

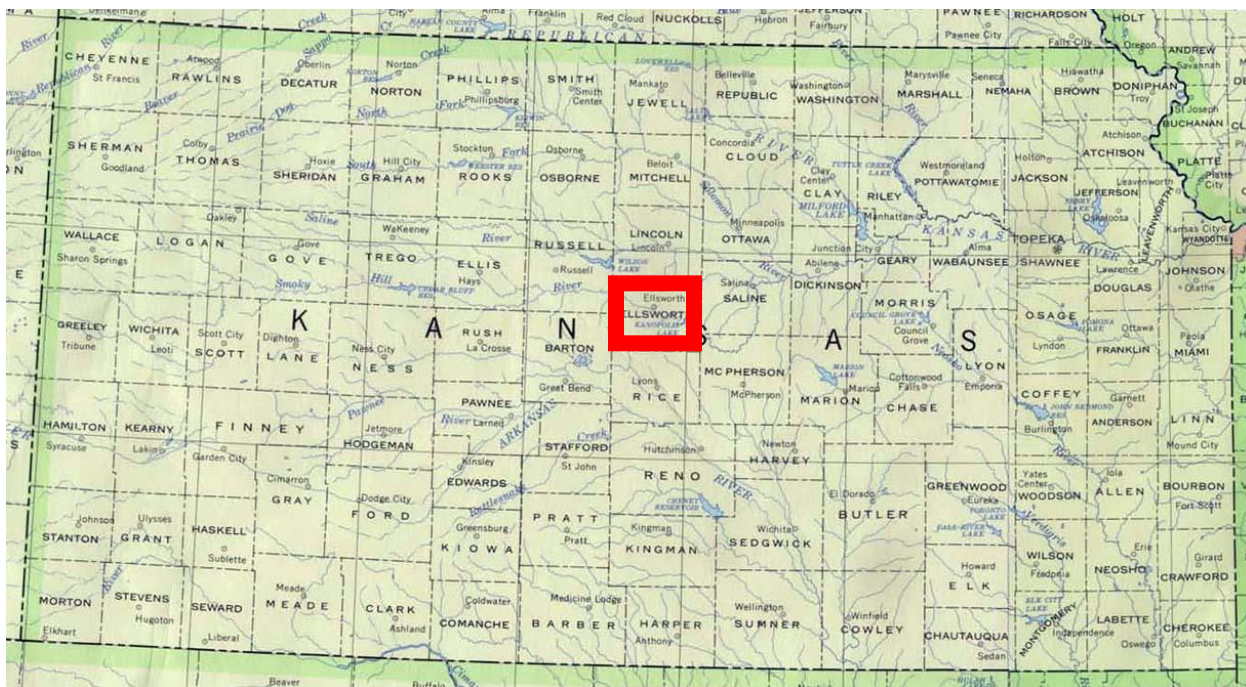
**2013 Ellsworth County Medical Center
Community Health Needs Assessment**

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Executive Summary

- Ellsworth County Medical Center (ECMC) is a not-for-profit, Critical Access Hospital healthcare facility in Ellsworth, KS, and is a member of the Sunflower Health Network. In addition to the hospital, ECMC operates four Rural Health Clinics; Ellsworth Rural Health Clinic, Ellsworth Kansas, Holyrood Rural Health Clinic, Holyrood, Kansas, Lucas Rural Health Clinic, Lucas, Kansas, and Wilson Rural Health Clinic, Wilson, Kansas. ECMC Mission is “Improving Lives”.
- ECMC is located in Ellsworth, Kansas, in the center of Ellsworth County, Kansas.



- As a recipient of the Kansas Award for Excellence, ECMC has been committed to exceptional healthcare delivery for nearly 115 years.
- In an effort to better serve the community, ECMC performed a Community Health Needs Assessment (CHNA). This is a snapshot of the health in the hospital’s Primary Service Area (PSA). The CHNA analyzes the health of the people in the community through data and statistics: identifies and prioritizes health needs that exist; and proposes how these concerns can be addressed to improve the community’s health status.
- Conducting the CHNA began with a process of data collection and analysis of local, state, and national health and population statistics. Input was sought from community stakeholders who represent not only the broad interest of the community, but also those that could address the needs of the aging, uninsured, unemployed, and underserved. To build on the secondary data analysis, and to discover additional health issues the community faces, public health expertise was incorporated.

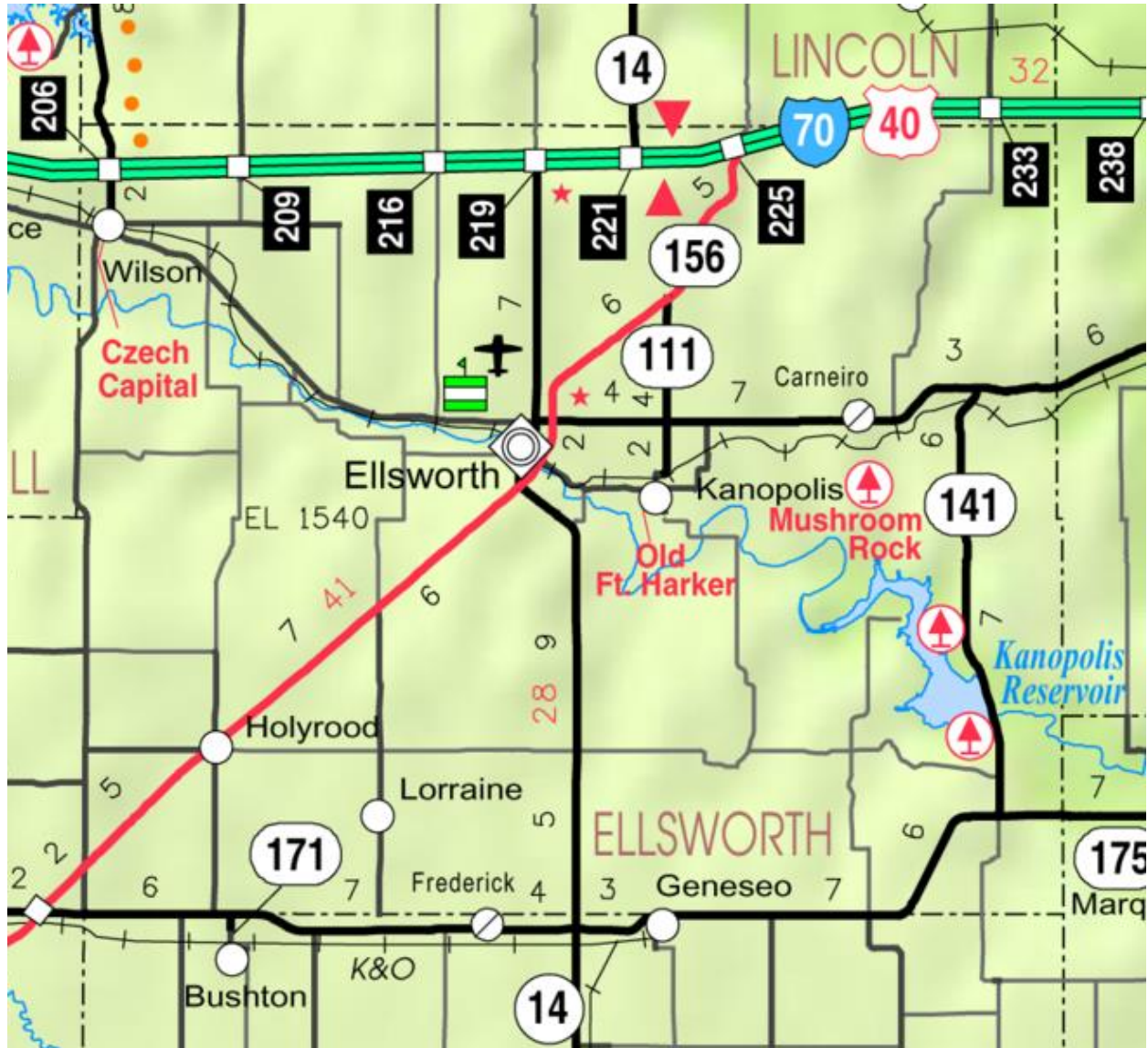
Ellsworth County Kansas

A Community Profile

- **Ellsworth County is within 110 miles of Wichita, 35 miles of Salina, and 60 miles of Hays Kansas**

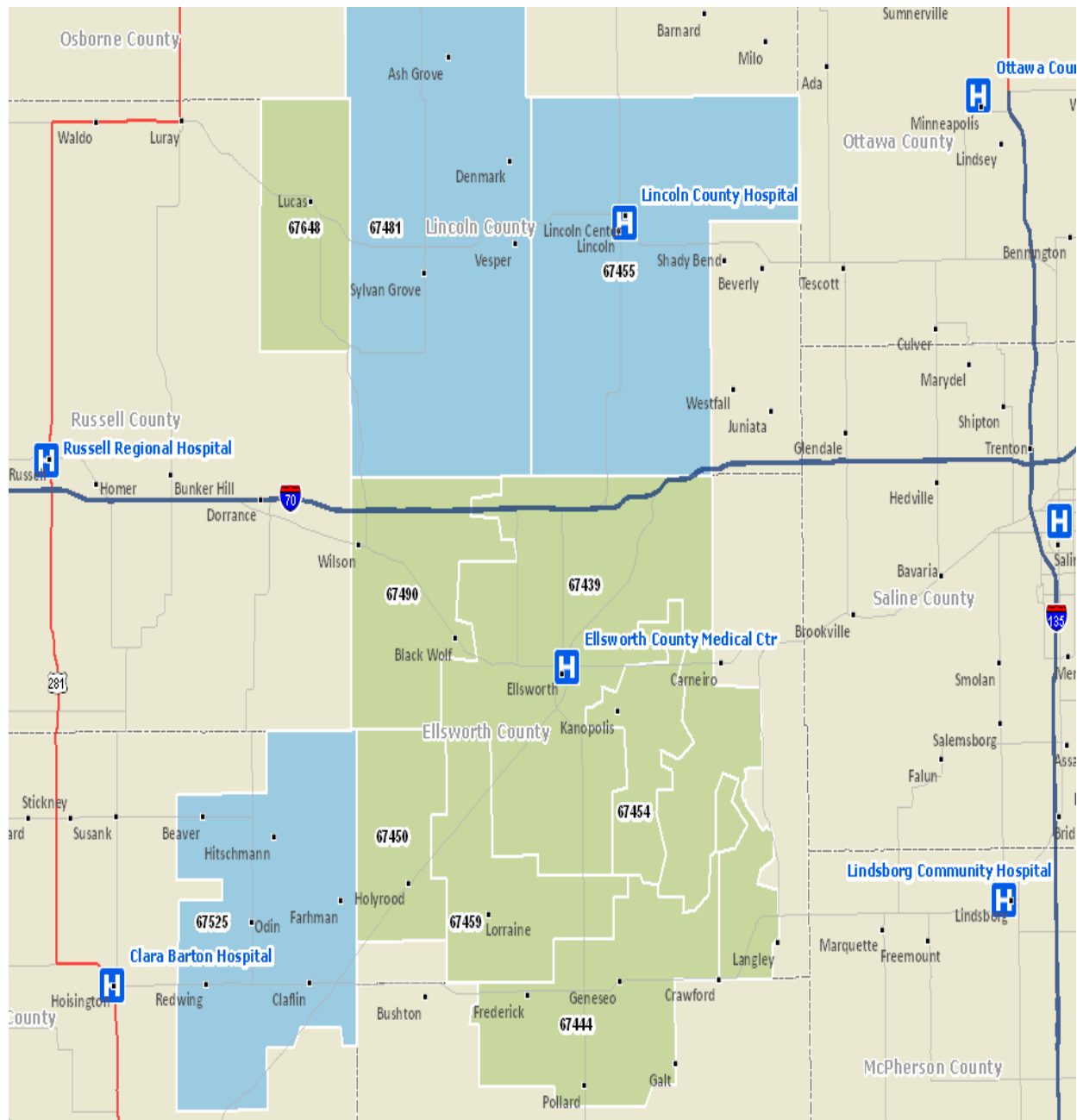
- **Ellsworth County had 6497 residents in 2010**

Ellsworth County lies in the center of Kansas. The county covers 716 square miles of territory, mostly rolling hills. There is one major Interstate, I-70, and three major highways, K140, K156 and K14 throughout the county. Ellsworth city serves as the County Seat for Ellsworth County, with four smaller municipalities in the County: Kanopolis, Wilson, Lorraine and Holyrood.



Ellsworth County Medical Centers Service Area

The Primary Service Area (PSA) for Ellsworth County Medical Center is comprised of all of Ellsworth County, the Lucas area located in Russell County, and areas bordering the Rice and Lincoln/Ellsworth County lines. Ellsworth County Medical Center (ECMC) is the only facility operating within the core service area (green shaded), offering hospital inpatient, outpatient, and ancillary services



Source: Ellsworth County Medical Center: Strategic, Financial, and Operational Assessment, Stroudwater Associates, February 11, 2010

Ellsworth County Medical Center (ECMC) Market Share

ECMC Market Share Area-2010 Population											
ECMC Primary Market Area											
	Total Population	Male	Female	Under 18	18 & Over	20-24	25-34	35-49	50-64	65 & over	Zip Codes
Ellsworth	3,120	1,932	1,188	531	2,589	277	543	661	557	502	67439
Wilson	781	374	407	160	621	33	72	137	168	194	67439
Kanopolis	492	255	237	82	410	33	59	72	138	102	67454
Holyrood	447	212	235	98	349	8	42	77	112	105	67450
Lorraine	138	72	66	42	96	6	14	23	29	22	67459
Lucas	393	184	209	83	310	13	29	64	92	103	67648
Geneseo	267	153	114	47	220	9	19	39	93	57	67444
ECMC Secondary Market Area											
Clafflin	645	313	332	152	493	29	80	114	125	119	67525
Sylvan Grove	279	144	135	62	217	7	24	52	74	57	67481
Lincoln	1,297	605	692	325	972	48	113	207	258	321	67455
Kansas	2,853,118	1,415,408	1,437,710	726,939	2,126,179	204,454	377,720	548,503	535,681	376,116	
Source: http://www.census.gov/popfinder/?s=20											

Ellsworth County Demographics

The United States Census reported the total population for Ellsworth County in 2010, was 6497 residents with 2463 households represented. This represents a change in the Ellsworth County Population from 1970 to 2010 of an increase of 6%, as compared to 52 % for the United States. For the period of 2000 to 2010, Ellsworth County population shrank by 326 people, representing a 1% decrease. The projected percent population change in Ellsworth County for the period of 2010-2040 is a negative 10.2 %, as reported by the Institute for Policy & Social Research, Wichita State University. Wichita State University's Institute for Policy & Social Research also projects that the population for age sixty-five and over will increase to 31.7 % in the year 2040.

Projected population, Ellsworth County and Kansas, for period 2010 through 2040								
	2010	2015	2020	2025	2030	2035	2040	% change
Ellsworth	6497	6372	6325	6228	6121	6000	5837	-10.2%
Kansas	2,853,118	2,916,705	3,003,691	3,071,541	3,137,345	3,195,809	3,238,356	13.5%

Projected population, Ellsworth County and Kansas, age 65 and over, for period 2010 through 2040								
	2010	2015	2020	2025	2030	2035	2040	% change
Ellsworth	1228	1279	1470	1673	1773	1737	1618	31.7%
Kansas	376,116	414,663	493,373	562,938	611,460	618,813	606,257	61.2%

Data from the 2010 U.S.Census figures indicates the following: age comparisons, average household size, average family size, median age and male/female orientation:

2010 Census Data, Ellsworth County								
	Population	Household Median Income	Poverty rate	Median Age	Median Age Male	Median Age Female	% of persons under 18	% of persons over 65
Ellsworth County	6497	\$42,200	7.9%	44.3	48.4	40.8	18.7%	18.9%
Ellsworth	3120	\$41,386	8.3%	38.4	45.9	35.6	17.0%	16.1%
Kanopolis	492	\$32,283	8.2%	48.7	52.1	46.3	16.7%	20.7%
Holyrood	447	\$33,667	14.1%	49.4	49.4	49.3	21.9%	23.5%
Wilson	781	\$44,250	7.8%	47.6	49.1	45.7	20.5%	24.8%
Lorraine	138	\$42,841	13.2%	40.5	42.0	38.0	30.4%	15.9%

Data Source: <http://www.kansas-demographics.com/ellsworth-county-demographics>

2010 U.S. Census, Ellsworth County Population

	Ellsworth Co.	Ellsworth	Wilson	Holyrood	Kanopolis	Lorraine	Rural
Population 2010	6497	3120	781	447	492	138	1519
	76.7% Urban						
	23.3% Rural						
Average Household Size 2010	2.24	2.21	2.24	2.21	2.09	2.94	
Average Family size 2010	2.74	2.77	2.82	2.76	2.58	3.1	
Female 2010	2848	1188	407	235	237	66	715
Male-2010	3649	1932	374	212	255	72	804
Median Age	44.3	38.4	47.6	49.4	52.1	40.5	
Ages							
Under 5 Years	343	158	35	31	34	12	73
5 to 9 years	312	151	51	20	24	13	53
10 to 14 years	329	139	47	30	15	10	88
15 to 19 years	341	132	44	22	15	9	119
20 to 24 years	394	277	33	8	33	6	37
25 to 34 years	853	543	72	42	59	14	123
35 to 44 years	749	439	77	41	39	10	143
45 to 54 years	1067	462	121	79	82	26	297
55 to 59 years	485	180	61	35	47	9	153
60 to 64 years	396	137	46	34	42	7	130
65 to 74 years	593	238	83	45	43	14	170
75 to 84 years	407	181	50	42	43	8	83
85 years and older	228	83	61	18	16	0	50
18 Yrs and over	5280	2589	621	349	410	94	1217
Male	3021	1649	284	162	213	46	667
Female	2259	940	337	186	197	48	551
21 yrs and over	5114	2500	569	344	402	47	1252
62 yrs and over	1458	588	221	125	129	13	382
65 yrs and over	1228	502	194	105	102	22	303
Male	553	215	78	45	47	12	156
Female	675	287	116	60	55	10	147
Veteran	523	262	59	45	37	9	111
Rural Veterans	111						

Source: 2010 U.S. Census

2000 to 2010 Census Comparison for Ellsworth County, KS			
Sex and Age	2000	2010	% Change
Total Population	6,525	6,497	-0.43%
Average Household size	2.3	2.24	-0.06%
Average Family Size	2.88	2.74	-0.14%
Sex and Age			
Female	3079	2848	-7.50%
Male	3446	3649	5.89%
Median Age	41.8	44.3	5.98%
Under 5 years	274	343	25.18%
5 to 9 years	339	312	-7.96%
10 to 14 years	456	329	-27.85%
15 to 19 years	484	341	-29.55%
20 to 24 years	321	394	22.74%
25 to 34 years	693	853	46.14%
35 to 44 years	1075	749	-60.65%
45 to 54 years	913	1067	38.08%
55 to 59 years	341	485	42.23%
60 to 64 years	300	396	32.00%
65 to 74 years	581	593	3.54%
75 to 84 years	481	407	27.87%
85 years and older	267	228	14.61%
18 Years and older	5129	5280	2.94%
21 years and older	4904	5114	14.28%
62 Years and older	1487	1458	1.95%
65 years and older	1329	1228	7.60%

Source:<http://www.zip-codes.com/county/ks-ellsworth-census-comparis>

Ellsworth County/Kansas Population 2010				
	Ellsworth		Kansas	
	Total	%	Total	%
	6497		2,853,118	
Population by Sex/Age				
Male	3,649	56%	1,415,408	50%
Female	2,848	44%	1,437,710	50%
under 18	1,217	19%	726,939	25%
18 & Over	5,280	81%	2,126,179	75%
20-24	394	6%	204,454	7%
25-34	853	13%	377,720	13%
35-49	1,253	19%	548,503	19%
50-64	1,444	22%	535,681	19%
65 & over	1,228	19%	376,116	13%
Population by Ethnicity				
Hispanic/Latino	322	5%	300,042	11%
Non Hispanic	6,175	95%	2,553,076	89%
Population by Race				
White	5,991	92%	2,391,044	84%
African American	299	5%	167,864	6%
Asian	24	0%	67,762	2%
American Indian/Alaskan Native	36	0%	28,150	1%
Native Hawaiian and Pacific Islander	0	0%	2,238	0%
Other	37	1%	110,127	4%
Identified by two or more	110	2%	85,933	3%

Source: 2010 U.S. Census

The per capita income for county residents based on July 6, 2012 data was \$33,753 compared to \$32,234 for Kansas. Ellsworth County's median household income in 2010 was \$42,200 compared to \$52,236 statewide. The percentage of county residents who are below the federal poverty level based on 2011 data is 15.20% compared to 13.8% for state residents. The percentage of Ellsworth County's residents who are Medicaid eligible in 2011 was 4% compared to 7.2% for the state. In 2011, 56.3% of the students were enrolled in Free/Reduced Price School Meals; Kansas rate for free/reduced price school meals in 2011 was 47.4%.

Ellsworth County's unemployment rate for 2010 was 4.4% compared to 7.0% for Kansas.

The poverty rate for individuals under the age of 18 years of age for Ellsworth County was 15.2% in 2010, Kansas poverty rate for under the age of 18 years in 2010 was 18.1%. Poverty rate for Ellsworth County for all ages in 2010 was 10.8% as compared to the State of Kansas poverty rate for all ages 13.5%. Quickfacts.Census.gov reports that 6.2 % of residents in Ellsworth County lived below poverty level, as compared to 12.6 % for the state of Kansas for the period of 2007-2010.

In 2010, Ellsworth County rate for uninsured for all ages was 13%, compared to Kansas rate of 12%. In 2012 the uninsured rate for Ellsworth County rose to 17% as compared to Kansas rate of 15%. In 2010 the rate of uninsured children was 9% for Ellsworth County as compared to Kansas rate of 7.7%.

See the charts below for additional unemployment, Per Capita Income, Components of Personal Income Change data from 1970 to 2011. Several businesses have decided to open or expand facilities within our county, including Carrico Implement, Cashco Inc., Maico, KanEquip Inc., Great Plains Mfg., and Subway. The top ten major employers for Ellsworth County are:

Employment by major industry and top employers of Ellsworth County

Employer	Number of employees
Ellsworth Correctional Facility	226
CASHCO, Inc.	175
Ellsworth County Medical Center	137
Ellsworth School District #327	129
Ellsworth Good Samaritan Village	80
County of Ellsworth	64
Independent Salt Company	56
Eschbaugh Advertising	35-40
Maico Industries	38
Molly Manufacturing	18

Source:<http://www.ellsworthcounty.org/index.php/major-employers>

2012-2013 Employee and Wages by Industry for Ellsworth County



Employees and Wages by Industry:

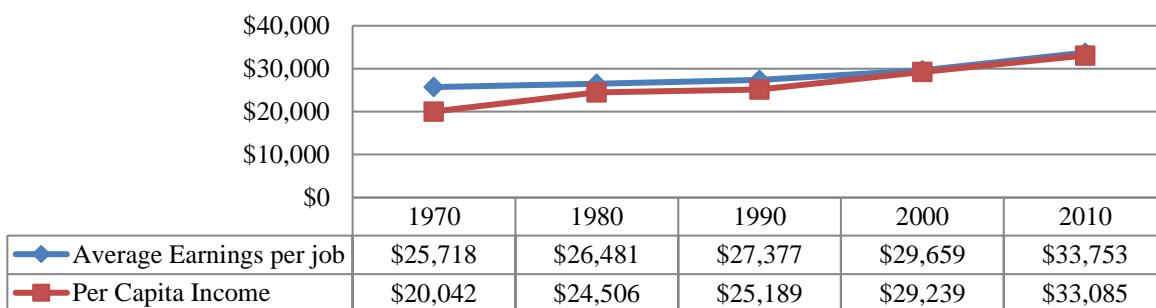
Industry	Employment	Avg Salary
Accommodation and food services	158	\$9,285
Administrative and waste services	111	\$11,306
Arts, entertainment, and recreation	52	\$15,154
Construction	217	\$17,912
Finance and insurance	166	\$24,096
Government	949	\$40,479
Health care and social assistance	485	\$28,243
Information	59	\$64,305
Management of companies and enterprises	0	
Manufacturing	366	\$48,691
Other services, except public administration	261	\$23,352
Professional and technical services	147	\$32,211
Real estate and rental and leasing	103	\$2,117
Retail trade	403	\$13,792
Wholesale trade	77	\$32,870

Data Source: <http://www.zoomprospector.com/communitydetail.aspx?id=745>

Employment by industry, 2001-2010, Ellsworth County (thousands of 2011 \$'s)			
	2001	2010	Change
Total Employment (number of jobs)	4,053	4,078	25
Non Service related	1,146	916	-230
Farm	516	360	-156
Construction	209	206	-3
Manufacturing	421	350	-71
Service related	1,766	1,916	150
Wholesale trade	93	77	-16
Retail trade	401	370	-31
Information	57	61	4
Finance and Insurance	153	197	44
Real estate and rental and leasing	60	71	11
Professional and technical services	150	130	-20
Administrative and waste services	68	131	63
Educational services	5	10	5
Health care and social assistance	369	427	58
Arts, entertainment, and recreation	44	49	5
Accommodation and food services	157	166	9
Other services, except public administration	209	227	18
Government	881	975	94
Personal Income by Industry, 2001-2010 (Thousands of 2011 \$'s), Ellsworth County			
	2001	2010	Change
Labor Earnings	\$117,080	\$137,644	\$20,565
Non Service related	\$31,613	\$40,719	\$9,106
Farm	\$5,355	\$5,681	\$10,497
Construction	\$18,677	\$16,960	\$326
Manufacturing	\$18,677	\$16,960	-\$1,717
Service related	\$40,505	\$45,350	\$4,844
Wholesale trade	\$2,914	\$2,877	-\$37
Retail trade	\$6,404	\$5,675	-\$729
Information	\$3,069	\$3,838	\$770
Finance and Insurance	\$3,861	\$4,835	\$974
Real estate and rental and leasing	\$409	\$194	-\$215
Professional and technical services	\$6,277	\$4,436	-\$1,841
Administrative and waste services	\$979	\$1,432	\$453
Educational services	\$66	\$26	-\$40
Health care and social assistance	\$9,762	\$14,183	\$4,421
Arts, entertainment, and recreation	\$328	\$623	\$296
Accommodations and food services	\$2,107	\$1,854	-\$253
Other services, except public administration	\$4,330	\$5,377	\$1,047
Government	\$33,131	\$42,021	\$8,890

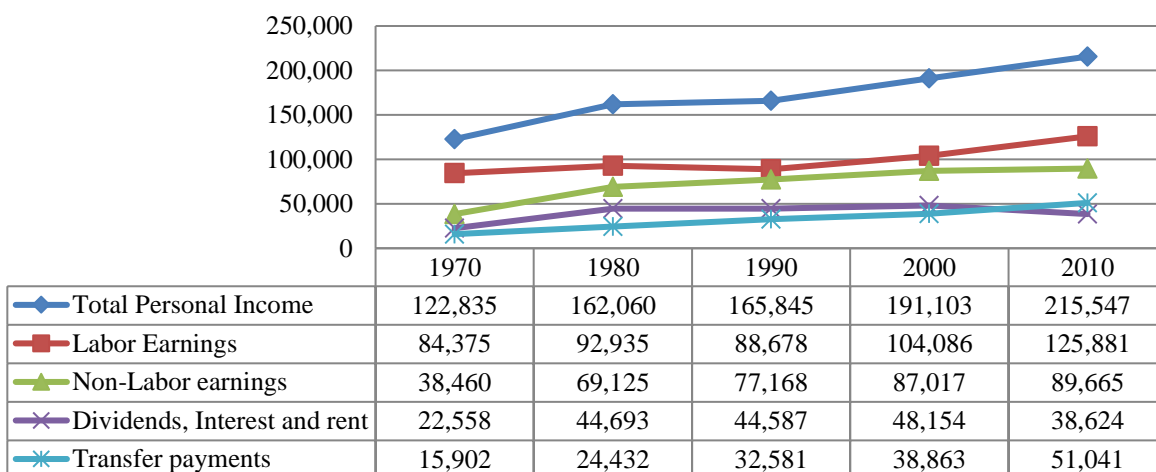
Source: A Profile of Socioeconomic Measures, July 6, 2012

Average Earnings Per Job & Per Capita Income, 1970-2010 (2011 \$) Ellsworth County



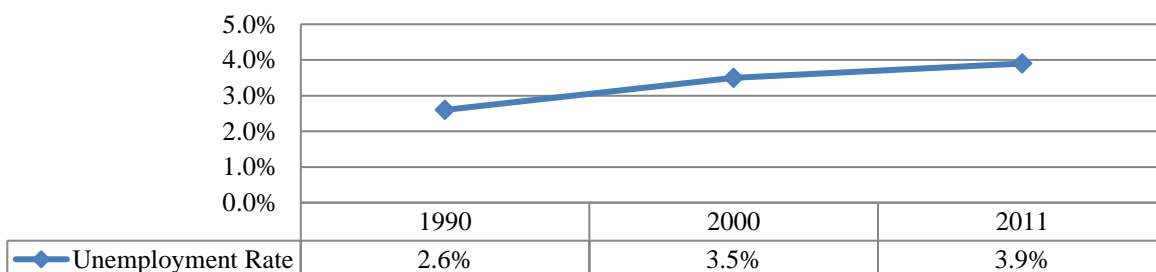
Source: A Profile of Socioeconomic Measures, July 6, 2012

Components of Personal Income Change, 1970-2010 (Thousands of 2011 \$), Ellsworth County



Source: A Profile of Socioeconomic Measures, July 6, 2012

Average Annual Unemployment Rate, 1990-2011, Ellsworth County



Source: A Profile of Socioeconomic Measures, July 6, 2012

Educational Attainment

There are approximately 1,100 students enrolled in Unified School District 327 and Unified School District #112*. The public school system is comprised of two separate school districts, USD #327 and USD #112. USD #327 has approximately 577 enrollees; USD #112 has approximately 523 enrollees. Between the two school districts there are 6 schools including 3 elementary, 2 middle, and 3 Junior/Senior high schools.

Category	Ellsworth County Total	Kansas Total
Total Students (2010-2011 Data	1,100	481,202
Percent receiving reduced meals (2010-2011 data)	56.3%	47.4%
Attendance Rate (2009-2010 data)	94.7%	95.0%
Graduation Rate (2009-2010 data)	86.5%	80.7%
Educational Attainment		
Less than 9 th grade	121/19%	75,747/27%
High School Graduate (includes equivalency)	1,800/28%	517,560/18%
Some college, no degree	1038/16%	437,905/15%
Associate's degree	411/6%	134,072/5%
Bachelor's degree	676/10%	355,192/12%
Graduate or professional degree	357/5%	186,423/7%

Source: American FactFinder, 2010

* USD 112 School District is located on the southern edge of Ellsworth County and draws students from out of the county.

For the period of 2010-2011, Kansas Health Matters reports teacher/student ration 18.9 students per teacher.

Ellsworth County Medical Center's Services

Ellsworth County is fortunate to have an outstanding healthcare facility located in the county. Ellsworth County Medical Center (ECMC) is a twenty bed Critical Access Hospital located in the center of Ellsworth County. A Critical Access Hospital is a Federal Center for Medicare Services (CMS) designation. The designation signifies ECMC is an essential need facility given the rural service population. ECMC is a member of the Sunflower Health Network in Kansas. ECMC provides the following services:

Inpatient Services

- Acute Care
- Skilled Care
- Observation Care
- Intermediate Care
- Respite Care
- Case management/Discharge planning
- Social Services
- Nursing home placement assessments

Laboratory

- Blood Bank
- Hematology
- Urinalysis
- Chemistry
- Immunology
- Serology
- Special Chemistry

Radiology

- Radiology and Fluoroscopy
- Computerized Tomography (CT or CAT Scan)
- Ultrasound-Sonography
- Dual energy X-Ray (DEXA)
- Magnetic Resonance (MRI)
- Nuclear Medicine
- Digital Mammography

Outpatient Services

- Outpatient IV Therapy
- Injection Services
- Cardiac monitoring/mobile telemetry
- Outpatient wound care therapy
- Specialty clinics
- Endoscopy Scopes (Colonoscopies, Esophagagastroduodenoscopy, (EGD))

Respiratory Therapy

- EKG-Electrocardiogram
- Treadmill/Stress testing
- Holter monitor
- Pulmonary Function Testing
- Smoking cessation

Specialty Clinics

- Cardiology
- Nephrology
- Audiology
- Gastroenterology
- Podiatry
- Orthopedic
- OB/Gyn

Rehabilitation Services

- Physical Therapy
- Occupational Therapy
- Speech Therapy
- Cardiac Rehabilitation

Ellsworth County Medical Center has the capability for telemedicine.

Ellsworth County Medical Center currently has two primary Care Physicians, one Family Practice DO and one Internist MD, two Advanced Practice Registered Nurses, and two Physician Assistants on staff. In addition, there are eleven specialty care providers covering Audiology, Cardiology, Gastroenterology, General Surgery, Nephrology, OB/GYN, Orthopedics, Podiatry and Wound Care.

Health Statistics/Health Outcomes and Factors

Secondary Data Collection and Analysis

Kansas Health Matters reports that the ratio of Population to Primary Care Physicians in Ellsworth County in 2010 was 3107.3 residents per physician. In Kansas, there are eighty two counties that have a lower ratio of population to Primary Care Physician, two counties that report no physicians, and twenty counties that have a higher ration of population to Primary Care Physician. This is important because primary care is the backbone of preventive health care, and a strong primary care workforce is essential to the health of our county. Primary Care Physicians play a key role in providing and coordinating high-quality health care. The State of Kansas ratio of population to Primary Care Physicians in 2010 was 1723.8 residents per physician. Ellsworth County ratio of population to Primary Care Provider is almost two times that of the State of Kansas ratio.

Kansas Health Matters also reports that the ratio of population to Dentist in Ellsworth County in 2010 was 1740 residents per Dentist. 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 have 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 the children age 2 to 5 and more than half of children ages 12 to 15. Professional dental care helps to maintain the overall health of the teeth and mouth, and provides early detection of pre-cancerous or cancerous lesions. The state of Kansas ratio of population to Dentist in 2010 was 2618 residents Per Dentist.

County Health Rankings

Determining the health of a community is a compilation of the relationship between several factors. The primary influencing factors include individual health behaviors, socioeconomic factors, the physical environment and overall access to health care services.

The Robert Wood Johnson Foundation collaborates with the University of Wisconsin Population Health Institute to develop County Health Rankings for each state. These ranking are based on the following:

- Health Outcomes: Health Outcomes represent how healthy a county is
- Health Factors: Health Factors represent what influences the health of a county

Source: www.countyhealthrankings.org

Health outcomes look at two measures in mortality (how long people live) and morbidity (how healthy people feel when alive).

In 2010, Out of 99 Kansas counties surveyed Ellsworth County was ranked:

- 26 for Health Outcomes
- 11 in Mortality and
- 63 in Morbidity.

In 2011, Out of 98 Kansas Counties surveyed, Ellsworth County was ranked:

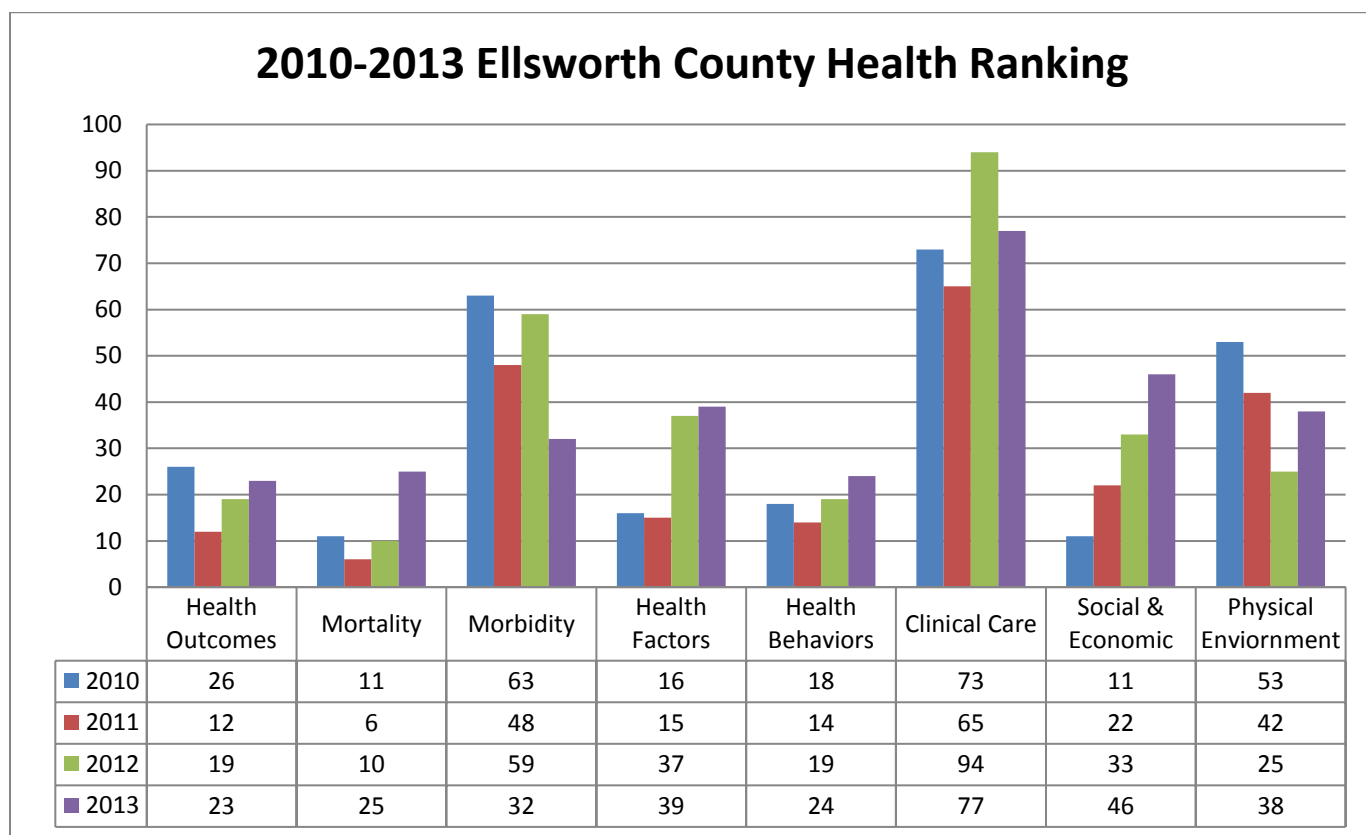
- 12 for Health Outcomes
- 6 in Mortality and
- 48 in Morbidity

In 2012, Out of 100 Kansas Counties surveyed, Ellsworth County was ranked:

- 19 for Health Outcomes
- 10 in Mortality and
- 59 in Morbidity.

In 2013, Out of 102 Kansas Counties surveyed, Ellsworth was ranked:

- 23 for Health Outcomes
- 25 in Mortality and
- 32 in Morbidity



Source: www.countyhealthrankings.org

The following graph on page 21 shows Ellsworth County Health Rankings for the period of 2010 through 2013.

2010-2013 Ellsworth County Health Rankings																
	Ellsworth County				National Benchmark				Kansas				Rank			
	2010	2011	2012	2013	2010	2011	2012	2013	2010	2011	2012	2013	2010	2011	2012	2013
Health Outcomes												26 (99)	12 (98)	19 (100)	23 (102)	
Mortality												11 (99)	6 (98)	10 (100)	25 (102)	
Premature Death (YPLL)	6,380	5,312	5,674	6,519	5,742	5,564	5,466	5,317	7,142	7,084	7,012	6,871				
Morbidity												63	48	59	32	
Poor or fair health					9%	10%	10%	10%	13%	13%	13%	13%				
Poor physical health days	2.6	3.5	3.7	3.6	1.9	2.6	2.6	2.6	2.9	2.9	3.0	3.0				
Poor Mental Health	2.8	2.5	2.4	2.6	1.7	2.3	2.3	2.3	2.8	2.8	2.8	2.9				
Low Birthweight				5.70%	5.70%	6%	6%	6%	7.10%	7.20%	7.20%	7.20%				
Health Factors												16	15	37	39	
Health Behaviors												18	14	19	24	
Adult Smoking	14%	12%	11%	11%	12%	15%	14%	13%	19%	19%	18%	18%				
Adult Obesity	29%	29%	35%	35%	28%	25%	25%	25%	28%	29%	30%	30%				
Physical Inactivity			26%	26%			21%	21%			24%	24%				
Excessive Drinking		16%	13%	13%	8%	8%	8%	7%	14%	15%	15%	15%				
Motor Vehicle Crash death rate					15	12	12	10	19	19	18	16				
Sexually transmitted infections	32	96	80	62	29	83	84	92	296	332	375	337				
Teen Birth Rate	24	24	20	20	24	22	22	21	43	42	43	40				
Clinical Care												73	65	94	77	
Uninsured	13%	15%	17%	15%	11	13%	11%	11%	12%	16%	15%	16%				
Primary Care Physicians		3,117:1	3,117:1	2,172:1	0	631:1	631:1	1,067:1		1,244:10	1,244:1	1,411:1				
Preventable Hospital Stays	140	149	139	121	61	52	149	47	79	76	70	67				
Diabetic Screening	83%	89%	78%	84%	91%	89%	89%	90%	83%	84%	85%	86%				
Mammography Screenings		77%	57%	56%		74%	74%	73%		66%	67%	66%				
Social & Economic Factors												11	22	33	46	
High School Graduation	89%	90%	95%	79%	91%	92%		81%	78%	79%	80%					
Some College	16%	49%	49%	47%	23%	68%	68%	70%	26%	65%	66%	67%				
Unemployment	3.0%	4.2%	4.4%	3.9%	3%	5.3%	5.4%	5.0%	4.0%	6.7%	7.0%	6.7%				
Children in poverty	14%	14%	15%	15%	11%	11%	13%	14%	15%	15%	18%	19%				
Inadequate social support	11%	10%	10%	10%	11%	14%	14%	14%	16%	16%	16%	16%				
Children in single-parent households	6%	22%	22%	30%	5%	20%	20%	20%	8%	27%	28%	28%				
Violent Crime Rate			225	216			73	66	5		421	395				
Physical Environment												53	42	25	38	
Air pollution-particulate matter days	0	0	0		0	0	0		1	0	0	8.8				
Air pollution-ozone days	0	0	0		0	0	0		0	0	2					
Access to recreational facilities		0	0	0		17	16	16	0		10	16				
Limited access to healthy foods			9%	11%	50%	92%	0%	1%	35%	43%	7%	1%				
Fast food restaurants			22%	25%			25%	27%	25%	10	48%	48%				

Lower the number the better

Source: <http://www.countyhealthrankings.org/app>

Areas left blank result from no data presented.

2010 Top causes of death, Ellsworth, Kansas, United States					
	Ellsworth		Kansas*		United States
1	Heart Disease		Heart Disease		Heart Disease
2	Cancer		Malignant Neoplasms		Malignant Neoplasms
3	Accident/Diabetes		Chronic Lower Respiratory Diseases		Chronic Lower Respiratory Disease
4	Stroke		Cerebrovascular Diseases		Stroke (cerebrovascular diseases)
5	Chronic Lung/influenza, Pneumonia		Accident, unintentional		Accident
6	Kidney		Alzheimer disease		Alzheimer disease
7	Suicide		Diabetes Mellitus		Diabetes Mellitus
8	Alzheimer		Nephritis, Nephrotic syndrome and nephrosis		Nephritis, Nephrotic syndrome and nephrosis
9	Liver		Influenza and Pneumonia		Influenza and Pneumonia
10	Hypertension/Renal		Suicide		Suicide
Male Life Expectancy					
	75.5/#60 out of 105		75.92/27 out of 50		75.96/36 out of 192
Female Life Expectancy					
	80.83/#30 out of 105		80.83/#30 out of 50		81.7/35 out of 192
www.worldlifeexpectancy.com/top-15-causes-of-death-kansas					
*CDC/NCHS, National Vital Statistics System					

Community Input

Community Stakeholders involved in Ellsworth County Health Department and Ellsworth County Medical Center's (ECMC) Community Health Needs Assessment (CHNA) are located in Appendix B.

Ellsworth County Medical Center and the Ellsworth County Health Department initiated a CHNA in 2011. The County Health Department is required to conduct a CHNA once every five years, and the Medical Center once every three years.

In January of 2012, a core group consisting of members from the Ellsworth County Health Department and Ellsworth County Medical Center met to discuss plans, needs, and objectives concerning the CHNA.

In February of 2012, a meeting was held with all of the community stakeholders. The purpose of this meeting was to create an atmosphere in which free dialogue concerning the health of Ellsworth County Residents was encouraged by all who attended; to discuss the current data concerning the demographics, health matters, and potential needs of Ellsworth County. Expressed areas of discussion centered on the low income, medically underserved population, and the physical and mental health of Ellsworth County. The core group of this CHNA has had monthly meetings throughout 2012, and continues up to the present. In August of 2012, The Ellsworth County Health Department conducted a survey, asking Ellsworth County Residents to rank the top five health concerns for Ellsworth County:

1. Cancer
2. Family Dynamics
3. Substance Abuse
4. Exercise/physical activity
5. Diabetes

It was noted that exercise/physical activity has a major impact in each of the top five concerns.

In December of 2012, ECMC initiated an internal committee to develop a survey to meet the Affordable Care Act Community Health Needs Assessment (CHNA). Desired results of the survey are:

- What community needs can be met,
- What services are lacking,
- What partnerships in the community can be developed,
- What Marketing plan can be developed,
- What ongoing communications with the community can be improved?

In February of 2013, once the CHNA questions were formulated by ECMC's internal committee, over 600 paper surveys were distributed through the Primary Service Area (PSA) of Ellsworth County and part of Russell County which includes the rural town of Lucas, Kansas, in addition, the survey was placed on the ECMC's website. Particular emphasis was placed with the elderly and low income populations.

Community Survey Process and Distribution

The data obtained for use in the Community Health Needs Assessment was derived from Primary data, Ellsworth County Medical Centers' (ECMC) Survey, the Ellsworth County Health Departments' Survey and the Unified School District #327 survey. Secondary data came from the local, state, and national data sources.

In order to represent population diversity, there were three different ways of responding to the Community Health Needs Assessment Survey:

- Ellsworth County Medical Center's website, www.ewmed.com
- Paper surveys
- Group presentations

Survey Distribution

Ellsworth County Medical Center's internal group first meeting was in December of 2012. It was determined at the first meeting that we would develop a subgroup to form the questions to be asked on the Assessment. This subgroup met throughout the month of January, 2013. In February, 2013, once the Assessment questions were completed, Ellsworth County Medical Center informed the public of the reason for the Community Health Needs Survey, and where the assessment could be found throughout Ellsworth County, through the local newspaper, Ellsworth County Independent Reporter. The ECMC Survey is located in appendix A. There were over 600 paper surveys distributed around Ellsworth County and the Lucas Kansas community. Schools and businesses were contacted to ask if they would send the online link to their employees. Areas where the paper surveys were distributed include:

- Ellsworth J.H. Robbins Memorial Library
- Senior Centers at Ellsworth, Lucas, Wilson, and Holyrood
- City offices at Ellsworth, Holyrood, Kanopolis, and Wilson
- Ellsworth County Health Department
- ECMC Rural Health Clinics in Ellsworth, Wilson, Lucas, and Holyrood
- Ellsworth Good Samaritan Retirement Village
- Golden Living Center, Wilson
- Dental (2) and Optometry (1) offices in Ellsworth
- Chisholm Trails Apartments, Ellsworth, , Low Income
- Pride of the Prairie Apartments, Wilson, Low Income
- Plum Creek Plaza, Holyrood assisted living
- Organizational meetings
- Smoky Hill Charitable Foundation
- Ellsworth County Medical Foundation
- Assisted living facilities in Wilson and Ellsworth
- Ellsworth County Emergency Preparedness Committee
- USD #327, Ellsworth/Kanopolis
- Ellsworth County Medical Center
- Ellsworth County Council on Aging

The Assessment closed April 12, 2013. Ellsworth County Medical Center (ECMC) received 268 completed surveys, not counting the 120 surveys received from the Ellsworth Jr/Sr. High School. This represented eight percent of Ellsworth County population, at or above the age of majority.

There are three different surveys that the Ellsworth County Medical Center's internal group reviewed for analysis and prioritization:

- Ellsworth County Medical Centers Community Health Needs Assessment, February through April of 2013, to the general public
- Ellsworth County Medical Centers Community Health Needs Assessment, April, 2013, administered to grades nine through twelve at the Unified School District #327, Ellsworth/Kanopolis.
- Ellsworth County Health Department Community Health Needs Assessment Survey, dated August 19th, 2010

In addition to ECMC's Community Health Needs Assessment, Ellsworth County Medical Center has been actively involved in a joint Community Health Needs Assessment conducted by the Ellsworth County Health Department. The Health Department initiated their survey in November of 2011. As of this time there have been thirteen meetings, with two large stakeholder meetings. The community stakeholders involved in this joint assessment is listed in Appendix B.

Prioritization Criteria

The following criteria were used to determine priority issues from the CHNA survey for Ellsworth County:

- Magnitude
 - How many people are affected by a given health issue?
 - How do we vary from state or national benchmarks?
- Seriousness and Impact
 - To what degree does this health issue lead to death or disability, or impair quality of life?
 - To what degree does this health issue impact other quality of life and health related issues?
- Feasibility
 - What is the likelihood of impacting this health issue, given available resources?
- Consequences of actions
 - What is the risk of exacerbating the problem by not addressing it at the earliest opportunity?
- Other Potential Criteria
 - Does the issue align with our mission, vision, and goals?
 - Does the issue fit within our definition of "health" or a "healthy community"?
 - Will the issue have community support?

Survey Results

Completed Ellsworth County Medical Center’s Community Health Needs Assessment Survey.

The Ellsworth County Medical Center (ECMC) Community Health Needs Assessment Survey was comprised of eleven multiple choice questions, with areas for comments and one open ended question asking: In your own words, what do you believe to be the most important health or medical issues confronting Ellsworth County? All questions asked are reported here. The same survey was presented to the Unified School District #327; grades nine through twelve. Questions 1, 4a, 6 and 11 are reported here. Comments made on the surveys are listed in Appendix G.

Question 1 asked: Generally how would you describe your health? A total of 264 adults and 120 Students replied.

	Adult Survey	Percentage	Student Survey	Percentage
Excellent	32	12%	38	32%
Very Good	93	35%	51	43%
Good	108	41%	28	23%
Fair	28	11%	2	1%
Poor	3	1%	1	1%

This question was asked with the intent of gaining information concerning the physical health of the population surveyed. It is not known if the respondents considered mental health issues for the question. According to Kansas Health Matters, dated 2009, 12.7% of adults, 18 years and older, in Ellsworth County, answered poor to fair to the question: “how is your general health?” Kansas rate for the same question and period of time was 12.3%. Concerning physical health, 47% of the adults surveyed with the CHNA survey responded very good to excellent, while 75% of the High School students reported physical health as very good to excellent. This leaves 53% of the adults and 25% of the students reporting poor to good health. Areas with unhealthy populations lose productivity due to lost work time. Healthy residents are essential for creating a vibrant and successful community. This question is subjective and leaves open the possibility of the responses being swayed toward the better of the answers.

Question 2 asked: Which of these describes your health insurance situation? There were 300 adult replies. Some adults have more than one health insurance.

Private	73	25%
Medicaid	14	5%
Medicare	49	16%
Self Pay	10	3%
Medicare Supplement	34	11%
Employer Provided	120	40%

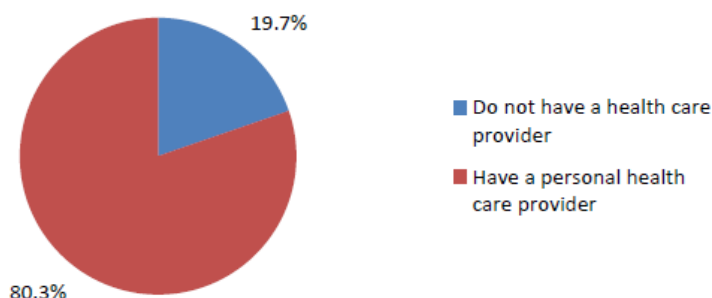
All of the respondents to this question replied that they had some sort of health insurance, with employer provided health insurance comprising 40% of the total. Some respondents reported having more than one health insurance. Kansas Health Matters reported that in 2010, 17.6% of the population ages 18-64 years, in Ellsworth County reported they were uninsured. In 2011, the Health Risk Behaviors of Kansans, Kansas Department of Health and Environment, reported 16.7% of the adult population were uninsured, 28.2% of that total comprised of 18-24 year olds. KIC FastStats for Ellsworth County reported that 10.9% of children under the age of 18 years old were uninsured in 2010.

Question 3 asked: Who do you consider as your primary health care provider? There were 260 adult responses.

Ellsworth County Medical Center	215	82%
Other	38	15%
Don't Know	7	3%

The majority of respondents, 82%, stated that they considered Ellsworth County Medical Center as their primary medical provider. In 2011, the Health Risk Behaviors of Kansans, Kansas Department of Health and Environment, reported that 19.7% of Kansans reported that they do not have a primary health care provider. Having a primary health care provider, is very important, because access to primary health care and having a personal doctor has shown to substantially improve health related outcomes. People that have a personal health care provider indicate that they receive appropriate preventative care, have their problems identified and pay lower costs related to hospitalization due to timely diagnostic tests, fewer prescriptions and emergency room visits. The State of Kansas is currently discussing the implementation of the Medical Expansion program outlined in the Affordable Care Act. Ellsworth County Medical Center accepts all new patients and most third party payers.

Percentage of Adults Who Have Do Not Have a Personal Health Care Provider



Source: 2011 Kansas Behavioral Risk Factor Surveillance System, Bureau of Health Promotion, KDHE.

Question 4a asked: Have you ever been told by a doctor you have any of these conditions, diseases or challenges? There were 232 adult replies and 40 student replies.

Disease	Adult Survey	Percentage	Student Survey	Percentage
Diabetes	35	15%	1	2%
Asthma	44	19%	21	53%
Rheumatoid Arthritis	17	7%	0	0%
Heart Disease	24	10%	0	0%
Substance Abuse	0	0%	4	10%
Overweight/obesity	69	30%	4	10%
Mental/Emotional	17	7%	10	25%
Cancer	26	11%	0	0%

Ellsworth/Kansas comparison

	Ellsworth	Kansas
Asthma	0.8%	1.3%
Obesity (adult)	34.6%	29.6%
Overweight	44.3%	34.8%
Diabetes	10.2%	9.5%
Cancer	0.06%	1.3%
Hypertension	47.2%	30.8%

Source: Kansas Health Matters

Asthma: According to Kids Count Data Center, 2010, children diagnosed with asthma (rate per 1,000) in Ellsworth County are approximately 109, under the age 18years.

Obesity/Overweight: Obesity is determined when a Body Mass Index is 30 or greater, Overweight is determined when a Body Mass index is between 25 and 29.9. Body Mass Index is calculated by: taking a person's weight and dividing it by their height squared in metric units. 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.

Diabetes: In 2010, an estimated 25.8 million people or 8.3% of the population of the United States had diabetes. Diabetes can have a harmful effect on most of the organ systems in the human body; it is the frequent cause of end-stage renal disease. Persons with diabetes are also at increased risk for ischemic heart disease, neuropathy, and stroke.

Cancer: The Kansas Cancer Registry reports that Ellsworth County had 39 (0.06%) cases of cancer in 2009 as compared to the State of Kansas having 13,636 (1.3%) cancer cases.

Heart disease: Hypertension is the number one modifiable risk factor for stroke, heart attacks, heart failure, and atherosclerosis. Hypertension can occur in people of any age or sex. Hypertension affects approximately one in three adults in the United States, and more than half of Americans with high blood pressure do not have it under control. Healthy People 2020 target for hypertension is 26.9%.

Question 4b asked: Do you feel you have all that you need to manage your health conditions? There were 320 adult replies, some adults replied to more than one response.

Yes	211	66%
No	43	13%
More Information	14	4%
Financial Assistance	17	5%
Doctor's visits	10	3%
More training on condition	7	2%
A better support system	18	6%

The response from the survey indicates that the majority of the individuals questioned feel that they have sufficient information/support to help manage their health conditions. There is a continual need to improve upon the communication and support medical professionals can give to their patients.

Question 5 asked: Prioritize the top five issues, (1 being the highest and 5 being the lowest), that are lacking in our community that impact health? (Check up to a total of five among the three categories.

1 highest 5 lowest	1	% Of Total	2	% Of Total	3	% Of Total	4	% Of Total	5	% Of Total	Total #
Affordable health Ins	143	86%	9	5%	3	2%	7	4%	5	3%	167
Affordable services	10	14%	42	58%	6	8%	8	11%	6	8%	72
Dental health	11	23%	18	38%	9	19%	6	13%	3	6%	47
Info on healthy cook	11	19%	16	27%	18	31%	5	8%	9	16%	59
Mental health	10	12%	18	22%	24	29%	18	22%	12	15%	82
More health Providers	23	28%	19	24%	14	18%	18	23%	6	8%	80
More specialist	17	27%	11	18%	14	22%	10	16%	11	17%	63
Vision	8	17%	8	17%	10	21%	7	15%	15	31%	48
Affordable fresh food	27	24%	32	27%	21	18%	20	17%	16	14%	116
Affordable healthy	8	17%	6	13%	11	23%	15	32%	10	21%	47
walking paths	11	19%	19	32%	9	15%	11	19%	9	15%	59
health care services	6	40%	0	0%	6	40%	2	13%	1	7%	15
info/chronic cond.	2	13%	1	6%	3	19%	5	31%	5	31%	16
safe place to exercise	14	23%	9	15%	11	18%	6	10%	20	33%	60
Abuse & Violence	7	50%	2	14%	1	7%	4	29%	0	0%	14
affordable housing	10	29%	8	24%	4	12%	9	26%	3	9%	34
Jobs/employment	7	25%	6	21%	7	25%	5	18%	3	11%	28
safe neighborhoods	0	0%	1	100%	0	0%	0	0%	0	0%	1
Poverty	4	45%	0	0%	3	33%	1	11%	1	11%	9
Substance Abuse TX	6	11%	5	9%	14	25%	17	31%	13	24%	55
Transportation	0	0%	3	10%	6	19%	5	16%	17	55%	31

Question #5

The following numeric values were used to determine the top five priorities:

- 1 Highest priority-----5 points
- 2 second highest priority-----4 points
- 3 third highest priority-----3 points
- 4 fourth highest priority-----2 points
- 5 lowest priority-----1 point

In using the above formula, the top five priorities resulting from the survey are as follows:

1. Affordable Health insurance-----779 points
 2. Affordable Fresh Food-----382 point
 3. More Health Providers-----275 points
 4. Affordable services-----258 points
 5. Mental Health-----242 points
- Affordable Health Insurance: Currently the State of Kansas is looking at options concerning the expansion of medical insurance for Kansans
 - ECMC is currently working with the local grocery store concerning fresh food availability, and healthy food choices for residents
 - With the loss of one primary care physician, due to retirement, ECMC is currently in the process of recruiting a primary care physician
 - ECMC has conducted price comparison with other Kansas rural hospitals, through professional services, and has found that ECMC prices are fair and equitable for rural hospitals in Kansas.
 - Currently, there is one professional Mental Health organization located in Ellsworth County. In addition to that one Mental Health Organization, Central Kansas Mental Health Center, located in Salina Kansas, provides mental health services to the county.

Question 5a asked: Are there any health education, public health services or programs that you would like offered in our community? This was an open ended question eliciting 54 adult responses. Responses centered on the following issues:

Issue	Percentage of responses
Education on medical issues	11%
Obesity, overweight and workout facilities	41%
Mental health issues, Drug & Alcohol treatment	11%
Chronic diseases-Heart, Cancer, Diabetes	9%
Other	28%

The majority of the surveyed individuals, 41%, indicated that better programs to manage obesity, overweight and adequate workout facilities were of importance to them. Currently Ellsworth County Medical Center is working with the Ellsworth County Health Department to initiate a community/countywide discussion to address this issue.

Question 6 asked: What are some of the things that get in the way of eating a healthy diet? There were 423 adult responses and 247 student responses.

	Adult Survey	Percentage	Student Survey	Percentage
Crave salty food	93	22%	47	19%
Crave Sweets and sugars	123	29%	65	26%
Don't want to change	46	11%	45	18%
Need More Calories	11	3%	19	8%
Nowhere to buy healthy food	37	9%	12	5%
Don't Cook	18	4%	26	11%
Don't know how to prepare healthy food	26	6%	23	9%
Not Affordable	69	16%	10	4%

51% of the respondents reported that they craved salty and sweet foods, and a total of 31% reported that they have nowhere to buy healthy foods, or the knowledge of how to prepare healthy foods, or they cannot afford to buy healthy foods. Kansas Health Matters reports that in 2009, 14.1% of adults, 18 years or older, consumed fruits and vegetables five or more times each day. It is essential to eat a fresh, healthy, and balanced diet in order to maintain weight and prevent chronic disease. 18.6% of adult Kansans consumed fruits and vegetables five or more time each day.

Question 6 other: This portion of the question was open to the respondent to write in their comments. A total 19 adult survey responses.

Issue	Percentage
Cost of healthy food	22%
Self Control	50%
Healthy Food Education	11%
Other	16%

Self control and the cost of healthy foods are the leading issues preventing healthy eating. Living in small rural community, availability and cost of healthy foods, pose ongoing challenges.

Question 7 asked: During the past month, other than your regular job, did you participate in any physical activities or exercise such as walking, running, weight-lifting, team sports or gardening for exercise? A total of 548 adult responses, several adults responded to more than one area. Graph one represents the respondents that answered yes to physical activity, and graph two represents the respondents that answered no to participating in physical activity

Graph 1

	Number of responses	Percentage
Yes	181	78%*
1-2 time per week	55	
3-4 times per week	68	
5-7 times per week	39	
Every once in awhile	44	
*Percentage is result of total yes and no responses		

78% of the surveyed population responded that they exercise at least every once in a while; the majority reported exercising 3-4 times weekly. According to Kansas Health Matters, 2009, only 28.3% of adults, 18 years and older, 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. The Health Risk Behaviors of Kansans, Kansas Department of Health and Environment, 2011, reported that 16.5% of all adult Kansans met both the aerobic and strengthening guidelines, and that 83.5% did not meet both aerobic and strengthening guidelines. Evidence shows that active adults reduce their risk to many serious health conditions including obesity, heart disease, diabetes, colon cancer, and hypertension (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. 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%.

Graph 2

	Number of responses	Percentage
No	51	22%*
Not enough time	36	
Don't know how	2	
Don't know where to go	9	
No safe place to exercise	7	
Not healthy enough	9	
Hard to stay motivated	47	
* Percentage is result of total yes and no responses		

Lack of motivation is the primary response for not exercising, followed by not enough time, not healthy enough/don't know where to go and no safe place to go.

Question 7 Other: This portion of the question was open to the respondent to write in their comments. 14 adult responses, percentages do not add up to 100% due to some adults responded with more than response.

Issue	Percentage
Fatigue	14%
Weather	21%
Other	71%

Weather is a major factor concerning outdoors activities and exercising in Ellsworth County. Winters can be extremely cold and summers are oppressively hot and humid.

Question 8a asked: If you use Ellsworth County Medical Center's Rural Health Clinics routinely, what do you consider to be our best feature? There were 712 adult responses.

	Number of responses	Percentage
Takes interest in me	79	11%
Staff Friendly	118	16%
Physician Friendly	149	21%
Knowledge & Confidence	82	12%
Able to get appointment	163	23%
Communicates well	57	8%
Refers to other doctors	64	9%

The top four responses to the best features of Ellsworth County Medical Center's Rural Health Clinics was the ability to get appointments, followed by physician friendliness, staff friendliness, and knowledge and confidence.

Question 8a other; this portion of the question was open to the respondent to write in their comments. There were a total of 11 adult responses.

Convenient
All listed are good
Closest
They Know me
Rural clinic location
Regularity in doctor care
Told me to make my own appointment with another dr./no referral to other doctor
We are fortunate to have Dr. Slomka here
Someone to answer the phones and make appointments before 8:00am
Medical staff are poorly trained in diagnostics, Kepka was very good, now we only have PA's with less training than nurses
I feel like ECMC goes beyond what I need

The majority of survey written responses was positive to the best features of ECMC's Rural Health Clinics. The responses indicated that convenience, regularity, and the clinic personnel knowing the residents were positive attributes of ECMS's Rural Health Clinics.

Question 8b asked: If you use ECMC Rural Health Clinics services routinely, what, if anything, would you like to see changed? Open ended question, with a total of 92 adult responses.

Issue	Number of responses	Percentage
Less wait time, increased time with Doctors	22	24%
Clinic Hours	21	23%
Staff Issues	21	23%
Physician Issues	8	9%
Other	20	21%

Survey respondents indicated wait time, increased time with Doctor, clinic hours, and staff issues are areas that they would like to see addressed. Spending more time with the Primary Care Physician, so that the patient can communicate and learn more about their conditions is of primary importance.

Question 9a asked: If you use Ellsworth County Medical Center's Hospital services routinely, what do you consider to be our best feature/characteristics? There are 537 adult responses to this question. Several responders made more than one response.

	Number of responses	Percentage
Takes interest in me	59	11%
Staff Friendly	133	25%
Physician Friendly	107	20%
Knowledge & Confidence	61	11%
Able to get appointment	76	14%
Communicates well	52	10%
Refers to other doctors	49	9%

Friendliness of the staff at ECMC hospital received the highest favorable feature/characteristic, Followed by Physician friendly, ability to get appointments, and knowledge and confidence of the Doctors and Nurses in providing for their care.

Question 9a other: This portion of the question was open to the respondent to write in their comments. 18 adults responded to this question.

	Number of responses	Percentage
Do not use the hospital	9	50%
Up to date technology	2	11%
Other	7	39%

Question 9b asked: If you use Ellsworth County Medical Center (ECMC) hospital services routinely, what, if anything, would you like to see changed? Open ended question, some responders made several comments.

Issue	Number of responses	Percentage
Wait times	10	19%
Physician Issues	10	19%
Staff issues	15	29%
Don't use	7	13%
Other	13	25%

Staff issues such as wait times, privacy, friendliness of staff, and better communication was indicated by the respondents as needing to be addressed. Issues concerning the physician issues, centered on needing more physicians, more specialists, and doctors being more available to inpatients.

Question 10a asked: If you use other health care services (i.e., Dental, Vision, Long term care, etc.) within the community routinely, what do you consider to be their best features/characteristics? There were 452 adult responses to this question.

	Number of responses	Percentage
Takes interest in me	65	14%
Staff friendly	122	27%
Physician friendly	44	10%
Knowledge and confidence	80	19%
Able to get appointment	86	19%
Communicates well	47	10%
Refers to other doctors	8	2%

This question was asked with the intent of determining what the respondents feel are the best features of other medical services offered in Ellsworth County, such as Dentistry, Optometry, etc.

Question 10a other; this portion of the question was open to the respondent to write in their comments, with a total of 14 adult responses.

Issue	Number of responses	Percentage
Convenience	3	21%
Do not use	7	50%
Other	4	29%

Question 10b asked: If you use other services routinely, what, if anything, would you like to see changed? Open ended question with 46 adult responses.

Issue	Number of responses	Percentage
Expanded hours	13	29%
Insurance/Affordability	8	17%
Staff issues/appointments	7	15%
Other	18	39%

Respondents to the survey indicated several issues, such as; Appointment times, expanded hours, insurance coverage, cost of services, weekend coverage, and more flexibility with hours and patient availability.

Question 11 asked: What is your opinion regarding the following medical and mental health issues in our community? USD #327, student's response to CHNA survey is indicated in red.

	Not an issue	% of Total	Minor issue	% of Total	Moderate issue	% of Total	Major issue	% of Total	No opinion	% of Total	Total #
Childhood Vaccination	107/39	45%/36%	35/11	15%/10%	29/32	12%/29%	14/9	5%/8%	55/18	23%/17%	240/109
STD's	43/21	19%/19%	50/23	22%/21%	49/24	21%/22%	27/26	12%/23%	61/17	27%/15%	230/111
Teen Birth rate	25/15	12%/14%	58/37	25%/34%	61/29	28%/27%	34/21	16%/19%	38/6	18%/6%	216/108
Mental health	15/8	6%/7%	34/31	14%/27%	84/35	36%/31%	75/32	32%/28%	27/8	11%/7%	235/114
Obesity	12/11	5%/10%	16/22	6%/19%	100/35	42%/31%	100/37	42%/32%	12/9	5%/8%	240/114
Eating Disorders	11/17	8%/17%	34/35	25%/34%	41/26	30%/25%	19/10	14%/10%	32/15	23%/15%	137/103
No health ins.	13/10	6%/9%	30/22	13%/21%	55/33	24%/31%	94/23	41%/22%	40/18	17%/17%	232/106
Heart Disease	20/11	9%/10%	28/23	12%/21%	76/21	33%/19%	69/33	30%/30%	37/21	16%/21%	230/109
Diabetes	17/8	7%/7%	24/22	8%/22%	67/34	29%/33%	94/23	41%/23%	27/15	12%/15%	229/102
Cancer	13/6	6%/5%	16/17	7%/16%	57/24	25%/22%	116/50	51%/46%	24/12	11%/11%	226/109
Flu/pneumonia	16/12	7%/11%	58/28	25%/26%	77/43	33%/40%	43/11	19%/10%	36/14	16%/13%	230/108
Availability physicians	54/32	22%/28%	59/35	24%/31%	58/27	24%/24%	48/5	20%/4%	22/14	9%/12%	241/113
Convenient hours RHC	80/38	35%/35%	53/30	23%/28%	44/21	19%/19%	26/8	11%/7%	25/12	11%/11%	228/109
Availability urgent care	66/33	30%/31%	55/26	25%/24%	53/23	24%/21%	25/17	11%/16%	24/8	11%/7%	223/107
access specialized treat.	44/20	18%/17%	62/25	28%/22%	66/35	30%/30%	21/16	10%/14%	27/10	12%/9%	220/116
Available transportation	50/26	23%/25%	55/30	25%/29%	42/23	19%/22%	24/6	11%/6%	49/20	22%/19%	220/105
Health care seniors	57/35	25%/33%	52/21	23%/20%	55/21	24%/20%	25/7	11%/7%	42/21	18%/20%	231/105
Long term care	53/25	25%/23%	42/26	20%/24%	49/24	24%/22%	21/13	10%/12%	43/20	21%/19%	208/108
Drug & alcohol abuse	28/11	12%/10%	35/12	15%/9%	69/28	30%/25%	56/41	25%/37%	40/10	18%/9%	228/112
availability women's care	45/25	18%/22%	61/17	24%/15%	64/30	25%/27%	46/14	18%/13%	38/26	15%/23%	254/112
Public health service	58/33	26%/33%	55/18	25%/18%	54/25	24%/25%	15/8	7%/7%	39/17	18%/17%	221/101
Emergency Medical Care	99/38	41%/35%	48/19	20%/16%	38/16	16%/15%	27/21	11%/19%	29/16	12%/15%	214/110

The following numeric values were used to determine the top five priorities from the adult survey :

- 0 points-----No opinion
- 1 point-----Not an issue
- 2 points-----Minor issue
- 3 points-----Moderate issue
- 4 points-----Major issue

In using the above formula, counting the minor issue, moderate, and major issue, the top ten priorities resulting from the adult survey are as follows:

1. Obesity-----732 points
2. Cancer-----667 points
3. Diabetes-----601 points
4. Mental Health-----620 points
5. No health insurance -----601 points
6. Heart Disease-----224 points
7. Availability of women’s care -----192 points
8. Flu/Pneumonia -----184 points
9. Drug and Alcohol-----172 points
10. Availability of physicians-----136 points

The results noted above are instrumental to the implementation strategies that will follow from this survey.

Question 12 asked: in your own words, what do you believe to be the most important health or medical issues confronting Ellsworth County residents. This is an open ended question, with 179 adult responses.

Issue	Number of responses	Percentage
Exercise/Obesity	25	14%
Mental Health, Drug/Alcohol	28	16%
Chronic Disease	11	6%
Affordability/Insurance	31	17%
Staff Issues	17	10%
Physician Issues	22	12%
Other	45	25%

There were 136 written responses to this question, they can be found in appendix F.

Ellsworth County Health Department Completed Community Health Needs Assessment Survey

Ellsworth County Health Department Community Health Needs Survey August, 2010:

If you had to choose, which of the following issues would be most important to address?					
1 being the most important	1	2	3	4	5
Cancer	59	13	14	13	14
Family Dynamics-Divorce, single parent, unwed mothers	36	16	20	13	15
Substance Abuse/Use of Alcohol, Prescription Drugs, Marijuana, Potpourri, Bath Salts	25	19	21	23	20
Exercising/Physical Activity	24	15	19	26	9
Diabetes	19	28	20	14	14
Housing/Environment	17	15	19	16	11
Eating Behaviors	14	21	14	8	17
Heart Disease	8	14	13	20	19
Nicotine (smoke & smokeless)	8	8	7	10	11
Low-income/Poverty	6	16	19	17	12

Ellsworth County Health Department Community Health Needs Survey August, 2010:

Please select one or more of the following items that you feel is an issue for Ellsworth County		
1	Cancer	112
2	Family Dynamics-Divorce, single parent, unwed mothers	98
3	Substance Abuse/Use of Alcohol, Prescription Drugs, Marijuana, Potpourri, Bath Salts	91
4	Diabetes	86
4	Exercising/Physical Activity	86
5	Housing/Environment	73
6	Eating Behaviors	66
7	Heart Disease	62
8	Low-income/Poverty	58
9	Nicotine (smoke & smokeless)	48
10	Other	3

The Ellsworth County Health Department Community Needs Assessment Survey was completed on August 19, 2010. The survey was presented during an Ellsworth County Celebration, 175 surveys were completed. The survey respondents were entitled to a free meal at that time.

The top ten health issues identified by ECMC's internal committee from the CHNA survey are:

1. Obesity
2. Cancer
3. Diabetes
4. Mental Health
5. No health insurance
6. Heart Disease
7. Availability of Women's Care
8. Flu/Pneumonia
9. Drug and Alcohol
10. Availability of physicians

Ellsworth County Medical Center's (ECMC) internal committee reduced the ten prioritized issues into three categories:

1. Chronic Disease
 - a. Diabetes
 - b. Heart Disease
 - c. Asthma
 - d. Obesity
 - e. Cancer
2. Behavioral/Mental Health
 - a. Drug & Alcohol Abuse/Services
 - b. Mental Health Counseling
3. Customer Service
 - a. Lack of health insurance
 - b. Structured wellness/fitness programs

The survey tool (Appendix A) had been distributed throughout Ellsworth County and the Lucas Kansas area. The survey collection period was February 2013 through April 12, 2013. Two hundred and sixty eight surveys were returned out of the six hundred surveys distributed, for a response rate of 4%. The response rate for adults over the age of eighteen years of age is 8.2% of the county.

All information collected in this Community Health Needs Assessment for Ellsworth County Medical Center and Ellsworth County Health Department will be used to determine strategies, objectives and goals to address the prioritized issues raised in the surveys. The information will also allow us to continue with our commitment to our community partners, and to develop new community partners, to help serve our patients of Ellsworth County Medical Center, and residents of Ellsworth County in a more effective and satisfying process.

In Summary

Limitations

The first limitation of any survey is the makeup of the sample. An enormous amount of effort went into representation of the low socio economic, medically disadvantaged, youth, and elderly residents in Ellsworth County.

This survey asked for people's perceptions of issues and services. Their responses may reflect reality or not. When perception does not equal the facts, there is opportunity for education.

The assessment also asked, 'what are the most important issues/services to you?' This could and probably was interpreted in two different ways. For those that truly do not need but feel strongly about a topic and those that really do have a need for a particular service.

The survey was only distributed in Ellsworth County and the Lucas city area. The health resources of our county are used by a substantial number of residents outside of the county and they did not participate in the survey. In terms of what our hospital and health clinics are providing for outside county residents, these results do not reflect the entire client base.

Hindsight is always more valuable, with knowledge of the current survey process, we will adapt and expand for future surveys.

Acknowledgements

Many individuals participated in this effort, the first Community Health Needs Assessment (CHNA) for Ellsworth County Medical Center (ECMC). Special thanks to the following ECMC Community Health Needs Assessment committee: Roger Masse, CEO, Preston Sauers, CFO, Shamarie Farthing, Risk/ Safety/Quality director, Paul Bahr, Rehabilitation Therapy director, Mike Morgan, Central Supply director, Lynette Dick, IT and Support Services director, Tina Davis, Rural Health Clinic director, Beth Vallier, Human Resources, Randy Packard, Director of Radiology, and Doug Stefek, Community Outreach . In addition to the ECMC employees, we would also like to thank the Ellsworth County Health Department, Ronda Kasiska, director, for allowing us to be part of the joint Health Department and ECMC Community Health Needs Assessment.

Appendix A

Ellsworth County Medical Center *Community Health* Assessment 2013

The Ellsworth County Medical Center (ECMC) Community Health Needs Assessment is a survey for service area residents. The survey focuses on individual household strengths and challenges, the needs of our community, and those of Ellsworth County Medical Center.

The survey is open to individuals eighteen years of age and older who have not previously completed the survey. ECMC values your opinion as we strategize and plan to meet anticipated needs. Please be assured that you cannot be identified through your survey responses. Any personal information will be gathered for statistical purposes only in order to establish trends. Thank you in advance for taking approximately **ten minutes** to answer the following questions about important health needs.

Please complete this survey only once

1. Generally, how would you describe your health? (check one)

Excellent____ Very Good____ Good____ Fair____ Poor____

2. Which of these describes your health insurance situation? (Check all that apply)

___Private insurance ___Medicaid ___Medicare ___Self pay

___Medicare supplemental ___Employer provided ___None

3. Who do you consider as your primary health care provider?

Ellsworth County Medical Center____ Other____ Don't know/not sure____

4a. Have you ever been told by a doctor you have any of these conditions, diseases, or challenges? (check all that apply)

Diabetes____ Asthma____ Rheumatoid Arthritis____

Heart Disease____ Substance Abuse____ Overweight/Obese____

Mental/emotional problems and conditions____

Cancer____ (is so, what type)_____

4b. Do you feel you have all that you need to manage your health condition(s)?

(Check one) Yes____ No____

If not, what more do you need? (Check all that apply)

More information/education about my condition____

Financial assistance____

Doctor visits and/ or medical supplies____

Training on how to care for my condition____

A better support system____

Other: Please explain_____

5. **Prioritize the top 5 issues, (1 being the highest and 5 being the lowest), that are lacking in our community that impact health? (Check up to a total of five among the three categories)**

Health Care Access Issues

- ___ affordable health insurance
 ___ affordable services and programs for children with disabilities and Special needs
 ___ Dental Health Services
 ___ Information how to cook healthy foods
 ___ Mental health services
 ___ More Health Professionals
 ___ More Specialists
 ___ Substance abuse services
 ___ Vision Health services

General Lifestyle/Quality of life issues

- ___ affordable fresh/natural foods
 ___ affordable healthy lifestyle services/ programs
 ___ Walking paths & trails
 ___ Health care services
 ___ Information about managing chronic health conditions
 ___ Safe affordable places to exercise & relax

Community Issues

- ___ Abuse and violence
 ___ Affordable housing
 ___ Jobs/employment
 ___ Transportation
 ___ Safe neighborhoods
 ___ Poverty

5a. Are there any health education, public health services or programs that you would like offered in our community?

6. **What are some things that get in your way of eating a healthy diet?** According to the Academy of Nutrition and Dietetics, “All foods can fit within a healthy eating pattern if consumed in moderation with appropriate portions sizes and combined with physical activity. A healthy diet emphasizes a balance of food and beverages with energy (calorie) needs, rather than any one food or meal.” In general, a healthy diet should include lean meat or protein, fruit, vegetables and whole grains in order to obtain adequate nutrients for optimal health. In order to reduce intake of sodium and saturated or trans fat, limited amounts of processed food may be included.

- ___ I crave salty food
 ___ I crave sweets and sugars
 ___ I don't want to change my eating habits
 ___ I need more calories than what I get from “healthy foods”
 ___ I do not have anywhere to buy healthy foods in my community
 ___ I don't cook
 ___ I do not know how to prepare healthy foods
 ___ Healthier foods are not affordable to me

Other _____

7. **During the past month, other than your regular job, did you participate in any physical activities or exercise such as walking, running, weight-lifting, team sports or gardening for exercise? (Check one)**

Yes, How often? (check one)

- 1-2 times per week
 3-4 times per week
 5-7 times per week
 Every once in awhile

No, Why not? (check all that apply)

- Not enough time in my day
 Don't know how
 Don't know where to go
 No safe place to exercise in my neighborhood
 I am not healthy enough to exercise
 It's hard to stay motivated
 Other _____

- 8.a **If you use ECMC Rural Health Clinic services routinely, what do you consider to be our best features / characteristics?**

Takes interest in me

Able to get appointment

Staff Friendly

Communicates well

Physician friendly

refers me to other doctors

Knowledge and confidence

Other _____

- 8.b **If you use ECMC Rural Health Clinic services routinely, what, if anything, would you like to see changed (i.e. expanded office hours, increased appointment times, etc.)?**

- 9a. **If you use ECMC hospital services routinely, what do you consider to be our best features / characteristics?**

Takes interest in me

Able to get appointment

Staff Friendly

Communicates well

Physician friendly

refers me to other doctors

Knowledge and confidence

Other _____

- 9b. **If you use ECMC Hospital services routinely, what, if anything, would you like to see changed (i.e. wait times, variety of specialists, etc.)?**


Appendix B: Community Organizations involved in CHNA

The following organizations have been an integral part in both the Ellsworth County Health Department and Ellsworth County Medical Center's Community Health Needs Assessment

- Ellsworth County Health Department
 - Ellsworth Good Samaritan Retirement Village
 - Unified School District #327
 - Unified School District #112
 - Central Kansas Foundation of Salina
 - Ellsworth City Administrator
 - Ellsworth Correctional Facility
 - Ellsworth County Economic Development
 - Ellsworth Good Samaritan Home Health
 - Ellsworth County Council on Aging
 - Saline County Health Department
 - Hospice of Salina
 - Mayor of Wilson
 - Ellsworth County LEPC
 - Smoky Hill Charitable Foundation
 - Ellsworth County Ministerial Alliance
 - Ellsworth Emergency Medical Service
 - Pharmacist from Local Pharmacies
 - CASHCO, Inc., local business
 - Golden Living Center Wilson
 - J.H. Robbins Memorial Library
 - Ellsworth County Sheriff
 - Chisholm Trail Apartments (Low Income)
 - Ellsworth County Commissioners
 - Ellsworth Child Care Center
 - Harden Hospice
 - Gene's Heartland Food
 - Residents of Kanopolis
 - Residents of Holyrood
 - Residents of Lorraine
 - Kansas Department of Health & Environment
 - Silver Hair Legislator
 - Counseling Inc., of Ellsworth
 - Ellsworth/Wilson/Lucas Senior Centers
 - Ellsworth County Independent Reporter
- Community Health Survey-See appendix A
 - Focus groups or forums: Dates of CHNA Mtgs
 - Nov 4, 2011
 - Jan 6, 2012
 - Feb 24, 2012
 - Mar 30, 2012
 - Apr 27, 2012


- May 18, 2012
- Jun 29, 2012
- Jul 30, 2012
- Aug 24, 2012
- Sep 14, 2012
- Oct 12, 2012
- Jan 11, 2013
- Feb, 13, 2013
- Enter ECMC mtg dates

Appendix C: Ellsworth County Medical Center's Financial Assistance Policy

	ELLSWORTH COUNTY MEDICAL CENTER		
	POLICIES AND PROCEDURES		
	Original Date: 05-21-08	Policy Title: NAME OF POLICY	Page 49 of 1
	Director Approval 05-26-08	MEDICAL ACCESS CARD	Folder: Community Outreach

Purpose:	To outline the process necessary for <u>qualification of and participation in the Medical Access Card (MAC) program</u>
Policy Statement:	The MAC program has been developed to provide a financial resource to Ellsworth County residents that, due to limited funds, are not able to meet the financial demands of receiving health care services at ECMC.
Scope:	Community Outreach Coordinator, all billing personnel and other employees of ECMC, Education/Communication coordinator.
Responsibility:	Directors, Managers, Supervisors and Education/Communication Coordinator.
Procedure:	<ul style="list-style-type: none"> • Individual requirements for MAC eligibility <ol style="list-style-type: none"> 1. <u>Applicant</u> must be a resident of Ellsworth County. 2. <u>Applicant's</u> household income must be <u>at or below</u> 125% Federal Poverty Guideline. 3. <u>Applicant's</u> household must have less than \$5,000.00 in countable assets. 4. If it is determined the <u>applicant</u> may be eligible for medical programs from outside agencies, (SRS, Medicare, VA, etc.) the <u>applicant</u> must apply with the appropriate agency. • Community Outreach Coordinator's responsibilities are as follows: <ol style="list-style-type: none"> 1. Provide information concerning the MAC program to <u>potentially eligible applicants</u> in Ellsworth County. 2. <u>When application is returned, an interview with the Community Outreach Coordinator will take place, The Community Outreach Coordinator will explain the purpose of the card, the payment requirements, and the services covered by the MAC provided that will apply to the card.</u>

3. Eligibility of the applicant will be determined; a letter will be sent indicating the denial or approval into the MAC program.
 4. When the applicant is approved, the letter will include the level of eligibility, the premium amount owed, and how to obtain the MAC from ECMC.
 5. Develop a MAC that will be printed, laminated and taken to the ECMC registration desk showing the premium amount owed.
 6. Update the current yearly Federal Poverty Guidelines.
 7. Generate a monthly report, showing the number of individuals and households eligible, the monthly write-off dollar amount allowed, the fiscal year write-off allowed, and provided to the Administrator.
 8. Maintain a relationship with the dental and optometrist office personnel with regards to education and data concerning the MAC.
 9. Notify Financial Services, dental and optometrist offices of eligible applicants.
 10. Communication that is indicative of press release/brochures will be presented to the Education/Communication Coordinator for authoring and returned to the Community Outreach Coordinator for final edit.
- Education/Communication Coordinator's responsibility are as follows:
 1. Working in collaboration with the Community Outreach Coordinator, will design and produce brochures as needed for the MAC program.
 - Director's, Manager's and Supervisor's responsibilities
 1. To refer any potential MAC applicant to the Community Outreach Coordinator.
 2. Have a working knowledge of the MAC Program so they may refer possible applicants to the Community Outreach Coordinator.

	Ellsworth County Medical Center				
	Collections Policies and Procedures				
	Original Date:	Latest Review Date:	Dept Approval:	Board Approval:	Page 51 of 184
	7/28/10	6/13/13	7/28/10	7/28/10	
Policy Title:					
Collection Policy					

Purpose:

This Collection Policy is established to help “improve lives” by maintaining a sound and consistent financial position for ECMC, making it possible to offer the best possible health care to our community. Accordingly, this policy is for the benefit of all families living in the community we serve.

Policy Statement:

Ellsworth County Medical Center does not provide services in order to collect money. However, we must collect debts in a fair, consistent manner, complying with all applicable rules and regulations in order to provide the best possible health care to our service area.

Scope:

Financial Services

Responsibility:

Chief Financial Officer, Patient Access and Financial Counseling Manager, Financial Counselors, and Self Pay Billing Coordinator

Procedures:**1. FEDERAL LAW:**

Federal Law states that it is necessary to treat everyone in the same manner regarding the extension of credit, collection procedures and payment requirements. Consumers must be treated in the same manner with the same criteria; ethnic status, age, gender, or any other factor cannot be used to differentiate in the Credit Transaction.

2. RURAL HEALTH CLINIC COPAYS:

ECMC will expect all patients to pay for the co-pay as stated on the patient’s insurance card prior to seeing a medical provider. All uninsured patients will be

required to pay a \$54.00 down-payment prior to service.

3. PROMPT PAY DISCOUNTS:

A Prompt Pay Discount Policy was established to assist patients that are financially unable to acquire health insurance, encourage and motivate ECMC patients or guarantors to pay off their self pay accounts in full in a timely manner, and to help ensure the financial stability of ECMC.

The Prompt Pay Discount Policy as approved by the board on August 15, 2012, is set out in sections i through iv below:

i. DISCOUNT QUALIFICATIONS:

In order for an ECMC Patient or Guarantor to qualify for a 10% Prompt Pay Discount:

- a) The charges will remain as usual and customary.
- b) The qualifying account may be a true self pay account or an account with a self pay balance following insurance.
- c) The self pay balance for that date of service must be received within 30 days of the statement date on which that service first appeared. The payment must be in the ECMC Financial Offices on or before the 30 day deadline as printed on the statement. Postmarks and pre-dated checks will not qualify the account for discount.
- d) Employees will receive the 10% discount in addition to the 10% employee discount if account is paid within 30 days.
- e) If the Patient or Guarantor has other dates of service with balances due, those balances may qualify for the 10% Prompt Pay Discount with their first statement following the implementation of this policy. This is a one-time only offer. With the second and subsequent statements following the implementation of this policy, any balance forwards will not qualify for the 10% Prompt Pay Discount.

ii. EXCLUSIONS:

The following services will be excluded from the 10% Prompt Pay Discount:

- Health Fair Labs
- Wellness Center Fees
- Cardiac Rehab

iii. OFFERING PROMPT PAY DISCOUNTS:

- a) The 10% Prompt Pay Discount will only be offered at the time of billing and during the normal billing process.
- b) The 10% Prompt Pay Discount information will appear only on the statement and will not be otherwise advertised.

iv. POSTING OF PROMPT PAY DISCOUNTS:

- a) The payment is included in the day's deposit according to the procedures for the daily deposits.
- b) The 10% Prompt Pay Discount will be recorded during the payment posting process using a separate Meditech discount procedure for financial tracking.
- c) The adjustment will not be used to reduce a department's revenue.
- d) If a Medicare balance is paid in full to qualify for the discount, there will not be a remaining balance to place on the Medicare cost report.
- e) If ECMC receives a payment after the 30 day deadline, ECMC will not accept the 10% discount. The patient will be responsible for the remaining balance on the account.

4. POINT OF SERVICE COLLECTIONS:

All point of service payments collected by the financial counselor(s) prior to service will be calculated to include a 10% prompt pay discount. If insurance pays more or less than expected the discount will be adjusted accordingly. Refunds will be made according to the REFUNDS section of this policy. If the patient portion is higher than estimated at the point of service, the patient will be given the opportunity to receive a 10% prompt pay discount on the remaining balance if payment is received within the guidelines as set out.

5. POSTING OF PAYMENTS:

Payments are reviewed and posted to the correct accounts on a daily basis by the Self Pay Billing Coordinator or appropriate staff. Unless specifically designated by the payee, all payments will be posted to the oldest patient account under that guarantor. This procedure ensures proper documentation of the last payment is made easily available for processing the aging of accounts.

6. COMMUNICATIONS:

All patient or guarantor correspondence will be printed out of or noted in Meditech. All letters will be system generated or neatly typed with wording placed under comments in Meditech or LSS. All phone calls will be returned within 2 days and documented in the system comments.

All insurance questions will be routed to the appropriate billing staff.

All returned mail will be worked promptly. Calls will be made to find current address. If no current phone numbers are listed, the internet sites listed on the Credit Management website:

<http://www.credit-mgmt.com/Index2.html>

may be utilized to locate the individual. After several attempts to locate, the account may be listed with a collection agency and Kansas Setoff without meeting the normal criteria.

7. SMALL BALANCE WRITEOFFS:

Small Balance write offs will be done in a timely manner, and at least monthly. A Small Balance is defined as a guarantor account balance of \$5.00 or less

- a. Guarantor balances of \$2.00 or less may be written off with no statement.
- b. Guarantor balances of \$2.01 to \$5.00 may be written off after one statement has been generated to prevent additional statement costs.
- c. If the guarantor pays the amount after the small balance write off has been completed, the write off may be reversed, funds accepted and posted to the account.
- d. If another date of service is pending, the write off may be held for the next charge to move into self pay, potentially increasing the guarantor balance to more than \$5.00.
- e. Credit balances of \$2.00 or less will be written off as a Small Balance and not refunded.

8. REFUNDS:

Refunds will be processed in a timely manner and at least monthly.

Prior to refunding the credit balance, the account balances will be checked at both the hospital and the clinic to verify that the funds should not be transferred to another account or to the other facility prior to or in lieu of refund.

Credit balances of \$2.00 or less will be written off as a Small Balance and not refunded.

9. STATEMENTS:

Statements will be system generated and dictionaries set to generate on a monthly basis. All system generated statements will be sent daily unless Patient Liaison, CFO, or CEO has instructed to hold an individual statement for a patient or guarantor.

10. ITEMIZATION REQUESTS:

All itemization requests will be promptly answered.

11. PAYMENT AGREEMENTS (CONTRACTS):

Patient accounts are due and payable within 30 days from the date of service or insurance payment.

- a. All accounts over \$150 falling into self pay will be sent a PAYAGASK letter from within Meditech, offering a payment agreement. Smaller accounts may also be sent this letter, if time permits or it appears the guarantor has had past due accounts before and setting a payment agreement early would be beneficial.
- b. If full payment cannot be made, approximately ten (10) percent of the balance, per month, will be accepted, not to exceed a one (1) year re-payment.
- c. If the guarantor balance is greater than \$2000.00, a two year re-payment plan may be considered.
- d. If the guarantor does not or cannot agree to this re-payment plan, the patient may apply for the Medical Access Card (MAC).
- e. If they do not qualify for MAC and are unable to meet these re-payment guidelines, the guarantor will be asked to complete an Income and Expense Form to help determine his/her ability to pay. After reviewing this Income and Expense Form some discretion is allowed for a reasonable re-payment plan.

The Self Pay Billing Coordinator will have authority to extend payments to a 2 year payoff.

The Patient Access/Financial Counseling Manager will have authority to extend payments to a 10 year payoff.

- f. Special contracts will be considered in the event of unusual circumstances, such as a major health problems. If the patient requests payment terms in excess of ten (10) years, an ECMC/RHC Medical Access Card Application must be completed

and approval must be obtained from the CFO.

- g. If the patient refuses to meet the payment guidelines but the ECMC/RHC Medical Access Card Application shows that they are capable of making this payment, the account will be sent to collections.
- h. Attempts will be made periodically to move guarantors within these repayment guidelines.
- i. If patient fails to make payments according to the agreed upon payment agreement, the SP Billing Coordinator will notify the patient and give them ten (10) business days to get caught up or the account will be turned over to collections.
- j. Patients wanting to setup a payment agreement will have the payment agreement setup and managed through Meditech and correspondence letters will be out of Meditech.

12. AUTOMATIC ELECTRONIC FUND TRANSFER PAYMENTS:

Automatic monthly payments from savings, checking, debit card or credit card accounts are encouraged for customer convenience and to ensure monthly payment guidelines are met.

- 13. EMPLOYEE DISCOUNTS:** Employees will be given a 10 percent discount following insurance payment.

14. PAYROLL DEDUCTIONS:

Payroll Deductions for employees may be established within the payment guidelines set out above. If employment is terminated, accounts will return to the remaining collection policy.

15. ADJUSTMENTS:

The Adjustments Journal will be used and they will be processed in a timely manner for the following reasons:

- a. Does not require CFO signature:
 - Reinstatement of Bankruptcy if payment received
 - Employee Discounts. The Self Pay Billing Coordinator is authorized to write off 10% of an employee's balances following insurance for an employee discount without further approval. If the discount is on the employee's own account, another employee must post the batch.

- Bad Check
 - Declined ACH and on-line payments due to no funds or closed account
 - Medical Access Card Discounts
- b. All adjustments to patient accounts must be approved and signed by the CFO prior to write off unless set out in 15a above. These include but are not limited to:
- Bankruptcy
 - Service Recovery Adjustments per Risk, Safety, and Quality Director
 - Identity Theft
 - Medicare Bad Debt
 - Deceased patients with no spouse, estate or assets
 - Bad Debt Allowance (exceed statutes, or deemed non-collectable by collection agency)

16. DISCOUNTS / SETTLING ACCOUNTS:

Patient accounts will not be settled by taking a partial payment as payment in full unless approved by the CFO, CEO and Risk, Safety, and Quality Director. This step will only be used if there are extreme circumstances warranting such a discount. If, however, a guarantor is trying to pay off an account at a collection agency, the only discount or settlement allowed by the Self Pay Billing Coordinator would be to discount the accumulated interest on the account.

17. MERGING ACCOUNTS:

Accounts will not be merged with the oldest account to ensure integrity of account information, including dates of service, collection notes, charges and related diagnosis as well as collection statutes.

18. COLLECTIONS:

Guarantors will receive 3 system generated statements, an Increase Letter (pre bad debt), and 1 attempted phone call if time permits (conversation tracked in the system) before they are placed with a collection agency and/or the Kansas Setoff Program. If the Guarantor has other accounts with 2 statements they may be included to prevent duplicate actions in consecutive months.

19. COLLECTION FLOW CHART:

The Collections Flow Chart, as approved on October 21, 2009, will be used to ensure best collection practices are followed and that all accounts are handled in the same manner.

20. COLLECTION AGENCY:

Our primary collection agency will be Credit Management. Credit Management will notify ECMC of the accounts ready for legal action by issuing an "Assignment of Benefits". These Assignments will be returned promptly with itemizations and required documents attached.

The collection agency will notify ECMC of any accounts that have exceeded the statute of limitations or have been deemed non-collectable and returned. These accounts will be written off, however, they will remain with the Kansas Setoff Program. If Kansas Setoff collects on the account, the write off may be reversed, funds accepted and posted to the account. If the account is Medicare, the "AMCR BDW/O" adjustment procedure will be used after the Medicare biller has approved write off. The account will then be listed on the Medicare Bad Debt Log. If the account is not Medicare, the "BD WO" adjustment procedure will be used. If payment is later received, these write offs may be reversed and money posted against the account.

21. UNCOLLECTABLE ACCOUNTS:

Accounts that have ceased to be an asset and deemed uncollectable by the collection agency and/or have exceeded the statute of limitations may be written off to the bad debt allowance account.

- a. Approval by the CFO must be obtained prior to write-off.
- b. No employee is authorized to write-off any balance on their own account or accounts of their immediately family.
- c. Write-offs must be logged on the adjustment log for the Board of Trustees.

22. DIVORCE / BLENDED FAMILIES:

Divorce is a civil dispute between husband and wife. A divorce does not wipe out either parent's responsibility to pay. Do not request a copy of the Divorce Decree, as a health care provider. ECMC does not have to abide by the decree. Services for minor children should be paid for by the parent who requested and signed for medical treatment. Both parents are, however, responsible for the support of their children regardless of who has primary custody or who is carrying the insurance. Both parents are responsible for their children's bills until their children are 18 years of age. Collect payment in full from either parent, and let the individual pursue the other spouse for payment.

23. AGE OF MAJORITY:

As soon as a child is identified as being 18, they will be listed as their own guarantor for all services following their 18th birthday, even if they are covered by the parent's insurance or are a full time student. Parents are not legally responsible for payment for a child over age 18.

24. MINORS AS GUARANTORS:

If a guarantor is determined to be a minor, the guarantor will be corrected to reflect one of the parents as described in the "Divorce" section above. Sensitive tests will be marked as "confidential" by Health Information Management and will appear as miscellaneous lab.

25. GUARANTOR CHANGES:

Once a need for a guarantor change has been determined, the new guarantor will be afforded the 3 statements, pre bad debt letter, and 1 attempted call before being placed in collections.

26. DECEASED PATIENTS:

- a. Identifying deceased patients and locating estate filings:
The local paper will be reviewed weekly for obituaries - making notes of spouses for guarantor changes (or documentation of no spouse).
- b. Locating Estates:
The District Court will be called every-other month to ensure that we do not miss a claim filing deadline on an estate.
- c. Surviving Spouse:
If there is a surviving spouse, the guarantor will immediately be changed to the spouse. The statement will be delayed 1 month due to hardship and then normal billing procedures will be followed.
- d. No Surviving Spouse:
If there is not a spouse and mail is returned, accounts be listed with Credit Management for their review to see if assets are available to settle the claim. The accounts will remain on the books for a period of at least 1 year, after which time the balance will be written off as bad debt using "MCR BDW/O" for Medicare accounts after approval is given by the Medicare biller and "BD WO" for non Medicare. The Medicare accounts will then be added to the

Medicare Bad Debt Log. If payment is later received, these write offs may be reversed and money posted against the account.

e. No Probate of Estate:

If the estate does not go through the probate court, the normal collection procedures will be followed with the estate and written off if no payment is received in 1 year.

f. Probate of Estate:

The claim filing deadlines are 4 months after first publications of the Notice of hearing and Notice to Creditors. Claims will be filed against the estate in a timely manner. As soon as an estate is found, the deadline for filing an estate claim will be documented on the SP Billing Coordinator's calendar 1 month prior to deadline and again 1 week prior to deadline.

g. After the estate is settled, if there are no funds available to pay the account, the account may be written off as uncollectable bad debt.

27. WORTHLESS CHECKS:

Upon notification of a returned check:

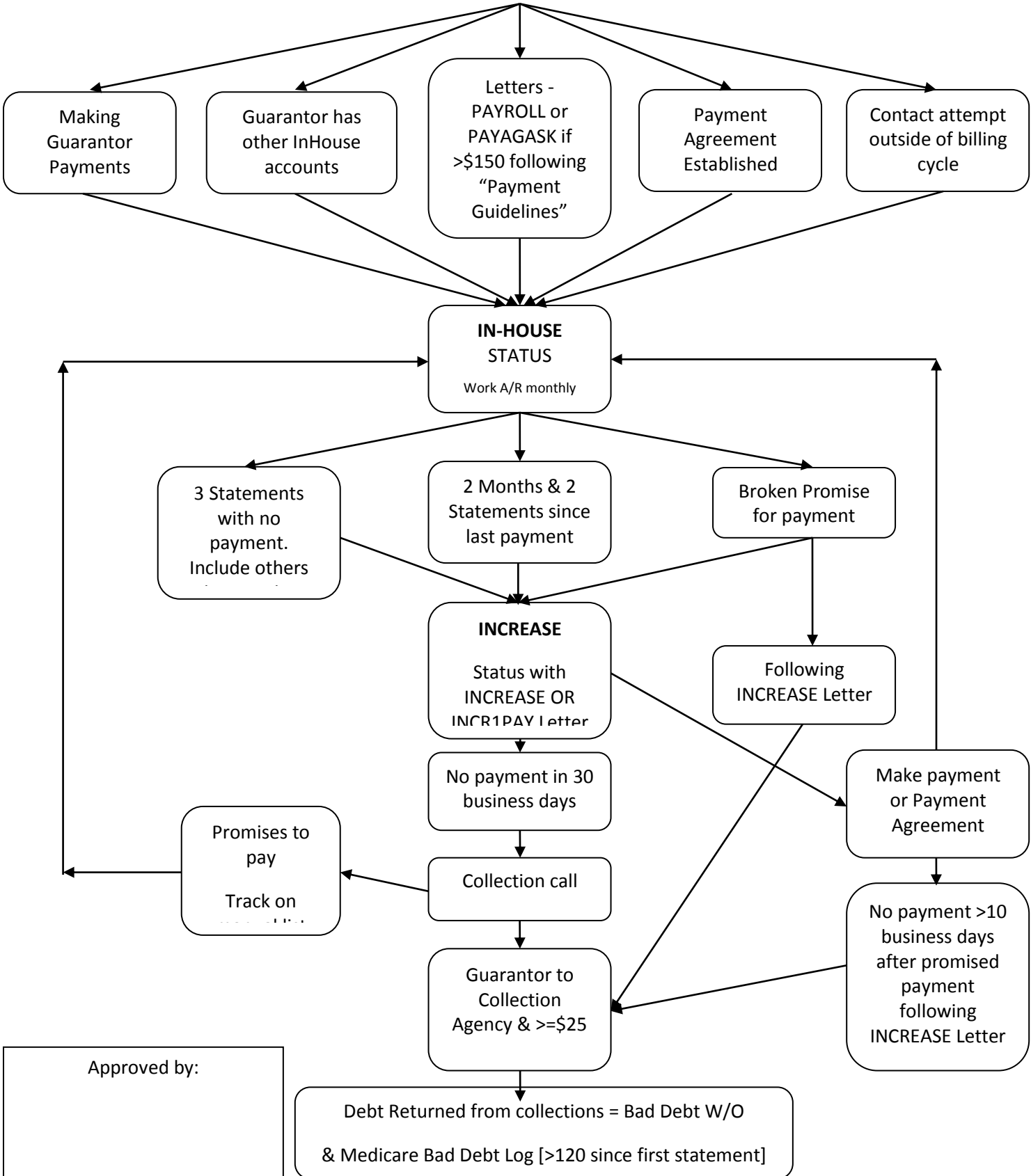
- a. Immediately remove the payment off Meditech or LSS.
- b. Complete a Form K707 "Seven Day Worthless Check Notice" adding a service charge as currently posted.
- c. Payment must be made by cash, money order, or certified check. Do not accept another check to replace the worthless check.
- d. The Notice is to be mailed by restricted delivery mail, return receipt requesting address where delivered, deliver to addressee only. Send to the address as it appears on the check or to the last known address. Save all receipts and copies of all papers.
- e. After 7 calendar days following the return of the receipt or returned letter, complete the "Affidavit for Prosecution of a Worthless Check" and attach the following:
 - i. The "evidence copy" of the Seven Day Worthless Check Notice
 - ii. The original worthless check
 - iii. The receipt for certified mail or the undelivered letter.
- f. Submit the items above to the County Attorney for prosecution, keeping a copy of all items for our records.

COLLECTIONS FLOW CHART

Revised Sept 2012

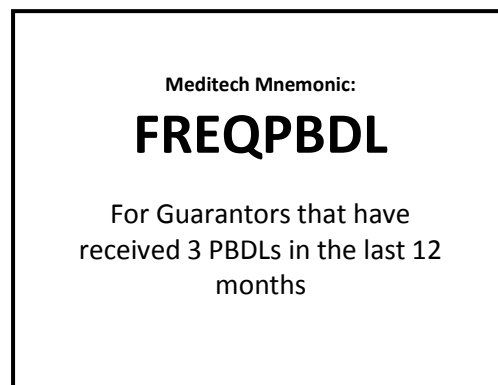
FB STATUS =
< 3 Statements
with no payment
or contact

- Run FB Account Receivable selection reports on Tuesdays and Thursdays:
1. Roll FB to In-House if meet chart criteria
 2. Watch for Employee and MAC





1604 Aylward Ave - P O Box 87
Ellsworth, Ks 67439



[f today]

[f pt guar name ul]

[f pt guar addr1 ul]

[f pt guar addr2 ul]

[f pt guar city ul], [f pt guar state] [f pt guar zip]

PATIENT NAME: [f pt name fl ul]

PATIENT ACCT #: [f pt acct number]

Dear [f pt guar name ul]:

Ellsworth County Medical Center accounts are due in full within 30 days of service or 30 days after

your insurance company has paid their portion of your account.

We appreciate the payments you have made in the past, however, we have not received a payment in over 60 days. Payments must be made monthly and fall within our payment guidelines to prevent your account from being turned into collections. If you have received this letter, and miss a monthly payment in the future, your account may be turned into our collection agency, an attorney, and/or the Kansas Setoff Program without further notice.

For your convenience, the following payment options are available:

1 - automatic monthly checking or credit card payments

2 - check or cash

3 - online payments at WWW.EWMED.COM

4 -.completing the credit card section on the bill stub

If we have not heard from you within 10 business days of the date of this letter, your account will be turned over to an outside collection agency, an attorney, and/or the Kansas Setoff Program.

Thank you for your immediate attention to this matter.

Sincerely,

Self Pay Billing Coordinator

(785) 472-5029 ext 367



1604 Aylward Ave - P O Box 87
Ellsworth, KS 67439

[f today]

INCREASE
For Guarantors who are making monthly payments that are not falling within our payment guidelines; 3rd statement with no payment; or 60 days since last payment

[f pt guar name fl]

[f pt guar addr1]

[f pt guar addr2]

[f pt guar city], [f pt guar state] [f pt guar zip]

Re: Increase Payment Agreement

Dear [f pt guar name ul]:

We are in the process of reviewing all accounts receivable balances for Ellsworth County Medical Center. After reviewing your account, we found your current balance to be \$_____.

We sincerely appreciate your past payments, however, our payment guidelines state "If full payment cannot be

made, approximately ten (10) percent of the balance, per month will be accepted, not to exceed a one (1) year

repayment plan. If account balance is greater than \$2,000.00 a two year repayment plan may be considered."

We need to move your monthly payments to a mutually acceptable amount. We would like to offer you
a

payment agreement of \$ _____ per month, which falls within the above guidelines.

For your convenience, we are now able to set up automatic payments directly from your checking,
savings,

credit or debit card. If you are interested in this option, please let us know.

To accept the above agreement, simply sign below and return in the enclosed envelope. If you find this
agreement unacceptable, please contact us prior to _____ to discuss your payment
options.

Failure to respond may result in your account being listed with our collection agency and the Kansas
Setoff

Program which would result in interest accruing on your account, a negative impact on your credit
rating, and

additional fees.

Thank you for your assistance in this matter.

Sincerely,

Self Pay Billing Coordinator

785-472-5029 extension 367

I agree to the increased payment agreement as listed above.

Guarantor Signature

Date



1604 Aylward Ave - P O Box 87
 Ellsworth, Ks 67439

MAC 100%

For MAC recipients who have not paid their MAC co-pays at time of service

[f today]

[f pt guar name fl]

[f pt guar addr1]

[f pt guar addr2]

[f pt guar city], [f pt guar state] [f pt guar zip]

RE: Medical Access Card Co-Pay

Dear [f pt guar name ul]:

This letter is to inform you that pursuant to our Medical Access Card Contract your co-pay of \$_____ for the date of service_____ was due at the time of service. As soon as we receive this Co-Pay, Ellsworth County Medical Center will apply the Medical Access Card Discount to your account.

To help us ensure that your Medical Access Card benefits are utilized, we ask that you honor the contract and pay the Co-Pay at the time of service.

Thank you for choosing Ellsworth County Medical Center. Please feel free to call me if you have any questions.

Sincerely,

Self Pay Billing Coordinator

785-472-5029 - extension 367



1604 Aylward Ave - P O Box 87
Ellsworth, Ks 67439

[f today]

[f pt guar name fl]

[f pt guar addr1]

[f pt guar addr2]

[f pt guar city], [f pt guar state] [f pt guar zip]

PAYAGASK

For accounts >\$150 that have recently become due and payable (may also be sent for smaller accounts if time permits or the guarantor has other past due accounts and setting a payment agreement would be beneficial)

Re: Itemization on your account and easy payment options available

Dear [f pt guar name ul]:

Thank you for choosing Ellsworth County Medical Center for your health care needs. The intent of this letter is to give you an itemized detail on your account that will not be included on the statement you will

be receiving in the next few days.

If you have insurance this letter has generated because your insurance company has recently paid on your account leaving a balance under patient responsibility. You may have already received a remittance

advice, or you may expect a remittance advice in the next few days.

If you do not have insurance this letter has generated because your account has finished processing and

is now due and payable.

If you prefer, upon receipt of the first statement, you may pay off your account in full. However, if it would

be beneficial for you, we would like to offer a monthly payment agreement with two easy payment options:

Option 1 - Simply sign below and return in the enclosed envelope. These monthly payments may

be made by check, cash or by paying on line at our web site www.ewmed.com.

Option 2 - Automatic monthly deductions from either your checking or credit card account. To utilize this option you would need to come into Financial Services and sign an authorization form.

These automatic monthly payments may be stopped at any time.

Again, thank you for choosing Ellsworth County Medical Center. Please feel free to contact me at any time.

Sincerely,

Self Pay Billing Coordinator

785-472-5029 - extension 367

I agree to pay at least \$_____ monthly beginning _____. I also understand this

amount may need to be increased as more dates of service become due and payable.

Guarantor Signature
Date

PAYAGREE
For Guarantors that have recently made a payment agreement by phone or in person



PAYAGREE

1604 Aylward Ave - P O Box 87
Ellsworth, Ks 67439

PAYMENT AGREEMENT CONFIRMATION

[f today]

[f pt guar name fl]

[f pt guar addr1]

[f pt guar addr2]

[f pt guar city], [f pt guar state] [f pt guar zip]

Re: Payment Agreement Confirmation

Dear [f pt guar name ul]:

This letter is to confirm the agreement you made with our office on [f pt ctrct date].

The agreed payment amount is \$ [f pt ctrct \$] each month, beginning [f pt ctrc 1st pay dt].

If at any time you cannot fulfill your obligations to this agreement, please contact Terri at
785-472-5029 extension 367.

It is important that you send your payments on time. A missed payment will void this agreement.

If this occurs, the account could be turned over to our outside collection agency, an attorney,
and/or

the Kansas Setoff Program.

Sincerely,

Self Pay Billing Coordinator

785-472-5029 extension 367

Guarantor Signature

Date

<p>PAYROLL</p> <p>For employees, offering payment options</p>

Please return a signed copy of this agreement within 10 days in the enclosed envelope and keep a copy

for your records. Thank you for your assistance in the matter.



1604 Aylward Ave - P O Box 87

Ellsworth, Ks 67439

OFFER OF PAYMENT AGREEMENT / PAYROLL DEDUCTIONS

[f today]

[f pt guar name fl]

[f pt guar addr1]

[f pt guar addr2]

[f pt guar city], [f pt guar state] [f pt guar zip]

Re: Offer of Payment Agreement or Payroll Deductions

Dear [f pt guar name ul]:

As with any patient of ECMC, your account balance is due and payable within 30 days of service
or

30 days after your insurance company has paid their portion of your account. Because you are
an

employee of ECMC, you will receive a 10% discount on your outstanding balance after
insurance.

In addition to this discount, as an employee you are also eligible for an easy payment solution
of

Payroll Deductions.

Other methods of payment include **Payment Agreements**. These monthly payments may be

made by:

- Check

- Cash

- Paying online at our website www.ewmed.com

- Automatic monthly payments from your savings, checking or credit card
account

For more information on your options, please feel free to contact me from 8am to 4pm at
extension 367

or in Financial Services.

Sincerely,

Self Pay Billing Coordinator

785-472-5029 - extension 367



1604 Aylward Ave - P O Box 87
Ellsworth, Ks 67439

REFUND
For guarantors receiving a
refund on their account

[f today]

[f pt guar name fl]

[f pt guar addr1]

[f pt guar addr2]

[f pt guar city], [f pt guar state] [f pt guar zip]

Re: Refund on account

Dear [f pt guar name ul]:

Please find the enclosed refund check. Our records indicate this refund is due to an overpayment on your account.

Please feel free to contact me with any questions regarding your account.

Sincerely,

Self Pay Billing Coordinator

785-472-5029 - extension 367



1604 Aylward Ave - P O Box 87
Ellsworth, Ks 67439

RETCHECK
For Guarantors that have sent
a check on a paid off account

[f today]

[f pt guar name fl]

[f pt guar addr1]

[f pt guar addr2]

[f pt guar city], [f pt guar state] [f pt guar zip]

Re: Returned check

Dear [f pt guar name ul]:

We are returning your payment. Our records indicate this account has already been paid in full. Please feel free to contact me with any questions regarding your account.

Thank you for choosing Ellsworth County Medical Center.

Sincerely,

Self Pay Billing Coordinator

785-472-5029 - extension 367



1604 Aylward Ave - P O Box 87

Ellsworth, Ks 67439

BADCHECK

For checks that have returned
from the bank

[f today]

[f pt guar name fl]

[f pt guar addr1]

[f pt guar addr2]

[f pt guar city], [f pt guar state] [f pt guar zip]

Re: Returned check

Dear [f pt guar name ul]:

A copy of the check that is attached was returned unpaid by your bank. Since your bank will not accept the check for payment, we are requesting cash, certified checks, or money orders for all future payments. This is a demand for payment for the amount indicated below:

Check Amount	\$ _____
Service Charge NSF	\$ <u>30.00</u>
Total to be paid	\$ _____

Please send us immediate payment no later than _____. If you do not make the payment you may be sued under Kansas Statutes Annotated, Chapter 21, and Article 37 to recover payment. If a judgment is rendered against you in court, it may include not only the original face amount of the check, but also additional damages as follows:

1. The original amount of the check
2. Collection & Attorney fees

Sincerely,

Self Pay Billing Coordinator

orm 707 Worthless Check 7 Day Notice (Criminal)

From: Ellsworth County Medical Center

P O Box 87

Ellsworth, KS 67439

To: (Name and address of maker or drawer - writer of check, as appearing on check or last known address)

_____ No. _____

SEVEN DAY WORTHLESS CHECK NOTICE

The following check has been returned to us worthless and has not been paid:

Check dated: _____ Check No. _____

Payable to: _____ Amount of Check \$ _____

Signed: _____ Service Charge **\$30.00**

Drawn on: _____

Bank/Credit Union/Savings & Loan/Other Depository

You must make full payment to avoid criminal liability.

If the amount of the check plus the above service charge provided by statute has not been paid within seven (7) days, it is presumed that the check was given with intent to defraud knowing that at that time there were no funds or insufficient funds on deposit with the above depository with which to pay the check upon presentation, and you are subject to being charged by the prosecutor with the crime of giving a worthless check.

Legal action will be taken if you do not comply with the terms of this letter.

Date

Signature of holder of check or authorized agent

Instructions to holder of check:

1. **Complete Your Paperwork.** Complete this notice accurately and completely. Then sign and insert date on the above line on all copies including the copies you keep.
2. **Send Notice.** Send original signed notice to drawer/writer of check by restricted delivery certified mail, return receipt requested showing address where delivered, deliver to addressee only. Send to the address as it appears on the check or the last known address. Save all receipts and papers.
3. **Compile Your Evidence.** Attach the original worthless check and the receipt for certified mail to the "evidence copy" of this notice. Attach the return receipt (or the undelivered letter) to the same copy when received back from the mail.
4. **Trial.** Submit evidence to prosecuting attorney for prosecution. Be prepared to document and testify to all facts pertaining to the taking of the check, identification of the drawer, and restricted delivery certified mailing of this notice.

Original for mailing to drawer

Copy for use as Evidence with worthless
check and receipt for mailing attached

Second copy for holder of check

AFFIDAVIT FOR PROSECUTION OF A WORTHLESS CHECK

STATE OF KANSAS, COUNTY OF ELLSWORTH, ss:

COMES NOW the undersigned, of lawful age, and after being duly sworn on oath states that:

1) A negotiable instrument or check in the amount of \$_____, dated _____, drawn on the _____ Bank/Credit Union/Savings & Loan of _____, _____, purporting to have been made and signed by _____ was delivered to the payee, _____, in Ellsworth County, Kansas, by a person identified as _____, who in return received merchandise or cash or services or all or a combination of the foregoing at the time the check was passed. Said check was personally received by _____, (address) _____, (phone) _____, who can positively identify the Defendant in Court as the passer of the check. The recipient of the check will be able to positively identify the Defendant in Court as the passer of the check because:

Recipient double-checked the information on the check with that contained on his/her Kansas driver's license; or

The Recipient of the check is personally acquainted with the passer of the check and was so prior to the date of receipt of the checks; or

_____.

The names of the other witnesses having knowledge thereof are _____.

2) The negotiable instrument or check in question is not post-dated and the payee had no information at the time said check was delivered that the maker of said check did not have sufficient funds on deposit for payment of said check. The person delivering said check did not request the check to be held or that the payee delay in depositing it for payment. There was no delay in depositing said check or presenting it for payment, and said check was deposited or presented for payment in the usual course of business.

3) When said check was returned unpaid from the Bank/Credit Union/Saving & Loan in question, a person identified as _____, (address) _____, (phone) _____, did on the _____ day of _____, _____, by means of a certified letter with restricted delivery and return receipt requested, advise the maker that said check had been returned, marked "_____". FURTHER, that this certified letter demanded that the maker pay the amount of the check to the undersigned or undersigned's employer within seven (7) days from the receipt of said letter. Seven (7) days have passed since the date of delivery of said certified letter and no payments have been made.

4) The maker or person presenting said check did not borrow any money from the undersigned or the undersigned's employer; said check was not given on account of a gambling debt; and said check was not given for payment against a past due or "open" account.

5) The negotiable instrument or check in question is herewith submitted to the Ellsworth County Attorney's Office for the purpose of prosecution and not collection. Said negotiable instrument or check has not been referred to a private firm nor any collection agency. It is understood and agreed that no payment on said check is to be accepted by the undersigned complaint, it's agents, or employees, and that any compromises or restitution for said check shall not be accepted, proposed, planned or agreed

upon after this check has been submitted to the Ellsworth County Attorney's Office without the prior knowledge and approval of the Ellsworth County Attorney. Failure to abide by this last condition will result in Court costs being assessed against the undersigned complainant per the authority of Kansas Statute Annotated 22-3801, et. seq. FURTHER, it is understood that the determination of the manner of the prosecution and/or the dismissal of a given case is governed by the sole discretion of the Ellsworth County Attorney.

Name

Self Pay Billing Coordinator

Title

Ellsworth County Medical Center

Company Name

P O Box 87, Ellsworth, KS 67439

Address

785-472-5029 extension 367

Phone

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____, _____.

NOTARY PUBLIC

(SEAL)

My Commission Expires:

Appendix D: Ellsworth County Community Resources

LEGISLATIVE CONTACTS

U.S. Senator Jerry Moran

Washington D.C. Office
Russell Senate Office Building Room
354

Washington D.C., 20510

Telephone: 202-224-6521

FAX: 202-228-6966

Hays Office

P.O. Box 249

1200 Main St, Suite 402

Hays Kansas 67601

Telephone: 785-628-6401

FAX: 785-628-3791

U.S. Senator Pat Roberts

Washington D.C. Office

109 Hart Senate Office Building

Washington D.C. 20510-1605

Telephone: 202-224-4774

FAX: 202-224-3514

Dodge City Office

100 Military Plaza

Dodge City Kansas 67801

Telephone 620-227-2244

District 1 U.S. Representative

Tim Huelskamp

Washington D.C. Office

126 Cannon HOB

Washington D.C. 20515

Telephone: 202-225-2715

FAX: 202-225-5124

District 108 State Representative

Steven Johnson

Home address

10197 South Hopkins Road

Assaria Kansas 67416

Telephone: 785-296-7696

eMail: steven.johnson@house.ks.gov

Kansas Governor

Sam Brownback

Topeka Office

Capitol

300 SW 10th Ave., Ste 264W

Topeka, Kansas 66612-1590

Telephone: 877-579-6757

Hearing Impaired 800-766-3777

Kansas State Senator

Jay Emler

Home Address

1457 Shawnee Rd

Lindsborg Kansas 67456

Senate Office Telephone: 785-296-7354

District Office Telephone: 785-227-2887

Email: emler@senate.state.ks.us

Ellsworth County Public Official Directory

Ellsworth County Commissioners

Albert Oller, Telephone 785-252-3509

Kermit Rush, Telephone 785-472-3152

Terry Kueser, Telephone 785-472-3311

Ellsworth County Commissioner Meeting: Monday 9:00am, 210 N. Kansas, Ellsworth

Ellsworth County Appraiser

Carl Miller, telephone 785-472-3165

Ellsworth County Attorney

Joe Shepack, telephone 785-472-4244

Ellsworth County Clerk

Jan Andrews, Telephone 785-472-4161

Smoky Hill Economic Development, Inc.

Rob Fillion, Telephone 785-472-4136

Ellsworth County KSU Extension

Jamie Rathbun, Telephone 785-472-4442

Brent Goss, Telephone 785-472-4442

Ellsworth County Health

Ronda Kasiska, Telephone 785-472-4488

Ellsworth County Noxious Weeds

Teresa Shute, Telephone 785-472-3132

Ellsworth County Register of Deeds

Janice Sneath, Telephone 785-472-3022

Ellsworth County Sheriff

Tracy Ploutz, Telephone 785-472-4416

Ellsworth County Treasurer

Geneva Schneider, Telephone 785-472-4152

Ellsworth City Administrator

Timothy Vandall, Telephone 785-472-5566

Ellsworth County Resources

Chiropractors

Torkelson Chiropractic, 226 N. Douglas, Ellsworth 785-472-3450

Wayne K. Wallert, 307 Webb, Ellsworth 785-472-3961

Optometrist

Dr. G. Derril Gwinner, 801 E. 3rd, Ellsworth 785-472-3272

Counseling

Counseling Inc. 525 E. 3rd St, Ellsworth 785-472-4300

Ellsworth County Assisted Living

Prairie West, 300 Bickerdyck, Ellsworth 785-472-6044

Plum Creek Plaza, 100 N. Country Rd. Holyrood, 785-252-3800

Ellsworth County Skilled Nursing Facilities

Ellsworth Good Samaritan Retirement Village, 1156 Hwy 14, 785-472-3167

Golden Living Center, 611 31st St, P.O. Box 160, Wilson, 785-658-2505

Pharmacies

F&M Drug, LLC., 209 N. Douglas, Ellsworth, 785-472-3131

Seitz Drug Co. Inc., 206 N. Douglas, Ellsworth, 785-472-3212

Dentist

Dr. Mark Herzog D.D.S., 804 E. 8th, Ellsworth 785-472-5420

Central Kansas Dentistry, 202 N. Douglas, Ellsworth 785-472-3803

Ellsworth County Home Health

Angels Care, 1015 Elmhurst, Salina 785-826-9600

Comfort Keepers, 922 N. 5th St. Lincoln, 785-524-4304

Good Samaritan Home Health, 1161 Hoeger Ln, Ellsworth 785-472-3338

Ellsworth County Home Delivered Meals and Meal Sites

Ellsworth Senior Center, 115 E. North Main, Ellsworth 785-472-5185

Wilson Senior Center, 511 25th St, Wilson 785-658-2388

American Legion Post #200, 416 N. Main, Holyrood 785-252-3640

Ellsworth County Transportation Services

Ellsworth Co. Council on Aging, 115 N. Main, Ellsworth 785-472-3032

Transportation for Medical Services, OCCK, 1710 W. Shilling Rd. Salina 785-827-9383

City of Wilson 785-658-2272

City of Holyrood 785-252-3395

Ellsworth County Council on Aging

115 E. North Main

Ellsworth, Ks

785-472-3022

Ellsworth County Health Department

1603 Aylward Ave

Ellsworth Ks

785-472-4488

Heartland Shares

Nutritional foods at low prices

785-472-3032

Ellsworth County Food Bank

For appointment call 785-472-4488

Ellsworth County Ambulance

1107 Evans

Ellsworth Ks

785-472-3454

Ellsworth County Sheriff Department

221 N Kansas

Ellsworth Ks

785-472-4416

Ellsworth County Cancer Society

2308 Ave F
Wilson Ks
785-658-3615

Prairie Land Foods

Nutritional foods at minimal costs
785-472-3032

Ellsworth-Kanopolis Chamber of Commerce

114 1/2 N. Douglas
Ellsworth Ks
785-472-4071

Wilson Chamber of Commerce

P.O. Box 328
Wilson Ks 67490
785-658-2211

Hospital Equipment for Loan

VFW Post 6485
Ellsworth KS
785-472-5682

Hospital equipment for sale/rental

B&B Sales
110 S. Frank
Holyrood KS 67450
1-785-252-3295
Jay Hatfield Mobility
801 E. Crawford
Salina Ks 67401
1-785-452-9888

Ellsworth County Medical Center

Ellsworth County Medical Center

1604 Aylward Ave
Ellsworth Ks 67439
785-472-3111

Ellsworth Rural Health Center

1602 N. Aylward Ave
Ellsworth Ks 67439
785-472-3111

Holyrood Rural Health Center

1015 Main
Holyrood Ks 67450
785-252-2332

Wilson Rural Health Center

409 27th St
Wilson Ks 67490
785-658-3688

Lucas Rural Health Center

216 S. Main
Lucas Ks 67648
785-525-7788

Ellsworth County Resources (Continued)

Veteran Services

VFW Post 6485

W. 12th
Ellsworth KS
785-472-3964

American Legion Post #174

E. Highway 40
Ellsworth Ks
785-472-5243

American Legion Post #200

416 N. Main
Holyrood Ks 67450
785-252-3640

American Legion Post #262

419 27th St
Wilson Ks 67490
785-658-2463

Colmery-O'Neill VA Med Ctr

220 SW Gage Blvd
Topeka Ks 66622
785-350-3111

Robert J.Dole VA Med Ctr

5500 East Kellogg Ave
Wichita KS 67218
316-685-2221

Hays VA Clinic

207-B East Seventh
Hays Ks 67601
1-888-878-6881 Ext 41000

Salina VA Clinic

1410 E. Iron, Suite 1
Salina Ks 67401
1-888-878-6881 Ext 41020

Dwight D. Eisenhower VA Medical Center

4104 4th Street, Trafficway

Leavenworth KS 66048

913-682-2000 or 1-800-952-8387

Area Resources

Hospices

Hospice of Salina, 730 Holly Lane, Salina 785-825-1717

Hospice of Kansas, 200 S. Santa Fe Ave. Salina, 785-823-2979

American Red Cross

145 S. Santa Fe

Salina, Ks 67401

785-827-3644

www.northcentralkansas.redcross.org/**Catholic Charities**

P.O. Box 1854

Salina Ks 67402-1854

1-800-874-1499

www.catholiccharitiessalina.org/**Child Abuse & Neglect**

1-866-495-6980 or 785-472-4416

Weatherization

1-800-423-0303

Central Kansas Foundation

1805 Ohio

Salina KS 67401

785-825-6624

www.c-k-f.org**Kansas Legal Services**

1000 Westchester

Salina KS 67401

1-800-874-1499

www.kansaslegalservices.org/**The Salvation Army**

1137 N. Santa Fe

Salina Ks 67401

www.usc.salvationarmy.org/**Consumer Credit Counseling Service**

1201 W. Walnut

Salina KS 67401

785-827-6371

www.kscgccs.org/**BirthRight**

1045 The Midway

Salina KS 67401

1-800-550-4900

Pathfinder Recovery

1809 S. ohio St

Salina Ks 67401

785-825-7595

The Medicine Program

P.o. Box 520
 Doniphan MO 63935-0520
 1-573-996-7300

Kansas Health Policy Authority

651 East Prescott
 Salina KS 67401
 785-825-7251

Social Security Administration

1410 E. Iron Ave. #7
 Salina KS 67401
 785-825-0545

Heartland Lions Eye Bank

1111 E. 30th St
 Hays Ks 67601
 785-650-0661

www.needymeds.com

Help with Medications

Domestic Violence Association of Central Kansas

P.O. Box 1854
 Salina Ks 67402-1854
 1-800-874-1499
www.dvack.org/

Senior Health Insurance Counseling for KS.

P.O. Box 3850
 Wichita KS 67201-3850
 1-800-860-5260

Area Resources (Continued)

Occupational Center of Central Kansas INC.

1710 W. Schilling Rd.
 Salina KS 67401
 785-827-9383

Tammy Walker Cancer Center

511 S. Santa De Ave.
 Salina KS 67402-3617
 785-452-4849

Kansas Department of Social & Rehabilitation Services

901 Westchester
 Salina Ks 67401
 1-785-826-8000

Crime Victims Compensation Board

120 SW 10th Ave, 2nd Floor
 Topeka Ks 66612-1597
 785-296-2539

www.ksag.org/page/crime-victims-compensation-board

Make a Difference Referral Network

1-800-332-6262

Child Care Resource and Referral Agency

1-877-678-2548

Area Mental Health Counseling**Central Kansas Mental Health Center**

809 Elmhurst
 Salina Ks 67401
 1-800-794-8281
www.ckmhc.org/

Center for Counseling & Consultation

5815 Broadway Ave
 Great Bend Ks
 1-620-792-2544
www.thecentergb.org

Bright Horizons Inc.,

1028 Harrison
 Great Bend Ks
 1-620-793-8855

Catholic Charities

2707 Vine St. Ste 17
 Hays Ks
 1-877-625-2644

High Plains Mental Health Center

208 E. 7th St.
 Hays KS
 1-800-432-0333

Prairie View

1901 E. 1st
 Newton Ks
 1-800-362-0180

The Center For Counseling

117 West Ave.
 Lyons Ks
 1-620-257-5984

Salina Regional Health Center

400 S. Santa Fe Ave.
 Salina Ks 67401
 1-785-452-4000

Healing Hearts Ranch

155 SE 1st Ave
Great Bend Ks
1-620-792-5173

Three Rivers Family Therapy Center Inc.

645 E. Iron Ave Ste B
Salina Ks
1-785-823-6333

**The Center for Counseling
Consultation**

5815 Broadway Ave
Great Bend Ks
1-620-792-2544

Veridian Behavioral Health Inc.

501 S. Santa Fe Ave, Ste 300
Salina Ks
1-785-452-4930

Drevets Counseling Service

1700 E. Iron Ave.
Salina KS
1-785-823-1961

Kaw Valley Center

145 S. Santa Fe Ave.
Salina Ks
1-785-827-5437

**Comprehensive
Counseling/Consultation**

204 S. Santa Fe Ave #2
Salina KS
1-888-493-0520

Ellsworth City Resources

Mayor

Cole Worrell

City Council Members

Holly Fries, John Whitmer, Mary Wires,

Ellsworth Police Department

207 N. Kansas
Ellsworth KS
785-472-4471

Ellsworth City Offices

121 W. 1st
Ellsworth Ks
785-472-5566

Gene's IGA

745 O'Donnell Dr.
Ellsworth Ks
785-472-4111

JH Robbins Memorial Library

219 N. Lincoln
Ellsworth KS
785-472-3969

Mosaic

124 W. 3rd
Ellsworth KS
785-472-4081

Ellsworth Housing Authority

811 Elizabeth
Ellsworth Ks
785-472-4922

Ellsworth Kanopolis Unified School District #327

Superintendent Eric Reid

USD #327 Offices

145 W. Old Hyw 40
Ellsworth KS 67439
785-472-5561

Ellsworth Elementary School

110 E. 3rd
Ellsworth Ks 67439
785-472-5554

Ellsworth Jr./Sr. High School

11th & Kansas
Ellsworth Ks 67439
785-472-4471

Kanopolis Middle School

Kanopolis Ks 67454
785-472-4477

Parks & Recreation

Ellsworth Swimming Pool
Baseball Diamonds
Soccer Fields
Tennis Courts
Bowling Alley
Ellsworth Golf Course
USD #327 Football Field
Ellsworth County Medical Center
Fitness

Holt Park
Krizek Park
Preisker Park
Ellsworth Recreation Center
Frisbee Golf Course
Walking Trails
USD #327 Track

Ellsworth Housing**Chisholm Trail Apartments**

626 Novak
Ellsworth Ks 67439
785-472-3765

Kirkendall Apartments

235 Blake
Ellsworth KS 67439
785-472-3765

Pines Apartments

812 Stelling
Ellsworth KS 67439
785-472-4922

Rental Assistance Grant Program

Help with security deposit/rent
785-472-3348
Income qualified

Ellsworth Churches

Immanuel Lutheran
905 Stanberry
Ellsworth, Ks 67439
785-472-4045

St. Bernards Catholic
911 N. Kansas
Ellsworth Ks 67439
785-472-3136

Assembly of God
108 W. 8th
Ellsworth Ks 67439
785-472-3232

United Methodist
322 N. douglas
Ellsworth Ks 67439
785-472-3870

Smoky Hill Baptist
1007 Evans
Ellsworth Ks 67439
785-472-5587

First Presbyterian
405 N. lincoln
Ellsworth Ks 67439
785-472-5557

Evangelical Free
907 Evans
Ellsworth Ks 67439
785-472-5700

Holy Apostles Episcopal
104 W. 4th
Ellsworth Ks 67439
785-472-2760

St. Pauls Lutheran
Route 1
Ellsworth Ks 67439
785-472-3712

Restaurants

Dairy Queen Brazier
Hwy 40 & 156 Jct
Ellsworth Ks 67439
785-472-4104

Gambinos Pizza
Lincoln & Main
Ellsworth Ks 67439
785-472-5571

Pizza Hut
512 Kunkle Drive
Ellsworth Ks 67439
785-472-3134

<p>Paden's Place Restaurant 120 N. Douglas Ellsworth Ks 67439 785-472-3643</p>
<p>Ampride Sandwiches Hwy 156 Ellsworth Ks 67439 785-472-4782</p>

<p>Casey's Carry Out Pizza 1420 Foster Dr. Ellsworth Ks 67439 785-472-4406</p>
<p>Pretty Boy Floyds 210 N. Douglas Ellsworth Ks 67439 785-472-2183</p>

<p>Ellsworth Steakhouse Hwy 140 & 156 Ellsworth Ks 67439 785-472-3043</p>

Banks

<p>Citizens State Bank & Trust Co. 203 N. Douglas Ellsworth Ks 67439 785-472-3141</p>

<p>First Bank Kansas 120 W. 2nd Ellsworth Ks 67439 785-472-5588</p>

Veterinarians

<p>Ellsworth Animal Hospital 976 Hwy 156 Ellsworth Ks 67439 785-472-5175</p>

Wilson City Resources

<p>Mayor David Criswell City Council Members Cindy Heinze, Leland Francis, Travis Weinhold, Justin Chestnut, Linda Bushnell</p>	
<p>Wilson City Hall 2407 Ave E Wilson Ks 67490 785-658-2272</p>	<p>Lakeside Learning Center 2913 Ave D Wilson Ks 67492 785-658-2460</p>
<p>Lang Memorial Library 2405 Ave F Wilson Ks 67490 785-658-6348</p>	<p>Wilson Rural Health Clinic 2509 Ave F Wilson Ks 67490 785-658-3688</p>

Wilson Senior Center

511 25th St.
Wilson Ks 67490
785-658-2388

Wilson USD #112

2911 Ave D
Wilson Ks 67490
785-658-3555

Wilson Restaurants**Grandma's Soda Shop**

2524 Ave E
Wilson Ks 67490
785-658-2200

Made From Scratch

527 27th St
Wilson Ks 67490
785-658-3300

Stop-To_Shop

2720 Ave E
Wilson Ks 67490
785-658-2559

Wilson Grocery Stores**Wilson Family Food**

2546 Ave E
Wilson Ks 67490
785-658-2120

Wilson Housing**Smoky View Villa**

510 31st St
Wilson Ks 67490
785-658-2592

Pride of the Prairie Apartments

P.O. Box 332
Ellsworth Ks 67439
785-472-1130

**Czech Cottages Affordable Senior
Apts**

520 25th St, P.O. Box 7
Wilson Ks 67490
785-658-3481

Wilson Churches**First Baptist**

P.O. Box H
Wilson Ks 67490
785-658-2499

First Presbyterian

24th & Ave D
Wilson KS 67490
785-658-2191

Immanuel Lutheran

P.O. Box 298
Wilson Ks 67490
785-658-2252

St. Wenceslaus Catholic

P.O. Box 258
Wilson Ks 67490
785-658-3361

Excelsior Lutheran
Wilson Ks 67490
785-658-2252

Wilson City Park

Holyrood/Lorraine Resources

Holyrood Mayor
Kenny Schepmann
City Council Members
Erik Howell, Roger Langston, Brandon Koch, Christi Herber, Ron Etchison

Lorraine Mayor
Dennis Boyer
City Council Members
Susan Boyer, Jean Schoon, Joe Torgerson, Glenna Stallo

Holyrood City Offices
110 S. Main
Holyrood Ks 67450
785-252-3395

Lorraine City Offices
239 Main
Lorraine Ks 67459
785-472-5582

Holyrood Police Department
110 S. Main
Holyrood Ks 67450
785-252-3395

Holyrood Transportation
110 S. Main
Holyrood Ks 67450
785-252-3395

Quivera Height Elementary/Jr. High
400 S. Main
Holyrood Ks 67450
785-252-3660

Holyrood/Lorraine Housing

Jellison Apartments
200 N. Frank
Holyrood Ks 67450
1-800-564-2705

Holyrood/Lorraine Churches

St. Peter's Lutheran
209 S. Country Rd.
Holyrood Ks 67450
785-252-3275

St. Paul's United Church of Christ
301 N. Nassau
Holyrood Ks 67450
785-252-3410

First Baptist
320 W. Wichita
Lorraine Ks 67459
785-472-5334

St. Mary's Catholic
301 W. Concord
Holyrood Ks 67450
785-252-3136

Holyrood/Lorraine Resources (Continued)

Holyrood/Lorraine Restaurants

C&V Convenience Store
608 N. Charles
Holyrood Ks 67450
785-252-3407

K-Jack Bar & Grill
606 N. Main
Holyrood Ks 67450
785-252-3577

Sunset Lounge & Family
101 N. main
Holyrood Ks 67450
785-252-3353

Kanopolis Resources

Mayor
Cherie Sauers
Council Members

Russell Bunch, Gerry Gebhardt, Darrell Ploutz, Brian Pruitt, Marc Stroede

Kanopolis City Offices
N. Main
Kanopolis Ks 67454
785-472-4732

Kanopolis Police Department
N. Main
Kanopolis Ks 67454
785-472-4732

Kanopolis City Library
221 N Missouri
Kanopolis Ks 67454
785-472-3053

Kanopolis Restaurants

<p>Orozco's Portales 117 N Main Kanopolis Ks 67454 785-472-4226</p>

Kanopolis Churches

<p>United Methodist 103 S. Missouri Kanopolis Ks 67454 785-472-4790</p>

<p>St. Ignatius Catholic 127 N. Missouri Kanopolis Ks 67454 785-472-4874</p>

<p>City Park</p>

Telephone Numbers

Diseases

American Diabetes Association	1-800-362-1355
Arthritis Foundation	1-800-362-1108
Alzheimer's Foundation	1-800-432-3535
Epilepsy Foundation	1-800-332-1000
American Cancer Foundation	1-800-227-2345
American Heart Association	1-800-527-6941
American Kidney Foundation	1-800-638-8299
American Liver Foundation	1-800-223-0179
National Parkinson Foundation	1-800-327-4545
Parkinson Educational Program	1-800-344-7872

Sexually Transmitted Diseases

AIDS Information Hotline	1-800-342-2437
National Gay Task Force Crisis Hotline	1-800-221-7044
VD Hotline	1-800-227-8922
AIDS Pain	1-800-335-9100

Poison Control

Mid-America Poison Control Center	1-800-332-6633
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Hearing

Better hearing Institute	1-800-424-8576
National Institute for Stuttering	1-800-221-2483
National Hearing Aid Hotline	1-800-521-5247

Insurance

Blue Cross Blue Shield of Kansas	1-800-432-3990
Medicare	1-800-432-3531
Medicaid	1-800-432-2667
Senior Health Insurance Counselor of Kansas	1-800-432-2703

State Offices

Kansas Attorney General Office	1-800-432-2310
Kansas Insurance Commissioner	1-800-432-2484
Kansas Governor's office	1-800-432-2487
Lawyer Referral Service	1-800-432-3593
Flint Hills Legal Service for Seniors	1-800-482-2703

Safety

National Safety Council	1-800-621-7619
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Child Abuse

Child Abuse Information	1-800-332-6378
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Telephone Numbers

Alcohol and Drugs

National Cocaine Hotline	1-800-Cocaine
Drugs	1-800-662-help
National Council on Alcoholism	1-800-622-2255
National Institute on Drug Abuse	1-800-638-2045
Alcohol or Drug Problem	1-800-511-9225




Elder Care

Adult Abuse	1-800-922-5330
Adult Abuse Nursing Homes	1-800-842-0078
Long Term Care Ombudsman	1-877-662-8362
Eldercare Locator	1-800-677-1116
Guardianship Program	1-800-672-0086
Home Health Care Complaints	1-800-842-0078
Make A Difference Network	1-800-332-6262
Care Giver Resource Hotline	1-888-903-8181
Fair Housing and Equal Opportunity	1-800-424-8590
Federal Information center	1-800-735-8004
American Disabilities Hotline	1-800-949-3919

Appendix E: Kansas Health Matters Health Matters Healthy People 2020 Progress Tracker/ Disparities Factors

Healthy People 2020 : Progress Tracker

Healthy People provides a framework for prevention for communities in the U.S. Healthy People 2020 is a comprehensive set of key disease prevention and health promotion objectives. The health objectives and targets allow communities to assess their health status and build an agenda for community health improvement.

	<p>This gauge shows whether or not the County: Ellsworth value meets a specific target. The County: Ellsworth value is represented by the left bar and the target value by the right bar.</p>
	<p>This gauge shows whether the County: Ellsworth value is increasing or decreasing over time. A green arrow means the value is improving and a red arrow means the value is getting worse. The = (equal) sign means that there is not a significant increase or decrease since the last measurement. A blue arrow means the value being higher (or lower) is not necessarily good or bad.</p>
	<p>This gauge shows whether or not a specific target is met.</p>

Tracker for County: Ellsworth

[View the Legend](#)

Indicator	Current and Target	Data	Since Prior Period	Status
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Access to Health Services

[Uninsured Adult Population Rate](#)


Current:	17.6 percent	Current Value:	17.6 percent	Current Value:	17.6 percent
Target:	0.0 percent	Current Measurement Period:	2010	Current Measurement Period:	2010
		Target Value:	0.0 percent	Prior Value:	18.9 percent
		Target Type:	Healthy People 2020 Target	Prior Measurement Period:	2009
		Location:	County : Ellsworth	Location:	County : Ellsworth

The Healthy People 2020 Target for *Uninsured Adult Population Rate* has not been met. The current value is 17.6 percent and the target value is 0.0 percent.



Indicator	Current and Target	Data	Since Prior Period	Status
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Adolescent Health

[High School Graduation](#)

Current:	96.9 percent	Current Value:	96.9 percent	Current Value:	96.9 percent
Target:	82.4 percent	Current Measurement Period:	2011	Current Measurement Period:	2011
		Target Value:	82.4 percent	Prior Value:	78.7 percent
		Target Type:	Healthy People 2020 Target	Prior Measurement Period:	2010
		Location:	County : Ellsworth	Location:	County : Ellsworth

The Healthy People 2020 Target for *High School Graduation* has been met. The current value is 96.9 percent and the target value is 82.4 percent.



Indicator	Current and Target	Data	Since Prior Period	Status
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Environmental Health

[Workers Commuting by Public Transportation](#)

Current: 0.2 percent	Current Value: 0.2 percent	Current Value: 0.2 percent
Target: 5.5 percent	Current Measurement Period: 2007-2011	Current Measurement Period: 2007-2011
	Target Value: 5.5 percent	Prior Value: 0.4 percent
	Target Type: Healthy People 2020 Target	Prior Measurement Period: 2006-2010
	Location: County : Ellsworth	Location: County : Ellsworth

The Healthy People 2020 Target for *Workers Commuting by Public Transportation* has not been met. The current value is 0.2 percent and the target value is 5.5 percent.



[Workers who Walk to Work](#)

Current: 4.0 percent	Current Value: 4.0 percent	Current Value: 4.0 percent
Target: 3.1 percent	Current Measurement Period: 2007-2011	Current Measurement Period: 2007-2011
	Target Value: 3.1 percent	Prior Value: 4.1 percent
	Target Type: Healthy People 2020 Target	Prior Measurement Period: 2006-2010
	Location: County : Ellsworth	Location: County : Ellsworth

The Healthy People 2020 Target for *Workers who Walk to Work* has been met. The current value is 4.0 percent and the target value is 3.1 percent.



Indicator	Current and Target	Data	Since Prior Period	Status
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Heart Disease and Stroke

[Percentage of Adults with Hypertension](#)

Current: 47.2 percent
Current Value: 47.2 percent

Target: 26.9 percent
Current Measurement Period: 2009

Target Value: 26.9 percent

Target Type: Healthy People 2020 Target

Location: County : Ellsworth

The Healthy People 2020 Target for *Percentage of Adults with Hypertension* has not been met. The current value is 47.2 percent and the target value is 26.9 percent.



Maternal, Infant and Child Health

[Infant Mortality Rate](#)

Current: 0.0 deaths/1,000 live births
Current Value: 0.0 deaths/1,000 live births

Current Value: 0.0 deaths/1,000 live births

Target: 6.0 deaths/1,000 live births
Current Measurement Period: 2007-2011

Current Measurement Period: 2007-2011

Target Value: 6.0 deaths/1,000 live births

Prior Value: 0.0 deaths/1,000 live births

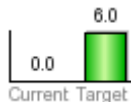
Target Type: Healthy People 2020 Target

Prior Measurement Period: 2006-2010

Location: County : Ellsworth

Location: County : Ellsworth

The Healthy People 2020 Target for *Infant Mortality Rate* has been met. The current value is 0.0 deaths/1,000 live births and the target value is 6.0 deaths/1,000 live births.



Indicator	Current and Target	Data	Since Prior Period	Status
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Nutrition and Weight Status

[Percentage of Adults Who are Obese](#)

Current: 34.6 percent
Target: 30.6 percent

Current Value: 34.6 percent

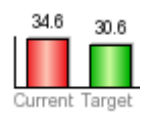
Current Measurement Period: 2009

Target Value: 30.6 percent

Target Type: Healthy People 2020 Target

Location: County : Ellsworth

The Healthy People 2020 Target for *Percentage of Adults Who are Obese* has not been met. The current value is 34.6 percent and the target value is 30.6 percent.



Substance Abuse

[Percentage of Adults Who are Binge Drinkers](#)

Current: 22.4 percent
Target: 24.3 percent

Current Value: 22.4 percent

Current Measurement Period: 2009

Target Value: 24.3 percent

Target Type: Healthy People 2020 Target

Location: County : Ellsworth

The Healthy People 2020 Target for *Percentage of Adults Who are Binge Drinkers* has been met. The current value is 22.4 percent and the target value is 24.3 percent.



Indicator	Current and Target	Data	Since Prior Period	Status
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Tobacco Use

[Percentage of Adults Who Currently Smoke Cigarettes](#)

Current: 16.3 percent
Current Value: 16.3 percent

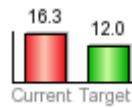
Target: 12.0 percent
Current Measurement Period: 2009

Target Value: 12.0 percent

Target Type: Healthy People 2020 Target

Location: County : Ellsworth

The Healthy People 2020 Target for *Percentage of Adults Who Currently Smoke Cigarettes* has not been met. The current value is 16.3 percent and the target value is 12.0 percent.

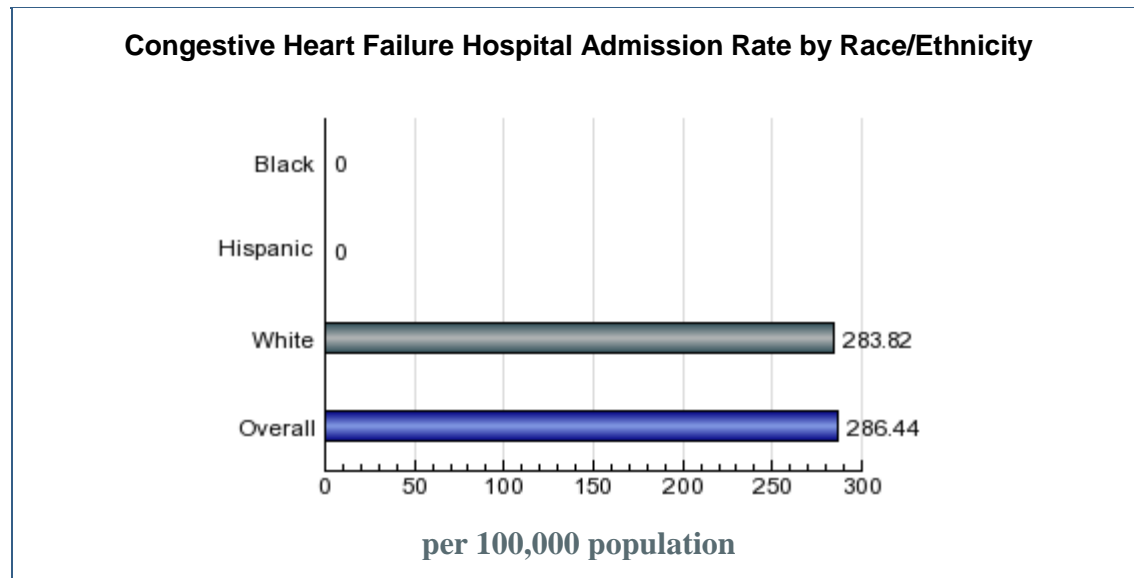


Indicators for County: Ellsworth

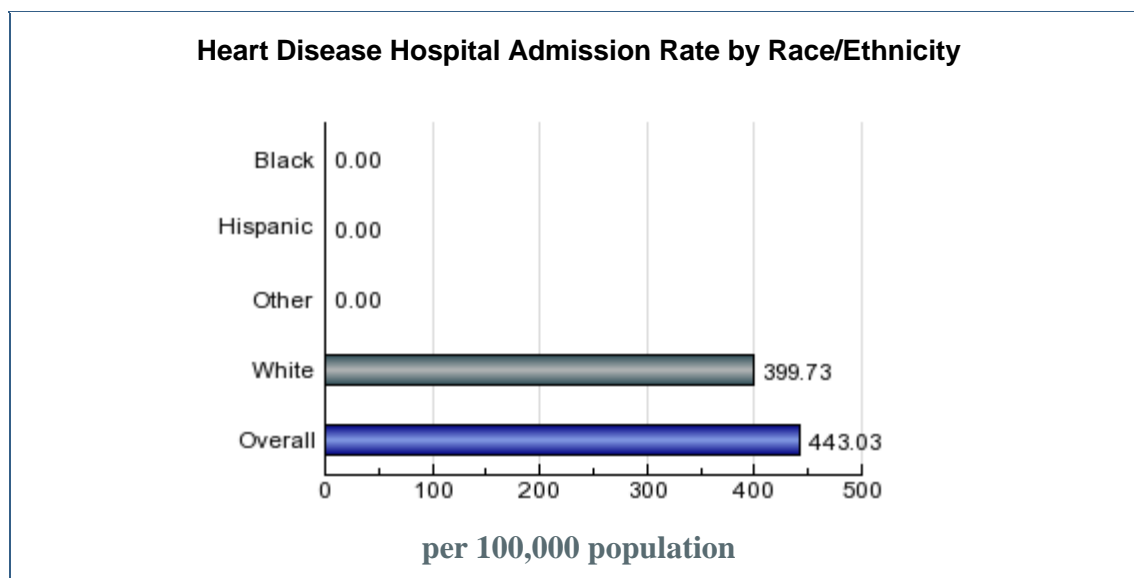
Health

Heart Disease & Stroke

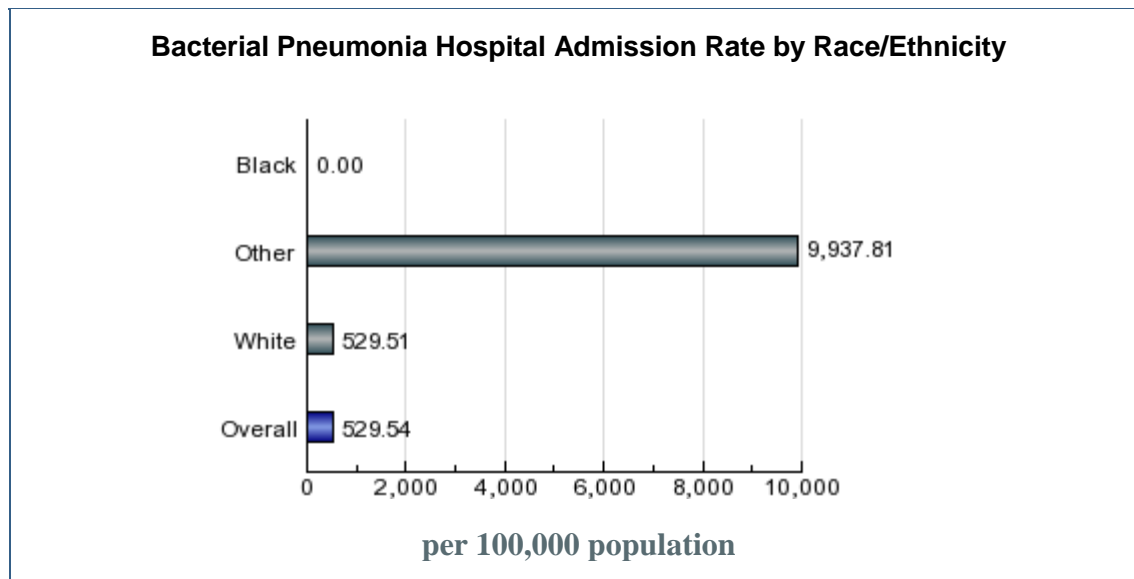
[Congestive Heart Failure Hospital Admission Rate](#)



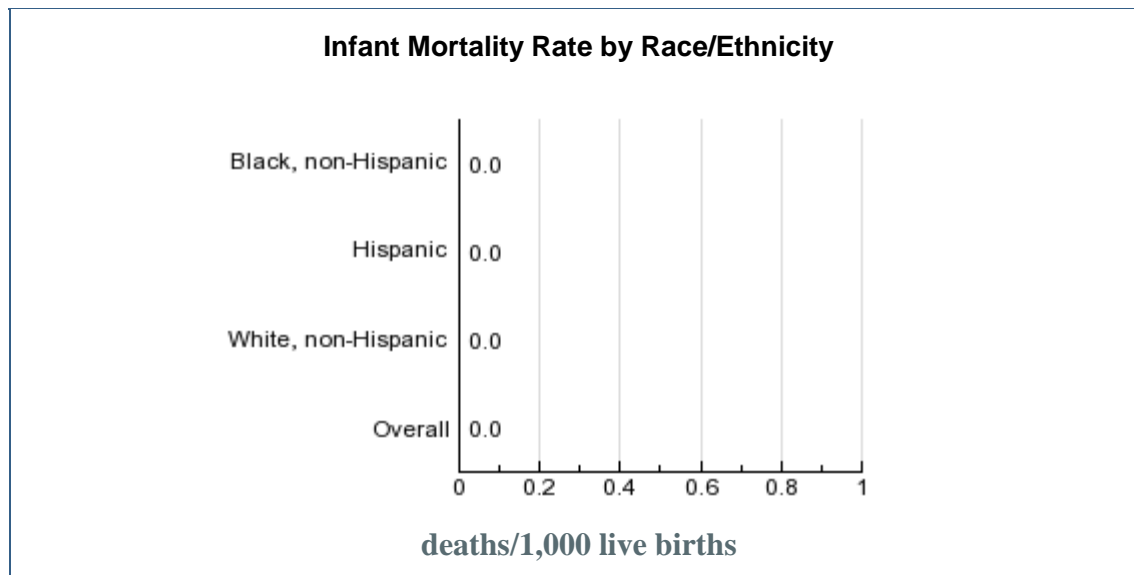
[Heart Disease Hospital Admission Rate](#)



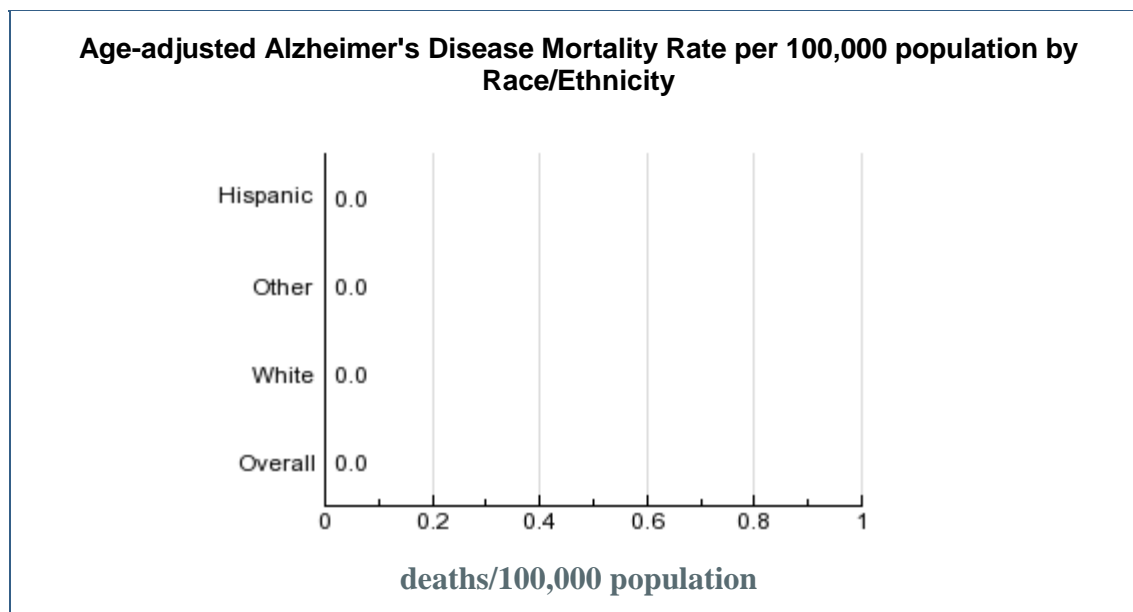
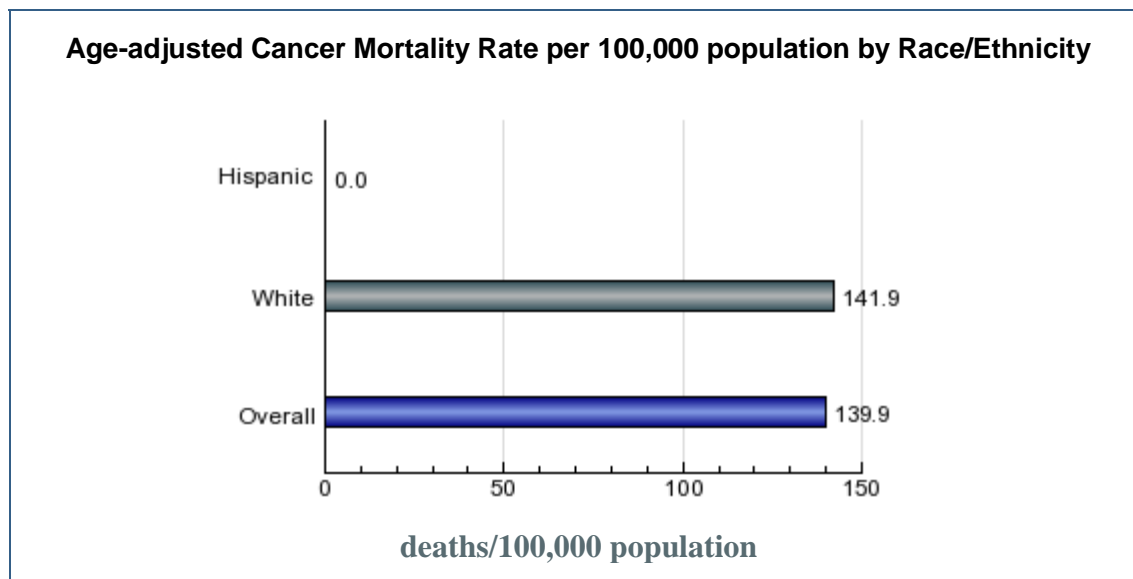
Immunizations & Infectious Diseases

[Bacterial Pneumonia Hospital Admission Rate](#)

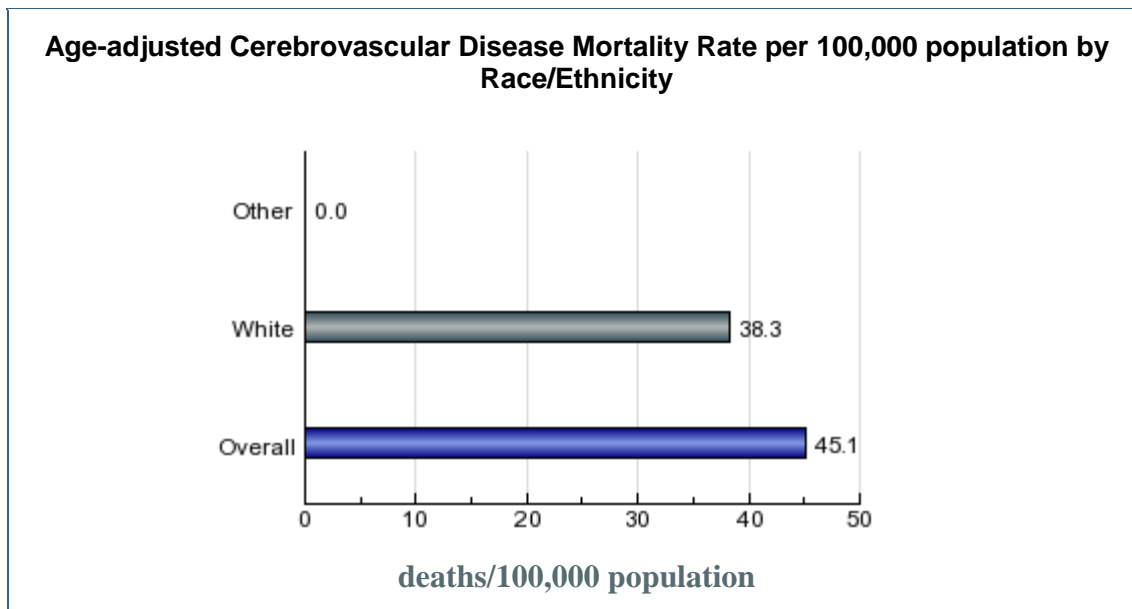
Maternal, Fetal & Infant Health

[Infant Mortality Rate](#)

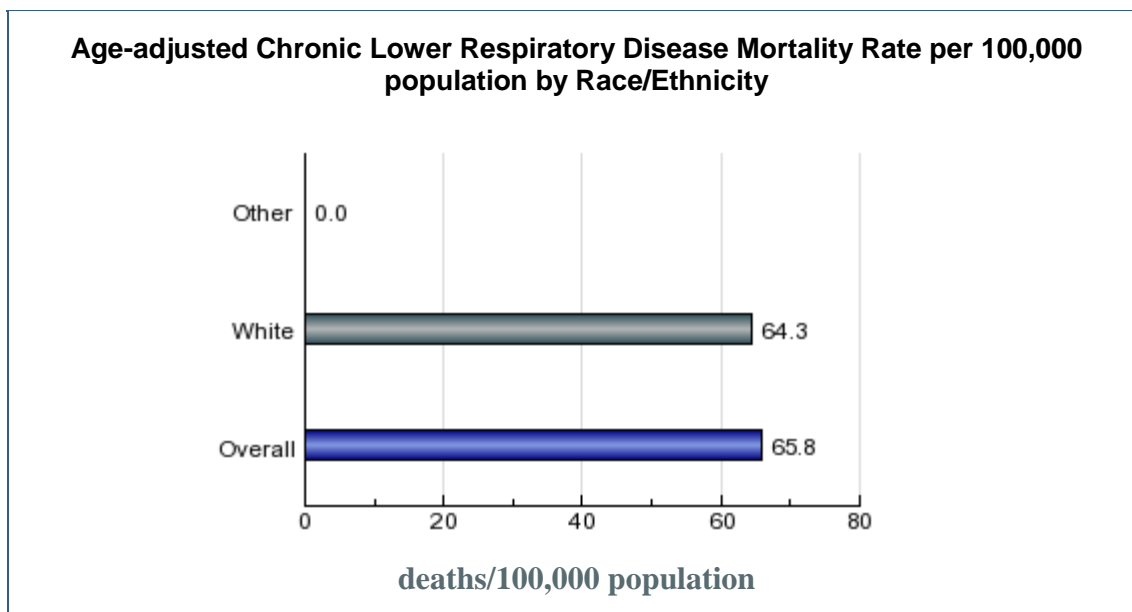
Mortality Data

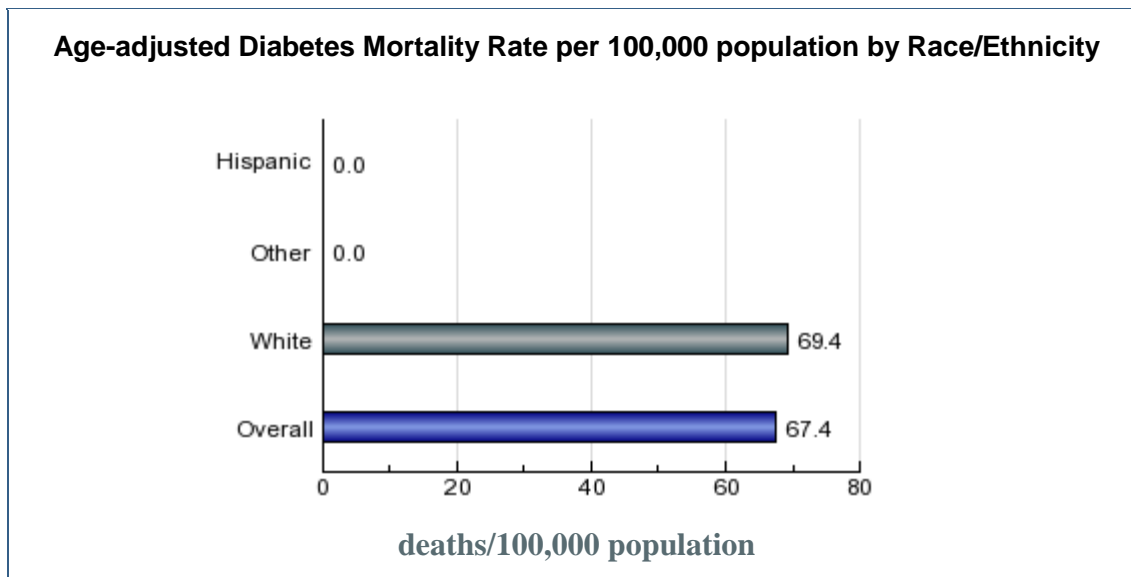
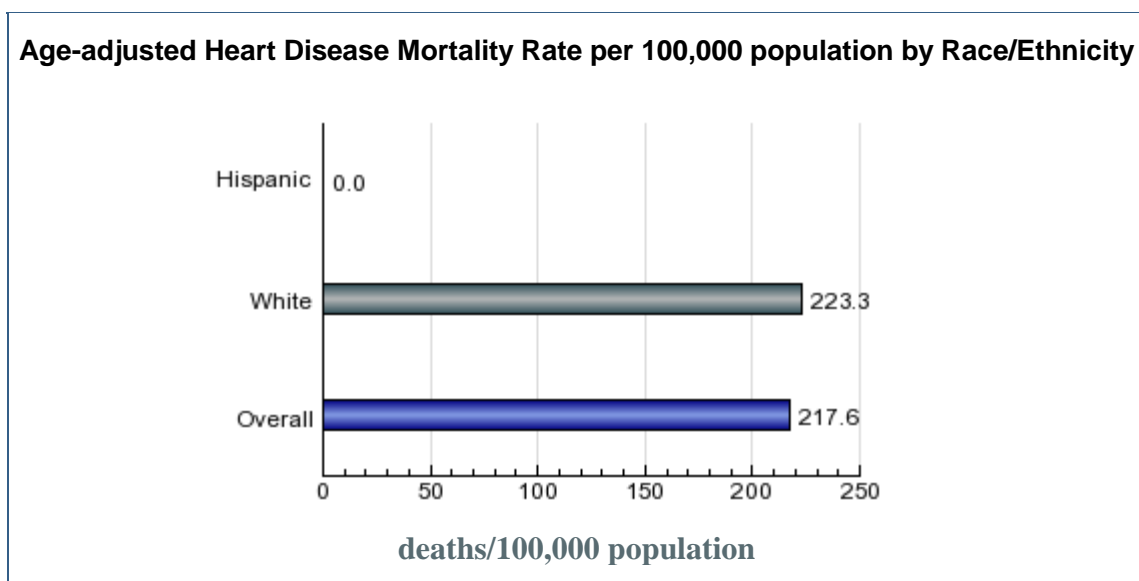
[Age-adjusted Alzheimer's Disease Mortality Rate per 100,000 population](#)[Age-adjusted Cancer Mortality Rate per 100,000 population](#)

[Age-adjusted Cerebrovascular Disease Mortality Rate per 100,000 population](#)

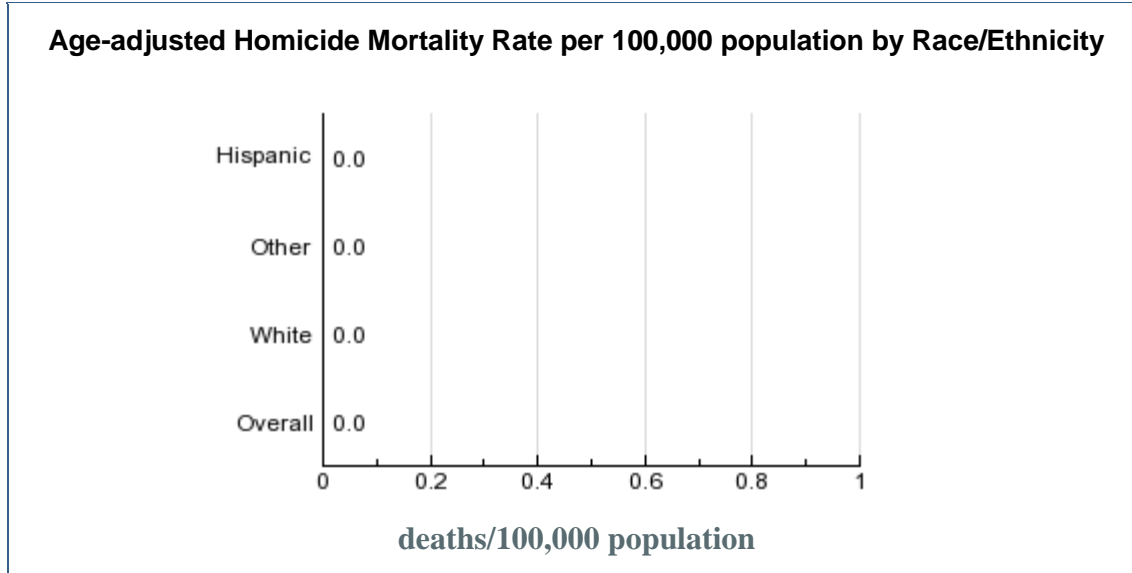


[Age-adjusted Chronic Lower Respiratory Disease Mortality Rate per 100,000 population](#)

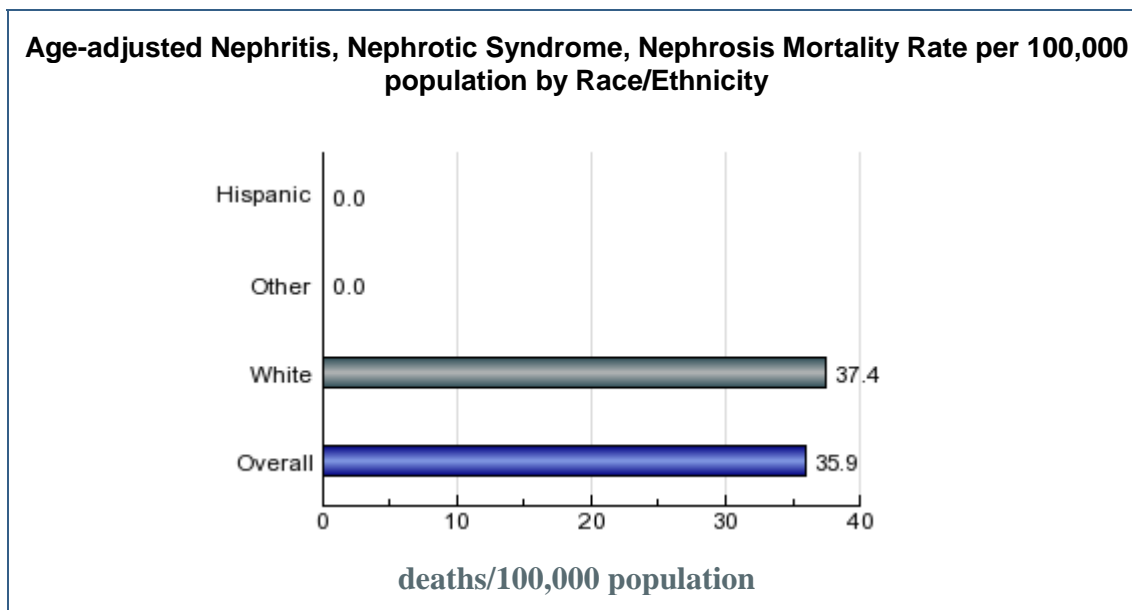


[Age-adjusted Diabetes Mortality Rate per 100,000 population](#)[Age-adjusted Heart Disease Mortality Rate per 100,000 population](#)

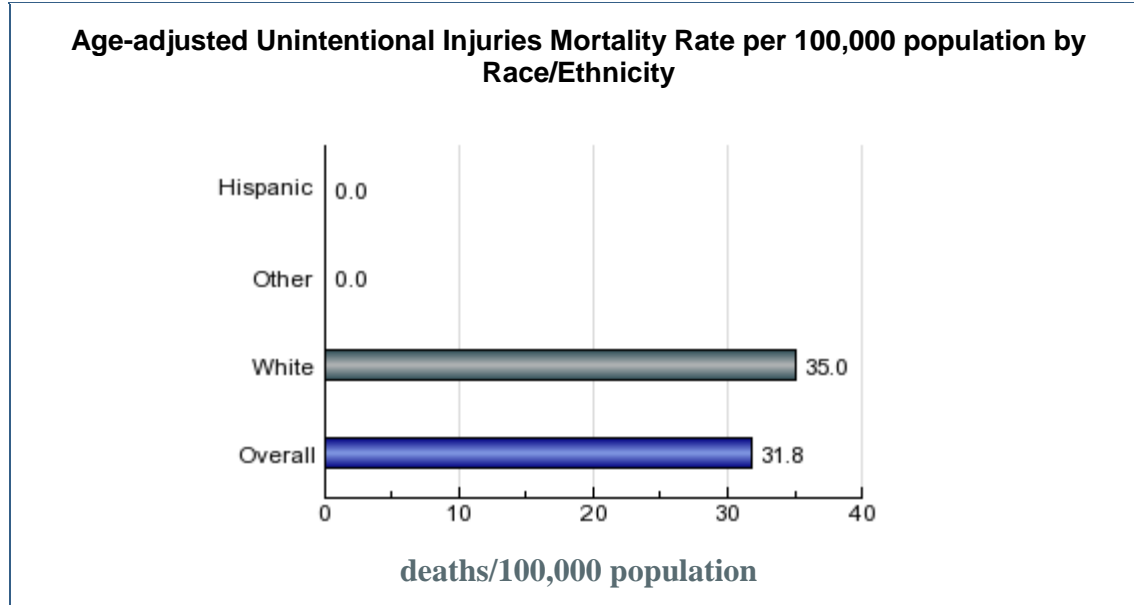
[Age-adjusted Homicide Mortality Rate per 100,000 population](#)



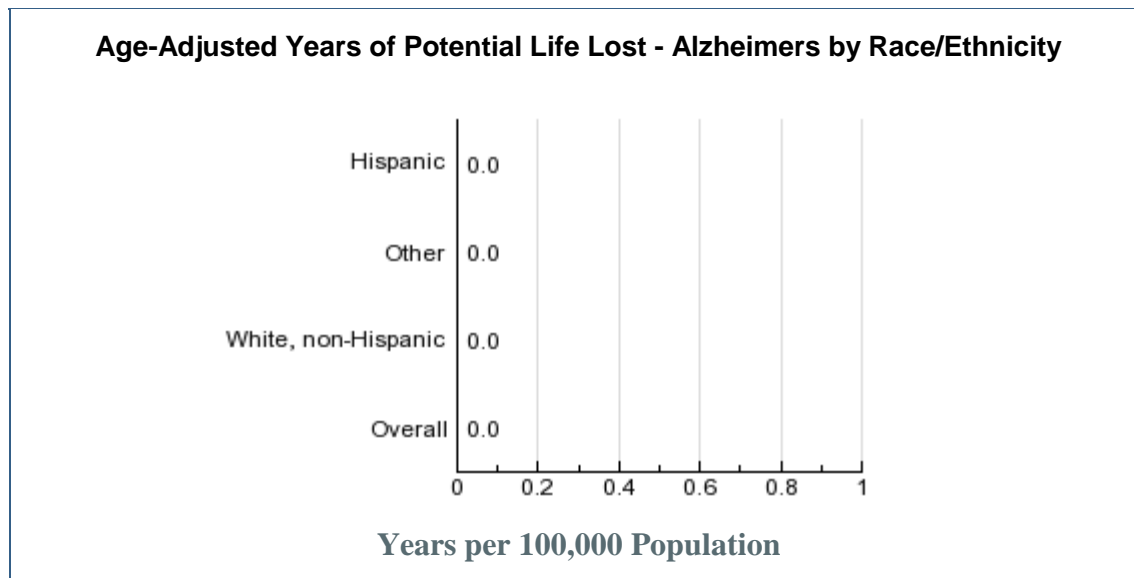
[Age-adjusted Nephritis, Nephrotic Syndrome, Nephrosis Mortality Rate per 100,000 population](#)

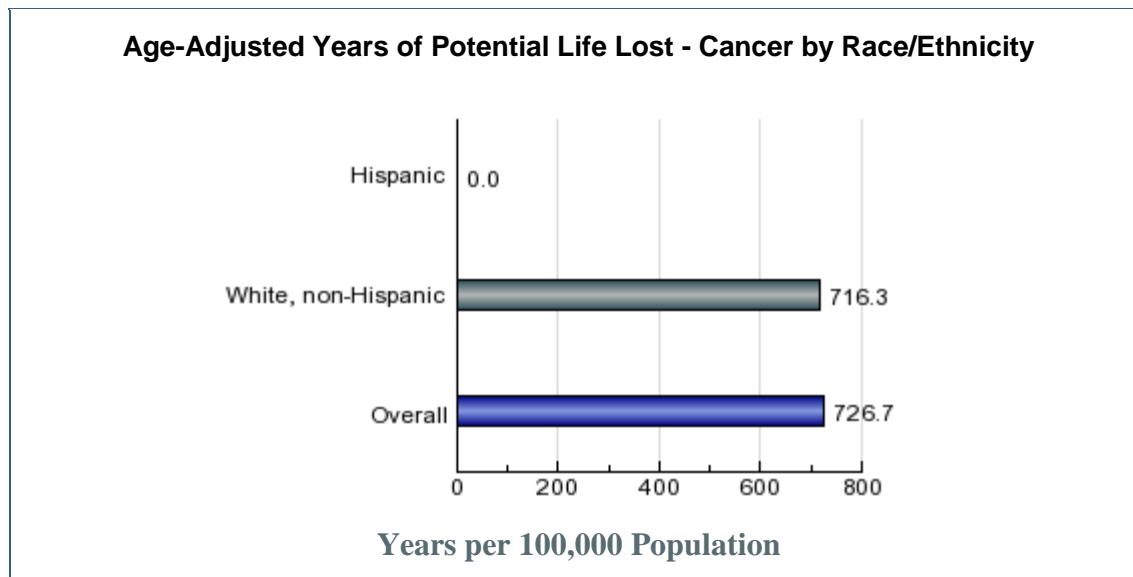
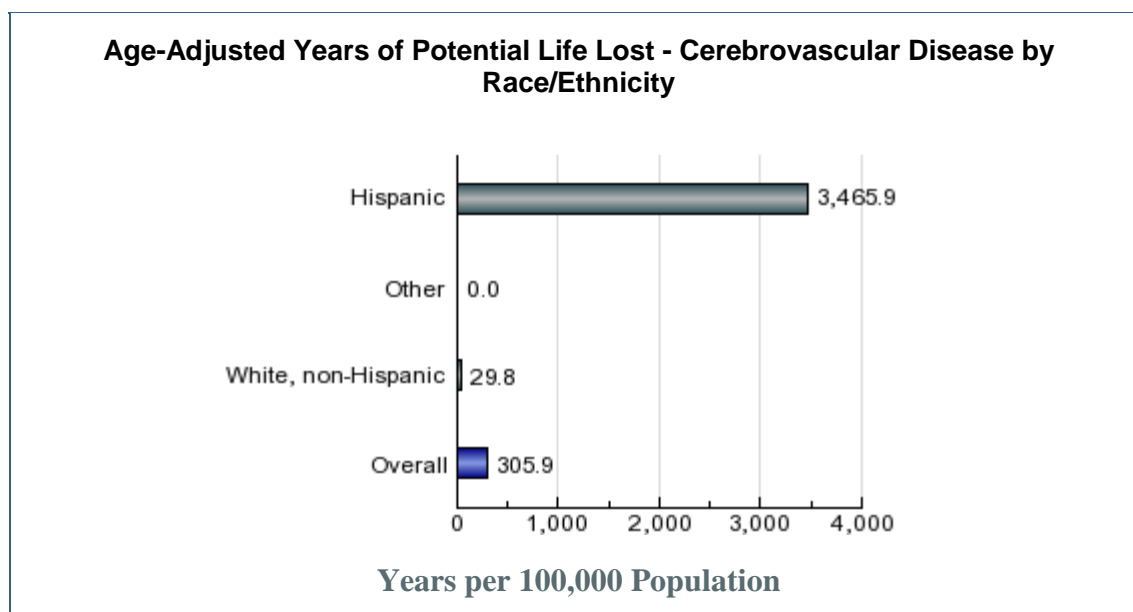


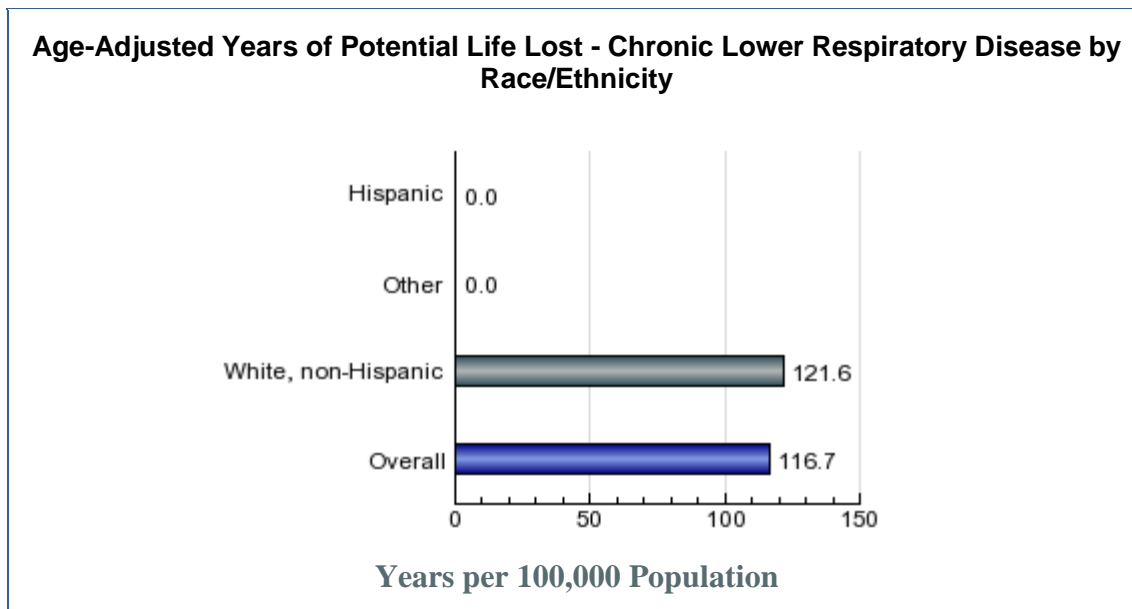
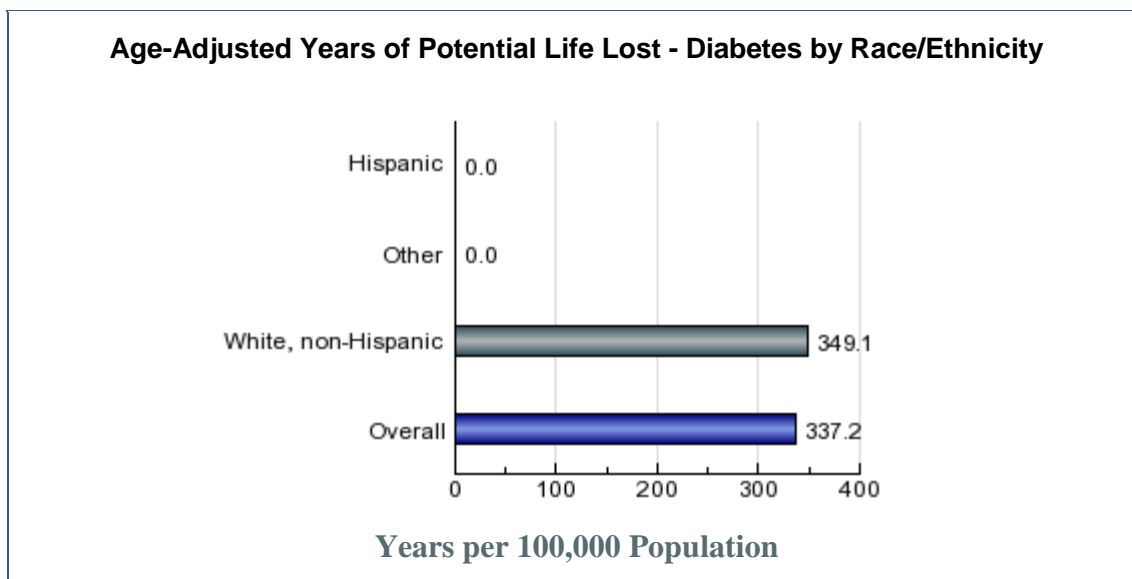
[Age-adjusted Unintentional Injuries Mortality Rate per 100,000 population](#)

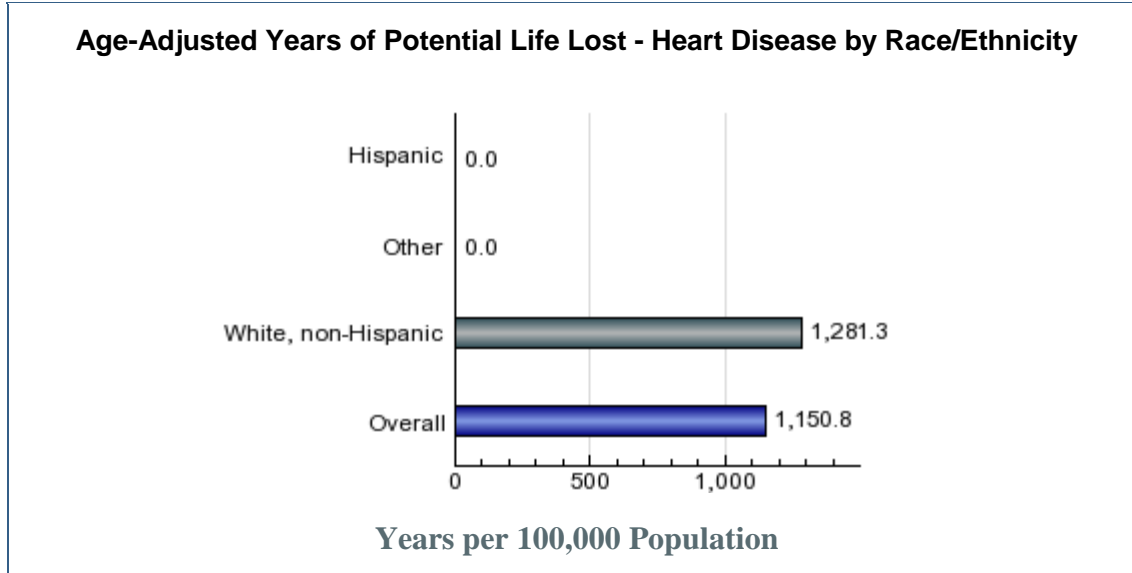
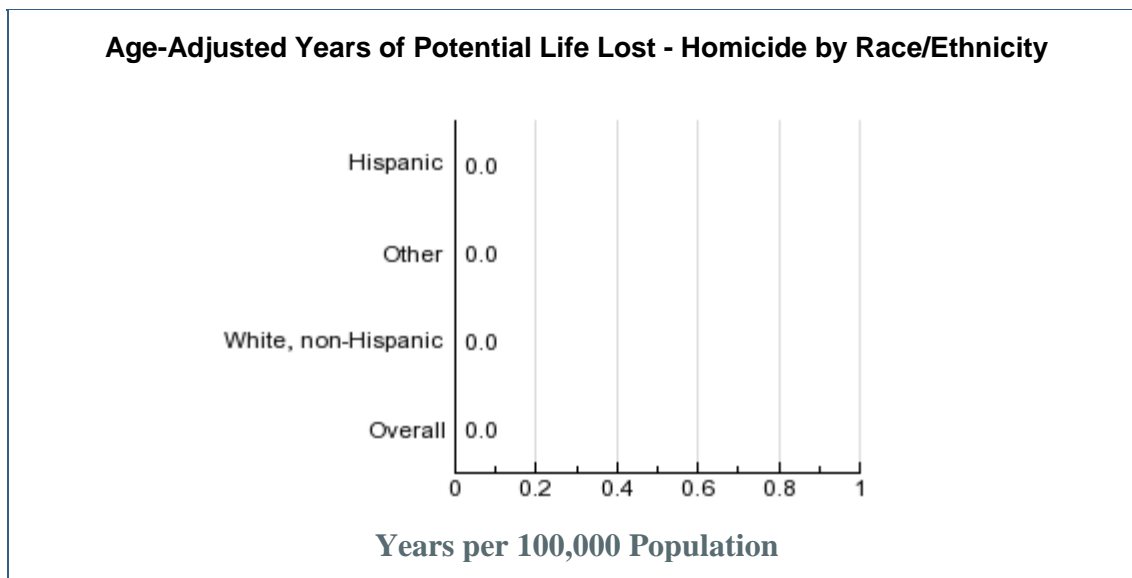


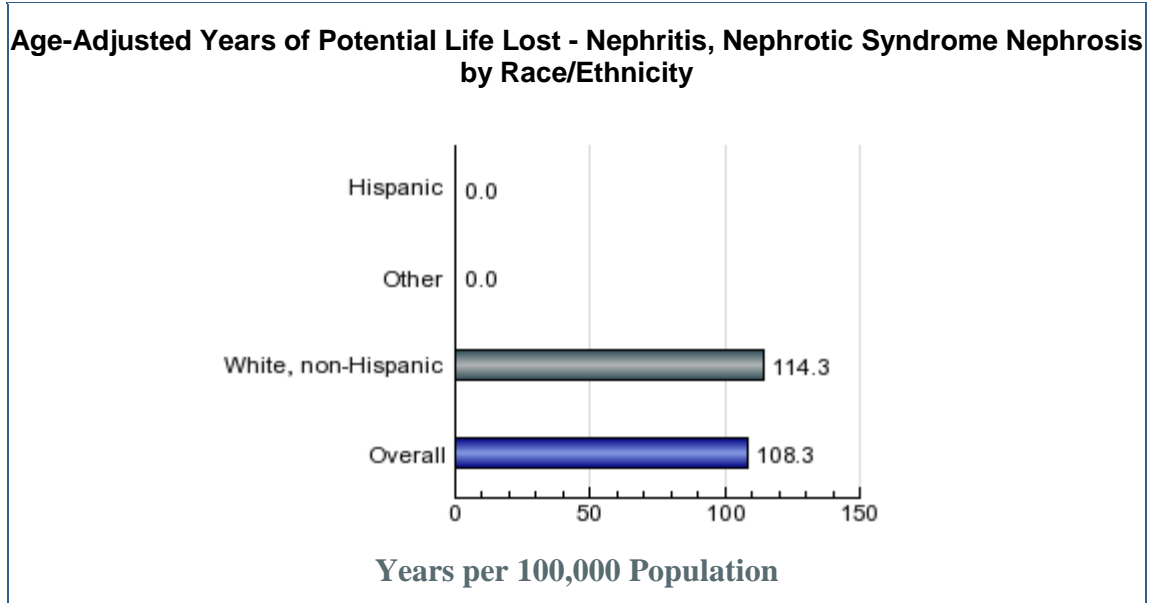
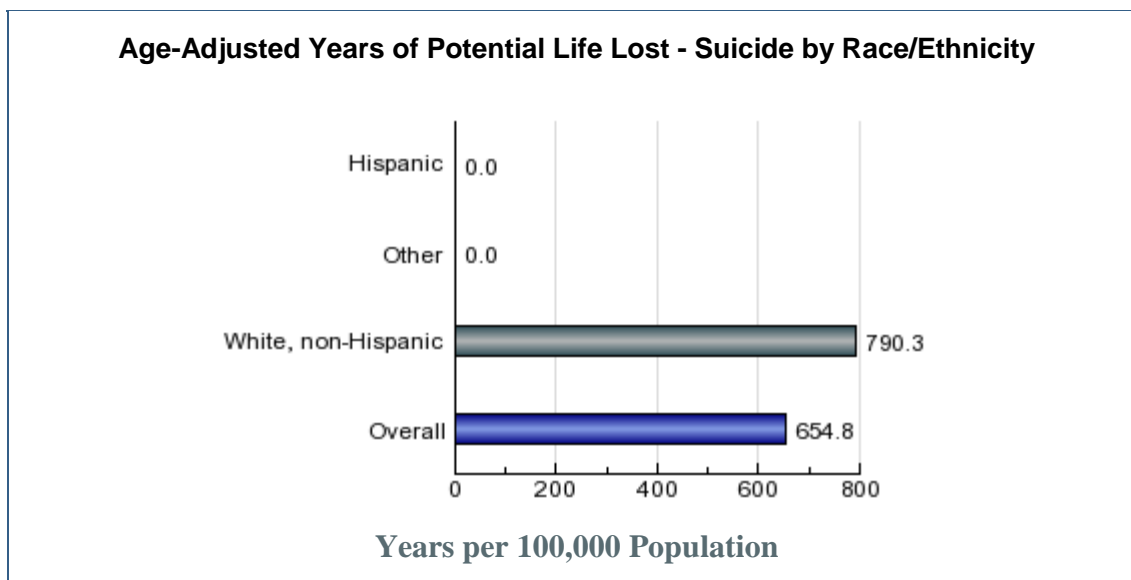
[Age-Adjusted Years of Potential Life Lost - Alzheimers](#)

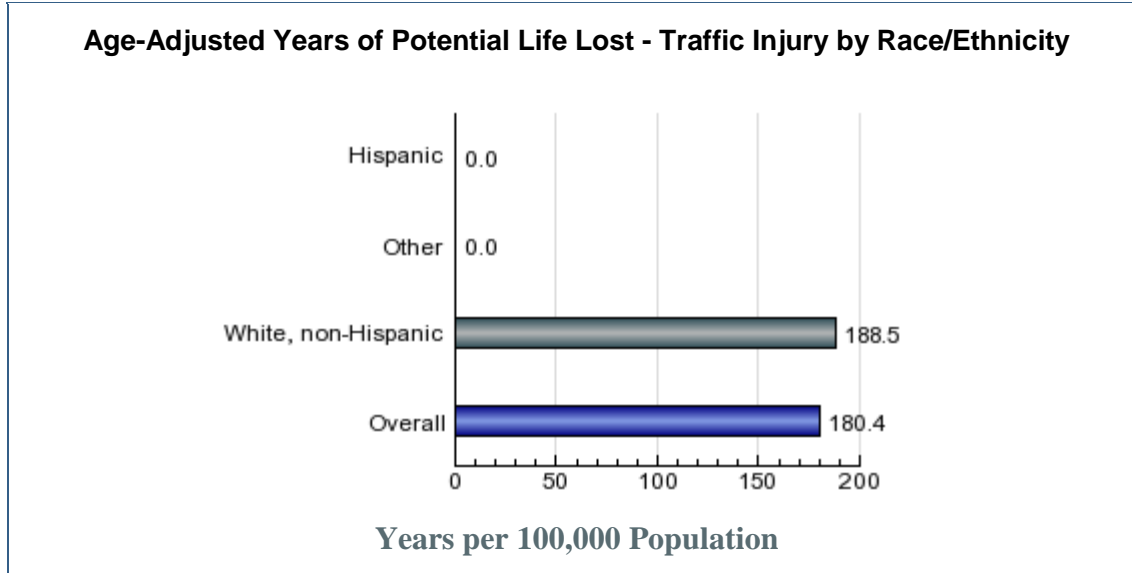
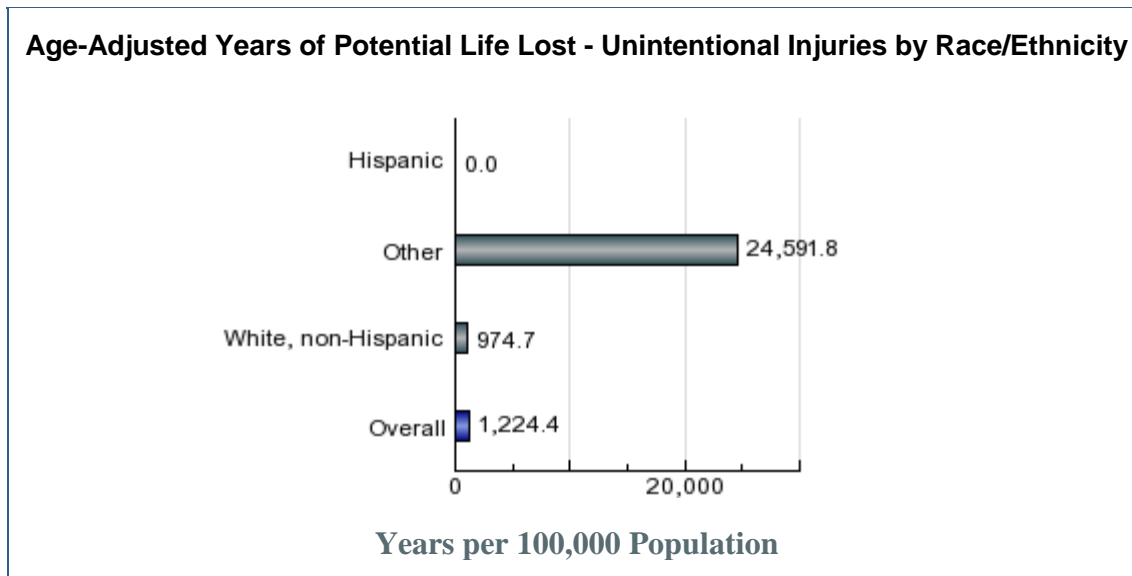


[Age-Adjusted Years of Potential Life Lost - Cancer](#)[Age-Adjusted Years of Potential Life Lost - Cerebrovascular Disease](#)

[Age-Adjusted Years of Potential Life Lost - Chronic Lower Respiratory Disease](#)[Age-Adjusted Years of Potential Life Lost - Diabetes](#)

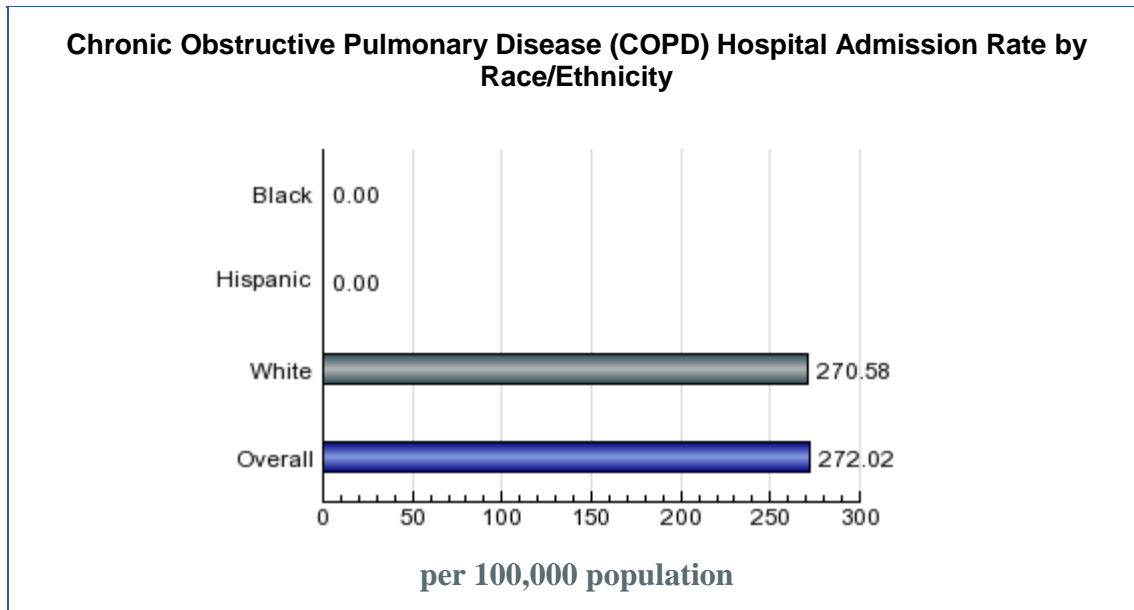
[Age-Adjusted Years of Potential Life Lost - Heart Disease](#)[Age-Adjusted Years of Potential Life Lost - Homicide](#)

[Age-Adjusted Years of Potential Life Lost - Nephritis, Nephrotic Syndrome Nephrosis](#)[Age-Adjusted Years of Potential Life Lost - Suicide](#)

[Age-Adjusted Years of Potential Life Lost - Traffic Injury](#)[Age-Adjusted Years of Potential Life Lost - Unintentional Injuries](#)

Respiratory Diseases

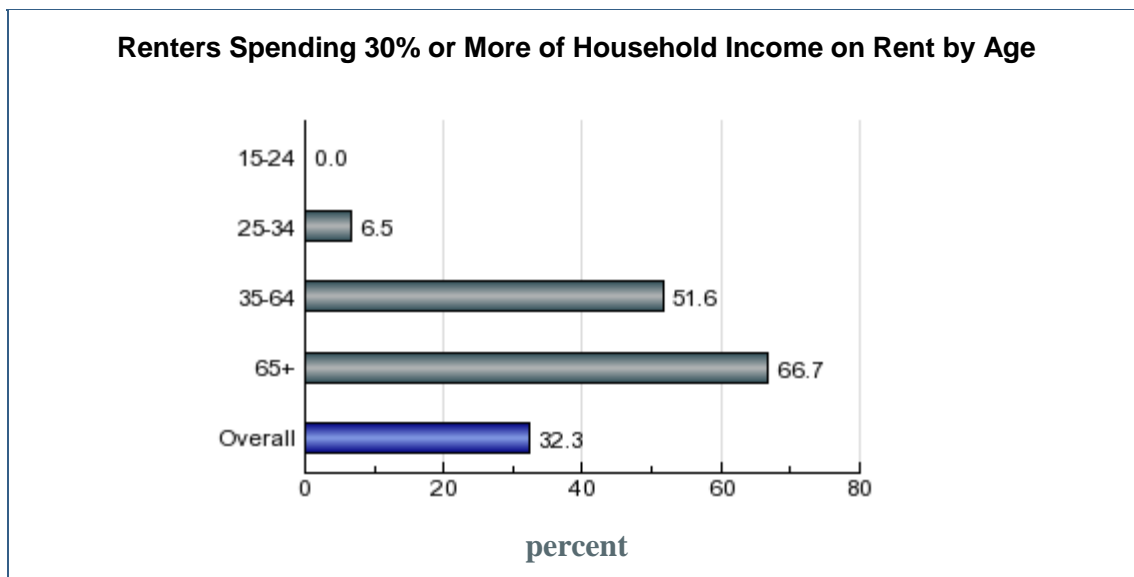
[Chronic Obstructive Pulmonary Disease \(COPD\) Hospital Admission Rate](#)



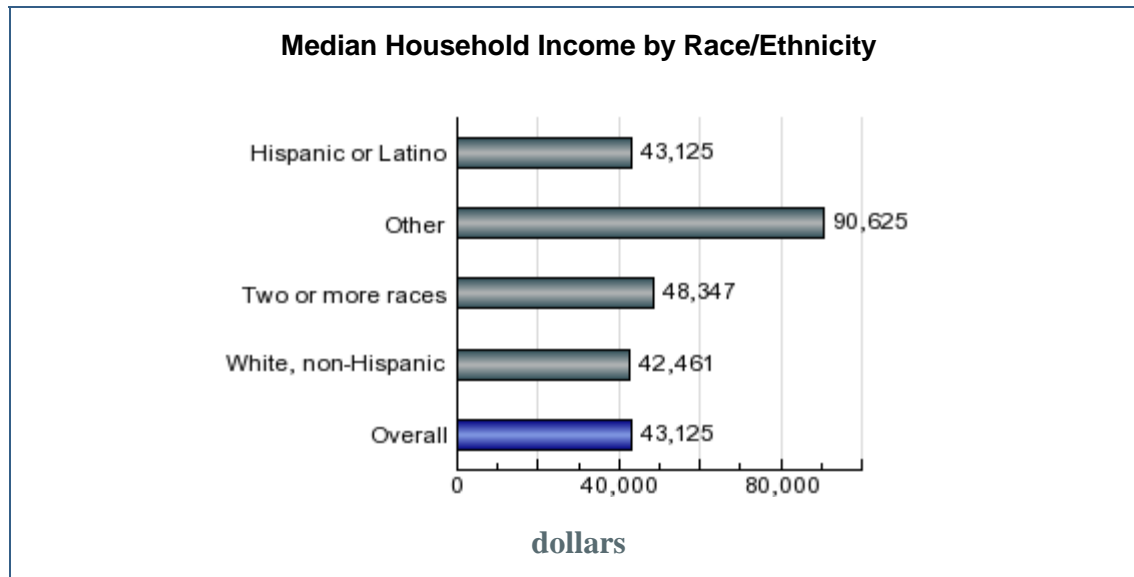
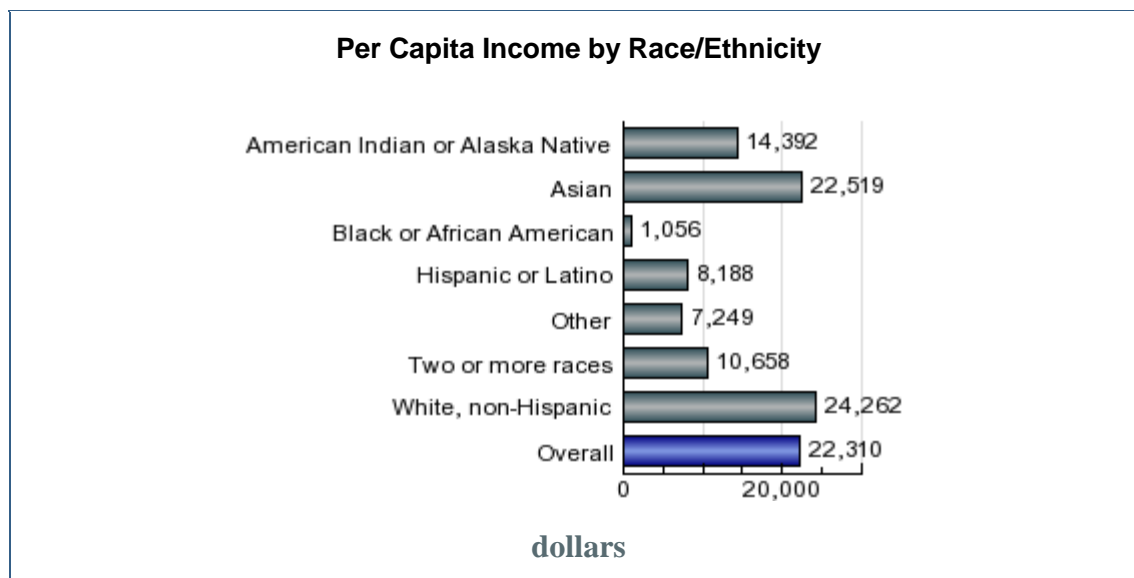
Economy

Housing Affordability & Supply

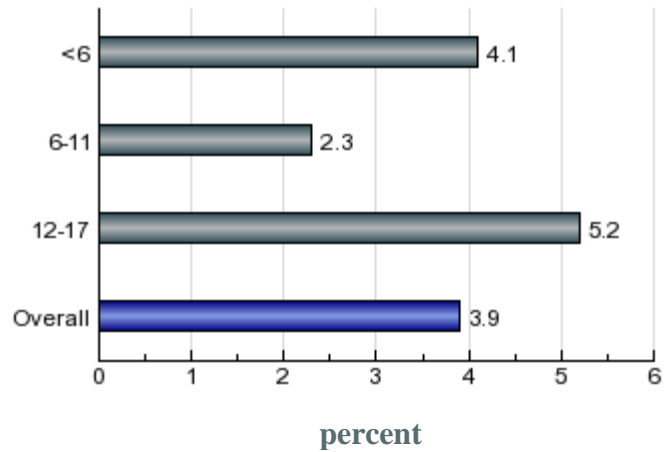
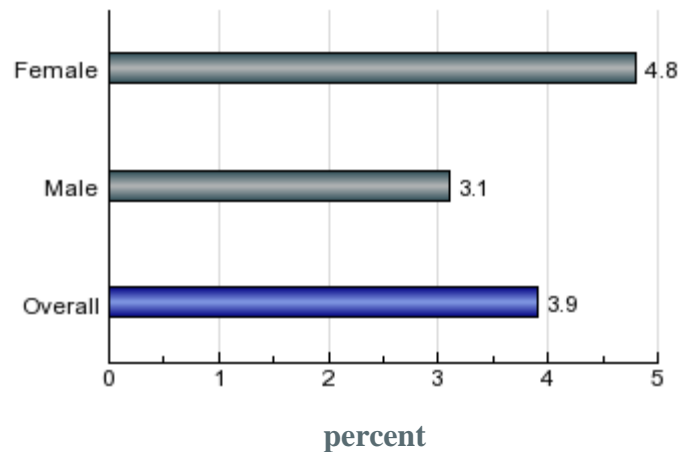
[Renters Spending 30% or More of Household Income on Rent](#)



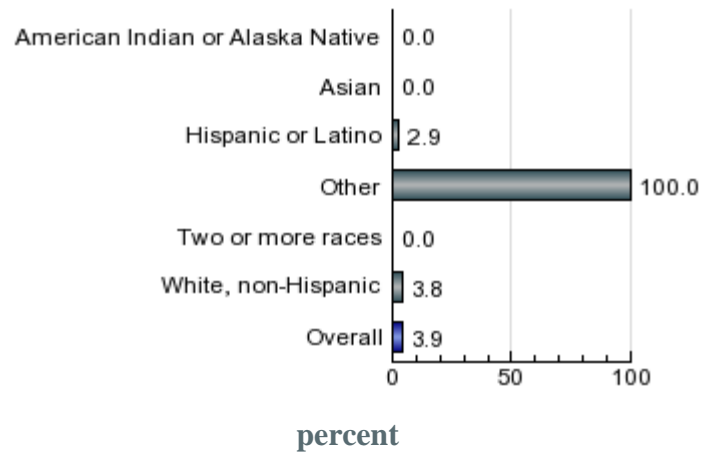
Income

[Median Household Income](#)[Per Capita Income](#)

Poverty

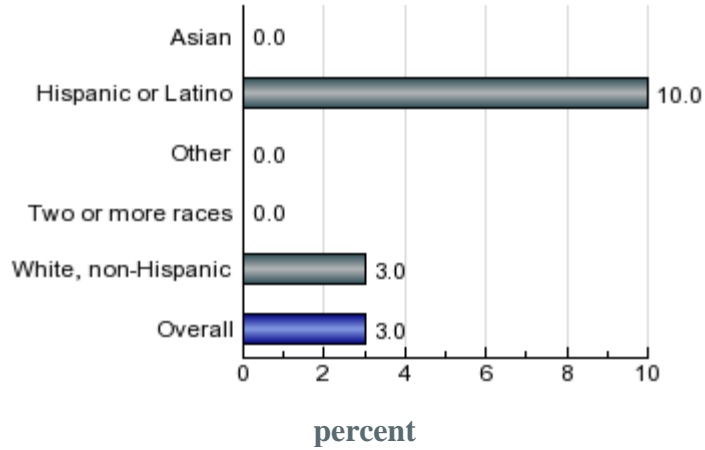
[Children Living Below Poverty Level](#)**Children Living Below Poverty Level by Age****Children Living Below Poverty Level by Gender**

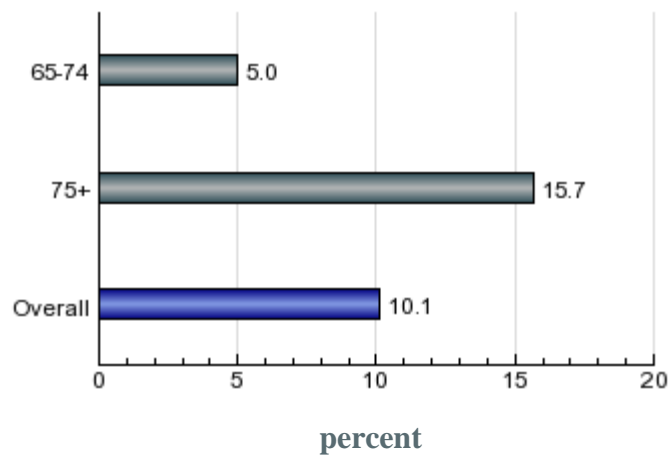
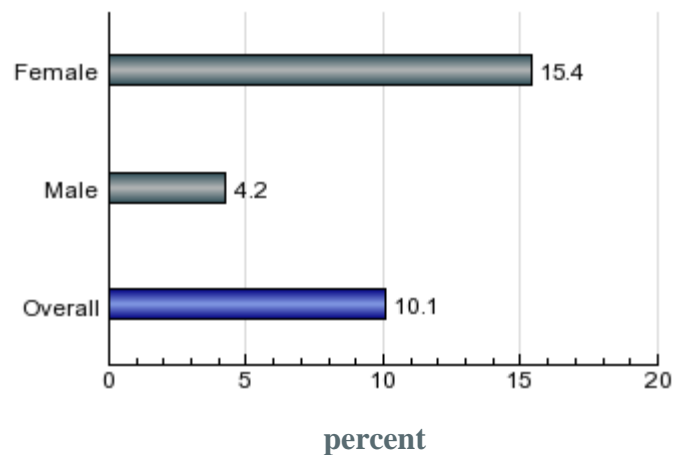
Children Living Below Poverty Level by Race/Ethnicity



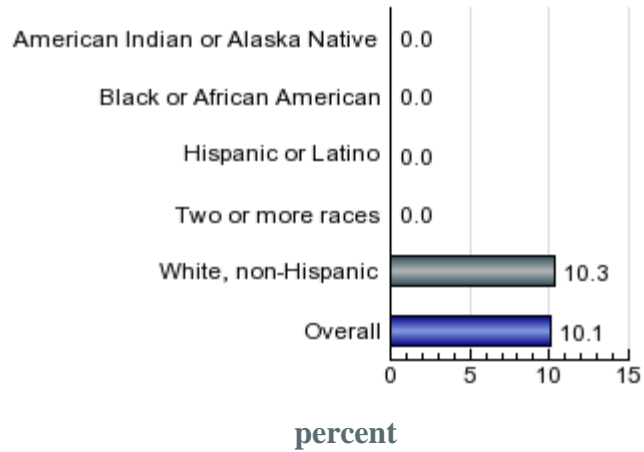
[Families Living Below Poverty Level](#)

Families Living Below Poverty Level by Race/Ethnicity



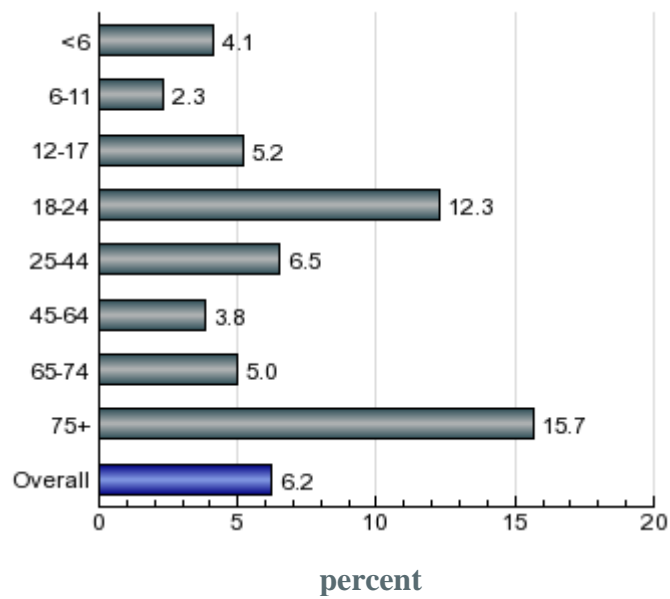
[People 65+ Living Below Poverty Level](#)**People 65+ Living Below Poverty Level by Age****People 65+ Living Below Poverty Level by Gender**

People 65+ Living Below Poverty Level by Race/Ethnicity

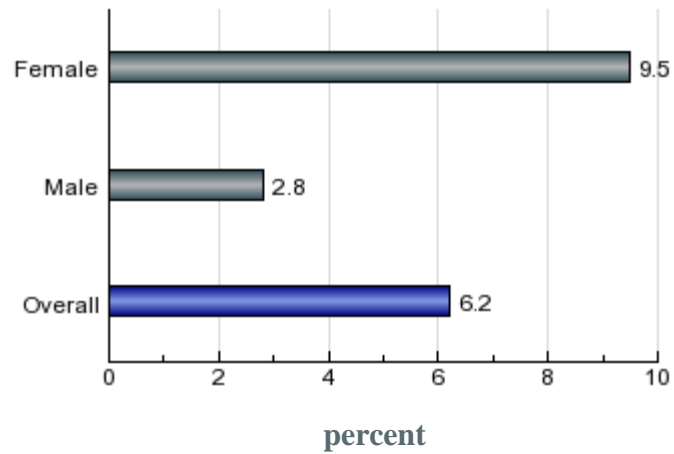


[People Living Below Poverty Level](#)

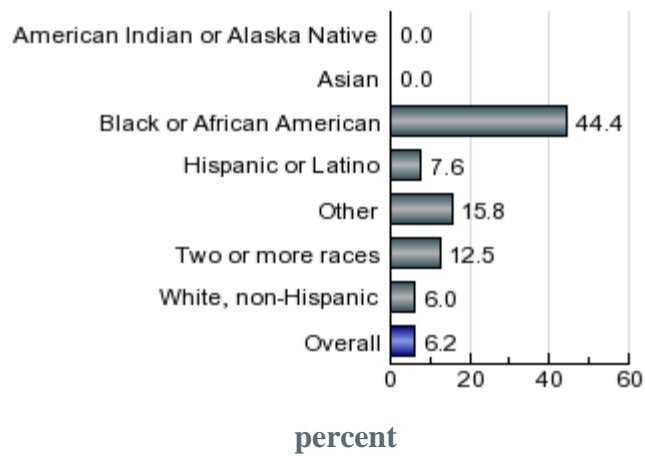
People Living Below Poverty Level by Age

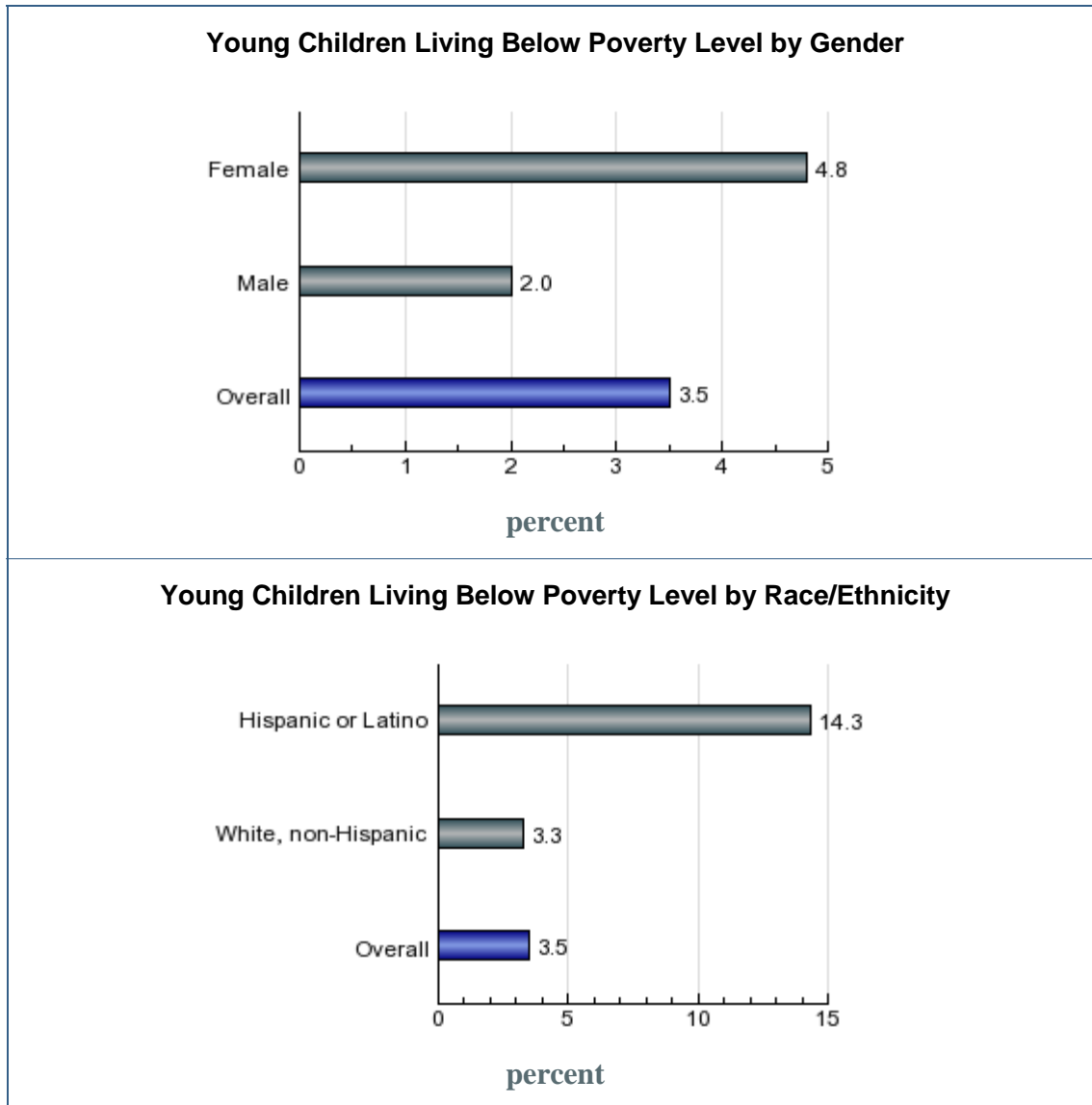


People Living Below Poverty Level by Gender



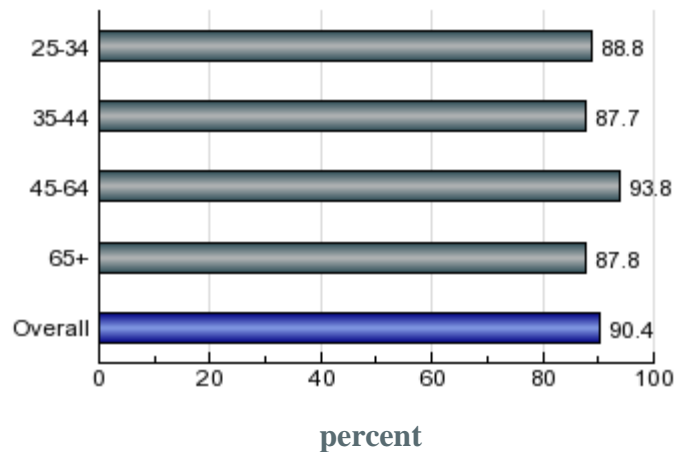
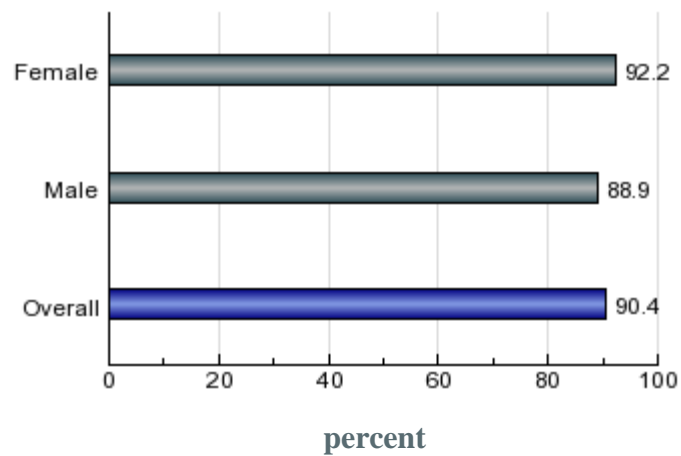
People Living Below Poverty Level by Race/Ethnicity



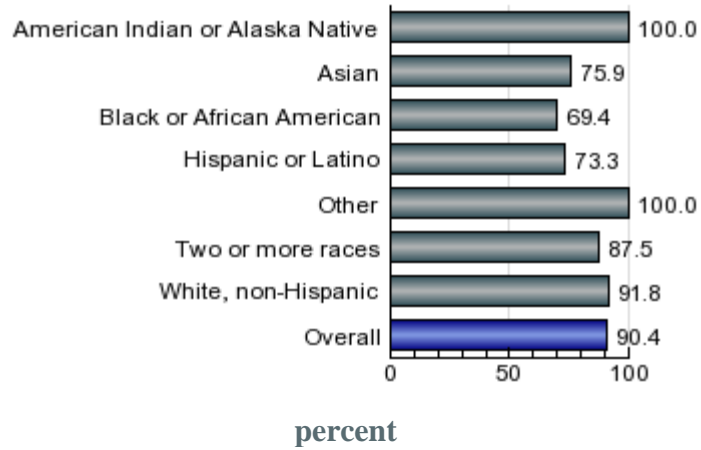
[Young Children Living Below Poverty Level](#)

Education

Educational Attainment in Adult Population

[People 25+ with a High School Degree or Higher](#)**People 25+ with a High School Degree or Higher by Age****People 25+ with a High School Degree or Higher by Gender**

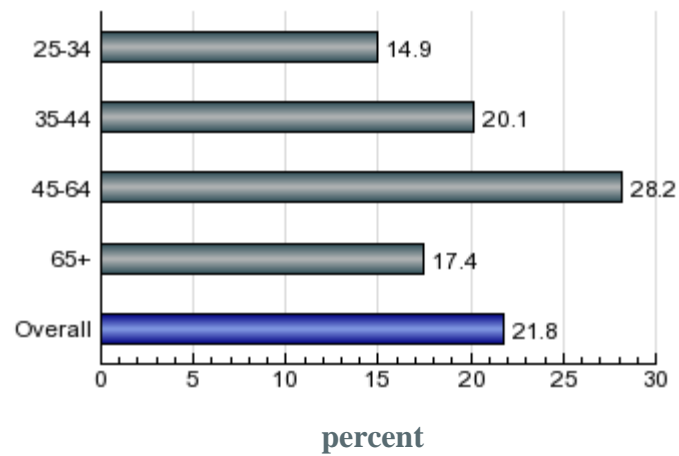
People 25+ with a High School Degree or Higher by Race/Ethnicity

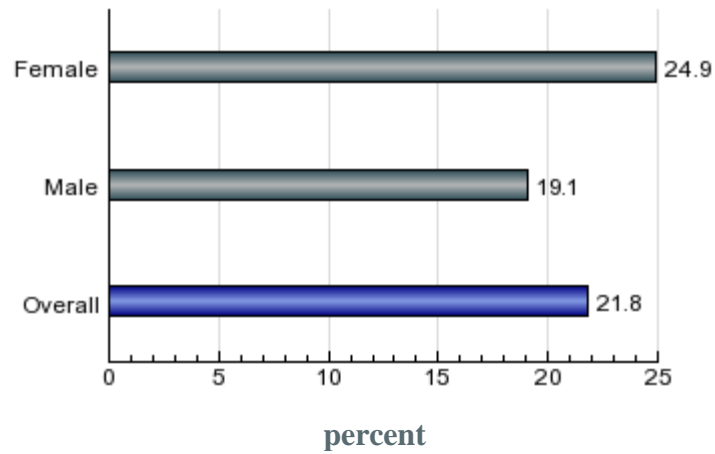
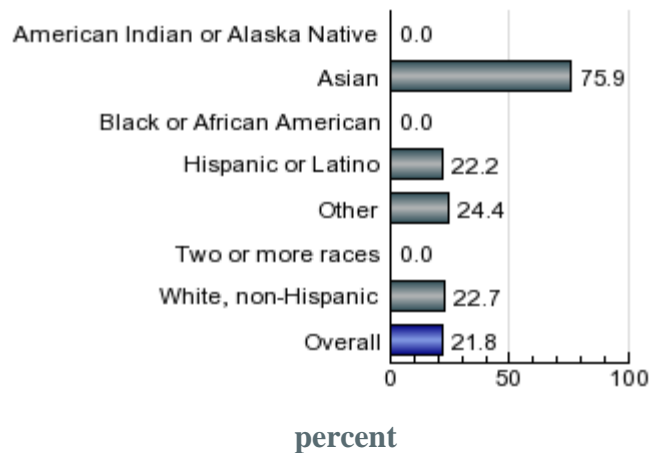


Higher Education

[People 25+ with a Bachelor's Degree or Higher](#)

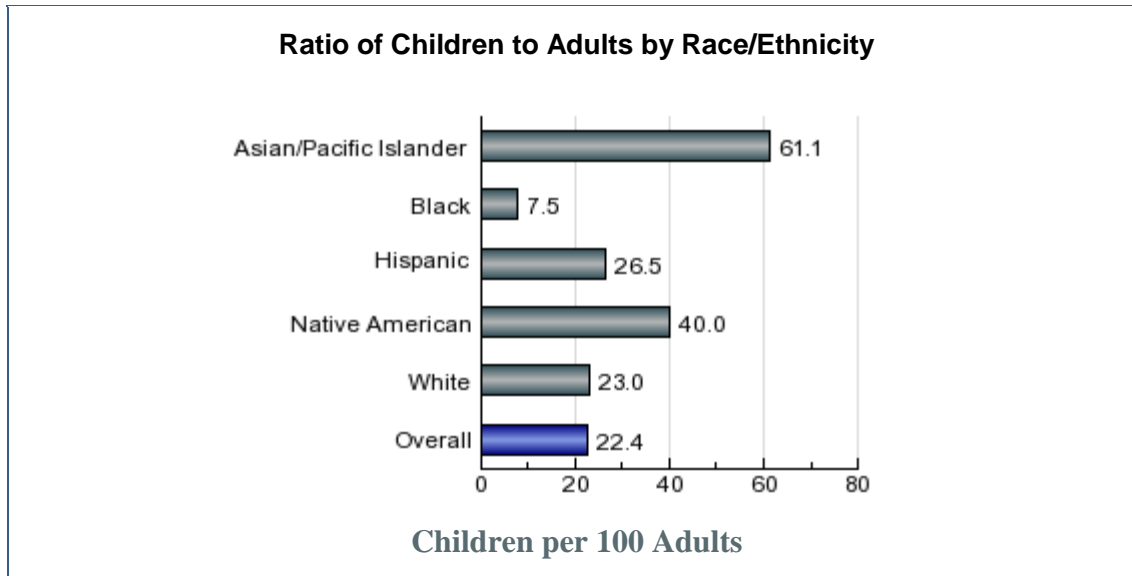
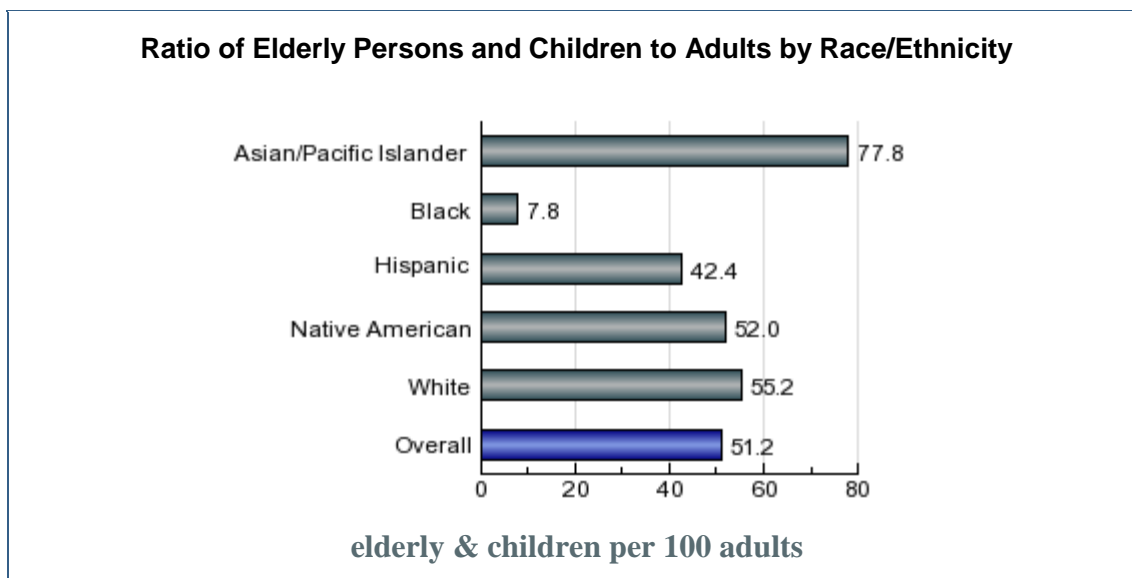
People 25+ with a Bachelor's Degree or Higher by Age



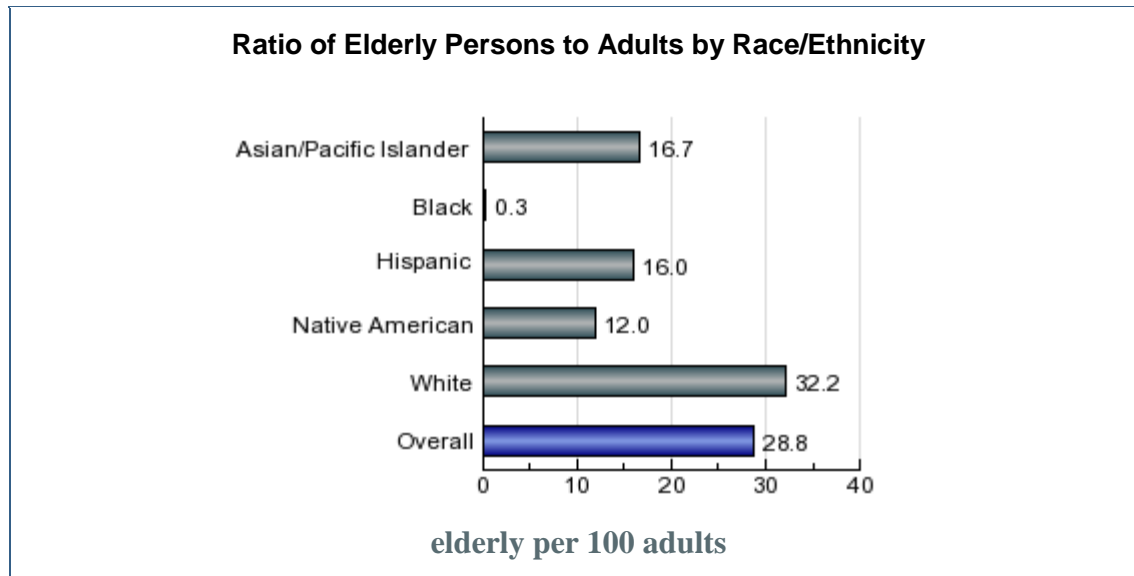
People 25+ with a Bachelor's Degree or Higher by Gender**People 25+ with a Bachelor's Degree or Higher by Race/Ethnicity**

Social Environment

Demographics

[Ratio of Children to Adults](#)[Ratio of Elderly Persons and Children to Adults](#)

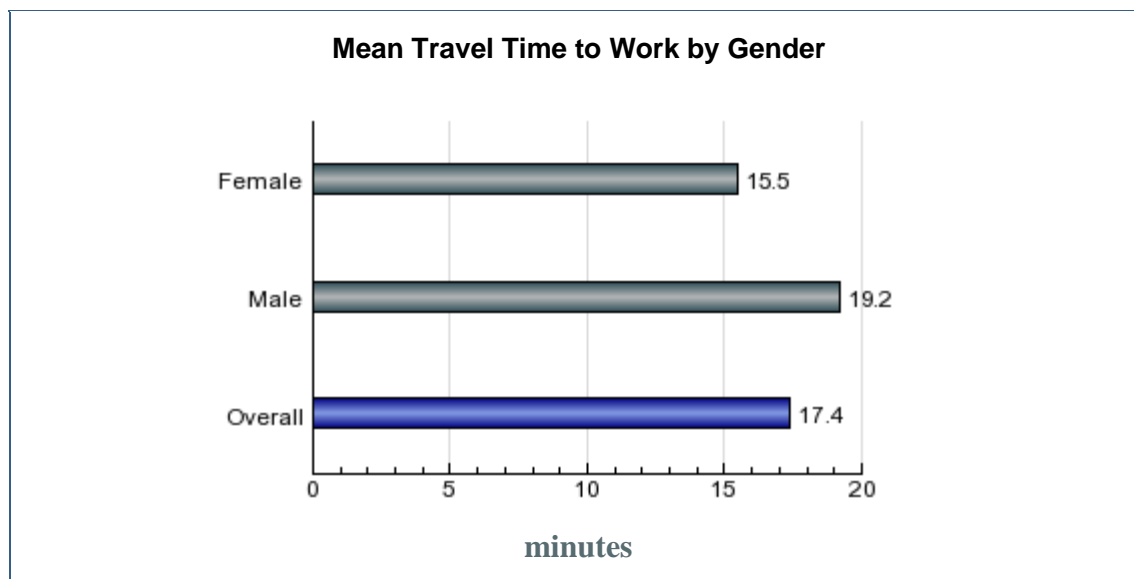
Ratio of Elderly Persons to Adults

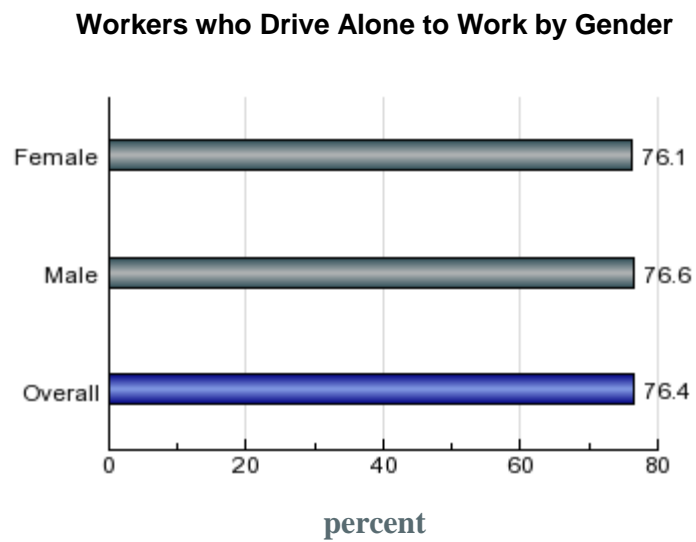
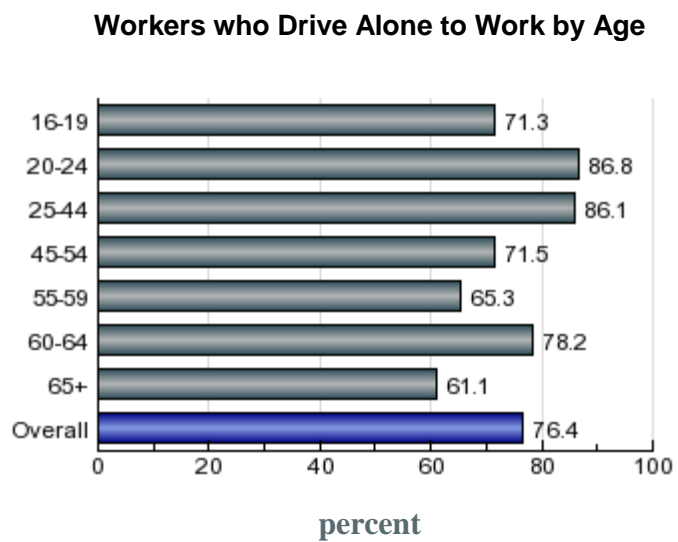


Transportation

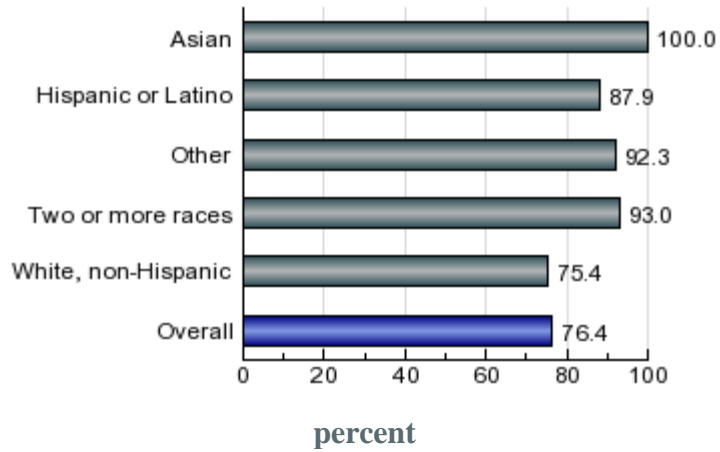
Commute To Work

Mean Travel Time to Work



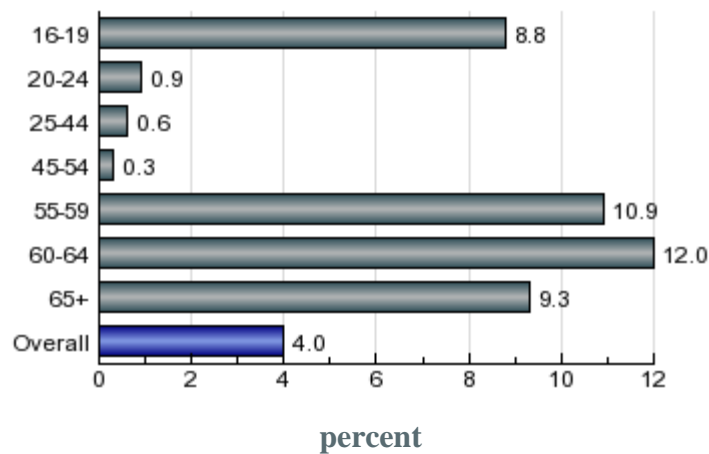
[Workers who Drive Alone to Work](#)

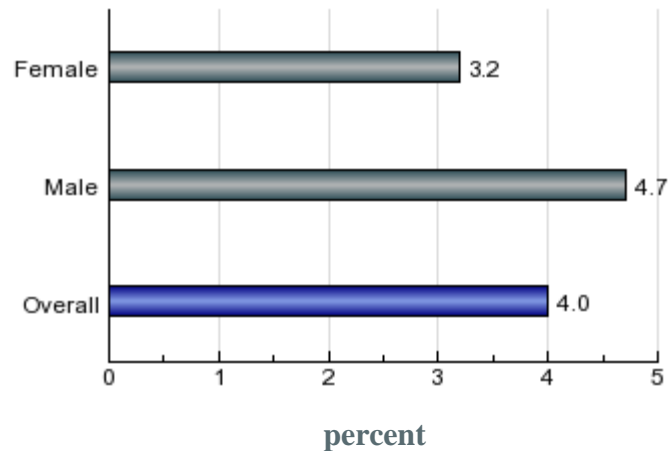
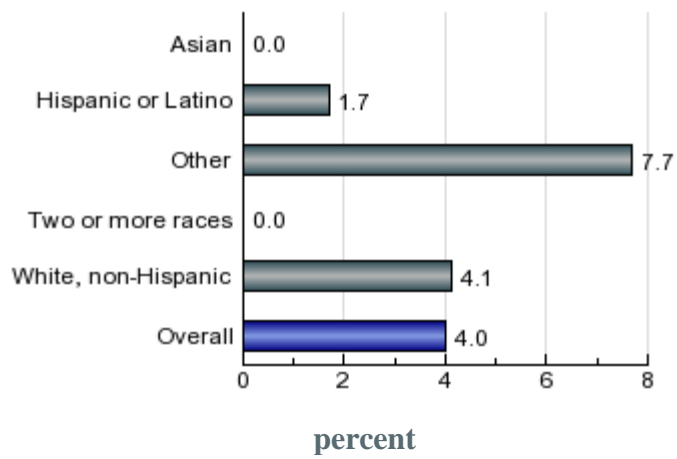
Workers who Drive Alone to Work by Race/Ethnicity



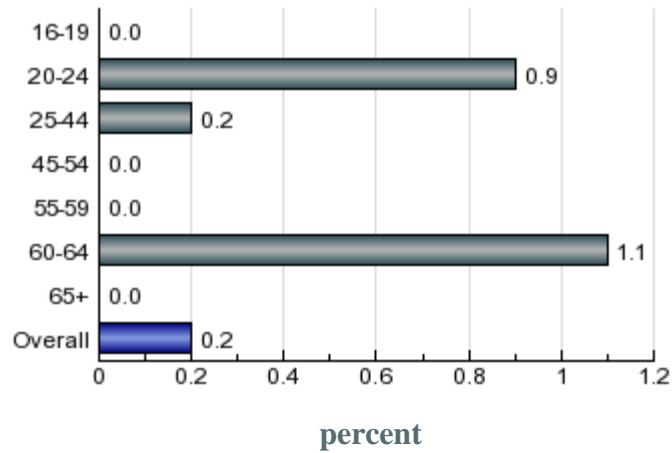
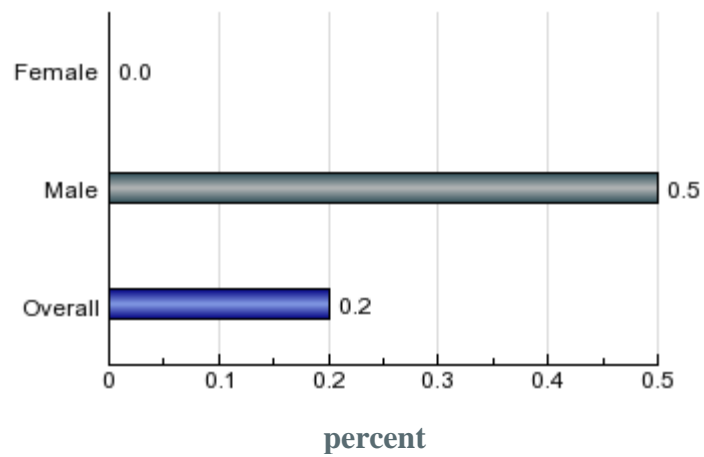
[Workers who Walk to Work](#)

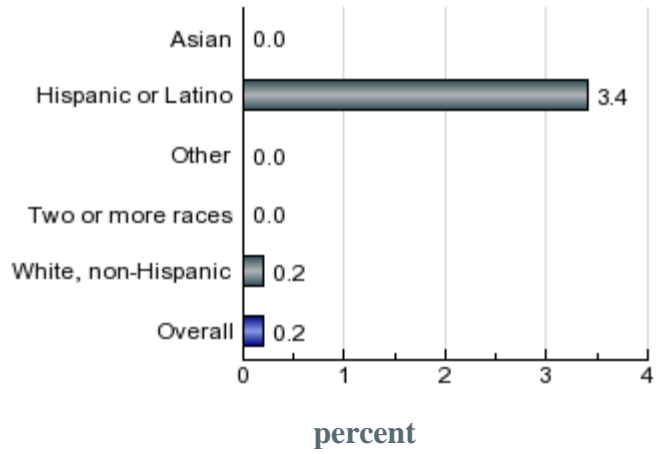
Workers who Walk to Work by Age




Workers who Walk to Work by Gender**Workers who Walk to Work by Race/Ethnicity**


Public Transportation


[Workers Commuting by Public Transportation](#)**Workers Commuting by Public Transportation by Age****Workers Commuting by Public Transportation by Gender**

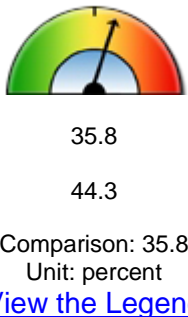
Workers Commuting by Public Transportation by Race/Ethnicity


Appendix F: Kansas Health Matters Data

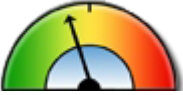
 <p>8.5 10.2</p> <p>Comparison: 8.5 Unit: percent View the Legend</p>	<h3>Percentage of Adults with Diagnosed Diabetes</h3> <p>Value: 10.2 percent</p> <p>Measurement Period: 2009</p> <p>Location: County : Ellsworth Located in: Public Health Preparedness Region: North Central Kansas Public Health Initiative State: Kansas [View Every County]</p> <p>Comparison: KS State Value</p> <p>Categories: Health / Diabetes</p>
<p align="center">What is this Indicator?</p> <p>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.</p>	
<p align="center">Why this is important:</p> <p>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.</p>	
<p>Technical Note: The County / Region value is compared to the Kansas State value. Confidence intervals were not taken into account while making this comparison.</p>	
<p align="center">Source: Kansas Department of Health and Environment</p>	
<p align="center">URL of Source: http://www.kdheks.gov/</p>	
<p align="center">URL of Data: http://www.kdheks.gov/brfss/Expansion/index.html</p>	
<p align="center">Maintained By: Kansas Department of Health and Environment</p>	


 <p>48.5</p> <p>28.3</p> <p>Comparison: 48.5 Unit: percent</p> <p>View the Legend</p>	<h2 style="text-align: center;">Percentage of Adults Participating in Recommended Level of Physical Activity</h2> <p>Value: 28.3 percent</p> <p>Measurement Period: 2009</p> <p>Location: County : Ellsworth Located in: Public Health Preparedness Region: North Central Kansas Public Health Initiative State: Kansas [View Every County]</p> <p>Comparison: KS State Value</p> <p>Categories: Health / Exercise, Nutrition, & Weight</p>
<p style="text-align: center;">What is this Indicator?</p> <p>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.</p>	
<p style="text-align: center;">Why this is important:</p> <p>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%.</p>	
<p>Technical Note: The County / Region value is compared to the Kansas state value. Confidence intervals were not taken into account while making this comparison.</p>	
<p style="text-align: center;">Source: Kansas Department of Health and Environment</p>	
<p style="text-align: center;">URL of Source: http://www.kdheks.gov/</p>	
<p style="text-align: center;">URL of Data: http://www.kdheks.gov/brfss/Expansion/index.html</p>	
<p style="text-align: center;">Maintained By: Kansas Department of Health and Environment</p>	

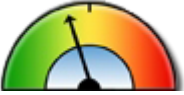
 <p>28.8 34.6 Comparison: 28.8 Unit: percent View the Legend</p>	<h2 style="text-align: center;">Percentage of Adults Who are Obese</h2> <p>Value: 34.6 percent</p> <p>Measurement Period: 2009</p> <p>Location: County : Ellsworth Located in: Public Health Preparedness Region: North Central Kansas Public Health Initiative State: Kansas [View Every County]</p> <p>Comparison: KS State Value</p> <p>Categories: Health / Exercise, Nutrition, & Weight</p>
<p style="text-align: center;">What is this Indicator?</p> <p>This indicator shows the percentage of adults (ages 18 and older) who are obese based on the Body Mass Index (BMI). The BMI is calculated by taking a person's weight and dividing it by their height squared in metric units. (BMI = Weight (Kg)/[Height (cm) ^ 2]) A BMI >=30 is considered obese.</p>	
<p style="text-align: center;">Why this is important:</p> <p>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%.</p>	
<p>Technical Note: The County / Region value is compared to the Kansas state value. Confidence intervals were not taken into account while making this comparison.</p>	
<p style="text-align: center;">Source: Kansas Department of Health and Environment</p>	
<p style="text-align: center;">URL of Source: http://www.kdheks.gov/</p>	
<p style="text-align: center;">URL of Data: http://www.kdheks.gov/brfss/Expansion/index.html</p>	
<p style="text-align: center;">Maintained By: Kansas Department of Health and Environment</p>	


 <p>35.8 44.3 Comparison: 35.8 Unit: percent View the Legend</p>	<h2 style="text-align: center;">Percentage of Adults Who are Overweight</h2> <p>Value: 44.3 percent</p> <p>Measurement Period: 2009</p> <p>Location: County : Ellsworth Located in: Public Health Preparedness Region: North Central Kansas Public Health Initiative State: Kansas [View Every County]</p> <p>Comparison: KS State Value</p> <p>Categories: Health / Exercise, Nutrition, & Weight</p>
<p style="text-align: center;">What is this Indicator?</p> <p>This indicator shows the percentage of adults who are overweight according to the Body Mass Index (BMI). The BMI is calculated by taking a person's weight and dividing it by their height squared in metric units. (BMI = Weight (Kg)/[Height (cm) ^ 2]) A BMI between 25 and 29.9 is considered overweight.</p>	
<p style="text-align: center;">Why this is important:</p> <p>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.</p>	
<p>Technical Note: The County / Region value is compared to the Kansas State value. Confidence intervals were not taken into account while making this comparison.</p>	
<p style="text-align: center;">Source: Kansas Department of Health and Environment</p>	
<p style="text-align: center;">URL of Source: http://www.kdheks.gov/</p>	
<p style="text-align: center;">URL of Data: http://www.kdheks.gov/brfss/Expansion/index.html</p>	
<p style="text-align: center;">Maintained By: Kansas Department of Health and Environment</p>	


 <p>308.1</p> <p>286.44</p> <p>Comparison: 308.1 Unit: per 100,000 population</p> <p>View the Legend</p>	<h2 style="text-align: center;">Congestive Heart Failure Hospital Admission Rate</h2> <p>Value: 286.44 per 100,000 population</p> <p>Measurement Period: 2007-2009</p> <p>Location: County : Ellsworth Located in: Public Health Preparedness Region: North Central Kansas Public Health Initiative State: Kansas [View Every County]</p> <p>Comparison: KS State Value</p> <p>Categories: Health / Heart Disease & Stroke Health / Access to Health Services Health / Wellness & Lifestyle</p>
<p style="text-align: center;">What is this Indicator?</p> <p>This indicator shows the number of admissions for congestive heart failure per 100,000 population in an area.</p>	
<p style="text-align: center;">Why this is important:</p> <p>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.</p> <p>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.</p>	
<p>Technical Note: The county and regional values are compared to Kansas State value / US value.</p>	
<p>Source: Kansas Department of Health and Environment</p>	
<p>URL of Source: http://www.kdheks.gov/</p>	
<p>URL of Data: http://kic.kdhe.state.ks.us/kic/</p>	
<p>Maintained By: Kansas Department of Health and Environment</p>	

 <p>625.6 443.03</p> <p>Comparison: 625.6 Unit: per 100,000 population View the Legend</p>	<h2 style="text-align: center;">Heart Disease Hospital Admission Rate</h2> <p>Value: 443.03 per 100,000 population</p> <p>Measurement Period: 2007-2009</p> <p>Location: County : Ellsworth Located in: Public Health Preparedness Region: North Central Kansas Public Health Initiative State: Kansas [View Every County]</p> <p>Comparison: KS State Value</p> <p>Categories: Health / Heart Disease & Stroke Health / Access to Health Services Health / Wellness & Lifestyle</p>
<p style="text-align: center;">What is this Indicator?</p> <p style="text-align: center;">This indicator shows the number of admissions for heart disease (ICD9 diagnoses 402, 410-414 or 429) per 100,000 population in an area.</p>	
<p style="text-align: center;">Why this is important:</p> <p style="text-align: center;">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.</p>	
<p>Technical Note: The county and regional values are compared to Kansas State value / US value.</p>	
<p style="text-align: center;">Source: Kansas Department of Health and Environment</p>	
<p style="text-align: center;">URL of Source: http://www.kdheks.gov/</p>	
<p style="text-align: center;">URL of Data: http://kic.kdhe.state.ks.us/kic/</p>	
<p style="text-align: center;">Maintained By: Kansas Department of Health and Environment</p>	

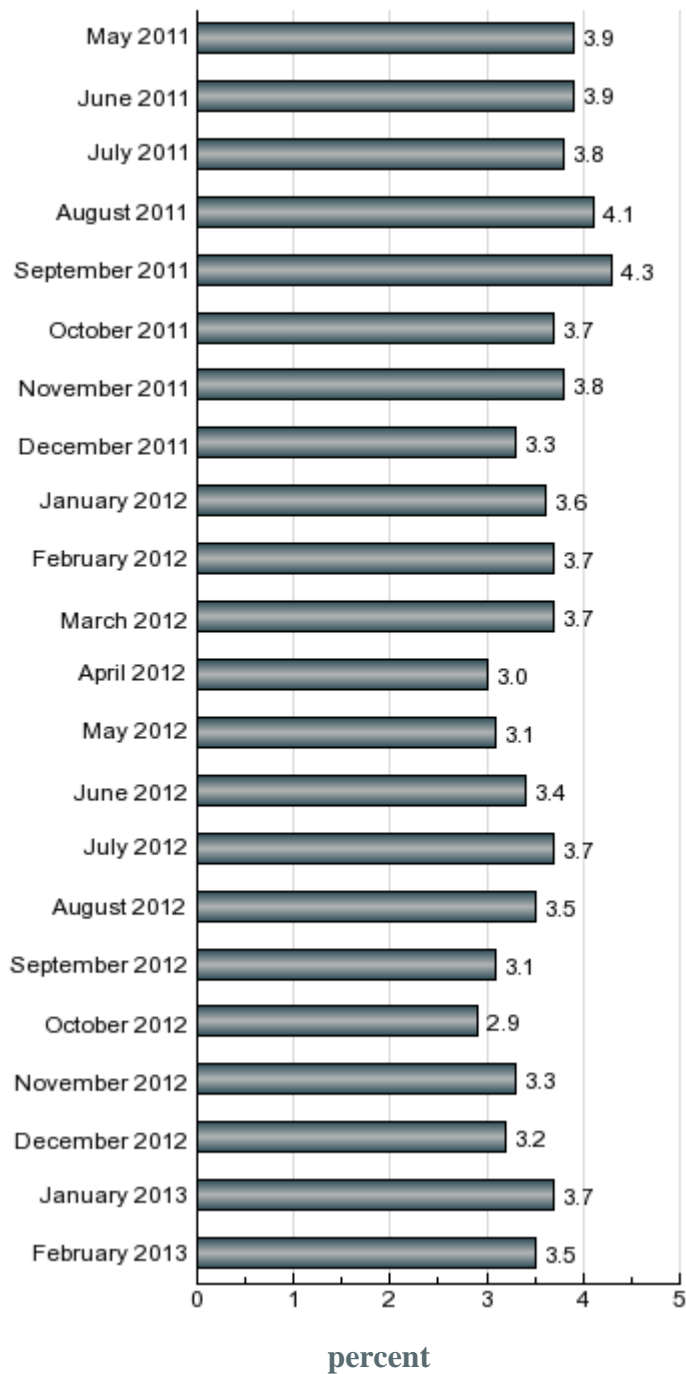
 <p>28.7 47.2</p> <p>Comparison: 28.7 Unit: percent View the Legend</p>	<h2 style="text-align: center;">Percentage of Adults with Hypertension</h2> <p>Value: 47.2 percent</p> <p>Measurement Period: 2009</p> <p>Location: County : Ellsworth Located in: Public Health Preparedness Region: North Central Kansas Public Health Initiative State: Kansas [View Every County]</p> <p>Comparison: KS State Value</p> <p>Categories: Health / Heart Disease & Stroke</p>
<p style="text-align: center;">What is this Indicator?</p> <p>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).</p>	
<p style="text-align: center;">Why this is important:</p> <p>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.</p> <p>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%.</p>	
<p>Technical Note: The County / Region value is compared to the Kansas State value. Confidence intervals were not taken into account while making this comparison.</p>	
<p style="text-align: center;">Source: Kansas Department of Health and Environment</p>	
<p style="text-align: center;">URL of Source: http://www.kdheks.gov/</p>	
<p style="text-align: center;">URL of Data: http://www.kdheks.gov/brfss/Expansion/index.html</p>	
<p style="text-align: center;">Maintained By: Kansas Department of Health and Environment</p>	

 <p>4.5</p> <p>0.8</p> <p>Comparison: 4.5 Unit: cases/1,000 population</p> <p>View the Legend</p>	<h2 style="text-align: center;">Sexually Transmitted Disease Rate</h2> <p>Value: 0.8 cases/1,000 population</p> <p>Measurement Period: 2011</p> <p>Location: County : Ellsworth Located in: Public Health Preparedness Region: North Central Kansas Public Health Initiative State: Kansas [View Every County]</p> <p>Comparison: KS State Value</p> <p>Categories: Health / Immunizations & Infectious Diseases</p>
<p style="text-align: center;">What is this Indicator?</p> <p>This indicator shows the crude incidence rate per 1,000 population due to sexually transmitted diseases.</p>	
<p style="text-align: center;">Why this is important:</p> <p>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.</p> <p>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.</p> <p>In 2008, 13,500 cases of primary and secondary syphilis were reported in the United States, a 17.7 percent increase from 2007. The rate of primary & secondary syphilis in the United States was 18.4% higher in 2008 than in 2007.</p> <p>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.</p> <p>Healthy People 2020 has set 18 objectives to reduce STD rates in the United States.</p>	
<p>Technical Note: The county and regional data is compared to the KS State Value.</p>	
<p>Source: Kansas Department of Health and Environment</p>	
<p>URL of Source: http://www.kdheks.gov/</p>	
<p>URL of Data: http://www.kdheks.gov/std/std_reports.html</p>	
<p>Maintained By: Kansas Department of Health and Environment</p>	


 <p>189.3</p> <p>272.02</p> <p>Comparison: 189.3 Unit: per 100,000 population</p> <p>View the Legend</p>	<h2>Chronic Obstructive Pulmonary Disease (COPD) Hospital Admission Rate</h2> <p>Value: 272.02 per 100,000 population</p> <p>Measurement Period: 2007-2009</p> <p>Location: County : Ellsworth Located in: Public Health Preparedness Region: North Central Kansas Public Health Initiative State: Kansas [View Every County]</p> <p>Comparison: KS State Value</p> <p>Categories: Health / Respiratory Diseases Health / Access to Health Services Health / Wellness & Lifestyle</p>
<p align="center">What is this Indicator?</p> <p align="center">This indicator shows the number of admissions for chronic obstructive pulmonary disease per 100,000 population in an area.</p>	
<p align="center">Why this is important:</p> <p>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.</p>	
<p>Technical Note: The county and regional values are compared to Kansas State value / US value.</p>	
<p>Source: Kansas Department of Health and Environment</p>	
<p>URL of Source: http://www.kdheks.gov/</p>	
<p>URL of Data: http://kic.kdhe.state.ks.us/kic/</p>	
<p>Maintained By: Kansas Department of Health and Environment</p>	


 <p>7.9</p> <p>10.1</p> <p>Red > 10.1 Green <= 7.9 In-between = Yellow Unit: percent</p> <p>View the Legend</p>	<h2 style="text-align: center;">Unemployed Workers in Civilian Labor Force NEW</h2> <p>Value: 3.5 percent</p> <p>Measurement Period: February 2013</p> <p>Location: County : Ellsworth Located in: Public Health Preparedness Region: North Central Kansas Public Health Initiative State: Kansas [View Every County]</p> <p>Comparison: U.S. Counties</p> <p>Categories: Economy / Employment</p>
<p style="text-align: center;">What is this Indicator?</p> <p style="text-align: center;">This indicator describes civilians, 16 years of age and over, who are unemployed as a percent of the U.S. civilian labor force.</p>	
<p style="text-align: center;">Why this is important:</p> <p>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.</p>	
<p>Technical Note: The distribution is based on data from non-seasonally-adjusted data from 3,141 U.S. counties and county equivalents.</p> <p style="text-align: center;">Data do not incorporate BLS's annual benchmarking revisions.</p>	
<p style="text-align: center;">Source: U.S. Bureau of Labor Statistics</p>	
<p style="text-align: center;">URL of Source: http://www.bls.gov/</p>	
<p style="text-align: center;">URL of Data: http://data.bls.gov/pdq/querytool.jsp?survey=la</p>	
<p style="text-align: center;">Maintained By: Healthy Communities Institute</p>	

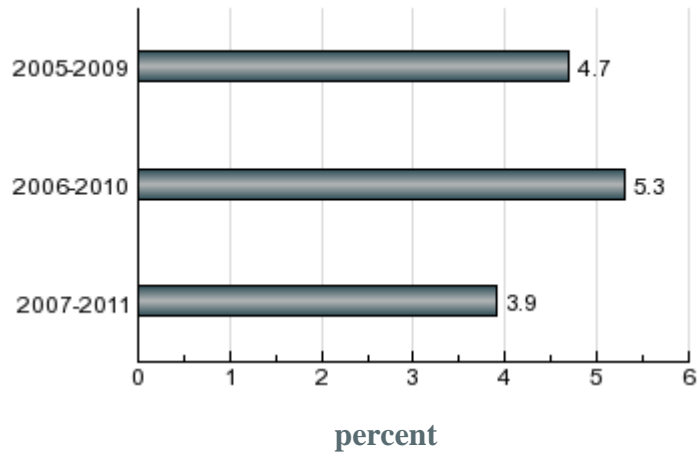
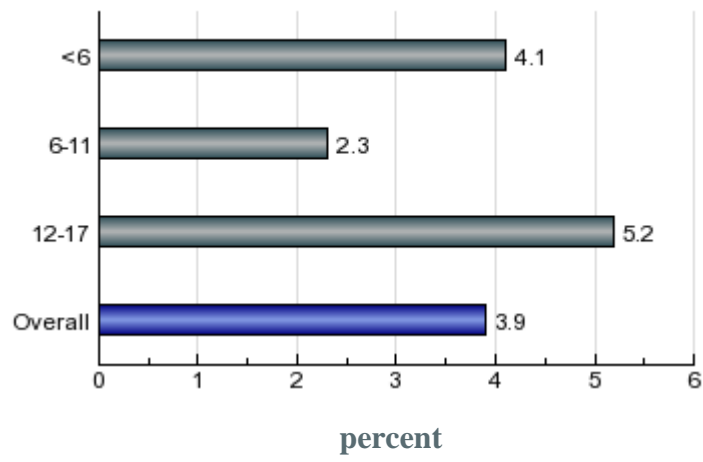
Time Series Data



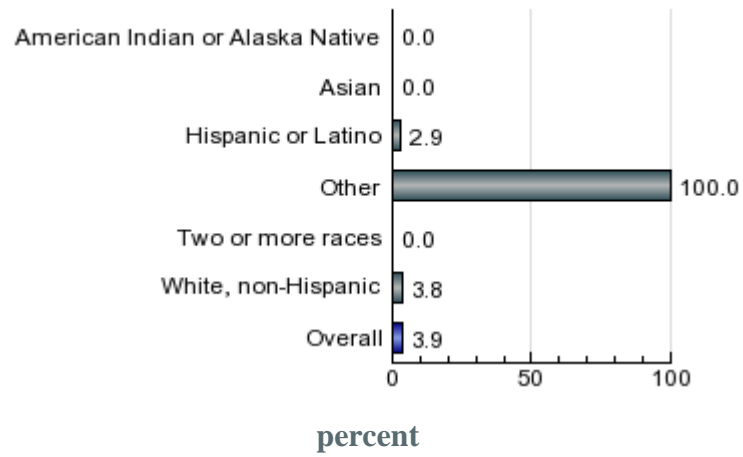
January 2012 Unemployment data through December 2011 were based on BLS's preliminary monthly estimates. Data for January 2012 and beyond are based on BLS's final monthly estimates

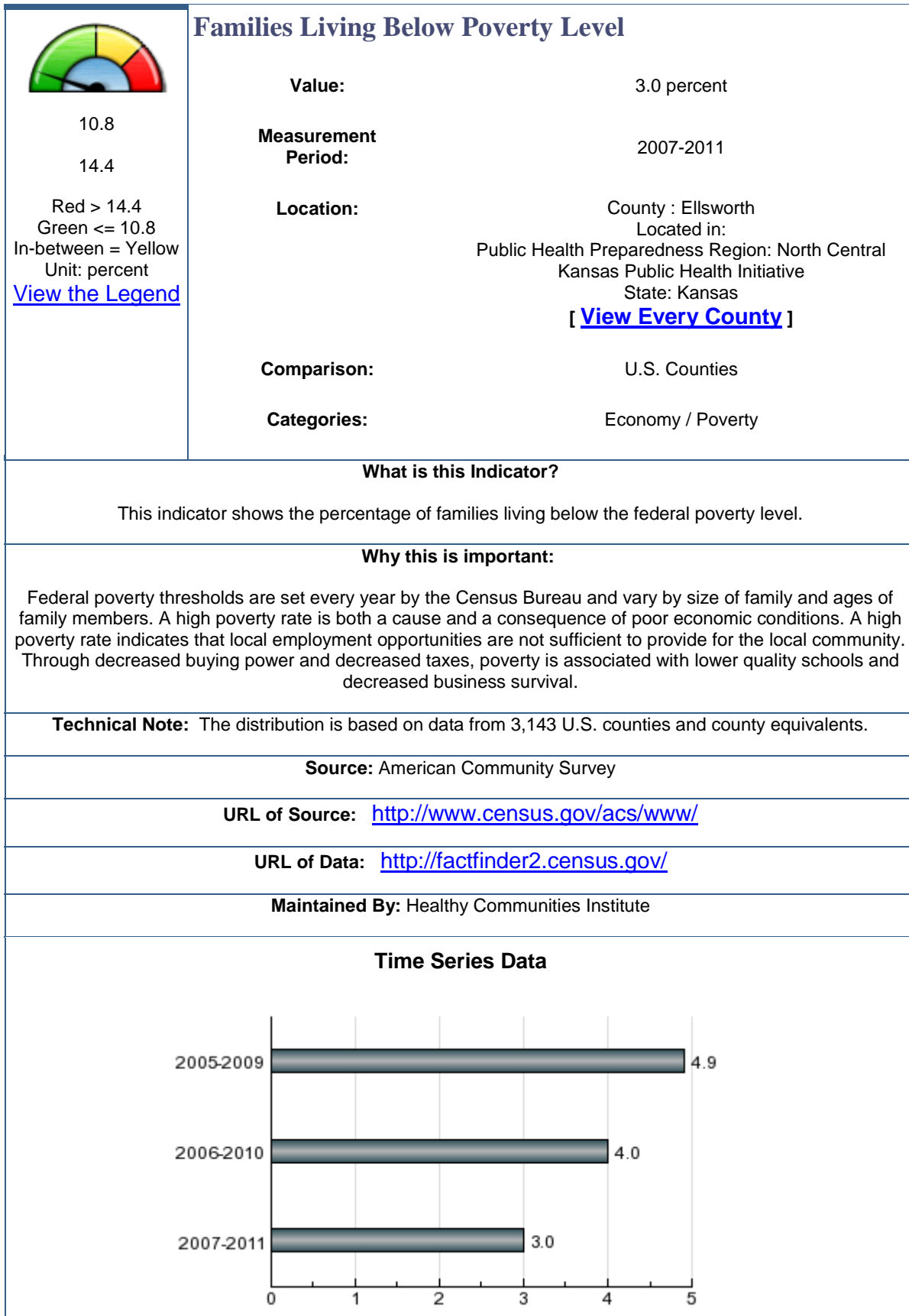
 <p>4.8</p> <p>6.2</p> <p>Red > 6.2 Green <= 4.8 In-between = Yellow Unit: percent</p> <p>View the Legend</p>	<h2 style="text-align: center;">Foreclosure Rate</h2> <p>Value: 5.0 percent</p> <p>Measurement Period: 2008</p> <p>Location: County : Ellsworth Located in: Public Health Preparedness Region: North Central Kansas Public Health Initiative State: Kansas [View Every County]</p> <p>Comparison: U.S. Counties</p> <p>Categories: Economy / Homeownership Economy / Homelessness Economy / Housing Affordability & Supply</p>
<p style="text-align: center;">What is this Indicator?</p> <p style="text-align: center;">This indicator shows the percentage of mortgages that ended in foreclosure.</p>	
<p style="text-align: center;">Why this is important:</p> <p>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.</p> <p>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.</p>	
<p>Technical Note: The distribution is based on data from 3,137 U.S. counties and county equivalents.</p>	
<p>Source: U.S. Department of Housing and Urban Development</p>	
<p>URL of Source: http://www.huduser.org/portal/</p>	
<p>URL of Data: http://www.huduser.org/portal/datasets/nsp_foreclosure_da...</p>	
<p>Maintained By: Healthy Communities Institute</p>	

 <p>21.2 27.7</p> <p>Red > 27.7 Green <= 21.2 In-between = Yellow Unit: percent View the Legend</p>	<h2 style="text-align: center;">Children Living Below Poverty Level</h2> <p>Value: 3.9 percent</p> <p>Measurement Period: 2007-2011</p> <p>Location: County : Ellsworth Located in: Public Health Preparedness Region: North Central Kansas Public Health Initiative State: Kansas [View Every County]</p> <p>Comparison: U.S. Counties</p> <p>Categories: Economy / Poverty</p>
<p style="text-align: center;">What is this Indicator?</p> <p>This indicator shows the percentage of people under the age of 18 who are living below the federal poverty level.</p>	
<p style="text-align: center;">Why this is important:</p> <p>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.</p>	
<p>Technical Note: The distribution is based on data from 3,141 U.S. counties and county equivalents.</p>	
<p style="text-align: center;">Source: American Community Survey</p>	
<p style="text-align: center;">URL of Source: http://www.census.gov/acs/www/</p>	
<p style="text-align: center;">URL of Data: http://factfinder2.census.gov/</p>	
<p style="text-align: center;">Maintained By: Healthy Communities Institute</p>	

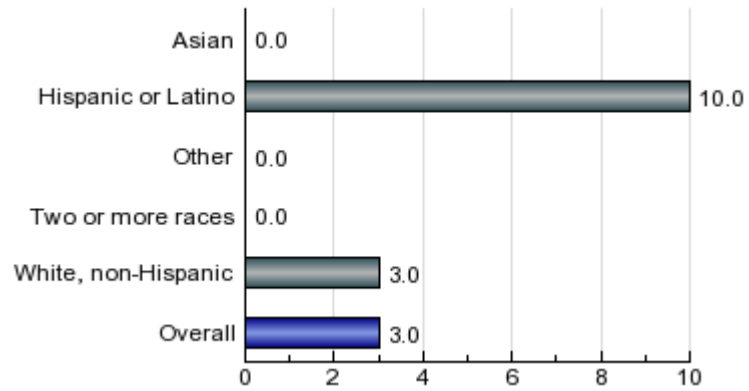
Time Series Data**Children Living Below Poverty Level by Age**

Children Living Below Poverty Level by Race/Ethnicity




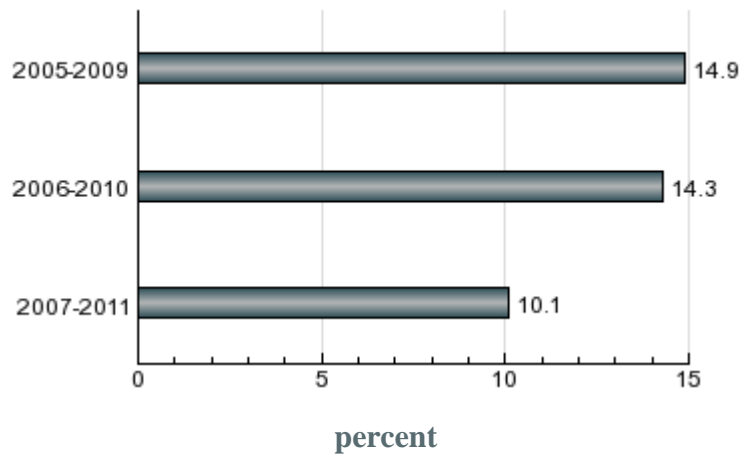
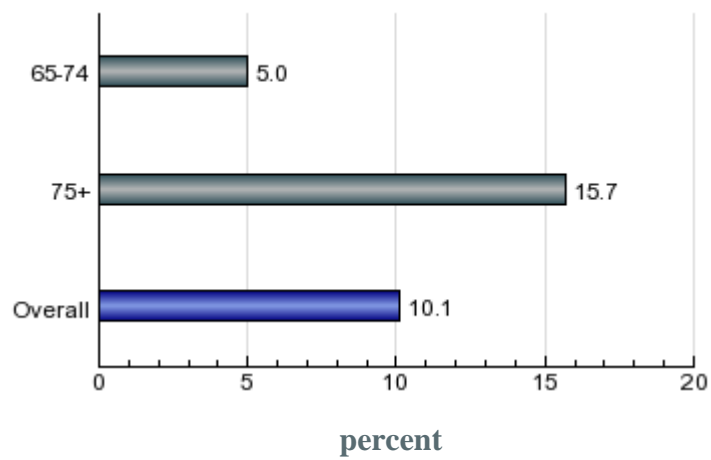
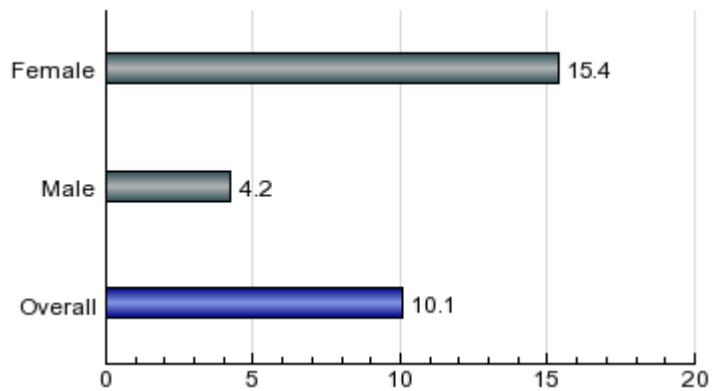


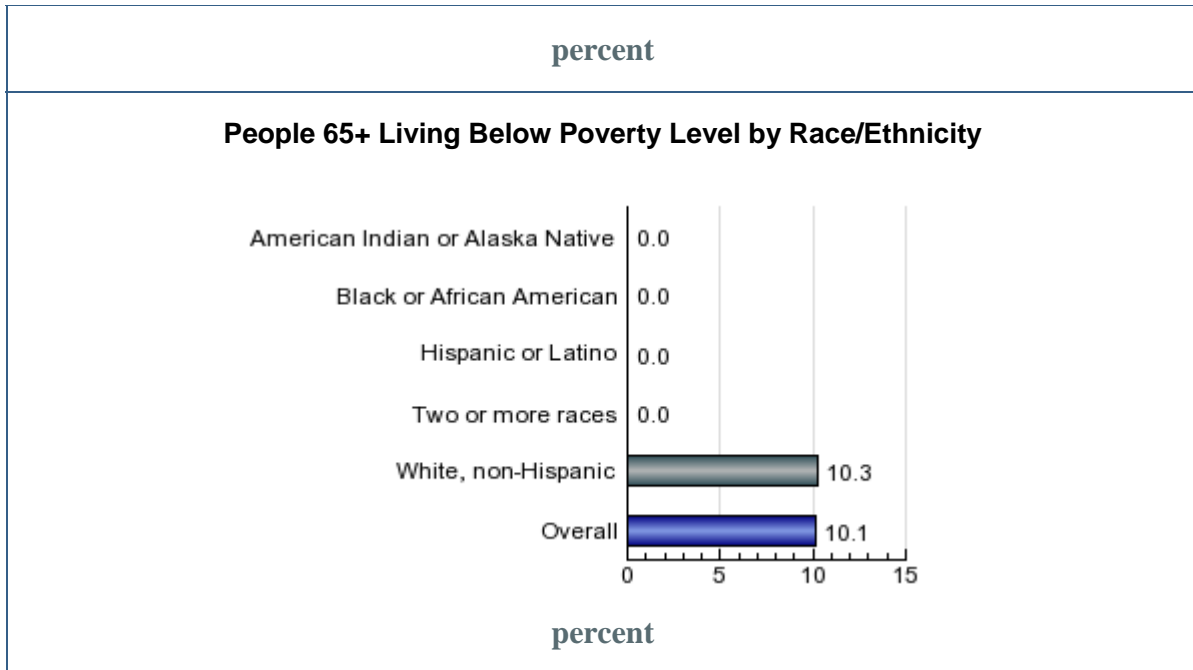
percent


Families Living Below Poverty Level by Race/Ethnicity

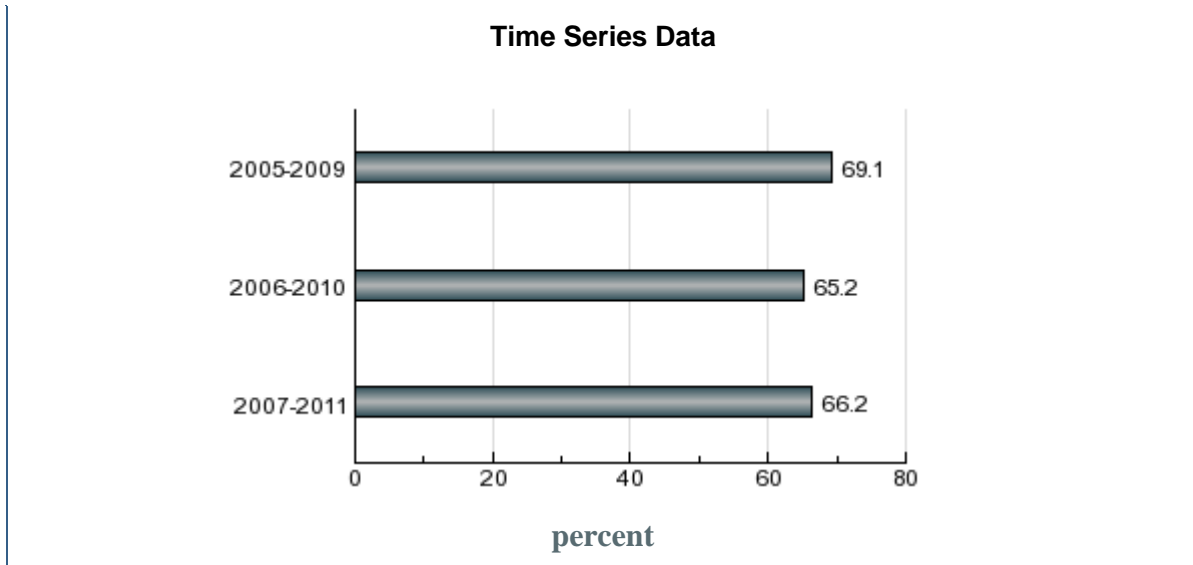
percent


 <p>9.7 13.2</p> <p>Red > 13.2 Green <= 9.7 In-between = Yellow Unit: percent View the Legend</p>	<h2>People 65+ Living Below Poverty Level</h2> <p>Value: 10.1 percent</p> <p>Measurement Period: 2007-2011</p> <p>Location: County : Ellsworth Located in: Public Health Preparedness Region: North Central Kansas Public Health Initiative State: Kansas [View Every County]</p> <p>Comparison: U.S. Counties</p> <p>Categories: Economy / Poverty</p>
<p align="center">What is this Indicator?</p> <p>This indicator shows the percentage of people aged 65 years and over living below the federal poverty level.</p>	
<p align="center">Why this is important:</p> <p>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.</p>	
<p>Technical Note: The distribution is based on data from 3,142 U.S. counties and county equivalents.</p>	
<p align="center">Source: American Community Survey</p>	
<p align="center">URL of Source: http://www.census.gov/acs/www/</p>	
<p align="center">URL of Data: http://factfinder2.census.gov/</p>	
<p align="center">Maintained By: Healthy Communities Institute</p>	

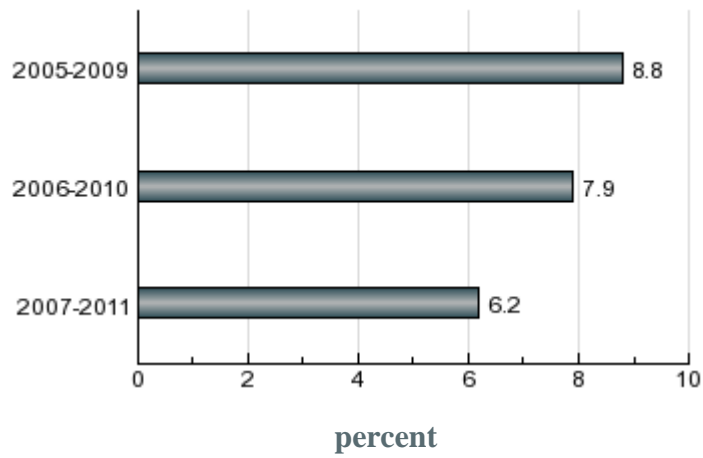
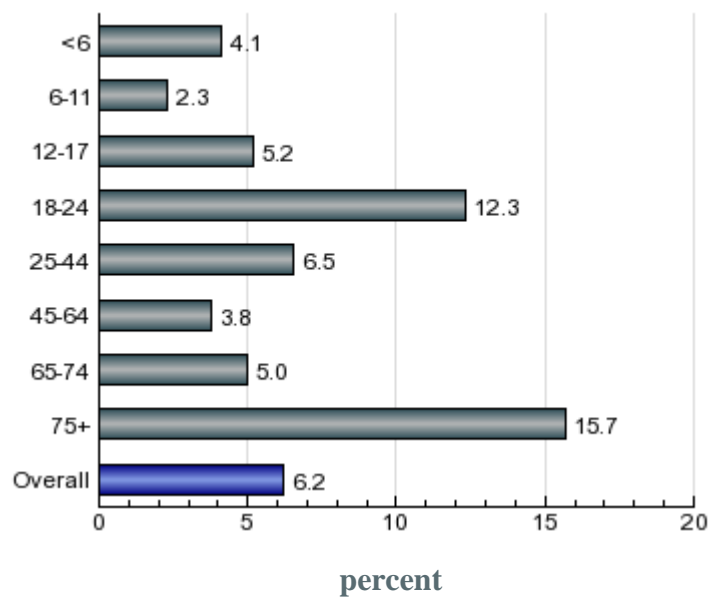
Time Series Data**People 65+ Living Below Poverty Level by Age****People 65+ Living Below Poverty Level by Gender**



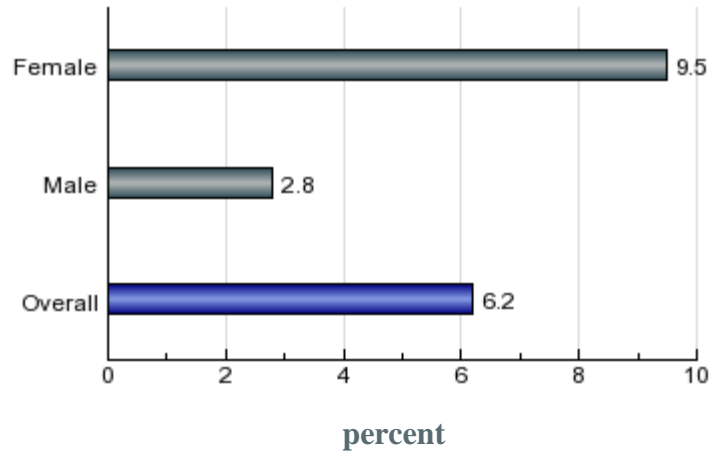
 <p>62.9</p> <p>56.0</p> <p>Red < 56.0 Green >= 62.9 In-between = Yellow Unit: percent</p> <p>View the Legend</p>	<h2 style="text-align: center;">People Living 200% Above Poverty Level</h2> <p>Value: 66.2 percent</p> <p>Measurement Period: 2007-2011</p> <p>Location: County : Ellsworth Located in: Public Health Preparedness Region: North Central Kansas Public Health Initiative State: Kansas [View Every County]</p> <p>Comparison: U.S. Counties</p> <p>Categories: Economy / Poverty Economy / Income</p>
<p style="text-align: center;">What is this Indicator?</p> <p style="text-align: center;">This indicator shows the percentage of people living at or above 200% of the federal poverty level.</p>	
<p style="text-align: center;">Why this is important:</p> <p>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.</p>	
<p>Technical Note: The distribution is based on data from 3,143 U.S. counties and county equivalents.</p>	
<p style="text-align: center;">Source: American Community Survey</p>	
<p style="text-align: center;">URL of Source: http://www.census.gov/acs/www/</p>	
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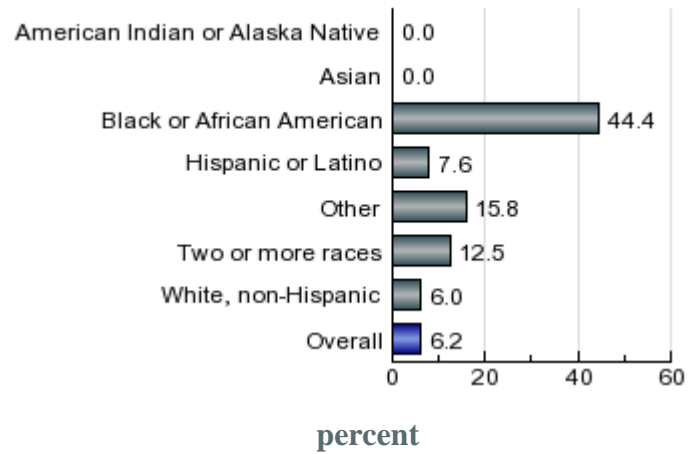
 <p>15.1 19.4</p> <p>Red > 19.4 Green <= 15.1 In-between = Yellow Unit: percent View the Legend</p>	<h2>People Living Below Poverty Level</h2> <p>Value: 6.2 percent</p> <p>Measurement Period: 2007-2011</p> <p>Location: County : Ellsworth Located in: Public Health Preparedness Region: North Central Kansas Public Health Initiative State: Kansas [View Every County]</p> <p>Comparison: U.S. Counties</p> <p>Categories: Economy / Poverty</p>
<p align="center">What is this Indicator?</p> <p align="center">This indicator shows the percentage of people living below the federal poverty level.</p>	
<p align="center">Why this is important:</p> <p>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.</p>	
<p>Technical Note: The distribution is based on data from 3,143 U.S. counties and county equivalents.</p>	
<p align="center">Source: American Community Survey</p>	
<p align="center">URL of Source: http://www.census.gov/acs/www/</p>	
<p align="center">URL of Data: http://factfinder2.census.gov/</p>	
<p align="center">Maintained By: Healthy Communities Institute</p>	


Time Series Data**People Living Below Poverty Level by Age**

People Living Below Poverty Level by Gender



People Living Below Poverty Level by Race/Ethnicity



 <p>11.7 15.7</p> <p>Red > 15.7 Green <= 11.7 In-between = Yellow Unit: percent</p> <p>View the Legend</p>	<h2>Poverty Status by School Enrollment NEW</h2> <p>Value: 3.2 percent</p> <p>Measurement Period: 2007-2011</p> <p>Location: County : Ellsworth Located in: Public Health Preparedness Region: North Central Kansas Public Health Initiative State: Kansas [View Every County]</p> <p>Comparison: KS Counties</p> <p>Categories: Economy / Poverty</p>
<p align="center">What is this Indicator?</p> <p align="center">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.</p>	
<p align="center">Why this is important:</p> <p>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.</p>	
<p>Technical Note: The distribution is based on data from 105 Kansas counties.</p>	
<p align="center">Source: American Community Survey</p>	
<p align="center">URL of Source: http://www.census.gov/acs/www/</p>	
<p align="center">URL of Data: http://factfinder2.census.gov/</p>	
<p align="center">Maintained By: Healthy Communities Institute</p>	

 <p>19.1 17.6</p> <p>Comparison: 19.1 Unit: percent View the Legend</p>	<h2 style="text-align: center;">Uninsured Adult Population Rate NEW</h2> <p>Value: 17.6 percent</p> <p>Measurement Period: 2010</p> <p>Location: County : Ellsworth Located in: Public Health Preparedness Region: North Central Kansas Public Health Initiative State: Kansas [View Every County]</p> <p>Comparison: KS State Value</p> <p>Categories: Economy / Poverty Economy / Income</p>
<p>What is this Indicator?</p> <p>This indicator shows the estimated percent of persons ages 18-64 who are uninsured</p>	
<p style="text-align: center;">Why this is important:</p> <p>Access to health services encompasses four components: coverage, services, timeliness, and workforce.</p> <p>Health insurance coverage helps patients get into the health care system. Uninsured people are:</p> <ul style="list-style-type: none"> Less likely to receive medical care More likely to die early More likely to have poor health status <p>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.</p> <p>Access to health care services in the United States is regarded as unreliable; many people do not receive the appropriate and timely care they need. The U.S. health care system, which is already strained, will face an influx of patients in 2014, when 32 million Americans will have health insurance for the first time. All of these issues, and others, make the measurement and development of new strategies and models essential.</p> <p>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</p>	

(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.

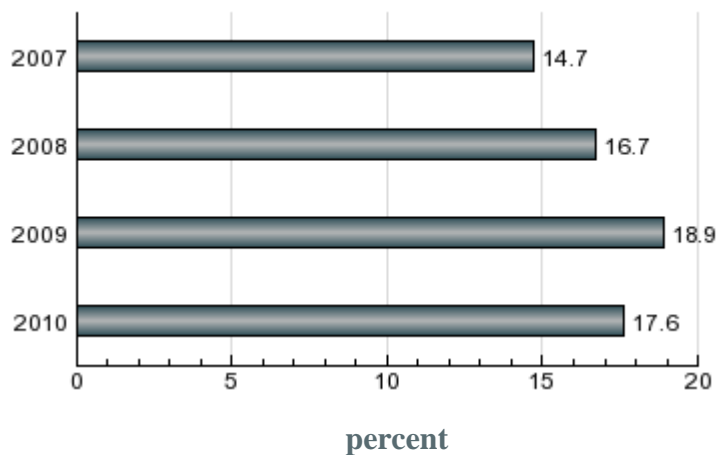
Source: U.S. Census Bureau


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


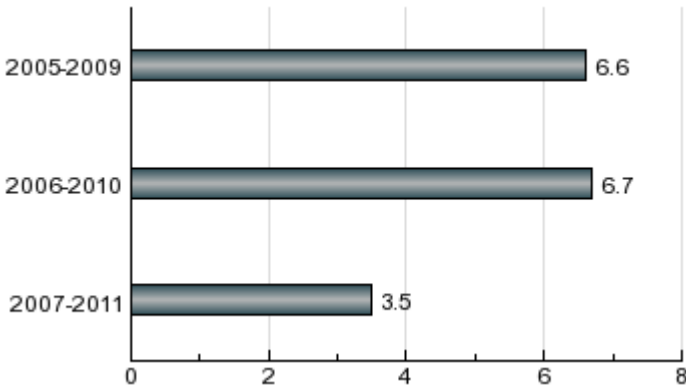
URL of Data: <http://www.census.gov/did/www/sahie/>

Maintained By: Kansas Department of Health and Environment

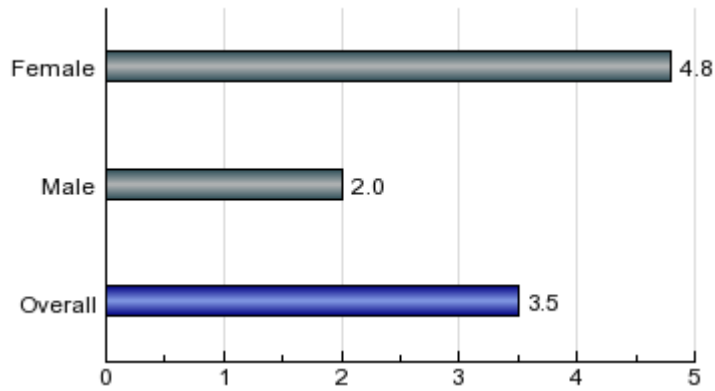
Time Series Data



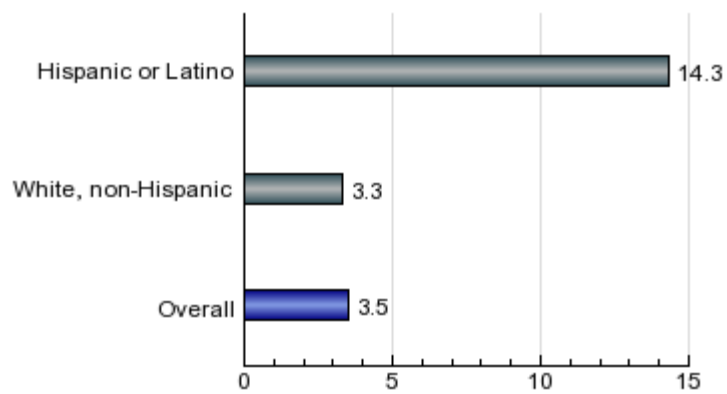
 <p>14.5 16.0</p> <p>Red > 16.0 Green <= 14.5 In-between = Yellow Unit: students/teacher View the Legend</p>	<h2>Student-to-Teacher Ratio</h2> <p>Value: 18.9 students/teacher</p> <p>Measurement Period: 2010-2011</p> <p>Location: County : Ellsworth Located in: Public Health Preparedness Region: North Central Kansas Public Health Initiative State: Kansas [View Every County]</p> <p>Comparison: U.S. Counties</p> <p>Categories: Education / School Environment Education / School Resources</p>
<p align="center">What is this Indicator?</p> <p>This indicator shows the average number of public school students per teacher in the region. It does not measure class size.</p>	
<p align="center">Why this is important:</p> <p>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.</p>	
<p>Technical Note: The distribution is based on data from 3,055 U.S. counties and county equivalents.</p>	
<p>Source: National Center for Education Statistics</p>	
<p>URL of Source: http://nces.ed.gov/</p>	
<p>URL of Data: http://nces.ed.gov/ccd/bat/</p>	
<p>Maintained By: Healthy Communities Institute</p>	

 <p>25.3 33.8</p> <p>Red > 33.8 Green <= 25.3 In-between = Yellow Unit: percent View the Legend</p>	<h2 style="text-align: center;">Young Children Living Below Poverty Level</h2> <p>Value: 3.5 percent</p> <p>Measurement Period: 2007-2011</p> <p>Location: County : Ellsworth Located in: Public Health Preparedness Region: North Central Kansas Public Health Initiative State: Kansas [View Every County]</p> <p>Comparison: U.S. Counties</p> <p>Categories: Economy / Poverty</p>								
<p style="text-align: center;">What is this Indicator?</p> <p>This indicator shows the percentage of people under the age of 5 who are living below the federal poverty level.</p>									
<p style="text-align: center;">Why this is important:</p> <p>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.</p>									
<p>Technical Note: The distribution is based on data from 3,141 U.S. counties and county equivalents.</p>									
<p style="text-align: center;">Source: American Community Survey</p>									
<p style="text-align: center;">URL of Source: http://www.census.gov/acs/www/</p>									
<p style="text-align: center;">URL of Data: http://factfinder2.census.gov/</p>									
<p style="text-align: center;">Maintained By: Healthy Communities Institute</p>									
<p style="text-align: center;">Time Series Data</p>  <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th>Measurement Period</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>2005-2009</td> <td>6.6</td> </tr> <tr> <td>2006-2010</td> <td>6.7</td> </tr> <tr> <td>2007-2011</td> <td>3.5</td> </tr> </tbody> </table>		Measurement Period	Value	2005-2009	6.6	2006-2010	6.7	2007-2011	3.5
Measurement Period	Value								
2005-2009	6.6								
2006-2010	6.7								
2007-2011	3.5								


percent

Young Children Living Below Poverty Level by Gender

percent

Young Children Living Below Poverty Level by Race/Ethnicity

percent

 <p>27.9</p> <p>30.7</p> <p>Red > 30.7 Green <= 27.9 In-between = Yellow Unit: percent View the Legend</p>	<h2>People 65+ Living Alone</h2> <p>Value: 28.9 percent</p> <p>Measurement Period: 2007-2011</p> <p>Location: County : Ellsworth Located in: Public Health Preparedness Region: North Central Kansas Public Health Initiative State: Kansas [View Every County]</p> <p>Comparison: U.S. Counties</p> <p>Categories: Social Environment / Neighborhood/Community Attachment Health / Older Adults & Aging Social Environment / Family Structure</p>
<p align="center">What is this Indicator?</p> <p align="center">This indicator shows the percentage of people aged 65 years and over who live alone.</p>	
<p align="center">Why this is important:</p> <p>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.</p>	
<p>Technical Note: The distribution is based on data from 3,142 U.S. counties and county equivalents.</p>	
<p align="center">Source: American Community Survey</p>	
<p align="center">URL of Source: http://www.census.gov/acs/www/</p>	
<p align="center">URL of Data: http://factfinder2.census.gov/</p>	
<p align="center">Maintained By: Healthy Communities Institute</p>	

Appendix F: Comments from Ellsworth County Medical Center's CHNA Survey

4b. Do you feel you have all that you need to manage your health conditions?
Other
Co-pay is sometimes hard when you get paid every two weeks
The cost of lab work & office visits along with support team
Doctor one on one
Need more Dr. days or hours here in Lucas
Financial Assistance
5a. Are there any health education, public health services or programs that you would like offered in our community?
How about education in schools dealing with HIV/AIDS
Weight Loss programs
Would like to see large workout facility built in county
Kids activities-for preschool-elementary school
Drug-Alcohol treatment, support, prevention
More info on the meaning of your blood work
definitely need a wellness center with weights along with machines
I dunno
It would be nice to have a recreational center with a pool open year-around
physical activity
workout center with daycare, chiropractic services covered with insurance
Inside exercise pool/homeless house/shelter
Listen: we are a small community and I believe we really do good. we are the big-city, but we do ok
During winter months, the community needs more activities
Mental health
Health education would be great
More about cancer screens and research
Mental Health
Aerobic/workout classes at convenient times
Exercise programs
not sure
every other place in the U.S. that we have lived has had beautiful "green spaces" and areas around the community to walk, jog, walk your dog, etc. All we have here are neighborhood streets or the HS track, neither are as good as a nature trail
Diabetes support
exercise, walking trails
I think AA and Al-Anon
for medically underserved
More community education
family doctors in small area towns

weight loss and fitness
Mental health professions for counseling
Don't know
weight loss
not that I can think of
Love to have a diabetic specialist
like the "cat in action" program to come back. I feel it was very beneficial to keep young children active
I think we need more programs to teach our children better eating habits, as well as helping the parents understand need for healthier food
Arthritis support, care giver of the elderly support
Walking paths and trails
When I attended a few of the community consortia meetings, we discussed some pretty shocking statistics about people who live in Ellsworth County regarding chronic illness, drug and alcohol abuse, obesity, etc. I would like to see these statistics shared publicly through some media outlet and be paired with a reasonable plan for improvement
A county that supports its healthcare both publicly and financially (more than a token amount from the county board)
Affordable child care for working low income parents
Would like healthy eating
A gym
Dental & Vision for Medicare that doesn't qualify because of how much we make
Indoor walking areas, more exercise classes for adults lacking in the arts-the high school PAC could be booked with program in the arts
Would like to see other types of specialty doctors come to Ellsworth during the month to keep from travel to other towns
How to make Ellsworth a healthy community
Dealing with Alzheimer's & Dementia. Drug abuse classes
Unknown...I'm not sure of what is available
Weight Loss programs
Some type of indoor activity center for kids to congregate and be indoors during bad weather. Maybe a basketball court in the empty portion of the administration building.
Something the community could use as well, possible the school. The school has a terrible gym shortage, possibly in combination with the school.
Long Term health care
Indoor area quality professionals
6. What are some things that get in the way of eating a healthy diet? Other
I don't like most vegetables
The cost of food compared to my wages-no money left after bills are paid to buy food
self control
Need better or more safe & affordable places to exercise

I don't take time to prepare healthy meals, when convenience foods are quick & easy in fitting in with a busy life style
not planning ahead
Look: the community offers enough, I am the problem, I know what is right
time
Limited cooking skills
I go to Salina its cheaper
Grocery store only offers healthy food on occasion. Have one month, gone the next month. Mostly sugar free products aren't available. We can drive to Salina and get groceries for 1/2 the price
Nutritional information easily available, even the hospital doesn't inform about carbs, even though it talks like they want to help diabetics
I don't know when to stop
I don't really crave food
Lazy
I eat clean and healthy
We eat healthy
My husband & I work different hours, he works 6am to 5pm, I work 2-10pm, it's hard to cook for one person, so I usually don't eat breakfast & just piece for other meals
Too tired to cook
7. During the past month, other than regular job, did you participate in any physical activities or exercises or exercises such as walking, running, weight-lifting, team sports or gardening for exercise? Other
Fatigue from meds
very tired when I get home-accountability partner would be helpful
healthy for now
A better support team
I am lazy-that's the truth
I don't exercise
the weather has been too cold
My back stinoses of lower back and neck & bad knee
I like to walk outside and it been cold
No sitter
Weather
People who don't take call don't understand clin-ical stresses and the amount of time already donated to the hospital and it only wants more
Injury to leg
No reason

8a. If you use ECMC RHC routinely, what do you consider to be our best features/characteristics? Other
Convenient
All listed are good
Closest
They know me
Rural clinic location
regularity in doctor care
Told me to make my own appointment with another dr./not able to appointment, no refer to other doctor
We are fortunate to have Dr. Slomka here
Someone to answer phones and make appointment before 8:00am
Medical staff are poorly trained in diagnostics, Kepka was very good, now we only have PA's with less training then nurses
I feel like ECMC goes beyond what I need
8b. If you use ECMC RHC routinely, what would you like to see changed?
Workers more friendly
After hours clinic options
increased appt times-schedule appt further apart and we would not have to wait in the waiting room so long
need more doctors onsite-two great ones now, but one is cutting back
less wait time, more time with the dr. without rush, getting all issues covered
spend more time listening to patients and spending more than two minutes with them
rushed through like cattle, patients do not have time with providers
better and completed pt files, more time that the physician spends with the pt and communicate better
maybe Sat. AM clinic for urgent needs
it took two weeks to get lab results after they were here
nothing
less double booking, appropriate follow through, less referral and better monitoring of results
friendly staff
a little more time with my doctor at an appointment
WI-FI access in waiting room and hospital rooms
No opinion
like to see clinic and hospital use the same data base-right now the system is dangerous
expanded hours so I don't have to go to the ER
Evening hours
expanded hours or an afterhours designated night at least 1x weekly
None

Ways that I could go once a month for medications and be able to afford my co-pay
Expand office hours-friendlier reception
Sometimes I would like the doctors to just listen to what I am saying instead of being in a hurry all the time
Expanded office hours
Better communications between staff & patients & increased communication between staff
Expanded office hours would be great
Clinic personnel can be rude at times
Someone to pick up the telephone, increased appointment times, less wait times
The people (staff) trip over each other because they are overstaffed, later in the day appointment-to 6pm
The providers should pay attention to their patents rather than being on their phone texting
Reduce # of employees and/or keep employees longer
Customer service training/smile when you talk. makes people feel welcome/phone too..
Staff that care about me (not the case). Professionalism & confidentiality too much information gets talked about in the community
I am satisfied, people need to go to a big city or "across the pond" they would appreciate what they have here
expanded office hours
more time with provider. I always feel like they are rushing me through only to let me sit in the exam room for ever
its good no changes
increased appointments times
extra services take time & money but expanded office hours is necessary
no problem
expand appt times
shorter waiting times
More time with provider.
not so much turn over in staffing
friendlier staff that makes you feel welcome
hours
more doctors
needs to work (communicate) between clinics better
Saturday morning clinic maybe?
Sliding scale cost due to not having insurance
expanded hours
expanded office hours at Lucas facility
More responsiveness from phone medication nurse
Nothing they have always been great to me
Expanded physician schedule at Lucas Clinic

More days a doctor is here
Nothing, it great to have in our community
less wait time
I never have problems with getting appts, don't think extended hours would be beneficial. Financial services is our issue, their practice lacks compassion. There should be some effort to work with you more
Expanded hours or urgent care
less waiting, on average when we go it takes 30-45- minutes just to get in a patient room
More ease to call and talk to someone about a problem
Get the County board to support the hospital better so we can afford to hire real physicians
Dr. in Lucas
Open more than 3 days a week in our rural area
Telephone answering & patient consideration could certainly be improved!!
More male practitioners or doctors
you are all great to deal with, no changes needed
Another woman doctor
I am pretty satisfied
Expanded office hours, less wait times
increase time seeing the dr.
everything is ok
expanded office hours
less waiting time
expanded office hours
increase appointment times
where people won't have to wait has alone to see the doctor
more services offered
less waiting time in exam room
take messages for doctors and give them the opportunity to call you back (if they wish) rather than letting a phone operator make this important medical decision
less wait time on appointments
As a nurse I would like to speak with a nurse at the clinic when calling about a patient- not leave message & wait on call back
Expanded office hours, availability of drs, length of appointment times--feels very rushed, courtesy of nurses
less wait time
waiting times
Organized Staff
Less Callus
I don't go to see the Dr. unless I'm seriously sick. I've been fortunate enough not to have needed to see a dr for some time. I come to this place, because it is near where I work

9a. If you use ECMC hospital services routinely, what do you consider to be our best features/characteristics? Other
Convenient
up to date technology
do not use
wait time
all listed are good
Physical therapy staff
not used-pretty healthy
they know me
never needed hospital services
haven't used them
I don't use other services but the clinic
I do not use the hospital
don't use
Everyone communicates well except the financial service department
New facility, staff tries to keep technology up to date
Great food
Do not use these services
don't use
9b. If you use ECMC Hospital routinely, what would you like to see changed?
like to talk to nurse when I call: do not like call backs and playing phone tag
nicer nurses
ER staff not friendly
faster attention to call buttons being pushed
not very friendly (ER)
variety of specialist
better follow-up of care post ER visits or inpatient stays
Nothing
admissions nurse to get process in faster
more secure facility, lacking in tornado and intruder security
x-ray table that lowers
more doctors
ER wait time
None
I would like to have or be referred to specialist when I did to
Better communications
Friendlier staff less wait time
Hospital appears to be dull like it needs to be cleaned. Patient rooms are not kept clean

Web access to patients, Diabetic classes for nurses: when you use call light a nurse will actually show up after a CNS informed them
Different ER nurses. The main ones during the day are horrible and not friendly. Anis (?) makes us feel guilty for coming in
try not to use it but I see nothing to change
nothing
I don't use the hospital
haven't had to use them yet
haven't been admitted to the hospital
nurses that will get up off of the chair to help a patient out
more pregnancy care
Variety of specialist
Have more doctors available
I had appointment with specialist, I was put in exam room & they forgot I was there for awhile & other have seen before me & I was before them on the list
variety of specialist
Cost
Don't use
decreased wait time
don't use
urgent care
wait time
wait times
variety of specialist
I have only used the hospital sparingly, for lab but I was satisfied
More community and county board support both publicly and financially
wait times is some sometimes very annoying
Nothing
The hospital is great, no changes needed in clinic
variety of specialists
need more specialists
shorter wait times from time nurse does assessment to time for dr.
more specialists
appointment times
they are doing the best they can
again, less waiting time in exam rooms
more specialists
more M.D.'s
drs more available to inpatients--"hospitalist"
don't use other services
I don't use ECMC hospital services routinely
not to have to explain my illness to front desk personnel

10a. If you use other health care services, (dental, vision, long term care, etc.) within the community routinely, what do you consider to be their best features/characteristics? Other
Convenience of local service
Local
Don't use
Dental and vision services are great. The hospital and clinic could learn from them
I go out of town to dentist & vision I can't afford them here
outside the community
Don't use them
Don't use
They are home based
do not use
seems to be better support publicly by the community
Husband is in long term care, billing always has errors that I point out & they correct
I don't use any other services here
Ins isn't covered with Dr. Gwinner for vision
10b. If you use other services routinely, what if anything, would you like to see changed (i.e., expanded hours, etc)
Emergency night and weekend dental coverage
no comment
ability to get appointments at my dentist easier
better coverage for chiropractic coverage
don't know
WI-FI
no opinion
fitness program in the community
Dental & vision too expensive in town
less expensive cost of appointments
Affordable and would like to see care services work with patients when it come to payments-some health care businesses are rude and non-caring, we are not rich people in Ellsworth County
Expanded hours
after hours appointment, like 6 or 7PM
24 transportation availability, night taxi
health department staff don't seem well educated on public health issues, not a good resource
expanded hours
nothing

Dental is way out of line even with good insurance. Its way to expensive
APPTS
more nurses in clinic
Cost
do not use
More friendly staff
not regular
should have availability of a person in charge, at all times, who can make a decision
nothing I can think of
expanded hours
expanded hours
expanded hours
I would like to see more flexibility with hours and patient availability
support for hospital
Need an orthodontist who will make monthly appointments in Ellsworth
Closer than 65 miles
lacking in our community
dental care is good
make it easier to make appointments
Need more affordable services
none
expanded hours
expand work hours
I have no issues where this is concerned
expanded hours ECMC ok, others need expanded hours, i.e., dentist
better insurance coverage, providers
dentist cost and availability would like extended hours
Take my insurance (so I don't have to go out of town)
12. In your own words, what do you believe to be the most important health or medical issue confronting Ellsworth County residents?
Obamacare!
Cancer and treatment support. Seems like we have a lot of cancer in Ellsworth County, even @ our own workplace
Obesity, Cancer
Rising cost of healthcare, on both sides. Patients struggle to pay for health care and health care facilities struggle to keep the cash flow, Due to government cut backs. Less reimbursements from insurance companies
Insurance and being able to afford healthcare
The ignorance of the youth in our high schools who don't have a clue about sexually transmitted diseases, wake up people, it happens every day.
Obesity & lack of exercise, poor eating habits, heart disease and diabetes. Most of the U.S. is becoming obese or morbidly obese, & do not care

I would have to say illegal drug
I believe a lot is being able to afford healthcare. Even though some have insurance it may require a co-pay, & if they don't have the co-pay they can't be seen, I know several people who have put off either them or their kids seeing a doctor because of this very reason until they have the money & then they are even sicker
I have just moved to this area and am not knowledgeable enough to answer this question yet. Thanks for offering the opportunity.
lower the co-payment. Sometimes it would be nice if they could just prescribe something over the phone without being seen unless it has been over a year since you were seen last. Also, the having to wait in the room is a little too long. I have waited 45 minutes to be seen by a doctor. I don't think you should have to pay to wait so long.
Keeping Doctors
High insurance premiums & our federal government getting involved
Head of household unable to provide insurance to family, exhausting pt's ins. Due to illness/ongoing tx. Cancer, Diabetes/obesity, heart disease (COPD) obesity just to name a few
Cost of health coverage
Alcohol & drug abuse seems to be a major problem in our small community, and not having a treatment here in Ellsworth all the time seems to be a problem. Public transportation to dr.s visits/hospital or home and ER visits seems to be a problem
obesity
obesity
heart disease and obesity, need affordable place to exercise with equipment other than (internet survey-cut off the rest)
mental health and alcoholism
obesity
cancer, diabetes, insurance
The ability to get treated in the hospital and then the clinic have absolutely no knowledge of it--this is insane!
drugs/alcohol
addition and mental health
not being sent to specialist sooner
drugs & alcohol abuse
mental health treatment
support groups-cancer, death & dying, alcoholism
People use the ER for minor issues-such as sore throats, colds, splinter, etc., that could easily be handled as a clinic or stat issue. People in Ellsworth
County abuse Medicaid & MAC card & the ER. Most often it's because we can't require them to pay the co-pay, therefore, they run up a higher bill then if they had used the clinic. A stat care clinic would be wonderful, esp if it stayed open until 9 or 10 PM
Mental health and substance abuse
affordable health care insurance, people without health care insurance

<p>The #1 issue is the rotating door for the D.O.N., our hospital deserves better. The morale of the hospital staff is down. There are enough other challenges that we cannot continue this path. Change is needed. The board w/the assistance of Charlie Grimwood should decide what needs to be changed, if it is personnel, do it now, thanks</p>
<p>Cancer</p>
<p>Insurance availability, cancer, heart disease, obesity, depression and anxiety, pediatrician specialist, insurance to cover chiropractics</p>
<p>county support for our community hospital, most communities financially support their hospital, Ellsworth seems to find it difficult to see the value in a healthy community</p>
<p>affordability of care due to high deductibles in insurance</p>
<p>The affordability of care. Better support teams, physicians more of them so they would be able to spend more time with each patient, completion of health records.</p>
<p>I feel an important issue is the availability to affordable exercise care. It would be nice also to see access to an exercise pool for all to enjoy. Open gym at school for basketball, ping pong, homework, games etc., 3 on 3, "called home base". C.O.W. =Commute Option Week, a week were you challenge The whole town into traveling to and from work, church, store, bar, hospital on something other than car. They keep track and checkins, prizes for those whom do the most miles, days, etc.</p>
<p>1. Drug addiction, 2. Increase in cancer among the young to middle age people, 3. Obesity, 4. Alcoholism</p>
<p>The future of health care in our community. We used to have a great hospital-it seemed like people worked together and cared about their patients. If we had concerns we could take it to Mr. Pearson, or Mrs. Stefek or Mrs. Harshberger and things got taken care of. But they are all gone and now no one cares. We just get the run around. I have friends that have written letters that never get contacted about their concerns, and that's not right. We used to be satisfied with the hospital and clinic, but not anymore. Everyone is rushed in and rushed out. The Drs. And others don't really listen, they hurry to get to the next patient. I think this survey is good, but only if the concerns are addressed and changes are made. Thank you</p>
<p>Alcohol & drugs as in any community. I never understood alcohol, killed thousands but is legal. Oh! I forgot, it creates money, I wonder if the balance it has is more harm in creating problems then money. 1. Auto accidents-kill thousands yearly, 2. Health heart organs bones eyes etc, 3. Wife and neglect or beatings, 4. Higher insurance cost to taxpayers, 5. Family split-ups, 6. Promoted infidelity between husbands and wives, 7. And on & on. I think alcohol, the "sacred cow" one of the most dangerous destructive drugs on the market, and is ready available. These country communities have looked to long the other way, de-formed children also the victims. No band aids, lets look at the real problems of our own society. P.S., I am 61, and I know firsthand the above from overseas, Washington State, to the NE, SE and SW. Alcohol is worse than many of the so-called illegal drugs. I am not for any drugs, but one of the most dangerous drugs, alcohol "is"</p>
<p>Pain management-misuse of ER-Availability of Hospice services</p>
<p>Cost of increasing population on Medicare, misuse of services by public</p>
<p>need more physicians to keep up</p>

Heart disease, alcohol abuse, diabetes
Mental health and pain management expertise. Also, ER doctors need to come to ER when there is a true emergency
We need to keep sending them to specialists when they are having problems and we have caught a lot of people's problems like cancer by sending them on to specialists
Help for the elderly, Quality health coverage
Overweight, lack of exercise, cost of medical & dental even with insurance. This is not an employee health insurance issue this is an issue due to what health care professionals charge for their services namely, the dentist
I would like to see more options for exercise programs. The fitness center is great, but I would rather have "fun" ways to exercise with others. Things like Zumba, kickboxing, aerobics, etc. at a very reasonable price. I understand the instructors would have to be paid, but the lower the cost, the more participants you will have
Don't know of any
Obesity, HTN, CVD
Reliance on heavy duty pain meds
double booking patients in the clinic
affordability of care due to high deductibles in insurance
drug abuse
obesity in children and no knowledge in STD's
I believe our major issues in our community are mental health issues and obesity
providing enough physicians to fulfill need
survival of rural health clinics; outreach services
long term financial viability of small rural hospitals
Medicare changes for seniors
recruiting trained nursing and technician personnel
not enough doctors
Here at Lucas its our clinic we don't have a dr. that often. A PA is good but she is not a dr and just this week our nurse that everyone liked is moved to another place don't know who will replace her
too few doctors, people with no insurance or insurance premiums too high for people with insurance
Our community needs to live a healthier lifestyle,, too many people are heave and live inactive lifestyles. The community is in need of a larger more accessible place to exercise and more facilities in the school for athletic programs to teach kids the value of athletics and healthy weight. The healthy foods (fresh vegetables, etc) at our store are too expensive and often not that great of quality.
I believe that there should be more better access to support groups for things like parenting, grief, healthy living
The large amount of obese people in our area. The cost of a gym is extravagant and is not affordable to most people. Other communities offer a simple exercise area for \$5.00 fee per month. There is no reason that our community could not get something like that done.

What is being done to replace the doctors that are retiring and to get other medical services in Ellsworth without having to go to Salina or Hays
MRI's available only on certain days of the week
Cost
drug & alcohol abuse
Lack of availability mental health practitioners
The 16-30 age group needs more guidance on pregnancy, drug & alcohol abuse & obesity
School lunch issues are a big issue, my children are hungry when they get home every day, it is very hard to get them to wait for supper..They want food NOW, so they get fruits and veggies but that doesn't hold them over because that is all they really ate at school and they want breads, chips and sweets. I feel that the new regulation on school meals is hurting our children more than it is helping.
Funding
Our staff aging and no young doctors to come into work
I think we need a youth center to help keep the younger generation active and on track to good health so they have less issues when they are adults
County and community support both publicly and financially
Alcohol, drug and prescription drug abuse by youth as well as adults now
People need to learn to be responsible for themselves and not expect someone else to be the keeper of their health and costs
Lack of health insurance, and affordable child health care for lower income families and single parents. Also evening hours would help working people so that they don't have to take off work
more doctors
not enough doctors
cost of health insurance, health care costs healthy living/healthy lifestyle
it seems like most residents drink too much, lack of available resources
It seems that the community needs for support have increased due to current economic state and the increase of single parent households that are stretched financially.
Inpatient services, routine, for adults and children i.e.: dental, vision, well exams are not being met due to economic burdens and self-pay costs
Affordable gym-with more equipment and larger space. The gym at the hospital is limiting...there are not many exercise machines, last time I checked there was no free weights and it lacks the equipment necessary for a lifting routine. Very expensive for what is there. I have been a member of Gold's gym, 24hr fitness, Ballys and others: most memberships per month ranged from \$25 to \$35, had daycares, provided a pool, inside gym (court), group exercise classes and all the machines and substitute machines for any workout regimen that you were on. Ellsworth needs a proper and affordable health and fitness center.
All good
Specialists and actual Dr's.
I am not sure at this time. Everybody at the hospital and clinic is more than adequate. I have not felt this way about any clinic or hospital in my life! You all should get raise!

Smile
The overall health & wellness within families (as a unit) causes issues in all areas of that family's lives and directly affects the wellness of our community
more qualified physicians, wearing our good one out
the use of alcohol and drugs by minors. Not many programs in place for kids with disabilities, the age our kids become sexually active seems to be continually getting younger.
We need a place for young girls to go who fear they are pregnant without embarrassment or humiliation. (pregnancy tests get stolen often from the Dollar General) ALCO had to move pregnancy tests to behind the counter because they were being stolen so much
Affordable health insurance
Obesity in kids
Drug and alcohol abuse
I think that unhealthy meals and lifestyles are something that could be changed
Having the money to get the medicine needed for your issue and being able to find healthcare that is affordable
The emergency medical care makes you wait a long time in the ER. The doctors are nice but they could go just a little faster getting there
Canser
Transportation doesn't offer services, surgery, broken bones, childbirth etc.
Not enough doctors. Wish we could have less starch in our dinners at senior center
I believe substance abuse and mental health services within the community should be made a priority, along with dept of children and family services, which at the moment are no longer an option within the community itself. Either direct options to these three services or transportation for access should be a viable investment
need for possibly another MD
They need a place to work out with an instructor to lead the classes. A place with a wide variety of classes taught to meet every spectrum from young to old. A gym with trainers available to help people work out correctly and effectively. Nutrition classes held also teach and educate on proper lifestyles eating habits. Good care nutrition starts with what you put into your body
All the chemicals that are used in our daily living
Lack of adequate number of medical doctors-especially in the future. Adequate staffing of ER, especially at night and weekends. Keeping our hospital in excellent condition & getting needed equipment. I think it is also important to keep up with the latest technology & new equipment
What's up with all the turnover???
Billing department had always had issues w/community-not people friendly-organized-or accurate-several people agree. Need more doctors in clinic-the ones we have are rushed & overworked. Don't care to have a c n a checking me into clinic-rather have nurse. Some need to remember there is HIPPA-and keep their mouths shut-Dr's-nursing- receptionists are good but always rushed-not enough time to do everything

Alzheimer's, Dementia, Diabetes and Obesity
Need ambulance service in surrounding towns, we need mental health pros. Need more physicians #1
more physicians
drug and alcohol abuse/mental health issues
obesity, smoking and drugs
Having good doctors. A hospital doesn't do us much good without good doctors
Saving lives
Basic health concerns being neglected due to these economic situations. Times are hard, their personal health get cut out first
When working with lower income people-need to have some training on family life-eating habits, risky smoking to children in home-no activity-physical act. That they can do as a family for healthy lifestyle
Lack of exercise; lack of space for quality fitness area that supports families & busy schedules
Ellsworth needs to have some type of teen community/recreation center where teens/youth can hang out-play games, eat, listen to music, play ping pong or pool. I believe there is more substance abuse then the community believes there is. This will impact Ellsworth in many areas. A youth center would help keep youth away from drugs & alcohol.
Prevention activities would be beneficial.