KANSAS RURAL HEALTH WORKS





Community Health Needs Assessment

Harvey 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:

Newton Medical Center **Health Ministries Clinic**
Harvey County Health Department **Prairie View, Inc.**

In cooperation with:

office of Local Government
K-State Research and Extension

K-STATE Research and Extension

Harvey County Community Health Needs Assessment
Executive Summary
WI-yʤzI-NJè 2010

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

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

In October, 2012, the Harvey County Health Department, Newton Medical Center, Prairie View, Inc., and Health Ministries Clinic 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 thirty-two Harvey 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 Harvey 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 Harvey 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 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.

Priority #2: Improve communication and collaboration between health care providers, between providers and the community, and within the community.

- Emphasis is on fostering greater community engagement.
- Striving to engender clear, consistent messaging to foster collaborative, community-based effort as opposed to defining needs and issues as individual.

Priority #3: Focus on youth.

- Focusing/fostering a healthy start will lead to a healthy life.
- Incorporate consideration of the range of youth needs, including early education related to nutrition, exercise, and drug abstinence.
- Promote youth activities in the community as alternatives to unhealthy choices
- Promote youth engagement on the community.

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Harvey County Community Health Needs Assessment
October 23-November 6, 2012

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

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

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

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

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

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

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

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

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

The **Community Survey** presents an effort to solicit input from the broader community. While the initiative is informal and non-representative, it does contribute considerable input from the broader community. The survey typically queries respondent's health-related needs and behaviors. This provides both an indication of local demand for health services and the level of satisfaction with the services received. At the end, an open-ended question queries respondents' views about local health-related issues and concerns.

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

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

Finally, the **CHNA Requirements** summarize the Affordable Care Act's requirements for affected hospitals and the requirements for health department accreditation.

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.

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Harvey County Rural Health Works
Community Health Needs Assessment
October 23-Novemeber 6, 2012

Sponsors: Harvey County Health Department
Newton Medical Center
Prairie View, Inc.
Health Ministries Clinic

Local Coordinator
Lynnette Redington, Director
Harvey County Health Department
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Meeting Schedule

Meeting 1: Local Data
Tuesday, October 23, 2012
Prairie View, Inc. Auditorium, 1901 E. 1st Street in Newton

Agenda

12:00 p.m. Introduction and Purpose
12:10 p.m. Economic Contribution Report
12:25 p.m. Preliminary Needs Identification
- Issue Identification Cards
- Discussion

12:45 p.m. Secondary Data Reports
1:05 p.m. Group Discussion
1:15 p.m. Community Survey
- Participant Survey
- Community Outreach

1:30 p.m. Gathering Community Input
1:35 p.m. Preparation for Prioritization
1:45 p.m. Discussion
2:00 p.m. Adjourn

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Meeting 2: Issue Prioritization
Tuesday, October 30, 2012
Prairie View, Inc. Auditorium, 1901 E. 1st Street in Newton

Agenda

12:00 p.m.	Introduction and Review
12:10 p.m.	Review of Data
12:15 p.m.	Service Gap Analysis
12:20 p.m.	Survey Results
12:30 p.m.	Focus Group Formation and Instruction
1:10 p.m.	Group Summaries
1:30 p.m.	Prioritization
1:50 p.m.	Action Committee Formation
1:55 p.m.	Committee Charge
2:00 p.m.	Adjourn

Meeting 3: Action Planning
Tuesday, November 6, 2012
Prairie View, Inc. Auditorium, 1901 E. 1st Street in Newton

Agenda

12:00 p.m. Introduction and Review
12:10 p.m. Action Planning
- Objectives and Input
- Instruction
- Organization

12:30 p.m. Workgroups Begin
1:00 p.m. Workgroup Reports
1:30 p.m. Organization and Next Steps
1:50 p.m. Summary
1:55 p.m. Program Evaluation
2:00 p.m. Adjourn

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KANSAS RURAL HEALTH WORKS





Harvey County

Community Health Priorities Action Plans and Issue Identification

Identification of Harvey County Health Needs and Priorities

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

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

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

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

Steering Committee Consensus on Overall Priorities for Harvey County

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

- Emphasize health education from cradle to grave.
- Focus on 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.

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- Emphasis is on fostering greater community engagement.
- Striving to engender clear, consistent messaging to foster collaborative, community-based effort as opposed to defining needs and issues as individual.

Priority #3: Focus on youth.

- Focusing/fostering a healthy start will lead to a healthy life.
- Incorporate consideration of the range of youth needs, including early education related to nutrition, exercise, and drug abstinence.
- Promote youth activities in the community as alternatives to unhealthy choices
- Promote youth engagement on the community.

Focus Group 1 Discussion
October 30, 2012

Discussion Questions

What is your vision for a healthy community?

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

What can the hospital do to help?

What can the health department do to help?

Response

Vision for a healthy community:

Residents that are engaged in their own health and community's health.

What could be better?

Prevention/education.

Community engagement.

Youth engagement.

Consistent messaging.

Training all primary care providers on Screening Brief Intervention Referral to Treatment (SBIRT).

Allow medical providers to intervene and increase referral system.

Engage youth more in civic responsibility – decrease health issues.

A lot of money is spent on tobacco cessation, but money needs to be spent on other drugs as well.

Increase kids' mobility and get them outside.

We need consistent goals and messaging throughout the community.

Citizens need to take care of themselves – a lot of issues are not addressed until they absolutely need to be fixed.

Preventative measures need to be addressed in schools with goals, education, and implementation – ex: vegetables are good for you, but do you know how to prepare the food?

People need to live healthy lifestyles – Our youth is disconnected, infant mortality

Will the events that we put on work?

What can the hospital do to help?

Help with intervention.
Coordinating the message with care.
Staff education.
Review and change policies to increase use – offer referral services.
Provide funds for increasing kids' mobility.
How can we get people to the right place and to the right people?

What can the health department do to help?

Hire a part-time health educator.
Coordinate an awareness campaign.
Modeling – do what we want others to do.
Use SBIRT.

Overall focus:

Prevention.
Education.

Focus Group 2 Discussion
October 30, 2012

Discussion Questions

What is your vision for a healthy community?

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

What can the hospital do to help?

What can the health department do to help?

Response

What is right?

Partnerships between organizations.

Workplace wellness.

Important Issues:

Chronic conditions (obesity, heart disease, etc.).

Promote health wellness, prevention.

Expand current health/wellness initiatives, work with existing groups and not start from scratch.

Youth and family assistance and support, and how to help the individual.

Rising violence.

Funding. Better ways to fund programs.

Awareness of what is available.

People below the poverty level.

Prevention at prenatal and youth stage – stop dangerous patterns before age of 18.

Coordinate care which helps save money in the long run; get providers to work together.

Obesity and its ties to chronic issues.

Difficulty paying for care and the lack of insurance.

Better nutrition.

Positive programs for youth after school.

Prevention for youth, adults, and seniors.

Smoking.

What could be better (narrowed down)?

Awareness of better nutrition and the benefits of exercise.

Diabetes outbreak, heart disease, obesity trend.

Difficulty paying for health care and the lack of insurance.

Youth.

- Disabilities
- Substance abuse (drugs, alcohol)
- Drug-free initiatives targeted to youth
- Promote existing groups that provide positive programs for youth
- Have organizations coordinate and work together
- Loss of funding can be a challenge
- Lack of Boys & Girls Club in Harvey County

Prevention, health and wellness.

- Universal screening tools.
- Standard practices.
- Cooperation between providers, training.
- Getting people to seep needed health care.
- Equip local doctors to provide needed information.
- Workplace wellness initiative, get employers involved and strengthen programs in place.

What we can do to rally the community:

Strengthen existing programs and organizations.

Publicize wellness initiatives.

Encourage employers in the workplace to have health/wellness programs to promote to companies.

Chamber could help small businesses with their health/wellness initiatives.

More "Dinner with the Doctor" type programs throughout the community.

Bring in rural populations and make sure they're connected.

Host health and wellness fairs and offer free medical services (fund through grants) to help the low-income and low-insurance people

Have a mobile unit for care and help to raise awareness and send the "Wellness Bus" to communities to increase visibility (funding?). Get various providers involved.

Health department already has some strong health initiatives in schools and we need to take advantage of this by going out to where the people are.

Transportation – can people get to health care locations?

What can the hospital do to help?

Treat conditions but also encourage prevention.
Host workshops on “health” topics – like "Dinner with the Doctor" program.
Help low-income can access care.
Universal screenings, standard set of questions.
Standardized training, work with other providers.
Promote “Meals on Wheels” program throughout the county.
Newton Medical Center partner with Chamber to promote company health and wellness programs.
Early detection of conditions.

What can the health department do to help?

Education about diabetes.
Promotion of prevention (how to avoid illness).
Good health care for individuals with low incomes.
Have programs in schools to encourage healthy living at an early age.
Universal screenings, standard set of questions.
Standardized training, work with other providers.
Good care at an early age (immunizations).
Early detection of conditions.

Focus Group 3 Discussion
October 30, 2012

Discussion Questions

What is your vision for a healthy community?

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

What can the hospital do to help?

What can the health department do to help?

Response

Vision for a healthy community:

Quality of facility for health and wellness.
Prevention such as teen pregnancy and alcohol.
Integration of efforts – maximize efforts. (A healthy community is engaged with one another).
Supporting families and the community reaches out to families.
Communication between health care providers.
Coordination of care.
Collaboration, maximize resources, prevention.
Healthy neighborhoods.
Transportation.

What could be better?

Education and awareness.
Engagement by parties – Communication and where money comes from to pay for that.
Opportunities for collaborative projects.
How do they fit together such as primary health and behavioral health?
More than just agencies have to be invested in this opportunity.
"I don't need your help; I can manage on my own" – Only the things they can control.
How do we make this a better place for everyone?
Frame question – engagement process – that affects me – individually – so then it helps us universally – which creates a better community.
Collaboration – when agencies work together, we multiply the benefit.

Focus:

Messaging has to be right – this is our community, this is important to me.
Increase existing collaborative efforts.
Developing relationships which creates a different dynamic in collaboration and understanding.

This is our community.

Focus Group 4 Discussion
October 30, 2012

Discussion Questions

What is your vision for a healthy community?

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

What can the hospital do to help?

What can the health department do to help?

Response

Vision for a healthy community:

Transform from the focus on healthcare to a focus on health.

Socio-economic level of community – income is an important component of wellness.

Affordable access to care for everyone, outreach to smaller communities, school-based education on health.

Personal health achievement.

Each individual should reach the maximal level of wellness for them.

Access to affordable services including food and exercise.

Themes:

Poverty, access, affordable, personal wellness, youth and school health education.

Comment – personal responsibility for healthy lifestyle.

Actions to achieve:

A clear understanding of how to bring about improvement in individual choices and change the behaviors.

Allocation of resources built into environment (parks, accessibility to sidewalks, etc.; culture of health).

Educate community about free, low-cost options to improve health.

Raise awareness of Health Ministries and other community resources.

Improve collaboration and communication among health care providers to decrease costs and improve care (by sharing health records); specialty care access.

Make one change for your health.
Stewardship of our bodies.
Employer wellness programs.
Build culture of wellness, education, opportunities, stewardship.

What can the hospital do to help?

Health education.
Sponsor health initiatives.
Outreach.

What can the health department do to help?

Education.
Outreach.
Better collaboration with other providers.

Harvey 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?

Harvey County Community Health Needs Assessment Action Planning
November 6, 2012

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

- Emphasize health education from cradle to grave.
- Focus on 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.

Action Committee Members

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Action Plan

<u>Getting Started</u>

Situation

I'd like to see more worksites with comprehensive wellness programs.
This could help adults achieve healthier lifestyles.
Lack of positive health behaviors and community members not accessing preventative education and resources.
Healthier Harvey County.
Lack of positive behaviors and access to education/resources.
Worksites – wellness programming, health for youth, screening, referral to providers, consistency, care not coordinated, difficulty accessing health care, obesity, drug use, alcohol abuse, public apathy, lack of financial resources, personal responsibility for health.

- Inadequate prevention/wellness efforts coordinated by service providers.
  - Difficulty accessing medical, dental, mental health care, including prenatal care particularly from smaller communities.
- Rates of obesity are too high, raising risks of chronic disease.
- Drug use, including tobacco, alcohol, and prescription and illicit drugs.
- Lack of adequate exercise.
- Public apathy about personal responsibility for health.
- Lack of financial resources for health education.
- Inadequate healthy lifestyle curriculum in schools.
- Duplication of services, testing, etc.

Priorities

- Common access point for information – brand and website.
- Education around evidence-based wellness programming.
- Bring more entities into Healthy Harvey Coalition.
- Increase the number of organizational wellness initiatives (worksite, congregational, etc.) within the county.
- Establish consistent procedures for risk factor screenings and referrals based on holistic approaches to care.
- Increase health promotion activities targeting under-served populations.
- Consistent screening, education, referral to address early detection.
- Individual – making the healthy choice the easy choice, healthy lifestyle overall.
- Employer/agency – increase work wellness program, congregation wellness initiatives.
- Community – screen/refer in consistent way, holistic approach, build relationships in the community, outreach communities, and reach underserved.
- Promote prevention.
  - Preventative health screening and education.
  - Immunizations for all ages.
  - Provide services and education in workplaces, schools, stores.
- Promote healthier lifestyles.
  - Physical activity.
  - Healthier eating.
  - Understanding of health risks.
  - Reduce drug use (tobacco, alcohol, drugs).
- Increase health care provider collaboration and communication.

Intended Outcomes

- Recognizable logo.
- Website.
- Consistent messaging.
- Broad representation at coalition meetings.
- Increased utilization of generic screening tools that results in positive movement on health indicators as defined and measured by data compiled in Healthy People 2020.
- Consistent use of Screening Brief Intervention Referral to Treatment (SBIRT) among health care providers (universal screening).
- Workers making more decision based on health education.
- Establish procedure – more referrals.
- Expansion of worksite wellness.

Shared health/wellness campaigns – many organizations participate in same messaging.
Identify current work/agency wellness program and increase numbers.
Using the same screening procedures – consistency.
Lower rates of obesity, lower rates of tobacco and drug use (Healthy People 2020) and access to governmental data.
Increased access to affordable health care – healthier communities, decreased emergency room usage and hospitalizations.
Increase rates of non-tobacco users, non-drug users – decreased health complications.
Increase rates of healthy weight in adults and children – drop in BMI.
Increase rates of regular exercise – decrease obesity, stabilized heart disease, diabetes.
Increase rates of fruits, vegetables, and water consumption – stabilized diabetes, cancer rates.

Filling in the Plan

Resources

Someone to coordinate web experience/logo.
Money for food to get people to meetings – little bit of unrestricted money.
Healthy Harvey Coalition.
Grant writers/Funding sources.
Healthy People 2020 baseline data.
HCCP (Resource Council).
Charity Tracker connection.
SBIRT – hospital to train other providers and their administration to prioritize so barriers are overcome.
Worksite wellness – Healthy Harvey Coalition, existing groups, partner insurance companies for materials promotion, staff time.
Campaigns – interested organizations.
Money needed for materials and training, social media training.
Coordinating force.
Grants for bigger initiatives.
Health department, hospital, PC, social service agencies, private providers, professional health association, civic groups, churches, school districts, health insurers, local government.
Money, time (collaborative grants).
State, local, and regional partners – KDHE, BOH, mental health.
Health careers clubs, nursing, medical, dental, social work students.

Activities

Regular meetings.
Article in newspaper.
Work Well Kansas training in Newton (education).
Public awareness event.
Developing a consistent screening tool.
Review, edit, correct (with yearly updates) the health resource guides – Kansas Rural Health Works online.
Designate an educator for service providers to aid use of screenings tool(s).
Increase awareness and support of Healthy Harvey Coalition.

SBIRT committee – training researched/developed.
Referral lists, pocket cards, work with providers.
Update resource directory, track, and charity tracker.
Campaigns – work groups for shared campaigns.
Screening/referral tool.
Central database/information on care.
Printed resource guide (updated regularly).
Wellness education.
Research effective actions to improve community health and motivate change.
Incentives for preventative care.
Workplace/school competitions, "time-off" for health, Make One Change! Campaign.
"Report cards" for healthy lifestyles with incentives for improvement.
Stop smoking, using groups, peer support.
Employer health programs – public recognition.
Form a task force; meet quarterly.
Publicize successes – papers, radio, posters in clinics, public places.
Large community board or posters with dial showing progress in each community.
Support groups for those trying to make improvements.
Post "healthy" choices on more restaurant menus.
Neighborhood development of walking trails.

Participate

Human Resources directors – those who make policies.
Wellness directors.
Health care providers.
Citizens of all ages.
All from "Activities" – educator, editor, screeners, etc.
SBIRT – healthcare.
Worksite wellness – adults, family decision makers.
Low-income population/uninsured.
Hispanic populations.
Employers.
Workforce center – employment services.
Restaurants.

Short-Term Results

SBIRT – plan and training developed, instituted in hospital (increase in SBIRT practice/coding).
Affordable access to health services for more citizens – love stats.
Improved community awareness of healthy lifestyles – survey.
Increased community participation in healthy lifestyles – survey.
More community awareness of health care options - survey.

Intermediate-Term Results

Meeting regularly.
Web-based portal (and usage).
SBIRT training offered to individual providers and barriers overcome.
Affordable access to health services for most citizens.
Increased number who participate in preventative screening.

More health education/activities in schools and workplace and senior residences.
Small businesses without insurance contract with health providers for screening and other services.

Ultimate Impact

Health indicators improving.
Grant dollars (we're mobilized).
SBIRT – decrease in chronic conditions because of early detection and address.
Community culture of wellness.
Affordable access to health care services for all citizens.
Reduced inappropriate use of emergency room.
Reduced hospitalizations for complication of chronic diseases.
Improve health as measured by key indicators tracked by KDHE.
Progress toward Healthy People 2020 goals.
More integrated health care services.
Collaboration among private and non-profit health providers to impact community health.

Harvey County Community Health Needs Assessment Action Planning
November 6, 2012

Priority #2: Improve communication and collaboration between health care providers, between providers and the community, and within the community.

- Emphasis is on fostering greater community engagement.
- Striving to engender clear, consistent messaging to foster collaborative, community-based effort as opposed to defining needs and issues as individual.

Action Committee Members

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Action Plan

Getting Started

Situation

Better collaboration between health care providers and active community involvement in health care.
Improve and enhance collaboration among providers within the communities.

Priorities

Getting patients to the right level of care at the right time.
Prevent need for more serious intervention.
Spending Harvey County health dollars efficiently.
Community and health providers working together creating ownership in individual health and community health.
All providers giving consistent messages about chronic disease prevention and care.
Deliberately make opportunities for connections to create better community relationships.
Better health provider relationships.
Communicate among providers (how?).
Have voices from all communities.

Intended Outcomes

Efficient use of Harvey County health dollars.
Better management of chronic disease – improved outcomes.
Reduces incidence of illness and chronic disease ownership of self-care.
Increase efficient service for client (location less wait/services, better service coordination, access).

Reduce duplication for client (forms, tests).

Filling in the Plan

Resources

Health ministries.
Newton Medical Center.
Health department.
School nurses.
Via Christi.
Prairie View.
Doctors and dentists.
Mirror.
Community at large members.
Primary care providers.
Nurse educators (Bethel, Hesston).
It will be ongoing.
Money for marketing and maybe a person to keep things moving.
Grant application can partner with KUMC, K-State, KDHE, and Wichita State.
Work with current group/resources.
$ marketing message.
$ staff to coordinate group – working with resource council and health providers.
Input from audiences – champions of different audiences (faith-based, early childhood).
Advantages for other cities of county.
Funding source consistency for (staff) coordinator.
Coordination – health department, $<FTE.

Activities

Quarterly meetings to discuss progress toward goals and develop new goals.
Public meetings to get info out to community.
Healthy services “menu.”
Care Coordinators?
Resource directory revised – individual and agency referrals.
Door-to-door outreach.
Meetings with doctors and healthcare providers.
Stakeholders’ input – how to get it (relationships).
Talk with key medical contacts.
Meeting/list serve collection.

Participate

Leadership.
Care providers.
Health care educators.
Community members for participation and who we need to reach and influence.
Partners.
Champion.

Short-Term Results

- Less use of ED as primary care – define amount.
- Increased enrollment/participation in programs such as diabetes ED – define amount.
- Increase immunization rates?
- Develop coalition (?) increase numbers of contacts with purpose.
- Identify champions in each city to implement recruit for coalition.
- Get “buy-in” from providers.

Intermediate-Term Results

- Fewer pre-diabetes becoming diabetic.
- Reduced incidence of chronic disease and illness.
- Improved outcomes for those with chronic diseases.
- Efficient use of HVCO health spending.
- Increase access to medical services/education.
- Implement health initiative in each city (access, events, change for employees – wellness).
- Communication is happening between providers.

Ultimate Impact

- Reduced prevalence and incidence of chronic disease and illness.
- Reduced cost of health care in Harvey County.
- Community input and involvement in development of HVCO health systems.
- Active participation among community showing ownership of self-care – preventative services grow.
- Sustained leadership for healthy community evaluation.
- Community norm that service is available.

Harvey County Community Health Needs Assessment Action Planning
November 6, 2012

Priority #3: Focus on youth.

- Focusing/fostering a healthy start will lead to a healthy life.
- Incorporate consideration of the range of youth needs, including early education related to nutrition, exercise, and drug abstinence.
- Promote youth activities in the community as alternatives to unhealthy choices
- Promote youth engagement on the community.

Action Committee Members

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Tina Payne; Harvey County United Way.

Action Plan

<u>Getting Started</u>

Situation

Focusing and fostering a healthy start will lead to a healthy life.
Incorporate consideration of the range of youth needs, including early education related to nutrition, exercise, and drug abstinence.
Promote youth activities in the community as alternatives to unhealthy choices.
Promote youth engagement in the community.

Priorities

Establish a "Healthy County Task Force" subcommittee to focus on youth health – include youth representatives and Hispanic groups and early childhood.
O-K – collaborate with ICC to provide parenting support resources.
K-12 – collaborate with social norms groups to expand to include health topics.
Define "youth."

Intended Outcomes

To effect change in the youth culture, youth need to be in the decision/design making role.
Strategies should be community specific.
By establishing a youth health subcommittee, youth are engaged in the process.
That group would collaborate with existing social norms groups, schools, recreation commission, etc. to create driving coalitions within each community.

Filling in the Plan

Resources

- Data – teen pregnancy, suicide, drug use – specific to each community.
- Educational materials.
- Adult facilitators (social norms).

Activities

- Halstead – need to form group.
- Meet with each social norms group to introduce concept and secure buy-in.
- Solicit financial support.
- Meet with school board and superintendent.

Participate

- County health department.
- YOUTH.
- School Board.
- Superintendent.
- 4-H groups.
- Recreation Commission.
- Church youth groups.
- Boy/Girl Scouts.
- Hope Fest Organizers.
- Community Fairs – Halstead and Burrton.

Short-Term Results

- Establish line of community with each community.
- Awareness – broad (with flyers), city channels campaign.
- Collect data – establish measurement tool.
- Growth in youth engagement.

Intermediate-Term Results

- Health survey – change happening.
- Each group selects 1-2 key target areas.
- Succession planning/sustainability.
    - Kids graduating, change in administration, budget cuts.

Ultimate Impact

- Reduces negative health indicators – teen pregnancy, etc.

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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?

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?

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Harvey County Rural Health Works Program

Initiating Committee Participants
Wednesday, August 29, 2012

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Tuesday, November 06, 2012

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Carlota M. Ponds	Director	Hesston Area Chamber of Commerce	Hesston	chamber@hesstonks.org

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

Share of Inpatient Discharges from Harvey County Zip Code, 2011

Hospital	Zip	City	State	COUNTY	Percentage
Newton Medical Center - KS	67114	NEWTON	KS	HARVEY	43.5%
Newton Medical Center - KS	67062	HESSTON	KS	HARVEY	5.7%
Newton Medical Center - KS	67056	HALSTEAD	KS	HARVEY	4.9%
Newton Medical Center - KS	67117	NORTH NEWTON	KS	HARVEY	4.8%
Newton Medical Center - KS	66866	PEABODY	KS	MARION	4.0%
Newton Medical Center - KS	67063	HILLSBORO	KS	MARION	3.3%
Newton Medical Center - KS	66861	MARION	KS	MARION	2.8%
Newton Medical Center - KS	67107	MOUNDRIDGE	KS	MCPHERSON	2.7%
Newton Medical Center - KS	67147	VALLEY CENTER	KS	SEDGWICK	2.4%
Newton Medical Center - KS	67135	SEDGWICK	KS	HARVEY	2.4%
Newton Medical Center - KS	67460	MC PHERSON	KS	MCPHERSON	2.2%
Newton Medical Center - KS	67053	GOESSEL	KS	MARION	2.0%
Newton Medical Center - KS	67154	WHITEWATER	KS	BUTLER	1.6%
Newton Medical Center - KS	67020	BURRTON	KS	HARVEY	1.4%
Newton Medical Center - KS	67219	WICHITA	KS	SEDGWICK	1.3%
Newton Medical Center - KS	67502	HUTCHINSON	KS	RENO	1.3%
Newton Medical Center - KS	67501	HUTCHINSON	KS	RENO	1.2%
Newton Medical Center - KS	67428	CANTON	KS	MCPHERSON	1.0%
Newton Medical Center - KS	66851	FLORENCE	KS	MARION	0.8%
Newton Medical Center - KS	67151	WALTON	KS	HARVEY	0.7%
Newton Medical Center - KS	66840	BURNS	KS	BUTLER	0.6%
Newton Medical Center - KS	67443	GALVA	KS	MCPHERSON	0.5%
Newton Medical Center - KS	67204	WICHITA	KS	SEDGWICK	0.5%
Newton Medical Center - KS	67123	POTWIN	KS	BUTLER	0.4%
Newton Medical Center - KS	67546	INMAN	KS	MCPHERSON	0.3%
Newton Medical Center - KS	66858	LINCOLNVILLE	KS	MARION	0.3%
Newton Medical Center - KS	67042	EL DORADO	KS	BUTLER	0.3%
Newton Medical Center - KS	67212	WICHITA	KS	SEDGWICK	0.3%
Newton Medical Center - KS	67522	BUHLER	KS	RENO	0.3%
Newton Medical Center - KS	66845	COTTONWOOD FALLS	KS	CHASE	0.2%
Newton Medical Center - KS	67208	WICHITA	KS	SEDGWICK	0.2%
Newton Medical Center - KS	67216	WICHITA	KS	SEDGWICK	0.2%
Newton Medical Center - KS	67401	SALINA	KS	SALINE	0.2%
Newton Medical Center - KS	67016	BENTLEY	KS	SEDGWICK	0.2%
Newton Medical Center - KS	67203	WICHITA	KS	SEDGWICK	0.2%
Newton Medical Center - KS	67205	WICHITA	KS	SEDGWICK	0.2%
Newton Medical Center - KS	67438	DURHAM	KS	MARION	0.2%
Newton Medical Center - KS	67483	TAMPA	KS	MARION	0.2%
Newton Medical Center - KS	67505	HUTCHINSON	KS	RENO	0.2%
Newton Medical Center - KS	66838	BURDICK	KS	MORRIS	0.1%
Newton Medical Center - KS	67554	LYONS	KS	RICE	0.1%
Newton Medical Center - KS	OTHER				4.1%
					100.0%
		Harvey County Share			63.5%

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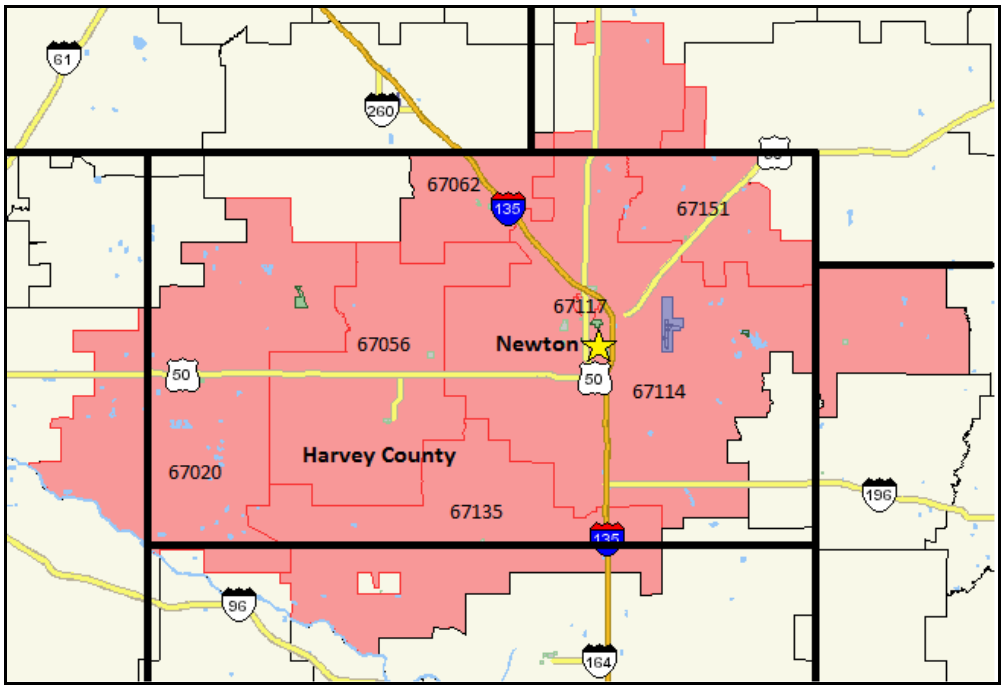

Harvey County Preliminary Issues List
10/23/2012

Themes

Promote health and wellness
Address chronic conditions, e.g. obesity/diabetes, smoking
Access for uninsured/underinsured
Coordination/collaboration among providers
Youth/family assistance and support
Finance and declining state/federal support

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

Personal inactivity and obesity (9)
Lack of funds to access healthcare (2)
Uninsured/affordability for all (6)
Coordination of care across clinics and hospitals (2)
Build environment for walking, swimming, park, etc to all neighborhoods (2)
Poverty/low-income
Prenatal care
Teen pregnancy
How the health department will remain financially stable and be able to to provide services given cutbacks at the state and federal levels and proposed changes at the local level
Cost of going to get medical/mental health care
Domestic violence (2)
Attitudes of health - unhealthy people with great health insurance
Accessibility (4)
Chronic diseases (diabetes, heart diseases, high blood pressure) (2)
Ability to obtain needed medication and services
Tobacco/smoking (2)
Poor dental/optometry health (3)
Pre-natal/OB for low income (3)
Behavioral health for uninsured
Anticipated reductions in state and federal funding and cuts that result from KanCare MCO managements of Medicaid services
Large gaps between Haves and Have-Nots
Childcare/parenting behavioral intervention
Underage substance abuse (2)
Funding agency corruption
High rates of mental illness (depression, suicides)
Making sure our young people really understand the need to becoming healthy

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

Improve wellness initiatives
Improve access for basic care and special needs/illnesses (2)
Educate people on wellness and prevention (5)
Improved coordination and collaboration of care among providers (4)
Improved facilities (YMCA, water/swim park, extension of bike path to all neighborhoods)
Improved school system to attract families (especially high school)
Soliciting information from nurses and doctors who provide direct patient care
Implementation of the affordable care act
Counselors understanding domestic violence and how to fit it - make abusers accountable
Incentives for healthy lifestyles
Community attitudes shifted to accountability for self instead of poor health being someone else's problem
Better public transportation - cabs and buses (2)
Encourage and provide financial support for prevention activities and specialized services (3)
Bring all agencies providing health services together to prevent duplication and be inclusive of all communities in Harvey County (3)
Consistency of public/governmental financial support
Lower costs and have doctors see patients regardless of whether they are able to pay
Strengthen families with behavior/physical and social/emotion health issues
Screening by nurses and medical staff
Making sure children receive good health care from early age for a good foundation
More communication and medical record sharing

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

Improve wellness initiatives
Easy access/strong environment for fitness/nutrition (4)
Coordination of care (3)
Improved network of helping uninsured (helping them get insurance)
Continued strong hospital
Wellness and preventative care
Maintain the integrated medical/mental care that is at Health Ministries
Increase immunization levels
Treatment centers for abusers
Healthier children - early intervention and prevention (2)
Stronger families
Everyone knows importance of managing own healthy and that care is available when needed
Access to basic services through workplace, school, and congregational wellness programs
Increasing physical activity, decreasing obesity (3)
Decrease smoking and exposure
To provide first class health services to young and old
If you're well and healthy, stay that way - just don't get worse
If you have one or more health risk factors, begin to make incremental improvements
Availability and accessibility - prepare for integration and coordination of care (3)
Lower the cost of services being provided - competitive rates (3)
Accessible and affordable childcare
Social/emotional support information for youth and parents
Community support
Focus on prevention (2)
Reduce obesity

What are the greatest barriers to achieving health care goals?

Funds to support wellness services so that all can access them (3)
Fragmented organizations
Finances for new facilities and programs (8)
The strong culture of keeping things the way they have always been
Apathy of consumers - they want to live without though of their future health
Repealing the affordable care act would create more barriers
Transportation (2)
Lack of a treatment center for abusers - allow victims to stay in their home
"Magic pill" mentality toward health issues
Education (2)
Understanding of professionals about real needs of under-represented classes, like the need for after-hours care
People are not ready to change (4)
People think they are more healthy than they are (2)
Turf wars between providers
Perception that wellness is too costly to too hard to achieve
Cultural norms around eating and physical inactivity (2)
Limitations and fees from Medicaid, insurance, and provider capacity
Location
Community buy in
Undefined goals, unfocused efforts (2)
Including representatives from outside of Newton in the Action Plans
Lack of collaboration with private sector as to meeting community needs
Lack of involvement from smaller towns
Get the cost of health care to a reasonable price for everyone

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KANSAS RURAL HEALTH WORKS

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

Kansas Rural Health Options Project
December 2010

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RURAL HEALTH OPTIONS PROJECT KRHOP KANSAS

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 Kansas State University Research and Extension

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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 Harvey 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 Harvey 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 Harvey 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.

Harvey County Demographic Data

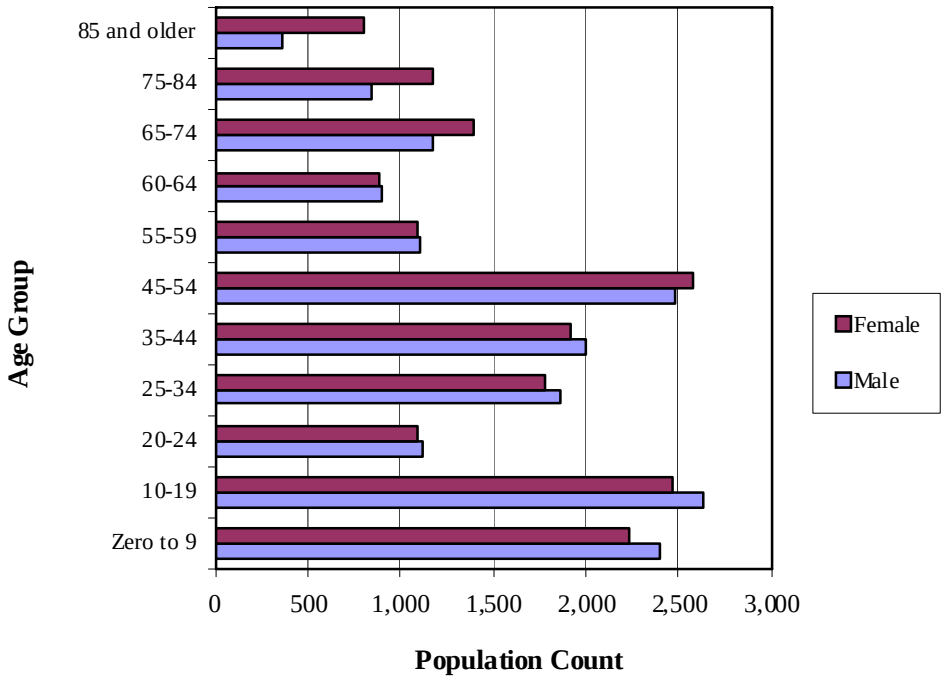
Table 2 presents population trends for Harvey County. In 2010, an estimated 34,007 people live in the county. Between 1990 and 2010, the population increased 9.6 percent and also increased 3.4 percent between 2000 and 2010. Population projections indicate that 34,880 people will live in the county by 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	31,034	1990-2000	5.9	8.5	2015	34,880
2000	32,873	2000-2010	3.4	5.5	2020	35,815
2010	34,007	1990-2010	9.6	14.5	2025	36,783

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

Figure 1. Population by Age and Gender

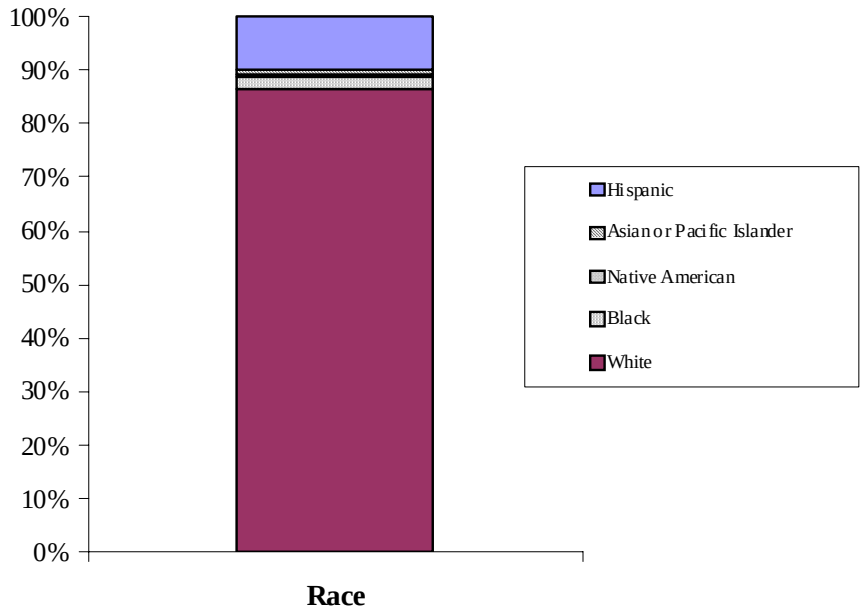


U.S. Census Bureau

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 28.3 percent. People aged 65 and older represented 16.8 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 86.3 percent of the county's population, while Native Americans represented 0.7 percent, African Americans made up 2.1 percent, Asians were 0.7 percent and Hispanics were 10.2 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)

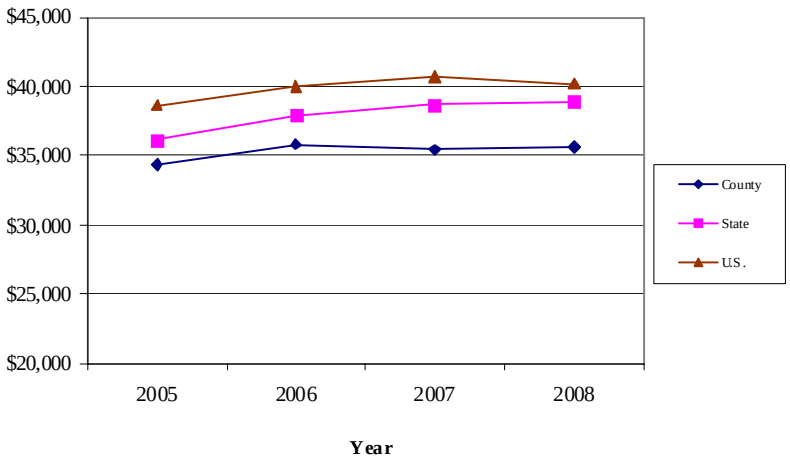


Woods and Poole Economics, Inc. Native American includes American Indians and Alaska Natives; Asian or Pacific Islander includes Asian Americans, Native Hawaiians, Pacific Islanders; Hispanic population is persons of Hispanic origin regardless of race.

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.

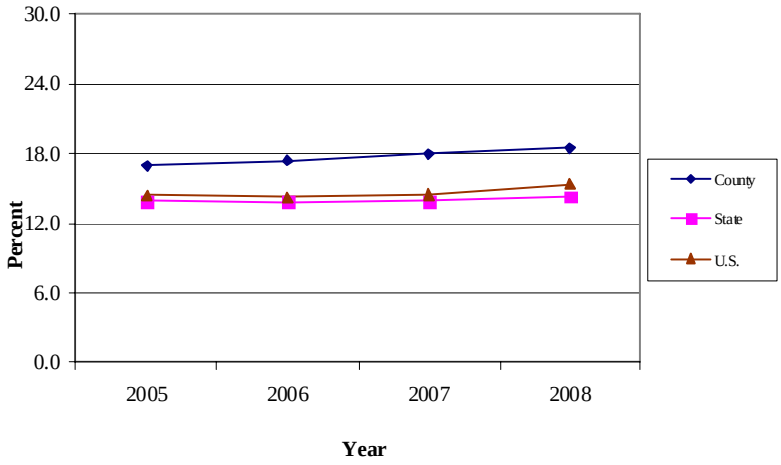
Figure 3. Total Per Capita Personal Income (2008$)



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 Harvey County, personal income has increased from $34,333 in 2005 to $35,599 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 17.0 percent in 2005 to 18.5 in 2008.

Table 3 shows personal income data by source for Harvey County, Kansas and the nation. Within the county, 60.2 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 42.5 percent of transfer payments in the county, with another 43.9 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	$502,253,000	$14,915	60.2	69.4	71.6
Other Labor Income	$117,270,000	$3,482	14.0	17.0	16.3
Proprietor's Income	$215,272,000	$6,393	25.8	13.6	12.1
Total Earnings	$834,795,000	$24,790	100.0	100.0	100.0
Transfer Payments					
Retirement and Disability	$94,065,000	$2,793	42.5	39.0	34.2
Medical Payments	$97,269,000	$2,888	43.9	42.2	44.0
Other	$30,068,000	$893	13.6	18.7	21.9
Total Transfer Payments	$221,402,000	$6,575	100.0	100.0	100.0
Personal Income					
Earnings by Place of Residence	$800,473,000	$23,771	66.6	68.8	66.6
Dividends, Interest, and Rent	$180,219,000	$5,352	15.0	17.0	18.0
Transfer Payments	$221,402,000	$6,575	18.4	14.3	15.3
Total Personal Income	$1,202,094,000	$35,697	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]	103	3.0	4.1
Admissions per bed[1]	44	1.3	0.01
Adult Care Homes (2009)			
Number[2]	7	1.2	0.8
Number of beds[2]	538	93.5	56.2
Assisted Living Facilities (2009)			
Number[2]	5	0.9	0.7
Number of beds[2]	237	41.2	29.6
Medicare (2007)			
Elligibles[3,4]	6,323	18.9	14.8
Medicaid Funded Programs			
Food Stamp Beneficiaries (2009)[4]	2,066	6.0	7.4
Temporary Assistance for Families (FY 2009)[4]	264	0.8	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 Harvey County as well as usage of some health care-related government programs. The county has 103 available hospital beds, with a rate of 1.3 admissions per bed per 1,000 people. Additionally, the county has 538 adult care home beds, or 93.5 beds per 1,000 older adults, and 237 assisted living beds, or 41.2 beds per 1,000 older adults. Medicare users make up 18.9 percent of the county's total population and 6.0 percent of the county's population receive food stamp benefits.

Table 5. Maternity and Children's Health Statistics

	County Number	County Percent/Rate	State Percent/Rate
Poverty (2008)			
Total Persons in Poverty[1]	3,125	9.7	11.3
Children in Poverty[2]	975	12.7	14.6
Total Births[3] (2008)	466	13.8	14.9
Births to Mothers without High-School Diploma[4] (2007)	N/A	16.7	18.2
Births with Adequate Prenatal Care[3] (2008)	384	84.2	77.6
Low Weight Births[5] (2007)	N/A	5.6	7.1
Immunization[6] (2007)	N/A	56.0	58.0
Infant Mortality[7] (2008)	2	5.0	7.4
Child Deaths[8] (2008)	2	0.6	1.7
Child Care Subsidies[9] (2008)	246	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, 12.7 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 16.7 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 5.6 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 Harvey County Economy, Highlighting Health Care

Table 6 presents employment, income and sales data for Harvey 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	908	$8,052	$49,858	$120,476
Mining	371	$30,175	$78,867	$145,764
Construction	1,157	$34,550	$37,632	$125,026
Manufacturing	3,917	$204,687	$332,749	$1,732,803
Transportation, Information, Public Utilities	527	$36,339	$78,420	$133,272
Trade	3,201	$73,924	$122,113	$186,016
Services	15,110	$452,834	$673,985	$1,212,126
Health Services[1]	3,208	$134,066	$147,713	$254,367
Health and Personal Care Stores	109	$2,642	$4,086	$5,616
Veterinary Services	96	$2,544	$2,776	$6,570
Home Health Care Services	36	$1,177	$1,492	$2,030
Doctors and Dentists	417	$26,379	$30,538	$45,339
Other Ambulatory Health Care	50	$4,121	$7,199	$11,220
Hospitals	1,299	$61,838	$64,941	$134,110
Nursing/Residential Care Facilities	1,201	$35,364	$36,680	$49,481
Government	2,246	$88,116	$102,754	$128,219
Total	27,437	$928,676	$1,476,377	$3,783,702
Health Services as a Percent of Total				
County	11.7	14.4	10.0	6.7
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 3,208 people, 11.7 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 3 ranking in terms of employment (Figure 5). Health Services is number 3 among payers of wages to employees (Figure 6) and number 3 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)

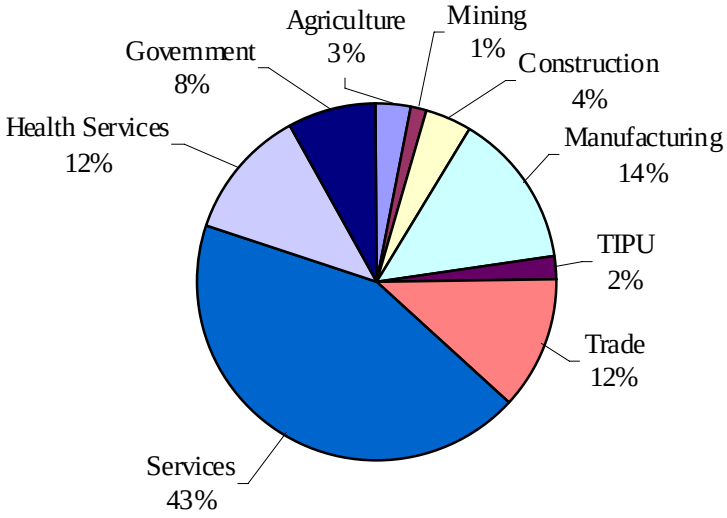


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Figure 6. Labor Income by Sector (2008)

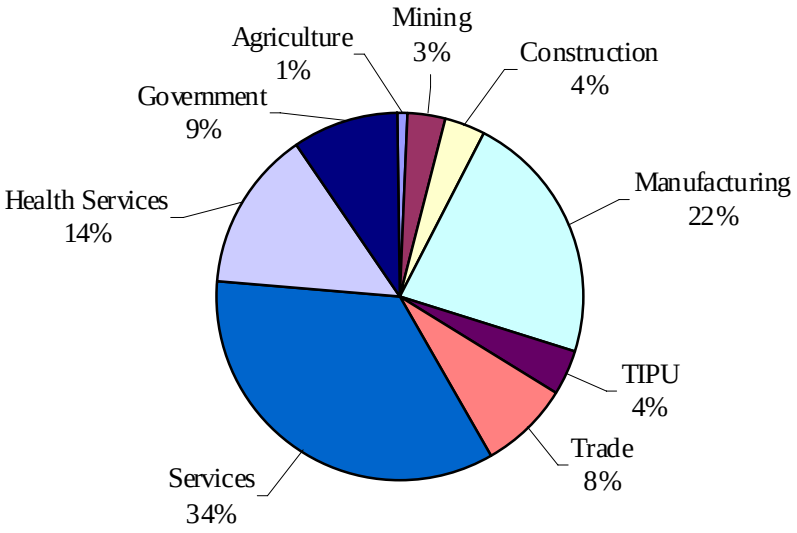

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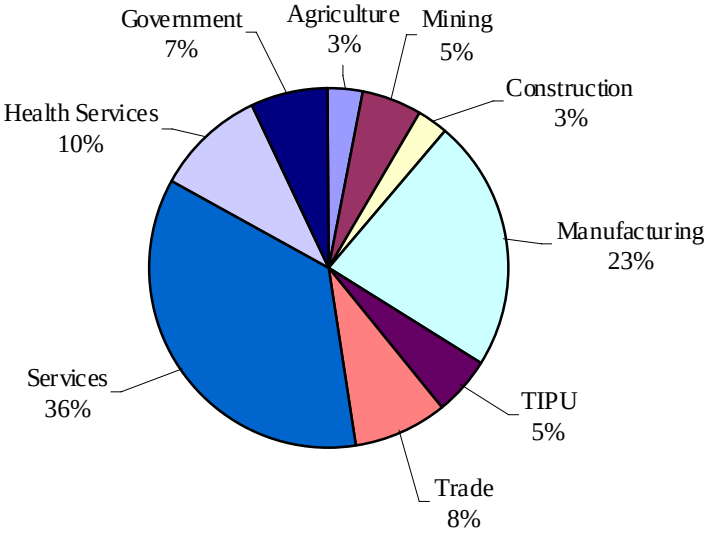
Figure 7. Total Income by Sector (2008)



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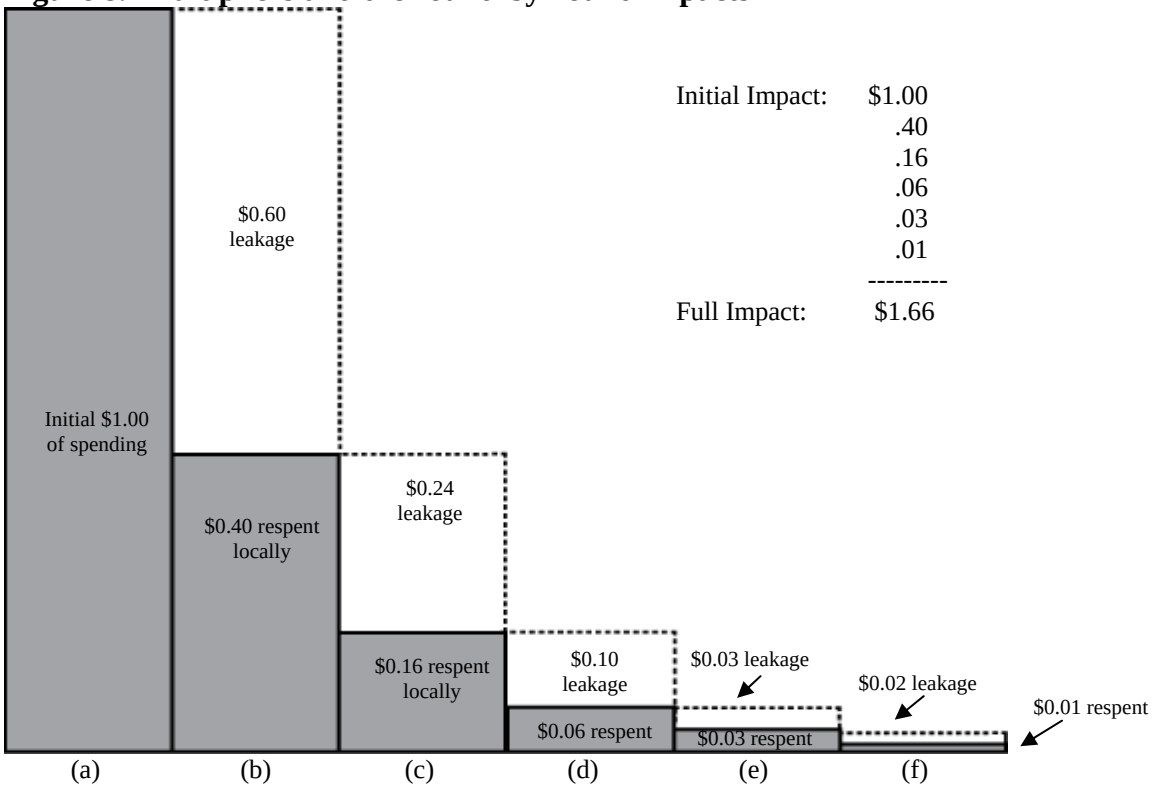
Health Sector Impact and Economic Multipliers

The previous section detailed the direct contributions of the Health Services sector within the Harvey 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 1,299 people and has an employment multiplier of 1.67. This means that for each job created in the hospital sector, another 0.67 jobs are created in other businesses and industries in the county's economy. The direct impact of the 1,299 hospital employees results in an indirect impact of 866 jobs (1,299 x 0.67 = 866) throughout all businesses and industries in the market area. Thus, the hospital sector employment had a total impact on area employment of 2,165 jobs (1,299 x 1.67 = 2,165).

Table 7. Health Sector Impact on Employment, 2008

Health Sectors	Direct Employment	Economic Multiplier	Total Impact
Health and Personal Care Stores	109	1.20	131
Veterinary Services	96	1.26	121
Home Health Care Services	36	1.24	44
Doctors and Dentists	417	1.49	620
Other Ambulatory Health Care	50	1.81	90
Hospitals	1,299	1.67	2,165
Nursing and Residential Care Facilities	1,201	1.22	1,471
Total	3,208		4,642

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 $64,941,000 direct income for hospital employees shown in Table 8. The hospital sector had an income multiplier of 1.34, which indicates that for every one dollar of income generated in the hospital sector, another $0.34 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 $86,965,000 ($64,941,000 x 1.34 = $86,965,000).

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	$4,086	1.21	$4,942	$1,461
Veterinary Services	$2,776	1.25	$3,467	$1,025
Home Health Care Services	$1,492	1.19	$1,771	$524
Doctors and Dentists	$30,538	1.20	$36,645	$10,834
Other Ambulatory Health Care	$7,199	1.27	$9,111	$2,694
Hospitals	$64,941	1.34	$86,965	$25,711
Nursing/Residential Care Facilities	$36,680	1.19	$43,687	$12,916
Total	$147,713		$186,588	$55,164

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 4,642 jobs in the local economy. In Table 8, the total income impact of health services results in an estimated $186,588,000 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). Harvey County had retail sales of $355,396,293 and $1,202,094,000 in total personal income. Thus, the estimated retail sales capture ratio equals 29.6 percent. Using this as the retail sales capture ratio for the county, this says that people spent 29.6 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 $55,164,000 ($186,588,000 x 29.6% = $55,164,000). 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 Harvey 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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Harvey County Rural Health Works

KANSAS RURAL HEALTH WORKS

Communities Building Affordable & Sustainable Healthcare Systems

Demographic, Economic and Health Indicator Data

Introduction

Kansas Rural Health Works (KRHW) is dedicated to helping rural communities build affordable and sustainable local health care systems. Health care is important to seniors, young families and companies. But rural health care systems are facing many challenges: hospitals are closing; services have been cut; doctors won't come to the area or they don't stay; Medicare and Medicaid payments are too low. Rural residents can revitalize their local health care system. KRHW provides the tools. Local visionary leadership puts these tools to work. KRHW helps communities keep health care dollars at home. Sponsored by the Kansas Rural Health Options Project with funding from the Office of Rural Health Policy, Health Resources and Services Administration.

Background Data Summary

Following are a variety of data and statistics about background demographic, economic and health conditions in Harvey 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 Harvey County boundaries.

- Between 1990 and 2010, the population increased by 9.6 percent in Harvey County, and is projected to slightly increase over the next 5 years by about 870 people.

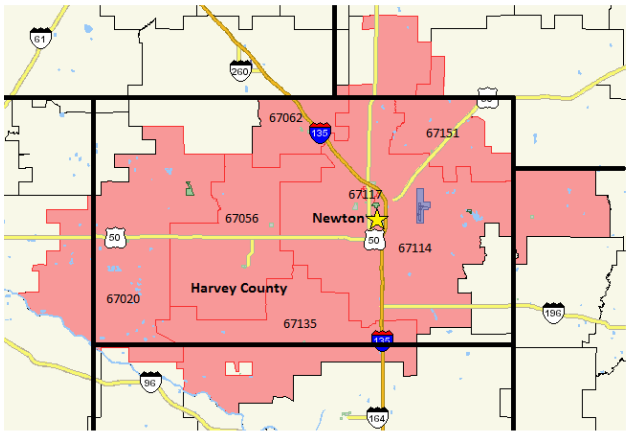
- People aged 19 and younger made up the largest portion of the population, with 28.3 percent.

- In general, the county has less per capita personal income that the state and nation, and is more dependent of transfer income such Social Security and other retirement benefits, disability, medical payments like Medicare and Medicaid, unemployment insurance, and veterans' benefits.

- Medicare users make up 18.9 percent of the county's total population and 6.0 percent of the county's population receive food stamp benefits.

- Within the county, 9.7 percent of children live in poverty, while 14.6 percent of children statewide live in poverty.

Harvey County Primary Health Market Area



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

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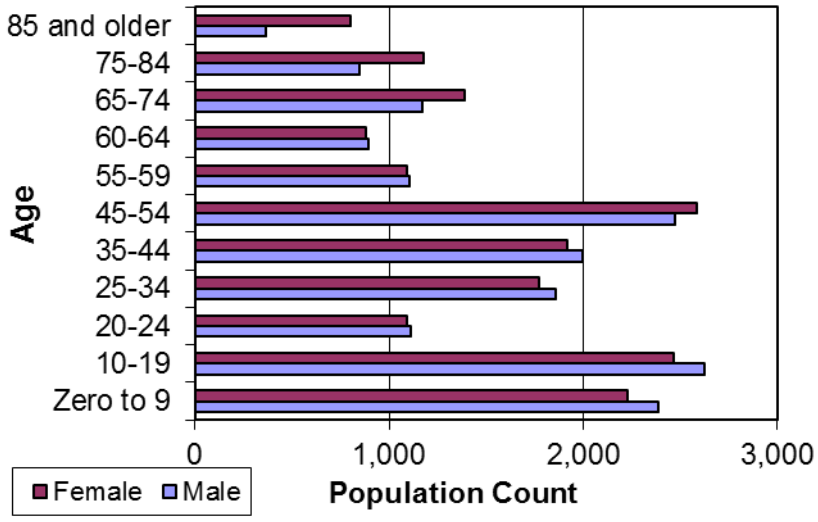
Table 1 presents population trends for Harvey County. In 2010, an estimated 34,007 people live in the county. Between 1990 and 2010, the population increased 9.6 percent and also increased 5.9 percent between 1990 and 2000. Population projections indicate that 34,880 people will live in the county by 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	31,034	1990-2000	5.9	8.5	2015	34,880
2000	32,873	2000-2010	3.4	5.5	2020	35,815
2010	34,007	1990-2010	9.6	14.5	2025	36,783

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 younger than 20 made up the largest portion of the population, with 28.3 percent. Of those younger than 20, 51.6 percent were male and 48.4 percent were female. Age range can indicate the future health care needs of a county's population. A growing population of younger adults has a different set of health care needs than a population with more older people.

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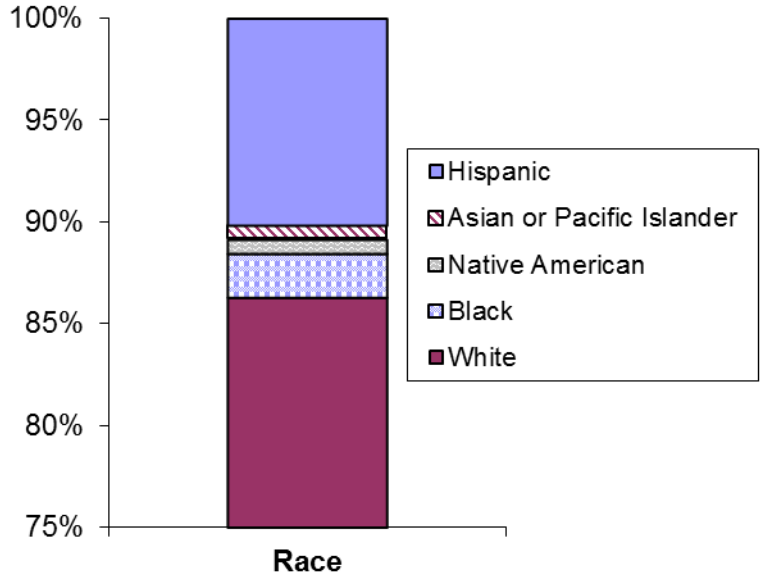
Race can also play a role in assessing the health needs of the community. In the case of Hispanic immigrants, lack of English speaking skills may prevent them from using health care services within the county or from using health care services at all. Figure 2 shows the racial and ethnic composition of the county. Whites made up 86.3 percent of the county's population, while Native Americans represented 0.7 percent, African Americans made up 2.1 percent, Asians were 0.7 percent and Hispanics were 10.2 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)



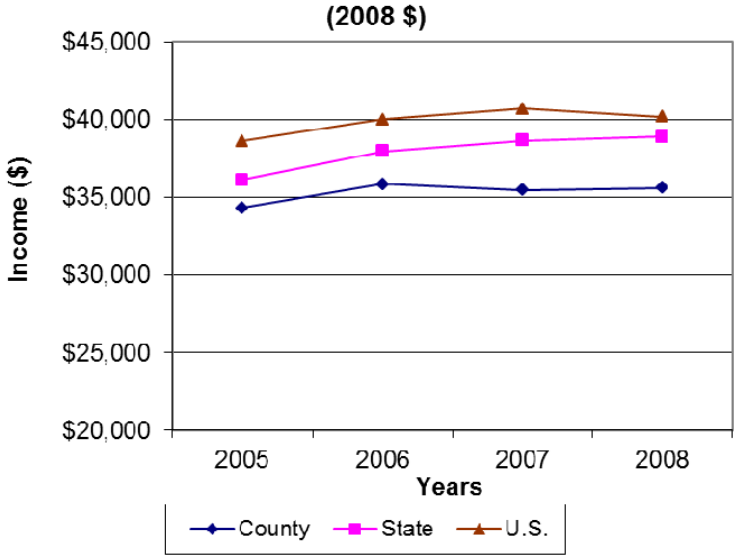
Woods and Poole Economics, Inc. Native American includes American Indians and Alaska Natives; Asian or Pacific Islander includes Asian Americans, Native Hawaiians, Pacific Islanders; Hispanic population is persons of Hispanic origin regardless of race.

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.

Harvey County Rural Health Works

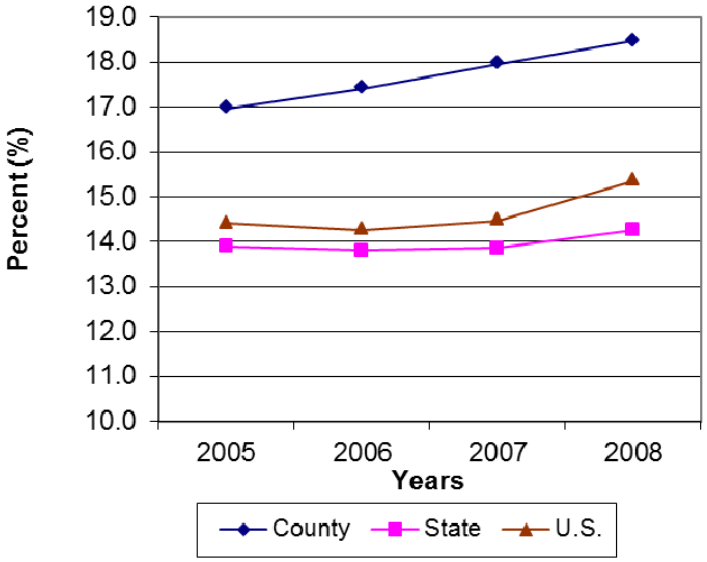
Figure 3. Total Per Capita Personal Income (2008 $)



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 Harvey County, personal income has increased from $34,333 in 2005 to $35,599 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

Harvey County Rural Health Works

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 have Increased from 17.0 percent in 2005 to 18.5 in 2008.

Table 2 shows personal income data by source for Harvey County, Kansas and the nation. Within the county, 60.2 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 42.5 percent of transfer payments in the county, with another 43.9 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	$502,253,000	$14,915	60.2	69.4	71.6
Other Labor Income	$117,270,000	$3,482	14.0	17.0	16.3
Proprietor's Income	$215,272,000	$6,393	25.8	13.6	12.1
Total Earnings	$834,795,000	$24,790	100.0	100.0	100.0
Transfer Payments					
Retirement and Disability	$94,065,000	$2,793	42.5	39.0	34.2
Medical Payments	$97,269,000	$2,888	43.9	42.2	44.0
Other	$30,068,000	$893	13.6	18.7	21.9
Total Transfer Payments	$221,402,000	$6,575	100.0	100.0	100.0
Personal Income					
Earnings by Place of Residence	$800,473,000	$23,771	66.6	68.8	66.6
Dividends, Interest, and Rent	$180,219,000	$5,352	15.0	17.0	18.0
Transfer Payments	$221,402,000	$6,575	18.4	14.3	15.3
Total Personal Income	$1,202,094,000	$35,697	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.

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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]	103	3.0	4.1
Admissions per bed[1]	44	1.3	0.01
Adult Care Homes (2009)			
Number[2]	7	1.2	0.8
Number of beds[2]	538	93.5	56.2
Assisted Living Facilities (2009)			
Number[2]	5	0.9	0.7
Number of beds[2]	237	41.2	29.6
Medicare (2007)			
Elligibles[3,4]	6,323	18.9	14.8
Medicaid Funded Programs			
Food Stamp Beneficiaries (2009)[4]	2,066	6.0	7.4
Temporary Assistance for Families (FY 2009)[4]	264	0.8	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 Cheyenne County as well as usage of some health care-related government programs. The county has 103 available hospital beds, with a rate of 1.3 admissions per bed per 1,000 people. Additionally, the county has 538 adult care home beds, and 237 assisted living beds. Medicare users make up 18.9 percent of the county's total population and 6.0 percent of the county's population receive food stamp benefits.

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Table 4. Maternity and Children's Health Statistics

	County Number	County Percent/Rate	State Percent/Rate
Poverty (2008)			
Total Persons in Poverty[1]	3,125	9.7	11.3
Children in Poverty[2]	975	12.7	14.6
Total Births[3] (2008)	466	13.8	14.9
Births to Mothers without High-School Diploma[4] (2007)	N/A	16.7	18.2
Births with Adequate Prenatal Care[3] (2008)	384	84.2	77.6
Low Weight Births[5] (2007)	N/A	5.6	7.1
Immunization[6] (2007)	N/A	56.0	58.0
Infant Mortality[7] (2008)	2	5.02	7.4
Child Deaths[8] (2008)	2	0.57	1.7
Child Care Subsidies[9] (2008)	246	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, 12.7 percent of children live in poverty, while 14.6 percent of children statewide live in poverty. Births to mothers without high school diplomas occurred at a rate of 16.7 births per thousand teenage females, while mothers without high school diplomas gave birth at a rate of 18.2 births per thousand teens statewide. Low weight births occurred in 5.6 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.

Harvey County Rural Health Works

KANSAS RURAL HEALTH WORKS

Communities Building Affordable & Sustainable Healthcare Systems

Economic & Demographic Data

Introduction

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Economic Data Summary

Following are data and statistics about the economic and demographic characteristics of Harvey 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 Harvey County boundaries.

- Total population in Harvey County has increased by 9.6 percent between 1990 and 2010.

- The proportion of the total population over 65 years is falling, but the oldest of the old, those 85 years and older is growing fastest among the elderly.

- 43.8% of the population lives alone, making individual acute and chronic care management challenging.

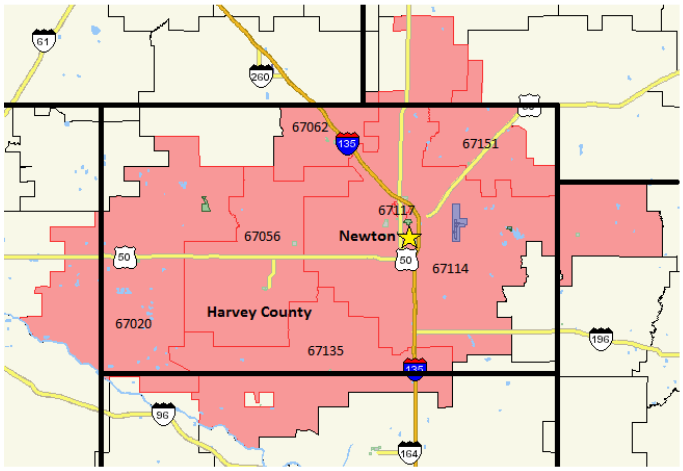
- Over 11% of households live on less than $15,000 income per year.

- Transfer income to persons is among the fastest growing sources of income. In 2010, nearly $249 million in transfer income was paid to county residents, about 20.3% of total personal income.

- Within transfer income, government assistance such as Medicare, income maintenance, and veterans pension and disability benefits are growing most strongly.

- The county poverty rate increased according to the most recent available data, but likely has continued to decrease in 2009 along with the unemployment rate.

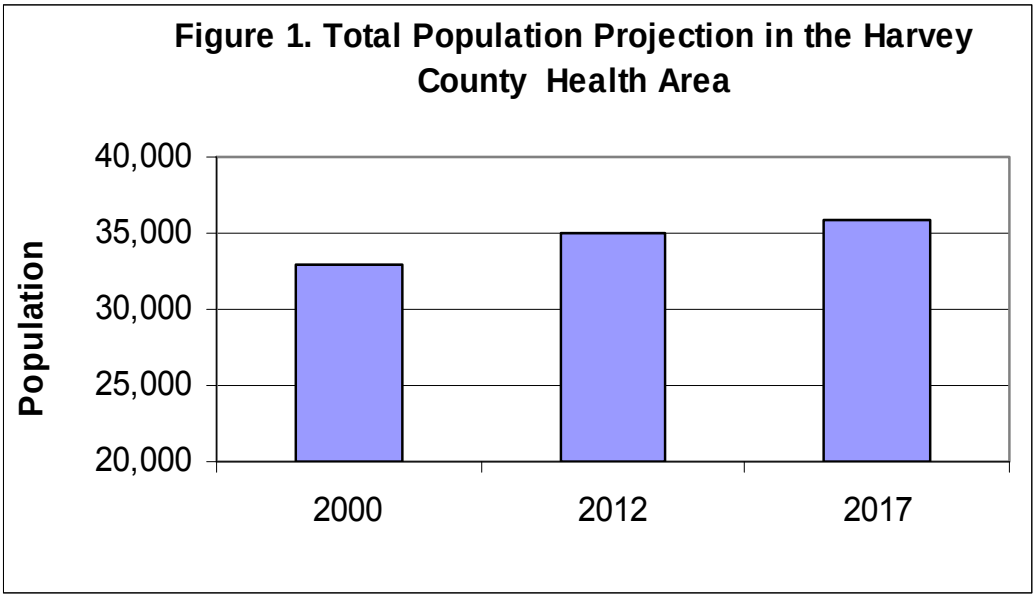
Harvey County Primary Health Market Area



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

Harvey County Rural Health Works

The population in Harvey County has shown steady growth. The trend is expected to continue into the near-term future. The implications of this trend are that there are that local economic markets are strengthening, more people are able to support local public services, and a more robust local labor market. All of these create greater opportunities for businesses, local governments and communities.



Claritas, Inc., 2012

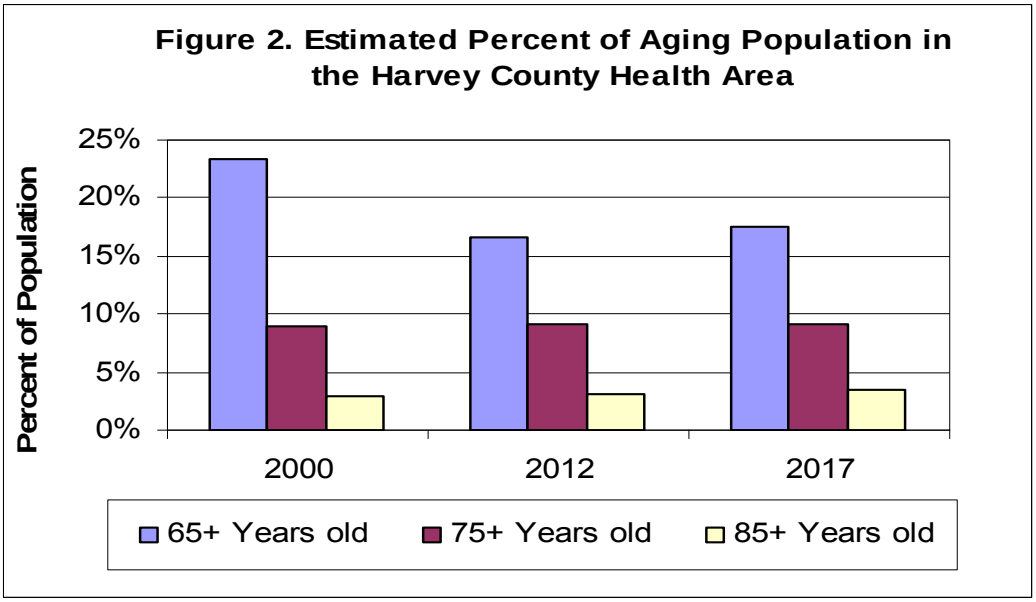
The number of people 65 years and older is increasing rapidly even while declining as a proportion of total population. The oldest of the old, persons 85 years and older, are increasing to the greatest degree among the elderly, with women commonly outliving men. The implications of these trends are that 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 Harvey County Health Area

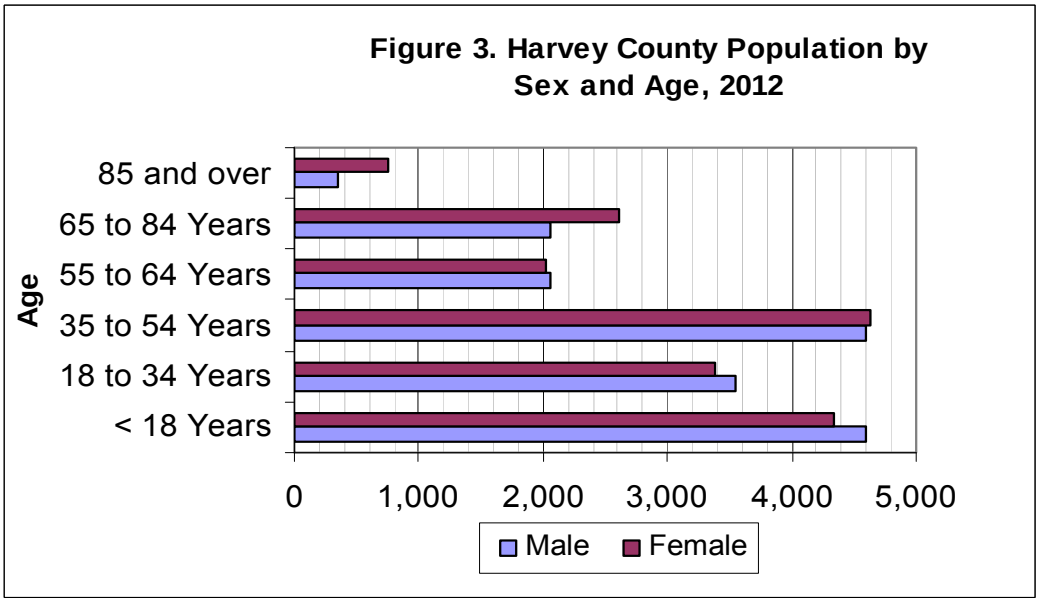
	2000		2012		2017	
	Percent	Population	Percent	Population	Percent	Population
65+ Years old	23.4%	5,512	16.6%	5,793	17.5%	6,256
75+ Years old	9.0%	2958	9.1%	3166	9.1%	3268
85+ Years old	3.0%	972	3.2%	1,114	3.4%	1,215

Claritas, Inc., 2012

Harvey County Rural Health Works



Claritas, Inc., 2012



Claritas, Inc., 2012

Harvey County Rural Health Works

The racial composition of Harvey County is somewhat less homogenous than many rural Kansas counties. Whites make up over 91 percent of the population. 3,120 persons in Harvey 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. As is the case almost everywhere, the Hispanic and Latino population is increasing fairly rapidly.

Table 2. 2012 Estimated Population by Single Race Classification

	Population	Percent
White Alone	31,850	91.1%
Black or African American Alone	570	1.6%
American Indian and Alaska Native Alone	261	0.7%
Asian Alone	271	0.8%
Native Hawaiian and Other Pacific Islander Alone	10	0.0%
Some Other Race Alone	1,156	3.3%
Two or More Races	852	2.4%
Total	34,970	100.0%

Claritas, Inc., 2012

Table 3. 2012 Estimated Population Hispanic or Latino by Origin

	Population	Percent
Hispanic or Latino	3,941	11.3%
Not Hispanic or Latino	31,029	88.7%
Total	34,970	100.0%

Claritas, Inc., 2012

Table 4. Harvey County Health Area Hispanic and Latino Population Projection

	2000	2012	2017
Total Population	32,869	34,970	35,790
Hispanic and Latino Population	2,620	3,941	4,494
Percentage of Population	8.0%	11.3%	12.6%

Claritas, Inc., 2012

Harvey County Rural Health Works

About 56.2 percent of the adult population reported living as a married individual with a spouse present. Conversely, over 40 percent are in households without a spouse present. Many of these individuals probably live in some other cohabitation arrangement. Still, it raises a question about the number of people living alone. Within the context of community health care needs, people living alone face sometimes tremendous challenges should illness arise or injury occur. Most often, there are only informal support structures in place to assist such individuals in times of need.

Table 5. 2012 Estimated Population Age 15+ by Marital Status

	Count	Percent
Total, Never Married	6,167	22.3%
Married, Spouse present	15,573	56.2%
Married, Spouse absent	785	2.8%
Widowed	2,161	7.8%
Divorced	3,034	11.0%
Males, Never Married	3,503	12.6%
Previously Married	1,795	6.5%
Females, Never Married	2,664	9.6%
Previously Married	3,400	12.3%

Claritas, Inc., 2012

Table 6. 2012 Estimated Population Age 25+ by Educational Attainment

	Count	Percent
Less than 9th grade	861	3.8%
Some High School, no diploma	1,246	5.5%
High School Graduate (or GED)	7,660	33.5%
Some College, no degree	5,420	23.7%
Associate Degree	1,899	8.3%
Bachelor's Degree	3,644	16.0%
Master's Degree	1,678	7.4%
Professional School Degree	335	1.5%
Doctorate Degree	102	0.5%

Claritas, Inc., 2012

Harvey County Rural Health Works

The income and wealth resources of many Harvey County residents are relatively modest. Over 22 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 also is relatively moderate. Only about 8 percent of the housing stock is valued at less than $40,000. 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. 2012 Estimated Households by Household Income

	Count	Percent
Income Less than $15,000	1,508	11.1%
Income $15,000 - $24,999	1,549	11.4%
Income $25,000 - $34,999	1,698	12.5%
Income $35,000 - $49,999	2,525	18.6%
Income $50,000 - $74,999	3,035	22.4%
Income $75,000 - $99,999	1,736	12.8%
Income $100,000 - $149,999	1,219	9.0%
Income $150,000 - $199,999	142	1.1%
Income $200,000 - $499,999	135	1.0%
Income $500,000 or more	16	0.1%
Total Estimated Households	13,563	100.0%

Estimated Average Household Income	$56,081
Estimated Median Household Income	$47,039
Estimated Per Capita Income	$22,016

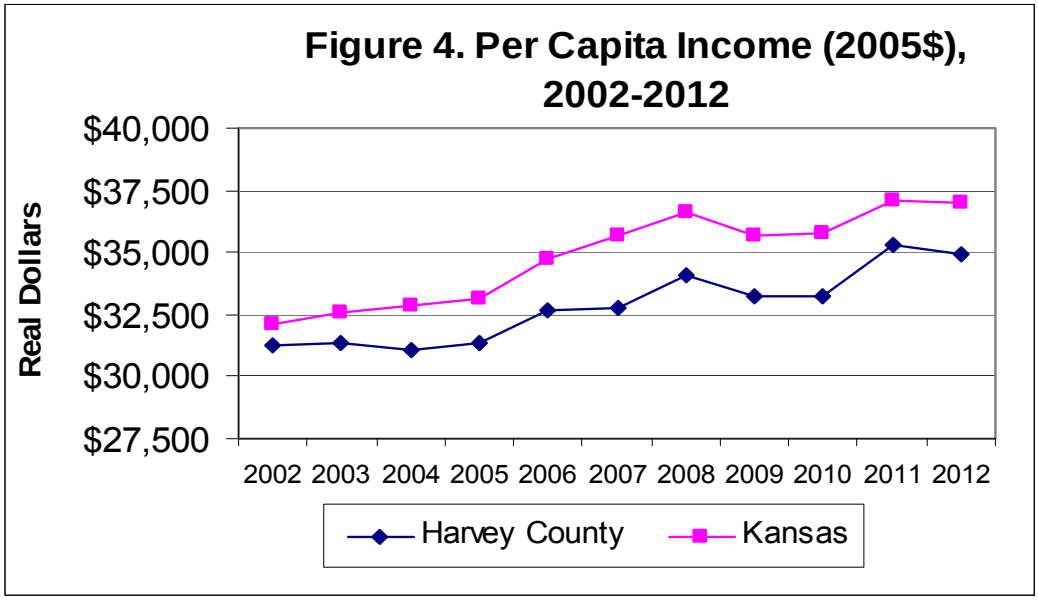
Claritas, Inc., 2012

Table 8. 2012 Estimated All Owner-Occupied Housing Values

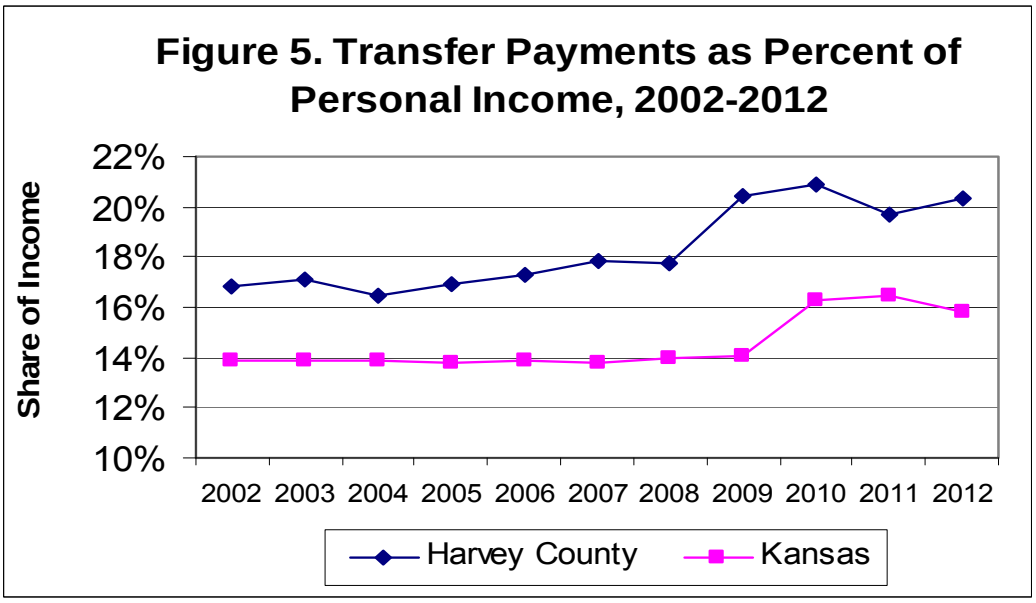
	Count	Percent
Value Less than $20,000	332	3.4%
Value $20,000 - $39,999	466	4.7%
Value $40,000 - $59,999	1,038	10.5%
Value $60,000 - $79,999	1,273	12.9%
Value $80,000 - $99,999	1,595	16.2%
Value $100,000 - $149,999	2,778	28.2%
Value $150,000 - $199,999	1,304	13.2%
Value $200,000 - $299,999	832	8.4%
Value $300,000 - $399,999	179	1.8%
Value $400,000 - $499,999	28	0.3%
Value $500,000 - $749,999	24	0.2%
Value $750,000 - $999,999	0	0.0%
Value $1,000,000 or more	15	0.2%
Total	9,864	100.0%

Claritas, Inc., 2012

Harvey County Rural Health Works



Woods and Poole, Inc., 2012



Woods and Poole, Inc., 2012

As with most rural areas, Harvey County is relatively more dependent on transfer income, such as retirement and disability insurance benefits, medical benefits, and income maintenance. That dependence is increasing and is likely to continue as more of the population ages. From an economic perspective, these payments help support the local economy. Every person legitimately entitled to receive them, should have access to this assistance.

Harvey County Rural Health Works

Table 9. Harvey County Personal Income by Major Source

	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Total Earnings (Millions 2005$)	$695.76	$729.20	$742.33	$745.05	$745.73	$730.33	$781.65	$750.92	$755.72	$819.06	$809.60
Farm Earnings	$4.47	$16.44	$24.74	$18.03	$21.08	$19.26	$34.89	$26.31	$27.38	$30.90	$31.39
Agricultural Services, Other	$4.07	$4.41	$4.54	$4.80	$4.70	$5.83	$5.32	$6.27	$6.29	$6.12	$6.15
Mining	$11.02	$15.85	$15.36	$17.35	$17.97	$15.57	$26.23	$23.11	$24.75	$27.66	$26.73
Construction	$59.24	$60.08	$59.49	$60.75	$61.93	$56.45	$54.55	$53.98	$57.56	$63.19	$63.31
Manufacturing	$167.40	$165.58	$170.43	$181.92	$169.64	$171.79	$191.56	$172.65	$166.52	$177.73	$183.32
Transport, Comm. & Public Utility	$6,599.12	$6,787.24	$6,748.61	$6,535.09	$6,649.08	$6,855.96	$6,763.94	$6,253.86	$5,867.80	$6,155.69	$6,270.22
Wholesale Trade	$21.91	$20.52	$18.12	$18.16	$18.12	$18.27	$15.20	$13.16	$12.15	$11.69	$11.97
Retail Trade	$56.00	$61.62	$59.65	$56.42	$57.01	$53.64	$48.73	$46.16	$45.76	$48.23	$48.24
Finance, Insurance & Real Estate	$51.22	$60.60	$55.91	$56.11	$57.97	$46.99	$48.59	$48.29	$50.66	$58.74	$64.79
Services	$94.68	$93.06	$102.21	$104.46	$108.64	$111.94	$112.39	$111.06	$113.55	$124.12	$122.26
Federal Civilian Government	$5.30	$5.17	$5.49	$5.35	$5.17	$5.18	$5.11	$5.05	$5.43	$5.63	$5.71
Federal Military Government	$3.55	$4.98	$5.20	$6.10	$5.80	$5.63	$5.70	$6.42	$6.97	$7.61	$7.00
State and Local Government	$63.19	$67.70	$67.66	$66.78	$68.33	$69.49	$70.85	$74.11	$74.68	$79.69	$69.45
Personal Income (Millions 2005$)	$1,039.76	$1,046.57	$1,041.98	$1,051.62	$1,100.19	$1,108.56	$1,157.11	$1,149.09	$1,155.49	$1,227.45	$1,215.90
Wages and Salaries	$422.66	$419.47	$424.01	$433.28	$431.76	$437.25	$464.92	$449.40	$439.51	$442.79	$463.60
Other Labor Income	$94.97	$102.53	$104.08	$106.47	$101.66	$100.36	$109.20	$112.40	$112.10	$113.09	$116.20
Proprietors Income	$178.13	$207.20	$214.23	$205.23	$212.31	$192.72	$207.53	$189.13	$204.11	$263.18	$229.80
Dividends, Interest & Rent	$157.54	$128.68	$129.20	$140.22	$164.27	$178.79	$188.80	$179.18	$183.12	$191.25	$180.34
Transfer Payments To Persons	$174.83	$178.57	$171.78	$178.17	$190.68	$197.85	$205.59	$234.24	$241.29	$242.21	$247.32
Less Social Insurance Contributions	$77.03	$77.94	$78.38	$80.26	$79.73	$80.06	$85.07	$84.15	$87.33	$82.13	$80.93
Residence Adjustment	$88.67	$88.06	$77.34	$68.45	$79.25	$81.65	$66.14	$68.90	$62.70	$57.05	$59.56

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.

Harvey County Rural Health Works

Table 10. Personal Current Transfer Receipts for Harvey County

(thousands of dollars)	2008	2009	2010
Personal current transfer receipts ($000)	223,395	255,126	262,847
Current transfer receipts of individuals from governments	217,154	248,478	256,136
Retirement and disability insurance benefits	93,842	102,266	105,186
Old-age, survivors, and disability insurance (OASDI) benefits	83,747	91,567	94,262
Railroad retirement and disability benefits	9,867	10,487	10,700
Workers' compensation	100	98	102
Other government retirement and disability insurance benefits \1	128	114	122
Medical benefits	97,633	105,070	107,824
Medicare benefits	62,082	66,045	69,527
Public assistance medical care benefits \2	34,997	38,429	37,597
Medicaid \3	33,898	37,410	36,653
Other medical care benefits \4	1,099	1,019	944
Military medical insurance benefits \5	554	596	700
Income maintenance benefits	16,022	15,739	19,529
Supplemental security income (SSI) benefits	2,240	2,100	2,295
Family assistance \6	1,344	1,250	1,257
Supplemental Nutrition Assistance Program (SNAP)	2,021	3,055	3,830
Other income maintenance benefits \7	10,417	9,334	12,147
Unemployment insurance compensation	3,359	15,536	14,652
State unemployment insurance compensation	3,301	15,401	14,522
Unemployment compensation for Fed. civilian employees (UCFE)	(L)	(L)	(L)
Unemployment compensation for railroad employees	(L)	67	(L)
Unemployment compensation for veterans (UCX)	(L)	63	79
Other unemployment compensation \8	0	0	0
Veterans benefits	3,108	3,456	3,791
Veterans pension and disability benefits	2,896	3,183	3,408
Veterans readjustment benefits \9	110	176	294
Veterans life insurance benefits	101	95	87
Other assistance to veterans \10	(L)	(L)	(L)
Education and training assistance \11	2,978	3,357	3,641
Other transfer receipts of individuals from governments \12	212	3,054	1,513
Current transfer receipts of nonprofit institutions	3,508	3,828	4,051
Receipts from the Federal government	1,318	1,436	1,508
Receipts from state and local governments	799	901	959
Receipts from businesses	1,391	1,491	1,584
Current transfer receipts of individuals from businesses \13	2,733	2,820	2,660

Bureau of Economic Analysis, 2012

Harvey 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.

Harvey County Rural Health Works

Table 11. Employment by Major Industry for Harvey Co

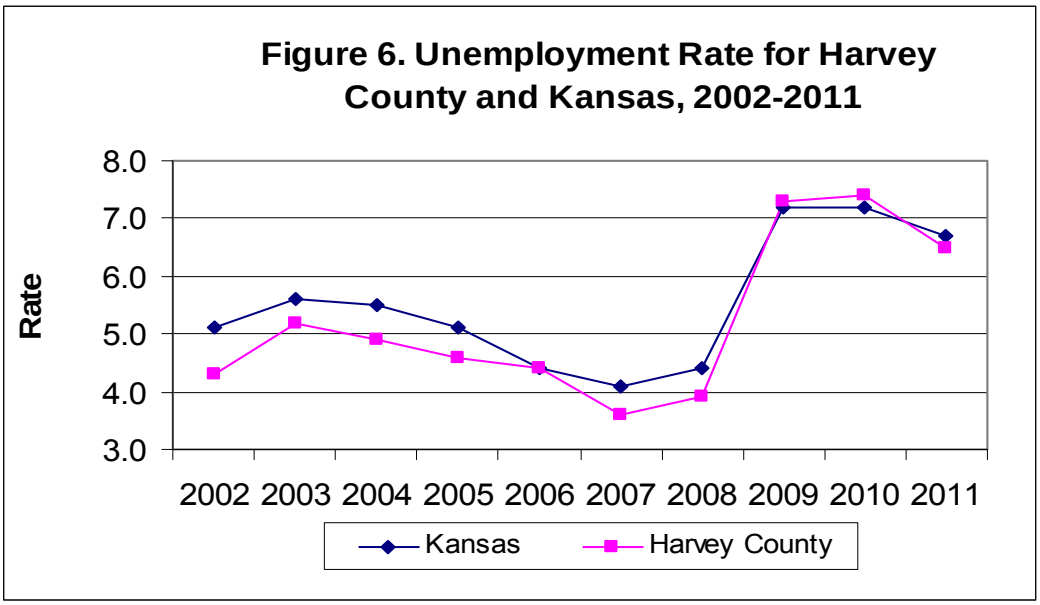
(Thousands)	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Total Employment	23.207	23.328	23.317	23.99	24.199	24.398	25.212	25.137	24.768	24.981	25.118
Farm Employment	0.848	0.825	0.816	0.813	0.792	0.807	0.792	0.785	0.755	0.74	0.744
Agricultural Services, Other	0.159	0.151	0.115	0.155	0.148	0.173	0.179	0.186	0.18	0.166	0.168
Mining	0.441	0.532	0.44	0.474	0.493	0.494	0.716	1.063	1.061	1.077	1.075
Construction	1.277	1.395	1.485	1.486	1.514	1.56	1.562	1.556	1.592	1.628	1.642
Manufacturing	3.695	3.583	3.719	3.986	3.963	3.811	4.066	3.696	3.519	3.517	3.512
Transport, Comm. & Public Utility	0.91	0.96	0.77	0.96	1.19	0.95	1.01	0.96	0.91	0.92	0.93
Wholesale Trade	0.518	0.458	0.443	0.444	0.458	0.48	0.381	0.346	0.313	0.284	0.283
Retail Trade	2.781	2.909	2.591	2.575	2.636	2.554	2.476	2.344	2.253	2.196	2.194
Finance, Insurance & Real Estate	1.94	1.92	1.93	2.11	2.27	2.43	2.59	2.72	2.84	3.07	3.12
Services	4.763	4.791	5.128	5.162	5.209	5.378	4.532	5.477	5.478	5.581	5.639
Federal Civilian Government	0.083	0.084	0.081	0.08	0.079	0.078	0.077	0.075	0.073	0.072	0.072
Federal Military Government	0.157	0.157	0.152	0.156	0.16	0.156	0.146	0.144	0.137	0.133	0.133
State and Local Government	1.92	1.939	1.92	1.96	1.976	1.976	2.018	2.024	1.935	1.887	1.891

Woods and Poole, Inc., 2012

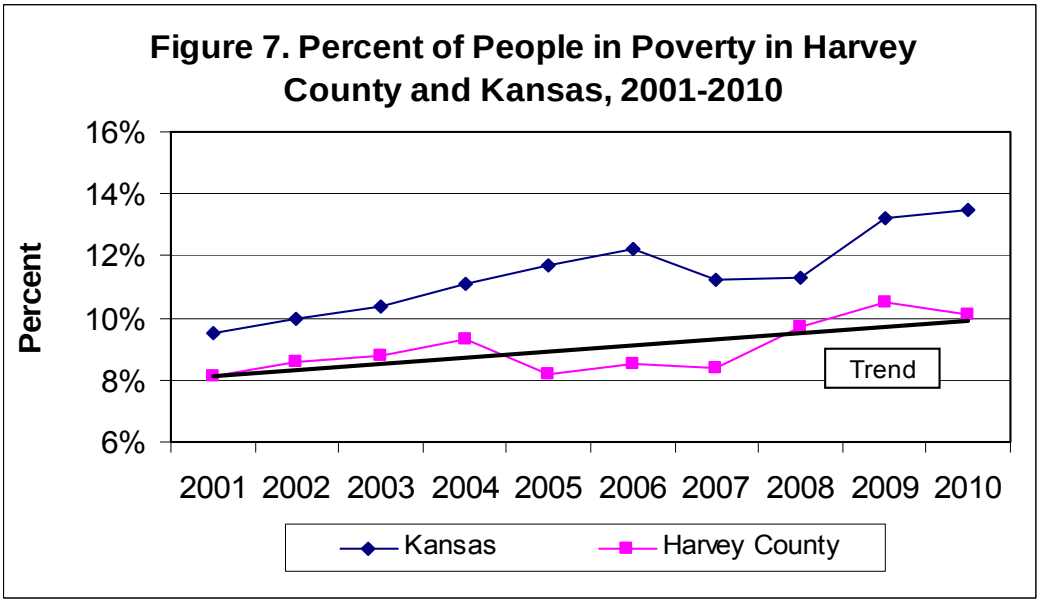
Note: Employment in number of jobs includes proprietors and part-time jobs.

Harvey County Rural Health Works

As with most rural areas, the way people in Harvey County earn a living is changing. Employment in traditional industries such as agriculture, extractive industries and manufacturing has been falling. A greater proportion of people are earning a living working in service industries. Employment in government also declined. While increasing, Harvey County rate remains substantially below the state average.



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.

Harvey County Rural Health Works

KANSAS RURAL HEALTH WORKS

Communities Building Affordable & Sustainable Healthcare Systems

Health and Behavioral Data

Introduction

Kansas Rural Health Works (KRHW) is dedicated to helping rural communities build affordable and sustainable local health care systems. Health care is important to seniors, young families and companies. But rural health care systems are facing many challenges: hospitals are closing; services have been cut; doctors won't come to the area or they don't stay; Medicare and Medicaid payments are too low. Rural residents can revitalize their local health care system. KRHW provides the tools. Local visionary leadership puts these tools to work. KRHW helps communities keep health care dollars at home. Sponsored by the Kansas Rural Health Options Project with funding from the Office of Rural Health Policy, Health Resources and Services Administration.

Health and Behavioral Data Summary

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

- Over time, the trend in nursing home occupancy may suggest the need to evaluate the need for community-based services.

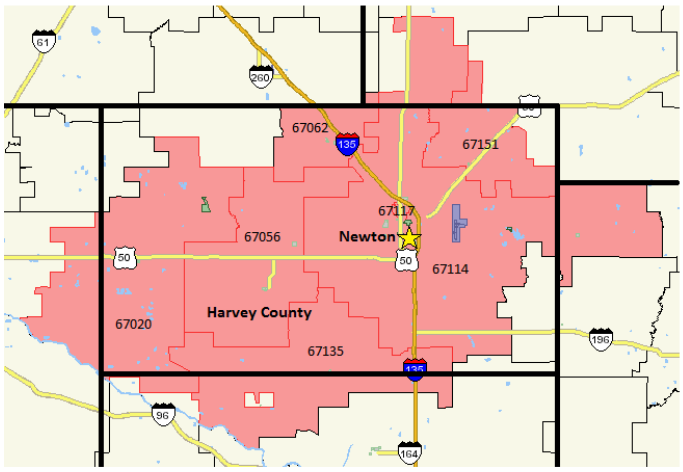
- The trend in childhood immunization rates are declining. About 17 percent of fetuses had not had adequate prenatal care.

- The rates of youth tobacco use and binge drinking are fairly steady at about 10-12 percent.

- Data related to persons served by selected publicly-funded services suggest a number of individuals and families in the county are in need of economic assistance.

- Recent trends in hospital usage suggest a fairly steady level of demand at the Harvey County Hospital.

Harvey County Primary Health Market Area



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

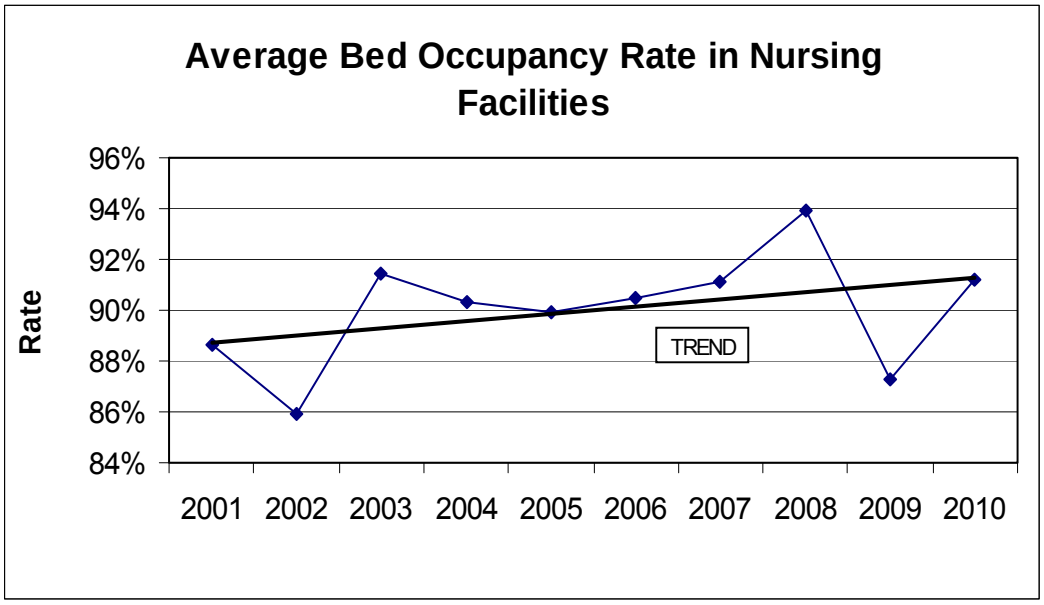
Harvey County Rural Health Works

The number of nursing home beds combines all licensed nursing home beds in Harvey County. Over time, the average number of beds has remained relatively constant, while the occupancy rate has trended slightly upward.

Table 1. Average Harvey County Occupancy of Nursing Home Beds

	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Average Number of Nursing Beds	493	533	533	489	531	528	528	528	534	538
Average Nursing Occupancy Rate	88.7%	85.9%	91.4%	90.3%	89.9%	90.5%	91.1%	93.9%	87.3%	91.2%

Kansas Department on Aging, semi-annual reports



Harvey County Rural Health Works

The proportion of children receiving necessary immunizations have been inconsistently below the state rate. About 16 percent of fetuses had not had adequate prenatal care. The rates of youth tobacco use and binge drinking are similar to the state rate at about 10-15 percent.

Table 2. Indicators of Children's Welfare

Health Indicators		Trend Data							
		2004	**2005**	**2006**	**2007**	**2008**	**2009**	**2010**	**2011**
Immunizations	**Harvey**	60.6%	52.8%	49.1%	56.0%	57.0%	62.0%	-	-
	KS	69.3%	57.9%	51.1%	58.0%	63.0%	70.0%	-	-
Prenatal Care	**Harvey**	86.9%	83.6%	79.8%	82.2%	84.2%	83.2%	-	-
	KS	81.4%	79.1%	78.4%	77.4%	77.5%	79.0%	-	-
Low Birth Weight Babies	**Harvey**	8.0%	7.2%	6.4%	5.7%	6.2%	6.3%	-	-
	KS	7.3%	7.2%	7.2%	7.1%	7.2%	7.3%	-	-
Teen Violent Deaths	**Harvey**	112.6	77.3	39.9	-	0.8	-	-	-
(per 100,000 15-19 year-olds)	**KS**	40.8	46.0	40.5	47.1	38.5	36.4	-	-
Youth Tobacco Use	**Harvey**	10.2%	12.4%	11.3%	12.8%	13.0%	10.4%	10.7%	12.2%
	KS	15.8%	15.6%	14.9%	13.5%	13.0%	12.6%	12.7%	11.8%
Youth Binge Drinking	**Harvey**	11.3%	13.0%	10.7%	14.0%	13.4%	10.7%	10.0%	12.1%
	KS	17.2%	16.5%	16.7%	15.6%	15.2%	14.7%	13.7%	12.7%
Asthma (per 1,000)	**Harvey**	2.4	2.0	1.6	1.5	0.0	0.1	0.6	-
	KS	1.7	1.6	1.7	1.9	1.5	1.4	1.4	-
Mental Health (per 1,000)	**Harvey**	0.6	0.3	0.9	0.3	1.9	4.0	4.5	-
	KS	3.0	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 services. Across the service categories reported, food and energy assistance has increased, indicating increasing economic distress. The need for mental health assistance also has increased.

Harvey County Rural Health Works

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

		Persons Served		
		FY 2009	FY 2010	FY 2011
Major Services				
Temporary Assistance for Families	Avg. monthly persons	264	277	344
TANF Employment Services	Avg. monthly adults	99	113	140
Child Care Assistance	Avg. monthly children	227	217	218
Food Assistance	Avg. monthly persons	2,066	2,819	3,305
Energy Assistance	Annual persons	1,216	1,669	1,758
General Assistance	Avg. monthly persons	44	29	26
Vocational Rehabilitation Services	Avg. monthly persons	119	89	97
Family Preservation	Annual persons	2	34	30
Reintegration/Foster Care	Avg. monthly children	83	79	71
Adoption Support	Avg. monthly children	129	97	117
Home and Community Based Services				
Physical Disability	Annual consumers	74	81	73
Traumatic Brain Injury	Annual consumers	0	0	0
Developmental Disability	Annual consumers	121	3	126
Autism	Annual consumers	0	0	0
Managed Behavioral Health Services				
Substance Abuse (PIHP)	Annual consumers	64	85	75
Mental Health (PAHP)	Annual consumers	785	838	900
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, about 16 percent of newborns received less than adequate prenatal care. Even a single teenage pregnancy sets a young person on a difficult life path. And, about one-half of all marriages end in dissolution.

In the recent past, usage of Newton Medical Center appears to have remained relatively stable (Table 5). This is evident in the number of inpatient and outpatient visits and procedures. Both Medicare and Medicaid recipients appear to be an important component of the patient base.

In the recent past, Prairie View, Inc. does not have data to reflect usage of the facility.

Harvey County Rural Health Works

Table 4. Selected Vital Statistics for Harvey 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	463	0	47	114	159	102	35	4	2
Adequacy of Prenatal Care	Adequate Plus		Adequate		Intermediate		Inadequate		
by Number and Percentage	214.00	47%	170.00	37%	8.00	2%	66.00	14%	
	Total	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45 & Over
Out-of-Wedlock Births by Age	172	0	43	69	37	18	5	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	0	47	0	0	0	3	0	50	
	0-4	5-14	15-24	25-34	35-44	45-54	55-64	65-84	85 & Over
Deaths by Age Group	7	1	6	3	9	19	31	147	96
Marriages	2006		2007		2008		2009		2010
by Number and Rate per 1,000 Population	260	7.7	226	6.7	249	7.4	238	6.9	240 6.9
Marriages Dissolutions	2006		2007		2008		2009		2010
by Number and Rate per 1,000 Population	87	2.6	105	3.1	91	2.7	100	2.9	93 2.7

Kansas Department of Health and Environment, 2010

Harvey County Rural Health Works

Table 5. Hospital Data for Harvey County

	2006-07	2007-08	2008-09	2009-10
Number of Practicing Physicians (county)	68	75	67	63
Persons per Physician (county)	494	450	511	550
Newton Medical Center				
Licensed Acute Beds	106	103	82	106
Licensed Swing Beds	66	66	82	26
Staffed Beds-Hospital	106	103	82	106
Staffed Beds-Nursing Home Unit	-	-	-	-
Admissions-Hospital	4,149	4,487	4,170	3,717
Admissions-Nursing Home Unit	-	-	-	-
Admissions-Swing Beds	-	88	59	97
Inpatient Days - Hospital	18,082	20,778	18,346	16,772
Inpatient Days - Nursing Home Unit	-	-	-	-
Inpatient Days - Swing-beds	-	747	441	770
Emergency Room Visits	12,889	14,358	13,247	12,464
Outpatient Visits	66,038	73,201	69,716	63,193
Inpatient Surgical Operations	1,389	1,416	1,462	1,302
Outpatient Surgical Operations	4,304	4,498	5,857	5,052
Medicare Inpatient Discharges	2,362	2,488	2,583	2,015
Medicare Inpatient Days	12,831	14,810	16,042	10,958
Medicaid Inpatient Discharges	564	504	356	528
Medicaid Inpatient Days	1,572	1,448	1,264	1,356

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.

Harvey County Rural Health Works

KANSAS RURAL HEALTH WORKS

Communities Building Affordable & Sustainable Healthcare Systems

Education Data

Introduction

Kansas Rural Health Works (KRHW) is dedicated to helping rural communities build affordable and sustainable local health care systems. Health care is important to seniors, young families and companies. But rural health care systems are facing many challenges: hospitals are closing; services have been cut; doctors won't come to the area or they don't stay; Medicare and Medicaid payments are too low. Rural residents can revitalize their local health care system. KRHW provides the tools. Local visionary leadership puts these tools to work. KRHW helps communities keep health care dollars at home. Sponsored by the Kansas Rural Health Options Project with funding from the Office of Rural Health Policy, Health Resources and Services Administration.

Education Data Summary

Following are a variety of data and statistics about the K-12 school system in Harvey 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 Harvey County.

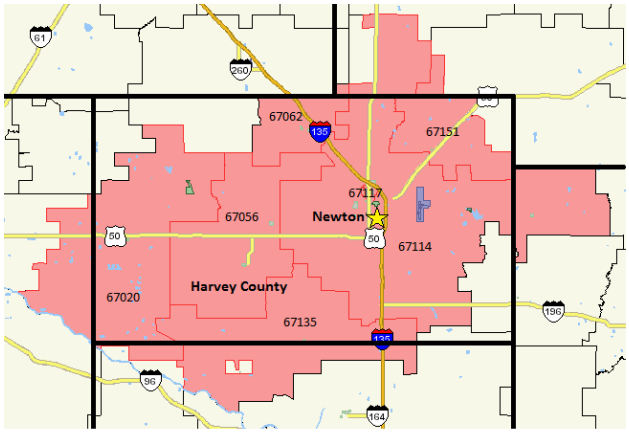
- Total student enrollment in Harvey County K-12 school districts has steadily increased since 2000.

- The ratio of about 16 students per teacher permits fairly close attention for each of the students.

- The trend in student-on-student violence had been decreasing until the 2004-2005 school year, when the number of student-on-student violence acts increased from 35 in 2003-2004 to 112 in 2004-2005.

- The trend in the student dropout rate has generally been decreasing in Harvey County over the past decade, even with the increasing enrollment numbers.

Harvey County Primary Health Market Area



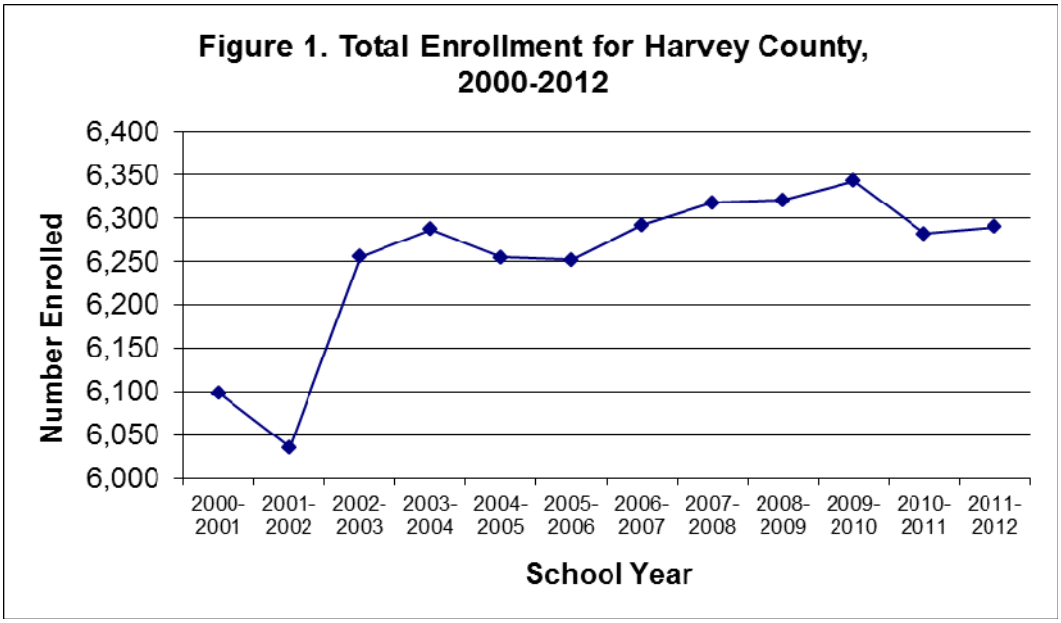
ZIP codes within the Harvey County Health Market Area. Source: Claritas, Inc. 2012.

Harvey County Rural Health Works

Harvey County School Districts
USD 369 Burrton
USD 440 Halstead
USD 460 Hesston
USD 373 Newton
USD 439 Sedgwick Public

Kansas Department of Education, 2011

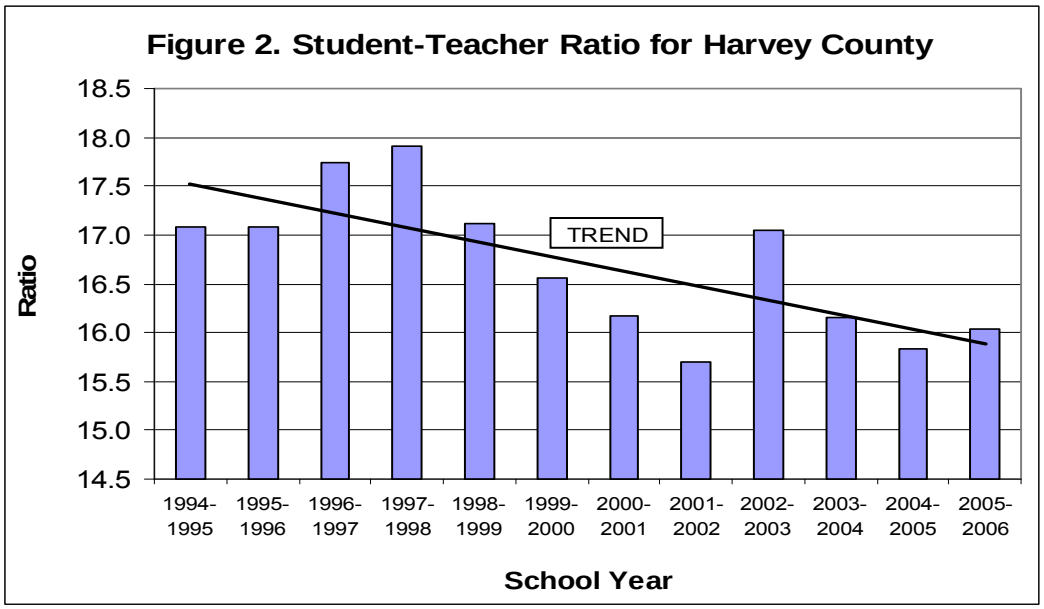
Total student enrollment in Harvey County K-12 school districts has steadily increased since 2000. Enrollment was 6,290 in the 2011-2012 school year, up from 6,098 in 2000-2001. The most drastic increase in enrollment numbers occurred in the 2002-2003 school year with 220 more enrolled students than the 2001-2002 school year.



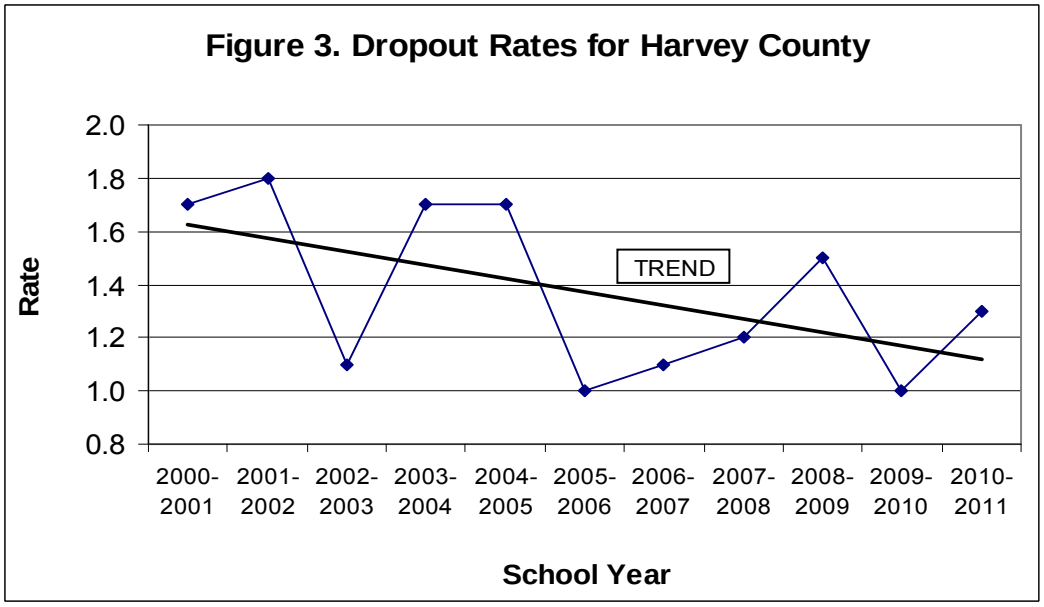
Kansas Department of Education, 2012

As the student population has grown, the student-to-teacher ratio also has declined. This generally means that as the school-age population has rose, the district has added staffing. The ratio of about 16 students per teacher permits fairly close attention for each of the students.

Harvey County Rural Health Works



Kansas Department of Education, 2012

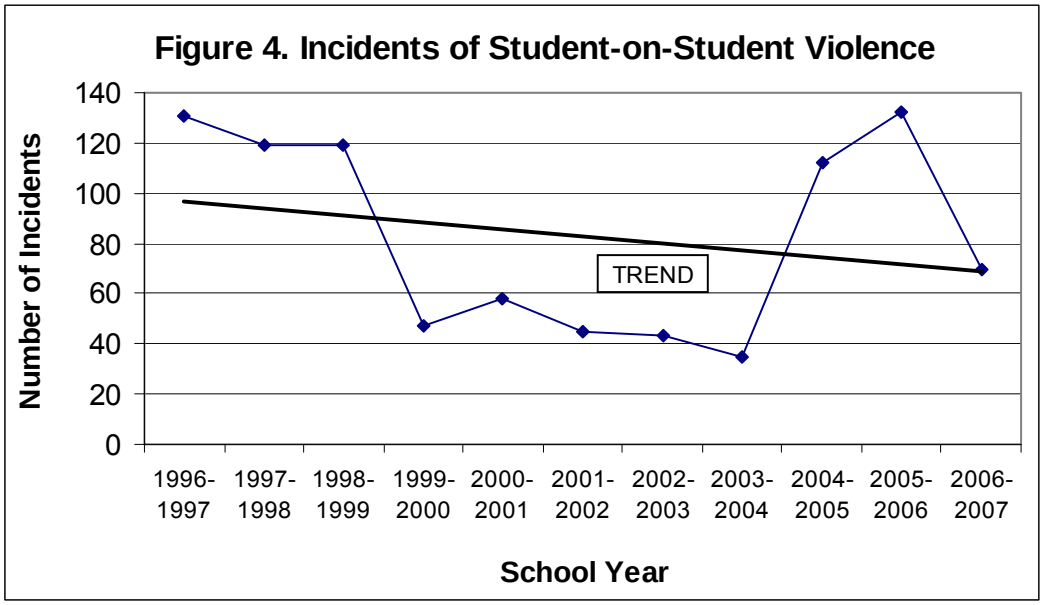


Kansas Department of Education, 2012

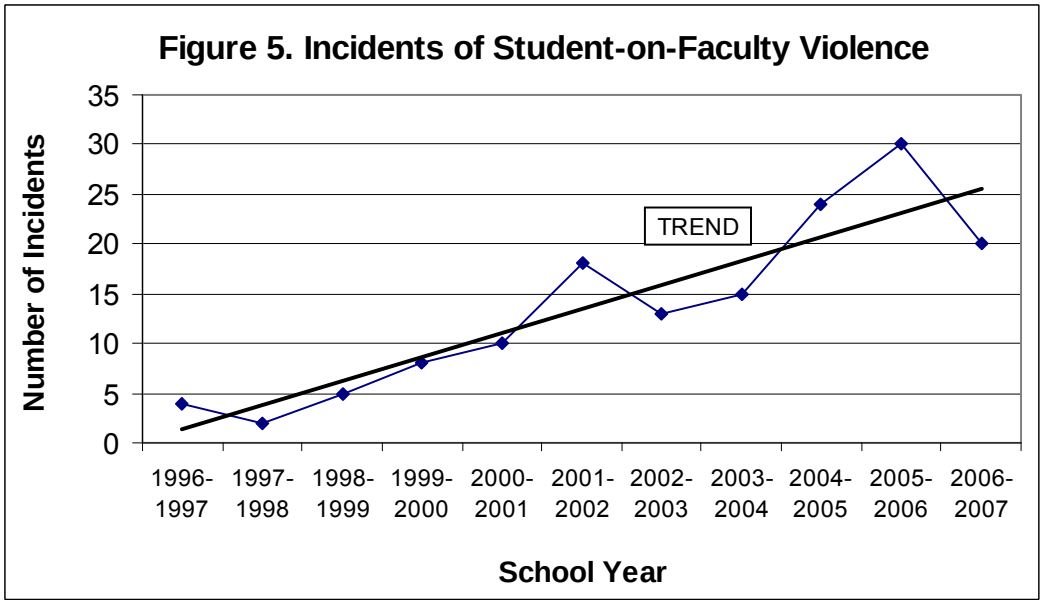
The trend in the student dropout rate has generally been decreasing in Harvey County over the past decade, even with the increasing enrollment numbers.

Harvey County Rural Health Works

Violence in the school is extremely disruptive to learning. The trend in student-on-student violence had been decreasing until the 2004-2005 school year, when the number of student-on-student violence acts increased from 35 in 2003-2004 to 112 in 2004-2005. Student-on-faculty violence has been trending up recently.



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.

Harvey 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. Health care is important to seniors, young families and companies. But rural health care systems are facing many challenges: hospitals are closing; services have been cut; doctors won't come to the area or they don't stay; Medicare and Medicaid payments are too low. Rural residents can revitalize their local health care system. KRHW provides the tools. Local visionary leadership puts these tools to work. KRHW helps communities keep health care dollars at home. Sponsored by the Kansas Rural Health Options Project with funding from the Office of Rural Health Policy, Health Resources and Services Administration.

Crime Data Summary

Following are a variety of data and statistics about criminal activity in Harvey 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 Harvey County boundaries.

- The incidence of crime in Harvey County is somewhat below the state rates between 2008 to 2011 and has generally been declining.

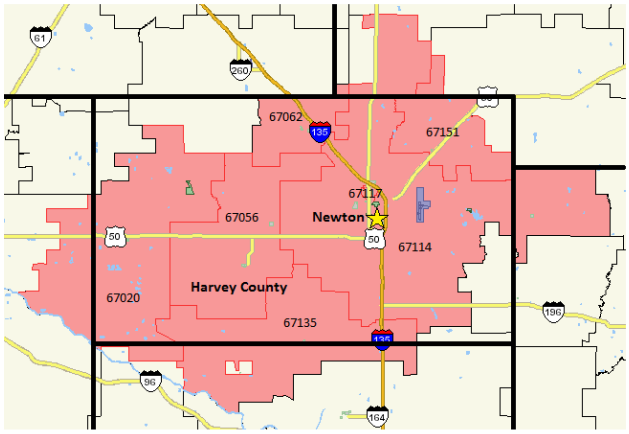
- Both property crime and violent crime decreased in 2010 from 2008.

- The number of adult arrests has been decreasing since 2006.

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

- It should be noted that data for many counties are often partial or missing for a given year.

Harvey County Primary Health Market Area



ZIP codes within the Harvey County Health Market Area.

Source: Claritas, Inc. 2012.

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Harvey County Rural Health Works

The incidence of crime in Harvey County has been decreasing with the state average in from 2008 to 2011. The incidence of property crime decreased in 2011 from 2008, and the incidence of violent crime fluctuated with a decreasing trend.

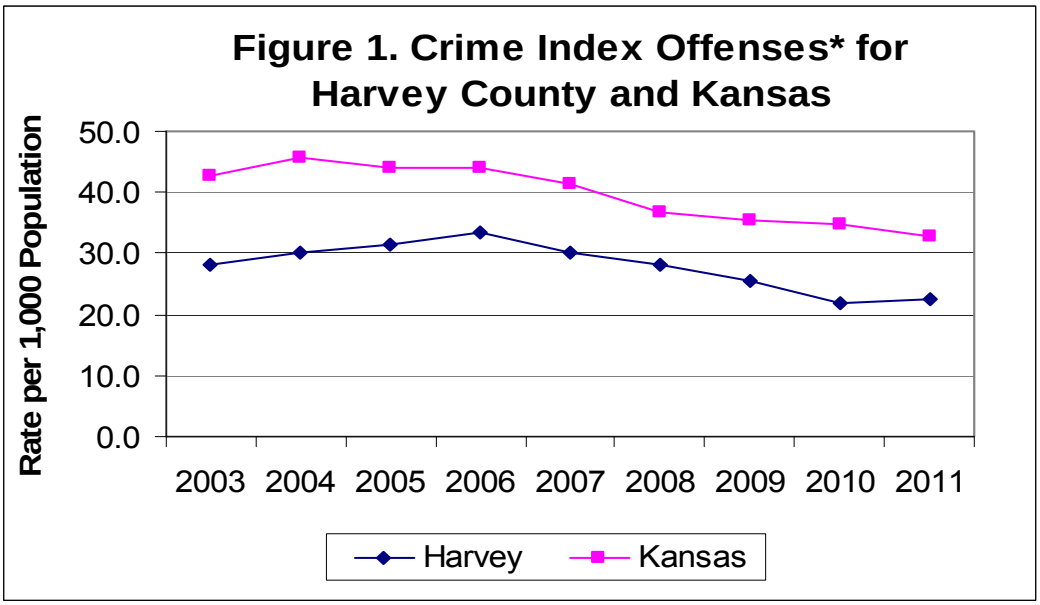
Table 1. Crime Statistics for Harvey County and Kansas

	2008					
	Crime Index Offenses		Violent Crime		Property Crime	
	Number	Rate per 1,000	Number	Rate per 1,000	Number	Rate per 1,000
Harvey	916	31.1	127	4.3	789	26.8
Kansas	93,996	37.5	10,032	4.0	83,964	33.5
	2009					
	Crime Index Offenses		Violent Crime		Property Crime	
	Number	Rate per 1,000	Number	Rate per 1,000	Number	Rate per 1,000
Harvey	867	26.5	110	3.2	757	22.3
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
Harvey	740	22	111	3.3	629	18.7
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
Harvey	758	21.7	125	3.6	633	18.2
Kansas	96,596	32.8	10,091	3.4	86,505	29.3

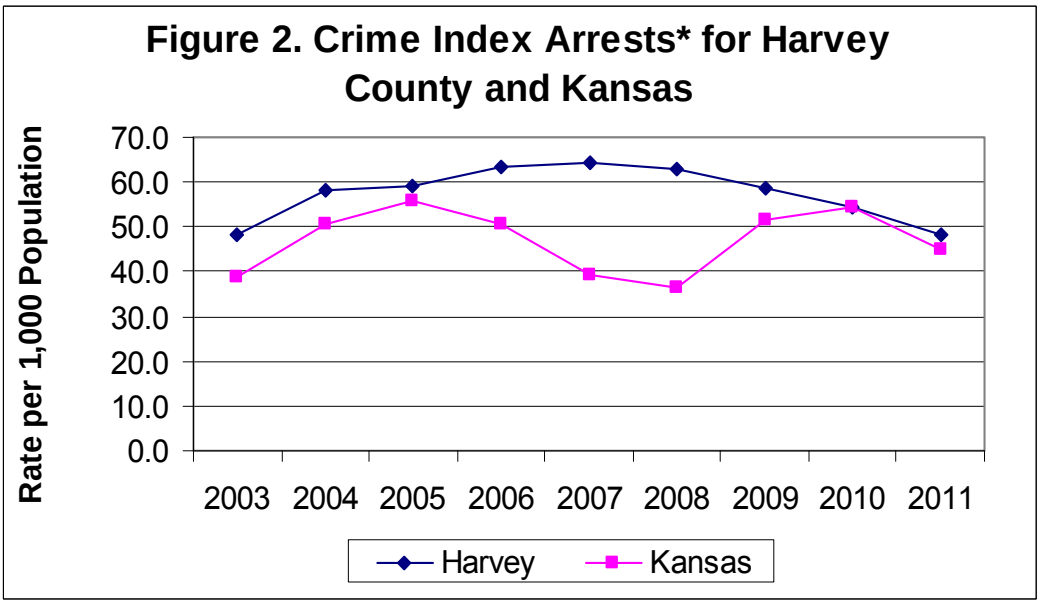
Kansas Bureau of Investigation, 2012

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

Harvey County Rural Health Works



Kansas Bureau of Investigation, 2012
*Incomplete records of offences



Kansas Bureau of Investigation, 2012
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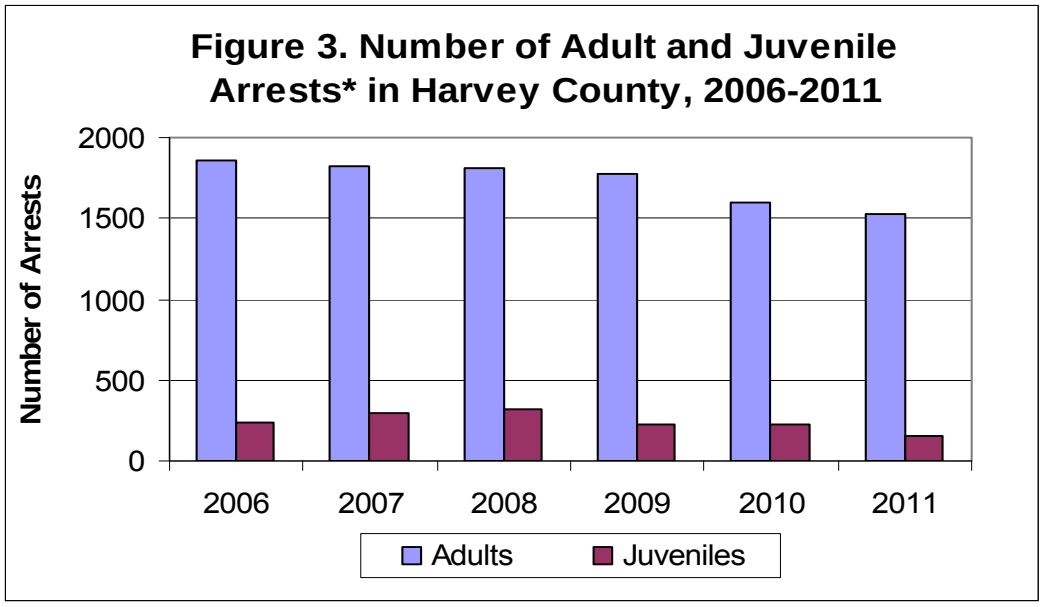
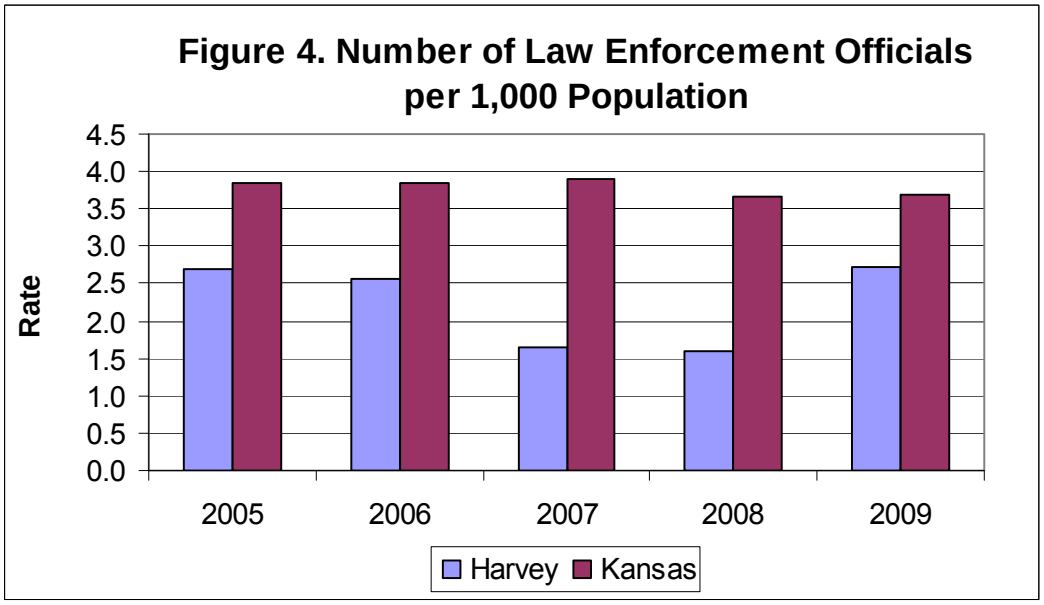
Harvey County Rural Health Works



Kansas Bureau of Investigation, 2012
*Incomplete records of arrests

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



Kansas Statistical Abstract, 2010

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Harvey County Rural Health Works

Traffic Data

Introduction

Kansas Rural Health Works (KRHW) is dedicated to helping rural communities build affordable and sustainable local health care systems. Health care is important to seniors, young families and companies. But rural health care systems are facing many challenges: hospitals are closing; services have been cut; doctors won't come to the area or they don't stay; Medicare and Medicaid payments are too low. Rural residents can revitalize their local health care system. KRHW provides the tools. Local visionary leadership puts these tools to work. KRHW helps communities keep health care dollars at home. Sponsored by the Kansas Rural Health Options Project with funding from the Office of Rural Health Policy, Health Resources and Services Administration.

Traffic Data Summary

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

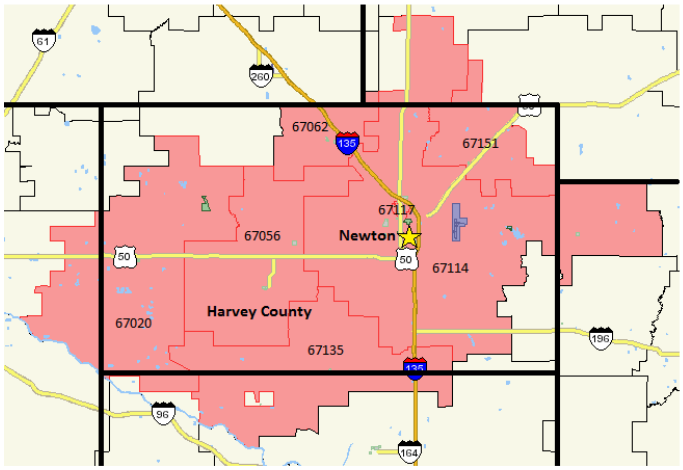
- The rate of traffic accidents in Harvey County is similar to the rate of the state of Kansas.

-In 2008, there were 746 total vehicle crashes in Harvey County. The declining trend is positive with the increasing population.

- In 2008, the most recent year for which data were available, there were 133 accidents involving injury and only 5 fatalities.

- In accidents involving injury or death, over 20% involved people who were not wearing a seatbelt.

Harvey County Primary Health Market Area



ZIP codes within the Harvey County Health Market Area.

Source: Claritas, Inc. 2012.

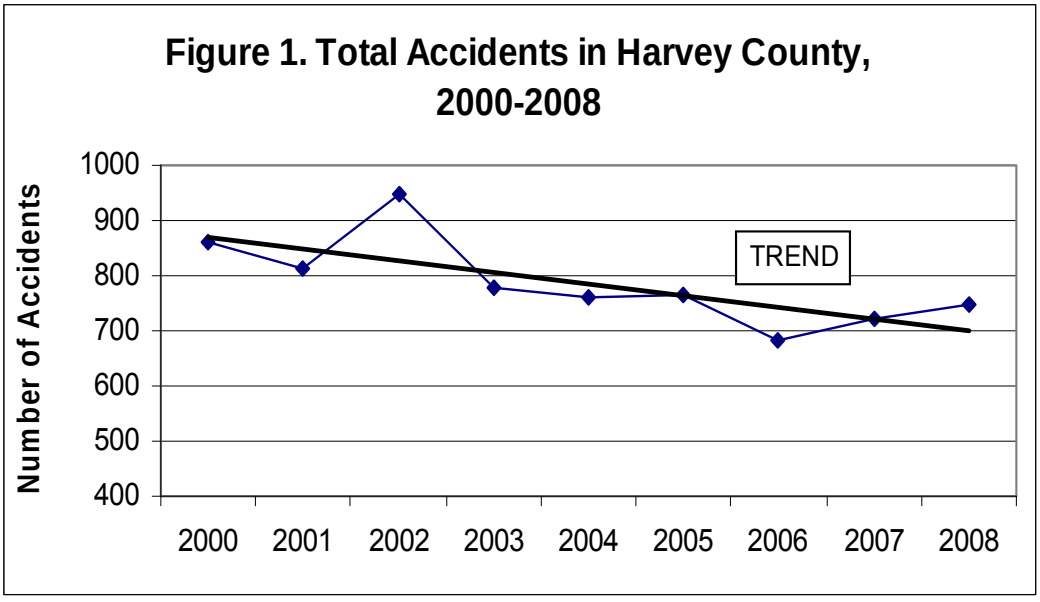
Harvey County Rural Health Works

The rate of traffic accidents in Harvey County is similar to the rate for the state of Kansas. In 2008, there were 746 total vehicle crashes in Harvey County, with deer-vehicle collisions accounting for many of the accidents. The declining trend is positive given the growing population. In 2008, the most recent year for which data were available, there were 133 accidents involving injury and only 5 fatalities.

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

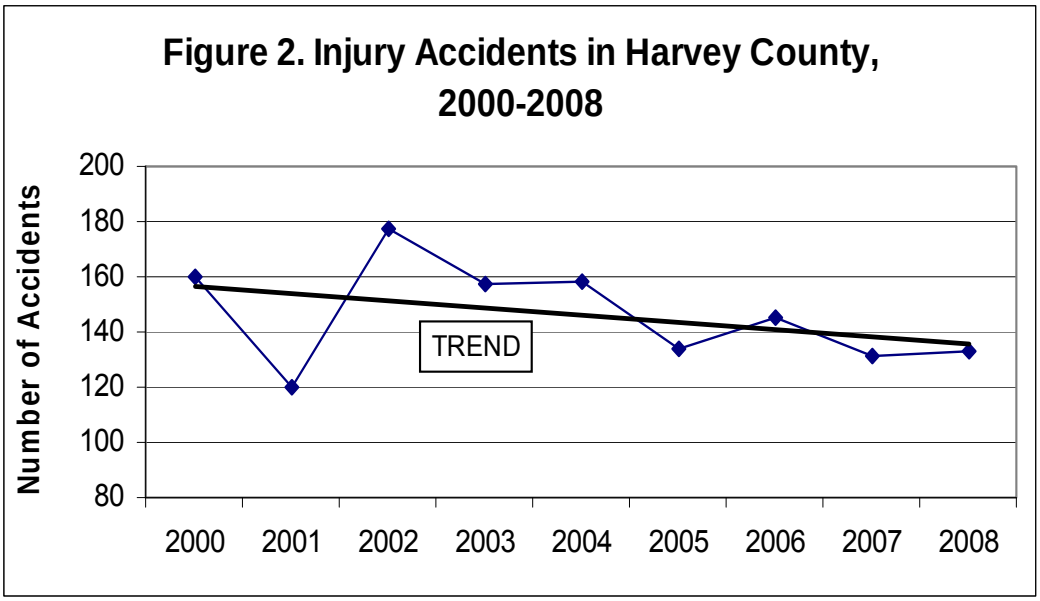
			Rate per 1,000 Population	
Accidents	Harvey	Kansas	Harvey	Kansas
Total	746	65,858	21.9	23.5
Fatal Accidents	5	348	0.1	0.1
Injury Accidents	133	14,866	3.9	5.3
Property Damage Only	608	50,644	17.9	18.0
Deer Involved	120	9,371	3.5	3.3
Speed Related	95	7,917	2.8	2.8
Alcohol Related	27	3,366	0.8	1.2
People				
Deaths	6	385	0.2	0.1
Injuries	189	21,058	5.6	7.5
% Restraint Use	79	81	79.0%	80.9%

Kansas Traffic Accident Facts, 2012

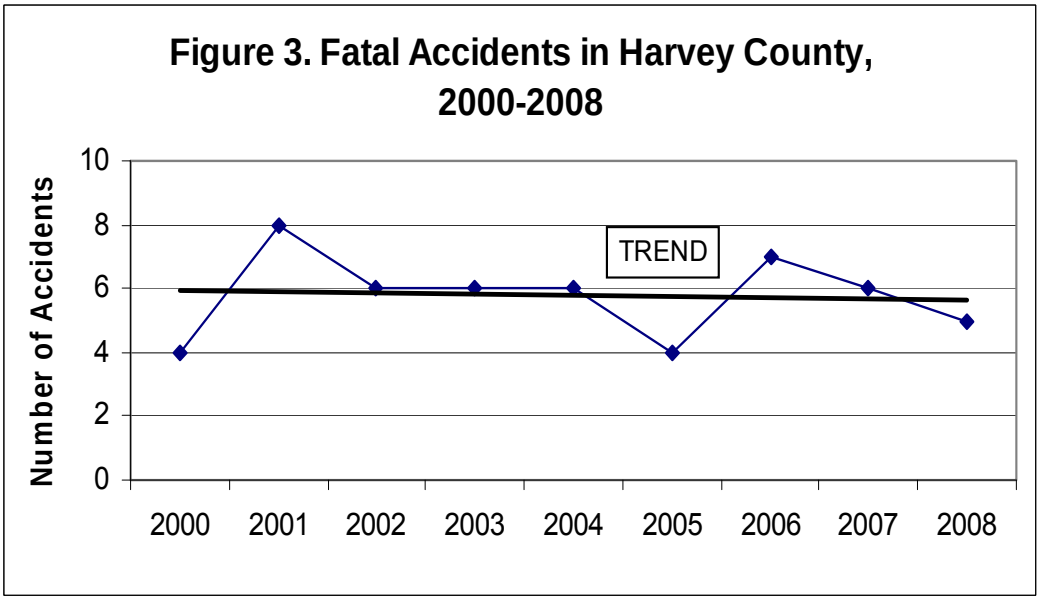


Kansas Department of Transportation, 2012

Harvey County Rural Health Works

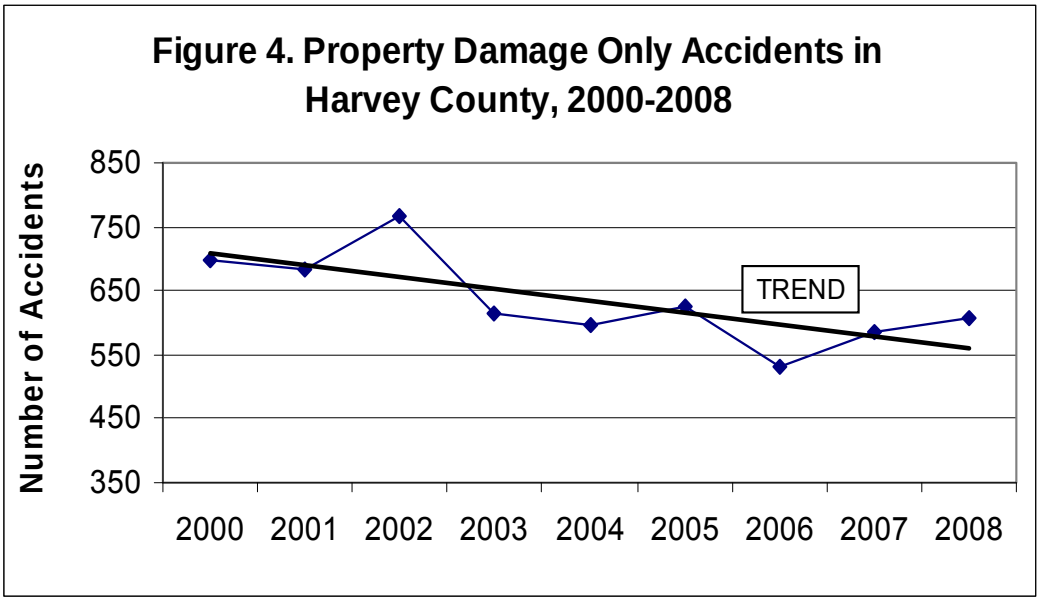


Kansas Department of Transportation, 2012

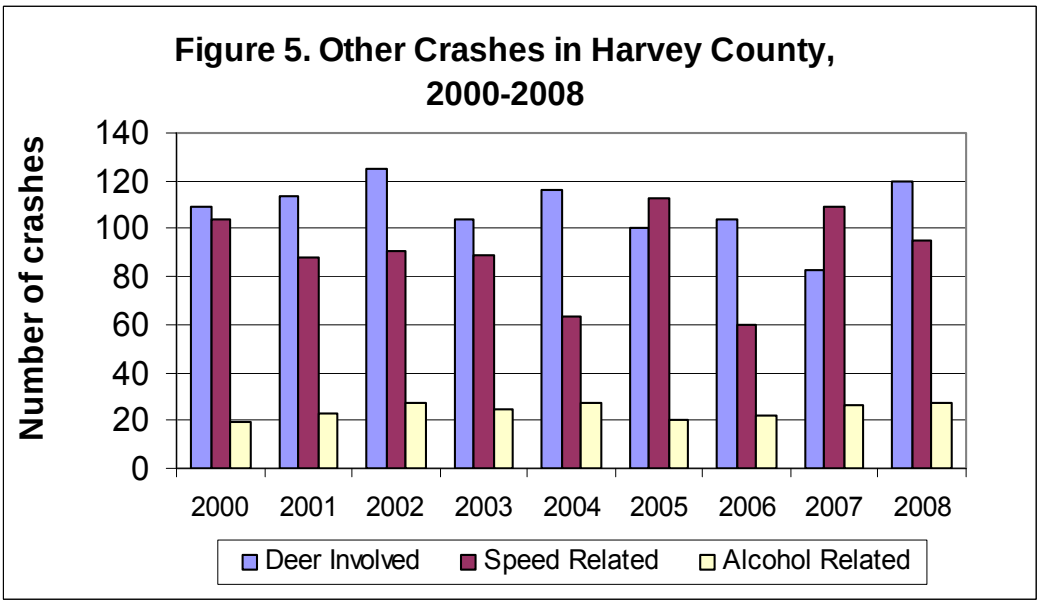


Kansas Department of Transportation, 2012

Harvey County Rural Health Works



Kansas Department of Transportation, 2012



Kansas Department of Transportation, 2012

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Harvey 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

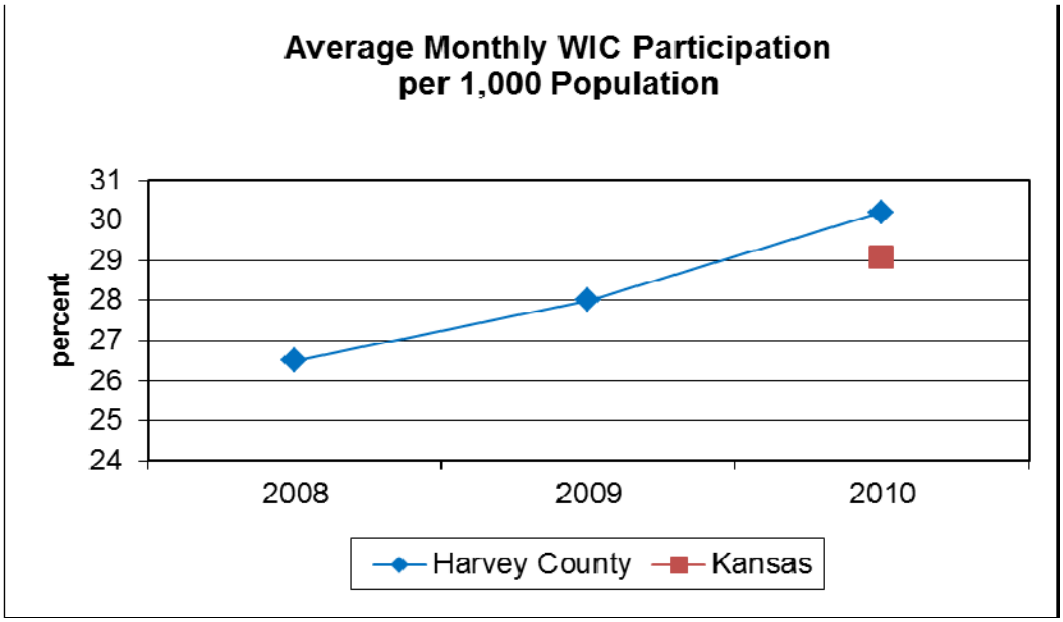
It should be noted, however, that some places with too few events of a given type may display no results, or may show multi-county regional values.

Harvey County Rural Health Works

Access to Health Services

Average Monthly WIC Participation

Value: 30.2 average cases per 1,000 population
Measurement Period: 2010
Location: County : Harvey
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.

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- 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%.

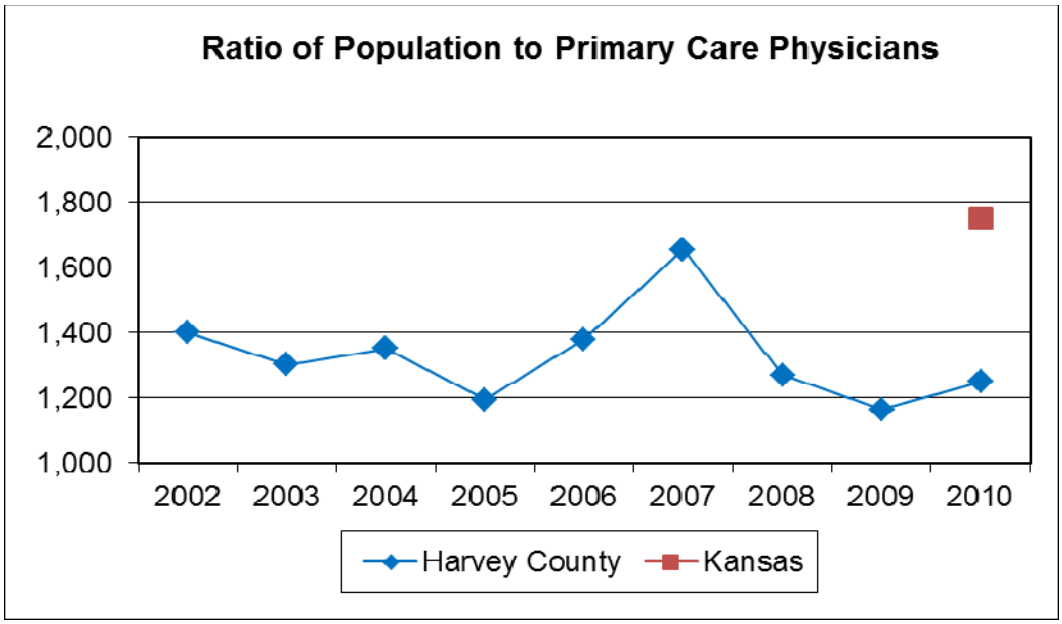
Unduplicated number of WIC participants served in Calendar Year 2008 is 128,407
WIC services are provided at 109 County Health Department clinic sites.

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: 1248.8 population per physician
Measurement Period: 2010
Location: County : Harvey
Comparison: KS State Value
Categories: Health / Access to Health Services

Harvey County Rural Health Works



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

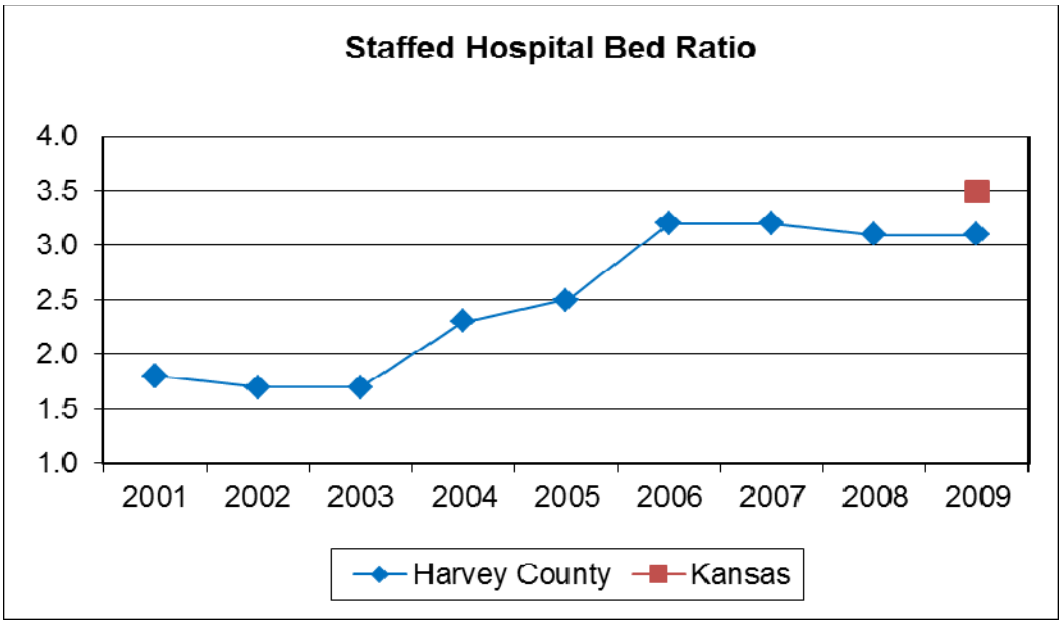
Why this is important: Primary care is the backbone of preventive health care, and a strong primary care workforce is essential to health of our country. Primary care physicians play a key role in providing and coordinating high-quality health care. Adequate access to primary care can improve care coordination 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: 3.1 beds per 1,000 population
Measurement Period: 2009
Location: County : Harvey
Comparison: KS State Value
Categories: Health / Access to Health Services

Harvey 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.

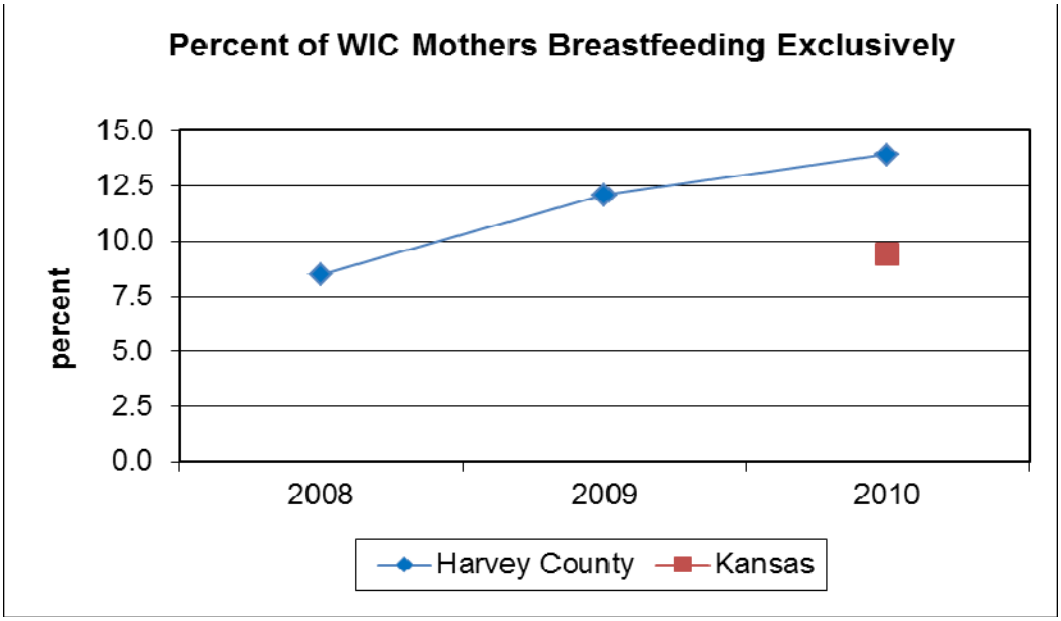
Technical Note: The county and regional values are compared to Kansas State value / US value.
Source: Kansas Hospital Association
URL of Source: http://www.kha-net.org/
URL of Data: http://www.kha-net.org/communications/annualstatreport/de...

Harvey County Rural Health Works

Children's Health

Percent of WIC Mothers Breastfeeding Exclusively

Value: 13.9 percent
Measurement Period: 2010
Location: County : Harvey
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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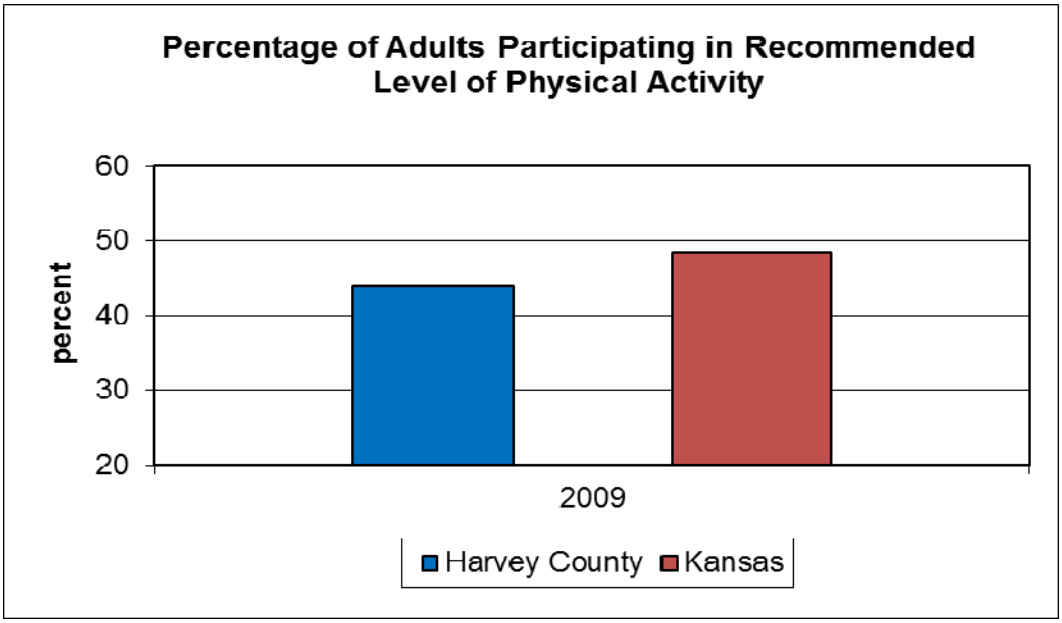
Technical Note: The county and regional values are compared to Kansas State value / US value.
Source: Kansas Department of Health and Environment
URL of Source: http://www.kdheks.gov/
URL of Data: http://www.kdheks.gov/nws-wic/

Harvey County Rural Health Works

Exercise, Nutrition & Weight

Percentage of Adults Participating in Recommended Level of Physical Activity

Value: 43.9 percent
Measurement Period: 2009
Location: County : Harvey
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%.**

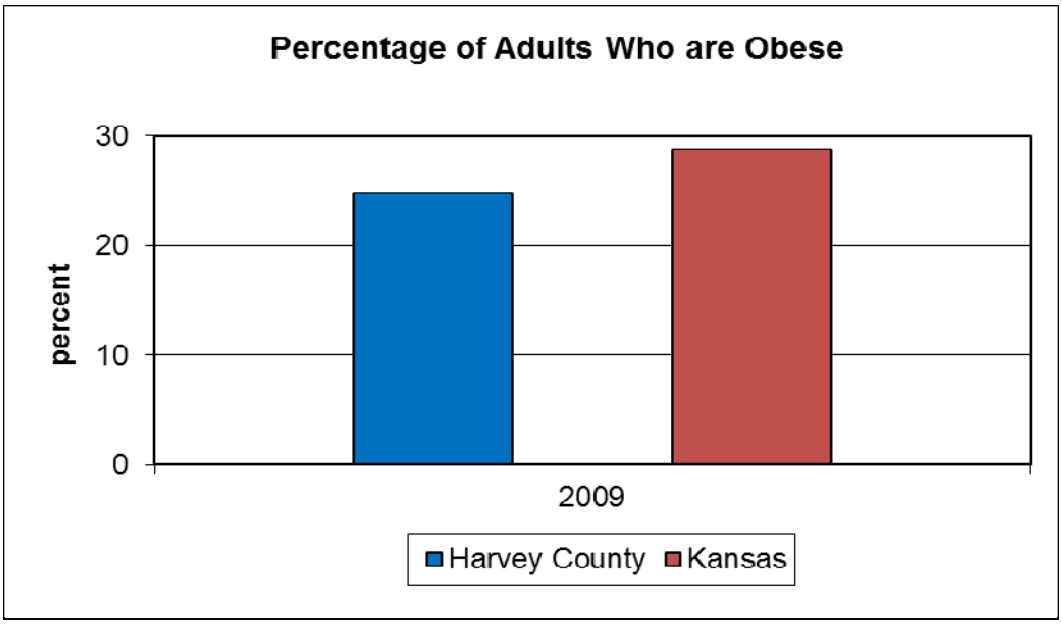
Technical Note: The County / Region value is compared to the Kansas state value. Confidence intervals were not taken into account while making this comparison.

Harvey County Rural Health Works

Source: Kansas Department of Health and Environment
URL of Source: http://www.kdheks.gov/
URL of Data: http://www.kdheks.gov/brfss/Expansion/index.html

Percentage of Adults Who are Obese

Value: 24.8 percent
Measurement Period: 2009
Location: County : Harvey
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%.**

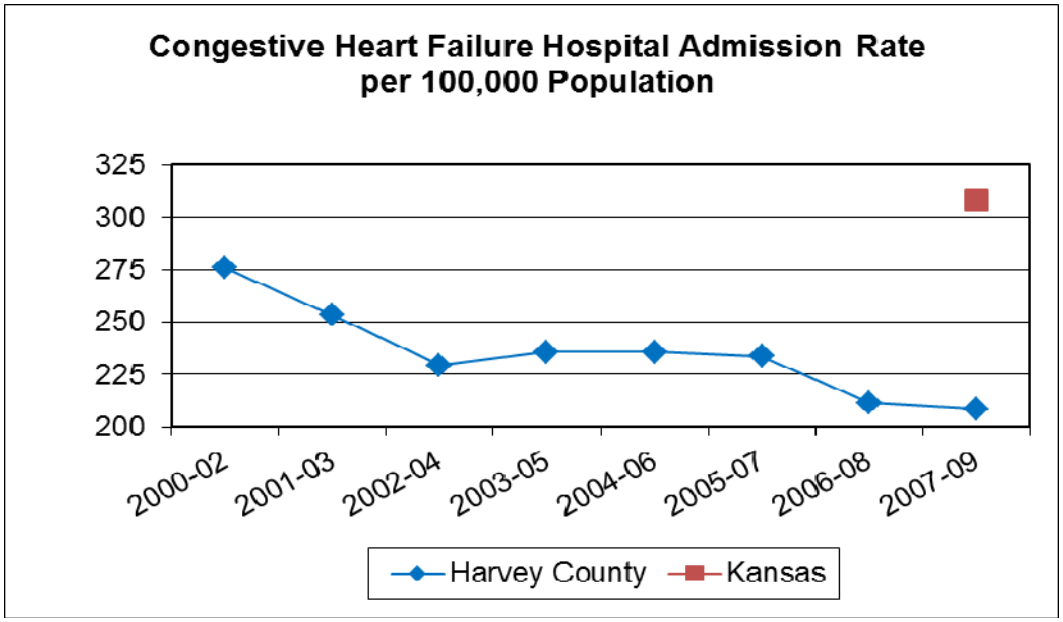
Technical Note: The County / Region value is compared to the Kansas state value. Confidence intervals were not taken into account while making this comparison.
Source: Kansas Department of Health and Environment
URL of Source: http://www.kdheks.gov/
URL of Data: http://www.kdheks.gov/brfss/Expansion/index.html

Harvey County Rural Health Works

Heart Disease and Stroke

Congestive Heart Failure Hospital Admission Rate

Value: 208.82 per 100,000 population
Measurement Period: 2007-2009
Location: County : Harvey
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.

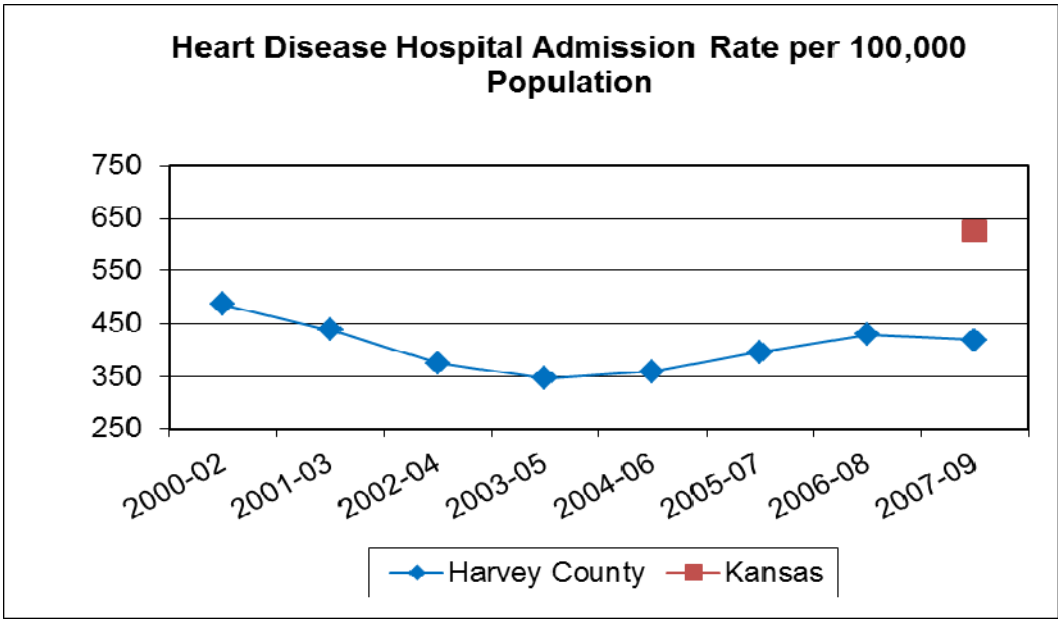
Technical Note: The county and regional values are compared to Kansas State value / US value.

Harvey 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: 418.60 per 100,000 population
Measurement Period: 2007-2009
Location: County : Harvey
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.

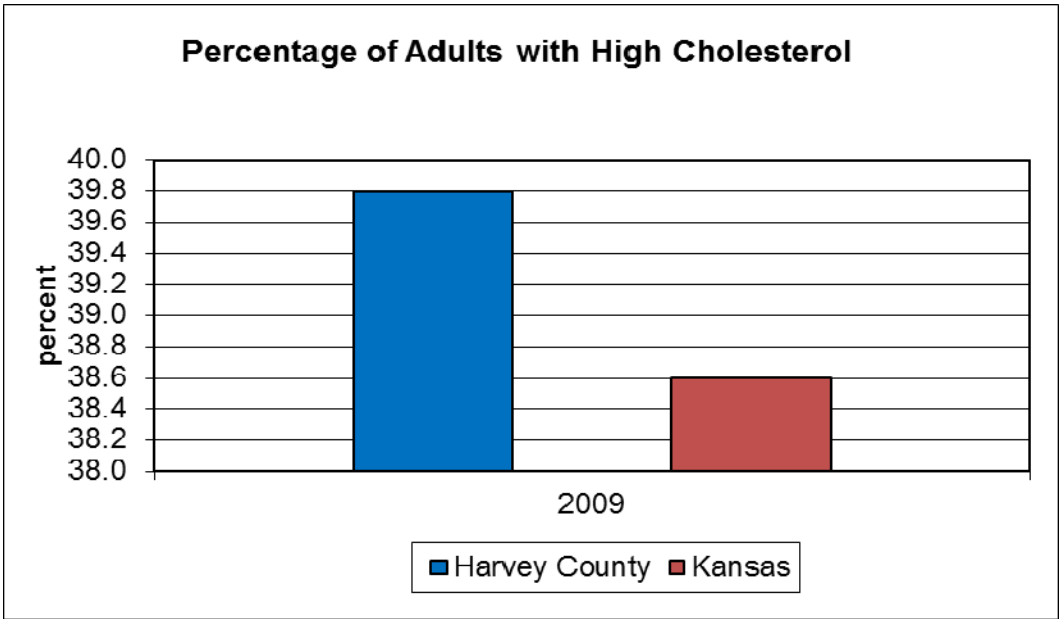
Why this is important: Heart disease has consistently been a public health concern and is the leading cause of death in the United States. For coronary heart disease alone, the estimated direct and indirect costs for the overall U.S. population are approximately $165.4 billion for 2009. According to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

Harvey County Rural Health Works

Percentage of Adults with High Cholesterol

Value: 39.8 percent
Measurement Period: 2009
Location: County : Harvey
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 percentage of adults who have had their blood cholesterol checked and have been told that it was high.

Why this is important: High blood cholesterol is one of the major risk factors for heart disease. Studies show that the higher your blood cholesterol level, the greater your risk for developing heart disease or having a heart attack. Heart disease is the number one killer of men and women in the United States. Every year about 785,000 Americans have a first heart attack. Another 470,000 who have already had one or more heart attacks have another attack. In 2006, over 630,000 Americans died from heart disease. High blood cholesterol does not cause symptoms, so it is important to find out what your cholesterol numbers are. Lowering cholesterol levels lessens the risk for developing heart disease and reduces the chance of having a heart attack. Lowering high cholesterol levels is important for people of all ages, both men and women.

The Healthy People 2020 national health target is to reduce the proportion of adults aged 20 years and older with high total blood cholesterol levels to 13.5%.

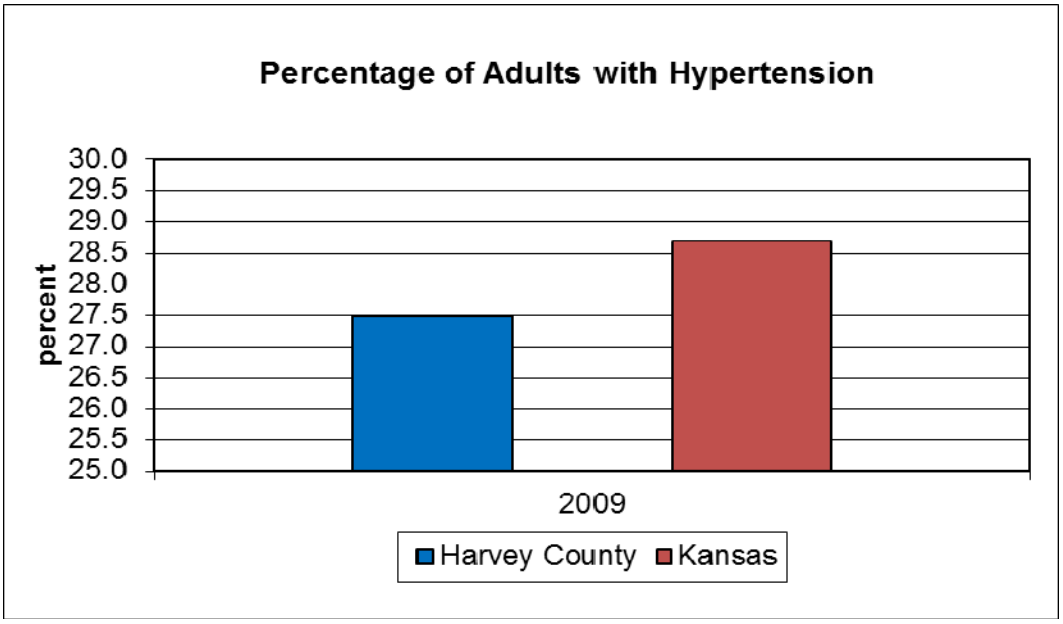
Technical Note: The County / Region value is compared to the Kansas State value. Confidence intervals were not taken into account while making this comparison.
Source: Kansas Department of Health and Environment
URL of Source: http://www.kdheks.gov/

Harvey County Rural Health Works

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

Percentage of Adults with Hypertension

Value: 27.5 percent
Measurement Period: 2009
Location: County : Harvey
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 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%.

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Harvey County Rural Health Works

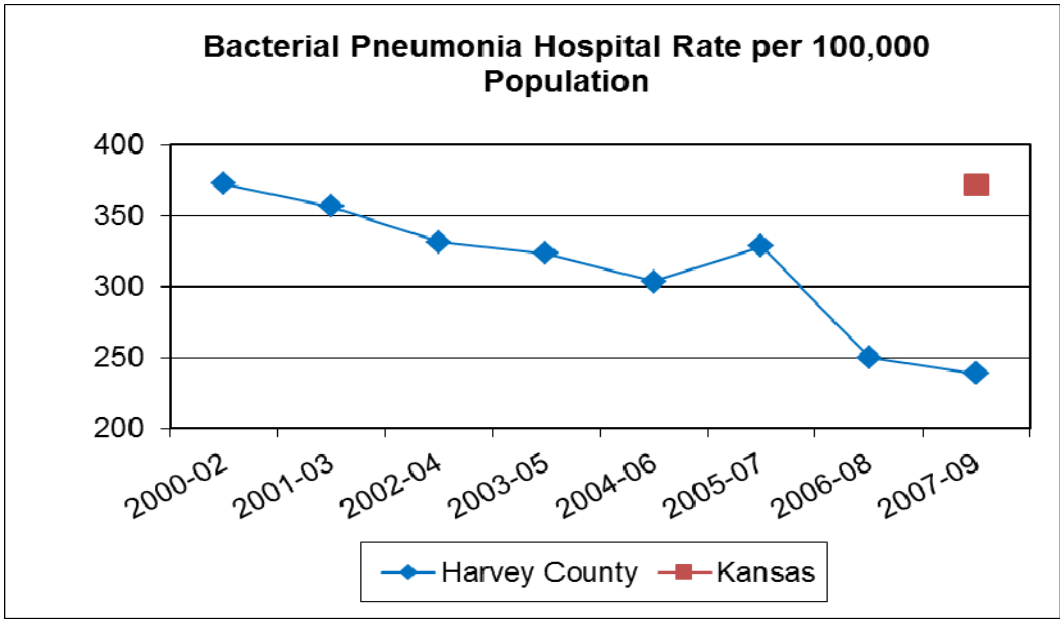
Technical Note: The County / Region value is compared to the Kansas State value. Confidence intervals were not taken into account while making this comparison.
Source: Kansas Department of Health and Environment
URL of Source: http://www.kdheks.gov/
URL of Data: http://www.kdheks.gov/brfss/Expansion/index.html

Harvey County Rural Health Works

Immunizations & Infectious Diseases

Bacterial Pneumonia Hospital Admission Rate

Value: 238.93 per 100,000 population
Measurement Period: 2007-2009
Location: County : Harvey
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.

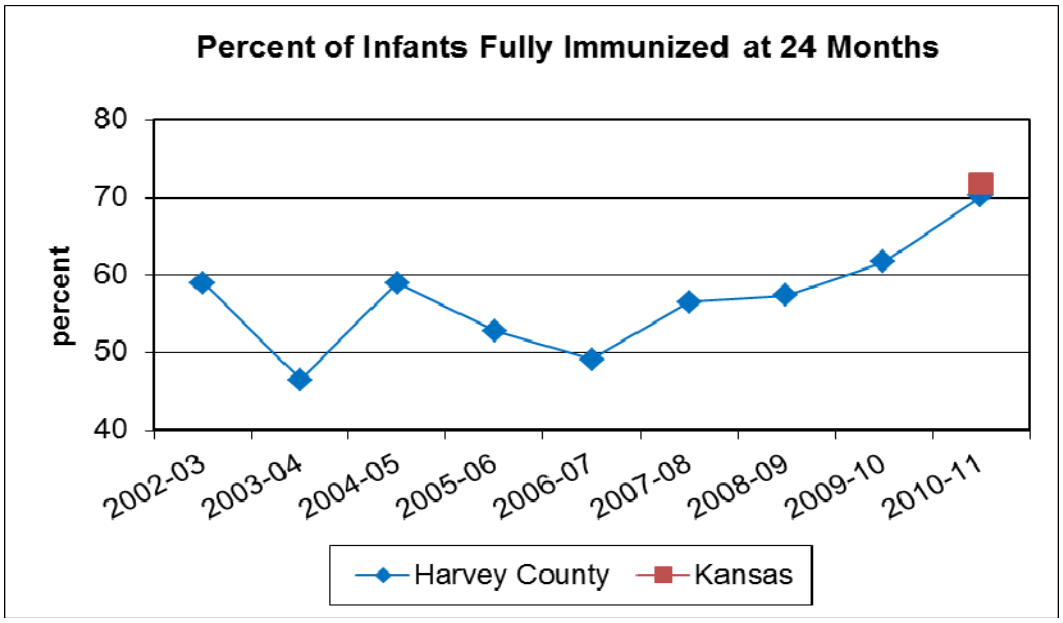
Technical Note: The county and regional values are compared to Kansas State value / US value.
Source: Kansas Department of Health and Environment

Harvey County Rural Health Works

URL of Source: http://www.kdheks.gov/
URL of Data: http://kic.kdhe.state.ks.us/kic/

Percent of Infants Fully Immunized at 24 Months

Value: 70.2 percent
Measurement Period: 2010-2011
Location: County : Harvey
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.

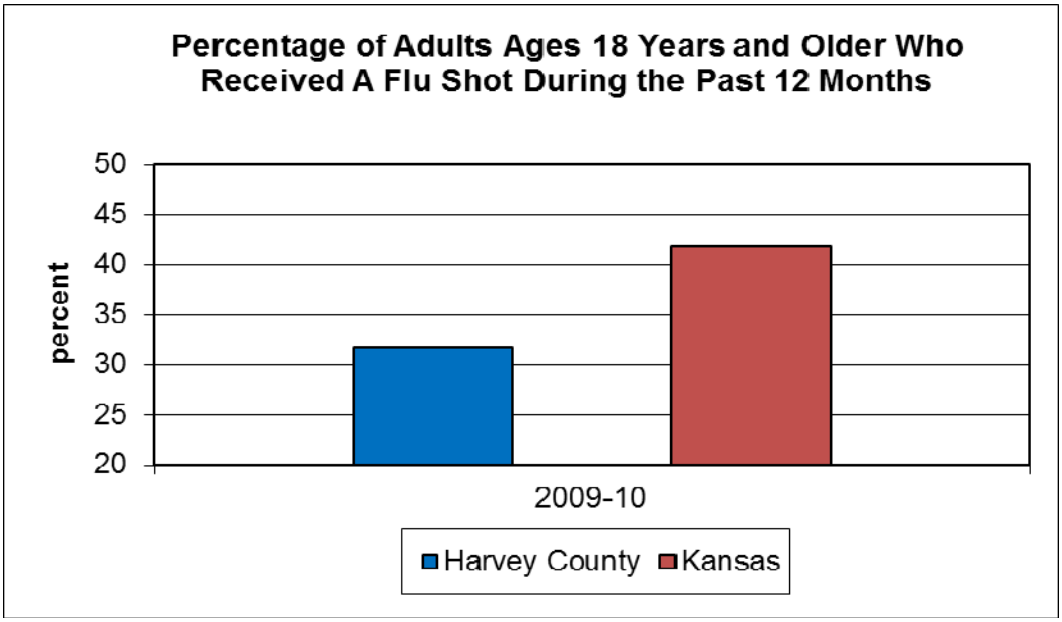
Technical Note: The county value is compared to the Kansas State value.
Source: Kansas Department of Health and Environment

Harvey County Rural Health Works

URL of Source: http://www.kdheks.gov/
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: 31.7 percent
Measurement Period: 2009-10
Location: County : Harvey
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.

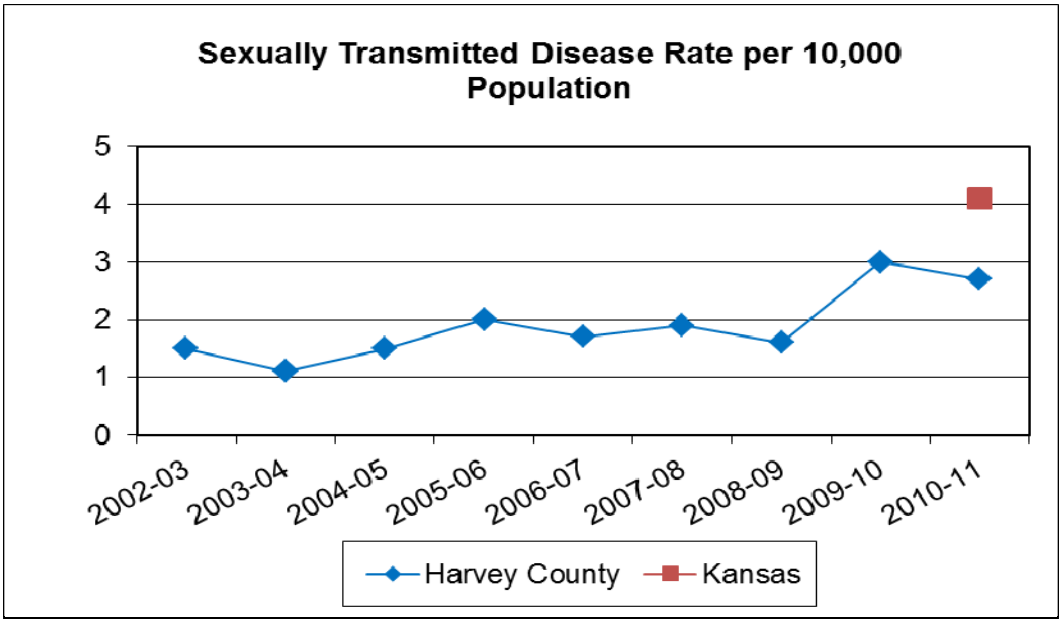
Why this is important: Influenza is a contagious disease caused by the influenza virus. It can lead to pneumonia and can be dangerous for people with heart or breathing conditions. Infection with influenza can cause high fever, diarrhea and seizures in children. It is estimated that 226,000 people are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

Harvey County Rural Health Works

Sexually Transmitted Disease Rate

Value: 2.7 cases/10,000 population
Measurement Period: 2010-11
Location: County : Harvey
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.

Harvey County Rural Health Works

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

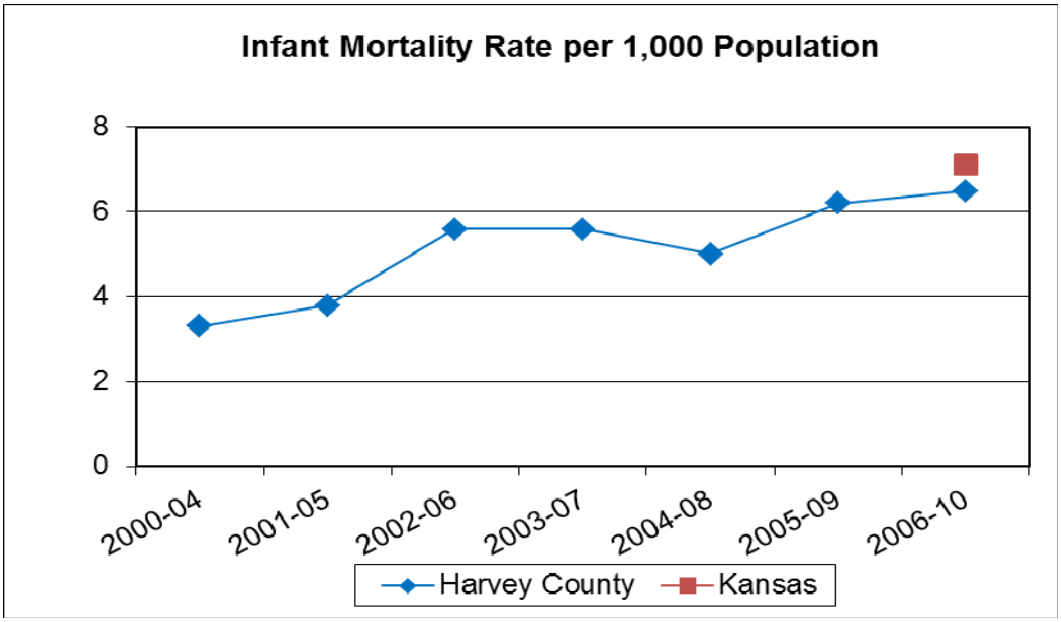
Technical Note: The county and regional values are compared to Kansas State value / US value.
Source: Kansas Department of Health and Environment
URL of Source: http://www.kdheks.gov/
URL of Data: http://www.kdheks.gov/std/std_reports.html

Harvey County Rural Health Works

Maternal, Fetal & Infant Health

Infant Mortality Rate

Value: 6.52 deaths/1,000 population
Measurement Period: 2006-2010
Location: County : Harvey
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.

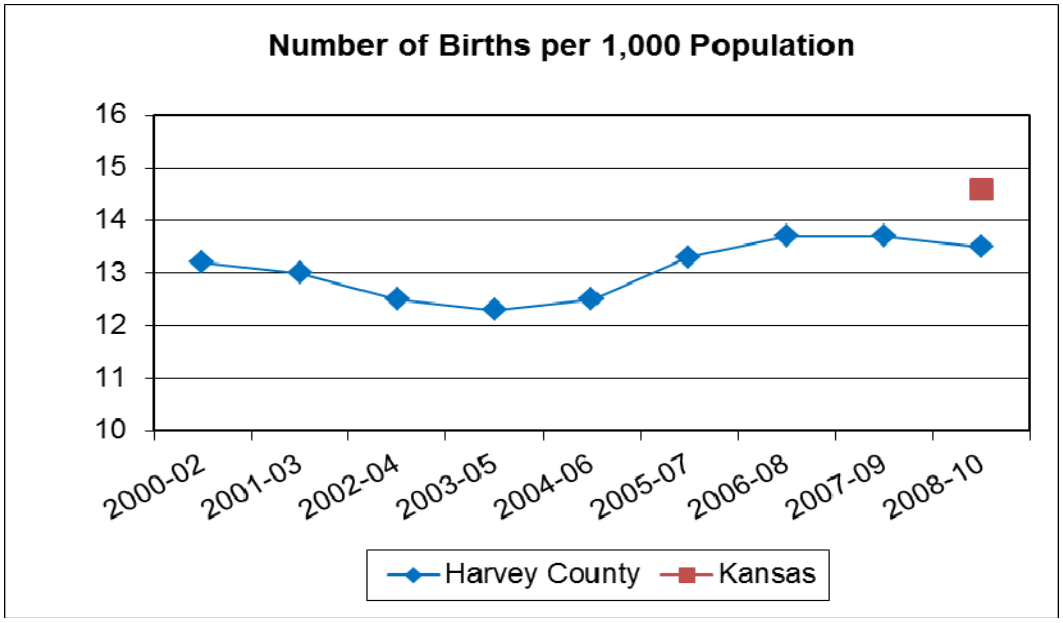
Harvey County Rural Health Works

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: 13.5 births/1,000 population
Measurement Period: 2008-2010
Location: County : Harvey
Comparison: KS State Value
Categories: Health / Maternal, Fetal & Infant Health



What is this Indicator?
This indicator shows the number of births per 1,000 population.

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

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

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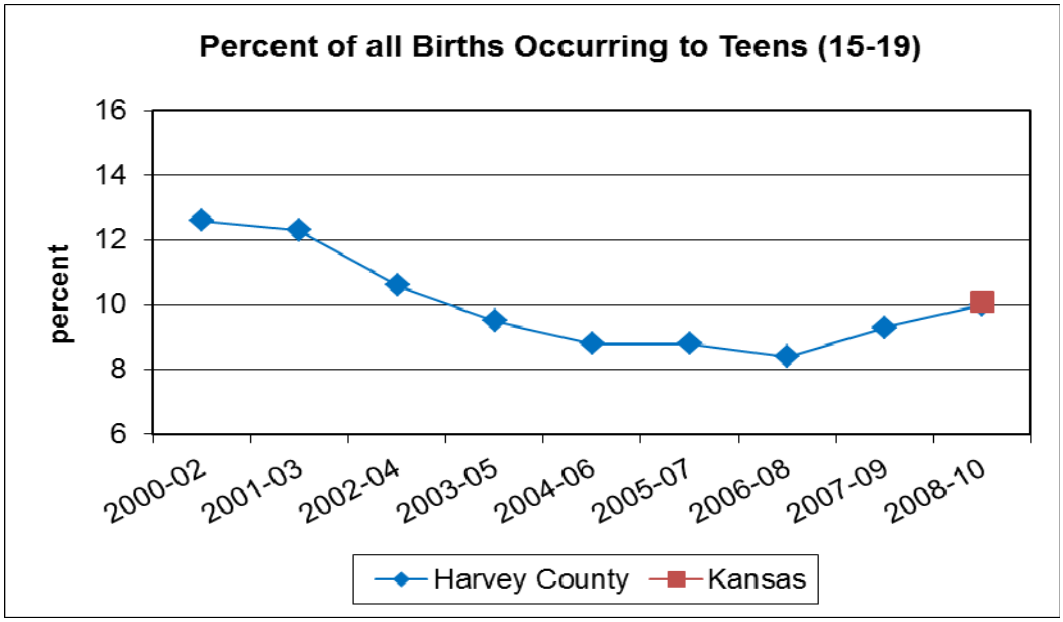
Percent of all Births Occurring to Teens (15-19 years)

Value: 10 percent
Measurement Period: 2008-2010
Location: County : Harvey
Comparison: KS State Value
Categories: Health / Maternal, Fetal & Infant Health; Health / Teen & Adolescent Health



What is this Indicator?
This indicator shows the percentage of births in which mothers were 15-19 years of age.

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

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

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

The negative consequences associated with unintended pregnancies are greater for teen parents and their children. Eighty-two percent of pregnancies to mothers ages 15 to 19 are unintended. One in five unintended pregnancies each year is among teens. Teen mothers are less likely to graduate from high school or attain a GED by the time they reach age 30; earn an

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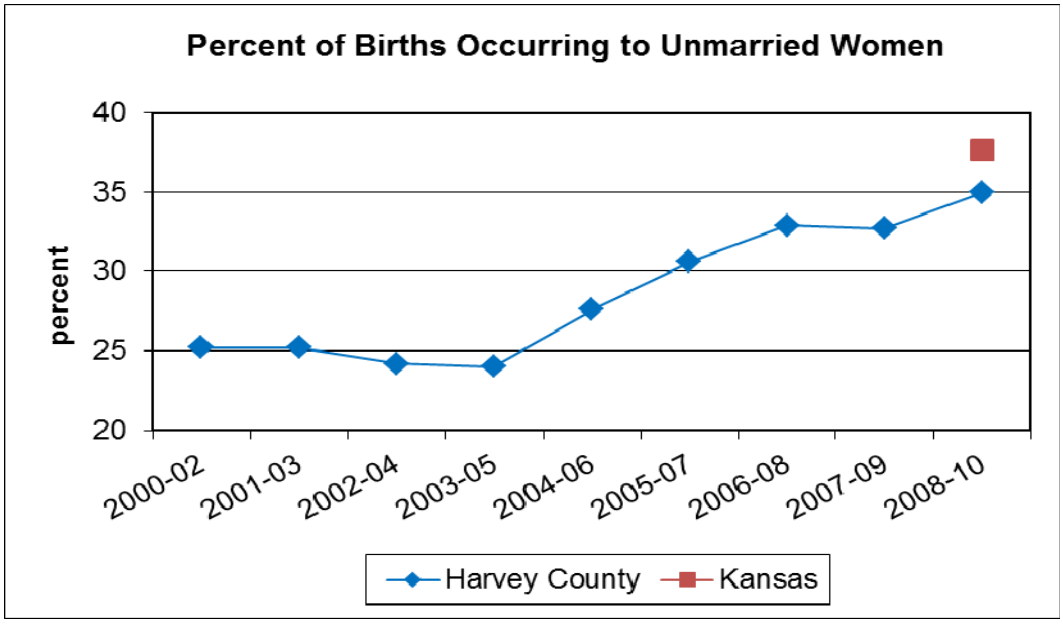
average of approximately $3,500 less per year, when compared with those who delay childbearing until their 20s; and receive nearly twice as much Federal aid for nearly twice as long.

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: 35 percent
Measurement Period: 2008-2010
Location: County : Harvey
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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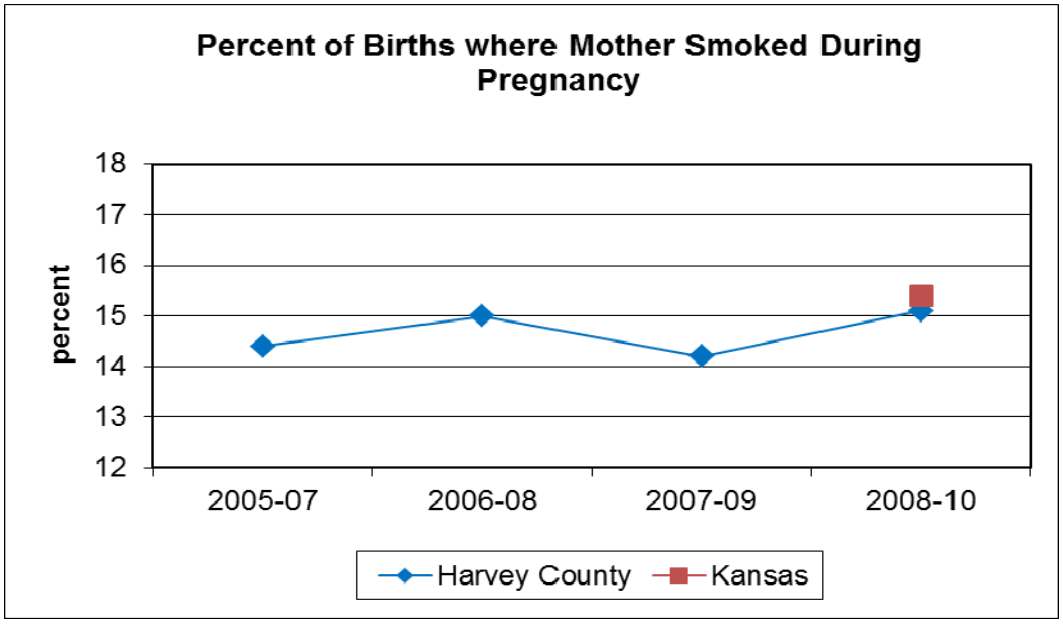
Why this is important: Non-marital births reflect the number of children born to unmarried women and includes both planned and unplanned pregnancies as well as women who were living with a partner at the time of birth. In previous decades, the term was often used to describe births to teen mothers; however, 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: 15.1 percent
Measurement Period: 2008-2010
Location: County : Harvey
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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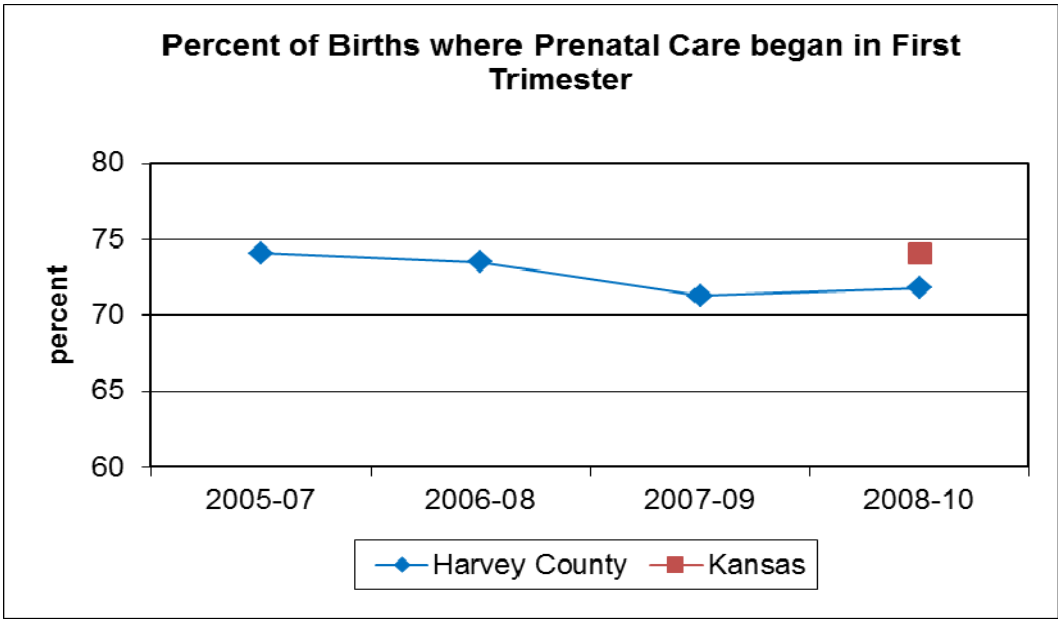
Why this is important: Smoking is a major public health problem. Smokers face an increased risk of lung cancer, stroke, cardiovascular diseases, and multiple other disorders. Smoking during pregnancy adversely affects the health of both the mother and her baby. Maternal smoking can result in miscarriages, 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: 71.8 percent
Measurement Period: 2008-2010
Location: County : Harvey
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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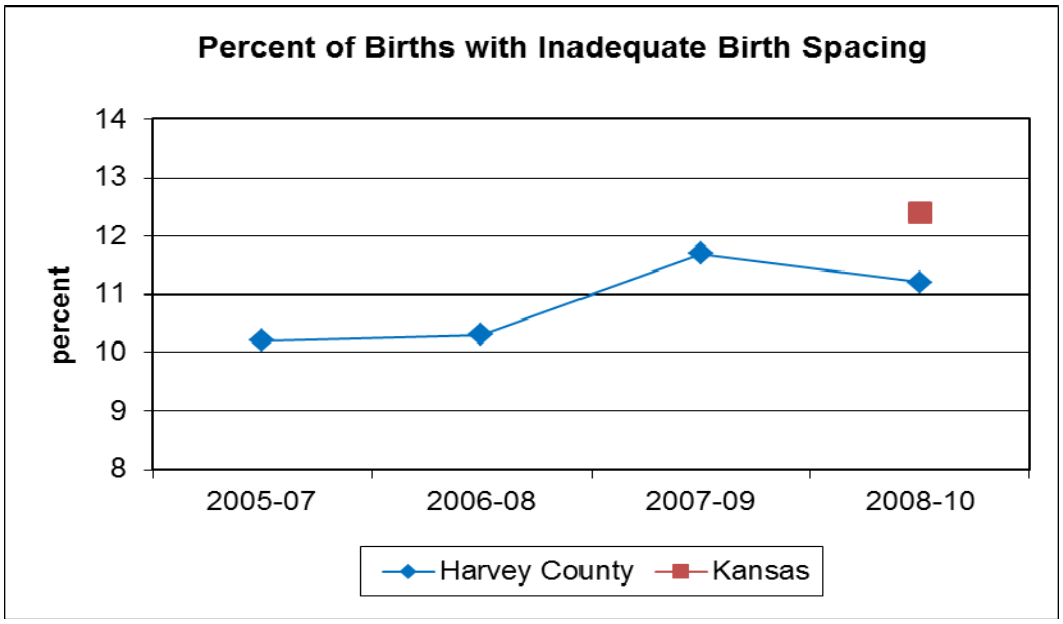
Why this is important: Babies born to mothers who do not receive prenatal care are three times more likely to have a low birth weight and five times more likely to die than those born to mothers who do get care. Early prenatal care (i.e., care in the first trimester of a pregnancy) allows women and their 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: 11.2 percent
Measurement Period: 2008-2010
Location: County : Harvey
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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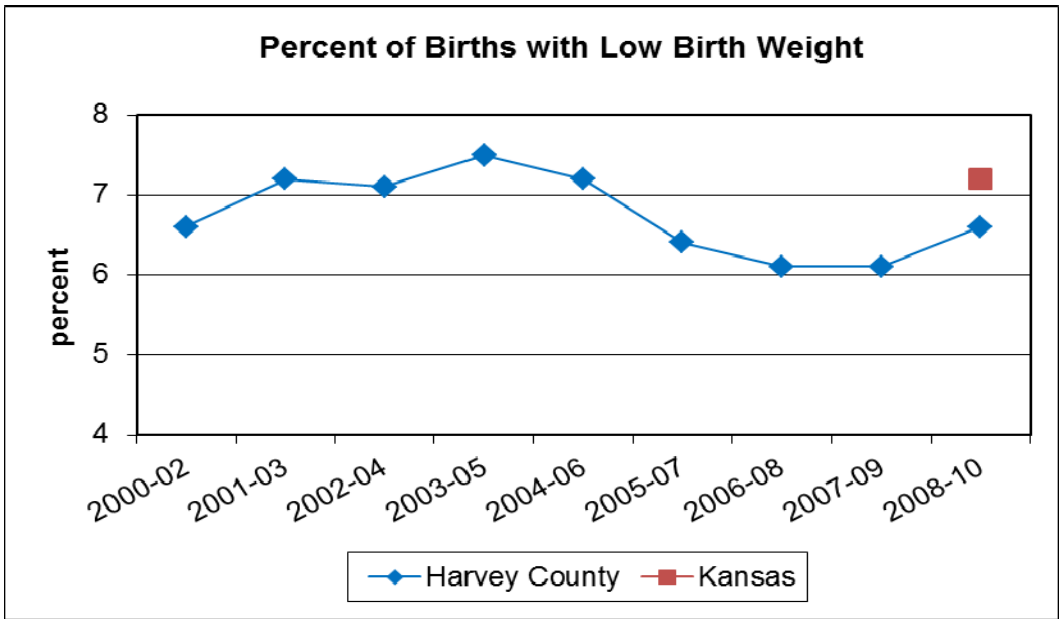
time interval between pregnancies. However, researchers agree that 2 ½ years to 3 years between births is usually best for the well being of the mother and her children. When births are spaced 21/2 years to 3 years apart there is less risk of infant and child death. There is also lower risk of the baby 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: 6.6 percent
Measurement Period: 2008-2010
Location: County : Harvey
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

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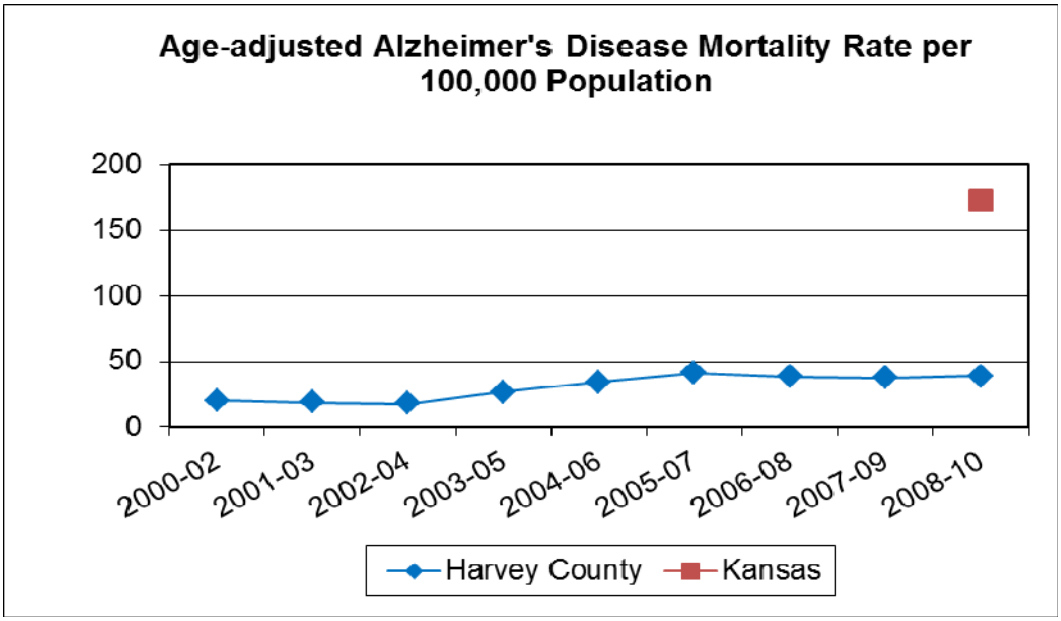
Mortality Data

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

Value: 38.9 deaths/100,000 population
Measurement Period: 2008-2010
Location: County : Harvey
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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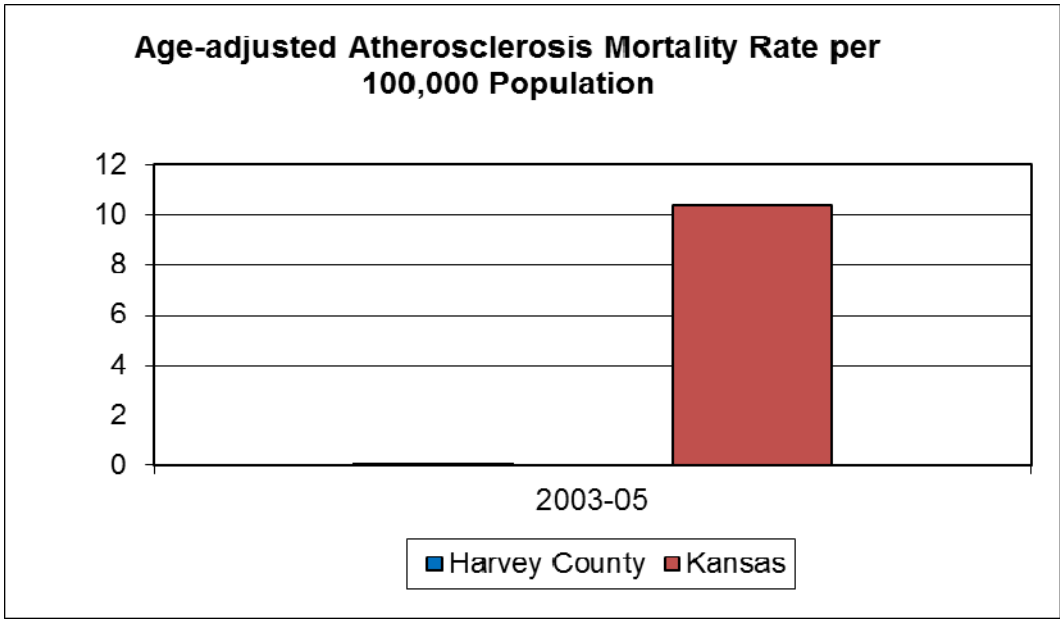
hospitalizations. As their dementia worsens, people need more health services and, oftentimes, long-term care. Many individuals requiring long-term care experience major personal and financial challenges that affect their families, their caregivers, and society.

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: 0.1 deaths/100,000 population
Measurement Period: 2003-2005
Location: County : Harvey
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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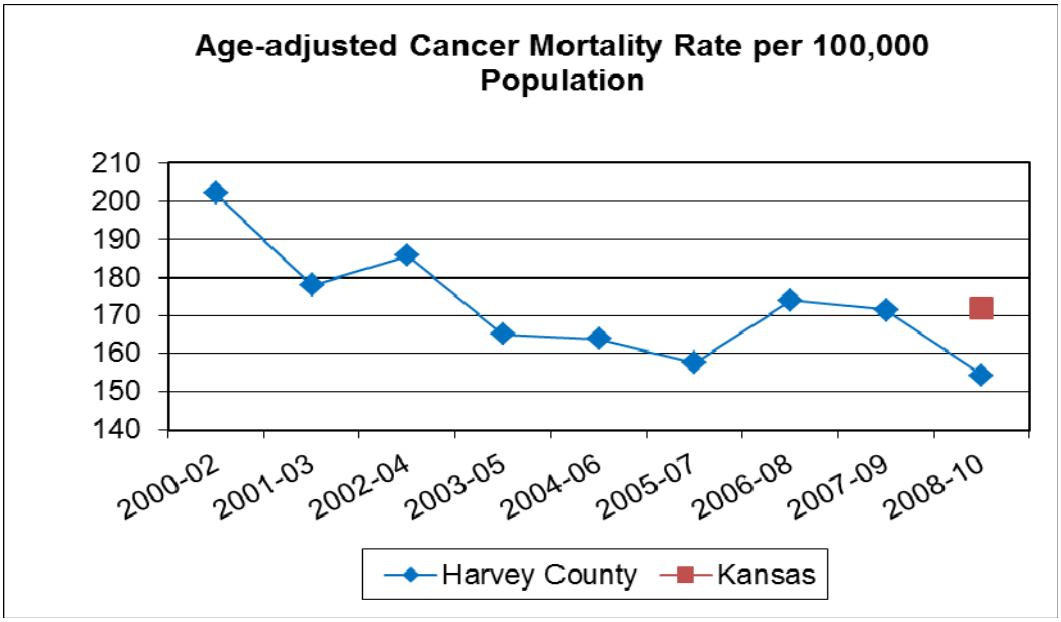
Other risk factors for hardening of the arteries are:

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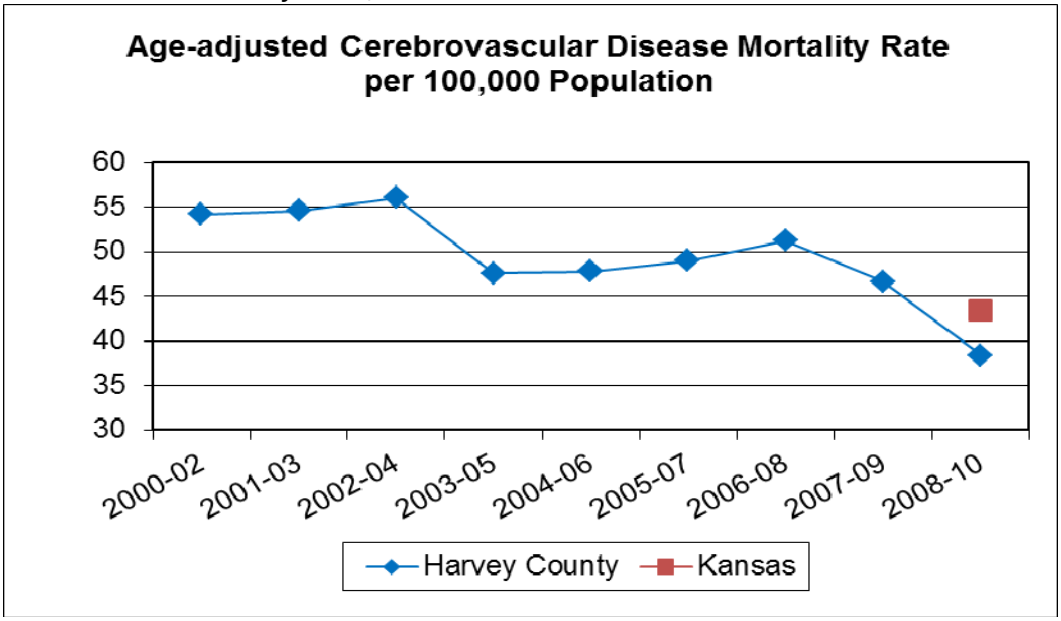
Technical Note: The County / Region values are compared to the Kansas State value.
Source: Kansas Department of Health and Environment
URL of Source: http://www.kdheks.gov/
URL of Data: http://kic.kdhe.state.ks.us/kic/index.html

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

Value: 38.37 deaths/100,000 population
Measurement Period: 2008-2010
Location: County : Harvey
Comparison: KS State Value
Categories: Health / Mortality Data; Health / Heart Disease & Stroke



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

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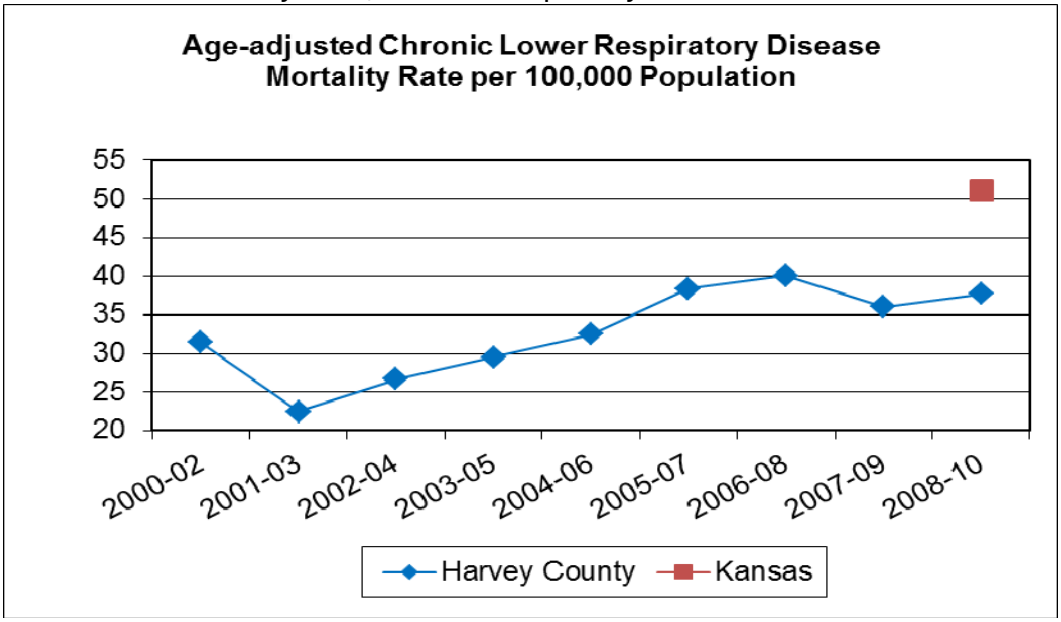
Age-adjusted Chronic Lower Respiratory Disease Mortality Rate per 100,000 Population

Value: 37.7 deaths/100,000 population
Measurement Period: 2008-2010
Location: County : Harvey
Comparison: KS State Value
Categories: Health / Mortality Data; Health / Respiratory Diseases



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.

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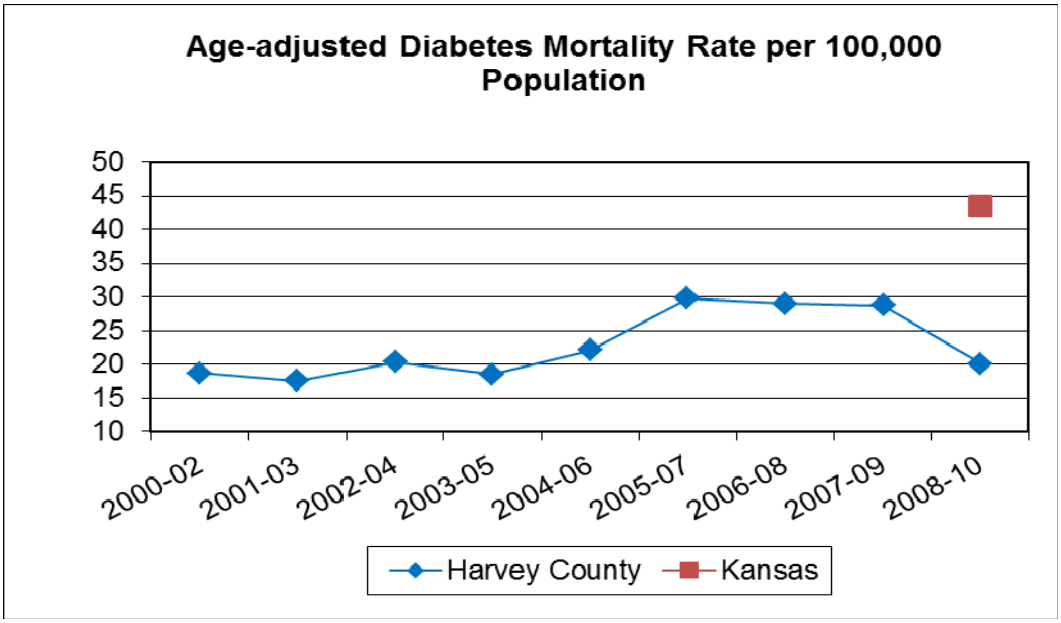
A direct association between secondhand smoke and lower respiratory disease has been documented by the Environmental Protection Agency. Smoking cessation in the single most effective way to reduce the risk of CLRD and its progression.

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

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

Age-adjusted Diabetes Mortality Rate per 100,000 Population

Value: 20.1 deaths/100,000 population
Measurement Period: 2008-2010
Location: County : Harvey
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

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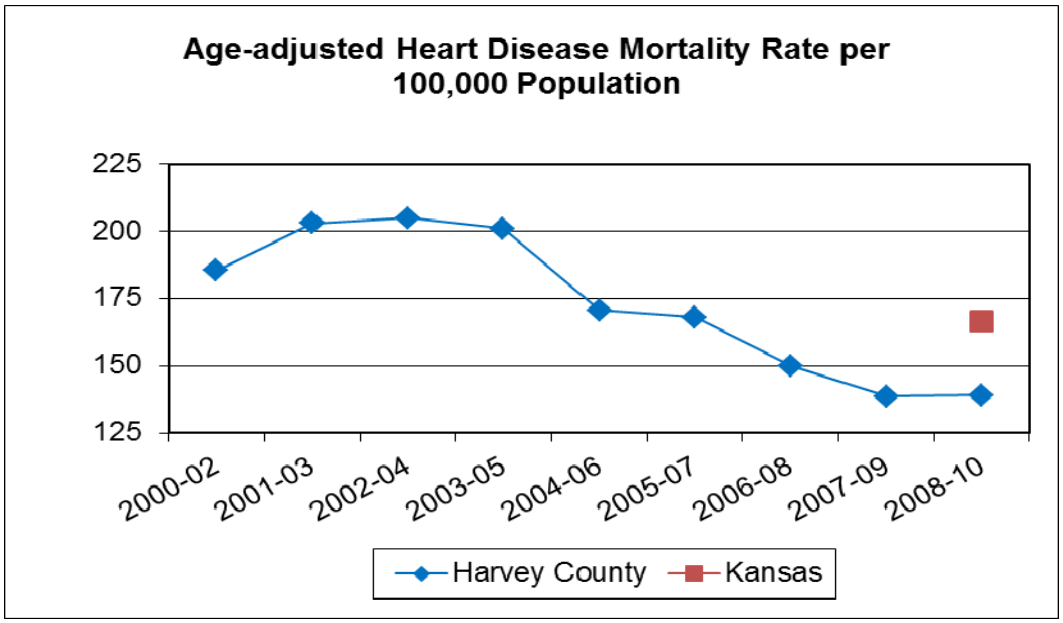
frequent cause of end-stage renal disease, non-traumatic lower-extremity amputation, and a leading cause of blindness among working age adults. Persons with diabetes are also at increased risk for ischemic heart disease, neuropathy, and stroke. In economic terms, the direct medical expenditure attributable to diabetes in 2007 was estimated to be $116 billion.

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

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

Value: 139.1 deaths/100,000 population
Measurement Period: 2008-2010
Location: County : Harvey
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.

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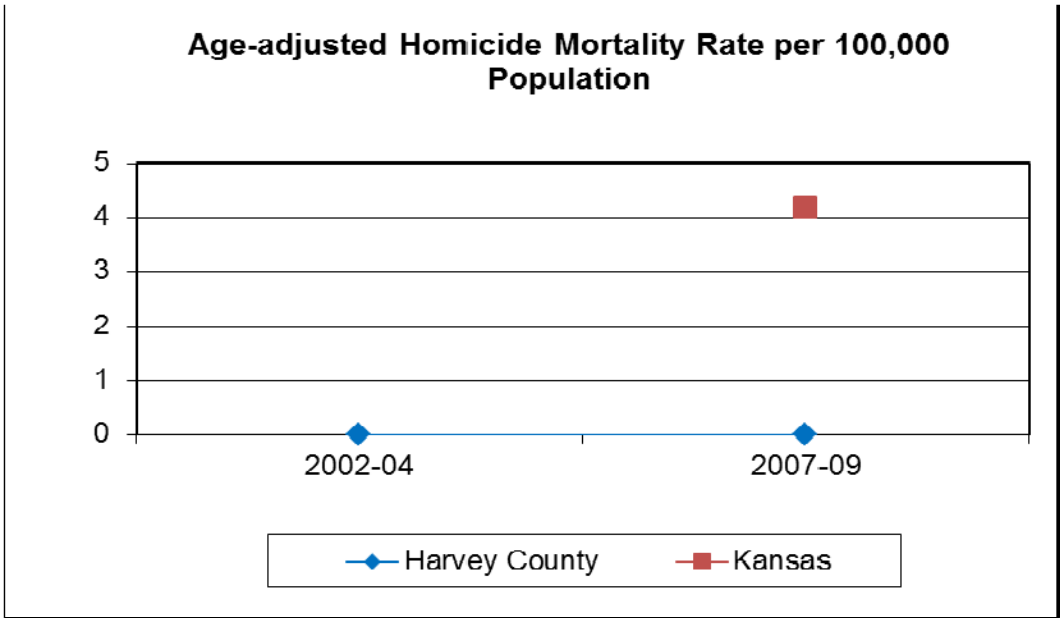
Source: Kansas Department of Health and Environment
URL of Source: http://www.kdheks.gov/
URL of Data: http://kic.kdhe.state.ks.us/kic/index.html

Age-adjusted Homicide Mortality Rate per 100,000 Population

Value: 0 deaths/100,000 population
Measurement Period: 2007-2009
Location: County : Harvey
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

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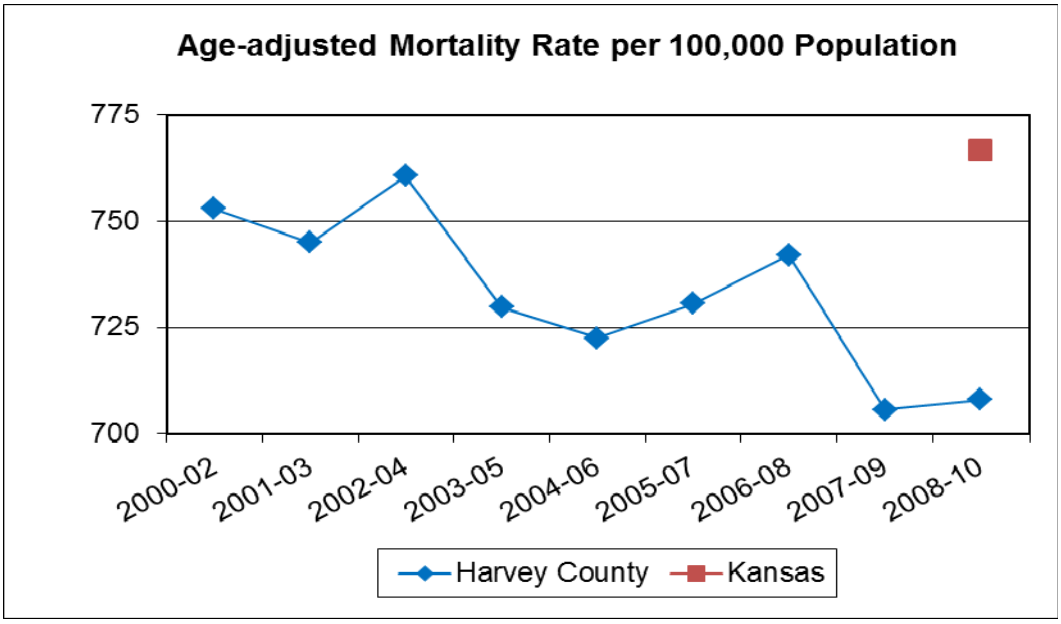
Value: 708 deaths/100,000 population
Measurement Period: 2008-2010
Location: County : Harvey
Comparison: KS State Value
Categories: Health / Mortality Data



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: 17.5 deaths/100,000 population

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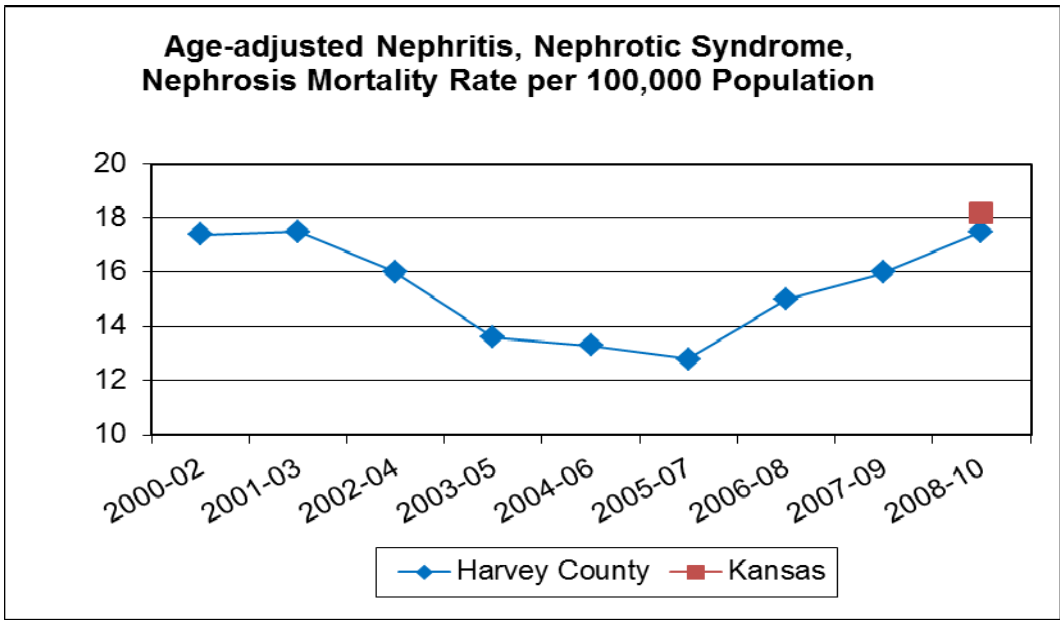
Measurement Period: 2008-2010
Location: County : Harvey
Comparison: KS State Value
Categories: Health / Mortality Data



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

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

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

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

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

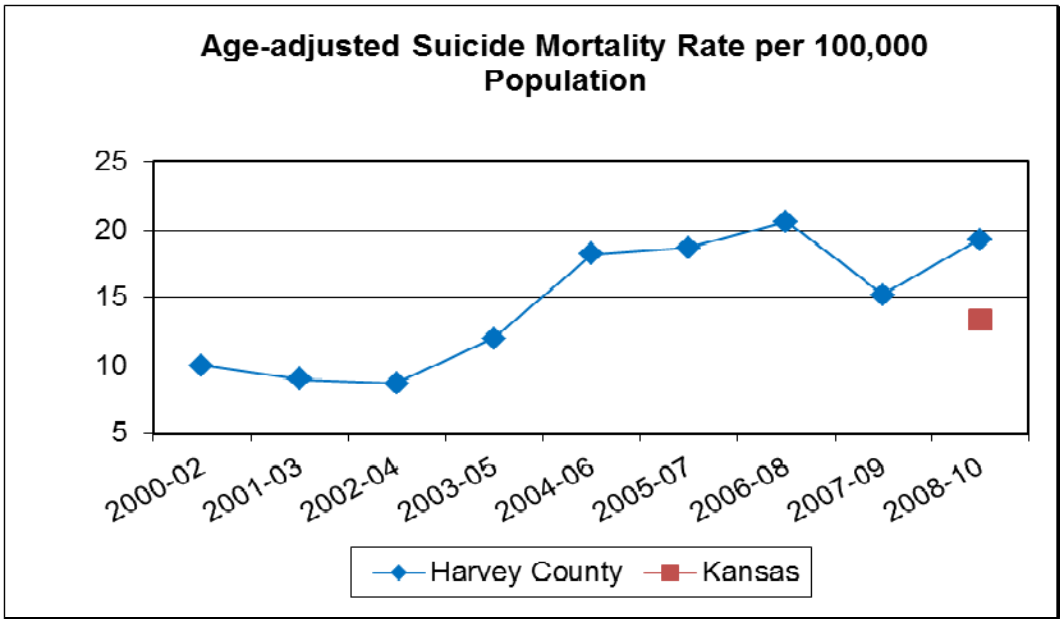
Harvey County Rural Health Works

responsible for premature death and exact a high economic price from both the private and public sectors. CKD and ESRD are very costly to treat. Nearly 25 percent of the Medicare budget is used to treat people with CKD and ESRD

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

Age-adjusted Suicide Mortality Rate per 100,000 Population

Value: 19.3 deaths/100,000 population
Measurement Period: 2008-2010
Location: County : Harvey
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.

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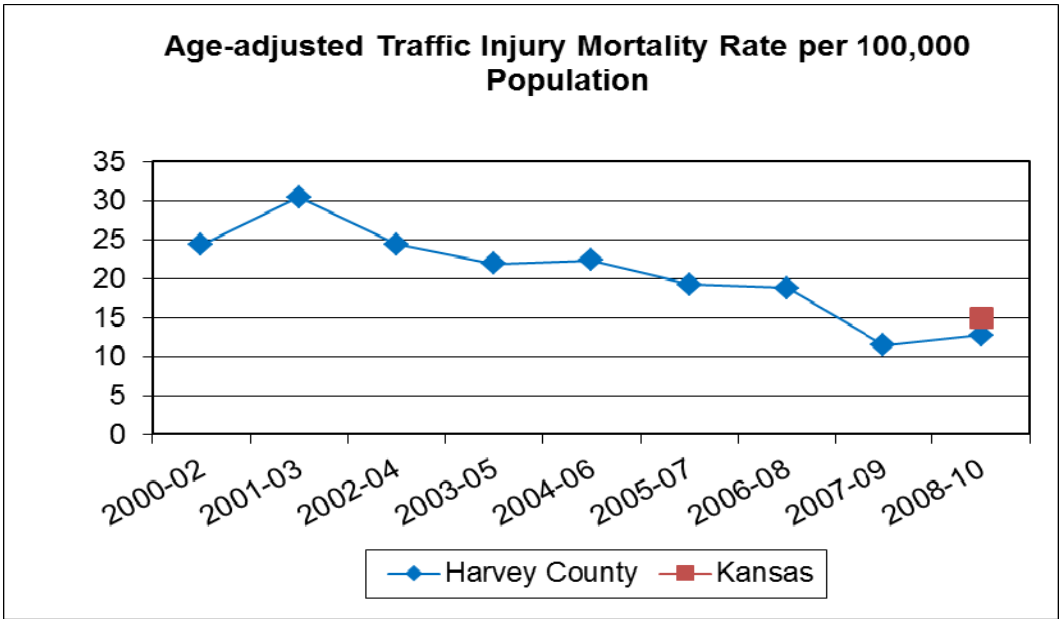
Source: Kansas Department of Health and Environment
URL of Source: http://www.kdheks.gov/
URL of Data: http://kic.kdhe.state.ks.us/kic/index.html

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

Value: 12.7 deaths/100,000 population
Measurement Period: 2008-2010
Location: County : Harvey
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

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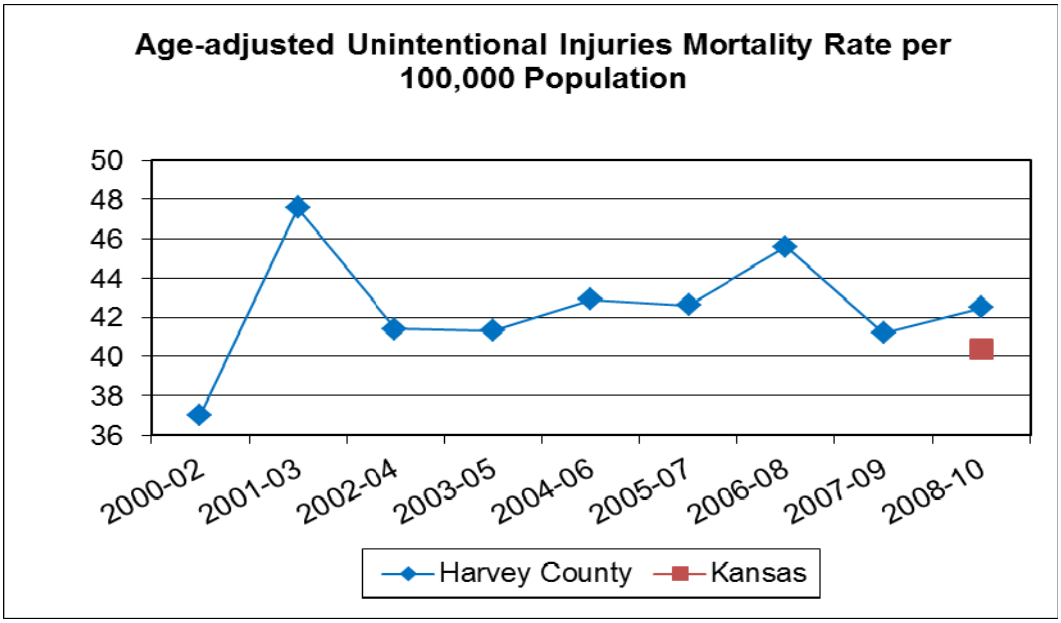
Age-adjusted Unintentional Injuries Mortality Rate per 100,000 Population

Value: 42.5 deaths/100,000 population
Measurement Period: 2008-2010
Location: County : Harvey
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.

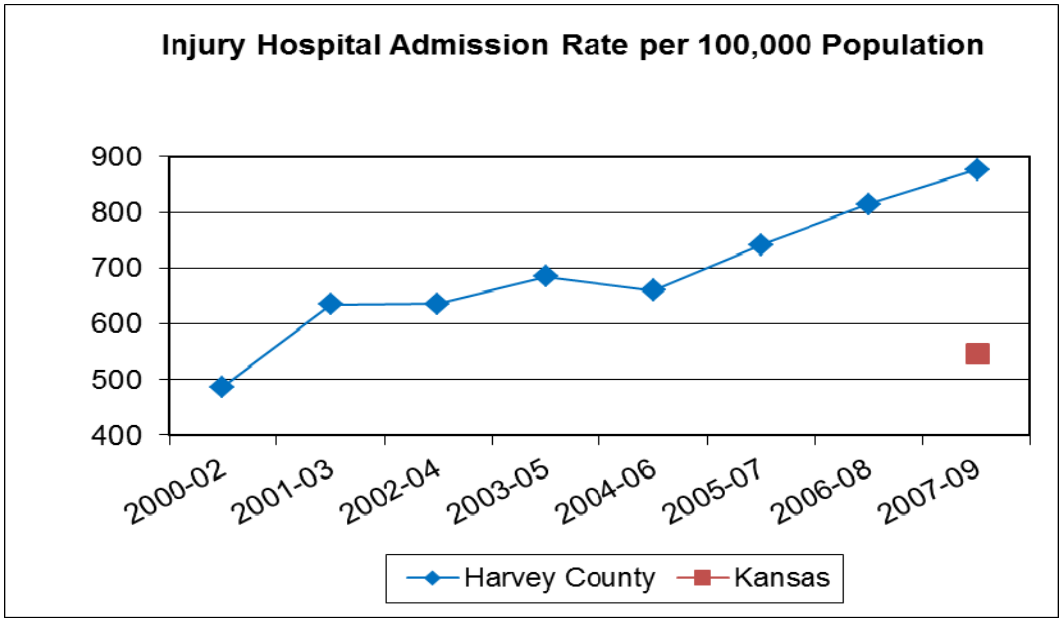
Technical Note: The County / Region values are compared to the Kansas State value.
Source: Kansas Department of Health and Environment
URL of Source: http://www.kdheks.gov/
URL of Data: http://kic.kdhe.state.ks.us/kic/index.html

Harvey County Rural Health Works

Prevention & Safety

Injury Hospital Admission Rate

Value: 876.2 Per 100,000 population
Measurement Period: 2007-2009
Location: County : Harvey
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.

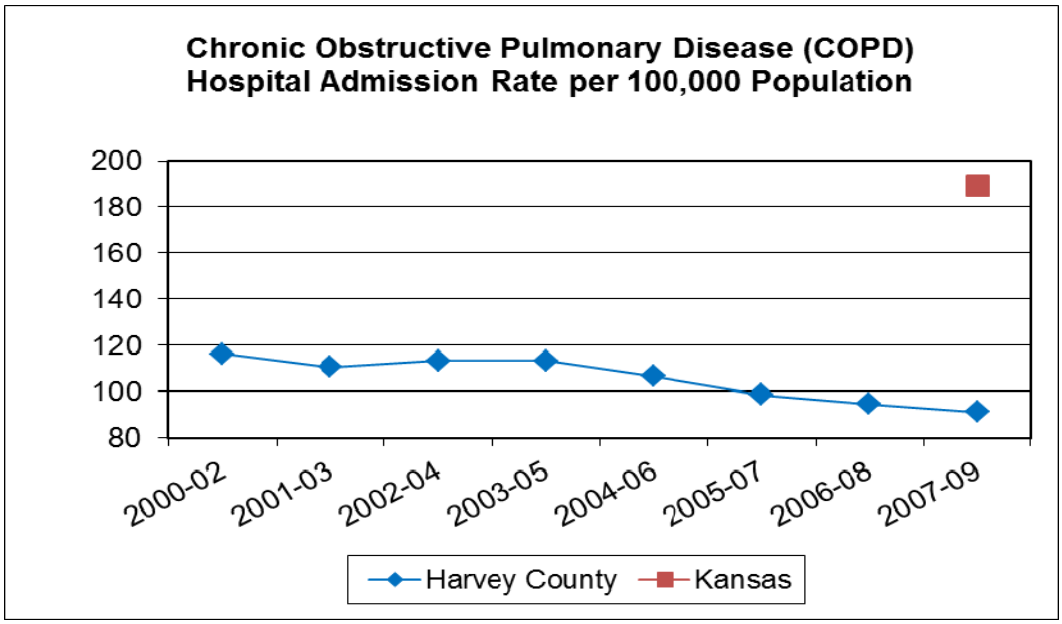
Technical Note: The county and regional values are compared to Kansas State value.
Source: Kansas Department of Health and Environment
URL of Source: http://www.kdheks.gov/
URL of Data: http://kic.kdhe.state.ks.us/kic/index.html

Harvey County Rural Health Works

Respiratory Diseases

Chronic Obstructive Pulmonary Disease (COPD) Hospital Admission Rate

Value: 90.9 Per 100,000 population
Measurement Period: 2007-2009
Location: County : Harvey
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

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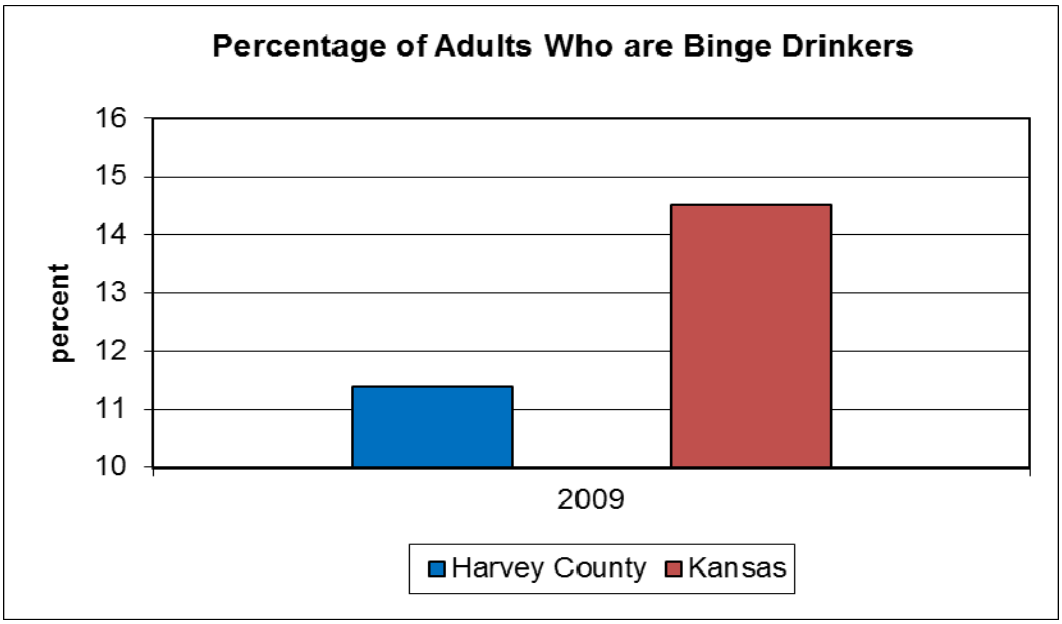
Substance Abuse

Percentage of Adults Who are Binge Drinkers

Value: 11.4 Percent
Measurement Period: 2009
Location: County : Harvey
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.

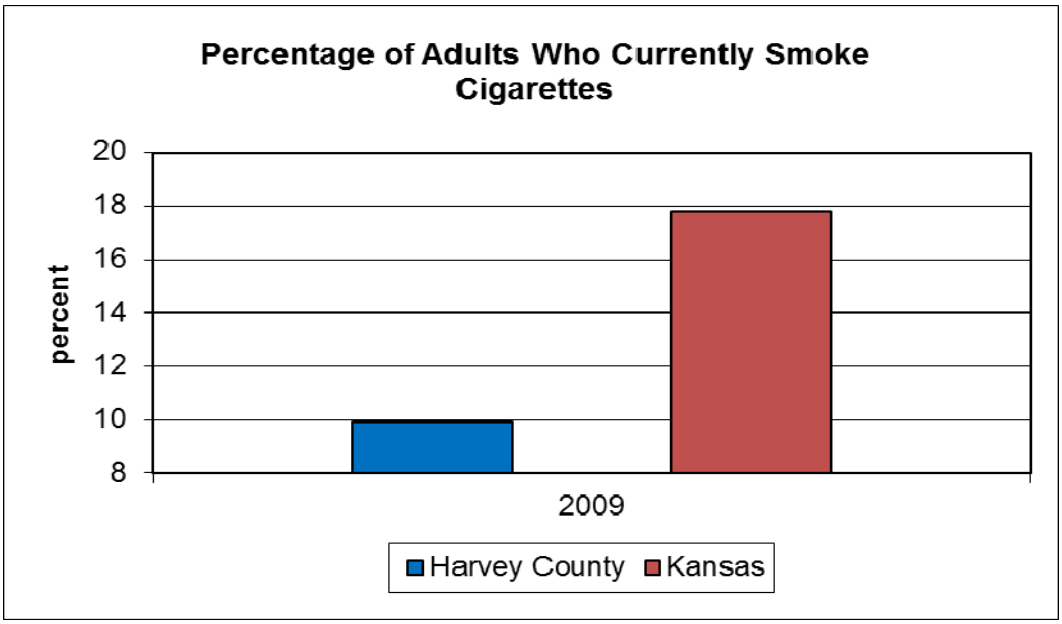
Why this is important: Binge drinking is an indicator of excessive alcohol use in the United States. Binge drinking can be dangerous and may result in vomiting, loss of sensory perception, and blackouts. The prevalence of binge drinking among men is twice that of women. In addition, it was found that 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

Harvey County Rural Health Works

Percentage of Adults Who Currently Smoke Cigarettes

Value: 9.9 Percent
Measurement Period: 2009
Location: County : Harvey
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

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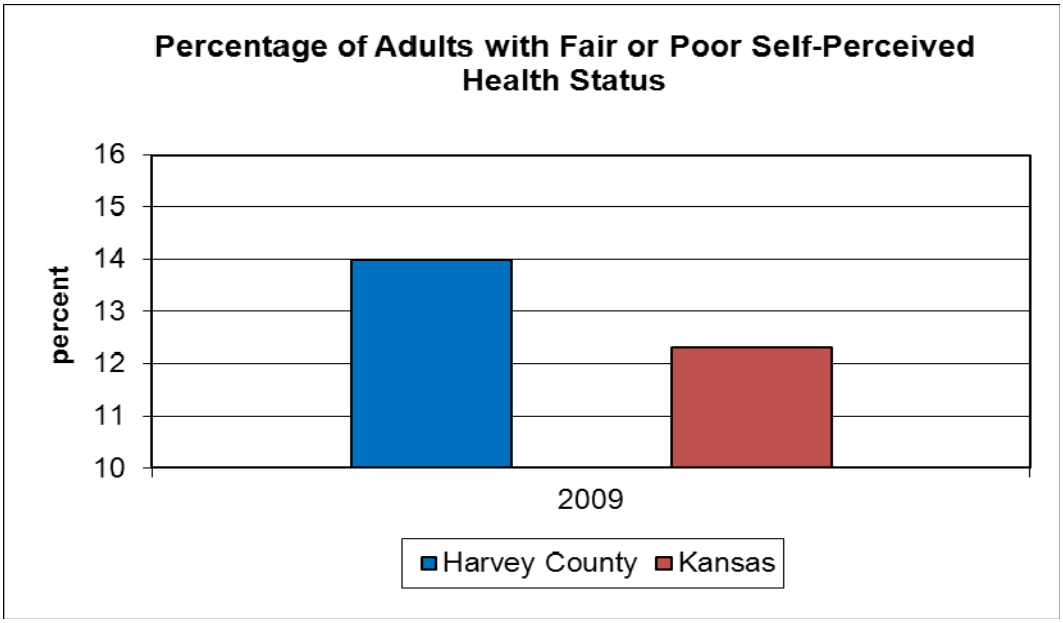
Wellness & Lifestyle

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

Value: 14 Percent
Measurement Period: 2009
Location: County : Harvey
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.

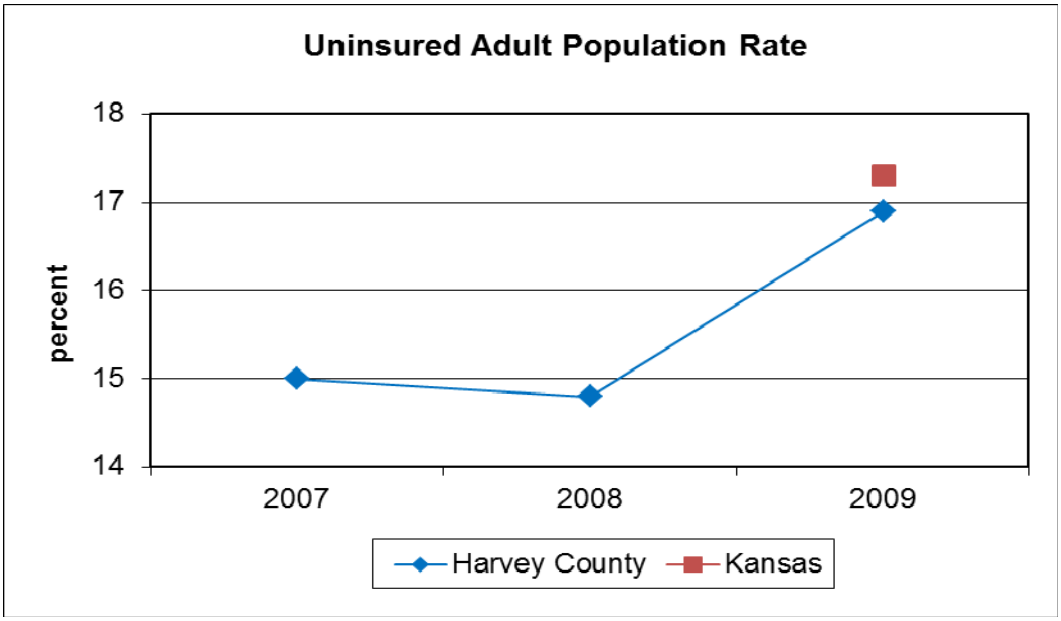
Technical Note: The County / Region value is compared to the Kansas state value. Confidence intervals were not taken into account while making this comparison.
Source: Kansas Department of Health and Environment
URL of Source: http://www.kdheks.gov/
URL of Data: http://www.kdheks.gov/brfss/Expansion/index.html

Harvey County Rural Health Works

Economic Climate

Uninsured Adult Population Rate

Value: 16.9 Percent
Measurement Period: 2009
Location: County : Harvey
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

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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.

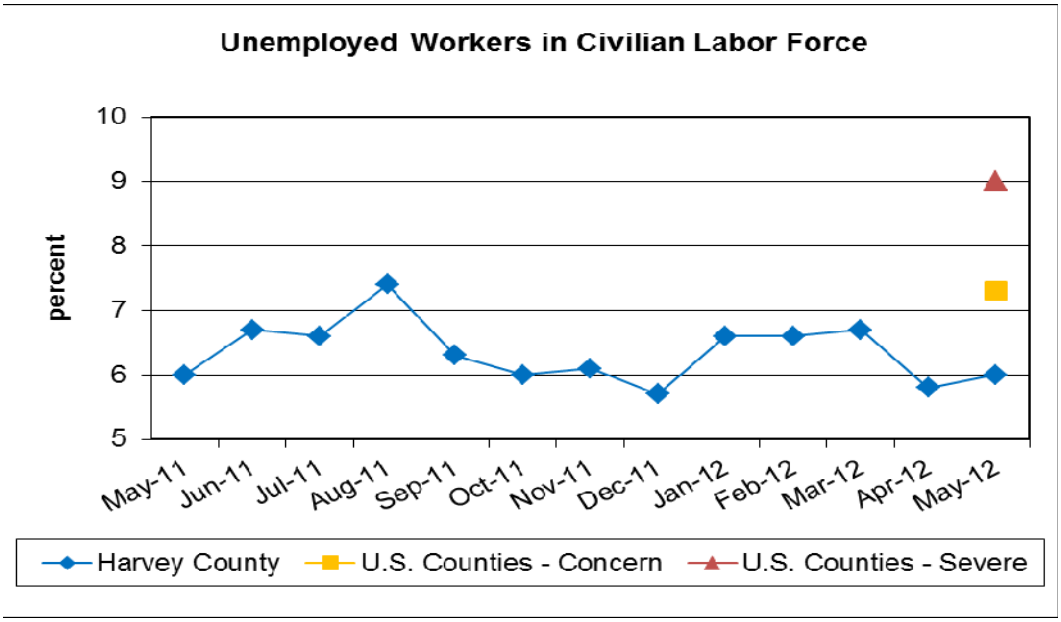
In 2009-2010, the percentage of Kansans without health insurance rose to 13%, the highest rate of the decade, 2000-2010. This percentage climbed from 11.3% in 2005-2006 and 12.7% in 2008-2009. Approximately 357,500 Kansas residents - children and adults - lacked insurance in 2009-2010, also the highest 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: 6.0 Percent
Measurement Period: 2012, May
Location: County : Harvey
Comparison: U.S. Counties
Categories: Economy/Employment



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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.

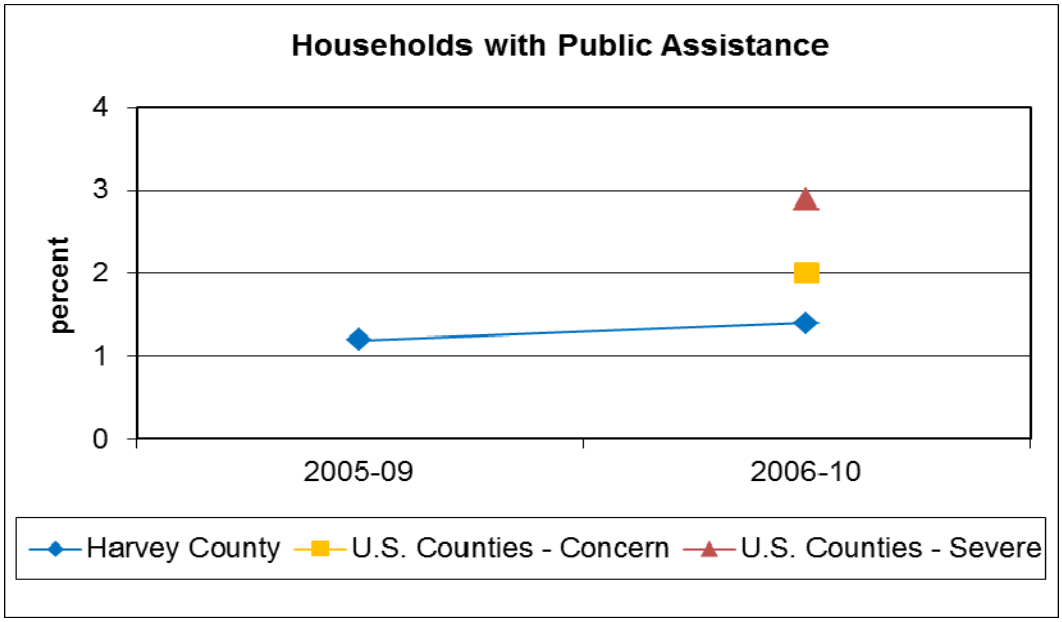
Technical Note: The distribution is based on non-seasonally adjusted data from 3,141 U.S. counties and county equivalents.
Source: U.S. Bureau of Labor Statistics
URL of Source: http://www.bls.gov/
URL of Data: http://data.bls.gov/PDQ/outside.jsp?survey=la

Harvey County Rural Health Works

Government Assistance Programs

Household with Public Assistance

Value: 1.4 Percent
Measurement Period: 2006-2010
Location: County : Harvey
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.

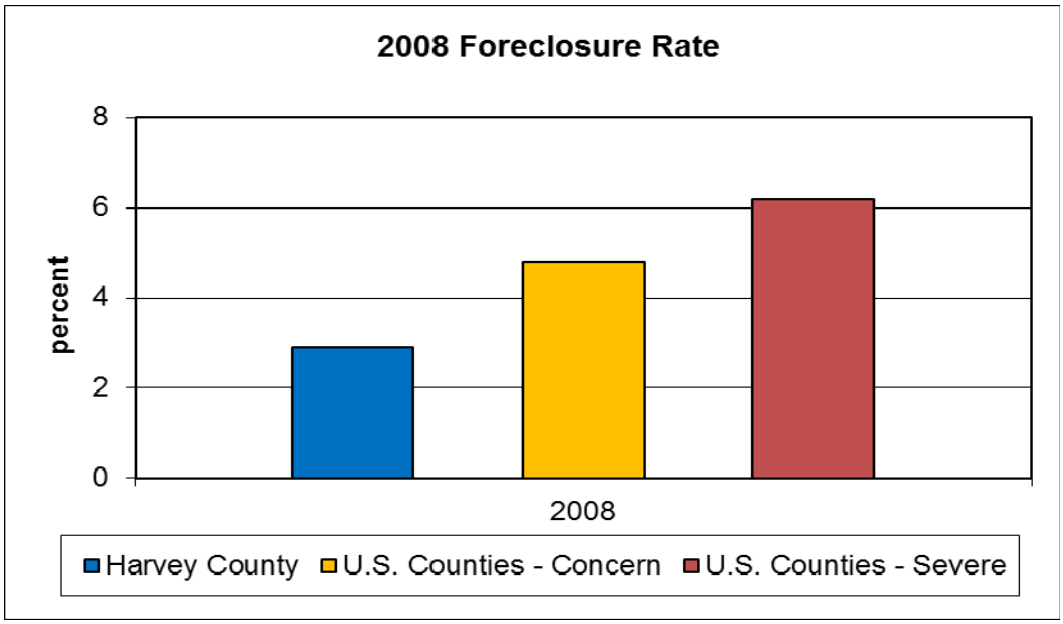
Technical Note: The distribution is based on data from 3,143 U.S. counties and county equivalents.
Source: American Community Survey
URL of Source: http://www.census.gov/acs/www/
URL of Data: http://factfinder2.census.gov/

Harvey County Rural Health Works

Home Ownership

Foreclosure Rate

Value: 2.9 Percent
Measurement Period: 2008
Location: County : Harvey
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.

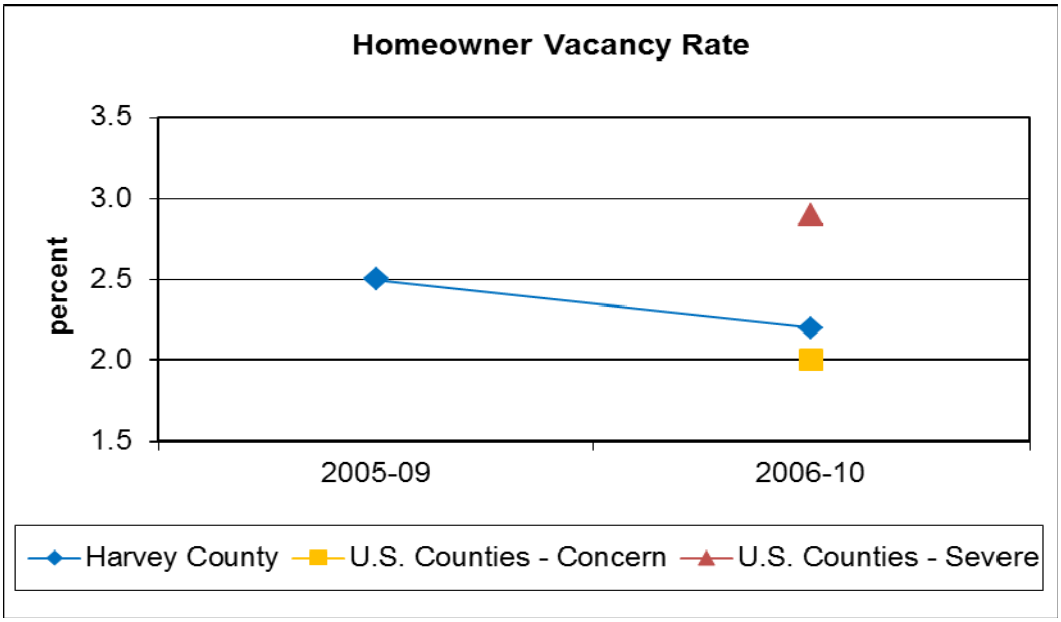
Individuals and families who lose their homes to foreclosure are often left homeless or in precarious financial situations. Studies show that both the stress and forced relocation following home foreclosure have negative impacts on the health and well-being of individuals and families.

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

Harvey County Rural Health Works

Homeowner Vacancy Rate

Value: 2.2 Percent
Measurement Period: 2006-2010
Location: County : Harvey
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

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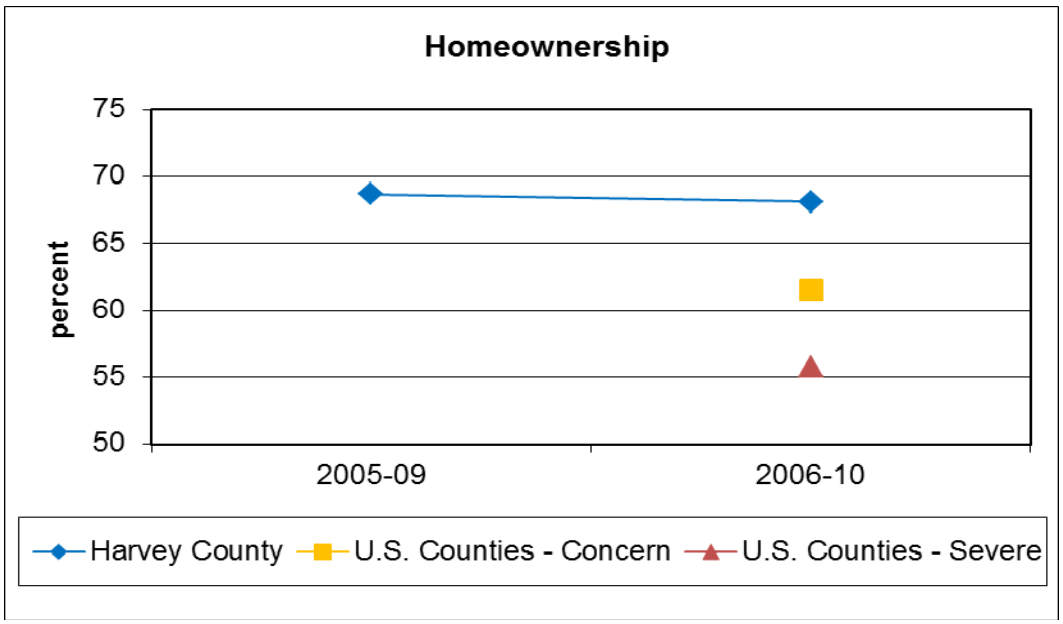
Value: 68.1 Percent
Measurement Period: 2006-2010
Location: County : Harvey
Comparison: U.S. Counties
Categories: Economy/Homeownership



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.

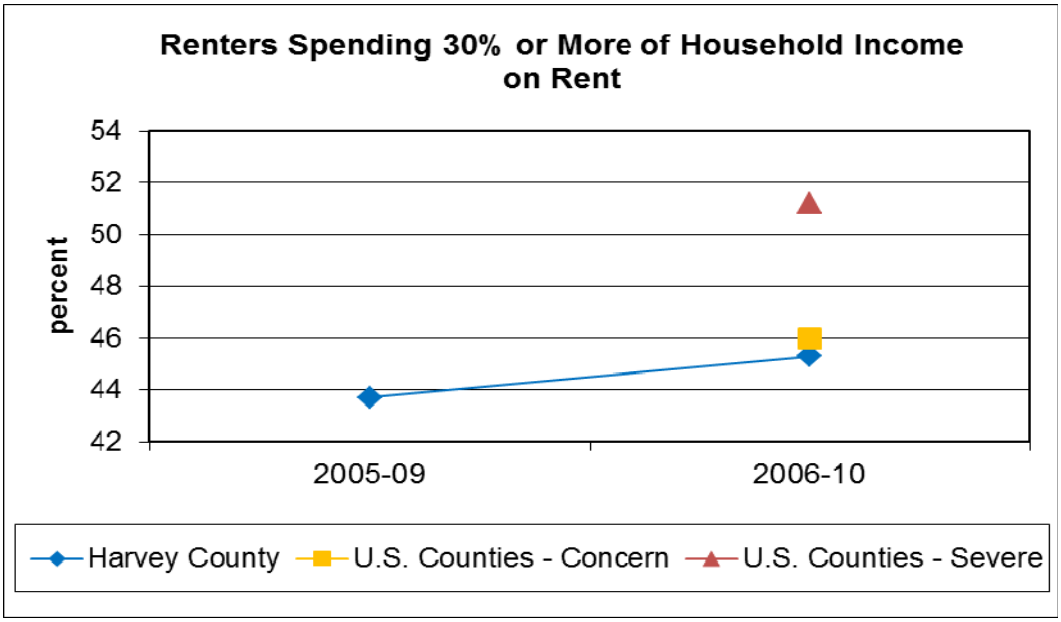
Technical Note: The distribution is based on data from 3,143 U.S. counties and county equivalents.
Source: American Community Survey
URL of Source: http://www.census.gov/acs/www/
URL of Data: http://factfinder2.census.gov/

Harvey County Rural Health Works

Housing Affordability & Supply

Renters Spending 30% or More of Household Income on Rent

Value: 45.3 Percent
Measurement Period: 2006-2010
Location: County : Harvey
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/

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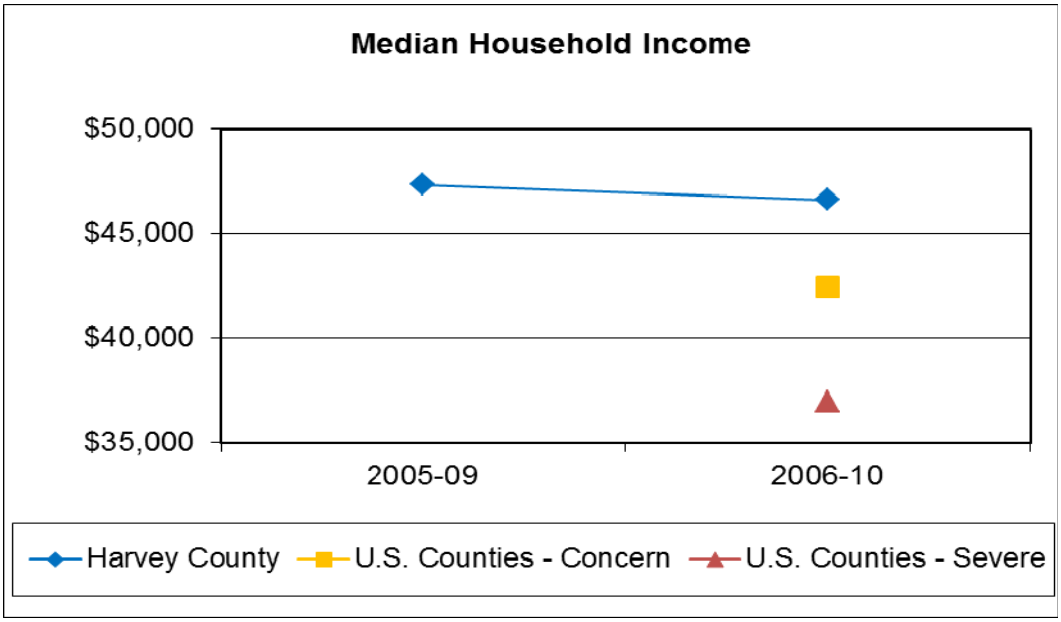
Income

Median Household Income

Value: 46,604 Dollars
Measurement Period: 2006-2010
Location: County : Harvey
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.

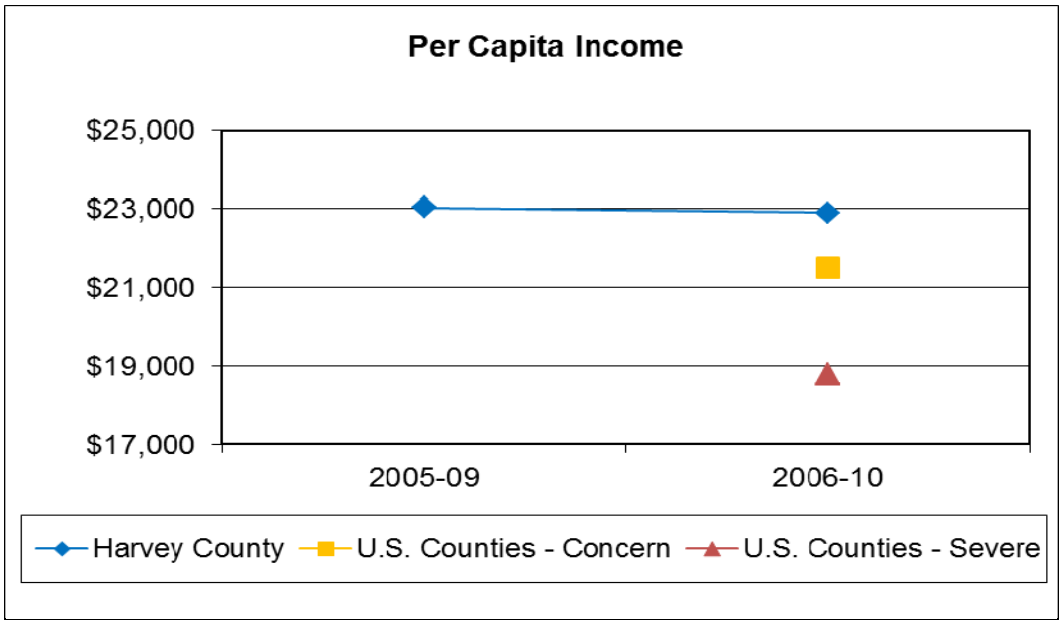
Why this is important: Median household income reflects the relative affluence and prosperity of an area. Areas with higher median household incomes are likely to have more educated residents and lower unemployment rates. Higher employment rates lead to better access to healthcare and better health outcomes,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

Harvey County Rural Health Works

Value: 22,890 Dollars
Measurement Period: 2006-2010
Location: County : Harvey
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.

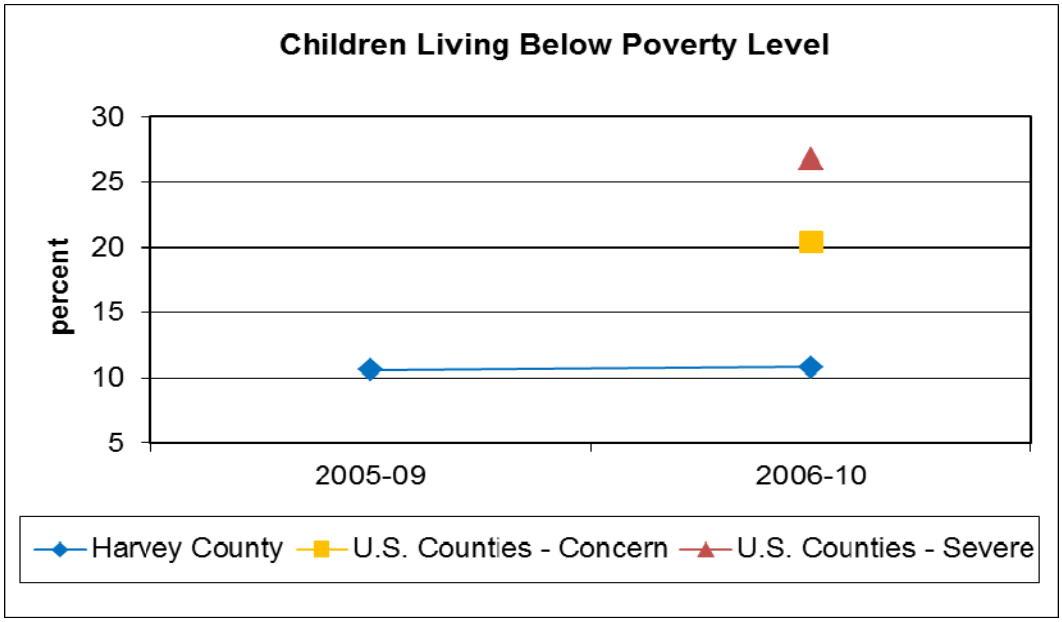
Technical Note: The distribution is based on data from 3,143 U.S. counties and county equivalents.
Source: American Community Survey
URL of Source: http://www.census.gov/acs/www/
URL of Data: http://factfinder2.census.gov/

Harvey County Rural Health Works

Poverty

Children Living Below Poverty Level

Value: 10.8 Percent
Measurement Period: 2006-2010
Location: County : Harvey
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.

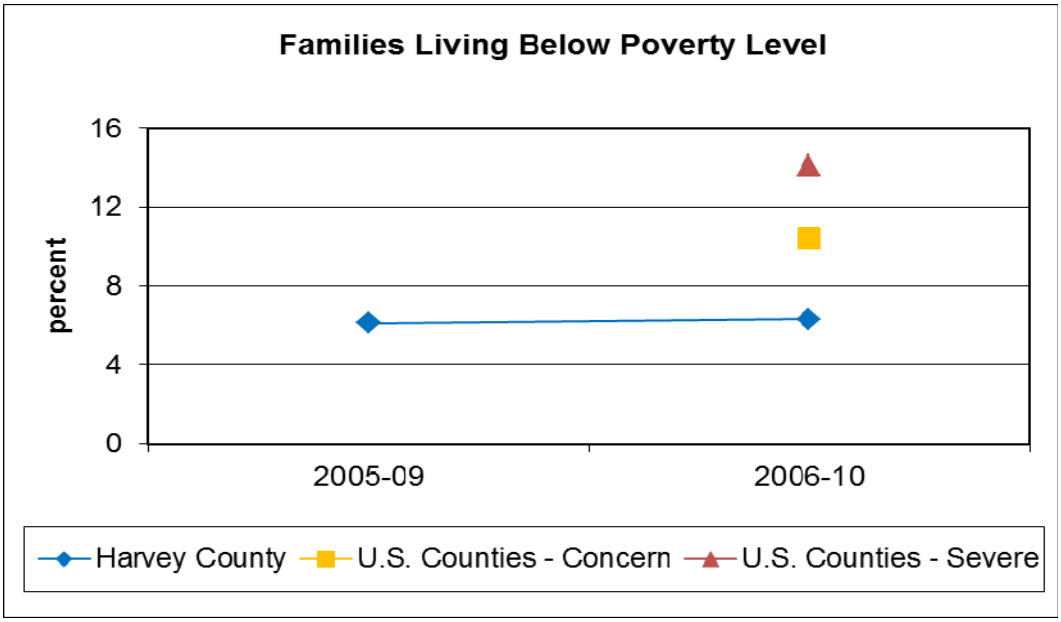
Technical Note: The distribution is based on data from 3,142 U.S. counties and county equivalents.
Source: American Community Survey
URL of Source: http://www.census.gov/acs/www/
URL of Data: http://factfinder2.census.gov/

Families Living Below Poverty Level

Value: 6.3 Percent

Harvey County Rural Health Works

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



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

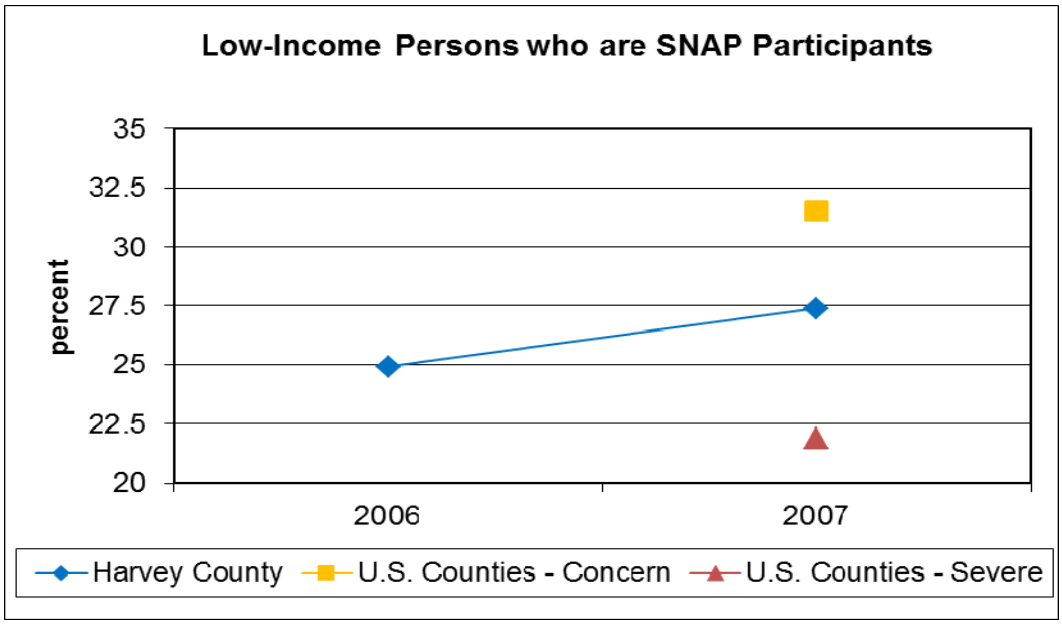
Why this is important: Federal poverty thresholds are set every year by the Census Bureau and vary by size of family and ages of family members. A high poverty rate is both a cause and a consequence of poor economic conditions. A high poverty rate indicates that local employment opportunities are not 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: 27.4 Percent
Measurement Period: 2007
Location: County : Harvey
Comparison: U.S. Counties
Categories: Economy/Poverty

Harvey 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.

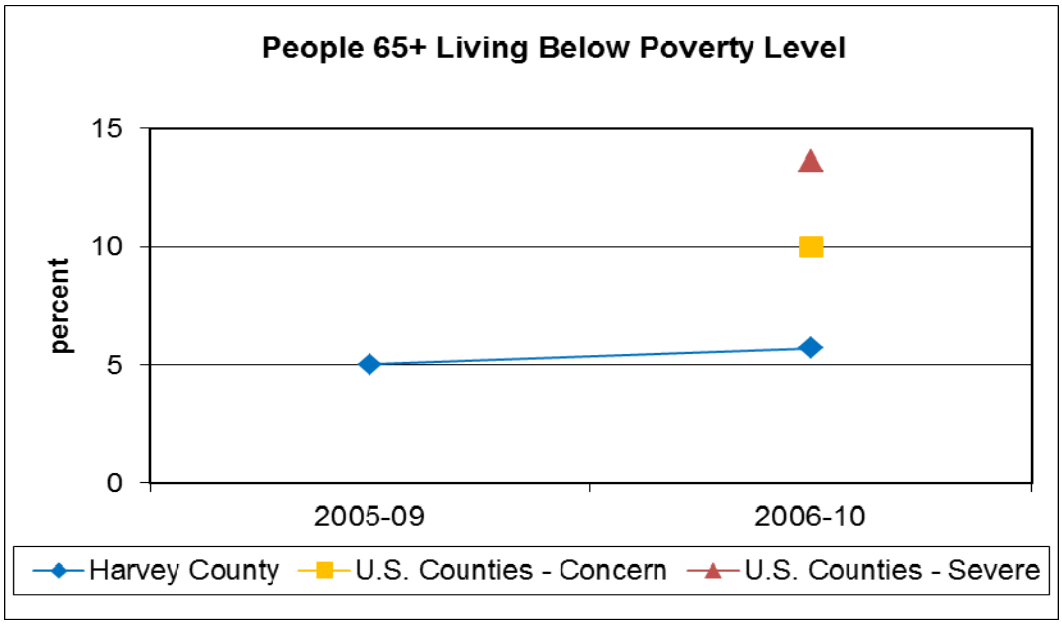
The number of Americans receiving SNAP benefits reached 39.68 million in February 2010, the highest number since the Food Stamp Program began in 1939. As of June 2009, the average monthly benefit was $133.12 per person and as of November 2009, one in eight Americans and one in four children were using 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: 5.7 Percent
Measurement Period: 2006-2010
Location: County : Harvey
Comparison: U.S. Counties
Categories: Economy/Poverty

Harvey 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.

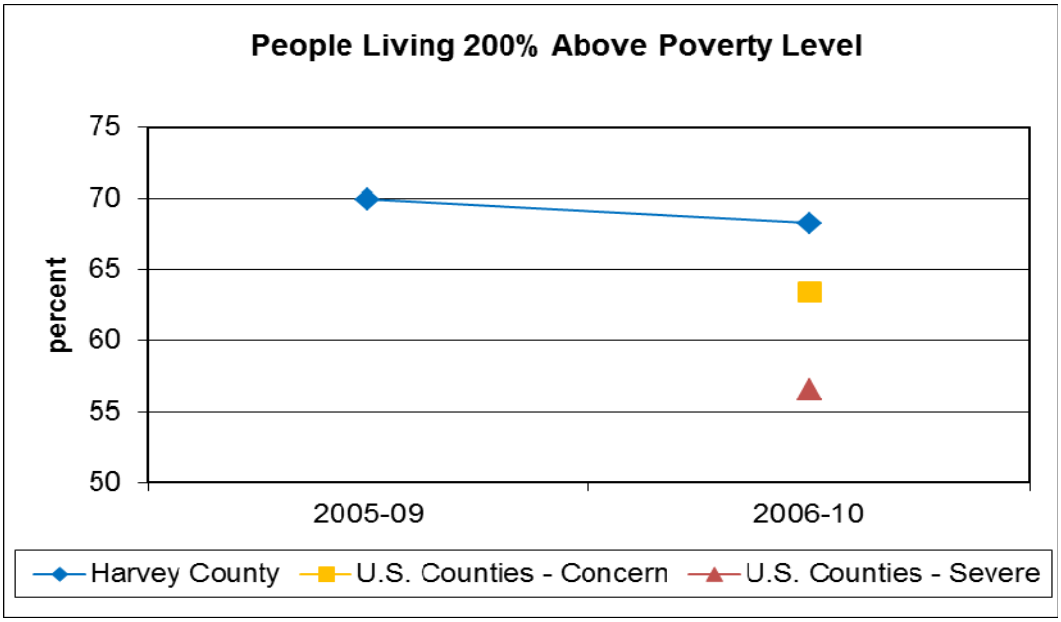
Why this is important: Federal poverty thresholds are set every year by the Census Bureau and vary by size of family and ages of family members. Seniors who live in poverty are an especially vulnerable group due to increased physical limitations, medical needs, and social isolation. Seniors often live 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: 68.2 Percent
Measurement Period: 2006-2010
Location: County : Harvey
Comparison: U.S. Counties
Categories: Economy/Poverty

Harvey 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.

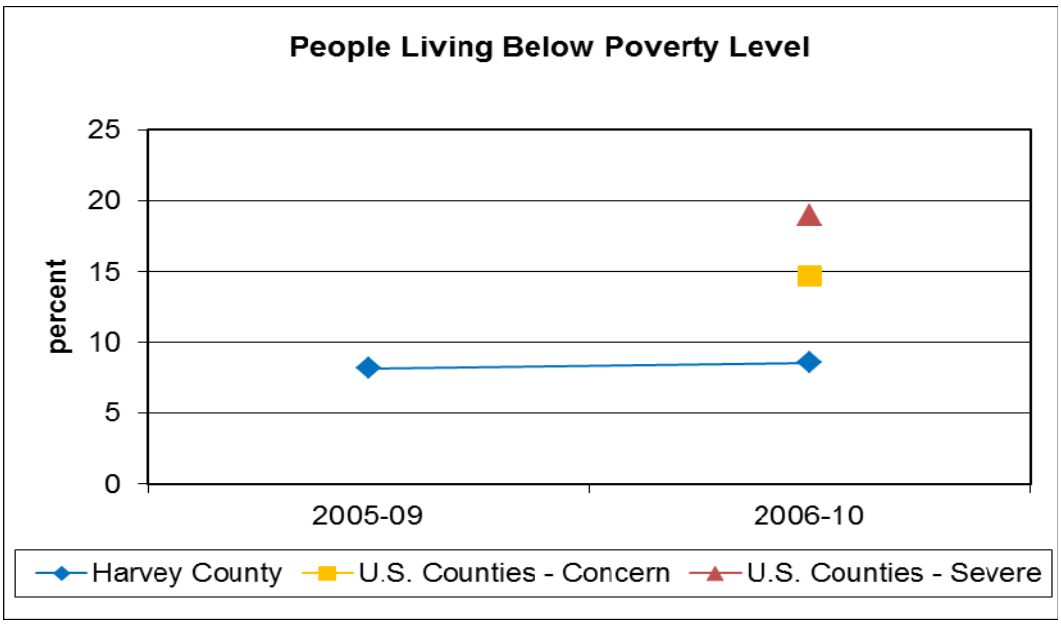
Why this is important: Federal poverty thresholds are set every year by the Census Bureau and vary by size of family and ages of family members. A high poverty rate is both a cause and a consequence of poor economic conditions. A high poverty rate indicates that local employment opportunities are not 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: 8.6 Percent
Measurement Period: 2006-2010
Location: County : Harvey
Comparison: U.S. Counties
Categories: Economy/Poverty

Harvey County Rural Health Works



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

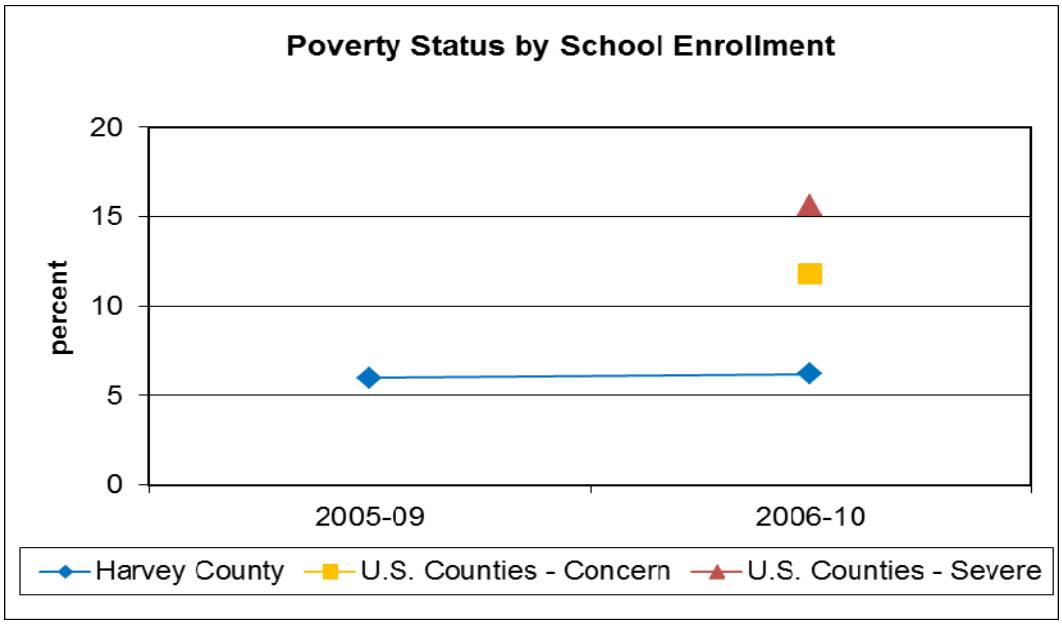
Why this is important: Federal poverty thresholds are set every year by the Census Bureau and vary by size of family and ages of family members. A high poverty rate is both a cause and a consequence of poor economic conditions. A high poverty rate indicates that local employment opportunities are not 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: 6.2 Percent
Measurement Period: 2006-2010
Location: County : Harvey
Comparison: KS State Value
Categories: Economy/Poverty

Harvey 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.

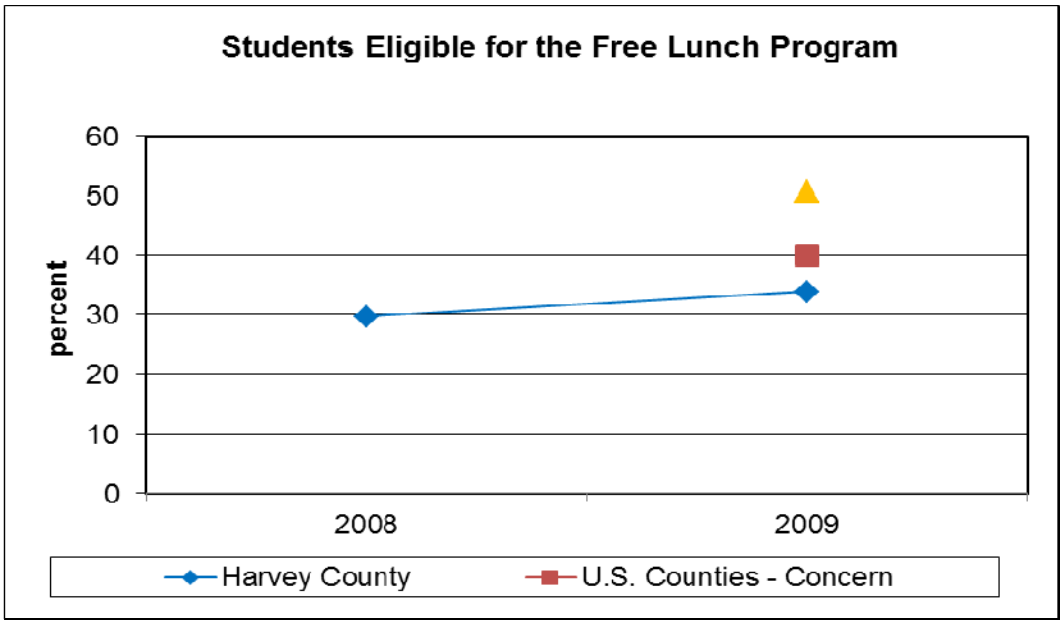
Why this is important: Family income has been shown to affect a child's well-being in numerous studies. Compared to their peers, children in poverty are more likely to have physical health problems like low birth weight or lead poisoning, and are also more likely to have behavioral and emotional problems. 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: 33.9 Percent
Measurement Period: 2009
Location: County : Harvey
Comparison: U.S. Counties
Categories: Economy/Poverty

Harvey 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.

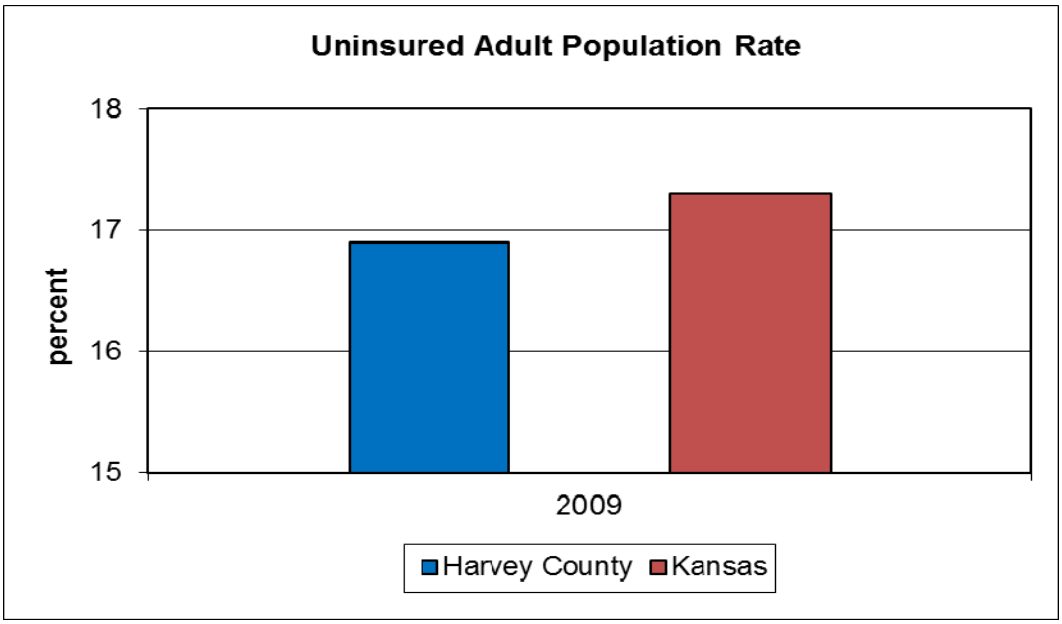
Why this is important: The National School Lunch Program (NSLP) is a federally assisted meal program operating in public and nonprofit private schools and residential child care institutions. The Free Lunch Program (FLP) under the NSLP has been providing nutritionally balanced lunches to children at 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: 16.9 Percent
Measurement Period: 2009
Location: County : Harvey
Comparison: KS State Value
Categories: Economy/Poverty

Harvey 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%.

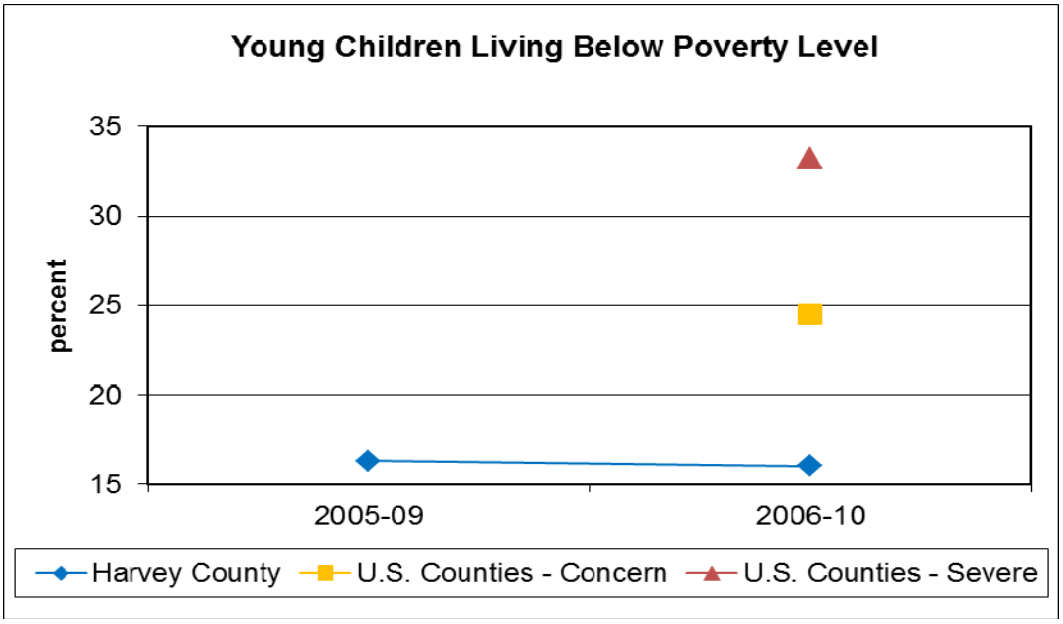
Harvey County Rural Health Works

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: 16.0 Percent
Measurement Period: 2006-2010
Location: County : Harvey
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.

Harvey County Rural Health Works

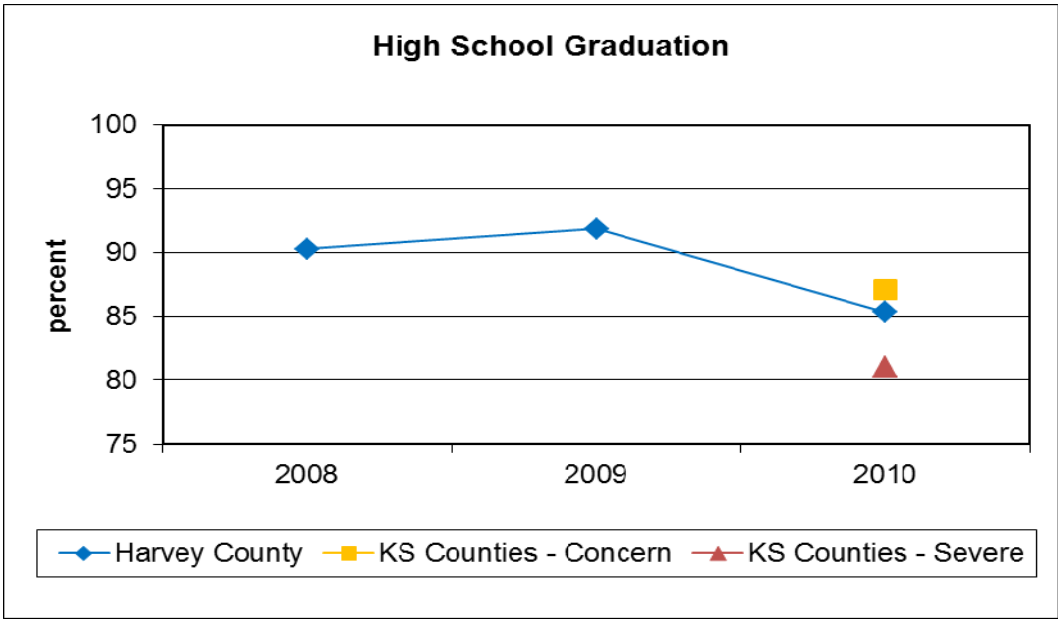
Source: American Community Survey
URL of Source: http://www.census.gov/acs/www/
URL of Data: http://factfinder2.census.gov/

Harvey County Rural Health Works

Educational Attainment in Adult Population

High School Graduation

Value: 85.3 Percent
Measurement Period: 2010
Location: County : Harvey
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.

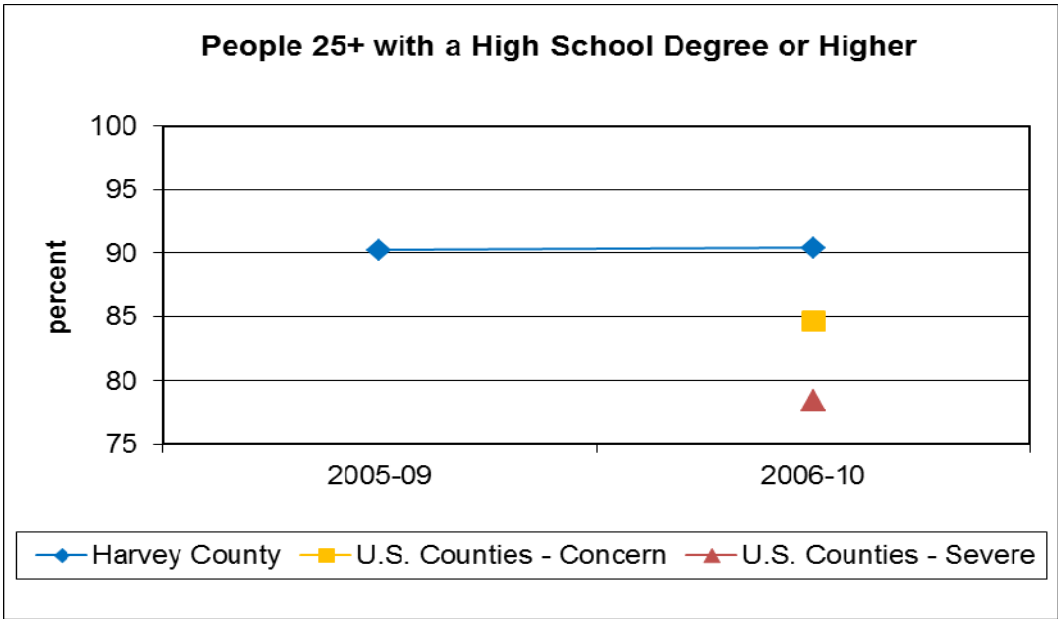
The Healthy People 2020 national health target is to increase the proportion of students who graduate high school within four years of their first enrollment in 9th grade to 82.4%.

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

Harvey County Rural Health Works

People 25+ with a High School Degree or Higher

Value: 90.4 Percent
Measurement Period: 2006-2010
Location: County : Harvey
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.

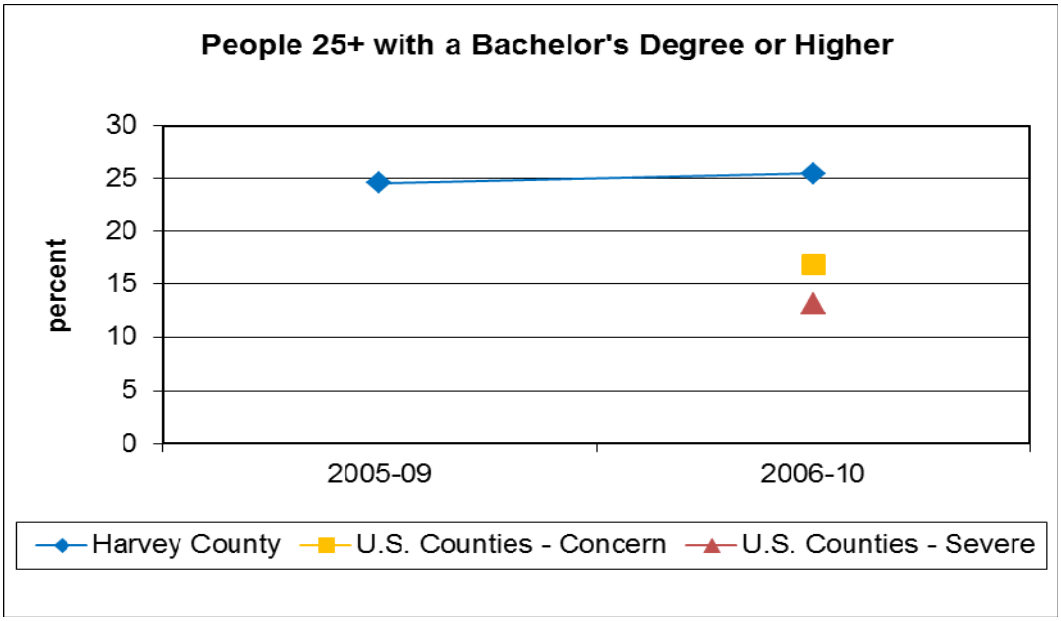
Technical Note: The distribution is based on data from 3,143 U.S. counties and county equivalents.
Source: American Community Survey
URL of Source: http://www.census.gov/acs/www/
URL of Data: http://factfinder2.census.gov/

Harvey County Rural Health Works

Higher Education

People 25+ with a Bachelor's Degree or Higher

Value: 25.5 Percent
Measurement Period: 2006-2010
Location: County : Harvey
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.

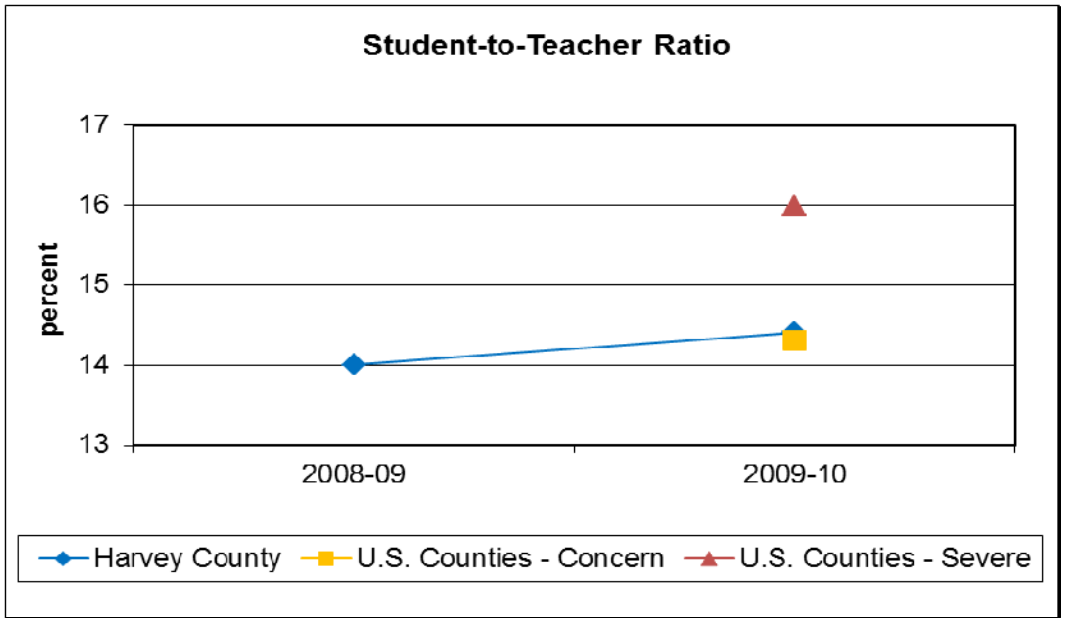
Technical Note: The distribution is based on data from 3,143 U.S. counties and county equivalents.
Source: American Community Survey
URL of Source: http://www.census.gov/acs/www/
URL of Data: http://factfinder2.census.gov/

Harvey County Rural Health Works

School Environment

Student-to-Teacher Ratio

Value: 14.4 students/teacher
Measurement Period: 2009-2010
Location: County : Harvey
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.

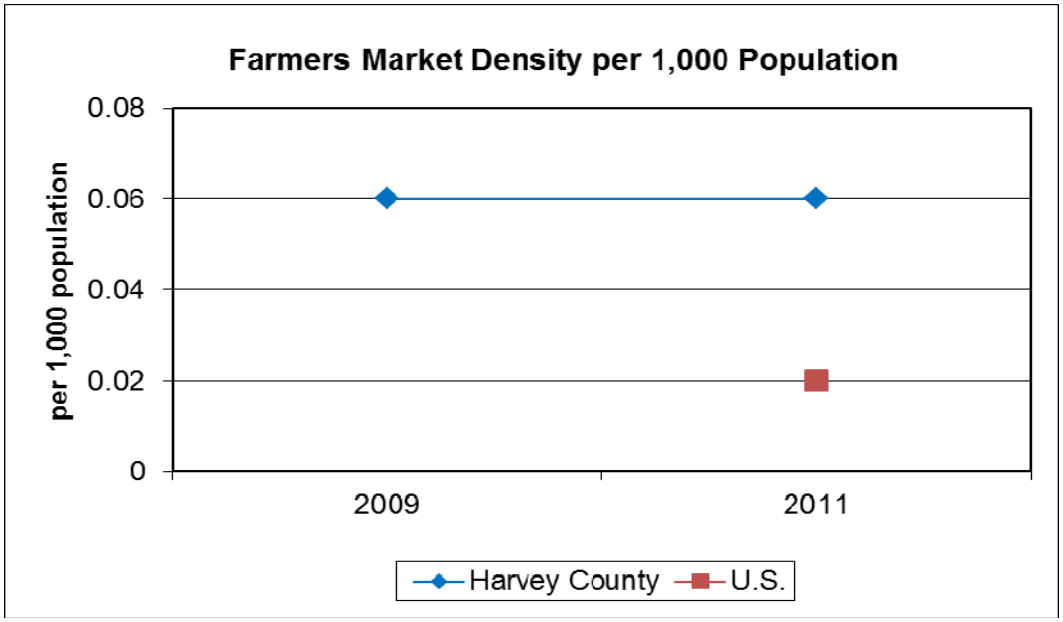
Technical Note: The distribution is based on data from 3,143 U.S. counties.
Source: National Center for Education Statistics
URL of Source: http://nces.ed.gov/
URL of Data: http://nces.ed.gov/ccd/bat/

Harvey County Rural Health Works

Built Environment

Farmers Market Density

Value: .06 markets/1,000 population
Measurement Period: 2011
Location: County : Harvey
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.

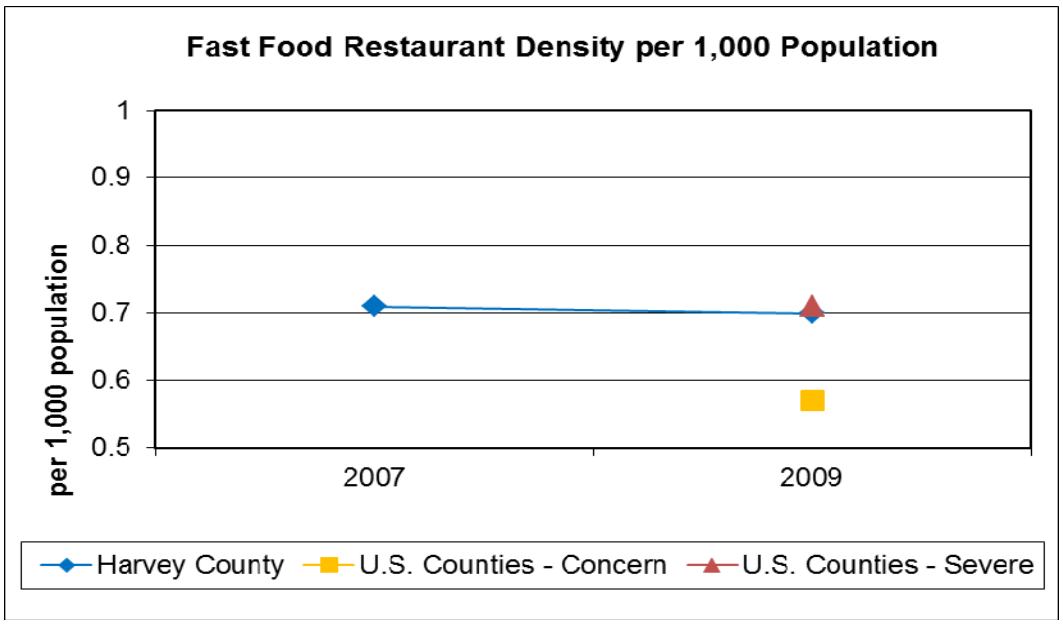
Why this is important: Farmers markets provide a way for community members to buy fresh and affordable agricultural products while supporting local farmers. Farmers markets often emphasize good nutrition and support consumers to cook healthier meals and maintain good eating habits. A diet comprised of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

Harvey County Rural Health Works

Value: 0.7 restaurants/1,000 population
Measurement Period: 2009
Location: County : Harvey
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.

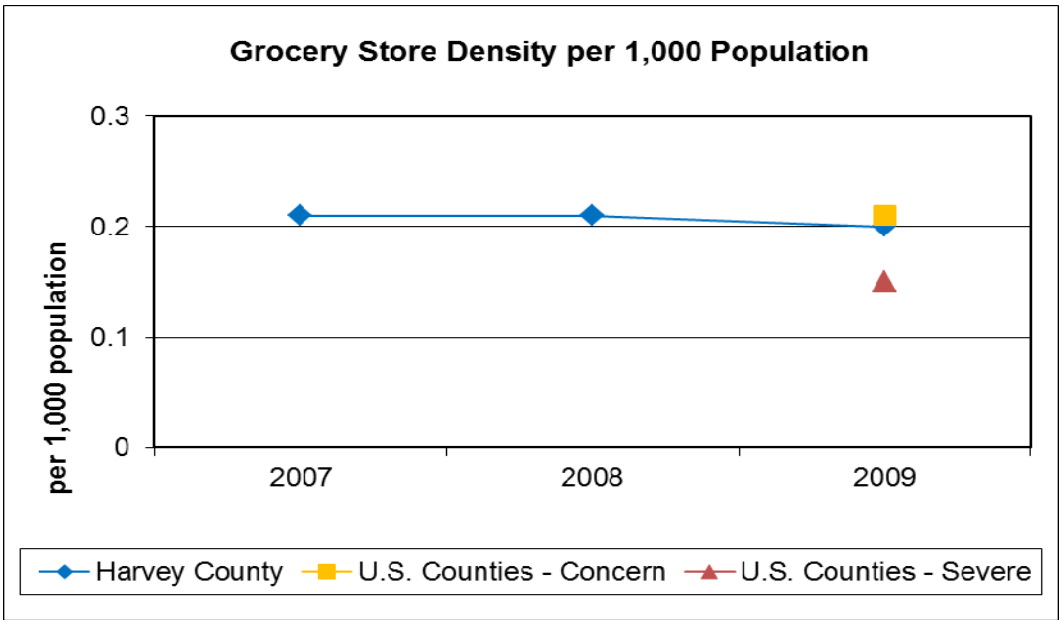
Technical Note: The distribution is based on data from 3,141 U.S. counties.
Source: U.S. Department of Agriculture - Food Environment Atlas
URL of Source: http://www.ers.usda.gov/FoodAtlas/
URL of Data: http://www.ers.usda.gov/FoodAtlas/downloadData.htm

Grocery Store Density

Value: .20 stores/1,000 population
Measurement Period: 2009

Harvey County Rural Health Works

Location: County : Harvey
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.

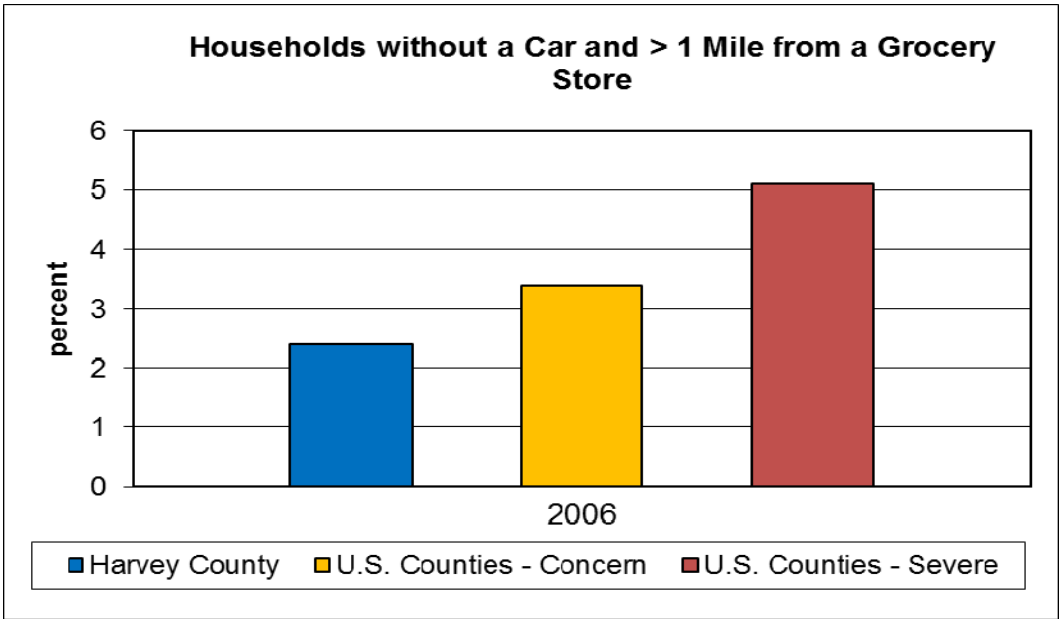
Technical Note: The distribution is based on data from 3,141 U.S. counties.
Source: U.S. Department of Agriculture - Food Environment Atlas
URL of Source: http://www.ers.usda.gov/FoodAtlas/
URL of Data: http://www.ers.usda.gov/FoodAtlas/downloadData.htm

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

Value: 2.4 Percent
Measurement Period: 2006

Harvey County Rural Health Works

Location: County : Harvey
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.

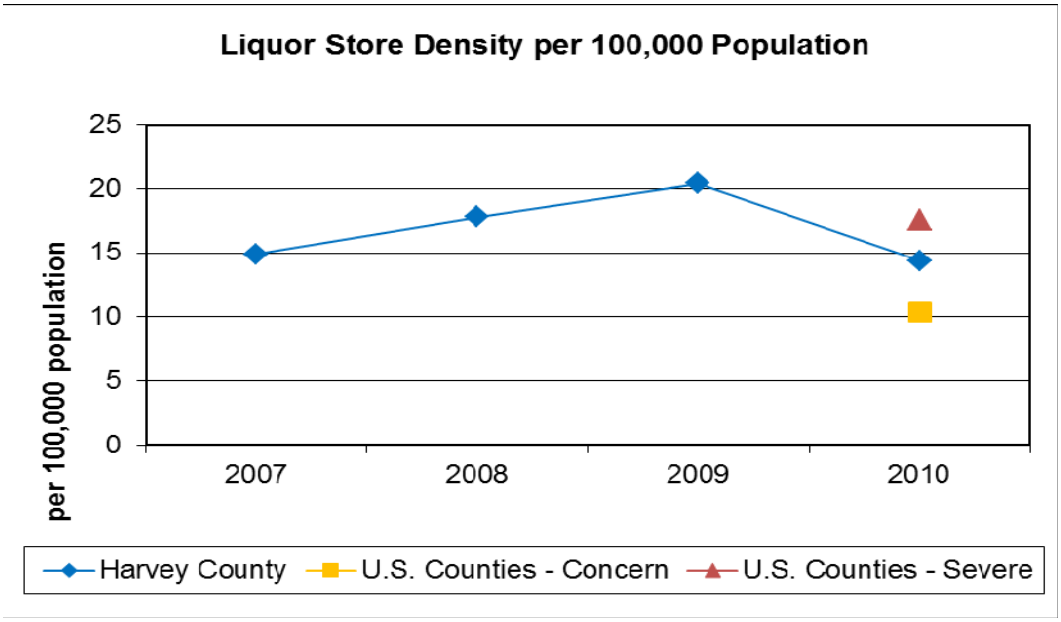
Technical Note: The distribution is based on data from 3,109 U.S. counties. Store data are from 2006 and household data are from 2000.
Source: U.S. Department of Agriculture - Food Environment Atlas
URL of Source: http://www.ers.usda.gov/FoodAtlas/
URL of Data: http://www.ers.usda.gov/FoodAtlas/downloadData.htm

Liquor Store Density

Value: 14.4 stores/100,000 population
Measurement Period: 2010

Harvey County Rural Health Works

Location: County : Harvey
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.

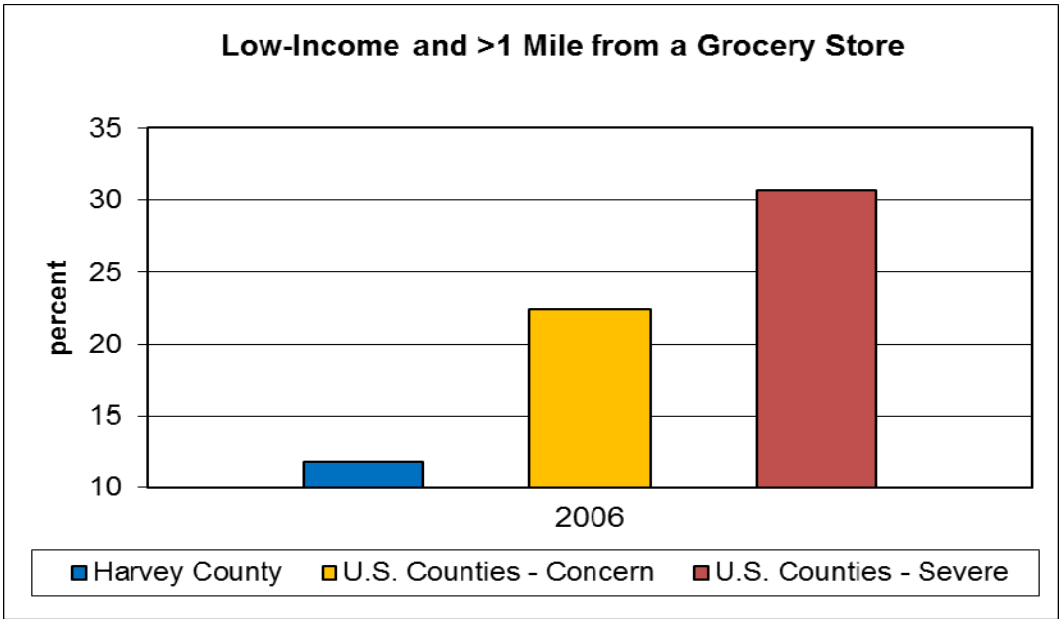
Technical Note: The distribution is based on data from 2,378 U.S. counties and county equivalents. Population estimates are from the U.S. Census Bureau.
Source: U.S. Census - County Business Patterns
URL of Source: http://www.census.gov/econ/cbp/index.html
URL of Data: http://factfinder2.census.gov/main.html

Low-Income and >1 Mile from a Grocery Store

Value: 11.8 Percent
Measurement Period: 2006

Harvey County Rural Health Works

Location: County : Harvey
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.

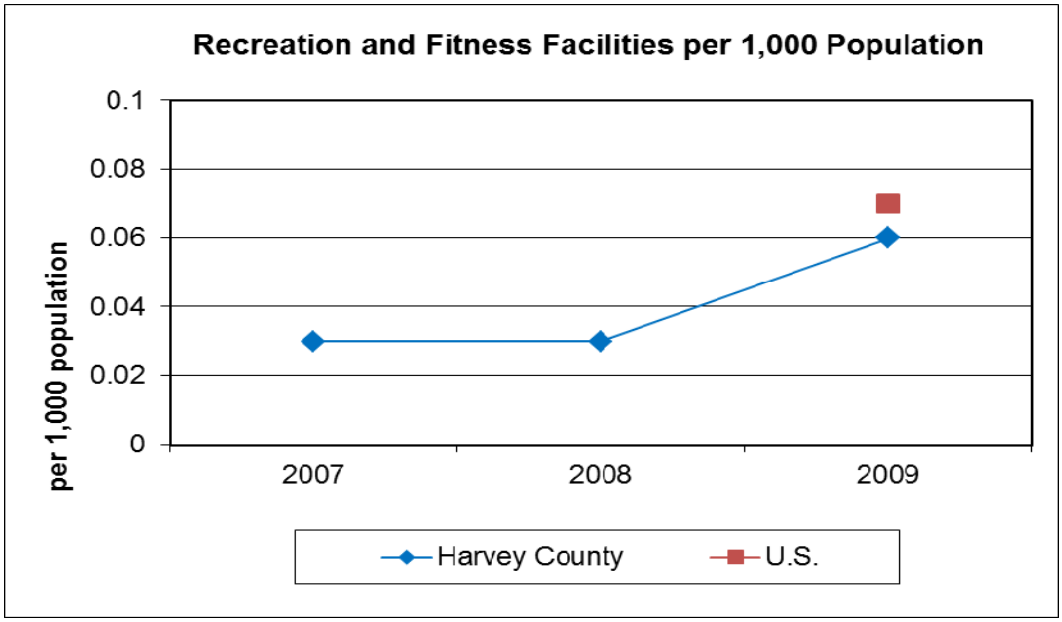
Technical Note: The distribution is based on data from 3,109 U.S. counties. Store data are from 2006 and household data are from 2000.
Source: U.S. Department of Agriculture - Food Environment Atlas
URL of Source: http://www.ers.usda.gov/FoodAtlas/
URL of Data: http://www.ers.usda.gov/FoodAtlas/downloadData.htm

Recreation and Fitness Facilities

Value: 0.06 facilities/1,000 population
Measurement Period: 2009
Location: County : Harvey
Comparison: U.S. Value

Harvey 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.

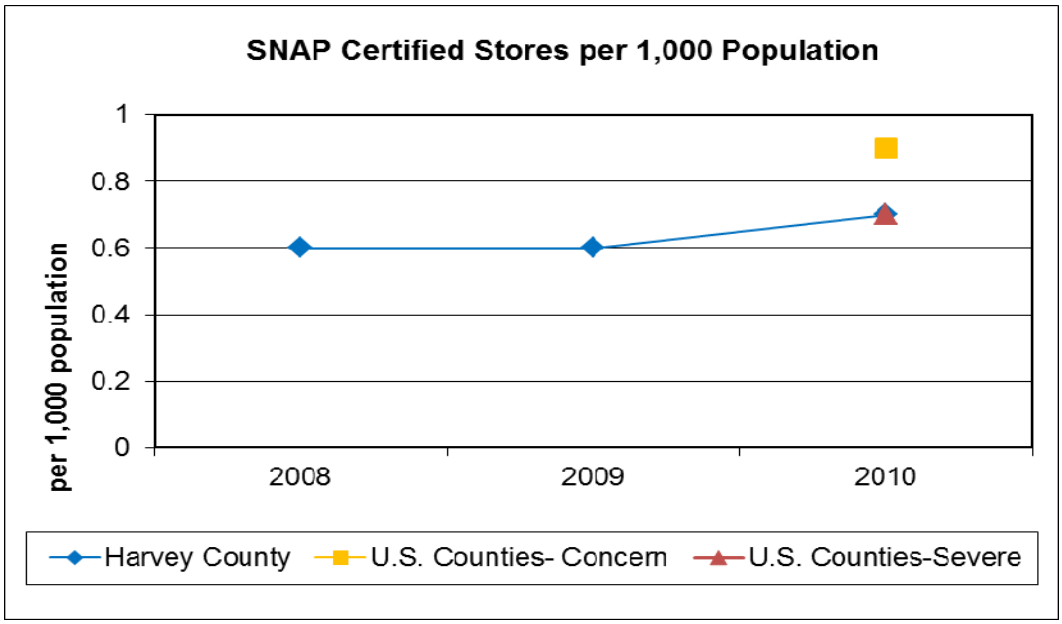
Why this is important: People engaging in an active lifestyle have a reduced risk of many serious health conditions including obesity, heart disease, diabetes, and high blood pressure. In addition, physical activity improves mood and promotes healthy sleep patterns. The American College of Sports Medicine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

Harvey 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.

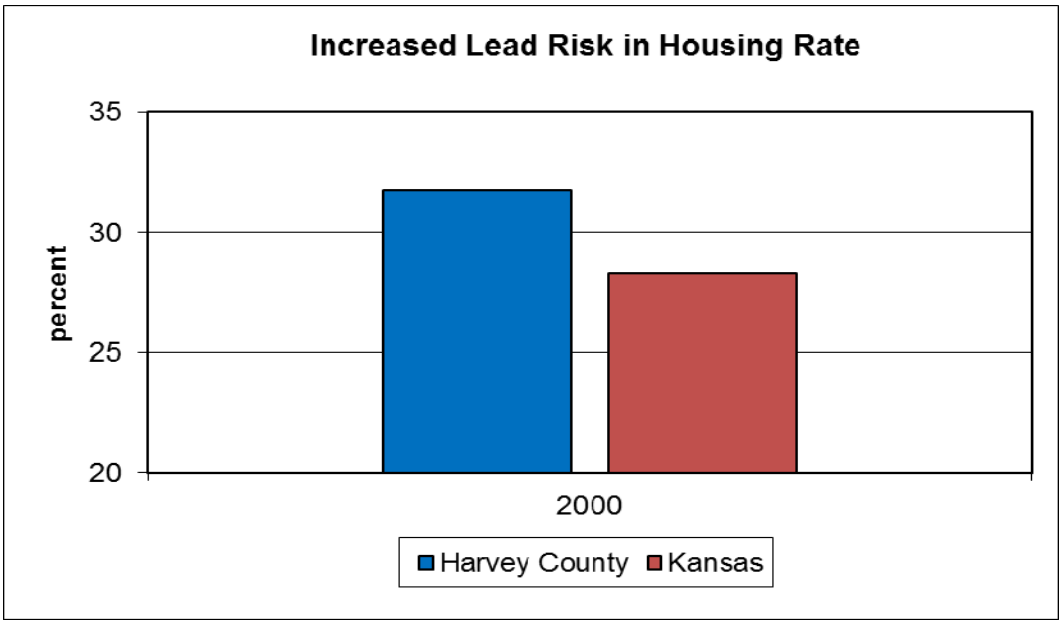
Technical Note: The distribution is based on data from 3,137 U.S. counties.
Source: U.S. Department of Agriculture - Food Environment Atlas
URL of Source: http://www.ers.usda.gov/FoodAtlas/
URL of Data: http://www.ers.usda.gov/FoodAtlas/downloadData.htm

Harvey County Rural Health Works

Toxic Chemicals

Increased Lead Risk in Housing Rate

Value: 31.76 Percent
Measurement Period: 2000
Location: County : Harvey
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,

Harvey 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.

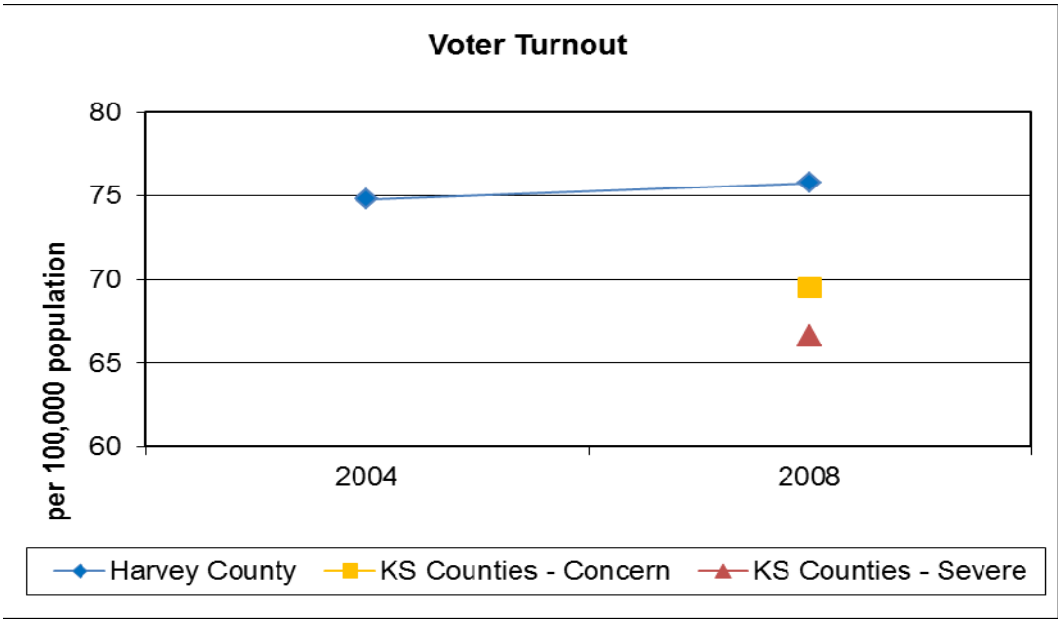
Technical Note: The regional value is compared to the Kansas State value.
Source: U.S. Census Bureau
URL of Source: http://www.census.gov/
URL of Data: http://keap.kdhe.state.ks.us/epht/portal/ContentArea.aspx

Harvey County Rural Health Works

Elections & Voting

Voter Turnout

Value: 75.8 Percent
Measurement Period: 2008
Location: County : Harvey
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.

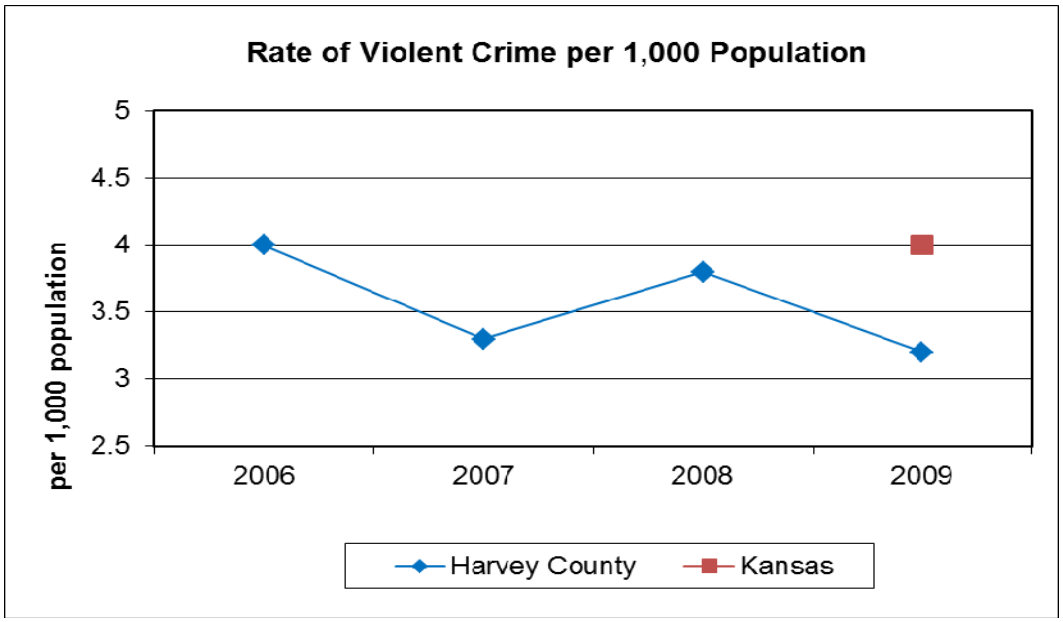
Technical Note: The distribution is based on data from 105 Kansas counties.
Source: Kansas Secretary of State
URL of Source: http://www.kssos.org/
URL of Data: http://www.kssos.org/elections/elections_statistics.html

Harvey County Rural Health Works

Crime & Crime Prevention

Rate of Violent Crime per 1,000 population

Value: 3.2 crimes/1,000 population
Measurement Period: 2009
Location: County : Harvey
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.

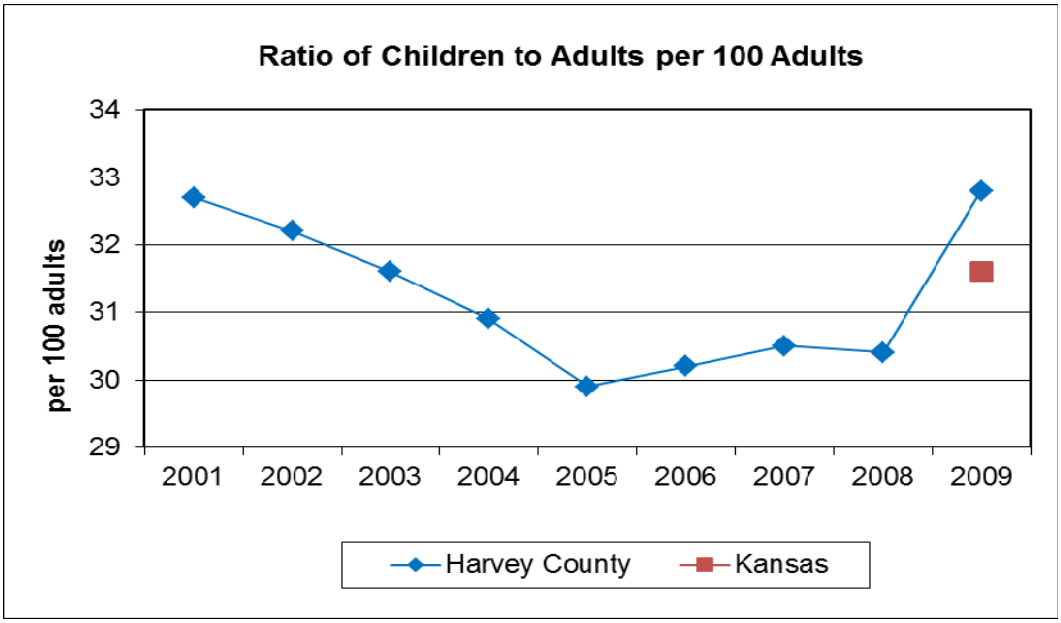
Technical Note: The county and regional values are compared to Kansas State value / US value. Under reporting of crime by some public safety jurisdictions may result in lower rates.
Source: Kansas Bureau of Investigation
URL of Source: http://www.accesskansas.org/kbi/
URL of Data: http://www.accesskansas.org/kbi/stats/stats_crime.shtml

Harvey County Rural Health Works

Demographics

Ratio of Children to Adults

Value: 32.8 children per 100 adults
Measurement Period: 2009
Location: County : Harvey
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.

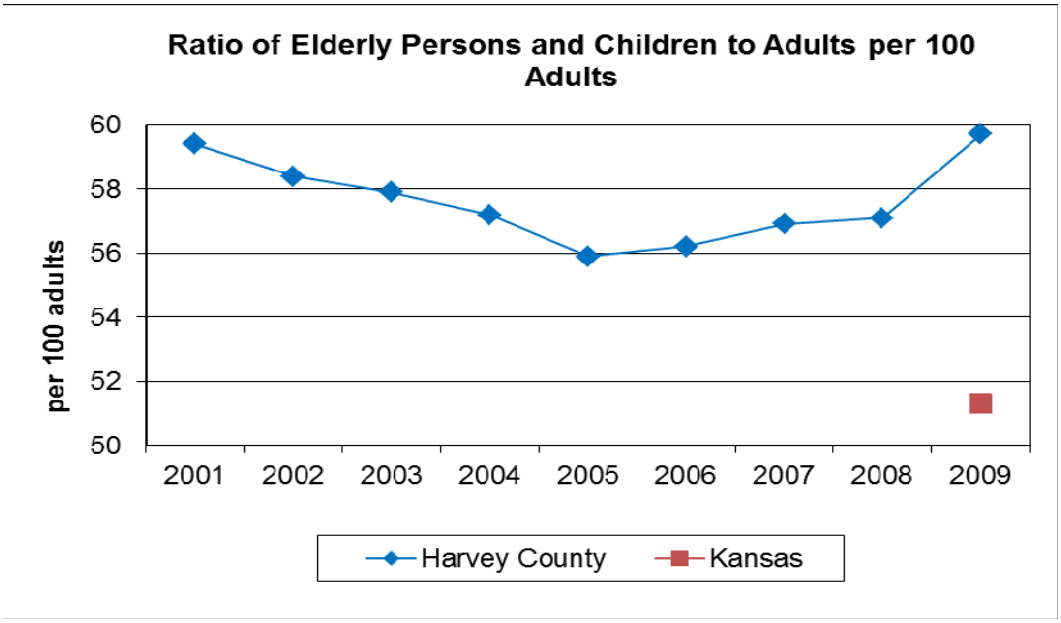
Technical Note: The county and regional values are compared to Kansas State value.
Source: U.S. Census Bureau
URL of Source: http://www.census.gov/
URL of Data: http://2010.census.gov/2010census/data/

Ratio of Elderly Persons and Children to Adults

Value: 59.7 elderly & children per 100 adults
Measurement Period: 2009

Harvey County Rural Health Works

Location: County : Harvey
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.

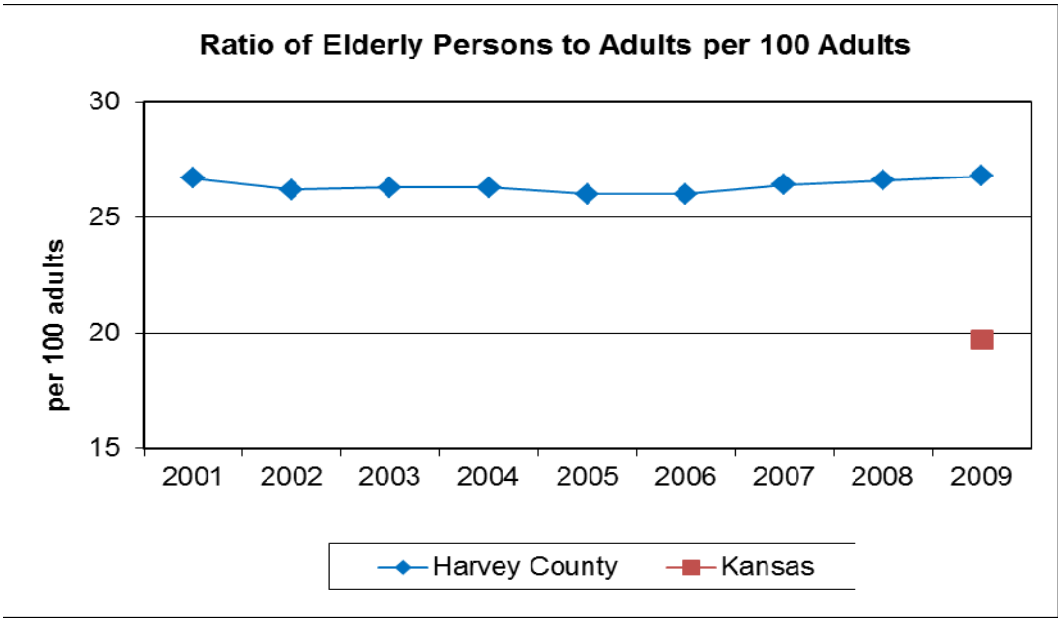
Why this is important: The age structure of a population is important in planning for the future of a community, particularly for schools, community centers, health care, and child care. A population with more youth will have greater education and child care needs, while an older population may have 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: 26.8 elderly per 100 adults
Measurement Period: 2009
Location: County : Harvey
Comparison: KS State Value
Categories: Social Environment/Demographics

Harvey 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.

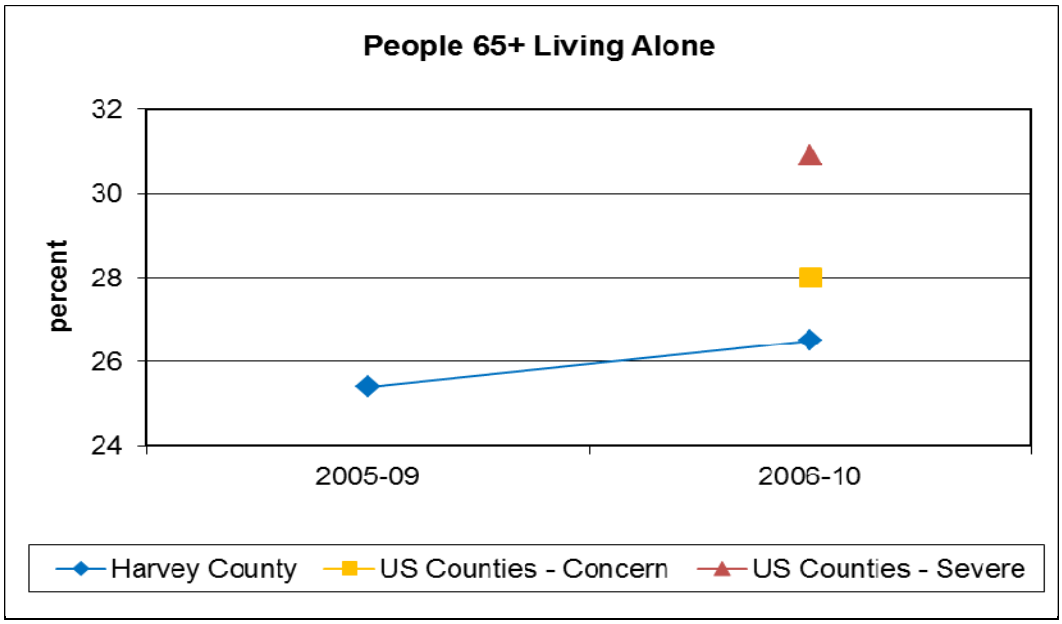
Technical Note: The county and regional values are compared to Kansas State value / US value.
Source: U.S. Census Bureau
URL of Source: http://www.census.gov/
URL of Data: http://2010.census.gov/2010census/data/

Harvey County Rural Health Works

Neighborhood/Community Attachment

People 65+ Living Alone

Value: 26.5 Percent
Measurement Period: 2006-2010
Location: County : Harvey
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.

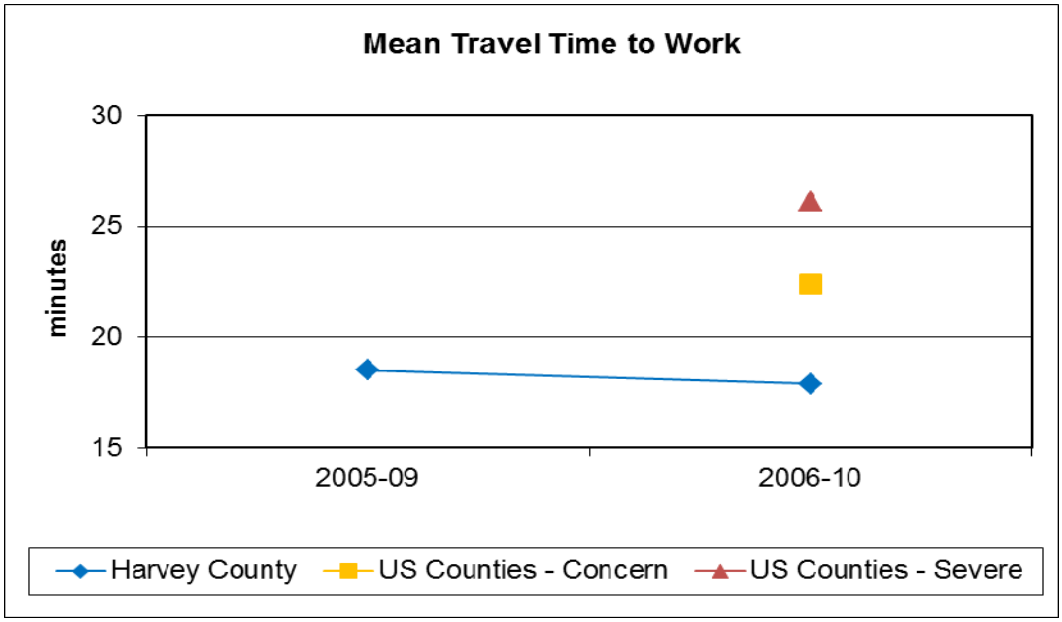
Technical Note: The distribution is based on data from 3,142 U.S. counties and county equivalents.
Source: American Community Survey
URL of Source: http://www.census.gov/acs/www/
URL of Data: http://factfinder2.census.gov/

Harvey County Rural Health Works

Commute to Work

Mean Travel Time to Work

Value: 17.9 Minutes
Measurement Period: 2006-2010
Location: County : Harvey
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.

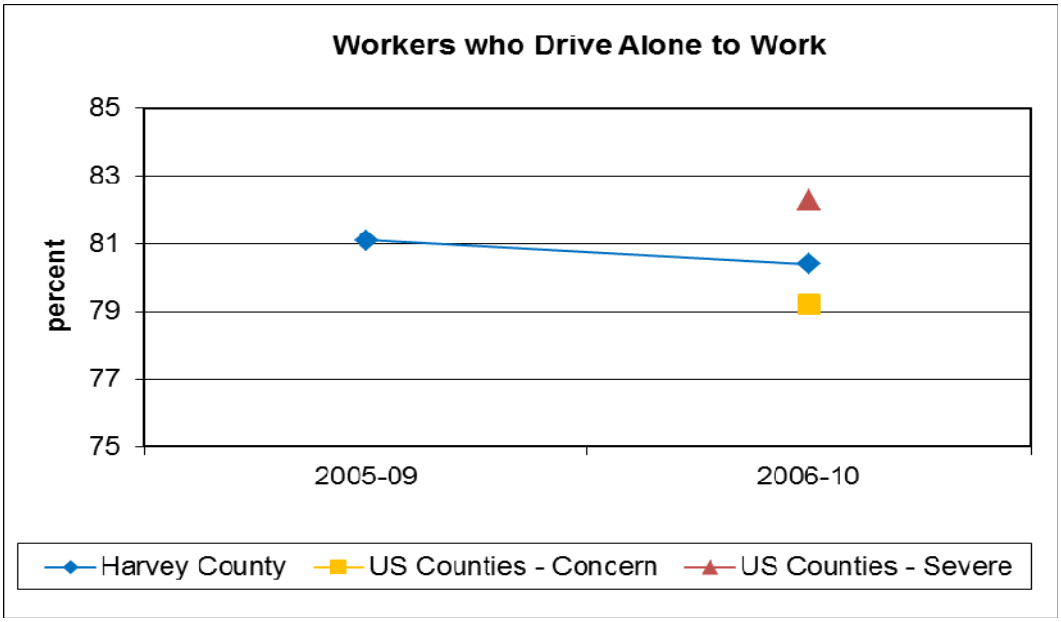
Technical Note: The distribution is based on data from 3,143 U.S. counties and county equivalents.
Source: American Community Survey
URL of Source: http://www.census.gov/acs/www/
URL of Data: http://factfinder2.census.gov/

Workers who Drive Alone to Work

Value: 80.4 Percent
Measurement Period: 2006-2010

Harvey County Rural Health Works

Location: County : Harvey
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.

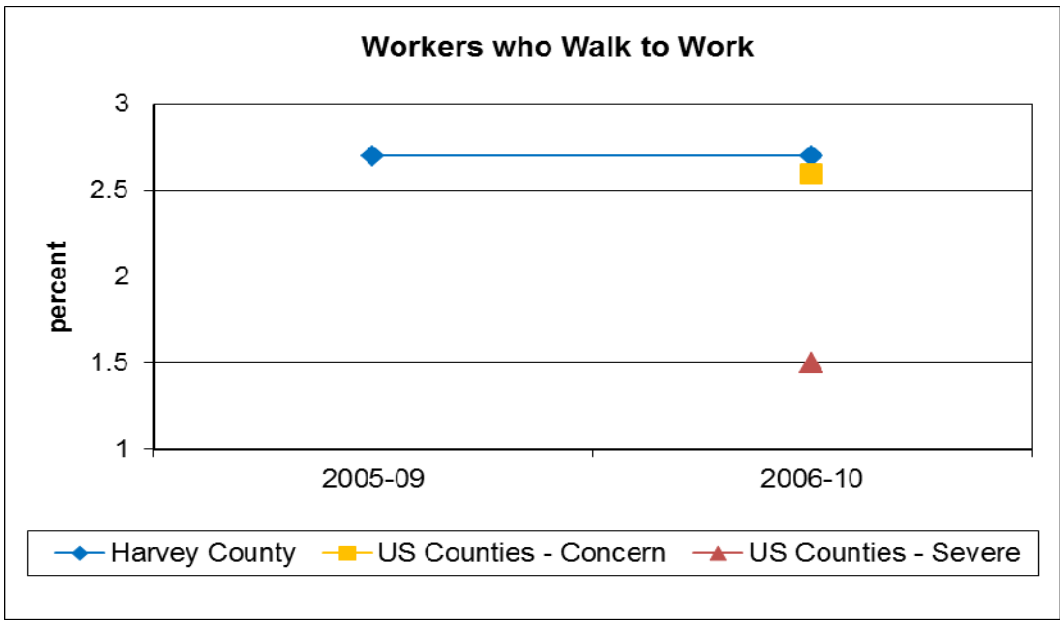
Why this is important: Driving alone to work consumes more fuel and resources than other modes of transportation, such as carpooling, public transportation, biking and walking. Driving alone also increases traffic congestion, especially in areas of greater population density.

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

Harvey 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%.

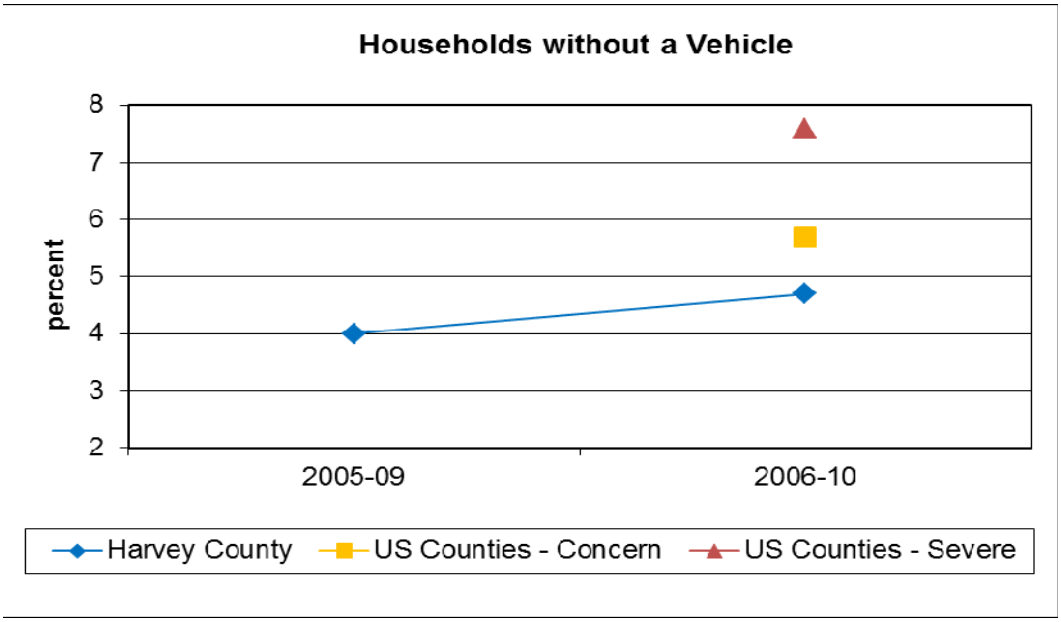
Technical Note: The distribution is based on data from 3,143 U.S. counties and county equivalents.
Source: American Community Survey
URL of Source: http://www.census.gov/acs/www/
URL of Data: http://factfinder2.census.gov/

Harvey County Rural Health Works

Personal Vehicle Travel

Households without a Vehicle

Value: 4.7 Percent
Measurement Period: 2006-2010
Location: County : Harvey
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.

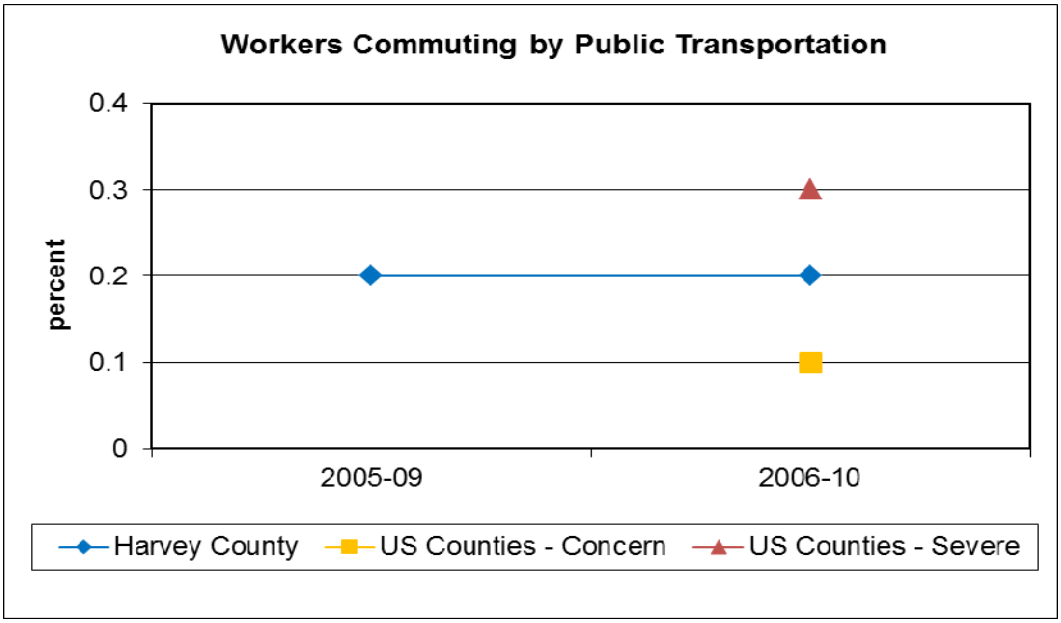
Technical Note: The distribution is based on data from 3,143 U.S. counties and county equivalents.
Source: American Community Survey
URL of Source: http://www.census.gov/acs/www/
URL of Data: http://factfinder2.census.gov/

Harvey County Rural Health Works

Public Transportation

Workers Commuting by Public Transportation

Value: 0.2 Percent
Measurement Period: 2006-2010
Location: County : Harvey
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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KANSAS RURAL HEALTH WORKS





Harvey County

Community Survey Results

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Harvey County Community Survey

Survey Highlights

- 318 telephone responses – representative
- 274 Internet survey – non-representative
- 92% have seen doctor in the past two years
- 57% used a hospital in the past two years, Newton Medical Center captured 80% of those visits
- 78% had prior Newton Medical Center experience, 95% were satisfied with the services received
- 33% had used the health department, 98% were satisfied
- 9% had used the Health Ministries Clinic, 93% were satisfied
- 38% had children or grandchildren in a Harvey County school
- 74% said they get adequate health education
- 71% said they get healthy food
- Most frequent source of health information
    - 53% doctor
    - 26% Internet
    - 11% family/friends
- Had previously skipped health care due to cost
    - 17% medical,
    - 21% dental,
    - 11% prescription,
    - 5% mental health
- Frequency of eating out
    - 50% 1-2 times,
    - 28% 0 times,
    - 21% 3 or more
    - 44% eat family meals 10 or more times
    - 24% eat family meals 0 times
- 15% have regular travel for medical treatment, 11% are challenged
- Adequacy of county prenatal care assistance
    - 55% say yes, 42% don’t know
- Believe it’s a problem
    - Obesity – 73% yes, 12% no 15% don’t know
    - Diabetes – 65% yes, 7% no, 28% don’t know
    - Illegal drugs – 60% yes, 9% no, 31% don’t know
    - Alcohol – 56% yes, 18% no 27% don’t know
    - Youth drinking – 56% yes, 14% no, 30% don't know
    - Teen pregnancy – 47% yes, 18% no, 35% don't know
    - Mental health – 38% yes, 23% no, 39% don't know
    - Suicide – 32% yes, 35% no, 34% don't know
    - Child abuse – 52% yes, 18% no, 30% don't know

    - Spousal abuse – 46% yes, 19% no, 34% don't know
    - Elder abuse – 21% yes, 38% no, 41% don't know
- Elder Issues
    - 52% were 65 or older, 92% lived independent, 9% were challenged
    - 64% say home health adequate, 11% say no
    - 72% say assisted living was adequate, 12% say no
    - 14% care for an elder, 12% are challenged, 12% say there is no adequate help
- General health concerns
    - Cost of health care
    - Elder concerns
    - Mental health assistance
    - Prevention

Harvey County Community Telephone Survey
Preliminary Results

Q1. Could you please tell me your zip code?

Zip Code	City	Frequency	Percent
67020	Burrton	10	3.1%
67056	Halstead	25	7.9%
67062	Hesston	32	10.1%
67114	Newton	187	58.8%
67117	North Newton	22	6.9%
67135	Sedgwick	30	9.4%
67151	Walton	12	3.8%
	Total	318	100%

Q1a. Do you live within the boundaries of Harvey County?

Response	Frequency	Percent
Yes	318	100.0%
No	0	0.0%
Don't Know	0	0.0%
Refused	0	0.0%
Total	318	100.0%

Q2. When is the last time you saw your doctor or primary health care provider for routine health care?

Response	Frequency	Percent
Less than 1 year ago	269	84.9%
Between 1 and 2 years ago	22	6.9%
Between 2 and 5 years ago	12	3.8%
More than 5 years ago	6	1.9%
Never - doesn't have a doctor	4	1.3%
Don't Know	3	0.9%
Refused	1	0.3%
Total	317	100.0%

Q3. What city do you go to the most when you see your doctor or primary health care provider?

Response	Frequency	Percent
Newton/North Newton	222	71.2%
Hesston	30	9.6%
Halstead	3	1.0%
Moundridge	0	0.0%
Sedgwick	0	0.0%
Peabody	0	0.0%
Valley Center	2	0.6%
McPherson	0	0.0%
Hillsboro	0	0.0%
Hutchinson	7	2.2%
Wichita/Wichita Area	39	12.5%
Don't need service	2	0.6%
Other	6	1.9%
Don't know	1	0.3%
Refused	0	0.0%
Total	312	100.0%

Q4. Have you or any members of your household used the inpatient or outpatient services of a hospital in the last 12 months?

Response	Frequency	Percent
Yes	144	46.2%
No	166	53.2%
Don't know	2	0.6%
Refused	0	0.0%
Total	312	100.0%

Q4a. What hospital or hospitals were used by you or other members of your household in the last 12 months?

Hospital	Frequency	Percent
Hutchinson Regional Medical Center, Hutchinson	3	1.9%
Mercy Hospital, Moundridge	0	0.0%
Memorial Hospital, McPherson	0	0.0%
Hillsboro Community Hospital, Hillsboro	0	0.0%
Via Christi Regional Medical Center, Wichita	25	16.1%
Kansas Heart Hospital, Wichita	2	1.3%
Wesley Medical Center, Wichita	6	3.9%
Kansas Medical Center, Andover	0	0.0%
Veteran's Administration (VA)	0	0.0%
Other	70	45.2%
None	48	31.0%
Don't Know	0	0.0%
Refused	1	0.6%
Total	155	100.0%

Q4b. List other hospitals here.

Response	Frequency	Percent
Newton Medical Center	57	80.3%
St. Francis in Wichita	2	2.8%
Topeka	1	1.4%
McPherson	1	1.4%
Kansas City Med	1	1.4%
Kansas Surgery and Recovery Center	1	1.4%
Bethel Medical	3	4.2%
Galatica	1	1.4%
Derby	1	1.4%
KU Med Center	1	1.4%
Surgent Care Center in Wichita	1	1.4%
Barne's Jewish	1	1.4%
Total	71	100%

Q5. Have you (or other members of your household) used the services of the Newton Medical Center in Newton in the last 12 months?

Response	Frequency	Percent
Yes	126	85.1%
No	22	14.9%
Don't Know	0	0.0%
Refused	0	0.0%
Total	148	100.0%

Q5a. Have you (or other members of your household) EVER used the services of the Newton Medical Center in Newton?

Response	Frequency	Percent
Yes	148	77.9%
No	40	21.1%
Don't Know	2	1.1%
Refused	0	0.0%
Total	190	100.0%

Q6a. Recalling the most recent visit to Newton Medical Center, what type of service was obtained?

Response	Frequency	Percent
Inpatient	76	23.5%
Outpatient	150	46.3%
Emergency	94	29.0%
Don't Know	4	1.2%
Refused	0	0.0%
Total	324	100.0%

Q6b. How would you describe your satisfaction with your last Newton Medical Center experience? Were you….

Response	Frequency	Percent
Satisfied	241	88.6%
Somewhat Satisfied	18	6.6%
Somewhat Dissatisfied	3	1.1%
Dissatisfied	7	2.6%
Don't Know	3	1.1%
Refused	0	0.0%
Total	272	100.0%

Q7. Have you or any other members of your household ever used the county health department services in Harvey County?

Response	Frequency	Percent
Yes	104	33.1%
No	202	64.3%
Don't Know	8	2.5%
Refused	0	0.0%
Total	314	100.0%

Q7a. How would you describe your satisfaction with those services? Were you….

Response	Frequency	Percent
Satisfied	94	90.4%
Somewhat Sati	8	7.7%
Somewhat Diss	2	1.9%
Dissatisfied	0	0.0%
Total	104	100.0%

Q8. Have you or any other members of your household ever used the Health Ministries Clinic's services in Harvey County?

Response	Frequency	Percent
Yes	29	9.2%
No	279	88.9%
Don't Know	6	1.9%
Refused	0	0.0%
Total	314	100.0%

Q8a. How would you describe your satisfaction with those services? Were you….

Response	Frequency	Percent
Satisfied	24	82.8%
Somewhat Satisfied	3	10.3%
Somewhat Dissatisfied	0	0.0%
Dissatisfied	2	6.9%
Total	29	100.0%

Q9. Do you have children or grandchildren attending school in Harvey County?

Response	Frequency	Percent
Yes	120	38.2%
No	194	61.8%
Don't Know	0	0.0%
Refused	0	0.0%
Total	314	100.0%

Q9a. Do you believe children receive health education at school?

Response	Frequency	Percent
Yes	89	74.2%
No	7	5.8%
Don't Know	24	20.0%
Refused	0	0.0%
Total	120	100.0%

Q9b. Do you believe children receive healthy food and snacks in Harvey County schools?

Response	Frequency	Percent
Yes	85	70.8%
No	16	13.3%
Don't Know	19	15.8%
Refused	0	0.0%
Total	120	100.0%

Q10. When you have a question relating to health matters, where do you get most of your information?

Response	Frequency	Percent
Internet	80	25.6%
Health Department	2	0.6%
Doctor's Office	166	53.0%
Community Clinic	2	0.6%
Family or Friends	33	10.5%
Library/Librarian	5	1.6%
Don't need information	11	3.5%
Other	14	4.5%
Don't Know	0	0.0%
Refused	0	0.0%
Total	313	100.0%

Q11a. In the past 12 months, have you or any other member of your household skipped seeking needed medical treatment due to cost?

Response	Frequency	Percent
Yes	54	17.3%
No	256	82.1%
Don't Know	1	0.3%
Refused	1	0.3%
Total	312	100.0%

Q11b. Skipped dental treatment due to cost?

Response	Frequency	Percent
Yes	66	21.2%
No	245	78.5%
Don't Know	1	0.3%
Refused	0	0.0%
Total	312	100.0%

Q11c. How about filling a prescription?

Response	Frequency	Percent
Yes	35	11.2%
No	277	88.8%
Don't Know	0	0.0%
Refused	0	0.0%
Total	312	100.0%

Q11d. How about mental health assistance?

Response	Frequency	Percent
Yes	16	5.1%
No	296	94.9%
Don't Know	0	0.0%
Refused	0	0.0%
Total	312	100.0%

Q12a. On average, how many times do you or other members of your household eat out each week?

Response	Frequency	Percent
Zero times	88	28.2%
One to two times	155	49.7%
Three to four times	41	13.1%
Five to ten times	15	4.8%
Ten or more times	10	3.2%
Other	2	0.6%
Don't know	1	0.3%
Refused	0	0.0%
Total	312	100.0%

Q12b. On average, how many times do you and other members of your household eat meal together each week?

Response	Frequency	Percent
Zero times	74	23.7%
One to two times	8	2.6%
Three to four times	28	9.0%
Five to ten times	56	17.9%
Ten or more times	136	43.6%
Other	9	2.9%
Don't know	1	0.3%
Refused	0	0.0%
Total	312	100.0%

Q13. Do you or other members of your household need to travel inside or outside of Harvey County for regular medical treatment one or more times per month?

Response	Frequency	Percent
Yes	46	14.7%
No	266	85.3%
Don't Know	0	0.0%
Refused	0	0.0%
Total	312	100.0%

Q13a. Is transportation to regular medical appointments either inside or outside the county a challenge for you or other members of your household?

Response	Frequency	Percent
Yes	33	10.6%
No	278	89.1%
Don't Know	1	0.3%
Refused	0	0.0%
Total	312	100.0%

Q14. Do you believe there is adequate prenatal care available in Harvey County?

Response	Frequency	Percent
Yes	173	55.4%
No	7	2.2%
Don't Know	132	42.3%
Refused	0	0.0%
Total	312	100.0%

Q15a. Do you believe obesity is a problem in Harvey County?

Response	Frequency	Percent
Yes	228	73.1%
No	37	11.9%
Don't Know	47	15.1%
Refused	0	0.0%
Total	312	100.0%

Q15b. Do you believe diabetes is a problem in Harvey County?

Response	Frequency	Percent
Yes	201	64.6%
No	22	7.1%
Don't Know	88	28.3%
Refused	0	0.0%
Total	311	100.0%

Q15c. Is illegal drug use a problem in Harvey County?

Response	Frequency	Percent
Yes	186	59.8%
No	29	9.3%
Don't Know	96	30.9%
Refused	0	0.0%
Total	311	100.0%

Q15d. How about alcohol abuse?

Response	Frequency	Percent
Yes	173	55.6%
No	55	17.7%
Don't Know	83	26.7%
Refused	0	0.0%
Total	311	100.0%

Q15e. Underage drinking?

Response	Frequency	Percent
Yes	173	56.0%
No	43	13.9%
Don't Know	93	30.1%
Refused	0	0.0%
Total	309	100.0%

Q15f. Teenage pregnancy?

Response	Frequency	Percent
Yes	144	46.6%
No	57	18.4%
Don't Know	107	34.6%
Refused	1	0.3%
Total	309	100.0%

Q15g. Mental health?

Response	Frequency	Percent
Yes	117	37.9%
No	71	23.0%
Don't Know	120	38.8%
Refused	1	0.3%
Total	309	100.0%

Q15h. Suicide?

Response	Frequency	Percent
Yes	98	31.7%
No	107	34.6%
Don't Know	104	33.7%
Refused	0	0.0%
Total	309	100.0%

Q15i. Child abuse?

Response	Frequency	Percent
Yes	160	51.8%
No	57	18.4%
Don't Know	92	29.8%
Refused	0	0.0%
Total	309	100.0%

Q15j. Spousal abuse?

Response	Frequency	Percent
Yes	143	46.3%
No	60	19.4%
Don't Know	106	34.3%
Refused	0	0.0%
Total	309	100.0%

Q15l. Elder abuse?

Response	Frequency	Percent
Yes	65	21.0%
No	117	37.9%
Don't Know	127	41.1%
Refused	0	0.0%
Total	309	100.0%

Q16. Are you 65 years or older?

Response	Frequency	Percent
Yes	160	51.8%
No	149	48.2%
Total	309	100.0%

Q16a. Are you currently living independently in the community?

Response	Frequency	Percent
Yes	147	91.9%
No	13	8.1%
Total	160	100.0%

Q16b. Do you find independent living to be a challenge to you personally?

Response	Frequency	Percent
Yes	13	8.8%
No	134	91.2%
Total	147	100.0%

Q16c. Do you believe there is adequate home health assistance in Harvey County?

Response	Frequency	Percent
Yes	198	64.1%
No	35	11.3%
Don't Know	76	24.6%
Refused	0	0.0%
Total	309	100.0%

Q16d. Do you believe there is adequate assisted living care in Harvey County?

Yes	224	72.5%
No	36	11.7%
Don't Know	49	15.9%
Refused	0	0.0%
Total	309	100.0%

Q17. Are you the primary caregiver for a person who is 65 years or older?

Response	Frequency	Percent
Yes	43	14.0%
No	265	86.0%
Total	308	100.0%

Q17a. Are you experiencing any significant challenges providing care for an older person?

Response	Frequency	Percent
Yes	5	11.6%
No	38	88.4%
Total	43	100.0%

Q17b. Do you believe there is adequate care available to elder primary caregivers in Harvey County?

Response	Frequency	Percent
Yes	34	79.1%
No	5	11.6%
Don't Know	4	9.3%
Total	43	100.0%

Q18. Do you have any general concerns about health or health care in Harvey County?

Response	Frequency	Percent
Yes	50	16.2%
No	256	83.1%
Don't Know	2	0.6%
Refused	0	0.0%
Total	308	100.0%

Q18a. What other concern was identified?

- Access to mental health facilities.
- Availability of in home care for older residents.
- Believe that the hospitals in Newton are inadequate. Would rather go to a hospital in Wichita for assistance.
- Better education is needed about drugs, alcohol, abuse, and teen pregnancy.
- Better taxi service or mass transportation for the elderly.
- Billing services need closer inspection because of overcharging.
- Cancer care.
- Cardiac patients are not taken care of
- Cost.
- Cost and accessibility to people who lack transportation.
- Cost of healthcare.
- Cost too much.
- Disability children can't get the right benefits.
- Does not know what the impact of the new health care reform will be and does not know if people will really get the care that they need.
- Doesn't want Obama care to be instituted.
- Elderly care.
- Elderly people need more help with living alone.
- Expense.
- Hard for people to get in-home services in Halstead.
- Health Dept. too impersonal. Lump everybody together & treat everyone the same.
- If they take co-pay away. Medicine costs.
- Increasing cost of living.
- Insurance dictates what doctors you can go to. Cost of insurance is a problem.
- Insurance is expensive.
- It needs more accessibility.
- It's getting to expensive.
- It's too high cost of living and not enough space.
- Make things more available for low income people.
- Mental health services.
- More clinics that operate on a sliding scale for different incomes.
- More cooperation medical community and alternative health care.
- Not available to low income homes.
- Not enough healthy foods for kids at school.
- Not taking care of preventable diseases.
- Obama care, don't know what to expect.
- People in poverty don't seem to receive help.
- People that can’t afford medical expenses, Medicare and Medicaid.
- People who don’t have insurance.
- People who need insurance are not being taken care of.
- Quality is not always the best.

- The assisted living affordability.
- The availability of healthcare is limited.
- The government's cutting back funding.
- The prices need to come down.
- There is only one hospital for the majority of care. Believes that Newton Medical Center is not a non-profit hospital.
- Too hard for people to access.
- Wish they had a chiropractor.
- Worried about adequate funding going to healthcare.
- Worried about Obama care.
- Would like to see health ministry's work expanded.

Q19. How many people reside in your household?

Response	Frequency	Percent
1	94	30.5%
2	138	44.8%
3	23	7.5%
4	30	9.7%
5	12	3.9%
6	7	2.3%
7	2	0.6%
8	1	0.3%
9	1	0.3%
Total	308	92.5%

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Introduction and Screener:

Hi. I'm calling regarding the Harvey County health survey. I'm calling from Fort Hays State University. I have a few questions about family and adult health care and the use of healthcare facilities in Harvey County on behalf of the Harvey County Community Health Assessment Committee and the Kansas Rural Health Works project. I need to speak with an adult in the household at least 18 years or older. Is that you?

Your answers will remain completely confidential. May I ask you some questions?

1. First, could you please tell me your zip code?

☐ 67020	Burrton
☐ 67056	Halstead
☐ 67062	Hesston
☐ 67114	Newton
☐ 67117	North Newton
☐ 67135	Sedgwick
☐ 67151	Walton
☐ _____	Some other city

[IF AN IDENTIFIED ZIP CODE, ASK 1a]

1a. Do you live within the boundaries of Harvey County?

☐ Yes ☐ No ☐ Don't Know ☐ Refused

IF SOME OTHER CITY….

1b. Thank you, but we have already reached enough households from your particular community. Thanks so much for your time and have a great evening.

2. When is the last time you saw your doctor or primary health care provider for routine health care?

☐ Was it less than 1 year ago
☐ Between 1 and 2 years ago
☐ Between 2 and 5 years ago
☐ Or More than 5 years ago
☐ Never – doesn't have a doctor

3. What city do you go to the most when you see your doctor or primary health care provider?

[WAIT FOR RESPONSE. SELECT ONLY ONE.]

☐ 1 Newton/North Newton	☐ 2 Hesston
☐ 3 Halstead	☐ 4 Moundridge
☐ 5 Sedgwick	☐ 6 Peabody
☐ 7 Valley Center	☐ 8 McPherson
☐ 9 Hillsboro	☐ 10 Hutchinson
☐ 11 Wichita/Wichita Area	☐ 12

☐ 13 Don't need service ☐ 14 Other
☐ 88 Don't know ☐ 99 Refused

3a. What other city was provided?

4. Next, I have a few questions about hospital services used by you or other members of your household. Household members are individuals who actually live in your home. Now, have you or any members of your household used the inpatient or outpatient services of a hospital in the last 12 months?
☐ Yes ☐ No ☐ Don't Know ☐ Refused

4a. Please tell me what hospital or hospitals were used by you or other members of your household in the last 12 months.
[SELECT ALL THAT APPLY]
☐ Newton Medical Center, Newton
☐ Hutchinson Regional Medical Center, Hutchinson
☐ Mercy Hospital, Moundridge
☐ Memorial Hospital, McPherson
☐ Hillsboro Community Hospital, Hillsboro
☐ Via Christi Regional Medical Center, Wichita
☐ Kansas Heart Hospital, Wichita
☐ Wesley Medical Center, Wichita
☐ Kansas Medical Center, Andover
☐ Veteran's Administration (VA)
☐ Other (Specify)_____

4b. List other hospitals here.

5. Have you (or other members of your household) EVER used the services of the Newton Medical Center in Newton?
☐ Yes ☐ No ☐ Don't Know ☐ Refused
[IF YES, RECEIVE Q6a and Q6b. IF NO, GO TO Q7.]

6a. Recalling the most recent visit to Newton Medical Center, what type of service was obtained? [READ EACH ITEM, SELECT ALL THAT APPLY]
☐ Inpatient
☐ Outpatient
☐ Emergency

6b. How would you describe your satisfaction with your last Newton Medical Center experience? Were you….
☐ Satisfied ☐ Somewhat Satisfied ☐ Somewhat Dissatisfied ☐ Dissatisfied

7. Have you or any other members of your household ever used the county health department services in Harvey County?
☐ Yes ☐ No ☐ Don't Know ☐ Refused
[IF YES, ASK Q7a. IF NO, GO TO Q8.]

7a. How would you describe your satisfaction with those services? Were you:
☐ Satisfied ☐ Somewhat Satisfied ☐ Somewhat Dissatisfied ☐ Dissatisfied

8. Have you or any other members of your household ever used the Health Ministries Clinic's services in Harvey County?
☐ Yes ☐ No ☐ Don't Know ☐ Refused
[IF YES, ASK Q8a. IF NO, GO TO Q9.]

8a. How would you describe your satisfaction with those services? Were you:
☐ Satisfied ☐ Somewhat Satisfied ☐ Somewhat Dissatisfied ☐ Dissatisfied

9. Do you have children or grandchildren attending school in Harvey County?
☐ Yes ☐ No ☐ Don't Know ☐ Refused
[IF YES, RECEIVE Q9a and Q9b. IF NO, GO TO Q10.]

9a. Do you believe children receive health education at school?
☐ Yes ☐ No ☐ Don't Know ☐ Refused

9b. Do you believe children receive healthy food and snacks in Harvey County schools?
☐ Yes ☐ No ☐ Don't Know ☐ Refused

10. When you have a question relating to health matters, where do you get most of your information?
[WAIT FOR RESPONSE. SELECT ONLY ONE.]

☐ 1 Internet	☐ 2 Health Department
☐ 3 Doctor's Office	☐ 4 Community Clinic
☐ 5 Family or Friends	☐ 6 Library/Librarian
☐ 7 Don't need information	☐ 8 Other
☐ 88 Don't know	☐ 99 Refused

10a. What other information source was identified?

11a. In the past 12 months, have you or any member of your household skipped seeking needed medical treatment due to cost?
☐ Yes ☐ No ☐ Don't Know ☐ Refused

11b. Skipped dental treatment due to cost?
☐ Yes ☐ No ☐ Don't Know ☐ Refused

11c. How about filling a prescription?
☐ Yes ☐ No ☐ Don't Know ☐ Refused

11d. How about mental health assistance?
☐ Yes ☐ No ☐ Don't Know ☐ Refused

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12a. On average, how many times do you or other members of your household eat out each week?

☐ 1 Zero times
☐ 2 One to two times
☐ 3 Three to four times
☐ 4 Five to ten times
☐ 13 Ten or more times
☐ 14 Other
☐ 88 Don't know
☐ 99 Refused

12b. On average, how many times do you and other members of your household eat a meal together each week?

☐ 1 Zero times
☐ 2 One to two times
☐ 3 Three to four times
☐ 4 Five to ten times
☐ 13 Ten or more times
☐ 14 Other
☐ 88 Don't know
☐ 99 Refused

13. Do you or other members of your household need to travel inside or outside of Harvey County for regular medical treatment one or more times per month?

☐ Yes ☐ No ☐ Don't Know ☐ Refused

13a. Is transportation to regular medical appointments either inside or outside the county a challenge for you or other members of your household?

☐ Yes ☐ No ☐ Don't Know ☐ Refused

14. Do you believe there is adequate prenatal care available in Harvey County?

☐ Yes ☐ No ☐ Don't Know ☐ Refused

15a. Do you believe obesity is a problem in Harvey County?

☐ Yes ☐ No ☐ Don't Know ☐ Refused

15b. Do you believe diabetes is a problem in Harvey County?

☐ Yes ☐ No ☐ Don't Know ☐ Refused

15c. Is illegal drug use a problem in Harvey County?

☐ Yes ☐ No ☐ Don't Know ☐ Refused

15d. How about alcohol abuse?

☐ Yes ☐ No ☐ Don't Know ☐ Refused

15e. Underage drinking?

☐ Yes ☐ No ☐ Don't Know ☐ Refused

15f. Teenage pregnancy?

☐ Yes ☐ No ☐ Don't Know ☐ Refused

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15g. Mental health?
☐ Yes ☐ No ☐ Don't Know ☐ Refused

15h. Suicide?
☐ Yes ☐ No ☐ Don't Know ☐ Refused

15i. Child abuse?
☐ Yes ☐ No ☐ Don't Know ☐ Refused

15j. Spousal abuse?
☐ Yes ☐ No ☐ Don't Know ☐ Refused

15l. Elder abuse?
☐ Yes ☐ No ☐ Don't Know ☐ Refused

16. Are you 65 years or older?
☐ Yes ☐ No ☐ Don't Know ☐ Refused
[IF YES, ASK Q16a. IF NO, GO TO Q17.]

16a. Are you currently living independently in the community?
☐ Yes ☐ No ☐ Don't Know ☐ Refused
[IF YES, ASK Q16b. IF NO, GO TO Q17.]

16b. Do you find independent living to be a challenge to you personally?
☐ Yes ☐ No ☐ Don't Know ☐ Refused

16c. Do you believe there is adequate home health assistance in Harvey County?
☐ Yes ☐ No ☐ Don't Know ☐ Refused

16d. Do you believe there is adequate assisted living care in Harvey County?
☐ Yes ☐ No ☐ Don't Know ☐ Refused

17. Are you the primary caregiver for a person who is 65 years or older?
☐ Yes ☐ No ☐ Don't Know ☐ Refused
[IF YES, ASK Q17 SERIES. IF NO, GO TO Q18.]

17a. Are you experiencing any significant challenges providing care for an older person?
☐ Yes ☐ No ☐ Don't Know ☐ Refused

17b. Do you believe there is adequate care available to elder primary care givers in Harvey County?
☐ Yes ☐ No ☐ Don't Know ☐ Refused

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18. Do you have any general concerns about health or health care in Harvey County?
☐ Yes ☐ No ☐ Don't Know ☐ Refused

18a. If yes, what other concern was identified?

19. And now I have a few questions to help analyze the results of this survey. How many people reside in your household?
[IF ANSWER IS >1, GO TO Q20.]

19a. May I ask what year you were born?
[ENTER YEAR _____.]

20a. What is the age of the oldest person in the household?
[ENTER AGE _____.]

20b. What is the age of the youngest person in the household?
[ENTER AGE _____.]

Those are all of the questions I have. Thanks so much for your time, and have a great evening.

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Harvey County Community Survey Monkey Survey
Preliminary Results

1. Currently Reside in which Harvey County Community

	Number	Percent
Burrton	2	0.7%
Halstead	7	2.6%
Hesston	42	15.3%
Newton	174	63.5%
North Newton	18	6.6%
Sedgwick	7	2.6%
Walton	5	1.8%
Other	19	6.9%
Sum	274	100.0%

2. When is the last time you saw your doctor or primary health care provider for routine health care?

	Number	Percent
Less than 1 year ago	222	81.3%
Between 1 and 2 years ago	28	10.3%
Between 2 and 5 years ago	14	5.1%
More than 5 years ago	4	1.5%
Never - do not have a doctor	5	1.8%
Sum	273	100.0%

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3. What city do you go to the most when you see your doctor?

	Number	Percent
Newton/North Newton	195	71.4%
Hesston	53	19.4%
Halstead	1	0.4%
Moundridge	2	0.7%
Sedgwick	0	0.0%
Peabody	0	0.0%
Valley Center	1	0.4%
McPherson	1	0.4%
Hillsboro	0	0.0%
Hutchinson	0	0.0%
Wichita/Wichita Area	15	5.5%
Other	5	1.8%
Have not seen a doctor in this area	1	
Marion	2	
Salina	1	
Wellington	1	
Sum	273	100.0%

4. Have you or any members of your household used the inpatient or outpatient services of a hospital in the last 12 months?

	Number	Percent
Yes	143	53.0%
No	126	46.7%
Don't Know	0	0.0%
Rather Not Specify	1	0.4%
Sum	270	100.0%

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5. What hospital(s) were used by you or other members of your household in the last 12 months?

Hospital	Location	Number	Percent
Did not get hospitalized		101	34.4%
Newton Medical Center	Newton	127	43.2%
Hutchinson Regional Medical Center	Hutchinson	0	0.0%
Mercy Regional	Moundridge	2	0.7%
Memorial Hospital	McPherson	2	0.7%
Hillsboro Community Hospital	Hillsboro	0	0.0%
Via Christi Regional Medical Center	Wichita	23	7.8%
Kansas Heart Hospital	Wichita	4	1.4%
Wesley Medical Center	Wichita	14	4.8%
Kansas Medical Center	Andover	2	0.7%
Veteran's Administration (VA)		3	1.0%
Other		16	5.4%
Hutchinson Surgery Center	Hutchinson	1	
South Kansas City Surgicenter	Kansas City	1	
Children's Mercy South, Kansas City	Kansas City	1	
St. Luke in Marion	Marion	1	
Newton Medical Center ER only	Newton	1	
Prairie View	Newton	1	
Salina Regional Health Center	Salina	1	
Northwest Medical Center, Tucson, AZ	Tucson, AZ	1	
Central Care Cancer Center	Wichita	1	
Kansas Orthopedic Center	Wichita	1	
Abay Spine Hospital	Wichita	1	
Via Christi Founder's Outpatient Surgery Center	Wichita	1	
Founder's Circle via referral	Wichita	1	
Kaw Valley Behavioral Health Center, Wyandotte Co.	Wyandotte C	1	
Only for tests		1	
MD Anderson		1	
Sum		294	100.0%

6. Have you (or any member of your household) EVER used the services of the Newton Medical Center in Newton?

	Number	Percent
Yes	246	90.1%
No	26	9.5%
Don't Know	0	0.0%
Rather Not Specify	1	0.4%
Sum	273	100.0%

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7. What type of service was obtained at your last visit to Newton Medical Center?

	Number	Percent
Inpatient	60	22.8%
Outpatient	122	46.4%
Emergency	81	30.8%
Sum	263	100.0%

8. How would you describe your satisfaction with your last Newton Medical Center experience? Were you…

	Number	Percent
Satisfied	190	78.2%
Somewhat Satisfied	34	14.0%
Somewhat Dissatisfied	12	4.9%
Dissatisfied	7	2.9%
Sum	243	100.0%

9. Have you or other members of your household EVER used the county health department services in Harvey County?

	Number	Percent
Yes	168	61.5%
No	102	37.4%
Don't Know	3	1.1%
Rather Not Specify	0	0.0%
Sum	273	100.0%

10. How would you describe your satisfaction with the health department services? Were you…

	Number	Percent
Satisfied	129	76.8%
Somewhat Satisfied	32	19.0%
Somewhat Dissatisfied	7	4.2%
Dissatisfied	0	0.0%
Sum	168	100.0%

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11. Have you or other members of your household EVER used the county Health Ministries Clinic's services in Harvey County?

	Number	Percent
Yes	39	14.4%
No	230	84.9%
Don't Know	2	0.7%
Rather Not Specify	0	0.0%
Sum	271	100.0%

12. How would you describe your satisfaction with the Health Ministries Clinic's services? Were you…

	Number	Percent
Satisfied	22	56.4%
Somewhat Satisfied	10	25.6%
Somewhat Dissatisfied	5	12.8%
Dissatisfied	2	5.1%
Sum	39	100.0%

13. Do you have children or grandchildren attending school in Harvey County?

	Number	Percent
Yes	108	39.7%
No	163	59.9%
Don't Know	0	0.0%
Rather Not Specify	1	0.4%
Sum	272	100.0%

14. Do you believe children receive health education at school?

	Number	Percent
Yes	71	66.4%
No	10	9.3%
Don't Know	26	24.3%
Rather Not Specify	0	0.0%
Sum	107	100.0%

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15. Do you believe children receive healthy food and snacks in Harvey County schools?

	Number	Percent
Yes	62	56.9%
No	25	22.9%
Don't Know	22	20.2%
Rather Not Specify	0	0.0%
Sum	109	100.0%

16. When you have a question relating to health matters, where do you get most of your information?

	Number	Percent
Internet	111	41.0%
Health Department	1	0.4%
Doctor's Office	120	44.3%
Community Clinic	0	0.0%
Family or Friends	23	8.5%
Library/Librarian	1	0.4%
Don't Need Information	3	1.1%
Don't Know	0	0.0%
Rather Not Specify	0	0.0%
Other	12	4.4%
CDC or NIH	1	
Combination of resources	1	
Friends/family in the health profession	5	
Self/reading	1	
Work	4	
Sum	271	100.0%

17. Past 12 months, have you or any member of your household skipped seeking needed medical treatment due to cost?

	Number	Percent
Yes	86	31.7%
No	182	67.2%
Don't Know	3	1.1%
Rather Not Specify	0	0.0%
Sum	271	100.0%

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18. Past 12 months, have you or any member of your household skipped seeking needed dental treatment due to cost?

	Number	Percent
Yes	97	36.1%
No	171	63.6%
Don't Know	0	0.0%
Rather Not Specify	1	0.4%
Sum	269	100.0%

19. Past 12 months, have you or any member of your household skipped filling a prescription due to cost?

	Number	Percent
Yes	60	22.6%
No	206	77.4%
Don't Know	0	0.0%
Rather Not Specify	0	0.0%
Sum	266	100.0%

20. Past 12 months, have you or any member of your household skipped seeking needed mental health assistance due to cost?

	Number	Percent
Yes	42	15.5%
No	227	83.8%
Don't Know	1	0.4%
Rather Not Specify	1	0.4%
Sum	271	100.0%

21. On average, how many times do you or other members of your household eat out each week?

	Number	Percent
0 times	39	14.5%
1 to 2 times	142	52.8%
3 to 4 times	56	20.8%
5 to 10 times	21	7.8%
10 or more times	1	0.4%
Don't Know	1	0.4%
Rather Not Specify	0	0.0%
1 to 2 times per month	9	3.3%
Sum	269	100.0%

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22. On average, how many times do you or other members of your household eat a meal together each week?

	Number	Percent
0 times	7	2.6%
1 to 2 times	15	5.6%
3 to 4 times	47	17.5%
5 to 10 times	118	43.9%
10 or more times	64	23.8%
Don't Know	2	0.7%
Rather Not Specify	2	0.7%
Eat alone	14	5.2%
Sum	269	100.0%

23. Do you or other members of your household need to travel inside or outside of Harvey County for regular medical treatment one or more times per month?

	Number	Percent
Yes	40	14.8%
No	229	84.8%
Don't Know	1	0.4%
Rather Not Specify	0	0.0%
Sum	270	100.0%

24. Is transportation to regular medical appointments eigther inside or outside the county a challenge for you or other members of your household?

	Number	Percent
Yes	10	3.7%
No	257	95.2%
Don't Know	2	0.7%
Rather Not Specify	1	0.4%
Sum	270	100.0%

25. Do you believe there is adequate prenatal care available in Harvey County?

	Number	Percent
Yes	146	54.5%
No	19	7.1%
Don't Know	102	38.1%
Rather Not Specify	1	0.4%
Sum	268	100.0%

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26. Do you believe obesity is a problem in Harvey County?

	Number	Percent
Yes	223	83.2%
No	12	4.5%
Don't Know	32	11.9%
Rather Not Specify	1	0.4%
Sum	268	100.0%

27. Do you believe diabetes is a problem in Harvey County?

	Number	Percent
Yes	185	69.0%
No	9	3.4%
Don't Know	73	27.2%
Rather Not Specify	1	0.4%
Sum	268	100.0%

28. Is illegal drug use a problem in Harvey County?

	Number	Percent
Yes	196	74.5%
No	3	1.1%
Don't Know	64	24.3%
Rather Not Specify	0	0.0%
Sum	263	100.0%

29. Is alcohol abuse a problem in Harvey County?

	Number	Percent
Yes	172	66.2%
No	5	1.9%
Don't Know	83	31.9%
Rather Not Specify	0	0.0%
Sum	260	100.0%

30. Is underage drinking a problem in Harvey County?

	Number	Percent
Yes	156	59.1%
No	10	3.8%
Don't Know	98	37.1%
Rather Not Specify	0	0.0%
Sum	264	100.0%

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31. Is teenage pregnancy a problem in Harvey County?

	Number	Percent
Yes	143	55.4%
No	9	3.5%
Don't Know	105	40.7%
Rather Not Specify	1	0.4%
Sum	258	100.0%

32. Is mental health a problem in Harvey County?

	Number	Percent
Yes	141	53.0%
No	9	3.4%
Don't Know	114	42.9%
Rather Not Specify	2	0.8%
Sum	266	100.0%

33. Is suicide a problem in Harvey County?

	Number	Percent
Yes	119	44.9%
No	19	7.2%
Don't Know	126	47.5%
Rather Not Specify	1	0.4%
Sum	265	100.0%

34. Is child abuse a problem in Harvey County?

	Number	Percent
Yes	164	61.7%
No	5	1.9%
Don't Know	97	36.5%
Rather Not Specify	0	0.0%
Sum	266	100.0%

35. Is spousal abuse a problem in Harvey County?

	Number	Percent
Yes	146	55.3%
No	7	2.7%
Don't Know	111	42.0%
Rather Not Specify	0	0.0%
Sum	264	100.0%

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36. Is elder abuse a problem in Harvey County?

	Number	Percent
Yes	76	28.6%
No	17	6.4%
Don't Know	173	65.0%
Rather Not Specify	0	0.0%
Sum	266	100.0%

37. Are you 65 years or older?

	Number	Percent
Yes	43	16.1%
No	224	83.9%
Don't Know	0	0.0%
Rather Not Specify	0	0.0%
Sum	267	100.0%

38. Are you currently living independently in the community?

	Number	Percent
Yes	40	90.9%
No	4	9.1%
Don't Know	0	0.0%
Rather Not Specify	0	0.0%
Sum	44	100.0%

39. Do you find independent living to be a challenge to you personally?

	Number	Percent
Yes	2	4.5%
No	40	90.9%
Don't Know	1	2.3%
Rather Not Specify	1	2.3%
Sum	44	100.0%

40. Do you believe there is adequate home health assistance in Harvey County?

	Number	Percent
Yes	15	34.1%
No	7	15.9%
Don't Know	21	47.7%
Rather Not Specify	1	2.3%
Sum	44	100.0%

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41. Do you believe there is adequate assisted living care in Harvey County?

	Number	Percent
Yes	28	63.6%
No	5	11.4%
Don't Know	10	22.7%
Rather Not Specify	1	2.3%
Sum	44	100.0%

42. Are you the primary caregiver for a person who is 65 years or older?

	Number	Percent
Yes	26	9.7%
No	240	89.9%
Don't Know	0	0.0%
Rather Not Specify	1	0.4%
Sum	267	100.0%

43. Are you experiencing any significant challenges providing care for an older person?

	Number	Percent
Yes	8	29.6%
No	19	70.4%
Don't Know	0	0.0%
Rather Not Specify	0	0.0%
Sum	27	100.0%

44. Do you believe there is adequate care available to elder primary caregivers in Harvey County?

	Number	Percent
Yes	11	40.7%
No	8	29.6%
Don't Know	8	29.6%
Rather Not Specify	0	0.0%
Sum	27	100.0%

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45. Do you have any general concerns about health or health care in Harvey County?

	Number	Percent
Yes	86	32.6%
No	161	61.0%
Don't Know	12	4.5%
Rather Not Specify	5	1.9%
Sum	264	100.0%

46. Concerns about health care in Harvey County

1. Healthcare limitations on income. We never meet specifications, but barely. Usually cause we carry high deductible insurance.
2. Availability for those without insurance.
3. Lack of transportation for appointment.
4. Poor access to primary care.
5. Getting affordable care.
6. I am getting older and have no health insurance. I am not going to the doctor because I cannot afford it. Affordable healthcare needs to become a priority here.
7. Continued rising cost of health care makes it harder and harder for even middle class families like mine to seek preventive medicine. Our taxes go up 1%, our utilities go up 1%, our insurance goes up 1%... if everything only goes up 1% but our wages, the middle class continues to have to make budget decisions with less and less income because of the "little" increase in everything.
8. High-cost of seeking treatment for addiction related issues.
9. Would like more access to "insurance covered" alternative medical practitioners, e.g. endocrinologists, D.O.s, nutritionists.
10. Mostly obesity, teen pregnancy and drug abuse
11. Cost of health care and dental care.
12. As an educator I regular see students w/health concerns that are untreated due to poverty or poor parental knowledge.
13. Insurance is ridiculous. My husband & I are covered individually but cannot afford good family coverage for our entire family. We carry a private insurance separately for the children but children aren't allowed to carry insurance without parents. I would like affordable health insurance for families. We do not qualify for government assistance but to cover a family through an employer's insurance plan is approx. $900.00-$1000.00 per month which is not affordable.
14. Increasing number of people relying on public health due to lack of private insurance coverage.
15. Obesity is a growing problem. Are people aware of health concerns with obesity?
16. Workout facilities that are available and affordable.
17. Aquatic Activities and Resources for rehab and health.
18. General health care costs for the insured and uninsured.
19. I either have to pay more for Blue Cross health insurance OR go to Wichita for hospital care. That is very inconvenient for a person over 80 years old.
20. I do not believe that everyone is getting good health care. Think the cost is to high.
21. Poor diets and low exercise leading to poor health in the community
22. Obesity is a major problem and we need to get the community educated.

23. I am concerned that persons needing specific services are 1. Aware of the availability 2. Have adequate transportation to get to care provider and 3. The services needed are affordable to the individual.
24. Providing wellness care accessible for all.
25. There seem to be a number of people who can not afford basic health care services.
26. Over weight individuals.
27. Hearing negative comments regarding care at NMC.
28. Obesity.
29. Need more open mindedness & teamwork between physicians & alternative medicine providers such as acupuncturists, herbalists, etc. Too much emphasis on illness care & very little on wellness care.
30. Health Ministry charges so much that a person with no income can not access them.
31. There is not a good health ministry program in our county.
32. Inadequate prenatal care for uninsured clients.
33. Many have no health insurance, and cannot afford it.
34. Via Christi Clinic: Doctors minimize healthy-person visits, accounting dept. aggressive and unresponsive. I prefer to private-pay for a Physician Ass't who specializes in my concerns (normal menopausal changes).
35. Affordable health care for non-insured.
36. Medical Cost is just too high even with insurance these days that this stops people from getting the care needed until it is usually too late and the long term damage is done.
37. Lifestyle issues like obesity, smoking, lack of exercise, etc.
38. The lack of prenatal care, dental care, shortage of doctors taking uninsured patients or taking very limited number of uninsured and Medicaid patients. Lack of affordable public transportation. Programs become quickly unsustainable due to lack of funding and/or adequate staffing.
39. Health insurance is paying less and less. Cost is an issue for low and middle class to access health care. Insurance for the working people are all high deductibles and large co-insurance amounts. Health and dental insurance is becoming unaffordable to the working class folks.
40. Doctors always are in a hurry when at a appointment. Sometimes I can glean more info on a problem from the internet than from the doctor.
41. Very, very concerned about how KanCare will affect health care services, and especially long-term care services for individuals with intellectual disabilities. Turning this care over to manage care organizations will make it more difficult to get quality services, put small providers out of business and send our Medicaid dollars out of state.
42. The cost is so high and my insurance through the school district is of poor quality-too many out of pocket expenses.
43. N/A
44. Concerned about increasing number of uninsured residents, low-income residents, who find it difficult to access care. Concerned about no. of residents who don't take care of their health. Cost of dental care. No prenatal care for uninsured women.
45. Obesity. Lack of PE everyday in schools, Poor nutrition in school lunch programs.
46. Not enough low cost dental or medical facilities.
47. Availability of care for all residents, coordination of services for low income residents.
48. Lack of specialists.
49. Cost, people who don't have Medicaid but cannot afford insurance.
50. Students with poor health do not do well in school.
51. Education.
52. Feel like insurance coverage for folks over the age of 19 is a problem.
53. Some people can't afford to pay for medical care.

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54. Harvey County is so poor that many people elect not to see docs.
55. Not enough independent medical care facilities. Costs are way too high for those without insurance.
56. Availability to persons not insured.
57. Escalating costs and the possibility of providing unneeded services due to financial pressures on medical facilities and personnel.
58. Access is too costly for some.
59. Unless our various services cooperate with each other, we will lose the more specialized services and be forced to go to Wichita.
60. I want everyone to have access to care regardless of cost and transportation. Cost of insurance and prescriptions are high with good insurance so I don't know how people could afford anything without insurance at all.
61. For the people who fall in the cracks of no insurance and can't afford health insurance.
62. Access to specialists is a concern. Transportation for those in Newton needing to get to the med center is a concern - the only public transport option will not do it.
63. Costs.
64. I was diagnosed with Lyme disease about a year ago. the doctor I was seeing never took it seriously and only treated me for migraines. now a year later I don't trust to go to a doctor and my symptoms are coming on strong again. I just suggest that there be a doctor in Harvey county that can treat Lyme. Thank you.
65. Newton medical center is a joke. They medicate when not needed and don't when it is. I would not ever go to that hospital, if I was dying.
66. Lack of doctors.
67. Even low income payments are too much when you are on ltd income.
68. Many parts of Harvey County are not bike- or pedestrian-friendly. This is problematic for people in maintaining healthy weight and also for those without cars for transportation.
69. Access to health care for the uninsured or under insured; use of ER for primary health care.
70. I wish there were more and better diabetes doctors/educators in Harvey county and more/better neurologists in Harvey county.
71. The cost of my insurance is high plus I have a large deductible so health care is something I avoid and try to just handle on my own.
72. Cost and the viciousness of debt retrieval by the hospital.
73. Cost.
74. Concerns about affordable health care, and access to health care for struggling families.
75. The lack of specialists in the Newton area. Have to go to Wichita to find specialist we feel comfortable seeing.
76. Number of patients that the mental health consortium (Prairie View) refuses due to payer source.
77. I feel that individuals are not consistently eating healthy foods. I feel that most individuals do not receive enough physical activity. I feel that youth are not receiving enough physical activity during the school day. I wish more parents would encourage their children to bike or walk to school. I wish Newton High School would have a closed campus at lunch. I wish health insurance was affordable for everyone.

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The following questions help us to analyze the survey results.

47. Which category below includes your age?

	Number	Percent
<18	0	0.0%
18 to 29	25	9.4%
30 to 39	30	11.3%
40 to 49	53	19.9%
50 to 59	86	32.3%
60 to 69	50	18.8%
70 to 79	14	5.3%
80 to 89	6	2.3%
90+	1	0.4%
Rather Not Specify	1	0.4%
Sum	266	100.0%

48. How many people reside in your household?

	Number	Percent
1 to 2	145	54.9%
3 to 4	93	35.2%
5 to 6	22	8.3%
7 to 8	3	1.1%
9+	1	0.4%
Rather Not Specify	0	0.0%
Sum	264	100.0%

49. Which category below includes the age of the oldest person in the household?

	Number	Percent
<18	0	0.0%
18 to 29	15	5.7%
30 to 39	31	11.7%
40 to 49	45	17.0%
50 to 59	80	30.2%
60 to 69	61	23.0%
70 to 79	22	8.3%
80 to 89	8	3.0%
90+	2	0.8%
Rather Not Specify	1	0.4%
Sum	265	100.0%

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50. Which category below includes the age of the youngest person in the household?

	Number	Percent
0 to 3	29	10.9%
4 to 7	16	6.0%
8 to 13	20	7.5%
14 to 18	36	13.6%
19 to 29	31	11.7%
30 to 39	5	1.9%
40 to 49	11	4.2%
50 to 59	52	19.6%
60 to 69	44	16.6%
70 to 79	11	4.2%
80 to 89	5	1.9%
90+	0	0.0%
Rather Not Specify	5	1.9%
Sum	265	100.0%

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Harvey 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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Harvey 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.

Funding for this work was provided by the Kansas Health Foundation Professor in Community Health Endowment administered by K-State Research and Extension at Kansas State University.

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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

Harvey County Sheriff	316-284-6960
Harvey County Ambulance	316-284-6060

Municipal Non-Emergency Numbers

	Police/Sheriff	Fire
Burrton	316-284-6960	316-248-6069
Halstead	316-284-6960	316-835-3381
Hesston	316-284-6960	620--327-4412
Newton	316-284-6960	316-248-6069
North Newton	316-284-6960	316-248-6069
Sedgwick	316-284-6960	316-248-6069
Walton	316-284-6960	316-248-6069

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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

Newton Medical Center
600 Medical Center Drive (Newton)
316-283-2700
www.newtonmedicalcenter.com

Newton Medical Center Services Include:
Anesthesiology
Cardiovascular Diseases
Dentistry
Diabetes
Emergency Medicine
Family Medicine
Fertility Doctor
General Surgery
Hematology
Hospitalist
Imaging
Internal Medicine
Neurology
Obstetrics
    Gynecology
    Women's Health
Occupation Medicine
Oncology
Ophthalmology

Orthopedics
Otolaryngology
    Allergy
    ENT
Pathology
Pediatrics
Physical Medicine & Rehabilitation
Plastic & Reconstructive Surgery
Podiatry
Primary Care Provider
Psychiatry
Sleep Medicine
Sports Medicine
Thoracic Surgery
Urology
Weight Management
Wound Care

Health Department

Harvey County Health Department
316 Oak Street (Newton)
316-283-1637
www.harveycounty.com/index.php?option=com_content&view=article&id=115&Itemid=146

Harvey County Health Department Services Include:

Child Care/Child Care Licensing
Child Passenger Seat Fitting Station

Communicable Disease
Emergency Preparedness
Environmental Health
Family Planning Clinics
Flu & Pneumonia Vaccinations
Health & Wellness
Health Education
Health Start Home Visits
HIV Testing/Counseling
Immunizations
Maternal & Infant Program
Neighborhood Distribution Centers
Oral Health
Other Health Services
    Blood Pressure Checks
    Lead Screening
    Needle Disposal
Poison Ivy & Other Skin Conditions
Sexually Transmitted Disease Clinics
Special Supplement Nutrition Program for WIC
Tuberculosis Control Program
Well Child Physicals

Mental Health

Bethany Support Services
313 Muse Street (Newton)
316-283-0843
www.bethanysupportservices.com

Eastview Counseling
1800 North Spencer Road (Newton)
316-284-9856

Medical Professionals

Chiropractors

Halstead Chiropractic & Wellness Center
200 Main Street (Halstead)
316-835-2229
www.halsteadchiropractic.com

Hendrickson Chiropractic & Health Center
508 North Main Street (Newton)
316-283-6363
www.hendricksonchiropractic.com

Hubbard Chiropractic Clinic
1112 North Main (Newton)
316-804-4541

Jasperson Chiropractic Clinic
1525 North Main Street (Newton)
316-283-8544

Newton Chiropractic Office
515 Washington Road (Newton)
316-283-5340
www.newtonacupuncturechiropractor.com

Nickell Chiropractic
359 North Old US Highway 81 (Hesston)
620-327-2244
www.nickelchiropractic.com

Clinics

Axtell Clinic
203 East Broadway Street (Newton)
316-283-2800

Cottonwood Pediatrics
700 Medical Center Drive, Suite 150 (Newton)
316-283-7100
www.cottonwoodpeds.com

Wichita Clinic-Bethel
720 Medical Center Drive (Newton)
316-284-5000
www.wichitaclinic.com

Specialty Clinic

Advanced Cardiac Care
700 Medical Center Drive (Newton)
316-283-9444

Advanced Neurology Consultants
700 Medical Center Drive, Suite 240 (Newton)
316-283-4005
www.advancedneurologyconsultants.com

Axtell Clinic
1715 Medical Parkway, Suite 110 (Newton)
316-804-4700
www.axtellplasticsurgery.com

Kansas Foot Center
800 Medical Center (Newton)
316-283-4330
www.kansasfootcenter.com

Dentists

Gregg & Bette Family Dentistry
301 North Main Street, Suite 104 (Newton)
316-281-4219

Justin R Dillner
353 North Old US Highway 81 (Hesston)
620-327-2887

Roufs A Brett
400 Allison Street (Newton)
316-283-2273
www.drbrett.com

Terry L Davidson
120 West 6th Street, Suite 140 (Newton)
316-283-0110
www.drterrydavidson.com

Thomas H Bette
301 North Main Street (Newton)
316-283-2690

Tippin Dental Group
431 Victoria Road (Newton)
316-283-2970
www.newtonksdentists.com

Optometrists

The Accent
604 Quail Creek Avenue (Newton)
316-283-1084

David A Kingrey
218 South Kansas Avenue (Newton)
316-283-1400

Grant McKinney & Simmonds Optometrists
216 North Meridian Road (Newton)
316-283-1310

MidKansas Eye Care
607 East Randall (Hesston)
620-327-2800
www.midkansaseyecare.com

Tad D Baker
120 West 6th Street, Suite 185 (Newton)
316-283-7453

William R Beck
700 Medical Center Drive (Newton)
316-283-2800

Pharmacies

Dillons Downtown Pharmacy
1216 North Main Street (Newton)
316-283-0120
1410 South Kansas Avenue (Newton)
316-284-3720
www.dillons.com

Good Neighbor Pharmacy
101 South Main Street (Hesston)
620-327-2211

Hesston Pharmacy
101 South Main (Hesston)
620-327-2211
www.hesstonpharmacyks.com

Walgreens Pharmacy
1300 North Main Street (newton)
316-281-9356

Wal-Mart Pharmacy
1701 South Kansas Road (Newton)
316-284-0555
www.walmart.com

Rehabilitation Services

Halstead Health & Rehabilitation
915 McNair Street (Halstead)
316-835-3535
www.halsteadhealthrehab.com

Halstead Hospital Rehabilitation Center
305 Chestnut Street (Halstead)
316-835-2020

Mirror Incorporated
130 East 5th Street (Newton)
316-283-6743
www.mirrorinc.org

Prairie View
130 East 5th Street (Newton)
316-283-6743
www.pairieview.org

Other Health Care Services

General Health Services

Harvey County Health Department
316 Oak Street (Newton)
316-283-1637

Progressive Home Health & Hospice
215 South Pine, Suite 205 (Newton)
316-804-4885
www.progressivecare.com

Assisted Living/Nursing Homes/TLC

Asbury Park
200 Southwest 14th Street (Newton)
316-283-4770
www.asbury-park.org

Halstead Place Assisted Living
715 West 6th Street (Halstead)
316-830-2424

Kansas Christian Home
1035 SW 3rd Street (Newton)
316-283-6600
www.kansaschristianhome.com

Kirdon Bethel Village
3001 Ivy Drive (North Newton)
316-284-2900
www.kidronbethel.org

Meadowlark Housing
110 Columbus Avenue (Newton)
316-284-0161

Schowalter Villa
200 West Cedar (Hesston)
620-327-0400
www.svilla.org

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

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

Kansas Food 4 Life
4 NW 25th Road (Great Bend)
620-793-7100

Kansas Food Bank
1919 E Douglas (Wichita)
316-265-4421
www.kansasfoodbank.org

Government Healthcare

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

Kansas Department of Health and Environment (KDHE)
Curtis State Office Building
1000 SW Jackson (Topeka)
785-296-1500
www.kdheks.gov/contact.html

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

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

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

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

Health and Fitness Centers

Anytime Fitness
2305 South Kansas Road (Newton)
316-283-5000
www.anytimefitness.com

The Body Shop for Women
337 Victoria Court (Newton)
316-283-4100

Curves
1609 West 1st Street (Newton)
316-283-7373
www.newtoncurves.com

Hesston Wellness Center
701 South Main Street (Hesston)
620-327-2323
www.svilla.org

Gymnastics Fun & Fitness Center
205 West 6th Street (Newton)
316-283-2759
www.gymnasticsfunandfitness.com

Newton Recreation Commission
415 North Poplar (Newton)
316-283-7330
www.newtonrec.org

Home Health

Central Homecare
606 North Main, Suite 202 (Newton)
316-281-4205
www.homehealthcarenewton.com

Progressive Home Health & Hospice
215 South Pine, Suite 205 (Newton)
316-804-4885
www.progressivecare.com

Hospice

Good Shepherd Hospice
500 North Main Street (Newton)
316-804-4980

Harry Hynes Memorial Hospice
427 Southeast 2nd Street (Newton)
316-283-1103
www.hynesmemorial.org

Hospice Care of Kansas
301 North Main Street (Newton)
316-283-2116

Massage Therapy

A Healing Touch & Day Spa
511 North Poplar Street (Newton)
316-283-8359

Every Body Wellness & Massage
359 North Old US Highway 81 (Hesston)
620-327-4040

Good Hands Massage
200 Manchester Avenue, Suite 4 (Newton)
620-510-8558

SurePose Day & Spa
1304 Old Main Street (Newton)
316-283-1624
www.sureposedayspa.com

Medical Equipment and Supplies

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

Pro Med of Kansas
224 Victoria Court (Newton)
316-284-9015
www.promedofkansas.com

School Nurses

Newton Public Schools
Northridge Elementary
1900 Windsor Drive (Newton)
316-284-6540
Slate Creek Elementary
901 East 4th (Newton)
316-284-6550
South Breeze Elementary
1020 Old Main (Newton)

316-284-6560
Sunset Elementary
619 Boyd (Newton)
316-284-6570
Chisholm Middle
900 East 1st (Newton)
316-284-6260
Newton High
900 West 12th Street (Newton)
316-284-6280
www.newton.k12.ks.us

Senior Services

Central Plains Area Agency on Aging
2622 West Central Avenue, Suite 500 (Wichita)
316-660-5120
www.cpaaa.org

Elder Care, Inc.
PO Box 1364 (Great Bend)
620-792-5942

Halstead Senior Citizens Center
523 Poplar Street (Halstead)
316-835-2283

Hesston Area Senior Center
108 West Randall Street (Hesston)
620-327-5099

Sedgwick Senior Center
107 West 5th Street (Sedgwick)
316-772-0393

Veterinary Services

All Creatures Veterinary Center
216 North Meridian (Newton)
316-283-9222

All Pets Veterinary Clinic
3700 South Kansas Road (Newton)
316-283-2626

Great Plains Pet Hospital
2224 North Anderson Avenue (Newton)
316-283-5600

Hesston Veterinary Clinic
401 North Old 81 Highway (Hesston)
620-327-2684

Newton Animal Hospital
3700 South Kansas Road (Newton)
316-283-1650

Sedgwick Veterinary Clinic
110 East 5th Street (Sedgwick)
316-772-5194
www.sedgwickvetclinic.com

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

Alcohol and Drug Abuse Services
1-800-586-3690
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

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

Road Less Traveled
1-866-486-1812

Seabrook House
1-800-579-0377

The Treatment Center
1-888-433-9869

Child Protection

Kansas Department of Social and Rehabilitation Services West Region Protection Reporting Center – i.e. PROTECTION REPORT CENTER FOR ABUSE
1-800-922-5330
Available 24 hours/7 days per week – including holidays

Children and Youth

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

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

Community Centers

Bentley Eagle Senior Center
504 East Sterling Street (Newton)
316-796-0027

Crime Prevention

Harvey County Criminal Court
800 North Main Street (Newton)
316-284-6896

Harvey County Sheriff Department
120 East 7th Street (Newton)
316-284-6960

Hesston Police Department
444 North Lancaster (Hesston)
620-327-2020

Walton Police Department
122 Main Street (Walton)
316-837-3252

Day Care Providers – Adult

Newton Medical Center
600 Medical Center Drive (Newton)
316-283-2700
www.newtonmedicalcenter.com

Day Care Providers - Children

Eby Learning Center
308 East 1st Street (Newton)
316-283-1950

The Father's House
500 North Meridian Road (Newton)
316-283-3607
www.fathershouse.net

Guided Path Daycare
502 Brookside Drive (Newton)
316-804-4558

Return to Table of Contents

Halstead Childcare
221 West 6th Street (Halstead)
316-835-2275

Heart & Soul
212 Brookside Drive (Newton)
316-655-1358

Hesston Community Child Care Center
441 Neufeld Drive (Hesston)
620-327-3775

Kansas Learning Center
505 Main Street (Halstead)
316-835-2662
www.learningcenter.org

Little Hands Childcare
617 North Meridian Road (Newton)
316-284-2408

Extension Office

Harvey County Extension
800 North Main Street (Newton)
316-284-6930
www.harvey.ksu.edu

Funeral Homes

Broadway Colonial Funeral Home
120 East Broadway Street (Newton)
316-283-4343
www.broadwaycolonialfh.com

Heartland Monument
110 South Kansas (Newton)
316-215-6153
www.heartlandmonuments.net

Kaufman Funeral Home
418 Chestnut Street (Halstead)
316-835-2233

Miller-Ott Funeral Home
107 South Lancaster (Hesston)
620-327-2685

Petersen Family Funeral Home
215 North Main Street (Newton)
316-283-2525
www.petersenfamilyfuneralhome.com

Head Start

Head Start
400 South Main Street (Newton)
316-283-8800

Housing

Burrton Housing Authority
460 East Adams Street (Burrton)
620-463-5077

Corp Housing Equity
14482 West 118th Terrace (Olathe)
913-261-8067

Newton Housing Authority
115 West 9th Street (Newton)
316-283-8500

North Newton Housing Authority
307 West 24th Street (North Newton)
316-283-8731

Legal Services

Central Plains Area Agency on Aging
2622 West Central Avenue, Suite 500
Wichita, KS 67203
316-660-5120
www.cpaaa.org

Cornerstone Law
702 North Main (Newton)
316-282-7300

Donald R Snapp
900 North Poplar Street (Newton)
316-842-4080
www.snapplawoffice.com

Harvey County Attorney
7th & Main Street, #106 (Newton)
316-284-6830

LH Goossen
116 East Broadway (Newton)
316-283-3627
www.goossenlaw.com

Michael Llamas
111 East 7th Street (Newton)
316-804-4990

Sizemore Burns & Gilmore
121 East 5th (Newton)
316-283-1550
www.sizemorelaw.com

Libraries, Parks and Recreation

Halstead Public Library
264 Main Street (Halstead)
316-835-2170

Harvey County Parks
1801 Southwest 36th Street (Newton)
316-283-8171

Hesston Golf Park
520 Yost Drive (Hesston)
620-327-2331
www.hesstongolf.com

Hesston Public Library
300 North Main Street (Hesston)
620-327-4666
www.hesstonpubliclibrary.com

Hesston Swimming Pool
303 Park Road (Hesston)
620-327-2727

Newton Municipal Pool
401 Santa Fe Street (Newton)
316-284-6087
www.newtonrec.org

Newtown Public Library
720 Oak Street (Newton)
316-283-2890
www.newtonplks.org

Newton Recreation Commission
415 North Poplar (Newton)
316-283-7330
www.newtonrec.org

Ruth Dole Memorial Library
121 North Burrton Avenue (Burrton)
620-463-7902

Sedgwick Lillian Tear Library
501 North Commercial Avenue (Sedgwick)
620-772-5727

Tortoise Gallery
128 Main Street (Halstead)
316-641-3142
www.tortoisegallery.com

Pregnancy Services

Adoption is a Choice
1-877-524-5614

Adoption Network
1-888-281-8054

Adoption Spacebook
1-866-881-4376

Graceful Adoptions
1-888-896-7787

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

Harvey County Health Department
316 Oak Street (Newton)
316-283-1637
www.harveycounty.com/index.php?option=com_content&view=article&id=115&Itemid=146

Heartland Pregnancy Care Center
1027 Washington Road #D (Newton)
316-283-7333

Public Information

Hesston Chamber of Commerce
115 East Smith Street (Hesston)
620-327-4102

Newton Chamber of Commerce
500 North Main Street, Suite 101 (Newton)
316-283-3948
www.thenewtonchamber.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 North Main Street (Wichita)
316-265-6601
www.midwaykanas.redcross.org

Social Security

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

Transportation

Harvey Interurban
800 North Main Street (Newton)
316-284-6802
www.harveyinterurban.com

Newton County Airport
(Newton)
316-284-6089

Transportation Department
1010 East 12th Street #2831923 (Newton)
316-283-1923
www.ksdot.org

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

Health Wave
P.O. Box 3599
Topeka, KS 66601
1-800-792-4884
1-800-792-4292 (TTY)
www.kansashealthwave.org

Heartspring (Institute of Logopedics)
8700 E. 29TH N
Wichita, KS 67226
www.heartspring.org

Kansas Big Brothers/Big Sisters
1-888-KS4-BIGS
www.ksbbbs.org

Kansas Children's Service League (Hays)
785-625-2244
1-877-530-5275
www.kcsl.org

Kansas Department of Health and Environment
785-296-1500
www.kdheks.gov
e-mail: info@kdheks.gov

Kansas Society for Crippled Children
106 W. Douglas, Suite 900
Wichita, KS 67202
1-800-624-4530
316-262-4676
www.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

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

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

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

Southwest Kansas Area Agency on Aging
240 San Jose Drive (Dodge City)
(620) 225-8230
www.swkaaa.org/

Medicaid Services

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

Kansas Health Wave
1-800-792-4884 or 1-800-792-4292 (TTY)
www.kansashealthwave.org

Kansas Medical Assistance Program
Customer Service
1-800-766-9012
www.kmpa-state-ks.us/

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

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

Mental Health Services

Alzheimer's Association
1-800-272-3900 or 1-866-403-3073 (TTY)
www.alz.org

Developmental Services of Northwest Kansas
1-800-637-2229

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

Make a Difference
1-800-332-6262

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

Pawnee Mental Health

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)
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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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

Harvey 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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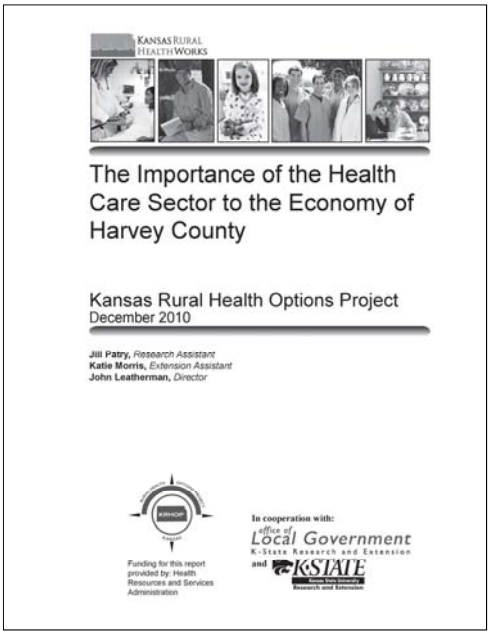
KANSAS RURAL HEALTH WORKS


KANSAS RURAL HEALTH WORKS

The Importance of the Health Care Sector to the Economy of Harvey 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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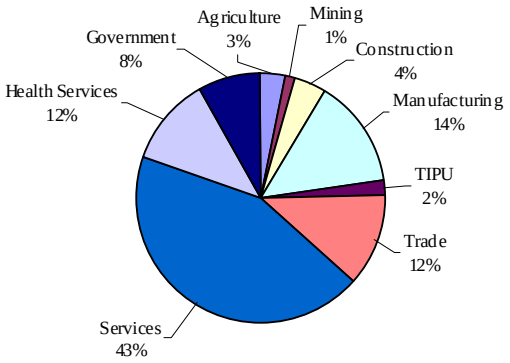
KANSAS RURAL HEALTH WORKS

Health Services in Harvey 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	109	1.20	131
Veterinary Services	96	1.26	121
Home Health Care Services	36	1.24	44
Doctors and Dentists	417	1.49	620
Other Ambulatory Health Care	50	1.81	90
Hospitals	1,299	1.67	2,165
Nursing and Residential Care Facilities	1,201	1.22	1,471
Total	3,208		4,642

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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	$1,034	1.21	$1,250
Veterinary Services	$1,129	1.25	$1,411
Home Health Care Services	$942	1.19	$1,118
Doctors and Dentists	$22,308	1.20	$26,769
Other Ambulatory Health Care	$3,626	1.27	$4,589
Hospitals	$61,838	1.34	$82,811
Nursing/Residential Care Facilities	$35,364	1.19	$42,120
Total	$126,242		$160,067

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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	$1,250	$370	$7
Veterinary Services	$1,411	$417	$8
Home Health Care Services	$1,118	$330	$7
Doctors and Dentists	$26,769	$7,914	$158
Other Ambulatory Health Care	$4,589	$1,357	$27
Hospitals	$82,811	$24,483	$490
Nursing/Residential Care Facilities	$42,120	$12,453	$249
Total	$160,067	$47,323	$946

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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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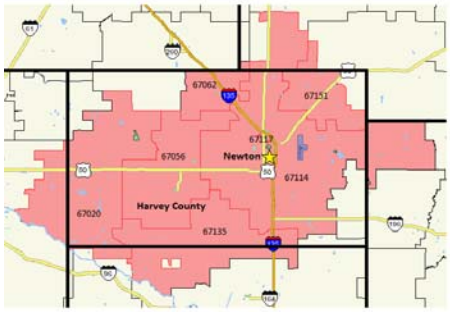
KANSAS RURAL HEALTH WORKS

Health Care Market

NMC = 63.5% of Inpatient Discharges in 2011



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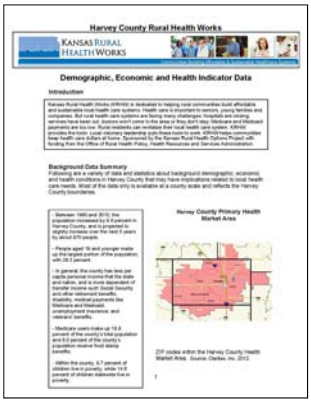
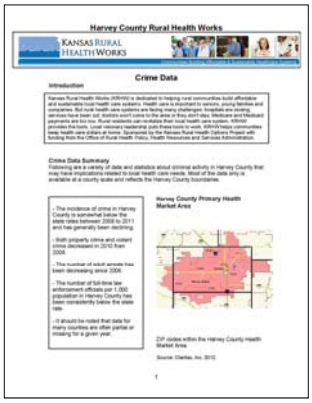
KANSAS RURAL HEALTH WORKS

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

- Seeking issues/needs in secondary data
- Economic & demographic data
  - Growing population ~ 10% since 1990 & growing
  - Aging population ~ 18% 65+ stable; oldest of old
  - Hispanic population growing 5% every 5 years
  - 44% of population without spouse
  - 11% of HH live on <$15,000, 22.5% <$25,000
  - Transfer income > importance (>$247m, 23%)
  - 13% live in poverty (14% of children)

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KANSAS RURAL HEALTH WORKS

Data Fact Sheets

- Health & behavioral data
  - LTC capacity: community-based alternatives?
  - Youth tobacco use ~12%, > KS & improving
  - Youth binge drinking ~12+%, ~ KS & stable
  - Child immunizations ~ 85-90%, > KS & stable
  - 20% newborns < than adequate prenatal care
  - Government family/food assistance increasing
  - Hospital short-term trends stable

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KANSAS RURAL HEALTH WORKS

Data Fact Sheets

- Crime data
  - Crime same as state rates (incomplete data)
  - Improving
- Education data
  - Long-term enrollment increase
  - Dropout rate down; violence up
- Traffic data
  - 21% 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 in numbers due to sampling
  - Obesity, diabetes, hypertension ~ KS
  - 10% teen ~ KS, 35% unmarried births ~ KS
  - 15% of pregnant women smoke ~ KS
  - Mortality rates positive, suicide is higher
  - Drinking/tobacco rates positive
  - Uninsured population < KS
  - Injuries, traffic mortality > KS
  - Indications of economic distress are positive
  - Families, children, elderly poverty positive
  - 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 – neonatal care, tobacco/alcohol use, immunization

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KANSAS RURAL HEALTH WORKS

Reactions, discussion?

You look. You decide.

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KANSAS RURAL HEALTH WORKS

Harvey County Survey

- 318 telephone responses – representative
- 274 Internet survey – non-representative
- 92% seen doctor past two years
- 57% used hospital past two years, NMC 80%
- 78% had NMC experience, 95% satisfied
- 33% used health department, 98% satisfied
- 9% used Health Ministries Clinic, 93% sat.

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KANSAS RURAL HEALTH WORKS

Harvey County Survey

- 38% with kids/grandkids in school
  - 74% said they get adequate health education
  - 71% said they get healthy food
- Health information
  - 53% doctor, 26% Internet, 11% family/friends
- Skipped health care due to cost
  - 17% medical, 21% dental, 11% prescription, 5% mental health

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KANSAS RURAL HEALTH WORKS

Harvey County Survey

- Eat out
  - 50% 1-2 times, 28% 0 times, 21% 3 or more
  - 44% eat family meals 10 or more times
  - 24% eat family meals 0 times
- 15% travel for medical, 11% are challenged
- Adequate prenatal care
  - 55% say yes, 42% don't know

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KANSAS RURAL HEALTH WORKS

Harvey County Survey

- Believe it's a problem
  - Obesity – 73% yes, 12% no 15% don't know
  - Diabetes – 65% yes, 7% no, 28% don't know
  - Illegal drugs – 60% yes, 9% no, 31% don't know
  - Alcohol – 56% yes, 18% no 27% don't know
  - Youth drinking – 56% Y, 14% N, 30% DK
  - Teen pregnancy – 47% Y, 18% N, 35% DK

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KANSAS RURAL HEALTH WORKS

Harvey County Survey

- Believe it's a problem
  - Mental health – 38% Y, 23% N 39% DK
  - Suicide – 32% Y, 35% N, 34% DK
  - Child abuse – 52% Y, 18% N, 30% DK
  - Spousal abuse – 46% Y, 19% N, 34% DK
  - Elder abuse – 21% Y, 38% N, 41% DK

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KANSAS RURAL HEALTH WORKS

Harvey County Survey

- Elder Issues
  - 52% were 65 or older, 92% independent, 95 were challenged
  - 64% say home health adequate, 11% say no
  - 72% say asst. living adequate, 12% say no
  - 14% care for an elder, 12% are challenged, 12% say there is no adequate help

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KANSAS RURAL HEALTH WORKS

Harvey County Survey

- General health concerns
  - Cost of health care
  - Elder concerns
  - Mental health assistance
  - Prevention

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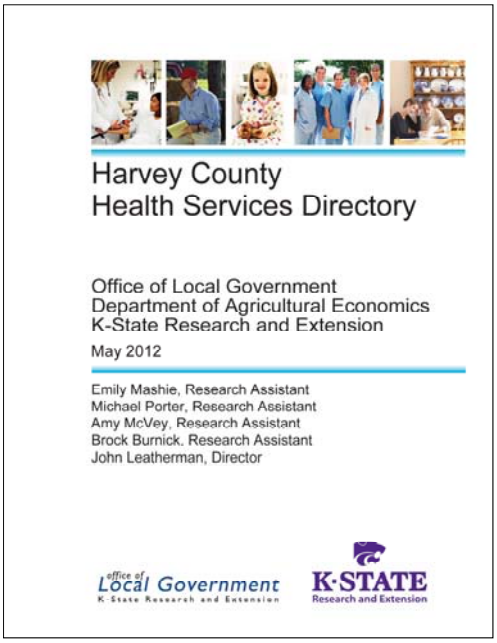
KANSAS RURAL HEALTH WORKS



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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

Public Meeting Schedule

- October 23 – Overview, economic impact report, community concerns, data reports, draft health services directory, survey
- October 30 – Review data & information; group discussion; issue prioritization; team formation
- November 6 – Action planning
- After? That's up to you

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KANSAS RURAL HEALTH WORKS

Next Meeting

- Introduction and Review
- Review of Data
- Service Gap Analysis
- Survey Results
- 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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www.krhw.net


KANSAS RURAL
HEALTH WORKS
Contact information:
John Leatherman
785-532-4492/2643
jleather@k-state.edu
More info:
www.krhw.net
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Kansas Rural Health Works Community Health Needs Assessment

Harvey County

John Leatherman
Professor, Department of Agricultural Economics
Director, Office of Local Government
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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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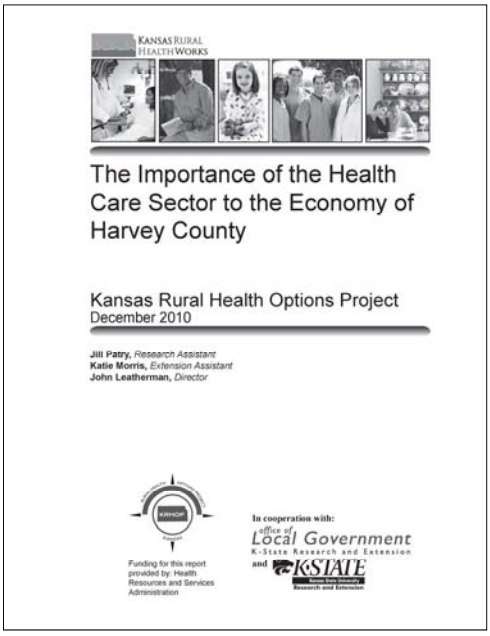
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The Importance of the Health Care Sector to the Economy of Harvey County

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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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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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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Collective Themes

- Promote health/wellness
- Address chronic conditions, e.g. obesity/diabetes, smoking
- Access for uninsured/underinsured
- Coordination/collaboration among providers
- Youth/family assistance and support
- Finance and declining state/federal support
- Your conclusions?

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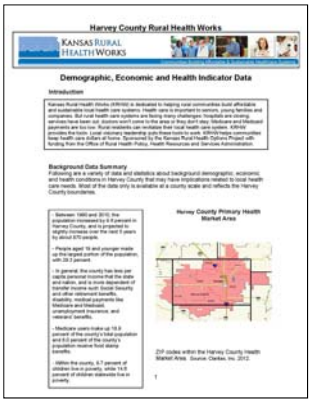
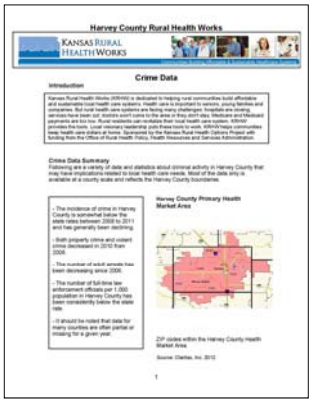
Data Fact Sheets





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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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Overall Conclusions from Data

- Population trends for some demographics 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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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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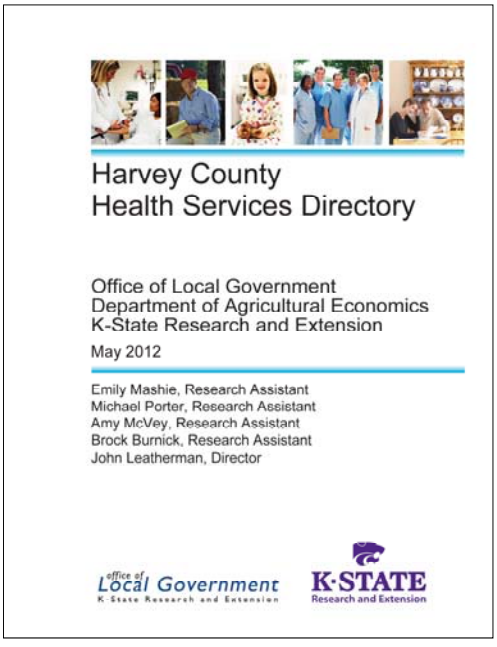

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Community Directory

- 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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Harvey County Survey

- 318 telephone responses – representative
- 274 Internet survey – non-representative
- Provider experience and satisfaction
- Schools, health information, home eating behavior, issues as problems, elder concerns
- Skipped health care due to cost
- General health concerns
  - Cost of health care; elder concerns; mental health assistance; prevention

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Reactions, discussion?

You decide what's important

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Small Group Discussion

- Discussion leader and note taker
- Everyone contributes
- Time is critical – 10 minutes/question
- 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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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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Issue Prioritization

- Group reports
- What are the discrete local health concerns?
- What are the chronic health issues of local concern?
- What are the top three 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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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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- CHNA overview and review
- Priority community health issues
- Work group formation and instructions
- Action plan development
- Group review
- Next steps
- Evaluation

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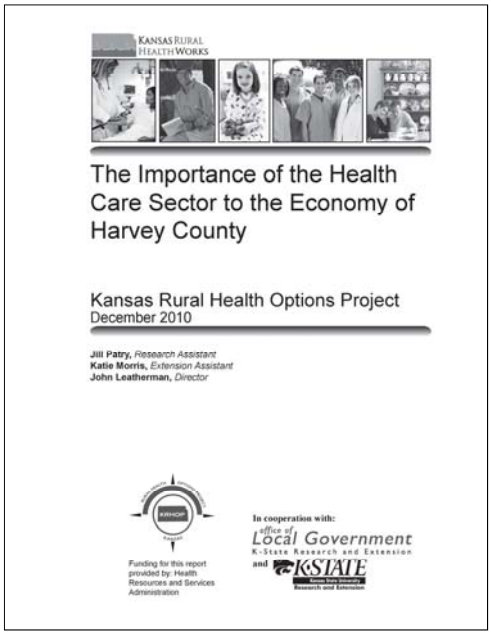
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Perceptions: Collective Themes

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- Address chronic conditions, e.g. obesity/diabetes, smoking
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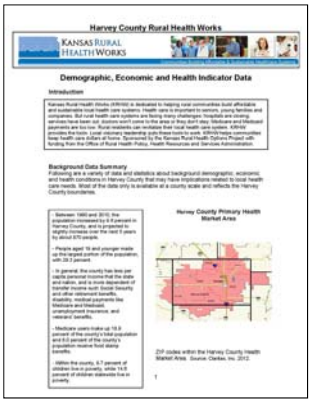

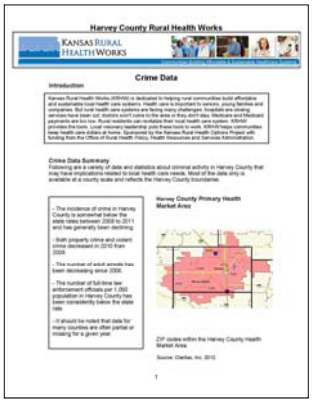

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Overall Conclusions from Data

- Population trends and income levels are creating challenges
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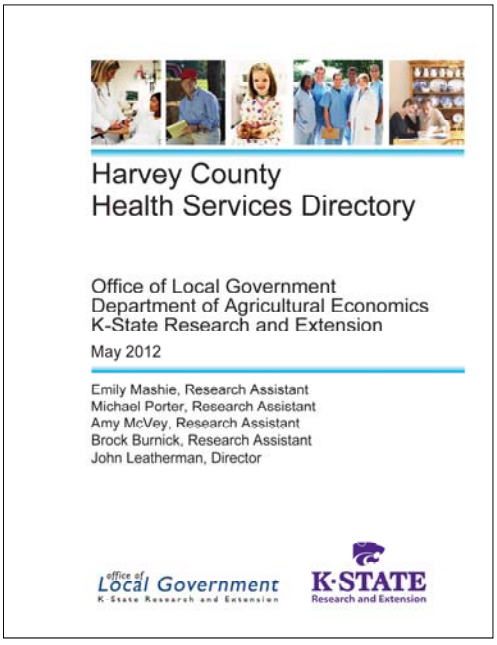

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Small Group Discussion

- *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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Issue Prioritization #1

- Promote health, wellness, and chronic disease prevention
  - Emphasize health education from cradle to grave
  - Focus on 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

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Issue Prioritization #2

- Improve communication and collaboration between health care providers, between providers and the community, and within the community
  - Emphasis is on fostering greater community engagement
  - Striving to engender clear, consistent messaging to foster collaborative, community-based effort as opposed to defining needs and issues as individual

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Issue Prioritization #3

- Focus on youth
  - Focusing/fostering a healthy start will lead to a healthy life
  - Incorporate consideration of the range of youth needs, including early education related to nutrition, exercise, and drug abstinence
  - Promote youth activities in the community as alternatives to unhealthy choices
  - Promote youth engagement on the community

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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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Next Meeting

- Yes, there is a next meeting (sorry)
- Overall leadership and monitoring
- Work group leadership and meeting schedule
- Communicating with the community
- One-year follow up meeting open to the community
- Summary and evaluation

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Community Health Needs Assessment

Hospital Requirements

The Patient Protection and Affordable Care Act (PPACA) created a new IRS Code Section 501(r) which imposes additional requirements on tax-exempt hospitals. Specifically:

- All 501(c)3 Hospitals
- Governmental hospitals that have an IRS Determinate (c)3 Letter
- If you have ever applied for and received a letter (for the hospital entity) you have to comply.

Hospitals must Complete Community Needs Assessment

- At least once every three years; first one must be completed by end of tax year beginning after March 23, 2012.
- Include input from persons who represent the broad interest of the community.
- Include input from persons having public health knowledge or expertise.
- Make assessment widely available to the public
- Adopt a written implementation strategy to address identified community needs.*
- Failure to comply results in excise tax penalty of $50,000 per year.

Patient Protection and Affordable Care Act (Health Care Reform Law March, 2010)

** Notice 2011-52 – must be approved by authorized governing body (board of directors)*

Community Health Needs Assessment Written Report Treasury and the IRS intend to require a hospital organization to document a Community Health Needs Assessment for a hospital facility in a written report that includes the following information:

1. A description of the community served by the hospital facility and how it was determined.
2. A description of the process and methods used to conduct the assessment, including a description of the sources and dates of the data and other information used in the assessment and the analytical methods applied to identify community health needs. The report should also describe information gaps that impact the hospital organization's ability to assess the health needs of the community served by the hospital facility. If a hospital organization collaborates with other organizations in conducting a CHNA, the report should identify all of the organizations with which the hospital organization collaborated. If a hospital organization contracts with one or more third parties to assist it in conducting a CHNA, the report should also disclose the identity and qualifications of such third parties.
3. A description of how the hospital organization took into account input from persons who represent the broad interests of the community served by the hospital facility, including a description of when and how the organization consulted with these persons (whether through meetings, focus groups, interviews, surveys, written correspondence, etc.) If the hospital organization takes into account input from an organization, the written report should identify

the organization and provide the name and title of at least one individual in such organization with whom the hospital organization consulted.
4. A prioritized description of all of the community health needs identified through the CHNA, as well as a description of the process and criteria used in prioritizing such health needs.
5. A description of the existing health care facilities and other resources within the community available to meet the community health needs identified through the CHNA.

CHNA Written Report needs to be:

- Widely available to the public
- On hospital website
- Given to anyone who asks

Implementation Strategy

Treasury and the IRS intend to require a hospital organization to specifically address each of the community health needs identified through a CHNA for a hospital facility in an implementation strategy, rather than in the written report documenting the hospital facility's CHNA.

An **implementation strategy** is a written plan that addresses each of the community health needs identified through a CHNA.

An implementation strategy will address a health need identified through a CHNA for a particular hospital facility if the written plan either:

1. describes how the hospital facility plans to meet the health need; or
2. identifies the health need as one the hospital facility does not intend to meet and explains why the hospital facility does not intend to meet the health need.

An Implementation Strategy needs to be:

- Approved by Board of Directors
- Attached to 990, and the 990 has to be widely available to the public

This summary was obtained from the *Kansas Health Matters* Website (http://www.kansashealthmatters.org/), and can be found here: (https://www.myctb.org/wst/kansashealthmatters/hospitals/default.aspx)

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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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