



Community Health Needs Assessment

Woodson County, KS
November 2013

In accordance with the
Patient Protection and Affordable Care Act
and local health department accreditation

Sponsored by:
Woodson County Health Department

In cooperation with:

office of
Local Government
K-State Research and Extension


K-STATE
Research and Extension

**Woodson County Community Health Needs Assessment
Executive Summary
November 2013**

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

While not subject to the requirements of the Affordable Care Act, Coffey Health System sponsored the Kansas Rural Health Works (KRHW) Community Health Needs Assessment in September, 2013. It did so as a means of strengthening its ties with the community by listening to community concerns and perceived needs. The KRHW program is offered through K-State Research and Extension at Kansas State University. A broadly representative group of 19 Woodson 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 Woodson 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 Woodson County moves forward to improve the local health-related situation.

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

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

Priority #2: Bolster economic development and opportunities for county business owners and residents by fostering a supportive local environment for existing businesses of all types.

- Create new jobs and income for county residents.
- Support and bolster existing initiatives by the cities, county, businesses, and business development organizations to enhance their efforts and capacity to strengthen businesses and create jobs.
- Ensure county residents are aware of locally-available products and services and the importance of sustaining local activity.
- Reduce spending leakages of all types.
- Keep health care spending local to the greatest extent possible.
- Foster improved public perceptions and community attitudes about the quality of life and economic opportunities available in Woodson County.
- Implement a public relations initiative to enhance the perception and regard for what exists today within the county and for our providers.
- Bolster perceptions regarding the collective capacity of citizens, institutions and communities to accomplish shared goals and objectives.

Priority #3: Enhance collective community support of the elderly, those who are alone, and everyone in need of assistance.

- Consider the spectrum of assistance needed by elderly persons in the home and the community as they age in place, function within the community, transition to greater levels of assistance, and seek longer-term care assistance.
- Consider the needs of persons and families who may be in need due to acute health conditions.
- Evaluate the feasibility of organizing a volunteer initiative to provide additional assistance to persons experiencing age and health-related challenges, possibly through a ministerial alliance.
- Consider the need for transportation assistance for those in need of regular medical care both within and out of the county.

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Woodson County Community Health Needs Assessment September 4 – September 25, 2013

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

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

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

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

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

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

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

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

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

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

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

Finally, 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.

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.

Woodson County Rural Health Works

Community Health Needs Assessment

September 4 – September 25, 2013

Sponsor: Coffey Health System

Local Coordinator

Tracy Campbell
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Meeting Schedule

Meeting 1: Local Data

Wednesday, September 4, 2013

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

The Feed Bunk

112 W. Rutledge, Yates Center, KS

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

Meeting 2: Issue Prioritization

Wednesday, September 18, 2013

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

The Feed Bunk

112 W. Rutledge, Yates Center, KS

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

Meeting 3: Action Planning

Wednesday, September 25, 2013

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

The Feed Bunk

112 W. Rutledge, Yates Center, KS

- | | |
|------------|-----------------------------|
| 11:30 a.m. | Introduction and Review |
| 11:40 a.m. | Action Planning |
| | • Objectives and Input |
| | • Instruction |
| | • Organization |
| 12:00 p.m. | Workgroups Begin |
| 12:45 p.m. | Workgroup Reports |
| 1:00 p.m. | Organization and Next Steps |
| 1:20 p.m. | Summary |
| 1:25 p.m. | Program Evaluation |
| 1:30 p.m. | Adjourn |



Woodson County

Community Health Priorities Action Plans and Issue Identification

Identification of Woodson County Health Needs and Priorities

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

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

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

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

Steering Committee Consensus on Overall Priorities for Woodson County Adopted: September 25, 2013

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

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

Priority #2: Bolster economic development and opportunities for county business owners and residents by fostering a supportive local environment for existing businesses of all types.

- Create new jobs and income for county residents.
- Support and bolster existing initiatives by the cities, county, businesses, and business development organizations to enhance their efforts and capacity to strengthen businesses and create jobs.
- Ensure county residents are aware of locally-available products and services and the importance of sustaining local activity.
- Reduce spending leakages of all types.
- Keep health care spending local to the greatest extent possible.
- Foster improved public perceptions and community attitudes about the quality of life and economic opportunities available in Woodson County.
- Implement a public relations initiative to enhance the perception and regard for what exists today within the county and for our providers.
- Bolster perceptions regarding the collective capacity of citizens, institutions and communities to accomplish shared goals and objectives.

Priority #3: Enhance collective community support of the elderly, those who are alone, and everyone in need of assistance.

- Consider the spectrum of assistance needed by elderly persons in the home and the community as they age in place, function within the community, transition to greater levels of assistance, and seek longer-term care assistance.
- Consider the needs of persons and families who may be in need due to acute health conditions.
- Evaluate the feasibility of organizing a volunteer initiative to provide additional assistance to persons experiencing age and health-related challenges, possibly through a ministerial alliance.
- Consider the need for transportation assistance for those in need of regular medical care both within and out of the county.

**Focus Group 1 Discussion
September 18, 2013**

Discussion Questions

What is your vision for a healthy community?

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

What can the hospital do to help?

What can the health department do to help?

Response

What are the top 3-4 things to achieve?

1. Maintain existing business services
2. Reduction of chronic conditions – health and wellness (use of health insight)
3. Facilitate organization of volunteer services.
 - Better senior services, recovery care
 - Available health care services from young to elderly
 - Better nursing home care- more screening
 - Drug control, prescription drugs
 - Have assisted care center with day care
 - Home health care (who qualifies) and hospital

**Focus Group 2 Discussion
September 18, 2013**

Discussion Questions

What is your vision for a healthy community?

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

What can the hospital do to help?

What can the health department do to help?

Response

What are the top 3-4 things to achieve?

- 1) Promotion of health and wellness; prevention of chronic conditions
- 2) Enhance senior care support
- 3) Enhance community attitudes and foster community involvement and support

What are the top 3-4 issues of concern?

- 1) Need for assisted living
- 2) Support for local doctor- keep clinic here
- 3) Need for walking trails (promote wellness)
- 4) Identify older people in need of care and contact them and address their need
- 5) Let people know telephone survey is coming
- 6) 24 hour access to emergency care
- 7) Provide oversight for people who are in need of care (involve churches, Masons, Lion's Club)
- 8) Assisted living facility/elderly care
- 9) Maintain family physician
- 10) Keep services we already have going (i.e. newspaper, grocery store...)

- 11) Lack of community pride (grass in sidewalks in square and trash in alley) and lack of leaders
- 12) Leaders to organize resources we already have
- 13) Assisted living- give elderly more contact with people
- 14) Transportation for elderly in need of specialty care
- 15) Engaging young people
- 16) Community pride campaign
- 17) Promote a positive attitude (a Can Do! attitude)

Woodson County Community Health Action Plans

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

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

Community Health Planning Process

Getting Started

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

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

Filling in the Plan

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

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

**Woodson County Community Health Needs Assessment Action Planning
September 18, 2013**

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

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

Action Plan

Getting Started

Situation

- Promote health, wellness, chronic disease prevention

Priorities

- Take inventory of those assets we already have/ enhance those assets
- We have very little money to work with
- We do have people based on volunteerism

Intended Outcomes

- Delivery of existing services and expansion of those services in an efficient delivery system
- Expansion of those services in an efficient delivery system

Filling in the Plan

1. People made aware of the problem and our solution
2. Develop directory or clearing house for those healing services
3. One year take stock

Resources

- No money
- People- what kind of community do you want

Activities

- Steering committee to measure progress
- Engage local organization volunteers

Participate

- Energetic concerned citizens

Short-Term Results

- Structure/ organization/ those things that are doable local without a lot of money

Intermediate-Term Results

- Continue to improve
- Add health and wellness programs

Ultimate Impact

- Improve community livability

**Woodson County Community Health Needs Assessment Action Planning
September 18, 2013**

Priority #2: Bolster economic development and opportunities for county business owners and residents by fostering a supportive local environment for existing businesses of all types.

- Create new jobs and income for county residents.
- Support and bolster existing initiatives by the cities, county, businesses, and business development organizations to enhance their efforts and capacity to strengthen businesses and create jobs.
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- Bolster perceptions regarding the collective capacity of citizens, institutions and communities to accomplish shared goals and objectives.

Action Committee Members

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Action Plan

Getting Started

Situation

- More pride in community-support businesses

Priorities

- More support of our school children
- Clean up yards and maintain them

- Support and encourage our businesses
- Be more positive

Intended Outcomes

- Growth- Maintain businesses
- Providing transportation to your services in Burlington

Filling in the Plan

Resources

- Money
- Volunteers

Activities

- The chamber needs to let the people know what is available through Coffey County Hospital- by Facebook, website and brochures (Woodson County Brochures)

Participate

- Residents- businesses need to help also

Short-Term Results

- Transportation provided- more communication between the hospital and the Chamber of Commerce

Intermediate-Term Results

- Hospital
- School
- Wildcat stickers
- Cleaner yards
- Pride in our community
- Long distance travel

Ultimate Impact

- Strong community
- Good schools, businesses, and medical services

**Woodson County Community Health Needs Assessment Action Planning
September 18, 2013**

Priority #3: Enhance collective community support of the elderly, those who are alone, and everyone in need of assistance.

- Consider the spectrum of assistance needed by elderly persons in the home and the community as they age in place, function within the community, transition to greater levels of assistance, and seek longer-term care assistance.
- Consider the needs of persons and families who may be in need due to acute health conditions.
- Evaluate the feasibility of organizing a volunteer initiative to provide additional assistance to persons experiencing age and health-related challenges, possibly through a ministerial alliance.
- Consider the need for transportation assistance for those in need of regular medical care both within and out of the county.

Action Committee Members

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620-625-2125

William Lacy, Attorney, Yates Center. williamlcy@yahoo.com, 620-625-2145

Action Plan

Getting Started

Situation

- No comprehensive list of assets available for the elderly

Priorities

- Compile list of assets available in the community
- Identify services needs in the community that are not available and form volunteer and group to offer service
- Distribute list of services available in the community to the elderly

Intended Outcomes

- The elderly and their family will have a directory with a list of services available locally, area wide, and state wide. A booklet to be used by elderly as a starting point for resources
- Volunteer organization to help with community health needs

Filling in the Plan

Resources

- Need people to help gather information and recruit volunteers
- Who: volunteers, Chamber members, interest individuals
- Partner with agencies involved with elderly (senior center, local organization, school organizations, and ministerial alliance)

Activities

- Regular meetings to start and organization- 6 months afterwards as needed
- Information resources needed to be developed so a directory can be made. Direct contact with private or government agencies to explore and promote their available services

Participate

- Target elderly and family. Participate- local government, senior center, health care providers, Chamber, interested individuals, ministerial alliance, etc

Short-Term Results

- Listing of available services
- List of services missing about needed
- Organize and volunteer with ministerial alliance
- List of volunteers and what they can do
- Formation of organization and determining fund

Intermediate-Term Results

- Increase number of services missing but will not be available. By an increase of services available in the directory
- Greater sense of community and participates (volunteers and services)

Ultimate Impact

- If a family has questions on elderly services a directory will be there to help solve problems
- Increase community awareness and boost support for the retirement community to sustain it as long as possible

Kansas Rural Health Works Action Planning Worksheet

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

Getting Started

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

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

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

1st: _____

2nd: _____

3rd: _____

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

Filling in the Plan

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

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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?

Woodson County Rural Health Works Program

Initiating Committee Participants

Wednesday, September 04, 2013

<i>Name</i>	<i>Position</i>	<i>Affiliation</i>	<i>Community</i>	<i>Email</i>	<i>Phone</i>
Van Bettega	Retired School Administrator		Yates Center	vbettega@cox.net	620-496-6149
Dr. Steve & Mary Epler	Dentist & Hygienist		Yates Center	steven.epler@usa.net	620-625-2185
Jamie Matile	Vice President	Yates Center Branch Bank	Yates Center	jmatile@sbcglobal.net	620-625-2125
Patricia Atkins	Office Manager	YCHC/CCHS	Yates Center	patkin@coffeyhealth.org	
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Nick Hay	Retired		Yates Center	mommahay@sbcglobal.net	
Robert Schornick	Retired		Yates Center	reschornick@hotmail.com	620-625-2655
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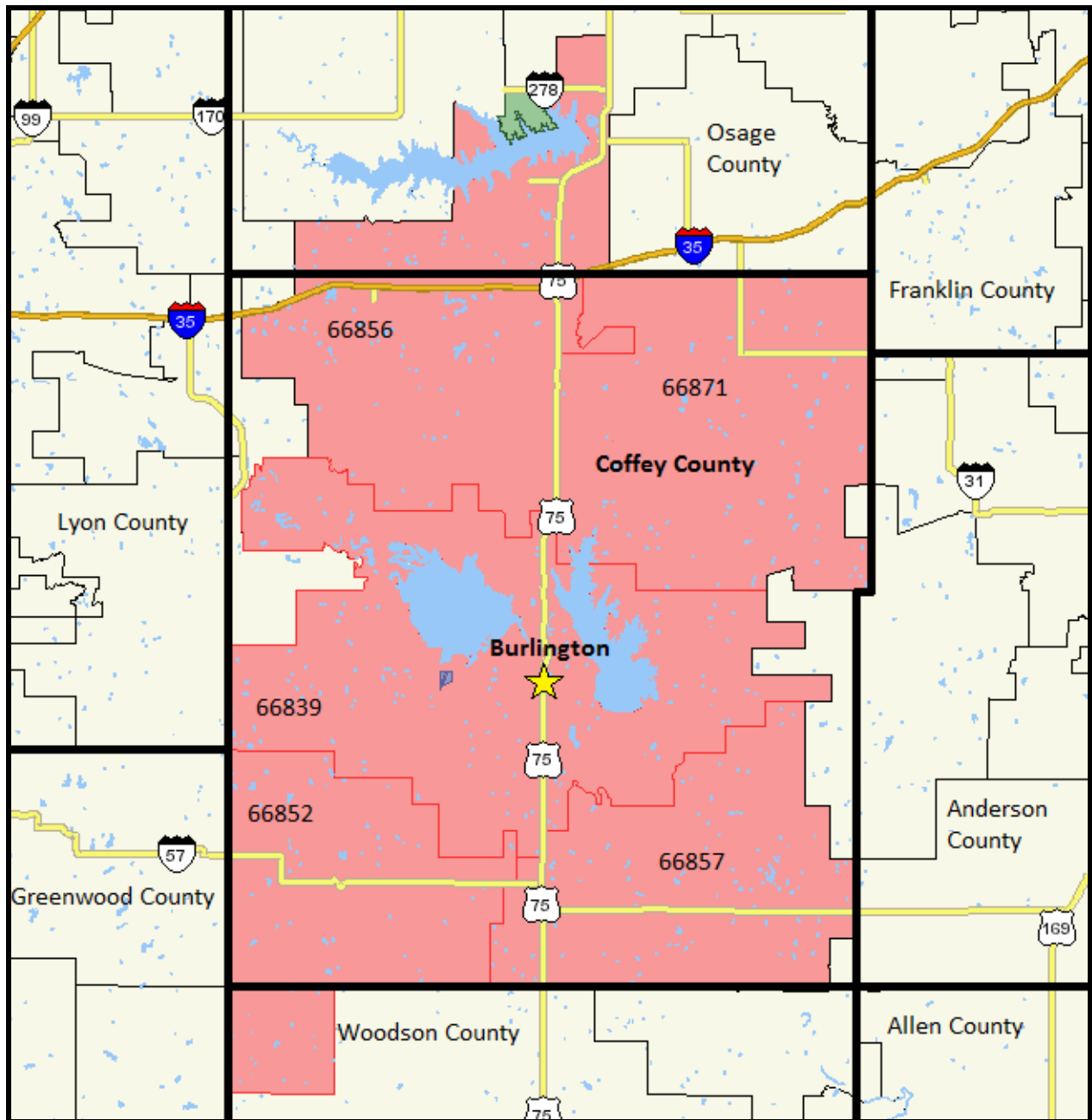
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Basis for the Organization of the Coffey/Woodson County Community Health Needs Assessment

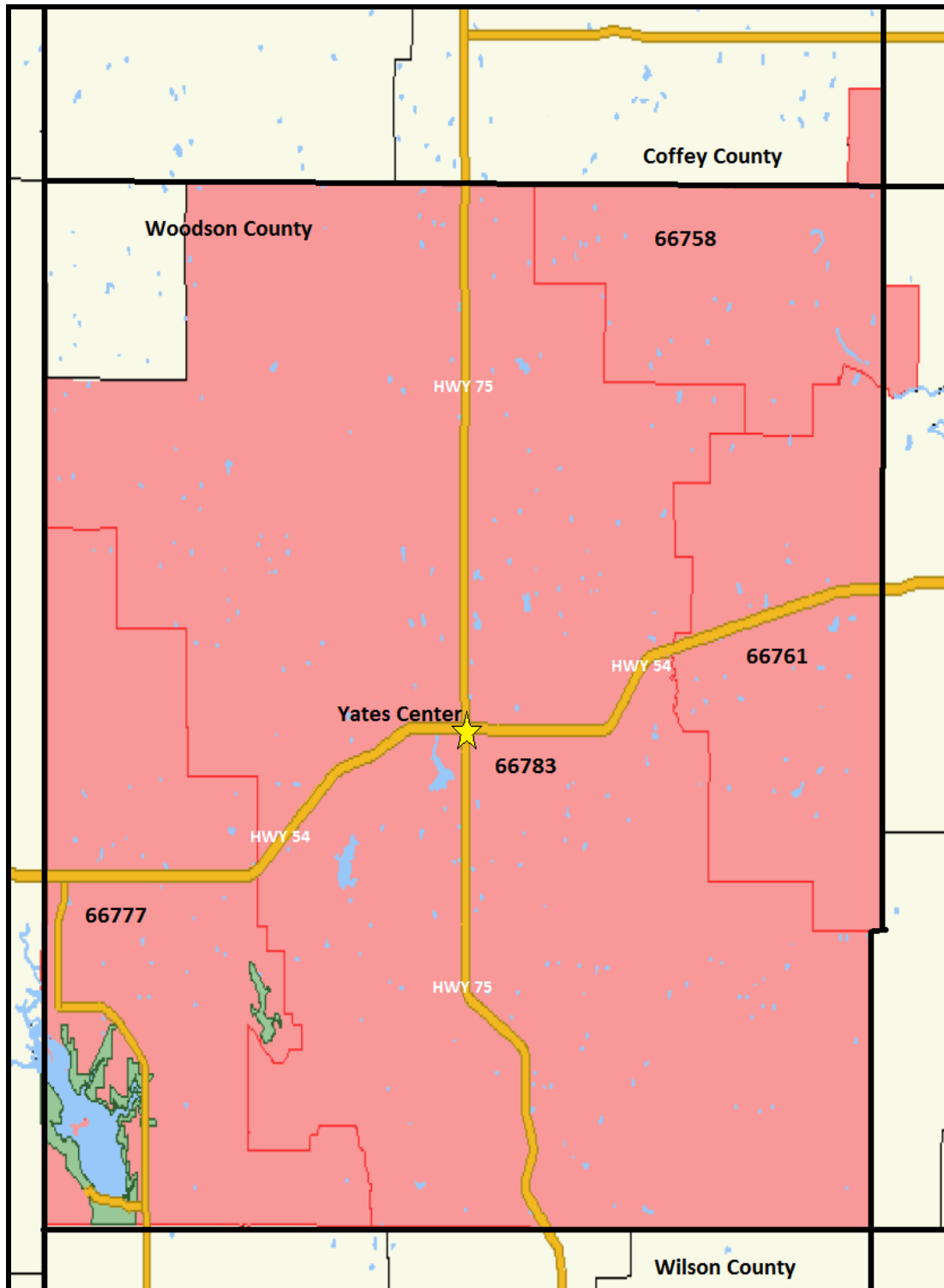
Share of Inpatient Discharges from Coffey County Hospital Zip Code, 2012

Hospital	Zip	City	State	COUNTY	Percentages
Coffey County Hospital - KS	66839	Burlington	KS	COFFEY	38.7%
Coffey County Hospital - KS	66783	Yates Center	KS	WOODSON	15.4%
Coffey County Hospital - KS	66871	Waverly	KS	COFFEY	6.6%
Coffey County Hospital - KS	66857	Le Roy	KS	COFFEY	6.3%
Coffey County Hospital - KS	66852	Gridley	KS	COFFEY	5.5%
Coffey County Hospital - KS	66856	Lebo	KS	COFFEY	5.0%
Coffey County Hospital - KS	66093	Westphalia	KS	ANDERSON	3.9%
Coffey County Hospital - KS	66854	Hartford	KS	LYON	3.7%
Coffey County Hospital - KS	66860	Madison	KS	GREENWOOD	2.0%
Coffey County Hospital - KS	66510	Melvern	KS	OSAGE	1.7%
Coffey County Hospital - KS	66801	Emporia	KS	LYON	1.6%
Coffey County Hospital - KS	66777	Toronto	KS	WOODSON	1.0%
Coffey County Hospital - KS	66032	Garnett	KS	ANDERSON	0.9%
Coffey County Hospital - KS	66523	Osage City	KS	OSAGE	0.8%
Coffey County Hospital - KS	66864	Neosho Rapids	KS	LYON	0.7%
Coffey County Hospital - KS	66451	Lyndon	KS	OSAGE	0.6%
Coffey County Hospital - KS	66720	Chanute	KS	NEOSHO	0.5%
Coffey County Hospital - KS	66758	Neosho Falls	KS	COFFEY	0.5%
Coffey County Hospital - KS	66015	Colony	KS	ANDERSON	0.5%
Coffey County Hospital - KS	66067	Ottawa	KS	FRANKLIN	0.5%
Coffey County Hospital - KS	OTHER		KS		3.9%
					100.0%
Coffey County Share					62.5%
Woodson County Share					16.4%
Combined Share					78.8%

Coffey County Health Service Area



Coffey County Health Service Area



Woodson County CHNA Steering Committee

Preliminary Community Issues List

9/4/2013

Collective Themes

1. Promotion of health and wellness; chronic disease prevention
2. Recruitment and retention of primary and specialty services and providers
3. Elder care and an aging population; the need for community-based services
4. Need for long-term nursing care facility upgrade
5. Emergency care - transportation and treatment
6. Health care cost, financing, access, and the need for greater economic opportunity

Responses

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

1. Elder care including home care, nursing home care, and assisted living care (4)
2. Having a local physician in Yates Center (2)
3. An aging population throughout the community (2)
4. Access to adequate quick-response emergency care (2)
5. Distance travelled to find "big city" treatments and specialists (2)
6. Young children and healthy habits of adults
7. Maintain full time health services in county
8. Care for the elderly without going to the city
9. Closer care for cancer patients
10. Need for a physician to have more than "office hours"
11. Adequate infrastructure to provide good ambulatory care
12. Adequate staffing of facilities
13. Adequate EMS coverage
14. A shrinking rural population throughout the county
15. Increasing number of Medicaid patients; i.e. welfare
16. Getting a new doctor
17. Chronic health issue treatment
18. Obamacare
19. Cancer
20. Farming accidents
21. Preventive health care classes in Woodson County
22. Special needs people
23. Mental illnesses (possibly from drug use)
24. An obstetrician needs to be available to attract younger families
25. Lack of clean water
26. Extreme use of strong pesticides (evidence: no lightening bugs)
27. No organic foods in local supermarkets for daily nutrients
28. Lack of consumer education about organic foods
29. No trauma center in Yates Center or Woodson County

30. Quality of nursing care at our nursing home
31. No nutritional based treatments (i.e. herbal supplements)

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

1. Improving the water system (2)
2. Strong support of local health services
3. Have a network which provides a list of people who can help home-bound elderly with everyday tasks (cooking, cleaning, lawn service, shopping)
4. For my purposes, the local healthcare system is very good
5. More specialists coming to our clinics
6. Improve the job situation in the community to attract younger people to live here
7. Increase businesses and help existing businesses stay in business
8. Identify weaknesses in system and work on strengthening them
9. Identify and expand the strengths of the system
10. Recruiting of health care professionals to mitigate the affects of future losses
11. Get people involved from the community
12. Bigger, wider range of facilities, doctors, and at-need assistance
13. We have a good ambulance service
14. Availability of good hospitals
15. We need a doctor to live in Woodson County
16. Encourage the healthcare provider to understand low income situations
17. Defund Obamacare
18. Retaining our medical care (current personnel is reaching retirement age)
19. Much improvement in the nursing home at Yates Center
20. Reducing pesticides
21. Assume organics in local market and management
22. Establish a trauma center
23. Making it better so people do not have to go to Burlington
24. Recruit young doctors
25. Provide those with health insurance with care options

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

1. Quality care and services for the elderly (home health, rehabilitation, supervision of the patients) (2)
2. Transportation for the sick and those not able to drive to and from clinics (2)
3. Provide all normal health care in our community
4. Main goal is to be sure we have a local doctor
5. Reaching out to un-insured, making them more knowledgeable of programs available
6. Provide coverage and accessibility locally
7. Good ambulatory health care for all citizens
8. Home care for home bound
9. To ensure everyone is taken care of at an appropriate cost
10. A new doctor

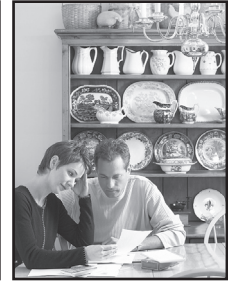
11. Improving the nursing home
12. Cutting-edge technology
13. Local 24 hour care
14. Defund Obamacare
15. Provide opportunities for young parents to be educated in how to be effective parents
16. Health care should shift focus from drug-induced profits to creating genuine health with nutrition and exercise
17. Nutrition and eliminating/cleansing should always be a focus of healthy activities
18. and health care
19. Identify and talk to older residence about what's available
20. Greater access to specialists and sub-specialists in the county
21. Better long term care facility

What are the greatest barriers to achieving health care goals?

1. Money/ financing (7)
2. Doctors may not want to practice in a small community (2)
3. Decreasing population
4. Low- to medium-income
5. Decreasing number of young adults
6. The limited budgets of the elderly (most cannot afford to have someone come check on them everyday)
7. Cost of insurance/care
8. Population age (older)
9. Economy is low
10. Lack of interest
11. Lack of citizens needing or wanting jobs
12. We must expand our elder care facilities and explore upgrading existing facilities
13. Knowledge of what and how to get the job done (We know the needs, but how to we serve those needs?)
14. Obama health care laws- Medicaid
15. Government oversight
16. Bureaucracy , lobbyists
17. Failure of big pharm to recognize the benefit of God-given medicines
18. Insurance
19. Transportation
20. Lack of government aid
21. Perceived economic barriers
22. Money priorities versus human needs
23. Ethics not being enforced in health industry
24. Diagnosis and masking versus healing
25. Need more public forums
26. Funding for health care programs



KANSAS RURAL
HEALTH WORKS



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

Kansas Rural Health Options Project December 2010

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and 
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Research and Extension

The Economics of Rural Health Care

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

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

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

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

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

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

Woodson County Demographic Data

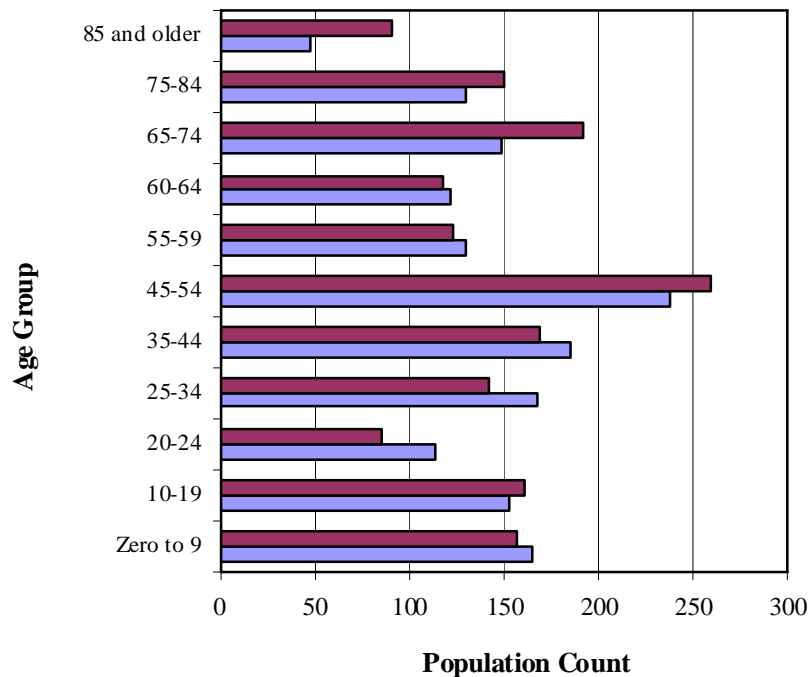
Table 2 presents population trends for Woodson County. In 2010, an estimated 3,285 people live in the county. Between 1990 and 2010, the population decreased 20.3 percent and also decreased 12.7 percent between 2000 and 2010. Population projections indicate that 3,289 people will live in the county by 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	4,122	1990-2000	-8.7	8.5	2015	3,289
2000	3,763	2000-2010	-12.7	5.5	2020	3,299
2010	3,285	1990-2010	-20.3	14.5	2025	3,313

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

Figure 1. Population by Age and Gender

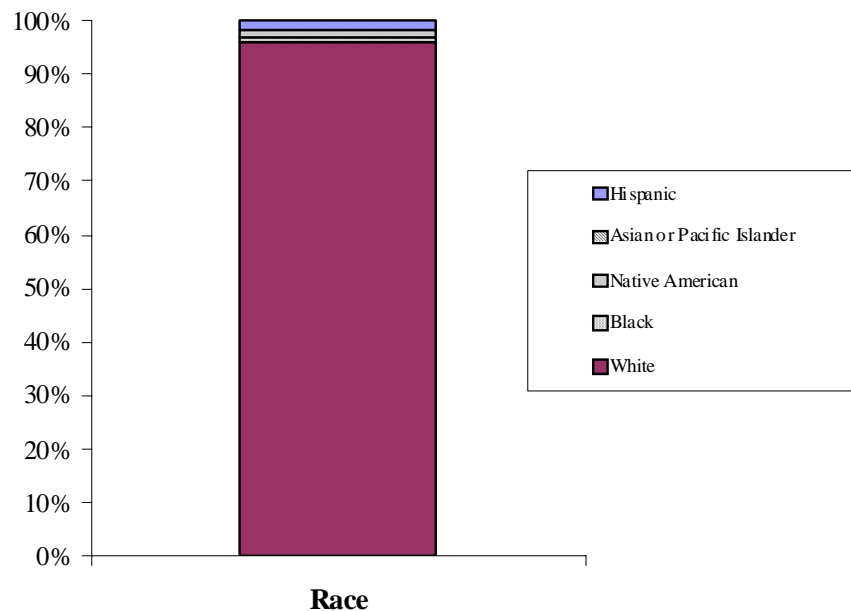


U.S. Census Bureau

Figure 1 shows a breakdown of the population by age and by gender. Here, people aged 35 to 54 made up the largest portion of the population, with 26.2 percent. People aged 65 and older represented 23.4 percent of the population. Of those 65 and older, 42.8 percent were male and 57.2 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 96.1 percent of the county's population, while Native Americans represented 0.9 percent, African Americans made up 0.9 percent, Asians were 0.1 percent and Hispanics were 2.0 percent of the population. In Kansas, whites make up 80.5 percent of the population, Native Americans represent one percent, African Americans 6.3 percent, Asians 2.5 percent and Hispanics 9.6 percent.

Figure 2. Population by Race (2010)

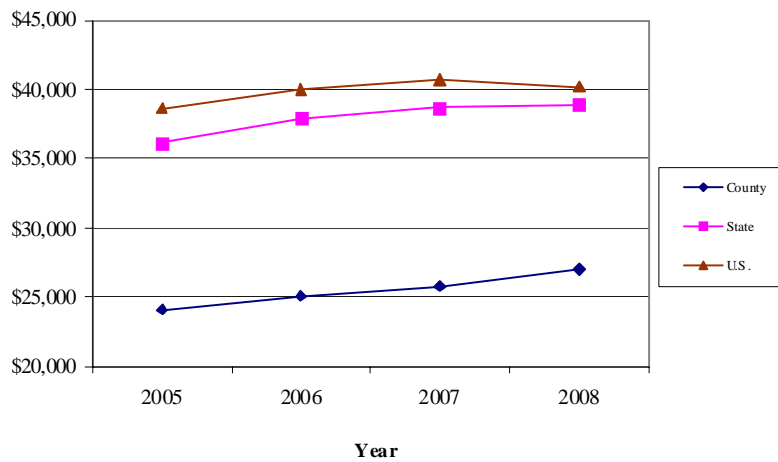


Woods and Poole Economics, Inc. Native American includes American Indians and Alaska Natives; Asian or Pacific Islander includes Asian Americans, Native Hawaiians, Pacific Islanders; Hispanic population is persons of Hispanic origin regardless of race.

Economic Indicators

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

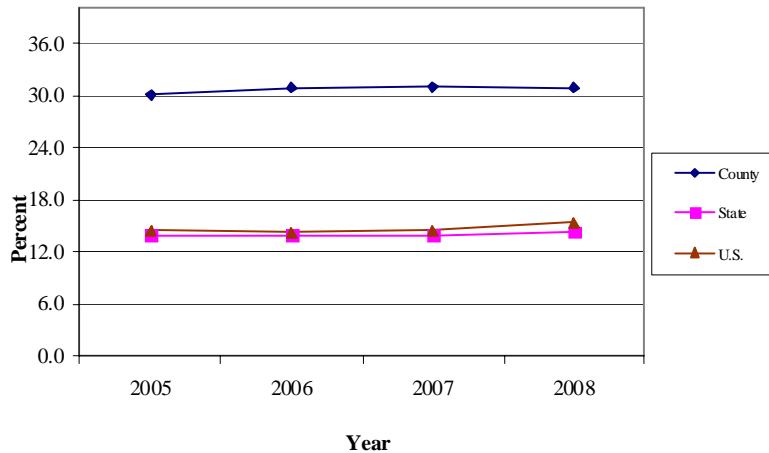
Figure 3. Total Per Capita Personal Income (2008\$)



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

Figure 3 shows the change in total per capita personal income, adjusted for inflation from 2005 through 2008. Per capita personal income has increased in Kansas and the United States. In Woodson County, personal income has increased from \$24,106 in 2005 to \$27,024 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 30.1 percent in 2005 to 30.9 in 2008.

Table 3 shows personal income data by source for Woodson County, Kansas and the nation. Within the county, 48.9 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 37.8 percent of transfer payments in the county, with another 45.3 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	\$21,237,000	\$6,465	48.9	69.4	71.6
Other Labor Income	\$5,791,000	\$1,763	13.3	17.0	16.3
Proprietor's Income	\$16,437,000	\$5,004	37.8	13.6	12.1
Total Earnings	\$43,465,000	\$13,231	100.0	100.0	100.0
Transfer Payments					
Retirement and Disability	\$10,386,000	\$3,162	37.8	39.0	34.2
Medical Payments	\$12,451,000	\$3,790	45.3	42.2	44.0
Other	\$4,627,000	\$1,409	16.8	18.7	21.9
Total Transfer Payments	\$27,464,000	\$8,360	100.0	100.0	100.0
Personal Income					
Earnings by Place of Residence	\$47,935,000	\$14,592	54.2	68.8	66.6
Dividends, Interest, and Rent	\$12,996,000	\$3,956	14.7	17.0	18.0
Transfer Payments	\$27,464,000	\$8,360	31.1	14.3	15.3
Total Personal Income	\$88,395,000	\$26,909	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	0	0.0	0.1
Number of beds ¹	0	0.0	4.1
Admissions per bed ¹	0	0.0	0.0
Adult Care Homes (2009)			
Number ²	1	1.3	0.8
Number of beds ²	50	66.1	56.2
Assisted Living Facilities (2009)			
Number ²	0	0.0	0.7
Number of beds ²	0	0.0	29.6
Medicare (2007)			
Eligibles ^{3,4}	855	25.8	14.8
Medicaid Funded Programs			
Food Stamp Beneficiaries (2009) ⁴	314	9.7	7.4
Temporary Assistance for Families (FY 2009) ⁴	65	2.0	1.1

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

¹Rate per 1,000 population.

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

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

⁴Percent of total 2007 estimated population.

Table 4 shows the availability of certain types of health services in Woodson County as well as usage of some health care-related government programs. The county has 0 available hospital beds. Additionally, the county has 50 adult care home beds, or 66.1 beds per 1,000 older adults, and 0 assisted living beds. Medicare users make up 25.8 percent of the county's total population and 9.7 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	525	16.6	11.3
Children in Poverty ²	157	28.8	14.6
Total Births ³ (2008)	27	8.2	14.9
Births to Mothers without High-School Diploma ⁴ (2007)	N/A	15.2	18.2
Births with Adequate Prenatal Care ³ (2008)	19	70.3	77.6
Low Weight Births ⁵ (2007)	N/A	9.1	7.1
Immunization ⁶ (2007)	N/A	50.0	58.0
Infant Mortality ⁷ (2008)	1	6.0	7.4
Child Deaths ⁸ (2008)	1	1.5	1.7
Child Care Subsidies ⁹ (2008)	8	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, 28.8 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 15.2 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 9.1 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 Woodson County Economy, Highlighting Health Care

Table 6 presents employment, income and sales data for Woodson 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	383	\$1,724	\$15,748	\$53,322
Mining	164	\$13,261	\$38,532	\$69,468
Construction	22	\$680	\$740	\$2,389
Manufacturing	19	\$662	\$1,072	\$4,852
Transportation, Information, Public Utilities	26	\$1,498	\$2,766	\$6,634
Trade	127	\$3,615	\$6,150	\$9,284
Services	315	\$7,356	\$17,218	\$29,329
Health Services ¹	62	\$1,544	\$1,941	\$2,954
Health and Personal Care Stores	12	\$572	\$900	\$1,238
Veterinary Services	2	\$22	\$24	\$95
Home Health Care Services	0	\$0	\$0	\$0
Doctors and Dentists	5	\$261	\$303	\$472
Other Ambulatory Health Care	0	\$0	\$0	\$0
Hospitals	0	\$0	\$0	\$0
Nursing/Residential Care Facilities	43	\$688	\$713	\$1,149
Government	280	\$8,983	\$10,282	\$12,559
Total	1,335	\$37,779	\$92,508	\$187,837
Health Services as a Percent of Total				
County	4.7	4.1	2.1	1.6
State	8.7	8.1	6.0	4.4
Nation	8.1	8.4	6.4	5.3

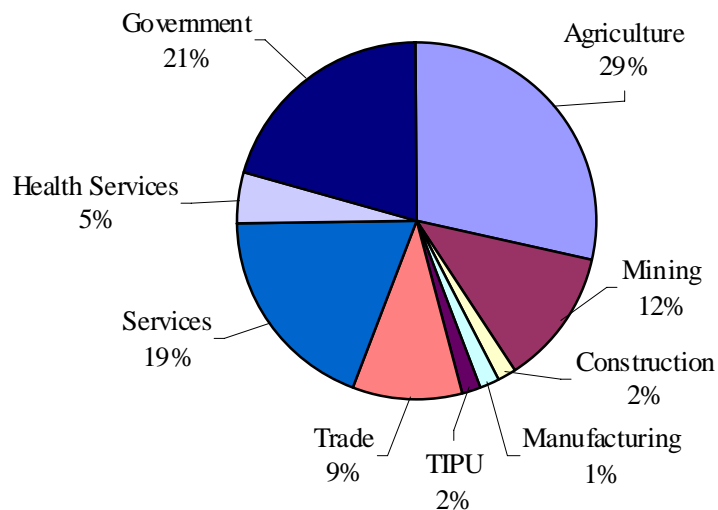
Minnesota IMPLAN Group; Due to rounding error, numbers may not sum to match total.

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

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

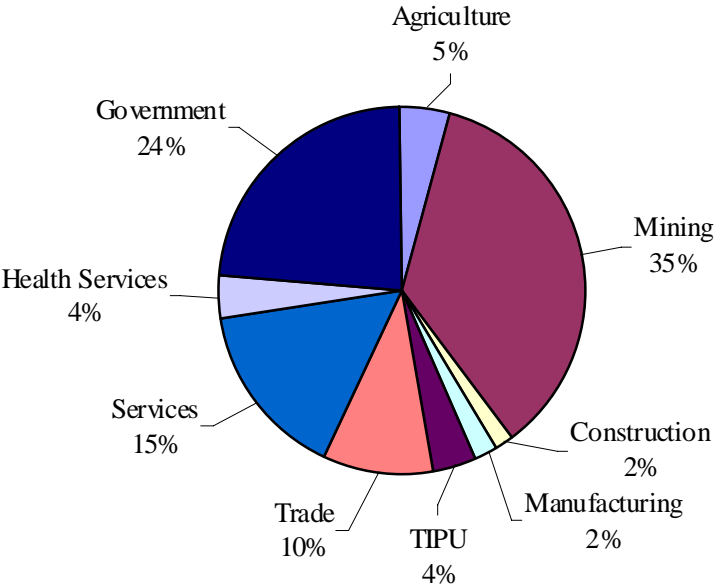
Health Services employs 62 people, 4.7 percent of all job holders in the county. Health Services for the state of Kansas employs 8.7 percent of all job holders, while 8.1 percent of all job holders in the United States work in Health Services. Health Services in the county has a number 6 ranking in terms of employment (Figure 5). Health Services is number 6 among payers of wages to employees (Figure 6) and number 7 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)



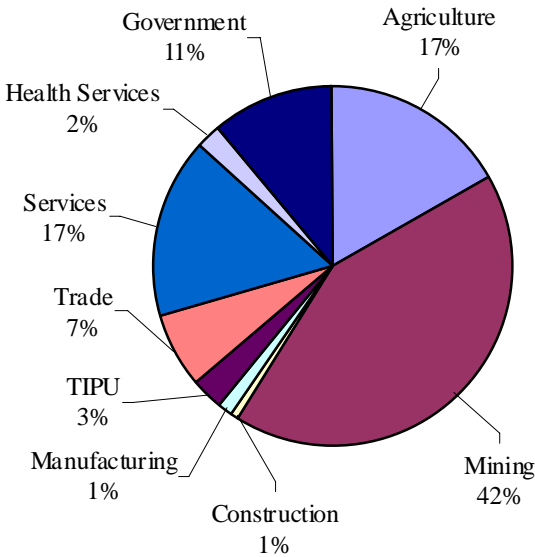
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Figure 6. Labor Income by Sector (2008)



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Figure 7. Total Income by Sector (2008)



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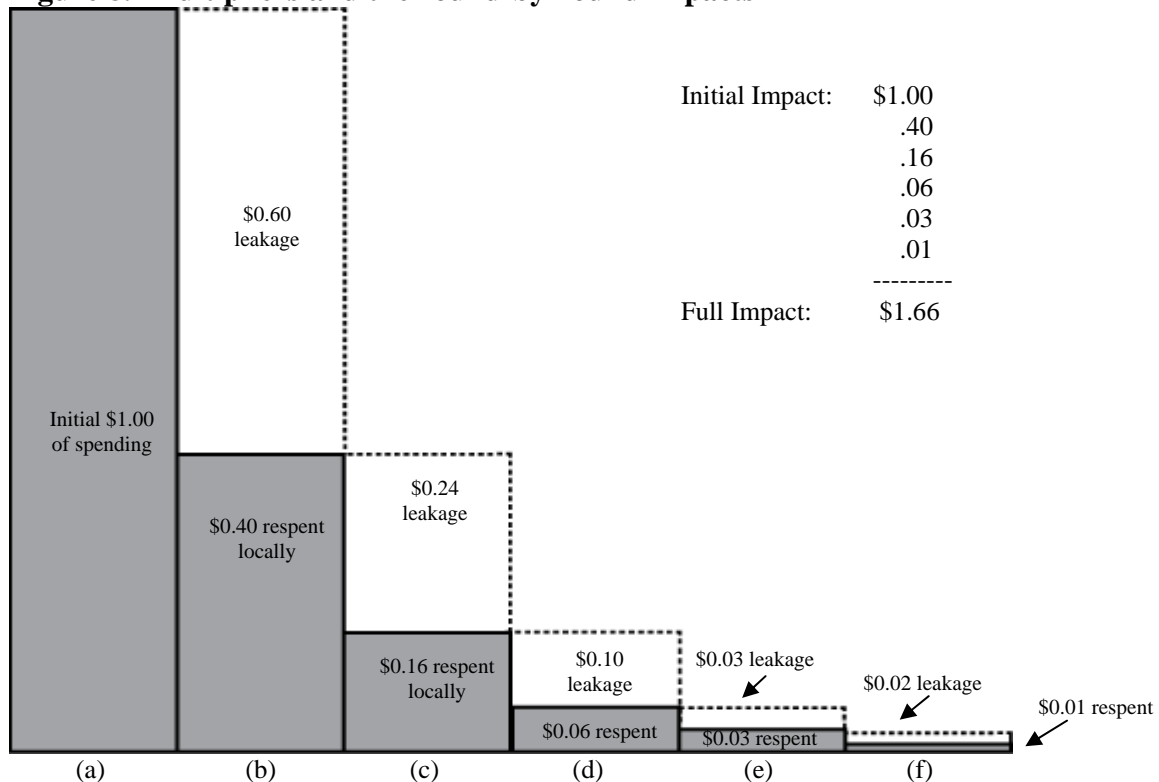
Health Sector Impact and Economic Multipliers

The previous section detailed the direct contributions of the Health Services sector within the Woodson 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 nursing and residential care facility sector employs 43 people and has an employment multiplier of 1.04. This means that for each job created in the nursing and residential care facility sector, another 0.04 jobs are created in other businesses and industries in the county's economy. The direct impact of the 43 nursing and residential care facility employees results in an indirect impact of 2 jobs ($43 \times 0.04 = 2$) throughout all businesses and industries in the market area. Thus, the nursing and residential care facility sector employment had a total impact on area employment of 45 jobs ($43 \times 1.04 = 45$).

Table 7. Health Sector Impact on Employment, 2008

Health Sectors	Direct Employment	Economic Multiplier	Total Impact
Health and Personal Care Stores	12	1.13	13
Veterinary Services	2	1.06	2
Home Health Care Services	0	0.00	0
Doctors and Dentists	5	1.12	6
Other Ambulatory Health Care	0	0.00	0
Hospitals	0	0.00	0
Nursing and Residential Care Facilities	43	1.04	45
Total	62		66

Note: Most data obtained from secondary sources; some data unavailable or extrapolated
Minnesota IMPLAN Group

Similarly, multiplier analysis can estimate the total impact of the estimated \$713,000 direct income for nursing and residential care facility employees shown in Table 8. The nursing and residential care facility sector had an income multiplier of 1.06, which indicates that for every one dollar of income generated in the nursing and residential care facility sector, another \$0.06 is generated in other businesses and industries in the county's economy. Thus, the nursing and residential care facility sector had an estimated total impact on income throughout all businesses and industries of \$756,000 ($\$713,000 \times 1.06 = \$756,000$).

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	\$900	1.07	\$965	\$218
Veterinary Services	\$24	1.13	\$27	\$6
Home Health Care Services	\$0	0.00	\$0	\$0
Doctors and Dentists	\$303	1.06	\$322	\$73
Other Ambulatory Health Care	\$0	0.00	\$0	\$0
Hospitals	\$0	0.00	\$0	\$0
Nursing/Residential Care Facilities	\$713	1.06	\$756	\$171
Total	\$1,941		\$2,071	\$467

Note: Most data obtained from secondary sources; some data unavailable or extrapolated.
Minnesota IMPLAN Group

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 66 jobs in the local economy. In Table 8, the total income impact of health services results in an estimated \$2,071,000 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). Woodson County had retail sales of \$19,949,631 and \$88,395,000 in total personal income. Thus, the estimated retail sales capture ratio equals 22.6 percent. Using this as the retail sales capture ratio for the county, this says that people spent 22.6 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 \$467,000 ($\$2,071,000 \times 22.6\% = \$467,000$). 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 Woodson 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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Woodson County Rural Health Works



KANSAS RURAL
HEALTHWORKS



Communities Building Affordable & Sustainable Healthcare Systems

Demographic, Economic and Health Indicator Data

Introduction

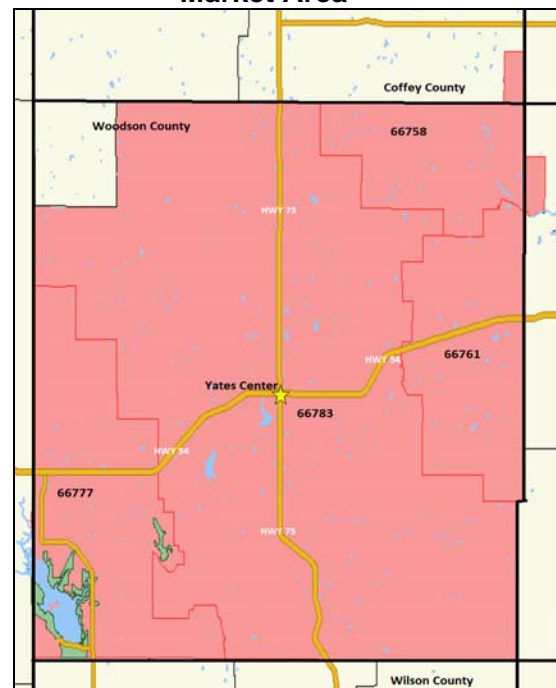
Kansas Rural Health Works (KRHW) is dedicated to helping rural communities build affordable and sustainable local health care systems. The Office of Local Government at K-State Research and Extension is supporting Community Health Needs Assessments. These needs assessments bring a broad-based group of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

Background Data Summary

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

- Between 1990 and 2010, the population decreased 20.3 percent in Woodson County, but is projected to remain relatively stable over the next decade.
- People aged 35 to 54 made up the largest portion of the population, with 26.2 percent. People aged 65 and older represented 23.4 percent of the population.
- In general, the county has less per capita personal income than the state and nation, and is more dependent on transfer income.
- Medicare users make up 25.8 percent of the county's total population and 9.7 percent of the county's population receive food stamp assistance.
- Within the county, 28.8 percent of children live in poverty, while 14.6 percent of children statewide live in poverty.

Woodson County Primary Health Market Area



ZIP codes within Woodson County.
Source: Claritas, Inc. 2013.

Woodson County Rural Health Works

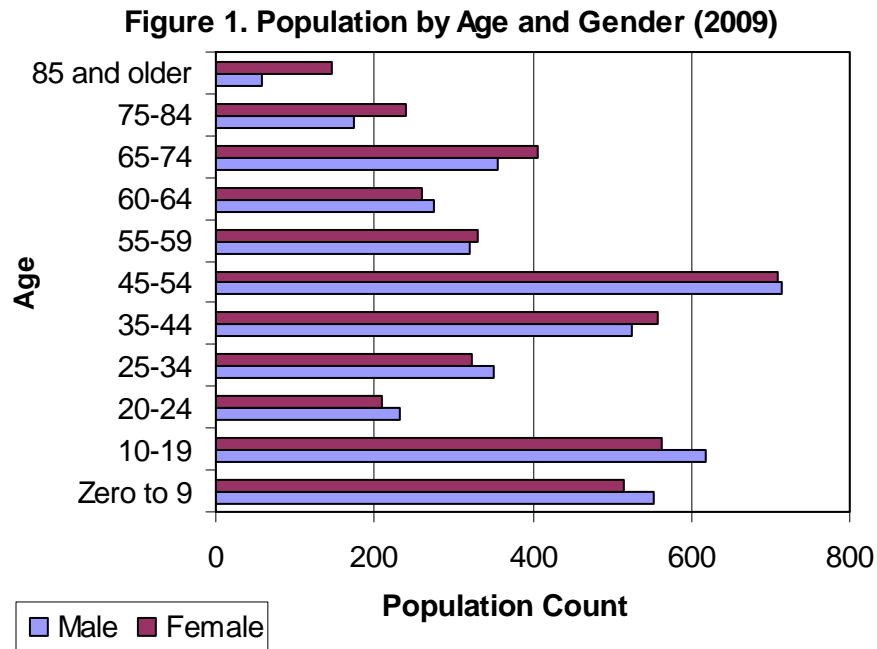
Woodson County Demographic Data

Table 1 presents population trends for Woodson County. In 2010, an estimated 3,285 people live in the county. Between 1990 and 2010, the population decreased 20.3 percent and also decreased 12.7 percent between 2000 and 2010. Population projections indicate that 3,289 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	4,122	1990-2000	-8.7	8.5	2015	3,289
2000	3,763	2000-2010	-12.7	5.5	2020	3,299
2010	3,285	1990-2010	-20.3	14.5	2025	3,313

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

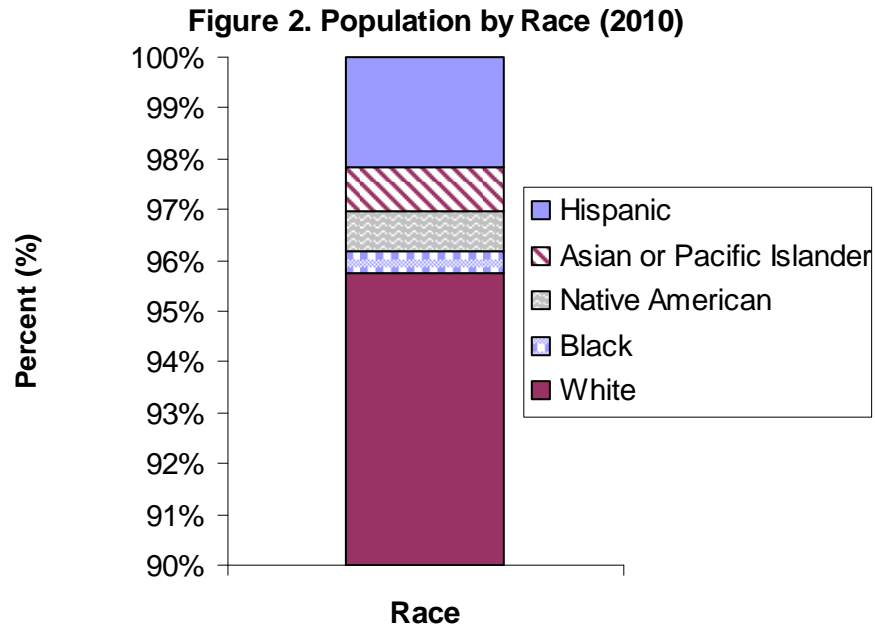


U.S. Census Bureau

Figure 1 shows a breakdown of the population by age and by gender. Here, people aged 35 to 54 made up the largest portion of the population, with 26.2 percent. People aged 65 and older represented 23.4 percent of the population. Of those 65 and older, 42.8 percent were male and 57.2 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.

Woodson County Rural Health Works

Race can also play a role in assessing the health needs of the community. In the case of Hispanic immigrants, lack of English speaking skills may prevent them from using health care services within the county or from using health care services at all. Figure 2 shows the racial and ethnic composition of the county. Whites made up 96.1 percent of the county's population, while Native Americans represented 0.9 percent, African Americans made up 0.9 percent, Asians were 0.1 percent and Hispanics were 2.0 percent of the population. In Kansas, whites make up 80.5 percent of the population, Native Americans represent one percent, African Americans 6.3 percent, Asians 2.5 percent and Hispanics 9.6 percent.



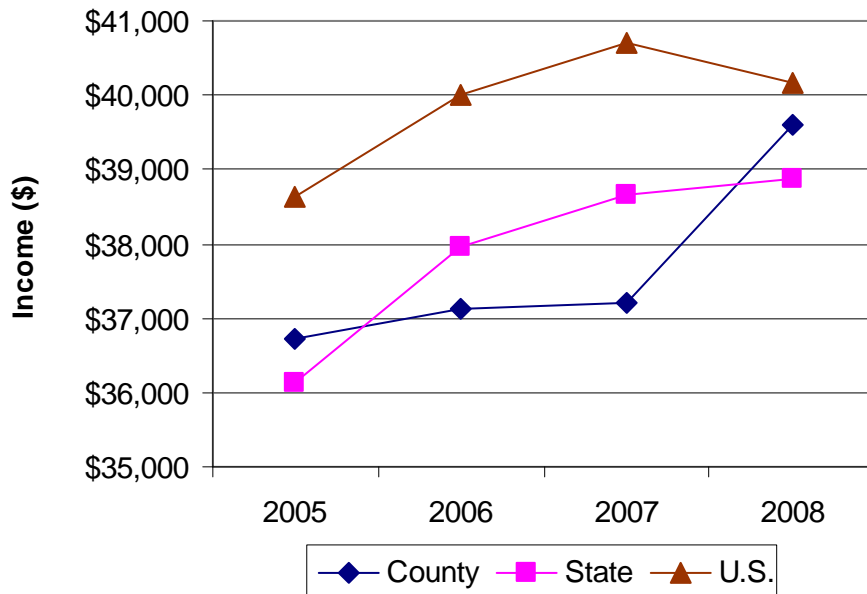
Woods and Poole Economics, Inc. Native American includes American Indians and Alaska Natives; Asian or Pacific Islander includes Asian Americans, Native Hawaiians, Pacific Islanders; Hispanic population is persons of Hispanic origin regardless of race.

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.

Woodson County Rural Health Works

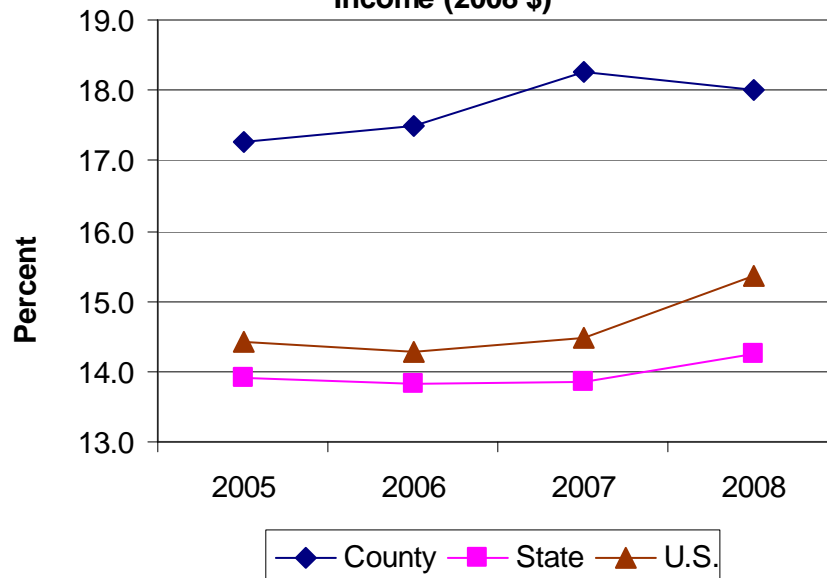
Figure 3. Total Per Capita Personal Income (2008 \$)



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 Woodson County, personal income has increased from \$24,106 in 2005 to \$27,024 in 2008.

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



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

Woodson County Rural Health Works

Figure 4 shows how the relative proportion of transfer income to total income has changed during the same four years. In the U.S., transfer payments have increased as a percentage of total income by 6.6 percent, while transfer payments in Kansas have increased by 2.5 percent. In the county, the proportion of income stemming from transfer payments has increased from 30.1 percent in 2005 to 30.9 in 2008.

Table 2 shows personal income data by source for Woodson County, Kansas and the nation. Within the county, 48.9 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 37.8 percent of transfer payments in the county, with another 45.3 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	\$21,237,000	\$6,465	48.9	69.4	71.6
Other Labor Income	\$5,791,000	\$1,763	13.3	17.0	16.3
Proprietor's Income	\$16,437,000	\$5,004	37.8	13.6	12.1
Total Earnings	\$43,465,000	\$13,231	100.0	100.0	100.0
Transfer Payments					
Retirement and Disability	\$10,386,000	\$3,162	37.8	39.0	34.2
Medical Payments	\$12,451,000	\$3,790	45.3	42.2	44.0
Other	\$4,627,000	\$1,409	16.8	18.7	21.9
Total Transfer Payments	\$27,464,000	\$8,360	100.0	100.0	100.0
Personal Income					
Earnings by Place of Residence	\$47,935,000	\$14,592	54.2	68.8	66.6
Dividends, Interest, and Rent	\$12,996,000	\$3,956	14.7	17.0	18.0
Transfer Payments	\$27,464,000	\$8,360	31.1	14.3	15.3
Total Personal Income	\$88,395,000	\$26,909	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.

Woodson County Rural Health Works

Health Indicators and Health Sector Statistics

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

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

	County Number	County Percent/Rate	State Percent/Rate
Hospitals (2009)			
Number ¹	0	0.0	0.1
Number of beds ¹	0	0.0	4.1
Admissions per bed ¹	0	0.0	0.0
Adult Care Homes (2009)			
Number ²	1	1.3	0.8
Number of beds ²	50	66.1	56.2
Assisted Living Facilities (2009)			
Number ²	0	0.0	0.7
Number of beds ²	0	0.0	29.6
Medicare (2007)			
Eligibles ^{3,4}	855	25.8	14.8
Medicaid Funded Programs			
Food Stamp Beneficiaries (2009) ⁴	314	9.7	7.4
Temporary Assistance for Families (FY 2009) ⁴	65	2.0	1.1

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

¹Rate per 1,000 population.

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

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

⁴Percent of total 2007 estimated population.

Table 3 shows the availability of certain types of health services in Woodson County as well as usage of some health care-related government programs. The county has 0 available hospital beds. Additionally, the county has 50 adult care home beds, or 66.1 beds per 1,000 older adults, and 0 assisted living beds. Medicare users make up 25.8 percent of the county's total population and 9.7 percent of the county's population receive food stamp benefits.

Woodson County Rural Health Works

Table 4. Maternity and Children's Health Statistics

	County Number	County Percent/Rate	State Percent/Rate
Poverty (2008)			
Total Persons in Poverty ¹	525	16.6	11.3
Children in Poverty ²	157	28.8	14.6
Total Births ³ (2008)	27	8.2	14.9
Births to Mothers without High-School Diploma ⁴ (2007)	N/A	15.2	18.2
Births with Adequate Prenatal Care ³ (2008)	19	70.3	77.6
Low Weight Births ⁵ (2007)	N/A	9.1	7.1
Immunization ⁶ (2007)	N/A	50.0	58.0
Infant Mortality ⁷ (2008)	1	6.0	7.4
Child Deaths ⁸ (2008)	1	1.5	1.7
Child Care Subsidies ⁹ (2008)	8	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 4 gives information which can indicate the situation for young children and mothers. Within the county, 28.8 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 15.2 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 9.1 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.

Woodson County Rural Health Works



KANSAS RURAL
HEALTHWORKS



Communities Building Affordable & Sustainable Healthcare Systems

Economic & Demographic Data

Introduction

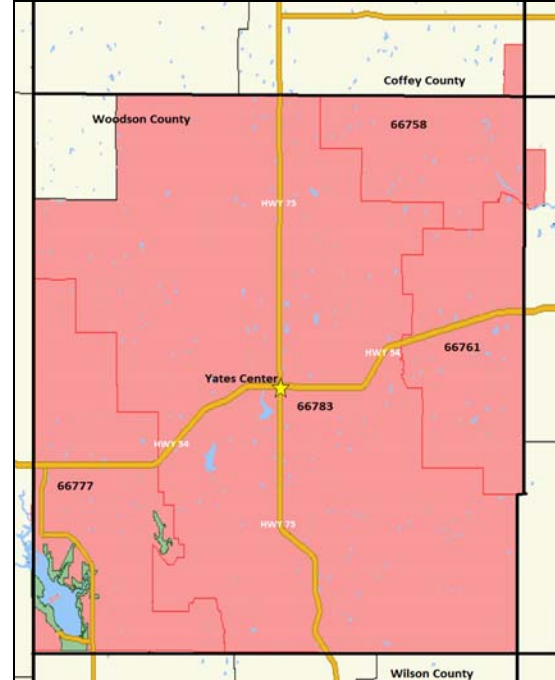
Kansas Rural Health Works (KRW) is dedicated to helping rural communities build affordable and sustainable local health care systems. The Office of Local Government at K-State Research and Extension is supporting Community Health Needs Assessments. These needs assessments bring a broad-based group of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

Economic Data Summary

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

- Total population in Woodson County is projected to decrease by 15 percent between 2000 and 2018.
- The proportion of the total population over 65 years is rising slowly.
- Nearly 50% of the population may live alone, making individual acute and chronic care management challenging.
- Over 20% of households live on less than \$15,000 income per year.
- Transfer income to persons is among the fastest growing sources of income. In 2013, nearly \$30 million in transfer income was paid to Woodson County residents, about 30% 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 has remained stable according to the most recent available data.

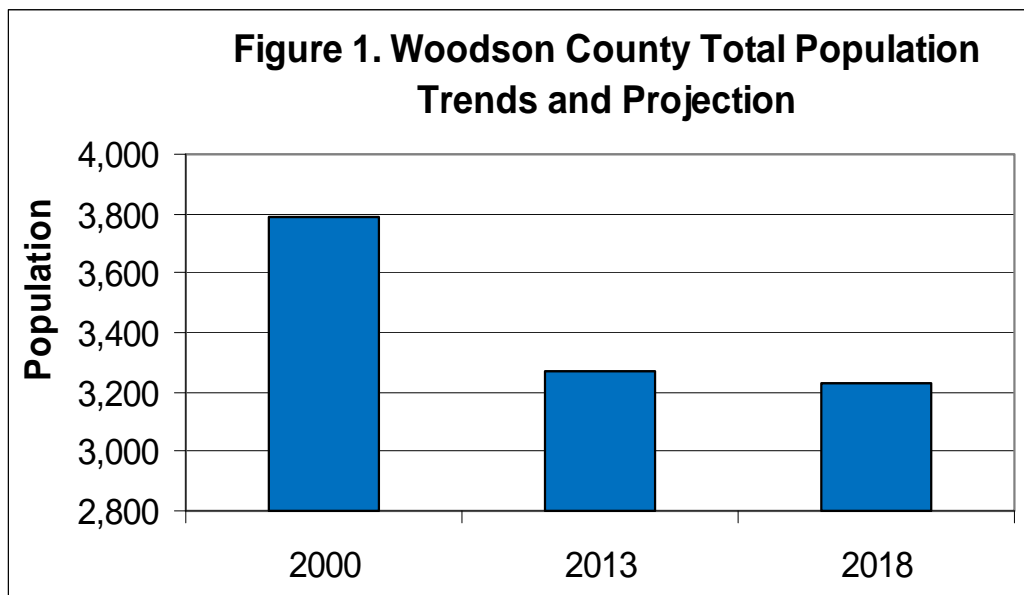
Woodson County Primary Health Market Area



ZIP codes within Woodson County.
Source: Claritas, Inc. 2012.

Woodson County Rural Health Works

Since 2000, the population in Woodson County has steadily declined. The trend is projected to continue into the near-term future. The implications of this trend are that there are fewer people to make up local economic markets, fewer people to support local public services, and a thinner local labor market. All of these create greater challenges for businesses, local governments and communities.



Claritas, Inc., 2013

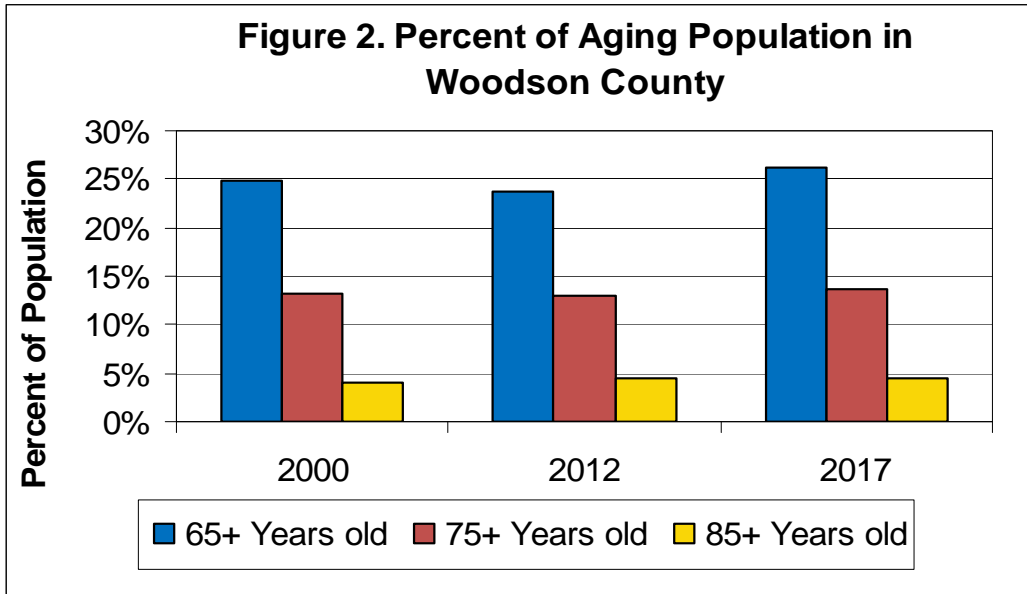
The number of people 65 years and older is steadily increasing. By 2018, it is expected that over 20 percent of the total population will be 65 years or older. The implications of these trends are that the proportion of the population with special health care needs, especially community and home health care assistance, will increase.

Table 1. Percent of Aging Population in the Woodson County Health Area

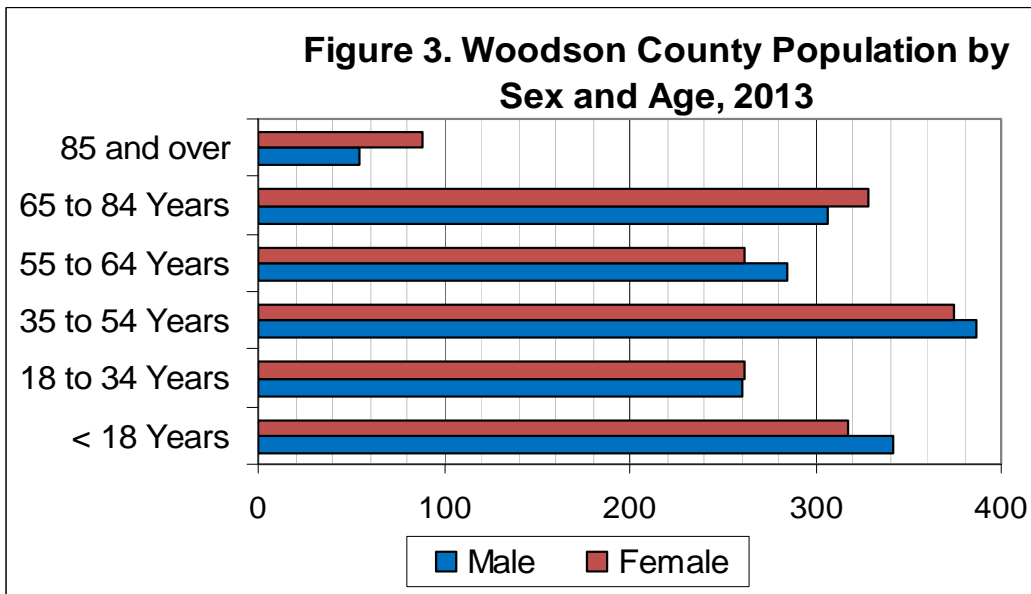
	<u>2000</u>		<u>2013</u>		<u>2018</u>	
	Percent	Population	Percent	Population	Percent	Population
65+ Years old	24.8%	939	23.8%	779	26.2%	845
75+ Years old	13.3%	504	13.1%	427	13.6%	439
85+ Years old	4.0%	151	4.4%	144	4.5%	146

Claritas, Inc., 2013

Woodson County Rural Health Works



Claritas, Inc., 2013



Claritas, Inc., 2013

Woodson County Rural Health Works

The racial composition of Woodson County is somewhat homogenous like many rural Kansas counties. Whites make up over 95 percent of the population. One hundred fifty-five persons in Woodson 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 in Kansas, the Hispanic and Latino population is increasing steadily.

Table 2. 2013 Estimated Population by Single Race Classification

	Population	Percent
White Alone	3,115	95.3%
Black or African American Alone	10	0.3%
American Indian and Alaska Native Alone	38	1.2%
Asian Alone	1	0.0%
Native Hawaiian and Other Pacific Islander Alone	0	0.0%
Some Other Race Alone	35	1.1%
Two or More Races	71	2.2%
Total	3,270	100.0%

Claritas, Inc., 2013

Table 3. 2013 Estimated Population Hispanic or Latino by Origin

	Population	Percent
Hispanic or Latino	74	2.3%
Not Hispanic or Latino	3,196	97.7%
Total	3,270	100.0%

Claritas, Inc., 2013

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

	2000	2013	2018
Total Population	3,788	3,270	3,232
Hispanic and Latino Population	52	74	79
Percentage of Population	1.4%	2.3%	2.4%

Claritas, Inc., 2013

Woodson County Rural Health Works

About 50 percent of the adult population reported living as a married individual with a spouse present. Conversely, about 28 percent are in households without a spouse present. Many of these individuals may live in some other cohabitation arrangement. Still, it raises a question about the number of people living alone. Within the context of community health care needs, people living alone face sometimes tremendous challenges should illness arise or injury occur. Most often, there are only informal support structures in place to assist such individuals in times of need.

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

	Count	Percent
Total, Never Married	562	21.0%
Married, Spouse present	1,388	51.1%
Married, Spouse absent	93	3.4%
Widowed	311	11.4%
Divorced	364	13.4%
Males, Never Married	346	12.7%
Previously Married	262	9.6%
Females, Never Married	216	8.0%
Previously Married	465	15.2%

Claritas, Inc., 2013

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

	Count	Percent
Less than 9th grade	69	2.9%
Some High School, no diploma	164	6.8%
High School Graduate (or GED)	1,032	42.8%
Some College, no degree	692	28.7%
Associate Degree	148	6.1%
Bachelor's Degree	234	9.7%
Master's Degree	48	2.0%
Professional School Degree	23	1.0%
Doctorate Degree	0	0.0%

Claritas, Inc., 2013

The income and wealth resources of many Woodson County residents are relatively modest. Over 42 percent of households report an annual income of less than \$25,000, and over 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. Fourteen 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.

Woodson County Rural Health Works

Table 7. 2013 Estimated Households by Household Income

	Count	Percent
Income Less than \$15,000	327	21.5%
Income \$15,000 - \$24,999	318	20.9%
Income \$25,000 - \$34,999	192	12.6%
Income \$35,000 - \$49,999	232	15.3%
Income \$50,000 - \$74,999	231	15.2%
Income \$75,000 - \$99,999	99	6.5%
Income \$100,000 - \$149,999	54	3.6%
Income \$150,000 - \$199,999	38	2.5%
Income \$200,000 - \$499,999	24	1.6%
Income \$500,000 or more	3	0.2%
Total Estimated Households	1,518	100.0%
Estimated Average Household Income		\$46,250
Estimated Median Household Income		\$30,938

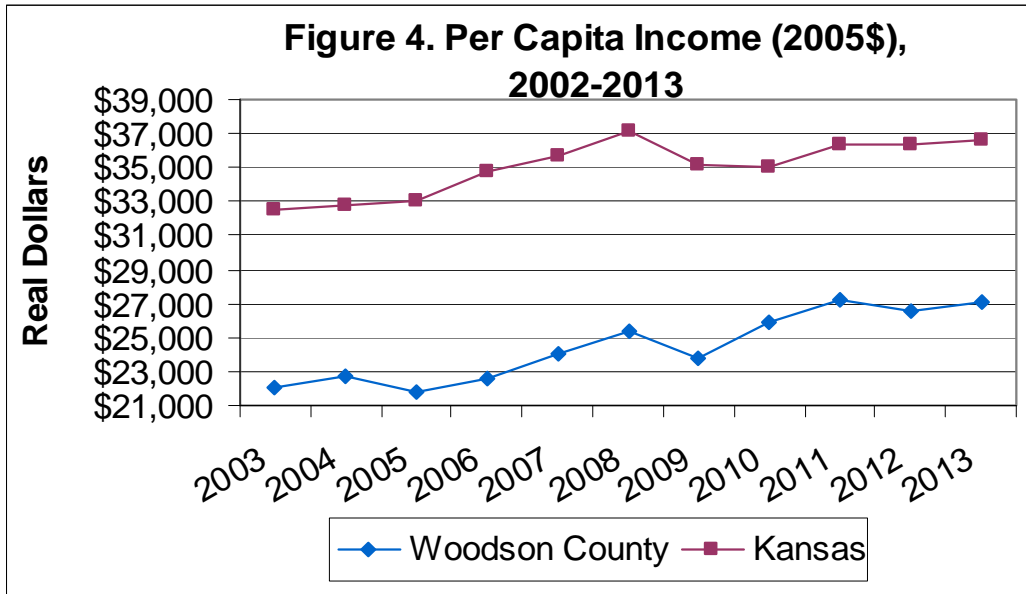
Claritas, Inc., 2013

Table 8. 2013 Estimated All Owner-Occupied Housing Values

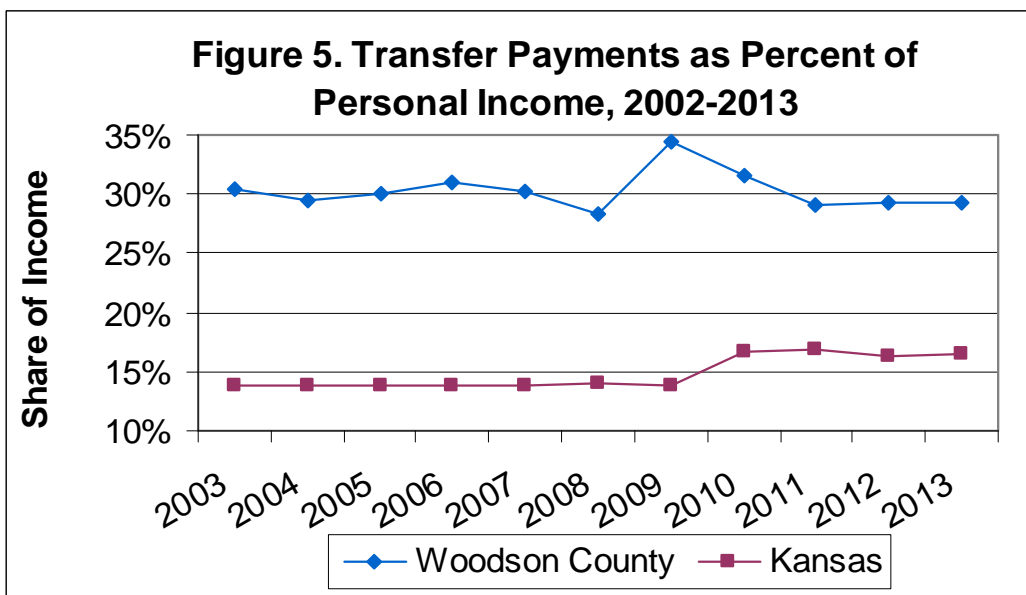
	Count	Percent
Value Less than \$20,000	267	22.6%
Value \$20,000 - \$39,999	257	21.7%
Value \$40,000 - \$59,999	265	22.4%
Value \$60,000 - \$79,999	142	12.0%
Value \$80,000 - \$99,999	82	6.9%
Value \$100,000 - \$149,999	86	7.3%
Value \$150,000 - \$199,999	29	2.4%
Value \$200,000 - \$299,999	29	2.4%
Value \$300,000 - \$399,999	15	1.3%
Value \$400,000 - \$499,999	6	0.5%
Value \$500,000 - \$749,999	6	0.5%
Value \$750,000 - \$999,999	0	0.0%
Value \$1,000,000 or more	0	0.0%
Total	1,184	100.0%

Claritas, Inc., 2013

Woodson County Rural Health Works



Woods and Poole, Inc., 2013



Woods and Poole, Inc., 2013

As with most rural areas, Woodson 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.

Woodson County Rural Health Works

Table 9. Woodson County Personal Income by Major Source

	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Total Earnings (Millions 2005\$)	\$36.276	\$38.719	\$39.087	\$38.148	\$38.221	\$39.570	\$33.172	\$40.186	\$44.540	\$43.458	\$45.387
Farm Earnings	\$6.122	\$9.306	\$7.785	\$4.796	\$6.746	\$5.585	\$6.780	\$13.028	\$14.529	\$14.060	\$11.809
Agricultural Services, Other	\$0.418	\$0.439	\$0.750	\$0.533	\$0.678	\$0.637	\$0.428	\$0.700	\$0.763	\$0.778	\$0.860
Mining	\$0.804	\$0.793	\$1.247	\$1.266	\$1.265	\$3.054	\$0.486	\$1.088	\$1.226	\$1.192	\$2.317
Utilities	\$1.113	\$1.103	\$1.715	\$1.338	\$1.412	\$2.146	\$1.072	\$1.845	\$2.246	\$2.393	\$2.766
Construction	\$0.454	\$0.778	\$1.409	\$1.104	\$1.025	\$1.578	\$0.671	\$0.337	\$0.359	\$0.389	\$1.204
Manufacturing	\$1.467	\$3.662	\$0.590	\$4.131	\$3.864	\$2.235	\$2.658	\$0.415	\$0.414	\$0.357	\$0.468
Wholesale Trade	\$1.105	\$1.019	\$1.028	\$0.924	\$0.945	\$0.911	\$1.039	\$0.986	\$0.989	\$0.898	\$1.105
Retail Trade	\$2.347	\$2.436	\$2.305	\$2.154	\$2.131	\$2.315	\$2.471	\$2.599	\$3.001	\$3.112	\$3.210
Transportation and Warehousing	\$2.382	\$2.294	\$4.106	\$3.088	\$3.194	\$3.941	\$1.958	\$2.656	\$3.331	\$3.630	\$3.567
Information	\$2.489	\$1.761	\$2.714	\$3.808	\$2.215	\$2.289	\$0.889	\$1.439	\$1.598	\$1.637	\$2.587
Finance and Insurance	\$2.205	\$1.260	\$1.364	\$1.383	\$1.211	\$1.213	\$1.216	\$1.155	\$1.224	\$1.117	\$1.102
Real Estate, Rental and Leasing	\$0.272	\$0.128	\$0.144	\$0.113	\$0.063	\$0.173	\$0.161	\$0.225	\$0.241	\$0.204	\$0.193
Professional and Technical Services	\$0.302	\$0.266	\$0.213	\$0.214	\$0.210	\$0.147	\$0.100	\$0.138	\$0.150	\$0.151	\$0.236
Management of Companies and Enterprises	\$0.897	\$0.757	\$1.204	\$0.969	\$1.185	\$1.460	\$0.835	\$1.231	\$1.263	\$1.173	\$1.179
Administrative and Waste Services	\$0.052	\$0.048	\$0.068	\$0.021	\$0.026	\$0.045	\$0.026	\$0.021	\$0.024	\$0.022	\$0.054
Educational Services	\$0.000	\$0.000	\$0.000	\$0.000	\$0.000	\$0.000	\$0.000	\$0.000	\$0.000	\$0.000	\$0.000
Health Care and Social Assistance	\$2.077	\$1.374	\$1.385	\$1.309	\$1.159	\$1.370	\$1.616	\$1.658	\$1.835	\$1.803	\$1.830
Arts, Entertainment and Recreation	\$0.041	\$0.028	\$0.022	\$0.019	\$0.000	\$0.028	\$0.028	\$0.024	\$0.027	\$0.032	\$0.102
Accommodation and Food Services	\$0.898	\$0.923	\$0.921	\$0.862	\$0.679	\$0.594	\$0.777	\$0.867	\$0.915	\$0.876	\$0.897
Other Services, except Public Administration	\$1.979	\$1.569	\$1.238	\$1.212	\$1.253	\$1.113	\$1.127	\$1.066	\$1.091	\$0.970	\$1.297
Federal Civilian Government	\$1.169	\$1.207	\$1.259	\$1.292	\$1.188	\$0.947	\$0.824	\$0.910	\$0.988	\$0.917	\$0.926
Federal Military Government	\$0.540	\$0.548	\$0.637	\$0.589	\$0.552	\$0.564	\$0.616	\$0.600	\$0.692	\$0.692	\$0.525
State and Local Government	\$7.143	\$7.020	\$6.983	\$7.023	\$7.220	\$7.225	\$7.394	\$7.198	\$7.634	\$7.055	\$7.153
Personal Income (Millions 2005\$)	\$78.915	\$79.354	\$76.829	\$77.532	\$80.901	\$84.686	\$78.840	\$85.537	\$89.778	\$87.411	\$88.778
Wages and Salaries	\$18.224	\$16.808	\$18.509	\$19.265	\$18.672	\$19.703	\$19.132	\$19.338	\$20.449	\$20.536	\$21.799
Other Labor Income	\$5.458	\$5.081	\$5.417	\$5.667	\$5.301	\$5.603	\$5.585	\$5.651	\$6.031	\$6.055	\$6.407
Proprietors Income	\$12.594	\$16.830	\$15.161	\$13.216	\$14.248	\$14.264	\$8.455	\$15.197	\$18.060	\$16.867	\$17.181
Dividends, Interest & Rent	\$14.262	\$12.256	\$10.373	\$11.186	\$13.867	\$17.047	\$14.617	\$14.430	\$14.805	\$14.728	\$14.262
Transfer Payments To Persons	\$23.935	\$23.371	\$23.128	\$24.049	\$24.484	\$24.033	\$27.198	\$26.981	\$26.179	\$25.561	\$26.026
Less Social Insurance Contributions	\$3.684	\$3.540	\$3.881	\$4.014	\$3.992	\$4.186	\$3.795	\$3.930	\$3.483	\$3.451	\$4.380
Residence Adjustment	\$8.126	\$8.548	\$8.122	\$8.163	\$8.321	\$8.222	\$7.648	\$7.870	\$7.737	\$7.115	\$7.483

Woods and Poole, Inc., 2013

Woodson County Rural Health Works

Table 10. Personal Current Transfer Receipts for Woodson County

(thousands of dollars)	2009	2010	2011
Personal current transfer receipts (\$000)	\$29,345	\$29,447	\$29,506
Current transfer receipts of individuals from governments	\$28,670	\$28,685	\$28,778
Retirement and disability insurance benefits	\$11,072	\$11,126	\$11,021
Old-age, survivors, and disability insurance (OASDI) benefits	\$10,686	\$10,728	\$10,615
Railroad retirement and disability benefits	\$359	\$371	\$379
Workers' compensation	(L)	(L)	(L)
Other government retirement and disability insurance benefits \1	(L)	(L)	(L)
Medical benefits	\$12,256	\$12,272	\$12,984
Medicare benefits	\$7,792	\$7,938	\$8,011
Public assistance medical care benefits \2	\$4,371	\$4,232	\$4,855
Medicaid \3	\$4,267	\$4,145	\$4,759
Other medical care benefits \4	\$104	\$87	\$96
Military medical insurance benefits \5	\$93	\$102	\$118
Income maintenance benefits	\$2,324	\$2,808	\$2,726
Supplemental security income (SSI) benefits	\$383	\$373	\$364
Family assistance \6	\$181	\$219	\$224
Supplemental Nutrition Assistance Program (SNAP)	\$562	\$704	\$556
Other income maintenance benefits \7	\$1,198	\$1,512	\$1,582
Unemployment insurance compensation	\$1,707	\$1,312	\$962
State unemployment insurance compensation	\$1,694	\$1,298	\$945
Unemployment compensation for Fed. civilian employees (UCFE)	(L)	(L)	(L)
Unemployment compensation for railroad employees	(L)	(L)	(L)
Unemployment compensation for veterans (UCX)	(L)	(L)	(L)
Other unemployment compensation \8	\$0	\$0	\$0
Veterans benefits	\$728	\$777	\$840
Veterans pension and disability benefits	\$687	\$737	\$800
Veterans readjustment benefits \9	\$0	(L)	(L)
Veterans life insurance benefits	(L)	(L)	(L)
Other assistance to veterans \10	\$0	\$0	\$0
Education and training assistance \11	\$209	\$212	\$207
Other transfer receipts of individuals from governments \12	\$374	\$178	(L)
Current transfer receipts of nonprofit institutions	\$388	\$429	\$432
Receipts from the Federal government	\$162	\$173	\$173
Receipts from state and local governments	\$84	\$86	\$85
Receipts from businesses	\$142	\$170	\$174
Current transfer receipts of individuals from businesses \13	\$287	\$333	\$296

Bureau of Economic Analysis, 2013

Woodson 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.

Woodson County Rural Health Works

Table 11. Employment by Major Industry for Woodson County

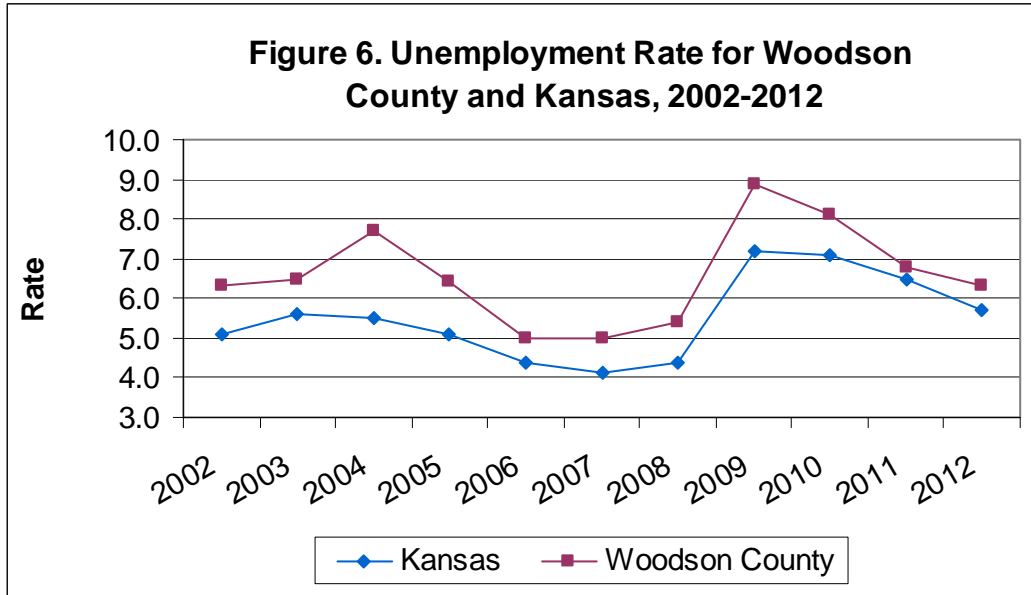
(Thousands)	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Total Employment	1.472	1.367	1.399	1.399	1.391	1.453	1.463	1.445	1.503	1.499	1.492
Farm Employment	0.313	0.311	0.311	0.304	0.311	0.307	0.307	0.309	0.319	0.313	0.308
Agricultural Services, Other	0.012	0.009	0.012	0.009	0.011	0.013	0.012	0.018	0.019	0.022	0.022
Mining	0.018	0.011	0.016	0.017	0.019	0.034	0.031	0.053	0.056	0.057	0.057
Utilities	0.011	0.008	0.011	0.009	0.009	0.012	0.011	0.016	0.017	0.017	0.017
Construction	0.062	0.065	0.090	0.076	0.074	0.100	0.075	0.082	0.096	0.118	0.118
Manufacturing	0.047	0.059	0.020	0.064	0.068	0.045	0.076	0.012	0.012	0.011	0.011
Wholesale Trade	0.036	0.034	0.034	0.033	0.032	0.035	0.041	0.040	0.042	0.043	0.043
Retail Trade	0.206	0.187	0.192	0.180	0.176	0.218	0.223	0.215	0.220	0.218	0.219
Transportation and Warehousing	0.050	0.037	0.046	0.039	0.041	0.049	0.043	0.058	0.064	0.065	0.064
Information	0.027	0.021	0.027	0.034	0.024	0.030	0.025	0.033	0.036	0.038	0.038
Finance and Insurance	0.052	0.036	0.038	0.037	0.034	0.033	0.032	0.032	0.034	0.033	0.033
Real Estate, Rental and Leasing	0.008	0.006	0.010	0.006	0.006	0.007	0.007	0.008	0.009	0.008	0.008
Professional and Technical Services	0.017	0.016	0.015	0.014	0.014	0.008	0.007	0.009	0.009	0.010	0.010
Management of Companies and Enterprises	0.015	0.010	0.013	0.011	0.012	0.017	0.014	0.019	0.018	0.017	0.017
Administrative and Waste Services	0.015	0.011	0.013	0.005	0.005	0.012	0.015	0.015	0.016	0.016	0.016
Educational Services	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Health Care and Social Assistance	0.078	0.063	0.063	0.063	0.070	0.073	0.078	0.076	0.079	0.077	0.076
Arts, Entertainment and Recreation	0.007	0.005	0.006	0.006	0.006	0.007	0.007	0.008	0.009	0.010	0.010
Accommodation and Food Services	0.091	0.101	0.097	0.108	0.092	0.079	0.092	0.088	0.090	0.088	0.087
Other Services, except Public Administration	0.108	0.093	0.089	0.091	0.092	0.086	0.085	0.083	0.087	0.084	0.084
Federal Civilian Government	0.025	0.024	0.024	0.025	0.023	0.018	0.015	0.017	0.018	0.018	0.018
Federal Military Government	0.017	0.016	0.016	0.016	0.015	0.014	0.014	0.014	0.015	0.015	0.015
State and Local Government	0.257	0.244	0.256	0.252	0.257	0.256	0.253	0.240	0.238	0.221	0.221

Woods and Poole, Inc., 2013

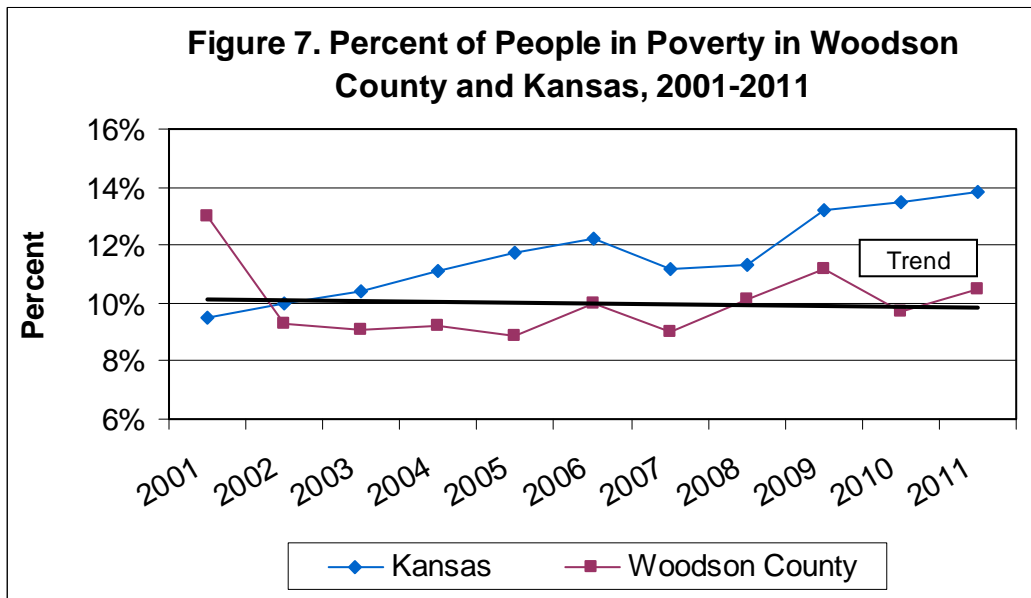
Note: Employment in number of jobs includes proprietors and part-time jobs.

Woodson County Rural Health Works

As with most rural areas, the way people in Woodson County earn a living is changing. Employment in traditional industries, such as agriculture and manufacturing, has been falling. Employment in government also declined slightly. As with most places, the proportion of people working in services has grown. Consistent with the state overall, the Woodson County unemployment rate is similar, albeit slightly higher than the state average.



U.S. Bureau of Labor Statistics, 2013



U.S. Census Bureau, 2012

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

Woodson County Rural Health Works



KANSAS RURAL
HEALTHWORKS



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

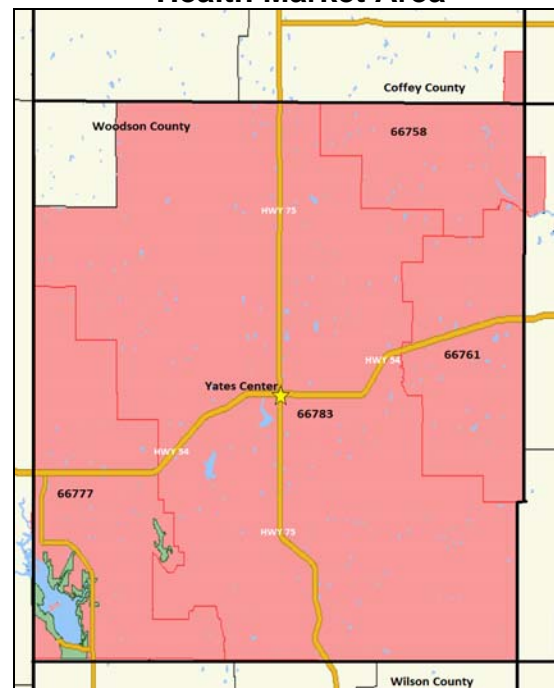
Health and Behavioral Data Summary

Following are a variety of data and statistics about health and behavioral characteristics in Woodson 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 community-based services being provided.
- The proportion of children receiving necessary immunizations has remained at or below the state rate. About one-quarter of fetuses do not receive adequate prenatal care. The rates of youth tobacco use and binge drinking are considerably above the state rates. Both asthma and mental health indicators suggest generally higher need than the state rates.
- Data related to persons served by selected publicly-funded assistance programs suggest a number of individuals and families in the county are experiencing economic distress.

In 2011, about 15 percent of all live births were out-of-wedlock to teenage mothers.

Woodson County Primary Health Market Area



ZIP codes within Woodson County.
Source: Claritas, Inc. 2012

Woodson County Rural Health Works

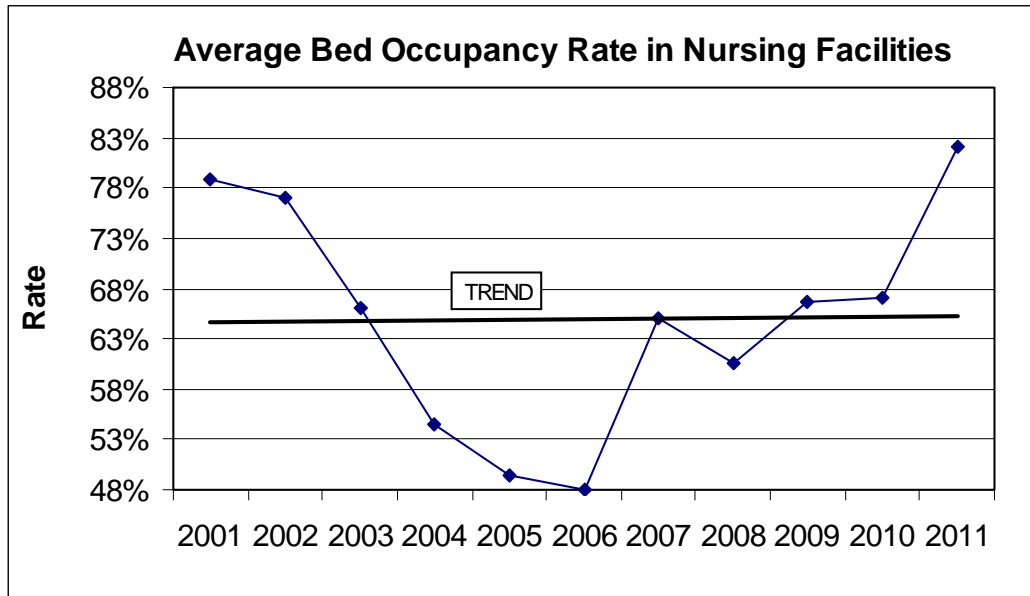
The number of nursing home beds combines all licensed nursing home beds in long-term care nursing facilities in Woodson County.

The average number of beds has remained roughly constant since 2003. The occupancy rate declined precipitously until 2006 and has rebounded since then. In the context of an aging population, this suggests there may be a need to consider the adequacy of community-based alternatives.

Table 1. Average Woodson County Occupancy of Nursing Home Beds

	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Average Number of Nursing Beds	53	53	53	53	52	50	50	50	50	50	50
Average Nursing Occupancy Rate	78.9%	77.1%	66.0%	54.5%	49.4%	48.0%	65.0%	60.6%	66.7%	67.2%	82.2%

Kansas Department for Aging and Disability Services, semi-annual reports



Woodson County Rural Health Works

The proportion of children receiving necessary immunizations has remained at or below the state rate. In general, about one-quarter of fetuses do not receive adequate prenatal care. The rates of youth tobacco use and binge drinking generally are considerably above the state rates. Both asthma and mental health indicators suggest generally higher need than the state rates. And, the number of uninsured children remains consistently above the state rate.

Table 2. Indicators of Children's Welfare

Health Indicators		Trend Data						
		2006	2007	2008	2009	2010	2011	2012
Immunizations	Woodson	64.5%	50.0%	56.0%	79.0%	61.0%	-	-
	KS	51.1%	58.0%	63.0%	70.0%	72.0%	-	-
Prenatal Care	Woodson	78.95%	71.88%	70.37%	83.72%	76.74%	-	-
	KS	78.4%	77.4%	77.5%	79.0%	79.8%	-	-
Low Birth Weight Babies	Woodson	2.5%	9.1%	0.0%	13.6%	7.0%	-	-
	KS	7.2%	7.1%	7.2%	7.3%	7.1%	-	-
Infant Mortality per 1,000)	Woodson	0.0	0.0	37.0	0.0	23.3	-	-
	KS	7.2	7.9	7.3	7.0	6.3	-	-
Teen Violent Deaths (per 100,000 15-19 year-olds)	Woodson	0.0	507.6	0.0	0.0	0.0	-	-
	KS	40.5	47.1	38.5	36.4	40.8	-	-
Youth Tobacco Use	Woodson			30.6%	22.0%	28.2%	23.8%	19.3%
	KS	14.9%	13.5%	13.0%	12.6%	12.7%	11.8%	10.7%
Youth Binge Drinking	Woodson			26.3%	24.3%	23.3%	18.6%	15.0%
	KS	16.7%	15.6%	15.2%	14.7%	13.7%	12.7%	12.5%
Asthma (per 1,000)	Woodson		1.8	1.8	3.5	4.7	0.0	-
	KS		1.9	1.5	1.4	1.4	1.3	-
Mental Health (per 1,000)	Woodson		7.0	3.6	8.7	4.7	1.4	-
	KS	2.9	2.7	3.4	3.3	3.3	2.8	-
Uninsured Children	Woodson	12.6%	11.7%	10.1%	11.3%	12.3%	-	-
	KS	8.1%	8.8%	7.6%	8.6%	8.1%	-	-
Medicaid Enrollment	Woodson		232	216	218	246	241	-
	KS		159,368	161,761	173,480	193,373	208,315	-
CHIP Enrollment	Woodson		44	44	44	45	61	-
	KS		37,302	39,834	40,822	40,535	46,225	-

Kansas KIDSCOUNT, 2012

Table 3 contains information about persons served by state and federally-funded assistance programs. Across the service categories reported, food and energy assistance increased between 2009 and 2011, indicating increasing economic distress. The number of persons needing mental health assistance has remained both high and stable.

Woodson County Rural Health Works

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

		Persons Served			
		FY 2009	FY 2010	FY 2011	FY 2012
Major Services					
Temporary Assistance for Families	Avg. monthly persons	58	73	60	49
TANF Employment Services	Avg. monthly adults	28	29	23	15
Child Care Assistance	Avg. monthly children	40	33	31	6
Food Assistance	Avg. monthly persons	630	711	798	397
Energy Assistance	Annual persons	382	505	596	299
General Assistance	Avg. monthly persons	13	6	4	0
Vocational Rehabilitation Services	Avg. monthly persons	15	12	12	7
Family Preservation	Annual persons	3	6	9	3
Reintegration/Foster Care	Avg. monthly children	7	7	11	7
Adoption Support	Avg. monthly children	16	12	16	3
Home and Community Based Services					
Physical Disability	Annual consumers	43	45	45	N.A.
Traumatic Brain Injury	Annual consumers	17	21	15	N.A.
Developmental Disability	Annual consumers	60	6	63	N.A.
Autism	Annual consumers	0	0	0	N.A.
Managed Behavioral Health Services					
Substance Abuse (PIHP)	Annual consumers	17	24	8	N.A.
Mental Health (PAHP)	Annual consumers	233	211	222	N.A.
Institutional Services					
Intermediate Care Facility (ICF-MR)	Average daily census	13	3	12	N.A.
State Hospital - Developmental Disability	Average daily census	0	0	0	N.A.
State Hospital - Mental Health	Average daily census	0	0	0	N.A.
Nursing Facility - Mental Health	Average daily census	0	0	0	N.A.

N.A. is not yet available.

Kansas Department of Social and Rehabilitation Services, 2013

In considering the selected vital statistics in Table 4, about 10 percent of newborns received less than adequate prenatal care. Even a single teenage pregnancy sets a young person on a difficult life path. In 2011, about 15 percent of all live births were out-of-wedlock to teenage mothers. And, over one-half of all marriages end in dissolution.

Woodson County Rural Health Works

Table 4. Selected Vital Statistics for Woodson County, 2011

	<u>Total</u>	<u>10-14</u>	<u>15-19</u>	<u>20-24</u>	<u>25-29</u>	<u>30-34</u>	<u>35-39</u>	<u>40-44</u>	<u>45 & Over</u>
Live Births by Age-Group of Mother	31	0	5	12	4	9	1	0	0
Adequacy of Prenatal Care by Number and Percentage	Adequate Plus 13	43.3%	Adequate 14	46.7%	Intermediate 0	0.0%	Inadequate 3	10.0%	
	<u>Total</u>	<u>10-14</u>	<u>15-19</u>	<u>20-24</u>	<u>25-29</u>	<u>30-34</u>	<u>35-39</u>	<u>40-44</u>	<u>45 & Over</u>
Out-of-Wedlock Births by Age	14	0	5	8	1	0	0	0	0
	<u>Live Births</u>		<u>Stillbirths</u>		<u>Abortions</u>		<u>Total Pregnancies</u>		
	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	5	0	0	0	0	0	5	
	<u>0-4</u>	<u>5-14</u>	<u>15-24</u>	<u>25-34</u>	<u>35-44</u>	<u>45-54</u>	<u>55-64</u>	<u>65-84</u>	<u>85 & Over</u>
Deaths by Age Group	0	0	0	0	2	4	9	20	15
	<u>2007</u>		<u>2008</u>		<u>2009</u>		<u>2010</u>		<u>2011</u>
Marriages by Number and Rate per 1,000 Population	13	3.9	23	7.0	17	5.2	23	7.0	17 5.2
	<u>2007</u>		<u>2008</u>		<u>2009</u>		<u>2010</u>		<u>2011</u>
Marriages Dissolutions by Number and Rate per 1,000 Population	14	4.2	11	3.3	8	2.5	8	2.4	10 3.0

Kansas Department of Health and Environment, 2012

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

Woodson County Rural Health Works



Communities Building Affordable & Sustainable Healthcare Systems

Education Data

Introduction

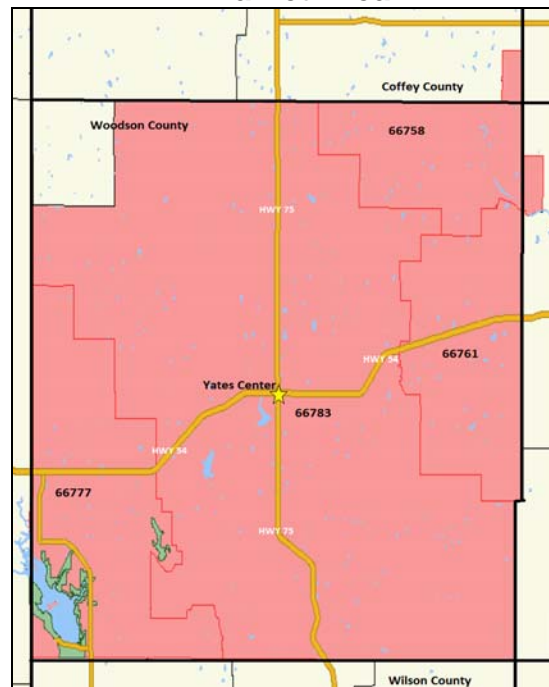
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Education Data Summary

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

- Total student enrollment in Woodson County K-12 school districts has steadily decreased since 2000.
- As the student population has grown, the student-to-teacher ratio also has generally declined. The ratio of about 11-12 students per teacher permits fairly close attention for each of the students.
- The count of students dropping out of high school has generally been declining over the past decade. In the context of the declining enrollment, the dropout rate has remained fairly stable.
- The trend student violent incidents had been increasing in recent years. Similarly, the number of student involved in violent incidents have been increasing.

Woodson County Primary Health Market Area



ZIP codes within Woodson County.

Source: Claritas, Inc. 2012.

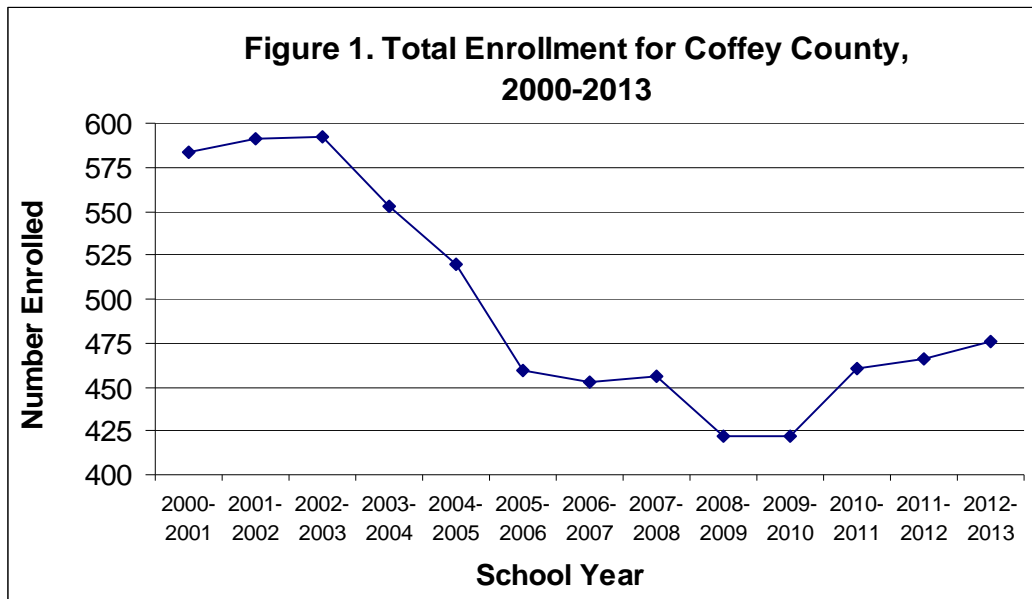
Woodson County Rural Health Works

Woodson County School Districts

USD 366 Woodson

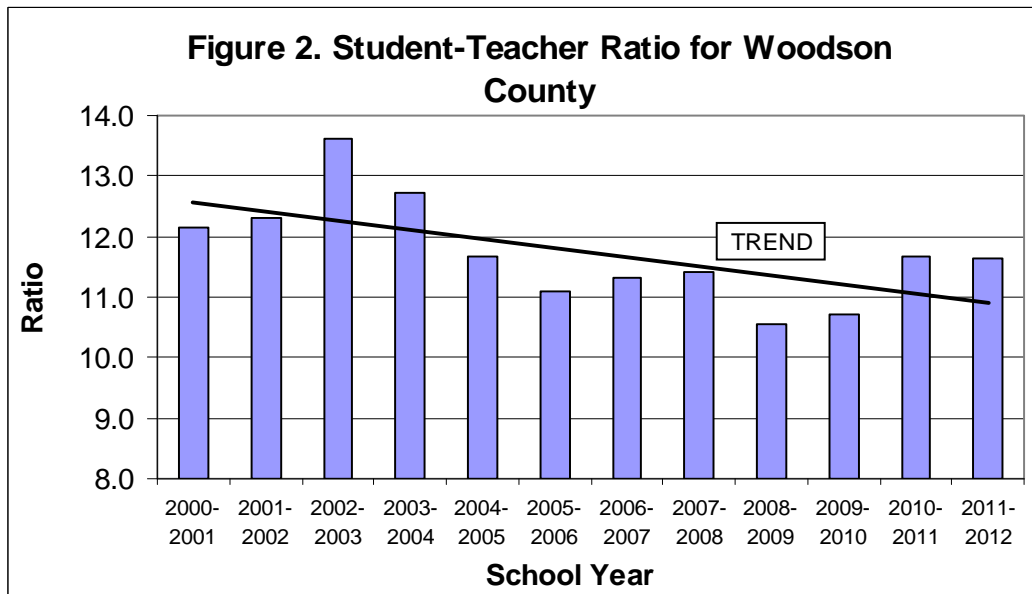
Kansas Department of Education, 2013

Total student enrollment in Woodson County K-12 school districts has steadily decreased since 2000. Enrollment was 476 in the 2012-2013 school year, down from 583 in 2000-2001.



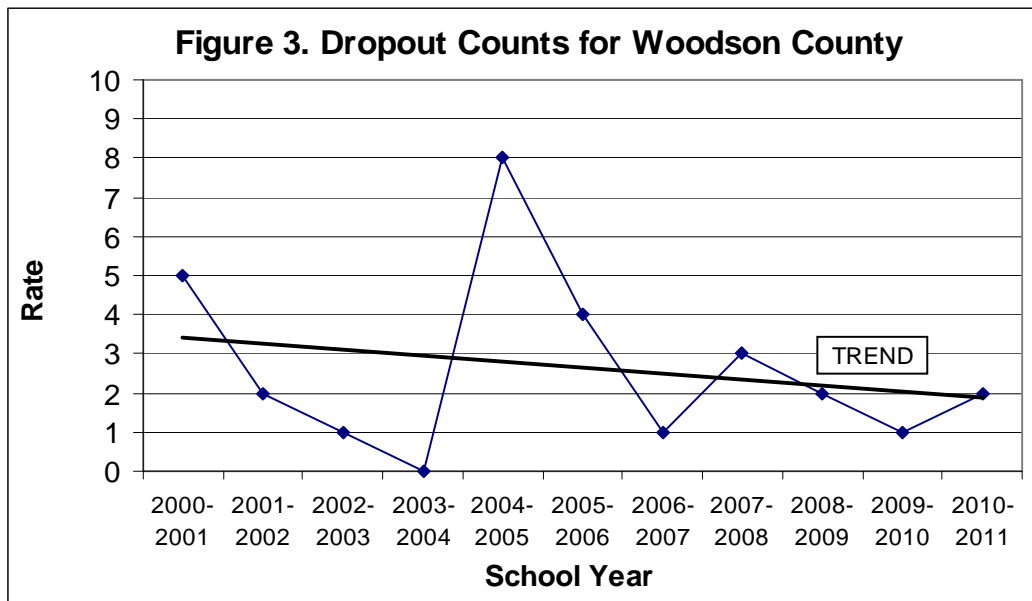
Kansas Department of Education, 2013

As the student population has grown, the student-to-teacher ratio also has generally declined. This generally means that as the school-age population declined, the district has retained staffing. The ratio of about 11-12 students per teacher permits fairly close attention for each of the students.



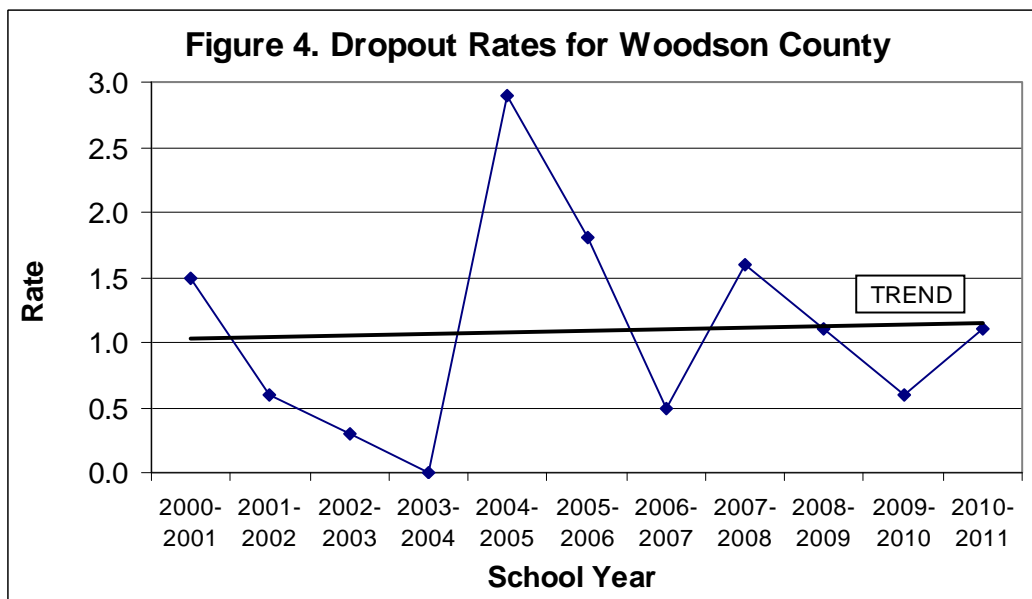
Kansas Department of Education, 2013

Woodson County Rural Health Works



Kansas Department of Education, 2013

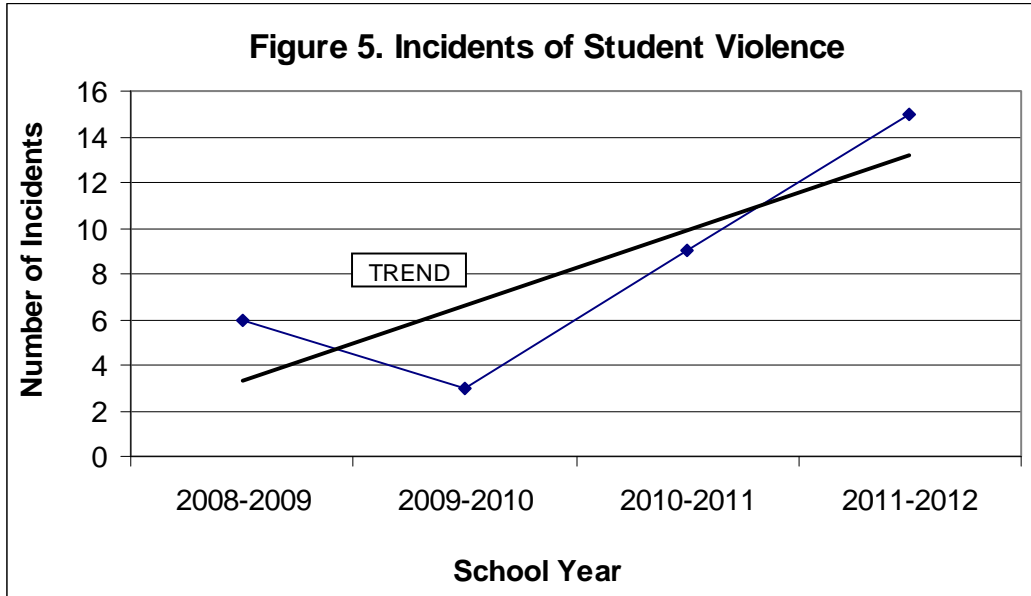
The count of students dropping out of high school has generally been declining over the past decade. In the context of the declining enrollment, the dropout rate has remained fairly stable.



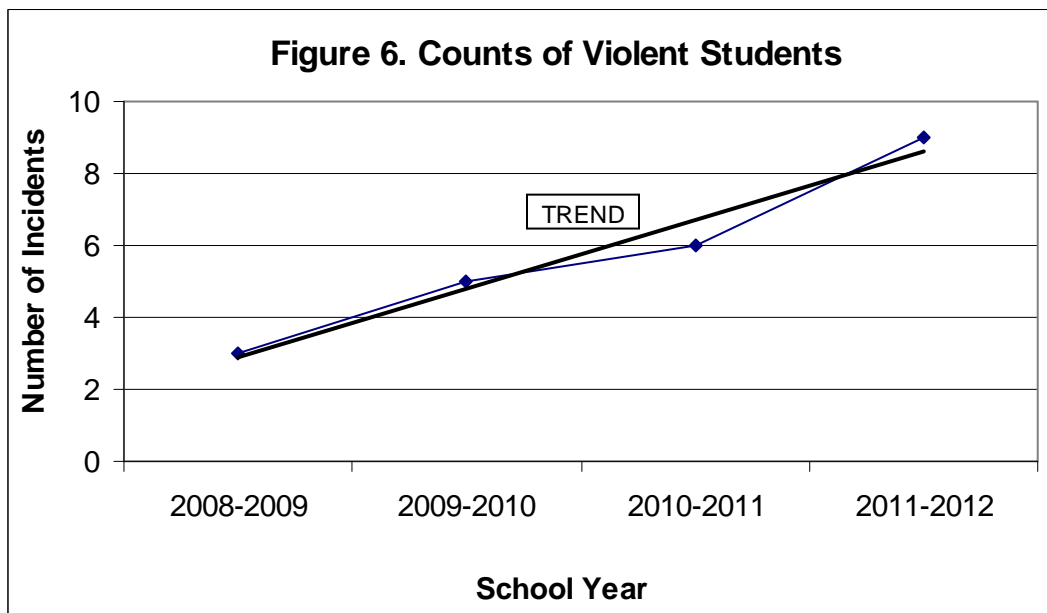
Kansas Department of Education, 2013

Woodson County Rural Health Works

Violence in the school is extremely disruptive to learning. The trend student violent incidents had been increasing in recent years. Similarly, the number of student involved in violent incidents have been increasing.



Kansas Department of Education, 2013



Kansas Department of Education, 2013

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

Woodson County Rural Health Works



KANSAS RURAL
HEALTHWORKS



Communities Building Affordable & Sustainable Healthcare Systems

Traffic Data

Introduction

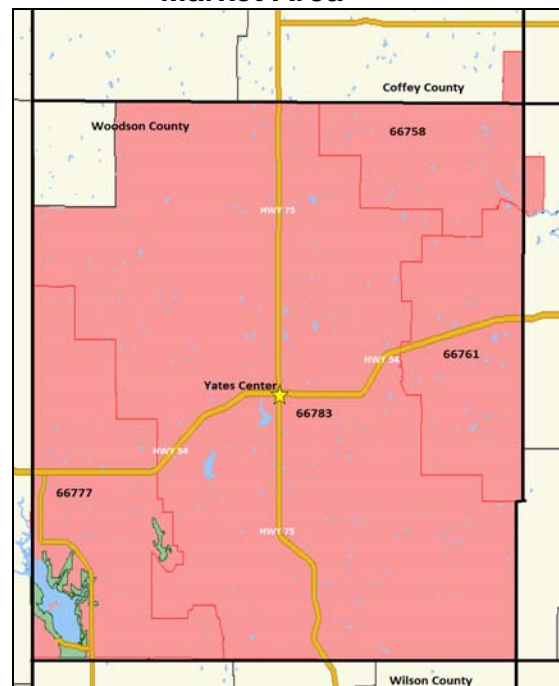
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Traffic Data Summary

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

- The rate of traffic accidents in Woodson County has decreased in the past 10 years.
- In 2010, there were 99 total vehicle crashes in Woodson County, with deer-vehicle collisions accounting for many of the accidents.
- In 2010, the most recent year for which data were available, there were 15 accidents involving injury and one fatality.
- In accidents involving injury or death, over 90% involved people who were wearing a seatbelt.

Woodson County Primary Health Market Area



ZIP codes within Woodson County.
Source: Claritas, Inc. 2013.

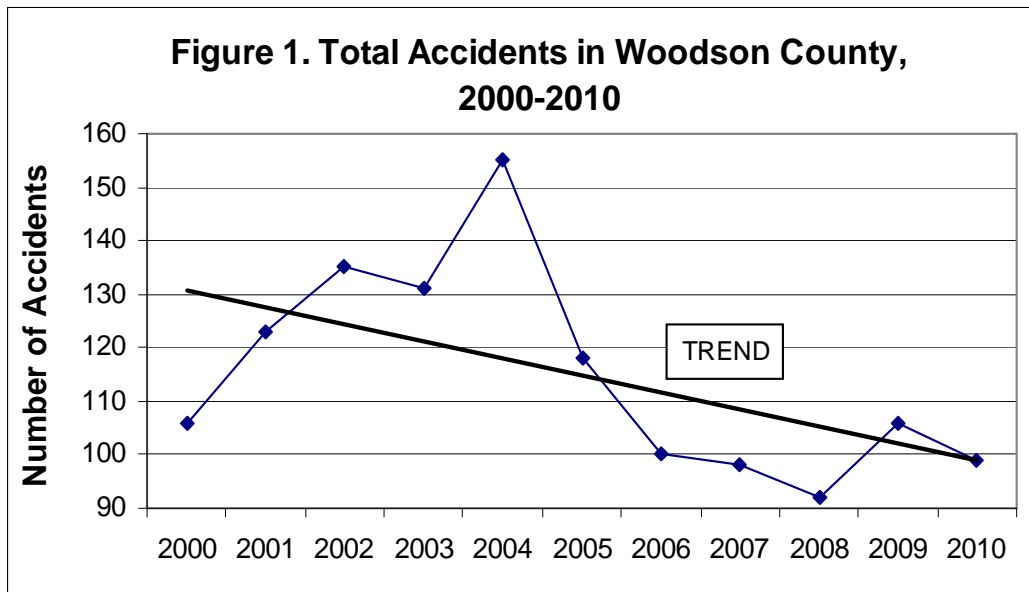
Woodson County Rural Health Works

The rate of traffic accidents in Woodson County has decreased in the past 10 years. In 2010, there were 99 total vehicle crashes in Woodson County, with deer-vehicle collisions accounting for many of the accidents. The decreasing trend is positive. In 2010, the most recent year for which data were available, there were 15 accidents involving injury and one fatality.

Table 1. 2010 Traffic Accident Facts for Coffey County and Kansas

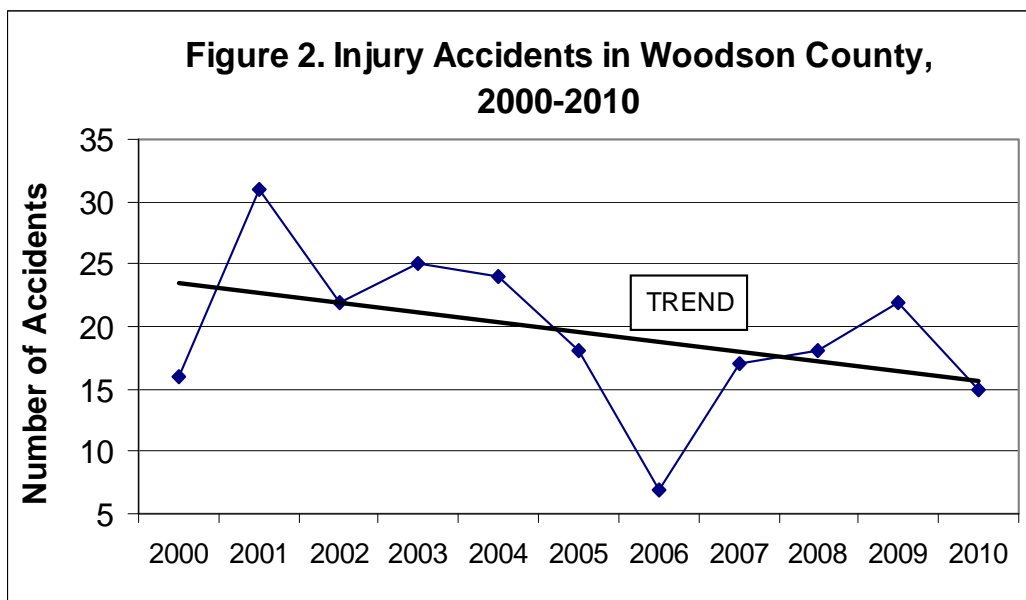
Accidents	Woodson	Kansas	Rate per 1,000 Population	
			Woodson	Kansas
Total	99	60,634	29.9	21.3
Fatal Accidents	1	376	0.3	0.1
Injury Accidents	15	13,480	4.5	4.7
Property Damage Only	83	46,778	25.1	16.4
Deer Involved	50	9,353	15.1	3.3
Speed Related	4	6,044	1.2	2.1
Alcohol Related	2	2,820	0.6	1.0
People				
Deaths	1	431	0.3	0.2
Injuries	22	19,019	6.6	6.7
% Restraint Use	92.8%	90.2%		

Kansas Department of Transportation, 2013

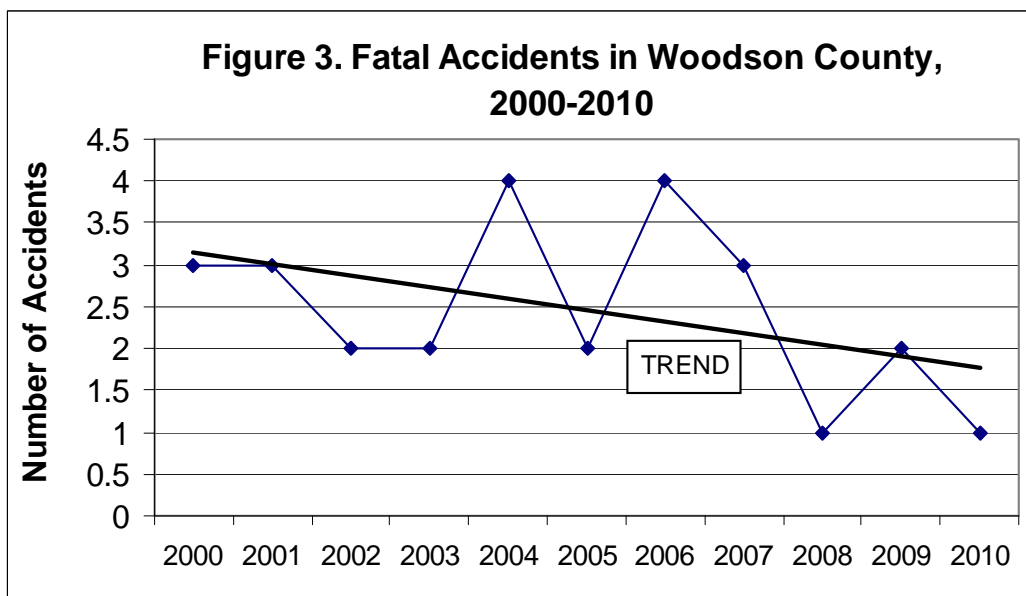


Kansas Department of Transportation, 2013

Woodson County Rural Health Works

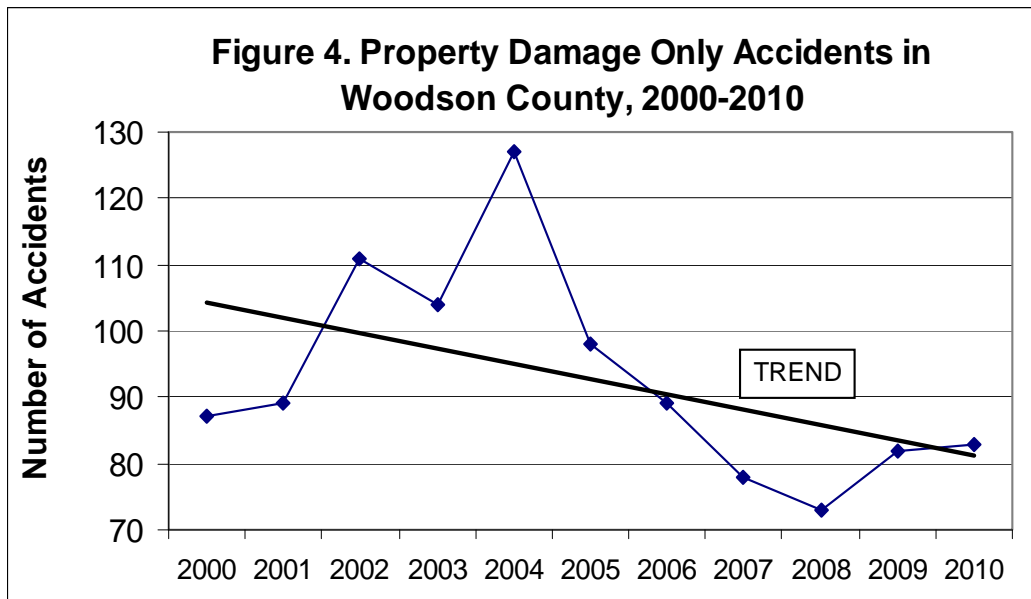


Kansas Department of Transportation, 2013

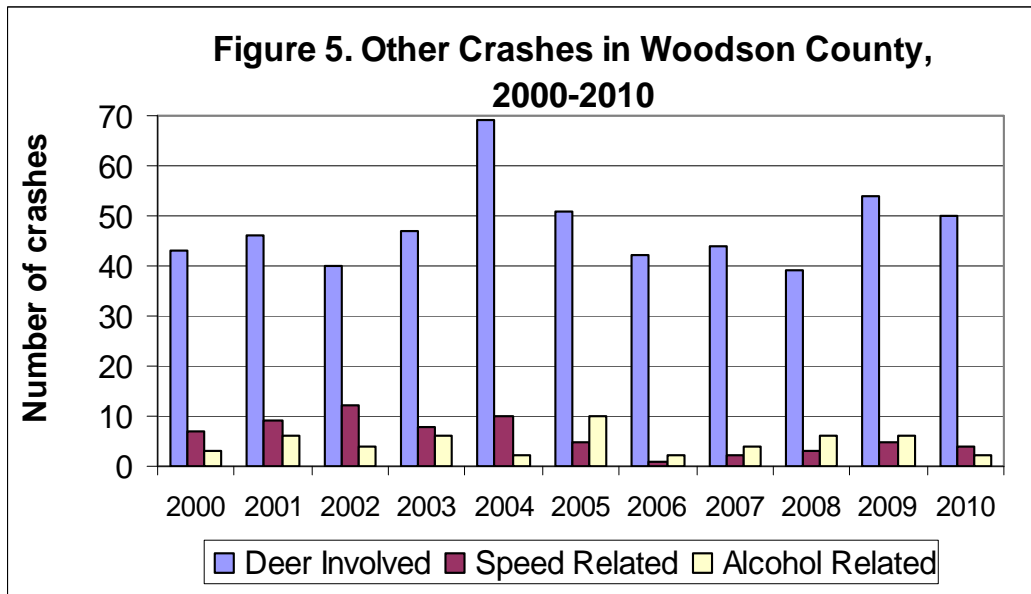


Kansas Department of Transportation, 2013

Woodson County Rural Health Works



Kansas Department of Transportation, 2013



Kansas Department of Transportation, 2013

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

Woodson County Rural Health Works



KANSAS RURAL
HEALTH WORKS



Communities Building Affordable & Sustainable Healthcare Systems

Kansas Health Matters Data Compilation

Introduction

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

Kansas Health Matters

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

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

Data Summary

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

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

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

Woodson County Rural Health Works

Access to Health Services

Average Monthly WIC Participation

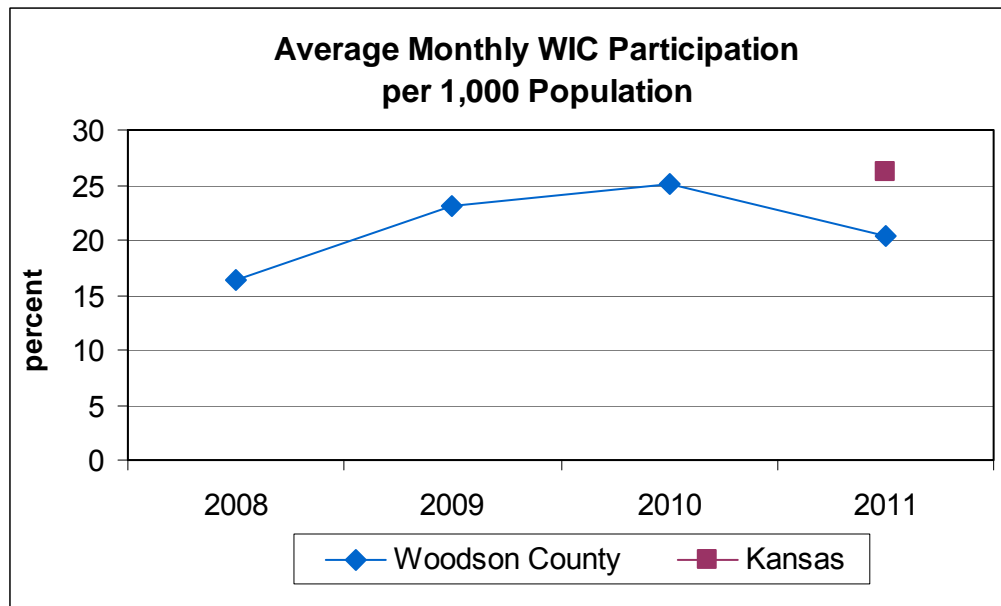
Value: 24.4 average cases per 1,000 population

Measurement Period: 2011

Location: County : Woodson

Comparison: KS state value

Categories: Health / Access to Health Services



What is this Indicator?

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

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

National Studies have documented WIC benefits:

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

Woodson County Rural Health Works

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

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

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

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

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

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

Source: Kansas Department of Health and Environment

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

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

Ratio of Population to Primary Care Physicians

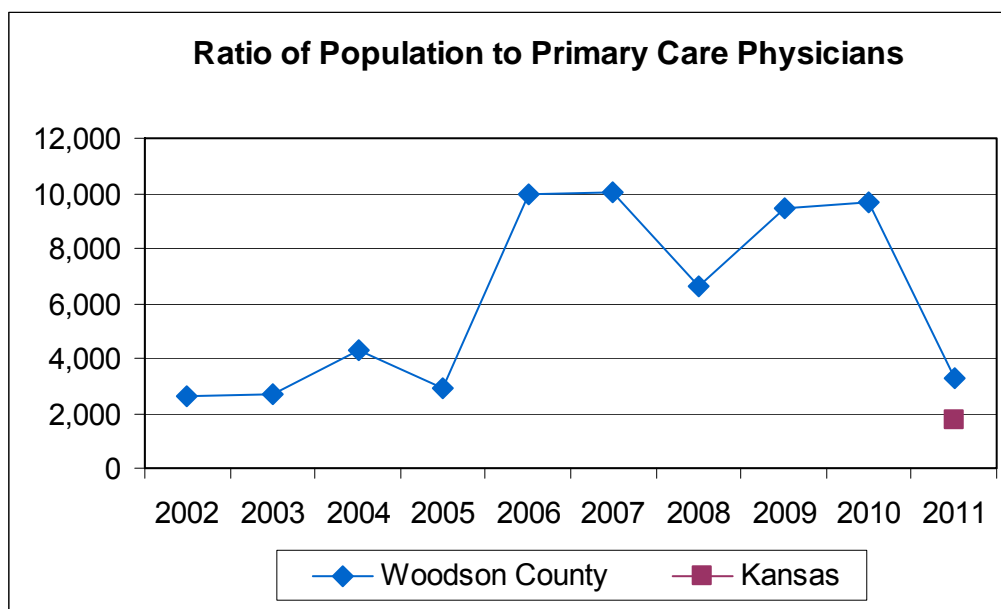
Value: 3,253 population per physician

Measurement Period: 2010

Location: County : Woodson

Comparison: KS State Value

Categories: Health / Access to Health Services



Woodson 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

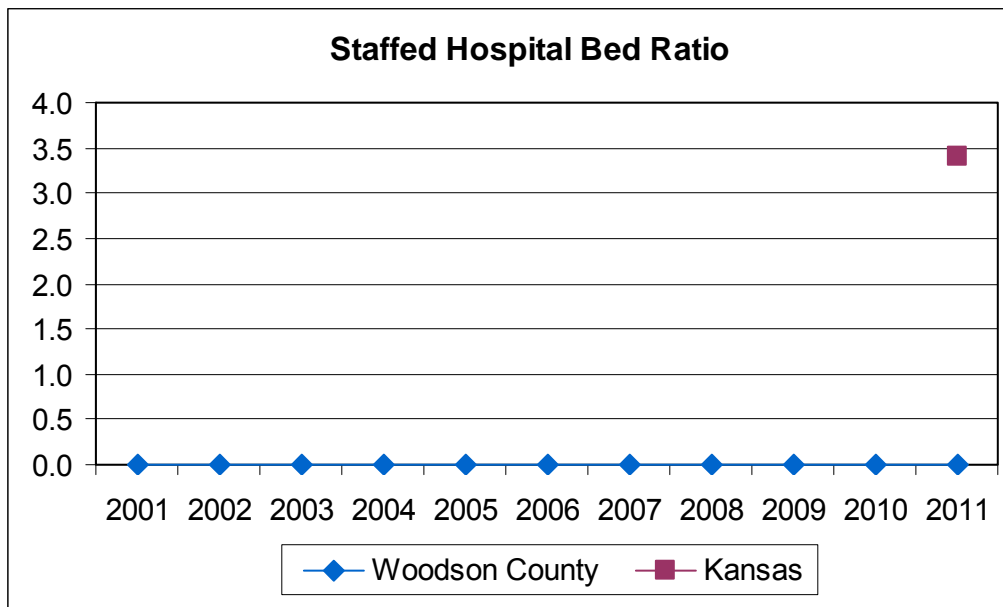
Value: 0.0 beds per 1,000 population

Measurement Period: 2009

Location: County : Woodson

Comparison: KS State Value

Categories: Health / Access to Health Services



What is this Indicator?

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

Woodson County Rural Health Works

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...>

Woodson County Rural Health Works

Diabetes

Percentage of Adults with Diagnosed Diabetes

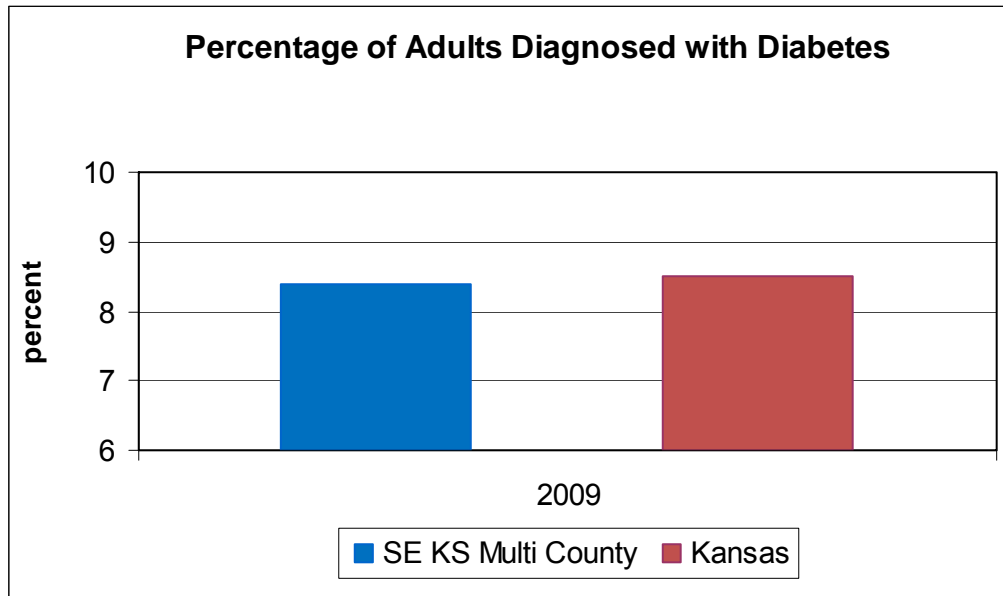
Value: 8.4 percent

Measurement Period: 2009

Location: County: Southeast Kansas Multi County

Comparison: KS State Value

Categories: Health / Diabetes



What is this Indicator?

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

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

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

Source: Kansas Department of Health and Environment

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

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

Woodson County Rural Health Works

Exercise, Nutrition & Weight

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

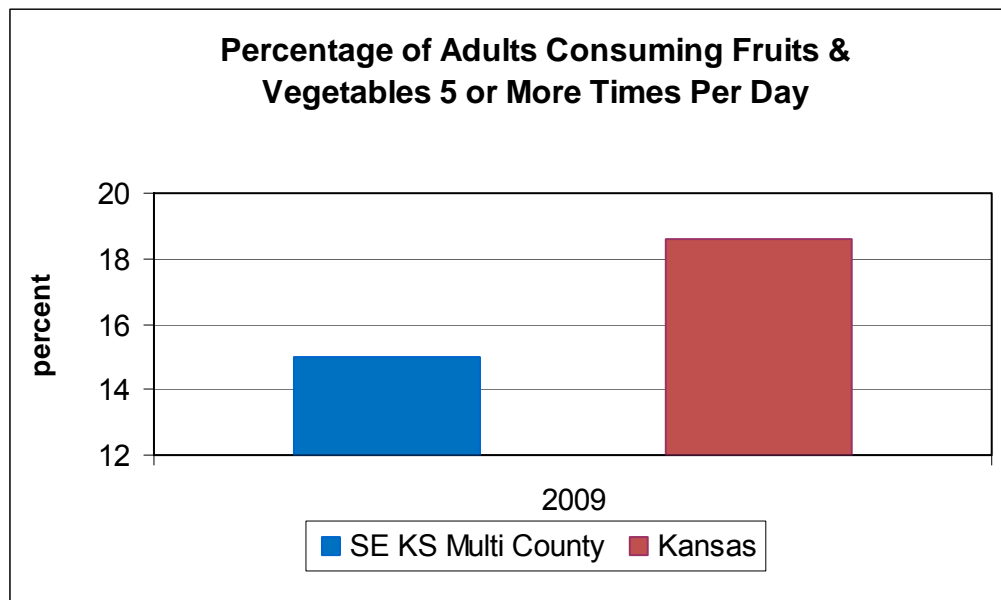
Value: 15 percent

Measurement Period: 2009

Location: County: Southeast Kansas Multi County

Comparison: KS State Value

Categories: Health / Exercise, Nutrition, & Weight



What is this Indicator?

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

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

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

Source: Kansas Department of Health and Environment

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

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

Woodson County Rural Health Works

Percentage of Adults Participating in Recommended Level of Physical Activity

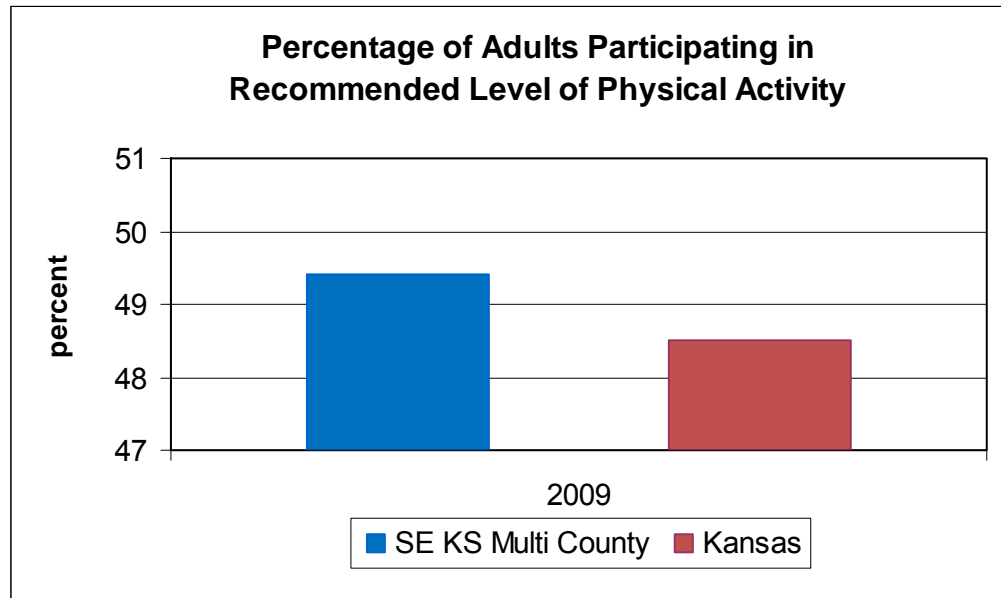
Value: 49.4 percent

Measurement Period: 2009

Location: County: Southeast Kansas Multi County

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.

Woodson 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

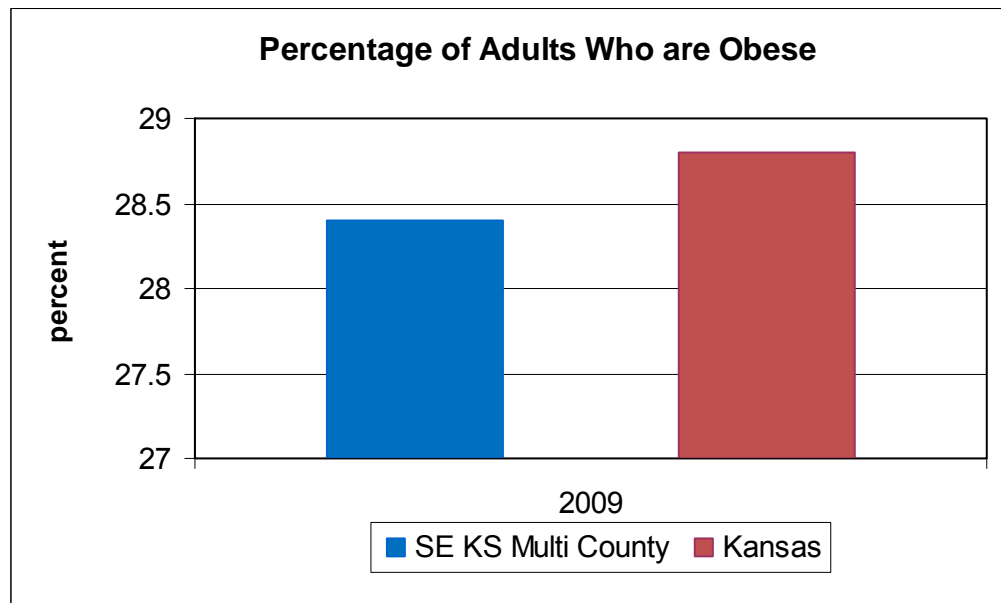
Value: 28.4 percent

Measurement Period: 2009

Location: County: Southeast Kansas Multi County

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. ($BMI = \text{Weight (Kg)} / [\text{Height (cm)}^2]$) A BMI ≥ 30 is considered obese.

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

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

Source: Kansas Department of Health and Environment

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

Woodson County Rural Health Works

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

Percentage of Adults Who are Overweight

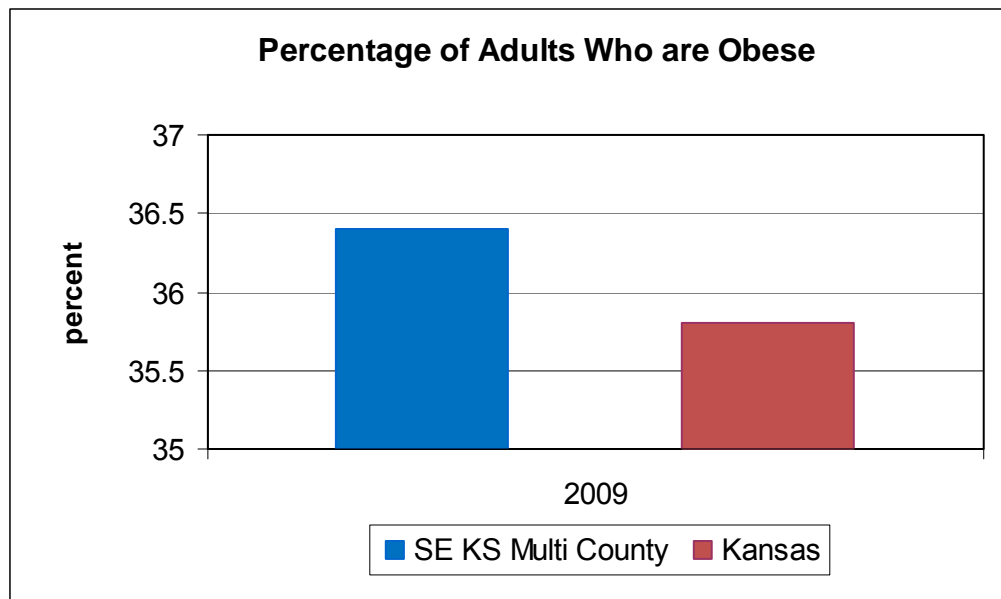
Value: 36.4 percent

Measurement Period: 2009

Location: County: Southeast Kansas Multi County

Comparison: KS State Value

Categories: Health / Exercise, Nutrition, & Weight



What is this Indicator?

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

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

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

Source: Kansas Department of Health and Environment

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

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

Woodson County Rural Health Works

Heart Disease and Stroke

Congestive Heart Failure Hospital Admission Rate

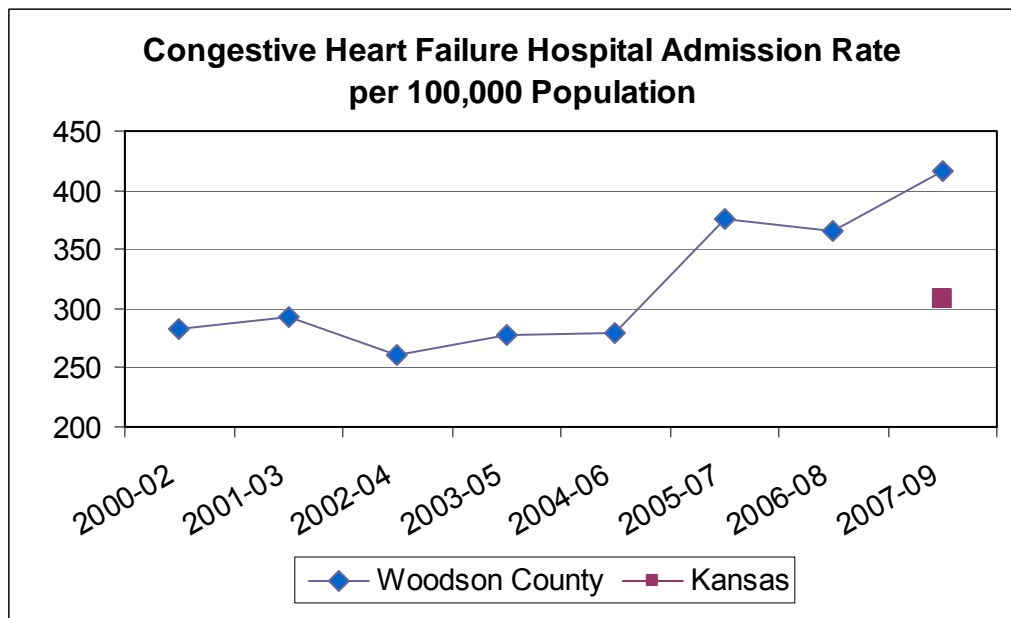
Value: 416.03 per 100,000 population

Measurement Period: 2007-2009

Location: County : Woodson

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.

Woodson 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

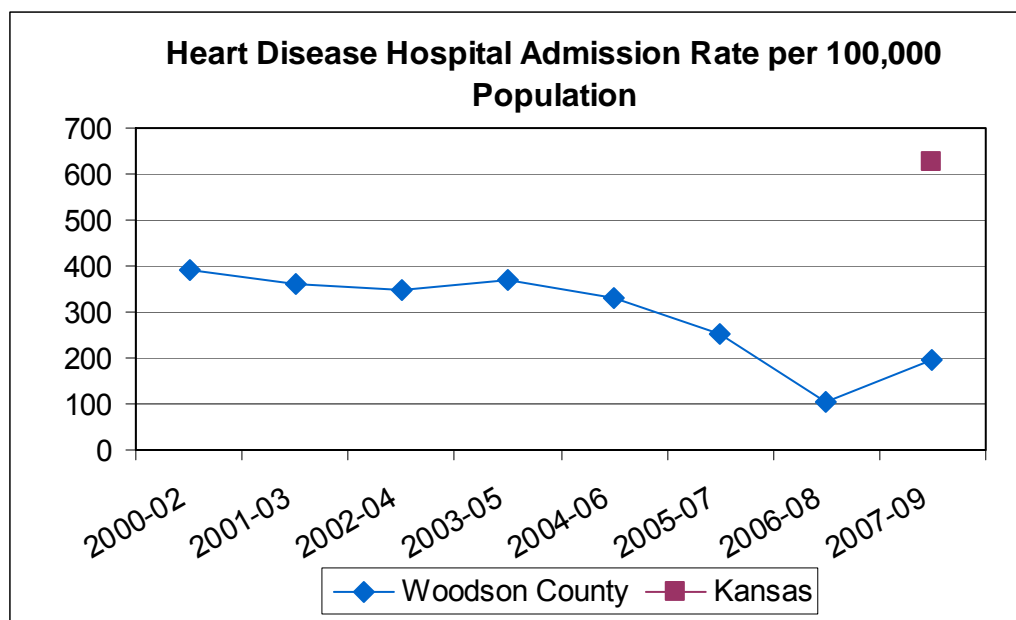
Value: 197.72 per 100,000 population

Measurement Period: 2007-2009

Location: County : Woodson

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/>

Woodson County Rural Health Works

Percentage of Adults with High Cholesterol

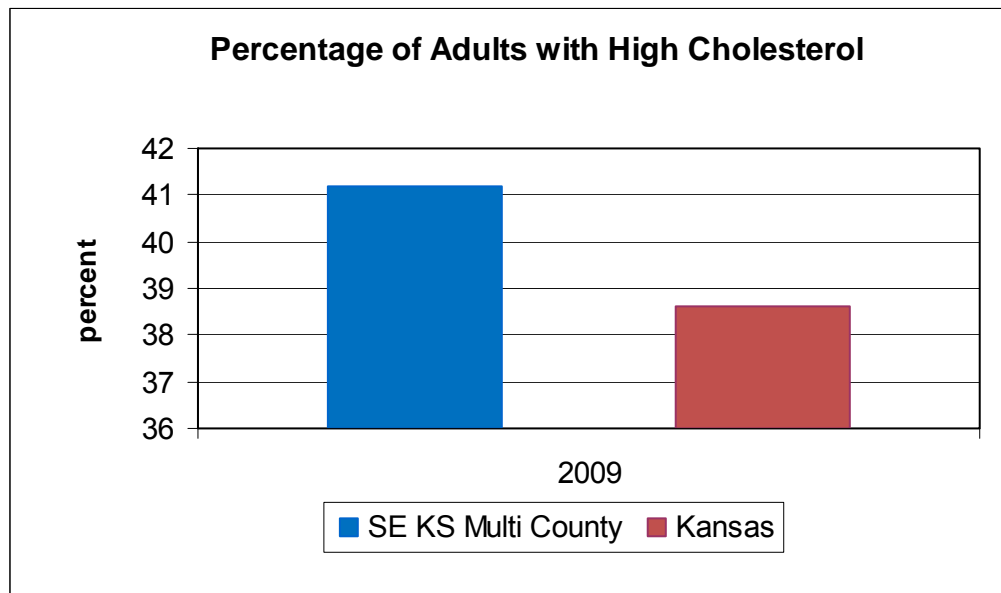
Value: 41.2 percent

Measurement Period: 2009

Location: County: Southeast Kansas Multi County

Comparison: KS State Value

Categories: Health / Heart Disease & Stroke



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/>

Woodson County Rural Health Works

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

Percentage of Adults with Hypertension

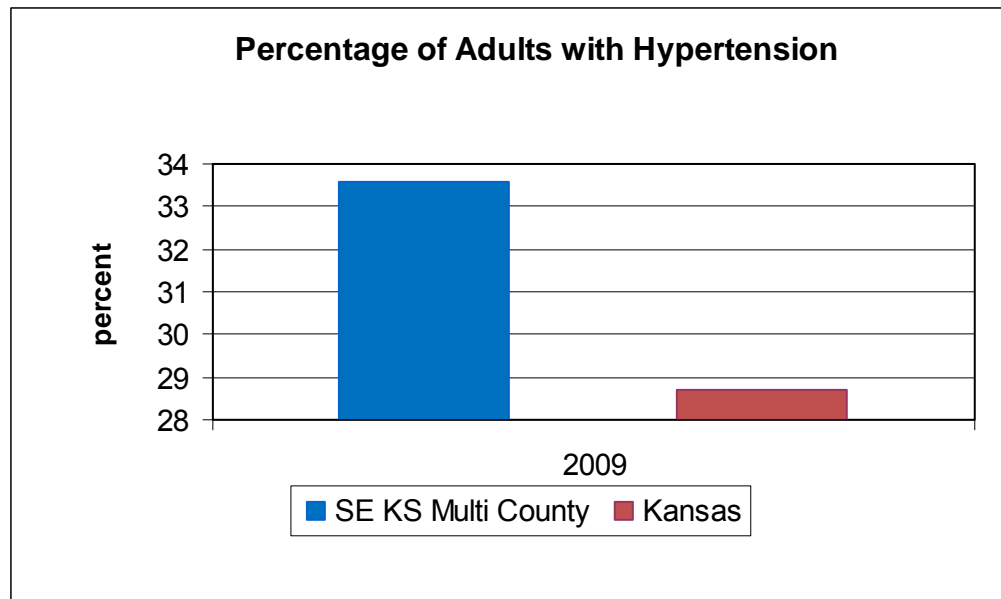
Value: 33.6 percent

Measurement Period: 2009

Location: County: Southeast Kansas Multi County

Comparison: KS State Value

Categories: Health / Heart Disease & Stroke



What is this Indicator?

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

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

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

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

Source: Kansas Department of Health and Environment

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

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

Woodson County Rural Health Works

Immunizations & Infectious Diseases

Bacterial Pneumonia Hospital Admission Rate

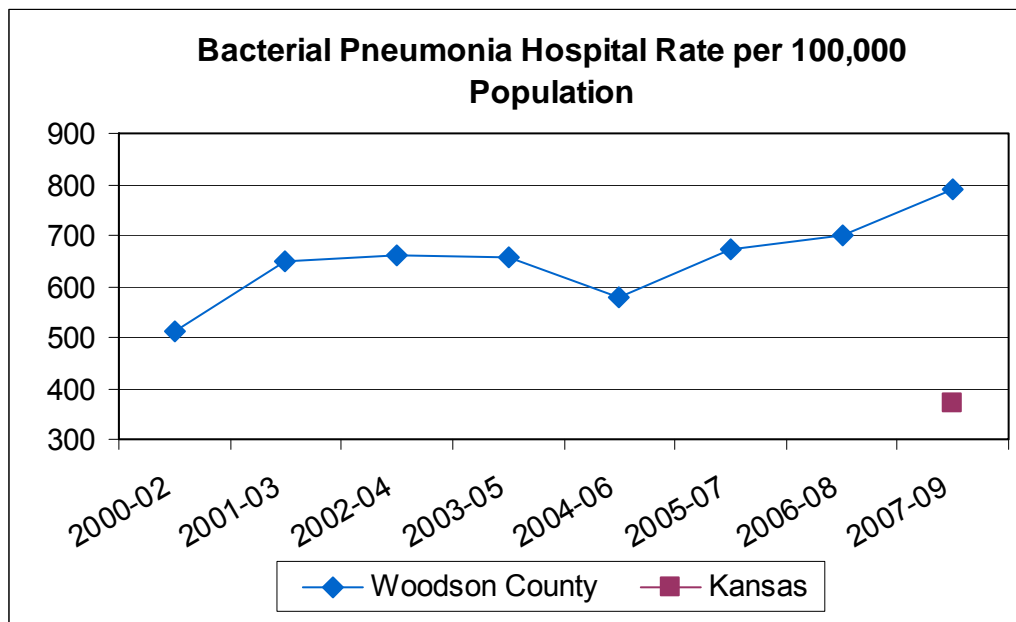
Value: 791.80 per 100,000 population

Measurement Period: 2007-2009

Location: County : Woodson

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.

Woodson 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/>

Percent of Infants Fully Immunized at 24 Months

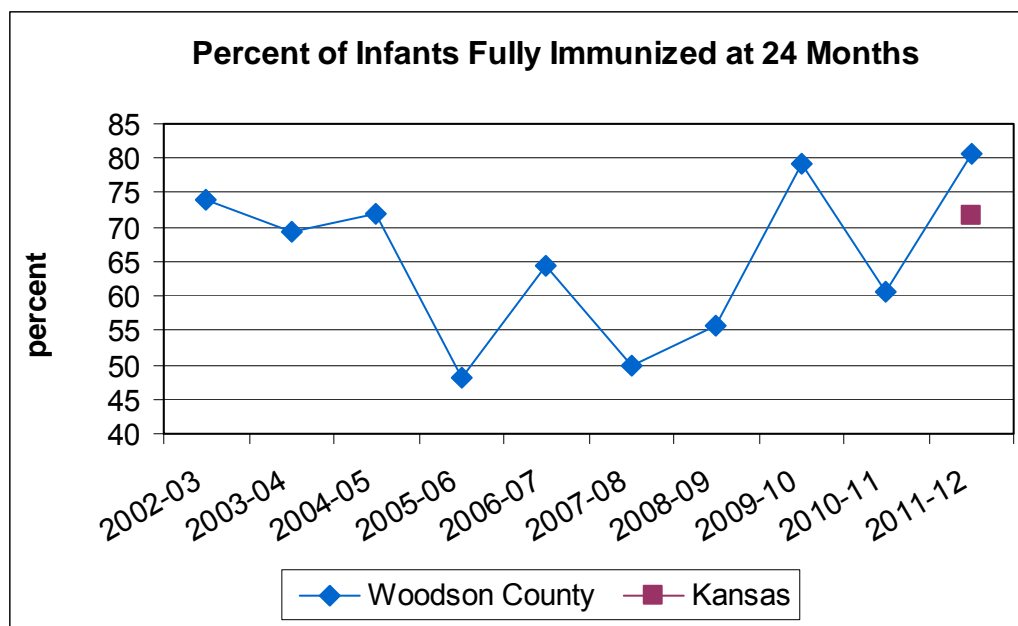
Value: 80.6 percent

Measurement Period: 2011-2012

Location: County : Woodson

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.

Woodson County Rural Health Works

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

Source: Kansas Department of Health and Environment

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

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

Sexually Transmitted Disease Rate

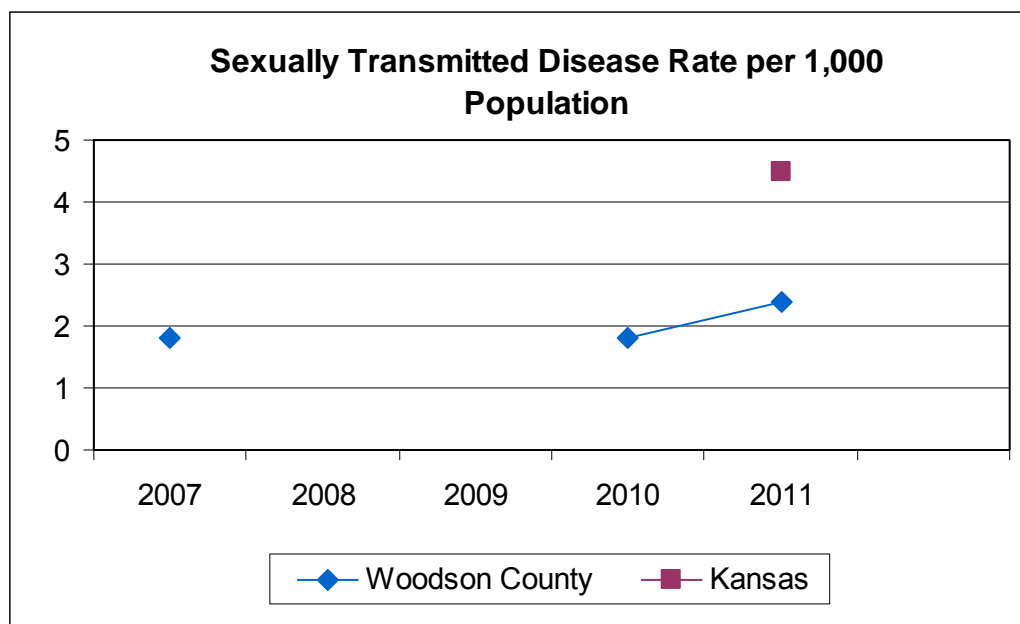
Value: 2.4 cases/1,000 population

Measurement Period: 2011

Location: County : Woodson

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

Woodson County Rural Health Works

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.

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

Woodson County Rural Health Works

Maternal, Fetal & Infant Health

Infant Mortality Rate

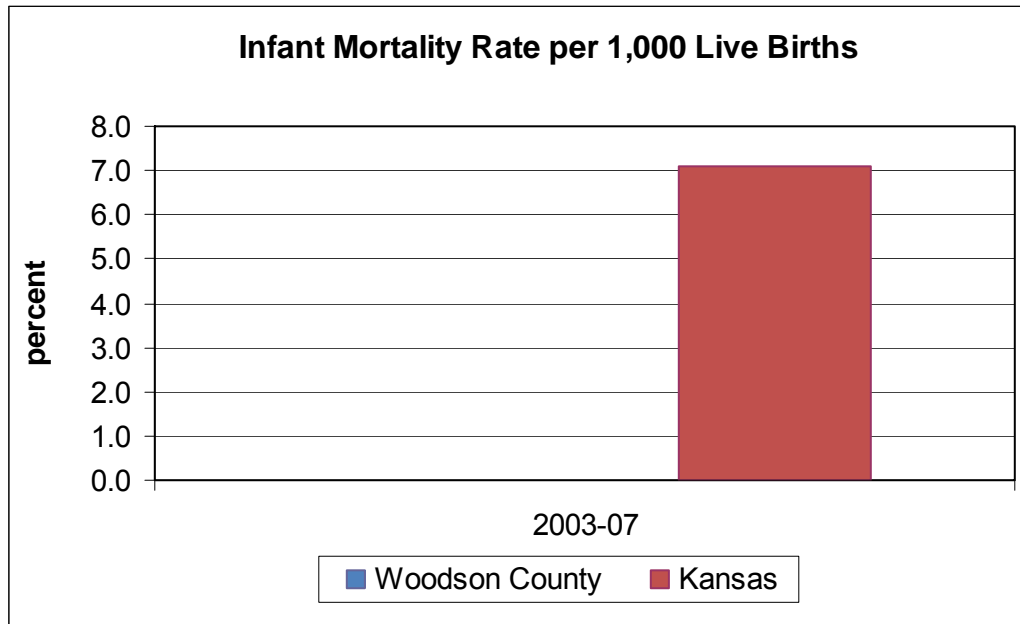
Value: 0.0 deaths/ 1,000 live births

Measurement Period: 2003-2007

Location: County: Woodson

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.

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

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

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

Source: Kansas Department of Health and Environment

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

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

Number of Births per 1,000 Population

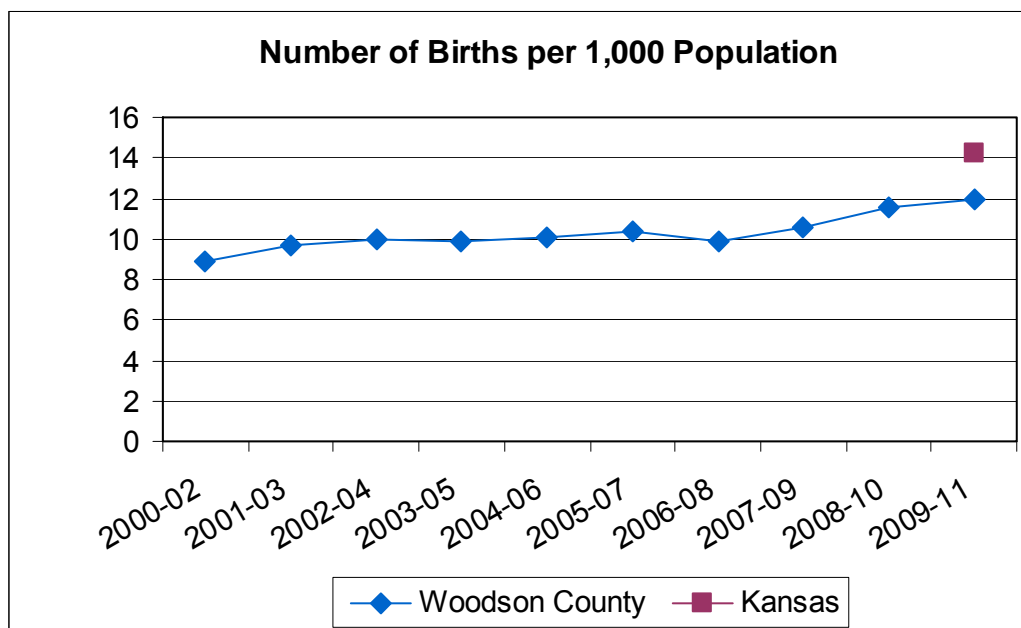
Value: 12.0 births/1,000 population

Measurement Period: 2009-2011

Location: County : Woodson

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

Woodson County Rural Health Works

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

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

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

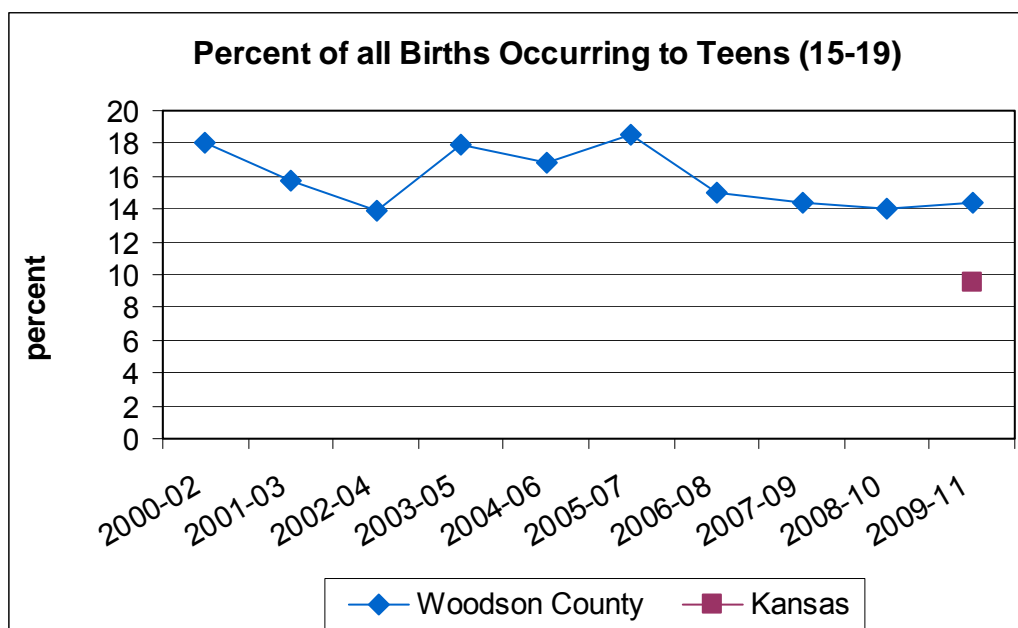
Value: 14.4 percent

Measurement Period: 2009-2011

Location: County : Woodson

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

Woodson County Rural Health Works

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

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

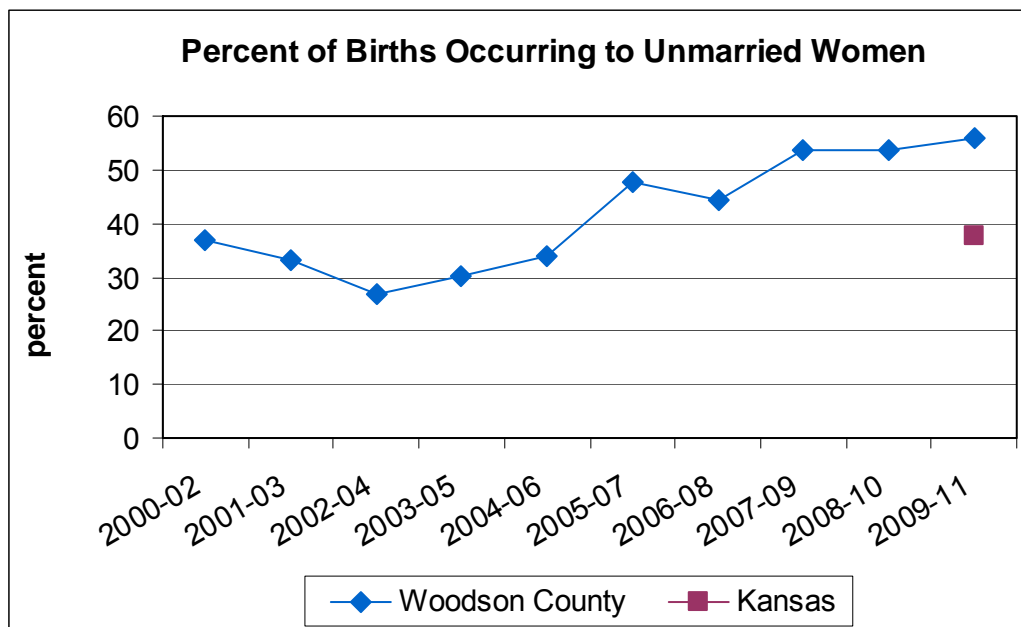
Value: 55.9 percent

Measurement Period: 2009-2011

Location: County : Woodson

Comparison: KS State Value

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



Woodson County Rural Health Works

What is this Indicator?

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

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

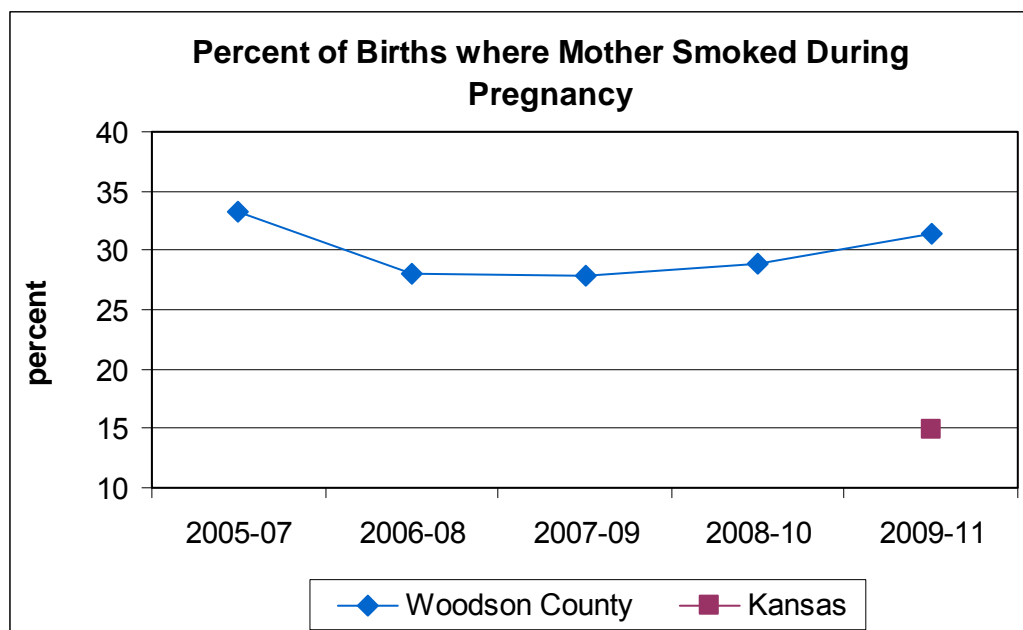
Value: 31.4 percent

Measurement Period: 2009-2011

Location: County : Woodson

Comparison: KS State Value

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



Woodson County Rural Health Works

What is this Indicator?

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

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

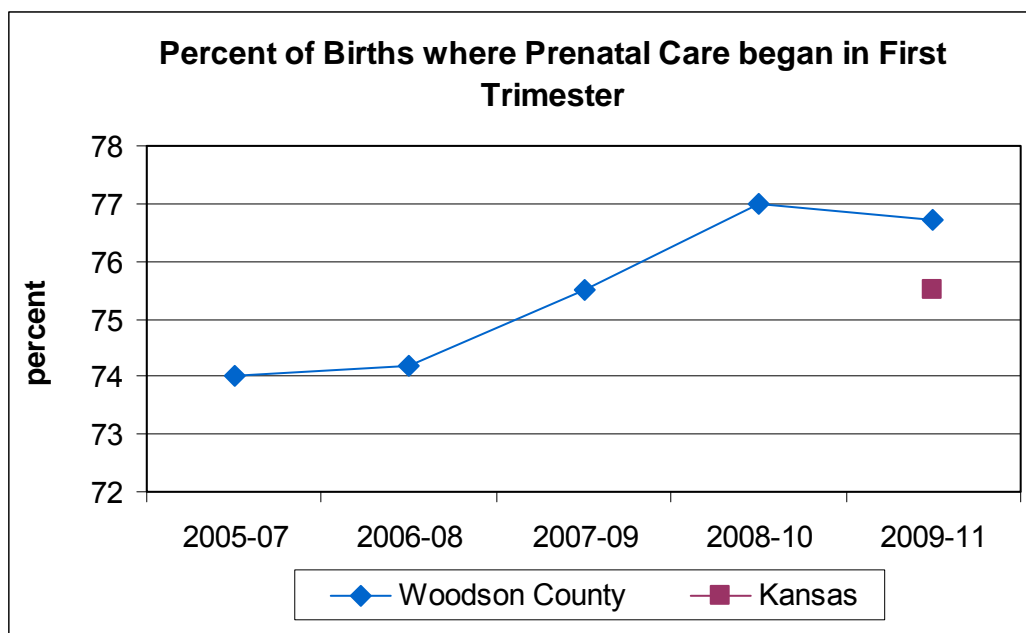
Value: 76.7 percent

Measurement Period: 2009-2011

Location: County : Woodson

Comparison: KS State Value

Categories: Health / Maternal, Fetal & Infant Health



Woodson County Rural Health Works

What is this Indicator?

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

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

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

Source: Kansas Department of Health and Environment

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

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

Percent of Births with Inadequate Birth Spacing

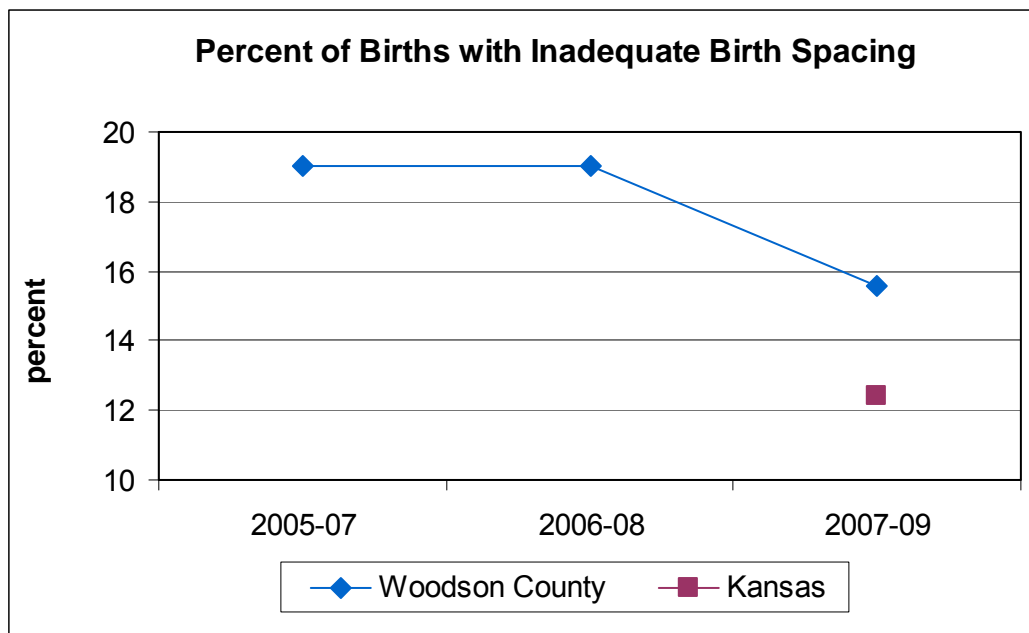
Value: 15.6 percent

Measurement Period: 2007-2009

Location: County : Woodson

Comparison: KS State Value

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



Woodson County Rural Health Works

What is this Indicator?

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

Why this is important: Birth Spacing refers to the time interval from one child's birth date until the next child's birth date. There are many factors to consider in determining what is an optimal time interval between pregnancies. However, researchers agree that 2 ½ years to 3 years between births is usually best for the well being of the mother and her children. When births are spaced 2 1/2 years to 3 years apart there is less risk of infant and child death. There is also lower risk of the baby being underweight. Short intervals between births can also be bad for mother's health. There is a greater risk of bleeding in pregnancy, premature rupture of the bag of waters and increased risk of maternal death. A time interval of six months or more after finishing breastfeeding is also recommended before becoming pregnant again for the mother to be able to rebuild her nutritional stores.

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

Source: Kansas Department of Health and Environment

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

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

Percent of Births with Low Birth Weight

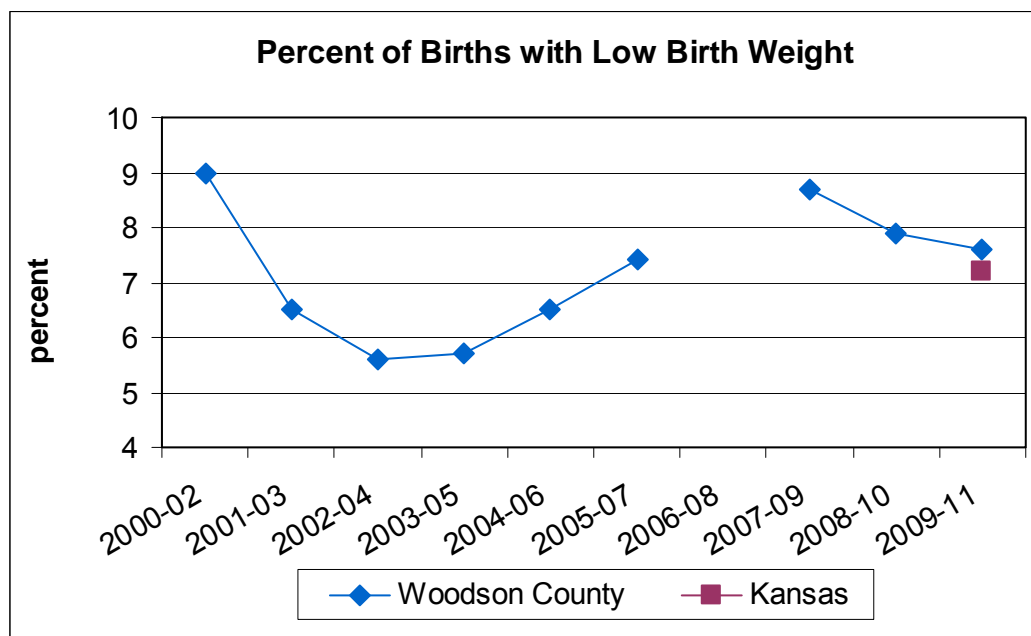
Value: 7.6 percent

Measurement Period: 2009-2011

Location: County : Woodson

Comparison: KS State Value

Categories: Health / Maternal, Fetal & Infant Health



Woodson County Rural Health Works

What is this Indicator?

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

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

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

Source: Kansas Department of Health and Environment

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

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

Percent of Premature Births

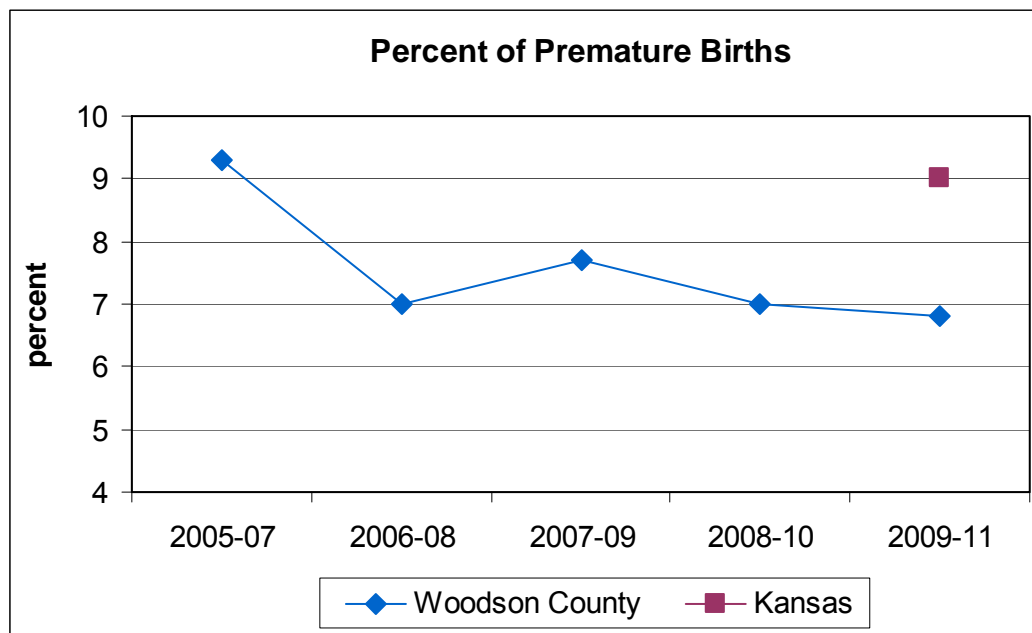
Value: 6.8 percent

Measurement Period: 2009-2011

Location: County : Woodson

Comparison: KS State Value

Categories: Health / Maternal, Fetal & Infant Health



Woodson County Rural Health Works

What is this Indicator?

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

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

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

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

Source: Kansas Department of Health and Environment

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

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

Woodson County Rural Health Works

Mental Health & Mental Disorders

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

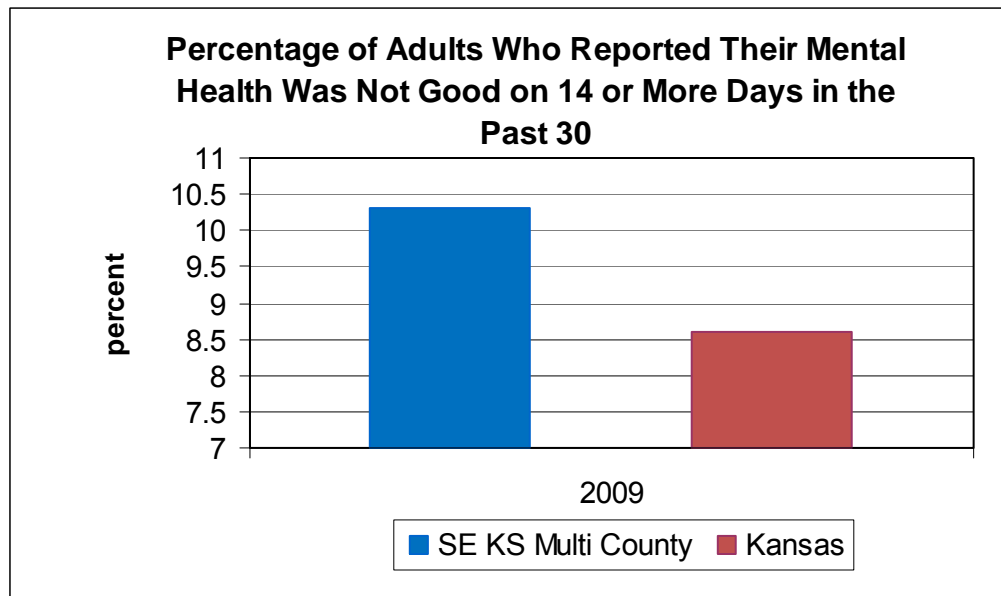
Value: 10.3 percent

Measurement Period: 2009

Location: Region: Southeast Kansas Multi County

Comparison: KS State Value

Categories: Health / Mental Health & Mental Disorders



What is this Indicator?

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

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

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

Woodson County Rural Health Works

Mortality Data

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

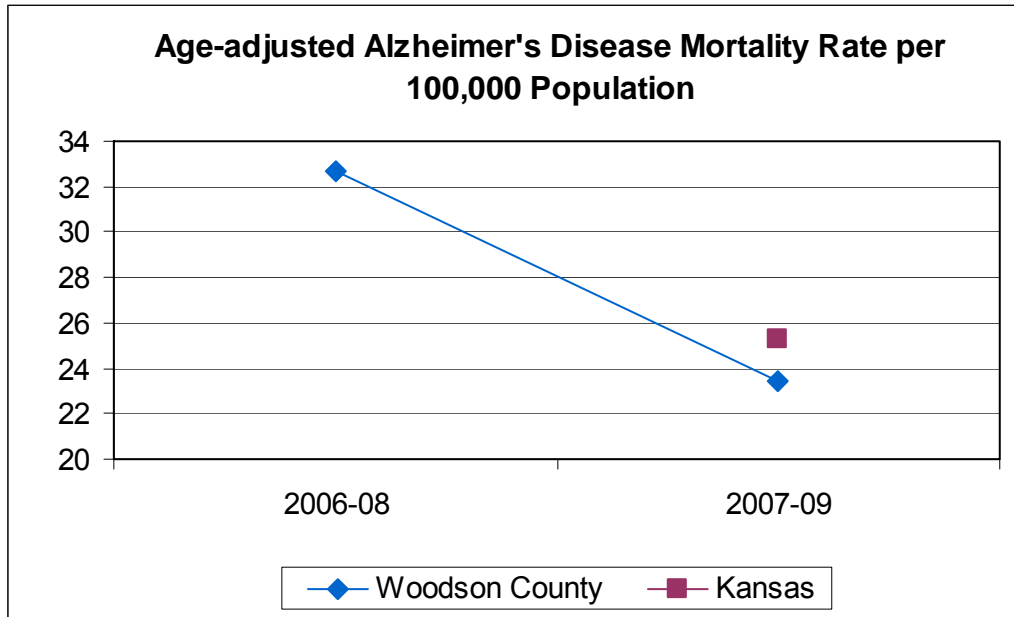
Value: 23.4 deaths/100,000 population

Measurement Period: 2007-2009

Location: County : Woodson

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 Cancer Mortality Rate per 100,000 Population

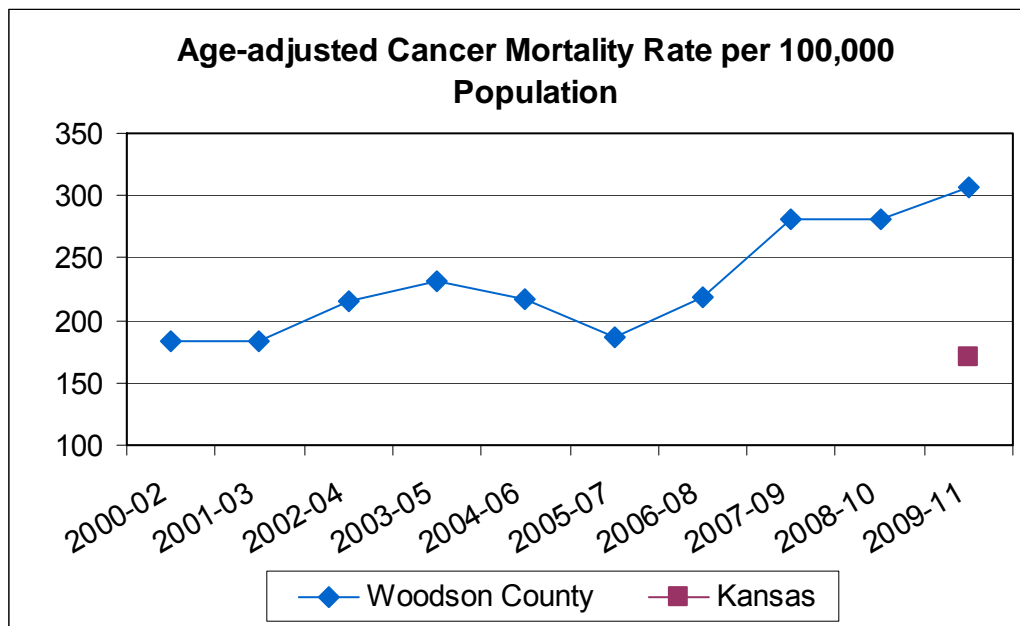
Value: 306.7 deaths/100,000 population

Measurement Period: 2009-2011

Location: County : Woodson

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.

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 Cerebrovascular Disease Mortality Rate per 100,000 Population

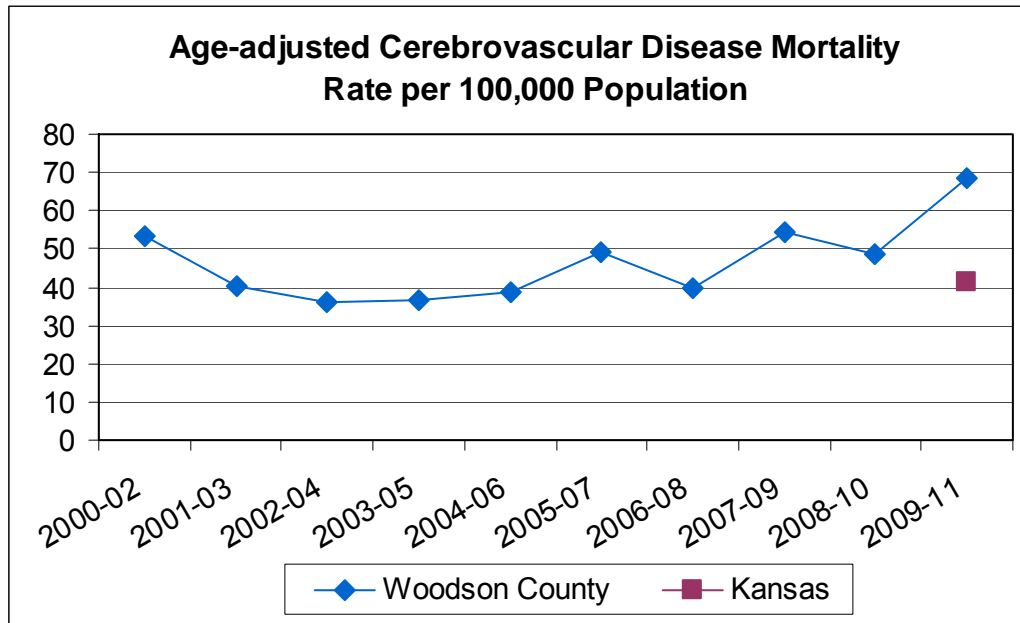
Value: 68.6 deaths/100,000 population

Measurement Period: 2009-2011

Location: County : Woodson

Comparison: KS State Value

Categories: Health / Mortality Data



What is this Indicator?

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

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

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

Source: Kansas Department of Health and Environment

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

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

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

Value: 51.0 deaths/100,000 population

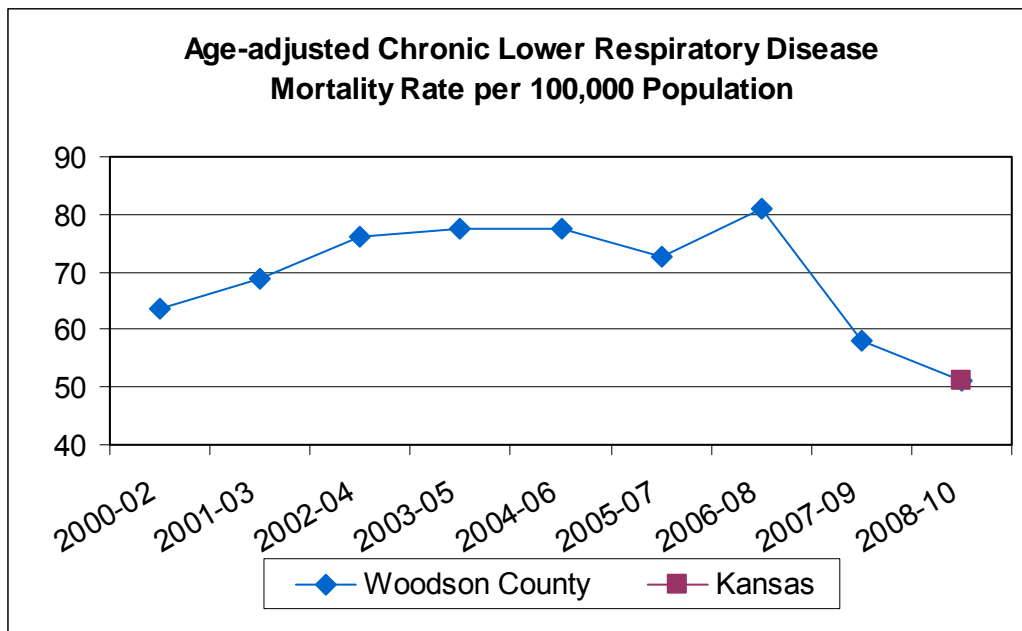
Measurement Period: 2008-2010

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Location: County : Woodson

Comparison: KS State Value

Categories: Health / Mortality Data



What is this Indicator?

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

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

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

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

Tobacco smoking is the most important risk factor for chronic bronchitis and emphysema, accounting for about 80% of cases. Cigarette smokers are 10 times more likely to die from these diseases than nonsmokers. The remaining 20% of cases are attributable to environmental exposures and genetic factors. Asthma appears to have a strong genetic basis, with 30% to 50% of all cases due to an inherited predisposition.

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

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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

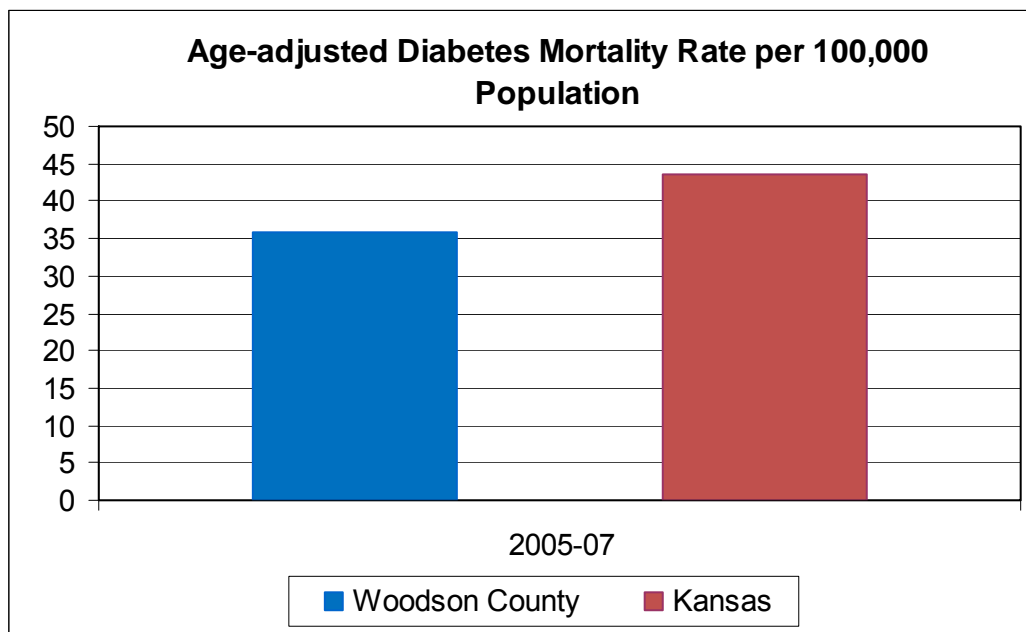
Value: 35.7 deaths/100,000 population

Measurement Period: 2005-2007

Location: County : Woodson

Comparison: KS State Value

Categories: Health / Mortality Data



What is this Indicator?

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

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

Diabetes can have a harmful effect on most of the organ systems in the human body; it is a frequent cause of end-stage renal disease, non-traumatic lower-extremity amputation, and a leading cause of blindness among working age adults. Persons with diabetes are also at 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.

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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 Heart Disease Mortality Rate per 100,000 Population

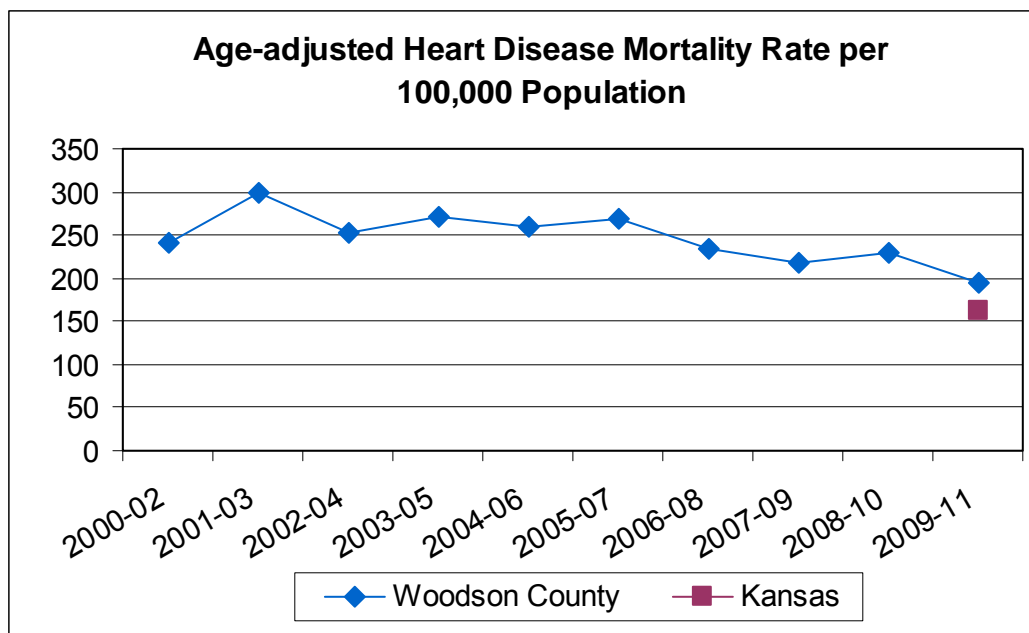
Value: 195.1 deaths/100,000 population

Measurement Period: 2009-2011

Location: County : Woodson

Comparison: KS State Value

Categories: Health / Mortality Data



What is this Indicator?

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

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

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 Homicide Mortality Rate per 100,000 Population

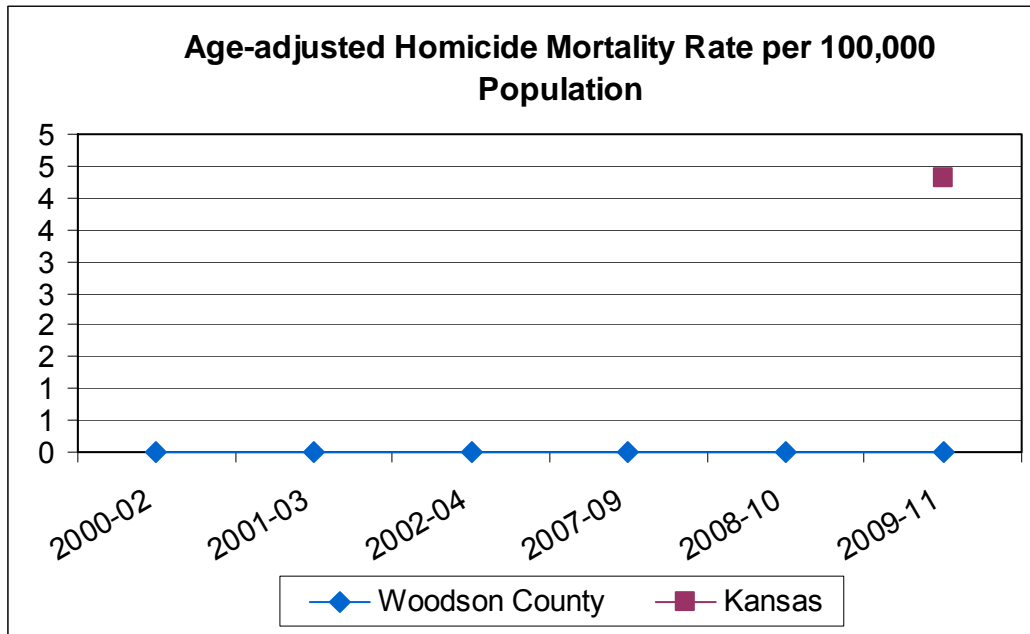
Value: 0 deaths/100,000 population

Measurement Period: 2009-2011

Location: County : Woodson

Comparison: KS State Value

Categories: Health / Mortality Data



What is this Indicator?

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

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

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

Source: Kansas Department of Health and Environment

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

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

Age-adjusted Mortality Rate per 100,000 Population

Value: 989.8 deaths/100,000 population

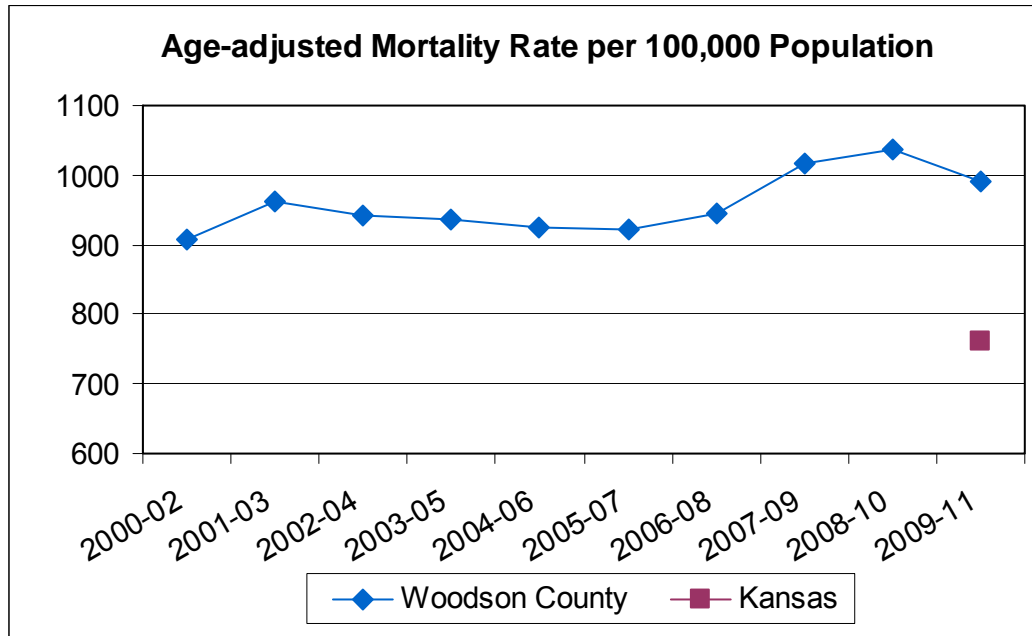
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Measurement Period: 2009-2011

Location: County : Woodson

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: 23.74 deaths/100,000 population

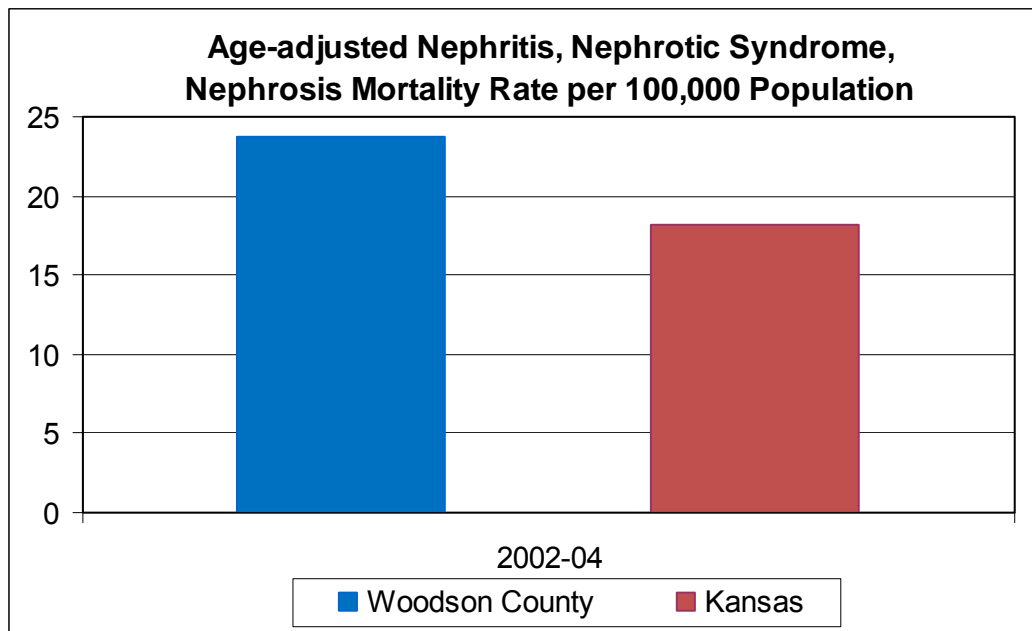
Measurement Period: 2002-2004

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Location: County : Woodson

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

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

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

Source: Kansas Department of Health and Environment

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

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

Age-adjusted Suicide Mortality Rate per 100,000 Population

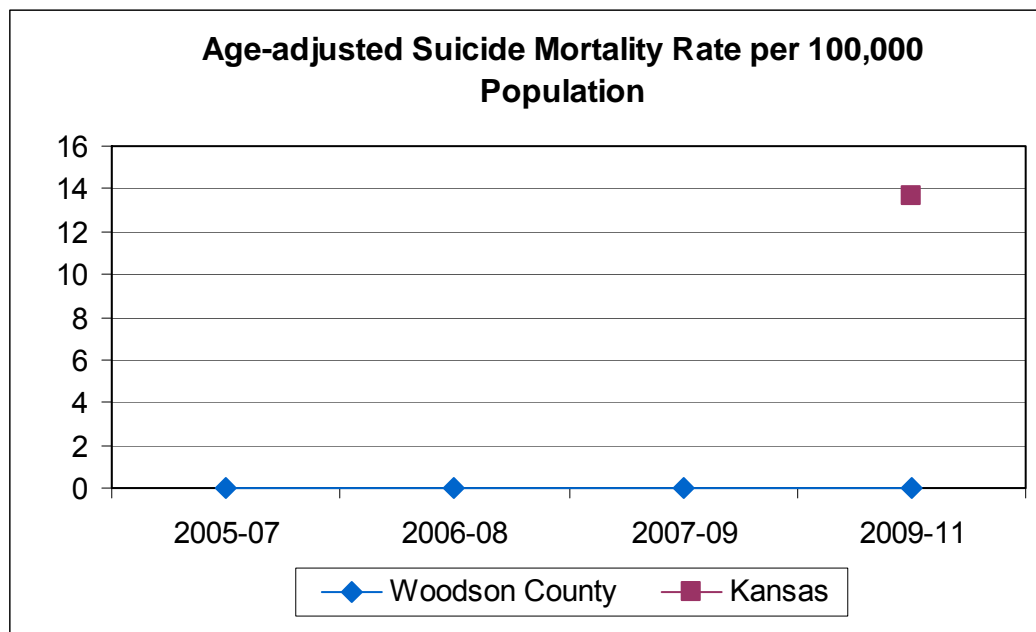
Value: 0 deaths/100,000 population

Measurement Period: 2009-2011

Location: County : Woodson

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.

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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 Traffic Injury Mortality Rate per 100,000 Population

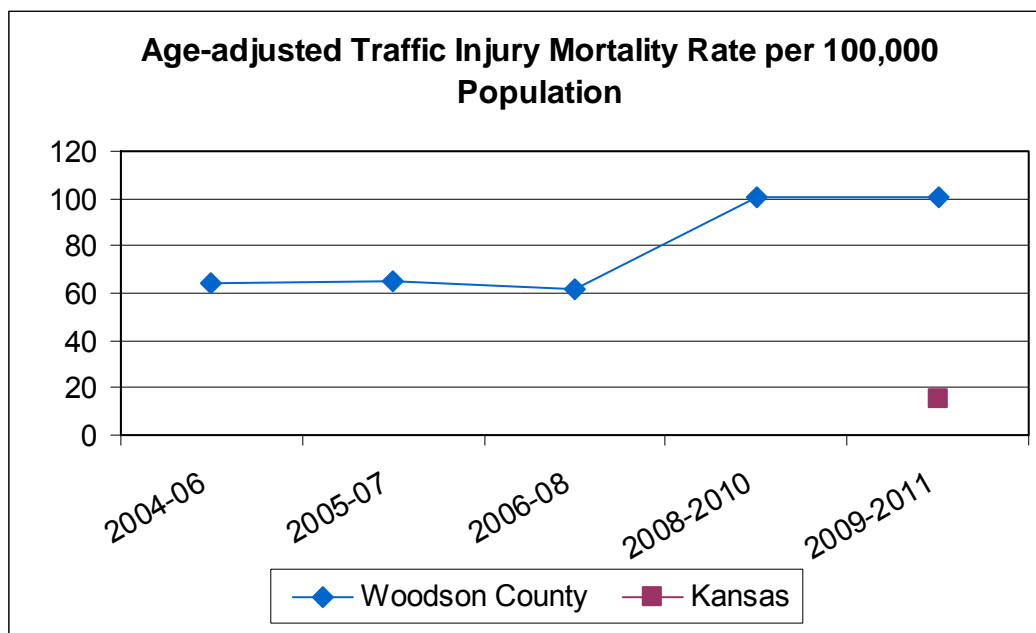
Value: 100.8 deaths/100,000 population

Measurement Period: 2009-2011

Location: County : Woodson

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>

Woodson County Rural Health Works

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

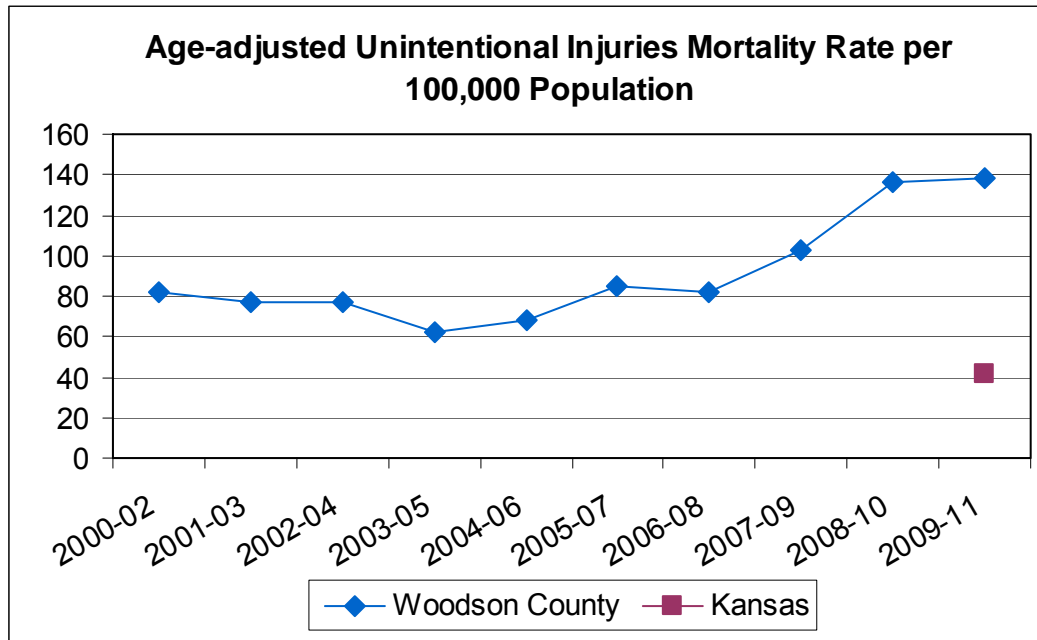
Value: 138.2 deaths/100,000 population

Measurement Period: 2009-2011

Location: County : Woodson

Comparison: KS State Value

Categories: Health / Mortality Data



What is this Indicator?

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

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

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

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

Woodson County Rural Health Works

Source: Kansas Department of Health and Environment

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

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

Woodson County Rural Health Works

Oral Health

Dentist Rate

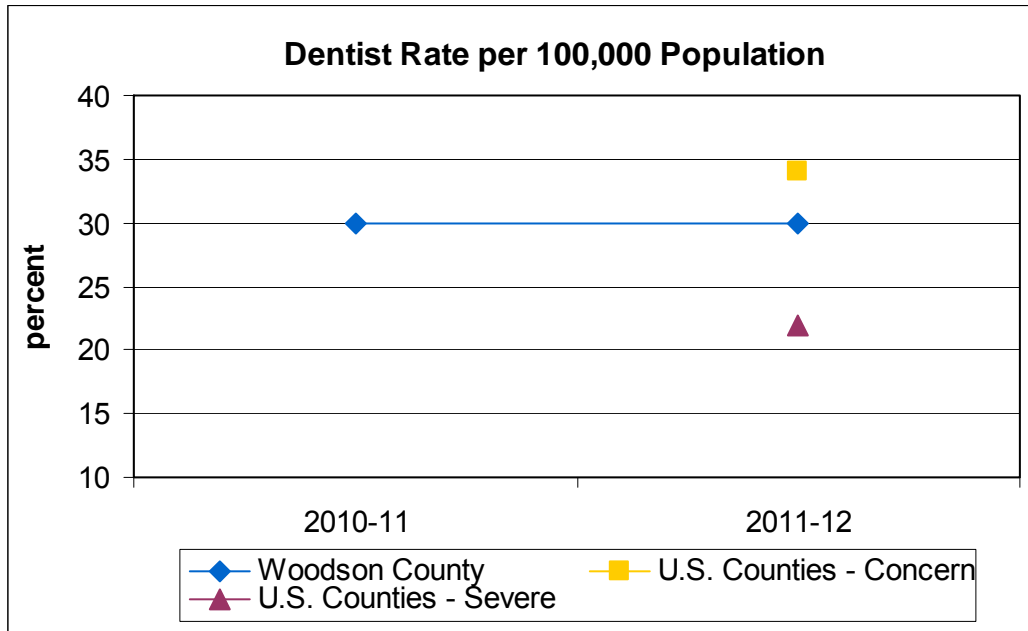
Value: 30 dentists/100,000 population

Measurement Period: 2011-2012

Location: County: Woodson

Comparison: U.S. Counties

Categories: Health/Oral Health



What is this Indicator?

This indicator shows the rate of dentists per 100,000 population.

Why this is important: Oral health has been shown to impact overall health and well-being. Nearly one-third of all adults in the United States have untreated tooth decay, or tooth caries, and one in seven adults ages 35 to 44 years old has periodontal (gum) disease. Tooth decay is the most prevalent chronic infectious disease affecting children in the U.S., and impacts more than a quarter of children ages 2 to 5 and more than half of children ages 12 to 15. Given these serious health consequences, it is important to maintain good oral health. It is recommended that adults and children see a dentist on a regular basis. Professional dental care helps to maintain the overall health of the teeth and mouth, and provides for early detection of pre-cancerous or cancerous lesions. People living in areas with low rates of dentists may have difficulty accessing the dental care they need.

Technical Note: The distribution is based on data from 3,054 U.S. counties and county equivalents.

Source: County Health Rankings

URL of Source: <http://www.countyhealthrankings.org/>

URL of Data: <http://www.countyhealthrankings.org/rankings/data>

Woodson County Rural Health Works

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

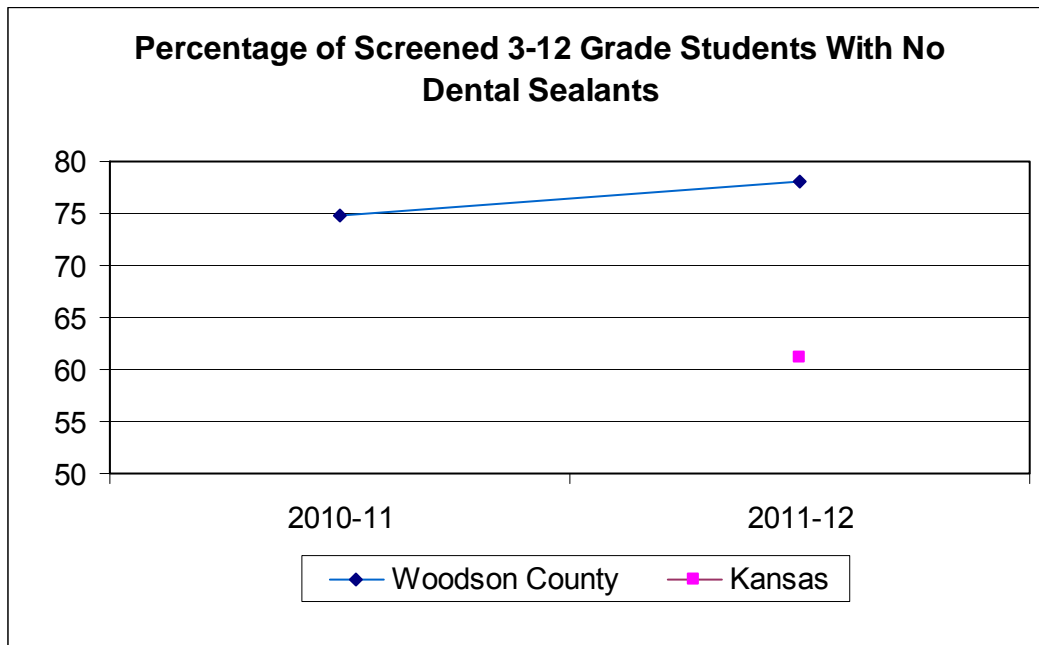
Value: 78.0 percent

Measurement Period: 2011-2012

Location: County: Woodson

Comparison: KS State Value

Categories: Health/Oral Health



What is this Indicator?

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

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

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

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

Woodson County Rural Health Works

school grade levels 3 -12.

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

Source: KDHE Bureau of Oral Health

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

URL of Data: http://www.kdheks.gov/ohi/screening_program.htm

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

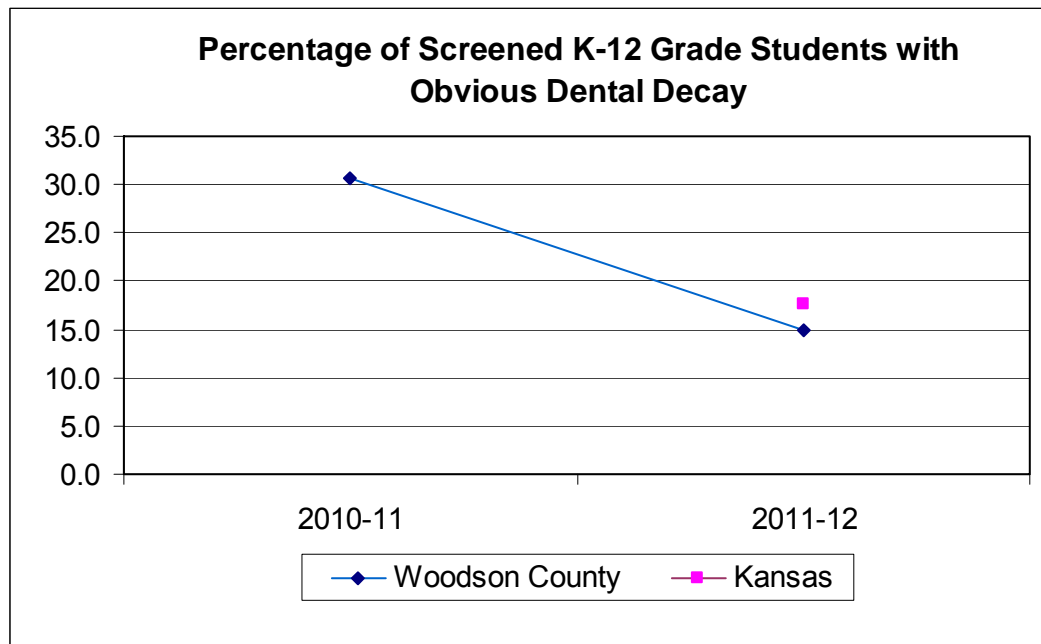
Value: 14.9 percent

Measurement Period: 2011-2012

Location: County: Woodson

Comparison: KS State Value

Categories: Health/Oral Health



What is this Indicator?

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

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

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

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

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

Source: KDHE Bureau of Oral Health

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

URL of Data: http://www.kdheks.gov/ohi/screening_program.htm

Ratio of Population to Dentist

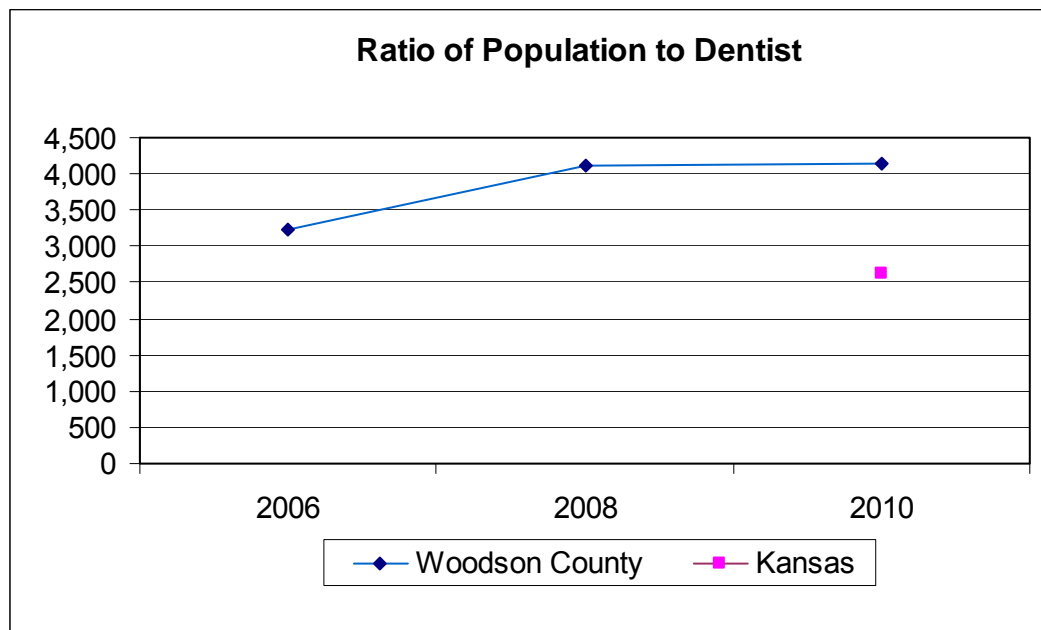
Value: 4152.0 population per dentist

Measurement Period: 2010

Location: County : Woodson

Comparison: KS State Value

Categories: Health / Oral Health



What is this Indicator?

This indicator shows the ratio of population to one dentist FTE.

Woodson County Rural Health Works

Why this is important:

Oral health has been shown to impact overall health and well-being. Nearly one-third of all adults in the United States have untreated tooth decay, or tooth caries, and one in seven adults ages 35 to 44 years old has periodontal (gum) disease. Tooth decay is the most prevalent chronic infectious disease affecting children in the U.S., and impacts more than a quarter of children ages 2 to 5 and more than half of children ages 12 to 15. Given these serious health consequences, it is important to maintain good oral health. It is recommended that adults and children see a dentist on a regular basis. Professional dental care helps to maintain the overall health of the teeth and mouth, and provides for early detection of pre-cancerous or cancerous lesions. People living in areas with low rates of dentists may have difficulty accessing the dental care they need.

Technical Note: The county and 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://www.kdheks.gov/>

Woodson County Rural Health Works

Prevention & Safety

Injury Hospital Admission Rate

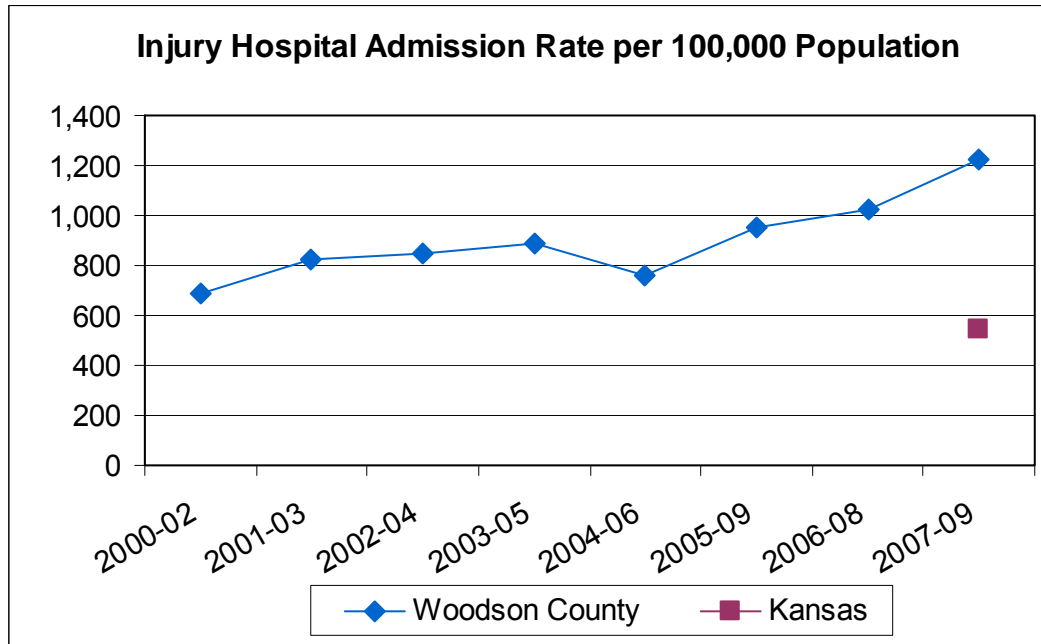
Value: 1,228.45 Per 100,000 population

Measurement Period: 2007-09

Location: County : Woodson

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>

Woodson County Rural Health Works

Respiratory Diseases

Chronic Obstructive Pulmonary Disease (COPD) Hospital Admission Rate

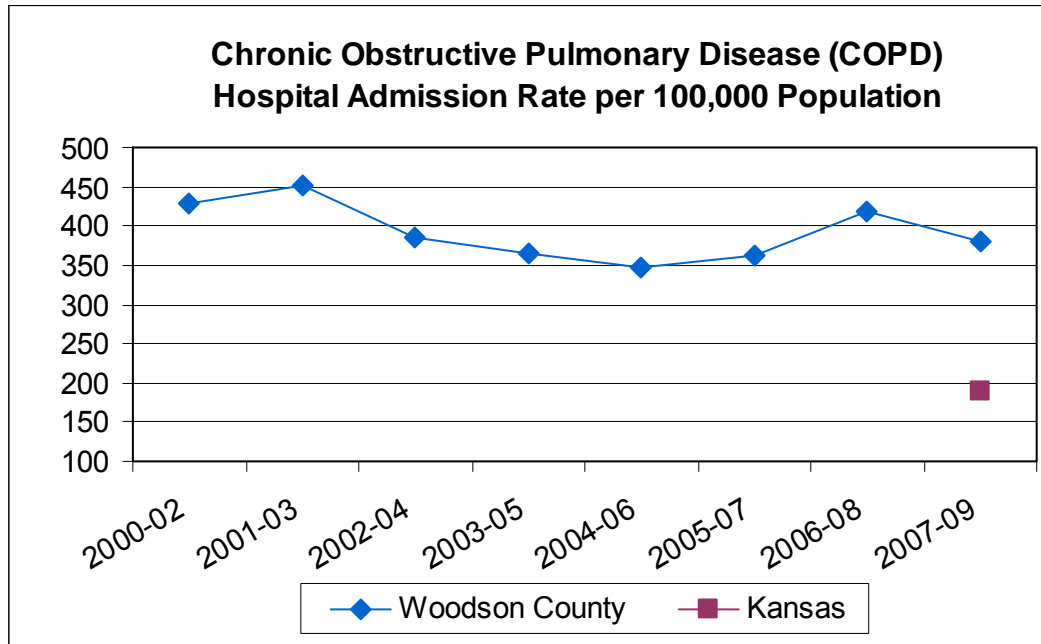
Value: 378.78 Per 100,000 population

Measurement Period: 2007-2009

Location: County : Woodson

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>

Woodson County Rural Health Works

Substance Abuse

Percentage of Adults Who are Binge Drinkers

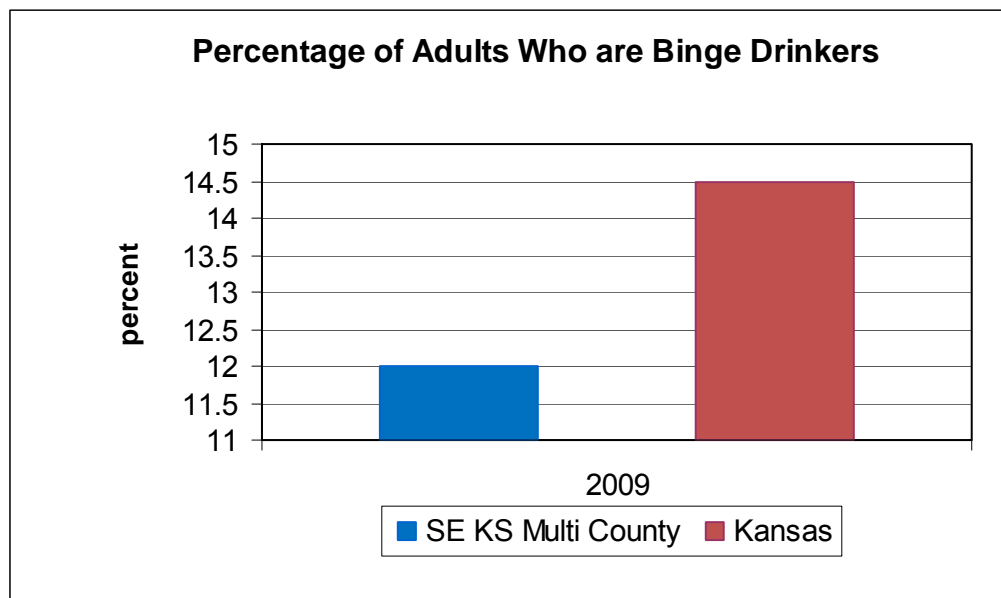
Value: 12.0 percent

Measurement Period: 2009

Location: County: Southeast Kansas Multi County

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>

Woodson County Rural Health Works

Percentage of Adults Who Currently Smoke Cigarettes

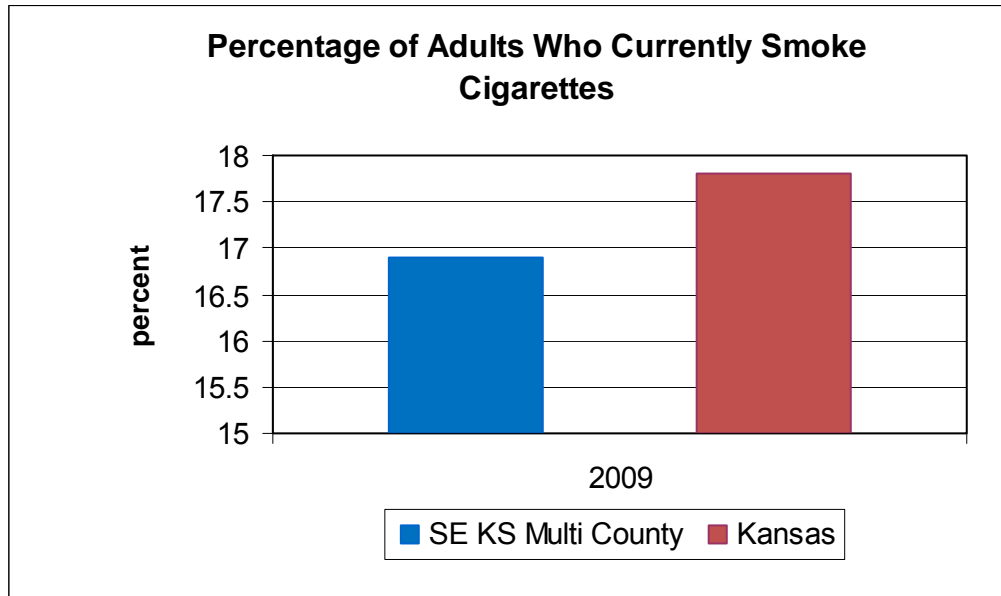
Value: 16.9 percent

Measurement Period: 2009

Location: County: Southeast Kansas Multi County

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>

Woodson County Rural Health Works

Wellness & Lifestyle

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

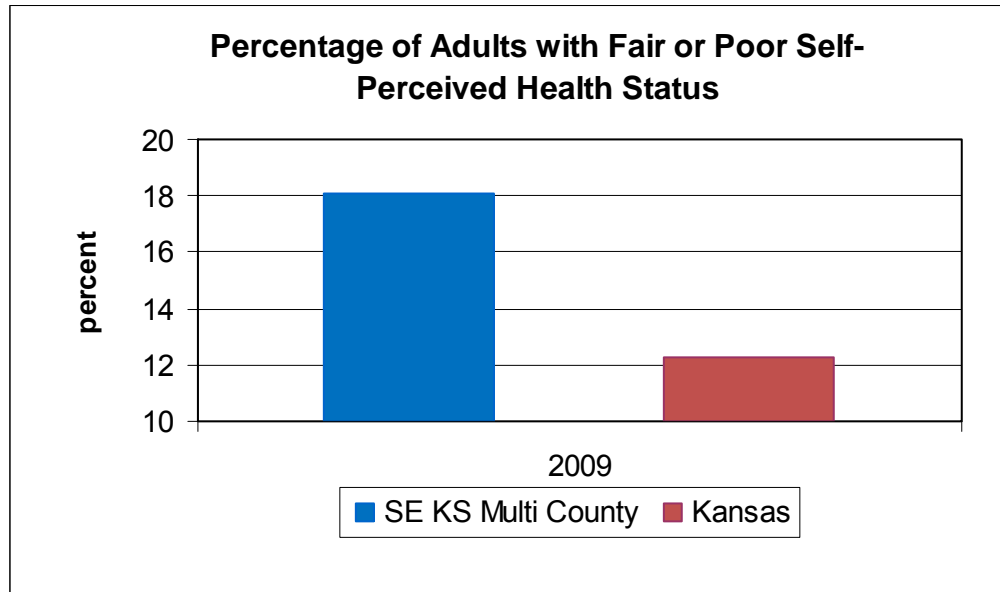
Value: 18.1 percent

Measurement Period: 2009

Location: County: Southeast Kansas Multi County

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>

Woodson County Rural Health Works

Employment

Unemployed Workers in Civilian Labor Force

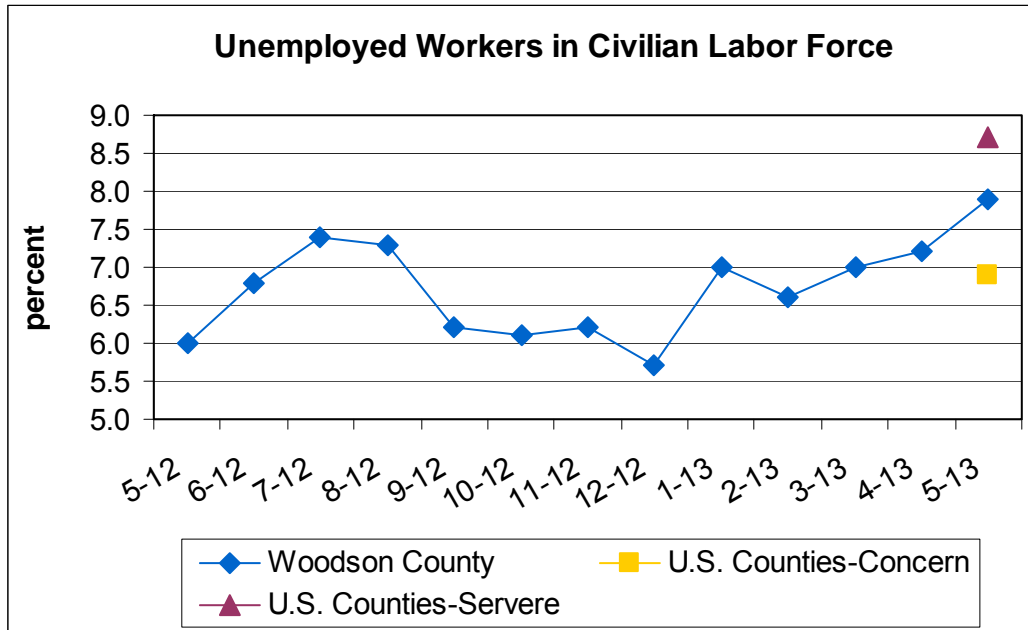
Value: 7.9 Percent

Measurement Period: 2013, May

Location: County : Woodson

Comparison: U.S. Counties

Categories: Economy/Employment



What is this Indicator?

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

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

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

Source: U.S. Bureau of Labor Statistics

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

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

Woodson County Rural Health Works

Government Assistance Programs

Household with Cash Public Assistance Income

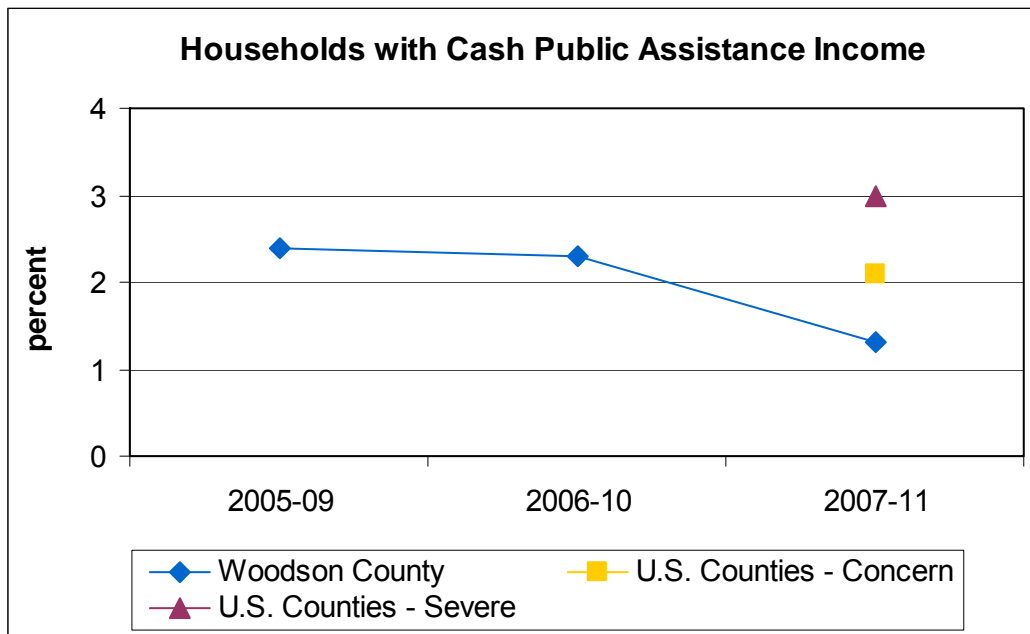
Value: 1.3 Percent

Measurement Period: 2007-2011

Location: County : Woodson

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/>

Woodson County Rural Health Works

Home Ownership

Foreclosure Rate

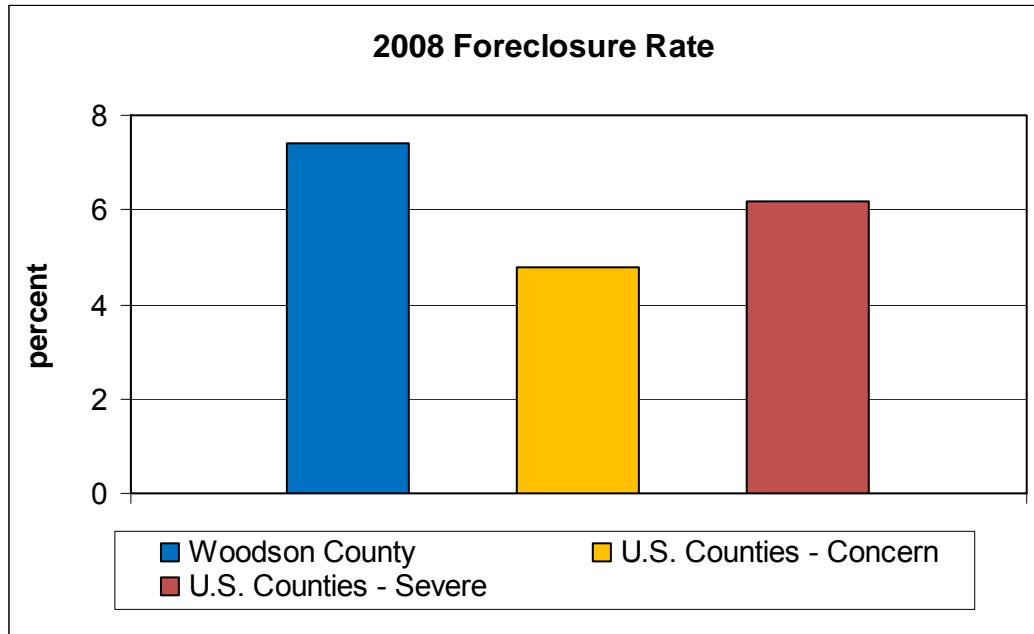
Value: 7.4 Percent

Measurement Period: 2008

Location: County : Woodson

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/>

Woodson County Rural Health Works

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

Homeowner Vacancy Rate

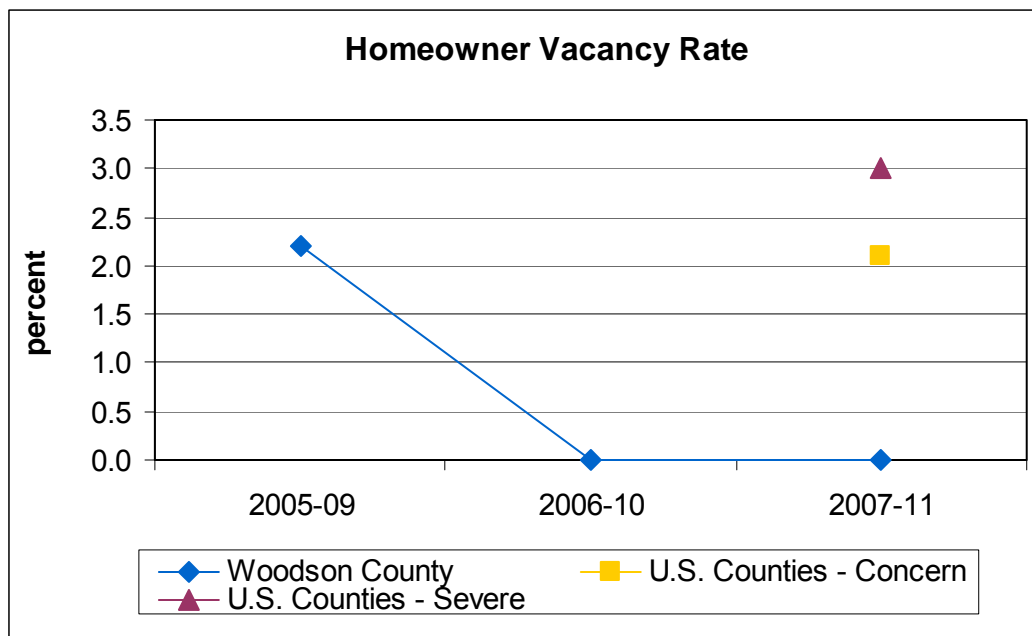
Value: 0.0 Percent

Measurement Period: 2007-2011

Location: County : Woodson

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/>

Woodson County Rural Health Works

Homeownership

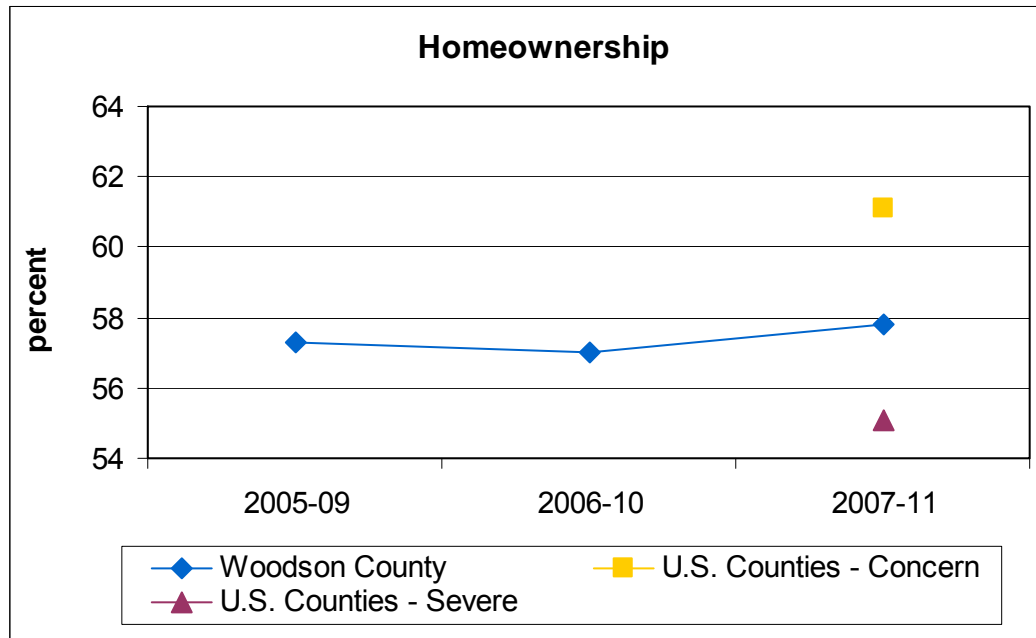
Value: 57.8 Percent

Measurement Period: 2007-2011

Location: County : Woodson

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/>

Woodson County Rural Health Works

Housing Affordability & Supply

Renters Spending 30% or More of Household Income on Rent

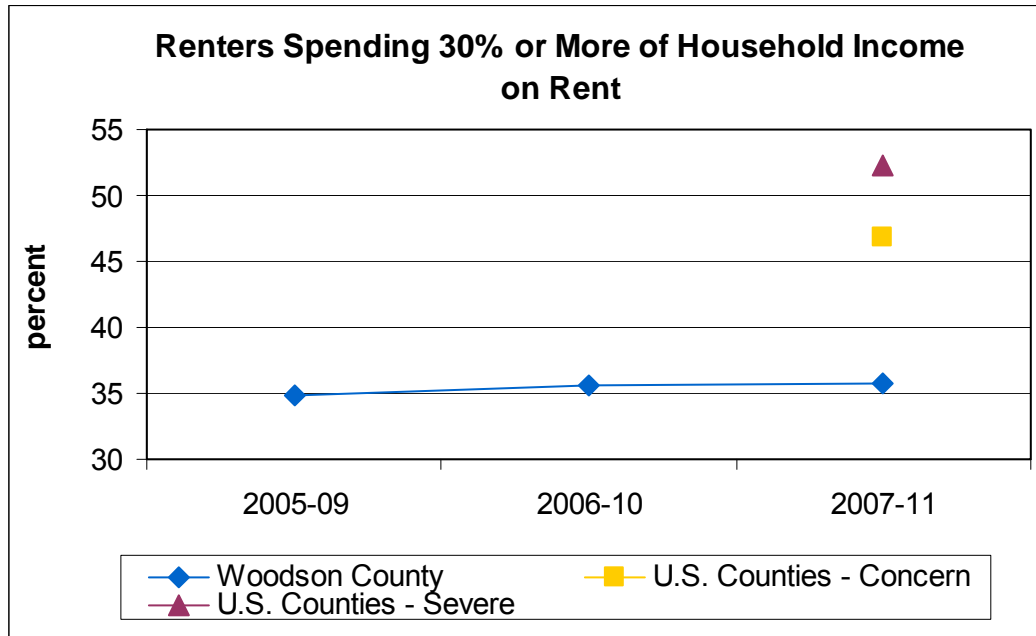
Value: 35.8 Percent

Measurement Period: 2007-2011

Location: County : Woodson

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/>

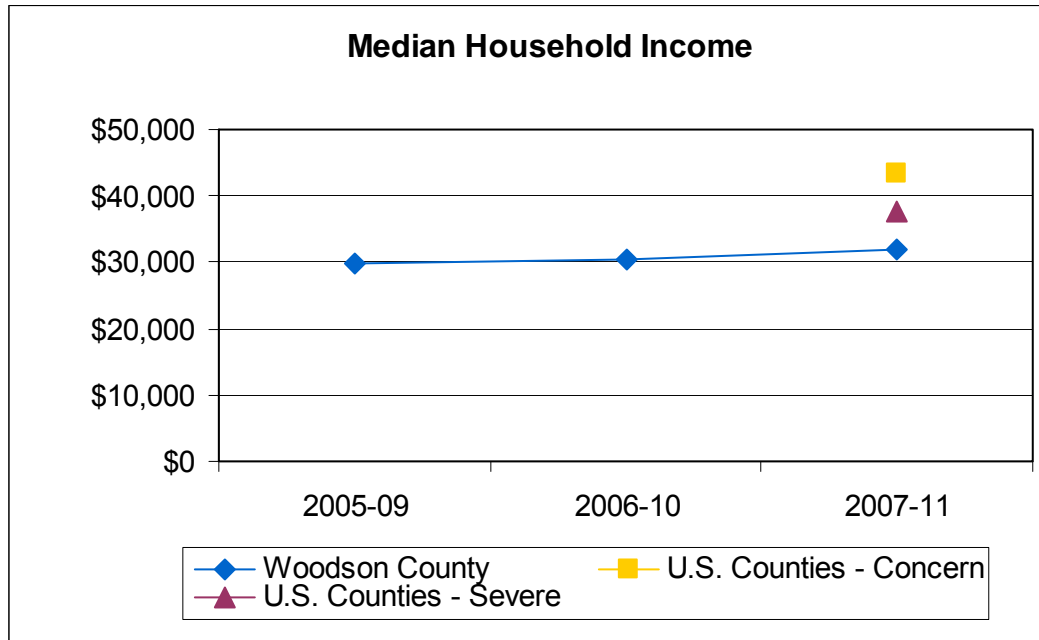
URL of Data: <http://factfinder2.census.gov/>

Woodson County Rural Health Works

Income

Median Household Income

Value: 31,779 Dollars
Measurement Period: 2007-2011
Location: County : Woodson
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

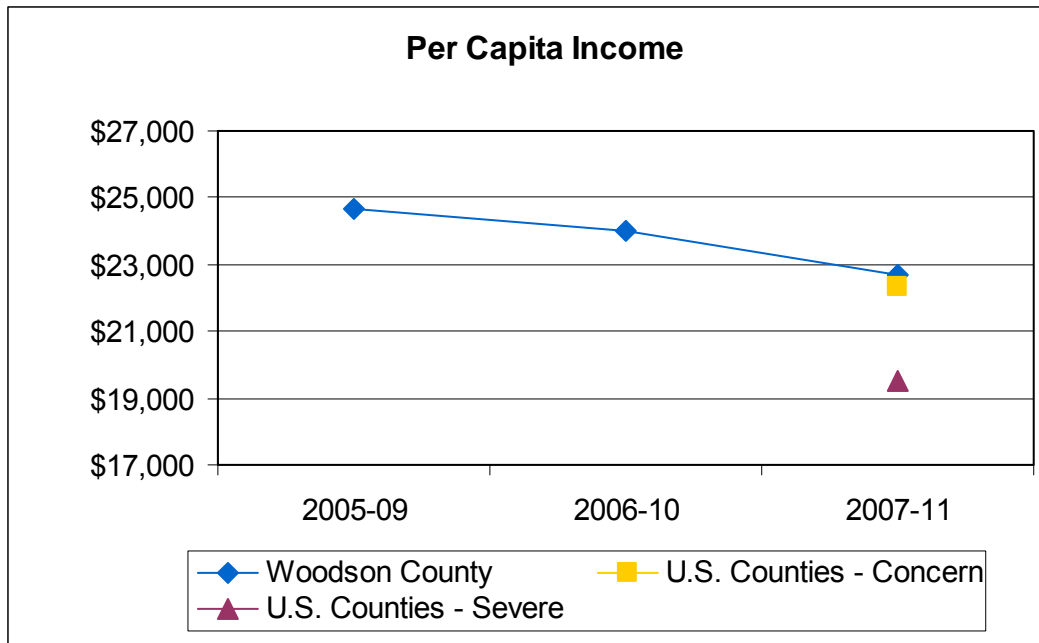
URL of Source: <http://www.census.gov/acs/www/>

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

Woodson County Rural Health Works

Per Capita Income

Value: 22,687 Dollars
Measurement Period: 2007-2011
Location: County : Woodson
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/>

Woodson County Rural Health Works

Poverty

Children Living Below Poverty Level

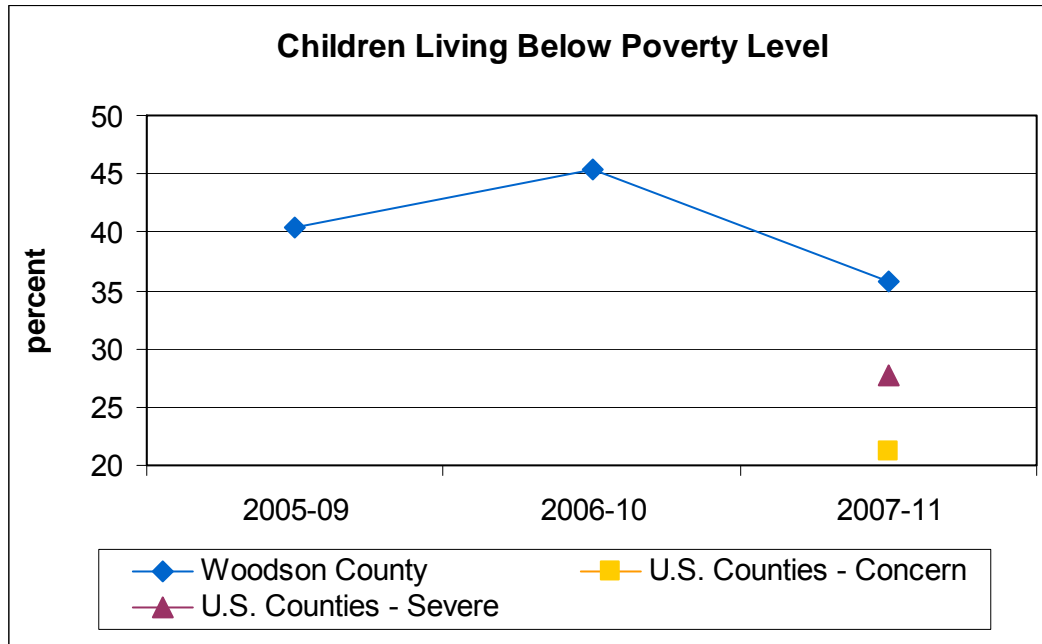
Value: 35.7 Percent

Measurement Period: 2007-2011

Location: County : Woodson

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/>

Woodson County Rural Health Works

Families Living Below Poverty Level

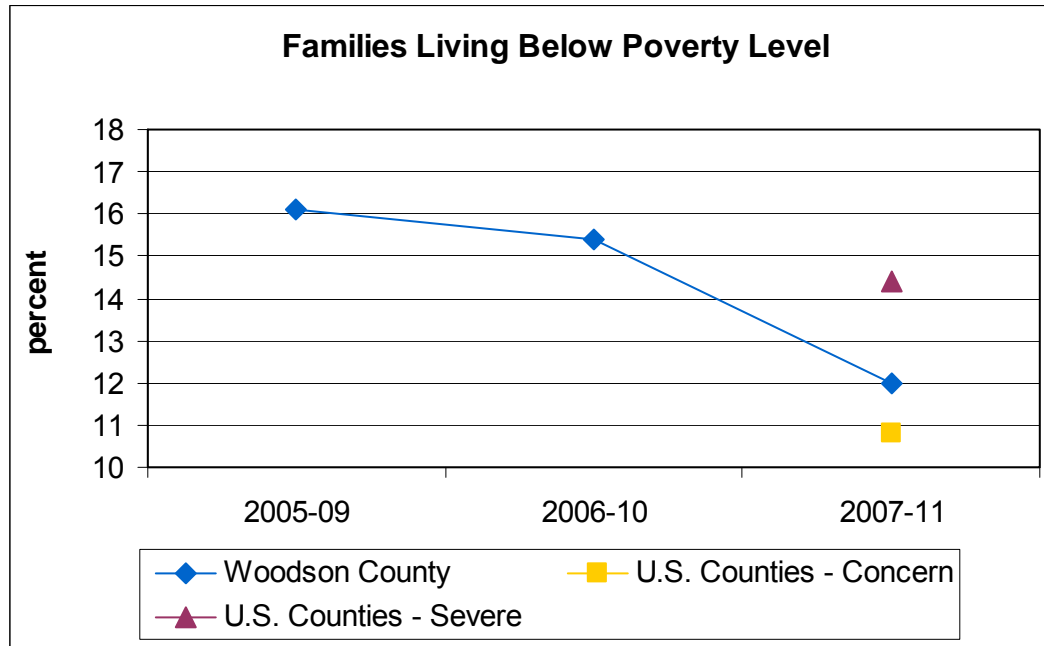
Value: 13.0 Percent

Measurement Period: 2007-2011

Location: County : Woodson

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/>

Woodson County Rural Health Works

Low-Income Persons who are SNAP Participants

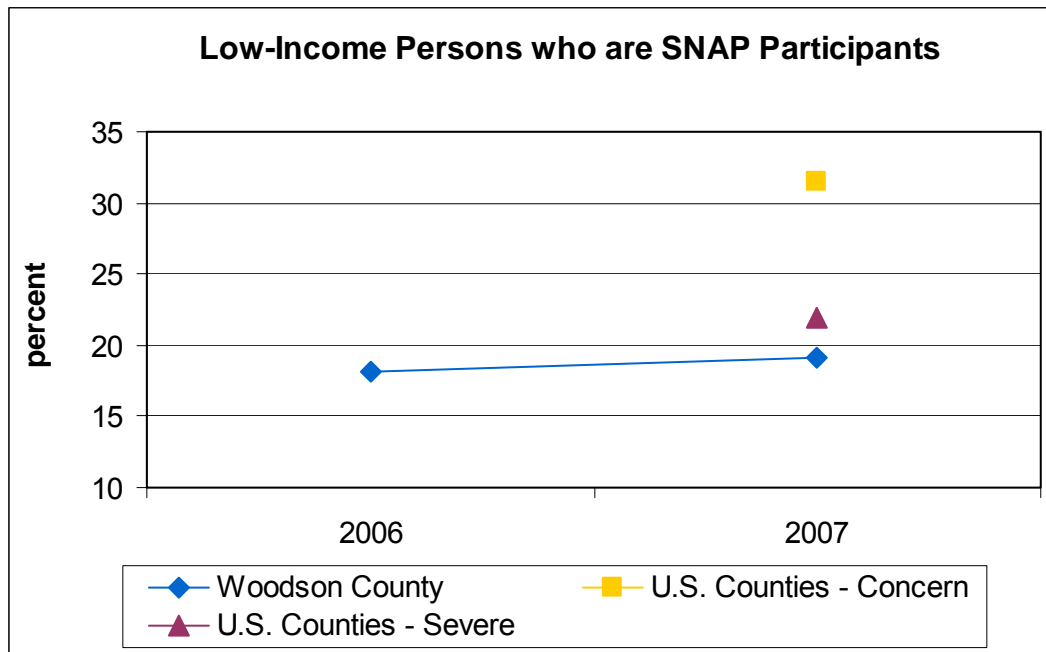
Value: 19.1 Percent

Measurement Period: 2007

Location: County : Woodson

Comparison: U.S. Counties

Categories: Economy/Poverty



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>

Woodson County Rural Health Works

People 65+ Living Below Poverty Level

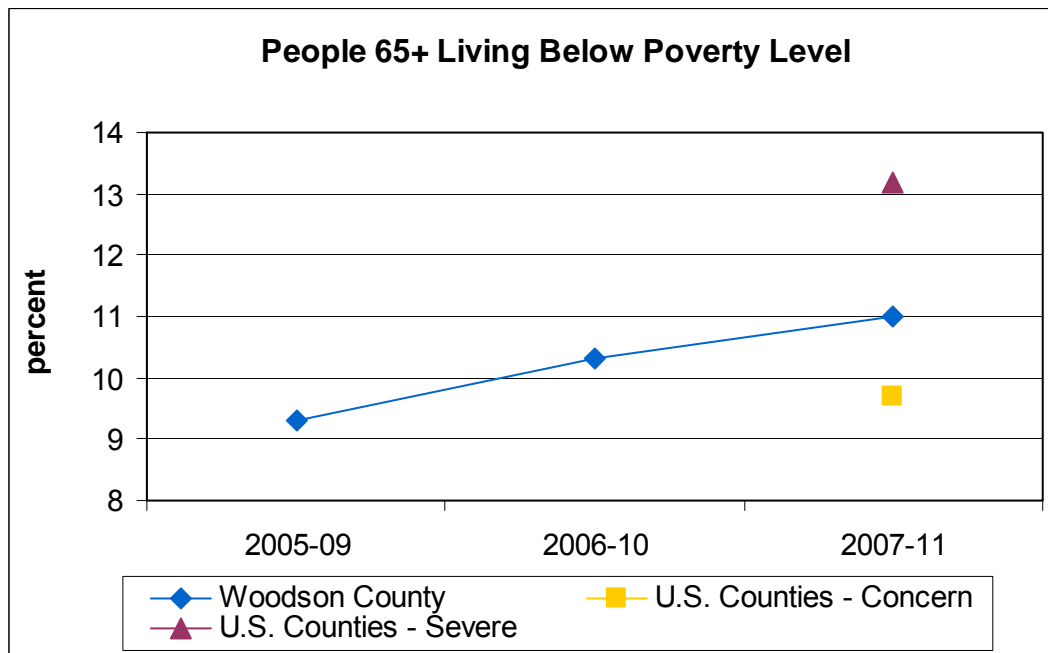
Value: 11.0 Percent

Measurement Period: 2007-2011

Location: County : Coffey

Comparison: U.S. Counties

Categories: Economy/Poverty



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/>

Woodson County Rural Health Works

People Living 200% Above Poverty Level

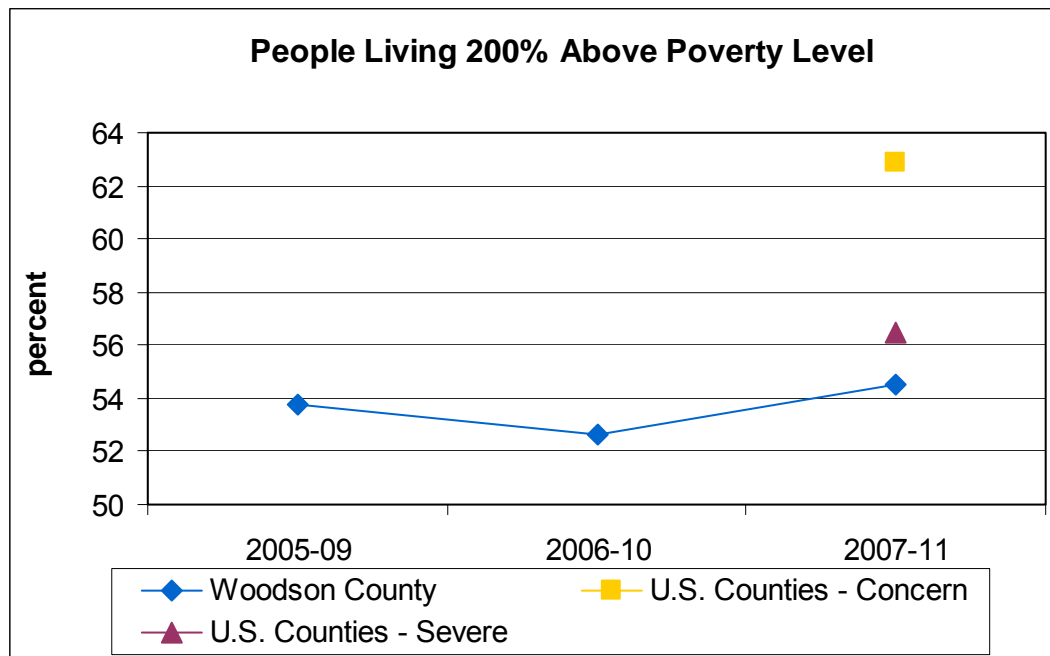
Value: 54.5 Percent

Measurement Period: 2007-2011

Location: County : Woodson

Comparison: U.S. Counties

Categories: Economy/Poverty



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/>

Woodson County Rural Health Works

People Living Below Poverty Level

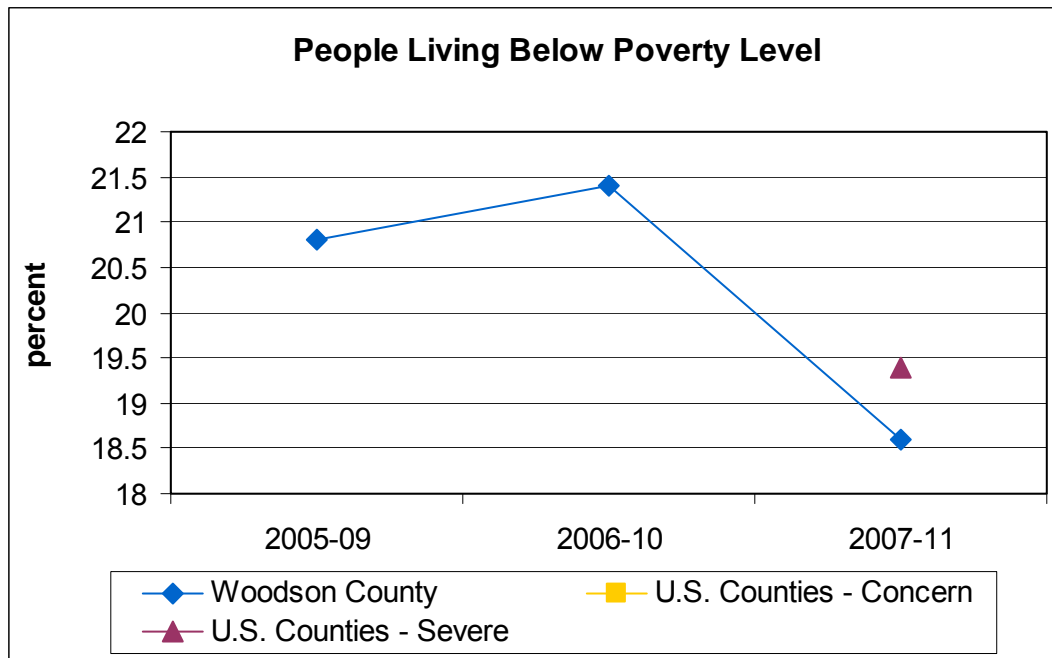
Value: 18.6 Percent

Measurement Period: 2007-2011

Location: County : Woodson

Comparison: U.S. Counties

Categories: Economy/Poverty



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/>

Woodson County Rural Health Works

Poverty Status by School Enrollment

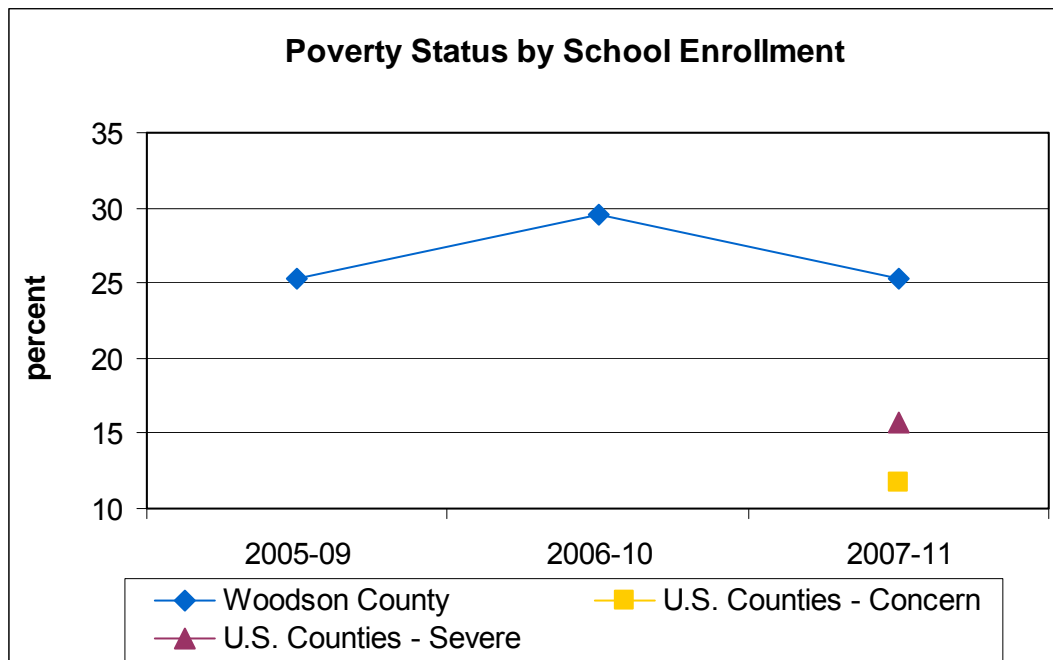
Value: 25.3 Percent

Measurement Period: 2007-2011

Location: County : Woodson

Comparison: KS State Value

Categories: Economy/Poverty



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/>

Woodson County Rural Health Works

Students Eligible for the Free Lunch Program

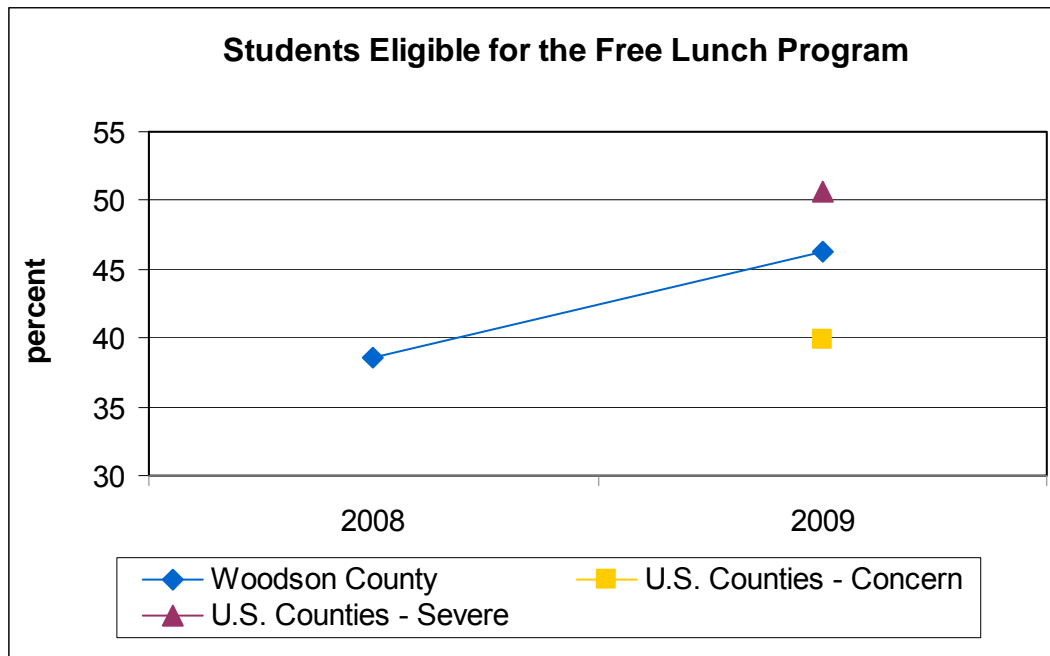
Value: 46.3 Percent

Measurement Period: 2009

Location: County : Woodson

Comparison: U.S. Counties

Categories: Economy/Poverty



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>

Woodson County Rural Health Works

Uninsured Adult Population Rate

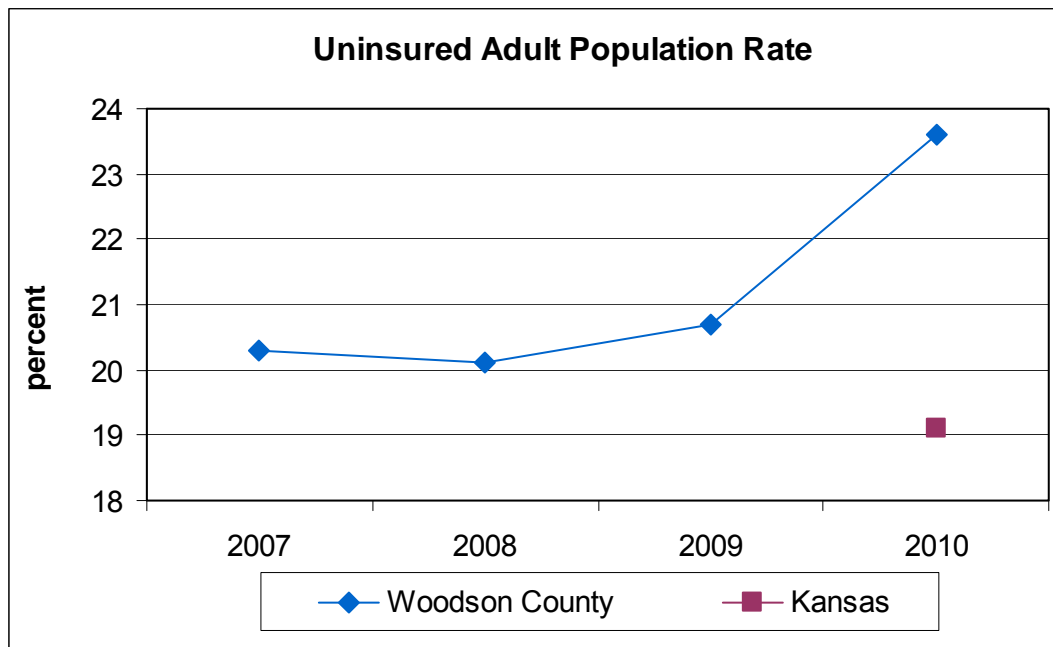
Value: 23.6 Percent

Measurement Period: 2010

Location: County : Woodson

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

Woodson County Rural Health Works

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

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

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

Technical Note: The county 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

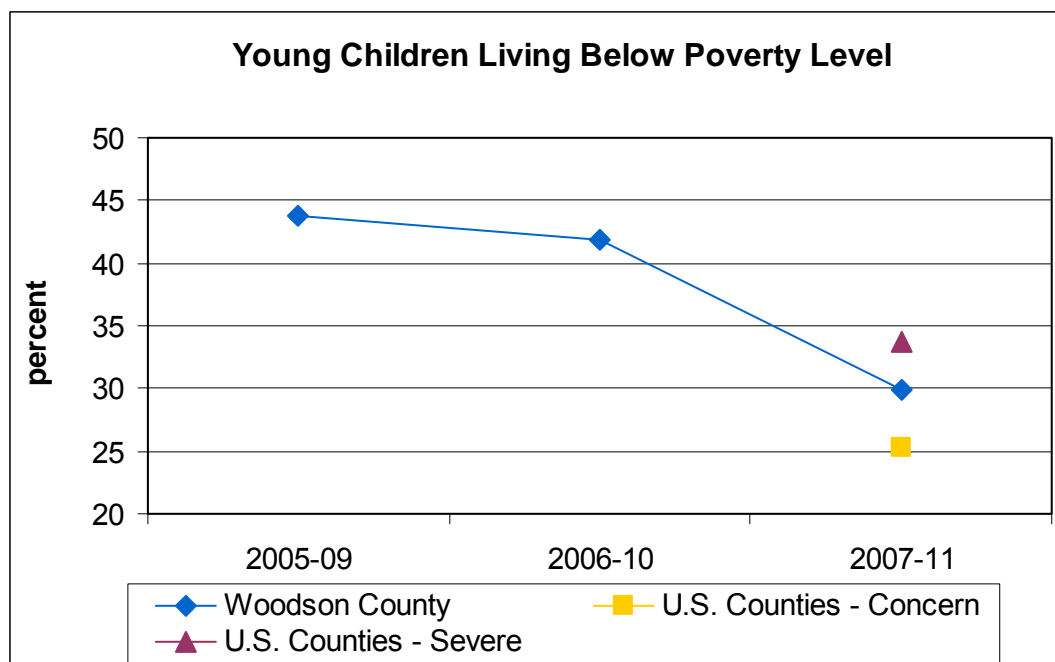
Value: 29.9 Percent

Measurement Period: 2007-2011

Location: County : Woodson

Comparison: U.S. Counties

Categories: Economy/Poverty



Woodson County Rural Health Works

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.

Source: American Community Survey

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

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

Woodson County Rural Health Works

Educational Attainment in Adult Population

High School Graduation

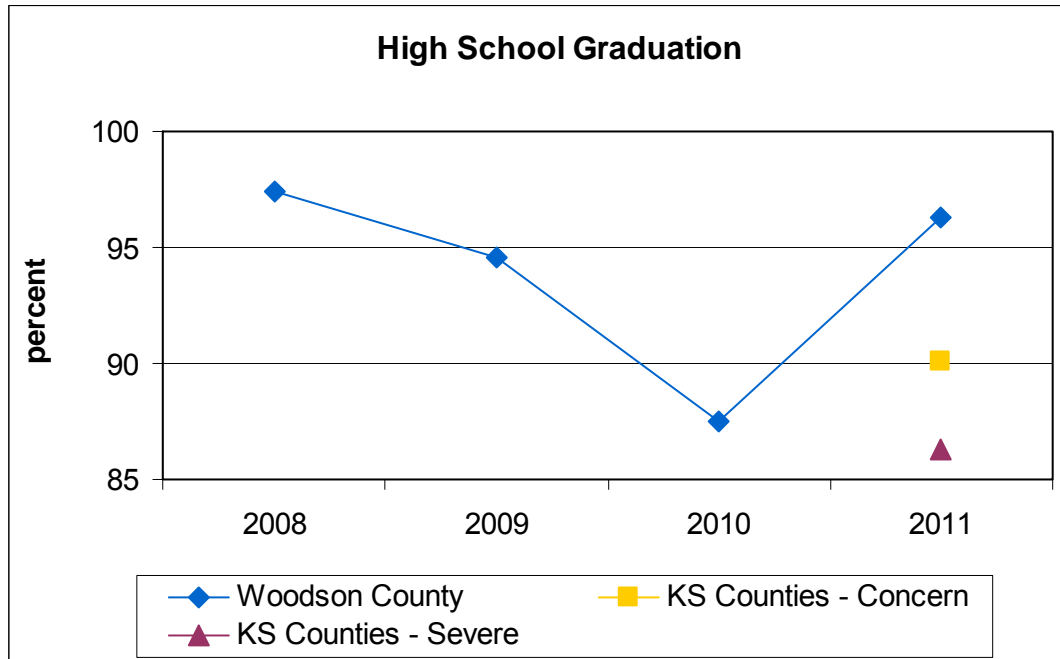
Value: 96.3 Percent

Measurement Period: 2011

Location: County : Woodson

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>

Woodson County Rural Health Works

People 25+ with a High School Degree or Higher

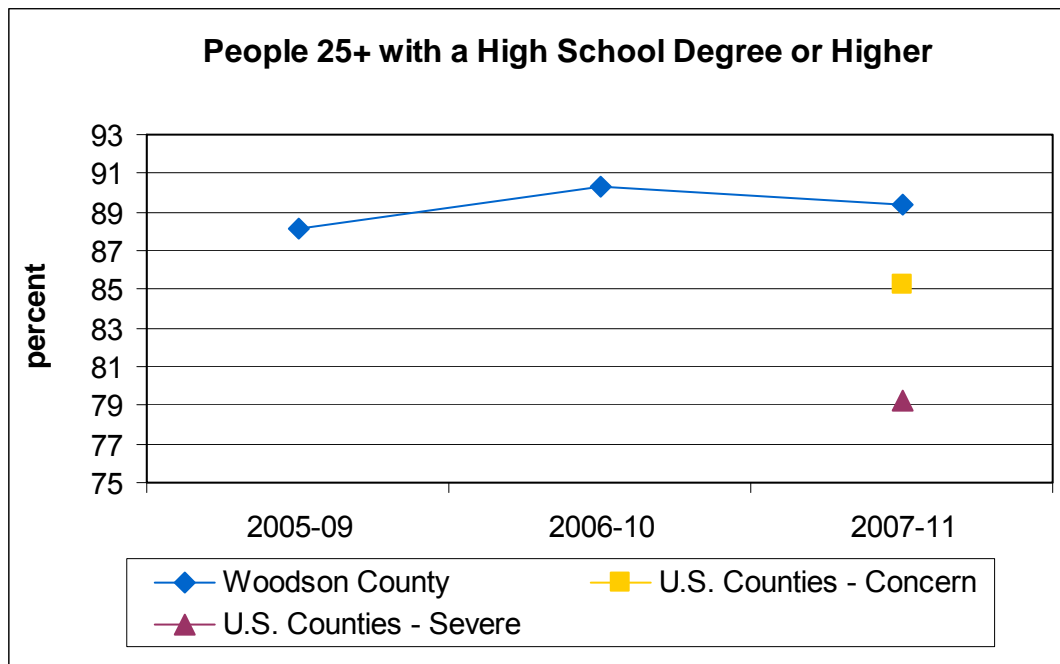
Value: 89.4 Percent

Measurement Period: 2007-2011

Location: County : Woodson

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/>

Woodson County Rural Health Works

Higher Education

People 25+ with a Bachelor's Degree or Higher

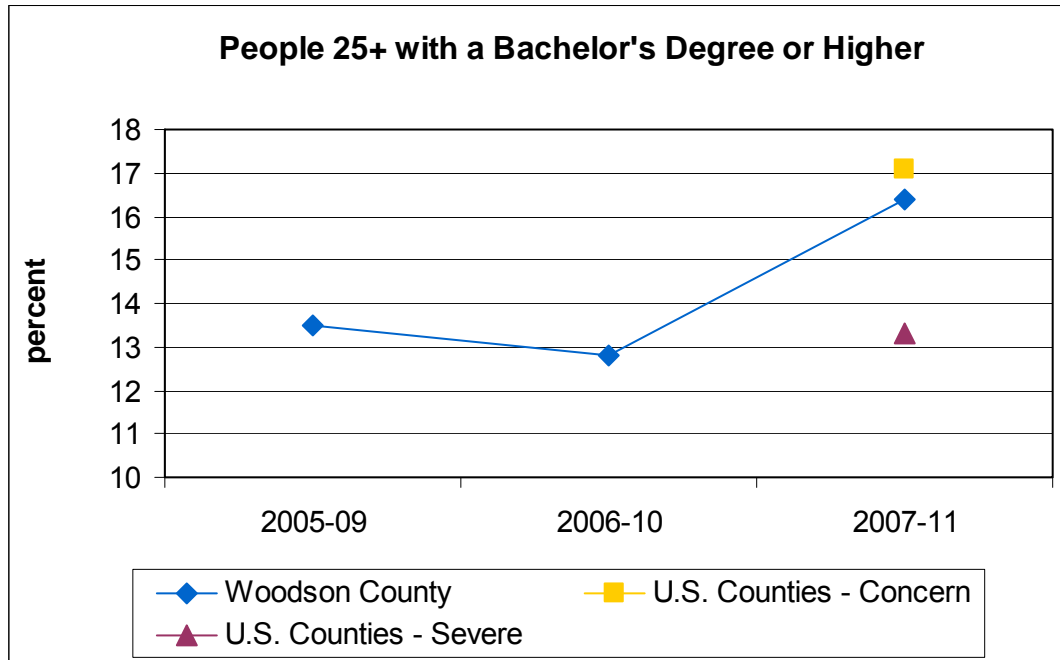
Value: 16.4 Percent

Measurement Period: 2007-2011

Location: County : Woodson

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/>

Woodson County Rural Health Works

School Environment

Student-to-Teacher Ratio

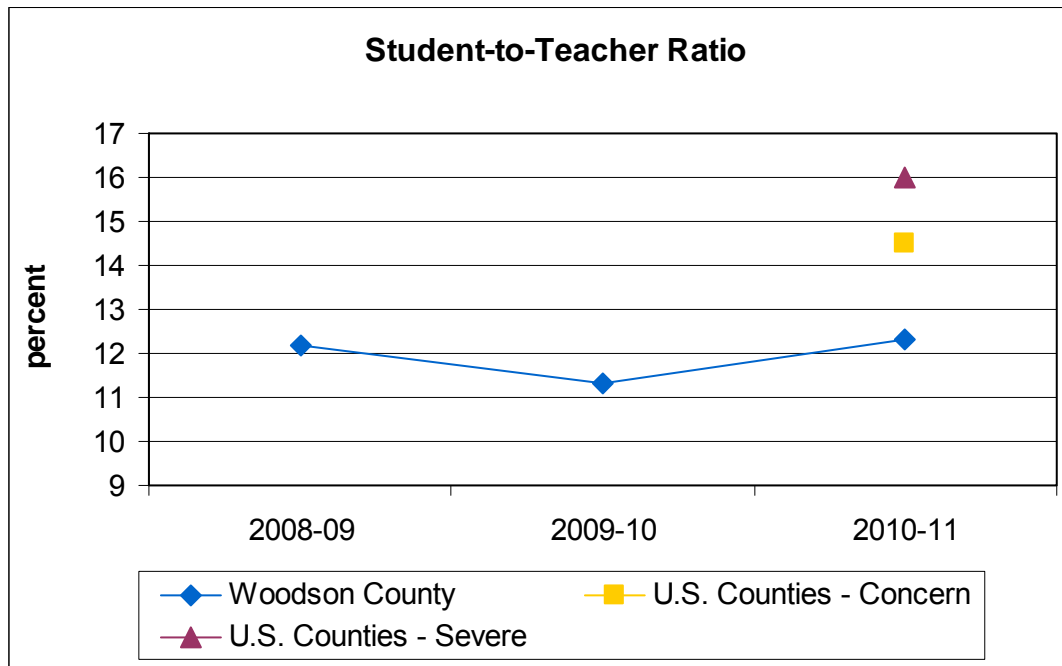
Value: 12.3 students/teacher

Measurement Period: 2010-2011

Location: County : Woodson

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/>

Woodson County Rural Health Works

Built Environment

Farmers Market Density

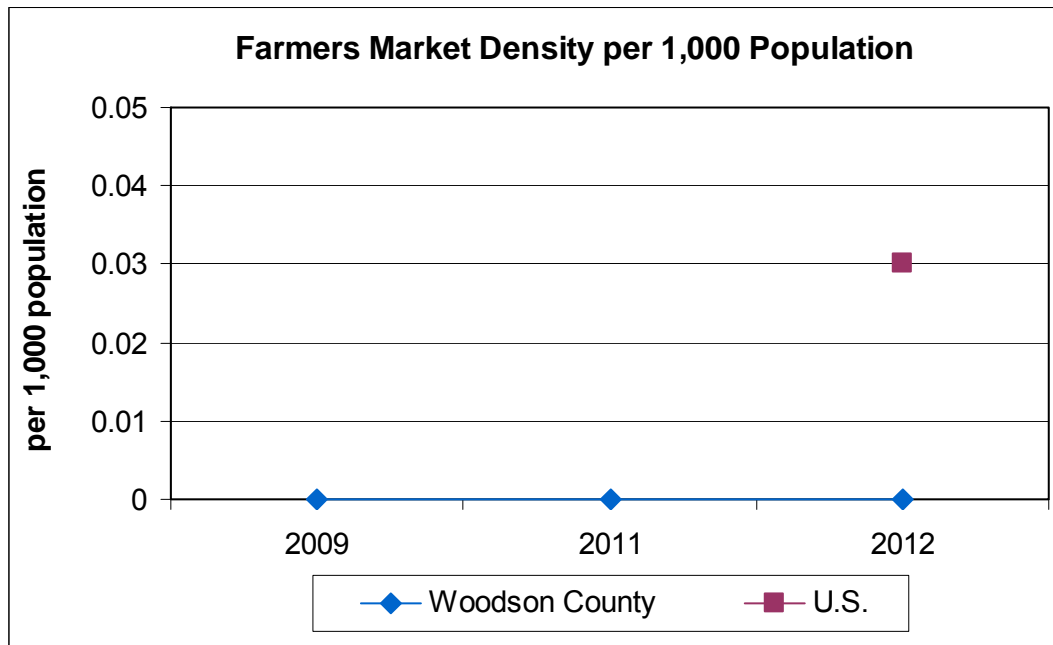
Value: 0.35 markets/1,000 population

Measurement Period: 2012

Location: County : Coffey

Comparison: U.S. Value

Categories: Environment/Built 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>

Woodson County Rural Health Works

Fast Food Restaurant Density

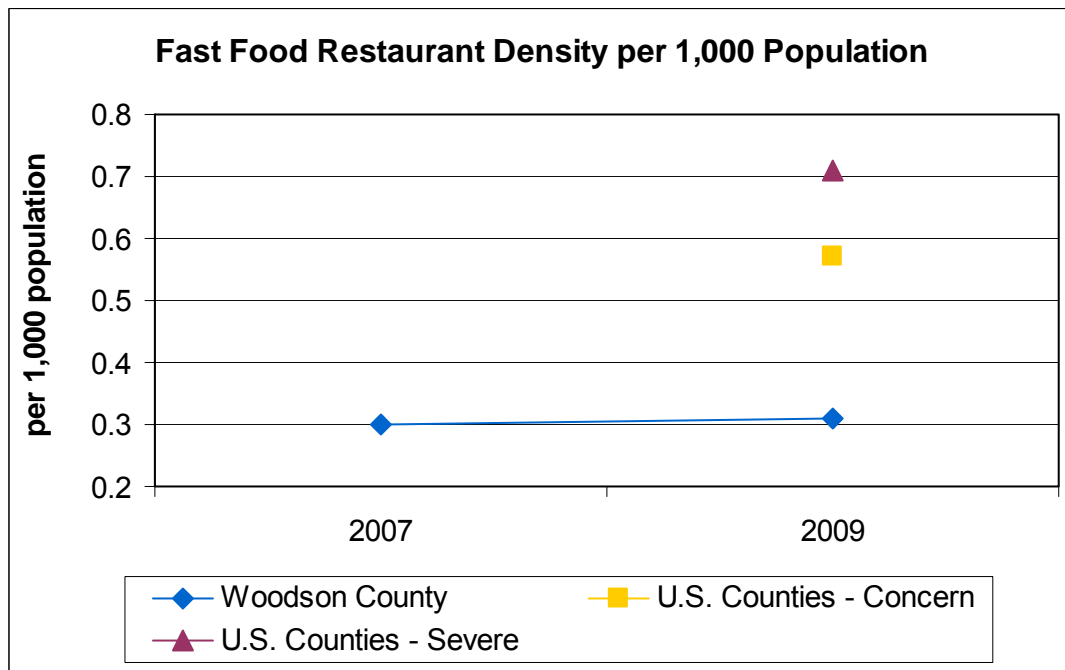
Value: 0.31 restaurants/1,000 population

Measurement Period: 2009

Location: County : Woodson

Comparison: U.S. Counties

Categories: Environment/Built 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>

Woodson County Rural Health Works

Grocery Store Density

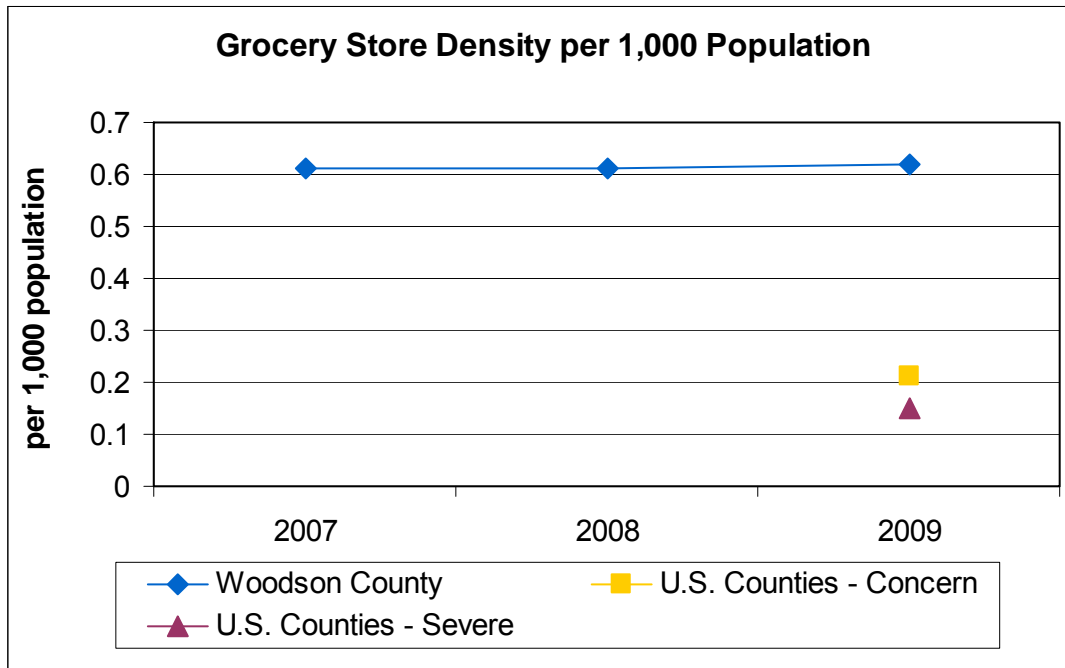
Value: 0.62 stores/1,000 population

Measurement Period: 2009

Location: County : Woodson

Comparison: U.S. Counties

Categories: Environment/Built 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>

Woodson County Rural Health Works

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

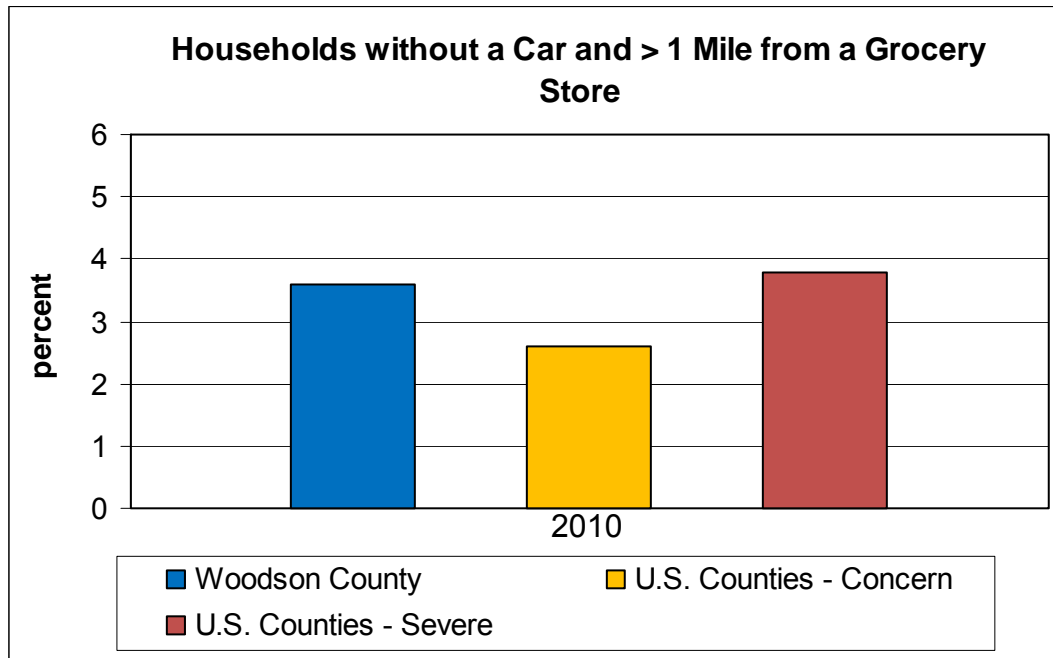
Value: 3.6 Percent

Measurement Period: 2010

Location: County : Coffey

Comparison: U.S. Counties

Categories: Environment/Built 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>

Woodson County Rural Health Works

Liquor Store Density

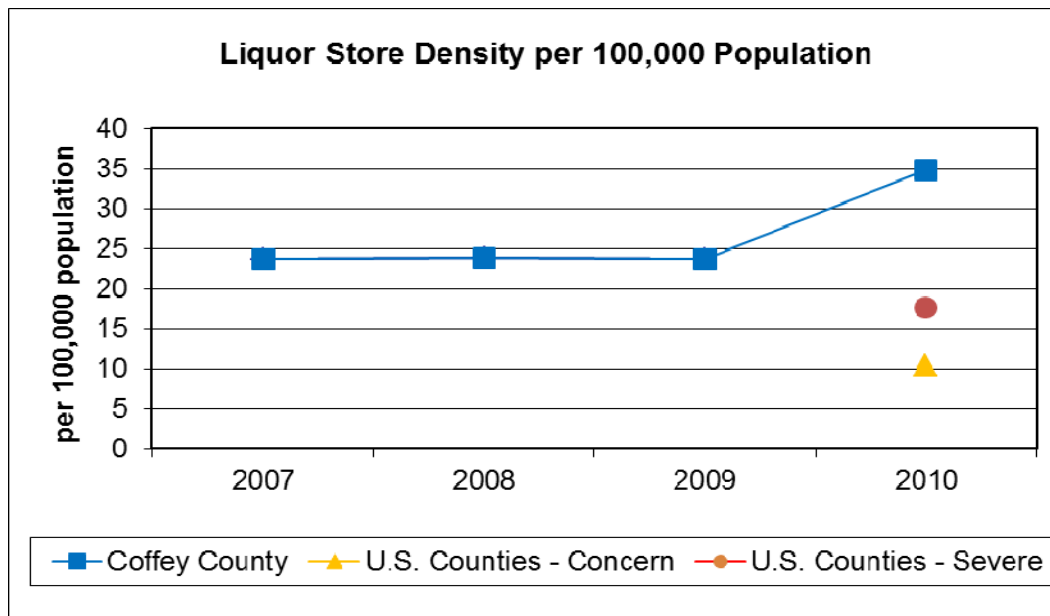
Value: 60.8 stores/100,000 population

Measurement Period: 2011

Location: County : Woodson

Comparison: U.S. Counties

Categories: Environment/Built 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>

Woodson County Rural Health Works

Low-Income and Low Access to a Grocery Store

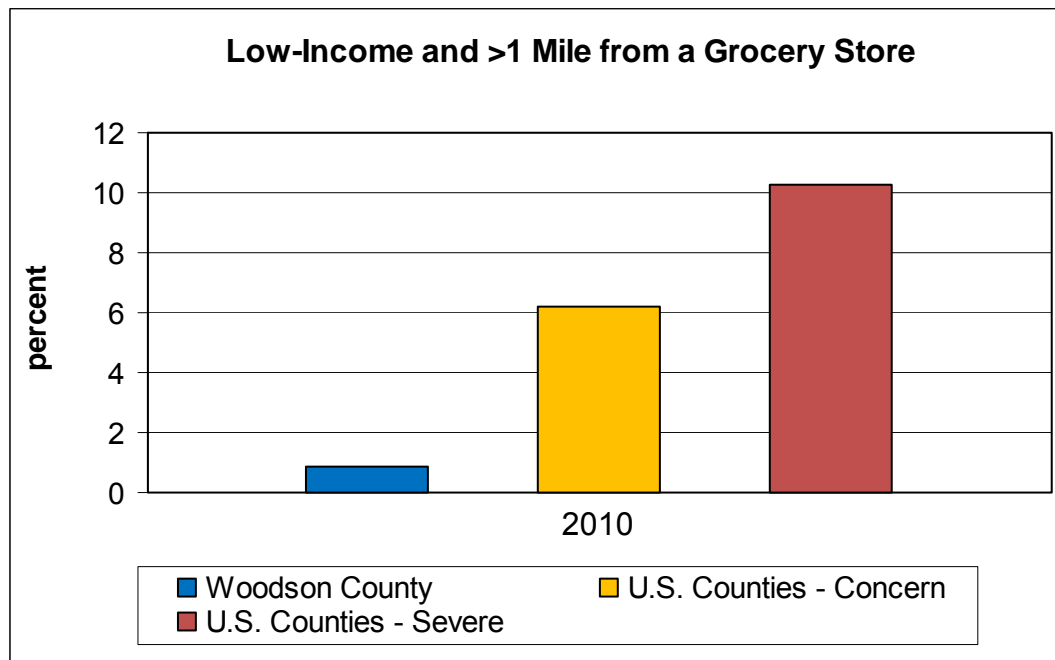
Value: 0.9 Percent

Measurement Period: 2010

Location: County : Woodson

Comparison: U.S. Counties

Categories: Environment/Built 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>

Woodson County Rural Health Works

Recreation and Fitness Facilities

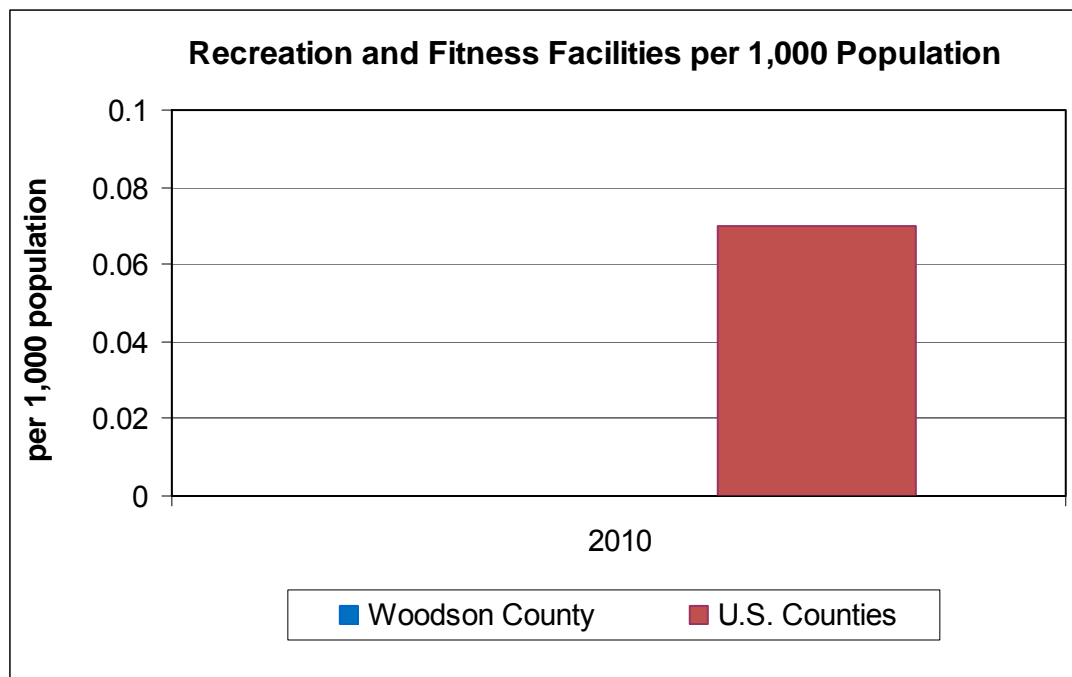
Value: 0 facilities/1,000 population

Measurement Period: 2009

Location: County : Woodson

Comparison: U.S. Value

Categories: Environment/Built 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>

Woodson County Rural Health Works

SNAP Certified Stores

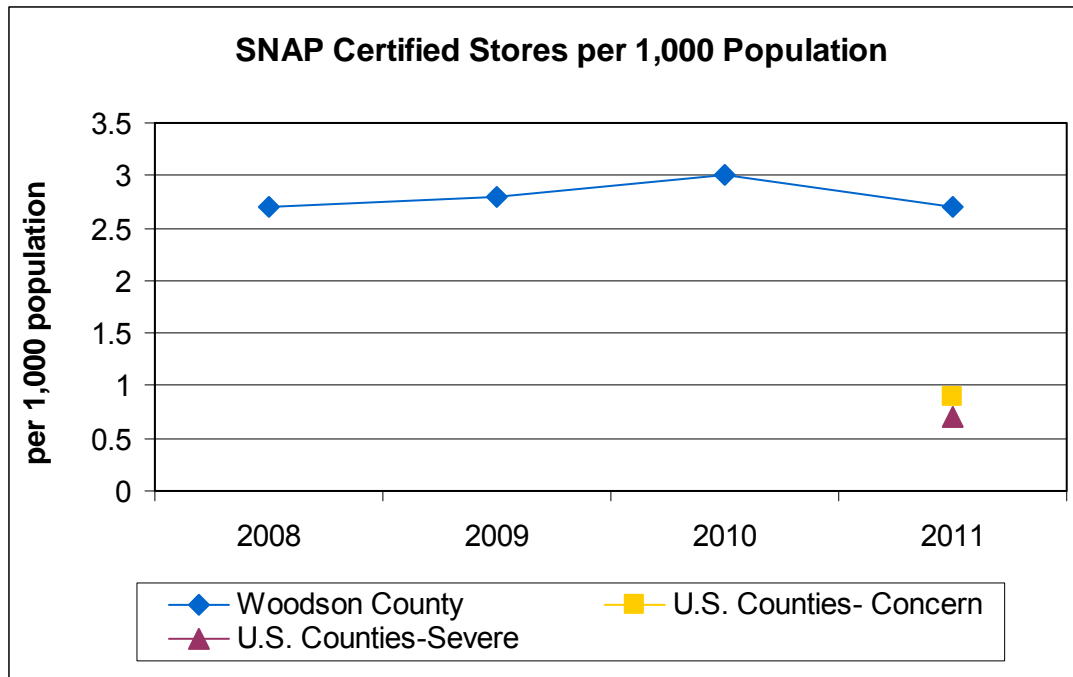
Value: 2.7 stores/1,000 population

Measurement Period: 2011

Location: County : Woodson

Comparison: U.S. Counties

Categories: Environment/Built Environment



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>

Woodson County Rural Health Works

Toxic Chemicals

Increased Lead Risk in Housing Rate

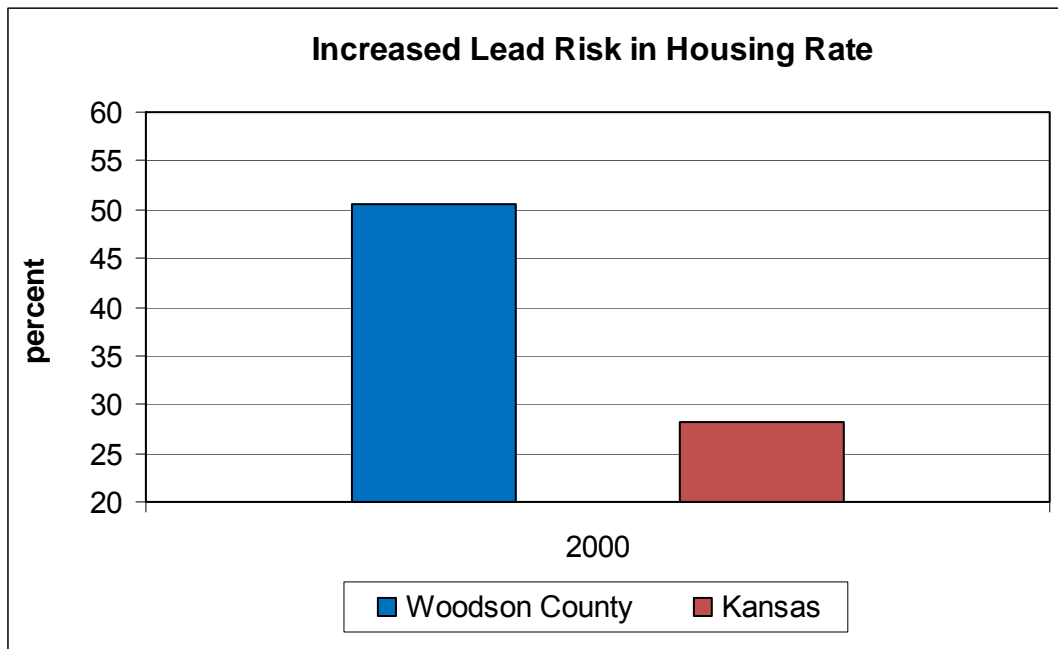
Value: 50.58 Percent

Measurement Period: 2000

Location: County : Woodson

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.

Woodson County Rural Health Works

Wash all fruits and vegetables before consuming them. Remove shoes before entering your home, and clean dust and tracked-in soil.

Lead poisoning can be difficult to recognize and can damage a child's central nervous system, brain, kidneys, and reproductive system. When lead is present in the blood it 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>

Woodson County Rural Health Works

Drinking Water Safety

Drinking Water Safety

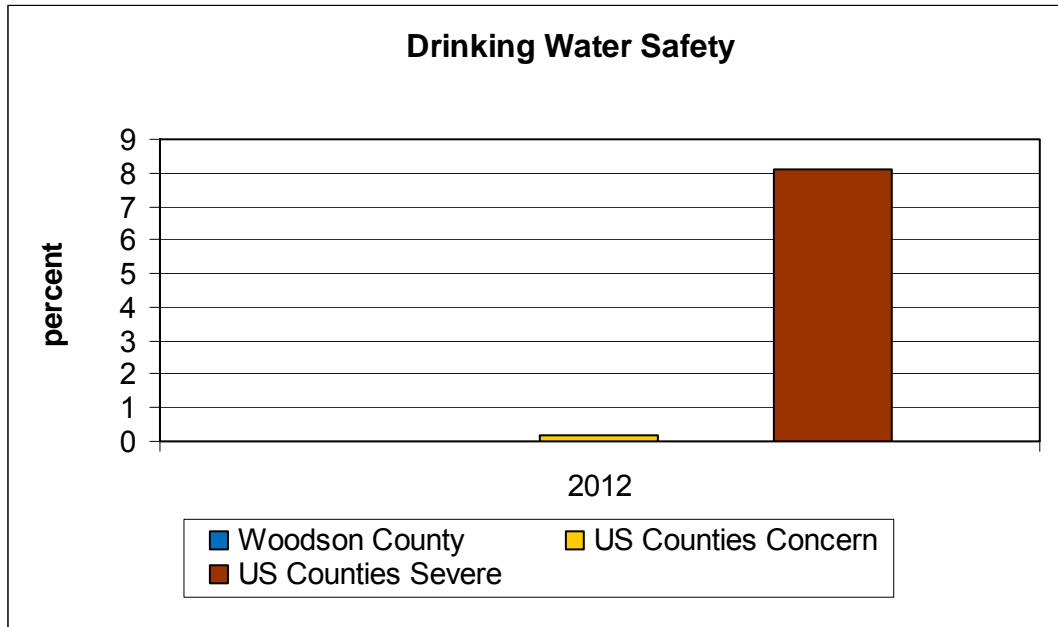
Value: 0.0 Percent

Measurement Period: 2012

Location: County : Woodson

Comparison: US Counties

Categories: Environment/Water



What is this Indicator?

This indicator shows the percentage of people who get water from public water systems that have received at least one health-based violation in the reporting period.

Why this is important: Public drinking water systems are required to monitor approximately 90 contaminants and indicators regulated by the Environmental Protection Agency. A health-based violation occurs when a contaminant exceeds its Maximum Contamination Limit (MCL)—the highest amount allowed in drinking water—or when water is not treated properly. Limiting the levels of microorganisms, chemicals, and other contaminants in a community's public water supply reduces residents' risk of waterborne diseases, cancer, and other adverse outcomes.

Technical Note: The distribution is based on data from 3,084 U.S. counties and county equivalents.

Source: County Health Rankings

URL of Source: <http://www.countyhealthrankings.org/>

URL of Data: <http://www.countyhealthrankings.org/rankings/data>

Woodson County Rural Health Works

Public Water Supply – Percentage of Population Served Unaffected by SDWA Coliform Violations

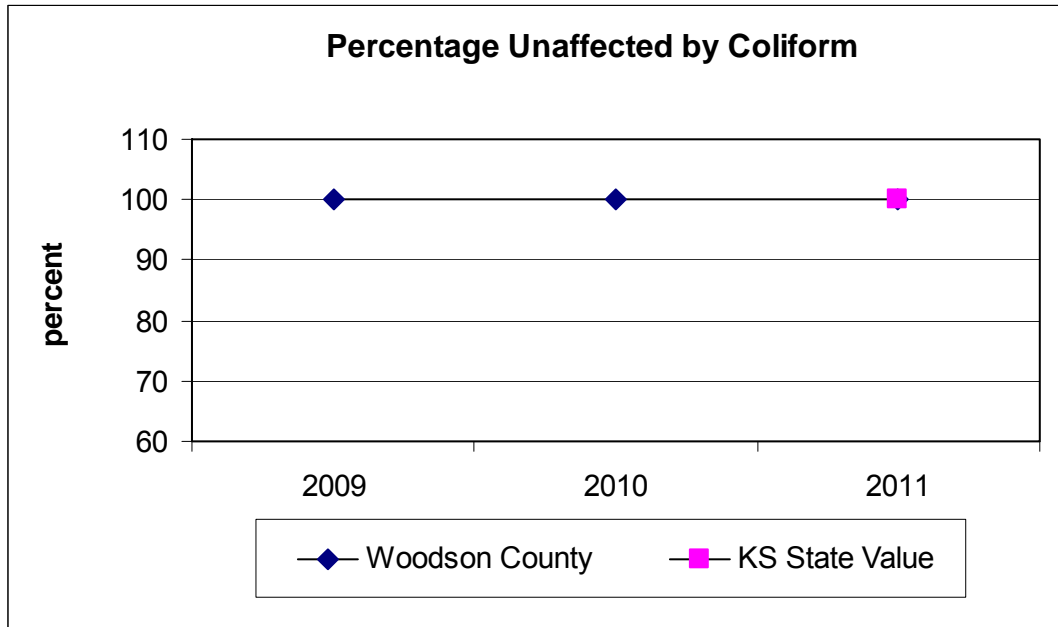
Value: 100 Percent

Measurement Period: 2011

Location: County : Woodson

Comparison: KS State Value

Categories: Environment/Water



What is this Indicator?

This indicator shows the percentage of public water supply service population unaffected by acute coliform maximum contaminant level violations.

Why this is important: Surface and ground water quality applies to both drinking water and recreational waters. Contamination by infectious agents or chemicals can cause mild to severe illness. Protecting water sources and minimizing exposure to contaminated water sources are important parts of environmental health.

Coliforms are naturally present in the environment; as well as feces; fecal coliforms, and E. Coli only come from human and animal fecal waste.

Healthy People 2020 has set an objective to increase the proportion of persons served by community water systems who receive a supply of drinking water that meets the regulations of the Safe Drinking Water Act. The national baseline is 89 percent of persons served by community water systems received a supply of drinking water that meets the regulations of the Safe Drinking Water Act in 2005. The target is 91 percent.

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

Woodson County Rural Health Works

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

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

Public Water Supply – Percentage of Population Served Unaffected by SDWA Nitrate Violations

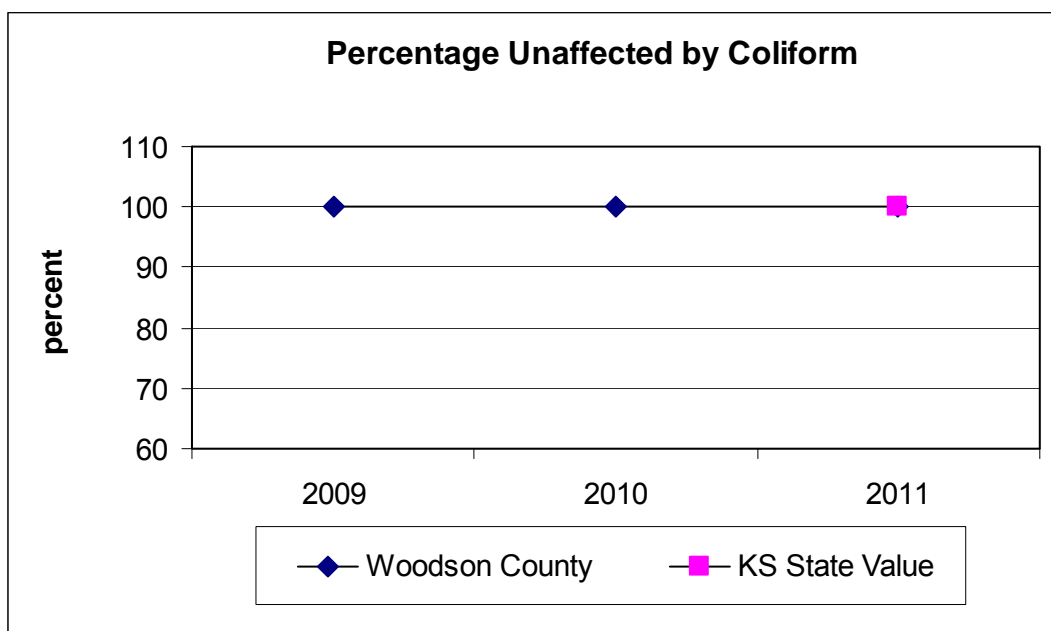
Value: 100 Percent

Measurement Period: 2011

Location: County : Woodson

Comparison: KS State Value

Categories: Environment/Water



What is this Indicator?

This indicator shows the percentage of public water supply service population unaffected by nitrate maximum contaminant level violations.

Why this is important: Surface and ground water quality applies to both drinking water and recreational waters. Contamination by infectious agents or chemicals can cause mild to severe illness. Protecting water sources and minimizing exposure to contaminated water sources are important parts of environmental health.

Nitrate (NO₃) is a naturally occurring form of nitrogen found in soil. Nitrogen is essential to all life. Most crop plants require large quantities to sustain high yields. The formation of nitrates is an integral part of the nitrogen cycle in our environment. In moderate amounts, nitrate is a harmless constituent of food and water. Plants use nitrates from the soil to satisfy nutrient requirements and may accumulate nitrate in their leaves and stems. Due to its high mobility, nitrate also can leach into groundwater. If people or animals drink water high in nitrate, it may cause methemoglobinemia, an illness found especially in infants.

Woodson County Rural Health Works

Healthy People 2020 has set an objective to increase the proportion of persons served by community water systems who receive a supply of drinking water that meets the regulations of the Safe Drinking Water Act. The national baseline is 89 percent of persons served by community water systems received a supply of drinking water that meets the regulations of the Safe Drinking Water Act in 2005. The target is 91 percent.

Technical Note: The county and 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://www.kdheks.gov/pws/>

Woodson County Rural Health Works

Elections & Voting

Voter Turnout

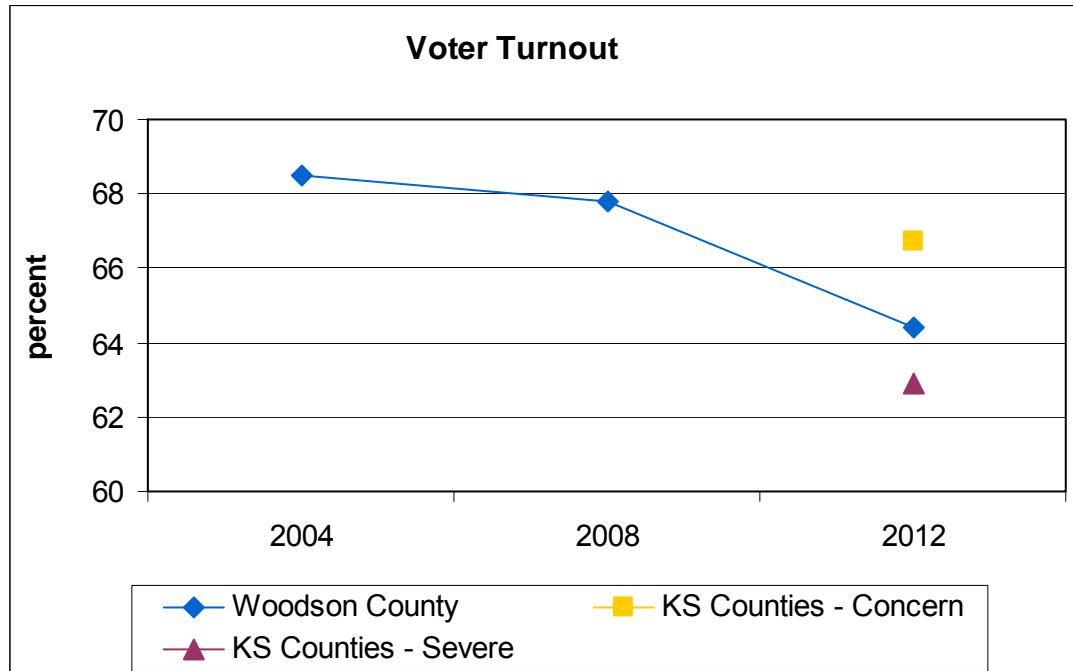
Value: 64.4 Percent

Measurement Period: 2012

Location: County : Woodson

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

Woodson County Rural Health Works

Crime & Crime Prevention

Rate of Violent Crime per 1,000 population

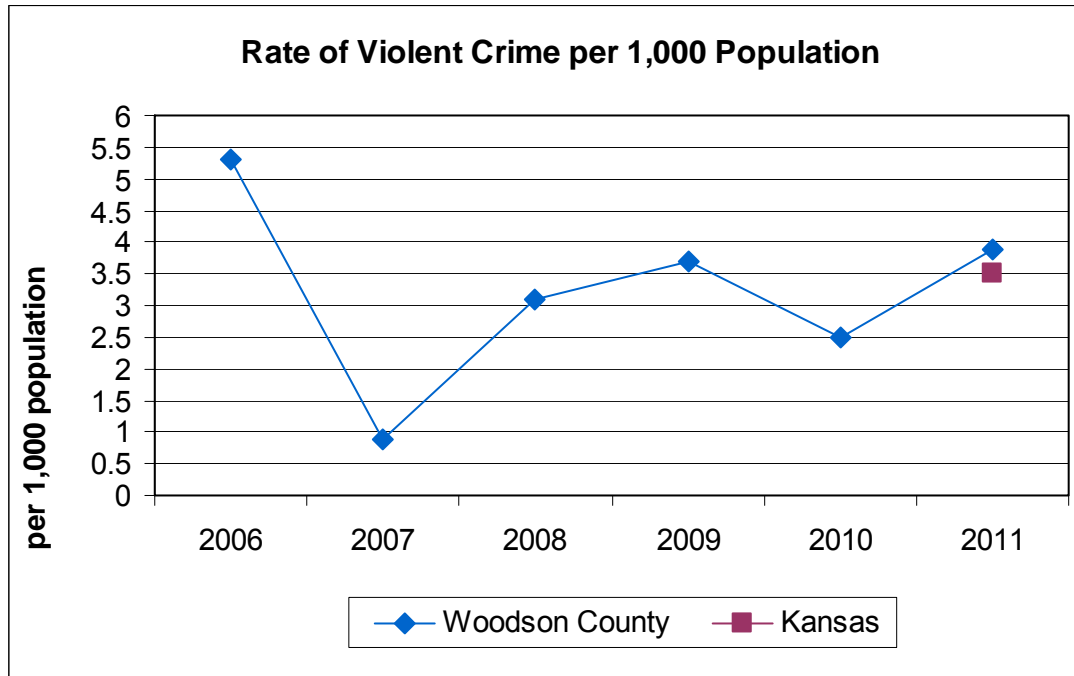
Value: 3.9 per 1,000 population

Measurement Period: 2011

Location: County : Woodson

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

Woodson County Rural Health Works

Demographics

Ratio of Children to Adults

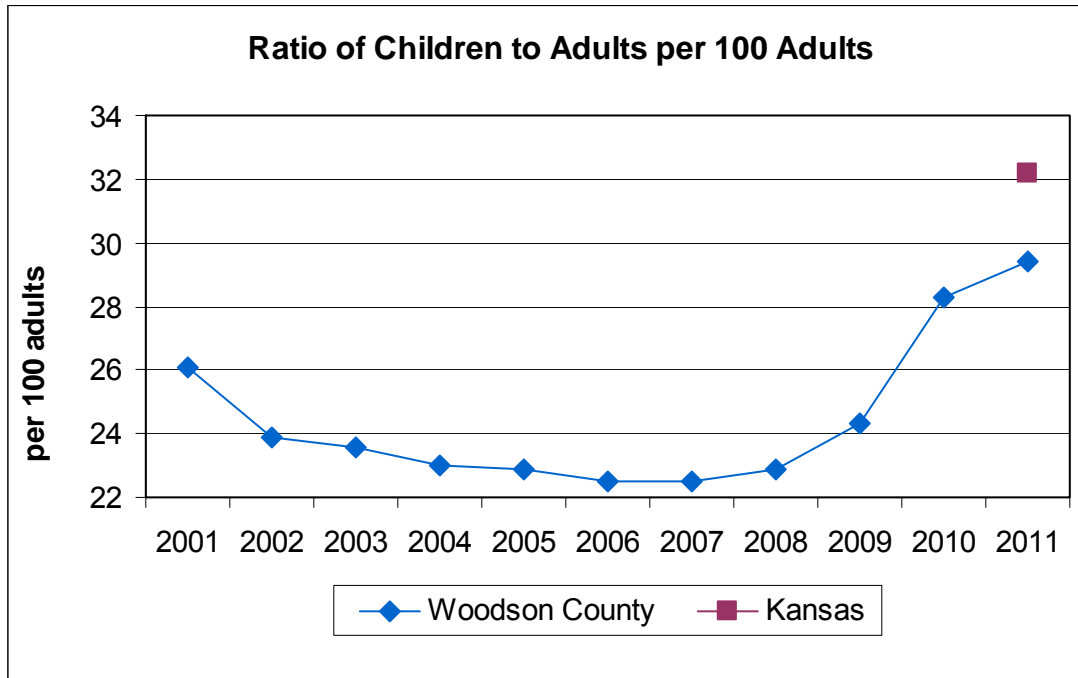
Value: 29.4 children per 100 adults

Measurement Period: 2011

Location: County : Woodson

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/>

Woodson County Rural Health Works

Ratio of Elderly Persons and Children to Adults

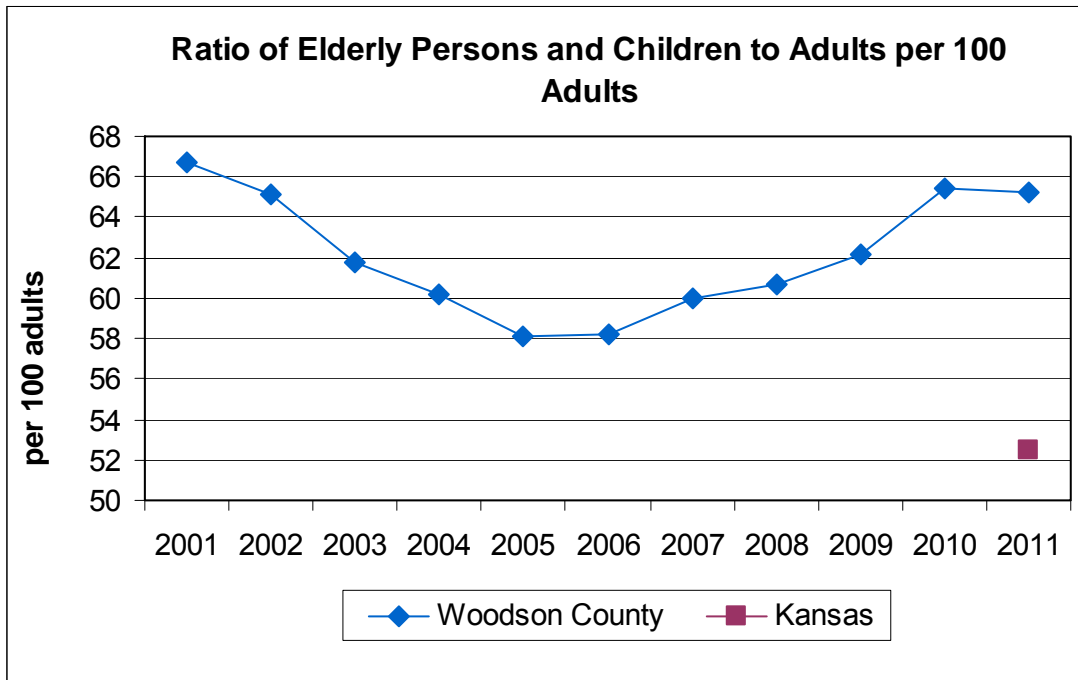
Value: 65.2 elderly & children per 100 adults

Measurement Period: 2011

Location: County : Woodson

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/>

Woodson County Rural Health Works

Ratio of Elderly Persons to Adults

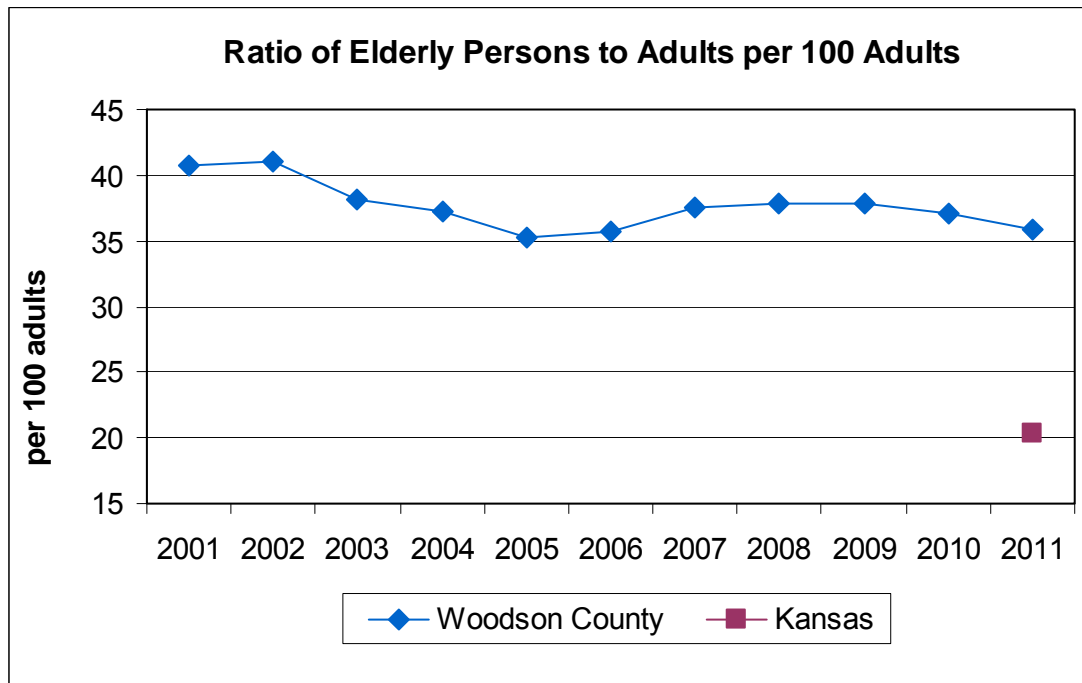
Value: 35.8 elderly per 100 adults

Measurement Period: 2011

Location: County : Woodson

Comparison: KS State Value

Categories: Social Environment/Demographics



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/>

Woodson County Rural Health Works

Neighborhood/Community Attachment

People 65+ Living Alone

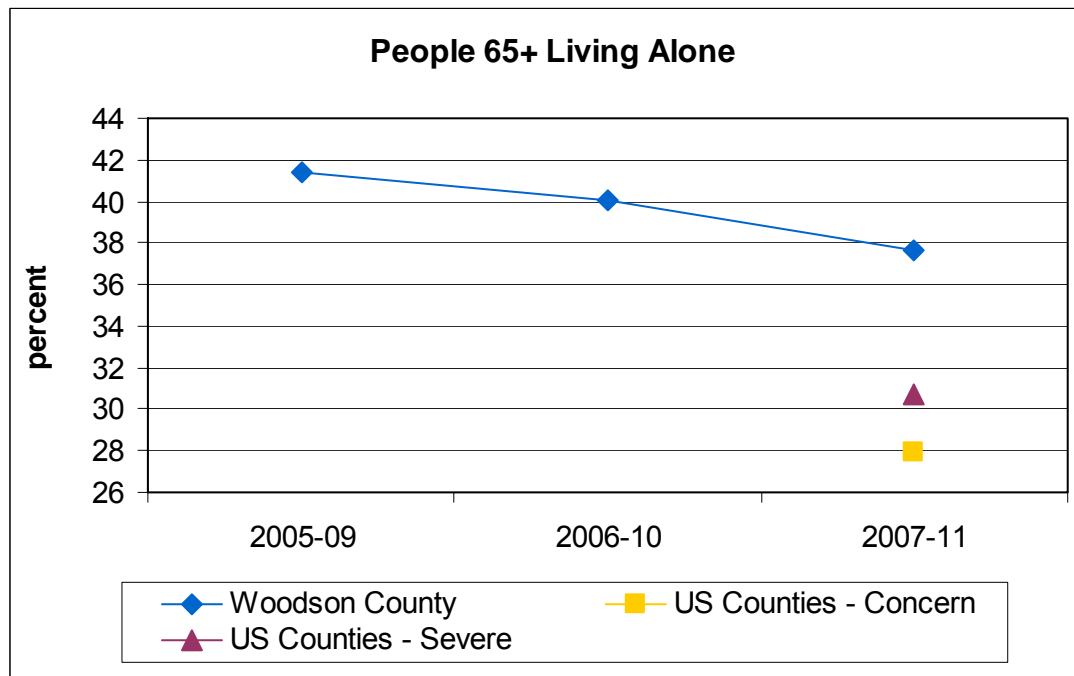
Value: 37.6 Percent

Measurement Period: 2007-2011

Location: County : Woodson

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.

Source: American Community Survey

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

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

Woodson County Rural Health Works

Commute to Work

Mean Travel Time to Work

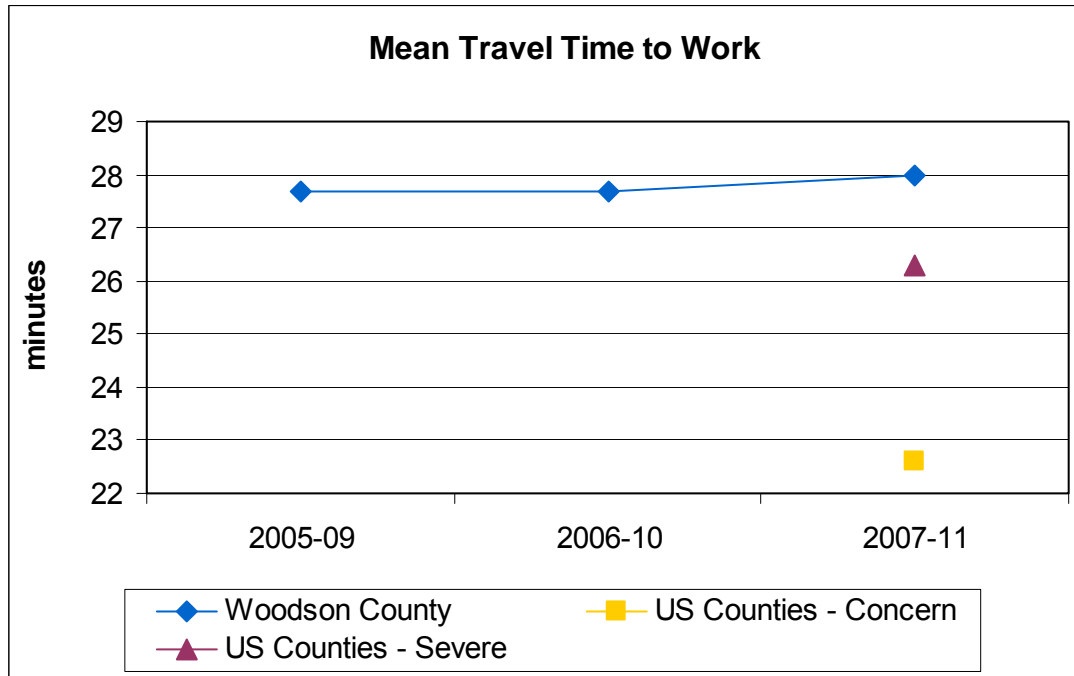
Value: 28.0 Minutes

Measurement Period: 2007-2011

Location: County : Woodson

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/>

Woodson County Rural Health Works

Workers who Drive Alone to Work

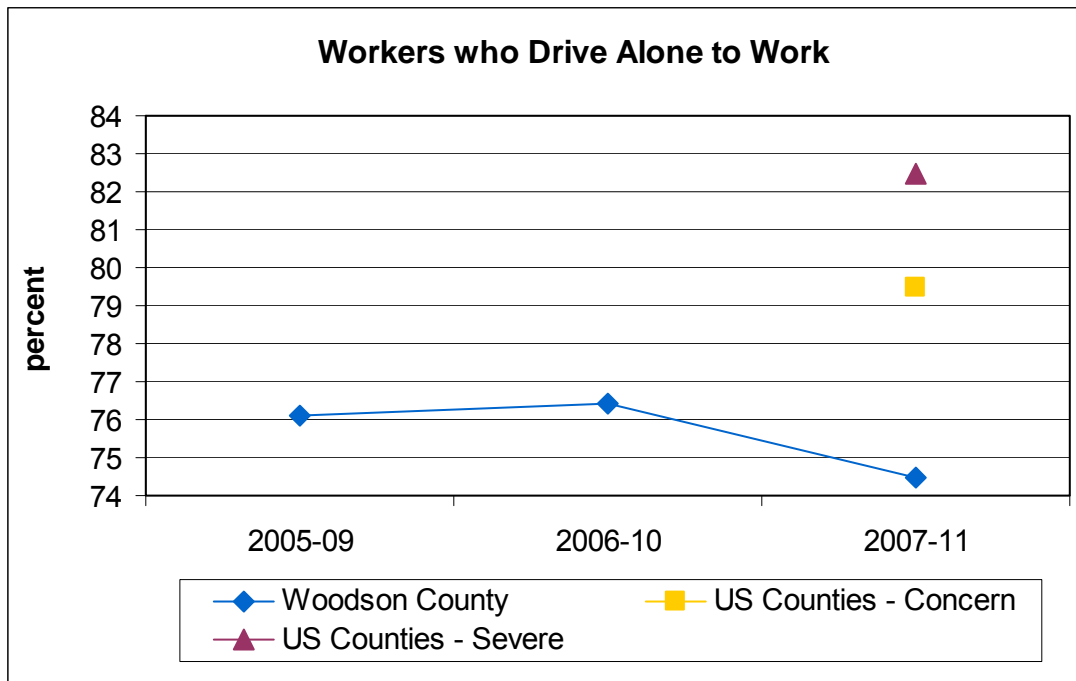
Value: 74.5 Percent

Measurement Period: 2007-2011

Location: County : Woodson

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/>

Woodson County Rural Health Works

Workers who Walk to Work

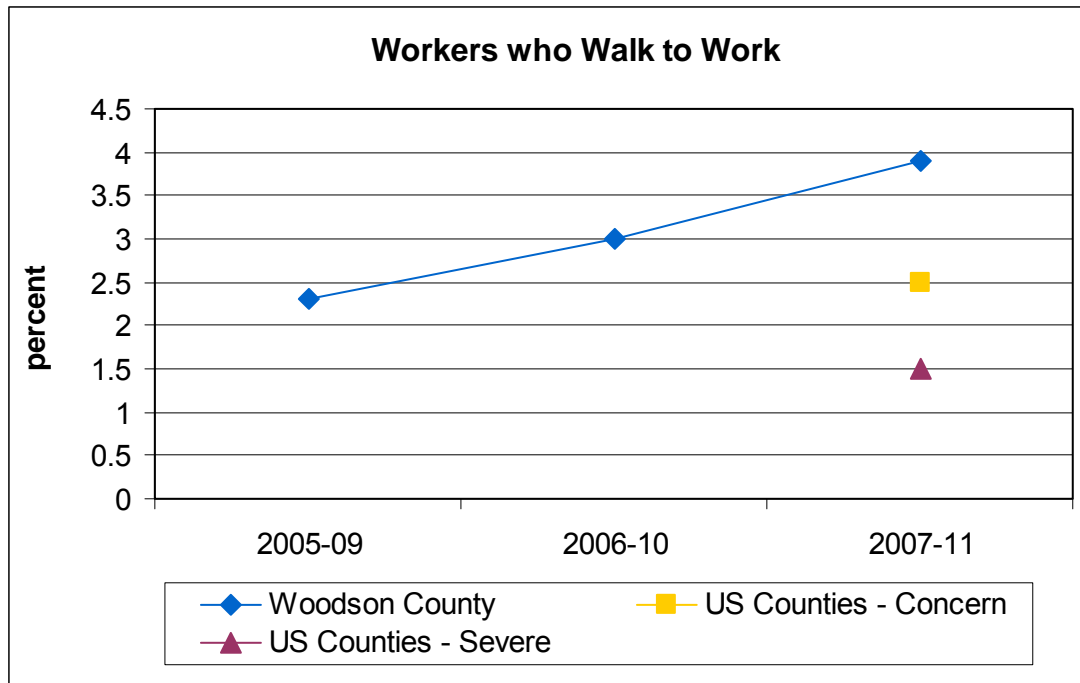
Value: 3.9 Percent

Measurement Period: 2007-2011

Location: County : Woodson

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 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/>

Woodson County Rural Health Works

Personal Vehicle Travel

Households without a Vehicle

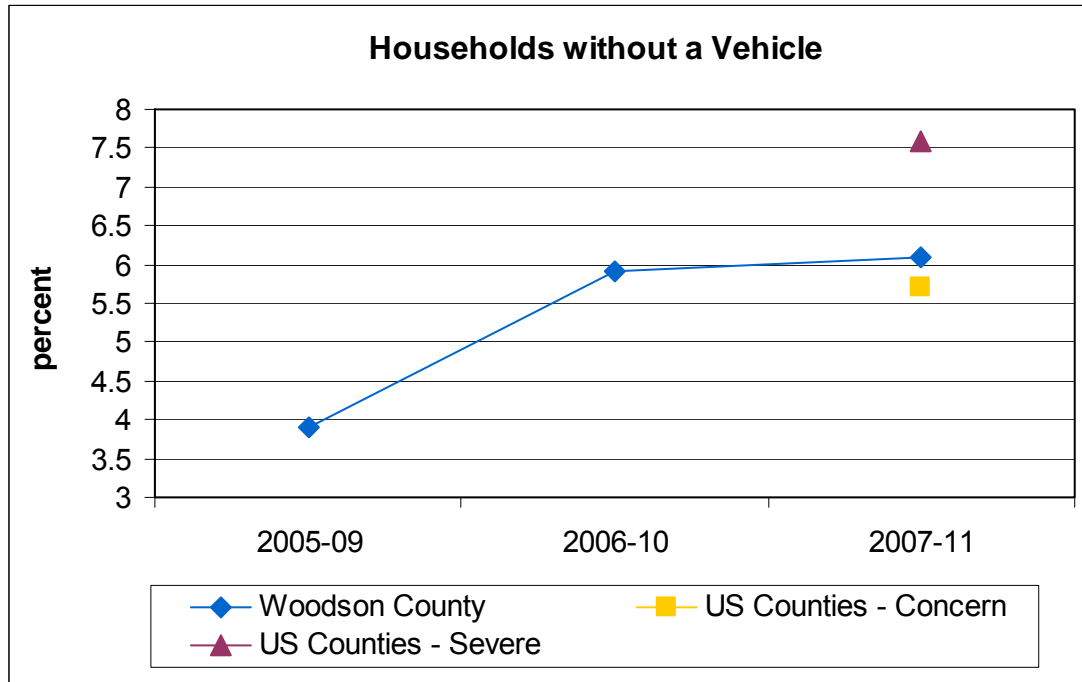
Value: 6.1 Percent

Measurement Period: 2007-2011

Location: County : Woodson

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/>

Woodson County Rural Health Works

Public Transportation

Workers Commuting by Public Transportation

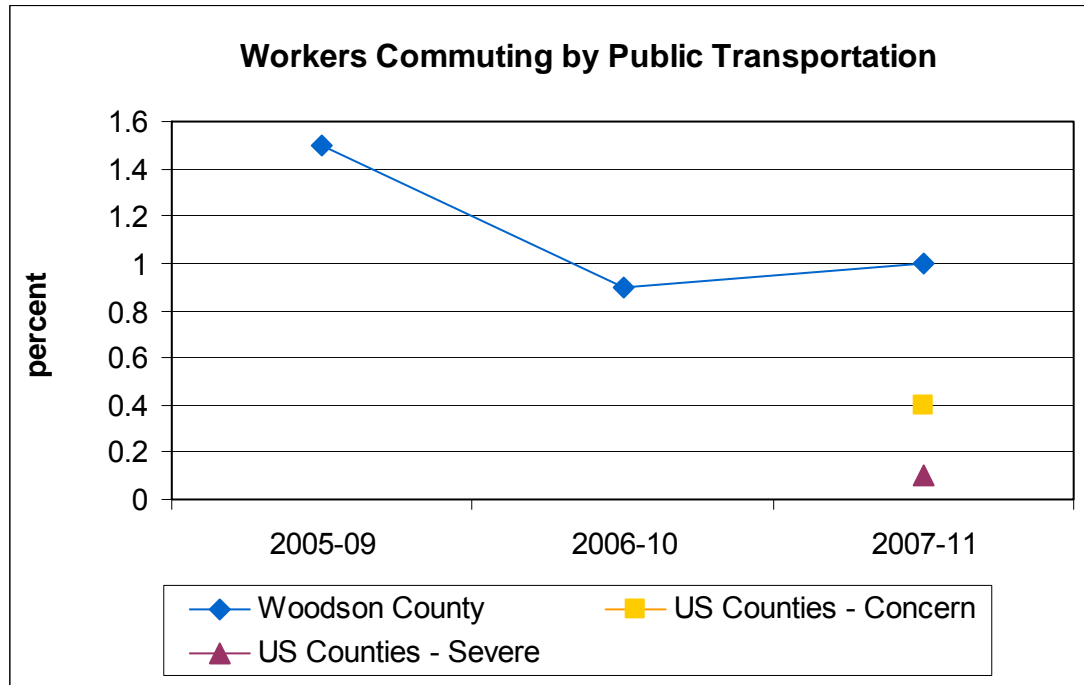
Value: 1.0 Percent

Measurement Period: 2007-2011

Location: County : Woodson

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.

Source: American Community Survey

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

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

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



Woodson County

Community Survey Results

Woodson County Community Health Care Survey

Survey Highlights

- 62 total responses
- 80% saw doctor < 1 yr.; 92% < 2 yr.
- 83% in Coffey Health System
- 85% used a hospital last year; CCH captured 60% of visits
- 97% had CCH experience; 96% satisfied/ somewhat satisfied
- 92% had CHS clinic experience; 100% satisfied/ somewhat satisfied
- Specialty services used
 - Orthopedist (8)
 - Urologist (8)
 - Cardiologist (7)
 - ENT (6)
 - Gastroenterologist (5)
 - Neurologist (5)
- 8% anticipate need for nursing care in the next 10 years
- Healthy community
 - Access to health care (19%)
 - Good place for children (16%)
 - Healthy economy (15%)
 - Good schools (14%)
- Health problems
 - Cancers (28%)
 - Aging problems (22%)
 - Obesity (12%)
 - Heart disease and stroke (11%)
- General health concerns
 - Local physician
 - Nursing care
 - Facility age and condition
 - Accessing services
 - Elder/aging issues

**Woodson County CHNA Community Survey
Preliminary Results**

1. Home Zip Code

	Number	Percent
66742 <i>Gas</i>	1	2%
66749 <i>Iola</i>	1	2%
66783 <i>Yates Center</i>	58	94%
66839 <i>Burlington</i>	1	2%
66852 <i>Gridley</i>	1	2%
Total	62	100%

2. Last time you saw your doctor

	Number	Percent
Less than 1 year ago	49	80.3%
Between 1 and 2 years ago	7	11.5%
Between 2 and 5 years ago	4	6.6%
More than 5 years ago	1	1.6%
Never - doesn't have a doctor	0	0.0%
Total	61	100.0%

3. City of your doctor

	Number	Percent
Yates Center	46	71.9%
Lebo	0	0.0%
Burlington	7	10.9%
LeRoy	0	0.0%
Gridley	0	0.0%
Waverly	0	0.0%
Don't require service	0	0.0%
Other City (see list)	11	17.2%
Total	64	100.0%

3. City of Your Doctor

Other
Kansas City, KS
Iola, KS (8)
Chanute, KS (2)

4a. Used Services of a Hospital in Past 4 Years

	Number	Percent
Yes	52	85%
No	7	11%
Don't Know	2	3%
Total	61	100%

4b. Hospitals Used in Last 5 Years

	Number	Percent
Coffey County Hospital, Burlington	43	60%
Other (see List)	29	40%
Total	72	100%

4b. Hospitals Used in Last 5 Years

Other
Wichita Heart Hospital (3)
Kansas Spine Hospital of Wichita (2)
Stormont-Vail Hospital (2)
Kansas Heart Hospital (3)
Via Christi of Wichita
St. Francis of Wichita (1)
Providence Medical Center
Allen County Hospital (10)
Shawnee Mission Hospital
North Kansas Hospital
Labette County Hospital
Neosho Memorial Regional Medical Center (6)
KU Medical Hospital
Cancer Emteck of Wichita
Wesley Medical Hospital
Overland Park Regional Medical (2)
Lawrence Hospital
Surgery Center in Wichita
Via Christi of Pittsburg
Stillwater Oklahoma Medical Center
University of Kansas Hospital
Fredonia Regional Hospital

4c. Type of Service Received

	Number	Percent
Outpatient	47	53%
Inpatient	24	27%
Emergency	18	20%
Total	89	100%

4d. Satisfaction with Last Hospital Experience

	Number	Percent
Satisfied	48	84%
Somewhat Satisfied	6	11%
Somewhat Dissatisfied	3	5%
Dissatisfied	0	0%
Total	57	100%

4e. Reasons for Satisfaction

Very friendly (2)
Good quality care (11)
Great service (4)
Personal attention in care giving
Helpful service
Caring and informative staff (3)
Professional (3)
Refer you to a specialist
Prompt service (7)
Clean (3)
Courteous staff (4)
Transferred the patient to a different
hospital that could better accommodate
the needs
Wonderful staff (2)
Organized staff (2)
Nice facilities

4e. Reasons for Dissatisfaction

There was not enough help
Not so good staff
Did not obtain precertification before procedure
Waiting time was long (2)
Received unnecessary procedures
Not professional
Disagreed with the doctor's opinion
Not always helpful and friendly

5a. Used Services of Coffey County Hospital in Past 10 Years

	Number	Percent
Yes	53	87%
No	7	11%
Don't Know	1	2%
Total	61	100%

5b. Type of Service Received

	Number	Percent
Outpatient	43	56%
Inpatient	18	23%
Emergency	16	21%
Total	77	100%

5c. Satisfaction with Last Hospital Experience

	Number	Percent
Satisfied	46	88%
Somewhat Satisfied	4	8%
Somewhat Dissatisfied	2	4%
Dissatisfied	0	0%
Total	52	100%

5d. Reasons for Satisfaction

Excellent care (3)
Services provided promptly and professionally
Close to home
Excellent rehab services
Good care
The nurses were great
They kept the spouse updated often
No complaints
Quality of care and staff (5)
Professionalism(2)
Refer you to a specialist if needed
Caring and kind staff (7)
Informative staff (2)
Clean
Prompt and organized (2)
Great service (6)
Good care (2)

5d. Reasons for Dissatisfaction

Did not take our insurance so it cost us a lot
of money out of pocket
Waiting time was long
Received unnecessary procedures
Very expensive
Not always helpful and friendly
Had many different accounts-having only
one would be easier
Billing was a problem, otherwise very
satisfied with services

6a. Used Services of Coffey Health System Clinics in Past 10 Years

	Number	Percent
Yes	56	92%
No	4	7%
Don't Know	1	2%
Total	61	100%

6b. Location of Clinic(s) Used

	Number	Percent
Yates Center Medical Clinic	54	67.5%
Coffey County Medical Center (Burlington)	24	30.0%
Gridley Medical Clinic	1	1.3%
Waverly Medical Clinic	0	0.0%
LeRoy Medical Clinic	1	1.3%
Total	80	100%

6c. Satisfaction with Last Coffey Health System Clinic Experience

	Number	Percent
Satisfied	57	95%
Somewhat Satisfied	3	5%
Somewhat Dissatisfied	0	0%
Dissatisfied	0	0%
Total	60	100%

6d. Reasons for Satisfaction

Helpful staff
Received medicine and felt better
Work you in if they are busy (2)
Very nice doctors
Informational doctors
Great staff that care (6)
Very satisfied
Good care (6)
Helpful employees
Knowledge and care
Know everyone
Good providers
Friendly (5)
Quality of care
Great service (6)
Wonderful
Great doctors (2)
Prompt (4)
Nice
Positive
Professional (2)
Caring (2)
Organized
Clean
Give explanations
Help find treatments you can afford
Love the staff
Short waiting time

6d. Reasons for Dissatisfaction

Not following up with patient
Wait was long

7. Medical Specialist Used in Past 24 Months

Type	Location
Allergist	Garnett
Alzheimer's	Coffey County
Cardiologist (7)	Wichita
Cervical surgery	Wichita
Dermatologist	Kansas City
Endocrinologist (2)	Coffey County
Endocrinologist	Wichita
ENT	Burlington
ENT	Coffey County
ENT	Ottawa
ENT (2)	Topeka
ENT	Wichita
Gastroenterologist (4)	Burlington
Gastroenterologist	Coffey County
Gynecologist (2)	Burlington
Gynecologist	Kansas City
Neurologist	Chanute
Neurologist (2)	Ottawa
Neurologist (2)	Wichita
OBGYN	Ottawa
Occupational therapists	Iola
Oncologist (2)	Kansas City
Oncologist	Overland Park
Oncologist	Wichita
Ophthalmologist	Burlington
Ophthalmologist	Emporia
Ophthalmologist	Wichita
Orthopedist (2)	Burlington
Orthopedist	Overland Park
Orthopedist	Parsons
Orthopedist	Topeka
Orthopedist (3)	Wichita
Physical therapist (2)	Burlington
Physical therapist	Iola
Plastic Surgeon	Wichita
Podiatrist	Burlington
Proctologist	Burlington
Radiologist (3)	Burlington
Rehabilitation	Coffey County
Surgeon	Coffey County
Urologist (6)	Burlington
Urologist	Chanute
Urologist	Iola

8a. Anticipation of Need for Nursing Home Care Service in Next 1 Year

	Number	Percent
Yes	1	2%
No	52	87%
Don't Know	7	12%
Total	60	100%

8b. In Next 5 Years

	Number	Percent
Yes	3	5%
No	44	77%
Don't Know	10	18%
Total	57	100%

8c. In Next 10 Years

	Number	Percent
Yes	4	8%
No	35	66%
Don't Know	14	26%
Total	53	100%

9. Three Most Important Factors for a "Healthy Community"

	Number	Percent
Good place to raise children	28	16%
Low crime/safe neighborhoods	13	8%
Low level of child abuse	0	0%
Good schools	24	14%
Access to health care services	33	19%
Parks and recreation	2	1%
Clean environment	3	2%
Affordable housing	5	3%
Excellent race/ethnic relations	0	0%
Good jobs and healthy economy	26	15%
Strong family life	12	7%
Healthy behaviors and lifestyles	13	8%
Low adult death and disease rates	0	0%
Religious or spiritual values	10	6%
Emergency preparedness	3	2%
Affordable childcare	1	1%
Other (see list)	0	0%
Total	173	100%

10. Three Most Important "Health Problems" in Community

	Number	Percent
Aging problems	38	22%
Cancers	49	28%
Child abuse/neglect	5	3%
Dental problems	1	1%
Diabetes	16	9%
Domestic Violence	2	1%
Firearm-related injuries	0	0%
Heart disease and stroke	20	11%
High blood pressure	7	4%
HIV/AIDS	0	0%
Homicide	0	0%
Infant Death	0	0%
Infection Disease	0	0%
Mental health problems	4	2%
Motor vehicle crash injuries	1	1%
Obesity	21	12%
Rape/sexual assault	0	0%
Respiratory/lung disease	4	2%
Sexually transmitted diseases	0	0%
Suicide	1	1%
Teenage pregnancy	5	3%
Violence	0	0%
Other (see list)	2	1%
Total	176	100%

10. Three Most Important "Health Problems" in Community

Other

Alcohol/ Drug use (2)

11. General Concerns About Health Care in Woodson County

Nursing home care and cleanliness (2)

Cancer

No ER/Outpatient facility that is accessible nights/weekends that
are nearby for the children and elderly in our community

Keeping doctors in the community

Providers aging

Facilities aging

Equipment aging

Vision and dental care for uninsured or people in poverty (2)

Aging population and lack of home care or assisted living

Elderly in need of help with cooking and cleaning as do not know
who to call or do not have the money to hire the help

Mental Health services for those addicted to drugs

Not having health care to get us through our life

Theft and police not doing much

Nursing home is deteriorating

We need more clinics and doctors

Transportation to and from doctors

Need a full time physician to live in our community (5)

Need another doctor

Keeping our ambulance service

Better access to a fitness facility with up to date equipment
to help fight obesity

Only having one hospital to go to

Not a provider for my healthcare

Fear loss of clinic in Yates Center



Woodson 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
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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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Woodson County Area Health Services Directory

This directory contains contact information for service providers supporting the local health care system. The directory includes telephone and Internet contact information for many health-related information centers in Kansas and throughout the U.S.

There are two purposes motivating the compilation of this information. The first is to ensure that local residents are aware of the scope of providers and services available in the local health care market. For most rural communities, capturing the greatest share of health care spending is an important source of community economic activity.

The second use of this information is for community health services needs assessment. The ability to review the full inventory of health-related services and providers can help to identify gaps that may exist in the local health care system. This could become the focus of future community efforts to fill the gaps in needed services.

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

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To provide updated information or to add new health and medical services to this directory, please contact:

Office of Local Government

K-State Research and Extension

10E Umberger

Manhattan, KS 66506

Phone: (785)-532-2643

Fax: (785)-532-3093

John Leatherman: jleather@k-state.edu

www.ksu-olg.info/

www.krhw.net

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Emergency Numbers

Police/ Sheriff	911
Fire	911
Ambulance	911

Non-Emergency Numbers

Woodson County Sheriff 620-625-8640

Woodson County Ambulance 620-625-8640

Municipal Non-Emergency Numbers

	<u>Police/Sheriff</u>	<u>Fire</u>
Piqua	620-625-8640	620-468-2777
Toronto	620-625-8640	620-637-2605
Yates Center	620-625-2118	620-625-3351

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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

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Kansas Crisis Hotline (Domestic Violence/Sexual Assault)
1-888-END-ABUSE
www.kcsdv.org

Kansas Road Conditions
1-866-511-KDOT
511

www.ksdot.org

Poison Control Center
1-800-222-1222

www.aapcc.org

Suicide Prevention Hotline
1-800-SUICIDE
www.hopeline.com
1-800-273-TALK

www.suicidepreventionlifeline.com

Toxic Chemical and Oil Spills
1-800-424-8802
www.epa.gov/region02/contact.htm

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Health Services

Hospitals

Coffey County Medical Center

309 Sanders (Burlington)

620-364-5395

<http://www.coffeyhealth.org/>

Coffey County Medical Center Services Include:

Continuing Education
Diabetes Education
Emergency Medical Services
Free cancer Screenings
Laboratory
Obstetrics and Nursery
Occupational Therapy
Orthopedics
Patient Services
Physical Therapy
Speech Therapy

4

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Neosho Memorial Regional Medical Center

629 South Plummer Avenue (Chanute)

620-433-4029

<http://www.nmrmc.com/>

Neosho Memorial Regional Medical Center Services Include:

Cardiac rehabilitation
Case management
Digital mammography
Echocardiography
Emergency services
Home care products
Home Health Agency
Imaging services CT scan
Laboratory
Occupational therapy
Orthopedic Clinic
Outpatient specialty clinics
Physical therapy
Respiratory care
Rehabilitation and Fitness Center
Sleep lab
Surgery
Swing bed program
Women's Health Center

5

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Health Departments

SEK Multi-County Health Department

109 East Rutledge Street (Yates Center)

620-625-2484

<http://www.sekrmchd.org/>

SEK Multi-County Health Department Services

Include:

Children with Special Health Care Needs

Chronic Disease Clinic

Communicable Disease Control

Family Planning

Immunizations

Kan-Be Healthy Physicals

Kindergarten, Preschool, Daycare Physicals

Pregnancy Testing

WIC

Blood lead screening

Healthy Start

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Mental Health

Southeast Kansas Mental Health

1106 South 9th Street (Humboldt)

620-473-2241

Southeast Kansas Mental Health Center

402 South Kansas Avenue (Chanute)

620-431-7890

Southeast Kansas Mental Health Center

304 N. Jefferson (Iola)

620-365-5717

Medical Professionals

Chiropractors

Starbuck Family Chiropractic

218 West Rutledge Street (Yates Center)

620-625-2558

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Clinics

Yates Center Medical Clinic

1004 East Madison Street (Yates Center)
620-625-2312

Dentists

Steven D Epler

109 West Butler Street (Yates Center)
620-625-2185

Optometrists

Grene Vision Group

218 West Rutledge Street (Yates Center)
620-625-3311

Pharmacies

Yates Center Pharmacy Inc.

122 West Rutledge Street (Yates Center)
620-625-2850

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Physicians and Health Care Providers

Jeff Sloyer

1004 East Madison Street (Yates Center)
620-625-2312

John D Atkin

1004 East Madison Street (Yates Center)
620-625-2312

Richard Fox

1004 East Madison Street (Yates Center)
620-625-2312

Rehabilitation Services

Yates Center Health Care

801 South Fry Street (Yates Center)
620-625-2111

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Other Health Services

Assisted Living/Nursing Homes/TLC

Infinia at Yates Center

801 South Fry Street (Yates Center)
620-625-2111

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

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Domestic/Family Violence

Child/Adult Abuse Hotline

1-800-922-5330

www.srskansas.org/services/child_protective_service_s.htm

Family Crisis Center

(Great Bend)

Hotline: 620-792-1885

Business Line: 620-793-1965

General Information – Women's Shelters

www.WomenShelters.org

Kansas Crisis Hotline

Manhattan

785-539-7935

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

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Food Programs

Kansas Food 4 Life
4 NW25th Road (Great Bend)
620-793-7100

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

Government Healthcare

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

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

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

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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

Neosho Memorial Regional Medical Center
629 South Plummer Avenue (Chanute)
620-431-4000

Home Health Services

Southeast Kansas Independent Living
119 West Butler Street (Yates Center)
620-625-2818

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Infinia at Yates Center

801 South Fry Street (Yates Center)
620-625-2111

Hospice

Horizon Hospice (Neosho Medical Center)

629 South Plummer Avenue (Chanute)
620-431-4000

Massage Therapists

Starbuck Family Chiropractic

218 West Rutledge Street (Yates Center)
620-625-2558

Medical Equipment and Supplies

American Medical Sales and Repair

1-866-637-6803

Yates Center Pharmacy Inc.

122 West Rutledge Street (Yates Center)
620-625-2850

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School Nurses

Yates Center School District-USD 366

Elementary School

802 South State Street (Yates Center)
620-625-8860

High School

105 West Bell Street (Yates Center)
620-625-8832

<http://www.usd366.net/>

Senior Services

Senior Center

403 West Rutledge Street (Yates Center)
620-625-2254

Toronto Senior Citizens Incorporated

310 West Main Street (Toronto)
620-637-2714

Veterinary Services

Olen R. Stauffer

503 South Fry Street (Yates Center)
620-625-3202

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Local Government, Community and Social Services

Adult Protection

Adult Protective Services (SRS)

1-800-922-5330

www.srskansas.org/SD/ees/adult.htm

Elder Abuse Hotline

1-800-842-0078

www.elderabusecenter.org

Kansas Department of Social and Rehabilitation Services West Region Protection Reporting Center

1-800-922-5330

Alcohol and Drug Treatment

Alcohol and Drug Abuse Services

1-800-586-3690

http://www.srskansas.org/services/alcohol_drug_assess.htm

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Alcohol Detoxification 24-Hour Helpline

1-877-403-3387

www.ACenTerForRecovery.com

Center for Recovery

1-877-403-6236

G&G Addiction Treatment Center

1-866-439-1807

Road Less Traveled

1-866-486-1812

Seabrook House

1-800-579-0377

The Treatment Center

1-888-433-9869

Child Protection

Kansas Department of Social and Rehabilitation Services West Region Protection Reporting Center – i.e. PROTECTION REPORT CENTER FOR ABUSE

1-800-922-5330

Available 24 hours/7 days per week – including holidays

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Children and Youth

Children's Alliance

627 SW Topeka Boulevard (Topeka)
785-235-5437
www.childaily.org

Kansas Children's Service League

1-800-332-6378
www.kcsl.org

Day Care Providers-Adult

Southeast Kansas Independent Living

119 West Butler Street (Yates Center)
620-625-2818

Infinia at Yates Center

801 South Fry Street (Yates Center)
620-625-2111

Senior Center

403 West Rutledge Street (Yates Center)
620-625-2254

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Day Care Providers-Children

The Rainbow House

510 South State Street (Yates Center)
620-625-2314

Extension Office

Woodson County Extension

211 West Butler Street (Yates Center)
620-625-8620

Funeral Homes

Campbell Funeral Home

310 West Rutledge Street (Yates Center)
620-625-2211
<http://home.mchsi.com/~campbellfuneralhome/>

Head Start

Chanute Head Start

115 South Gretchen Avenue (Chanute)
620-431-2789

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Iola Head Start

223 South Sycamore Street (Iola)
620-365-7189

Housing

Corp Housing Equity

14482 West 118th Terrace (Olathe)
620-261-8067

Street Abstract Company Incorporated

118 North Main Street (Yates Center)
620-625-2421

<http://www.streetabstract.com/>

Legal Services

Constance Peebles Yates Center

620-625-3400

Case Moses Zimmerman and Martin

120 West Rutledge Street (Yates Center)
620-625-2145

<http://www.cmzwlaw.com/>

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Lacy William

111 South State Street (Yates Center)
620-625-2145

Libraries, Parks and Recreation

Fall River State Park

144 Highway 105 (Toronto)
620-637-2213

Lone Pine Shooting Preserve

444 90th Road (Toronto)
620-637-2967

<http://www.huntlonepine.com/>

Toronto Public Library

107 East Main Street (Toronto)
620-637-2661

Yates Center Public Library

218 North Main Street (Yates County)
620-625-3341

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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

Yates Center Medical Clinic

1004 East Madison Street (Yates Center)

620-625-2312

Public Information

Woodson County Chamber of Commerce

108 South Mains Street (Yates Center)

620-625-3235

www.woodsoncountychamber.com/

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Rape

Domestic Violence: Hope Unlimited

8 N. Washington (Iola)

1-END-ABUSE

Domestic Violence and Rape Hotline

1-888-874-1499

Family Crisis Center

1806 12th Street (Great Bend)

620-793-1885

www.familycrisisctr.org/

Kansas Crisis Hotline

Manhattan

785-539-7935

1-800-727-2785

Social Security

Social Security Administration

1-800-772-1213

1-800-325-0778

www.ssa.gov

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Transportation

Kansas - State Transportation Department

201 South Turner Street (Yates Center)

620-625-2561

<http://www.ksdot.org/>

I-Cab

620-240-0240

620-515-2084

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**State and National Information, Services,
Support**

Adult Protection

Adult Protection Services

1-800-922-5330

www.srskansas.org/SD/ees/adult.htm

Domestic Violence and Sexual Assault (DVACK)

1-800-874-1499

www.dvack.org

Elder Abuse Hotline

1-800-842-0078

www.elderabusecenter.org

Elder and Nursing Home Abuse Legal

www.resource4nursinghomeabuse.com/index.html

**Kansas Coalition Against Sexual and Domestic
Violence**

1-888-END-ABUSE (363-2287)

www.kcsdv.org/ksresources.html

**Kansas Department on Aging
Adult Care Complaint Program**

1-800-842-0078

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National Center on Elder Abuse (Administration on Aging)

www.ncea.gov/NCEARoot/Main_Site?Find_Help/Help_Hotline.aspx

National Domestic Violence Hotline

1-800-799-SAFE (799-7233)

1-800-787-3224 (TTY)

www.ndvh.org

National Sexual Assault Hotline

1-800-994-9662

1-888-220-5416 (TTY)

www.4woman.gov/fdq/sexualassault.htm

National Suicide Prevention Lifeline

1-800-273-8255

Poison Center

1-800-222-1222

Sexual Assault and Domestic Violence Crisis Line

1-800-701-3630

Social and Rehabilitation Services (SRS)

1-888-369-4777 (HAYS)

www.srskansas.org

Suicide Prevention Helpline

785-841-2345

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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

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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

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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

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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_service_s.htm

HealthWave

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

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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.ksociety.org

National Runaway Switchboard

1-800-RUNAWAY

www.1800runaway.org/

National Society for Missing and Exploited Children

1-800-THE-LOST (843-5678)

www.missingkids.com

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Parents Anonymous Help Line

1-800-345-5044

www.parentsanonymous.org/palindex10.html

Runaway Line

1-800-621-4000

1-800-621-0394 (TDD)

www.1800runaway.org/

Talking Books

1-800-362-0699

www.skyways.lib.ks.us/KSL/talking/ksl_bph.html

Community Action

Peace Corps

1-800-424-8580

www.peacecorps.gov

Public Affairs Hotline (Kansas Corporation Commission)

1-800-662-0027

www.kcc.state.ks.us

Counseling

Care Counseling

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

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Carl Feril Counseling

608 N Exchange (St. John)

620-549-6411

Castlewood Treatment Center for Eating Disorders

1-888-822-8938

www.castlewoodtc.com

Catholic Charities

1-888-468-6909

www.catholiccharitiessalina.org

Center for Counseling

5815 W Broadway (Great Bend)

1-800-875-2544

Central Kansas Mental Health Center

1-800-794-8281

Will roll over after hours to a crisis number.

Consumer Credit Counseling Services

1-800-279-2227

www.kscccs.org/

Kansas Problem Gambling Hotline

1-866-662-3800

www.ksmh.org/Services/gambling.htm

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

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

Samaritan Counseling Center
1602 N. Main Street
Hutchinson, KS 67501
620-662-7835
<http://cmc.pdswebpro.com/>

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

Senior Health Insurance Counseling
1-800-860-5260
www.agingkanssas.org

Sunflower Family Services, Inc.
(adoption, crisis pregnancy, conflict solution center)
1-877-457-5437
www.sunflowerfamily.org

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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.drckanssas.org

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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

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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/

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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)

DRAFT

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

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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

DRAFT

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

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Southwest Kansas Area Agency on Aging

240 San Jose Drive
Dodge City, KS 67801
(316) 225-8230
<http://www.swkaaa.org/>

Medicaid Services

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

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

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

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

DRAFT

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

DRAFT

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, KS 66612

785-296-3959

www.srskansas.org

Suicide Prevention Hotline

1-800-SUICIDE [784-2433]

www.hopeline.com

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Nutrition

American Dietetic Association

1-800-877-1600

www.eatright.org

American Dietetic Association Consumer

Nutrition Hotline

1-800-366-1655

Department of Human Nutrition

Kansas State University

119 Justin Hall

Manhattan, KS 66506

785-532-5500

www.humec.k-state.edu/hn/

Eating Disorders Awareness and Prevention

1-800-931-2237

www.nationaleatingdisorders.org

Food Stamps

Kansas Department of Social and Rehabilitation
Services (SRS)

1-888-369-4777 or Local SRS office

www.srskansas.org/ISD/ees/food_stamps.htm

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Kansas Department of Health and Environment

1000 SW Jackson, Suite 220

Topeka, KS 66612

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

DRAFT

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

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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

DRAFT

Suicide Prevention

Suicide Prevention Services

1- 800-784-2433

www.spsftv.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

DRAFT

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

DRAFT

Mammography Helpline

1-888-492-7844

Gulf War/Agent Orange Helpline

1-800-749-8387

Status of Headstones and Markers

1-800-697-6947

Telecommunications Device for the Deaf

1-800-829-4833

www.vba.va.gov

Benefits Information and Assistance

1-800-827-1000

Debt Management

1-800-827-0648

Life Insurance Information and Service

1-800-669-8477

Welfare Fraud Hotline


Welfare Fraud Hotline

1-800-432-3913

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Manhattan, Kansas.**

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KANSAS RURAL

HEALTHWORKS

Kansas Rural Health Works Community Health Needs Assessment

Woodson County

John Leatherman
Professor, Department of Agricultural Economics
Director, Office of Local Government
K-State Research and Extension




KANSAS RURAL

HEALTHWORKS

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

HEALTHWORKS

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




KANSAS RURAL

HEALTHWORKS

Motivations for Woodson Co. CHNA

- Good idea
 - Improve local quality of life
- Strengthen community relations
 - Better integration of major local institutions
- Business planning
 - Help position the hospital to meet community needs today and in the future




KANSAS RURAL

HEALTHWORKS

Community Outreach Strategy

- Community outreach
 - Engage the broader community to strengthen ties and improve the local health situation
 - Community health needs assessment to identify general health-related needs and mobilize
- Telephone-based survey
 - Specialty services
 - Hospital services
 - Local concerns




KANSAS RURAL

HEALTHWORKS

Coffey Co. Health Care Market

C.C. = 62.5%
W.C. = 17.4%
of Inpatient Discharges in 2012



KANSAS RURAL HEALTHWORKS

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



KANSAS RURAL HEALTHWORKS

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



KANSAS RURAL HEALTHWORKS

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




KANSAS RURAL HEALTHWORKS

Keys to Success

- Our process has a beginning and an end
- Your participation is critical
- Your preparation allows effective participation
- Every community has needs and the capacity to improve its relative situation
- Your ongoing commitment and initiative will determine whether that's true here
- We'll provide discussion forum and tools
- The rest is up to you




KANSAS RURAL HEALTHWORKS




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

Kansas Rural Health Options Project
December 2010

2010 Policy Research Assistant
Katie Morris, Extension Assistant
John Leathem, Director




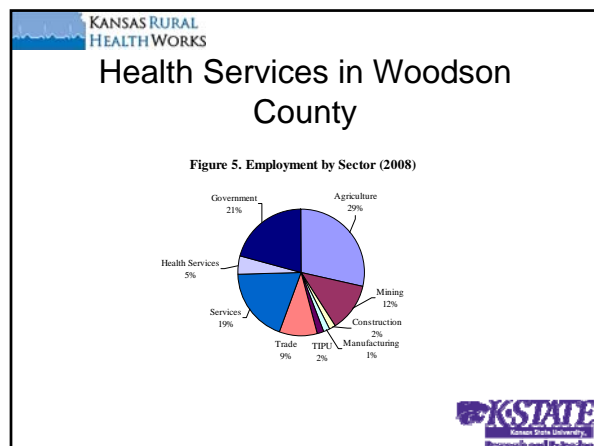


KANSAS RURAL HEALTHWORKS

Importance of Health Care Sector

- Health services and rural development
 - Major U.S. Growth Sector
 - Health services employment up 70% from 1990-08
 - 10%-15% employment in many rural counties
 - Business location concern
 - Quality of life; productive workforce; 'tie-breaker' location factor
 - Retiree location factor
 - 60% called quality health care "must have"





KANSAS RURAL HEALTHWORKS

Total Health Care Impact

Health Sectors	Direct Employment	Economic Multiplier	Total Impact
Health and Personal Care Stores	12	1.13	13
Veterinary Services	2	1.06	2
Home Health Care Services	0	0.00	0
Doctors and Dentists	6	1.12	6
Other Ambulatory Health Care	0	0.00	0
Hospitals	0	0.00	0
Nursing and Residential Care Facilities	43	1.04	45
Total	62		66

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KANSAS RURAL HEALTHWORKS

Health Care Impact (\$000)

Health Sectors	Direct Income	Economic Multiplier	Total Impact
Health and Personal Care Stores	\$258	1.07	\$276
Veterinary Services	\$23	1.13	\$26
Home Health Care Services	\$0	0.00	\$0
Doctors and Dentists	\$524	1.06	\$557
Other Ambulatory Health Care	\$0	0.00	\$0
Hospitals	\$0	0.00	\$0
Nursing/Residential Care Facilities	\$753	1.06	\$799
Total	\$1,559		\$1,658

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KANSAS RURAL HEALTHWORKS

Health Care Impact (\$000)

Health Sectors	Total Impact	Retail Sales	County Sales Tax Collection
Health and Personal Care Stores	\$276	\$62	\$1
Veterinary Services	\$26	\$6	\$0
Home Health Care Services	\$0	\$0	\$0
Doctors and Dentists	\$557	\$126	\$1
Other Ambulatory Health Care	\$0	\$0	\$0
Hospitals	\$0	\$0	\$0
Nursing/Residential Care Facilities	\$799	\$180	\$2
Total	\$1,658	\$374	\$4

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- KANSAS RURAL HEALTHWORKS
- ## Summary and Conclusions
- Trends and indicators show health care's economic importance
 - Health services among the fastest growing sectors – demographic trends suggest growth will continue
 - Attracting/retaining businesses & retirees depends on adequate health care services
 - Sustainable health care system essential for local health and economic opportunity
- KSTATE
Kansas State University
Research • good • Education

- KANSAS RURAL HEALTHWORKS
- ## Summary and Conclusions
- Economics of health care rapidly changing
 - Maintaining a sustainable local health care system is a community-wide challenge
 - Strategic health care planning must be ongoing and inclusive
- KSTATE
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KANSAS RURAL HEALTHWORKS

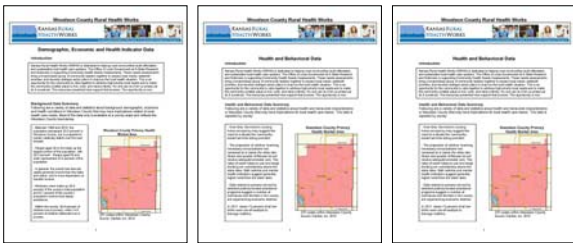
Initial Community Perceptions


- What are major health-related concerns?
- What needs to be done to improve local health care?
- What should be the over-arching health care goals in the county?
- What are the greatest barriers to achieving those goals?



KANSAS RURAL HEALTHWORKS

Data Fact Sheets






KANSAS RURAL HEALTHWORKS

Data Fact Sheets


- Seeking issues/needs in secondary data, i.e. that which is missing, a challenge, or could be improved
- Looking at the negative doesn't mean there isn't much that is good
- Data are indicators that require interpretation
- You decide what's important



KANSAS RURAL HEALTHWORKS

Data Fact Sheets


- Seeking issues/needs in secondary data
- Economic & demographic data
 - Declining population ~ 20% since 1990 & stabilize
 - Aging population ~ 24% 65+ & increasing
 - 49% of population without spouse
 - 21% of HH live on <\$15,000, 42% <\$25,000
 - Transfer income > importance (>\$26m, 29%)
 - 17% live in poverty (29% of children)



KANSAS RURAL HEALTHWORKS

Data Fact Sheets


- Health & behavioral data
 - LTC capacity: community-based alternatives?
 - Youth tobacco use ~19+%, > KS & improving?
 - Youth binge drinking ~15+%, < KS & improving?
 - Child immunizations ~ 61%, ~ KS & stable
 - 22% newborns < than adequate prenatal care
 - 5 out-of-wedlock births to 15-19 y.o.
 - Government food, energy assistance increasing



KANSAS RURAL HEALTHWORKS

Data Fact Sheets


- Crime data
 - Crime only slightly below state rates (incomplete data)
 - # Arrests increasing
- Education data
 - Long-term enrollment decline (recent rebound)
 - Dropout rate improving
 - Violence increasing (small #'s)
- Traffic data
 - 8% of crashes w. injury/death, no seatbelt
 - Improving overall trends



KANSAS RURAL HEALTHWORKS

Data Fact Sheets


- Health Matters (random impressions)
 - Variability due to sampling
 - Diabetes, hypertension, obesity regional values, generally ~ KS
 - Mortality, infant mortality considerably > KS
 - Children's oral health may be an issue
 - 14% teen, 50+% unmarried births rising, > KS
 - 30+% of pregnant women smoke, > KS



KANSAS RURAL HEALTHWORKS

Data Fact Sheets


- Health Matters (random impressions)
 - Overall mortality rates > KS
 - Rate of injuries high
 - Adult binge drinking, smoking < KS
 - Adults with poor self-perceived health, mental health > KS
 - Income, poverty indicators suggest distress
 - People 65+ living alone high
 - High lead risk with older housing



KANSAS RURAL HEALTHWORKS


Overall Conclusions from Data

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




KANSAS RURAL HEALTHWORKS


You look. You decide.



KANSAS RURAL HEALTHWORKS

Community Health Care Survey




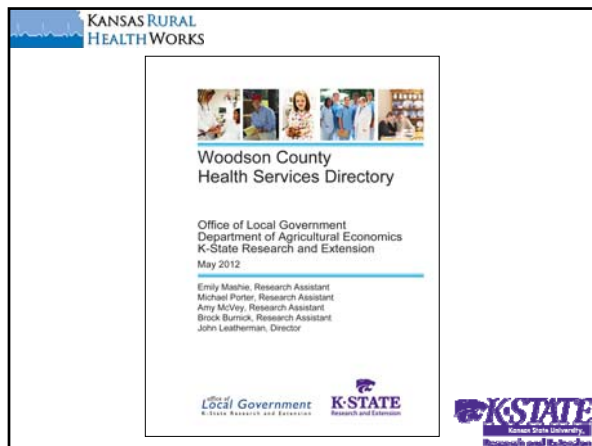


KANSAS RURAL HEALTHWORKS

Community Health Care Survey

- Community health services
 - Provider use and satisfaction/community life
 - Any general concerns
- Non-random, non-representative
- “Lots” of input - You + 5
- 5 minutes – answer on the spot
- Deadline is Monday noon. Drop off:
 - Yates Center clinic





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

KANSAS RURAL HEALTH WORKS

Public Meeting Schedule

- September 4: Overview, economic impact report, community concerns, data reports, draft health services directory
- September 18: Review data & information; survey results; group discussion; issue prioritization; team formation
- September 25: Action planning
- After? That's up to you

KANSAS RURAL HEALTH WORKS

Next Meeting

- Introduction and review
- Review of data & survey results
- Service gap analysis
- Focus group formation and charge
- Group summaries
- Prioritization
- Next meeting date

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?

www.krhw.net



KANSAS RURAL
HEALTH WORKS

Contact information:

John Leatherman

785-532-4492/2643



jleather@k-state.edu

More info:

www.krhw.net

www.ksu-olg.info




Kansas Rural Health Works Community Health Needs Assessment



Woodson County

John Leatherman
Professor, Department of Agricultural Economics
Director, Office of Local Government
K-State Research and Extension





Agenda

- CHNA overview and review
- Preliminary list of community concerns
- Local data reports
- Community health services gap analysis
- Community health care survey results
- Small group discussion
- Group prioritization
- Next meeting



Local Health Needs Assessment

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


Motivations for Woodson Co. CHNA

- Good idea
 - Improve local quality of life
- Strengthen community relations
 - Better integration of major local institutions
- Business planning
 - Help position the hospital to meet community needs today and in the future

Community Outreach Strategy

- Community outreach
 - Engage the broader community to strengthen ties and improve the local health situation
 - Community health needs assessment to identify general health-related needs and mobilize
- Telephone-based survey
 - Specialty services
 - Hospital services
 - Local concerns




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




KANSAS RURAL HEALTHWORKS

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





KANSAS RURAL HEALTHWORKS




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

Kansas Rural Health Options Project
December 2010

Jill Petty, Research Assistant
Katie Morris, Extension Assistant
John Lindhorst, Director


 In cooperation with:
 Local Government
KANSAS STATE UNIVERSITY



KANSAS RURAL HEALTHWORKS

Summary and Conclusions


- Trends and indicators show health care's economic importance
- Health services among the fastest growing sectors – demographic trends suggest growth will continue
- Sustainable health care system essential for local health and economic opportunity
- Maintaining a sustainable local health care system is a community-wide challenge



KANSAS RURAL HEALTHWORKS

Initial Community Perceptions


- What are major health-related concerns?
- What needs to be done to improve local health care?
- What should be the over-arching health care goals in the county?
- What are the greatest barriers to achieving those goals?



KANSAS RURAL HEALTHWORKS

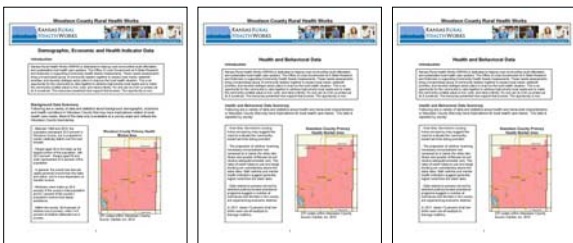
Collective Themes


- Health, wellness, chronic disease prevention
- Recruitment and retention of primary and specialty services and providers
- Elder care and community-based services
- Communication/collaboration/coordination
- Nursing care facility upgrade and staffing
- Emergency transportation and treatment
- Health cost, access and economic opportunity
- Your conclusions?



KANSAS RURAL HEALTHWORKS

Data Fact Sheets





KANSAS RURAL HEALTHWORKS

Data Fact Sheets

- Seeking issues/needs in secondary data, i.e. that which is missing, a challenge, or could be improved
- Looking at the negative doesn't mean there isn't much that is good
- Data are indicators that require interpretation
- You decide what's important

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KANSAS RURAL HEALTHWORKS

Overall Conclusions from Data

- Population trends and income levels are creating challenges
- Accessing state/federal assistance essential
- Community-based services for elderly, alone
- Preborn, infant, children's welfare may be an issue
- Room for improvement in preventable problems – lifestyle and chronic conditions

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KANSAS RURAL HEALTHWORKS


Your Analysis

- What did you see that you liked?
- What do you see that was troubling?
- What do you think could be improved?
- What do you think is in your collective capacity to make better?

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KANSAS RURAL HEALTHWORKS

Community Health Care Survey



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KANSAS RURAL HEALTHWORKS

Community Health Survey

- 62 total responses
- 80% saw doctor < 1 yr.; 92% < 2 yr.
- 83% in Coffey Health System
- 85% used a hospital last year; CCH captured 60% of visits
- 97% had CCH experience; 96% satisfied/ somewhat satisfied
- 92% had CHS clinic experience; 100% satisfied/ somewhat satisfied

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KANSAS RURAL HEALTHWORKS

Community Health Survey


- Specialty services used
 - Orthopedist (8)
 - Urologist (8)
 - Cardiologist (7)
 - ENT (6)
 - Gastroenterologist (5)
 - Neurologist (5)

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KANSAS RURAL HEALTHWORKS

Community Health Survey


- 8% anticipate need for nursing care in the next 10 years
- Healthy community
 - Access to health care (19%)
 - Good place for children (16%)
 - Healthy economy (15%)
 - Good schools (14%)




KANSAS RURAL HEALTHWORKS

Community Health Survey

- Health problems
 - Cancers (28%)
 - Aging problems (22%)
 - Obesity (12%)
 - Heart disease and stroke (11%)
- General health concerns
 - Local physician; nursing care; facility age and condition; accessing services; elder/aging issues





KANSAS RURAL HEALTHWORKS



Woodson 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

KANSAS RURAL HEALTHWORKS

Community Directory


- Comprehensive listing of health and related providers and services
- If they know it's available locally, they can choose to buy it at home
- You ensure completeness and accuracy
- Consider the "gaps" that may exist
- What was missing that you would like to see?



KANSAS RURAL HEALTHWORKS

Small Group Discussion


- Discussion leader and note taker
- Everyone contributes
- Time is critical – 30 minutes total
- At 15 minutes start deciding 2-4 priorities
- Consider the question
 - Everyone 30 seconds to respond
 - Seek commonalities/themes/combine concerns
 - Identify 1-2 group responses
 - Report to the group



KANSAS RURAL HEALTHWORKS

Discussion Questions

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



Issue Prioritization

- Group reports
- What are the discrete local health concerns?
- What are the chronic health issues of local concern?
- What are the top 2-4 issues that should be the focus of local priority over the next 3-5 years?
- Which priority will you focus on?
- Homework

Next Meeting

- Introduction and Review
- Review of priorities
- Work groups
- Work group reports
- Action group formation and leadership
- Action group meetings
- One-year follow up meeting
- Summary and evaluation

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Kansas Rural Health Works Community Health Needs Assessment



Woodson County

John Leatherman
Professor, Department of Agricultural Economics
Director, Office of Local Government
K-State Research and Extension





Agenda

- CHNA overview and review
- Priority community health issues
- Work group formation and instructions
- Action plan development
- Group review
- Next steps
- Evaluation



Local Health Needs Assessment

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



KRHW CHNA Objectives

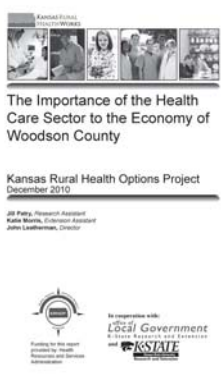
- KRHW CHNA
 - Help foster healthy communities and a sustainable rural community health care system
 - Identify priority health care needs
 - Mobilize/organize the community
 - Develop specific action strategies with measurable goals

Community-driven Process

- Community-based, not driven by hospital, health care provider, or outside agency
- Local people solving local problems
- Community provides energy and commitment, with input from health care providers
- Public represented by you
- I make no recommendations








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

Kansas Rural Health Options Project
December 2010

Jim Peltz, Research Assistant
Katie Morris, Extension Assistant
John Leatherman, Director





KANSAS RURAL HEALTHWORKS

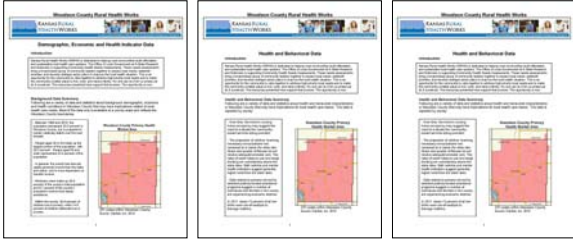
Perceptions: Collective Themes

- Health, wellness, chronic disease prevention
- Recruitment and retention of primary and specialty services and providers
- Elder care and community-based services
- Communication/collaboration/coordination
- Nursing care facility upgrade and staffing
- Emergency transportation and treatment
- Health cost, access and economic opportunity

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Data Fact Sheets



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Overall Conclusions from Data

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

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KANSAS RURAL HEALTHWORKS

Woodson County Health Services Directory



Office of Local Government
Department of Agricultural Economics
K-State Research and Extension
May 2012

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Brook Burdock, Research Assistant
John Leatherman, Director

Local Government **K-STATE**
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Community Health Care Survey

- 62 responses
- Non-representative, but lots of input
- Local provider use and satisfaction
- Attributes of the community & problems
- Comments suggest needs & challenges
 - Local physician; nursing care; facility age and condition; accessing services; elder/aging issues

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Issue Prioritization #1


- Health, wellness, chronic disease prevention
 - Emphasize health education
 - Focus on lifestyle behaviors that can be carried throughout life
 - Help adults achieve healthier lifestyle
 - Chronic disease prevention through education and screening
 - Promote awareness of local services
 - Expand fitness and recreation

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Issue Prioritization #2


- Economic opportunity to support and sustain residents and businesses of all types
 - New jobs and income
 - Promote existing local products and service
 - Reduce spending leakages
 - Improve public perceptions and attitudes about opportunities, quality of life, and collective capacity

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Issue Prioritization #3


- Enhance support for the elderly, those alone, and everyone in need of assistance
 - Spectrum of assistance as people age
 - Assistance for persons with acute needs
 - Feasibility of a volunteer initiative for those experiencing health challenges
 - Transportation assistance for those needing regular medical treatment

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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



Health Priorities

- Priority #1: Health, wellness, and chronic disease prevention
- Priority #2: Economic opportunity and sustaining existing businesses and providers
- Priority #3: Community support for the elderly, alone, and in need of assistance

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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