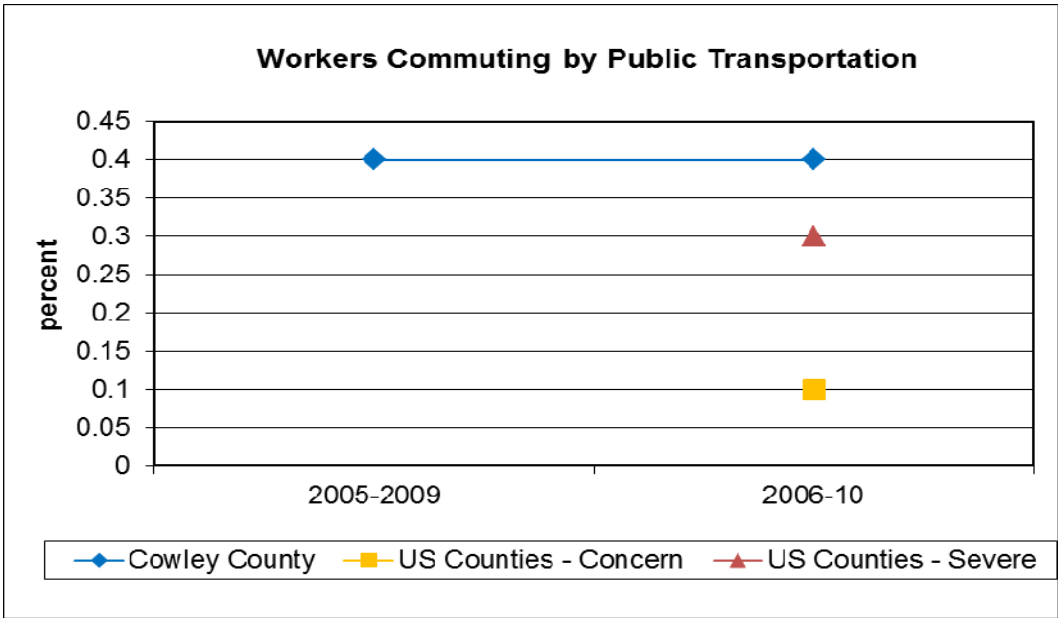
Technical Note: The distribution is based on data from 3,143 U.S. counties and county equivalents.
Source: American Community Survey
URL of Source: http://www.census.gov/acs/www/
URL of Data: http://factfinder2.census.gov/

Cowley County Rural Health Works

Public Transportation

Workers Commuting by Public Transportation

Value: 0.4 Percent
Measurement Period: 2006-2010
Location: County : Cowley
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/

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R&A

RAY & ASSOCIATES LLC

COWLEY COUNTY, KANSAS
COMMUNITY HEALTH NEEDS ASSESSMENT

Ray & Associates, LLC

August 2012

TABLE OF CONTENTS

I. INTRODUCTION

The purpose of this needs assessment is to explore health needs, identify barriers to health care access and determine if there is a community desire for additional primary health services in Cowley County, Kansas. This project was funded by a Community Health Center Planning Grant from the U.S. Health Resources and Services Administration (HRSA) with the goal of supporting the development of community health centers (CHCs).[1] This needs assessment, a component of the planning grant, was sponsored by the Cowley County Access to Health Care Steering Committee.

The Health Care Access initiative began in Cowley County as an interest group with ties to the Health Strategies component of "Vision 20/20," Cowley County's strategic planning document. Several community groups, including the Cowley County United Way, Legacy Regional Community Foundation, City-Cowley County Health Department and an independent Sunday discussion group of community members, were interested in being proactive to help provide better health care to all County residents.

The Cowley County United Way and Legacy Foundation cooperatively funded an abbreviated study of county health issues through the Kansas Health Institute (KHI). That study provided the necessary impetus to begin discussions within the community about bringing more affordable health care services to Cowley County. After releasing the data provided by KHI, the Legacy Foundation and Cowley County United Way began discussions with a local health care activist, the City-Cowley Health Department, the Dean of Southwestern College and the editor of the local newspaper. This group reached a consensus in favor of writing a federal grant to support planning for a Community Health Center (CHC). Ray & Associates, LLC, a nationally known health care consulting firm, was commissioned to write the grant. This contract was funded by five donors: the Legacy Foundation, Cowley County United Way, City-Cowley County Health Department, Cowley First and Southern Kansas Telephone.

The Community Health Center Planning Grant was awarded in August 2011 and the Access to Health Care Committee became the Steering Committee for the Planning Grant. The Steering Committee consists of members of medical, educational, governmental and business organizations, as well as representatives from the community. Ray & Associates, LLC, was engaged to conduct a needs assessment to determine whether the need for affordable health care is significant enough to warrant applying for federal funds for a CHC in Cowley County.

In this report, federal sociodemographic and health statistics are coupled with findings from four sources of community data: 1) provider surveys (n=58), 2) stakeholder interviews (n=12), 3) consumer surveys (n=2,214), and 4) consumer focus groups (n=32). The findings and recommendations of this needs assessment are based on these five sources of data and aim to reflect the voices of both provider and consumer communities.

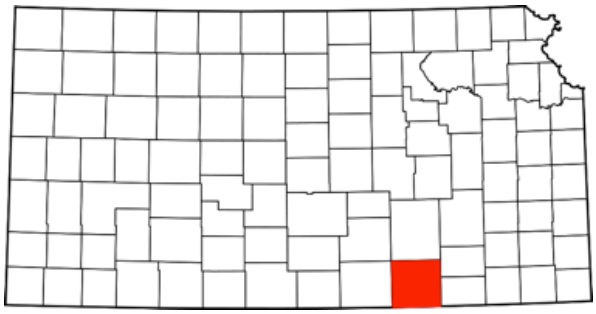
II. SERVICE AREA DESCRIPTION

A. Boundaries and Geography

Cowley County, Kansas is located in south-central Kansas, nestled between the rolling Flint Hills to the east and some of the best wheat in the country to the west. Winfield, the county seat, is located 16 miles north of the Oklahoma border (see Figures 1 and 2). The nearest metropolitan area is Wichita, Kansas, which is located approximately 50 miles to the northwest of Winfield.[2]

Figure 1: Map of the U.S. Highlighting the Location of Kansas

Figure 2: Map of Kansas Highlighting the Location of Cowley County



Cowley County includes the following census tracts: 9931, 9932, 9933, 9934, 9935, 9936, 9937, 9938 and 9939.[3] The County also includes Zip codes 67005, 67008, 67019, 67023, 67038, 67102, 67131, 67146 and 67156, and portions of Zip codes 67024, 67039, 67051, 67072, 67110 and 67119.[4] Cowley County covers 1,126 square miles and is considered to be a Densely-Settled Rural area with a population of 32.2 persons per square mile.[5] Winfield City Lake, the County's only substantial body of water, with 1,250 acres of surface area, is roughly centrally located.

Cowley County is bisected east/west by U.S. Highway 160 and north/south by U.S. Highway 77. State Highway 15 runs diagonally towards the northwest corner of the County off U.S. Highway 77, and is the main thoroughfare for travel northwest to Wichita. There are also several other two lane state roads throughout the County.[6]

There are five school districts in Cowley County: Arkansas City, Central, Dexter, Udall and Winfield. In 2011, 61% of students in the County qualified for free and reduced lunch, the highest rate in the last five years.[7]

Cowley County is designated as a Health Professional Shortage Area for Medical, Dental and Mental Health,[8] and portions of the County are designated as a Medically Underserved Area.[9] Poverty is a significant barrier to care in the County, with 37.8% of the population living at 200% of the Federal Poverty Level (FPL), compared to 31.2% for the state and 31.9% for the nation.[10] The U.S. Department of Health and Human Services issues poverty guidelines each year, and in 2012, the FPL was $23,050 annually for a family of four, or $1,920 per month.[11]

B. Service Area Population

According to the 2011 U.S. Census, the population of Cowley County is estimated at 36,272, and the total population of Kansas at 2,871,238; Cowley County represents 1.26% of the state population. The following provides an outline of racial characteristics:[12]

- White – 89.8%
- Black – 3.0 %
- American Indian – 2.3%
- Asian – 1.7%
- Two or more races – 3.2%

Of the total population, 9.3% reported Hispanic or Latino origin. The primary language spoken at home is English; however, Cowley County has a growing Hispanic population and 7.2% of persons residing in the County report a language other than English is spoken at home. Comparatively, this is less than the rate of languages other than English spoken at home for the state (10.5%) and nation (20.1%).[13]

Persons aged 65 or older comprise 16.1% of the population compared to 13.3% for the state and nation.[14] This percentage has increased slightly in the last decade from 15.9% in 2000.[15]

Of the 105 counties in Kansas, Cowley County ranks in the lowest 20% of the state (84th) for the number of children who qualify for free and reduced lunch. The 2011 Kids Count report ranked Kansas 19th in the nation for child well being, the lowest for Kansas since 2004 and down from 13th in 2011. The percentage of children living in poverty is also at the highest level in the last five years at 22.7%.[16]

Of persons age 25 and older residing in Cowley County, 86.5% graduated from high school compared with 89.2% in the state and 85% nationally; 19.5% of County residents earned a bachelor's degree or higher compared to 29.3% in the state and 27.9% nationally.[17]

The unemployment rate for Cowley County in May 2012 was 5.9%, compared to 5.8% for the state and 7.9% for the nation. The June unemployment rate rose to 6.1% for Kansas, not far from the historical high of 7.6% in August 2009. The June unemployment rate for Cowley County also rose to 6.6% – its highest since the beginning of 2012.[18]

C. Target Population

The per capita income (in 2010 dollars) for the County was $20,720, compared to $25,907 for the state and $27,334 for the nation. Median household income (for 2006-2010) was $40,749, compared to $49,424 for the state and $51,914 for the nation.[19]

Housing: There are several options for low income housing in the County, primarily located in Winfield and Arkansas City. Additionally, the wait time for a Section 8 certificate or a Housing Authority apartment can be as long as 12 months, which is much longer than the national benchmark of 9 months.[20]

Rent-assisted housing in Winfield includes:

- Canterbury Village, a 100-unit, privately owned Housing and Urban Development (HUD) financed apartment complex with 48 rent-assisted units.
- Canterbury Heights, a 20-unit, rent-assisted facility for the elderly, owned by the non-profit company, Seabury Properties.
- Walnut Towers, a 78-unit apartment building with 77 rent-assisted units.
- Wheatridge Heights, a 20-unit rent assisted facility is owned and managed by the non-profit organization, Winfield Good Samaritan Housing.
- Winfield Housing Authority.

Rent-assisted housing in Arkansas City includes:

- Cowley County Housing Authority.
- Windsor Court, a 79-unit apartment complex with 77 rent-assisted units; senior units are also available.
- Westwood Villa, a 44-unit apartment complex with 43 rent-assisted units owned by the non-profit corporation, Arkansas City Area Progress.

Major Employers: As shown in Table 1, the 26 major employers in the County, who employ over 6,300 individuals, include:[21]

Table 1: Major Employers in Cowley County

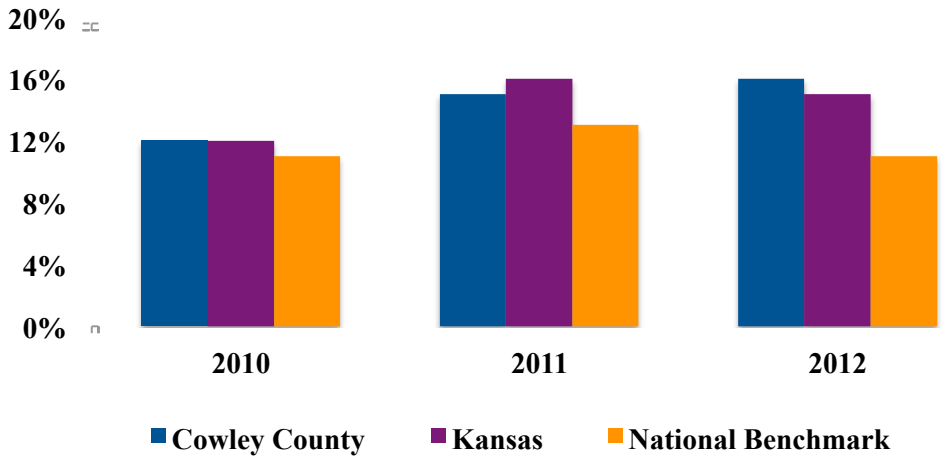
Company	Service	Employees
GE Aviation, Strother Field	Aircraft Engine Maintenance	850
United School District No 465, Winfield	School District	770
Creekstone Farms, Arkansas City	Animal Processing	750
Newell Rubbermaid, Winfield	Plastics Manufacturing	463
United School District No 470, Arkansas City	School District	463
William Newton Memorial Hospital, Winfield	Hospital and Outpatient Services	325
Mead WestVaco Calmar, Winfield	Plastic Manufacturing	275
South Central Kansas Regional Medical Center, Arkansas City	Hospital and Outpatient Services	216
Kan-Pak, Arkansas City	Aseptic Cold/Frozen Drink Packaging	208
Western Industries, Strother Field	Blowmolding Manufacturing	207
Southwestern College, Winfield	Secondary education	195
Cowley College, Arkansas City	Community College	185
City of Winfield	Municipal Government	175
Cowley County, Arkansas	County Government	158
City of Arkansas City	Municipal Government	150
Winfield Correctional Facility, Winfield	Department of Corrections	150
Galaxy Technology, Winfield	Manufacturing	147

Twin Rivers Development, Strother Field	Developmental Disability Services	104
Winfield Consumer Products, Strother Field	Manufacturing	103
Skyline Corp, Arkansas City	Manufactured Homes	102
S and Y Industries, Winfield	Electronic Assembly	90
ADM Milling, Arkansas City	Grain Milling	80
Webster Engineering, Winfield	Boiler Tank Engineering/Manufacturing	62
Columbia Elevator, Strother Field	Manufacturing & Metal Fabrication	50
Morton Buildings, Strother Field	Metal Building Plant	50
Jet Air Werks, Arkansas City	Jet Engine Repair	35

Note: Strother Field is approximately halfway between Winfield and Arkansas City.

Rates of Uninsurance: As shown in Figure 3, County Health Rankings by the Robert Wood Johnson Foundation report that 16% of adult residents are without insurance, compared to 15% in 2011 and 12% in 2010.[22]

Figure 3: Percentage of Uninsured Adults



Access: According to County Health Rankings, Cowley County has a primary care physician to population ratio of 1,133:1, compared to the state average of 857:1 and the national benchmark of 631:1.[23]

The local provider community is comprised as follows:

- Arkansas City
  - Arkansas City Clinic: six Physicians, three Physician Assistants
  - Summit Clinic: two Physicians
  - City-Cowley County Health Department – Arkansas City Office
  - Dentists: seven independent practitioners

  - K&D Pharmacy
  - Dillons – Arkansas City Pharmacy
  - Graves Drug – Arkansas City
  - Taylor Drug
  - Walgreens
  - Wal-Mart Pharmacy

- Dexter
  - Dexter Community Rural Health Clinic: two Physician Assistants

- Winfield
  - Family Care Center: two Physicians
  - Westside Clinic: two Physicians
  - Winfield Medical Arts: four Physicians, one Physician Assistant
  - Physicians' Pavilion: four Physicians (including two OB/GYNs), one Physician Assistant
  - Hillside Medical Group: two Physicians (including one OB/GYN), one Physician Assistant
  - Cowley County Mental Health and Counseling Center
  - Counseling and Meditation Center
  - City-Cowley County Health Department – Winfield Office
  - Dentists: five independent practitioners
  - Dillons – Winfield Pharmacy
  - Graves Drug – Winfield
  - Medicap Pharmacy
  - Wal-Mart Pharmacy
  - Winfield Pharmacy

The City-Cowley County Health Department maintains two locations, one in Arkansas City and one in Winfield. The Health Department provides immunizations, HIV/STD counseling, family planning, WIC (Women, Infant and Children) Supplemental Nutrition Program, healthy child assessments and Healthy Start newborn home visits. The Health Department actively promotes car seat fitting, chronic disease reduction and prevention, communicable disease control, tobacco cessation, nutrition education and environmental health.

Two hospitals support the County medical provider community, William Newton Hospital and South Central Kansas Regional Medical Center. William Newton Hospital is a 25-bed non-profit, critical access hospital located in Winfield. South Central Kansas Regional Medical Center is a 32-bed for-profit hospital in a newly constructed facility located north of Arkansas City. The administrators of both hospitals have been an active part of the planning and assessment process.

There are three community health centers in Wichita: Hunter Health Clinic centrally located in downtown Wichita, GraceMed Health Clinic in west central Wichita, and Center for Health and Wellness in north Wichita. For individuals residing in the community of Udall (in the far west of Cowley County), the nearest community health center, Hunter Health Center, is approximately 26 miles or 40 minutes away. An individual living in Dexter (in the southeastern corner of Cowley County), would drive 71 miles, or 1 hour and 25 minutes to reach Hunter Health Center.

Uniform Data System (UDS) Mapper: The UDS Mapper is a Health Resources Services Administration (HRSA)-supported mapping and decision-support tool built on U.S. Census Zip Code Tabulation Area (ZCTA) and utilization data collected from CHCs nationally.[24] ZCTAs are generalized area representations of U.S. Postal ZIP Code areas and were developed by the U.S. Census Bureau to overcome difficulties in precisely defining land area covered by Zip Code. In most instances, the ZCTA code is the same as the ZIP Code for an area. As shown in Table 2, a small percentage of low income Cowley County residents currently access CHCs in Wichita, but the majority of the County remains unserved.

Table 2: Community Health Center Utilization by Low Income Cowley County Residents

ZCTA	All Grantee Penetration into Low income Population	Dominant Grantee	Low Income Persons NOT Served by CHC
67005	3.5%	Hunter Health, Wichita	6,236
67008	-	-	172
67019	-	-	369
67023	-	-	96
67038	-	-	215
67131	-	-	52
67146	16.0%	Grace Med, Wichita	514
67156	1.5%	Hunter Health, Wichita	5,015
Total Low Income Persons NOT Served			**12,669**

Health Indicators: As shown in Table 3, more Cowley County residents report poor health, smoke, are inactive and obese, have low birthweight babies and report sexually transmitted infections as compared to the state of Kansas and national benchmarks.[25]

Table 3: Cowley County Health Behavior Indicators

Statistic	Cowley County	Kansas	National Benchmark
Adults Reporting Poor/Fair Health (%)	15%	13%	10%
Adult Smokers (%)	20%	18%	14%
Physical Inactivity (%)	29%	21%	24%
Adult Obesity (%)	33%	25%	33%
Low Birthweight Babies (%)	7.9%	7.2%	6.0%
Sexually Transmitted Infections (per 100,000)	452	375	84

According to the Centers for Disease Control and Prevention (CDC), nearly one-quarter of women (24.0%) over 40 in Kansas have not had a mammogram within the past two years; this is a lower percentage than the national benchmark of 25.3%, and lower than the national average of 24.8%. Nearly one-fifth (17.3%) of women over 18 have not had a pap test within the past three years, which is higher than the national benchmark of 13.8% and the severe benchmark of 16.0%, but lower than the national rate of 18.7%. The CDC reports a state rate of 81.6% of adults over age 50 who have had a colorectal cancer screening within the last two years, which is lower than the national rate of 82.8%.[26]

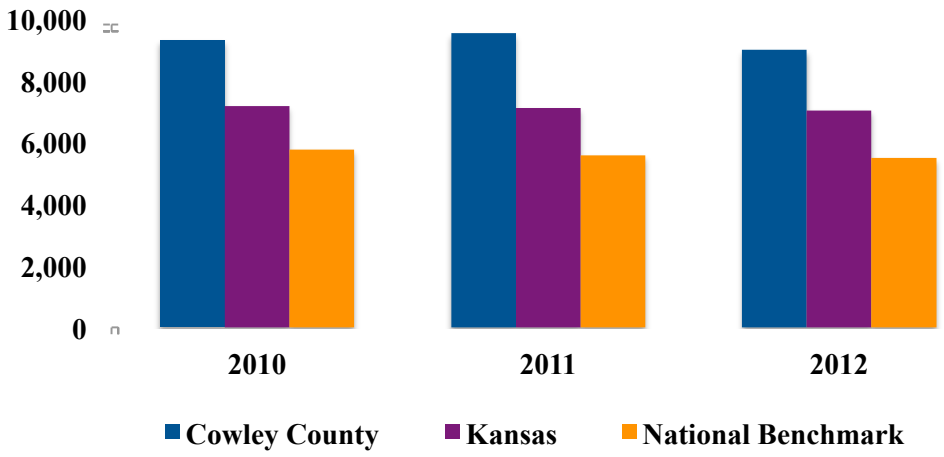
As shown in Table 4, Cowley County exceeds national and severe benchmarks for rates of diabetes, high blood pressure diagnoses, cigarette use during pregnancy, unimmunized children and suicides.[27]

Table 4: Cowley County Health Indicators

Statistic	Cowley County	Severe Benchmark	National Benchmark
Age-Adjusted Diabetes Rate (%)	8.0%	7.8%	6.5%
High Blood Pressure Diagnoses (%)	35.8%	27.7%	24.8%
Cigarette Use During Pregnancy (%)	26.2%	14.3%	10.7%
Unimmunized Children (%)	24.0%	21.4%	17.9%
Suicide Rate (per 100,000)	19	16	11

Ultimately, these various health behaviors and disparities lead to premature death for residents of Cowley County (8,972 age-adjusted years of lost life per 100,000 persons in 2012), when compared to state (7,012) and national benchmarks (5,466), as shown in Figure 4.[28]

Figure 4: Age-Adjusted Premature Death: Years of Potential Life Lost Before Age 75 (per 100,000 persons)



III. RESEARCH METHODOLOGY

Purpose: The purpose of this needs assessment is to assess the health status and barriers to health care for individuals residing in Cowley County, Kansas. Specifically, this assessment sought to gather information on perceived 1) consumer health needs, 2) resident access to health care services and 3) community receptivity for a health center.

According to the Centers for Disease Control and Prevention (2007), needs assessments are ideal for determining feasibility for community health centers (CHCs), as they help to:

- Define the purpose and scope;
- Establish appropriate supporting goals and activities;
- Identify attitudes, behaviors, and perceptions of the target community;
- Create the basis for evaluation of activities; and
- Establish community support for the proposed activities.[29]

Research Approach: A mixed-method approach, which combines the strengths of both quantitative and qualitative research, was used to gather information for this needs assessment. Quantitative methods, such as surveys, use numerical data to assess the magnitude and frequency of information. Qualitative methods, such as interviews and focus groups, use personal experiences to explore the understanding of concepts. When these methods are combined, information from multiple perspectives is framed with real-life contextual meaning.[30]

Data Collection and Analysis: Quantitative data were collected for this needs assessment via three surveys: a provider survey, a short community survey and a long community survey. Analysis of quantitative data, which included descriptive and inferential statistics, was performed in Microsoft Excel and the Statistical Package for Social Sciences (SPSS) Version 18. Qualitative information was collected via semi-structured interviews with key stakeholders and focus groups with community members. Analysis of qualitative data included summarization of information, categorization into key themes and rank ordering, when possible. More information specific to each data collection method is provided in the corresponding sections of the research findings below.

Limitations: The information presented in this needs assessment provides a snapshot of perceived provider and consumer health needs and care access concerns during the first quarter of 2012. It was obtained from a convenience sample of survey, interview, and focus group participants living in the County. Although these factors may technically limit the ability to generalize findings to the entire County population, the high levels of community participation in the needs assessment process (e.g., nearly 70% return rate on community surveys) demonstrate validity and relevance of the findings in this community.

Community Involvement: Research activities for this needs assessment, including survey design and participant recruitment, were driven by the Steering Committee, with input and guidance from the Ray & Associates consultant team. The involvement of the Steering Committee led to a high level of community input throughout the needs assessment process and provided an avenue through which the important voice of the consumer was heard.

IV. RESEARCH FINDINGS

The succeeding subsections present information about research activities and findings for the following four research methods used to gather community data for this needs assessment:

A. Provider surveys
B. Stakeholder interviews
C. Consumer surveys
D. Consumer focus groups

A. Provider Surveys

Method: In April 2012, 20 telephone surveys were conducted with providers' offices by nurse volunteers. These surveys were answered voluntarily by administrative office personnel and encompassed a total of 58 providers, including: 21 physicians, 10 physician assistants/nurse practitioners, 1 midwife, 12 dentists and 14 hygienists. Each telephone survey had 14 open-ended questions that sought to assess the availability of health care services for individuals with Medicaid in Cowley County. The results of this survey are reported in the aggregate (e.g., at the practice-level) below.

Results

Medicaid Acceptance: When asked about their Medicaid acceptance policies, 65% (n=13) of total providers' offices responded they accept Medicaid patients, while only 40% (n=4) of dentists reported they do. Of the providers who accept Medicaid, 38% (n=5) reported only accepting children (ages 0-21) and 8% (n=1) explicitly mentioned accepting disabled individuals.

Appointment Availability: When asked about appointment availability for Medicaid patients, 20% (n=4) of all providers' offices reported having specific appointments designated for Medicaid patients each week or month. The majority of providers who accept Medicaid patients (69%, n=9) reported similar wait times for all their patients, while 31% (n=4) reported having appointment waiting times for Medicaid patients longer than two weeks. Additionally, all providers' offices reported receiving daily (40%, n=8) and weekly (25%, n=5) requests to accept new Medicaid patients.

Service Refusal: When asked about turning away patients, 80% (n=16) of providers' offices reported they had done so in the past 12 months. The most common reasons for service refusal were previous payment issues (25%, n=5), being a Medicaid patient (25%, n=5), prescription drug abuse (15%, n=3) and full provider schedules (15%, n=3).

80% of providers' offices reported difficulty collecting patient payments – even when making payment arrangements or using a sliding-fee scale.

Payment Difficulties: When asked about payment difficulties, 45% (n=9) of providers' offices reported having patients who were unable to pay their bill in the last 12 months, primarily due to

not having insurance (70%, n=14) or high out-of-pocket costs (25%, n=5), such as copays and deductibles. Providers' offices reported making accommodations for patient payments, including developing payment arrangements (25%, n=5) and having a sliding-fee scale (15%, n=3). Unfortunately, 80% (n=16) still reported difficulty collecting patient payments.

Summary: These data indicate limited availability of medical and dental providers in Cowley County, particularly for adult or new Medicaid patients. While providers' offices have reported making accommodations for patient payments, the majority still had difficulty collecting payments. Therefore, the frequency of payment issues and full schedules suggest more providers may be needed for Medicaid, uninsured, and underinsured patients in Cowley County.

B. Stakeholder Interviews

Method: In March 2012, 12 semi-structured individual interviews were conducted by a trained third-party community development professional. Voluntary interviewees included physicians, hospital administrative staff, education officials, community organization representatives, city managers and local business owners. Each interview contained nine open-ended questions that sought to generate qualitative information about the perceived community health status, care behaviors, and availability of health care services in Cowley County. Common threads from these interviews are summarized below.

Results

Care Behaviors and Barriers: As with most communities, interviewees stated the emergency room (ER) was utilized as a source of primary care for those who could not get an appointment to see a provider during regular hours or were uninsured. For individuals with insurance, high out-of-pocket costs, such as deductibles, often caused them to delay care or prevented them from seeking care at all. For individuals living in rural areas, school nurses were often the front line of primary care, particularly for children. Transportation concerns, taking time off work and low health literacy levels were identified as major barriers to seeking care.

Care Improvements: Interviewees felt more affordable primary care, dental care, mental health and case management services are needed in Cowley County. However, there were mixed opinions about whether a pediatrician and obstetrician are needed. After hours and weekend care, particularly on Saturdays, were identified as a way to help working families receive needed primary care. Additionally, more transportation services or gas vouchers for rural areas were suggested as ways to improve access to primary care and appointment show rates.

Summary: Financial concerns and trouble scheduling appointments when care was needed were identified as primary health care issues in Cowley County. Overall, there was agreement that a community health center (CHC) would not be a threat to an already busy provider community. Instead, it would be of great advantage in

Overall, there was agreement a community health center (CHC) would not be a threat to an already busy provider community.

reducing inappropriate ER use, as well as provide a medical home for the uninsured, underinsured, or individuals who cannot access care through traditional avenues.

C. Consumer Surveys

Method: In March and April 2012, two versions of anonymous, point-in-time surveys were distributed throughout the community by dedicated community volunteers. The short survey had 12 questions (10 multiple choice and 2 short answer), and was available in paper and electronic formats in English, and in paper format in Spanish. The long survey had 31 questions (22 multiple choice, 6 short answer and 3 open-ended), and was available in paper format in both English and Spanish languages. The survey sought to assess perceived health care service needs and barriers to care for residents in Cowley County.

Surveys were administered at various locations throughout the County, such as local businesses and school districts, with an attempt to represent all towns within the County. A special emphasis was placed on geographic areas where individuals were likely to be uninsured/underinsured, or resided at or below the federal poverty level. Before participating, respondents were informed of the goals of the research and asked if they would volunteer to complete a survey.

A total of 1,889 short surveys and 256 long surveys were returned. Since the needs assessment was conducted for County residents, 17 short surveys and four long surveys were excluded from the final analysis due to incomplete or invalid zip codes (e.g., the zip code was not contained within the County border). The final survey count was 1,872 short surveys (69% return rate) and 252 long surveys (51% return rate). Nearly all short surveys were completed in English (99%, n=1,845) and paper format (98%, n=1,840); the majority of long surveys were also completed in English (89%, n=226). The results of both surveys are reported below.

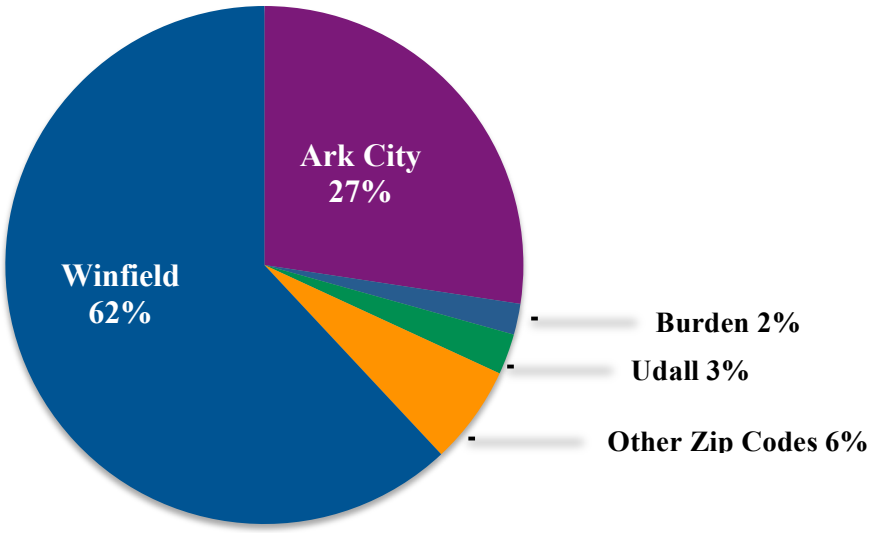
Demographic Results

Residence: As shown in Table 5, survey respondents resided in various locations throughout Cowley County, representing a total of 15 zip codes. Nine zip codes, which constituted 98% (n=2,085) of responses, corresponded with cities in the County. Six other zip codes, which accounted for 2% (n=39) were also included, as portions of the zip code area were within the boundaries of Cowley County. As shown in Figure 5, the majority of survey respondents were from Winfield (62%, n=1,316) and Arkansas City (27%, n=582), followed by Udall (3%, n=54) and Burden (2%, n=41).

Table 5: Cowley County Zip Codes Included in Needs Assessment

Zip Code	Town
67005	Arkansas City
67008	Atlanta
67019	Burden
67023	Cambridge
67024	(partial)
67038	Dexter
67039	(partial)
67051	(partial)
67072	(partial)
67102	Maple City
67110	(partial)
67119	(partial)
67131	Rock
67146	Udall
67156	Winfield

Figure 5: Survey Respondent Geographic Location (n=2,124)

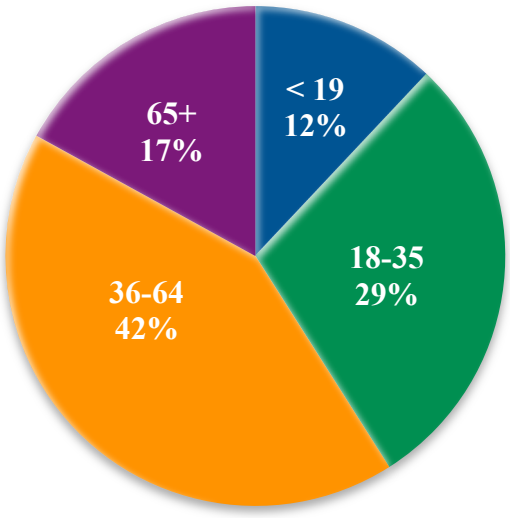


Gender and Age: Females represented 65% (n=1,225) of the short survey and 76% (n=191) of long survey respondents, while males totaled 32% (n=593) of short survey and 24% (n=61) of long survey respondents. Nearly 3% (n=54) of short survey respondents chose not to provide their gender. As shown in Figure 6, the age of respondents varied widely, with the majority of short survey respondents (41%, n=775) between the ages of 36 and 64, and the majority of long survey respondents (53%, n=134) were 18 to 35 years old. Because local school systems distributed short surveys to parents who answered the surveys on behalf of their children, nearly 14% (n=255) of short survey respondents were reportedly under the age of 18.

Race/Ethnicity and Language: Based on the self-report nature of the long surveys, 86% (n=195) of respondents were Caucasian, 4% (n=10) were African American, and the remaining 10% (n=22) were represented by Asian, American Indian, and Other. Nearly 10% (n=25) of total survey respondents chose not to provide their race. English was the primary language survey respondents spoke at home by 90% (n=227), while 8% (n=20) primarily spoke Spanish at home.

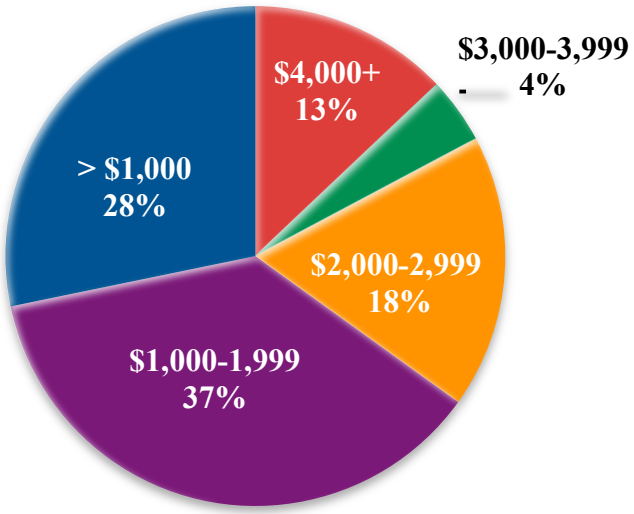
Family Size and Household Status: The size of long survey respondents' families ranged from one to eleven, with two being the most common family size (25%, n=64). Families with three (17%, n=43) or four (17%, n=43) members were also common. The majority of respondents were either married (37%, n=92) or single (33%, n=83).

Figure 6: Survey Respondent Age Group (n=2,091)



Education and Monthly Income: The majority of long survey respondents had some college (50%, n=124), including two, four, and five or more years of study, while another 37% (n=92) had completed education in grades 10-12 or received an equivalent GED. The monthly income of long survey respondents ranged from a low of no monthly income to a high of $12, 500. As shown in Figure 7, more than 65% (n=136) of respondents reported earning less than $1,999 per month, which is nearly equivalent to the 2012 FPL for a family of four, while another 18% (n=37) earned between $2,000 and $2,999.

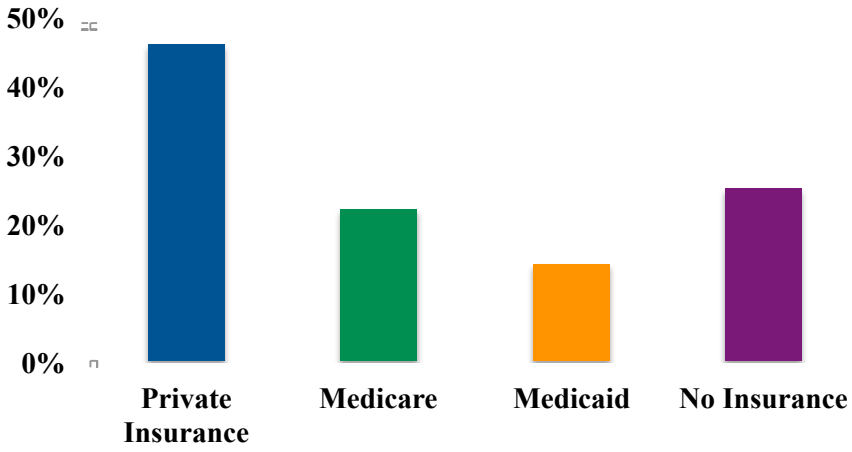
Figure 7: Survey Respondent Monthly Household Income (n=209)



Health Care Utilization Results

Health and Dental Insurance: As shown in Figure 8, the majority of short survey respondents (74%, n=1,382) reported having health insurance, with 45% (n=847) having private insurance, 22% (n=409) having Medicare, and 15% (n=267) having Medicaid. Many respondents had more than one form of insurance, while another 25% (n=477) did not have any insurance. Another 45% (n=838) of short survey respondents also had dental insurance. Note: Some respondents indicated more than one type of health insurance.

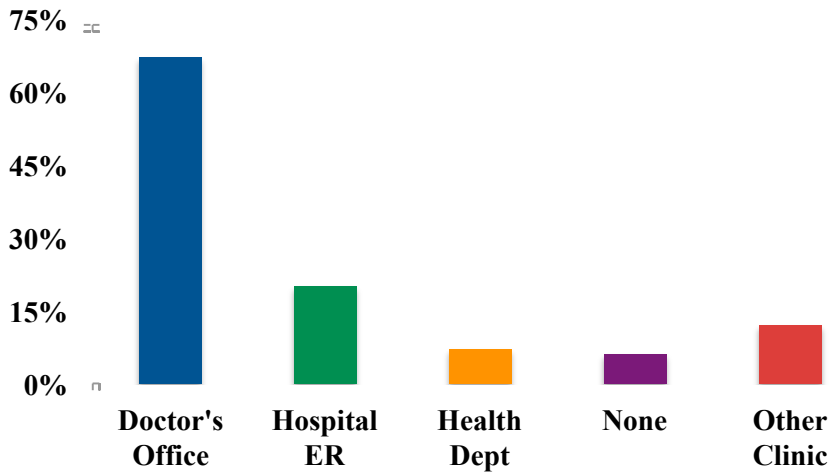
Figure 8: Respondent Health Insurance Type (n=1,859)



Self-Reported Health Status: On the long surveys, respondents were asked to rate their health on a five-point scale: very poor, poor, fair, good, and very good. Forty-two percent (n=106) of respondents reported a 'good' health rating, while another 33% (n=82) reported 'fair' health.

Provider Location: As shown in Figure 9, when asked where health care services are sought for illness or check-ups, the majority of long survey respondents (67%, n=169) reported using their doctor's office. Another 20% (n=51) reported seeking help at emergency departments in Winfield or Arkansas City hospitals. The majority of respondents (50%, n=125) also reported they only go to the doctor when they are very sick or hurt, while another 37% (n=92) reported they went to the doctor for regular check-ups. Note: Some respondents indicated more than one provider location.

Figure 9: Respondent Primary Health Care Provider (n=252)

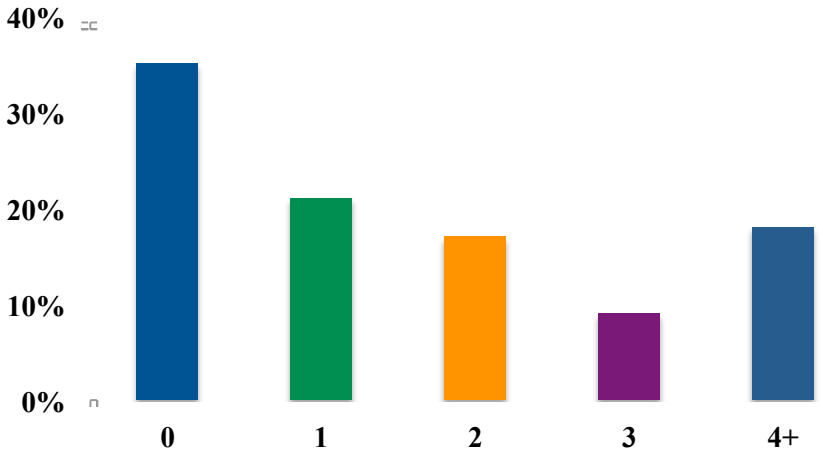


Appointment Difficulties: Both the short and long surveys asked several questions about difficulties respondents had when trying to see a health care provider. Overall, cost and appointment availability were the most cited reasons for not seeking care. The majority of short survey respondents replied they could not afford to see a doctor for an immediate concern (34%, n=639) or regular check-up (33%, n=626), while long survey respondents reported high costs (52%, n=132), expensive medication (36%, n=91), no health insurance (32%, n=81), and inadequate insurance payments (20%, n=51) as reasons they could not go to the doctor. Short survey respondents reported appointment times as reasons they could not see a doctor for an immediate concern (30%, n=567) or regular check-up (26%, n=487), while long survey respondents reported appointment availability (16%, n=41) and wait for appointment (11%, n=28) as reasons they could not see a doctor.

Emergency Room (ER) Use: As shown in Figure 10, emergency room (ER) use in the previous 12 months varied greatly among long survey respondents, with some respondents reporting no use and others reporting up to 20 visits per year. The majority of respondents (44%, n=110) reported using the ER one to three times in the last year, while 32% (n=81) reported not using the ER at all and another 16% (n=41) reported 4 or more ER visits.

Sliding-Fee Clinic Use: When asked whether or not they would use a local health clinic with fees based on income, the majority of short (69%, n=1,287) and long (56%, n=210) survey respondents replied 'yes.' Another 71% (n=1,323) of short survey respondents replied 'yes' they would use a local dental clinic with fees based on income.

Figure 10: Respondent ER Visits in Last 12 Months (n=232)



Summary: Survey respondents frequently identified out-of-pocket costs and appointment wait times as barriers to health care services. While many respondents had established providers, ERs were still used as regular sources of primary care, particularly for respondents who have cost concerns and/or difficulties making appointments during regular business hours. Finally, although the majority of survey respondents had health insurance, many indicated they would use income-based fee health and dental clinics if they were located in Cowley County.

D. Consumer Focus Groups

Method: In March 2012, eight focus groups with 32 community members were conducted by a trained third-party research professional. Voluntary participants represented the following constituent groups: social workers, school nurses, teachers, behavioral health clients, senior citizens, clients of the Women, Infants, and Children program, and Laotian and Hispanic communities. Each focus group had 13 open-ended questions that sought to generate qualitative information about the perceived community health status and availability of health care services in Cowley County. Common threads from these focus groups are summarized below.

Care Behaviors and Barriers: Participants stated their primary sources of care are family physicians and local emergency rooms (ER). Even though many participants had primary care physicians, they mentioned seeking care in ERs, particularly when there was an immediate (but non-emergent) concern due to difficulties getting appointments during regular office hours. Participants discussed postponing care primarily due to financial struggles, such as affording out-of-pocket costs (e.g., copays and deductibles), being blacklisted from providers due to unpaid past bills, and "being stuck" between earning too much for Medicaid, but not enough to purchase private insurance.

Care Improvements: Participants felt more affordable services and more convenient appointment times (e.g., evenings and weekends) could improve their access to health services in Cowley County. Participants frequently mentioned that more affordable transportation services

(or gas vouchers) could help them keep their appointments. Enabling participants to see providers who speak their native language (e.g., Spanish and Laotian), or having assistance finding appropriate services and completing forms, were also mentioned as highly beneficial. Finally, participants suggested having more of the following services available locally would be helpful for residents: primary care, dental care, vision services, obstetrics, pediatrics, and health education (particularly about asthma, diabetes, and antibiotic use).

Participants felt more affordable services and more convenient appointment times would improve their access to health services in Cowley County.

Summary: Financial concerns and trouble scheduling appointments when care was needed were identified as issues in Cowley County by residents. Importantly, participants felt it was reasonable to pay something towards the price of their care. Overall, there was consensus that community members, particularly the uninsured and underinsured, would use income-based health and dental clinics if they were available in Cowley County.

V. SUMMARY

An analysis of medical, dental and behavioral health services in Cowley County reveal a provider community working to offer a safety net of services. However, the high rates of uninsured and underinsured residents make it difficult for private providers to meet these health care needs, while maintaining financial integrity of their practices. Thus, many individuals are unable to access care. Community health centers (CHCs) are available to individuals who can drive to Wichita, Kansas; however, there is no centralized location for residents of Cowley County to receive affordable health care based on a sliding fee scale.

County residents are clearly interested in the development of a CHC locally. The community effort to investigate the efficacy of a CHC has included individuals within the community who are uninsured or underinsured, as well as providers, hospital administrators and many other community organizations and local businesses.

This needs assessment has documented that Cowley County has higher than average rates of health care needs, particularly for chronic conditions, and lower than average levels of personal resources to manage these conditions, such as income and health insurance. According to residents, major barriers to accessing health care services are primarily related to out-of-pocket costs (e.g., high deductibles, inadequate or no insurance and unpaid bills) and appointment availability (wait times and difficulty taking time off during business hours).

Additionally, community members regard emergency rooms as a source of regular primary health care. Research respondents expressed interest in having more of the following services locally: affordable primary care, dental, vision, obstetrics, pediatrics, health education and assistance finding appropriate services and completing forms. In sum, these findings demonstrate support for a CHC in Cowley County, as there is evidence of unmet health care needs, care access barriers, community desire for affordable services and a willingness to pay for them.

VI. RESOURCES

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Cowley 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

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Cowley 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.

This publication is formatted for printing as a 5.5" x 8.5" booklet. Set your printer to print 2 pages per sheet. In Acrobat, go to Print/Properties/Finishing and select 2 Pages per Sheet.

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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

Cowley County Sheriff	620-221-5444
Cowley County Ambulance	620-221-2300

Municipal Non-Emergency Numbers

	Police/Sheriff	Fire
Arkansas City	620-441-4444	620-441-4430
Atlanta	620-394-2217	620-467-4111
Burden	620-221-5444	620-438-2317
Cambridge	620-221-5444	620-467-4111
Dexter	620-876-5454	620-876-5605
Maple City	620-221-5444	620-467-4111
Rock	620-221-5444	620-467-4111
Udall	620-782-3322	620-782-3333
Winfield	620-221-5444	620-221-5560

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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

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

Health Services

Hospitals

South Central Kansas Regional Medical Center
6401 Patterson Parkway (Arkansas City)
620-442-2500
www.sckrmc.com

South Central Kansas Regional Medical Center Services Include:

Emergency Medicine
Environmental Services
- Housekeeping
- Laundry Department
- Maintenance

Home Health
- Assessing and Evaluating Health Status
- Assist with Bathing and Personal Hygiene
- Diabetic Management
- Dietary Counseling
- Drawing Blood Samples for Lab Tests
- Insertion of Urinary Catheters
- Intravenous Medication Administration
- Medication Instructions
- Muscle Strengthening
- Ostomy Care and Teaching

- Teaching Disease Processes
- Therapeutic Exercises
- Wound Care and Wound Vaccination

Intensive Care Unit
Laboratory
Lap-Band Surgery
- Group Exercise Program
- Nutrition Education
- Physician Consultation
- Support Groups
- Surgical Intervention

Med/Surg Nursing
Nutritional Services
- Bariatric Surgery Meal Planning
- Cancer/Cancer Treatment Problems
- Diabetes
- Diverticulitis
- Eating Disorders
- Food Allergies
- High Blood Pressure
- Hyperlipidemia
- Irritable Bowel Disease
- Obesity
- Underweight

Obstetrics
Physical Therapy
- Aquatic Therapy

Radiology
- Computerized Tomography
- Computerized Tomography Angiograms
- DEXA – Bone Density

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- Diagnostic Radiology
- Digital Mammography
- Magnetic Resonance Imaging
- Nuclear Medicine
- Ultrasound
- X-Ray

Respiratory Therapy
Specialist Referral Clinic
- Cardiology
- Endocrinology
- ENT
- General Surgery
- Nephrology
- Neurological Surgery
- Orthopedic Surgery
- Podiatry
- Pulmonologist
- Urology

Surgery
- Bariatri Lap-Band
- C-Section Obstetric Surgery
- Dental Surgery
- Ear, Nose, Throat
- Endoscope Screenings
- Epidural Steroid Injections
- Eye Surgery
- Gastric By-Pass Surgery
- General Surgery
- Laparoscopic Surgery
- Orthopedic
- Spinals for Pain Control

Weight Loss Group
- Group Exercise Program
- Healthy Beginning Tier
- Healthy Living Tier
- Medically Managed Tier
- Nutrition Education
- Physician Consultation
- Support Groups
- Surgical Intervention
- Surgically Managed Tier

William Newton Memorial Hospital
1300 E 5th Avenue (Winfield)
620-221-2300
www.wnmh.org
Teran Nacarrato, MD
Elizabeth Warman, PA-C
Ashley Winblad, ARNP

William Newton Memorial Hospital Services Include:

Audiology
- Aural Rehabilitation
- Bone Conduction Audiometry
- Central Auditory Processing Evaluation
- Hearing Conservation
- Newborn Hearing Screenings
- Pure Tone Air
- Speech Audiometry
- Tympanometry

Critical Care Unit

- Advanced Cardiac Life Support Trained Staff
- Intermediate Care
- Isolation Unit
- Medical/Surgical Intensive Care
- Teletrace Service

Diabetes Education

Emergency Services
- 24 Hour Emergency Room
- 24 Hours E.R. Physician
- ACLS Trained Staff
- Out-Patient I.V. Therapy
- Type I E.M.S.

Family Birthing Center

Healthways
- Coronary Risk Profile
- Corporate Wellness Services
- Disease Prevention Screens
- Exercise Prescription
- Fitness Assessment
- Fitness Centers
- Health Risk Appraisal
- Risk Reduction Programs
- Stress Management

Home Health Care
- Lifeline Emergency Response
- Medical Social Services
- Occupational Therapy
- Physical Therapy
- Skilled Nursing Care
- Speech-Language Therapy

Laboratory

- Blood Bank/Transfusion
- Cardiac Stress Testing
- Chemistry & Special Chemistry
- Electrocardiogram
- Electroencephalography
- Hematology/Coagulation
- Microbiology
- Referral Laboratory
- Urinalysis

Oncology Services
- Blood Disorder Treatment
- C.T. & M.R.I
- Cancer Center of Kansas
- Chemotherapy
- Hospitalization
- Physician Appointments
- Radiation Therapy

Radiology
- Computed Tomography
- Echocardiography
- Magnetic Resonance Imaging
- Mammography
- Nuclear Medicine
- Routine X-Ray
- Scheduling
- Special Procedures
- Ultrasound/Sonography
- Vascular Radiology

Specialty Clinics
- Audiology/Hearing Aids
- Cardiology

- Clinical Laboratory
- Diabetes/Endocrinology
- Diabetic Education
- Diet Counseling
- Heart Menders Cardiac Rehabilitation
- Home Health
- Nephrology
- Neuro Testing
- Neurology
- Oncology
- Orthopedics
- Otolaryngology/Ear, Nose, Throat
- Pain Management
- Pathology
- Radiation Treatment
- Rehabilitation Services
- Respiratory Services
- Sleep Studies
- Urology

Surgery

- Anesthesia Services
- Gastrointestinal
- Gynecological
- Laparoscopic Surgery
- Laser Surgery
- Ophthalmological
- Oral Surgery
- Orthopedic
- Urological

Health Departments

Cowley County Health Department
320 E 9th Avenue #2 (Winfield)
620-221-1430
115 E Radio Lane (Arkansas City)
620-442-3260
www.cowleycounty.org/health

Cowley County Health Department Services Include:

Car Seat Inspection Station
Child Care Facility Licensing and Registration
Communicable Disease Control
Early Detection Works
Family Planning
Healthy Start/Newborn Home Visits
Immunizations
Kan-Be-Healthy Child Health Assessments
WIC (Supplemental Nutrition Program)

Mental Health

Cowley County Mental Health and Counseling Center
22214 D Street (Winfield)
620-221-9664
www.ccmhcc.com

StoneCrest Assessment & Counseling Services
7259 244th Road (Arkansas City)
620-442-0551

Medical Professionals

Audiologist

Claudia Loving, AuD, CC-A, FAAA
11305 E 5th Avenue (Winfield)
620-221-2900

Chiropractors

Advantage Family Chiropractic
805 N Main Street (Winfield)
620-221-4449

Arkansas City Chiropractic
2149 N Summit (Arkansas City)
620-442-5300

Brooks Chiropractic Center
1404 Main Street (Winfield)
620-221-3630

Cellers Chiropractic
2508 Edgemont Drive, Suite 3 (Arkansas City)
620-442-4750

Jerry Mangen
2508 Edgemont Drive (Arkansas City)
620-442-7120

Mettling Chiropractic
1916 E 9th Avenue (Winfield)
620-221-6325

Renshaw Chiropractic
222 E 9th Avenue (Winfield)
620-221-2000
www.renshawwellness.com

Winfield Chiropractic & Rehabilitation
1913 E 19th Avenue (Winfield)
620-221-1990
www.winfieldchiropractic.com

Wood Chiropractic Clinic
426 N A Street (Arkansas City)
620-442-8900
www.woodchiropracticclinic.com

Clinics

Arkansas City Clinic
510 W Radio Lane (Arkansas City)
620-442-2100
Paul A. Klaassen, MD
David A. Schmeidler, MD
Aaron T. Watters, MD
Robert W. Yoachim, MD
Eric B Thomson, MD
Mauricio Herrera, MD, OB/GYN
Ginger Bahruth, PA
Mindy Kile, PA
Valerie Spiser, PA

Dexter Rural Health Clinic
204 North main Street (Dexter)
620-876-5863
Robert Matthews, PA

Family Care Center
1305 E 19th Avenue (Winfield)
620-221-9500
Bryan Davis, MD
Bryan Dennett, MD
Tracy Ogden, ARNP

Health Professionals of Winfield
1302 E 5th Avenue (Winfield)
620-221-4000
Wade Turner, MD
Kimberly Adams-McDarty, ARNP

Hillside Medical Group
1700 E 9th (Winfield)
620-221-0110
www.hillsidemedicalgroup.com
Alvin Bird, DO
Rodrick Heger, DO
Jane Kaufman, ARNP

South Central Kansas Medical Center Specialist Referral Clinic
6401 Patterson Parkway (Arkansas City)
620-442-2500
www.sckrmc.org

Summit Clinic
515 N Summit Street (Arkansas City)
620-442-4850
Rhonda J. Green, MD
Kamran Shahzada, MD

Westside Clinic
221 W 8th Avenue (Winfield)
620-221-3350
S.S. Daehnke, MD
Treasure A. Wehner, DO
Micki Wunderlich, ARNP
Anaud Kaul, MD

Winfield Healthcare Center
1305 E 5th Avenue (Winfield)
620-221-2900

Winfield Medical Arts
3625 Quail Ridge Drive (Winfield)
620-221-6100
Anaud Kaul, MD
Chandy Samuel, MD
John Winblad, MD
Kent Winblad, MD
Shannon Jamerson, FNP

Specialty Clinics

Cancer Center of Kansas
1305 E 5th Avenue (Winfield)
620-221-6125

Sunflower OBGYN
1230 E 6th Avenue, Suite 2D (Winfield)
620-221-6250
Daniel Miller, DO (OB/GYN)
Terena Sisk, CNM

Winfield Dialysis Center
1315 E 4th Avenue (Winfield)
620-221-4100

Dentists

Alan D. Marcotte
810 Main Street (Winfield)
620-221-7737

Arkansas City Dental
625 N Summit Street (Arkansas City)
620-442-7752
www.arkcitydental.com

Daniel J. Snowden
220 W Central Avenue (Arkansas City)
620-442-0320

David C. Parsons
123 E 10th Avenue (Winfield)
620-221-0730
www.walnutvalleydental.com

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Grace Med
1122 N Topeka Street (Wichita)
316-866-2000

Guadalupe Clinic
940 S Francis Street (Wichita)
316-262-4938

Hunter Health Clinic
2318 East Central Avenue (Wichita)
316-262-2415

Nathan C. Niles
112 E Central Avenue (Arkansas City)
620-442-2575

Nick Kinsch
102 W Kansas Avenue (Arkansas City)
620-442-1820

Rogers Family Dentistry
1939 N 11th (Arkansas City)
620-442-5660
www.rogersdentistry.com

Ronald L. Poltera
107 College (Winfield)
620-221-9580

Small Smiles Dental Clinic
650 N Carriage Parkway #60 (Wichita)
316-686-2721

St. Mark UMC Clinic
939 North Main Street (Wichita)
316-681-2545

Stan Sawyer
2116 E 9th Avenue (Winfield)
620-221-0221

Tony Watkins Family Dentistry
2107 E 12th Avenue (Winfield)
620-229-9779

Optometrists

Abbey Eye Care
520 N Summit (Arkansas City)
620-442-1111
www.abbeyeyecare.com

Freeman Eyecare
803 Main Street (Winfield)
620-221-2020

Grene Vision Group
117 E 9th Avenue (Winfield)
620-221-0740

Lion's Club
114 W Adams Avenue (Arkansas City)
620-442-1790

TMS Eyecare
2508 Edgemont Drive, Suite 6 (Arkansas City)
620-442-2577
www.tmseyecare.com

Winfield Family Optometry
3000 E 9th Avenue (Winfield)
620-221-2015
www.visionsource-winfield.com

Physicians

Anthony Johnstone
1230 E 6th Avenue (Winfield)
620-221-8930

Health Professionals of Winfield
1302 E 5th Avenue (Winfield)
620-221-4000

Richard James
1230 E 6th Avenue (Winfield)
620-221-4443

Sigurd Daehnke
221 W 8th Avenue (Winfield)
620-221-3350

Treasure A. Wehner
221 W 8th Avenue (Winfield)
620-221-3350

Rehabilitation Services

Ark Valley Physical Therapy Incorporated
2524 N Summit Street (Arkansas City)
620-442-0255
101 E 14th Avenue (Winfield)
620-229-2264

Key Rehabilitation
203 Osage Avenue (Arkansas City)
620-442-1968
1220 World War II Memorial Drive (Winfield)
620-229-8233

Presbyterian Manor
1711 N 4th Street (Arkansas City)
620-442-8700
www.presbyterianmanors.org

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Medicalodge Post-Acute Rehabilitation Center (Alzheimer's Support Group)
2575 Greenway (Arkansas City)
620-442-1120

Other Health Care Services

General Health Services

Cowley County Health Department
320 E 9th Avenue #2 (Winfield)
620-221-1430
www.cowleycounty.org/health

William Newton Home Health Services
1305 E 5th Avenue (Winfield)
620-221-2916
www.wnhcares.org

Assisted Living/Nursing Homes/TLC

Creative Community Living
804 W 33rd Avenue (Winfield)
620-221-6996

Medicalodge East
203 E Osage (Arkansas City)
620-442-9300

Presbyterian Manor
1711 N 4th Street (Arkansas City)
620-442-8700
www.presbyterianmanors.org

Sterling House
402 Windsor Road (Arkansas City)
620-442-4400

Winfield Rest Haven Incorporated
1611 Ritchie Street (Winfield)
620-221-9290
www.winfieldresthaven.com

Diabetes

Arriva Medical
1-800-375-5137

Diabetes Care Club
1-888-395-6009

Disability Services

American Disability Group
1-877-790-8899

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_services.htm

Department of Children and Families
1809 S Main (Winfield)
620-221-6400

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

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

Commodity Supplemental Food Program (Senior Center)
320 South A Street (Arkansas City)
620-441-4419

Food Pantry of Winfield
320 College Street (Winfield)
620-221-2183

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

Prairie Land Food-First Baptist Church
200 E 11th Street (Winfield)
620-221-4680

Government Healthcare

Kansas Department on Aging (KDOA)
503 S 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 S W 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 E 27th Street (Hays)
785-625-3496

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

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

Health and Fitness Centers

Fitzone
1817 N Summit Street (Arkansas City)
620-442-4100

White Phoenix Academy
519 N 3rd Street (Arkansas City)
620-442-6034

Winfield Fitness Center
324 College Street (Winfield)
620-221-3062

Home Health

Angels Care Home Health
908 Main Street (Winfield)
620-229-2223

Rescue Homecare
(Winfield)
620-262-4190
www.rescarehomecare.com

South Central Kansas Regional Medical Center
6401 Patterson Parkway (Arkansas City)
620-442-2500
www.sckrmc.com

William Newton Home Health Services
1305 E 5th Avenue (Winfield)
620-221-2916
www.wnhcares.org

Windsor Place Home Care
215 W 9th Avenue (Winfield)
620-221-4440

Hospice

Harry Hynes Memorial Hospice
226 S Main Street (El Dorado)
620-321-4738
313 S Market Street (Wichita)
620-265-9441
www.hynesmemorial.org

Hospice Care of Kansas
917 Main Street (Winfield)
620-221-3329

Massage Therapy

Gentle Touch
115 E 5th Street (Arkansas City)
620-442-81714

Holistic Bodyworks
702 S Summit (Arkansas City)
620-442-1310

The Massage Group
103 E 9th Avenue, Suite 319 (Winfield)
620-221-9700

Renshaw Chiropractic
222 E 9th Avenue (Winfield)
620-221-2000

Solutions Integrated Medicine
800 Main Street, Suite 207 (Winfield)
620-229-81417

Medical Equipment and Supplies

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

Central Plains Lifts
205 S Summit (Arkansas City)
620-442-3775

Clock's Medical Supply, Inc. (KanCare Provider)
901 Industrial Boulevard (Winfield)
620-221-0550
Joint Commission Accredited
www.clockmedical.com

CPAP Care Club
1-888-418-9612

Olen Medical Supply
415 S Summit (Arkansas City)
620-442-8079
www.olenmedical.com

Taylor Drug
201 S Summit Street (Arkansas City)
620-442-3500
www.taylordrug.net

Kansas Specialty Services
814 Main Street (Winfield)
620-221-6040
www.ksscustom.com

Winfield Pharmacy
1708 E 9th Avenue (Winfield)
620-221-0450
www.winfieldpharmacy.com

Lincare, Inc.
811 Main Street (Winfield)
620-229-8396
www.lincare.com

Graves Drug Store
905 Main Street (Winfield)
620-221-0080
212 South Summit Street (Arkansas City)
620-442-2300
www.gravesdrug.com

School Nurses

Arkansas City Public Schools
High School
1200 W Radio Lane (Arkansas City)
620-441-2010

Holy Name Catholic School
700 Fuller Street (Winfield)
620-221-0230
www.holynamewinfield.org

Trinity Lutheran School
910 Mound Street (Winfield)
620-221-9460
www.trinitylutheranwinfield.com

Udall Public Schools – USD 463
Elementary School
308 W 3rd (Udall)
620-782-3632
Middle/High School
301 W 4th (Udall)
620-782-3623

Winfield Public Schools – USD 465
Country View Elementary School
16300 151st Road (Winfield)
620-221-5156
Irving Elementary School
311 Harter (Winfield)
620-221-5142
Lowell Elementary School
1404 Millington (Winfield)
620-221-5191
Whittier Elementary School
1400 Mound (Winfield)
620-221-5150
Winfield Intermediate School
400 E 9th Avenue (Winfield)
620-221-5178
Winfield Middle School
130 Viking Boulevard (Winfield)
620-221-5147
High School
300 Viking Boulevard (Winfield)
620-221-5160
www.usd465.com

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Senior Services

Arkansas City Senior Citizens
320 S A Street (Arkansas City)
620-442-4419

Cowley County Council on Aging
700 Gary Street, Suite C (Winfield)
620-221-7020

Friendship Meals
320 S A Street (Arkansas City)
620-442-7806
700 Gary Street (Winfield)
620-221-2451
www.friendshipmeals.com

South Central Kansas Area Agency on Aging
304 S Summit Street (Arkansas City)
620-442-0268
www.sckaaa.org

Winfield Senior Center
700 Gary Street (Winfield)
620-221-2451

DRAFT

Veterinary Services

AC Veterinary Clinic
2800 N Summit (Arkansas City)
620-442-4990

Ark Veterinary Associates
907 E Kansas Avenue (Arkansas City)
620-442-3306
www.arkvetassociates.com

Cottonwood Animal Clinic
6964 252nd Road (Arkansas City)
620-442-7960

Johnson Veterinary Clinic
4201 S Pike Road (Winfield)
620-221-9240

Oak Ridge Animal Hospital
19789 81st Road (Winfield)
620-221-3805

Winfield Veterinary Hospital
1920 E 9th Avenue (Winfield)
620-221-9505

Women's Resources

Eagles Nest, Inc.
112 E 9th Avenue (Winfield)
620-229-8282
www.eaglesnestinc.org

Family Life Services
305 S Summit Street (Arkansas City)
620-442-1688
www.flsonline.net

Local Government, Community, and Social Services

Adult Protection

Adult Protective Services (SRS)
1-800-922-5330
www.srskansas.org/ISD/ees/adult.htm

Elder Abuse Hotline
1-800-842-0078
www.elderabusecenter.org

Kansas Department of Social and Rehabilitation Services West Region Protection Reporting Center
1-800-922-5330

Alcohol and Drug Treatment

Alcoholics Anonymous
620-221-2388

AL-NON &Alcoholics Anonymous
620-442-5880

Alcohol and Drug Abuse Services
1-800-586-3690
http://www.srskansas.org/services/alc-drug_assess.htm

Alcohol Detoxification 24-Hour Helpline
1-877-403-3387
www.ACenterForRecovery.com

Center for Recovery
1-877-403-6236

Counseling & Mediation Center
200 W Douglas Avenue, #560 (Wichita)
316-269-2322
800 Main, Suite 103 (Winfield)
620-221-8985

Cowley County Mental Health
22214 D Street (Winfield)
620-221-9664

Drug/Alcohol Counseling
1-800-442-5550

G&G Addiction Treatment Center
1-866-439-1807

Kansas Tobacco Quitline
1-866-526-7867

King's Alcohol & Drug Treatment Center
2720 E 12th Avenue (Winfield)
620-221-6252

Road Less Traveled
1-866-486-1812

Seabrook House
1-800-579-0377

Substance Abuse Center of Kansas, Inc.
1809 S Main (Winfield)
620-221-6400 or 1-877-577-7477

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
Available 24 hours/7 days per week – including holidays

Children and Youth

Child Start
1002 S Oliver (Wichita)
316-682-1853

Children's Alliance
627 SW Topeka Boulevard (Topeka)
785-235-5437
www.childally.org

Children's Mercy Family Health Partners
(Kansas City)
1-877-347-9363

Kansas Children's Service League
1-800-332-6378
www.kcsl.org

PALS Program
USD #470 (Arkansas City)
620-441-2078

Day Care Providers – Adult

South Central Kansas Regional Medical Center
6401 Patterson Parkway (Arkansas City)
620-442-2500
www.sckrmc.com

William Newton Memorial Hospital
1300 E 5th Avenue (Winfield)
620-221-2300
www.wnmh.org

Day Care Providers - Children

Kansas Children's Services League
318 E Broadway Street (Stafford)
620-234-6180

SC Learning Center
120 W 12th Avenue (Winfield)
620-402-6471

Sunshine Day Care
1909 E 19th Avenue (Winfield)
620-221-1177

Wood Child Care Center
1513 N 8th (Arkansas City)
620-442-3680

Crime Prevention

Arkansas Cite Police Department
117 W Central Avenue (Arkansas City)
620-442-4444

Cowley County Sheriff
9141 Fuller Street (Winfield)
620-221-5444
www.cowleycounty.org

Udall Police Department
110 S Main Street (Udall)
620-782-3322

Winfield Police Department
812 Millington Street (Winfield)
620-221-5555

Extension Office

Cowley County Extension
311 E 9th Avenue #101 (Winfield)
620-441-4565

Funeral Homes

Hawks-Shelley Funeral Home
906 W Kansas Avenue (Arkansas City)
620-442-0220
www.shawksfuneralhome.com

Miles Funeral Home
4001 E 9th Avenue (Winfield)
620-221-1111
www.milesfuneralservice.com

Rindt-Erdman Funeral Home
100 E Kansas Avenue (Arkansas City)
620-442-3210
www.rindt-erdman.com

Swisher-Taylor & Morris
803 Loomis Street (Winfield)
620-221-2211

Head Start

Head Start
1203 Manning Street (Winfield)
620-221-7314

Housing

Cowley County Housing Authority
304 South Summit (Arkansas City)
620-442-6063

Winfield Housing Authority
1417 Pine Terrace (Winfield)
620-221-4963

Legal Services

Astle Law Office
727 N WACO, Suite 210 (Wichita)
316-262-7696

Daniel A. Parmele
8623 E 32nd Street (North Wichita)
877-267-6300

David H.M. Gray
110 E Waterman, Suite 100 (Wichita)
316-265-6795

David Maslen
309 S 1st Street (Arkansas City)
620-442-8370

David W. Andreas
104 ½ W 9th Avenue, Suite 303 (Winfield)
620-221-1610

Herlocker Lawyers
115 Eat 9th (Winfield)
620-221-4600

Iverson & Iverson
209 S Summit Street (Arkansas City)
620-442-3090

Jason P. Brewer
110 S A (Arkansas City)
620-442-1950

Jon Von Achen
115 E 9th (Winfield)
620-221-4600

Lance C. Templar
121 W 5th Avenue (Arkansas City)
620-442-1700

Larry R. Schwartz
309 S 1 (Arkansas City)
620-442-9000

Lee Velasquez
309 S 1st Street (Arkansas City)
620-442-8370

Orval Mason
309 S 1st Street (Arkansas City)
620-442-8370

Robert D. Wilson
110 S A Street (Winfield)
620-442-1950

Rogers & Lanning
117 College Street (Winfield)

South Central Kansas Area Agency on Aging
304 S Summit Street (Arkansas City)
620-442-0268
www.sckaaa.org

Tamera Niles
125 W 5th (Arkansas City)
620-442-6010

Taylor Krusor & Soule
First National Bank Building (Winfield)
620-221-1120

Timothy A. Showalter
109 N Summit Street (Winfield)
620-441-0143

William E. Muret
103 E 9th, Suite 208 (Winfield)
620-221-7200

Libraries, Parks and Recreation

Arkansas City Public Library
120 E 5th Avenue (Arkansas City)
620-442-1280
www.acpl.org

Arkansas City Recreation Commission
225 E 5th Avenue (Arkansas City)
620-441-4300

Camp Quaker Haven
8424 312th Road (Arkansas City)
620-442-9690

Eccre/Lighthouse Library
104 S Main (Dexter)
620-212-8582
www.freewebs.com

Horizon Camp & Retreat Center
30811 Horizon Drive (Arkansas City)
620-442-5533

Louann's Campgrounds
9423 292nd Road (Arkansas City)
620-442-4458

Swimming Pool
210 N Welfelt Drive (Winfield)
620-221-5639

Udall Public Library
109 E 1st Street (Udall)
620-782-3435

Winfield Aquatic Center
300 Main Street (Winfield)
620-221-5639

Winfield Park Reservation
200 E 9th Avenue (Winfield)
620-221-0404

Winfield Public Library
605 College Street (Winfield)
620-221-4470
www.wpl.org

Pregnancy Services

Adoption is a Choice
1-877-524-5614

Adoption Network
1-888-281-8054

Adoption Spacebook
1-866-881-4376

Choices Medical Clinic
538 South Bleckley Drive (Wichita)
316-687-2792

Graceful Adoptions
1-888-896-7787

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

Cowley County Health Department
320 E 9th Avenue #2 (Winfield)
620-221-1430
www.cowleycounty.org/health

Public Information

Chamber of Commerce
106 S Summit Street (Arkansas City)
620-442-0230
www.arkcity.org
123 E 9th Avenue (Winfield)
620-221-2420
www.winfieldks.org

Rape

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

Family Crisis Center
1806 12th Street (Great Bend)
620-793-1885

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

Red Cross

American Red Cross
707 N Main Street (Wichita)
316-219-4000
www.redcross.org

Social Security

Social Security Administration
1-800-772-1213
1-800-325-0778
www.ssa.gov

Transportation

B Four Flying Incorporated
7729 Warehouse Avenue (Winfield)
620-221-7055
www.bfourflying.com

General Public Transportation
700 Gary Street, Suite C (Winfield)
620-221-7020
www.cowleycounty.org

Strother Field
(Winfield)
620-221-9280

Transportation Department
7093 US Highway 160 (Winfield)
620-221-3370

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

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/faq/sexualassualt.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

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

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

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

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

Child Find of America
1-800-426-5678

Child Help USA National Child Abuse Hotline
1-800-422-4453

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

DNA Diagnostic Center
1-800-825-2986

Health Wave
P.O. Box 3599 (Topeka)
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

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)
1-800-624-4530
316-262-4676
www.kssociety.org

National Runaway Switchboard
1-800-RUNAWAY
www.1800runaway.org/

National Society for Missing and Exploited Children
1-800-THE-LOST (843-5678)
www.missingkids.com

Parents Anonymous Help Line
1-800-345-5044
www.parentsanonymous.org/paIndex10.html

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

Talking Books
1-800-362-0699
www.skyways.lib.ks.us/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

Counseling

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

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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.

Consumer Credit Counseling Services
1-800-279-2227
www.kscccs.org/

Kansas Problem Gambling Hotline
1-866-662-3800
www.ksmhc.org/Services/gambling.htm

National Hopeline Network
1-800-SUICIDE (785-2433)
www.hopeline.com

National Problem Gambling Hotline
1-800-552-4700
www.npgaw.org

Samaritan Counseling Center
1602 N. Main Street (Hutchinson)
620-662-7835
cmc.pdswebpro.com/

Self-Help Network of Kansas
1-800-445-0116
www.selfhelpnetwork.wichita.edu

Senior Health Insurance Counseling
1-800-860-5260
www.agingkansas.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

Disability Advocates of Kansas, Incorporated
1-866-529-3824
www.disabilitysecrets.com

Disability Group, Incorporated
1-888-236-3348
www.disabilitygroup.com

Disability Rights Center of Kansas (DRC)
Formerly Kansas Advocacy & Protective Services
1-877-776-1541
1-877-335-3725 (TTY)
www.drckansas.org

Hearing Healthcare Associates
1-800-448-0215

Kansas Commission for the Deaf and Hearing Impaired
1-800-432-0698
www.srskansas.org/kcdhh
Kansas Relay Center (Hearing Impaired service)
1-800-766-3777
www.kansasrelay.com

National Center for Learning Disabilities
1-888-575-7373
www.ncld.org

National Library Services for Blind & Physically Handicapped
www.loc.gov/nls/
1-800-424-8567

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

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

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

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

Housing

Kansas Housing Resources Corporation
785-296-2065
www.housingcorp.org

South Central Kansas Economic Development
200 W Douglas, Suite 710 (Wichita)
1-800-658-1742

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

Kansas Legal Services
1-800-723-6953
www.kansaslegalservices.org

South Central Kansas Area Agency on Aging
304 S Summit Street (Arkansas City)
620-442-0268
www.sckaaa.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/

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

Counseling & Mediation Center, Inc.
800 Main, Suite 103 (Winfield)
620-221-8985

Cowley County Mental Health
22214 D Street (Winfield)
620-221-9664

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

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

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, KS 66506
785-532-5500
www.humec.k-state.edu/hn/

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

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

Kansas Department of Health and Environment
1000 SW Jackson, Suite 220 (Topeka)
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

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

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

Area Agency on Aging
1-800-432-2703

Eldercare Locator
1-800-677-1116
www.eldercare.gov/eldercare/public/home.asp

Home Buddy
1-866-922-8339
www.homebuddy.org

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

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

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

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

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

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.spsfv.org

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

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

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 State University Agricultural Experiment Station and Cooperative Extension Service, Manhattan, Kansas.

Issued in furtherance of Cooperative Extension Work, Acts of May 8 and June 30, 1914, as amended. Kansas State University, County Extension Cuncils, Extension Districts, and United States Department of Agriculture Cooperating, John D. Floros, Dean, College of Agriculture.

Kansas Rural Health Works Community Health Needs Assessment

Cowley 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

KANSAS RURAL HEALTH WORKS

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

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KANSAS RURAL HEALTH WORKS

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

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KANSAS RURAL HEALTH WORKS

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

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KANSAS RURAL HEALTH WORKS

Steering Committee Meetings

- 3 two-hour working meetings over 3 weeks
- Examine information resources
  - Economic contribution of health care; health services directory; community health care survey; data and information reports
- Identify priority health-related needs
  - Revisit information; small group discussion; group prioritization; form action teams
- Develop action strategies for priority needs
  - Leadership, measurable goals

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KANSAS RURAL HEALTH WORKS

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

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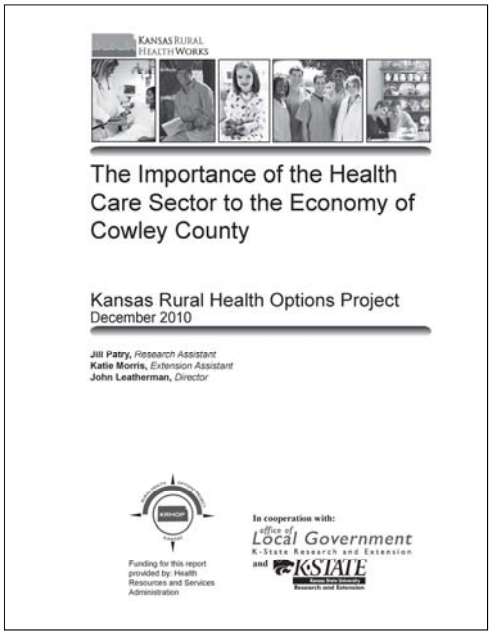
KANSAS RURAL HEALTH WORKS


KANSAS RURAL HEALTH WORKS

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

Kansas Rural Health Options Project
December 2010

Jill Patry, *Research Assistant*
Katie Morris, *Extension Assistant*
John Leatherman, *Director*

Funding for this report provided by: Health Resources and Services Administration

In cooperation with: Office of Local Government, K-State Research and Extension and K-STATE Research and Extension

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KANSAS RURAL HEALTH WORKS

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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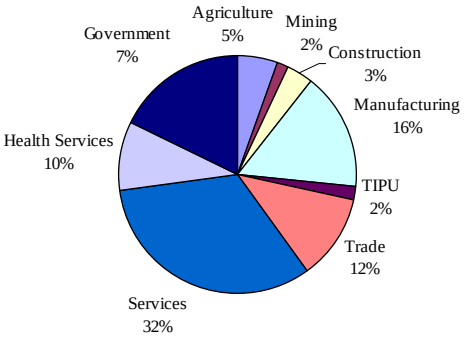
KANSAS RURAL HEALTH WORKS

Health Services in Cowley Co.

Figure 5. Employment by Sector (2008)



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KANSAS RURAL HEALTH WORKS

Total Health Care Impact

Health Sectors	Direct Employment	Economic Multiplier	Total Impact
Health and Personal Care Stores	157	1.20	188
Veterinary Services	50	1.20	60
Home Health Care Services	80	1.18	94
Doctors and Dentists	351	1.34	471
Other Ambulatory Health Care	11	1.38	15
Hospitals	487	1.63	794
Nursing and Residential Care Facilities	907	1.15	1,040
Total	2,043		2,662

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KANSAS RURAL HEALTH WORKS

Health Care Impact ($000)

Health Sectors	Direct Income	Economic Multiplier	Total Impact
Health and Personal Care Stores	$4,441	1.19	$5,273
Veterinary Services	$979	1.21	$1,182
Home Health Care Services	$172	1.18	$203
Doctors and Dentists	$15,424	1.18	$18,189
Other Ambulatory Health Care	$412	1.24	$509
Hospitals	$37,262	1.25	$46,526
Nursing/Residential Care Facilities	$22,587	1.17	$26,352
Total	$81,278		$98,235

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KANSAS RURAL HEALTH WORKS

Health Care Impact ($000)

Health Sectors	Total Impact	Retail Sales	County Sales Tax Collection
Health and Personal Care Stores	$5,273	$1,573	$8
Veterinary Services	$1,182	$353	$2
Home Health Care Services	$203	$61	$0
Doctors and Dentists	$18,189	$5,425	$27
Other Ambulatory Health Care	$509	$152	$1
Hospitals	$46,526	$13,878	$69
Nursing/Residential Care Facilities	$26,352	$7,860	$39
Total	$98,235	$29,302	$147

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KANSAS RURAL HEALTH WORKS

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

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KANSAS RURAL HEALTH WORKS

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 HEALTH WORKS

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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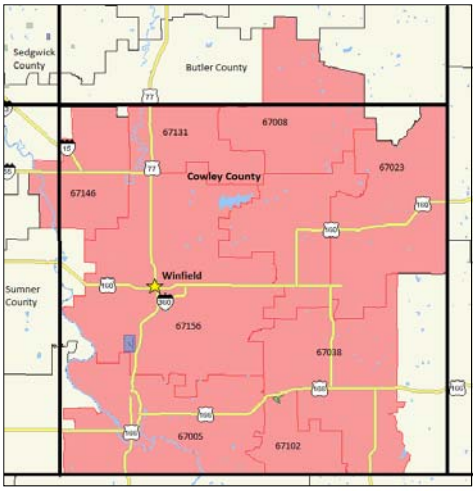
KANSAS RURAL HEALTH WORKS

Wm. Newton Health Care Market

WNH = 89.4% of Inpatient Discharges in 2011



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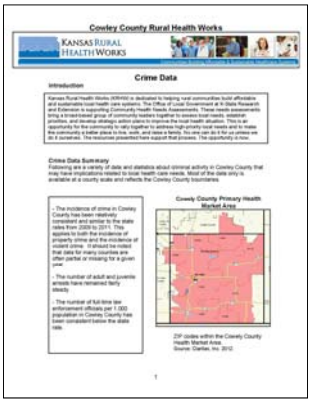
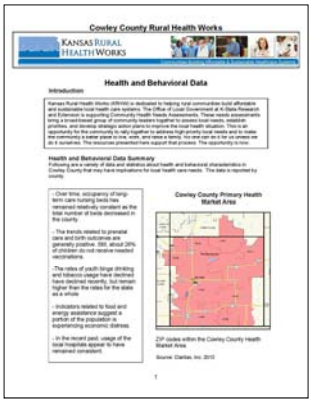
KANSAS RURAL HEALTH WORKS

Data Fact Sheets





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KANSAS RURAL HEALTH WORKS

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 HEALTH WORKS

Data Fact Sheets

- Economic & demographic data
- Health & behavioral data
- Education data
- Crime data
- Traffic data

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KANSAS RURAL HEALTH WORKS

Data Fact Sheets

- Health Matters (random impressions)
  - Variability due to sampling
  - Obesity, diabetes, hypertension > KS
  - 15% teen, 50% unmarried births rising, > KS
  - 28% of pregnant women smoke, > KS
  - Cancer, heart disease, mortality, suicide > KS
  - Poor perception of health, mental health > KS
  - Uninsured population high
  - Indications of economic distress
  - Poverty indicators range: “concern” to “severe”
  - High lead risk with older housing

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KANSAS RURAL HEALTH WORKS

Overall Conclusions from Data

- Population trends and income levels are creating challenges
- Accessing state/federal assistance is essential
- Community-based services for those elderly, alone
- Room for improvement in preventable problems – lifestyle and chronic conditions

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KANSAS RURAL HEALTH WORKS

You look. You decide.

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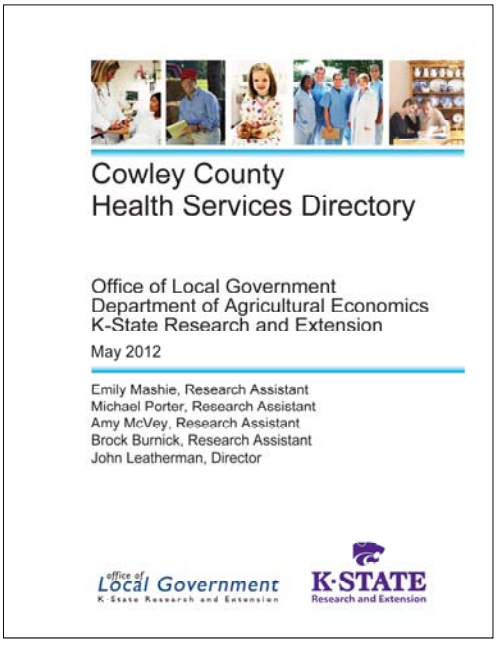
KANSAS RURAL HEALTH WORKS



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KANSAS RURAL HEALTH WORKS

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

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KANSAS RURAL HEALTH WORKS

2012 Community Health Center Needs Assessment

- Population characteristics suggest economic distress
- Uninsured population very high
- Low rank in health behaviors & outcomes

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KANSAS RURAL HEALTH WORKS

CHC Needs Assessment

- Surveys and focus groups
  - Providers dealing with a lot of Medicaid patients, more than they can handle
  - Key informants indicate emergency room used for primary care; cost, access, transportation is a barrier; more help needed for medical, dental, mental health, case management

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KANSAS RURAL HEALTH WORKS

CHC Needs Assessment

- Community Survey (large n; lower income)
  - 74% had health insurance, 45% dental
  - 75% would use community health/dental clinic
  - 55% need family doctor; 51% dentist, 43% eye doctor; 36% women's doctor; 27% child
  - 50% go to doctor when needed; 37% for check-ups
  - Cost & access are issues

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KANSAS RURAL HEALTH WORKS

Public Meeting Schedule

- November 26 – Overview, economic impact report, community concerns, data reports, draft health services directory, survey
- December 3 – Review data & information; group discussion; issue prioritization; team formation
- December 10 – Action planning
- After? That's up to you

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KANSAS RURAL HEALTH WORKS

Next Meeting

- Introduction and Review
- Review of Data & survey results
- Service Gap Analysis
- Focus group formation and charge
- Group Summaries
- Prioritization
- Next meeting date

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KANSAS RURAL HEALTH WORKS

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?*

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Research and Extension

Kansas Rural Health Works Community Health Needs Assessment

Cowley 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

KANSAS RURAL HEALTH WORKS

Local Health Needs Assessment

- Patient Protection and Affordable Care Act creates hospital requirements
- Public Health Department Accreditation
- Both require Community Health Needs Assessment

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KANSAS RURAL HEALTH WORKS

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

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KANSAS RURAL HEALTH WORKS

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

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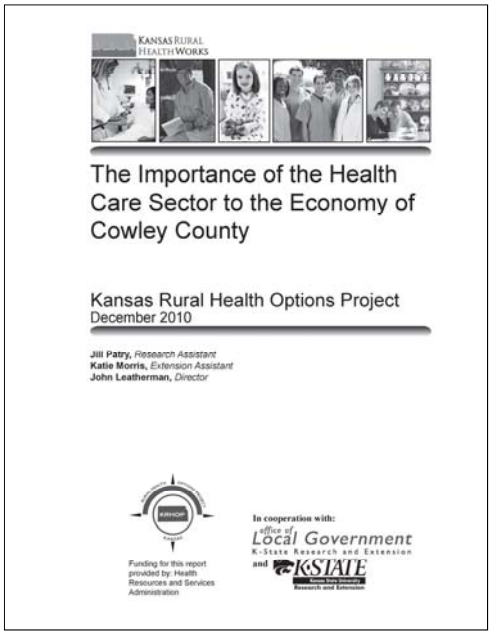

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KANSAS RURAL HEALTH WORKS

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 HEALTH WORKS

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 HEALTH WORKS

Collective Themes

- Health, wellness, chronic disease prevention
- Access for uninsured/underinsured
- Health provider recruitment
- Education and case management for chronic health conditions
- Finances: cost, govt. reform, reimbursements
- Your conclusions?

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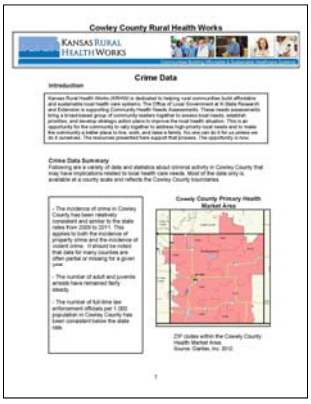
KANSAS RURAL HEALTH WORKS

Data Fact Sheets


Cowley County Rural Health Works

KANSAS RURAL HEALTH WORKS

Crime Data

Introduction

Crime Data Summary

Cowley County Primary Health Market Area


Cowley County Rural Health Works

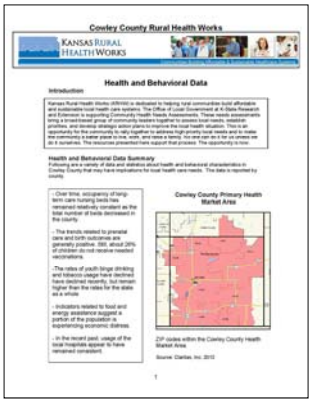
KANSAS RURAL HEALTH WORKS

Kansas Health Matters Data Compilation

Introduction

Kansas Health Matters

Data Summary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Health and Behavioral Data

Introduction

Health and Behavioral Data Summary

Cowley County Primary Health Market Area

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KANSAS RURAL HEALTH WORKS

Data Fact Sheets

- Seeking issues/needs in secondary data
- Economic & demographic data
  - Declining population ~ 8% since 1990 & stable
  - Growing Hispanic population (12%+ 2018)
  - Aging population ~ 16% 65+ & increasing
  - 51% of population without spouse
  - 14% of HH live on <$15,000, 28% <$25,000
  - Transfer income > importance (>$262m, 24%)
  - 16% live in poverty (21% of children)

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KANSAS RURAL HEALTH WORKS

Data Fact Sheets

- Health & behavioral data
  - LTC capacity: community-based alternatives?
  - Youth tobacco use ~17+%, > KS & steady
  - Youth binge drinking ~13+%, > KS & steady
  - Child immunizations ~ 75%, > KS & improving
  - 20% newborns < than adequate prenatal care (small numbers)
  - Government family/food assistance increasing
  - Hospitals short-term trends stable

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Data Fact Sheets

- Crime data
  - Crime at the state rates (incomplete data)
  - Trends improving slightly
- Education data
  - Long-term enrollment decline
  - Dropout rate up/violence steady
- Traffic data
  - 18% of crashes w. injury/death, no seatbelt
  - Positive overall trends

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KANSAS RURAL HEALTH WORKS

Data Fact Sheets

- Health Matters (random impressions)
  - Variability due to sampling
  - Obesity, diabetes, hypertension > KS
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KANSAS RURAL HEALTH WORKS

Overall Conclusions from Data

- Population trends and income levels are creating challenges
- Accessing state/federal assistance is essential
- Community-based services for elderly, alone
- Mental health
- Room for improvement in preventable problems – neonatal care, tobacco/alcohol use, immunization

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KANSAS RURAL HEALTH WORKS

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?

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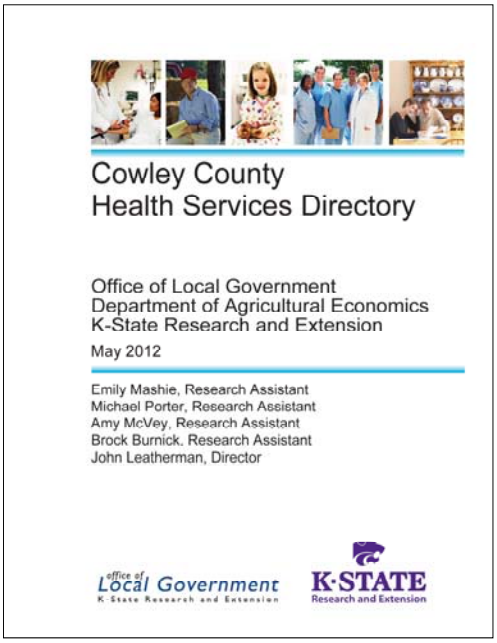
KANSAS RURAL HEALTH WORKS



Cowley 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
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KANSAS RURAL HEALTH WORKS

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?

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KANSAS RURAL HEALTH WORKS

2012 Community Health Center Needs Assessment

- Population characteristics suggest economic distress
- Uninsured population very high
- Low rank in health behaviors & outcomes

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KANSAS RURAL HEALTH WORKS

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

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KANSAS RURAL HEALTH WORKS

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?*

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KANSAS RURAL HEALTH WORKS

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

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KANSAS RURAL HEALTH WORKS

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

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Kansas Rural Health Works Community Health Needs Assessment

Cowley 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

KANSAS RURAL HEALTH WORKS

Local Health Needs Assessment

- Patient Protection and Affordable Care Act creates hospital requirements
- Public Health Department Accreditation
- Both require Community Health Needs Assessment

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KANSAS RURAL HEALTH WORKS

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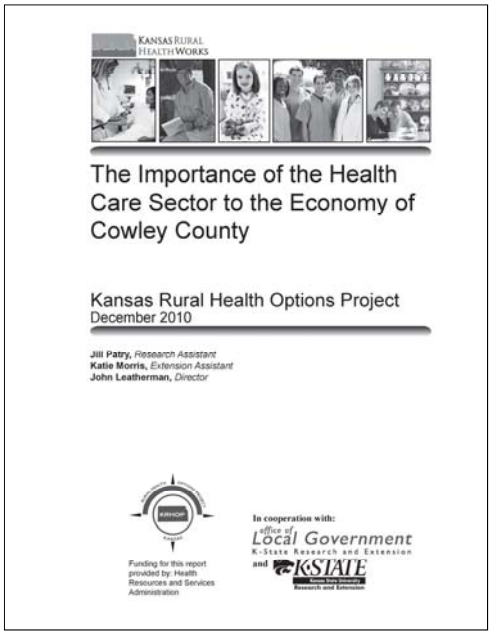

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KANSAS RURAL HEALTH WORKS

Perceptions: Collective Themes

- Health, wellness, chronic disease prevention
- Access for uninsured/underinsured
- Health provider recruitment
- Education and case management for chronic health conditions
- Emphasis on youth
- Mental health assistance including bullying
- Finances: cost, govt. reform, reimbursements

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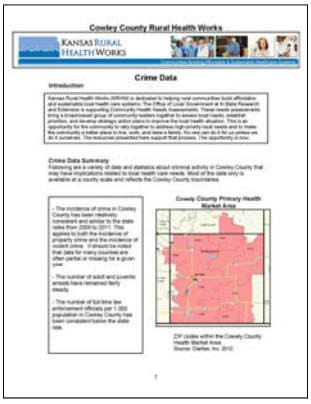
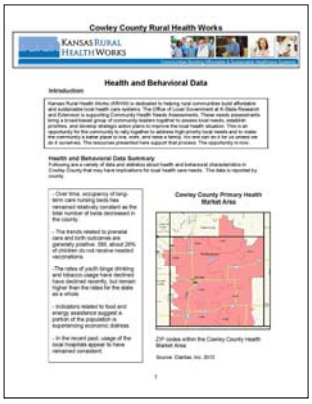
KANSAS RURAL HEALTH WORKS

Data Fact Sheets





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Overall Conclusions from Data

- Population trends and income levels are creating challenges
- Accessing state/federal assistance is essential
- Community-based services for elderly, alone
- Mental health
- Room for improvement in preventable problems – neonatal care, tobacco/alcohol use, immunization

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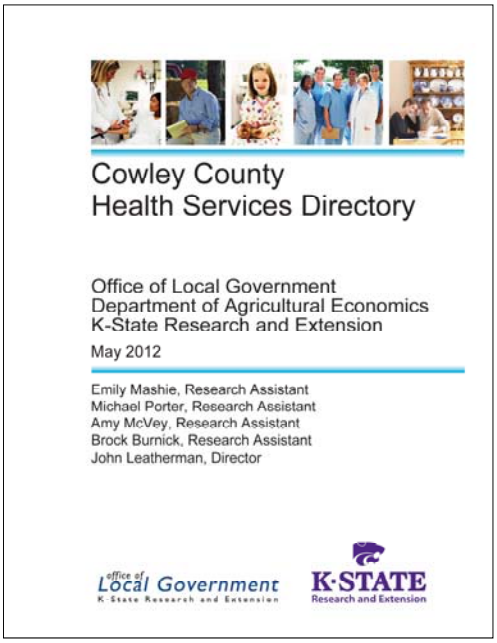

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2012 Community Health Center Needs Assessment

- Population characteristics suggest economic distress
- Uninsured population very high
- Low rank in health behaviors & outcomes

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Issue Prioritization #1

- Health, wellness, and chronic disease prevention
  - Emphasize health education from cradle to grave
  - Focus on youth, teaching healthy lifestyle behaviors that can be carried throughout life
  - Help adults achieve healthier lifestyle
  - Increase awareness and use of existing local services and providers
  - Work with existing local institutions, e.g. school district, local governments, etc.

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Issue Prioritization #2

- Enhance access to health service providers
  - Health service provider recruitment and retention
  - Direct those eligible and in need toward available resources and assistance
  - Enhance communication and collaboration across health service providers

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Issue Prioritization #3

- Focus on cancer-related issues
  - Confirm local area rates of cancer incidence.
  - Determine the type and nature of cancer
  - Ensure local area cancer support services are adequate for cancer patients
  - Work to prevent cancer incidence through education and screening

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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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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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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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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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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

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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

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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

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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

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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

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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

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Health Priorities

- Priority #1: Health, wellness, and chronic disease prevention
- Priority #2: Enhance access to health service providers
- Priority #3: Focus on cancer-related issues

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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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www.krhw.net

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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)

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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

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10. Reaccreditation

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