

Clay County Community Health Needs Assessment – 2015

Executive Summary

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

The objective of the Clay County CHNA was to determine health needs from the perspective of the community in collaboration with the health providers for the community. This report summarizes the plans for Clay County Medical Center to sustain and develop community benefit programs that address prioritized needs from the 2015-2016 Community Health Needs Assessment (CHNA) conducted by the Clay County Medical Center and the Clay County Health Department. In March, April, May and July 2015, the Clay County Health Department and Clay County Medical Center collaborated on the Community Health Needs Assessment.

Public health data was reviewed and interviews conducted. The Clay Center Chamber of Commerce and Clay County Economic Development Group promoted surveys which were made available via Survey Monkey from their website. Surveys were also distributed to social service providers in the county. A set of criteria was used to evaluate the list of health needs and priorities identified through the assessment process. The criteria included the number of people affected; availability of community resources and the seriousness of the issue.

Overall Priorities for Clay County

Identifying Needs and Establishing Priorities-

The health issues of concern identified in the Community Needs Health Assessment were much the same as those identified in the 2012 survey.

- 1. Access & Affordability of Healthcare**
- 2. Healthy Lifestyle Choices/Drug and Alcohol Limitations**
- 3. Education/Health Literacy**
- 4. Job Opportunities**

Specific action plans were developed to address these priorities and yearly updates reflected efforts as Clay County responded to the need as resources allowed.

Public input was solicited through community forums, chamber coffees, electronic comment and follow- up interviews. The information gathered through these avenues confirmed the interpretation of the assessment committee's priorities.

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Community Health Needs Assessment Hospital Requirements

The Patient Protection and Affordable Care Act (PPACA) created a new IRS Code Section 501(r) which imposes additional requirements on tax-exempt hospitals.

Specifically:

- All 501(c)3 Hospitals
- Governmental hospitals that have an IRS Determinate (c)3 Letter
- If you have ever applied for and received a letter (for the hospital entity) you have to comply.
- Hospitals must complete Community Needs Assessment at least once every three years; first one must be completed by end of tax year beginning after March 23, 2012.
- Include input from persons who represent the broad interest of the community.
- Include input from persons having public health knowledge or expertise.
- Make assessment widely available to the public
- Adopt a written implementation strategy to address identified community needs.*
- Failure to comply results in excise tax penalty of \$50,000 per year.

Patient Protection and Affordable Care Act (Health Care Reform Law March, 2010)

** Notice 2011-52 – must be approved by authorized governing body (board of directors)*

Community Health Needs Assessment Written Report

Treasury and the IRS intend to require a hospital organization to document a Community Health Needs Assessment for a hospital facility in a written report that includes the following information:

- A description of the community served by the hospital facility and how it was determined.
- A description of the process and methods used to conduct the assessment, including a description of the sources and dates of the data and other information used in the assessment and the analytical methods applied to identify community health needs. The report should also describe information gaps that impact the hospital organization's ability to assess the health needs of the community served by the hospital facility. If a hospital organization collaborates with other organizations in conducting a CHNA, the report should identify all of the organizations with which the hospital organization collaborated.
- If a hospital organization contracts with one or more third parties to assist it in conducting a CHNA, the report should also disclose the identity and qualifications of such third parties.

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Community Health Needs Assessment Written Report (Continued)

- A description of how the hospital organization took into account input from persons who represent the broad interests of the community served by the hospital facility, including a description of when and how the organization consulted with these persons (whether through meetings, focus groups, interviews, surveys, written correspondence, etc.)
- If the hospital organization takes into account input from an organization, the written report should identify the organization and provide the name and title of at least one individual in such organization with whom the hospital organization consulted.
- A prioritized description of all of the community health needs identified through the CHNA, as well as a description of the process and criteria used in prioritizing such health needs.
- A description of the existing health care facilities and other resources within the community available to meet the community health needs identified through the CHNA.

CHNA Written Report needs to be widely available to the public; on hospital website and given to anyone who asks

Implementation Strategy

Treasury and the IRS intend to require a hospital organization to specifically address each of the community health needs identified through a CHNA for a hospital facility in an implementation strategy, rather than in the written report documenting the hospital facility's CHNA.

An implementation strategy is a written plan that addresses each of the community health needs identified through a CHNA. An implementation strategy will address a health need identified through a CHNA for a particular hospital facility if the written plan either:

- describes how the hospital facility plans to meet the health need; or
- identifies the health need as one the hospital facility does not intend to meet and explains why the hospital facility does not intend to meet the health need.

An Implementation Strategy needs to be approved by Board of Directors and be widely available to the public.

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Summary of Community Health Assessment

Surveys were distributed at community meetings throughout March, April, May & July of 2015. They were also distributed to clients of WIC and Family Planning at the Clay County Health Department.

The community health status assessment was based on two specific components:

- A convenient survey of county residents
- A review of existing data already available in the community, region and state

Data Collection

The key findings of this assessment focused on opinions and perceptions of those individuals willing to participate in the process.

Resident Survey

The survey instrument used to collect information from Clay County citizens was developed with technical assistance from the Kansas Health Institute (KHI). The survey was designed to collect individual opinions and perceptions about health concerns in Clay County. The survey instrument consisted of questions asking, “What are the most important health conditions in our community?; How important is it to address each of these issues to make Clay County a healthier place to live?” and then asking, “Please rate the behaviors that have the greatest impact on our community health.”; and “How important are the barriers that prevent us from solving the health issues?”.

Surveys were collected in the Spring/Summer of 2015 by Clay County Health Department and Clay County Medical Center. Potential survey respondents were Clay County residents willing to complete the survey. Attachment 1. Copy of survey

Community Overview

Clay County Kansas is a rural county located in North Central Kansas and has a population of 8,535. Population density is 13.2 people per square mile. Clay Center is the county seat and has a population of 4,239. The racial makeup of the county is 97.2% white. 50.5% of all residents are female. Median household income in the county is \$45,233 compared to the state with \$51,332.

Population by Races And Gender				Demographic population totals	
	Male	Female	Total	Total population in Clay County	
Total Population	4,225	4,310	8,535	Total Population:	8,535
White	4,107	4,194	8,301	Male Population:	4,225
Hispanic or Latino	84	78	162	Female Population:	4,310
Two or More Races	55	50	105		

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Demographic median age by sex	
Median age in Clay County	
Both sexes	43
Male	42
Female	45

Content provided by the US Census bureau for the years 2010, 2011, 2012, 2013, 2014 and 2015. <https://suburbanstats.org>

In the county the population is spread out with 23.2% under the age of 18 and 21.5% who were 65 years of age or older. The median age is 43 years, an increase of two years since the last survey.

Of the population that lives below the poverty line, 5.6% are adults, age 65 and older, 17% are children. 39.69% of school children qualified for free or reduced school lunch in the last survey. That number has increased to 42% in 2014.

USD 379 is the only public school system in the county. Clay County supports 27 churches which include Protestant, Catholic, and Jehovah Witness.

As a rural community, most of the work and recreation is related to agriculture, forestry, hunting and fishing. Other leading occupations are healthcare, construction and educational services. A large source of entertainment comes from school or extracurricular activities where children participate. Clay County has an Arts Council that sponsors cultural events in the community, including dramas and musical productions. The local Chamber of Commerce hosts community events that bring the community together throughout the year. Clay County residents place a high priority on family structure and this provides an atmosphere where children can be nurtured.

The school system is excellent and most of the facilities are new or have been recently renovated. The youth of Clay Center enjoy various types of sports and activities year round, including baseball, softball, 4-H clubs, scouting, swimming, football, wrestling, soccer and basketball.

Review of Secondary Data

This report relies on data compiled from primary and secondary sources. Data was compiled from local, regional, state and national sources. These sources are documented in the report and/or contained in the attachments. The key findings were based on the data obtained from the public surveys and the relevant data available at the local, regional, state and national levels. The identification of the key findings of the data is subjective and the reader may reach other conclusions about the findings after reviewing the data.

Clay County, Kansas has a population of 8,535 that covers 645.30 square miles. Population density is 13.2 people per sq. mi. Kansas's population density is 34.9 people/sq. mi and the United States is 35, however 83% of the population in the United States is in the urban areas, which is much more densely populated.

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The age structure of a population is important in planning for the future of a community, particularly for schools, community centers, health care, and child care. A population with more youth will have greater education, recreation and child care needs, while an older population may have greater health care needs. Older people are also far more likely to vote, making them an important political force.

Demographic sex by age for the population in households

Content provided by the US Census bureau for the years 2010, 2011, 2012, 2013, 2014 and 2015. <https://suburbanstats.org>

Population in households in Clay County	
Total Population:	8,395
Male Population:	4,160
Under 5 years:	285
5 to 9 years:	266
10 to 14 years:	303
15 to 17 years:	174
18 and 19 years:	95
20 years:	30
21 years:	35
22 to 24 years:	118
25 to 29 years:	230
30 to 34 years:	234
35 to 39 years:	241
40 to 44 years:	240
45 to 49 years:	288
50 to 54 years:	306
55 to 59 years:	308
60 and 61 years:	92
62 to 64 years:	177
65 and 66 years:	95
67 to 69 years:	125

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70 to 74 years:	173
75 to 79 years:	121
80 to 84 years:	126
85 years and over:	98
Female Population:	4,235
Under 5 years:	294
5 to 9 years:	264
10 to 14 years:	256
15 to 17 years:	179
18 and 19 years:	80
20 years:	32
21 years:	35
22 to 24 years:	97
25 to 29 years:	212
30 to 34 years:	244
35 to 39 years:	219
40 to 44 years:	247
45 to 49 years:	280
50 to 54 years:	296
55 to 59 years:	318
60 and 61 years:	104
62 to 64 years:	173
65 and 66 years:	91
67 to 69 years:	127
70 to 74 years:	178
75 to 79 years:	168
80 to 84 years:	163
85 years and over:	178

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One of the largest age groups for Clay County is 65 and older. Clay County has a higher rate in this age group than the State (14%) and the United States (14.1%). A subtle change from the last survey shows that the population under 18 years of age (23.2%) is now higher than the group 65 and older. This age range is slightly less than the State (25%) and U.S. (23.3%).




Survey Results and Analysis

1. When asked, “*What do you think are the most important health conditions in our community*”, survey respondents ranked conditions that reflect poor lifestyle choices as their top concern.

Answer Options	Total of Importance	Extremely Important	Very Important
Cancers	109	61	48
Child Abuse/Neglect	101	46	55
Drug Abuse	101	70	31
Aging Problems (arthritis, Hearing/vision loss, etc.)	98	32	66
Heart Disease/Stroke/Hypertension	97	37	60
Diabetes	92	25	67
Mental Health Problems	91	33	58
Domestic Violence	85	35	50
Teenage Pregnancy	85	30	55
Respiratory/Lung Disease	83	27	56
Dental Problems	77	20	57
Suicide	72	30	42
Rape/Sexual Assault	69	30	39
Motor Vehicle Crash Injuries	65	16	49
Infectious Diseases (Hepatitis, Measles)	64	21	43
Infant Death	63	24	39
Sexually Transmitted Diseases	59	15	44
Firearm-related injuries	42	11	31
Homicide	38	12	26

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The local survey data is supported by the tables below taken from the 2015 County Health Rankings and Roadmaps website for Clay County.

Health Behaviors 50 (Rank of 101)	Clay County	Trend	Error Margin	Top U.S.	Kansas
Adult smoking	18%		12-25%	14%	18%
Adult obesity	34%		29-41%	25%	30%
Food environment index	7.4			8.4	7.2
Physical inactivity	25%		20-31%	20%	24%
Access to exercise opportunities	72%			92%	78%
Excessive drinking	15%		10-22%	10%	15%
Alcohol-impaired driving deaths	67%			14%	33%
Sexually transmitted infections	82			138	386
Teen births	38		30-48	20	40





The second highest rated health condition concern involved issues often associated with quality of life. In Quality of life, Clay County ranks 34 out of 101.

Quality of Life 34 (Rank of 101)	Clay County	Trend	Error Margin	Top U.S.	Kansas
Poor or fair health	10%		6-16%	10%	13%
Poor physical health days	2.5		1.3-3.8	2.5	3.0
Poor mental health days	2.2		1.3-3.2	2.3	2.8
Low birthweight	7.5%		5.6-9.3%	5.9%	7.2%

According to the community survey, availability of medical care was an important issue to those responding.

The Clay County Health Rankings and Roadmaps in 2015 show that Clay County ranked nine out of 101 counties in the state for Clinical Care. That is down from 2012 when Clay County ranked second out of 100 counties in the state for Clinical Care. This ranking was based on the amount of uninsured residents; the number of physicians working in the community; preventable hospital stays; diabetic and mammography screening rates.

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Clinical Care 9 (Rank of 101)	Clay County	Trend	Error Margin	Top U.S.	Kansas
Uninsured	13%		11-15%	11%	14%
Primary care physicians	853:1			1,045:1	1,353:1
Dentists	2,802:1			1,377:1	1,894:1
Mental health providers	2,802:1			386:1	581:1
Preventable hospital stays	71		59-84	41	60
Diabetic monitoring	92%		78-100%	90%	86%
Mammography screening	64.0%		48.3-79.7%	70.7%	63.7%

Access to health care is an important public health measurement and according to HealthPeople.gov, this topic is one of the National Leading Health Indicators (LHI). These indicators are used to guide national policy priorities to improve public health.

People living in poverty or with very limited incomes are more likely to have poor health outcomes. Having access to affordable, high-quality and timely health care is critical in preventing the spread of disease and insuring good quality of life through all developmental stages. Health care during pregnancy is important in identifying and treating problems to improve the health outcome for newborns.


Access to health care measures accessibility to needed primary care, health care specialists, and emergency treatment. This chart shows the number of primary care physicians per 100,000 of population. This information is relevant because a shortage of health professionals contributes to access and health status issues.

While having health insurance is a crucial step toward accessing the different aspects of the health care system, health insurance by itself does not ensure access. It is also necessary to have comprehensive coverage, providers that accept the individual's health insurance, relatively close proximity of providers to patients, and primary care providers in the community.

There can be additional barriers to access in some populations due to lack of knowledge about preventive care, long wait times to obtain an appointment, low health literacy, and inability to pay the high-deductible of many insurance plans and/or co-pays for receiving treatment. 13% of Clay County residents are uninsured. That number has only decreased two percent since the last survey three years ago. The State average is 14%, down only one percent from the last survey results reported and the National Benchmark is 11%. Other counties in Kansas are struggling with the same issues.

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Premature Death- This indicator is relevant because a measure of premature death can provide a unique and comprehensive look at overall health status. The Clay County Health Rankings and Roadmaps in 2015 reports the following statistics.

Length of Life 21 (Rank of 101)	Clay County	Trend	Error Margin	Top U.S.	Kansas
Premature death	6,451		5,194-7,920	5,200	6,812

Measuring morbidity and mortality rates allows assessing linkages between social determinants of health and outcomes. By comparing, for example, the prevalence of certain chronic diseases to indicators in other categories (e.g., poor diet and exercise) with outcomes (e.g., high rates of obesity and diabetes), various causal relationship may emerge, allowing a better understanding of how certain community health needs may be addressed.

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Social & Economic Factors





Economic and social insecurity often are associated with poor health. Poverty, unemployment, and lack of educational achievement affect access to care and a community’s ability to engage in healthy behaviors. Without a network of support and a safe community, families cannot thrive. Ensuring access to social and economic resources provides a foundation for a healthy community.

Survey respondents supplied the following data when asked, ***“How important is it to address each of the following items in order to make Clay County a healthier place to live?”***

Answer Options	Total of Importance	Extremely Important	Very Important	
Good Jobs/Strong Economy	107	66	41	
Access to Health Care	106	76	30	
Low Crime/Safe Neighborhoods	105	74	31	
Good Schools	105	68	37	
Good Place to Raise Children	104	76	28	
Strong Family Life	104	62	42	
Clean Environment	103	51	52	
Healthy Behaviors and Lifestyles	102	57	45	
Affordable Housing	101	55	46	
Low Level of Child Abuse	100	60	40	
Parks and Recreation	94	40	54	
Emergency Preparedness	94	57	37	
Religious or Spiritual Values	86	46	40	
Arts and Cultural Events	73	25	48	

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The Clay County survey results are substantiated by data from 2015 Clay County Health Rankings and Roadmaps below:

Social & Economic Factors 23 (Rank of 101)	Clay County	Trend	Error Margin	Top U.S.	Kansas
High school graduation	93%				85%
Some college	77.4%		62.7-92.0%	71.0%	68.1%
Unemployment	4.3%			4.0%	5.4%
Children in poverty	17%		13-22%	13%	18%
Income inequality	3.9		3.0-4.9	3.7	4.3
Children in single-parent households	29%		18-39%	20%	29%
Social associations	28.1			22.0	13.8
Violent crime	155			59	360
Injury deaths	96		69-130	50	65
Physical Environment 30 (Rank of 101)	Clay County	Trend	Error Margin	Top U.S.	Kansas
Air pollution - particulate matter	10.0			9.5	10.9
Drinking water violations	0%			0%	4%
Severe housing problems	11%		7-15%	9%	13%
Driving alone to work	79%		74-84%	71%	82%
Long commute - driving alone	25%		18-32%	15%	20%

Children in Poverty- This indicator reports the percentage of children aged 0-17 living under 100% of the Federal Poverty Level (FPL). This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

Although there are fewer children living in poverty in Clay County than the average found in the State of Kansas or United States as a whole, the upward trend of single parent families has hindered success. In 2015, Clay County statistics show 17% of these young people are living in poverty. Additionally, 29% of the children in Clay County live in single-parent households.

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Teen births- In 2010, 37.7% of all births in Kansas were to unmarried parents, compared to 12.2% of all births in 1980. That represented a 209% increase in the percent of Kansas babies born to unmarried parents. According to the Kansas Department of Health and Environment, pregnancy rates among Kansas resident females aged 10-19 dropped by 13.2 percent from 2012 to 2013. Rates among females aged 10-17, 15-17 and 18-19 as individual age groups also dropped in 2013. The 2013 Kansas pregnancy rate among females 15-17 years of age (14.6 per 1,000 population) compares favorably with the Healthy People 2020 national target of 36.2 pregnancies per 1,000 age group-specific female population. The state pregnancy rate for females aged 18-19 (62.4 per 1,000 population) also compares favorably with the Healthy People 2020 national target of 105.9 pregnancies per 1,000 age group specific female population.

While Kansas had lower teen pregnancy rates than the national targets, the state’s birth rate for females aged 15-19 remained higher than the national rate. While teen birth rates for both Kansas and the U.S. have been declining since 2008, the gap between Kansas and the U.S. rate has narrowed. In 2013, the Kansas rate decreased 13.2%, while the preliminary U.S. rate decreased 9.5%.


In the previous survey, a high priority was placed on children not engaging in premarital sex. Respondents were only somewhat satisfied with the community’s efforts in this area. In this survey, the Non-use of contraception was rated as the behavior that had the greatest impact. According to the 2015 Clay County Rankings and Roadmap, the teen birth rate in Clay County is 38 per 1,000 15-19 year-old females versus the state average of 40 pregnancies per 1,000 females of the same age group.

Health Behaviors 50 (Rank of 101)	Clay County	Trend	Error Margin	Top U.S.	Kansas
Teen births	38		30-48	20	40


Low Birth Weight -This indicator reports the percentage of total births that were low birth weight (Under 2500g). This data is relevant because low birth weight infants are at high risk for health problems. This information can also highlight the existence of health disparities. The Clay County Health Rankings and Roadmaps in 2015 reports the following statistics.

Quality of Life 34 (Rank of 101)	Clay County	Trend	Error Margin	Top U.S.	Kansas
Low birthweight	7.5%		5.6-9.3%	5.9%	7.2%

Below, Centers for Disease Control and Prevention statistics show the Healthy People 202 Target rates.

Rate	95% CI	Icon	Description	Peer Median	Peer Range	HP 2020 Target	US Median
7.5	5.6 - 9.3		Low birth weight	6.1	3.5 - 9.6	7.8	7.9

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Morbidity Preterm births (percent) births for Clay County, KS is:  13.8 %
Centers for Disease Control and Prevention

County	Rate	Healthy People 2020	US Median
Stafford, KS	10.7	11.4	12.1
Phillips, KS	10.9	11.4	12.1
Clay, KS	13.8	11.4	12.1

 Better

 Moderate

 Worse

Description

Percent of live births that are preterm (< 37 weeks of gestation)

Numerator

Number of infants born before 37 completed weeks of gestation.

Denominator

Number of live births.

Methodology

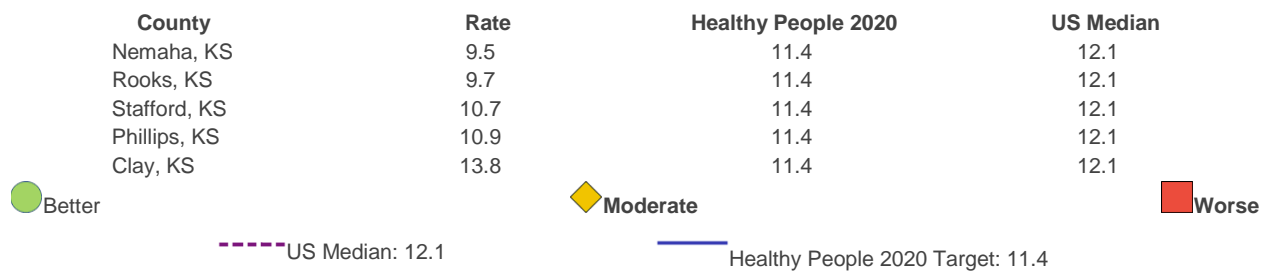
Estimates are based on gestational age information reported on the birth certificate. The primary measure used to determine the gestational age of the newborn is the interval between the first day of the mother’s last normal menstrual period (LMP) and the date of birth. It is subject to error for several reasons, including imperfect maternal recall or misidentification of the LMP because of post conception bleeding, delayed ovulation, or intervening early miscarriage. These data are edited for LMP-based gestational ages that are clearly inconsistent with the infant’s plurality and birthweight, but reporting problems for this item persist and may occur more frequently among some subpopulations and among births with shorter gestations.

The 1989 revision of the U.S. Standard Certificate of Live Birth includes an item, “clinical estimate of gestation” and the 2003 revision of the birth certificate includes a comparable item “Obstetric estimate of gestation”. The clinical or obstetric estimate was compared with length of gestation computed using the LMP when the latter appears to be inconsistent with birthweight. This was done for normal weight births of apparently short gestations and very low birth weight births reported to be full term. For those births, the clinical or obstetric estimate was used if it was compatible with the reported birth weight. The clinical or gestation estimate was also used if the LMP date was not reported. In 2010, the period of gestation for approximately 6 percent of all births was based on the clinical or obstetric estimate of gestation. Of these, 98 percent of the records used the clinical or obstetric estimate of gestation because the LMP date was missing. The remaining 2% of records used the clinical or obstetric estimate of gestation because it was compatible with the reported birth weight whereas the LMP-based gestation was not.

Data Source

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National Vital Statistics System-Natality (NVSS-N) Accessed from: Centers for Disease Control and Prevention, National Center for Health Statistics. Health Indicators Warehouse.



High School Graduation Rate- Several theories attempt to explain how education affects health outcomes. First, education often results in higher incomes, on average, and more resources than a job that does not require education. Access to health insurance is a particularly important resource that often is linked to jobs requiring a certain level of educational attainment. However, when income and health care insurance are removed from consideration, the magnitude of education’s effect on health outcomes remains substantive and statistically significant.

The labor market environment is also thought to contribute to health outcomes. People with lower educational attainment are more likely to be affected by variations in the job market. Unemployment rates are highest for individuals without a high school diploma (7%) compared with college graduates (2%). Evidence shows that the unemployed population experiences worse health and higher mortality rates than the employed population.

Third, health literacy can help explain an individual’s health behaviors and lifestyle choices. There is a striking difference between health literacy levels based on education. Adults with less than average health literacy are more likely to report their health status as poor.

Not only does education level affect health; education can have multigenerational implications that make it an important measure for the health of future generations. Evidence links maternal education with the health of offspring. The education of parents affects their children’s health directly through resources available to the children, and also indirectly through the quality of schools that the children attend.


Finally, education influences a variety of social and psychological factors. Evidence shows that the more education an individual has, the greater his or her sense of personal control. This is important to health because people who view themselves as possessing a high degree of personal control also report better health status and are at lower risk for chronic disease and physical impairment. In addition, more education improves an individual’s self-perception of his or her social standing, which also predicts higher self-reported health status.

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Population with No High School Diploma- Educational attainment is considered a *key driver* of health status. This indicator reports the percentage of the population aged 25 and older without a high school diploma (or equivalency) or higher. Clay County has a 93% high school graduation rate as compared to the state average in Kansas of 85%.

Unemployment Rate

The number one issue reported by survey respondents when asked, “How important is it to address each of the following items in order to make Clay County a healthier place to live?” was adequate job opportunities. Although different from unemployment, the two are inseparable in terms of finding employment.

Social & Economic Factors 23 (Rank of 101)	Clay County	Trend	Error Margin	Top U.S.	Kansas
Unemployment	4.3%			4.0%	5.4%

Locally, there are jobs available but employers report applicants are limited because of job requirements demanding drug free employees. This information is relevant because unemployment creates financial instability and barriers to access including insurance coverage, health services, healthy food, and other necessities that contribute to poor health status. According to the County Health Rankings & Roadmaps in 2015, Clay County’s rankings are better than the State of Kansas by 1.1%.

The Community Needs Survey for Clay County, respondents were asked to rate the behaviors that have the greatest impact on our community health.

The results are as follows:

Answer Options	Total of Importance	Extremely Important	Very Important
Non-use of Contraception	114	42	72
Drug Abuse	104	65	39
Alcohol Abuse	95	49	46
Dropping out of School	91	32	59
Tobacco Use	90	38	52
Being Overweight	89	40	49
Poor Eating Habits	88	31	57
Lack of Exercise	86	33	53
Lack of Immunizations	83	32	51
Unsafe Sex	80	36	44
Non-use of Seat Belts/Safety Seats	78	32	46



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Poor General Health- This information shows adults age 18 and older who self-report having poor or fair health. This indicator is relevant because it is a measure of general poor health status. The source of this is found in the 2015 Clay County Rankings and Roadmap.

Quality of Life 34 (Rank of 101)	Clay County	Trend	Error Margin	Top U.S.	Kansas
Poor or fair health	10%		6-16%	10%	13%
Poor physical health days	2.5		1.3-3.8	2.5	3.0
Poor mental health days	2.2		1.3-3.2	2.3	2.8

According to the Clay County Health Rankings & Roadmaps in 2012, Adult Obesity was identified as an area of concern with 31% of adults in Clay County being obese. That same group reports the percentage has risen to 35%. Physical inactivity is a contributing factor to the obesity in Clay County. 25% of Clay County residents reported physical inactivity as compared to 24% for the State of Kansas. The national benchmark is 20%.

The percentage of adults aged 18 and older who self-report that they have a Body Mass Index (BMI) greater than 30.0 (obese). This indicator is relevant because excess weight is a prevalent problem in the U.S.; it indicates an unhealthy lifestyle and puts individuals at risk for further health issues. Obesity is often the end result of an overall energy imbalance due to poor diet and limited physical activity. Obesity increases the risk for the following heart and health conditions: **Coronary Heart Disease; Hypertension; Stroke; Diabetes and Cancer.**

Health Behaviors 50 (Rank of 101)	Clay County	Trend	Error Margin	Top U.S.	Kansas
Adult obesity	34%		29-41%	25%	30%
Food environment index	7.4			8.4	7.2
Physical inactivity	25%		20-31%	20%	24%
Access to exercise opportunities	72%			92%	78%

Survey respondents identified substance abuse problem as the behavior as the second greatest health concern for Clay County. Alcohol abuse rated third.

As the research continues on the effects of substance abuse on the individual, the family and the community, there is an increased awareness of the consequences of substance abuse.

It is recognized that smoking contributes to many health diseases; that alcohol and drug abuse may affect brain development in the adolescent and young adult; and that the younger an individual is when he or she starts to drink, the higher the chances are he or she will have alcohol-related problems later in life.

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Health Behaviors 50 (Rank of 101)	Clay County	Trend	Error Margin	Top U.S.	Kansas
Adult smoking	18%		12-25%	14%	18%
Excessive drinking	15%		10-22%	10%	15%
Alcohol-impaired driving deaths	67%			14%	33%

Tobacco Usage (Adult)-This indicator reports the percentage of adults aged 18 and older who self-report currently smoking cigarettes some days or every day. This is relevant because tobacco use is linked to leading causes of death such as cancer and cardiovascular disease. Tobacco use is one of the most preventable causes of illness and death in America today. Tobacco use causes premature death to almost half a million Americans each year, and it contributes to profound disability and pain in many others. Approximately one-third of all tobacco users in this country will die prematurely because of their dependence on tobacco. Areas with a high smoking prevalence will also have greater exposure to secondhand smoke for non-smokers, which can cause or exacerbate a wide range of adverse health effects, including cancer, heart disease, respiratory infections, and asthma. Three years ago, Clay County residents had a 17 percent smoking average. That has risen by one percentage point. The state average is 18 percent. The national benchmark is 14 percent.

Heavy Alcohol Consumption- Binge drinking is an indicator of excessive alcohol use. Binge drinking can be dangerous and may result in vomiting, loss of sensory perception, and blackouts. Additionally, it was found that binge drinkers are 14 times more likely to report alcohol-impaired driving than non-binge drinkers. Alcohol abuse is associated with a variety of negative health and safety outcomes including alcohol-related traffic accidents and other injuries, employment problems, legal difficulties, financial loss, family disputes and other interpersonal problems.

The data is based on the number of adults aged 18 and older who self-report heavy alcohol consumption (defined as more than two drinks per day for men and one drink per day for women). There is a general lack of services available for substance abusers and no detoxification facility in the county.

Motor Vehicle Crash Death- There is a strong association between excessive drinking and alcohol-impaired driving, with approximately 17,000 Americans killed annually in alcohol-related motor vehicle crashes. Clay County statistics are alarming, standing at more than double the state average and 53% higher than the national benchmark.

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Summary and Conclusions

The Health Services sector of Clay 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. 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 and have a positive influence on 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. The attraction and retention of new business and retirees also depends on access to adequate health care services.

Many rural communities have significant challenges. The economics of health care are rapidly changing. As health care costs escalate and government funding decreases, 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.