

Community Health Needs Assessment 2013



Community Memorial Healthcare
Community Health Needs Assessment
July 2013

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Introduction

IRC Section 501(r) requires health care organizations to assess the health needs of their communities and adopt implementation strategies to address identified needs. Per IRC Section 501(r), a byproduct of the *Affordable Care Act*, to comply with federal tax-exemption requirements, a tax-exempt hospital facility must:

- Conduct a community health needs assessment every three years.
- Adopt an implementation strategy to meet the community health needs identified through the assessment.
- Report how it is addressing the needs identified in the community health needs assessment and a description of needs that are not being addressed with the reasons why such needs are not being addressed.

The community health needs assessment must take into account input from persons who represent the broad interest of the community served by the hospital facility, including those with special knowledge of or expertise in public health. The hospital facility must make the community health needs assessment widely available to the public.

This community health needs assessment, which describes both a process and a document, is intended to document Community Memorial Healthcare's (CMH) compliance with IRC Section 501(r). Health needs of the community have been identified and prioritized so that CMH may adopt an implementation strategy to address specific needs of the community.

The *process* involved:

- Collection and analysis of a large range of data, including demographic, socioeconomic and health statistics and health care resources.
- Community engagement through a series of public meetings to obtain thoughts and concerns about local issues and unmet needs. The meetings were conducted as part of the Kansas Rural Health Project for Marshall County, Kansas. This process is further described in the Community Input section of this report.
- Reviewing results from a community health survey coordinated by the Kansas Rural Health Project and conducted by Docking Institute, Ft. Hays State University.

This *document* is a summary of all the available evidence collected during the initial cycle of community health needs assessments required by the IRS. It will serve as a compliance document as well as a resource until the next assessment cycle.

Both the process and document serve as the basis for prioritizing the community's health needs and will aid in planning to meet those needs.

Summary of Community Health Needs Assessment

The purpose of the community health needs assessment is to document compliance with new federal laws outlined above.

CMH engaged **BKD, LLP** to assist with preparation of this community health needs assessment report. **BKD, LLP** is one of the largest CPA and advisory firms in the United States, with approximately 2,000 partners and employees in 30 offices. BKD serves more than 900 hospitals and health care systems across the country.

Based on current literature and other guidance from the treasury and the IRS, the following steps were conducted as part of the Hospital's community health needs assessment:

- The “community” served by CMH was defined by utilizing inpatient data regarding patient origin. This process is further described in Community Served by the Hospital.
- Population demographics and socioeconomic characteristics of the community were gathered and reported utilizing various third parties (see references in Appendices). The health status of the community was then reviewed. Information on the leading causes of death and morbidity information was analyzed in conjunction with health outcomes and factors reported for the community by CountyHealthrankings.org. Health factors with significant opportunity for improvement were noted.
- An inventory of health care facilities and resources was prepared.
- Community input was provided through broad based community meetings to discuss community health issues and unmet needs. Additionally, a community health survey was completed by 200 individuals. Results and findings are described in the Community Input sections of this report.
- Information gathered in the steps above was analyzed and reviewed to identify health issues of uninsured persons, low-income persons and minority groups and the community as a whole. Health needs were ranked utilizing a weighting method that weighs: 1) the size of the problem, 2) the seriousness of the problem, 3) the prevalence of common themes, 4) the impact of the issue on vulnerable populations and 5) how important the issue is to the community.
- Recommendations based on this assessment have been communicated to CMH management.

General Description of the Hospital

Community Memorial Healthcare, Inc. serves the community with high quality health care, featuring the latest in technologies and treatments, delivered in an environment that promotes healing. CMH's role as a rural community hospital is immeasurable. Access to quality health care is critical and Community Memorial Healthcare provides health care services for those we work and live with - our neighbors and friends.

CMH has expanded the scope of health care to encompass the full continuum of care that emphasizes health promotion, disease prevention and treatment for all members of your family. That's why CMH offers a full range of services to treat you. Whether you are admitted as an inpatient, visiting for outpatient services or attending one of CMH's community education programs, everyone at Community Memorial Healthcare considers it a privilege to serve you.

Mission

To excel at caring for you.

Vision

CMH will exceed expectations as a trusted and valued health provider.

Values

Treat: To provide appropriate and knowledgeable care to you, our patients.

Respect: We respect you through privacy, honesty and sincerity.

Understand: Understanding your needs with compassion and small town values.

Stewardship: A responsible way to ensure that we are here for you today and in the future.

Teamwork: Secret of our success.

Clinics and Facilities

- Blue Rapids Medical Clinic
- Community Physicians Clinic – Marysville
- Community Physicians Clinic – Wymore
- Marysville Clinic
- CPC Surgeon
- Community Medical Equipment

- Community Memorial Healthcare Home Health Agency

Services

Community Memorial Healthcare provides general medical and surgical care for inpatient, outpatient and emergency room patients, and participates in the Medicare and Medicaid programs.

Emergency room services are available on a 24-hour per day, seven-day per week basis.

Services provided by CMH include:

- Acute Care
- Outpatient Clinic
- Cardiopulmonary Services (Cardiac Rehab, Electrocardiology, Echocardiology & Vascular, Pulmonary Function Lab, Respiratory Therapy and Sleep Lab)
- Occupational Therapy
- Physical Therapy
- Laboratory Services
- Speech Therapy
- Consulting Physicians from Lincoln and Manhattan
- Obstetrics
- General Surgery
- Home Health
- Swing Bed
- Full-Time Pharmacist
- Dialysis Center
- Dietary Services
- 24-Hour Emergency Room
- Skilled Nursing Care
- Swing Bed
- MRI, CT & Bone Density Scans
- Mammograms and Sonograms
- Chemotherapy
- Nuclear Testing
- PACS
- Community Medical Equipment
- CPR/First Aid Certification
- 55PLUS (now Sterling Connection)
- Parenting Classes
- Child Loss Grief Support Group
- To Your Health Articles
- CMH Wound Care Team

Community Served by the Hospital

Community Memorial Healthcare, Inc. is located in Marysville, Kansas in the County of Marshall. Marysville is the county seat of Marshall County. Marysville is accessible by US-36.

Defined Community

A community is defined as the geographic area from which a significant number of the patients utilizing CMH services reside. While the community health needs assessment considers other types of health care providers, CMH is the single largest provider of acute care services. For this reason, the utilization of CMH services provides the clearest definition of the community.

Based on the patient origin of acute care discharges from fiscal year 2012, management has identified the community to include zip codes in Marshall Counties as listed in *Exhibit 1.1*, with more than 75 percent of all inpatient discharges originating in Marshall County. Page 7 presents a detailed map of CMH's geographical location and the footprint of the community identified in *Exhibit 1.1*. Corresponding demographic information is provided for Marshall County in *Exhibits 2* through 5.

Exhibit 1.2 shows all outpatient procedures in Marshall County from fiscal year 2012, with nearly 80 percent of all outpatient procedures originating in Marshall County.

Exhibit 1.1
Community Memorial Healthcare
Summary of Inpatient Discharges by Zip Code
11/01/2011 to 12/31/2012

Zip	City	Discharges	Percent of Total Discharges
Marshall County:			
66508	Marysville	295	43.00%
66411	Blue Rapids	68	9.91%
66548	Waterville	32	4.66%
66427	Frankfort	28	4.08%
66406	Beattie	23	3.35%
66518	Oketo	18	2.62%
66403	Axtell	17	2.48%
66438	Home	15	2.19%
66541	Summerfield	8	1.17%
66544	Vermillion	7	1.02%
66412	Bremen	4	0.58%
		515	75.07%
All Other		171	24.9%
Total		686	100.0%

Source: Community Memorial Healthcare

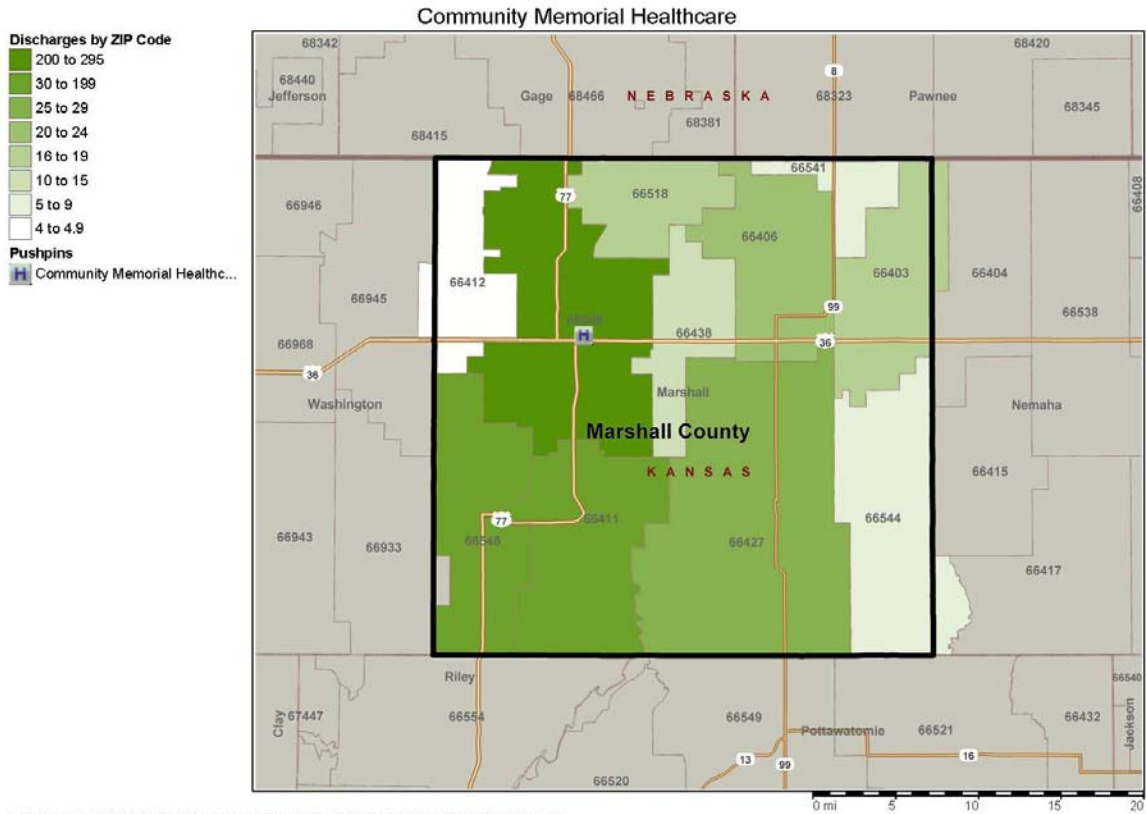
**Exhibit 1.2
Community Memorial Healthcare
Summary of Outpatient Procedures by Zip Code
11/01/2011 to 12/31/2012**

Zip	City	Outpatient Procedures	Percent of Total Procedures
Marshall County:			
66508	Marysville	11,600	43.30%
66411	Blue Rapids	3,387	12.64%
66548	Waterville	1,771	6.61%
66406	Beattie	970	3.62%
66427	Frankfort	905	3.38%
66438	Home	633	2.36%
66403	Axtell	618	2.31%
66518	Oketo	536	2.00%
66412	Bremen	437	1.63%
66541	Summerfield	339	1.27%
66544	Vermillion	203	0.76%
		<u>21,399</u>	<u>79.89%</u>
All Other		5,388	20.1%
Total		<u><u>26,787</u></u>	<u><u>100.0%</u></u>

Source: Community Memorial Healthcare

Community Details

The following map geographically illustrates the Hospital's location and community by showing the community shaded. The bulk of the CMH's CHNA community is concentrated in and around Marysville.



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Community Population and Demographics

The U.S. Bureau of Census has compiled population and demographic data based on the 2010 census. The Nielsen Company, a firm specializing in the analysis of demographic data, has extrapolated this data by county to estimate population trends from 2013 through 2018.

Exhibit 2 illustrates the overall population is projected to decrease slightly over the five-year period from 9,904 to 9,612. The age category that utilizes healthcare services the most, 65 years and over, is projected to increase from 2,147 to 2,216. The projected changes to the composition of the total community, between male and female, are projected to remain approximately the same over the five-year period.

**Exhibit 2
Community Memorial Healthcare CHNA Community
Estimated 2013 Population and Projected 2018 Population**

County, State	0-14 Years	15-44 Years	45-64 Years	65 and Over	Total	Male	Female
Estimated 2013 Population							
Marshall, KS	1,938	3,028	2,791	2,147	9,904	4,882	5,022
PROVIDER SERVICE AREA	<u>1,938</u>	<u>3,028</u>	<u>2,791</u>	<u>2,147</u>	<u>9,904</u>	<u>4,882</u>	<u>5,022</u>
Projected 2018 Population							
Marshall, KS	1,942	3,013	2,441	2,216	9,612	4,767	4,845
PROVIDER SERVICE AREA	<u>1,942</u>	<u>3,013</u>	<u>2,441</u>	<u>2,216</u>	<u>9,612</u>	<u>4,767</u>	<u>4,845</u>

Source: The Nielsen Company

Exhibit 2.1 provides the percent difference from estimated 2013 to projected 2018 as well as the percent difference for the state of Kansas and the United States for comparison purposes. *Exhibit 2.1* illustrates the overall population is projected to decrease nearly three percent over the five-year period compared to projected overall increases for Kansas at 2.2 percent and the United States at 3.3 percent. Note the age category that utilizes health care services the most, 65 years and over, is projected to increase by 3.2 percent. This increase in the 65 year and over category will have an impact on both the amount and type of services required by the community.

**Exhibit 2.1
Community Memorial Healthcare CHNA Community
Estimated 2013 Population vs Projected 2018 Population Percent Difference**

County, State	0-14 Years	15-44 Years	45-64 Years	65 and Over	Total	Male	Female
Percent Difference							
Marshall, KS	0.2%	-0.5%	-12.5%	3.2%	-2.9%	-2.4%	-3.5%
PROVIDER SERVICE AREA	0.2%	-0.5%	-12.5%	3.2%	-2.9%	-2.4%	-3.5%
KS 2013 Estimated (1,000s)	614	1,138	738	402	2,892	1,435	1,457
KS 2018 Projected (1,000s)	630	1,148	721	456	2,955	1,466	1,489
PERCENT DIFFERENCE	2.6%	0.9%	-2.3%	13.4%	2.2%	2.2%	2.2%
U.S. 2013 Estimated (1,000s)	61,804	126,083	83,113	43,862	314,862	154,820	160,042
U.S. 2018 Projected (1,000s)	63,380	126,608	84,336	50,998	325,322	160,000	165,322
PERCENT DIFFERENCE	2.5%	0.4%	1.5%	16.3%	3.3%	3.3%	3.3%

Source: The Nielsen Company

Certain characteristics of a population can be factors in determining the health care services required by a community. The following is an analysis of the age distribution of the population for the primary community. The analysis is provided by county and provides a comparison to Kansas and the United States.

Exhibit 2.2
Community Memorial Healthcare CHNA Community
Estimated 2013 Population vs Projected 2018 Population with Percent Totals

County	0-14 Years	15-44 Years	45-64 Years	65 and Over	Total	Male	Female
Estimated 2013 Population							
Marshall, KS	19.6%	30.6%	28.2%	21.7%	100.0%	49.3%	50.7%
TOTAL PROVIDER SERVICE AREA	19.6%	30.6%	28.2%	21.7%	100.0%	49.3%	50.7%
Projected 2018 Population							
Marshall, KS	20.2%	31.3%	25.4%	23.1%	100.0%	49.6%	50.4%
TOTAL PROVIDER SERVICE AREA	20.2%	31.3%	25.4%	23.1%	100.0%	49.6%	50.4%
ESTIMATED 2013	19.6%	30.6%	28.2%	21.7%	100.0%	49.6%	50.4%
PROJECTED 2018 POPULATION	20.2%	31.3%	25.4%	23.1%	100.0%	49.6%	50.4%
PERCENT DIFFERENCE	0.2%	-0.5%	-12.5%	3.2%	-2.9%	-2.4%	-3.5%
KANSAS 2013	21.2%	39.3%	25.5%	13.9%	100.0%	49.6%	50.4%
UNITED STATES 2013	19.6%	40.0%	26.4%	13.9%	100.0%	49.2%	50.8%

Source: The Nielsen Company

Very similar to the 3.2 percent growth seen in the overall number of people in the 65 year and over category in *Exhibit 2.1*, *Exhibit 2.2* indicates that as a percent of total population for the community, the 65 year and over category will make up more than 23 percent of the total population in 2018 compared to 21.7 percent in 2013.

While the relative age of the community population can impact community health needs, so can the ethnicity and race of a population. The following *Exhibit 3* shows the population of the community by ethnicity by illustrating the Hispanic versus non-Hispanic residents. In total, the population breakdown for the community is fairly comparable to the state of Kansas; however Marshall County does have a significantly smaller percentage of Hispanic Residents in comparison the state of Kansas as a whole.

Exhibit 3
Community Memorial Healthcare CHNA Community
Estimated 2013 Population vs Projected 2018 Population with Percent Difference

County, State	Estimated 2013			Projected 2018			% Difference		% Total	
	Hispanic	Non-Hispanic	Total	Hispanic	Non-Hispanic	Total	Hispanic	Non-Hispanic	Hispanic	Non-Hispanic
Marshall, KS	218	9,686	9,904	245	9,367	9,612	12.4%	-3.3%	2.5%	97.5%
PROVIDER SERVICE AREA	218	9,686	9,904	245	9,367	9,612	12.4%	-3.3%	2.5%	97.5%
KANSAS (1,000s)	331	2,561	2,892	377	2,578	2,955	13.9%	0.7%	12.8%	87.2%
U.S. (1,000s)	54,578	260,284	314,862	61,050	264,272	325,322	11.9%	1.5%	18.8%	81.2%

Source: The Nielsen Company

Exhibit 4 shows the population of the community by race by illustrating three different categories, white, black and other residents. In total, the population breakdown for the community shows a higher concentration of white residents than the state of Kansas and the United States.

**Exhibit 4
Community Memorial Healthcare CHNA Community
Estimated 2013 Population vs Projected 2018 Population with Percent Difference**

County, State	Estimated 2013				Projected 2018				Percent Difference				Percent Total		
	White	Black	Other	Total	White	Black	Other	Total	White	Black	Other	Total	White	Black	Other
Marshall, KS	9,622	27	255	9,904	9,311	30	271	9,612	-3.2%	11.1%	6.3%	-2.9%	96.9%	0.3%	2.8%
PROVIDER SERVICE AREA	9,622	27	255	9,904	9,311	30	271	9,612	-3.2%	11.1%	6.3%	-2.9%	96.9%	0.3%	2.8%
KANSAS (1,000s)	2,401	171	320	2,892	2,423	175	357	2,955	0.9%	2.3%	11.6%	2.2%	82.0%	5.9%	12.1%
U.S. (1,000s)	225,086	40,007	49,769	314,862	228,213	41,797	55,312	325,322	1.4%	4.5%	11.1%	3.3%	70.1%	12.8%	17.0%

Source: The Nielsen Company

Socioeconomic Characteristics of the Community

The socioeconomic characteristics of a geographic area influence the way residents access health care services and perceive the need for health care services within society. The economic status of an area may be assessed by examining multiple variables within the community. The following exhibits are a compilation of data that includes household income, labor force, employees by types of industry, employment rates, educational attainment and poverty for the community served by CMH. These standard measures will be used to compare the socioeconomic status of the county internally as well as to the state.

Income and Employment

Exhibit 5 presents the average and median income for households in Marshall County in comparison the Kansas and the United States. Average household income is projected to decrease by nearly one percent between 2013 and 2018, while the median household income is projected to decrease by 1.2 percent. These numbers compare unfavorably to state and national estimates which show increases in average and median household incomes.

Exhibit 5
Community Memorial Healthcare CHNA Community
Estimated Family Income and Wealth for 2013 and 2018 With Percent Difference

County, State	Estimated 2013		Projected 2018		Percent Difference	
	Avg. Household Income	Median Household Income	Avg. Household Income	Median Household Income	Avg. Household Income	Median Household Income
Marshall, KS	\$ 48,912	\$ 40,991	\$ 48,589	\$ 40,503	-0.7%	-1.2%
Kansas	\$ 64,008	\$ 48,218	\$ 66,108	\$ 49,341	3.3%	2.3%
United States	\$ 69,637	\$ 49,297	\$ 71,917	\$ 49,815	3.3%	1.1%

Source: The Nielsen Company

Exhibit 6 presents the average annual resident unemployment rates for Marshall County, Kansas and the United States. As *Exhibit 6* illustrates, unemployment rates for Marshall County have decreased steadily since 2009 and ranks favorably when compared to state and national averages.

**Exhibit 6
Community Memorial Healthcare CHNA Community
Unemployment Rates (%)
2008-2012**

County, State	2008	2009	2010	2011	2012
Marshall, KS	3.6	5.8	5.0	4.5	4.1
Kansas	4.4	7.1	7.1	6.5	5.7
United States	5.8	9.3	9.6	8.9	8.1

Source: FDIC

Exhibit 7 summarizes employment by major industry for Marshall County.

**Exhibit 7
Community Memorial Healthcare CHNA Community
Employment by Major Industry
2010**

Major Industries	Marshall County	%	US %
Goods-producing	1,175	26.1%	14.7%
Natural Resources and Mining	33	0.7%	1.4%
Construction	161	3.6%	4.3%
Manufacturing	982	21.8%	9.0%
Service-providing	2,427	53.8%	68.4%
Trade, Transportation, and Utilities	979	21.7%	19.1%
Information	137	3.0%	2.1%
Financial Activities	191	4.2%	5.8%
Professional and Business Services	232	5.1%	13.1%
Education and Health Services	523	11.6%	14.6%
Leisure and Hospitality	255	5.7%	10.2%
Other Services	109	2.4%	3.4%
Federal Government	55	1.2%	2.3%
State Government	38	0.8%	3.6%
Local Government	815	18.1%	11.0%
Total Employment	4,510	100.0%	100.0%

Source: U.S. Department of Census

Major employers in Marshall County include the following:

**Exhibit 8
Community Memorial Healthcare CHNA Community
Employment by Top Employers (>75 Employees)**

Top Employers	Industry	Employment
City of Marysville	Local Government	
Community Memorial Healthcare	Health Care	230
Fastline Trailers		
Georgia Pacific Gypsum Corporation		
Hall brothers Construction		
Landoll Corporation	Manufacturing	640
Marshall County Government	State Government	
Tension Envelope Company		
Titan Trailers		
Union Pacific Railroad		

Source: www.marshallco.net

Poverty

Exhibit 9 presents the percentage of total population in poverty (including under age 18) and median household income for households in Marshall County versus the state of Kansas and the United States.

**Exhibit 9
Community Memorial Healthcare CHNA Community
Poverty Estimate: Percentage of Total Population in Poverty and Median Household Income
2010 and 2011**

County, State	2010			2011		
	All Persons	Under Age 18	Median Household Income	All Persons	Under Age 18	Median Household Income
Marshall, KS	11.8%	16.9%	\$ 43,584	11.8%	17.0%	\$ 42,619
Kansas	13.5%	18.1%	\$ 47,888	13.8%	18.8%	\$ 48,844
United States	15.3%	21.6%	\$ 50,046	15.9%	22.5%	\$ 50,502

Source: U.S. Census Bureau, Small Areas Estimates Branch

Exhibit 9 presents the percentage of total population in poverty and median household income in Marshall County. In 2011, a family of two adults and two children was considered poor if their annual household income fell below \$22,350. Poverty rates for Marshall County above rank favorably when compared to the state and national averages. Median household income in Marshall County however ranks unfavorably to state and national averages.

Uninsured

Exhibit 10 presents health insurance coverage status by age (under 65 years) and income (at or below 400 percent) of poverty for Marshall County versus the state of Kansas.

Exhibit 10
Community Memorial Healthcare CHNA Community
Health Insurance Coverage Status by Age (Under 65 years) and Income (At or Below 400%) of Poverty
2010

County, State	All Income Levels				At or Below 400% of FPL			
	Under 65 Uninsured	Percent Uninsured	Under 65 Insured	Percent Insured	Under 65 Uninsured	Percent Uninsured	Under 65 Insured	Percent Insured
Marshall, KS	1,186	15.0%	6,718	85.0%	1,080	19.0%	4,604	81.0%
Kansas	380,567	15.8%	2,034,200	84.2%	342,806	21.6%	1,241,206	78.4%

Source: U.S. Census Bureau, SAHIE/ State and County by Demographic and Income Characteristics

Education

Exhibit 11 presents educational attainment by age cohort for individuals in Marshall County versus the state of Kansas.

Exhibit 11
Community Memorial Healthcare CHNA Community
Educational Attainment - Total Population
2007-2011

State/ County	Age Cohort				
	18-24	25-34	35-44	45-64	65+
<u>Completing High School</u>					
Marshall, KS	26.6%	88.0%	91.3%	95.3%	83.9%
Kansas	27.7%	89.8%	90.4%	91.9%	83.8%
<u>Bachelor's Degree or More</u>					
Marshall, KS	10.7%	14.0%	17.1%	14.9%	7.2%
Kansas	9.3%	32.7%	33.8%	30.9%	20.6%

Source: U.S. Census Bureau, Current Population Survey

Education levels obtained by community residents may impact the local economy. Higher levels of education generally lead to higher wages, less unemployment and job stability. These factors may indirectly influence community health. Persons in all age cohorts are comparable to the state as a whole in high school completion rates, but rank unfavorably when compared to state averages for obtaining a Bachelor's degree or more.

Health Status of the Community

This section of the assessment reviews the health status of Marshall County residents. As in the previous section, comparisons are provided with the state of Kansas. This in-depth assessment of the mortality and morbidity data, health outcomes, health factors and mental health indicators of the county residents that make up the community will enable CMH to identify priority health issues related to the health status of its residents.

Good health can be defined as a state of physical, mental and social well-being, rather than the absence of disease or infirmity. According to *Healthy People 2020*, the national health objectives released by the U.S. Department of Health and Human Services, individual health is closely linked to community health. Community health, which includes both the physical and social environment in which individuals live, work and play, is profoundly affected by the collective behaviors, attitudes and beliefs of everyone who lives in the community. Healthy people are among a community's most essential resources.

Numerous factors have a significant impact on an individual's health status: lifestyle and behavior, human biology, environmental and socioeconomic conditions, as well as access to adequate and appropriate health care and medical services. Studies by the American Society of Internal Medicine conclude that up to 70 percent of an individual's health status is directly attributable to personal lifestyle decisions and attitudes. Persons who do not smoke, who drink in moderation (if at all), use automobile seat belts (car seats for infants and small children), maintain a nutritious low-fat, high-fiber diet, reduce excess stress in daily living and exercise regularly have a significantly greater potential of avoiding debilitating diseases, infirmities and premature death.

The interrelationship among lifestyle/behavior, personal health attitude and poor health status is gaining recognition and acceptance by both the general public and health care providers. Some examples of lifestyle/behavior and related health care problems include the following:

Lifestyle	Primary Disease Factor
Smoking	Lung cancer Cardiovascular disease Emphysema Chronic bronchitis
Alcohol/drug abuse	Cirrhosis of liver Motor vehicle crashes Unintentional injuries Malnutrition Suicide Homicide Mental illness
Poor nutrition	Obesity Digestive disease Depression

Lifestyle	Primary Disease Factor
Driving at excessive speeds	Trauma Motor vehicle crashes
Lack of exercise	Cardiovascular disease Depression
Overstressed	Mental illness Alcohol/drug abuse Cardiovascular disease

Health problems should be examined in terms of morbidity as well as mortality. Morbidity is defined as the incidence of illness or injury and mortality is defined as the incidence of death. However, law does not require reporting the incidence of a particular disease, except when the public health is potentially endangered.

Due to limited morbidity data, this health status report relies heavily on death and death rate statistics for leading causes in death in Marshall County and the state of Kansas. Such information provides useful indicators of health status trends and permits an assessment of the impact of changes in health services on a resident population during an established period of time. Community attention and health care resources may then be directed to those areas of greatest impact and concern.

Leading Causes of Death

Exhibit 12 reflects the leading causes of death for Marshall County residents and compares the age adjusted rates, per 100,000, to the state of Missouri age adjusted rates, per 100,000.

Exhibit 12
Community Memorial Healthcare CHNA Community
Selected Causes of Resident Deaths: Number and Rate (2009-2011)

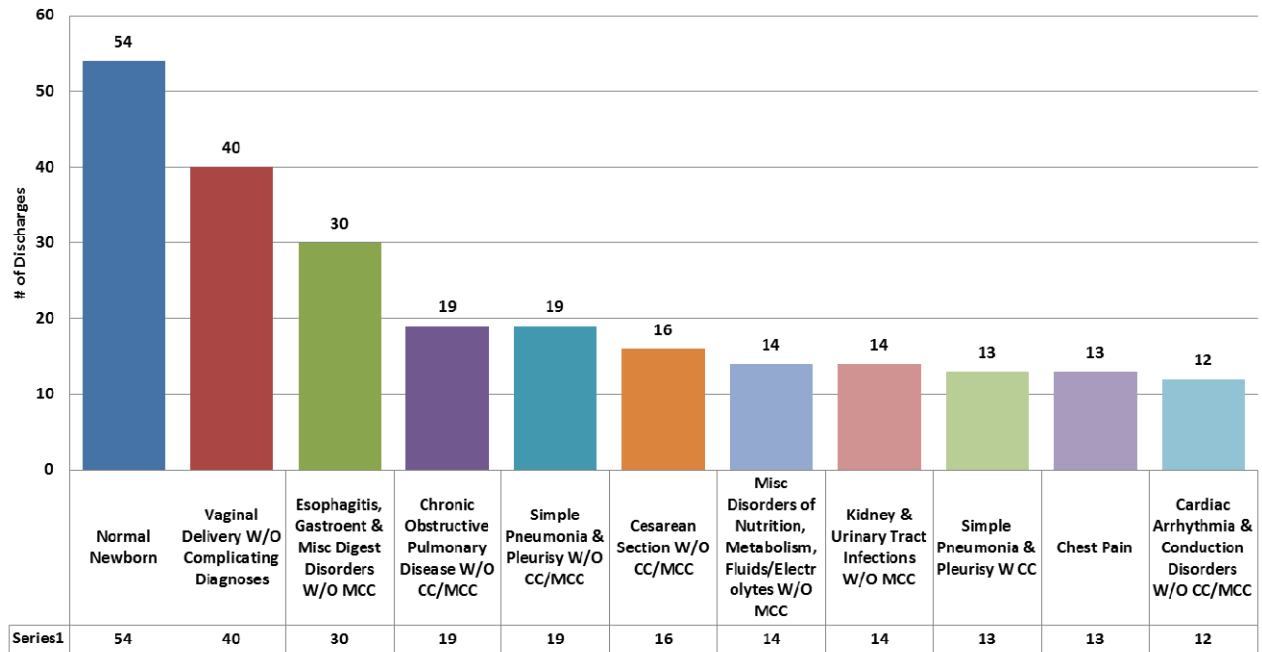
	Marshall County		Kansas	
	Number	Rate*	Number	Rate*
Total Deaths, All Causes	383	710.7	73,531	761.9
Cancer	78	155.0	16,094	171.1
Alzheimer's Disease	13	-	2,411	23.4
Heart Disease	114	181.0	15,998	161.4
Chronic Lower Respiratory Disease	22	38.2	4,812	50.8
Cerebrovascular Disease (Stroke)	23	35.3	4,113	41.2
Pneumonia and Influenza	10	-	1,788	17.7
Other Digestive Diseases	13	-	1,823	18.8

* Indicates rate is age adjusted per 100,000 population/ Age Adjustment Uses 2000 Standard Population

Source: <http://kic.kdhe.state.ks.us/kic/cgi-bin/deathnew/death.exe>

Primary Causes for Inpatient Hospitalization

The following graph represents the top ten discharges by diagnoses related group (DRG) code for CMH. As seen below, the most common causes of diagnoses for inpatient hospitalization are related to women’s health/maternity, followed by gastroenterological related issues, pneumonia, kidney infections and related disorders, as well as cardiac related diagnoses.



Source: FYE 2012 Data Provided by Community Memorial Healthcare

Health Outcomes and Factors

An analysis of various health outcomes and factors for a particular community can, if improved, help make that community a healthier place to live, learn, work and play. A better understanding of the factors that affect the health of the community will assist with how to improve the community's habits, culture and environment. This portion of the community health needs assessment utilizes information from County Health Rankings, a key component of the Mobilizing Action Toward Community Health (MATCH) project, a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute.

The County Health Rankings model is grounded in the belief that programs and policies implemented at the local, state and federal levels have an impact on the variety of factors that, in turn, determine the health outcomes for communities across the nation. The model provides a ranking method that ranks all 50 states and the counties within each state, based on the measurement of two types of health outcomes for each county: how long people live (mortality) and how healthy people feel (morbidity). These outcomes are the result of a collection of health factors and are influenced by programs and policies at the local, state and federal levels.

Counties in each of the 50 states are ranked according to summaries of a variety of health measures. Those having high ranks, *e.g.* 1 or 2, are considered to be the "healthiest". Counties are ranked relative to the health of other counties in the same state on the following summary measures:

- Health Outcomes--rankings are based on an equal weighting of one length of life (mortality) measure and four quality of life (morbidity) measures.
- Health Factors--rankings are based on weighted scores of four types of factors:
 - Health behaviors (seven measures)
 - Clinical care (six measures)
 - Social and economic (seven measures)
 - Physical environment (five measures)

A more detailed discussion about the ranking system, data sources and measures, data quality and calculating scores and ranks can be found at the website for County Health Rankings (www.countyhealthrankings.org).

As part of the analysis of the needs assessment for the community, the three counties that comprise the majority of the community will be used to compare the relative health status of Marshall County to the state of Kansas as well as to a national benchmark. A better understanding of the factors that affect the health of the community will assist with how to improve the community's habits, culture and environment.

The following tables, from County Health Rankings, summarize the 2013 health outcomes for Marshall County. Each measure is described and includes a confidence interval or error margin surrounding it. If a measure is above the state average and the state average is beyond the error margin for the county, then further investigation is recommended.

**Exhibit 13
Community Memorial Healthcare CHNA Community
County Health Rankings - Health Outcomes (2013)**

	Marshall County	Kansas	National Benchmark [⊠]
Mortality	*	26	
Premature death - Years of potential life lost before age 75 per 100,000 population (age-adjusted)	6,523	6,871	5,317
Morbidity	*	43	
Poor or fair health - Percent of adults reporting fair or poor health (age-adjusted)	15.0%	13.0%	10.0%
Poor physical health days - Average number of physically unhealthy days reported in past 30 days (age-adjusted)	3.1	3.0	2.6
Poor mental health days - Average number of mentally unhealthy days reported in past 30 days (age-adjusted)	2.1	2.9	2.3
Low birthweight - Percent of live births with low birthweight (<2500 grams)	6.7%	7.2%	6.0%

* Rank out of 102 Kansas Counties

⊠ 90th percentile, i.e., only 10% are better

Note: X indicates unreliable or missing data

Source: Countyhealthrankings.org

Health Outcomes--rankings are based on an equal weighting of one length of life (mortality) measure and four quality of life (morbidity) measures. While most of the Hospital's CHNA community's health outcomes were comparable to the state of Kansas, each measure was below national benchmarks with opportunities for improvement.

A number of different health factors shape a community's health outcomes. The County Health Rankings model includes four types of health factors: health behaviors, clinical care, social and economic and the physical environment.

The following tables summarize the health factors for the community. The items highlighted in yellow indicate measures that have significant room for improvement in comparison to the national benchmark:

**Exhibit 14
Community Memorial Healthcare CHNA Community
County Health Rankings - Health Factors (2013)**

	Marshall County	Kansas	National Benchmark [□]
<i>Health Behaviors</i> * 84			
Adult smoking - Percent of adults that report smoking at least 100 cigarettes and that they currently smoke	20.0%	18.0%	13.0%
Adult obesity - Percent of adults that report a BMI >= 30	34.0%	30.0%	25.0%
Physical inactivity - Percent of adults aged 20 and over reporting no leisure time physical activity	28.0%	24.0%	21.0%
Excessive drinking - Percent of adults that report excessive drinking in the past 30 days	21.0%	15.0%	7.0%
Motor vehicle crash death rate - Motor vehicle deaths per 100K population	21.0	16.0	10.0
Sexually transmitted infections - Chlamydia rate per 100K population	188.0	337.0	92.0
Teen birth rate - Per 1,000 female population, ages 15-19	26.0	41.0	21.0
<i>Clinical Care</i> * 22			
Uninsured adults - Percent of population under age 65 without health insurance	15.0%	16.0%	11.0%
Primary care physicians - Ratio of population to primary care physicians	2,021:1	1,411:1	1,067:1
Dentists - Ratio of population to dentists	2,054:1	2,066:1	1,516:1
Preventable hospital stays - Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees	75.0	67.0	47.0
Diabetic screening - Percent of diabetic Medicare enrollees that receive HbA1c screening	92.0%	86.0%	90.0%
Mammography screening - Percent of female Medicare enrollees that receive mammography screening	66.0%	66.0%	73.0%
<i>Social & Economic Factors</i> * 33			
High school graduation - Percent of ninth grade cohort that graduates in 4 years	96.0%	81.0%	X
Some college - Percent of adults aged 25-44 years with some post-secondary education	54.0%	67.0%	70.0%
Unemployment - Percent of population age 16+ unemployed but seeking work	4.6%	6.7%	5.0%
Children in poverty - Percent of children under age 18 in poverty	17.0%	19.0%	14.0%
Inadequate social support - Percent of adults without social/emotional support	20.0%	16.0%	14.0%
Children in single-parent households - Percent of children that live in household headed by single parent	19.0%	28.0%	20.0%
Violent Crime Rate - Violent crime rate per 100,000 population (age-adjusted)	96.0	395.0	66.0
<i>Physical Environment</i> * 6			
Daily fine particulate matter - The average daily measure of fine particulate matter in micrograms per cubic meter (PM2.5) in a county	8.8	9.7	8.8
Drinking water safety - Percentage of population exposed to water exceeding a violation limit during the past year	2.0%	5.0%	0.0%
Access to recreational facilities - Rate of recreational facilities per 100,000 population	10.0	8.0	16.0
Limited access to healthy foods - Percent of population who are low-income and do not live close to a grocery store	4.0%	8.0%	1.0%
Fast Food Restaurants - Percent of all restaurants that are fast-food establishments	28.0%	48.0%	27.0%

* Rank out of 102 Kansas Counties

□ 90th percentile, i.e., only 10% are better

Note: X indicates unreliable or missing data

Source: Countyhealthrankings.org

Community Input-Kansas Rural Health Works Community Health Engagement Process

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

Methodology

The full Community Engagement Process consists of public meetings over approximately two and one-half months. The geographic scope of the program typically reflects the extent of the local hospital's market area identified based on the residential zip codes of inpatients from the previous calendar year. In many instances, that market area is largely contiguous with county boundaries.

Representatives from the community met between May 5, 2011 and May 19, 2011 to discuss local health issues. Participants in these groups provided the following input:

- ***The major health related concerns for Marshall County are:***
 1. Obesity
 2. Mental Health
 3. Drug and Alcohol abuse
 4. Uninsured
 5. Availability of long-term care
- ***What should be the overarching health goals for Marshall County?***
 1. Education regarding local services
 2. Extended hours at urgent care/walk-in clinics
 3. Collaborative efforts between county health and community health to achieve more
 4. Healthy eating through programs for children and adults
- ***The greatest barriers to improving health in Marshall County include:***
 1. Access to Services (Cost)
 2. Transportation

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

Steering Committee Member Profiles

Members of the Steering Committee represent the following types of organizations and agencies:

- Local school system and community college
- Religious organization
- Local city and county government
- Public health agencies
- Industry
- Medical providers

These health care and nonhealth care professionals provided insight into the health status of Marshal County. The complete list of Steering Committee members is included in the Kansas Rural Health Report which is included as an Appendix to this report.

Based on information gathered in the public meetings described above, the Steering Committee determined there were unmet needs in the following areas:

- Prevention, Exercise and Wellness, Education
- After-hours/Urgent Care Access
- Insurance, the Uninsured and Cost of Access
- Health-related Services and Facilities
- Broad Community and Institutional Involvement and Collaboration on Healthcare Issues

Community Input - Marshall County Telephone Health Survey

Survey Instrument

The survey research unit of the Docking Institute, Ft. Hays State University, conducted the random telephone survey between June 6 and June 16, 2011. They collected 200 completed surveys. The cooperation rate was 62 percent. In addition, 121 other respondents agreed to complete the survey, but were in an age demographic that had already been fulfilled. If these additional respondents are counted, the cooperation rate would have been 72 percent. Ninety-seven percent of the respondents had lived in the county for more than one year.

Select Survey Results

Health Care Provider Usage: Regarding patterns of health care provider usage (Q2-Q4), the majority of respondents (55 percent) use a Primary Care Physician. Another 23 percent see a Nurse Practitioner. Fifteen percent see a Physician's Assistant. Only three individuals reported they don't see anyone for health care needs. About 82 percent of respondents have seen their primary health care provider within the past year. Only one person said they had not seen a doctor in the past five years. About 76 percent of all respondents go to a Marshall County-based primary care provider.

Community Memorial Healthcare Usage and Perceptions: Questions 7-8 focused on use and perceptions of the Community Memorial Healthcare. Seventy-three percent of respondents in the overall sample had prior experience with the facility. Most recently, they received outpatient treatment (54 percent), emergency (27 percent) or inpatient (18 percent) services. Eighty-eight percent of those who had experience with the hospital were either satisfied or somewhat satisfied with the services received. About 12 percent indicated a level of dissatisfaction for some reason.

Clinic Usage and Perceptions: Questions 9-12 inquired about usage of the medical clinics in Marshall County. Forty eight percent of respondents had prior experience using the Marysville Clinic. Of those, 96 percent indicated satisfaction with their experience. When asked whether current office hours at the clinic were adequate to meet their needs, 86 percent said yes, and nine percent said no.

Forty percent of respondents had prior experience using the Community Physicians Clinic. Of those, 95 percent indicated satisfaction with their experience. When asked whether current office hours at the clinic were adequate to meet their needs, 94 percent said yes, and four percent said no.

Thirty percent of respondents had prior experience using the Blue Rapids Medical Clinic. Of those, 92 percent indicated satisfaction with their experience. When asked whether current office hours at the clinic were adequate to meet their needs, 90 percent said yes, and five percent said no.

Finally, 18 percent of respondents had prior experience using the Frankfort Clinic. Of those, 98 percent indicated satisfaction with their experience. When asked whether current office hours at the clinic were adequate to meet their needs, 92 percent said yes, and five percent said no.

Usage and Satisfaction of Other Health-Related Services: Question 13 queried respondents about their use of Marshall County health service providers and their satisfaction with the services received. After first being asked where they most often obtain service, anyone identifying a Marshall County provider was also asked how satisfied they were with the service received. If the respondent indicated they used a non-local provider, they were asked if they had ever had experience with the local provider. Of the 200 respondents, the most frequently used services included pharmacy (85 percent), eye doctor (60 percent), dentist (57 percent), physical therapy (34 percent) and chiropractor (20 percent).

Transportation Assistance: Respondents were asked several questions about the need for transportation assistance (Q14). Some 13 percent of respondents indicated that they must regularly travel outside of Marshall County for medical treatment. Approximately 12 percent of respondents indicated that transportation to medical appointments either within or outside of Marshall County represented a challenge (Q14a). We know that there are an estimated 4,353 households in the county. This would suggest that about 501 households had transportation challenges going to regular medical appointments.

Health Service Needs: Several questions inquired about survey participants' perception of local health service needs. When asked about the need for additional emergency response units located throughout the county, (Q17), 29 percent indicated the need for additional stations while 50 percent disagreed and 20 percent were unsure. When asked whether there was need for additional elder home healthcare services (Q18), 27 percent indicated more were needed, 36 percent did not believe more were needed and 37 percent didn't know. Finally, when asked whether they believed local health care providers encouraged use of natural health care alternatives, (Q19), 17 percent of respondents agreed, 50 percent disagreed and 33 percent didn't know.

Healthcare Costs: Questions 20 and 21 inquired about health care and the extent to which people struggle with its cost. When asked if anyone in their household ever skipped going to a healthcare provider due to the cost of service, 25 percent answered affirmatively. When asked whether anyone in their household had ever not taken a prescription medication as directed due to the cost, 15 percent said yes.

Summary of Findings

The survey of Marshall County area residents provides insight into the health-related needs and behaviors of local residents. It highlights the challenges of local healthcare providers by showing the level of service leakage. It also suggests that if residents can be persuaded to try local providers, they are likely to get a highly satisfactory level of service.

Many of the inquiries into the level of distress experienced by local households suggests only smaller proportions of the citizenry are experiencing problems with such things as transportation challenges. Two points are germane here. First, small percentages extrapolated to the larger community translate into fairly high numbers of households experiencing distress. The second point that must be acknowledged are the challenges reaching the youngest age demographic, the most likely group to go without healthcare service.

Regarding the questions of investment in new and expanded facilities, the numbers suggest the general level of support and demand. Existing support may or may not be sufficient to support initiatives relating to a public pool or an expanded recreational trail system. They also suggest the relative level of challenge to increasing awareness and support for any such initiative.

Still, our objective has been to provide insight into the health-related wants and needs of area residents. To the extent this can be translated into constructive action to strengthen local healthcare providers and enhance access to needed services, is a question left to the community to ponder.

Health Care Resources

The availability of health resources is a critical component to the health of a county's residents and a measure of the soundness of the area's health care delivery system. An adequate number of health care facilities and health care providers are vital for sustaining a community's health status. Fewer health care facilities and health care providers can impact the timely delivery of services. A limited supply of health resources, especially providers, results in the limited capacity of the health care delivery system to absorb charity and indigent care as there are fewer providers upon which to distribute the burden of indigent care. This section will address the availability of health care resources to the residents of Lincoln County.

Hospitals and Health Centers

The Community Memorial Hospital is a critical access hospital and has 25 beds, it is the only hospital located in the county. Residents of the community also take advantage of services provided by hospitals in neighboring counties. *Exhibit 15* summarizes hospital services available to the residents of the Hospital's community.

Exhibit 15
Community Memorial Healthcare CHNA Community
Summary of Area Hospital Facilities

Facility	Address	Facility Type	Miles From CMH	Bed Size	Annual Discharges	Annual Patient Revenue (000's)
X Community Memorial Healthcare	708 North 18th Street, Marysville, KS 66508	Critical Access		25	885	\$ 30,252,660
1 Mercy Regional Health Center	1823 College Avenue, Manhattan, KS 66502	Short-Term Acute Care	58.2	96	2,289	\$ 122,367,608
2 Nemaha Valley Community Hospital	1600 Community Drive, Senecs, KS 66538	Critical Access	30.2	24	234	\$ 17,190,854

Source: *Costreportdata.com*

Other Licensed Facilities

There are licensed facilities other than hospitals in and around Marshall County. These facilities include long-term care facilities, home health services, hospice services, adult day health programs, rehabilitation agencies and psychiatric residential treatment facilities. A complete inventory may be obtained through the Kansas Department of Health and Environment at http://www.kdheks.gov/bhfr/fac_list/index.html.

Rural Health Clinics and Home Health Agencies

Community Memorial Healthcare, Inc. currently owns and operates four Rural Health Clinics and one Home Health Agency in Marshall County. Home Health Agencies and Rural Health Clinic’s located in Marshall County are shown below.

**Exhibit 16
Community Memorial Healthcare CHNA Community
Summary of Home Health Agencies/Rural Health Clinics**

Facility	Facility Type	Address	City, State, Zip Code
Above and Beyond Home Health Care LLC	Home Health Agency	404 Carolina Avenue	Marysville, KS 66508
Community Memorial Hospital Long Term Care Home	Home Health Agency	805 Broadway Street	Marysville, KS 66508
Blue Rapids Medical Clinic	Rural Health Clinic	607 Lincoln Street	Blue Rapids, KS 66411
Community Physicians Clinic	Rural Health Clinic	1902 May Street	Marysville, KS 66508
Downtown Medical Clinic	Rural Health Clinic	112 East 2nd Street	Frankfort, KS 66427
Marysville Clinic	Rural Health Clinic	808 North 19th Street	Marysville, KS 66508

Source: Kansas Department of Health and Environment

Health Departments

The Marshall County Health Department has provided services in Marshall County since 1975 and offers many services to the residents of the Community Memorial Healthcare Community. These services and programs include:

- Health Education
- Blood pressure screenings
- Women, Infant and Children (WIC) Program
- Emergency Preparedness
- Prescription Discount Card Enrollment
- Lab Services
- STD/HIV Testing and Follow-Up
- Blood lead testing
- Well Women Clinic
- Injections
- Immunizations

More information on the Marshall County Health Department’s services may be obtained by visiting <http://www.marshallcohealth.org>.

Health Issues of Uninsured Persons, Low-Income Persons and Minority Groups

Based on information obtained through community input and review of secondary data, health issues and barriers were identified for the following vulnerable populations:

- Uninsured/low income population
 - ✓ Cost
 - ✓ Lack of awareness of public assistance
 - ✓ Need for extended hours at Urgent Care Centers
- Persons who live in isolated areas and elderly populations
 - ✓ Transportation

Information Gaps

This assessment was designed to provide a comprehensive and broad picture of the health in the overall community served by Community Memorial Healthcare. However, there may be a number of medical conditions that are not specifically addressed in this report due to various factors including but not limited to publically available information or limited community input.

In addition, certain population groups might not be identifiable or might not be represented in numbers sufficient for independent analysis. Examples include homeless, institutionalized persons, undocumented residents, and members of certain ethnic groups. Efforts were made to obtain input from these specific populations through Key Informant Interviews.

Prioritization of Identified Health Needs

Using findings obtained through the community health engagement process and collection of primary and secondary data, Community Memorial Healthcare completed an analysis (see *Appendices*) to identify community health needs. The following data was analyzed to identify health needs for the community:

Leading Causes of Death

Leading causes of death for the community were reviewed and the death rates for the leading causes of death for Marshall County were compared to U.S. adjusted death rates. Causes of death in which the county rate compared unfavorably to the U.S. Adjusted death rate resulted in a health need for the Community Memorial Healthcare CHNA Community.

Primary Causes for Inpatient Hospitalization

The primary causes for inpatient hospitalization resulted in an identified health need for the community.

Health Outcomes and Factors

An analysis of the County Health Rankings health outcomes and factors data was prepared for Marshall County. County rates and measurements for health behaviors, clinical care, social and economic factors and the physical environment were compared to national benchmarks. County rankings in which the county rate compared unfavorably (by greater than 30 percent of the national benchmark) resulted in an identified health need.

Primary Data

Health needs identified through the community health engagement process and community health survey were included as health needs. Needs for vulnerable populations were separately reported on the analysis in order to facilitate the prioritization process.

As a result, the following list of health needs was identified.

**Exhibit 17
Community Memorial Healthcare
Prioritization of Health Needs**

	How Many People Are Affected by the Issue?	What Are the Consequences of Not Addressing This Problem?	What is the Impact on Vulnerable Populations?	How Important is it to the Community?	How Many Sources Identified the Need?	Total Score *
Obesity	5	5		5	2	17
Uninsured/Limited Insurance	5	4		3	4	16
Lack of access to services (cost)	5	3	5		2	15
Lack of Health Knowledge (Prevention and Available Services)	4	3	5		2	14
Mental Health	3	4		5	1	13
Transportation	3	2	5		3	13
Physical Inactivity	5	5			2	12
Substance Abuse	2	3		4	2	11
After hours/Urgent Care Access	3	2	5		1	11
Availability of Long-Term Care/Elder Care	2	3		3	3	11
Limited Access to Healthy Foods	4	4			2	10
Adult Smoking	4	5			1	10
Lack of community collaboration on Healthcare Issues	4	2		3	1	10
Cardiovascular Disease	3	5			1	9
Lack of Primary Care Physicians	3	4			2	9
Excessive Drinking	2	3			3	8
Kidney Disease	3	4			1	8
Shortage of Dentists	3	2			1	6
Motor Vehicle Crash Rate	1	4			1	6
Violent Crime Rate	1	1			1	3
Sexually Transmitted Infections	1	1			1	3

*Highest potential score = 25

To facilitate prioritization of identified health needs, a ranking and prioritization process was used. Health needs were ranked based on the following five factors. Each factor received a score between 0 and 5.

- 1) **How many people are affected by the issue or size of the issue?** For this factor ratings were based on the percentage of the community who are impacted by the identified need. The following scale was utilized. >25% of the community= 5; >15% and <25%=4; >10% and <15%=3; >5% and <10%=2 and <5%=1.
- 2) **What are the consequences of not addressing this problem?** Identified health needs which have a high death rate or have a high impact on chronic diseases received a higher rating for this factor.
- 3) **The impact of the problem on vulnerable populations.** Needs identified which pertained to vulnerable populations were rated for this factor.
- 4) **How important the problem is to the community.** Needs identified through community input were rated for this factor.
- 5) **Prevalence of common themes.** The rating for this factor was determined by how many sources of data (Leading Causes of Death, Primary Causes for Inpatient Hospitalization, Health Outcomes and Factors and Primary Data) identified the need.

Hospital management reviewed the identified needs reported in *Exhibit 17*. Through discussion and debate, hospital management agreed on priorities Community Memorial Healthcare should focus on for fiscal years 2014-2016. As a result of the analysis above as well as input from community organizations, the following areas were identified as priority areas on which we will focus.

- Obesity
- Physical Inactivity
- Lack of Health Knowledge (Prevention and Available Services)

The hospital's next steps include developing an implementation strategy to address these priority areas. The plan will be submitted to the Board of Directors for adoption and approval by May 15, 2014. The final version of the CHNA will be available to the public on the Community Memorial Healthcare website.

APPENDICES

**COMMUNITY HEALTHCARE NEEDS ASSESSMENT
MARSHALL COUNTY
AUGUST 2011**



Community Healthcare Needs Assessment

Marshall County
August 2011

In partial fulfillment of requirements related to the
Patient Protection and Affordable Care Act

Funding provided by:



In cooperation with:

office of
Local Government
K-State Research and Extension



Kansas Rural Health Works

Community Health Needs Assessment

The contents of this folder document participation, discussion and information resources developed through the course of the Kansas Rural Health Works Community Engagement Process.

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

The full Community Engagement Process consists of a series of five public meetings over approximately two and one-half months. The geographic scope of the program typically reflects the extent of the local hospital's market area identified based on the residential zip codes of inpatients from the previous calendar year. In many instances, that market area is largely contiguous with county boundaries. In some instances, such as when there are multiple hospitals in close proximity, the boundaries may reflect some alternative geography.

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

What follows are the work products developed by the Steering Committee through the course of the program. The **Outcomes and Issues** records participants' thoughts and concerns about local issues and unmet needs. In the first two meetings, participants identify all of their thoughts and ideas. Broader themes are identified and validated by the Steering Committee to begin building consensus about priorities in the third and fourth meetings. Finally, the Steering Committee develops a tentative action plan in response to the priority issues during the final Summary Meeting. That tentative action plan leads this compilation of information resources.

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

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

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

The **Community Survey** report presents a generally representative snapshot of the community's health-related wants, needs, and behaviors. The first part of the survey typically queries respondent's health-related needs and behaviors. This provides both an indication of local demand for health services and the extent of any economic leakages that exist in health-related spending. The second portion of the survey will inquire about the local issues previously identified to provide a broader indication of community perspective on an issue. This information is useful for both immediate planning and ongoing strategic planning by various local institutions with concerns and responsibilities related to health care.

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

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

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

The Kansas Rural Health Works program is sponsored by the Kansas Rural Health Options Project (KRHOP), a partnership of the Bureau of Local and Rural Health, Kansas Department of Health and Environment, the Kansas Hospital Association, the Kansas Board of Emergency Medical Services, and the Kansas Medical Society. Support for Rural Health Works is provided by the Office of Rural Health Policy, Health Resources and Services Administration, U.S. Department of Health and Human Services.

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

Marshall County Rural Health Works
Summary Meeting
July 14, 2011

The meeting was convened at 12:00 p.m. Approximately 40-50 people in attendance. Following a summary by John Leatherman, Charles Friedrichs facilitated a group discussion of potential action strategies that might follow on from the formal Rural Health Works meetings.

Community Healthcare Concerns and Recommendations as presented by Charles Friedrichs:

- I. Introductions
 - A. We are not in a state of crisis.
 - B. We are concerned about reimbursement to health care.
 - C. We need to recapture health care business that goes out of the county.
 - D. Recognized Rep. Sharon Schwartz.
 - E. Explained that Sen. Taddiken is monitoring progress on the website.

- II. CMH – presentation by Curtis Hawkinson, CMH CEO.
 - A. Currently have five family physicians with two more hired;
 - 1. Dr. Hawkins will come in August
 - 2. Ben Bruna has agreed to come in 2013
 - B. We have a OB-GYN clinic.
 - C. The hospital plans to lease space in the South Plaza (old hospital) to provide dialysis service. Dr. Bedros currently provides nephrology clinic at CMH monthly.
 - D. Extensive list of specialists that come to CMH for clinics so that patients do not need to travel out of town.
 - 1. Currently looking for a dermatologist and allergist
 - E. Recognize that physician retention also important
 - F. CMH currently exploring extended hours for physicians' offices and urgent care services.
 - 1. Currently spend about \$350,000 per year to provide ER services
 - 2. Must look at the cost/benefit of extended hours because this impacts staffing for lab and x-ray.

- III. Audience participation.
 - A. Pointed out that it is difficult to get in for doctor's appointment and then when they get there, doctor is unavailable due to ER patients that could be seen in an urgent care setting
 - B. She suggested that clinic hours include 6-10 a.m. and 6-10 p.m. staffed with Nurse Practitioner or Physician Assistants.
 - C. The director of an assisted living stated that evening hours could help her residents because they often need family to accompany them to the doctor.

- IV. CMH and County Health met on 7/13/11 to explore ways of working together with hospice, school nurses, and others involved in health care in the community.
- V. Audience participation.
 - A. Suggestion was made to have some sort of Ask a Nurse hotline for people to call in with their questions.
 - B. Mr. Hawkinson explained that currently the hospital and doctors' offices field many of those calls but there are certain medicolegal issues.
 - C. Mr. Hawkinson said Ask a Nurse is something to be considered.
- VI. Prevention, Exercise, Wellness, and Education (C. Friedrichs).
 - A. Working with schools to provide gyms in the morning and/or evening for exercise and activities.
 - B. The Lincoln Center has a remodeled gym with a basketball goal. They are currently working on getting an exercise class there.
 - C. The Blue River Trail organization is extending the trail to five miles with plans to extend it to downtown.
 - D. There are fitness centers in both Marysville, Frankfort, and Valley Heights.
 - E. Smart Start provides incentive grants to childcare provider to support physical activity for children.
- VII. Audience participation.
 - A. The owner of the Marysville Health and Fitness stated the we need to determine some way to motivate and educate people to the need to exercise.
 - B. Many people believe that exercise services should be an entitlement.
 - C. Come up with a way for people to see exercise as a priority.
 - D. Insurance pays for illness but few encourage prevention/wellness.
- VIII. SRS is closing in Marysville.
 - A. Lincoln Center has talked with SRS and is willing to become an Access Point for SRS to help with completing forms.
 - B. Other agencies also help with completing forms – County Extension, RSVP, Health Department, and possibly CMH.
 - C. Mr. Hawkinson reported that about 60% of the patients served are either Medicare and/or Medicaid.
- IX. How to get information out.
 - A. Directory has been revised by Lucy Papes, Dee Layman, and others
 - B. Papes has agreed to update it.
 - C. There is ongoing discussion of what websites to use for the directory or provide some linkage.
 - D. Dr. Leatherman will see that directory is delivered to Marshall County.

- E. Social networking was discussed as a form of communication.
- X. Audience participation.
- A. How to get information was listed as a community weakness.
 - B. When new people came to town, it was hard to find listings for babysitters, dentists, housing.
 - C. Some used the resource directory from Nemaha County.
 - D. Must remember that Marshall County is more than Marysville.
 - E. Communicate events on Facebook or Twitter.
 - F. Use both old and new ways of communicating.
- XI. Collaborative Taskforce.
- A. Interagency Community Council (ICC) was an example.
 - 1. ICC helps understanding of roles of various agencies.
 - 2. ICC helps in resource development.
 - B. No longer can afford overlap/duplication of resources.
 - C. Train people in proper usage of resources, such as right reason to come to ER.
- XII. Audience participation.
- A. Ed Wiegers, Atty, change in Medicaid and Medicare is coming. Hospital must become more efficient. Need to address behavioral health.
 - B. Need to meet again.
 - C. Another participant asked how we can communicate with each other that she was not aware of some of the meetings going on.
 - D. Agreed to use email.
 - E. Other means of communication could be the newsletters that Extension Office, Chamber and Main Street.
- XIII. Next meeting
- A. Third Thursday in September (September 15).
 - B. Dr. Leatherman is willing to come back in six months.
 - C. Mr. Hawkinson agrees to continue meeting about issues discussed.

Marshall County Rural Health Works
Local Healthcare Issues 5-5-11

1. What are the major health-related concerns in Marshall County?	Number Responses
General obesity	22
Mental Health	16
Drug and Alcohol	14
17% uninsured adults	10
Long term care availability	10
Uninsured children	8
Medicaid	6
More doctors	5
Cancer	4
Decreased physical activity for all ages	3
Aging population	2
Available home health	2
Dental health for children	2
Diabetes	2
Funding for health care programs	2
Quality, local psychiatrists	2
Affordable housing	1
After hours health services	1
Accessibility 24/7 to doctors, nurses, clinics, etc	1
Awareness to illness by issuing health letters of health related concerns	1
Cheaper Insurance	1
Childhood obesity	1
Decreasing population	1
Dialysis Center	1
Drug test from people who receive assistance from the government	1
Folks with so many overwhelming problems that they are unable to follow through and complete Medicaid applications	1
Going to Manhattan	1
Less importance of family meals together	1
Lots of poor quality homes that make for unhealthy home environments	1
Lower income consumers need more access	1
LTC public sector	1
Maternal health (pre-natal and new mom)	1
Need indoor swimming pool and other exercise programs available to public	1
Need pediatric practitioners who can prescribe medication	1
Not enough money in the Kansas "budget" to care for patients in their homes	1
Poverty	1
Prevention especially in families and children	1
Smoking	1
Too much technology time	1
Urgent care center	1
Young overweight couples	1
Relationship between local hospital and V.A. system	1

2. What needs to be done to improve the local healthcare system?	Number Responses
Dialysis	11
Reduce paperwork	9
Allow pathic and homeopathic and aliopathic	6
Better/Accessible home health care	3
Government regulations/policy of medical dollars	3
Telemedicine	3
Building an indoor swimming pool for exercise year-round	2
Easier access to CMH (parking, wheelchairs, etc)	2
Fitness and Nutrition education	2
More money	2
Need more doctors	2
Tele-medicine	2
Teamwork between area hospitals	2
Urgent care clinic	2
Another surgeon - the one in Marysville should retire	1
Attract more specialists (obstetrics, pediatrics, etc) perhaps two days a week	1
Bring back wellness programs like we had with Willa Griswold	1
Childcare availability in fitness center to allow parents to workout	1
Chiropractor vs. Doctor	1
City codes need to be developed and enforced	1
Coverage for more people	1
Current new construction of hospital	1
Decrease regulation to provide increased access to providers	1
Educate patients	1
Evaluation of assessment/paperwork requirements	1
Free clinic type services	1
Funding	1
Integration	1
Knowledge and acceptance of all types of healthcare	1
Maintain local dollars within our community and county	1
Money for renovating homes	1
Money for tearing down homes that are not fit for families to live in	1
Monthly clinics in small towns	1
More working population leads to higher percent private pay consumers	1
Need primary care for uninsured - so that they don't seek care in the ER	1
Prevention	1
Privatize	1
Programs to promote wellness (balance to prevent falls)	1
Provide VA funded healthcare locally for Veterans	1
Public long-term care	1
Qualifies alternative healthcare providers	1
State assessment of Medicare/Medicaid	1
Stronger collaboration among healthcare providers	1
Walk-in Clinic	1
We have a good system right now	1
Medicare/Medicaid reimbursement for home health care	1

	Number Responses
3. What should be the over-arching health care goals of the community?	
Urgent care/walk in clinic	8
Education	7
Keep clinics open later and be open on Saturdays	6
Health eating through programs for kids and adults	5
Organized exercise programs	5
Access to Public	4
Prevention - diet and exercise	4
Awareness of what we have	3
Wellness	3
Access to medicine	2
Collaborative efforts between county health and community health to achieve more access to care	2
Education (to decrease costs)	2
Quality public health care	2
Access available to lower income workers	1
All should be able to receive health care services necessary to support independent living/quality of life to the greatest extent	1
Community outreach	1
Continuum of care - health related	1
Coordinated "curriculum" of care/health in community	1
Education of drug and alcohol abuse	1
Emergency care at all hours	1
Expand County Health Department's clinical opportunities	1
Health care vs. Sick care	1
Healthy restaurant	1
Keep control of healthcare in the hands of the people	1
Keep money at home - offer more services	1
Leadership training	1
Life span	1
Make a healthier community - exercise and eating correct food for health	1
More specialists to come here	1
Promote preventative medicine	1
Public perception as privately operated	1
Quality of life	1
Take into account the elderly who are an extra large portion of our total population	1

4. What are the greatest barrier to achieving health care goals?	Number Responses
Money and costs	18
Too far to drive for treatment/transportation	5
Migration of youth	4
Recruitment (business and professional replacement)	3
Lack of low-cost health insurance	2
No insurance coverage	2
People need to want to help themselves	2
Sedentary Lifestyle	2
Bringing everyone together	1
Coordination	1
Economic Barriers	1
Education	1
Finding safe and accessible facilities	1
Getting all sectors together and agreeing	1
Government control and intervention be federal socialistic bureaucrats	1
Keep money locally	1
Lack of heath care professionals	1
Lack of resources (city level and of home owner)	1
Leadership	1
Local, County, and Neighboring doctors do not work well together	1
Low and declining population	1
Low percent private pay insured consumers	1
Medicare	1
Not advertising of problems and solutions	1
Outrageous nursing home costs	1
Paperwork	1
Parents unable/unwilling to maintain current active enrollment in healhwave/medical care programs	1
Physician participation in meeting the needs/wants of the community	1
Politics	1
Poverty	1
Processed foods	1
Regulations	1
Resistance to change	1
Spiraling costs of health care	1
Video/technology activities	1

Marshall County Rural Health Works
Local Healthcare Issues 5-5-11/ 5-19-11

1. What are the major health-related concerns in Marshall County?	Number Responses
General obesity	28
Mental Health	19
Drug and Alcohol	16
Uninsured adults	12
Long-term care availability	10
Uninsured	9
Medicaid	6
More doctors/specialty doctors	5
Cancer	5
Diabetes	5
After hours health services/urgent care	5
Decreased physical activity for all ages	4
Quality, local psychiatrists	3
Childhood obesity	3
Aging population	2
Available home health	2
Dental health for children	2
Funding for health care programs	2
Decreasing population	2
Prevention especially in families and children	2
Young overweight couples	2
Affordable housing	1
Accessibility 24/7 to doctors, nurses, clinics, etc	1
Awareness to illness by issuing health letters of health related concerns	1
Cheaper Insurance	1
Dialysis Center	1
Drug test from people who receive assistance from the government	1
Folks with so many overwhelming problems that they are unable to follow through and complete Medicaid applications	1
Going to Manhattan	1
Less importance of family meals together	1
Lots of poor quality homes that make for unhealthy home environments	1
Lower income consumers need more access	1
LTC public sector	1
Maternal health (pre-natal and new mom)	1
Need indoor swimming pool and other exercise programs available to public	1
Need pediatric practitioners who can prescribe medication	1
Not enough money in the Kansas "budget" to care for patients in their homes	1
Poverty	1
Smoking	1
Too much technology time	1
Relationship between local hospital and V.A. system	1
Radon/cancer	1
Quality of local health care providers	1
Value for the cost of health services	1
Child abuse	1
Indoor physical activity options for cold season	1
Local government spending priorities	1

2. What needs to be done to improve the local healthcare system?	Number Responses
Dialysis	12
Reduce paperwork	10
Urgent care clinic/extend clinic hours	10
Allow pathic and homeopathic and aliopathic	6
Education	5
Better/Accessible home health care	4
Government regulations/policy of medical dollars	3
Telemedicine	3
Prevention, especially for children	3
Building an indoor swimming pool for exercise year-round	2
Easier access to CMH (parking, wheelchairs, etc)	2
Fitness and Nutrition education	2
More money	2
Need more doctors	2
Tele-medicine	2
Teamwork between area hospitals	2
Maintain local dollars within our community and county	2
Programs to promote wellness (balance to prevent falls)	2
Build trust for local healthcare service providers	2
Another surgeon - the one in Marysville should retire	1
Attract more specialists (obstetrics, pediatrics, etc) perhaps two days a week	1
Bring back wellness programs like we had with Willa Griswold	1
Childcare availability in fitness center to allow parents to workout	1
Chiropractor vs. Doctor	1
City codes need to be developed and enforced	1
Coverage for more people	1
Current new construction of hospital	1
Decrease regulation to provide increased access to providers	1
Evaluation of assessment/paperwork requirements	1
Free clinic type services	1
Funding	1
Integration	1
Knowledge and acceptance of all types of healthcare	1
Money for renovating homes	1
Money for tearing down homes that are not fit for families to live in	1
Monthly clinics in small towns	1
More working population leads to higher percent private pay consumers	1
Need primary care for uninsured - so that they don't seek care in the ER	1
Privatize	1
Provide VA funded healthcare locally for Veterans	1
Public long-term care	1
Qualify alternative healthcare providers	1
State assessment of Medicare/Medicaid	1
Stronger collaboration among healthcare providers	1
We have a good system right now	1
Medicare/Medicaid reimbursement for home health care	1
Improve hospital/community relationship	1
Private mental health practice	1
More EMS centers	1
Medical alert system	1
Transportation assistance	1
Lower cost primary care alternatives	1

3. What should be the over-arching health care goals of the community?	Number Responses
Education regarding local services	10
Urgent care/walk in clinic	9
Keep clinics open later and be open on Saturdays	6
Collaborative efforts between county health and community health to achieve more access to care	6
Healthy eating through programs for kids and adults	5
Organized exercise programs	5
Prevention - diet and exercise	5
Awareness of what we have	5
Access to Public	4
Wellness	3
Access to medicine	3
Education (to decrease costs)	2
Quality public health care	2
Education of drug and alcohol abuse	2
Take into account the elderly who are an extra large portion of our total population	2
Access available to lower income workers	1
All should be able to receive health care services necessary to support independent living/quality of life to the greatest extent	1
Community outreach	1
Continuum of care - health related	1
Coordinated "curriculum" of care/health in community	1
Emergency care at all hours	1
Expand County Health Department's clinical opportunities	1
Health care vs. Sick care	1
Healthy restaurant	1
Keep control of healthcare in the hands of the people	1
Keep money at home - offer more services	1
Leadership training	1
Life span	1
Make a healthier community - exercise and eating correct food for health	1
More specialists to come here	1
Promote preventative medicine	1
Public perception as privately operated	1
Quality of life	1
Promote physical activity	1
Improvements to existing facilities and services	1
Year-round exercise/physical activity opportunities for all ages	1

4. What are the greatest barrier to achieving health care goals?	Number Responses
Money and costs	22
Too far to drive for treatment/transportation	5
Migration of youth	4
Education - prevention and local services	4
Recruitment (business and professional replacement)	3
No insurance coverage	3
Apathy/People need to want to help themselves	3
Sedentary Lifestyle	3
Lack of low-cost health insurance	2
Coordination	2
Only negative news spreads, not positive, about local healthcare	2
Bringing everyone together	1
Economic Barriers	1
Finding safe and accessible facilities	1
Getting all sectors together and agreeing	1
Government control and intervention be federal socialistic bureaucrats	1
Keep money locally	1
Lack of heath care professionals	1
Lack of resources (city level and of home owner)	1
Leadership	1
Local, County, and Neighboring doctors do not work well together	1
Low and declining population	1
Low percent private pay insured consumers	1
Medicare	1
Not advertising of problems and solutions	1
Outrageous nursing home costs	1
Paperwork	1
Parents unable/unwilling to maintain current active enrollment in healhwave/medical care programs	1
Physician participation in meeting the needs/wants of the community	1
Politics	1
Poverty	1
Processed foods	1
Regulations	1
Resistance to change	1
Spiraling costs of health care	1
Video/technology activities	1
Privacy in a small community	1
Targeting population at all ages for wellness/prevention	1
General lack of knowledge and motivation	1
Patient-focused care rather than procedure-oriented service	1

**Marshall County Rural Health Works
Community Healthcare Concerns: Emerging Themes**

Prevention, Exercise and Wellness, Education. Taken together, a number of different comments and suggestions spoke to the general notion of broad health and wellness goals. Several identified the need for fitness facilities and equipment and other health and wellness programs.

Determining Priority: Access to exercise, recreation and fitness opportunities is essential to maintaining physical wellbeing, particularly during winter months. Likewise, access to information related to nutrition and healthy lifestyles is equally important. And, attending to emotional and spiritual needs is essential to a meaningful and fulfilling existence. Here, a variety of partnerships and initiatives may be feasible. Bringing together public and private institutions to discuss community health fairs, recreation programs, and other ideas may improve the situation.

Potential Action Strategies: _____

After-hours/Urgent Care Access. A number of people believe the regular business hours and appointment scheduling are insufficient for many people who must otherwise work during normal business hours. When there is need for urgent care, the only choices available are the hospital emergency room or travel to Manhattan.

Determining Priority: The community survey will provide insight into the extent of any such problem is perceived to exist. healthcare providers can use these results to judge the level of "demand" that may exist for extended hours or offering walk-up clinical services.

Potential Action Strategies: _____

Insurance, the Uninsured and Cost of Access. There is concern that for many the costs of accessing coverage and services are prohibitive. There is concern that some needy county residents are unaware of public assistance programs for which they are eligible. Further, the application process creates a major obstacle for many.

Determining Priority: The community survey will provide an indication of whether area residents believe there is need for assistance targeting low income families. To the extent such need exists, a number of communities have supported the opening of part-time offices that help link those in need with available assistance from broader levels of government.

Potential Action Strategies: _____

Health-related Services and Facilities. A number of comments reflected concerns related to maintaining and enhancing existing local facilities and services. Among the concerns identified was the desire for a broader range of visiting specialists, the quality of existing services and providers, and the recruitment and retention of additional service providers.

Determining Priority: The community survey results should provide some indication of local market demand and the level of leakage of spending for health care services. The county health services and provider directory is intended to help address this concern. The community survey should help communicate the quality of available local healthcare services. For their part, local providers need to invite local customers, make them feel welcome when they arrive, and give them a reason to come back by providing excellent service and high levels of satisfaction.

Potential Action Strategies: _____

Healthcare Leakages and Strengthening the Local Market. Many expressed concern with the extent of healthcare spending leakages occurring. As people seek non-local healthcare services, they also tend to make incidental convenience purchases. A number wondered whether it would be possible to bring people back even if a local primary care physician were available given the loyalty people tend to build with a healthcare provider.

Determining Priority: The county healthcare resources and provider directory is intended to help address this concern. The community survey should help communicate the quality of available local healthcare services. For their part, local providers need to invite local customers, make them feel welcome when they arrive, and give them a reason to come back by providing excellent service and high levels of satisfaction.

Potential Action Strategies: _____

Broad Community and Institutional Involvement and Collaboration on Healthcare Issues. A common lament is the lack of resources for addressing health-related concerns. In part, this stems from a lack of interest and involvement in health-related initiatives (such as the Rural Health Works program) by local government, school board, etc.

Determining Priority: Generally, there is no shortage of organizations and institutions who contribute to the community's health and welfare. What is frequently missing, however, is communication, coordination, and a set of shared goals. Some communities have established periodic meetings to share information and coordinate efforts. Some have created "virtual clearing houses" for communication and information dissemination.

Potential Action Strategies: _____

Marshall County Rural Health Works Program

Initiating Committee Participants

APRIL 7th, 2011

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Economics. Overview and Issue Identification

MAY 5th, 2011

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

Kansas Rural Health Options Project
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The Economics of Rural Health Care

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

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

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

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

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

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

Introduction

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

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

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

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

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

This report will not make any recommendations.

Health Care Changes and Their Effects on Rural Communities

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

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

Table 1. United States Per Capita Health Expenditures

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Health Services and Rural Development

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

Health Services and Community Industry

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

Health Services and Retirees

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

Health Services and Job Growth

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

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

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

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

The Economic Impact of the Health Care Sector

An Overview of the Marshall County Economy, Highlighting Health Care

Table 6 presents employment, income and sales data for Marshall County for 2009. Health services employment is from a local census reflecting current 2011 employment. Health care income and sales data were estimated using state average data. Data for all other economic sectors come from various government statistics and published data sources.

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

Table 6. Direct Employment, Income and Sales by Economic Sector and Health Services Relative Shares Compared to the State and U.S., 2009 (\$thousands)

Sector	Employment	Labor Income	Total Income	Total Sales
Agriculture	970	\$34,151	\$54,795	\$150,364
Mining	1	\$61	\$89	\$168
Construction	277	\$12,531	\$14,671	\$32,052
Manufacturing	765	\$37,558	\$49,592	\$231,895
Transportation, Information, Public Utilities	484	\$35,227	\$58,046	\$1,475,584
Trade	1,044	\$29,611	\$47,858	\$64,448
Services	1,945	\$61,308	\$1,112,805	\$204,499
Health Services ¹ (2011)	626	\$20,399	\$22,409	\$45,084
Health and Personal Care Stores	17	\$626	\$9,810	\$1,159
Veterinary Services	24	\$391	\$418	\$919
Home Health Care Services	16	\$367	\$389	\$635
Doctors and Dentists	46	\$2,942	\$3,137	\$5,196
Other Ambulatory Health Care	31	\$857	\$1,101	\$2,745
Hospitals	212	\$9,175	\$9,795	\$23,615
Nursing/Residential Care Facilities	191	\$4,808	\$5,190	\$9,278
Health and Fitness Centers	10	\$54	\$61	\$198
Local Government Health Care	79	\$1,178	\$1,339	\$1,339
Government	917	\$31,919	\$36,034	\$51,731
Total	6,481	\$243,546	\$375,229	\$882,098
Health Services as a Percent of Total				
County	9.7	8.4	6.0	5.1
State	8.7	8.1	6.0	4.4
Nation	8.1	8.4	6.4	5.3

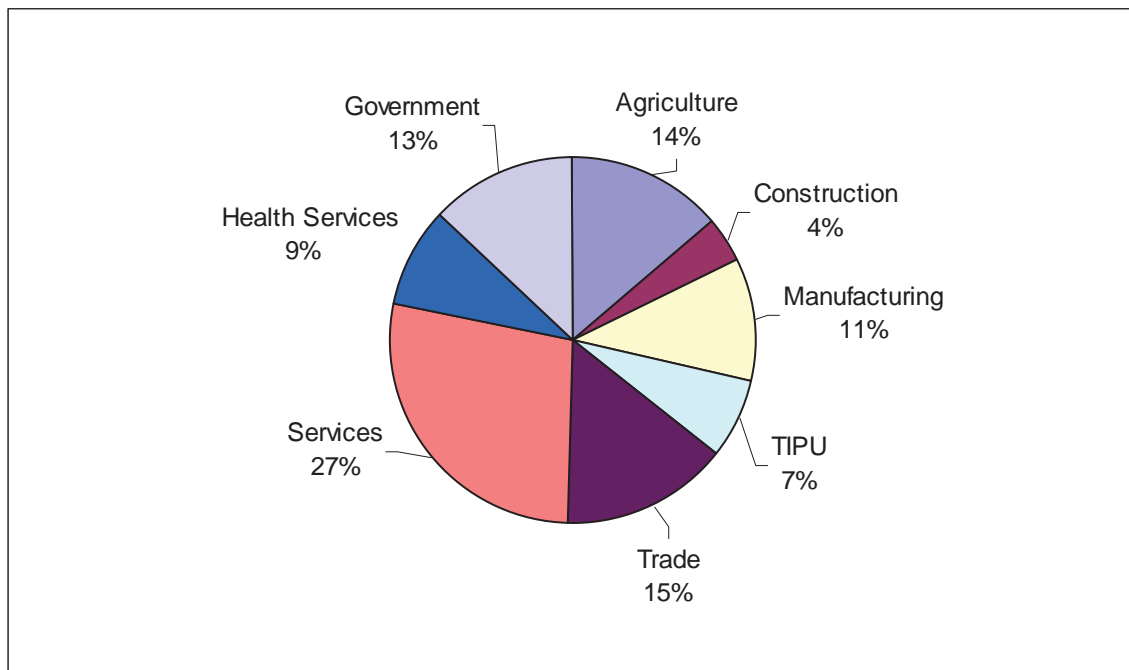
Minnesota IMPLAN Group; Due to rounding error, numbers may not sum to match total.

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

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

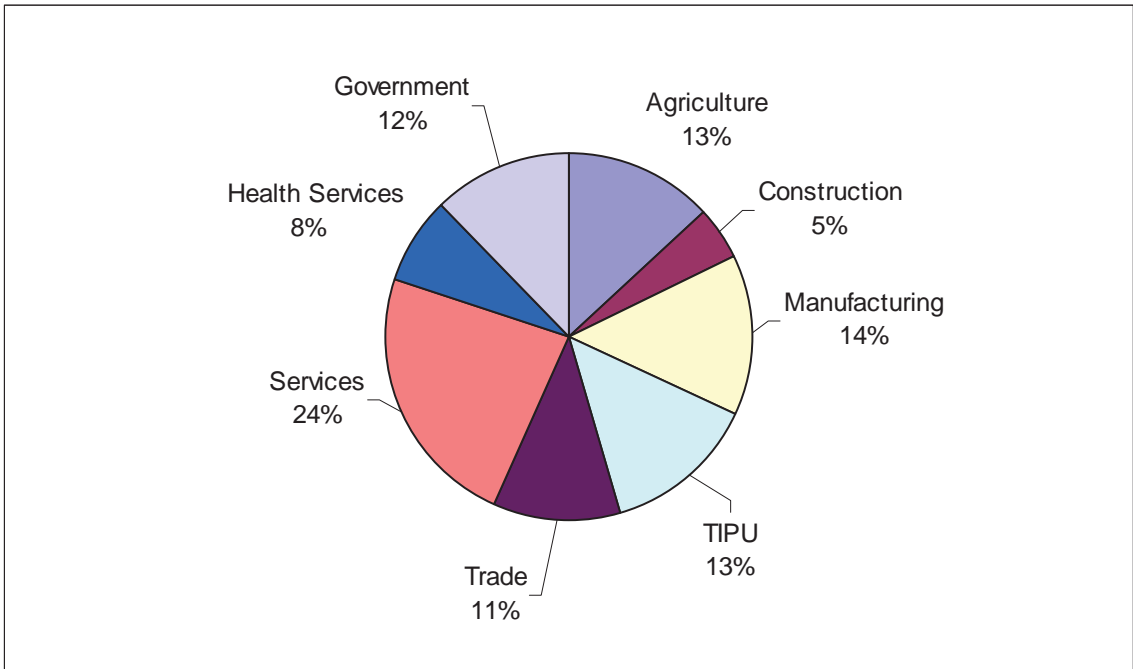
Health Services employs 626 people, 9.7 percent of all job holders in the county. Health Services for the state of Kansas employs 8.7 percent of all job holders, while 8.1 percent of all job holders in the United States work in Health Services. Health Services in the county has a number 6 ranking in terms of employment (Figure 5). Health Services is number 7 among payers of wages to employees (Figure 6) and number 7 in terms of total income (Figure 7). As with most rural areas, the health sector plays an important role in the economy.

Figure 5. Total Employment by Sector



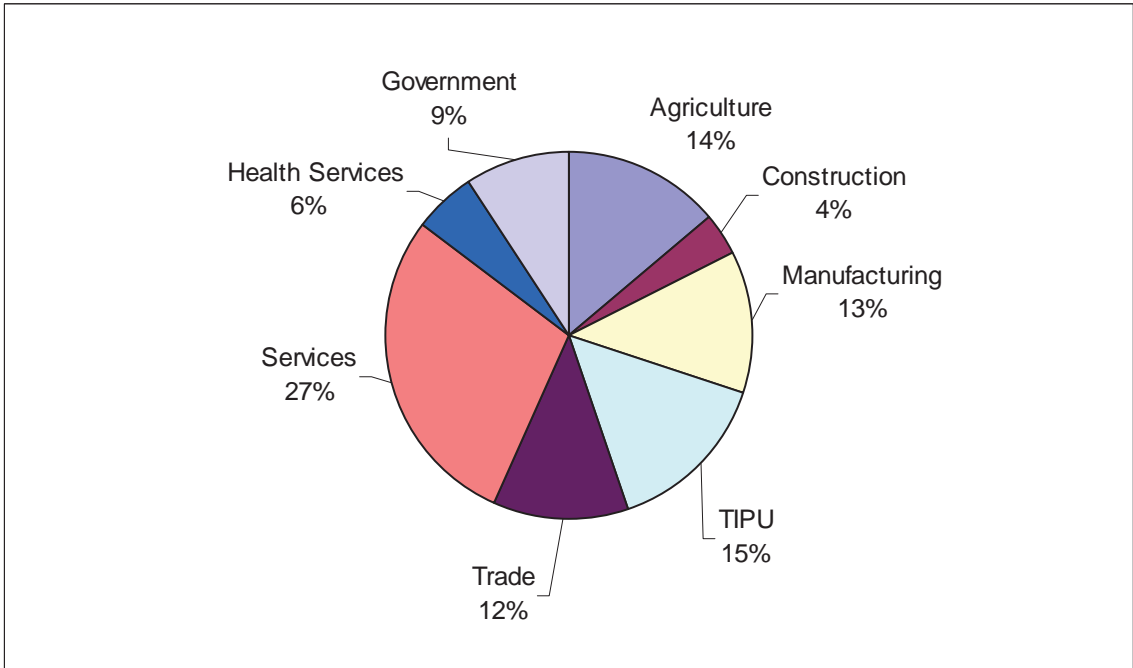
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Figure 6. Labor Income by Sector



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Figure 7. Total Income by Sector



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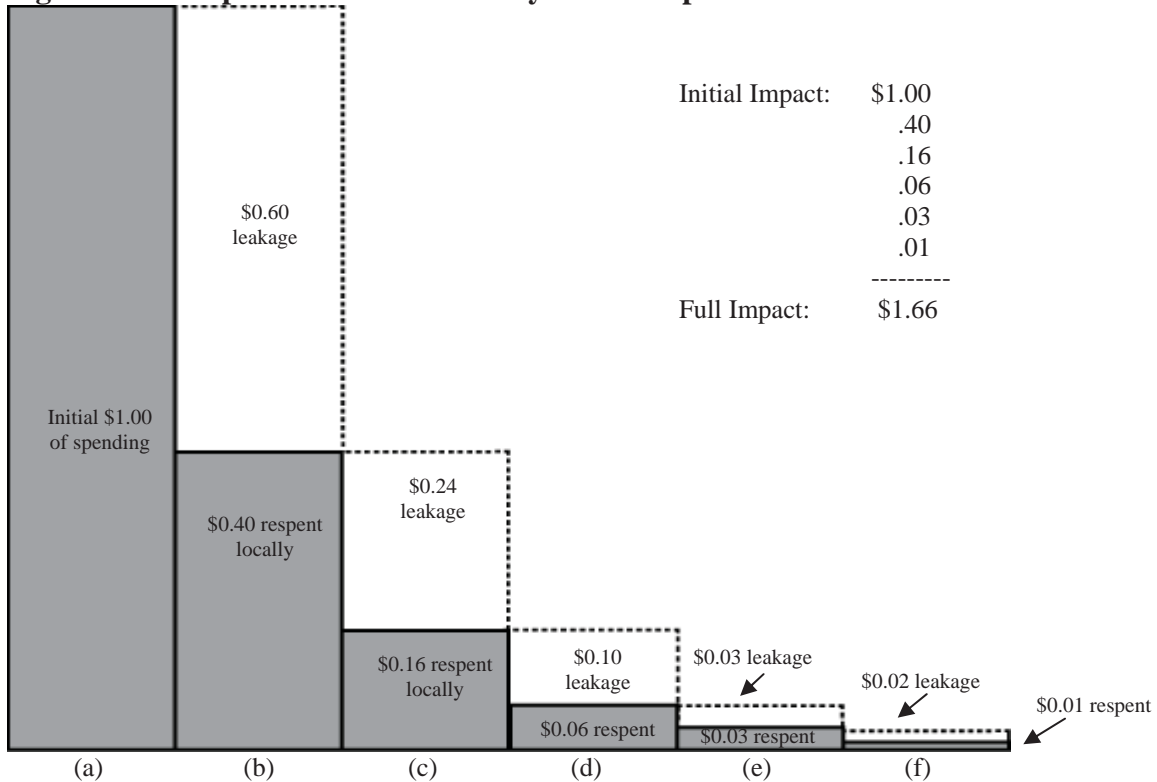
Health Sector Impact and Economic Multipliers

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

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

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

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



Tables 7 and 8 illustrate the ripple effect in the county. As an example, Table 7 shows that the hospital sector employs 212 people and has an employment multiplier of 1.33. This means that for each job created in the hospital sector, another 0.33 jobs are created in other businesses and industries in the county's economy. The direct impact of the 212 hospital employees results in an indirect impact of 69 jobs ($212 \times 0.33 = 69$) throughout all businesses and industries in the market area. Thus, the hospital sector employment had a total impact on area employment of 281 jobs ($212 \times 1.33 = 281$).

Table 7. Health Sector Impact on Employment, 2011

Health Sectors	Direct Employment	Economic Multiplier	Total Impact
Health and Personal Care Stores	17	1.19	20
Veterinary Services	24	1.14	27
Offices of Health Practitioners	46	1.42	65
Home Health Care Services	16	1.13	18
Other Ambulatory Health Care	31	1.28	40
Hospitals	212	1.33	281
Nursing/Residential Care Facilities	191	1.17	223
Health and Fitness Centers	10	1.07	11
Local Government Health Care	79	1.10	87
Total	626		773

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Similarly, multiplier analysis can estimate the total impact of the estimated \$9,795,000 direct income for hospital employees shown in Table 8. The hospital sector had an income multiplier of 1.33, which indicates that for every one dollar of income generated in the hospital sector, another \$0.33 is generated in other businesses and industries in the county's economy. Thus, the hospital sector had an estimated total impact on income throughout all businesses and industries of \$13,856,000 ($\$9,795,000 \times 1.33 = \$13,856,000$).

Table 8. Health Sector Impact on Income and Retail Sales, 2011

Health Sectors	Direct Income	Economic Multiplier	Total Impact	Retail Sales
Health and Personal Care Stores	\$980,029	1.18	\$1,159,533	\$304,937
Veterinary Services	\$418,518	1.43	\$600,274	\$157,862
Offices of Health Practitioners	\$3,137,102	1.35	\$4,221,081	\$1,110,071
Home Health Care Services	\$389,497	1.31	\$511,416	\$134,493
Other Ambulatory Health Care	\$1,100,653	1.45	\$1,598,205	\$420,300
Hospitals	\$9,794,744	1.41	\$13,855,586	\$3,643,778
Nursing/Residential Care Facilities	\$5,189,759	1.35	\$7,023,680	\$1,847,105
Health and Fitness Centers	\$60,582	1.69	\$102,133	\$26,859
Local Government Health Care	\$1,338,572	1.19	\$1,595,930	\$419,702
Total	\$22,409,456		\$30,667,837	\$8,065,106

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

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In this manner, the total employment and income impacts of all the health services sectors can be estimated. In Table 7, the total employment impact of the health services sector results in an estimated 773 jobs in the local economy. In Table 8, the total income impact of health services results in an estimated \$30,668,000 for the economy.

The last column in Table 8 shows the retail sales that the health sector helps to generate. To estimate this, this study incorporates a retail sales capture ratio (retail sales to total personal income). Marshall County had retail sales of \$114,571,000. and \$435,661,000 in total personal income. Thus, the estimated retail sales capture ratio equals 26.3 percent. Using this as the retail sales capture ratio for the county, this says that people spent 26.3 percent of their income on retail goods and services within the market. By taking all the household income associated with health sector activities and multiplying by the retail sales capture ratio, we can estimate the impacts of the health sector on area retail sales. Thus, the total retail sales generated by the retail sector equals \$8,065,000 ($\$30,668,000 \times 26.3\% = \$8,065,000$). This is a conservative estimate, as this method does not consider the impact of any local purchases made by the health services businesses.

Summary and Conclusions

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

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

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

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

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

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

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

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

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

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Glossary of Terms

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

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

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

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

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

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

Health and Personal Care Stores: pharmacies.

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

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

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

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

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

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

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

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

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

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Marshall County Rural Health Works



Communities Building Affordable & Sustainable Healthcare Systems

Demographic, Economic and Health Indicator Data

Introduction

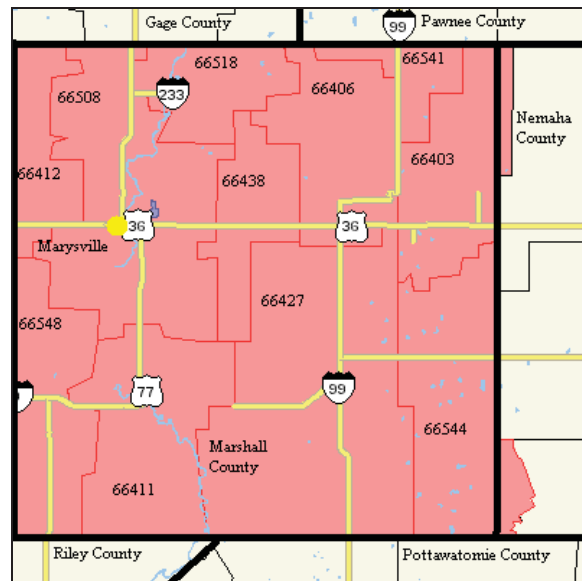
Kansas Rural Health Works (KRHW) is dedicated to helping rural communities build affordable and sustainable local health care systems. Health care is important to seniors, young families and companies. But rural health care systems are facing many challenges: hospitals are closing; services have been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

Background Data Summary

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

- Between 1990 and 2010, the population decreased 13.0% in Marshall County, but is projected to remain fairly stable at about 10,100.
- People aged 35 to 54 made up the largest portion of the population, with 26.6%. People aged 65 and older represented 21.2% of the population.
- In general, the county has less per capita personal income than the state and nation, and is more dependent of transfer income such as Social Security and other retirement benefits, disability, medical payments like Medicare and Medicaid, unemployment insurance, and veterans' benefits.
- Medicare users make up 23.3% of the county's total population and 6.2 percent of the county's population receive food stamp benefits.
- Within the county, 13.7% of children live in poverty, while 14.6 percent of children statewide live in poverty.

Marshall County Primary Health Market Area



ZIP codes within the Marshall County Health Market Area.

Source: Claritas, Inc. 2011.

Marshall County Rural Health Works

Marshall County Demographic Data

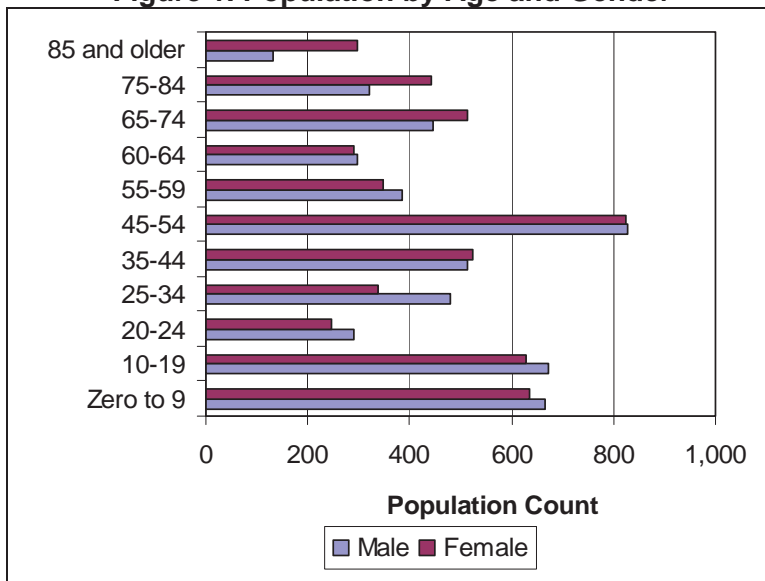
Table 1 presents population trends for Marshall County. In 2010, an estimated 10,158 people live in the county. Between 1990 and 2010, the population decreased 13.0 percent and also decreased 7.1 percent between 2000 and 2010. Population projections indicate that 10,120 people will live in the county by 2015. The state of Kansas population increased 8.5 percent between 1990 and 2000 and an additional 5.5 percent through 2010.

Table 1. Current Population, Population Change and Projections

Current Population		Percent Change in Population			Population Projections	
Year	Count	Years	County	State	Year	Count
1990	11,670	1990-2000	-6.3	8.5	2015	10,120
2000	10,934	2000-2010	-7.1	5.5	2020	10,101
2010	10,158	1990-2010	-13.0	14.5	2025	10,091

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

Figure 1. Population by Age and Gender



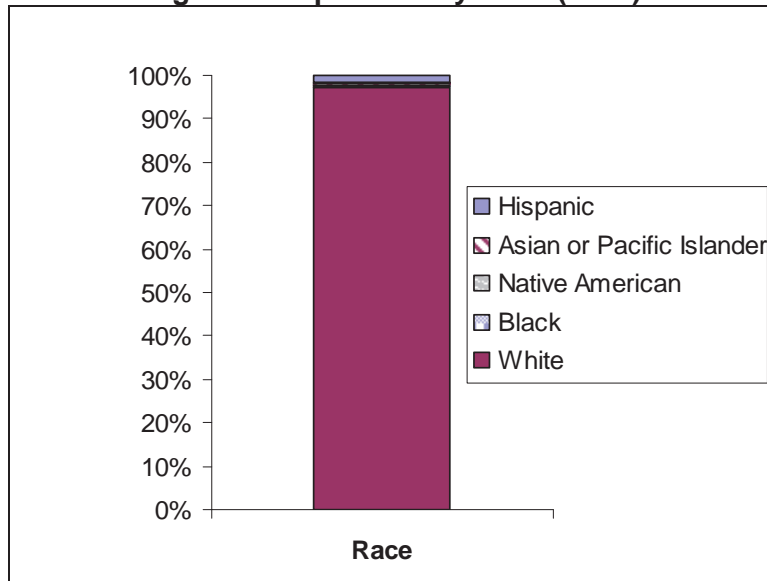
U.S. Census Bureau

Figure 1 shows a breakdown of the population by age and by gender. Here, people aged 35 to 54 made up the largest portion of the population, with 26.6 percent. People aged 65 and older represented 21.2 percent of the population. Of those 65 and older, 41.7 percent were male and 58.3 percent were female. Age range can indicate the future health care needs of a county's population. A growing population of older adults has a different set of health care needs than a population with more young people.

Marshall County Rural Health Works

Race can also play a role in assessing the health needs of the community. In the case of Hispanic immigrants, lack of English speaking skills may prevent them from using health care services within the county or from using health care services at all. Figure 2 shows the racial and ethnic composition of the county. Whites made up 97.1 percent of the county's population, while Native Americans represented 0.5 percent, African Americans made up 0.4 percent, Asians were 0.5 percent and Hispanics were 1.5 percent of the population. In Kansas, whites make up 80.5 percent of the population, Native Americans represent one percent, African Americans 6.3 percent, Asians 2.5 percent and Hispanics 9.6 percent.

Figure 2. Population by Race (2010)



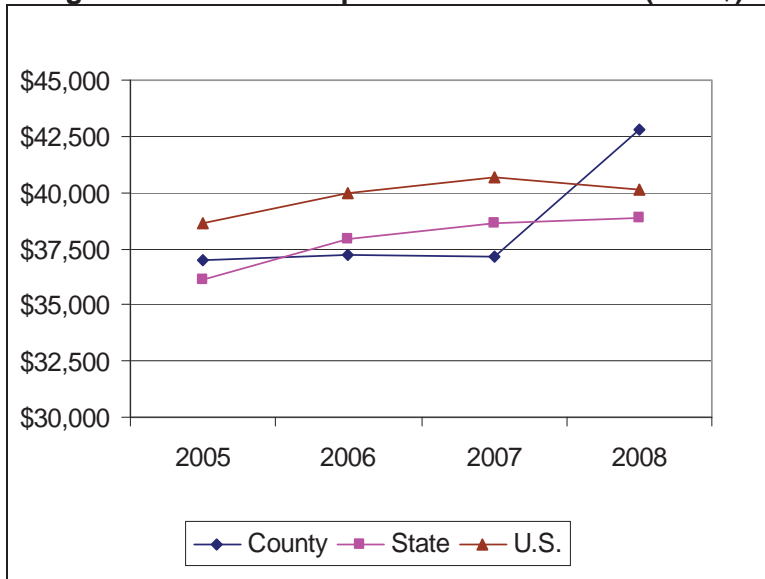
Woods and Poole Economics, Inc. Native American includes American Indians and Alaska Natives; Asian or Pacific Islander includes Asian Americans, Native Hawaiians, Pacific Islanders; Hispanic population is persons of Hispanic origin regardless of race.

Economic Indicators

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

Marshall County Rural Health Works

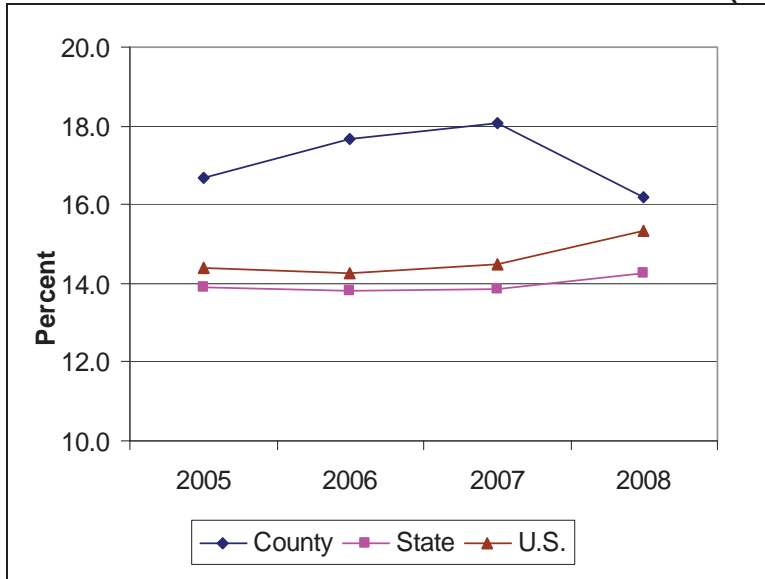
Figure 3. Total Per Capita Personal Income (2008\$)



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

Figure 3 shows the change in total per capita personal income, adjusted for inflation from 2005 through 2008. Per capita personal income has increased in Kansas and the United States. In Marshall County, personal income has increased from \$36,970 in 2005 to \$42,796 in 2008.

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



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

Figure 4 shows how the relative proportion of transfer income to total income has changed during the same four years. In the U.S., transfer payments have increased as a percentage of total income by 6.6 percent, while transfer payments in Kansas have increased by 2.5 percent. In the county, the proportion of income stemming from transfer payments has decreased from 16.7 percent in 2005 to 16.2 in 2008.

Marshall County Rural Health Works

Table 2 shows personal income data by source for Marshall County, Kansas and the nation. Within the county, 52.9 percent of all earnings come from wages and salaries, compared to 69.4 percent in Kansas and 71.6 percent for the entire United States. Retirement and disability make up 44.5 percent of transfer payments in the county, with another 41.2 percent coming from medical payments. In Kansas, 39.0 percent of all transfers come from retirement and disability, while medical payments represent 42.2 percent. For the U.S., medical payments make up the largest portion of transfers at 44.0 percent.

Table 2. 2008 Personal Income Data

Source	County Total	County Per Capita	County Percent	State Percent	U.S. Percent
Earnings					
Wages and Salaries	\$179,564,000	\$17,642	52.9	69.4	71.6
Other Labor Income	\$46,813,000	\$4,599	13.8	17.0	16.3
Proprietor's Income	\$112,823,000	\$11,085	33.3	13.6	12.1
Total Earnings	\$339,200,000	\$33,327	100.0	100.0	100.0
Transfer Payments					
Retirement and Disability	\$31,377,000	\$3,083	44.5	39.0	34.2
Medical Payments	\$29,062,000	\$2,855	41.2	42.2	44.0
Other	\$10,092,000	\$992	14.3	18.7	21.9
Total Transfer Payments	\$70,531,000	\$6,930	100.0	100.0	100.0
Personal Income					
Earnings by Place of Residence	\$295,092,000	\$28,993	67.7	68.8	66.6
Dividends, Interest, and Rent	\$70,038,000	\$6,881	16.1	17.0	18.0
Transfer Payments	\$70,531,000	\$6,930	16.2	14.3	15.3
Total Personal Income	\$435,661,000	\$42,804	100.0	100.0	100.0

Bureau of Economic Analysis

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

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

Marshall County Rural Health Works

Health Indicators and Health Sector Statistics

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

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

	County Number	County Percent/Rate	State Percent/Rate
Hospitals (2009)			
Number ¹	1	0.1	0.1
Number of beds ¹	25	2.5	4.1
Admissions per bed ¹	30	2.9	0.0
Adult Care Homes (2009)			
Number ²	2	0.9	0.8
Number of beds ²	162	75.3	56.2
Assisted Living Facilities (2009)			
Number ²	2	0.9	0.7
Number of beds ²	46	21.4	29.6
Medicare (2007)			
Eligibles ^{3,4}	2,369	23.3	14.8
Medicaid Funded Programs			
Food Stamp Beneficiaries (2009) ⁴	625	6.2	7.4
Temporary Assistance for Families (FY 2009) ⁴	58	0.6	1.1

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

¹Rate per 1,000 population.

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

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

⁴ Percent of total 2007 estimated population.

Table 3 shows the availability of certain types of health services in Marshall County as well as usage of some health care-related government programs. The county has 25 available hospital beds, with a rate of 2.9 admissions per bed per 1,000 people. Additionally, the county has 162 adult care home beds, or 75.3 beds per 1,000 older adults, and 46 assisted living beds, or 21.4 beds per 1,000 older adults. Medicare users make up 23.3 percent of the county's total population and 6.2 percent of the county's population receive food stamp benefits.

Marshall County Rural Health Works

Table 4. Maternity and Children’s Health Statistics

	County Number	County Percent/ Rate	State Percent/ Rate
Poverty (2008)			
Total Persons in Poverty ¹	1,037	10.5	11.3
Children in Poverty ²	280	13.7	14.6
Total Births ³ (2008)	131	12.9	14.9
Births to Mothers without High-School Diploma ⁴ (2007)	N/A	7.5	18.2
Births with Adequate Prenatal Care ³ (2008)	104	79.4	77.6
Low Weight Births ⁵ (2007)	N/A	7.5	7.1
Immunization ⁶ (2007)	N/A	67.0	58.0
Infant Mortality ⁷ (2008)	1	3.2	7.4
Child Deaths ⁸ (2008)	1	0.9	1.7
Child Care Subsidies ⁹ (2008)	27	N/A	N/A

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

¹ Percent of total population.

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

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

⁴ Rate of live births per thousand females.

⁵ Percent of live births in a calendar year.

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

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

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

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

Table 4 gives information which can indicate the situation for young children and mothers. Within the county, 13.7 percent of children live in poverty, while 14.6 percent of children statewide live in poverty. Births to school age mothers occurred at a rate of 7.5 births per thousand teenage females, while school age mothers gave birth at a rate of 18.2 births per thousand teens statewide. Low weight births occurred in 7.5 percent of all live births in the county, while statewide low weight births occurred in 7.1 percent of all live births.

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

Marshall County Rural Health Works



Communities Building Affordable & Sustainable Healthcare Systems

Economic & Demographic Data

Introduction

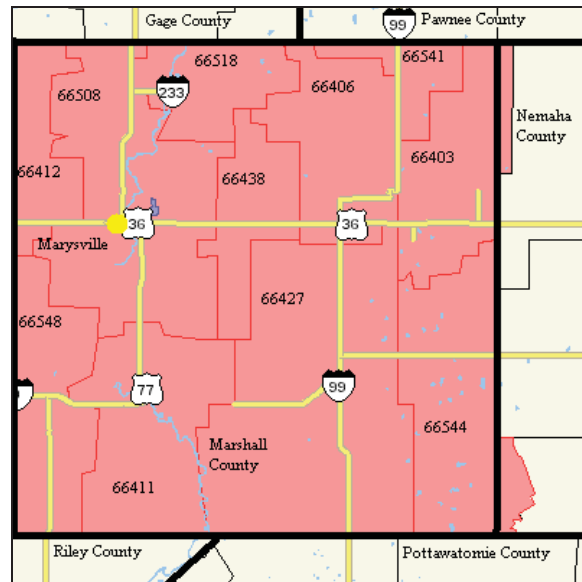
Kansas Rural Health Works (KRHW) is dedicated to helping rural communities build affordable and sustainable local health care systems. Health care is important to seniors, young families and companies. But rural health care systems are facing many challenges: hospitals are closing; services have been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

Economic Data Summary

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

- Continuing a long-term trend, the total population of Marshall County has declined by 17% since 1990.
- The proportion of the population over 65 years is growing, and the female population over 85 years is growing fastest among the elderly group.
- Nearly 40% of the population lives alone, making individual acute and chronic care management challenging.
- Nearly 14% of households live on less than \$15,000 income per year.
- Transfer income to persons is among the fastest growing sources of income. In 2008, over \$70 million in transfer income was paid to county residents, about 20% of total personal income.
- Within transfer income, government assistance such as Medicare, income maintenance, and veterans pension and disability benefits are growing most strongly.
- The county poverty rate decreased according to the most recent available data, but likely has increased in 2009 along with the unemployment rate.

Marshall County Primary Health Market Area

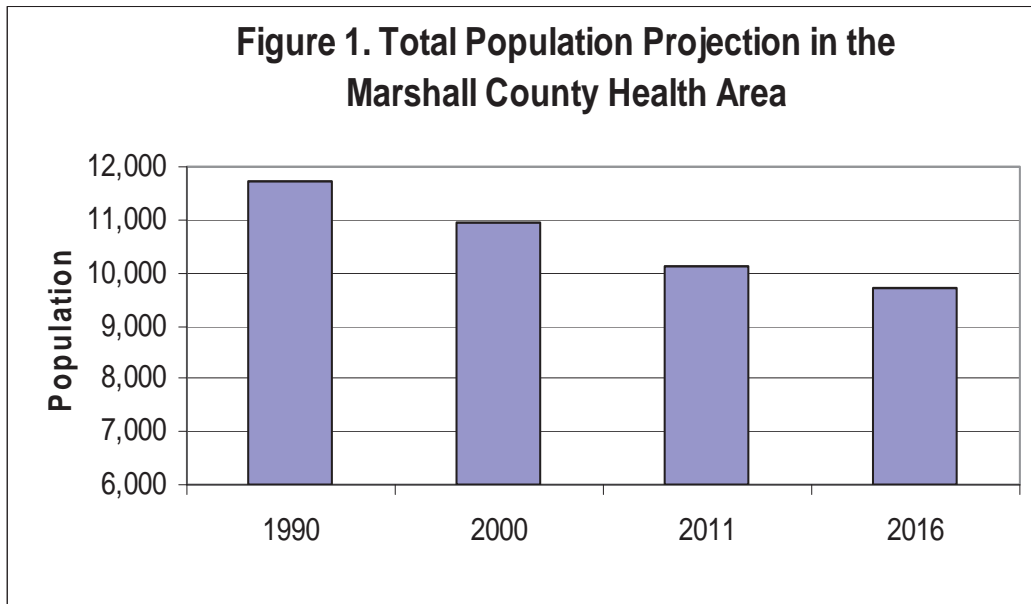


ZIP codes within the Marshall County Health Market Area.

Source: Claritas, Inc. 2011.

Marshall County Rural Health Works

Typical of many rural counties in Kansas, county population has been in long-term decline, about 17 percent since 1990. The trend is expected to continue into the near-term future. The implications of this trend are that there are fewer people to make up local economic markets, fewer people to support local public services, and a thinner local labor market. All of these create greater challenges for businesses, local governments and communities.



Claritas, Inc. (2011)

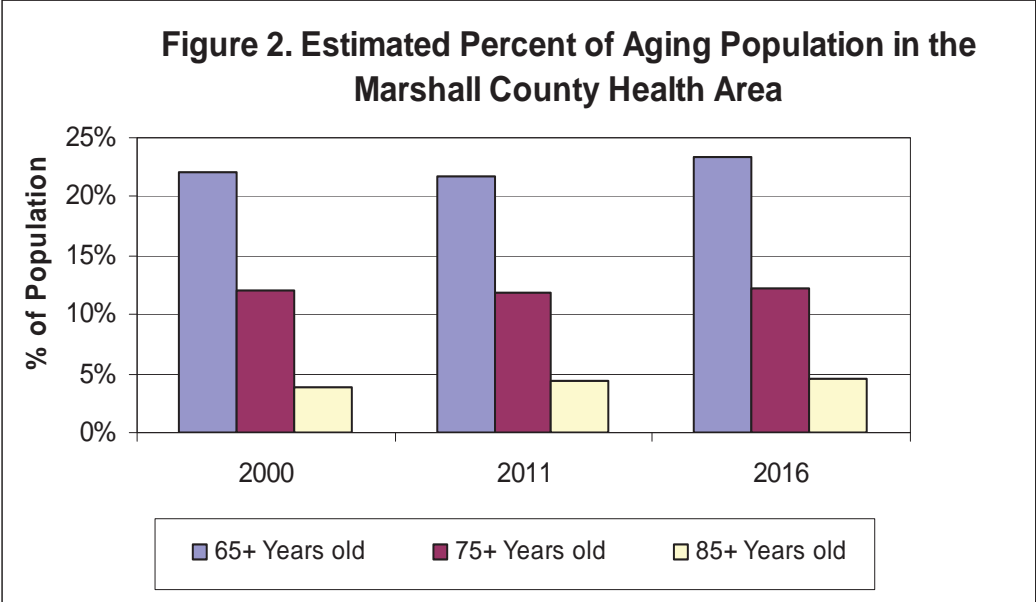
The proportion of the population 65 years and older is among the fastest growing demographic groups even as the overall population declines. The oldest of the old, persons 85 years and older, are increasing to the greatest degree among the elderly, with women commonly outliving men. The implications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

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

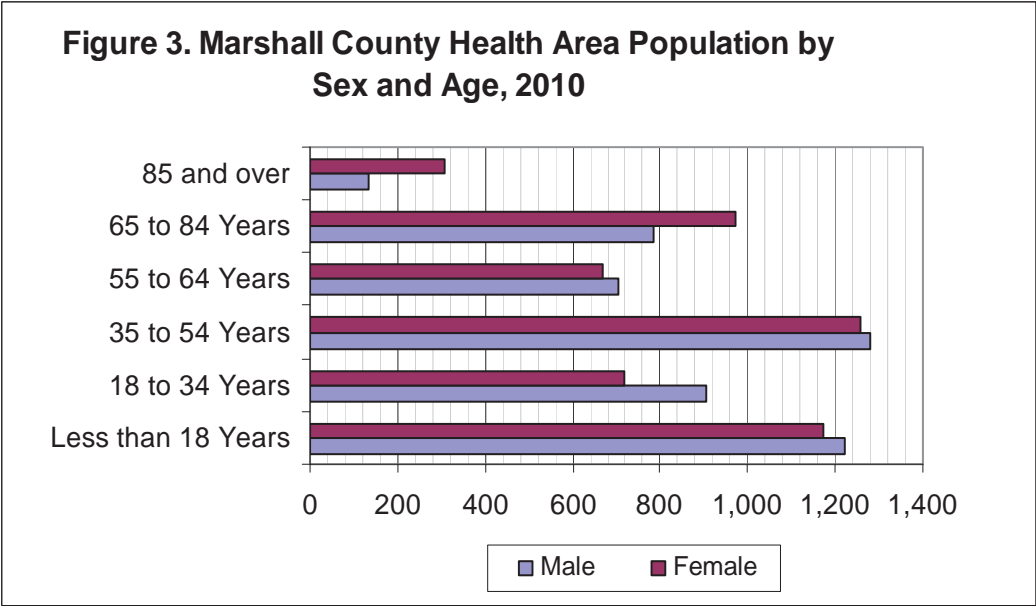
	2000		2011		2016	
	Percent	Population	Percent	Population	Percent	Population
65+ Years old	22.0%	2,414	21.7%	2,198	23.3%	2,268
75+ Years old	12.0%	1,318	11.9%	1,201	12.2%	1,188
85+ Years old	3.9%	425	4.4%	442	4.6%	450

Claritas, Inc. (2011)

Marshall County Rural Health Works



Claritas, Inc. (2011)



Claritas, Inc. (2011)

Marshall County Rural Health Works

The racial composition of Marshall County is fairly homogenous just as it is in many rural Kansas counties. Whites make up over 96 percent of the population. Three hundred forty-nine persons in Marshall County identify themselves as non-white. It's not uncommon for non-whites to have specific health care needs that are very different than the white population. As is the case almost everywhere, the Hispanic and Latino population is increasing, albeit relatively modestly.

Table 2. 2011 Estimated Population by Single Race Classification

	Population	Percent
White Alone	9,773	96.6%
Black or African American Alone	38	0.4%
American Indian and Alaska Native Alone	51	0.5%
Asian Alone	71	0.7%
Native Hawaiian and Other Pacific Islander Alone	3	0.0%
Some Other Race Alone	57	0.6%
Two or More Races	129	1.3%
Total	10,122	100.0%

Claritas, Inc. (2011)

Table 3. 2011 Estimated Population Hispanic or Latino by Origin

	Population	Percent
Hispanic or Latino	180	1.8%
Not Hispanic or Latino	9,942	98.2%
Total	10,122	100.0%

Claritas, Inc. (2011)

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

	2000	2011	2016
Total Population	10,965	10,122	9,717
Hispanic and Latino Population	83	180	216
Percentage of Population	0.8%	1.8%	2.2%

Claritas, Inc. (2011)

Marshall County Rural Health Works

A relatively large proportion of the population 15 years and older is unmarried. About 60 percent of the adult population reported living as a married individual with a spouse present. Conversely, 40 percent reported being unmarried or their spouse was absent. Sixteen percent are widowed. Many of these individuals probably live in some other cohabitation arrangement. Still, it raises a question about the number of people living alone. Within the context of community health care needs, people living alone face sometimes tremendous challenges should illness arise or injury occur. Most often, there are only informal support structures in place to assist such individuals in times of need.

Table 5. 2011 Estimated Population Age 15+ by Marital Status

	Count	Percent
Total, Never Married	1,604	20.7%
Married, Spouse present	4,958	60.2%
Married, Spouse absent	207	1.8%
Widowed	806	9.8%
Divorced	616	7.5%
Males, Never Married	929	12.2%
Widowed	171	6.0%
Females, Never Married	675	8.5%
Widowed	635	11.3%

Claritas, Inc. (2011)

Table 6. 2011 Estimated Population Age 25+ by Educational Attainment

	Count	Percent
Less than 9th grade	259	3.7%
Some High School, no diploma	428	6.2%
High School Graduate (or GED)	3,220	46.3%
Some College, no degree	1,580	22.7%
Associate Degree	567	8.1%
Bachelor's Degree	636	9.1%
Master's Degree	188	2.7%
Professional School Degree	78	1.1%
Doctorate Degree	3	0.0%

Claritas, Inc. (2011)

Marshall County Rural Health Works

The income and wealth resources of many Marshall County residents are relatively modest. Over 28 percent of households report an annual income of less than \$25,000, and half of that group lives on less than \$15,000 per year. As represented by housing values, the wealth resources of many individuals and households also is relatively modest. About 26 percent of the housing stock is valued at less than \$40,000. The implications of such income and wealth characteristics in the context of increasing longevity and rising health care costs raises questions as to whether all who need it can afford health insurance and health care services.

Table 7. 2011 Estimated Households by Household Income

	Count	Percent
Income Less than \$15,000	562	13.6%
Income \$15,000 - \$24,999	599	14.5%
Income \$25,000 - \$34,999	601	14.5%
Income \$35,000 - \$49,999	778	18.8%
Income \$50,000 - \$74,999	849	20.5%
Income \$75,000 - \$99,999	346	8.4%
Income \$100,000 - \$149,999	266	6.4%
Income \$150,000 - \$199,999	75	1.8%
Income \$200,000 - \$499,999	55	1.3%
Income \$500,000 or more	7	0.2%
Total Estimated Households	4,138	100.0%
<hr/>		
Estimated Average Household Income		\$51,953
Estimated Median Household Income		\$40,921
Estimated Per Capita Income		\$21,650

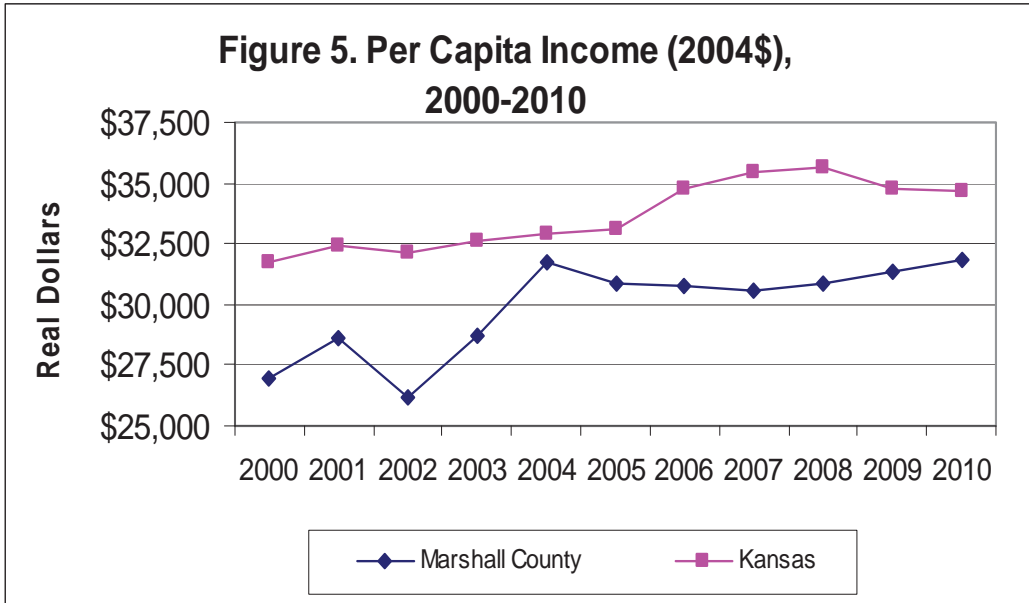
Claritas, Inc. (2011)

Table 8. 2010 Estimated All Owner-Occupied Housing Values

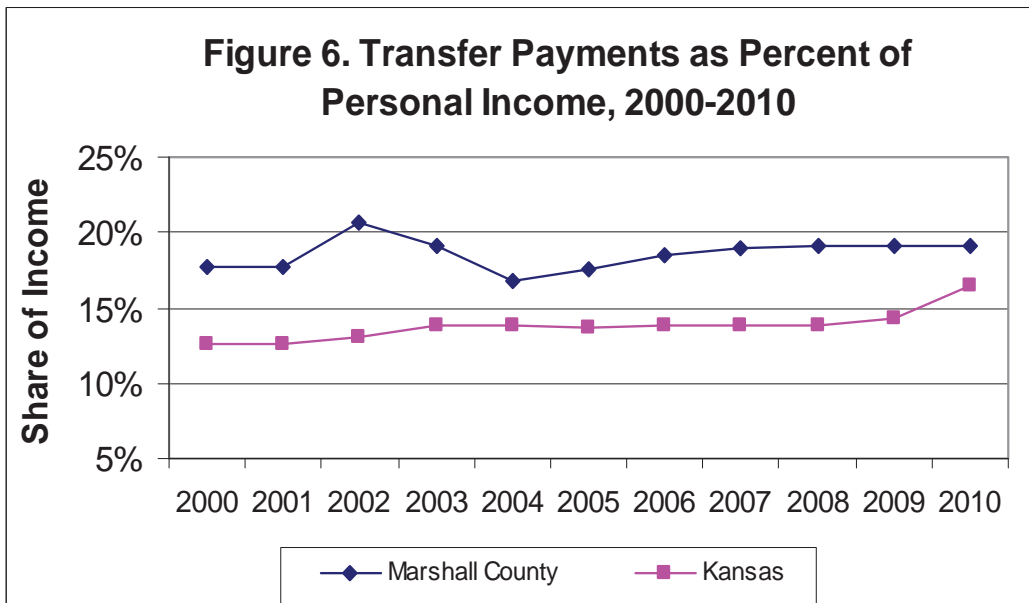
	Count	Percent
Value Less than \$20,000	374	11.8%
Value \$20,000 - \$39,999	452	14.3%
Value \$40,000 - \$59,999	510	16.1%
Value \$60,000 - \$79,999	359	11.3%
Value \$80,000 - \$99,999	384	12.1%
Value \$100,000 - \$149,999	573	18.1%
Value \$150,000 - \$199,999	251	7.9%
Value \$200,000 - \$299,999	124	3.9%
Value \$300,000 - \$399,999	85	2.7%
Value \$400,000 - \$499,999	26	0.8%
Value \$500,000 - \$749,999	18	0.6%
Value \$750,000 - \$999,999	0	0.0%
Value \$1,000,000 or more	9	0.3%
Total	3,165	100.0%

Claritas, Inc. (2011)

Marshall County Rural Health Works



Woods & Poole, Inc. (2010)



Woods & Poole, Inc. (2009)

As with most rural areas, Marshall County is relatively more dependent on transfer income, such as retirement and disability insurance benefits, medical benefits, and income maintenance. That dependence is growing over time. These financial resources can be of enormous importance to those who receive them. From an economic perspective, these payments help support the local economy. Every person legitimately entitled to receive them, should have access to this assistance.

Marshall County Rural Health Works

Table 9. Marshall County Personal Income by Major Source

	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Total Earnings (Millions 2004\$)	\$195.32	\$206.71	\$183.34	\$215.19	\$243.70	\$238.80	\$229.97	\$230.68	\$235.33	\$240.06	\$244.87
Farm Earnings	\$13.05	\$20.58	-\$6.58	\$17.27	\$40.12	\$28.87	\$20.53	\$16.95	\$17.01	\$17.07	\$17.12
Agricultural Services, Other	\$1.64	\$1.77	\$1.92	\$2.03	\$1.93	\$2.15	\$2.22	\$2.42	\$2.46	\$2.51	\$2.55
Mining	\$0.12	\$0.12	\$0.30	\$0.13	\$0.20	\$0.26	\$0.33	\$0.21	\$0.21	\$0.21	\$0.21
Construction	\$7.28	\$6.82	\$6.46	\$7.43	\$7.17	\$7.43	\$9.30	\$9.39	\$9.54	\$9.69	\$9.84
Manufacturing	\$38.71	\$39.78	\$39.03	\$44.01	\$44.04	\$48.22	\$51.48	\$52.85	\$54.37	\$55.92	\$57.52
Transport, Information & Public Utility	\$21.14	\$21.25	\$21.92	\$22.35	\$23.78	\$26.04	\$27.62	\$27.22	\$27.65	\$28.08	\$28.52
Wholesale Trade	\$7.03	\$6.98	\$7.20	\$7.56	\$8.42	\$8.78	\$8.95	\$9.38	\$9.46	\$9.55	\$9.63
Retail Trade	\$15.65	\$14.30	\$13.61	\$14.52	\$13.82	\$14.25	\$13.89	\$14.09	\$14.29	\$14.48	\$14.68
Finance, Insurance & Real Estate	\$22.44	\$24.19	\$24.75	\$25.10	\$26.34	\$27.92	\$17.19	\$17.56	\$18.03	\$18.50	\$18.99
Services	\$24.56	\$25.92	\$28.98	\$27.87	\$30.28	\$27.90	\$29.38	\$30.10	\$30.71	\$31.33	\$31.95
Federal Civilian Government	\$3.75	\$3.48	\$3.60	\$3.49	\$3.56	\$3.31	\$3.35	\$3.41	\$3.46	\$3.52	\$3.58
Federal Military Government	\$0.85	\$0.90	\$1.12	\$1.56	\$1.59	\$1.79	\$1.67	\$1.71	\$1.75	\$1.79	\$1.83
State and Local Government	\$19.92	\$20.19	\$20.50	\$20.93	\$20.98	\$21.03	\$22.24	\$22.81	\$23.39	\$23.98	\$24.59
Personal Income (Millions 2004\$)	\$294.43	\$309.12	\$277.53	\$299.67	\$327.41	\$317.31	\$313.16	\$311.41	\$314.51	\$318.59	\$323.34
Wages and Salaries	\$134.24	\$132.22	\$131.75	\$133.90	\$142.22	\$145.17	\$144.01	\$146.33	\$149.87	\$153.23	\$156.51
Other Labor Income	\$33.04	\$33.07	\$38.21	\$43.43	\$39.73	\$41.63	\$41.94	\$42.16	\$42.96	\$43.86	\$44.81
Proprietors Income	\$28.04	\$41.42	\$13.38	\$37.86	\$61.75	\$52.00	\$44.02	\$42.19	\$42.50	\$42.97	\$43.55
Dividends, Interest & Rent	\$78.33	\$78.44	\$68.16	\$59.37	\$61.99	\$57.20	\$59.49	\$56.51	\$54.94	\$54.25	\$54.13
Transfer Payments To Persons	\$52.00	\$54.94	\$57.16	\$57.26	\$54.86	\$55.56	\$58.07	\$59.03	\$59.98	\$60.95	\$61.93
Less Social Insurance Contributions	\$24.74	\$24.79	\$24.57	\$24.80	\$26.27	\$27.18	\$27.48	\$27.75	\$28.49	\$29.24	\$29.98
Residence Adjustment	-\$6.47	-\$6.18	-\$6.55	-\$7.35	-\$6.88	-\$7.07	-\$6.90	-\$7.05	-\$7.25	-\$7.43	-\$7.62
Woods and Poole, Inc. (2010)											

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

Marshall County Rural Health Works

Table 10. Personal Current Transfer Receipts for Marshall County

(thousands of dollars)	2006	2007	2008
Personal current transfer receipts (\$000)	63,002	66,007	70,531
Current transfer receipts of individuals from governments	61,660	64,376	68,810
Retirement and disability insurance benefits	29,209	30,427	31,377
Old-age, survivors, and disability insurance (OASDI) benefits	25,554	26,400	27,226
Railroad retirement and disability benefits	3574	3944	4069
Workers' compensation	(L)	(L)	(L)
Other government retirement and disability insurance benefits \1	(L)	(L)	(L)
Medical benefits	26,245	27,434	29,062
Medicare benefits	18,012	18,888	20,263
Public assistance medical care benefits \2	7,959	8,286	8,509
Military medical insurance benefits \3	274	260	290
Income maintenance benefits	3080	3,101	3,187
Supplemental security income (SSI) benefits	676	689	619
Family assistance \4	179	181	185
Food stamps	418	434	479
Other income maintenance benefits \5	1807	1797	1904
Unemployment insurance compensation	1198	1272	2039
State unemployment insurance compensation	1149	1190	1955
Unemployment compensation for Fed. civilian employees (UCFE)	(L)	(L)	(L)
Unemployment compensation for railroad employees	(L)	63	62
Unemployment compensation for veterans (UCX)	(L)	(L)	(L)
Other unemployment compensation \6	0	0	0
Veterans benefits	1459	1649	1780
Veterans pension and disability benefits	1378	1524	1642
Veterans readjustment benefits \7	(L)	(L)	(L)
Veterans life insurance benefits	69	99	109
Other assistance to veterans \8	(L)	(L)	(L)
Federal education and training assistance	451	465	545
Other transfer receipts of individuals from governments \10	(L)	(L)	820
Current transfer receipts of nonprofit institutions	1116	1081	1057
Receipts from the Federal government	376	371	384
Receipts from state and local governments \11	234	235	240
Receipts from businesses	506	475	433
Current transfer receipts of individuals from businesses \12	226	550	664

Bureau of Economic Analysis (2010)

Marshall County Rural Health Works

Notes for Table 10:

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

Marshall County Rural Health Works

Table 11. Employment by Major Industry for Marshall County

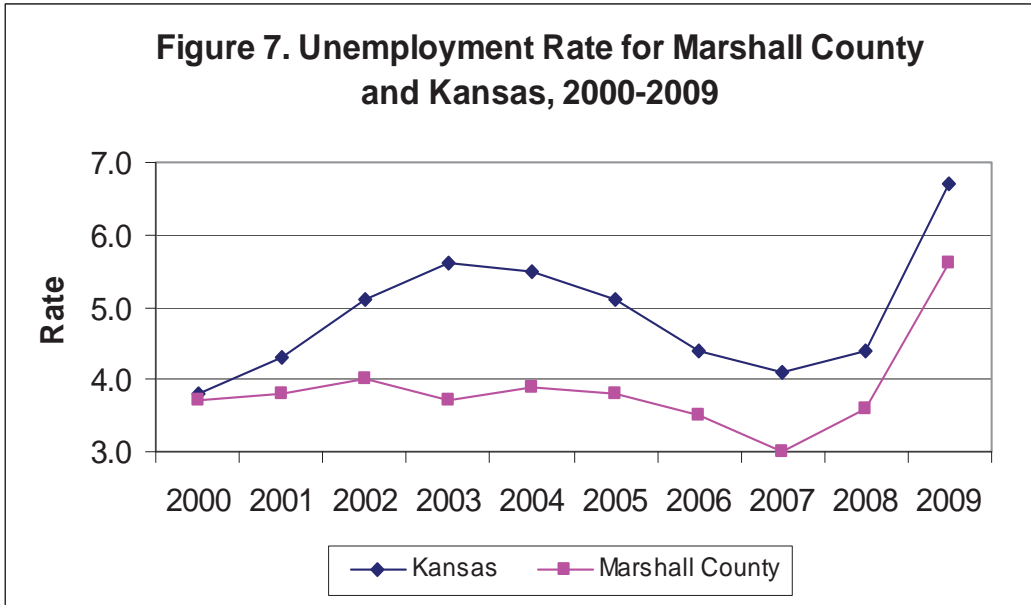
	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Total Employment	7,575	7,554	7,656	7,616	7,729	7,893	7,805	7,880	7,950	8,024	8,096
Farm Employment	1,070	1,076	1,084	1,065	1,062	1,065	1,047	1,050	1,052	1,055	1,057
Agricultural Services, Other	43	47	58	49	54	53	49	50	51	51	51
Mining	5	5	6	10	5	5	5	5	5	5	5
Construction	297	286	280	306	287	302	335	337	339	342	344
Manufacturing	969	967	953	969	1,054	1,110	1,127	1,146	1,165	1,184	1,204
Transport, Information & Public Utility	388	384	380	362	400	407	409	411	413	415	416
Wholesale Trade	215	212	228	241	274	276	292	291	290	289	288
Retail Trade	851	822	832	873	821	865	828	834	839	845	851
Finance, Insurance & Real Estate	581	632	670	671	632	666	537	546	554	564	573
Services	1,358	1,358	1,360	1,335	1,424	1,388	1,403	1,421	1,439	1,456	1,475
Federal Civilian Government	75	66	65	64	60	59	61	61	61	61	61
Federal Military Government	52	50	50	49	47	49	50	50	50	50	50
State and Local Government	858	835	886	830	814	850	863	873	882	892	901

Woods and Poole, Inc. (2010)

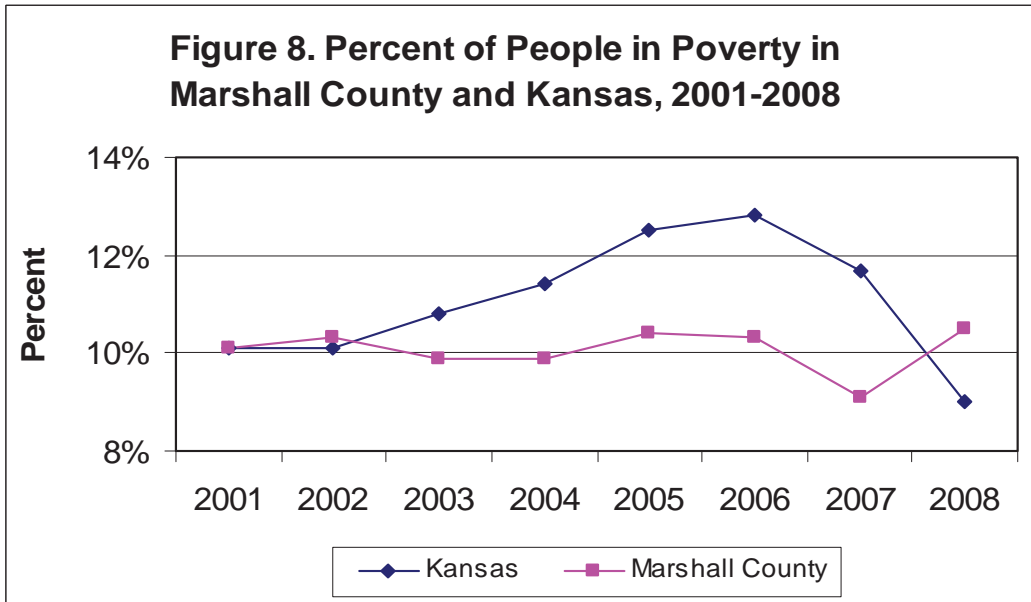
Note: Employment in number of jobs includes proprietors and part-time jobs.

Marshall County Rural Health Works

As with most rural areas, the way people in Marshall County earn a living is changing. While employment in traditional industries such as agriculture has been relatively stable, a greater proportion of people are earning a living working in manufacturing and service industries. In contrast to the overall population decline, employment in government has increased. Marshall County has had a relatively stable percentage of population living in poverty at about 10 percent.



Kansas Department of Labor (2010)



U.S. Census Bureau (2009)

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

Marshall County Rural Health Works



Communities Building Affordable & Sustainable Healthcare Systems

Health and Behavioral Data

Introduction

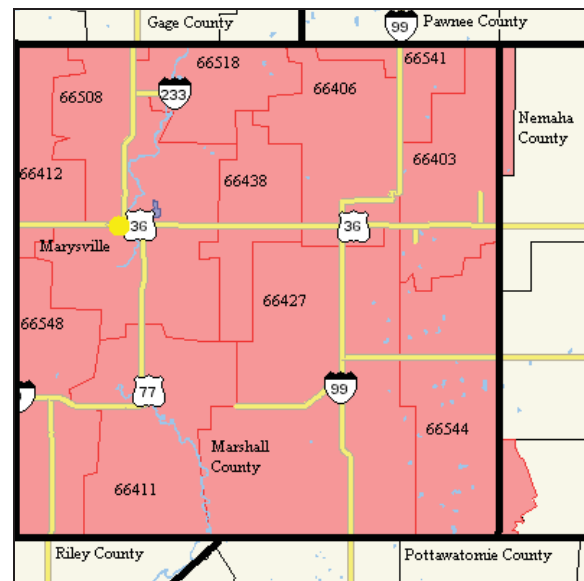
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Health and Behavioral Data Summary

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

- Over time, the trend in nursing home occupancy has declined and may suggest the need to evaluate community-based services.
- The trend in childhood immunization rates has improved in recent years. About 20 percent of fetuses had not had adequate prenatal care.
- The rate of youth tobacco use is about 15% and binge drinking is about 20%. Both are above the state average.
- Data related to persons served by selected publicly-funded services suggest a number of individuals and families in the county are in need of economic assistance and the need is increasing.
- Recent trends in hospital usage suggest increasing use of the Community Memorial Healthcare.

Marshall County Primary Health Market Area



ZIP codes within the Marshall County Health Market Area.

Source: Claritas, Inc. 2011

Marshall County Rural Health Works

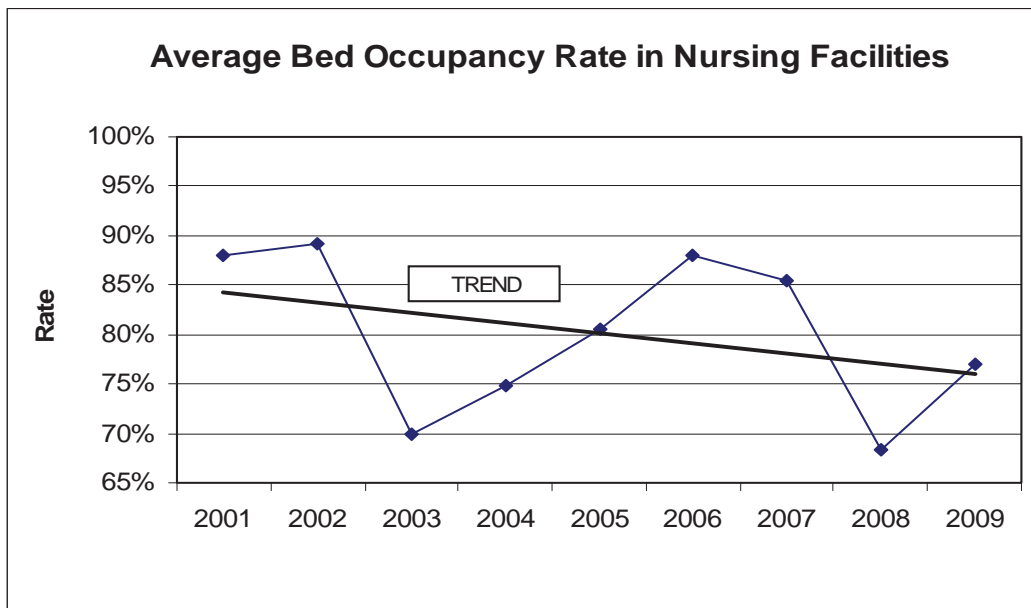
The number of nursing home beds combines all licensed nursing home beds in Marshall County. Over time, occupancy has generally declined. This may reflect the broader trend of persons' preference for community-based care outside of a nursing home as well as the effects of declining population.

Table 1. Average Occupancy of Nursing Home Beds

	2004	2005	2006	2007	2008	2009
Average Number of Beds	155	168	161	164	164	162
Average Occupancy Rate	74.8%	80.6%	88.0%	85.5%	68.3%	76.9%

Kansas Department on Aging, semi-annual reports

Kansas Hospital Association STAT Report



Marshall County Rural Health Works

Considering available indicators of children's welfare, a relatively small population base can lead to large percentage changes that must be interpreted cautiously. While available data are limited, the trends related to children receiving necessary immunizations appear to have improved. About 20 percent of fetuses had not had adequate prenatal care. The rates of youth tobacco use and binge drinking are at about 15 percent tobacco use and 20 percent binge drinking, and generally above the state rates.

Table 2. Indicators of Children's Welfare

Health Indicators		Trend Data						
		2004	2005	2006	2007	2008	2009	2010
Immunizations	Marshall	50.8%	51.2%	65.9%	67.0%	75.0%	NA	NA
	KS	69.3%	57.9%	51.1%	58.0%	63.0%	NA	NA
Prenatal Care	Marshall	73.0%	78.9%	83.9%	83.3%	79.4%	NA	NA
	KS	81.4%	79.1%	78.4%	77.4%	77.5%	NA	NA
Low Birth Weight Babies	Marshall	5.5%	4.3%	5.8%	7.5%	9.9%	NA	NA
	KS	7.3%	7.2%	7.2%	7.1%	7.2%	NA	NA
Teen Violent Deaths (per 100,000 15-19 year-olds)	Marshall	0.0	124.7	0.0	0.0	153.6	NA	NA
	KS	40.8	46.0	40.5	47.1	38.5	NA	NA
Youth Tobacco Use	Marshall	17.5%	NA	13.2%	17.2%	15.9%	11.3%	16.5%
	KS	15.8%	15.6%	14.9%	13.5%	13.0%	12.6%	12.7%
Youth Binge Drinking	Marshall	20.1%	NA	19.9%	23.6%	23.5%	18.7%	18.0%
	KS	17.2%	16.5%	16.7%	15.6%	15.2%	14.7%	13.7%
Asthma (per 1,000)	Marshall	0.9	0.4	0.9	1.4	2.4	NA	NA
	KS	1.7	1.6	1.7	1.9	1.5	NA	NA
Mental Health (per 1,000)	Marshall	3.1	1.3	5.8	1.0	4.3	NA	NA
	KS	3.0	3.0	2.9	2.7	3.4	NA	NA

Kansas KIDSCOUNT, 2011

Table 3 contains information about persons served by state and federally-funded services. Across the service categories reported, demand has generally increased. Taken together, the numbers suggest a fairly high proportion of the local population experiencing economic distress. In particular, the need for food and energy assistance has increased recently.

Marshall County Rural Health Works

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

		Persons Served		
		FY 2008	FY 2009	FY 2010
Major Services				
Temporary Assistance for Families	Avg. monthly persons	58	58	79
TANF Employment Services	Avg. monthly adults	31	23	36
Child Care Assistance	Avg. monthly children	27	26	27
Food Assistance	Avg. monthly persons	483	625	748
Energy Assistance	Annual persons	425	572	519
General Assistance	Avg. monthly persons	8	9	5
Vocational Rehabilitation Services	Avg. monthly persons	40	52	58
Family Preservation	Annual persons	24	17	17
Reintegration/Foster Care	Avg. monthly children	10	10	11
Adoption Support	Avg. monthly children	41	9	17
Home and Community Based Services				
Physical Disability	Annual consumers	32	28	25
Traumatic Brain Injury	Annual consumers	1	0	2
Developmental Disability	Annual consumers	32	29	1
Autism	Annual consumers	0	0	0
Institutional Services				
Intermediate Care Facility (ICF-MR)	Average daily census	0	0	0
State Hospital - Developmental Disability	Average daily census	0	0	0
State Hospital - Mental Health	Average daily census	0	0	0
Nursing Facility - Mental Health	Average daily census	0	0	0

Kansas Department of Social and Rehabilitation Services, 2010

In considering the selected vital statistics in Table 4, among those that stand out relate to teenage pregnancy and out-of-wedlock births. These circumstances place these young people on a very difficult life path.

In the recent past, usage of Community Memorial Healthcare appears to have strengthened (Table 6). This is evident in the number of inpatient and outpatient visits and procedures. Both Medicare and Medicaid recipients appear to be an important component of the patient base.

Marshall County Rural Health Works

Table 4. Selected Vital Statistics for Marshall County, 2009

Live Births by Age-Group of Mother	<u>Total</u>	<u>10-14</u>	<u>15-19</u>	<u>20-24</u>	<u>25-29</u>	<u>30-34</u>	<u>35-39</u>	<u>40-44</u>	<u>45 & Over</u>
	110	0	8	22	46	21	12	1	0
Adequacy of Prenatal Care	<u>Adequate Plus</u>	<u>Adequate</u>	<u>Intermediate</u>	<u>Inadequate</u>					
	26	24.1%	67	62.0%	7	6.5%	8	7.4%	
Out-of-Wedlock Births by Age	<u>Total</u>	<u>10-14</u>	<u>15-19</u>	<u>20-24</u>	<u>25-29</u>	<u>30-34</u>	<u>35-39</u>	<u>40-44</u>	<u>45 & Over</u>
	23	0	6	12	5	0	0	0	0
Teenage Pregnancies	<u>Live Births</u>	<u>Stillbirths</u>	<u>Abortions</u>	<u>Total Pregnancies</u>					
	0-4	5-14	15-24	25-34	35-44	45-54	55-64	65-84	85 & Over
	2	0	3	1	4	5	9	47	30
Deaths by Age Group	<u>2005</u>	<u>2006</u>	<u>2007</u>	<u>2008</u>	<u>2009</u>				
Marriages	65	6.2	76	7.3	90	8.8	57	5.6	62
by Number and Rate per 1,000 Population									
Marriages Dissolutions	<u>2005</u>	<u>2006</u>	<u>2007</u>	<u>2008</u>	<u>2009</u>				
by Number and Rate per 1,000 Population	38	3.7	36	3.5	13	1.3	46	4.5	35

Kansas Department of Health and Environment, 2010

Marshall County Rural Health Works

Table 5. Hospital Data for Marshall County

	2006/2007	2007/2008	2008/2009
Number of Practicing Physicians	21	23	23
Persons per Physician	484	443	440
Licensed Acute Beds	25	25	25
Staffed Beds-Hospital	25	25	25
Staffed Beds-Nursing Home Unit	-	-	-
Admissions-Hospital	709	738	719
Admissions-Nursing Home Unit	-	-	-
Admissions-Swing Beds	156	157	204
Inpatient Days - Hospital	2,235	1,928	2,480
Inpatient Days - Nursing Home Unit	-	-	-
Inpatient Days - Swing-beds	1,098	1,198	1,760
Emergency Room Visits	2,450	2,546	2,520
Outpatient Visits	27,610	29,098	33,037
Inpatient Surgical Operations	147	147	118
Outpatient Surgical Operations	480	484	532
Medicare Inpatient Discharges	588	471	531
Medicare Inpatient Days	1,238	1,566	2,526
Medicaid Inpatient Discharges	45	42	33
Medicaid Inpatient Days	116	95	83

Kansas Hospital Association STAT Report

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

Marshall County Rural Health Works



Communities Building Affordable & Sustainable Healthcare Systems

Education Data

Introduction

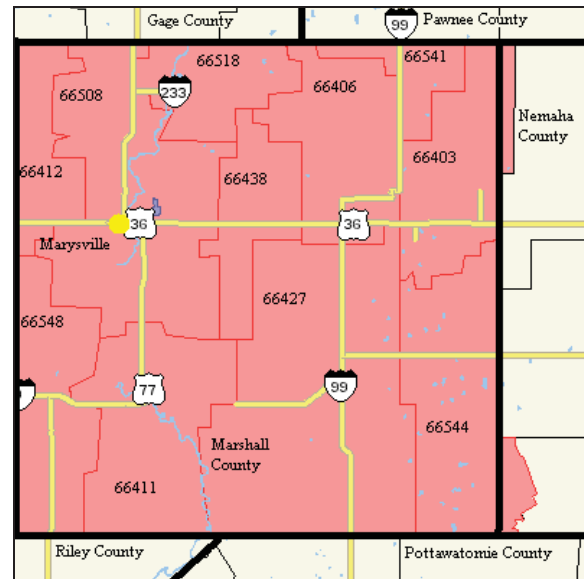
Kansas Rural Health Works (KRHW) is dedicated to helping rural communities build affordable and sustainable local health care systems. Health care is important to seniors, young families and companies. But rural health care systems are facing many challenges: hospitals are closing; services have been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

Education Data Summary

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

- Total student enrollment in Marshall County K-12 school districts has steadily declined since the mid-1990s.
- As the student population has declined, the student-to-teacher ratio also has declined.
- The trend in the student dropout rate has generally been decreasing in Marshall County over the past decade.
- The trend in student-on-student violence has been steady over time. Student-on-faculty violence has been trending up recently.

Marshall County Primary Health Market Area



ZIP codes within the Marshall County Health Market Area.

Source: Claritas, Inc. 2011.

Marshall County Rural Health Works

Marshall County School Districts

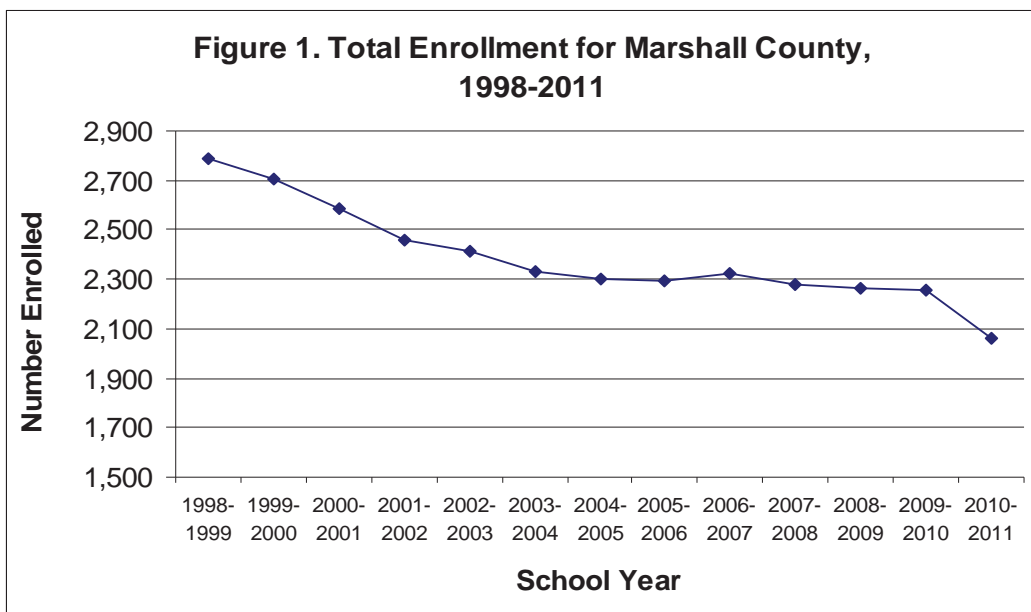
Marysville - USD 364

Valley Heights - USD 498

Vermillion - USD 380

Kansas Department of Education, 2011

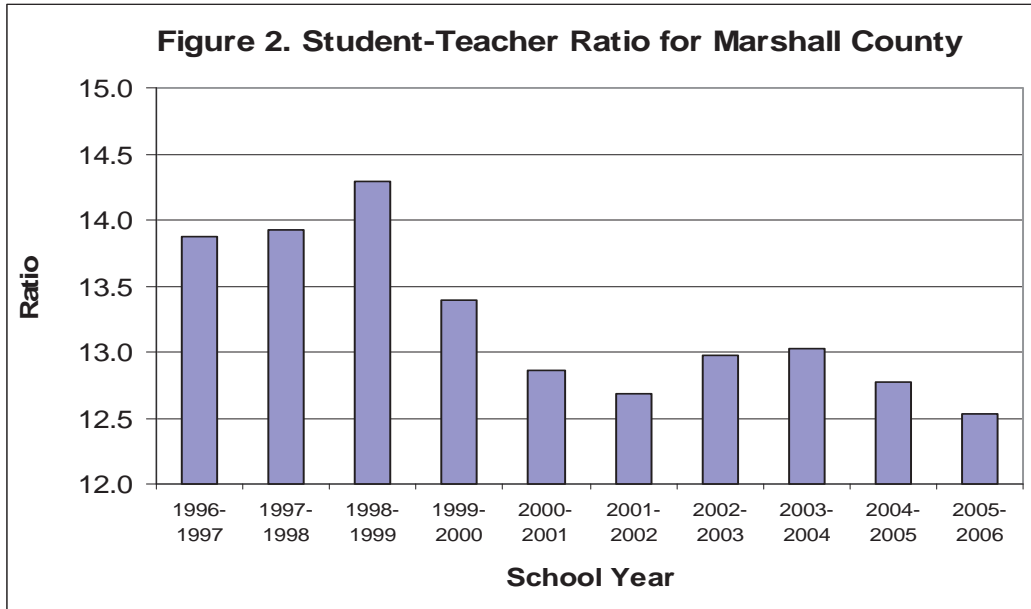
Total student enrollment in Marshall County K-12 school districts has steadily declined since the mid-1990s. Enrollment was 2,059 in the 2010-11 school year, down from 2,786 in 1998-99.



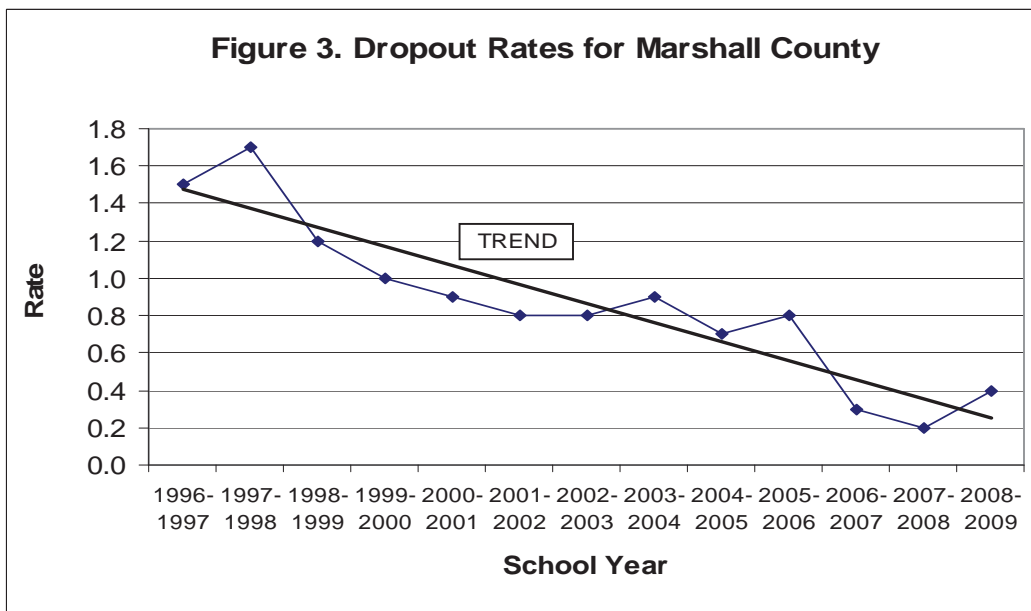
Kansas Department of Education (2011)

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

Marshall County Rural Health Works



Kansas Department of Education (2011)

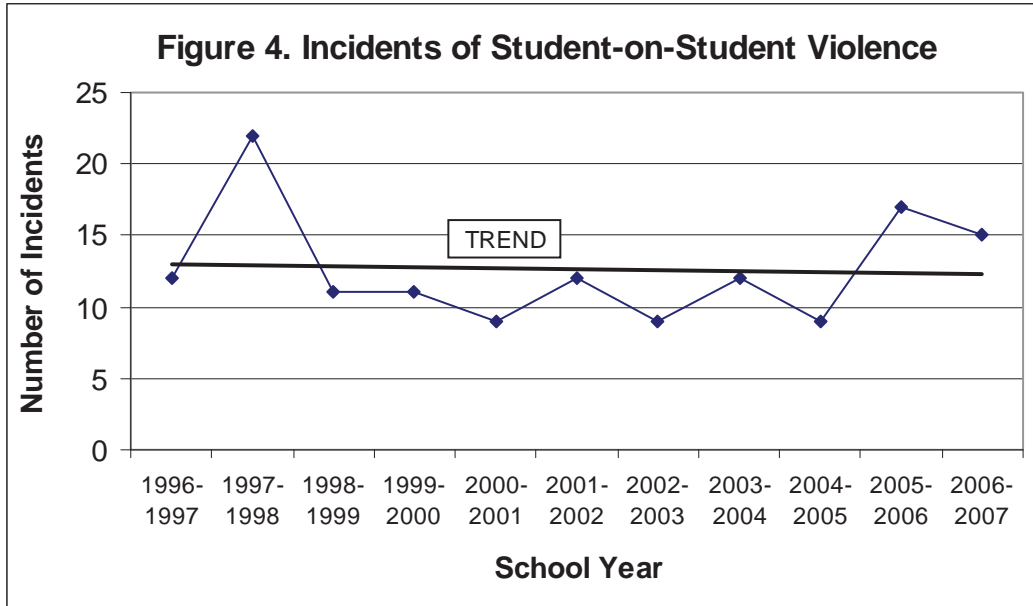


Kansas Department of Education (2011)

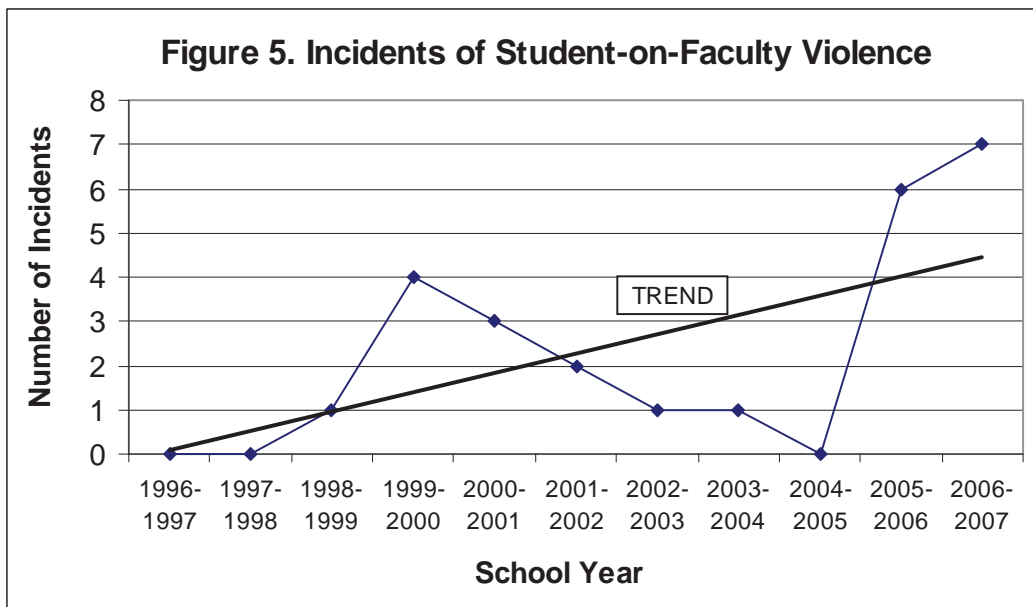
The trend in the student dropout rate has generally been decreasing in Marshall County over the past decade.

Marshall County Rural Health Works

Violence in the school is extremely disruptive to learning. The trend in student-on-student violence has been steady over time. Student-on-faculty violence has been trending up recently.



Kansas Department of Education (2011)



Kansas Department of Education (2011)

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

Marshall County Rural Health Works



Communities Building Affordable & Sustainable Healthcare Systems

Traffic Data

Introduction

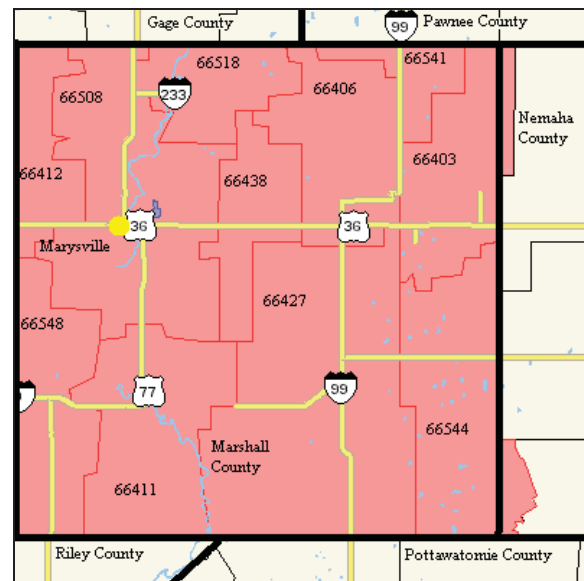
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Traffic Data Summary

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

- The rate of traffic accidents in Marshall County is higher than the rate for the state as a whole, typical for a rural county.
- Each year there are about 350 total vehicle crashes in Marshall County. The declining trend is positive, but must be considered in the context of declining population.
- In 2008, the most recent year for which data were available, there were 43 accidents involving injury and three fatalities.
- Among the reasons for injury and death is the failure to use seatbelts. In nearly 18 percent of the incidents involving injury or death, vehicle occupants were not using seatbelts.

Marshall County Primary Health Market Area



ZIP codes within the Marshall County Health Market Area.

Source: Claritas, Inc. 2011.

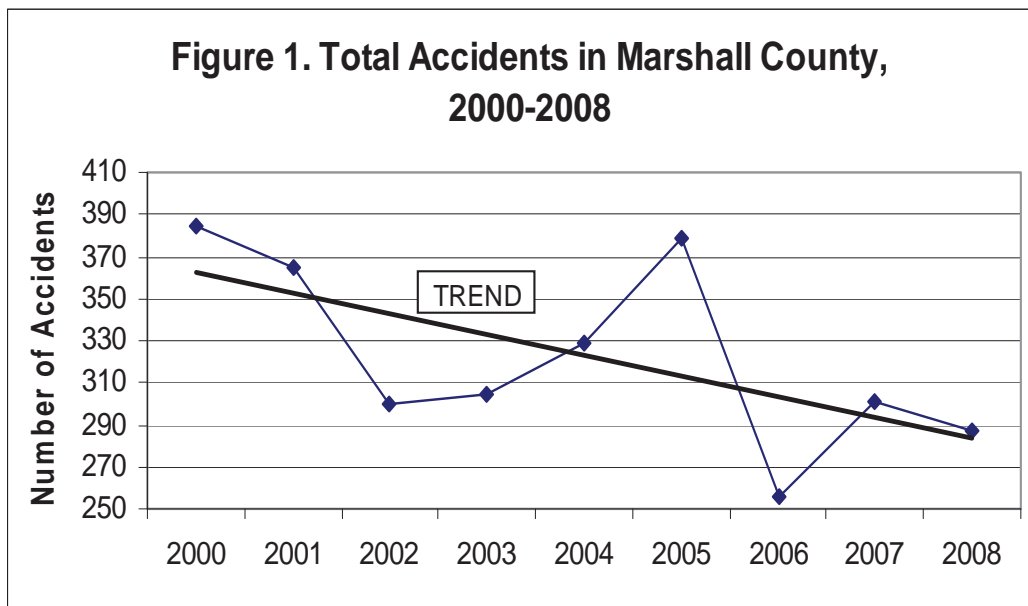
Marshall County Rural Health Works

The rate of traffic accidents in Marshall County exceeds the rate for the state as a whole, with deer-vehicle collisions accounting for many of the accidents. Each year there are about 350 total vehicle crashes in Marshall County. The declining trend is positive, but must be considered in the context of declining population. In 2008, the most recent year for which data were available, there were 43 accidents involving injury and three fatalities. Among the reasons for injury and death is the failure to use seatbelts. In nearly 18 percent of the incidents involving injury or death, vehicle occupants were not using seatbelts.

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

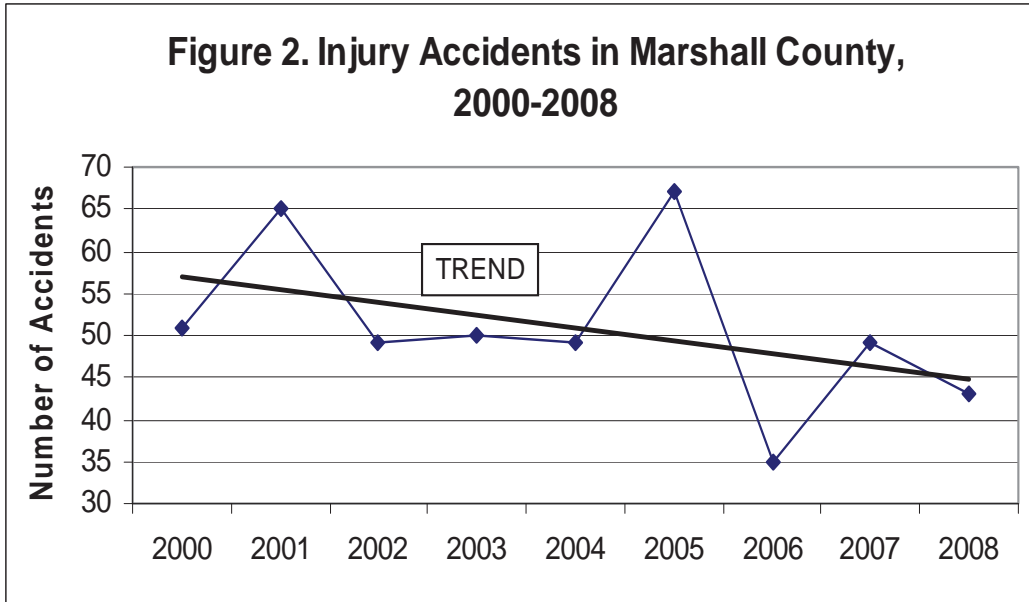
Accidents	Marshall	Kansas	Rate per 1,000 Population	
			Marshall	Kansas
Total	287	65,858	28.4	23.4
Fatal Accidents	3	348	0.3	0.1
Injury Accidents	43	14,866	4.2	5.3
Property Damage Only	241	50,644	23.8	18.0
Deer Involved	103	9,371	10.2	3.3
Speed Related	6	7,917	0.6	2.8
Alcohol Related	6	3,366	0.6	1.2
People				
Deaths	4	385	0.4	0.1
Injuries	58	21,058	5.7	7.5
% Restraint Use	82.3%	80.8%		

Kansas Traffic Accident Facts, 2010

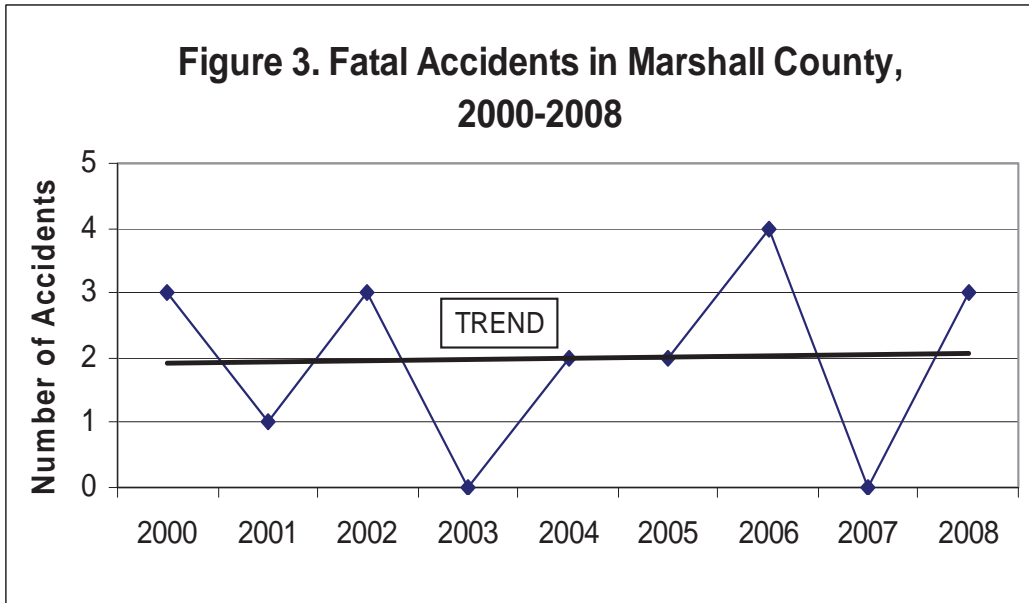


Kansas Department of Transportation, 2010

Marshall County Rural Health Works

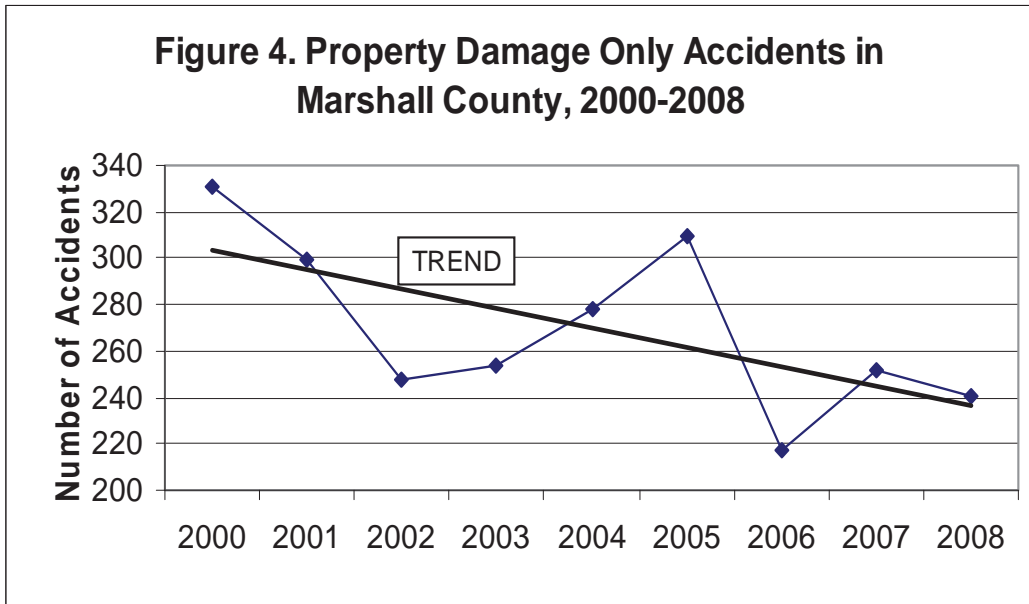


Kansas Department of Transportation, 2010

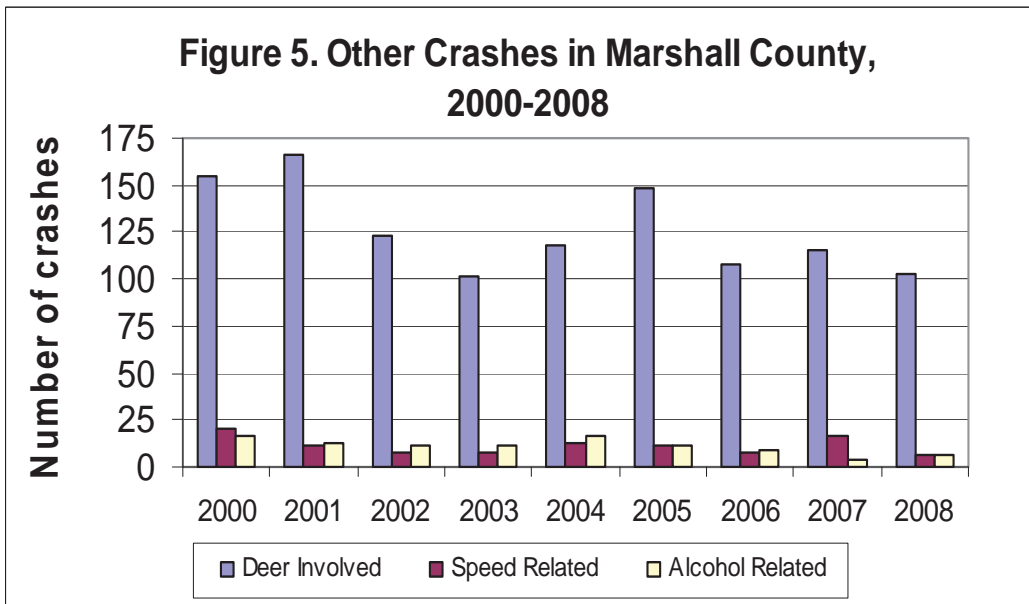


Kansas Department of Transportation, 2010

Marshall County Rural Health Works



Kansas Department of Transportation, 2010



Kansas Department of Transportation, 2010

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

Marshall County Rural Health Works



Communities Building Affordable & Sustainable Healthcare Systems

Crime Data

Introduction

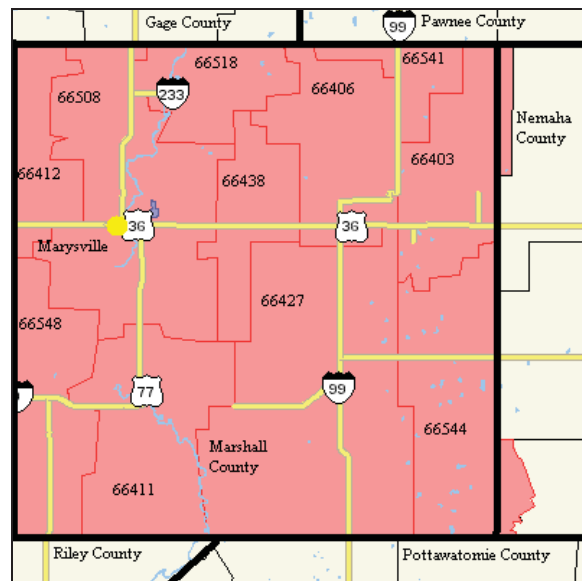
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Crime Data Summary

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

- The incidence of crime in Marshall County is about one-third of the state rate over the past decade.
- Crime decreased slightly in 2009 from 2008.
- The number of arrests has been trending up since 2007, but incomplete data may exist for one or more years.
- The number of full-time law enforcement officials per 1,000 population in Marshall County has been consistently below the state rate.

Marshall County Primary Health Market Area



ZIP codes within the Marshall County Health Market Area.

Source: Claritas, Inc. 2011.

Marshall County Rural Health Works

The incidence of crime in Marshall County has been only one-third of the state average over the past decade. The incidence of crime decreased slightly in 2009 from 2008.

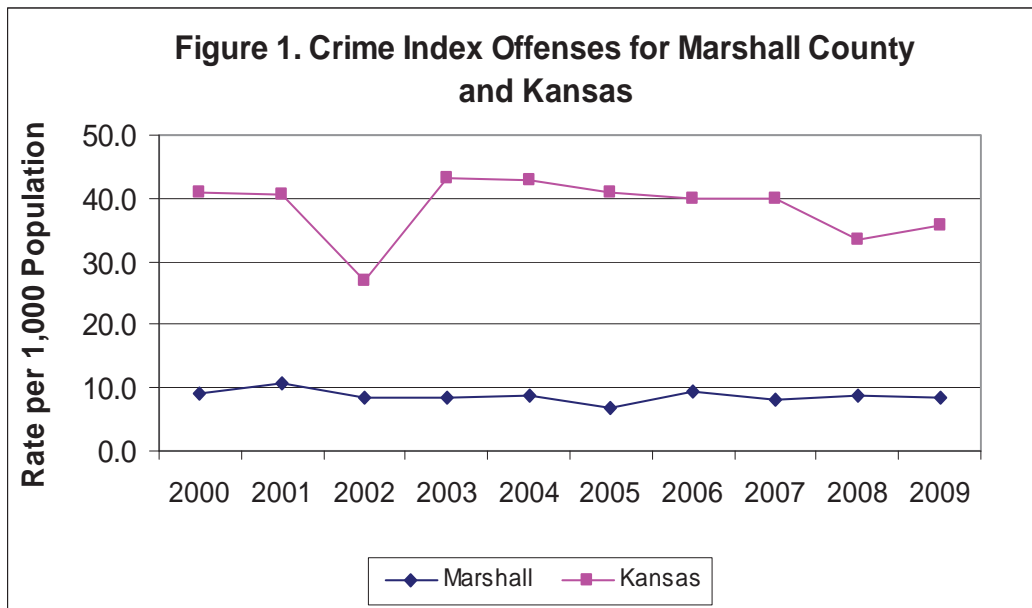
Table 1. Crime Statistics Marshall County and Kansas

2008						
	Crime Index Offenses		Violent Crime		Property Crime	
	Number	Rate per 1,000	Number	Rate per 1,000	Number	Rate per 1,000
Marshall	89	11.5	13	1.7	76	9.8
Kansas	93,996	37.5	10,032	4.0	83,964	33.5

2009						
	Crime Index Offenses		Violent Crime		Property Crime	
	Number	Rate per 1,000	Number	Rate per 1,000	Number	Rate per 1,000
Marshall	79	8.4	7	0.7	72	7.7
Kansas	98,757	35.6	11,099	4.0	87,658	31.6

Kansas Statistical Abstract, 2009

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



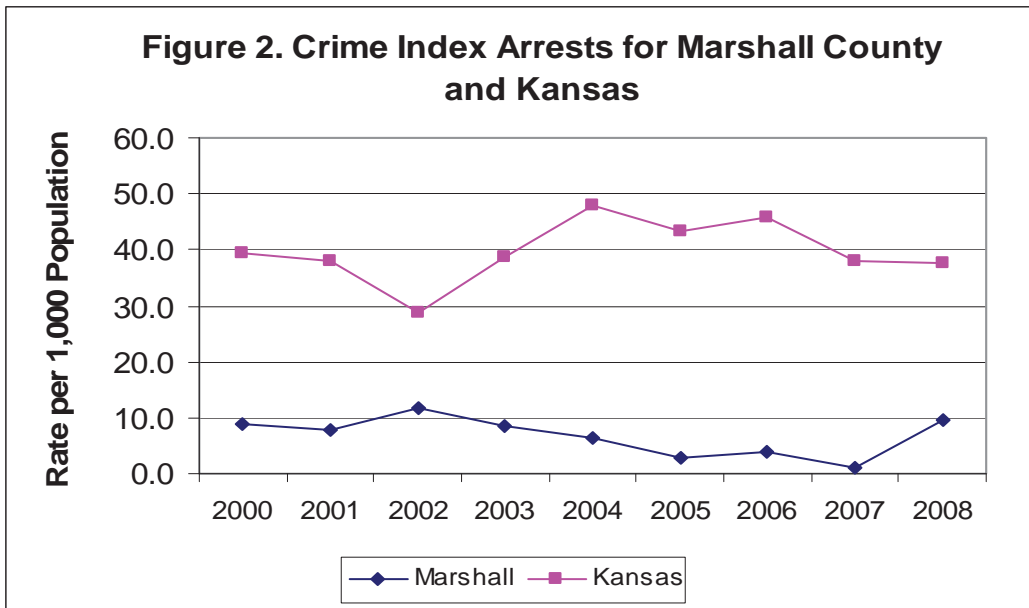
Kansas Statistical Abstract, 2009

Incomplete data for one or more years.

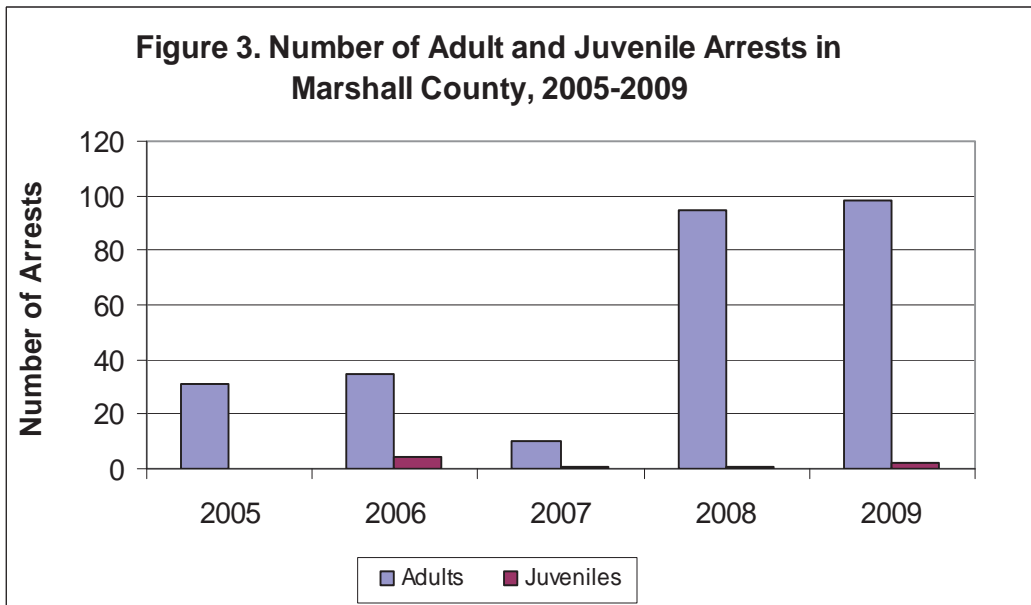
Index crimes include violent crimes (murder, rape, robbery, and aggravated assault/battery) plus property crime (burglary, theft, and motor vehicle theft).

Marshall County Rural Health Works

The index crime arrest trend is similar to the incident rate. The number of adult and juvenile arrests had been increasing in recent years. In one or more years, however, reported data have been incomplete.



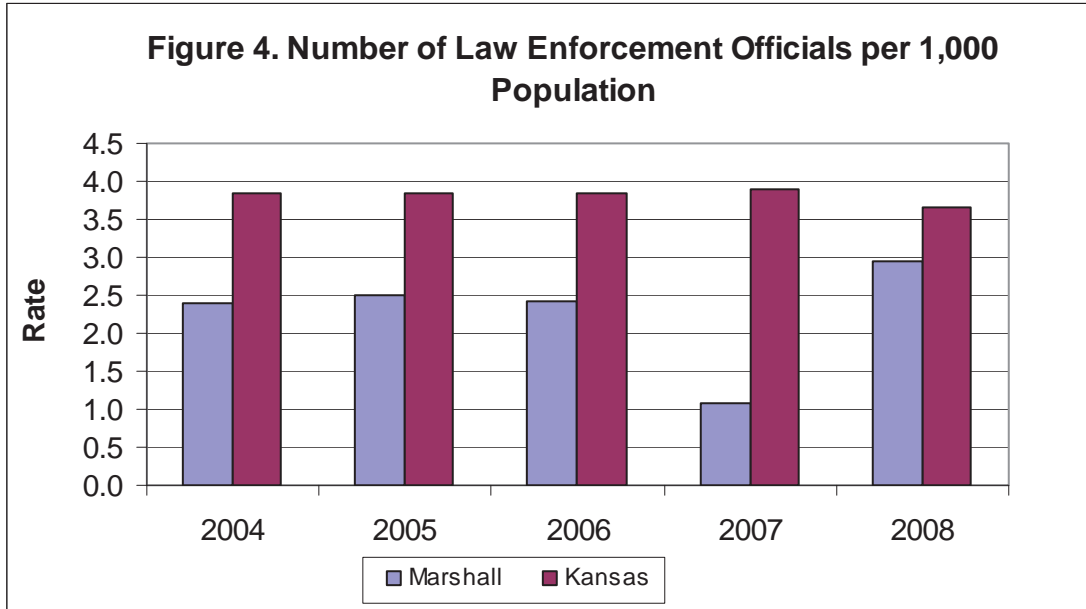
Kansas Statistical Abstract, 2009
 Incomplete data for one or more years.



Kansas Statistical Abstract, 2009
 Incomplete data for one or more years.

Marshall County Rural Health Works

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



Kansas Statistical Abstract, 2009
Incomplete data for one or more years.

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



Marshall County Telephone Survey Results

Kansas Rural Health Options Project
June 2011

Emily Mollohan, *Research Assistant*
Emily Mashie, *Research Assistant*
John Leatherman, *Director*



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Office of Rural Health Policy
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In cooperation with:

office of
Local Government
K-State Research and Extension



Introduction

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

The purpose of this report is to share the results of a county telephone survey. The purpose of the survey was to better understand local residents health-related needs and behaviors, and to gauge community perceptions relating to health-related issues. The questions included in the survey were devised and approved by the Marshall County Rural Health Works Steering Committee

Marshall County Health Market Area

The Marshall County Health Market Area was defined by the county boundaries. A random sample of land-line telephone numbers from the Axtell (66403), Beatie (66406), Blue Rapids (66411), Bremen (66412), Frankfort (66427), Home (66438), Marysville (66508), Oketo (66518), Summerfield (66541), Vermillion (66544) and Waterville (66548) were contacted. All survey respondents were asked to verify they lived in Marshall County by reporting their residential zip code. The resulting distribution by zip code is shown below. The responses match the population distribution fairly closely.

Geographic Distribution of Survey Respondents

Zip Code	City	Frequency	Percent
66403	Axtell	16	8.0%
66406	Beatie	8	4.0%
66411	Blue Rapids	26	13.0%
66412	Bremen	1	0.5%
66427	Frankfort	36	18.0%
66438	Home	3	1.5%
66508	Marysville	74	37.0%
66518	Oketo	4	2.0%
66541	Summerfield	5	2.5%
66544	Vermillion	3	1.5%
66548	Waterville	24	12.0%
	Total	200	100.0%

Survey Results

The survey research unit of the Docking Institute, Ft. Hays State University, conducted the random telephone survey between June 6 and June 16, 2011. They collected 200 completed surveys. The cooperation rate was 62%. In addition, 121 other respondents agreed to complete the survey, but were in an age demographic that had already been fulfilled. If these additional respondents are counted, the cooperation rate would have been 72%. Ninety-seven percent of the respondents had lived in the county for more than one year.

Demographics

Across the demographic categories for which data were collected (Table Q1b and Table Q28), the survey respondents were generally representative of the population in some respects but not all. In most surveys of rural residents, responses typically skew toward the older population. For this survey, an effort was made to achieve representativeness across age categories. However, people in the youngest age category, 18-24, remained elusive. In emphasizing age, a roughly representative distribution was obtained (Q1b), but an unintended consequence was to over-sample female respondents (Q26).

Health Care Provider Usage

Regarding patterns of health care provider usage (Q2-Q4), the majority of respondents (55%) use a Primary Care Physician. Another 23% see a Nurse Practitioner. Fifteen percent see a Physician's Assistant. Only three individuals reported they don't see anyone for health care needs. About 82% of respondents have seen their primary health care provider within the past year. Only one person said they had not seen a doctor in the past five years.

About 76% of all respondents go to a Marshall County-based primary care provider. The most frequent alternatives are Seneca (7%) and Manhattan (6%). Extrapolating these rates to the entire adult population (7,874), we estimate that Marshall County providers are capturing 5,984 of adult visits for adult routine health care. About 1,890 potential adult patients are receiving their primary health care services outside of Marshall County. If children's physician usage mirrors adult usage and we extrapolate to the total county population (10,226), this would suggest 2,454 patients receive out-of-county services. The vast majority of respondents (98%) were satisfied with the services received from a St. Francis-based provider.

General Hospital Usage

A series of questions inquired about hospital usage in the past 12 months (Q5-Q6). Fifty-eight percent of respondents said that they or another household member had used inpatient or outpatient hospital services within the recent past. Of those, 65% of all respondents used the Marshall County Hospital for services. The most frequent alternative destinations were the Mercy Regional Medical Center (9%) in Manhattan, and the Nemaha Valley Community Hospital in Seneca (8%). The reasons cited for hospital preference varied, and included distance from home (19%), personal preference (16%), emergency (15%), doctor referral (13%), family reasons (12%), and specialty services (12%).

Community Memorial Healthcare Usage and Perceptions

Questions 7-8 focused on use and perceptions of the Community Memorial Healthcare. Seventy-three percent of respondents in the overall sample had prior experience with the facility. Most recently, they received outpatient treatment (54%), emergency (27%) or inpatient (18%) services. Eighty-eight percent of those who had experience with the hospital were either satisfied or somewhat satisfied with the services received. About 12% indicated a level of dissatisfaction for some reason.

Clinic Usage and Perceptions

Questions 9-12 inquired about usage of the medical clinics in Marshall County. Forty-eight percent of respondents had prior experience using the Marysville Clinic. Of those, 96% indicated satisfaction with their experience. When asked whether current office hours at the clinic were adequate to meet their needs, 86% said yes, and 9% said no.

Forty percent of respondents had prior experience using the Community Physicians Clinic. Of those, 95% indicated satisfaction with their experience. When asked whether current office hours at the clinic were adequate to meet their needs, 94% said yes, and 4% said no.

Thirty percent of respondents had prior experience using the Blue Rapids Medical Clinic. Of those, 92% indicated satisfaction with their experience. When asked whether current office hours at the clinic were adequate to meet their needs, 90% said yes, and 5% said no.

Finally, 18% of respondents had prior experience using the Frankfort Clinic. Of those, 98% indicated satisfaction with their experience. When asked whether current office hours at the clinic were adequate to meet their needs, 92% said yes, and 5% said no.

Usage and Satisfaction of Other Health-Related Services

Question 13 queried respondents about their use of Marshall County health service providers and their satisfaction with the services received. After first being asked where they most often obtain service, anyone identifying a Marshall County provider was also asked how satisfied they were with the service received. If the respondent indicated they used a non-local provider, they were asked if they had ever had experience with the local provider.

Of the 200 respondents, the most frequently used services included pharmacy (85%), eye doctor (60%), dentist (57%), physical therapy (34%), and chiropractor (20%). We can extrapolate the service capture and leakages by applying the total or adult population that used a local or non-local service provider.

For those who did use Marshall County-based service providers, there was almost universal satisfaction with the services received.

Among other service providers (Q13h1), 58% of the sample had experience with the county health department and were overwhelmingly satisfied with the services received.

Similar levels of satisfaction were reported by those who used ambulance service. Assisted living and long-term care services also provided a high degree of satisfaction.

Transportation Assistance

Respondents were asked several questions about the need for transportation assistance (Q14). Some 13% of respondents indicated that they must regularly travel outside of Marshall County for medical treatment. Approximately 12% percent of respondents indicated that transportation to medical appointments either within or outside of Marshall County represented a challenge (Q14a). We know that there are an estimated 4,353 households in the county. This would suggest that about 501 households had transportation challenges going to regular medical appointments.

Indoor Community Swimming Pool

Questions 15 asked about an indoor community swimming pool. After indicating that Marshall County did not have a public indoor swimming pool offering recreational opportunities, respondents were asked whether the need for such a facility existed. Forty percent of those responding indicated the need for such a facility existed. Forty-nine percent said no, and 10% didn't know. Extrapolating these percentages to the total adult population (7,874) suggests that about 3,200 adults see need for such a recreational facility.

Of those who saw the need for a pool, when asked whether it should be built partially funded by taxes, 64% said yes, 20% said no, and 16% didn't know. When asked if such a pool existed, whether someone from their household use it, 75% indicated they would. Finally, of those who would use an indoor public pool, 100% indicated they would be willing to pay a fee for access.

Appendix 1 contains several tables showing the responses to these questions broken apart by demographic characteristics. The detail provided may provide insight into whether any differences of opinion exist across any age groups, gender, or income categories. Caution is needed when interpreting the results, however. The survey findings are general only across the entire sample. When breaking the responses into subgroups, the total number needed to extrapolate to the larger classes of age, gender, or income (200 responses) is insufficient.

Outdoor Recreational Trail System

Questions 16 asked about the recreational trail system in Marshall County. When asked whether the existing recreational trail system should be expanded, 32% said yes, 53% said no, and 14% were undecided. Additional detail by demographic characteristics is shown in Appendix 1.

Health Service Needs

Several questions inquired about survey participants' perception of local health service needs. When asked about the need for additional emergency response units located throughout the county, (Q17), 29% indicated the need for additional stations while 50% disagreed and 20% were unsure. When asked whether there was need for additional elder home healthcare services (Q18), 27% indicated more were needed, 36% did not

believe more were needed, and 37% didn't know. Finally, when asked whether they believed local health care providers encouraged use of natural health care alternatives, (Q19), 17% of respondents agreed, 50% disagreed, and 33% didn't know.

Healthcare Costs

Questions 20 and 21 inquired about health care and the extent to which people struggle with its cost. When asked if anyone in their household ever skipped going to a healthcare provider due to the cost of service, 25% answered affirmatively. When asked whether anyone in their household had ever not taken a prescription medication as directed due to the cost, 15% said yes. Extrapolating these percentages to the total number of households (4,353), this would represent 1,110 and 675 households, respectively.

Additional detail broken out by demographic category is provided in Appendix 1. Caution is needed, however, when interpreting these results.

Finding Local Assistance

Respondents were asked about their relative level of confidence in finding local information and assistance relating to a variety of health issues. Ninety-two percent indicated they were either very confident or somewhat confident they could find information relating to childhood immunizations. Similar responses were offered for substance abuse (67%), teen pregnancy prevention (55%), stopping tobacco use (63%), childhood obesity (56%), healthy diet and nutrition (80%), and wellness and healthy living (75%).

Use of the Internet

Seventy-five percent of survey respondents indicated that they used the Internet (Q23). With appropriate caution about extrapolating small numbers, about 66% in the oldest demographic did. As seen in the demographic breakout, there is a significant income effect on Internet usage.

Among those who did use the Internet, 83% said they had used it previously to find health-related information. Only 27% had previously used it to find locally-available health-related information or service providers. However, 83% were somewhat or very confident that if they needed local information they would be able to find it. Finally 69% said they regularly used social networking tools such as Facebook, Twitter, and texting.

Concluding Observations

The survey of Marshall County area residents provides insight into the health-related needs and behaviors of local residents. It highlights the challenges of local healthcare providers by showing the level of service leakage. It also suggests that if residents can be persuaded to try local providers, they are likely to get a highly satisfactory level of service.

Many of the inquiries into the level of distress experienced by local households suggests only smaller proportions of the citizenry are experiencing problems with such things as transportation challenges. Two points are germane here. First, small percentages

extrapolated to the larger community translate into fairly high numbers of households experiencing distress. The second point that must be acknowledged are the challenges reaching the youngest age demographic, the most likely group to go without healthcare service.

Regarding the questions of investment in new and expanded facilities, the numbers suggest the general level of support and demand. Existing support may or may not be sufficient to support initiatives relating to a public pool or an expanded recreational trail system. They also suggest the relative level of challenge to increasing awareness and support for any such initiative.

Still, our objective has been to provide insight into the health-related wants and needs of area residents. To the extent this can be translated into constructive action to strengthen local healthcare providers and enhance access to needed services, is a question left to the community to ponder.

Q1. Could you please tell me your zip code?

Zip Code	City	Frequency	Percent
66403	Axtell	16	8.0%
66406	Beatie	8	4.0%
66411	Blue Rapids	26	13.0%
66412	Bremen	1	0.5%
66427	Frankfort	36	18.0%
66438	Home	3	1.5%
66508	Marysville	74	37.0%
66518	Oketo	4	2.0%
66541	Summerfield	5	2.5%
66544	Vermillion	3	1.5%
66548	Waterville	24	12.0%
Total		200	100.0%

Q1b. What age group are you in?

Response	Survey		Census	
	Frequency	Percent	Population	Percent
18-24	5	2.5%	805	10%
25-34	23	11.5%	804	10%
35-44	27	13.5%	1168	15%
45-54	49	24.5%	1658	21%
55-64	40	20.0%	1237	16%
65-74	24	12.0%	944	12%
75+	32	16.0%	1258	16%
Total	200	100.0%	7874	100.0%

Q2. Which of the following medical professionals do you use for most of your routine health care?

Response	Frequency	Percent
Primary Care Physician	110	55.0%
Nurse Practitioner	46	23.0%
Physician's Assistant	30	15.0%
None, don't see anyone	3	1.5%
Other	7	3.5%
Don't know	4	2.0%
Total	200	100.0%

Q2a. What other medical professional was identified?

Response	Frequency	Percent
Doctor	3	42.9%
Ddoctor Stone	1	14.3%
VA	1	14.3%
Indian Health Services	1	14.3%
Chiropractor, Natural Healing	1	14.3%
Total	7	100.0%

Q3. When is the last time you saw your doctor for routine health care?

Response	Frequency	Percent
Less than 1 year ago	159	82.4%
Between 1 and 2 years ago	26	13.5%
Between 2 and 5 years ago	5	2.6%
More than 5 years ago	1	0.5%
Never - doesn't have a doctor	0	0.0%
Don't know	2	1.0%
Total	193	100.0%

Q4. What city do you go to the most when you see your doctor?

Response	Frequency	Percent
Marysville	88	45.6%
Blue Rapids	34	17.6%
Frankfort	25	13.0%
Manhattan	10	5.2%
Seneca	13	6.7%
Washington	2	1.0%
Sabetha	1	0.5%
Onaga	1	0.5%
Hanover	5	2.6%
Topeka	0	0.0%
Beatrice, NE	1	0.5%
Lincoln, NE	1	0.5%
Don't need service	0	0.0%
Other	12	6.2%
Total	193	100.0%

Q4a. What other city was provided?

Response	Frequency	Percent
Branson, MO	1	8.3%
Axtell, KS	1	8.3%
Fort Riley	1	8.3%
Wichita, KS	1	8.3%
Pawnee City, NE	5	41.7%
Omaha, NE	1	8.3%
Centralia, KS	1	8.3%
Mayetta, KS	1	8.3%
Total	12	100.0%

Q4b. How would you describe your satisfaction with the quality of care provided by your doctor? Are you...

Response	Frequency	Percent
Satisfied	164	90.6%
Somewhat Satisfied	13	7.2%
Somewhat Dissatisfied	2	1.1%
Dissatisfied	2	1.1%
Total	181	100.0%

Q5. Have you or any members of your household used the inpatient or outpatient services of a hospital in the last 12 months?

Response	Frequency	Percent
Yes	117	58.5%
No	80	40.0%
Don't know	3	1.5%
Total	200	100.0%

Q5b. What hospital or hospitals were used by you or other members of your household in the last 12 months?

Hospital	Frequency	Percent
Community Memorial Healthcare (CMH), Marysville	89	65.0%
Mercy Regional Health Center, Manhattan	12	8.8%
Beatrice Community Hospital, Beatrice, NE	1	0.7%
Hanover Hospital, Hanover	2	1.5%
Nemaha Valley Community Hospital, Seneca	11	8.0%
Washington County Hospital, Washington	0	0.0%
Community Hospital, Onaga	6	4.4%
Veteran's Administration (VA)	0	0.0%
Other	16	11.7%
Total	137	100.0%

Q5c. What other hospital did you use?

Response	Frequency	Percent
Cancer Treatment Centers of America in Illinois	1	6.3%
Lincoln Surgical Center	1	6.3%
Lincoln Hospital	1	6.3%
Lincoln or Omaha, NE	1	6.3%
Lincoln Ryan Memorial Hospital	1	6.3%
Omega, NE	1	6.3%
Onego, Manhattan, Wamego	1	6.3%
Ray County Memorial Hospital in MO	1	6.3%
Scorm-Vale, Topeka	1	6.3%
St. Francis in Nebraska	1	6.3%
St. Francis, Topeka	2	12.5%
Stormont Vale Hopsital	1	6.3%
Topeka, KS	1	6.3%
University of Nebraska at Omaha-Medical Center	1	6.3%
Wamego, KS	1	6.3%
Total	16	100%

Q6a-i. Why did you or other members of your family choose a hospital in the past 12 months? Was it ...

Response	Frequency	Percent
Insurance coverage	22	4.8%
Doctor referral	61	13.2%
Specialty services	55	11.9%
Recommended by a friend	18	3.9%
Personal preference	76	16.4%
Distance from home	90	19.4%
Family lives close by	58	12.5%
Emergency	68	14.7%
Other	15	3.2%
Total	463	100.0%

Q6j. What were other reasons or your family members chose a hospital in the past 12 months?

Response	Frequency	Percent
Better care and more professional	1	6.7%
Broke my leg, so had to go to a different place to get it work on.	1	6.7%
Different hospitals have different equipment	1	6.7%
Dislike doctor at other hospital	1	6.7%
Doctor practices there	1	6.7%
Doctor sent me there	1	6.7%
Facilities for everything, pleased with service	1	6.7%
In town	1	6.7%
Local doctor didn't do a good job so she went to nebraska	1	6.7%
Other facilities at bigger hospitals	1	6.7%
Quality of care and familiarity	1	6.7%
Quality of doctors is better in Nemaha county, better facility	1	6.7%
Service	1	6.7%
Specialist doctor	2	13.3%
Total	15	100%

Q7. Have you (or any member of your household) EVER used the services of the Community Memorial Healthcare in Marysville?

Response	Frequency	Percent
Yes	146	73.4%
No	53	26.6%
Total	199	100.0%

Q8a. What type of service was obtained at your last visit to Community Memorial Healthcare?

Response	Frequency	Percent
Inpatient	30	17.8%
Outpatient	92	54.4%
Emergency	47	27.8%
Don't know	3	1.8%
Total	169	100.0%

Q8b. How would you describe your satisfaction with your last Community Memorial Healthcare experience? Were you...

Response	Frequency	Percent
Satisfied	111	76.0%
Somewhat Satisfied	17	11.6%
Somewhat Dissatisfied	9	6.2%
Dissatisfied	9	6.2%
Total	146	100.0%

Q9. Have you or other members of your household EVER used the services of the Marysville Clinic?

Response	Frequency	Percent
Yes	97	48.5%
No	101	50.5%
Don't know	2	1.0%
Total	200	100.0%

Q9a. How would you describe your satisfaction with your last Marysville Clinic experience? Were you...

Response	Frequency	Percent
Satisfied	82	84.5%
Somewhat Satisfied	11	11.3%
Somewhat Dissatisfied	1	1.0%
Dissatisfied	3	3.1%
Total	97	100.0%

Q9b. Are the office hours at the Marysville Clinic adequate to meet your needs?

Response	Frequency	Percent
Yes	83	85.6%
No	9	9.3%
Don't know	5	5.2%
Total	97	100.0%

Q10. Have you or other members of your household EVER used the services of the Community Physicians Clinic?

Response	Frequency	Percent
Yes	81	40.5%
No	112	56.0%
Don't know	7	3.5%
Total	200	100.0%

Q10a. How would you describe your satisfaction with your last Community Physicians Clinic experience? Were you...

Response	Frequency	Percent
Satisfied	67	82.7%
Somewhat Satisfied	10	12.3%
Somewhat Dissatisfied	1	1.2%
Dissatisfied	3	3.7%
Total	81	100.0%

Q10b. Are the office hours at the Community Physicians Clinic adequate to meet your needs?

Response	Frequency	Percent
Yes	76	93.8%
No	3	3.7%
Don't know	2	2.5%
Total	81	100.0%

Q11. Have you or other members of your household EVER used the services of the Blue Rapids Medical Clinic?

Response	Frequency	Percent
Yes	61	30.5%
No	139	69.5%
Total	200	100.0%

Q11a. How would you describe your satisfaction with your last Blue Rapids Medical Clinic experience? Were you...

Response	Frequency	Percent
Satisfied	51	83.6%
Somewhat Satisfied	5	8.2%
Somewhat Dissatisfied	3	4.9%
Dissatisfied	2	3.3%
Total	61	100.0%

Q11b. Are the office hours at the Blue Rapids Medical Clinic adequate to meet your needs?

Response	Frequency	Percent
Yes	55	90.2%
No	3	4.9%
Don't know	3	4.9%
Total	61	100.0%

Q12. Have you or other members of your household EVER used the services of the Frankfort Clinic?

Response	Frequency	Percent
Yes	37	18.5%
No	162	81.0%
Don't know	1	0.5%
Total	200	100.0%

Q12a. How would you describe your satisfaction with your last Frankfort Clinic experience? Were you...

Response	Frequency	Percent
Satisfied	33	91.7%
Somewhat Satisfied	2	5.6%
Somewhat Dissatisfied	0	0.0%
Dissatisfied	1	2.8%
Total	36	100.0%

Q12b. Are the office hours at the Frankfort Clinic adequate to meet your needs?

Response	Frequency	Percent
Yes	34	91.9%
No	2	5.4%
Don't know	1	2.7%
Total	37	100.0%

Q13a1. In what city do you or other members of your household go to the dentist?

Response	Frequency	Percent
Marysville	80	40.0%
Blue Rapids	26	13.0%
Frankfort	9	4.5%
Waterville	0	0.0%
Manhattan	15	7.5%
Seneca	19	9.5%
Washington	2	1.0%
Sabetha	4	2.0%
Onaga	0	0.0%
Beatrice, NE	9	4.5%
Lincoln, NE	5	2.5%
Don't need service	13	6.5%
Other	17	8.5%
Don't know	1	0.5%
Total	200	100.0%

Q13a2. Regarding this service, were you...

Response	Frequency	Percent
Satisfied	97	85.1%
Somewhat Satisfied	11	9.6%
Somewhat Dissatisfied	2	1.8%
Dissatisfied	4	3.5%
Total	114	100.0%

Q13a3. Have you ever tried the services of a Marshall County dentist?

Response	Frequency	Percent
Yes	35	52.2%
No	31	46.3%
Don't know	1	1.5%
Total	67	100.0%

Q13b1. In what city do you or other members of your household go to the pharmacy?

Response	Frequency	Percent
Marysville	139	69.5%
Blue Rapids	30	15.0%
Frankfort	0	0.0%
Waterville	0	0.0%
Manhattan	5	2.5%
Seneca	15	7.5%
Washington	1	0.5%
Sabetha	0	0.0%
Onaga	0	0.0%
Beatrice, NE	0	0.0%
Lincoln, NE	0	0.0%
Don't need service	7	3.5%
Other	3	1.5%
Total	200	100.0%

Q13b2. Regarding this service, were you...

Response	Frequency	Percent
Satisfied	154	91.7%
Somewhat Satisfied	13	7.7%
Somewhat Dissatisfied	0	0.0%
Dissatisfied	1	0.6%
Total	168	100.0%

Q13b3. Have you ever tried the services of a Marshall County pharmacy?

Response	Frequency	Percent
Yes	14	50.0%
No	13	46.4%
Don't know	1	3.6%
Total	28	100.0%

Q13c1. In what city do you or other members of your household go to the eye doctor?

Response	Frequency	Percent
Marysville	110	55.0%
Blue Rapids	0	0.0%
Frankfort	0	0.0%
Waterville	10	5.0%
Manhattan	26	13.0%
Seneca	9	4.5%
Washington	3	1.5%
Sabetha	0	0.0%
Onaga	0	0.0%
Beatrice, NE	10	5.0%
Lincoln, NE	5	2.5%
Don't need service	12	6.0%
Other	14	7.0%
Don't know	1	0.5%
Total	200	100.0%

Q13c2. Regarding this service, were you...

Response	Frequency	Percent
Satisfied	104	86.7%
Somewhat Satisfied	11	9.2%
Somewhat Dissatisfied	2	1.7%
Dissatisfied	1	0.8%
Don't know	2	1.7%
Total	120	100.0%

Q13c3. Have you ever tried the services of a Marshall County eye doctor?

Response	Frequency	Percent
Yes	28	43.1%
No	37	56.9%
Total	65	100.0%

Q13d1. In what city do you or other members of your household go to the chiropractor?

Response	Frequency	Percent
Marysville	38	19.0%
Blue Rapids	1	0.5%
Frankfort	0	0.0%
Waterville	0	0.0%
Manhattan	17	8.5%
Seneca	5	2.5%
Washington	1	0.5%
Sabetha	1	0.5%
Onaga	0	0.0%
Beatrice, NE	4	2.0%
Lincoln, NE	0	0.0%
Don't need service	7	3.5%
Other	126	63.0%
Total	200	100.0%

Q13d2. Regarding this service, were you...

Response	Frequency	Percent
Satisfied	32	84.2%
Somewhat Satisfied	3	7.9%
Somewhat Dissatisfied	2	5.3%
Dissatisfied	1	2.6%
Total	38	100.0%

Q13d3. Have you ever tried the services of a Marshall County chiropractor?

Response	Frequency	Percent
Yes	12	37.5%
No	20	62.5%
Don't know	0	0.0%
Total	32	100.0%

Q13e1. In what city do you or other members of your household go to for Home Healthcare services?

Response	Frequency	Percent
Marysville	10	5.0%
Blue Rapids	0	0.0%
Frankfort	2	1.0%
Waterville	0	0.0%
Manhattan	0	0.0%
Seneca	1	0.5%
Washington	0	0.0%
Sabetha	0	0.0%
Onaga	1	0.5%
Beatrice, NE	0	0.0%
Lincoln, NE	1	0.5%
Don't need service	9	4.5%
Other	175	87.5%
Don't know	1	0.5%
Total	200	100.0%

Q13e2. Regarding this service, were you...

Response	Frequency	Percent
Satisfied	12	100.0%
Somewhat Satisfied	0	0.0%
Somewhat Dissatisfied	0	0.0%
Dissatisfied	0	0.0%
Total	12	100.0%

Q13e3. Have you ever tried the services of a Marshall County Home Healthcare service?

Response	Frequency	Percent
Yes	1	14.3%
No	6	85.7%
Total	7	100.0%

Q13f1. In what city do you or other members of your household go to for physical therapy services?

Response	Frequency	Percent
Marysville	57	28.5%
Blue Rapids	0	0.0%
Frankfort	11	5.5%
Waterville	0	0.0%
Manhattan	3	1.5%
Seneca	6	3.0%
Washington	0	0.0%
Sabetha	0	0.0%
Onaga	1	0.5%
Beatrice, NE	0	0.0%
Lincoln, NE	0	0.0%
Don't need service	3	1.5%
Other	118	59.0%
Don't know	1	0.5%
Total	200	100.0%

Q13f2. Regarding this service, were you...

Response	Frequency	Percent
Satisfied	59	88.1%
Somewhat Satisfied	5	7.5%
Somewhat Dissatisfied	1	1.5%
Dissatisfied	2	3.0%
Total	67	100.0%

Q13f3. Have you ever tried the services of a Marshall County physical therapist?

Response	Frequency	Percent
Yes	2	20.0%
No	8	80.0%
Total	10	100.0%

Q13g1. In what city do you or other members of your household go to for mental health services?

Response	Frequency	Percent
Marysville	7	3.5%
Blue Rapids	0	0.0%
Frankfort	1	0.5%
Waterville	0	0.0%
Manhattan	2	1.0%
Seneca	0	0.0%
Washington	0	0.0%
Sabetha	1	0.5%
Onaga	0	0.0%
Beatrice, NE	1	0.5%
Lincoln, NE	1	0.5%
Don't need service	6	3.0%
Other	178	89.0%
Don't know	2	1.0%
Refused	1	0.5%
Total	200	100.0%

Q13g2. Regarding this service, were you...

Response	Frequency	Percent
Satisfied	5	62.5%
Somewhat Satisfied	1	12.5%
Somewhat Dissatisfied	1	12.5%
Dissatisfied	1	12.5%
Total	8	100.0%

Q13g3. Have you ever tried the services of a Marshall County mental health services?

Response	Frequency	Percent
Yes	3	42.9%
No	4	57.1%
Total	7	100.0%

Q13h1. Have you or any other members of your household ever used the county health department services in Marshall County?

Response	Frequency	Percent
Yes	116	58.0%
No	77	38.5%
Don't Know	7	3.5%
Total	200	100.0%

Q13h2. Regarding this service, were you...

Response	Frequency	Percent
Satisfied	109	94.0%
Somewhat Satisfied	4	3.4%
Somewhat Dissatisfied	0	0.0%
Dissatisfied	0	0.0%
Don't know	3	2.6%
Total	116	100.0%

Q13i1. Have you or any other members of your household or your immediate family ever used ambulance services in Marshall County?

Response	Frequency	Percent
Yes	61	30.5%
No	138	69.0%
Don't know	1	0.5%
Total	200	100.0%

Q13i2. Regarding this service, were you...

Response	Frequency	Percent
Satisfied	57	93.4%
Somewhat Satisfied	2	3.3%
Somewhat Dissatisfied	0	0.0%
Dissatisfied	2	3.3%
Total	61	100.0%

Q13j1. Has anyone in your family ever used assisted living or nursing home services in Marshall County?

Response	Frequency	Percent
Yes	36	18.0%
No	164	82.0%
Total	200	100.0%

Q13j2. Regarding this service, were you...

Response	Frequency	Percent
Satisfied	27	77.1%
Somewhat Satisfied	7	20.0%
Somewhat Dissatisfied	1	2.9%
Dissatisfied	0	0.0%
Total	35	100.0%

Q14. Do you or other members of your household travel outside of Marshall County for regular medical treatment one or more times per month?

Response	Frequency	Percent
Yes	27	13.5%
No	173	86.5%
Total	200	100.0%

Q14a. Is transportation to regular medical appointments either inside or outside the county a challenge for you or other members of your household?

Response	Frequency	Percent
Yes	23	11.5%
No	177	88.5%
Total	200	100.0%

Q15. (1) Do you believe there is a need for an indoor community swimming pool?

Response	Frequency	Percent
Yes	81	40.5%
No	98	49.0%
Don't know	21	10.5%
Total	200	100.0%

Q15a. Do you believe it should be built partially funded by taxes?

Response	Frequency	Percent
Yes	52	64.2%
No	16	19.8%
Don't know	13	16.0%
Total	81	100.0%

Q15b. If a public indoor swimming pool existed in Marshall County, would you or the household member use it?

Response	Frequency	Percent
Yes	61	75.3%
No	16	19.8%
Don't know	4	4.9%
Total	81	100.0%

Q15c. If a public indoor swimming pool existed in Marshall County, would you or the household member be willing to pay a fee to use it?

Response	Frequency	Percent
Yes	61	100.0%
No	0	0.0%
Total	61	100.0%

Q16. (1) Do you believe there is a need to extend the existing outdoor trail system in Marshall County for additional hiking, jogging, biking and similar recreational opportunities?

Response	Frequency	Percent
Yes	65	32.5%
No	106	53.0%
Don't know	29	14.5%
Total	200	100.0%

Q17. Do you believe there is a need for additional emergency response units located throughout the county to cut down the response time to emergencies, even if it required partial funding by taxes?

Response	Frequency	Percent
Yes	58	29.0%
No	101	50.5%
Don't know	41	20.5%
Total	200	100.0%

Q18. Do you believe there is a need for additional home healthcare services for the elderly in Marshall County?

Response	Frequency	Percent
Yes	54	27.1%
No	72	36.2%
Don't know	73	36.7%
Total	199	100.0%

Q19. Do you believe local health care providers generally encourage use of natural health care alternatives?

Response	Frequency	Percent
Yes	34	17.1%
No	99	49.7%
Don't know	66	33.2%
Total	199	100.0%

Q20. (1) Have you or anyone in your household ever skipped going to a healthcare provider because of concern about the cost of service?

Response	Frequency	Percent
Yes	51	25.5%
No	148	74.0%
Don't know	1	0.5%
Total	200	100.0%

Q21. (1) Have you or anyone in your household ever not taken a prescription medication as directed because of the cost of medication?

Response	Frequency	Percent
Yes	31	15.5%
No	169	84.5%
Total	200	100.0%

Q22a. How confident are you that you could find local assistance if you or a member of your household needed information relating to childhood immunizations?

Response	Frequency	Percent
Very confident	153	76.5%
Somewhat confident	31	15.5%
Not confident at all	2	1.0%
Don't know	14	7.0%
Total	200	100.0%

Q22b. How confident are you that you could find local assistance if you or a member of your household needed information relating to substance abuse?

Response	Frequency	Percent
Very confident	80	40.0%
Somewhat confident	54	27.0%
Not confident at all	21	10.5%
Don't know	45	22.5%
Total	200	100.0%

Q22c. How confident are you that you could find local assistance if you or a member of your household needed information relating to teen pregnancy prevention?

Response	Frequency	Percent
Very confident	61	30.5%
Somewhat confident	50	25.0%
Not confident at all	27	13.5%
Don't know	62	31.0%
Total	200	100.0%

Q22d. How confident are you that you could find local assistance if you or a member of your household needed information relating to stopping smoking or tobacco use?

Response	Frequency	Percent
Very confident	78	39.0%
Somewhat confident	49	24.5%
Not confident at all	29	14.5%
Don't know	44	22.0%
Total	200	100.0%

Q22e. How confident are you that you could find local assistance if you or a member of your household needed information relating to childhood obesity?

Response	Frequency	Percent
Very confident	52	26.0%
Somewhat confident	61	30.5%
Not confident at all	34	17.0%
Don't know	53	26.5%
Total	200	100.0%

Q22f. How confident are you that you could find local assistance if you or a member of your household needed information relating to healthy diet and nutrition?

Response	Frequency	Percent
Very confident	93	46.5%
Somewhat confident	67	33.5%
Not confident at all	13	6.5%
Don't know	27	13.5%
Total	200	100.0%

Q22g. How confident are you that you could find local assistance if you or a member of your household needed information relating to wellness and healthy living?

Response	Frequency	Percent
Very confident	93	46.5%
Somewhat confident	58	29.0%
Not confident at all	14	7.0%
Don't know	35	17.5%
Total	200	100.0%

Q23. (1) Do you use the internet?

Response	Frequency	Percent
Yes	149	74.5%
No	51	25.5%
Total	200	100.0%

Q23a. Have you used the internet to find health-related information?

Response	Frequency	Percent
Yes	124	83.2%
No	25	16.8%
Total	149	100.0%

Q23b. Have you used the internet to find Marshall County health services information or providers?

Response	Frequency	Percent
Yes	34	27.4%
No	90	72.6%
Total	124	100.0%

Q23c. In general, how confident are you that you can find local health-related information on the internet?

Response	Frequency	Percent
Very confident	80	53.7%
Somewhat confident	43	28.9%
Not confident at all	15	10.1%
Don't know	11	7.4%
Total	149	100.0%

Q23d. Do you regularly use any of the social networking tools such as Facebook, Twitter or texting?

Response	Frequency	Percent
Yes	103	69.1%
No	46	30.9%
Total	149	100.0%

Q24. Have you lived in Marshall County for more than one year?

Response	Frequency	Percent
Yes	194	97.0%
No	6	3.0%
Total	200	100.0%

Q25. How many people reside in your household?

Response	Frequency	Percent
1	48	24.0%
2	74	37.0%
3	25	12.5%
4	29	14.5%
5	17	8.5%
6	5	2.5%
7	0	0.0%
8	2	1.0%
Total	200	100.0%

Q26. How many children under the age of 18 living in your home?

Response	Frequency	Percent
0	88	57.9%
1	21	13.8%
2	23	15.1%
3	14	9.2%
4	6	3.9%
Total	152	100.0%

Q26a. How many children under the age of 13 living in your home?

Response	Frequency	Percent
0	14	21.9%
1	16	25.0%
2	21	32.8%
3	11	17.2%
4	2	3.1%
Total	64	100.0%

Q26b. How many adult caregivers are in the home?

Response	Frequency	Percent
0	0	0.0%
1	9	14.1%
2	49	76.6%
3	3	4.7%
4	1	1.6%
5	1	1.6%
6	0	0.0%
7	0	0.0%
8	1	1.6%
Total	64	100.0%

Q27. What was your total family income for the last year?

Response	Frequency	Percent
Less than \$10,000	13	6.5%
Between \$10,000 and \$20,000	18	9.0%
Between \$20,000 and \$30,000	19	9.5%
Between \$30,000 and \$40,000	22	11.0%
Between \$40,000 and \$50,000	26	13.0%
Between \$50,000 and \$60,000	19	9.5%
Between \$60,000 and \$70,000	16	8.0%
Between \$70,000 and \$80,000	8	4.0%
Over \$80,000	28	14.0%
Don't know	13	6.5%
Refused	18	9.0%
Total	200	100.0%

Q28. What was the gender of the person being interviewed?

Response	Frequency	Percent
Female	135	67.5%
Male	65	32.5%
Total	200	100.0%

Appendix 1

Selected Questions Disaggregated by Demographic Characteristics

Q15. (2) Do you believe there is a need for an indoor community swimming pool? (By age)

Response	Yes	Percent	No	Percent	Don't Know	Percent	Total
18-44	25	45.5%	24	43.6%	6	10.9%	55
45-64	37	41.6%	43	48.3%	9	10.1%	89
65+	19	33.9%	31	55.4%	6	10.7%	56
Total	81	40.5%	98	49.0%	21	10.5%	200

Q15. (3) Do you believe there is a need for an indoor community swimming pool? (By gender)

Response	Yes	Percent	No	Percent	Don't Know	Percent	Total
Female	64	47.4%	58	43.0%	13	9.6%	135
Male	17	26.2%	40	61.5%	8	12.3%	65
Total	81	40.5%	98	49.0%	21	10.5%	200

Q15. (4) Do you believe there is a need for an indoor community swimming pool? (By income)

Response	Yes	Percent	No	Percent	Don't Know	Percent	Total
Under \$40,000	31	43.1%	34	47.2%	7	9.7%	72
Over \$40,000	42	43.3%	44	45.4%	11	11.3%	97
Total	73	43.2%	78	46.2%	18	10.7%	169

Q16. (2) Do you believe there is a need to extend the existing outdoor trail system in Marshall County for additional hiking, jogging, biking and similar recreational opportunities? (By age)

Response	Yes	Percent	No	Percent	Don't Know	Percent	Total
18-44	15	27.3%	29	52.7%	11	20.0%	55
45-64	31	34.8%	52	58.4%	6	6.7%	89
65+	19	33.9%	25	44.6%	12	21.4%	56
Total	65	32.5%	106	53.0%	29	14.5%	200

Q16. (3) Do you believe there is a need to extend the existing outdoor trail system in Marshall County for additional hiking, jogging, biking and similar recreational opportunities? (By gender)

Response	Yes	Percent	No	Percent	Don't Know	Percent	Total
Female	44	32.6%	66	48.9%	25	18.5%	135
Male	21	32.3%	40	61.5%	4	6.2%	65
Total	65	32.5%	106	53.0%	29	14.5%	200

Q16. (4) Do you believe there is a need to extend the existing outdoor trail system in Marshall County for additional hiking, jogging, biking and similar recreational opportunities? (By income)

Response	Yes	Percent	No	Percent	Don't Know	Percent	Total
Under \$40,000	20	27.8%	41	56.9%	11	15.3%	72
Over \$40,000	37	38.1%	51	52.6%	9	9.3%	97
Total	57	33.7%	92	54.4%	20	11.8%	169

Q20. (2) Have you or anyone in your household ever skipped going to a healthcare provider because of concern about the cost of service? (By age)

Response	Yes	Percent	No	Percent	Don't Know	Percent	Total
18-44	19	34.5%	36	65.5%	0	0.0%	55
45-64	25	28.1%	64	71.9%	0	0.0%	89
65+	7	12.5%	48	85.7%	1	1.8%	56
Total	51	25.5%	148	74.0%	1	0.5%	200

Q20. (3) Have you or anyone in your household ever skipped going to a healthcare provider because of concern about the cost of service? (By gender)

Response	Yes	Percent	No	Percent	Don't Know	Percent	Total
Female	38	28.1%	96	71.1%	1	0.7%	135
Male	13	20.0%	52	80.0%	0	0.0%	65
Total	51	25.5%	148	74.0%	1	0.5%	200

Q20. (4) Have you or anyone in your household ever skipped going to a healthcare provider because of concern about the cost of service? (By income)

Response	Yes	Percent	No	Percent	Total
Under \$40,000	24	33.3%	48	66.7%	72
Over \$40,000	24	24.7%	73	75.3%	97
Total	48	28.4%	121	71.6%	169

Q21. (2) Have you or anyone in your household ever not taken a prescription medication as directed because of the cost of medication? (By age)

Response	Yes	Percent	No	Percent	Total
18-44	14	25.5%	41	74.5%	55
45-64	13	14.6%	76	85.4%	89
65+	4	7.1%	52	92.9%	56
Total	31	15.5%	169	84.5%	200

Q21. (3) Have you or anyone in your household ever not taken a prescription medication as directed because of the cost of medication? (By gender)

Response	Yes	Percent	No	Percent	Total
Female	20	14.8%	115	85.2%	135
Male	11	16.9%	54	83.1%	65
Total	31	15.5%	169	84.5%	200

Q21. (4) Have you or anyone in your household ever not taken a prescription medication as directed because of the cost of medication? (By income)

Response	Yes	Percent	No	Percent	Total
Under \$40,000	19	26.4%	53	73.6%	72
Over \$40,000	10	10.3%	87	89.7%	97
Total	29	17.2%	140	82.8%	169

Q23. (2) Do you use the internet? (By age)

Response	Yes	Percent	No	Percent	Total
18-44	54	98.2%	1	1.8%	55
45-64	76	85.4%	13	14.6%	89
65+	19	33.9%	37	66.1%	56
Total	149	74.5%	51	25.5%	200

Q23. (3) Do you use the internet? (By gender)

Response	Yes	Percent	No	Percent	Total
Female	100	74.1%	35	25.9%	135
Male	49	75.4%	16	24.6%	65
Total	149	74.5%	51	25.5%	200

Q23. (4) Do you use the internet? (By income)

Response	Yes	Percent	No	Percent	Total
Under \$40,000	41	56.9%	31	43.1%	72
Over \$40,000	90	92.8%	7	7.2%	97
Total	131	77.5%	38	22.5%	169

Appendix 2

Marshall County Telephone Survey Instrument

Introduction and Screener:

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

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

Q1. First, could you please tell me your zip code?

- 66403 Axtell
- 66406 Beatie
- 66411 Blue Rapids
- 66412 Bremen
- 66427 Frankfort
- 66438 Home
- 66508 Marysville
- 66518 Oketo
- 66541 Summerfield
- 66544 Vermillion
- 66548 Waterville
- _____ Some other city

IF SOME OTHER CITY....

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

Q1b. And in what year were you born? [THIS WILL ALLOW US TO SCREEN OUT RESPONDENTS ONCE WE HAVE REACHED AGE-LEVEL QUOTAS]

Q1c. Thank you, but we are trying to reach a balanced number of individuals from different age groups in the area, and we have already reached enough individuals from your particular age group. Thanks so much for your time and have a great evening. **NOTE: Missing = Non-quota Reached, 1 = Quota Reached**

Q2. Ok. Which of the following medical professionals do you use for most of your routine health care?

[CHECKUPS, COMMON ILLNESSES, GENERAL ACHES AND PAINS]

- 1 Primary Care Physician
- 2 Nurse Practitioner
- 3 Physician's Assistant
- 4 None, don't see anyone
- 5 Other
- 8 Don't Know
- 9 Refused

Q2a. What other medical professional was identified?

Q3. Regardless of who you use for your routine health care, for the rest of this survey, we will refer to this person as "your doctor." When is the last time you saw your doctor for routine health care?

- 1 Was it less than 1 year ago
- 2 Between 1 and 2 years ago
- 3 Between 2 and 5 years ago
- 4 Or More than 5 years ago
- 5 Never – doesn't have a doctor
- 8 Don't Know
- 9 Refused

Q4. What city do you go to the most when you see your doctor?

[WAIT FOR RESPONSE. SELECT ONLY ONE.]

- | | |
|-----------------------|----------------|
| 1 Marysville | 2 Blue Rapids |
| 3 Frankfort | 4 Manhattan |
| 5 Seneca | 6 Washington |
| 7 Sabetha | 8 Onaga |
| 9 Hanover | 10 Topeka |
| 11 Beatrice, NE | 12 Lincoln, NE |
| 13 Don't need service | 14 Other |
| 88 Don't know | 99 Refused |

Q4a. What other city was provided?

Q4b. How would you describe your satisfaction with the quality of care provided by your doctor? Are you...

- 1=Satisfied 2=Somewhat Satisfied 3=Somewhat Dissatisfied 4=Dissatisfied
- 8=Don't Know 9=Refused

[FOR Q5, IF ANSWER IS YES, RECEIVE "5b" AND "6" SERIES. IF NO, GO TO Q7.]

Q5. Next, I have a few questions about hospital services used by you or other members of your household. Household members are individuals who actually live in your home. Now, have you or any members of your household used the inpatient or outpatient services of a hospital in the last 12 months?

- 1=Yes 2=No 8=Don't Know 9=Refused

Q5b. Please tell me what hospital or hospitals were used by you or other members of your household in the last 12 months.

[SELECT ALL THAT APPLY]

- 1=Y 0=N **Q5b1** Community Memorial Healthcare (CMH), Marysville

- 1=Y 0=N **Q5b2** Mercy Regional Health Center, Manhattan
- 1=Y 0=N **Q5b3** Beatrice Community Hospital, Beatrice, NE
- 1=Y 0=N **Q5b4** Hanover Hospital, Hanover
- 1=Y 0=N **Q5b5** Nemaha Valley Community Hospital, Seneca
- 1=Y 0=N **Q5b6** Washington County Hospital, Washington
- 1=Y 0=N **Q5b7** Community Hospital, Onaga
- 1=Y 0=N **Q5b8** Veteran's Administration (VA)
- 1=Y 0=N **Q5b9** Other (Specify)_____

Q5c. List other hospitals here.

Q6a. Think of the reasons why you or other members of your household chose a hospital in the past 12 months.

Was a hospital ever chosen because of insurance coverage?

1=Yes 2=No 8=Don't Know 9=Refused

Q6b. Was a hospital ever chosen because of a doctor referral?

1=Yes 2=No 8=Don't Know 9=Refused

Q6c. Was a hospital ever chosen because of the specialty services the hospital offered?

1=Yes 2=No 8=Don't Know 9=Refused

Q6d. Was a hospital ever chosen because it was recommended by a friend?

1=Yes 2=No 8=Don't Know 9=Refused

Q6e. Was a hospital ever chosen because of personal preference?

1=Yes 2=No 8=Don't Know 9=Refused

Q6f. Because of its distance from your home?

1=Yes 2=No 8=Don't Know 9=Refused

Q6g. Because family members lived close by?

1=Yes 2=No 8=Don't Know 9=Refused

Q6h. Was a hospital ever chosen because it was an emergency?

1=Yes 2=No 8=Don't Know 9=Refused

Q6i. Were there any other reasons why certain hospitals were chosen in the past 12 months?

1=Yes 2=No 8=Don't Know 9=Refused

Q6j. Enter other reason here.

Q7. Have you (or other members of your household) EVER used the services of the Community Memorial Healthcare in Marysville?

1=Yes 2=No 8=Don't Know 9=Refused

[IF YES, RECEIVE Q8a and Q8b. IF NO, GO TO Q9.]

Q8 Series Recalling the most recent visit to Community Memorial Healthcare, what type of service was obtained? [READ EACH ITEM, SELECT ALL THAT APPLY]

- 1=Y 0=N **Q8a1.** Inpatient
- 1=Y 0=N **Q8a2.** Outpatient
- 1=Y 0=N **Q8a3.** Emergency
- 1=Y 0=N **Q8a4.** Don't Know
- 1=Y 0=N **Q8a5.** Refused

Q8b. How would you describe your satisfaction with your last Community Memorial Healthcare experience? Were you....

- 1=Satisfied 2=Somewhat Satisfied 3=Somewhat Dissatisfied 4=Dissatisfied
- 8=Don't Know 9=Refused

Q9. Have you or other members of your household EVER used the services of the Marysville Clinic?

- 1=Yes 2=No 8=Don't Know 9=Refused
- [IF YES, RECEIVE Q9a and Q9b. IF NO, GO TO Q10.]

Q9a. How would you describe your satisfaction with your last Marysville Clinic experience? Were you....

- 1=Satisfied 2=Somewhat Satisfied 3=Somewhat Dissatisfied 4=Dissatisfied
- 8=Don't Know 9=Refused

Q9b. Are the office hours at the Marysville Clinic adequate to meet your needs?

- 1=Yes 2=No 8=Don't Know 9=Refused

Q10. Have you or other members of your household EVER used the services of the Community Physicians Clinic?

- 1=Yes 2=No 8=Don't Know 9=Refused
- [IF YES, RECEIVE Q10a and Q10b. IF NO, GO TO Q11.]

Q10a. How would you describe your satisfaction with your last Community Physicians Clinic experience? Were you....

- 1=Satisfied 2=Somewhat Satisfied 3=Somewhat Dissatisfied 4=Dissatisfied
- 8=Don't Know 9=Refused

Q10b. Are the office hours at the Community Physicians Clinic adequate to meet your needs?

- 1=Yes 2=No 8=Don't Know 9=Refused

Q11. Have you or other members of your household EVER used the services of the Blue Rapids Medical Clinic?

1=Yes 2=No 8=Don't Know 9=Refused
[IF YES, RECEIVE Q11a and Q11b. IF NO, GO TO Q12.]

Q11a. How would you describe your satisfaction with your last Blue Rapids Medical Clinic experience? Were you....

1=Satisfied 2=Somewhat Satisfied 3=Somewhat Dissatisfied 4=Dissatisfied
8=Don't Know 9=Refused

Q11b. Are the office hours at the Blue Rapids Medical Clinic adequate to meet your needs?

1=Yes 2=No 8=Don't Know 9=Refused

Q12. Have you or other members of your household EVER used the services of the Frankfort Clinic?

1=Yes 2=No 8=Don't Know 9=Refused
[IF YES, RECEIVE Q12a and Q12b. IF NO, GO TO Q13a1.]

Q12a. How would you describe your satisfaction with your last Frankfort Clinic experience? Were you....

1=Satisfied 2=Somewhat Satisfied 3=Somewhat Dissatisfied 4=Dissatisfied
8=Don't Know 9=Refused

Q12b. Are the office hours at the Blue Rapids Medical Clinic adequate to meet your needs?

1=Yes 2=No 8=Don't Know 9=Refused

[FOR ALL ITEMS IN 13 SERIES, IF ANSWER TO "a1" IS "Marysville," "Blue Rapids" "Frankfort," OR "Waterville" RECEIVE "a2", NOT "a3"]

[FOR ALL ITEMS IN 13 SERIES, IF ANSWER TO "a1" IS SOME OTHER CITY, RECEIVE "a3", NOT "a2"]

Q13a1. Now I am going to ask you where you or other members of your household go to MOST OFTEN for certain medical services. Please think of your use of these services in the past two years. First, in what city do you or other members of your household go to the dentist? [WAIT FOR RESPONSE. SELECT ONLY ONE.]

- | | |
|--------------|---------------|
| 1 Marysville | 2 Blue Rapids |
| 3 Frankfort | 4 Waterville |

- | | |
|----------------|-----------------------|
| 5 Manhattan | 6 Seneca |
| 7 Washington | 8 Sabetha |
| 9 Onaga | 10 Beatrice, NE |
| 11 Lincoln, NE | 13 Don't need service |
| 12 Other | |
| 88 Don't know | 99 Refused |

Q13a2. How would you describe your satisfaction with those services? Were you:
1=Satisfied 2=Somewhat Satisfied 3=Somewhat Dissatisfied 4=Dissatisfied
8=Don't Know 9=Refused

Q13a3. Have you ever tried the services of a Marshall County dentist?
1=Yes 2=No 8=Don't Know 9=Refused

Q13b1. What about pharmacy? [WAIT FOR RESPONSE. SELECT ONLY ONE.]

- | | |
|----------------|-----------------------|
| 1 Marysville | 2 Blue Rapids |
| 3 Frankfort | 4 Waterville |
| 5 Manhattan | 6 Seneca |
| 7 Washington | 8 Sabetha |
| 9 Onaga | 10 Beatrice, NE |
| 11 Lincoln, NE | 13 Don't need service |
| 12 Other | |
| 88 Don't know | 99 Refused |

13b2. How would you describe your satisfaction with those services? Were you:
1=Satisfied 2=Somewhat Satisfied 3=Somewhat Dissatisfied 4=Dissatisfied
8=Don't Know 9=Refused

13b3. Have you ever tried the services of a Marshall County pharmacy?
1=Yes 2=No 8=Don't Know 9=Refused

Q13c1. What about an eye doctor? [WAIT FOR RESPONSE. SELECT ONLY ONE.]

- | | |
|----------------|-----------------------|
| 1 Marysville | 2 Blue Rapids |
| 3 Frankfort | 4 Waterville |
| 5 Manhattan | 6 Seneca |
| 7 Washington | 8 Sabetha |
| 9 Onaga | 10 Beatrice, NE |
| 11 Lincoln, NE | 13 Don't need service |
| 12 Other | |
| 88 Don't know | 99 Refused |

Q13c2. How would you describe your satisfaction with those services? Were you:
1=Satisfied 2=Somewhat Satisfied 3=Somewhat Dissatisfied 4=Dissatisfied

8=Don't Know 9=Refused

Q13c3. Have you ever tried the services of a Marshall County eye doctor?

1=Yes 2=No 8=Don't Know 9=Refused

Q13d1. What about chiropractor services? [WAIT FOR RESPONSE. SELECT ONLY ONE.]

- | | |
|----------------|-----------------------|
| 1 Marysville | 2 Blue Rapids |
| 3 Frankfort | 4 Waterville |
| 5 Manhattan | 6 Seneca |
| 7 Washington | 8 Sabetha |
| 9 Onaga | 10 Beatrice, NE |
| 11 Lincoln, NE | 13 Don't need service |
| 12 Other | |
| 88 Don't know | 99 Refused |

Q13d2. How would you describe your satisfaction with those services? Were you:

1=Satisfied 2=Somewhat Satisfied 3=Somewhat Dissatisfied 4=Dissatisfied
8=Don't Know 9=Refused

Q13d3. Have you ever tried the services of a Marshall County chiropractor?

1=Yes 2=No 8=Don't Know 9=Refused

Q13e1. What about Home Healthcare services? [WAIT FOR RESPONSE. SELECT ONLY ONE.]

- | | |
|----------------|-----------------------|
| 1 Marysville | 2 Blue Rapids |
| 3 Frankfort | 4 Waterville |
| 5 Manhattan | 6 Seneca |
| 7 Washington | 8 Sabetha |
| 9 Onaga | 10 Beatrice, NE |
| 11 Lincoln, NE | 13 Don't need service |
| 12 Other | |
| 88 Don't know | 99 Refused |

Q13e2. How would you describe your satisfaction with those services? Were you:

1=Satisfied 2=Somewhat Satisfied 3=Somewhat Dissatisfied 4=Dissatisfied
8=Don't Know 9=Refused

Q13e3. Have you ever tried the services of a Marshall County Home Healthcare service provider?

1=Yes 2=No 8=Don't Know 9=Refused

Q13f1. Physical Therapy services? [WAIT FOR RESPONSE. SELECT ONLY ONE.]

- | | |
|----------------|-----------------------|
| 1 Marysville | 2 Blue Rapids |
| 3 Frankfort | 4 Waterville |
| 5 Manhattan | 6 Seneca |
| 7 Washington | 8 Sabetha |
| 9 Onaga | 10 Beatrice, NE |
| 11 Lincoln, NE | 13 Don't need service |
| 12 Other | |
| 88 Don't know | 99 Refused |

Q13f2. How would you describe your satisfaction with those services? Were you:

1=Satisfied 2=Somewhat Satisfied 3=Somewhat Dissatisfied 4=Dissatisfied
8=Don't Know 9=Refused

Q13f3. Have you ever tried the services of a Marshall County physical therapist?

1=Yes 2=No 8=Don't Know 9=Refused

Q13g1. Mental Health services? [WAIT FOR RESPONSE. SELECT ONLY ONE.]

- | | |
|----------------|-----------------------|
| 1 Marysville | 2 Blue Rapids |
| 3 Frankfort | 4 Waterville |
| 5 Manhattan | 6 Seneca |
| 7 Washington | 8 Sabetha |
| 9 Onaga | 10 Beatrice, NE |
| 11 Lincoln, NE | 13 Don't need service |
| 12 Other | |
| 88 Don't know | 99 Refused |

Q13g2. How would you describe your satisfaction with those services? Were you:
1=Satisfied 2=Somewhat Satisfied 3=Somewhat Dissatisfied 4=Dissatisfied
8=Don't Know 9=Refused

Q13g3. Have you ever tried the services of a Marshall County mental health services?

1=Yes 2=No 8=Don't Know 9=Refused

Q13h1. Have you or any other members of your household ever used the county health department services in Marshall County?

1=Yes 2=No 8=Don't Know 9=Refused

[IF YES, ASK Q13h2. IF NO, GO TO Q13j1.]

Q13h2. How would you describe your satisfaction with those services? Were you:
1=Satisfied 2=Somewhat Satisfied 3=Somewhat Dissatisfied 4=Dissatisfied
8=Don't Know 9=Refused

Q13i1. Have you or any other members of your household or your immediate family ever used ambulance services in Marshall County? [EMS, EMERGENCY MEDICAL TRANSPORT]

1=Yes 2=No 8=Don't Know 9=Refused

[IF YES, ASK Q13i2. IF NO, GO TO Q13j1.]

Q13i2. How would you describe your satisfaction with those services? Were you:

1=Satisfied 2=Somewhat Satisfied 3=Somewhat Dissatisfied 4=Dissatisfied
8=Don't Know 9=Refused

Q13j1. Has anyone in your family ever used Assisted Living or Nursing Home services in Marshall County?

1=Yes 2=No 8=Don't Know 9=Refused

[IF YES, ASK Q13j2. IF NO, GO TO Q14.]

Q13j2. How would you describe your satisfaction with those services? Were you:

1=Satisfied 2=Somewhat Satisfied 3=Somewhat Dissatisfied 4=Dissatisfied
8=Don't Know 9=Refused

Q14. Do you or other members of your household need to travel inside or outside of Marshall County for regular medical treatment one or more times per month?

1=Yes 2=No 8=Don't Know 9=Refused

Q14a. Is transportation to regular medical appointments either inside or outside the county a challenge for you or other members of your household?

1=Yes 2=No 8=Don't Know 9=Refused

Q15. Currently, Marshall County does not have public indoor swimming pool offering recreational opportunities. Do you believe there is a need for an indoor community swimming pool?

1=Yes 2=No 8=Don't Know 9=Refused

[IF NO GO TO Q16]

Q15a. Based on what you believe to be the current need in the county, IF a public indoor swimming pool in Marshall County was constructed, do you believe that it should be built partially funded by taxes?

1=Yes 2=No 8=Don't Know 9=Refused

Q15b. Based on what you believe to be the current need in the county, IF a public indoor swimming pool existed in Marshall County, do you think that you (or another member of your household) would use it?

1=Yes 2=No 8=Don't Know 9=Refused

[IF YES, ASK Q15c. IF NO, GO TO Q16.]

Q15c. If a public indoor swimming pool existed in Marshall County, would you or the household member be willing to pay a fee to use it?

1=Yes 2=No 8=Don't Know 9=Refused

Q16. Do you believe there is a need to extend the existing outdoor trail system in Marshall County for additional hiking, jogging, biking, and similar recreational opportunities?

1=Yes 2=No 8=Don't Know 9=Refused

Q17. Do you believe there is a need for additional emergency response units located throughout the county to cut down the response time to emergencies, even if it required partial funding by taxes?

1=Yes 2=No 8=Don't Know 9=Refused

Q18. Do you believe there is a need for additional home healthcare services for the elderly in Marshall County?

1=Yes 2=No 8=Don't Know 9=Refused

Q19. Do you believe local health care providers generally encourage use of natural health care alternatives, such as aromatherapy, bio-feedback, massage therapy, or other natural health treatments?

1=Yes 2=No 8=Don't Know 9=Refused

Q20. Have you or anyone in your household ever skipped going to a healthcare provider because of concern about the cost of service?

1=Yes 2=No 8=Don't Know 9=Refused

Q21. Have you or anyone in your household ever not taken a prescription medication as directed because of the cost of medication?

1=Yes 2=No 8=Don't Know 9=Refused

Q22a. Now, I am going to ask whether there is enough information or education provided in the Marshall County area on various health topics.

How confident are you that you could find local assistance if you or a member of your household needed information relating to Childhood Immunizations?

1=Very Confident 2=Somewhat Confident 3=Not Confident at All
8=Don't Know 9=Refused

Q22b. Local assistance related to Substance Abuse?

1=Very Confident 2=Somewhat Confident 3=Not Confident at All
8=Don't Know 9=Refused

Q22c. Teen Pregnancy prevention?

1=Very Confident 2=Somewhat Confident 3=Not Confident at All
8=Don't Know 9=Refused

Q22d. Stopping smoking or tobacco use?

1=Very Confident 2=Somewhat Confident 3=Not Confident at All
8=Don't Know 9=Refused

Q22e. Childhood Obesity?

1=Very Confident 2=Somewhat Confident 3=Not Confident at All
8=Don't Know 9=Refused

Q22f. Healthy diet and nutrition?

1=Very Confident 2=Somewhat Confident 3=Not Confident at All
8=Don't Know 9=Refused

Q22g. Wellness and healthy living?

1=Very Confident 2=Somewhat Confident 3=Not Confident at All
8=Don't Know 9=Refused

[FOR Q23, IF ANSWER IS YES, RECEIVE "23a" "23b" "23c" AND "23d"]

Q23. Do you use the Internet?

1=Yes 2=No 8=Don't Know 9=Refused

Q23a. Have you used the Internet to find health-related information?

1=Yes 2=No 8=Don't Know 9=Refused

[IF NO SKIP Q23]

Q23b. Have you used the Internet to find Marshall County health services information or providers?

1=Yes 2=No 8=Don't Know 9=Refused

Q23c. In general, how confident are you that you can find local health-related information on the Internet?

1=Very Confident 2=Somewhat Confident 3=Not Confident at All
8=Don't Know 9=Refused

Q23d. Do you regularly use any of the social networking tools such as Facebook, Twitter or texting?

1=Yes 2=No 8=Don't Know 9=Refused

Q24. And now I have a few questions to help analyze the results of this survey. Have you lived in Marshall County for more than one year?

1=Yes 2=No 8=Don't Know 9=Refused

Q25. How many people reside in your household?

88=Don't Know 99=Refused

[IF 25 IS GREATER THAN 1, RECIEVE "26.", IF NO GO TO Q27]

Q26. Are there any children under the age of 18 living in your home? If yes, how many?
[IF 26 IS GREATER THAN 0, RECIEVE "26a." and "26b."]

Q26a. Are there any children under the age of 13 living in your home? If yes, how many?

88=Don't Know 99=Refused

Q26b. How many adult caregivers are in the home?

88=Don't Know 99=Refused

Q27. Was your total family income for the last year above or below \$40,000?
[IF BELOW \$40,000 READ THE FOLLOWING RESPONSES]

- 1 Was it less than \$10,000,
- 2 between \$10,000 and \$20,000,
- 3 between \$20,000 and \$30,000?
- 4 or between \$30,000 and \$40,000?

[IF ABOVE \$40,000 READ THE FOLLOWING RESPONSES]

- 5 Was it between \$40,000 and \$50,000,
- 6 between \$50,000 and \$60,000,
- 7 between \$60,000 and \$70,000,
- 8 between \$70,000 and \$80,000,
- 9 or was it over \$80,000?

88 DON'T KNOW

99 REFUSED

Q28. That's all that I have. Thank you for your time and have a nice _____.
Interviewer will decide on the answer to this question!!!

- 1 Female
- 2 Male
- 3 Not Sure

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

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Issued in furtherance of Cooperative Extension Work, Acts of May 8 and June 30, 1914, as amended. Kansas State University, County Extension Councils, Extension Districts, and United States Department of Agriculture Cooperating, Gary Pierzynski, Interim Dean, College of Agriculture.



Marshall County Health Services Directory

Kansas Rural Health Options Project
July 2011

Emily Mashie, *Research Assistant*
Emily Mollohan, *Research Assistant*
John Leatherman, *Director*



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office of
Local Government
K-State Research and Extension



Marshall County Health Services Directory

This directory contains contact information for a variety of services available from the health care system located in Marshall County, KS. The directory also includes hotlines and Internet information for many kinds of services and information centers within the state of Kansas and across the United States. Special thanks to the members of the Marshall County Rural Health Works Steering Committee for their efforts in creating this directory.

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Questions, comments or suggestions about this report can be directed to:

Lucy Papes
Quality Management
Community Memorial Healthcare, Inc.
785-562-2311 ext. 283

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EMERGENCY NUMBERS

Police/Sheriff **911**

Fire **911**

Ambulance **911**

Poison Help Hotline

1-800-222-1222

www.kumed.com/default.aspx?id=2729

www.poison.org

www.aapcc.org

Suicide Prevention Hotline

1-800-SUICIDE (785-2433)

www.hopeline.com

OTHER USEFUL NUMBERS

Marshall County Sheriff

785-562-3141

	<u>Police/Sheriff</u>	<u>Fire</u>
Marysville	562-2343	562-2321
Axtell	911	736-2834
Blue Rapids	911	363-7472
Frankfort	292-4240	911
Summerfield	911	244-6224
Waterville	363-2392	363-2367

**Kansas Department of Social and Rehabilitation
Services West Region Protection Reporting Center
(Protection Report Center for Abuse)**

1-800-922-5330

Available 24 hours/7 days per week – including
holidays for elder and child abuse reports

Kansas Road Conditions

1-877-550-KDOT (5368)

www.ksdot.org

511 from cell phones

HEALTH SERVICES

Hospitals

Community Memorial Healthcare

708 North 18th Street

785-562-2311

www.cmhcare.org

Community Memorial Healthcare services include:

24-Hour Emergency Room

Acute Care

Cardiopulmonary Services

Cardiac Rehab

Echocardiology and Vascular Studies

Electrocardiology

Pulmonary Function Lab

Respiratory Therapy

Sleep Lab

Chemotherapy

Child Loss Grief Support Group

CMH Wound Care Team

Community Education

Community Medical Equipment

Consulting Physicians

Audiology

Cardiology

Cardiovascular Surgery

Gynecology
Nephrology
Neurology
Oncology
Ophthalmology
Orthopedics
Otolaryngology (Ear, Nose & Throat)
Pathology
Podiatric Medicine
Pulmonary Disease
Radiology
 Bone Density
 CT
 Digital Mammography
 MRI
 Ultrasound
Urology
CPR/First Aid Certification
Diabetes Education
Dietary Services
General Surgery
HealthWise 55 Program
Home Health
Laboratory Services
Mammograms and Sonograms
MRI, CT, & Bone Density Scans
Nuclear Testing
Nursing Care
Obstetrics
 Breast Feed/Bottle Feed
 Childbirth

Sibling
Occupational Therapy
Activities of Daily Living
Children's Rehabilitation
Cognitive Skills
Ergonomics
Fine Motor Skills
Hand Therapy
Wheelchair Positioning
Outpatient Clinic
PACS
Parenting Classes
Pharmacist
Physical Therapy
Speech Therapy
Swing Bed

Health Department

Marshall County Health Department

600 Broadway

785-562-3485

785-562-9984 (fax)

www.marshallcohealth.org

Marshall County Health Department services include:

Blood Lead Testing

Blood Pressure Checks

Fluoride Varnishing
Foot Care
Immunizations
Injections
Kan Be Health Physicals
 Body
 Ears
 Eyes
 Teeth
Lab Services
 Glucose
 Hemoglobin
 Lead Level
 Lipid Profile (Cholesterol/Triglyceride)
 Pregnancy Test
 Urinalysis
Pre-School and Kindergarten Physicals
Programs
 Care Seat Inspection Station
 Certified Breastfeeding Educator
 Child Care Registration and Licensure
 Disease Investigation
 Emergency Preparedness
 Healthy Start Home Visitor
 Maternal and Infant Program
 Medical Reserve Corps
 Prescription Discount Card
 Quest Diagnostic/Lab One Collection Site
 STD/HIV Counseling and Testing
 WIC (Women, Infant, and Children) Clinic
 Women's Clinic

SDT/HIV Testing
Tuberculosis Skin Test
Vision and Hearing Screenings
Well Women Clinic (every other month)

Mental Health

Pawnee Mental Health Services of Marysville
406 North 3rd Street Suite 3 (Marysville)
785-562-3907
1-800-609-2002 (after hours hotline)

Medical Professionals

Chiropractors

Alternative Health Care Chiropractic
1124 Pony Express Highway (Marysville)
785-562-1900
www.alternativehealthcare.net

Frank Chiropractic Center
1500 Broadway (Marysville)
785-562-3054

Marysville Chiropractic
104 South 11th Street (Marysville)
785-562-2326
www.marysvillechirowellness.com

Clinics

Community Physicians Clinic
Community Memorial Healthcare
1902 May Street (Marysville)
785-562-3942
www.cmhcare.org

Marysville Clinic
Community Memorial Healthcare
808 North 19th Street (Marysville)
785-562-2303
www.cmhcare.org

Blue Rapids Medical Clinic
Community Memorial Healthcare
607 Lincoln Street (Blue Rapids)
785-363-7202
www.cmhcare.org

Frankfort Clinic
Community Memorial Healthcare
800 North Locust (Frankfort)
785-562-2303

Frankfort Downtown Medical Clinic
112 East 2nd Street (Frankfort)
785-292-4451

Community Physicians Clinic of Wymore
Community Memorial Healthcare
100 North 7th Street (Wymore, NE)
402-645-3733

Flint Hills Dialysis
1133 College Ave B266 (Manhattan)
785-565-9500

Kansas Dialysis Services, LLA
106 North 12th Street (Sabetha)
785-284-0100

Specialty Clinics

Community Memorial Healthcare
708 North 18th Street (Marysville)
785-562-2314

Dentists

Jill L. Gray, DDS
107 South 8th Street (Marysville)
785-562-5323

Marysville Dental Care
David Hamel, DDS
Elizabeth Chaloupek, DDS
1200 Broadway (Marysville)
785-562-5529
www.marysvilledentalcare.com

David A. Bowman, DDS
804 North Locust (Frankfort)
785-292-4809

Gary M. Poppe
608 Lincoln (Blue Rapids)
785-363-7963

Hearing

Hartland Hearing Care Center
1021 Broadway (Marysville)
785-562-2712

Hearing Doctors of Kansas
708 North 18th Street (Marysville)
800-286-4046
www.hearingdoctorsofkansas.com

Optometrists

EyeDoctors Optometrists

1300 Broadway (Marysville)

785-562-5111

Stanley J. Nelson, OD

715 Broadway (Marysville)

785-562-2631

Douglas K. Stigge

104 East Commercial (Waterville)

785-363-2425

Pharmacies

AR-EX Drug Store

801 Broadway (Marysville)

785-562-3196

Yungeberg Drug

17 Public Square (Blue Rapids)

785-363-7444

Walmart Pharmacy

1174 Pony Express Hwy (Marysville)

785-562-3000

Physicians and Health Care Providers

Randall J. Brown, MD
Community Memorial Healthcare
Community Physicians Clinic
1902 May Street (Marysville)
785-562-3942

Kenneth L. Duensing, DO
Community Memorial Healthcare
Blue Rapids Medical Clinic
607 Lincoln Street (Blue Rapids)
785-363-7202

John A. Haefele, MD
Community Memorial Healthcare
Community Physicians Clinic
1902 May Street (Marysville)
785-562-3942

Joseph Hawkins, MD
Community Memorial Healthcare
Marysville Clinic
808 North 18th Street (Marysville)
785-562-2303

John M. Ryan, MD
Community Memorial Healthcare
Community Physicians Clinic
1902 May Street (Marysville)
785-562-3942

Michelle Stone, DO
Community Memorial Healthcare
Marysville Clinic
808 North 19th Street (Marysville)
785-562-2303

Fernando Ugarte, MD
Community Memorial Healthcare
1902 May Street (Marysville)
785-562-2517

Anne Bruna, ARNP
Community Memorial Healthcare
Community Physicians Clinic
1902 May Street (Marysville)
785-562-3942

Julie Hammett, ARNP-C
Community Memorial Healthcare
Marysville Clinic
808 North 19th Street (Marysville)
785-562-2303

Abigail Kidwell, ARNP
Community Memorial Healthcare
Marysville Clinic
808 North 19th Street (Marysville)
785-562-2303

Dayna Scheele, ARNP
Community Memorial Healthcare
Blue Rapids Medical Clinic
Community Physicians Clinic
Marysville Clinic
1902 May Street (Marysville)
785-562-3942

Cheri Shanks, ARNP
Community Memorial Healthcare
Blue Rapids Medical Clinic
607 Lincoln Street (Blue Rapids)
785-363-7202

Michele Voelker, ARNP WCC
Community Memorial Healthcare
Community Physicians Clinic
1902 May Street (Marysville)
785-562-3942

Rehabilitation Services

**Community Memorial Healthcare Swing Bed
Program**
708 North 18th Street (Marysville)
785-562-2311
www.cmhcare.org

Cambridge Place

1100 North 16th Street (Marysville)

785-562-5321

bvhc@bluevalleyhealthcare.com

Blue Valley Nursing Home

710 Western Avenue (Blue Rapids)

785-363-7777

bvhc@bluevalleyhealthcare.com

Frankfort Community Care Home

510 North Walnut (Frankfort)

785-292-4442

www.fcch.net

OTHER HEALTH SERVICES

Assisted Living/Nursing Homes/LTC

Cambridge Place

1100 North 16th Street (Marysville)
785-562-5321

Country Place Senior Living

1149 Country Place Drive (Marysville)
785-562-4001

www.countryplaceliving.com

Blue Valley Nursing Home

710 Western Avenue (Blue Rapids)
785-363-7777

Frankfort Community Care Home

510 North Walnut (Frankfort)
785-292-4442

www.fcch.net

Disability Services

Twin Valley Developmental Services

507 Williams (Beattie)
785-353-2347

Home Community Based Services – HCBS

Provides in-home services to assist adults to maintain and improve independence in their own homes. This program may include homemaking services, respite care, personal cares and other support services:

Above and Beyond Home Health Services

404 Carolina Street (Marysville)
785-629-8128

Community Memorial Healthcare Home Health

910 Broadway (Marysville)
785-562-4062.

Northeast Kansas Area Agency on Aging

526 Oregon (Hiawatha)
785-742-7152
www.nekaaa.org

Three Rivers Incorporated

416 Main Street (Seneca)
785-336-0222 1-800-555-3994
www.threeriversinc.org

Food/Nutrition Programs

Meals on Wheels

111 South 8th Street (Marysville)
785-562-5522

Freezer Meals

109 South 8th Street (Marysville)

785-562-2154

Food Stamps

Social & Rehabilitation Services (SRS)

406 North 3rd Street #2 (Marysville)

785-562-5338 785-776-4011

Blue Valley Nutrition Site

504 East 5th Street (Blue Rapids)

785-363-7489

Friendly Neighbors Nutrition Site

509 North Walnut (Frankfort)

785-292-4309

Sunshine Inn Nutrition Site

111 South 8th Street (Marysville)

785-562-2020

Marshall County Helping Hands Food Pantry

401 Calhoun (Marysville)

785-562-2545

Breadbasket (Commodities)

111 South 8th Street (Marysville)

785-562-2020

Harvesters Food Program (Commodities)

111 South 8th Street (Marysville)

785-562-2020

WIC (Women, Infants, Children)

600 Broadway (Marysville)

785-562-3485

Government Healthcare

Marshall County Public Health Department

600 Broadway (Marysville)

785-562-3485

MEDICAID

Kansas Department of Social & Rehabilitation
Services (SRS)

406 North 3rd Street #2 (Marysville)

785-562-5338

785-776-4011

Social & Rehabilitation Services (SRS)

406 North 3rd Street #2 (Marysville)

785-562-5338

785-776-4011

**Kansas Department of Health and Environment
(KDHE)**

Curtis State Office Building

1000 SW Jackson

Topeka, KS 66603

785-296-1500

www.kdheks.gov/contact.html

Kansas Department on Aging (KDOA)

503 S. Kansas Avenue

Topeka, KS 66603

785-296-4986 or 1-800-432-3535

www.agingkansas.org/

MEDICARE

Social Security Administration

1500 Community Drive (Seneca)

785-336-2927

Social Security Administration

1500 Community Drive (Seneca)

785-336-2927

Northeast Kansas Area Agency on Aging

526 Oregon (Hiawatha)

785-742-7152

www.nekaaa.org

Domestic Violence Information and Treatment Centers

Crisis Center

Manhattan – serves Marshall County
1-800-727-2785

Health and Fitness Centers

Marysville Health & Fitness

816 Center Street (Marysville)
785-562-2424

Home Health Services

Above and Beyond Home Health Services

404 Carolina Street (Marysville)
785-629-8128

CMH Home Health LTC

Community Memorial Healthcare
910 Broadway Street (Marysville)
785-562-5246

www.cmhcare.org

Hospice

Meadowlark Hospice
Serves Marshall County
785-632-2225

Medical Equipment and Supplies

AR-EX Drug Store
801 Broadway (Marysville)
785-562-3196

**Community Medical Equipment
Community Memorial Healthcare**
Medicare Accredited
805 Broadway Street (Marysville)
785-562-2858
www.cmhcare.org

Schools/Education

Highland Community College
606 West Main Street
Highland, KS 66035
785-442-6000
www.hihglandcc.edu

Good Shepherd Lutheran School

206 South 17th (Marysville)

785-562-3181

Marysville Elementary and Preschool – USD 364

1010 Carolina Street (Marysville)

785-562-3641

Marysville Junior High School – USD 364

1005 Walnut (Marysville)

785-562-5356

Marysville Senior High School – USD 364

1111 Walnut (Marysville)

785-562-5386

Marshall County Life Long Learning (GED)

405 North 4th (Marysville)

785-629-8085

Marshall County Head Start

302 Alston (Marysville)

785-562-2941

St. Gregory's School

207 North 14th Street (Marysville)

785-562-2831

Frankfort Schools

604 North Kansas (Frankfort)

785-292-4486

Valley Heights Elementary School (3rd – 6th)
508 Chestnut (Blue Rapids)
785-363-7693

Valley Heights Grade School (Preschool – 2nd)
307 East Lincoln (Waterville)
785-363-2530

Valley Heights Junior/Senior High School
2274 6th Road (Blue Rapids)
785-363-2508

Valley Heights Community Education
307 East Lincoln (Waterville).

Valley Heights Preschool
308 East Lincoln (Waterville)
785-363-2166

Senior Services

Lifeline
CMH Home Health Agency
Community Memorial Healthcare
910 Broadway Street (Marysville)
785-562-4062
www.cmhcare.org

Med Buddy

Medication Dispenser

CMH Home Health Agency

Community Memorial Healthcare

910 Broadway Street (Marysville)

785-562-4062

www.cmhcare.org

Marshall County Senior Center

111 South 8th Street (Marysville)

785-562-2020

Northeast Kansas Area Agency on Aging

526 Oregon (Hiawatha)

785-742-7152

www.nekaaa.org

RSVP

109 South 8th Street (Marysville)

785-562-2154

Veterans Services

Kansas Commission on Veterans' Affairs

111 South 8th (Marysville)

785-562-2581

Veterinary Services

Pony Express Veterinary Clinic

1112 Pony Express Highway (Marysville)
785-562-3591

Prairie Valley Veterinary Clinic

821 Highway 9 (Blue Rapid)
785-363-7903

Animal Clinic

911 North Locust (Frankfort)
785-292-4628

LOCAL GOVERNMENT, COMMUNITY AND SOCIAL SERVICES

Adult Protection

**Kansas Department of Social and Rehabilitation
Services West Region Protection Reporting
Center – i.e. Protection Report Center for Abuse**

1-800-922-5330

Available 24 hours/7 days per week – including
holidays

Marshall County Sheriff

107 South 13th Street (Marysville)

785-562-3141

Marysville Police Department

207 South 10th Street (Marysville)

785-562-2343

Alcohol and Drug Treatment and Support

Pawnee Mental Health Services

406 North 3rd Street (Marysville)

785-562-3907

1-800-609-2002 (hotline)

In-Patient Treatment Programs

Valley Hope Centers

Requires private insurance – will not accept Medicare or Medicaid

Norton, KS	Halstead, KS	Atchison, KS
785-877-5101	316-830-2041	913-367-1618
or 1-800-544-5101		

Heartland RADAC – Regional Alcohol and Drug Assessment Center is a licensed alcohol and drug treatment program that provides assessment and referral services for individuals seeking substance abuse services. Heartland RADAC facilitates access to treatment services.

If financial assistance is needed for in-patient treatment, contact Heartland RADAC Center at 913-789-0951 or 1-800-281-0029

www.hradac.com

www.hradac.com/resources.htm

Child Protection

Kansas Department of Social and Rehabilitation Services West Region Protection Reporting Center – i.e. Protection Report Center for Abuse

1-800-922-5330

Available 24 hours/7 days per week – including holidays

Children and Youth

Child Care Aware of Kansas

(Provides list of Licensed Day Care in Marshall County) 1-877-678-2548

Early Head Start NEK-CAP

405 North 4th Street (Marysville)
785-562-1014

Infant and Toddler Services

1019 Broadway Suite 8 (Marysville)
785-562-5502

Marysville Parents as Teachers

405 North 4th (Marysville)
785-562-2464

Valley Heights Parents as Teachers

105 East Commercial (Waterville)

785-363-2661

Lincoln Center Campus

405 North 4th (Marysville)

785-629-8300

www.lincolncentercampus.org

Assistance for Families

Department of Social and Rehabilitation Services

(SRS)

406 North 3rd Street (Marysville)

785-562-5338 785-776-4011

Child Support Application

www.kschild.com

1-888-757-2445

Healthwave

Low or no cost health plan for Kansas children within stipulated income guidelines – some low income parents may also qualify.

1-800-792-4884

P.O. Box 3599

Topeka, KS 66601

www.kansashealthwave.org

**Drug and Alcohol Treatment and Support – See
Alcohol and Drug Treatment and Support**

Extension Office

Marshall County Extension Office

1201 Broadway #5 (Marysville)

785-562-3531

Funeral Homes

Kinsley Mortuary

1006 Broadway (Marysville)

785-562-3021

Padden Funeral Chapel

101 East 3rd Street (Frankfort)

785-292-4446

Terry-Christie Funeral Home

302 East 4th Street (Blue Rapids)

785-363-7580

Kufahl Funeral Home

307 Center Street (Wheaton)

785-396-4454

Landreth-Popkess Funeral Home

205 4th Street (Axtell)

785-736-2371

Housing

Lincoln Center Campus

405 North 4th (Marysville)

785-629-8300

www.lincolncentercampus.org

Legal Services

Bolton & McNish, LLC

916 Broadway (Marysville)

785-562-5388

Galloway, Wieggers & Brinegar

1114 Broadway (Marysville)

785-562-2375

www.gwblaw.net

Steven A. Kraushaar

1017 Broadway (Marysville)

785-562-2369

Howland Law Office

1017 Center (Marysville)

785-562-3782

Spain Law Office

107 South Kansas (Waterville)

785-363-2723

**Northeast Kansas Area Agency on Aging at
Hiawatha**

526 Oregon
Hiawatha, KS 66434
785-742-7152
www.nekaaa.org

Older Kansans Information Service

Legal representation in specific areas of concern –
funded by Area Agency on Aging and Federal funds.
1-800-432-7422 and leave message or call direct
1-800-723-6953 or 785-625-4514
May also call ElderLaw Hotline 1-888-353-5337

Libraries

Marysville Public Library

1009 Broadway (Marysville)
785-562-2491

Blue Rapids Public Library

14 Public Square (Blue Rapids)
785-363-7709

Frankfort City Library

104 East 2nd (Frankfort)
785-292-4320

Waterville Public Library

129 East Commercial Street (Waterville)
785-363-2769

Park and Recreation

Lakeview Sports Complex
20th Street (Marysville)

Marysville Area Community Theatre
P.O. Box 172 (Marysville)
785-562-8323

Marysville City Park and Pool
803 Walnut Street (Marysville)
785-562-5331

Marysville Sport and Recreation
708 Broadway (Marysville)
785-562-6818

Valley Heights Community Education
307 East Lincoln (Waterville).
785-363-2211

Public Information

Marysville Main Street, Inc.
604 Broadway (Marysville)
785-629-8019

Marysville Chamber of Commerce

101 North 10th Street (Marysville)

785-562-3101

Marysville City Hall

209 North 8th Street (Marysville)

785-562-5331

City of Marysville

Mayor: 785-562-5331 (Bill Phillipi)

Clerk: 785-562-5331 (Debbie Price)

City of Axtell

Mayor: 785-736-2834 (Stanley Broxterman)

Clerk: 785-736-2834 (Jane Buessing)

City of Summerfield

Mayor: 785-244-6531 (Bruce Mitchell)

Clerk: 785-244-6531 (Carol DeKoning)

City of Frankfort

109 North Kansas Avenue (Frankfort)

785-292-4240

Blue Rapid Chamber of Commerce

4 Public Square (Blue Rapid)

785-363-7991

Rape and Domestic Violence

The Crisis Center, Incorporated

785-539-2785

Hotline: 1-800-727-2785

Kansas Crisis Center

1-800-363-2287

Red Cross

American Red Cross

514 Poplar Street (Wamego)

785-456-9773

Social Security Administration

1121 Hudson Avenue #A

Manhattan, KS 66503

785-537-8258

www.ssa.gov

Support Groups

See also Alcohol and Drug

Alzheimer's Support Group

Meets 3rd Wednesday of the month at 12:00 Noon at
Cambridge Place, 1100 North 16th Street (Marysville)

785-562-5321

Meadowlark Hospice Bereavement Group

Meets 4th Thursday of the month at 4:30 p.m. in lower level of Community Physicians Clinic
1102 May Street (Marysville)

Loss of Child Support Group

Meets 4th Thursday of the month at 7:00 p.m. in lower level of Community Physicians Clinic
1102 May Street (Marysville)

Lincoln Center Campus

405 North 4th (Marysville)

785-629-8300

www.lincolncentercampus.org

American Cancer Society

1-800-227-2345

Transportation

Marshall County General Transportation

111 South 8th Street (Marysville)

785-562-2020

Marysville Municipal Airport

209 North 8th Street (Marysville)

785-562-5331

Non-Emergency Medical Transportation (NEMT)

To schedule pick-up phone: 1-888-561-8747

Must be a Medicaid recipient.

Must call 48 hours in advance for transportation – must be medical (nothing dental or optical).

Client will be picked up approximately one hour before an appointment and will pick client up for return trip one hour after being called/client's appointment is completed.

If traveling more than 50 miles – physician must give preapproval for transportation.

Twin Valley Developmental Transportation

211 6th Street (Greenleaf)

785-747-2252

Yellow Cab

22959 South 1st Road (Beatrice, NE)

402-223-3121

STATE AND NATIONAL INFORMATION, SERVICES & SUPPORT

Adult Protection

Adult Protection Services

1-800-922-5330

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

Domestic Violence and Sexual Assault (DVACK)

1-800-874-1499

www.dvack.org

Elder and Nursing Home Abuse Legal

www.resource4nursinghomeabuse.com/index.html

Elder Hotline

1-888-353-5337

Kansas Coalition Against Sexual and Domestic Violence

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

www.kcsdv.org/ksresources.html

Kansas Department on Aging Adult Care Complaint Program

1-800-842-0078

National Center on Elder Abuse (Administration on Aging)

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

National Domestic Violence Hotline

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

1-800-787-3224 (TTY)

www.ndvh.org

National Sexual Assault Hotline

1-800-994-9662

1-888-220-5416 (TTY)

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

National Suicide Prevention Lifeline

1-800-273-8255

Poison Center

1-800-222-1222

Sexual Assault and Domestic Violence Crisis Line

1-800-701-3630

Social and Rehabilitation Services (SRS)

785-562-5338

785-776-4011

www.srskansas.org

Suicide Prevention Helpline

785-841-2345

Alcohol and Drug Treatment Programs

A 1 A Detox Treatment

1-800-757-0771

AAAAAH

1-800-993-3869

Abandon A Addiction

1-800-405-4810

Able Detox-Rehab Treatment

1-800-577-2481 (NATIONAL)

Abuse Addiction Agency

1-800-861-1768

www.thewatershed.com

AIC (Assessment Information Classes)

1-888-764-5510

Alcohol and Drug Addiction Treatment Programs

1-800-510-9435

Alcohol and Drug Helpline

1-800-821-4357

Al-Anon Family Group

1-888-4AL-ANON (425-2666)

www.al-anon.alateen.org

Mothers Against Drunk Driving

1-800-GET-MADD (438-6233)

www.madd.org

**National Council on Alcoholism and Drug
Dependence, Inc.**

1-800-NCA-CALL (622-2255)

www.ncadd.org

Recovery Connection

www.recoveryconnection.org

Regional Prevention Centers of Kansas

1-800-757-2180

www.smokyhillfoundation.com/rpc-locate.html

American Red Cross

1-866-990-9910 General

1-800-696-3873 Armed Forces

Children and Youth

Boys and Girls Town National Hotline

1-800-448-3000

www.girlsandboystown.org

Child Abuse Hotline

1-800-922-5330

Child Abuse National Hotline

1-800-4-A-CHILD (422-4453)

www.childabuse.com

Child Find of America

1-800-426-5678

Child Help USA National Child Abuse Hotline

1-800-422-4453

HealthWave

P.O. Box 3599

Topeka, KS 66601

1-800-792-4884

1-800-792-4292 (TTY)

www.kansashealthwave.org

Heartspring (Institute of Logopedics)

8700 E. 29TH North

Wichita, KS 67226

www.heartspring.org

Kansas Big Brothers/Big Sisters

1-888-KS4-BIGS

www.ksbbbs.org

Kansas Children's Service League

785-539-3193 (Manhattan, KS)

1-877-530-5275

Call the 24-HR Parent Helpline: 1-800-332-6378

www.kcsl.org

Kansas Department of Health and Environment

785-296-1500

www.kdheks.gov

e-mail: info@kdheks.gov

Kansas Society for Crippled Children

106 W. Douglas, Suite 900

Wichita, KS 67202

1-800-624-4530

316-262-4676

www.kssociety.org

National Runaway Switchboard

1-800-RUNAWAY

www.1800runaway.org/

**National Society for Missing and Exploited
Children**

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

www.missingkids.com

Counseling

Care Counseling

Family counseling services for Kansas and Missouri

1-888-999-2196

Castlewood Treatment Center for Eating Disorders

1-888-822-8938

www.castlewoodtc.com

Catholic Charities

1-888-468-6909

www.catholiccharitiessalina.org

Pawnee Mental Health

785-562-3907 (Marysville)

After hours – 1-800-609-2002

785-587-4300 (Manhattan)

National Hopeline Network

1-800-SUICIDE (785-2433)

www.hopeline.com

National Problem Gambling Hotline

1-800-552-4700

www.npgaw.org

Recovery Connection

Hotline for Drug and Alcohol Abuse

1-800-993-3869

Self-Help Network of Kansas

1-800-445-0116

www.selfhelpnetwork.wichita.edu

Senior Health Insurance Counseling

1-800-860-5260

www.agingkansas.org

Community Action

Peace Corps

1-800-424-8580

www.peacecorps.gov

Public Affairs Hotline (Kansas Corporation Commission)

1-800-662-0027

www.kcc.state.ks.us

Disability Services

American Association of People with Disabilities (AAPD)

www.aapd.com

American Council for the Blind

1-800-424-8666

www.acb.org

Americans with Disabilities Act Information Hotline

1-800-514-0301

1-800-514-0383 (TTY)

www.ada.gov

Disability Advocates of Kansas, Inc.

1-866-529-3824

www.disabilitysecrets.com

Disability Group, Inc.

1-888-236-3348

www.disabilitygroup.com

Disability Rights Center of Kansas (DRC)

Formerly Kansas Advocacy & Protective Services

1-877-776-1541

1-877-335-3725 (TTY)

www.drckansas.org

Kansas Commission for the Deaf and Hearing Impaired

1-800-432-0698

www.srskansas.org/kcdhh

Kansas Relay Center (Hearing Impaired service)

1-800-766-3777

www.kansasrelay.com

National Center for Learning Disabilities

1-888-575-7373

www.nclld.org

National Library Services for Blind & Physically Handicapped

www.loc.gov/nls

1-800-424-8567

Environment

Environmental Protection Agency

1-800-223-0425

913-321-9516 (TTY)

www.epa.gov

Kansas Department of Health and Environment

Salina 785-827-9639

Hays 785-625-5663

Topeka 785-296-1500

www.kdheks.gov

Food and Drug

Center for Food Safety and Applied Nutrition

1-888-SAFEFOOD (723-3366)

www.cfsan.fda.gov

www.healthfinder.gov/docs/doc03647.htm

U.S. Food and Drug Administration

1-888-INFO-FDA

1-888-463-6332

www.fsis.usda.gov

USDA Meat and Poultry Hotline

1-888-674-6854

1-800-256-7072 (TTY)

www.fsis.usda.gov

Poison Hotline

1-800-222-1222

Health Services

American Cancer Society

1-800-ACS-2345

www.cancer.org

Elder Care Helpline

www.eldercarelink.com

American Heart Association

1-800-AHA-USA-a

www.americanheart.org

American Health Assistance Foundation

1-800-437-2423

www.ahaf.org

American Stroke Association

1-888-4-STROKE

www.strokeassociation.org

Arthritis Foundation, Kansas Chapter

1-800-283-7800

www.arthritis.org/chapters/kansas

Center for Disease Control and Prevention

1-800-311-3435

www.cdc.gov/hiv/

Eye Care Council, Inc.

1-800-960-EYES

www.seetolearn.com

Kansas Foundation for Medical Care

1-800-432-0407

www.kfmc.org

National Health Information Center

1-800-336-4797

www.health.gov/nhic

**National Institute on Deafness and Other
Communication Disorders Information
Clearinghouse**

1-800-241-1044

1-800-241-1055 (TTY)

www.nidcd.nih.gov

Federal Bureau of Investigation (Wichita)

316-262-0031

www.fbi.gov

Hospice

Kansas Hospice and Palliative Care Organization

1-800-658-8898

www.lifeproject.org/home.htm

Housing

Kansas Housing Resources Corporation

785-296-2065

www.housingcorp.org

US Department of Housing and Urban Development

Kansas Regional Office

913-551-5462

www.hud.gov/local/index.cfm

Kansas Bureau of Investigation

785-296-8200

www.accesskansas.org/kbi

Legal Services

Kansas Attorney General

1-800-432-2310 (Consumer Protection)

1-800-828-9745 (Crime Victims' Rights)

www.ksag.org/home

Kansas Bar Association

785-234-5696

www.ksbar.org

Kansas Department on Aging

785-432-3535

785-291-3167 (TTY)

www.agingkansas.org

Kansas Legal Services

1-800-723-6953

785-233-4028 (TTY)

1-888-353-5337 Elder hotline

www.kansaslegalservices.org

Medicaid / Medicare Services

Kansas Health Wave

1-800-792-4884 or 800-792-4292 (TTY)

www.kansashealthwave.org

Kansas Medical Assistance Program

Customer Service

1-800-766-9012

www.kmpa-state-ks.us

Medicare Information

1-800-MEDICARE

www.medicare.gov

U.S. Department of Health and Human Services
Centers for Medicare and Medicaid Services
1-800-MEDICARE (800-633-4227) or
1-877-486-2048 (TTY)
www.cms.hhs.gov

Mental Health Services

Alzheimer's Association
1-800-272-3900 or 1-866-403-3073 (TTY)
www.alz.org

Developmental Services of Northwest Kansas
1-800-637-2229

Kansas Alliance for Mentally Ill (Topeka, KS)
785-233-0755
www.namikansas.org

Make a Difference
1-800-332-6262

Mental Health America
1-800-969-6MHA (969-6642)

National Alliance for the Mentally Ill Helpline
1-800-950-NAMI (950-6264) or 703-516-7227 (TTY)
www.nami.org

National Institute of Mental Healthcare
1-866-615-6464 or 1-866-415-8051 (TTY)
www.nimh.nih.gov

National Library Services for Blind and Physically Handicapped
1-800-424-8567
www.loc.gov/nls/music/index.html

State Mental Health Agency
KS Department of Social and Rehabilitation Services
915 SW Harrison Street
Topeka, KS 66612
785-296-3959
www.srskansas.org

Suicide Prevention Hotline
1-800-SUICIDE [784-2433]
www.hopeline.com

Nutrition

American Dietetic Association
1-800-877-1600
www.eatright.org

Department of Human Nutrition

Kansas State University

119 Justin Hall

Manhattan, KS 66506

785-532-5500

www.humec.k-state.edu/hn

Eating Disorders Awareness and Prevention

1-800-931-2237

www.nationaleatingdisorders.org

Food Stamps

Kansas Department of Social and Rehabilitation
Services (SRS)

1-888-369-4777

or Local SRS office

785-562-5338

785-776-4011

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

Kansas Department of Health and Environment

1000 SW Jackson, Suite 220

Topeka, KS 66612

785-296-1320

www.kdheks.gov/news-wic/index.html

Road and Weather Conditions

Kansas Road Conditions

866-511-DOT [511-5368]

<http://kdot1.ksdot.org/divplanning/roadrpt>

Senior Services

Alzheimer's Association

1-800-487-2585

American Association of Retired Persons (AARP)

1-888-OUR-AARP (687-2277)

www.aarp.org

Americans with Disabilities Act Information Line

1-800-514-0301 or 1-800-514-0383 [TTY]

www.usdoj.gov/crt/ada

Eldercare Locator

1-800-677-1116

www.eldercare.gov/eldercare/public/home.asp

Home Buddy

1-866-922-8339

www.homebuddy.org

Home Health Complaints

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

Kansas Advocates for Better Care Inc.

Consumer Information

1-800-525-1782

www.kabc.org

Kansas Department on Aging

1-800-432-3535 or 785-291-3167 (TTY)

www.agingkansas.org/index.htm

Kansas Foundation for Medical Care, Inc.

Medicare Beneficiary Information

1-800-432-0407

Kansas Tobacco Use Quitline

1-866-KAN-STOP (526-7867)

www.kdheks.gov/tobacco/cessation.html

Older Kansans Employment Programs (OKEP)

785-296-7842

www.kansascommerce.com

Older Kansans Information Reference Sources on Aging (OKIRSA)

1-800-432-3535

Senior Health Insurance Counseling for Kansas

1-800-860-5260

www.agingkansas.org/SHICK/shick_index.html

SHICK

1-800-860-5260

www.agingkansas.org/SHICK

Social Security Administration

785-296-3959 or 785-296-1491 (TTY)

www.srskansas.org

Veterans

Federal Information Center

1-800-333-4636

www.FirstGov.gov

U.S. Department of Veterans Affairs

1-800-513-7731

www.kcva.org

Education (GI Bill)

1-888-442-4551

Veteran Special Issue Help Line

Includes Gulf War/Agent Orange Helpline

1-800-749-8387

Health Resource Center

1-877-222-8387

Insurance Center

1-800-669-8477

Mammography Helpline

1-888-492-7844

Other Benefits

1-800-827-1000

Memorial Program Service [includes status of headstones and markers]

1-800-697-6947

Telecommunications Device for the Deaf/Hearing Impaired

1-800-829-4833 (TTY)

www.vba.va.gov

Veterans Administration

Benefits Information and Assistance

1-800-827-1000

Debt Management

1-800-827-0648

Life Insurance Information and Service

1-800-669-8477

Welfare

Welfare Fraud Hotline
1-800-432-3913

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**Kansas State University Agricultural Experiment Station and Cooperative Extension Service,
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It is the policy of Kansas State University Agricultural Experiment Station and Cooperative Extension Service that all persons shall have equal opportunity and access to its educational programs, services, activities, and materials without regard to race, color, religion, national origin, sex, age or disability. Kansas State University is an equal opportunity organization.

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ANALYSIS OF DATA

**Community Memorial Healthcare
Analysis of CHNA Data**

Analysis of Health Status-Leading Causes of Death

	(A)		(B)		If (B)>(A), then "Health Need"
	U.S. Age Adjusted Death Rates	10% of U.S. Adjusted Death Rate	County Rate	County Rate Less U.S. Adjusted Death Rate	
Marshall County					
Cancer	172.5	17.3	155.0	-17.5	
Heart Disease	178.5	17.9	181.0	2.5	
Cerebrovascular Disease	39.0	3.9	35.3	-3.7	
Chronic Lower Respiratory Diseases	42.1	4.2	38.2	-3.9	

**Analysis of Health Status-Primary Health Conditions
Responsible for Inpatient Hospitalization**

Women's Health and Maternity
Gastroenterological Related Issues
Pneumonia
Kidney Infections
Cardiac Related Diagnoses

Analysis of Health Outcomes and Factors

	(A)		(B)		If (B)>(A), then "Health Need"
	National Benchmark	30% of National Benchmark	County Rate	County Rate Less National Benchmark	
Marshall County:					
Adult Smoking	13.0%	3.9%	20.0%	7.0%	Health Need
Adult Obesity	25.0%	7.5%	34.0%	9.0%	Health Need
Physical Inactivity	21.0%	6.3%	28.0%	7.0%	Health Need
Excessive Drinking	7.0%	2.1%	21.0%	14.0%	Health Need
Motor Vehicle Crash Rate	10	3	21	11	Health Need
Sexually Transmitted Infections	92	28	188	96	Health Need
Teen Birth Rate	21	6	26	5	
Uninsured	11.0%	3.3%	15.0%	4.0%	Health Need
Primary Care Physicians	1067	320	2021	954	Health Need
Dentists	1516	455	2054	538	Health Need
Diabetic Screen Rate	90.0%	27.0%	92.0%	-2.0%	
Mammography Screening	73.0%	21.9%	66.0%	7.0%	
Violent Crime Rate	66	20	96	30	Health Need
Children in Poverty	14.0%	4.2%	17.0%	3.0%	
Children in Single-Parent Households	20.0%	6.0%	19.0%	-1.0%	
Limited Access to Healthy Foods	1.0%	0.3%	4.0%	3.0%	Health Need

Analysis of Primary Data

Kansas Rural Health Works Community Health Engagement	Marshall County Telephone Survey
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Obesity	Transportation
Mental Health	Elder Home Healthcare Services
Drug and Alcohol Abuse	Access to Services (Cost)
Uninsured	
Availability of Long-Term Care	
Access to Services (Cost)	
Transportation	
Prevention, Exercise and Wellness	
Lack of Health Education	
After hours/Urgent Care Access	
Lack of Community Collaboration on Healthcare Issues	

**Issues of Uninsured Persons, Low-Income Persons
and Minority/Vulnerable Populations**

Population	Issues
Uninsured/Low Income Population	Cost Lack of awareness of public assistance Need for extended hours at Urgent Care Centers
Persons who live in isolated areas and elderly populations	Transportation

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

Kansas Department of Health & Environment, Kansas Information for Communities: Deaths
<<http://kic.kdhe.state.ks.us/kic/cgi-bin/deathnew/death.exe>>

Cost Report Data <www.costreportdata.com>