2019 Community Health Needs Assessment Report

Seward County, Kansas

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Introduction

Project Overview

Project Goals

This Community Health Needs Assessment is a systematic, data-driven approach to determining the health status, behaviors, and needs of residents in Seward County, Kansas, the service area of Southwest Medical Center. Subsequently, this information may be used to inform decisions and guide efforts to improve community health and wellness.

A Community Health Needs Assessment provides information so that communities may identify issues of greatest concern and decide to commit resources to those areas, thereby making the greatest possible impact on community health status. This Community Health Needs Assessment will serve as a tool toward reaching three basic goals:

- **To improve residents' health status, increase their life spans, and elevate their overall quality of life.** A healthy community is not only one where its residents suffer little from physical and mental illness, but also one where its residents enjoy a high quality of life.
- **To reduce the health disparities among residents.** By gathering demographic information along with health status and behavior data, it will be possible to identify population segments that are most at-risk for various diseases and injuries. Intervention plans aimed at targeting these individuals may then be developed to combat some of the socio-economic factors that historically have had a negative impact on residents' health.
- **To increase accessibility to preventive services for all community residents.** More accessible preventive services will prove beneficial in accomplishing the first goal (improving health status, increasing life spans, and elevating the quality of life), as well as lowering the costs associated with caring for late-stage diseases resulting from a lack of preventive care.

This assessment was conducted on behalf of Southwest Medical Center by PRC, Inc. PRC is a nationally recognized healthcare consulting firm with extensive experience conducting Community Health Needs Assessments in hundreds of communities across the United States since 1994.

Methodology

This assessment incorporates data from both quantitative and qualitative sources. Quantitative data input includes primary research (the PRC Community Health Survey) and secondary research (vital statistics and other existing health-related data); these quantitative components allow for trending and comparison to benchmark data at the state and national levels. Qualitative data input includes primary research gathered through an Online Key Informant Survey.

PRC Community Health Survey

Survey Instrument

The survey instrument used for this study is based largely on the Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System (BRFSS), as well as various other public health surveys and customized questions addressing gaps in indicator data relative to health promotion and disease prevention objectives and other recognized health issues. The final survey instrument was developed by Southwest Medical Center and PRC.

Community Defined for This Assessment

The study area for the survey effort is defined as Seward County, Kansas. This community is the primary source of patients of Southwest Medical Center and is inclusive of medically underserved, low income, and minority populations. This community definition is illustrated in the following map.
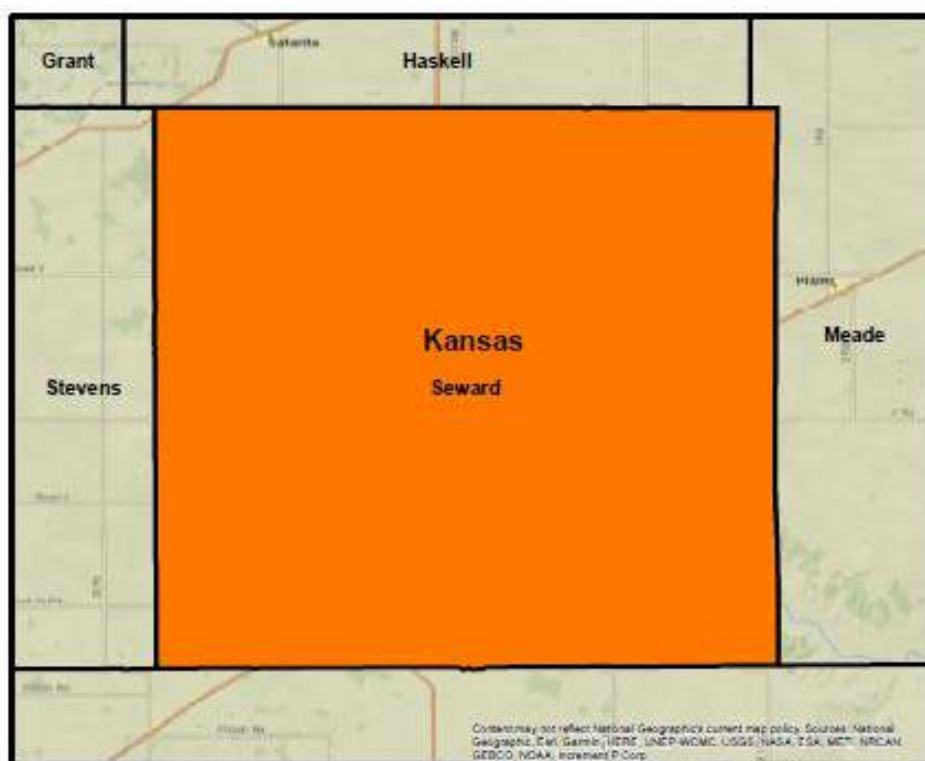
Sample Approach & Design

A precise and carefully executed methodology is critical in asserting the validity of the results gathered in the PRC Community Health Survey. Thus, to ensure the best representation of the population surveyed, a telephone interview methodology — one that incorporates both landline and cell phone interviews — was employed. The primary advantages of telephone interviewing are timeliness, efficiency, and random-selection capabilities.

The sample design used for this effort consisted of a random sample of 200 individuals age 18 and older in Seward County. All administration of the surveys, data collection, and data analysis was conducted by PRC.

For statistical purposes, the maximum rate of error associated with a sample size of 200 respondents is ±6.9% at the 95 percent confidence level.

Expected Error Ranges for a Sample of 200 Respondents at the 95 Percent Level of Confidence
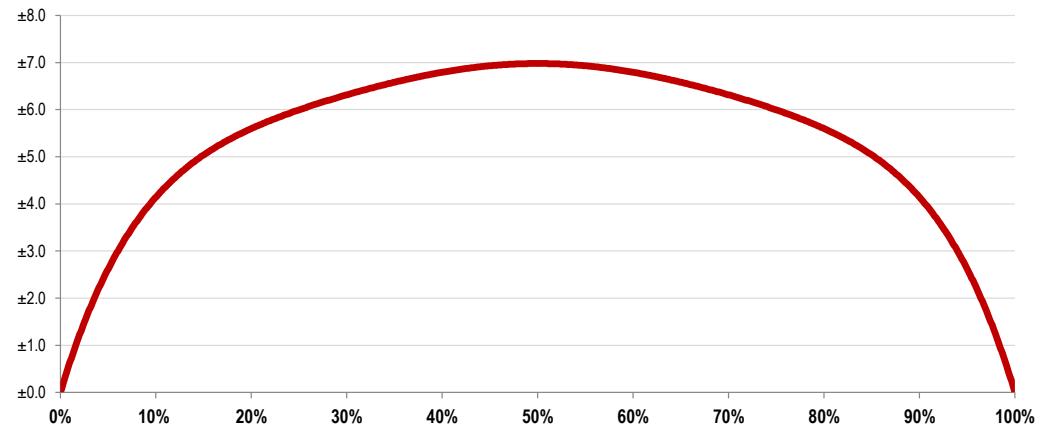
Note: ● The "response rate" (the percentage of a population giving a particular response) determines the error rate associated with that response. A "95 percent level of confidence" indicates that responses would fall within the expected error range on 95 out of 100 trials.

Examples: ● If 10% of the sample of 200 respondents answered a certain question with a "yes," it can be asserted that between 5.8% and 14.2% (10% ± 4.2%) of the total population would offer this response.
● If 50% of respondents said "yes," one could be certain with a 95 percent level of confidence that between 43.1% and 56.9% (50% ± 6.9%) of the total population would respond "yes" if asked this question.

Sample Characteristics

To accurately represent the population studied, PRC strives to minimize bias through application of a proven telephone methodology and random-selection techniques. While this random sampling of the population produces a highly representative sample, it is a common and preferred practice to "weight" the raw data to improve this representativeness even further. This is accomplished by adjusting the results of a random sample to match the geographic distribution and demographic characteristics of the population surveyed (poststratification), so as to eliminate any naturally occurring bias. Specifically, once the raw data are gathered, respondents are examined by key demographic characteristics (namely sex, age, race, ethnicity, and poverty status), and a statistical application package applies

weighting variables that produce a sample which more closely matches the population for these characteristics. Thus, while the integrity of each individual's responses is maintained, one respondent's responses may contribute to the whole the same weight as, for example, 1.1 respondents. Another respondent, whose demographic characteristics may have been slightly oversampled, may contribute the same weight as 0.9 respondents.

The following chart outlines the characteristics of the Seward County sample for key demographic variables, compared to actual population characteristics revealed in census data. [Note that the sample consisted solely of area residents age 18 and older; data on children were given by proxy by the person most responsible for that child's healthcare needs, and these children are not represented demographically in this chart.]

Population & Survey Sample Characteristics
(Seward County, 2019)

Other races include:
Black   5.4%
American Native 2.7%
Multiple/Other   0.3%

Sources:
• U.S. Census Bureau, 2011-2015 American Community Survey.
• 2019 PRC Community Health Survey, PRC, Inc.
Notes:
• FPL is federal poverty level, based on guidelines established by the US Department of Health & Human Services.
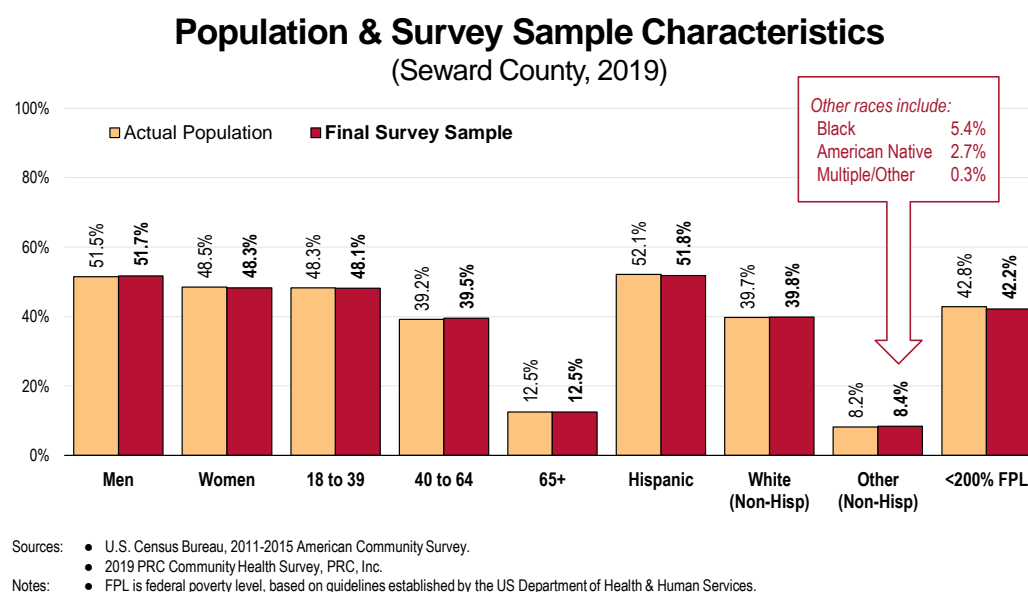
Further note that the poverty descriptions and segmentation used in this report are based on administrative poverty thresholds determined by the US Department of Health & Human Services. These guidelines define poverty status by household income level and number of persons in the household *(e.g., the 2019 guidelines place the poverty threshold for a family of four at $25,750 annual household income or lower)*. In sample segmentation: "**low income**" refers to community members living in a household with defined poverty status or living just above the poverty level, earning up to twice (<200% of) the poverty threshold; "**mid/high income**" refers to those households living on incomes which are twice or more (≥200% of) the federal poverty level.

The sample design and the quality control procedures used in the data collection ensure that the sample is representative. Thus, the findings may be generalized to the total population of community members in the defined area with a high degree of confidence.

Online Key Informant Survey

To solicit input from key informants, those individuals who have a broad interest in the health of the community, an Online Key Informant Survey also was implemented as part of this process. A list of recommended participants was provided by Southwest Medical Center; this list included names and contact information for physicians, public health representatives, other health professionals, social service providers, and a variety of other community leaders. Potential participants were chosen because of their ability to identify primary concerns of the populations with whom they work, as well as of the community overall.

Key informants were contacted by email, introducing the purpose of the survey and providing a link to take the survey online; reminder emails were sent as needed to increase participation. In all, 46 community stakeholders took part in the Online Key Informant Survey, as outlined below:

Online Key Informant Survey Participation	
Key Informant Type	Number Participating
Physicians	5
Public Health Representatives	2
Other Health Providers	3
Social Services Providers	7
Other Community Leaders	29

Final participation included representatives of the organizations outlined below.

- Adolescent Support Services
- Birthline Inc.
- Cimarron Valley Veterans and First Responders Service
- City of Liberal Fire Department
- First United Methodist Church
- Friends Church of Liberal
- Kansas Medical Society
- K-State Research and Extension: Wild West District
- Liberal Area Coalition for Families
- Liberal Area Rape Crisis & Domestic Violence Services
- Liberal USD 480
- Seward County Community College
- Seward County Emergency Medical Service
- Seward County Government
- Seward County Health Department
- Seward County WIC
- Sharp McQueen, P.A.
- Southern Office Supply, Inc.
- Southwest Medical Center
- St. Anthony of Padua Catholic Church
- State of Kansas
- Stepping Stone Shelter for Women, Inc.
- Wheatridge Park Care Center
- Women's Specialty Center of Liberal

Through this process, input was gathered from several individuals whose organizations work with low-income, minority, or other medically underserved populations.

In the online survey, key informants were asked to rate the degree to which various health issues are a problem in their own community. Follow-up questions asked them to describe why they identify problem areas as such and how these might better be addressed. Results of their ratings, as well as their verbatim comments, are included throughout this report as they relate to the various other data presented.

NOTE: These findings represent qualitative rather than quantitative data. The Online Key Informant Survey was designed to gather input regarding participants' opinions and perceptions of the health needs of the residents in the area. Thus, these findings are not necessarily based on fact.

Public Health, Vital Statistics & Other Data

A variety of existing (secondary) data sources was consulted to complement the research quality of this Community Health Needs Assessment. Data for Seward County were obtained from the following sources (specific citations are included with the graphs throughout this report):

- Center for Applied Research and Engagement Systems (CARES) Engagement Network, University of Missouri Extension
- Centers for Disease Control & Prevention, Office of Infectious Disease, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
- Centers for Disease Control & Prevention, Office of Public Health Science Services, Center for Surveillance, Epidemiology and Laboratory Services, Division of Health Informatics and Surveillance (DHIS)
- Centers for Disease Control & Prevention, Office of Public Health Science Services, National Center for Health Statistics
- ESRI ArcGIS Map Gallery
- Kansas Department of Health and Environment
- National Cancer Institute, State Cancer Profiles
- OpenStreetMap (OSM)
- US Census Bureau, American Community Survey
- US Census Bureau, County Business Patterns
- US Census Bureau, Decennial Census
- US Department of Agriculture, Economic Research Service
- US Department of Health & Human Services
- US Department of Health & Human Services, Health Resources and Services Administration (HRSA)
- US Department of Justice, Federal Bureau of Investigation
- US Department of Labor, Bureau of Labor Statistics

Benchmark Data

Kansas Risk Factor Data

Statewide risk factor data are provided where available as an additional benchmark against which to compare local survey findings; these data represent the most recent *BRFSS (Behavioral Risk Factor Surveillance System) Prevalence and Trends Data* published online by the Centers for Disease Control and Prevention. State-level vital statistics are also provided for comparison of secondary data indicators.

Nationwide Risk Factor Data

Nationwide risk factor data, which are also provided in comparison charts, are taken from the *2017 PRC National Health Survey*; the methodological approach for the national study is similar to that employed in this assessment, and these data may be generalized to the US population with a high degree of confidence. National-level vital statistics are also provided for comparison of secondary data indicators.

Healthy People 2020

Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. For three decades, Healthy People has established benchmarks and monitored progress over time in order to:

- Encourage collaborations across communities and sectors.
- Empower individuals toward making informed health decisions.
- Measure the impact of prevention activities.

Healthy People strives to:

- Identify nationwide health improvement priorities.
- Increase public awareness and understanding of the determinants of health, disease, and disability and the opportunities for progress.
- Provide measurable objectives and goals that are applicable at the national, State, and local levels.
- Engage multiple sectors to take actions to strengthen policies and improve practices that are driven by the best available evidence and knowledge.
- Identify critical research, evaluation, and data collection needs.

Determining Significance

Differences noted in this report represent those determined to be significant. For survey-derived indicators (which are subject to sampling error), statistical significance is determined based on confidence intervals (at the 95 percent confidence level), using question-specific samples and response rates. For the purpose of this report, "significance" of secondary data

indicators (which do not carry sampling error but might be subject to reporting error) is determined by a 15% variation from the comparative measure.

Information Gaps

While this assessment is quite comprehensive, it cannot measure all possible aspects of health in the community, nor can it adequately represent all possible populations of interest. It must be recognized that these information gaps might in some ways limit the ability to assess all of the community's health needs.

For example, certain population groups — such as the homeless, institutionalized persons, or those who only speak a language other than English or Spanish — are not represented in the survey data. Other population groups — for example, pregnant women, lesbian/gay/bisexual/ transgender residents, undocumented residents, and members of certain racial/ethnic or immigrant groups — might not be identifiable or might not be represented in numbers sufficient for independent analyses.

In terms of content, this assessment was designed to provide a comprehensive and broad picture of the health of the overall community. However, there are certainly medical conditions that are not specifically addressed.

Public Comment

Southwest Medical Center made its prior Community Health Needs Assessment (CHNA) report publicly available through its website; through that mechanism, the hospital requested from the public written comments and feedback regarding the CHNA and implementation strategy. At the time of this writing, Southwest Medical Center had not received any written comments. However, through population surveys and key informant feedback for this assessment, input from the broader community was considered and taken into account when identifying and prioritizing the significant health needs of the community. Southwest Medical Center will continue to use its website as a tool to solicit public comments and ensure that these comments are considered in the development of future CHNAs.

IRS Form 990, Schedule H Compliance

For non-profit hospitals, a Community Health Needs Assessment (CHNA) also serves to satisfy certain requirements of tax reporting, pursuant to provisions of the Patient Protection & Affordable Care Act of 2010. To understand which elements of this report relate to those requested as part of hospitals' reporting on IRS Schedule H (Form 990), the following table cross-references related sections.

IRS Form 990, Schedule H (2018)	See Report Page
Part V Section B Line 3a *A definition of the community served by the hospital facility*	8
Part V Section B Line 3b *Demographics of the community*	32
Part V Section B Line 3c *Existing health care facilities and resources within the community that are available to respond to the health needs of the community*	161
Part V Section B Line 3d *How data was obtained*	8
Part V Section B Line 3e *The significant health needs of the community*	16
Part V Section B Line 3f *Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups*	Addressed Throughout
Part V Section B Line 3g *The process for identifying and prioritizing community health needs and services to meet the community health needs*	17
Part V Section B Line 3h *The process for consulting with persons representing the community's interests*	11
Part V Section B Line 3i *The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)*	166

Summary of Findings

Significant Health Needs of the Community

The following "Areas of Opportunity" represent the significant health needs of the community, based on the information gathered through this Community Health Needs Assessment. From these data, opportunities for health improvement exist in the area with regard to the following health issues (see also the summary tables presented in the following section).

The Areas of Opportunity were determined after consideration of various criteria, including: standing in comparison with benchmark data (particularly national data); identified trends; the preponderance of significant findings within topic areas; the magnitude of the issue in terms of the number of persons affected; and the potential health impact of a given issue. These also take into account those issues of greatest concern to the community stakeholders (key informants) giving input to this process.

Areas of Opportunity Identified Through This Assessment	
Access to Healthcare Services	• Lack of Health Insurance • Barriers to Access (Esp. Language/Cultural Barriers) • Primary Care Physician Ratio
Cancer	• Leading Cause of Death • Colorectal Cancer Screening [Age 50-75]
Diabetes	• Diabetes Prevalence • Diabetes Deaths • Kidney Disease Deaths • *Key Informants: Diabetes ranked as a top concern.*
Heart Disease & Stroke	• Leading Cause of Death • *Key Informants: Heart disease and stroke ranked as a top concern.*
Injury & Violence	• Unintentional Injury Deaths ○ Including Motor Vehicle Crash
Mental Health	• Mental Health Provider Ratio • Have Ever Sought Help for Mental Health • *Key Informants: Mental health ranked as a top concern.*
Nutrition, Physical Activity & Weight	• Fruit/Vegetable Consumption • Food Insecurity • Overweight & Obesity [Adults] • Trying to Lose Weight [Overweight Adults] • Access to Recreation/Fitness Facilities • *Key Informants: Nutrition, physical activity, and weight ranked as a top concern.*
Oral Health	• Regular Dental Care
Sexual Health	• Teen Births • Chlamydia Incidence
Substance Abuse	• Binge Drinking • *Key Informants: Substance abuse ranked as a top concern.*

Community Feedback on Prioritization of Health Needs

Prioritization of the health needs identified in this assessment (see "Areas of Opportunity" above) was determined based on a prioritization exercise conducted among community stakeholders (representing a cross-section of community-based agencies and organizations) in conjunction with the administration of the Online Key Informant Survey.

In this process, these key informants were asked to rate the severity of a variety of health issues in the community. Insofar as these health issues were identified through the data above and/or were identified as top concerns among key informants, their ranking of these issues informed the following priorities:

1. **Substance Abuse**
2. **Mental Health**
3. **Diabetes**
4. **Nutrition, Physical Activity & Weight**
5. **Heart Disease & Stroke**
6. **Oral Health**
7. **Cancer**
8. **Access to Healthcare Services**
9. **Injury & Violence**
10. **Sexual Health**

Hospital Implementation Strategy

Southwest Medical Center will use the information from this Community Health Needs Assessment to develop an Implementation Strategy to address the significant health needs in the community. While the hospital will likely not implement strategies for all of the health issues listed above, the results of this prioritization exercise will be used to inform the development of the hospital's action plan to guide community health improvement efforts in the coming years.

Note: An evaluation of the hospital's past activities to address the needs identified in prior CHNAs can be found as an appendix to this report.

Summary Tables: Comparisons With Benchmark Data

The following tables provide an overview of indicators in Seward County, grouped by health topic.

Reading the Summary Tables

■ In the following tables, Seward County results are shown in the larger, blue column. *Tip: Indicator labels beginning with a "%" symbol are taken from the PRC Community Health Survey; the remaining indicators are taken from secondary data sources.*

■ The columns to the right of the Seward County column provide comparisons between local data and any available state and national findings, and Healthy People 2020 objectives. Symbols indicate whether Seward County compares favorably (☀), unfavorably (☹), or comparably (☁) to these external data.

Note that blank table cells signify that data are not available or are not reliable for that area and/or for that indicator.

Social Determinants	Seward County	Seward County vs. Benchmarks		
		vs. KS	vs. US	vs. HP2020
Linguistically Isolated Population (Percent)	15.7	🌧️ 2.6	🌧️ 4.4	
Population in Poverty (Percent)	18.8	🌧️ 12.8	🌧️ 14.6	
Children in Poverty (Percent)	27.2	🌧️ 16.4	🌧️ 20.3	
No High School Diploma (Age 25+, Percent)	32.8	🌧️ 9.5	🌧️ 12.7	
Unemployment Rate (Age 16+, Percent)	3.5	☁️ 3.7	☀️ 4.4	
% Worry/Stress Over Rent/Mortgage in Past Year	33.7		☁️ 30.8	
% Low Health Literacy	23.7		☁️ 23.3	
		☀️ better	☁️ similar	🌧️ worse

Overall Health	Seward County	Seward County vs. Benchmarks		
		vs. KS	vs. US	vs. HP2020
% "Fair/Poor" Overall Health	24.0	🌧️ 16.7	☁️ 18.1	
		☀️ better	☁️ similar	🌧️ worse

Access to Health Services	Seward County	Seward County vs. Benchmarks		
		vs. KS	vs. US	vs. HP2020
% [Age 18-64] Lack Health Insurance	21.3	15.3	13.7	0.0
% Difficulty Accessing Healthcare in Past Year (Composite)	42.0		43.2	
% Difficulty Finding Physician in Past Year	10.9		13.4	
% Difficulty Getting Appointment in Past Year	11.0		17.5	
% Cost Prevented Physician Visit in Past Year	13.5		15.4	
% Transportation Hindered Dr Visit in Past Year	5.7		8.3	
% Inconvenient Hrs Prevented Dr Visit in Past Year	15.8		12.5	
% Language/Culture Prevented Care in Past Year	4.2		1.2	
% Cost Prevented Getting Prescription in Past Year	18.1		14.9	
% Skipped Prescription Doses to Save Costs	11.7		15.3	
% Difficulty Getting Child's Healthcare in Past Year	5.9		5.6	
Primary Care Doctors per 100,000	46.9	84.6	87.8	
% Have a Specific Source of Ongoing Care	73.8		74.1	95.0
% Have Had Routine Checkup in Past Year	70.5	68.6	68.3	
% Child Has Had Checkup in Past Year	88.0		87.1	

Access to Health Services (continued)	Seward County	Seward County vs. Benchmarks		
		vs. KS	vs. US	vs. HP2020
% Two or More ER Visits in Past Year	10.0		☁ 9.3	
% Rate Local Healthcare "Fair/Poor"	16.9		☁ 16.2	
		☀ better	☁ similar	🌧 worse

Cancer	Seward County	Seward County vs. Benchmarks		
		vs. KS	vs. US	vs. HP2020
Cancer (Age-Adjusted Death Rate)	133.1	☀ 160.1	☀ 155.6	☀ 161.4
Lung Cancer (Age-Adjusted Death Rate)	33.3	☀ 45.7	☀ 43.4	☀ 45.5
Colorectal Cancer (Age-Adjusted Death Rate)	12.3	☀ 15.3	☀ 14.9	☀ 14.5
% Cancer (Other Than Skin)	6.3	☁ 7.1	☁ 7.1	
% Skin Cancer	4.7	☁ 6.3	☀ 8.5	
% [Women 50-74] Mammogram in Past 2 Years	82.5	☁ 75.5	☁ 77.0	☁ 81.1
% [Women 21-65] Pap Smear in Past 3 Years	78.3	☁ 79.0	☁ 73.5	🌧 93.0
% [Age 50-75] Colorectal Cancer Screening	64.9	☁ 66.6	🌧 76.4	☁ 70.5
		☀ better	☁ similar	🌧 worse

Diabetes	Seward County	Seward County vs. Benchmarks		
		vs. KS	vs. US	vs. HP2020
Diabetes (Age-Adjusted Death Rate)	41.9	🌧 (worse) 22.2	🌧 (worse) 21.3	🌧 (worse) 20.5
% Diabetes/High Blood Sugar	17.3	🌧 (worse) 10.5	☁ (similar) 13.3	
% Borderline/Pre-Diabetes	5.6	🌧 (worse) 1.3	☀ (better) 9.5	
% [Non-Diabetes] Blood Sugar Tested in Past 3 Years	57.0		☁ (similar) 50.0	

	☀ better	☁ similar	🌧 worse

Heart Disease & Stroke	Seward County	Seward County vs. Benchmarks		
		vs. KS	vs. US	vs. HP2020
Diseases of the Heart (Age-Adjusted Death Rate)	141.7	☁ (similar) 158.5	☀ (better) 166.3	☁ (similar) 156.9
Stroke (Age-Adjusted Death Rate)	34.7	☁ (similar) 38.4	☁ (similar) 37.1	☁ (similar) 34.8
% Heart Disease (Heart Attack, Angina, Coronary Disease)	6.0		☁ (similar) 8.0	
% Stroke	2.2	☁ (similar) 2.9	☀ (better) 4.7	
% Blood Pressure Checked in Past 2 Years	97.4		☀ (better) 90.4	☀ (better) 92.6
% Told Have High Blood Pressure (Ever)	35.9	☁ (similar) 32.8	☁ (similar) 37.0	🌧 (worse) 26.9
% [HBP] Taking Action to Control High Blood Pressure	89.9		☁ (similar) 93.8	
% Cholesterol Checked in Past 5 Years	90.8	☀ (better) 84.8	☀ (better) 85.1	☀ (better) 82.1
% Told Have High Cholesterol (Ever)	24.3		☀ (better) 36.2	🌧 (worse) 13.5

Heart Disease & Stroke (continued)	Seward County	Seward County vs. Benchmarks		
		vs. KS	vs. US	vs. HP2020
% [HBC] Taking Action to Control High Blood Cholesterol	89.1		☁ 87.3	
% 1+ Cardiovascular Risk Factor	87.9		☁ 87.2	
		☀ better	☁ similar	🌧 worse

Infant Health & Family Planning	Seward County	Seward County vs. Benchmarks		
		vs. KS	vs. US	vs. HP2020
Low Birthweight Births (Percent)	5.7	☀ 7.2	☀ 8.2	☀ 7.8
Infant Death Rate	6.5	☁ 6.0	☁ 5.8	☁ 6.0
Births to Adolescents Age 15 to 19 (Rate per 1,000)	92.3	🌧 39.9	🌧 36.6	
		☀ better	☁ similar	🌧 worse

Injury & Violence	Seward County	Seward County vs. Benchmarks		
		vs. KS	vs. US	vs. HP2020
Unintentional Injury (Age-Adjusted Death Rate)	60.4	🌧 47.4	🌧 46.7	🌧 36.4
Motor Vehicle Crashes (Age-Adjusted Death Rate)	22.0	🌧 13.2	🌧 11.0	🌧 12.4
% [Age 45+] Fell in the Past Year	30.4		☁ 31.6	
Violent Crime Rate	339.6	☁ 348.7	☁ 379.7	
% Victim of Violent Crime in Past 5 Years	4.1		☁ 3.7	

Injury & Violence (continued)	Seward County	Seward County vs. Benchmarks		
		vs. KS	vs. US	vs. HP2020
% Victim of Domestic Violence (Ever)	7.6		☀ (better) 14.2	
		☀ better	☁ similar	🌧 worse

Kidney Disease	Seward County	Seward County vs. Benchmarks		
		vs. KS	vs. US	vs. HP2020
Kidney Disease (Age-Adjusted Death Rate)	17.5	☁ (similar) 16.1	🌧 (worse) 13.2	
% Kidney Disease	4.8	☁ (similar) 2.8	☁ (similar) 3.8	
		☀ better	☁ similar	🌧 worse

Mental Health	Seward County	Seward County vs. Benchmarks		
		vs. KS	vs. US	vs. HP2020
% "Fair/Poor" Mental Health	13.5		☁ (similar) 13.0	
% Diagnosed Depression	19.2	☁ (similar) 20.9	☁ (similar) 21.6	
% Symptoms of Chronic Depression (2+ Years)	34.8		☁ (similar) 31.4	
% Typical Day Is "Extremely/Very" Stressful	10.8		☁ (similar) 13.4	
Suicide (Age-Adjusted Death Rate)	12.8	☀ (better) 15.5	☁ (similar) 12.7	🌧 (worse) 10.2
Mental Health Providers per 100,000	72.2	🌧 (worse) 192.9	🌧 (worse) 202.8	

Mental Health (continued)	Seward County	Seward County vs. Benchmarks		
		vs. KS	vs. US	vs. HP2020
% Taking Rx/Receiving Mental Health Trtmt	14.1		☁ 13.9	
% Have Ever Sought Help for Mental Health	22.7		🌧 30.8	
% [Those With Diagnosed Depression] Seeking Help	85.8		☁ 87.1	
% Unable to Get Mental Health Svcs in Past Yr	5.4		☁ 6.8	
		☀ better	☁ similar	🌧 worse

Nutrition, Physical Activity & Weight	Seward County	Seward County vs. Benchmarks		
		vs. KS	vs. US	vs. HP2020
% Food Insecure	38.1		🌧 27.9	
% 5+ Servings of Fruits/Vegetables per Day	20.8		🌧 33.5	
% "Very/Somewhat" Difficult to Buy Fresh Produce	23.3		☁ 22.1	
Population With Low Food Access (Percent)	7.4	☀ 26.4	☀ 22.4	
% No Leisure-Time Physical Activity	26.6	☁ 27.9	☁ 26.2	☁ 32.6
% Meeting Physical Activity Guidelines	21.3	☁ 19.0	☁ 22.8	☁ 20.1
Recreation/Fitness Facilities per 100,000	4.4	🌧 9.6	🌧 11.0	
% Healthy Weight (BMI 18.5-24.9)	18.9	🌧 30.9	🌧 30.3	🌧 33.9
% Overweight (BMI 25+)	80.0	🌧 67.2	🌧 67.8	

Nutrition, Physical Activity & Weight (continued)	Seward County	Seward County vs. Benchmarks		
		vs. KS	vs. US	vs. HP2020
% [Overweights] Trying to Lose Weight	50.0		worse 61.3	
% Obese (BMI 30+)	48.3	worse 32.4	worse 32.8	worse 30.5
% Medical Advice on Weight in Past Year	21.1		similar 24.2	
% [Overweights] Counseled About Weight in Past Year	23.9		similar 29.0	
% Child [Age 2-17] Physically Active 1+ Hours per Day	57.0		similar 50.5	
		☀ better	☁ similar	🌧 worse

Oral Health	Seward County	Seward County vs. Benchmarks		
		vs. KS	vs. US	vs. HP2020
% Have Dental Insurance	64.5		similar 59.9	
% [Age 18+] Dental Visit in Past Year	52.6	worse 66.6	similar 59.7	similar 49.0
% Child [Age 2-17] Dental Visit in Past Year	90.8		similar 87.0	better 49.0
		☀ better	☁ similar	🌧 worse

Potentially Disabling Conditions	Seward County	Seward County vs. Benchmarks		
		vs. KS	vs. US	vs. HP2020
% Activity Limitations	18.3	☁ 20.0	☀ 25.0	
% [50+] Arthritis/Rheumatism	32.3		☁ 38.3	
% [50+] Osteoporosis	3.6		☀ 9.4	☁ 5.3
% Sciatica/Chronic Back Pain	16.8		☀ 22.9	
% Eye Exam in Past 2 Years	61.0		☁ 55.3	
% 3+ Chronic Conditions	35.9		☁ 41.4	
Alzheimer's Disease (Age-Adjusted Death Rate)	19.7	☀ 23.5	☀ 26.5	
% Caregiver to a Friend/Family Member	24.5		☁ 20.8	
		☀ better	☁ similar	🌧 worse

Respiratory Diseases	Seward County	Seward County vs. Benchmarks		
		vs. KS	vs. US	vs. HP2020
CLRD (Age-Adjusted Death Rate)	32.7	☀ 49.8	☀ 41.1	
Pneumonia/Influenza (Age-Adjusted Death Rate)	15.5	☀ 18.0	☁ 15.3	
% [Adult] Currently Has Asthma	5.6	☀ 9.1	☀ 11.8	
% Adults Asthma (Ever Diagnosed)	11.2	☁ 13.7	☀ 19.4	

Respiratory Diseases (continued)	Seward County	Seward County vs. Benchmarks		
		vs. KS	vs. US	vs. HP2020
% [Child 0-17] Currently Has Asthma	3.9		☁ 9.3	
% Child [Age 0-17] Asthma (Ever Diagnosed)	5.9		☁ 11.1	
% COPD (Lung Disease)	7.8	☁ 6.4	☁ 8.6	
% [Age 65+] Flu Vaccine in Past Year	52.7	☁ 56.1	🌧 76.8	🌧 70.0
% [Age 65+] Pneumonia Vaccine Ever	59.8	🌧 76.5	🌧 82.7	🌧 90.0
		☀ better	☁ similar	🌧 worse

Sexual Health	Seward County	Seward County vs. Benchmarks		
		vs. KS	vs. US	vs. HP2020
Chlamydia Incidence Rate	514.0	🌧 417.6	☁ 497.3	
Gonorrhea Incidence Rate	34.6	☀ 115.2	☀ 145.8	
HIV Prevalence Rate	124.9	☁ 118.6	☀ 362.3	
		☀ better	☁ similar	🌧 worse

Substance Abuse	Seward County	Seward County vs. Benchmarks		
		vs. KS	vs. US	vs. HP2020
% Current Drinker	45.2	☀ 54.5	☀ 55.0	
% Binge Drinker (Single Occasion - 5+ Drinks Men, 4+ Women)	23.8	🌧 17.2	☁ 20.0	☁ 24.4
% Excessive Drinker	24.7		☁ 22.5	☁ 25.4
% Drinking & Driving in Past Month	1.3	☀ 5.2	☀ 5.2	
% Illicit Drug Use in Past Month	0.5		☀ 2.5	☀ 7.1
% Ever Sought Help for Alcohol or Drug Problem	4.7		☁ 3.4	
% Personally Impacted by Substance Abuse	28.3		☀ 37.3	
		☀ better	☁ similar	🌧 worse

Tobacco Use	Seward County	Seward County vs. Benchmarks		
		vs. KS	vs. US	vs. HP2020
% Current Smoker	15.3	☁ 17.4	☁ 16.3	☁ 12.0
% Someone Smokes at Home	12.8		☁ 10.7	
% [Nonsmokers] Someone Smokes in the Home	6.6		☁ 4.0	
% [Household With Children] Someone Smokes in the Home	14.9		☁ 7.2	
% Currently Use Vaping Products	6.3	☁ 4.6	☁ 3.8	
		☀ better	☁ similar	🌧 worse

Summary of Key Informant Perceptions

In the Online Key Informant Survey, community stakeholders were asked to rate the degree to which each of 20 health issues is a problem in their own community, using a scale of "major problem," "moderate problem," "minor problem," or "no problem at all." The following chart summarizes their responses; these findings also are outlined throughout this report, along with the qualitative input describing reasons for their concerns. (Note that these ratings alone do not establish priorities for this assessment; rather, they are one of several data inputs considered for the prioritization process described earlier.)

Key Informants: Relative Position of Health Topics as Problems in the Community

Health Topic	Major Problem	Moderate Problem
Substance Abuse	51.3%	30.8%
Mental Health	48.7%	28.2%
Diabetes	41.5%	34.1%
Nutrition, Physical Activity, and Weight	36.6%	31.7%
Heart Disease and Stroke	34.2%	42.1%
Oral Health/Dental Care	30.8%	43.6%
Family Planning	28.9%	31.6%
Infant and Child Health	25.6%	35.9%
Tobacco Use	25.6%	33.3%
Cancer	22.5%	65.0%
Access to Health Services	22.2%	40.0%
Dementia/Alzheimer's Disease	21.1%	55.3%
Immunization and Infectious Diseases	15.8%	23.7%
Respiratory Diseases	14.3%	45.7%
Arthritis/Osteoporosis/Back Conditions	13.5%	43.2%
Kidney Disease	13.2%	50.0%
Injury and Violence	13.2%	31.6%
Sexually Transmitted Diseases	10.8%	40.5%
HIV/AIDS	8.1%	32.4%
Hearing and Vision Problems	7.7%	33.3%

■ Major Problem　■ Moderate Problem　□ Minor Problem　□ No Problem At All

Community Description

Population Characteristics

Total Population

Seward County, the focus of this Community Health Needs Assessment, encompasses 639.33 square miles and houses a total population of 22,948 residents, according to latest census estimates.

Total Population
(Estimated Population, 2013-2017)

	Total Population	Total Land Area (Square Miles)	Population Density (Per Square Mile)
Seward County	22,948	639.33	35.89
Kansas	2,903,820	81,758.36	35.52
United States	321,004,407	3,532,315.66	90.88

Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Retrieved August 2019 from CARES Engagement Network at https://engagementnetwork.org.

Population Change 2000-2010

A significant positive or negative shift in total population over time impacts healthcare providers and the utilization of community resources.

Between the 2000 and 2010 US Censuses, the population of Seward County increased by 442 persons, or 2.0%.

- **BENCHMARK**: Growth in Seward County is lower than found across the state and nation.

Change in Total Population
(Percentage Change Between 2000 and 2010)

An increase of 442 persons

	Seward County	KS	US
	2.0%	6.1%	9.8%
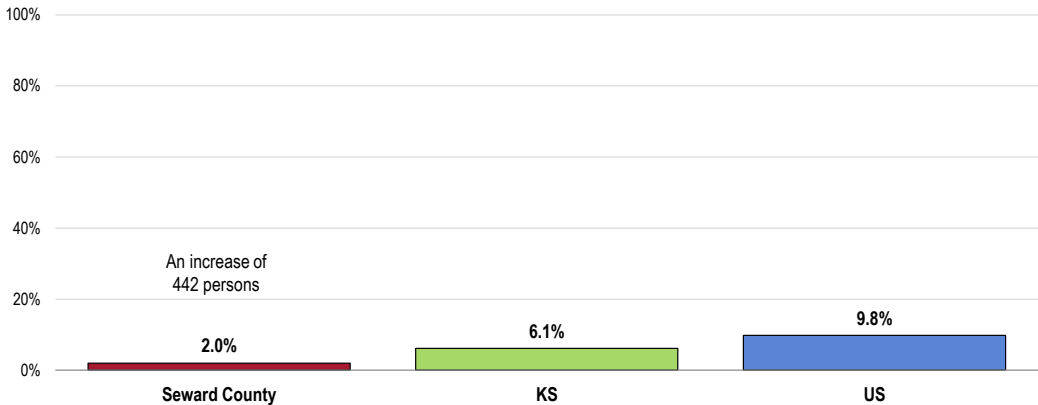
Sources: ● US Census Bureau Decennial Census (2000-2010).
● Retrieved August 2019 from CARES Engagement Network at https://engagementnetwork.org.
Notes: ● A significant positive or negative shift in total population over time impacts healthcare providers and the utilization of community resources.

This map shows an increase in population between 2000 and 2010 in Liberal, but decreases in other parts of the county.
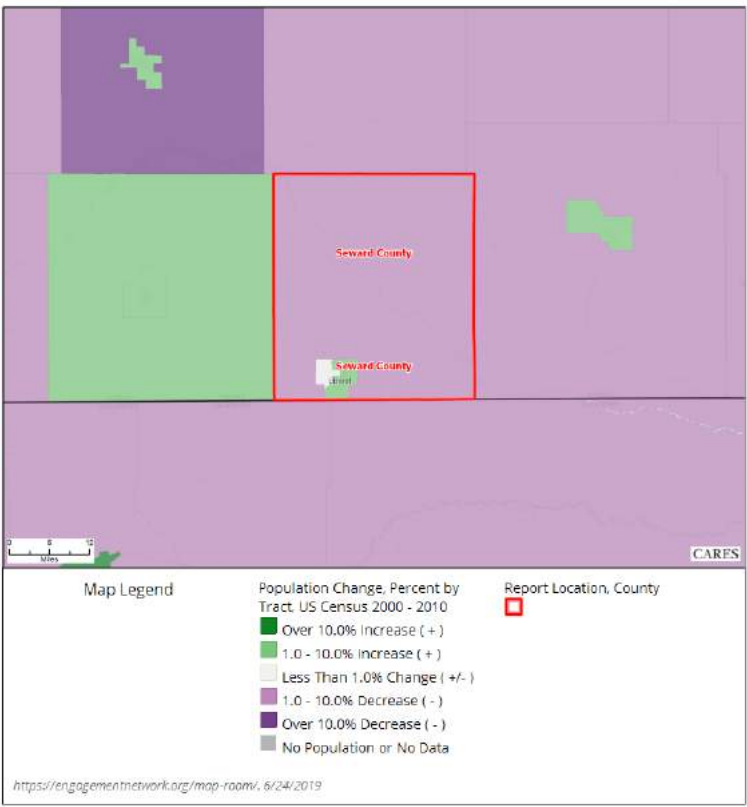
Urban/Rural Population

Urban areas are identified using population density, count, and size thresholds. Urban areas also include territory with a high degree of impervious surface (development). Rural areas are all areas that are not urban.

Seward County is predominantly urban, with 88.6% of the population living in areas designated as urban.

- **BENCHMARK**: The county is more urban than found across Kansas and the US.

Urban and Rural Population
(2010)
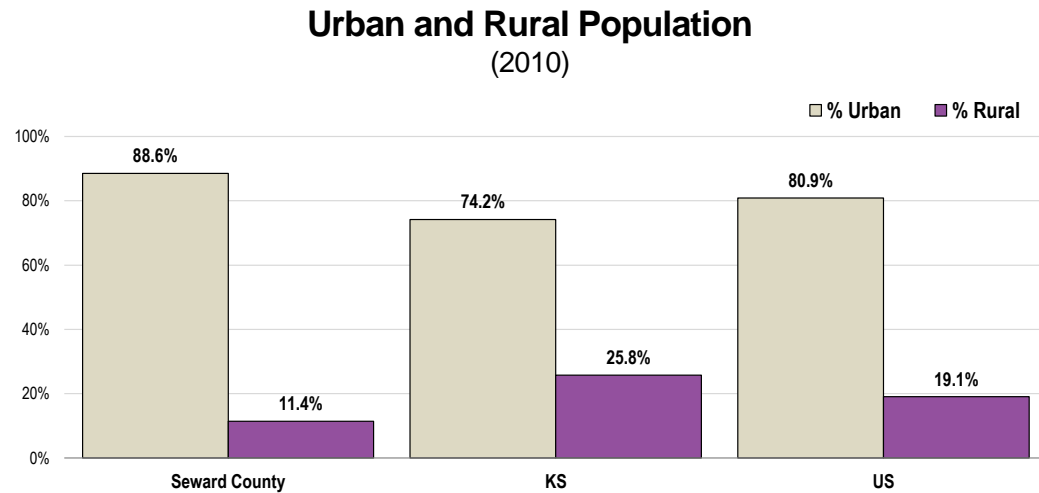
Sources:
- US Census Bureau Decennial Census.
- Retrieved August 2019 from CARES Engagement Network at https://engagementnetwork.org.

Notes:
- This indicator reports the percentage of population living in urban and rural areas. Urban areas are identified using population density, count, and size thresholds. Urban areas also include territory with a high degree of impervious surface (development). Rural areas are all areas that are not urban.

Note the following map, outlining the urban population in Seward County census tracts as of 2010.

Map Legend

Urban Population, Percent by Tract, US Census 2010
- 100% Urban Population
- 90.1 - 99.9%
- 50.1 - 90.0%
- Under 50.1%
- No Urban Population
- No Data or Data Suppressed

Report Location, County

https://engagementnetwork.org/map-room/, 6/24/2019
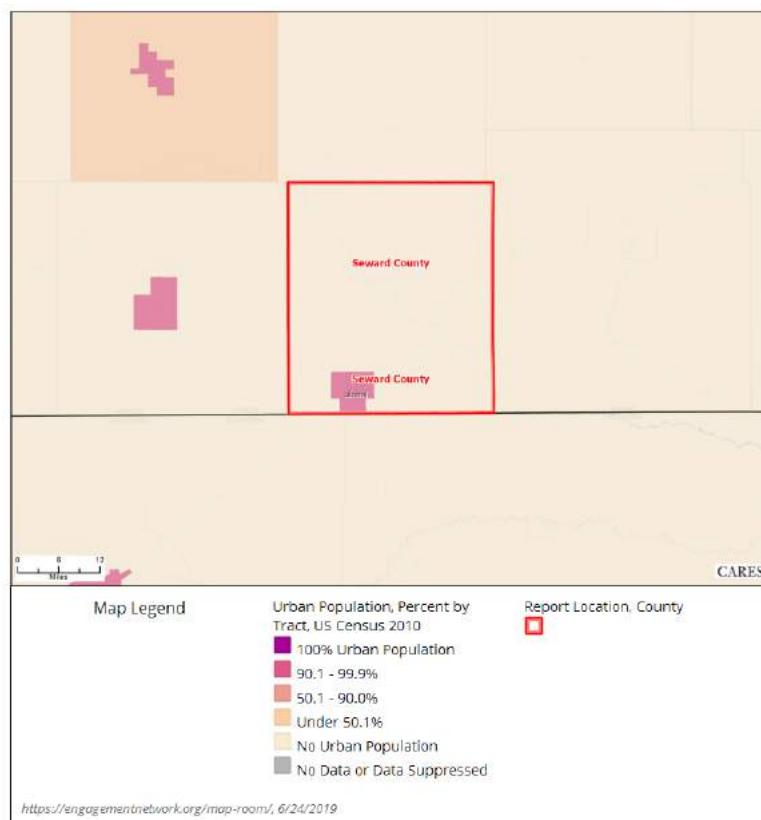
Age

It is important to understand the age distribution of the population, as different age groups have unique health needs that should be considered separately from others along the age spectrum.

In Seward County, 31.4% of the population are children age 0-17; another 59.1% are age 18 to 64, while 9.5% are age 65 and older.

- **BENCHMARK**: Compared to the state and US, Seward County has a higher proportion of children and a lower proportion of seniors.

Total Population by Age Groups, Percent
(2013-2017)
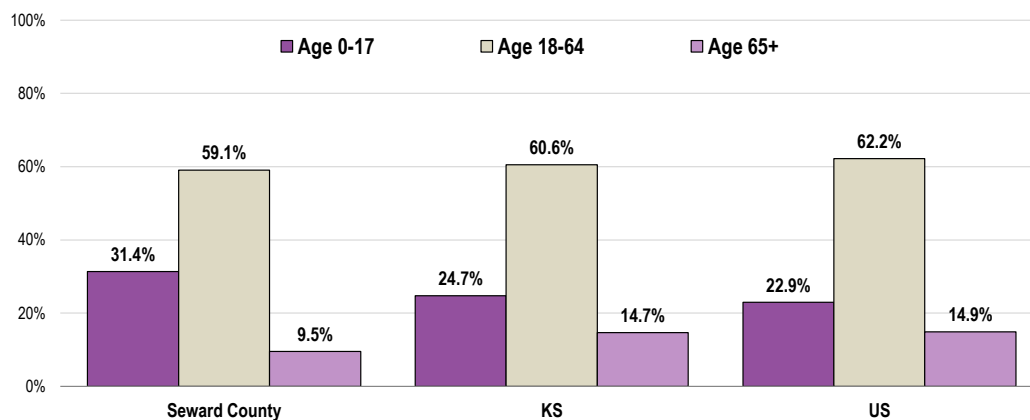
Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Retrieved August 2019 from CARES Engagement Network at https://engagementnetwork.org.

Median Age

Seward County is considerably "younger" than the state and the nation in that the median age is lower.

Median Age
(2013-2017)
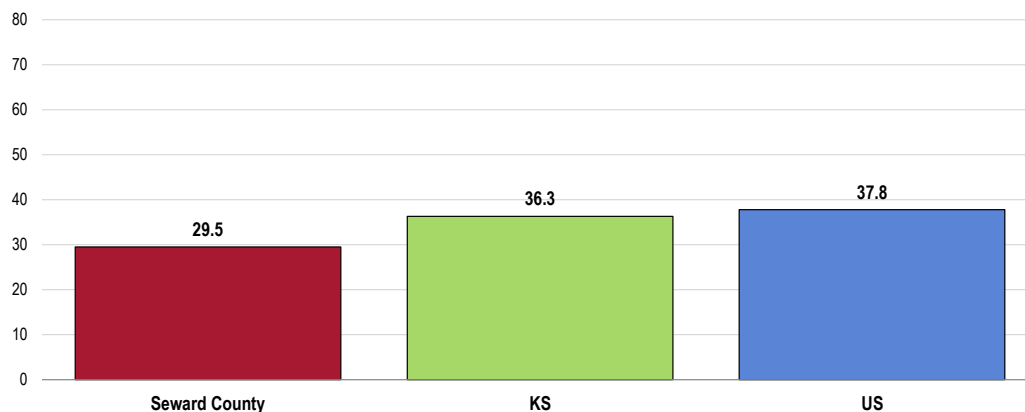
Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Retrieved August 2019 from CARES Engagement Network at https://engagementnetwork.org.

Race & Ethnicity

Race

In looking at race independent of ethnicity (Hispanic or Latino origin), 60.4% of residents of Seward County are non-Hispanic White, 4.7% are Black, and 3.0% are Asian.

- **BENCHMARK**: Seward County is more racially diverse than the state and nation.

Total Population by Race Alone, Percent
(2013-2017)
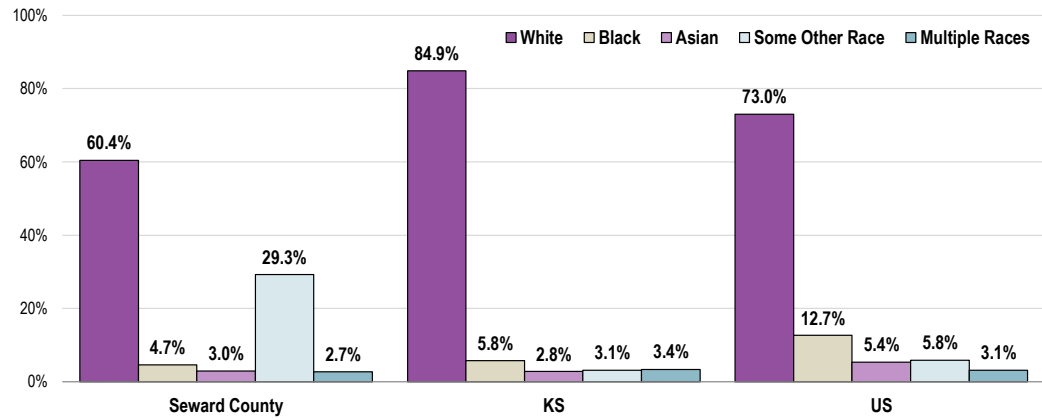
Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Retrieved August 2019 from CARES Engagement Network at https://engagementnetwork.org.

Ethnicity

A majority (59.6%) of Seward County residents are Hispanic or Latino.

- **BENCHMARK**: The proportion of Hispanic residents in the county is <u>much</u> higher than found across Kansas and the US.

Hispanic Population
(2013-2017)
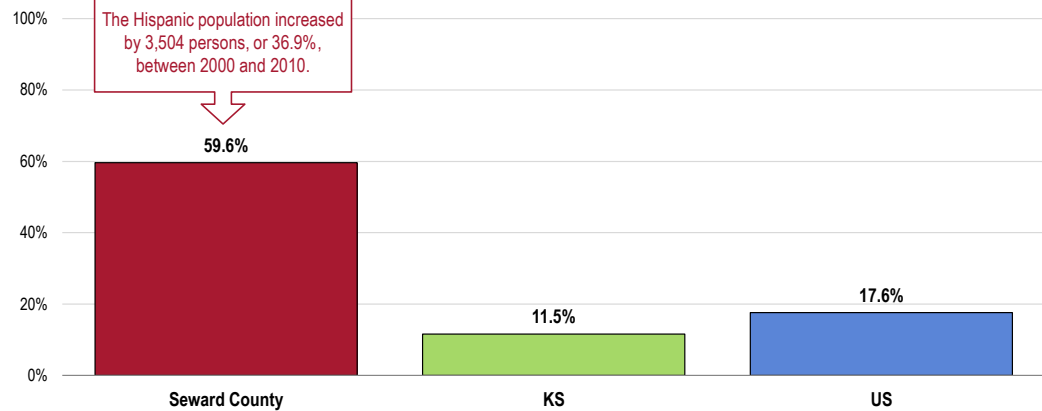
The Hispanic population increased by 3,504 persons, or 36.9%, between 2000 and 2010.

Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Retrieved August 2019 from CARES Engagement Network at https://engagementnetwork.org.

Notes:
- Origin can be viewed as the heritage, nationality group, lineage, or country of birth of the person or the person's parents or ancestors before their arrival in the United States. People who identify their origin as Hispanic, Latino, or Spanish may be of any race.

Linguistic Isolation

A total of 15.7% of the Seward County population age 5 and older live in a home in which <u>no</u> person age 14 or older is proficient in English (speaking only English or speaking English "very well").

- **BENCHMARK**: Significantly higher than state and national proportions.

Linguistically Isolated Population
(2013-2017)
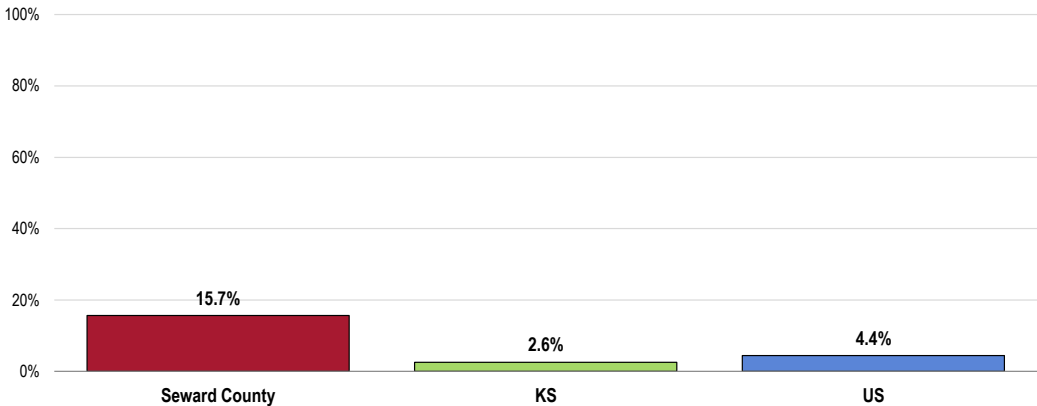
Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Retrieved August 2019 from CARES Engagement Network at https://engagementnetwork.org.

Notes:
- This indicator reports the percentage of the population age 5+ who live in a home in which no person age 14+ speaks only English, or in which no person age 14+ speak a non-English language and speak English "very well."

Social Determinants of Health

About Social Determinants

Health starts in our homes, schools, workplaces, neighborhoods, and communities. We know that taking care of ourselves by eating well and staying active, not smoking, getting the recommended immunizations and screening tests, and seeing a doctor when we are sick all influence our health. Our health is also determined in part by access to social and economic opportunities; the resources and supports available in our homes, neighborhoods, and communities; the quality of our schooling; the safety of our workplaces; the cleanliness of our water, food, and air; and the nature of our social interactions and relationships. The conditions in which we live explain in part why some Americans are healthier than others and why Americans more generally are not as healthy as they could be.

— Healthy People 2020 (www.healthypeople.gov)

Poverty

The latest census estimate shows 18.8% of the Seward County total population living below the federal poverty level.

- **BENCHMARK**: Worse than statewide and national findings.

Among just children (ages 0 to 17), this percentage in Seward County is 27.2% (representing almost 2,000 children).

- **BENCHMARK**: Worse than statewide and national findings.
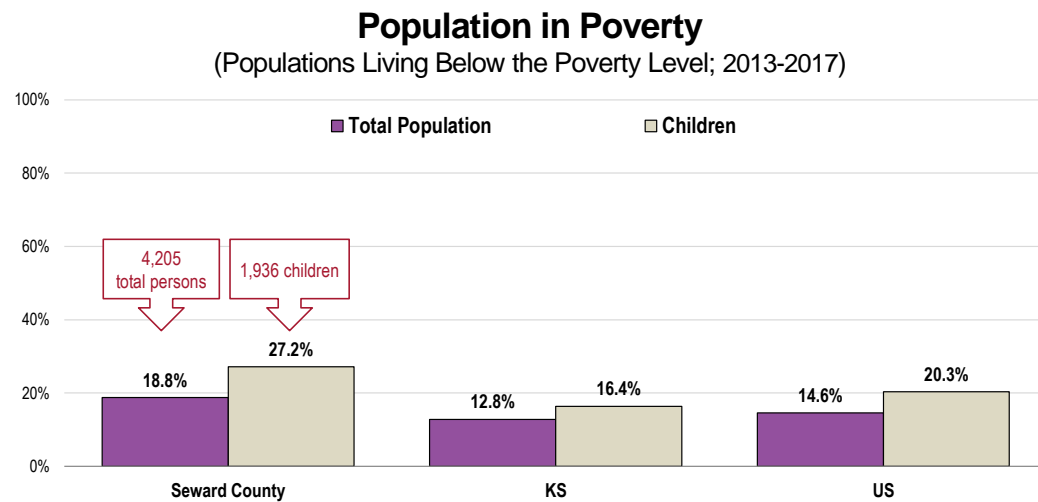
Population in Poverty
(Populations Living Below the Poverty Level; 2013-2017)

Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Retrieved August 2019 from CARES Engagement Network at https://engagementnetwork.org.

Notes:
- Poverty is considered a key driver of health status. This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

The following maps highlight concentrations of persons living below the federal poverty level.

Map Legend

Population Below the Poverty Level, Percent by Tract, ACS 2013-17

Over 20.0%
15.1 - 20.0%
10.1 - 15.0%
Under 10.1%
No Data or Data Suppressed

Report Location, County

https://engagementnetwork.org/map-room/, 6/24/2019

Map Legend

Population Below the Poverty Level, Children (Age 0-17), Percent by Tract, ACS 2013-17

Over 30.0%
22.6 - 30.0%
15.1 - 22.5%
Under 15.1%
No Population Age 0-17 Reported
No Data or Data Suppressed

Report Location, County

https://engagementnetwork.org/map-room/, 6/24/2019

Education

Among the Seward County population age 25 and older, an estimated 32.8% (over 4,300 people) do not have a high school education.

- **BENCHMARK**: Much higher than found across Kansas and the US.

Population With No High School Diploma
(Population Age 25+ Without a High School Diploma or Equivalent, 2013-2017)
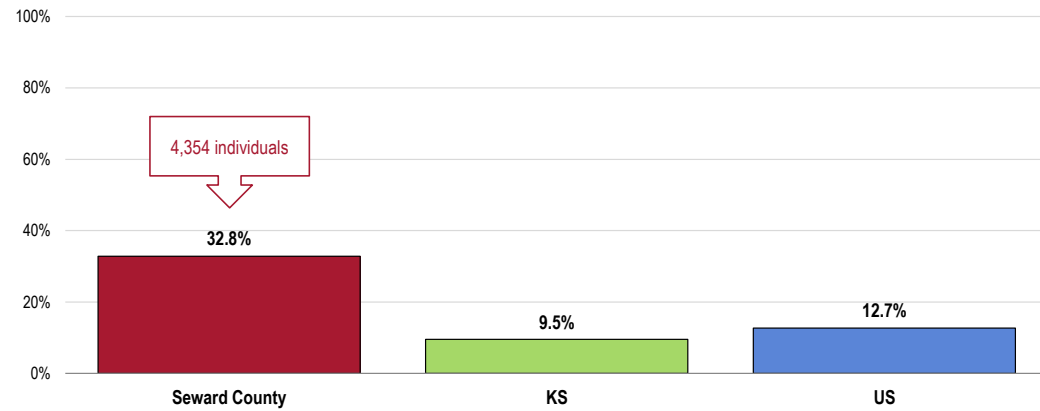
4,354 individuals

	Seward County	KS	US
	32.8%	9.5%	12.7%

Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Retrieved August 2019 from CARES Engagement Network at https://engagementnetwork.org.

Notes:
- This indicator is relevant because educational attainment is linked to positive health outcomes.

Map Legend — Population with No High School Diploma (Age 25+), Percent by Tract, ACS 2013-17
- Over 21.0%
- 16.1 - 21.0%
- 11.1 - 16.0%
- Under 11.1%
- No Data or Data Suppressed

Report Location, County

https://engagementnetwork.org/map-room/, 6/24/2019
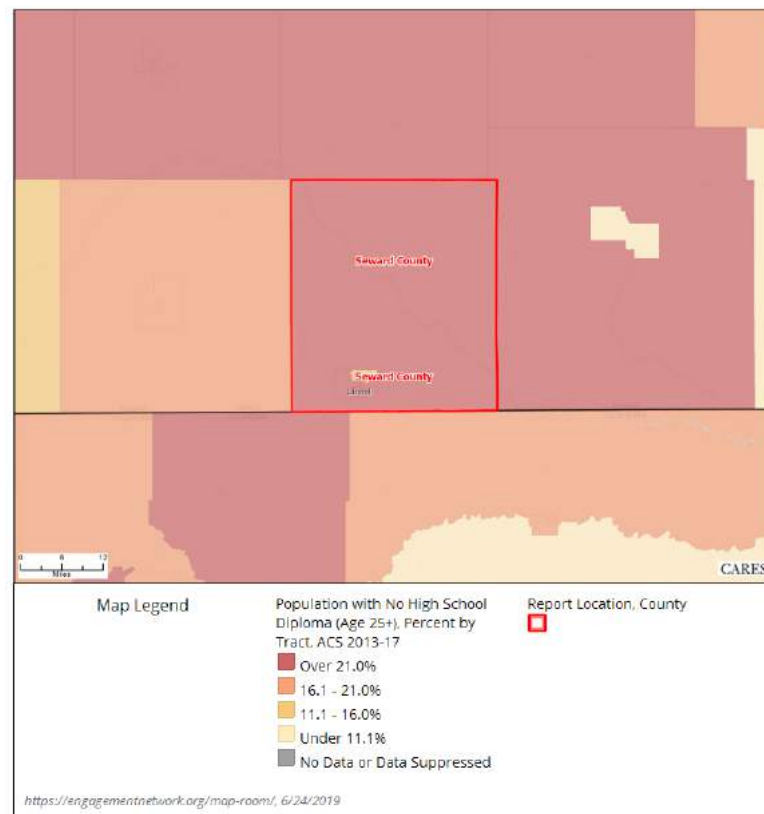
Employment

According to data derived from the US Department of Labor, the unemployment rate in Seward County as of 2017 was 3.5%.

- **BENCHMARK**: Significantly better than the US unemployment rate.

Unemployment Rate
(Percent of Non-Institutionalized Population Age 16+ Unemployed, Not Seasonally-Adjusted)
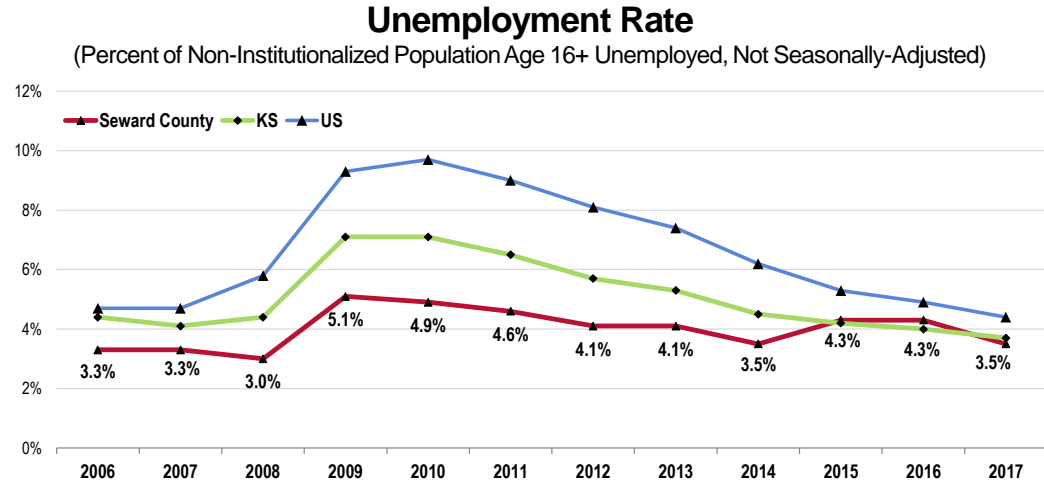
Sources:
- US Department of Labor, Bureau of Labor Statistics.
- Retrieved August 2019 from CARES Engagement Network at https://engagementnetwork.org.

Notes:
- This indicator 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.

Housing Insecurity

Most surveyed adults rarely, if ever, worry about the cost of housing.

Frequency of Worry or Stress
Over Paying Rent/Mortgage in the Past Year
(Seward County, 2019)
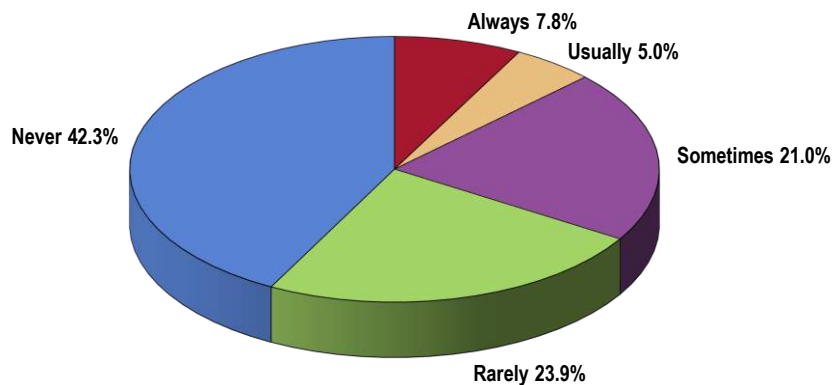
Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 71]

Notes:
- Asked of all respondents.

However, a considerable share (33.7%) report that they were "sometimes," "usually," or "always" worried or stressed about having enough money to pay their rent or mortgage in the past year.

- **DISPARITY**: Women, adults younger than 60, those with lower incomes and Hispanic residents are more likely to worry about housing costs.

"Always/Usually/Sometimes" Worried About Paying Rent/Mortgage in the Past Year
(Seward County, 2019)

Category	Value
Men	19.8%
Women	47.8%
18 to 39	43.5%
40 to 59	33.2%
60+	13.0%
Low Income	47.1%
Mid/High Income	20.8%
White	18.8%
Hispanic	45.9%
Seward County	33.7%
US	30.8%
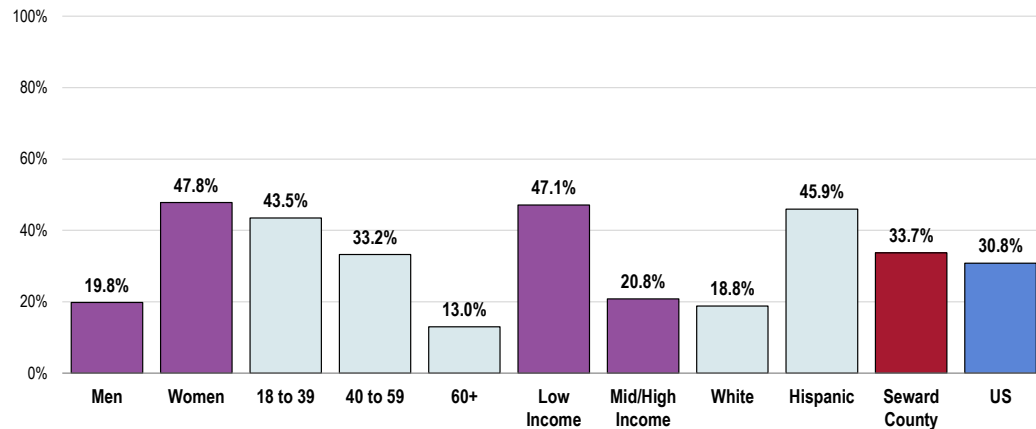
Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 196]
- 2017 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Food Access

Low Food Access

US Department of Agriculture data show that 7.4% of the Seward County population (representing almost 1,700 residents) have low food access, meaning that they do not live near a supermarket or large grocery store.

- **BENCHMARK**: More favorable than found statewide and nationally.

Population With Low Food Access
(Percent of Population That Is Far From a Supermarket or Large Grocery Store, 2015)
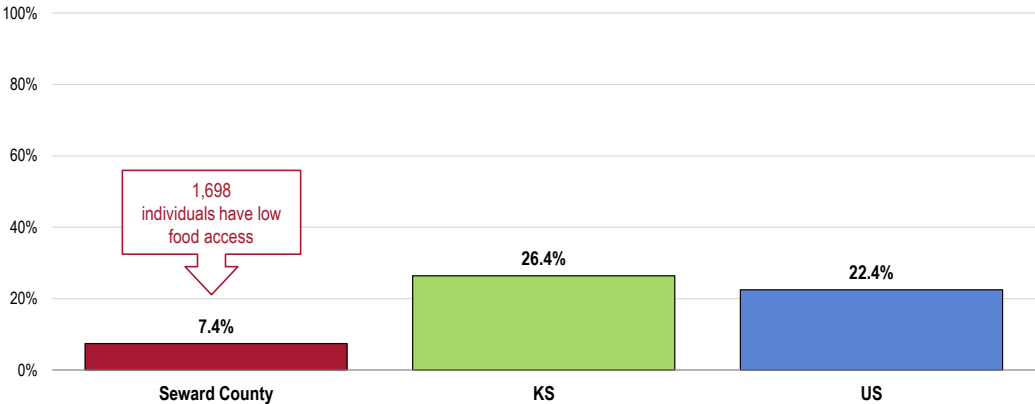
Sources: ● US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas (FARA).
● Retrieved August 2019 from CARES Engagement Network at https://engagementnetwork.org.
Notes: ● This indicator reports the percentage of the population with low food access. Low food access is defined as living more than ½ mile from the nearest supermarket, supercenter, or large grocery store. This indicator is relevant because it highlights populations and geographies facing food insecurity.
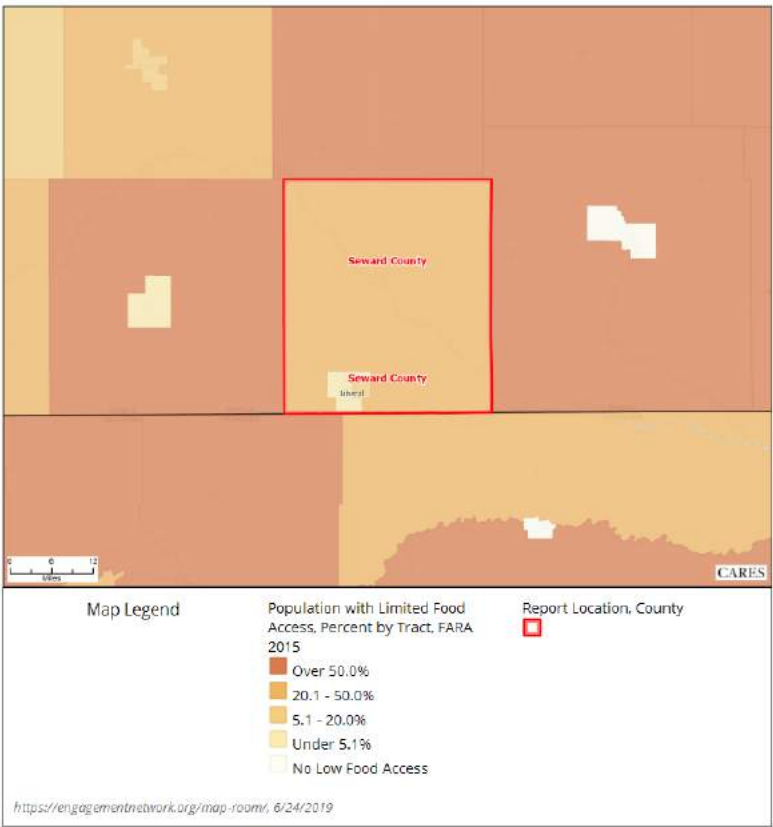
Difficulty Accessing Fresh Produce

Most Seward County adults report little or no difficulty buying fresh produce at a price they can afford.

Level of Difficulty Finding Fresh Produce at an Affordable Price
(Seward County, 2019)
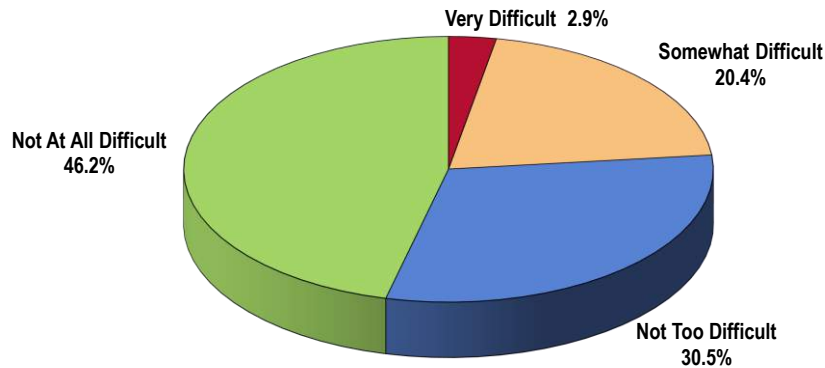
Sources: ● 2019 PRC Community Health Survey, PRC, Inc. [Item 86]
Notes: ● Asked of all respondents.

However, 23.3% of Seward County adults find it "very" or "somewhat" difficult to access affordable fresh fruits and vegetables.

● **DISPARITY**: Significantly higher among lower-income residents.

Find It "Very" or "Somewhat" Difficult to Buy Affordable Fresh Produce
(Seward County, 2019)
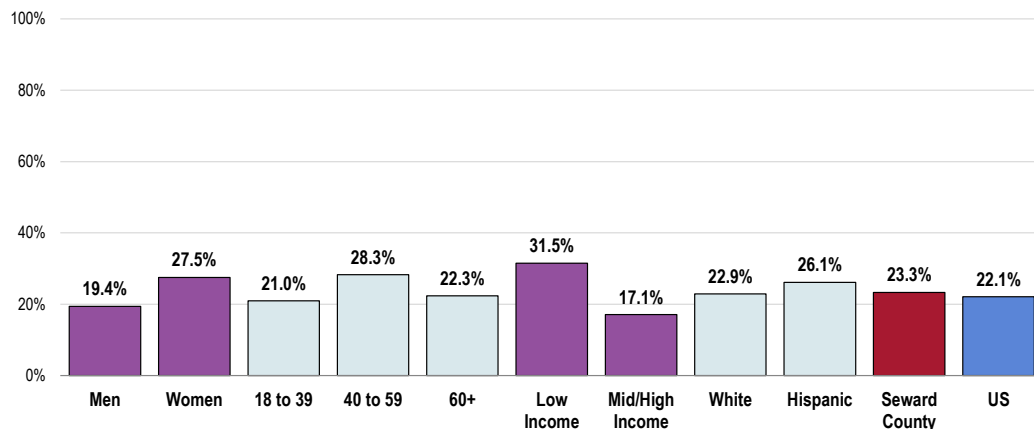
Sources: ● 2019 PRC Community Health Survey, PRC, Inc. [Item 189]
● 2017 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Food Insecurity

Overall, 38.1% of community residents are determined to be "food insecure," having run out of food in the past year and/or been worried about running out of food.

- **BENCHMARK**: Less favorable than found across the US.
- **DISPARITY**: Food insecurity is higher among: women; adults under age 60; lower-income households; and Hispanic residents.

Surveyed adults were asked:

"Now I am going to read two statements that people have made about their food situation. Please tell me whether each statement was "Often True," "Sometimes True," or "Never True" for you in the past 12 months:

- *I worried about whether our food would run out before we got money to buy more.*
- *The food that we bought just did not last, and we did not have money to get more."*

Those answering "Often" or "Sometimes True" for either statement are considered to be food insecure.

Food Insecurity
(Seward County, 2019)

Bar chart values: Men 29.0%; Women 47.9%; 18 to 39 39.7%; 40 to 59 47.4%; 60+ 24.5%; Low Income 62.4%; Mid/High Income 23.5%; White 22.9%; Hispanic 49.9%; Seward County 38.1%; US 27.9%
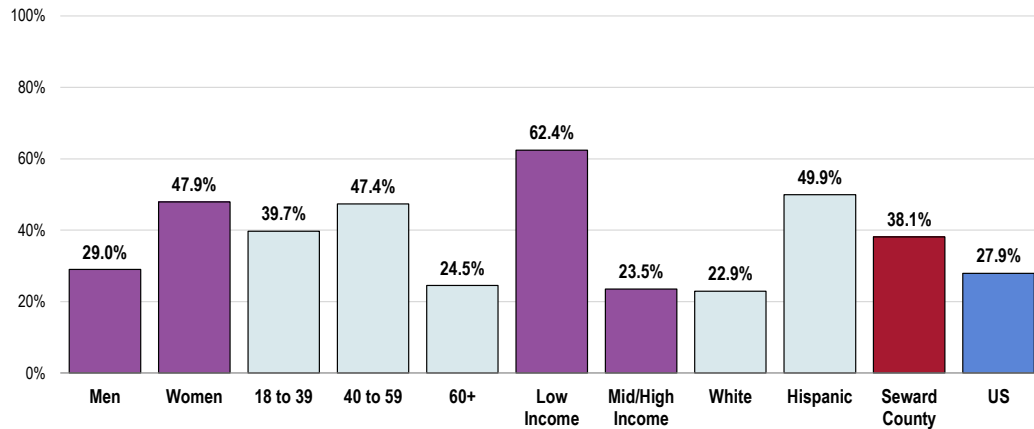
Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 149]
- 2017 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- Includes adults who A) ran out of food at least once in the past year and/or B) worried about running out of food in the past year.

Health Literacy

Most surveyed adults in Seward County are found to have a moderate level of health literacy.

Low health literacy is defined as those respondents who "Seldom/Never" find written or spoken health information easy to understand, and/or who "Always/Nearly Always" need help reading health information, and/or who are "Not At All Confident" in filling out health forms.

Level of Health Literacy
(Seward County, 2019)

Medium 62.9%

High 13.4%

Low 23.7%
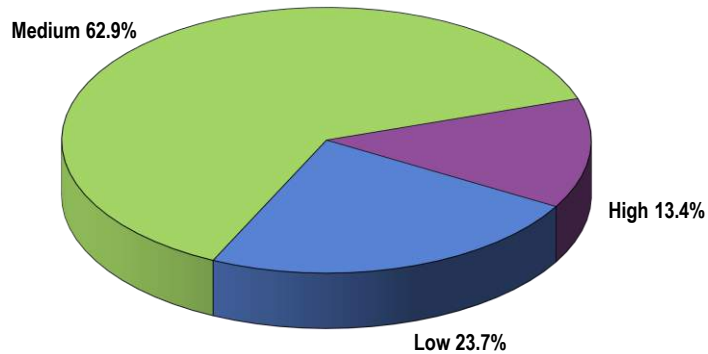
Sources: ● 2019 PRC Community Health Survey, PRC, Inc. [Item 172]
Notes: ● Asked of all respondents.
● Respondents with low health literacy are those who "seldom/never" find written or spoken health information easy to understand, and/or who "always/nearly always" need help reading health information, and/or who are "not at all confident" in filling out health forms.

A total of 23.7% are determined to have low health literacy.

- **DISPARITY**: Adults age 40 and older and those with lower incomes are more likely to report low health literacy.

Low Health Literacy
(Seward County, 2019)

Men	27.2%
Women	20.0%
18 to 39	13.7%
40 to 59	28.9%
60+	37.6%
Low Income	29.8%
Mid/High Income	13.7%
White	18.8%
Hispanic	23.3%
Seward County	23.7%
US	23.3%
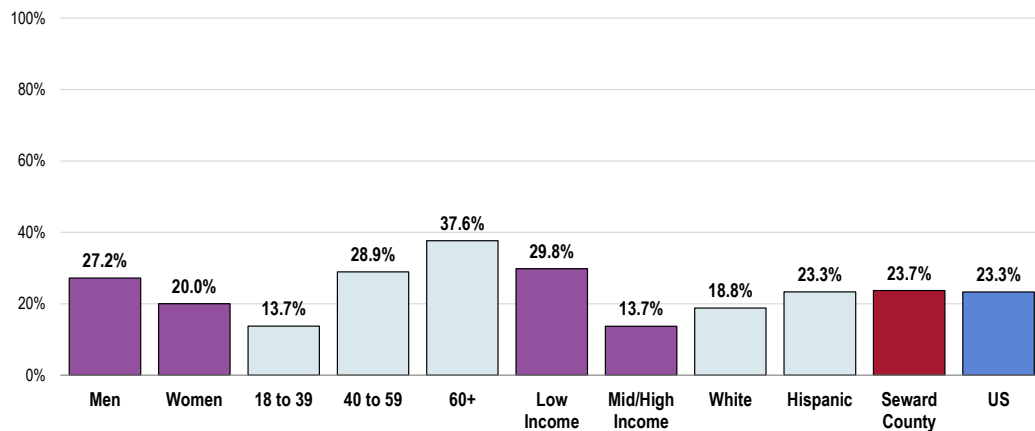
Sources: ● 2019 PRC Community Health Survey, PRC, Inc. [Item 172]
● 2017 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
● Respondents with low health literacy are those who "seldom/never" find written or spoken health information easy to understand, and/or who "always/nearly always" need help reading health information, and/or who are "not at all confident" in filling out health forms.

General Health Status

Overall Health Status

The initial inquiry of the PRC Community Health Survey asked respondents the following:

"Would you say that in general your health is: Excellent, Very Good, Good, Fair, or Poor?"

Most Seward County residents rate their overall health favorably (responding "excellent," "very good," or "good").

Self-Reported Health Status
(Seward County, 2019)
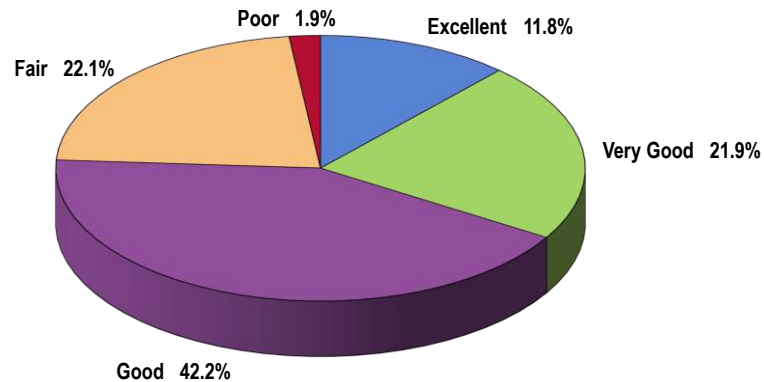
Poor 1.9%
Excellent 11.8%
Fair 22.1%
Very Good 21.9%
Good 42.2%

Sources: ●   2019 PRC Community Health Survey, PRC, Inc. [Item 5]
Notes: ●   Asked of all respondents.

However, 24.0% of Seward County adults believe that their overall health is "fair" or "poor."

- **BENCHMARK**: Less favorable than found statewide.
- **DISPARITY**: Men, lower-income adults and Hispanic residents are more likely to report "fair" or "poor" health.

Experience "Fair" or "Poor" Overall Health

	Seward County	KS	US
	24.0%	16.7%	18.1%
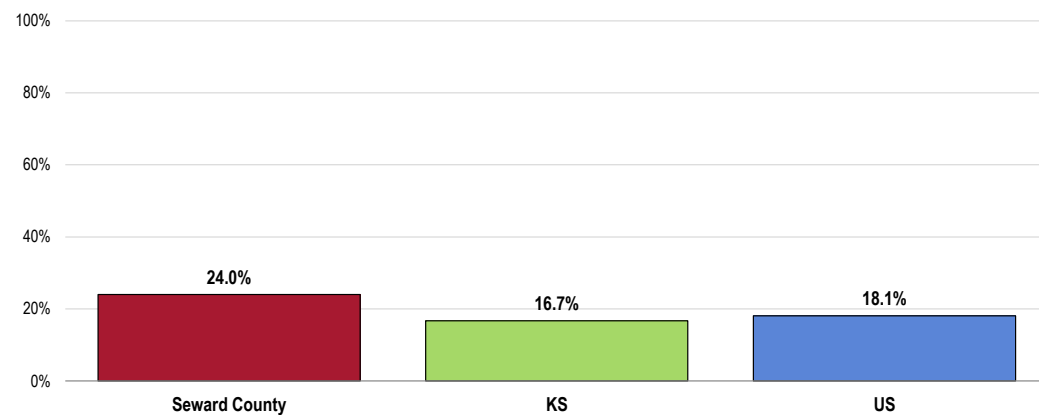
Sources: ●   2019 PRC Community Health Survey, PRC, Inc. [Item 5]
            ●   Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2017 Kansas data.
            ●   2017 PRC National Health Survey, PRC, Inc.
Notes: ●   Asked of all respondents.

Experience "Fair" or "Poor" Overall Health
(Seward County, 2019)
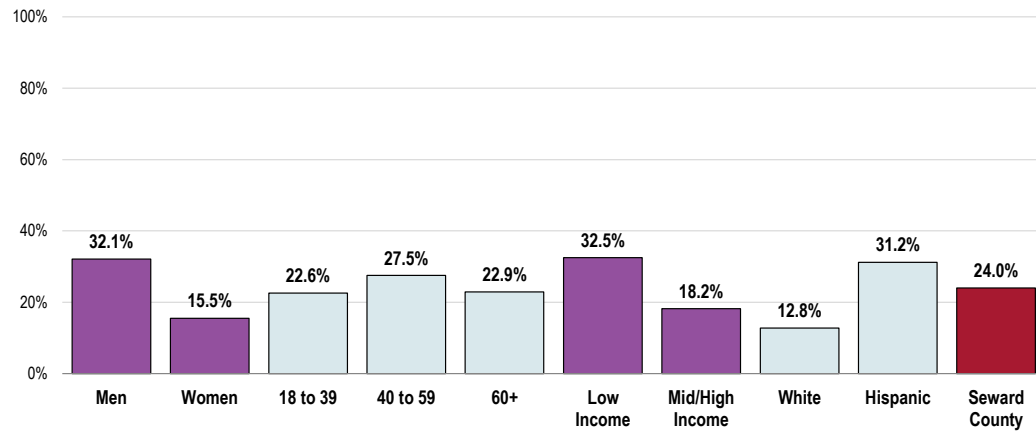
Men	32.1%
Women	15.5%
18 to 39	22.6%
40 to 59	27.5%
60+	22.9%
Low Income	32.5%
Mid/High Income	18.2%
White	12.8%
Hispanic	31.2%
Seward County	24.0%

Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 5]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Mental Health

About Mental Health & Mental Disorders

Mental health is a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with challenges. Mental health is essential to personal well-being, family and interpersonal relationships, and the ability to contribute to community or society. Mental disorders are health conditions that are characterized by alterations in thinking, mood, and/or behavior that are associated with distress and/or impaired functioning. Mental disorders contribute to a host of problems that may include disability, pain, or death. Mental illness is the term that refers collectively to all diagnosable mental disorders. Mental disorders are among the most common causes of disability. The resulting disease burden of mental illness is among the highest of all diseases.

Mental health and physical health are closely connected. Mental health plays a major role in people's ability to maintain good physical health. Mental illnesses, such as depression and anxiety, affect people's ability to participate in health-promoting behaviors. In turn, problems with physical health, such as chronic diseases, can have a serious impact on mental health and decrease a person's ability to participate in treatment and recovery.

The existing model for understanding mental health and mental disorders emphasizes the interaction of social, environmental, and genetic factors throughout the lifespan. In behavioral health, researchers identify: **risk factors**, which predispose individuals to mental illness; and **protective factors**, which protect them from developing mental disorders. Researchers now know that the prevention of mental, emotional, and behavioral (MEB) disorders is inherently interdisciplinary and draws on a variety of different strategies. Over the past 20 years, research on the prevention of mental disorders has progressed. The major areas of progress include evidence that:

- MEB disorders are common and begin early in life.
- The greatest opportunity for prevention is among young people.
- There are multiyear effects of multiple preventive interventions on reducing substance abuse, conduct disorder, antisocial behavior, aggression, and child maltreatment.
- The incidence of depression among pregnant women and adolescents can be reduced.
- School-based violence prevention can reduce the base rate of aggressive problems in an average school by 25 to 33%.
- There are potential indicated preventive interventions for schizophrenia.
- Improving family functioning and positive parenting can have positive outcomes on mental health and can reduce poverty-related risk.
- School-based preventive interventions aimed at improving social and emotional outcomes can also improve academic outcomes.
- Interventions targeting families dealing with adversities, such as parental depression or divorce, can be effective in reducing risk for depression in children and increasing effective parenting.
- Some preventive interventions have benefits that exceed costs, with the available evidence strongest for early childhood interventions.
- Implementation is complex, and it is important that interventions be relevant to the target audiences.
- In addition to advancements in the prevention of mental disorders, there continues to be steady progress in treating mental disorders as new drugs and stronger evidence-based outcomes become available.

— Healthy People 2020 (www.healthypeople.gov)

Mental Health Status

"Now thinking about your mental health, which includes stress, depression, and problems with emotions, would you say that, in general, your mental health is: Excellent, Very Good, Good, Fair, or Poor?"

Most Seward County adults rate their overall mental health favorably ("excellent," "very good," or "good").

Self-Reported Mental Health Status
(Seward County, 2019)

Poor 3.8%
Fair 9.7%
Excellent 28.2%
Good 31.4%
Very Good 26.8%
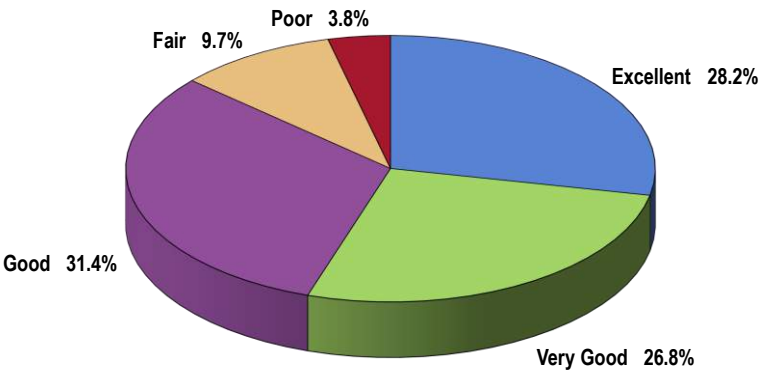
Sources: ● 2019 PRC Community Health Survey, PRC, Inc. [Item 99]
Notes: ● Asked of all respondents.

However, 13.5% believe that their overall mental health is "fair" or "poor."

Experience "Fair" or "Poor" Mental Health

	13.5%	13.0%
	Seward County	US
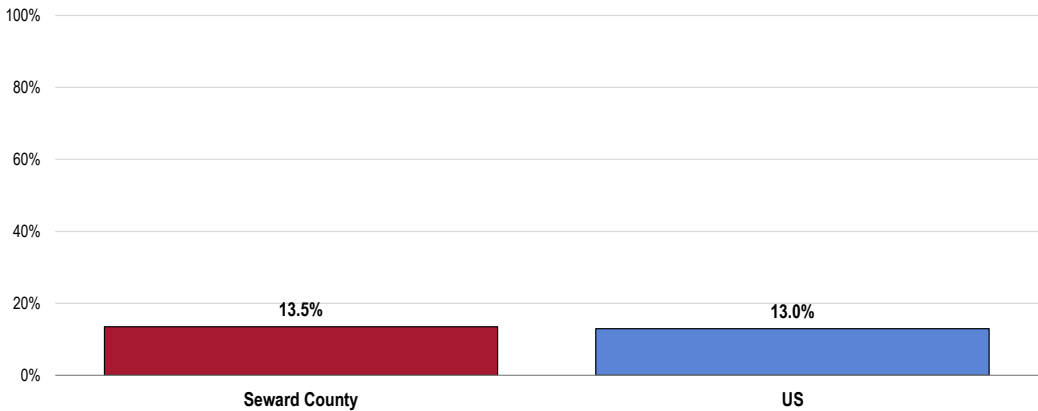
Sources: ● 2019 PRC Community Health Survey, PRC, Inc. [Item 99]
● 2017 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Depression

Diagnosed Depression

A total of 19.2% of Seward County adults have been diagnosed by a physician as having a depressive disorder (such as depression, major depression, dysthymia, or minor depression).

Have Been Diagnosed With a Depressive Disorder
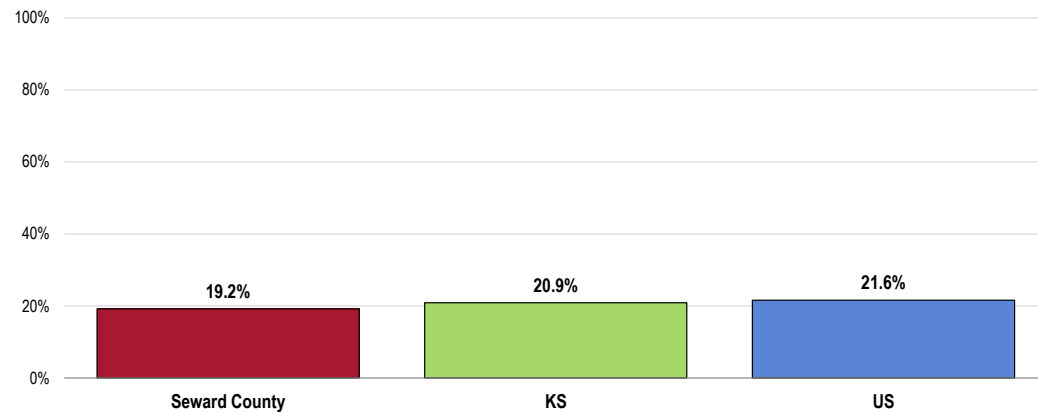
Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 102]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2017 Kansas data.
- 2017 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Depressive disorders include depression, major depression, dysthymia, or minor depression.

Symptoms of Chronic Depression

A total of 34.8% of Seward County adults have had two or more years in their lives when they felt depressed or sad on most days, although they may have felt okay sometimes (symptoms of chronic depression).

Have Experienced Symptoms of Chronic Depression
(Seward County, 2019)

Men	36.4%	
Women	32.9%	
18 to 39	33.0%	
40 to 59	36.3%	
60+	36.4%	
Low Income	40.9%	
Mid/High Income	31.5%	
White	29.0%	
Hispanic	33.3%	
Seward County	34.8%	
US	31.4%	

Sources: ● 2019 PRC Community Health Survey, PRC, Inc. [Item 100]
● 2017 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.
● Chronic depression includes periods of two or more years during which the respondent felt depressed or sad on most days, even if (s)he felt okay sometimes.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Stress

A majority of surveyed adults characterize most days as no more than "moderately" stressful.

Perceived Level of Stress On a Typical Day
(Seward County, 2019)

Extremely Stressful 4.0%
Very Stressful 6.8%
Not At All Stressful 19.1%
Moderately Stressful 35.9%
Not Very Stressful 34.2%

Sources: ● 2019 PRC Community Health Survey, PRC, Inc. [Item 101]
Notes: ● Asked of all respondents.

In contrast, 10.8% of Seward County adults feel that most days for them are "very" or "extremely" stressful.

- **BENCHMARK**: Higher among adults ages 40 to 59.

Perceive Most Days as "Extremely" or "Very" Stressful
(Seward County, 2019)

Men	Women	18 to 39	40 to 59	60+	Low Income	Mid/High Income	White	Hispanic	Seward County	US
13.0%	8.5%	9.6%	17.1%	6.2%	14.8%	10.8%	10.5%	10.2%	10.8%	13.4%
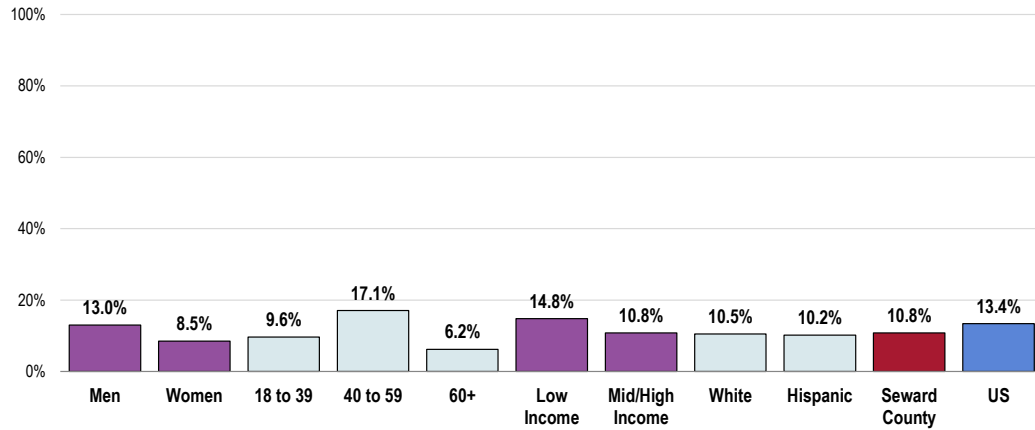
Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 101]
- 2017 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Suicide

Between 2008 and 2017, there was an annual average age-adjusted suicide rate of 12.8 deaths per 100,000 population in Seward County.

- **BENCHMARK**: Lower than the statewide rate but fails to satisfy the HP2020 objective.

Suicide: Age-Adjusted Mortality
(2008-2017 Annual Average Deaths per 100,000 Population)
Healthy People 2020 = 10.2 or Lower
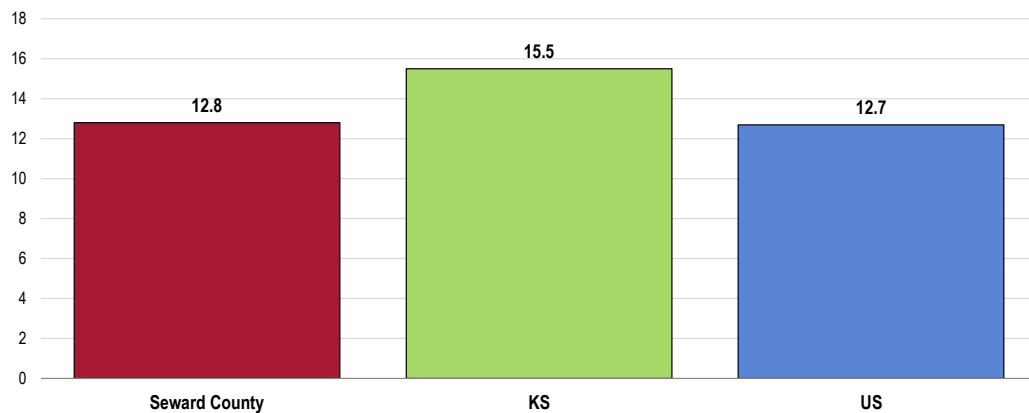
Seward County	KS	US
12.8	15.5	12.7

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2019.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MHMD-1]

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

COMMUNITY HEALTH NEEDS ASSESSMENT

Mental Health Treatment

Mental Health Providers

Here, "mental health providers" includes psychiatrists, psychologists, clinical social workers, and counsellors who specialize in mental health care.

In Seward County in 2017, there were 16 mental health providers, translating to a rate of 72.2 providers for every 100,000 population.

- **BENCHMARK**: Much less favorable than the statewide and US ratios.

Access to Mental Health Providers
(Number of Mental Health Providers per 100,000 Population, 2017)

Bar chart:
- Seward County: 72.2 (16 Mental Health Providers)
- KS: 192.9
- US: 202.8
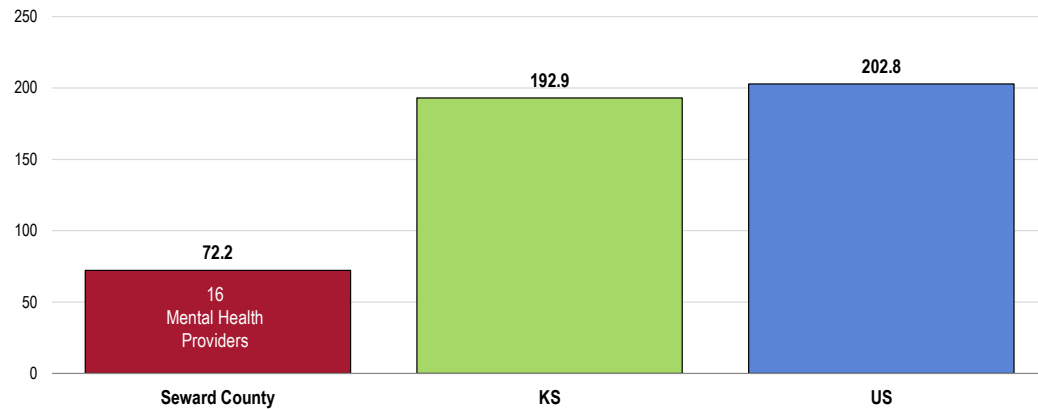
Sources:
- University of Wisconsin Population Health Institute, County Health Rankings.
- Retrieved August 2019 from CARES Engagement Network at https://engagementnetwork.org.

Notes:
- This indicator reports the rate of the county population to the number of mental health providers including psychiatrists, psychologists, clinical social workers, and counsellors that specialize in mental health care.

Currently Receiving Treatment

A total of 14.1% are currently taking medication or otherwise receiving treatment from a doctor or other health professional for some type of mental health condition or emotional problem.

Currently Receiving Mental Health Treatment

Note that 22.7% of Seward County adults have ever sought help for a mental or emotional problem.

- Seward County: 14.1%
- US: 13.9%
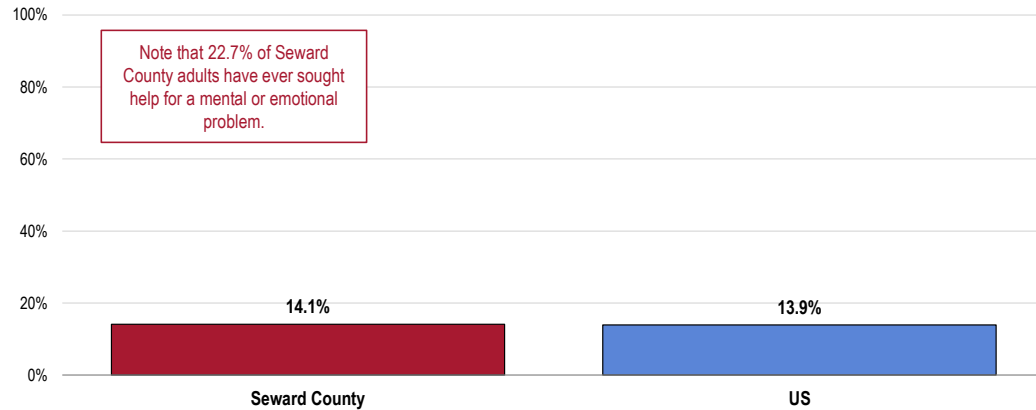
Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Items 103-104]
- 2017 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- "Treatment" can include taking medications for mental health.

Difficulty Accessing Mental Health Services

A total of 5.4% of Seward County adults report a time in the past year when they needed mental health services but were not able to get them.

- **DISPARITY**: Higher among women and lower-income residents.

Unable to Get Mental Health Services
When Needed in the Past Year
(Seward County, 2019)

Among the small sample of those reporting difficulties, cost and scheduling issues were predominant reasons given.

- Men: 1.4%
- Women: 9.8%
- 18 to 39: 7.7%
- 40 to 59: 5.0%
- 60+: 1.5%
- Low Income: 11.9%
- Mid/High Income: 2.6%
- White: 1.4%
- Hispanic: 6.1%
- Seward County: 5.4%
- US: 6.8%
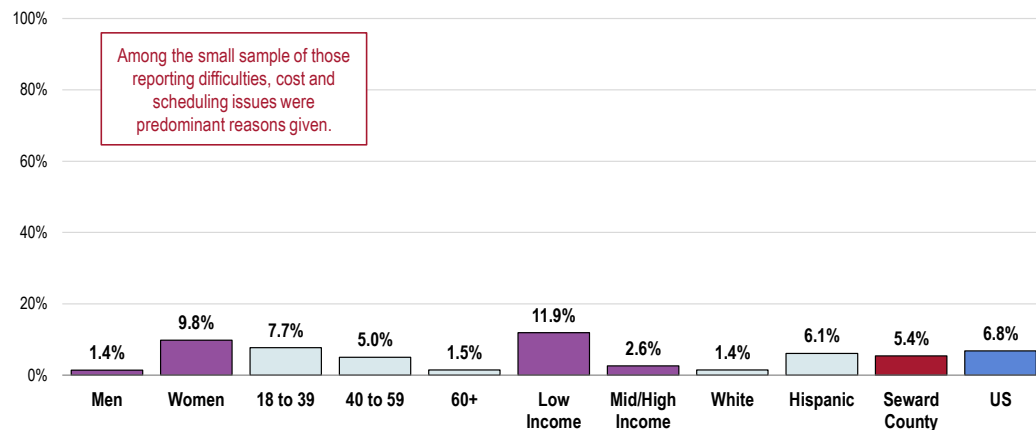
Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Items 105, 106]
- 2017 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Key Informant Input: Mental Health

The greatest share of key informants taking part in an online survey characterized *Mental Health* as a "major problem" in the community.

Perceptions of Mental Health
as a Problem in the Community
(Key Informants, 2019)

■ Major Problem	☐ Moderate Problem	■ Minor Problem	☐ No Problem At All

48.7%	28.2%	23.1%
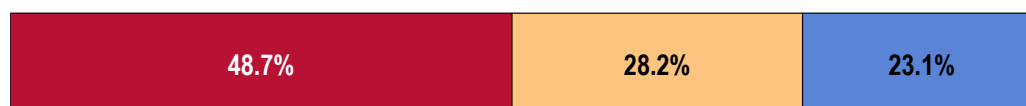
Sources: ● PRC Online Key Informant Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Access to Care/Services

A place to go when meds need to be regulated, and support for mental health. - Other Health Provider

Wait times to see mental health professionals. - Community Leader

Not knowing how to access support and having crisis support in our area. Students with significant needs are transferred to an out-of-town facility, causing more complexities for families. - Community Leader

Total lack of mental health care! As someone that works with the youth, I see the incredible need for both childhood mental health and the negative effects that poor adult mental health care can trigger. - Community Leader

Finding the resources to aid in mental health. - Social Services Provider

Limitations to resources for mental health. We live in a rural community in which accessibility is not always feasible. There is also a stigma we continue to overcome as a community, especially with farmers. - Public Health Representative

Mental health services in Liberal are not accessible. Our provider does not see patients without receiving full payments up front. - Community Leader

Access to services. - Community Leader

Lack of Providers

The lack of a psychiatrist who can manage the patients with issues that are too complex for a nurse practitioner to manage. - Physician

There are no mental health doctors that handle geriatric or major issues. - Other Health Provider

There are not enough providers to provide services for the people of this community and area. - Community Leader

Southwest Guidance Center is a joke, and any private psychologists won't return a phone call. - Community Leader

Woeful lack of mental health care providers, including that SWMC does not employ a psychiatrist. - Community Leader

Need more mental health care providers in our community. Need more providers that can provide ongoing therapy, especially to those with very low or no income. - Social Services Provider

Affordable Care/Services

Affordable access and short-term stay beds. - Community Leader

Awareness/Education

Many people do not understand how important it is to tend to their mental health. Or, others with mental health issues do not understand that is their struggle and they do not have others around them to help them to seek assistance. - Community Leader

Death, Disease & Chronic Conditions

Leading Causes of Death

Distribution of Deaths by Cause

Together, cancers and heart disease accounted for 4 of every 10 deaths in Seward County from 2013 to 2017.

Leading Causes of Death
(Seward County, 2013-2017)
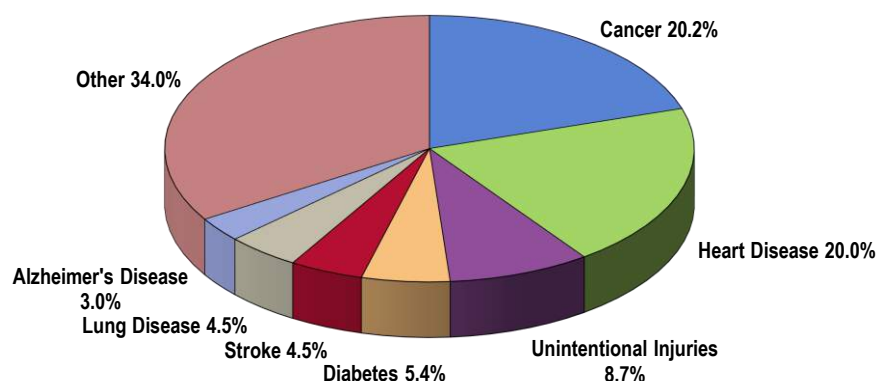
Age-Adjusted Death Rates for Selected Causes

About Age-Adjusted Death Rates

In order to compare mortality in the region with other localities (in this case, Kansas and the United States), it is necessary to look at rates of death — these are figures which represent the number of deaths in relation to the population size (such as deaths per 100,000 population, as is used here).

Furthermore, in order to compare localities without undue bias toward younger or older populations, the common convention is to adjust the data to some common baseline age distribution. Use of these "age-adjusted" rates provides the most valuable means of gauging mortality against benchmark data, as well as Healthy People 2020 objectives.

The following chart outlines 2008-2017 annual average age-adjusted death rates per 100,000 population for selected causes of death in Seward County.

Each of these is discussed in greater detail in subsequent sections of this report.

For infant mortality data, see *Birth Outcomes & Risks* in the **Births** section of this report.

Age-Adjusted Death Rates for Selected Causes
(Deaths per 100,000 Population)

	Seward County	Kansas	US	HP2020
Diseases of the Heart *	141.7	158.5	166.3	156.9 †
Malignant Neoplasms (Cancers) *	133.1	160.1	155.6	161.4
Unintentional Injuries *	60.4	47.4	46.7	36.4
Diabetes *	41.9	22.2	21.3	20.5*
Cerebrovascular Disease (Stroke) **	34.7	38.4	37.1	34.8
Chronic Lower Respiratory Disease (CLRD) **	32.7	49.8	41.1	n/a
Alzheimer's Disease ***	19.7	23.5	26.5	n/a
Kidney Disease **	17.5	16.1	13.2	n/a
Pneumonia/Influenza ***	15.5	18.0	15.3	n/a
Intentional Self-Harm (Suicide) ***	12.8	15.5	12.7	10.2

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2019.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov.

Note:
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population and coded using ICD-10 codes.
- †The Healthy People 2020 Heart Disease target is adjusted to account for all diseases of the heart; the Diabetes target is adjusted to reflect only diabetes mellitus-coded deaths.
- Asterisks denote the year ranges of the mortality data for each cause: * 2015-2017; ** 2013-2017; *** 2008-2017.

Cardiovascular Disease

About Heart Disease & Stroke

Heart disease is the leading cause of death in the United States, with stroke following as the third leading cause. Together, heart disease and stroke are among the most widespread and costly health problems facing the nation today, accounting for more than $500 billion in healthcare expenditures and related expenses in 2010 alone. Fortunately, they are also among the most preventable.

The leading modifiable (controllable) risk factors for heart disease and stroke are:

- High blood pressure
- High cholesterol
- Cigarette smoking
- Diabetes
- Poor diet and physical inactivity
- Overweight and obesity

The risk of Americans developing and dying from cardiovascular disease would be substantially reduced if major improvements were made across the US population in diet and physical activity, control of high blood pressure and cholesterol, smoking cessation, and appropriate aspirin use.

The burden of cardiovascular disease is disproportionately distributed across the population. There are significant disparities in the following based on gender, age, race/ethnicity, geographic area, and socioeconomic status:

- Prevalence of risk factors
- Access to treatment
- Appropriate and timely treatment
- Treatment outcomes
- Mortality

Disease does not occur in isolation, and cardiovascular disease is no exception. Cardiovascular health is significantly influenced by the physical, social, and political environment, including: maternal and child health; access to educational opportunities; availability of healthy foods, physical education, and extracurricular activities in schools; opportunities for physical activity, including access to safe and walkable communities; access to healthy foods; quality of working conditions and worksite health; availability of community support and resources; and access to affordable, quality healthcare.

— Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Heart Disease & Stroke Deaths

Heart Disease Deaths

The greatest share of cardiovascular deaths is attributed to heart disease.

Between 2015 and 2017, there was an annual average age-adjusted heart disease mortality rate of 141.7 deaths per 100,000 population in Seward County.

- **BENCHMARK**: More favorable than the national rate.

Heart Disease: Age-Adjusted Mortality
(2015-2017 Annual Average Deaths per 100,000 Population)
Healthy People 2020 = 156.9 or Lower (Adjusted)

Chart: Seward County 141.7, KS 158.5, US 166.3

Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2019.
• US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-2]
Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
• Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
• The Healthy People 2020 Heart Disease target is adjusted to account for all diseases of the heart.

Stroke Deaths

Between 2013 and 2017, there was an annual average age-adjusted stroke mortality rate of 34.7 deaths per 100,000 population in Seward County.

Stroke: Age-Adjusted Mortality
(2013-2017 Annual Average Deaths per 100,000 Population)
Healthy People 2020 = 34.8 or Lower
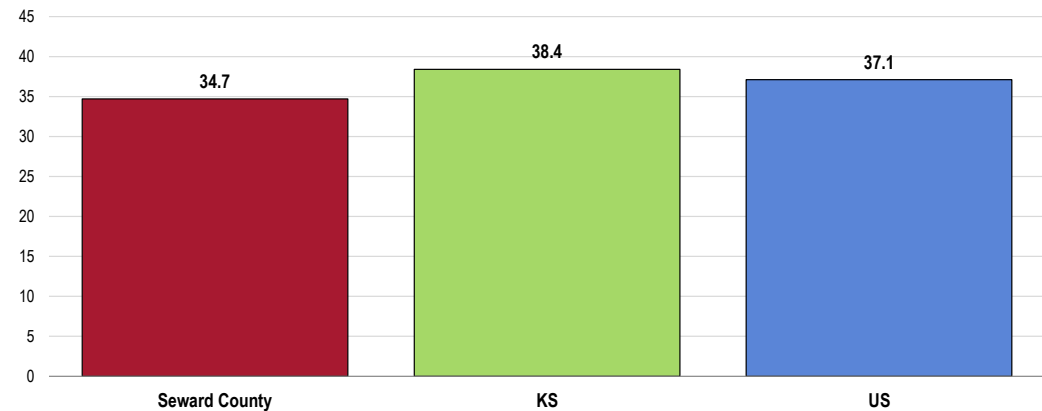
Chart: Seward County 34.7, KS 38.4, US 37.1

Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2019.
• US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-3]
Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
• Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Prevalence of Heart Disease & Stroke

Prevalence of Heart Disease

A total of 6.0% of surveyed adults report that they suffer from or have been diagnosed with heart disease, such as coronary heart disease, angina, or heart attack.

- **DISPARITY**: More prevalent among adults age 60 and older.

Prevalence of Heart Disease

Chart data:

Age group	
18 to 39	0.0%
40 to 59	3.3%
60+	20.8%

	Seward County	US
Prevalence	6.0%	8.0%
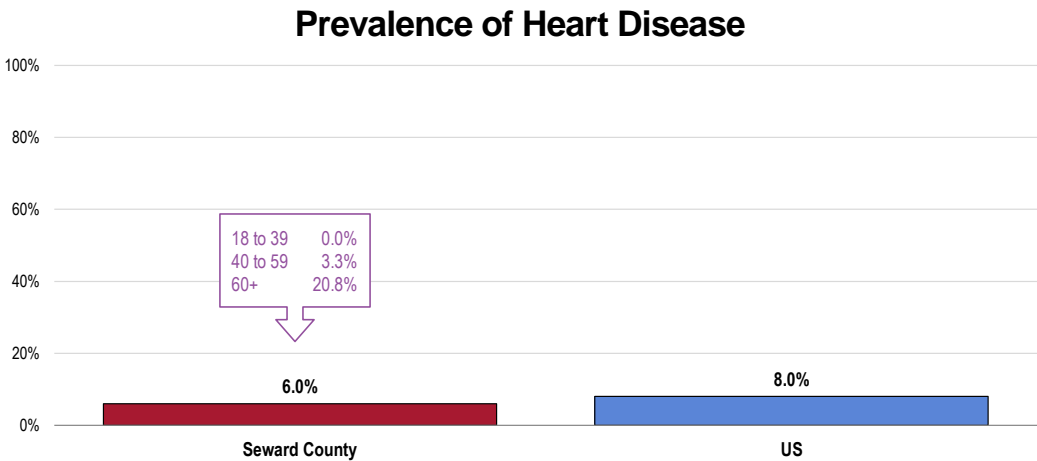
Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 128]
- 2017 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Includes diagnoses of heart attack, angina, or coronary heart disease.

Prevalence of Stroke

A total of 2.2% of surveyed adults report that they suffer from or have been diagnosed with cerebrovascular disease (a stroke).

- **BENCHMARK**: More favorable than the US prevalence.
- **DISPARITY**: Note the correlation with age.

Prevalence of Stroke

	18 to 39	0.0%
	40 to 59	2.3%
	60+	6.7%

- Seward County: 2.2%
- KS: 2.9%
- US: 4.7%
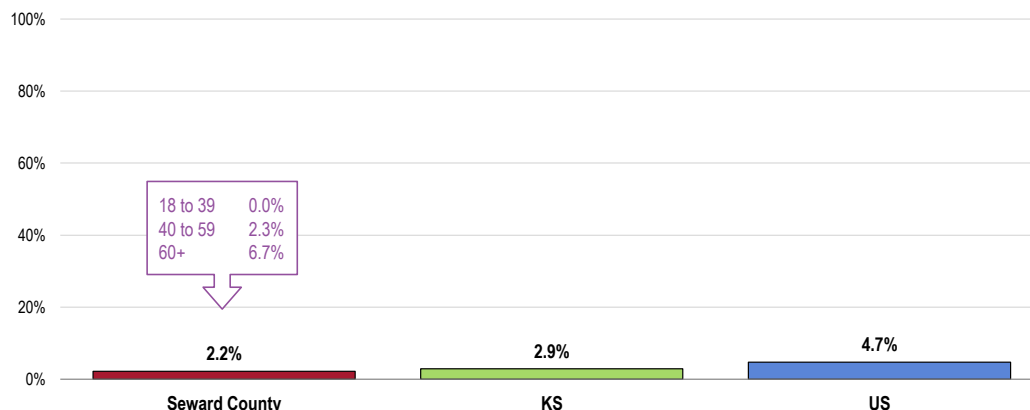
Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 33]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2017 Kansas data.
- 2017 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Cardiovascular Risk Factors

About Cardiovascular Risk

Controlling risk factors for heart disease and stroke remains a challenge. High blood pressure and cholesterol are still major contributors to the national epidemic of cardiovascular disease. High blood pressure affects approximately 1 in 3 adults in the United States, and more than half of Americans with high blood pressure do not have it under control. High sodium intake is a known risk factor for high blood pressure and heart disease, yet about 90% of American adults exceed their recommendation for sodium intake.

— Healthy People 2020 (www.healthypeople.gov)

Blood Pressure & Cholesterol

A total of 35.9% of Seward County adults have been told at some point that their <u>blood pressure</u> was high.

- **BENCHMARK**: Fails to satisfy the HP2020 target.

A total of 24.3% of adults have been told by a health professional that their <u>cholesterol level</u> was high.

- **BENCHMARK**: Better than the national prevalence but fails to satisfy the HP2020 objective.

**Prevalence of
High Blood Pressure**
Healthy People 2020 = 26.9% or Lower

Note that 89.9% of these adults are taking action (medication, diet, exercise) in order to control their condition.

35.9%	32.8%	37.0%
Seward County	KS	US
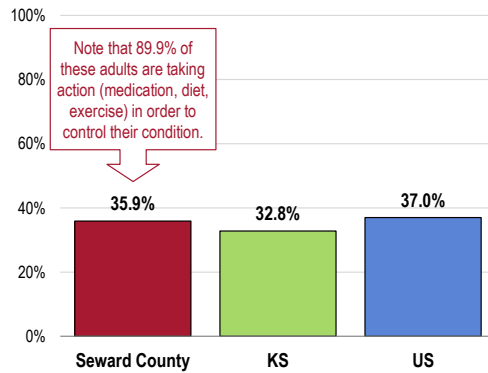
**Prevalence of
High Blood Cholesterol**
Healthy People 2020 = 13.5% or Lower

Note that 89.1% of these adults are taking action (medication, diet, exercise) in order to control their condition.

24.3%	36.2%
Seward County	US
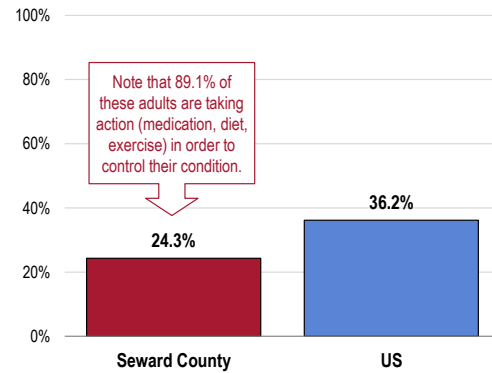
Sources: ● 2019 PRC Community Health Survey, PRC, Inc. [Items 41, 44, 129, 130]
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2017 Kansas data.
● 2017 PRC National Health Survey, PRC, Inc.
● US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objectives HDS-5.1, HDS-7]
Notes: ● Asked of all respondents.

Total Cardiovascular Risk

About Cardiovascular Risk

Individual level risk factors which put people at increased risk for cardiovascular diseases include:

- High Blood Pressure
- High Blood Cholesterol
- Tobacco Use
- Physical Inactivity
- Poor Nutrition
- Overweight/Obesity
- Diabetes

— National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

Three health-related behaviors contribute markedly to cardiovascular disease:

Poor nutrition. People who are overweight have a higher risk for cardiovascular disease. Almost 60% of adults are overweight or obese. To maintain a proper body weight, experts recommend a well-balanced diet which is low in fat and high in fiber, accompanied by regular exercise.

Lack of physical activity. People who are not physically active have twice the risk for heart disease of those who are active. More than half of adults do not achieve recommended levels of physical activity.

Tobacco use. Smokers have twice the risk for heart attack of nonsmokers. Nearly one-fifth of all deaths from cardiovascular disease, or about 190,000 deaths a year nationally, are smoking-related. Every day, more than 3,000 young people become daily smokers in the US.

Modifying these behaviors is critical both for preventing and for controlling cardiovascular disease. Other steps that adults who have cardiovascular disease should take to reduce their risk of death and disability include adhering to treatment for high blood pressure and cholesterol, using aspirin as appropriate, and learning the symptoms of heart attack and stroke.

— National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

A total of 87.9% of Seward County adults report one or more cardiovascular risk factors, such as being overweight, smoking cigarettes, being physically inactive, or having high blood pressure or cholesterol.

- **DISPARITY**: Higher among adults age 60+ and non-Hispanic White residents.

Present One or More Cardiovascular Risks or Behaviors
(Seward County, 2019)
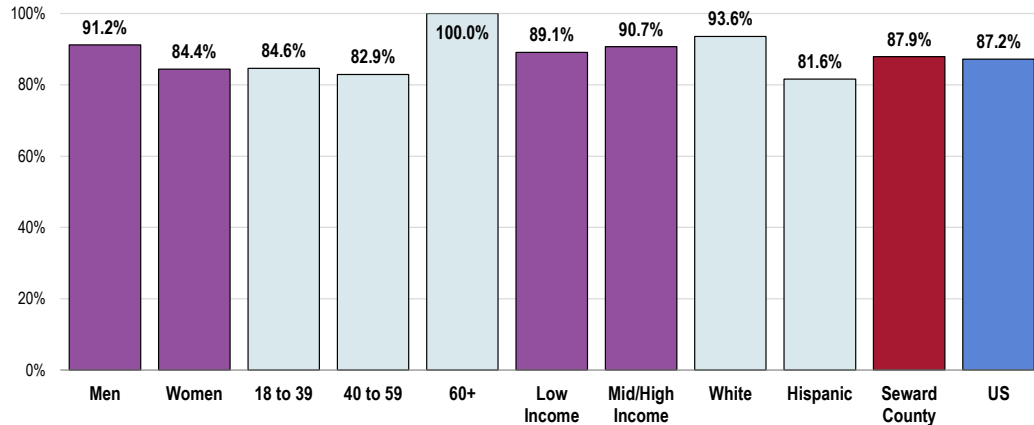
Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 131]
- 2017 PRC National Health Survey, PRC, Inc.

Notes:
- Reflects all respondents.
- Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time physical activity; 2) regular/occasional cigarette smoking; 3) high blood pressure; 4) high blood cholesterol; and/or 5) being overweight/obese.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Key Informant Input: Heart Disease & Stroke

The greatest share of key informants taking part in an online survey characterized *Heart Disease & Stroke* as a "moderate problem" in the community.

Perceptions of Heart Disease and Stroke as a Problem in the Community
(Key Informants, 2019)
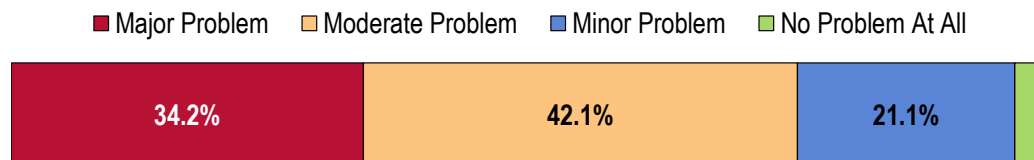
Sources:
- PRC Online Key Informant Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Access to Care/Services

Access to specialized treatment. - Community Leader

They can't get the treatment they require at the SWMC; they always end up going to Wichita. - Social Services Provider

There are too many people in our community who are flown out because we have no heart doctors or facility. - Community Leader

Leading Cause of Death

Because heart disease and stroke are the number one causes of death in our community, as they are in the rest of the country. - Community Leader

Contributing Factors

Many residents do not seek proper medical assistance or understand the importance of heart health and taking preventative measures to reduce heart disease and chances of having a stroke. - Community Leader

Doctors are four hours away. - Other Health Provider

Prevalence/Incidence

Large percentage of people experiencing this type of problem. - Community Leader

Cancer

About Cancer

Continued advances in cancer research, detection, and treatment have resulted in a decline in both incidence and death rates for all cancers. Among people who develop cancer, more than half will be alive in five years. Yet, cancer remains a leading cause of death in the United States, second only to heart disease.

Many cancers are preventable by reducing risk factors such as: use of tobacco products; physical inactivity and poor nutrition; obesity; and ultraviolet light exposure. Other cancers can be prevented by getting vaccinated against human papillomavirus and hepatitis B virus. In the past decade, overweight and obesity have emerged as new risk factors for developing certain cancers, including colorectal, breast, uterine corpus (endometrial), and kidney cancers. The impact of the current weight trends on cancer incidence will not be fully known for several decades. Continued focus on preventing weight gain will lead to lower rates of cancer and many chronic diseases.

Screening is effective in identifying some types of cancers (see US Preventive Services Task Force [USPSTF] recommendations), including:

- Breast cancer (using mammography)
- Cervical cancer (using Pap tests)
- Colorectal cancer (using fecal occult blood testing, sigmoidoscopy, or colonoscopy)

— Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Cancer Deaths

Between 2015 and 2017, there was an annual average age-adjusted cancer mortality rate of 133.1 deaths per 100,000 population in Seward County.

- **BENCHMARK**: Better than the Kansas and US rates.

Cancer: Age-Adjusted Mortality
(2015-2017 Annual Average Deaths per 100,000 Population)
Healthy People 2020 = 161.4 or Lower

	Seward County	KS	US
	133.1	160.1	155.6

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2019.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective C-1]

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Prevalence of Cancer

Skin Cancer

A total of 4.7% of surveyed Seward County adults report having been diagnosed with skin cancer.

- **BENCHMARK**: More favorable than the national prevalence.

Prevalence of Skin Cancer
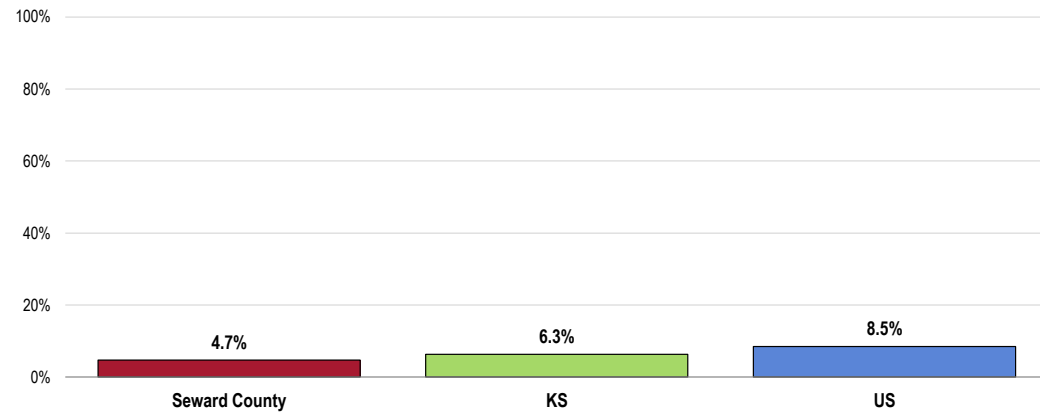
Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 28]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2017 Kansas data.
- 2017 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Other Cancers

A total of 6.3% of survey respondents have been diagnosed with some type of (non-skin) cancer.

Prevalence of Cancer (Other Than Skin Cancer)
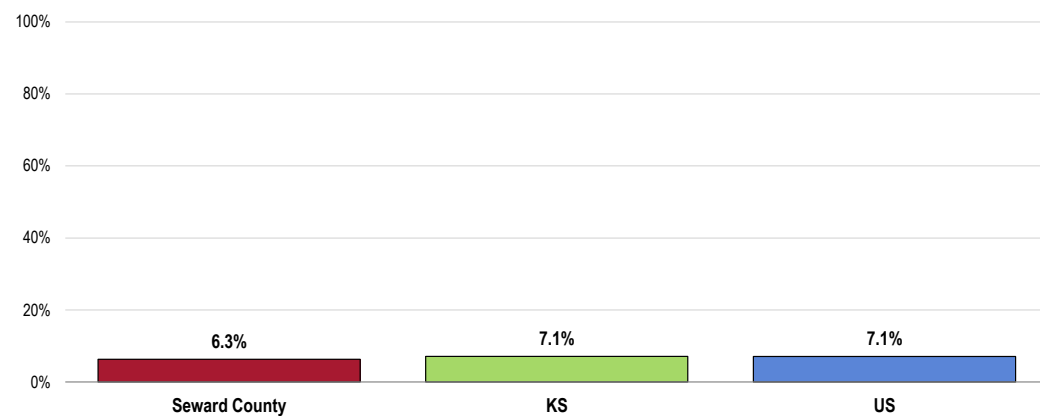
Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 27]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2017 Kansas data.
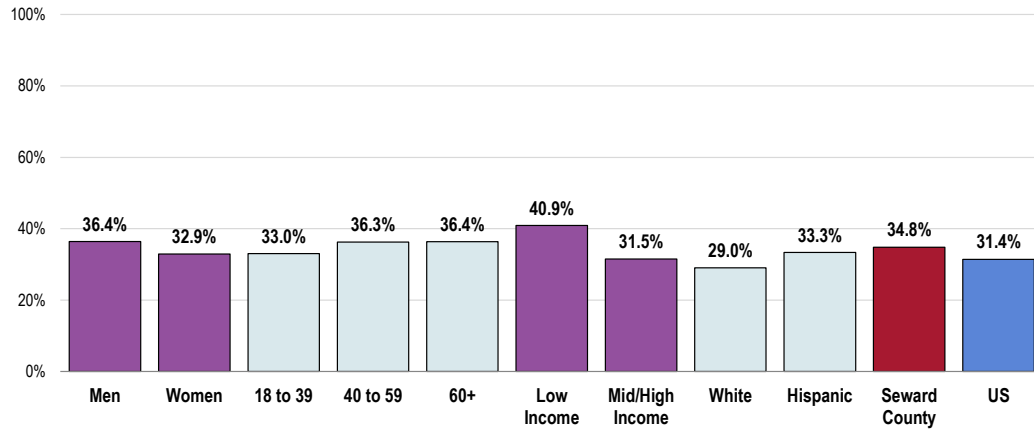- 2017 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Cancer Risk

About Cancer Risk

Reducing the nation's cancer burden requires reducing the prevalence of behavioral and environmental factors that increase cancer risk.

- All cancers caused by cigarette smoking could be prevented. At least one-third of cancer deaths that occur in the United States are due to cigarette smoking.
- According to the American Cancer Society, about one-third of cancer deaths that occur in the United States each year are due to nutrition and physical activity factors, including obesity.

— National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

Cancer Screenings

The American Cancer Society recommends that both men and women get a cancer-related checkup during a regular doctor's checkup. It should include examination for cancers of the thyroid, testicles, ovaries, lymph nodes, oral cavity, and skin, as well as health counseling about tobacco, sun exposure, diet and nutrition, risk factors, sexual practices, and environmental and occupational exposures.

Screening levels in the community were measured in the PRC Community Health Survey relative to three cancer sites: female breast cancer (mammography); cervical cancer (Pap smear testing); and colorectal cancer (sigmoidoscopy and fecal occult blood testing).

Female Breast Cancer

The US Preventive Services Task Force (USPSTF) recommends biennial screening mammography for women aged 50 to 74 years.

Cervical Cancer

The US Preventive Services Task Force (USPSTF) strongly recommends screening for cervical cancer every 3 years with cervical cytology alone in women aged 21 to 29 years.

Colorectal Cancer

The US Preventive Services Task Force (USPSTF) recommends screening for colorectal cancer starting at age 50 years and continuing until age 75 years.

— US Preventive Services Task Force, Agency for Healthcare Research and Quality, US Department of Health & Human Services

Note that other organizations (e.g., American Cancer Society, American Academy of Family Physicians, American College of Physicians, National Cancer Institute) may have slightly different screening guidelines.

Among women age 50-74, 82.5% have had a mammogram within the past 2 years.

Among Seward County women age 21 to 65, 78.3% have had a Pap smear within the past 3 years.

- **BENCHMARK**: Fails to satisfy the HP2020 objective.

"Appropriate colorectal cancer screening" includes a fecal occult blood test within the past year and/or a lower endoscopy (sigmoidoscopy or colonoscopy) within the past 10 years.

Among all adults age 50-75, 64.9% have had appropriate colorectal cancer screening.

- **BENCHMARK**: Less favorable than the US rate.

Cancer Screenings

Mammogram in Past Two Years
(Women Age 50-74)
Healthy People 2020 = 81.1% or Higher

	Seward County	KS	US
	82.5%	75.5%	77.0%

Pap Smear in Past Three Years
(Women Age 21-65)
Healthy People 2020 = 93.0% or Higher

	Seward County	KS	US
	78.3%	79.0%	73.5%

Colorectal Cancer Screening
(All Adults Age 50-75)
Healthy People 2020 = 70.5% or Higher

	Seward County	KS	US
	64.9%	66.6%	76.4%
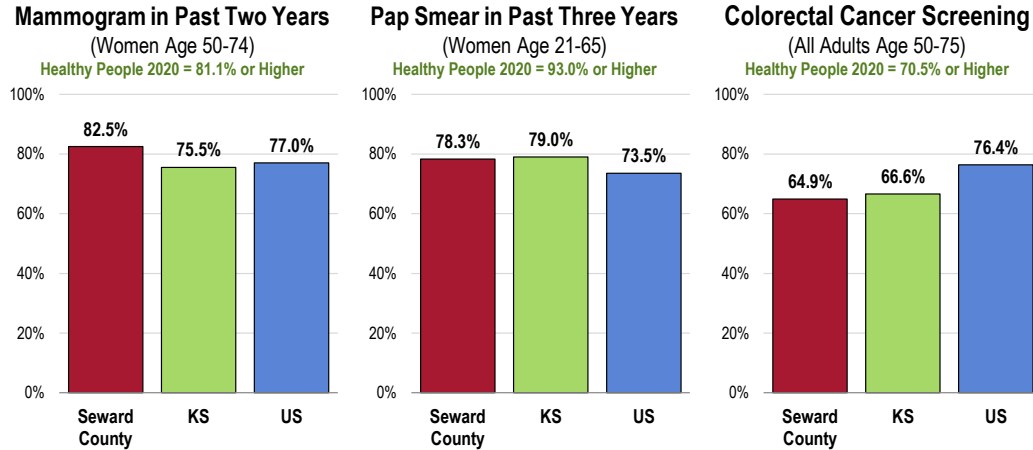
Sources: ● 2019 PRC Community Health Survey, PRC, Inc. [Items 133, 134, 137]
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 Kansas data.
● 2017 PRC National Health Survey, PRC, Inc.
● US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objectives C-15, C-16, C-17]
Notes: ● Each indicator is shown among the gender and/or age group specified.

Key Informant Input: Cancer

The greatest share of key informants taking part in an online survey characterized *Cancer* as a "moderate problem" in the community.

Perceptions of Cancer
as a Problem in the Community
(Key Informants, 2019)
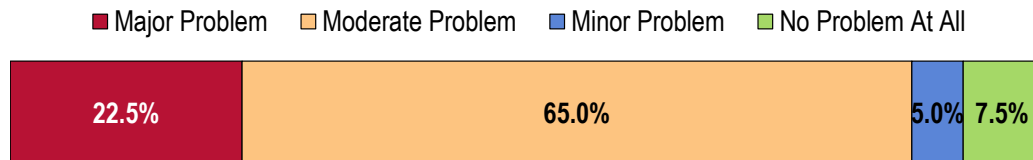
■ Major Problem □ Moderate Problem ■ Minor Problem □ No Problem At All

Major Problem	Moderate Problem	Minor Problem	No Problem At All
22.5%	65.0%	5.0%	7.5%

Sources: ● PRC Online Key Informant Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Access to Care/Services

A member of my family was diagnosed as a child. The hospital here was not trained in the simple procedure in how to access a pediatric port. Lack of skilled providers is an enormous issue. - Social Services Provider

I know numerous people that have to go clear to Kansas City or Wichita for help. - Social Services Provider

Access to a full-time cancer specialist. - Community Leader

I hear most folks go to Garden City, Dodge City, or Wichita. - Community Leader

Prevalence/Incidence

Many types of cancer affect families and neighbors of all ages in our community. - Other Health Provider

Several people in the area have been diagnosed. Also, we need more professionals in the area to care for our cancer patients. - Community Leader

Diagnosis/Treatment

Many of our residents, many who do not have easy access to medical care, do not find out about their cancer until it is in later stages. - Community Leader

Respiratory Disease

About Asthma & COPD

Asthma and chronic obstructive pulmonary disease (COPD) are significant public health burdens. Specific methods of detection, intervention, and treatment exist that may reduce this burden and promote health.

Asthma is a chronic inflammatory disorder of the airways characterized by episodes of reversible breathing problems due to airway narrowing and obstruction. These episodes can range in severity from mild to life threatening. Symptoms of asthma include wheezing, coughing, chest tightness, and shortness of breath. Daily preventive treatment can prevent symptoms and attacks and enable individuals who have asthma to lead active lives.

COPD is a preventable and treatable disease characterized by airflow limitation that is not fully reversible. The airflow limitation is usually progressive and associated with an abnormal inflammatory response of the lung to noxious particles or gases (typically from exposure to cigarette smoke). Treatment can lessen symptoms and improve quality of life for those with COPD.

The burden of respiratory diseases affects individuals and their families, schools, workplaces, neighborhoods, cities, and states. Because of the cost to the healthcare system, the burden of respiratory diseases also falls on society; it is paid for with higher health insurance rates, lost productivity, and tax dollars. Annual healthcare expenditures for asthma alone are estimated at $20.7 billion.

Asthma. The prevalence of asthma has increased since 1980. However, deaths from asthma have decreased since the mid-1990s. The causes of asthma are an active area of research and involve both genetic and environmental factors.

Risk factors for asthma currently being investigated include:

- Having a parent with asthma
- Sensitization to irritants and allergens
- Respiratory infections in childhood
- Overweight

Asthma affects people of every race, sex, and age. However, significant disparities in asthma morbidity and mortality exist, in particular for low-income and minority populations. Populations with higher rates of asthma include: children; women (among adults) and boys (among children); African Americans; Puerto Ricans; people living in the Northeast United States; people living below the Federal poverty level; and employees with certain exposures in the workplace.

While there is not a cure for asthma yet, there are diagnoses and treatment guidelines that are aimed at ensuring that all people with asthma live full and active lives.

— Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Respiratory Disease Deaths

Chronic Lower Respiratory Disease Deaths (CLRD)

Note: Chronic lower respiratory disease (CLRD) includes lung diseases such as emphysema, chronic bronchitis, and asthma.

Between 2013 and 2017, there was an annual average age-adjusted CLRD mortality rate of 32.7 deaths per 100,000 population in Seward County.

- **BENCHMARK**: More favorable than found across Kansas and the US.

CLRD: Age-Adjusted Mortality
(2013-2017 Annual Average Deaths per 100,000 Population)

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2019.
Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
● Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
● CLRD is chronic lower respiratory disease.

Pneumonia/Influenza Deaths

Between 2008 and 2017, Seward County reported an annual average age-adjusted pneumonia influenza mortality rate of 15.5 deaths per 100,000 population.

- **BENCHMARK**: More favorable than the statewide rate.

COMMUNITY HEALTH NEEDS ASSESSMENT

Pneumonia/Influenza: Age-Adjusted Mortality
(2008-2017 Annual Average Deaths per 100,000 Population)

Bar chart showing: Seward County 15.5, KS 18.0, US 15.3

Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2019.

Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
• Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Influenza & Pneumonia Vaccination

About Influenza & Pneumonia

Acute respiratory infections, including pneumonia and influenza, are the 8th leading cause of death in the nation, accounting for 56,000 deaths annually. Pneumonia mortality in children fell by 97% in the last century, but respiratory infectious diseases continue to be leading causes of pediatric hospitalization and outpatient visits in the US. On average, influenza leads to more than 200,000 hospitalizations and 36,000 deaths each year. The 2009 H1N1 influenza pandemic caused an estimated 270,000 hospitalizations and 12,270 deaths (1,270 of which were of people younger than age 18) between April 2009 and March 2010.

— Healthy People 2020 (www.healthypeople.gov)

Among Seward County adults age 65 and older, 52.7% received a flu vaccination within the past year.

- **BENCHMARK**: Significantly lower than the national figure. Fails to satisfy the HP2020 objective.

Among Seward County adults age 65 and older, 59.8% have received a pneumonia vaccination at some point in their lives.

- **BENCHMARK**: Significantly lower than the state and US findings. Fails to satisfy the HP2020 objective.

Older Adults:
Flu Vaccination in the Past Year
(Adults Age 65+)
Healthy People 2020 = 70.0% or Higher
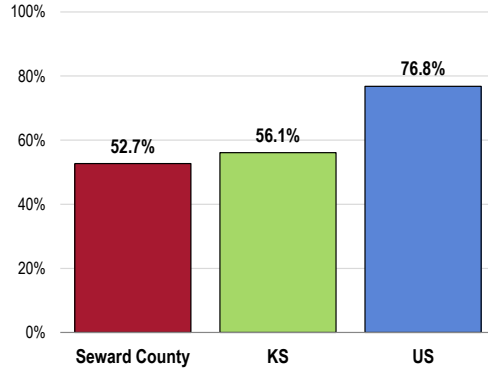
Older Adults:
Ever Had a Pneumonia Vaccine
(Adults Age 65+)
Healthy People 2020 = 90.0% or Higher
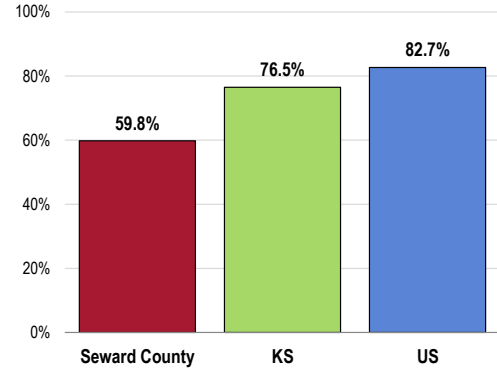
Sources: ● 2019 PRC Community Health Survey, PRC, Inc. [Items 144, 146]
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2017 Kansas data.
● 2017 PRC National Health Survey, PRC, Inc.
● US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IID-12.12]
Notes: ● Reflects respondents 65 and older.

Prevalence of Respiratory Disease

Asthma

Adults

Survey respondents were asked to indicate whether they suffer from or have been diagnosed with various respiratory conditions, including asthma and COPD.
.

A total of 5.6% of Seward County adults currently suffer from asthma.

- **BENCHMARK**: More favorable than found across the state and nation.
- **DISPARITY**: Higher among non-Hispanic White residents.

Prevalence of Asthma
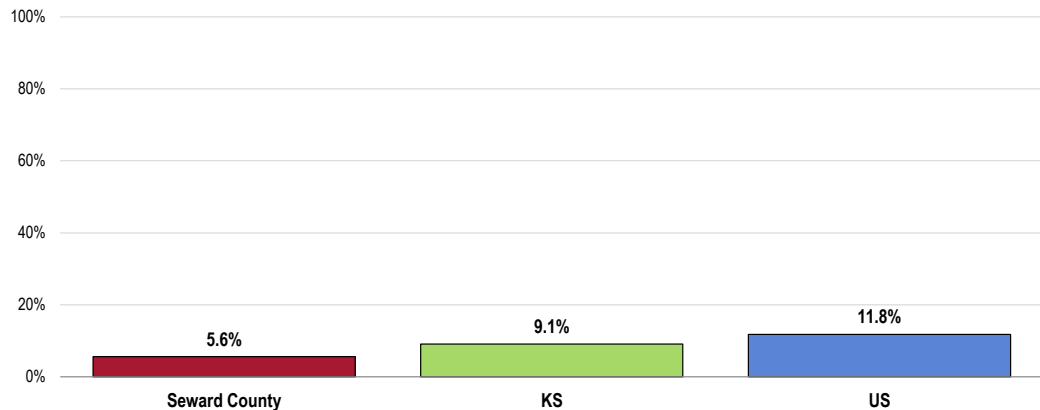
Sources: ● 2019 PRC Community Health Survey, PRC, Inc. [Item 138]
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2017 Kansas data.
● 2017 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.
● Includes those who have ever been diagnosed with asthma and report that they still have asthma.

Prevalence of Asthma
(Seward County, 2019)
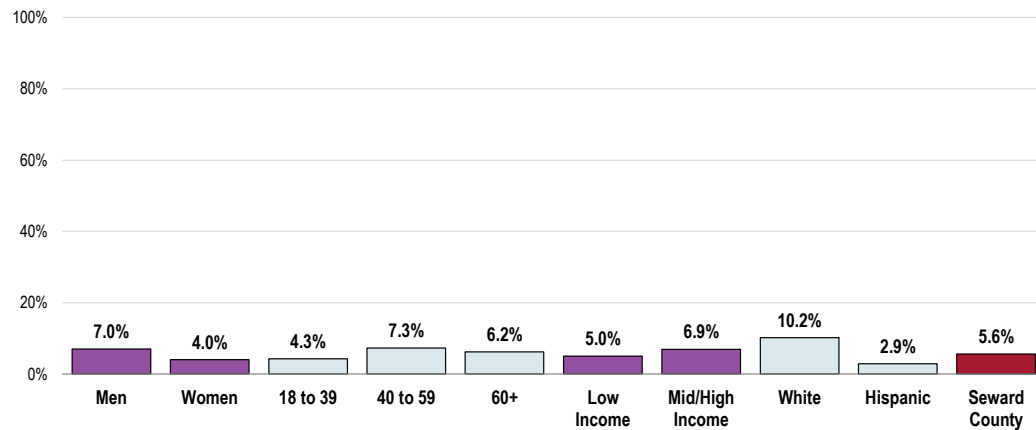
Sources: ● 2019 PRC Community Health Survey, PRC, Inc. [Item 138]
Notes: ● Asked of all respondents.
● Includes those who have ever been diagnosed with asthma and report that they still have asthma.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Children

Among Seward County children under age 18, 3.9% currently have asthma.

Prevalence of Asthma in Children
(Parents of Children Age 0-17)
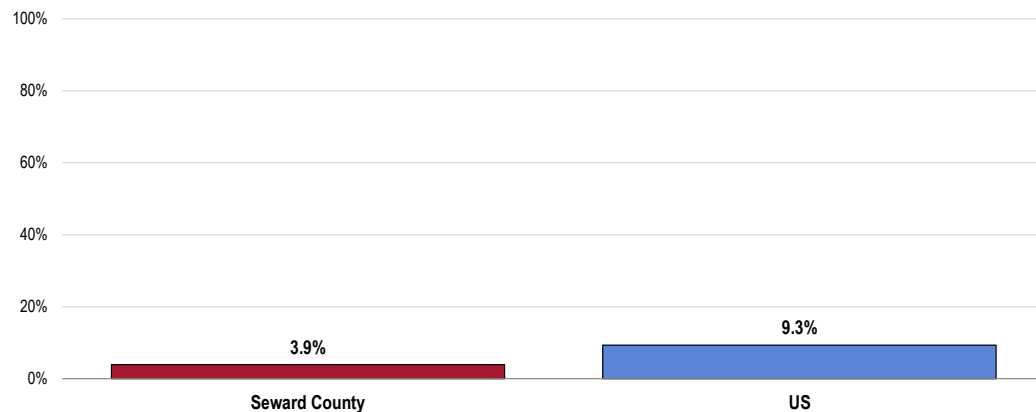
Sources: ● 2019 PRC Community Health Survey, PRC, Inc. [Item 139]
● 2017 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents with children 0 to 17 in the household.
● Includes children who have ever been diagnosed with asthma and are reported to still have asthma.

Chronic Obstructive Pulmonary Disease (COPD)

A total of 7.8% of Seward County adults suffer from chronic obstructive pulmonary disease (COPD, including emphysema and bronchitis).

Note: COPD includes lung diseases such as emphysema and chronic bronchitis.

**Prevalence of
Chronic Obstructive Pulmonary Disease (COPD)**

- Seward County: 7.8%
- KS: 6.4%
- US: 8.6%
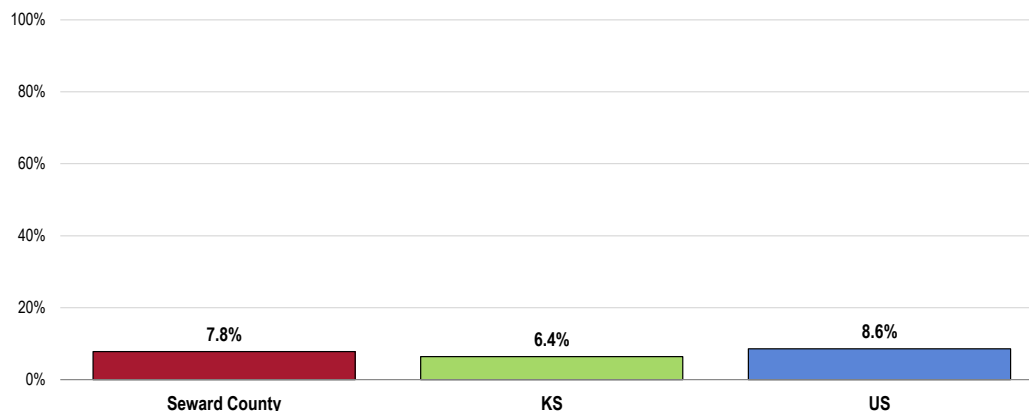
Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 24]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2017 Kansas data.
- 2017 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Includes those having ever suffered from or been diagnosed with COPD or chronic obstructive pulmonary disease, including bronchitis or emphysema.

Key Informant Input: Respiratory Disease

The greatest share of key informants taking part in an online survey characterized *Respiratory Disease* as a "moderate problem" in the community.

**Perceptions of Respiratory Diseases
as a Problem in the Community**
(Key Informants, 2019)
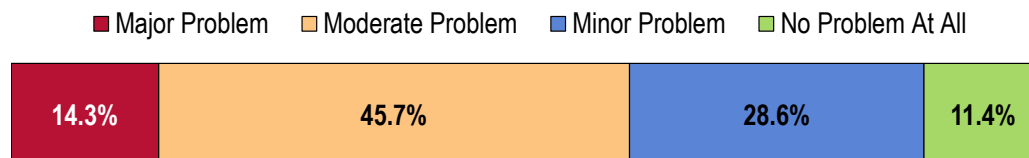
■ Major Problem   ■ Moderate Problem   ■ Minor Problem   ■ No Problem At All

Major Problem	Moderate Problem	Minor Problem	No Problem At All
14.3%	45.7%	28.6%	11.4%

Sources: PRC Online Key Informant Survey, PRC, Inc.
Notes: Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Environmental Contributors

Environmental lung issues from National Beef packing company and dust from prairie living. - Community Leader

Lack of Providers

Not enough medical doctors who are specialists in this area. - Social Services Provider

Injury & Violence

About Injury & Violence

Injuries and violence are widespread in society. Both unintentional injuries and those caused by acts of violence are among the top 15 killers for Americans of all ages. Many people accept them as "accidents," "acts of fate," or as "part of life." However, most events resulting in injury, disability, or death are predictable and preventable.

Injuries are the leading cause of death for Americans ages 1 to 44, and a leading cause of disability for all ages, regardless of sex, race/ethnicity, or socioeconomic status. More than 180,000 people die from injuries each year, and approximately 1 in 10 sustains a nonfatal injury serious enough to be treated in a hospital emergency department.

Beyond their immediate health consequences, injuries and violence have a significant impact on the well-being of Americans by contributing to:

- Premature death
- Disability
- Poor mental health
- High medical costs
- Lost productivity

The effects of injuries and violence extend beyond the injured person or victim of violence to family members, friends, coworkers, employers, and communities.

Numerous factors can affect the risk of unintentional injury and violence, including individual behaviors, physical environment, access to health services (ranging from pre-hospital and acute care to rehabilitation), and social environment (from parental monitoring and supervision of youth to peer group associations, neighborhoods, and communities).

Interventions addressing these social and physical factors have the potential to prevent unintentional injuries and violence. Efforts to prevent unintentional injury may focus on:

- Modifications of the environment
- Improvements in product safety
- Legislation and enforcement
- Education and behavior change
- Technology and engineering

Efforts to prevent violence may focus on:

- Changing social norms about the acceptability of violence
- Improving problem-solving skills (for example, parenting, conflict resolution, coping)
- Changing policies to address the social and economic conditions that often give rise to violence

— Healthy People 2020 (www.healthypeople.gov)

Unintentional Injury

Age-Adjusted Unintentional Injury Deaths

Between 2015 and 2017, there was an annual average age-adjusted unintentional injury mortality rate of 60.4 deaths per 100,000 population in Seward County.

- **BENCHMARK**: Worse than state and national rates. Fails to satisfy the HP2020 objective.

Unintentional Injuries: Age-Adjusted Mortality
(2015-2017 Annual Average Deaths per 100,000 Population)
Healthy People 2020 = 36.4 or Lower
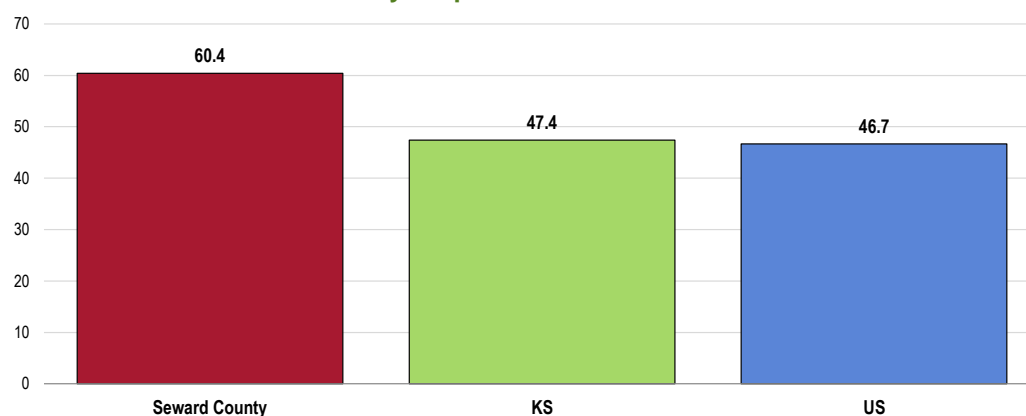
Sources:
● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2019.
● US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IVP-11]

Notes:
● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
● Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Leading Causes of Unintentional Injury Deaths

Motor vehicle crashes, falls, and accidental discharge of firearms accounted for most unintentional injury deaths in Seward County between 2008 and 2017.

RELATED ISSUE:

For more information about unintentional drug-related deaths, see also *Substance Abuse* in the **Modifiable Health Risks** section of this report.

Leading Causes of Unintentional Injury Deaths
(Seward County, 2008-2017)

Other 29.7%
Motor Vehicle Crashes 47.5%
Accidental Discharge of Firearms 8.5%
Falls 14.4%

Sources:
● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2019.

Notes:
● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).

Falls

Falls

Each year, an estimated one-third of older adults fall, and the likelihood of falling increases substantially with advancing age. In 2005, a total of 15,802 persons age ≥65 years died as a result of injuries from falls.

Falls are the leading cause of fatal and nonfatal injuries for persons aged ≥65 years … In 2006, approximately 1.8 million persons aged ≥65 years (nearly 5% of all persons in that age group) sustained some type of recent fall-related injury. Even when those injuries are minor, they can seriously affect older adults' quality of life by inducing a fear of falling, which can lead to self-imposed activity restrictions, social isolation, and depression.

In addition, fall-related medical treatment places a burden on US healthcare services. In 2000, direct medical costs for fall-related injuries totaled approximately $19 billion. A recent study determined that 31.8% of older adults who sustained a fall-related injury required help with activities of daily living as a result, and among them, 58.5% were expected to require help for at least 6 months.

Modifiable fall risk factors include muscle weakness, gait and balance problems, poor vision, use of psychoactive medications, and home hazards. Falls among older adults can be reduced through evidence-based fall-prevention programs that address these modifiable risk factors. Most effective interventions focus on exercise, alone or as part of a multifaceted approach that includes medication management, vision correction, and home modifications.

— Division of Unintentional Injury Prevention, National Center for Injury Prevention and Control, CDC

Among surveyed Seward County adults age 45 and older, most have not fallen in the past year.

Number of Falls in Past 12 Months
(Adults Age 45 and Older; Seward County, 2019)

- Three/More 11.0%
- Two 5.1%
- One 14.3%
- None 69.6%
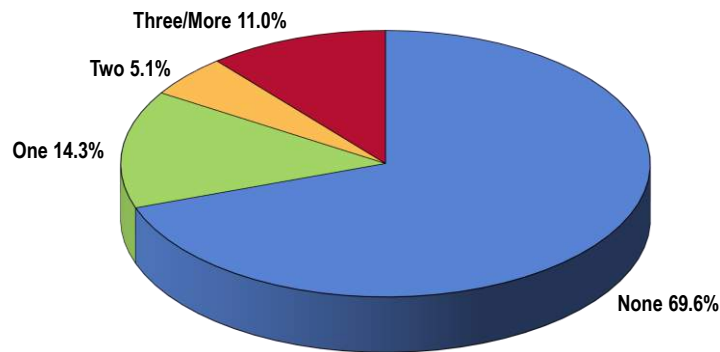
Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Item 107]
Notes: • Asked of all respondents age 45+.

However, 30.4% have experienced a fall at least once in the past year.

- **DISPARITY**: More than one-third of adults age 60+ reporting falling at least once.

Fell One or More Times in the Past Year
(Adults Age 45 and Older)

45 to 59 26.0%
60+ 34.7%

30.4%

Among these adults, 29.7% were injured as the result of a fall.

31.6%

Seward County   US
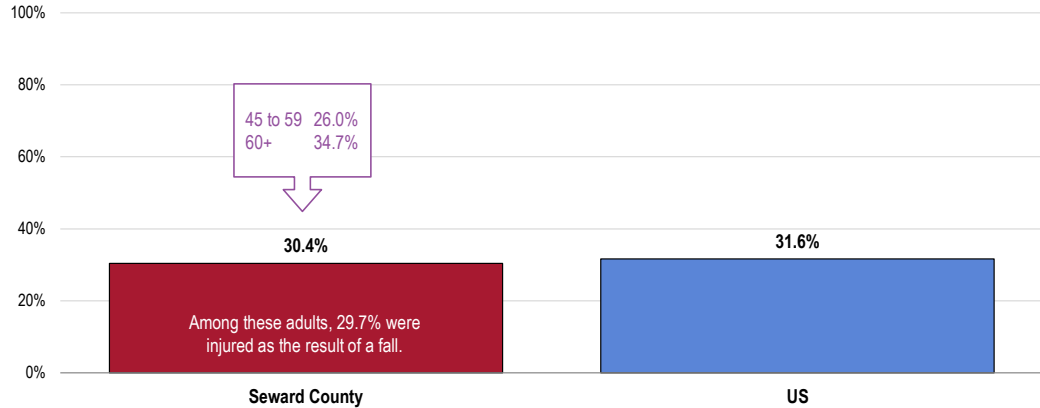
Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Items 107-108]
- 2017 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of those respondents age 45 and older.

Intentional Injury (Violence)

Violent Crime

Violent Crime Rates

Between 2012 and 2014, there were a reported 399.6 violent crimes per 100,000 population in Seward County.

RELATED ISSUE:

See also *Mental Health*: *Suicide* in the **General Health Status** section of this report.

Violent crime is composed of four offenses (FBI Index offenses): murder and non-negligent manslaughter; forcible rape; robbery; and aggravated assault.

Note that the quality of crime data can vary widely from location to location, depending on the consistency and completeness of reporting among various jurisdictions.

Violent Crime
(Rate per 100,000 Population, 2012-2014)

339.6   348.7   379.7

Seward County   KS   US

Sources:
- Federal Bureau of Investigation, FBI Uniform Crime Reports.
- Retrieved August 2019 from CARES Engagement Network at https://engagementnetwork.org.

Notes:
- This indicator reports the rate of violent crime offenses reported by the sheriff's office or county police department per 100,000 residents. Violent crime includes homicide, rape, robbery, and aggravated assault. This indicator is relevant because it assesses community safety.
- Participation by law enforcement agencies in the UCR program is voluntary. Sub-state data do not necessarily represent an exhaustive list of crimes due to gaps in reporting. Also, some institutions of higher education have their own police departments, which handle offenses occurring within campus grounds; these offenses are not included in the violent crime statistics but can be obtained from the Uniform Crime Reports Universities and Colleges data tables.

Community Violence

A total of 4.1% of surveyed Seward County adults acknowledge being the victim of a violent crime in the area in the past five years.

- **DISPARITY**: Particularly high among lower-income adults.

Victim of a Violent Crime in the Past Five Years
(Seward County, 2019)

Men	Women	18 to 39	40 to 59	60+	Low Income	Mid/High Income	White	Hispanic	Seward County	US
6.5%	1.5%	4.5%	4.8%	2.5%	10.2%	0.0%	3.1%	5.5%	4.1%	3.7%
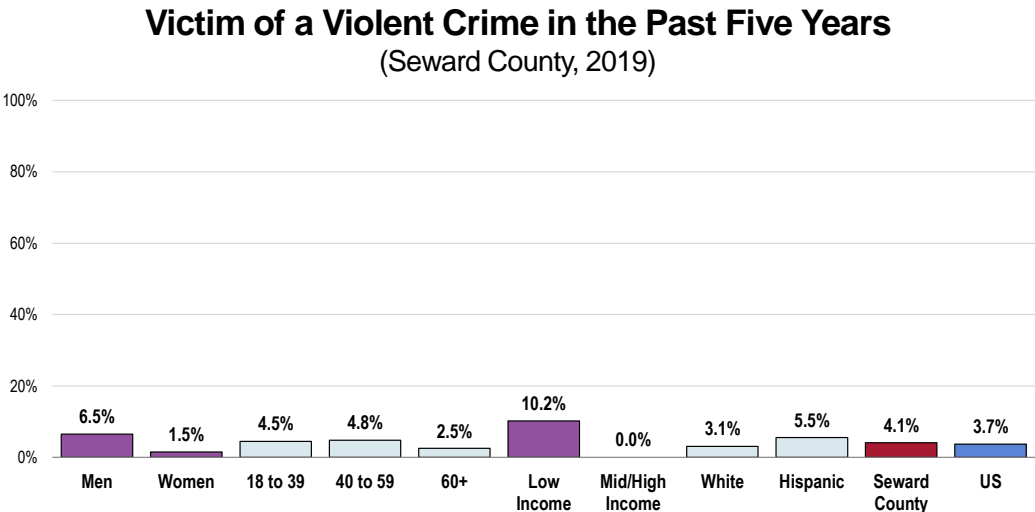
Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 46]
- 2017 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Family Violence

A total of 7.6% of Seward County adults acknowledge that they have ever been hit, slapped, pushed, kicked, or otherwise hurt by an intimate partner.

- **BENCHMARK**: Significantly lower than the national finding.

Respondents were read:

"By an intimate partner, I mean any current or former spouse, boyfriend, or girlfriend. Someone you were dating, or romantically or sexually intimate with would also be considered an intimate partner."

Have Ever Been Hit, Slapped, Pushed, Kicked, or Hurt in Any Way by an Intimate Partner
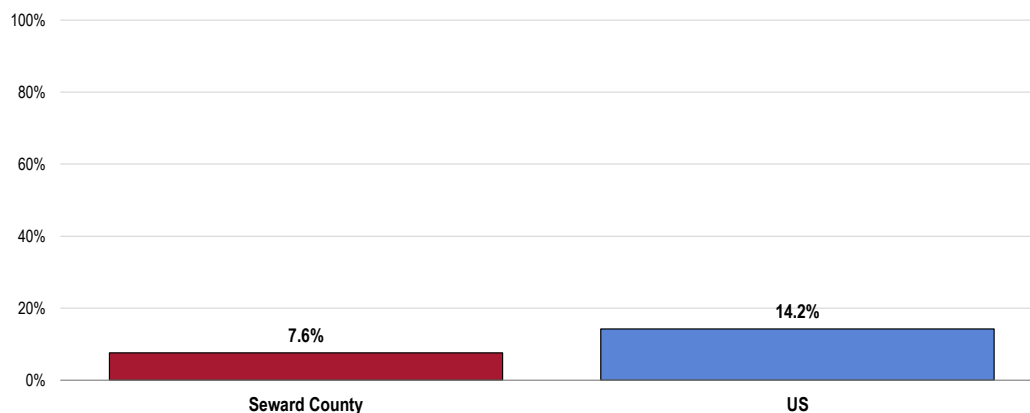
Sources: ● 2019 PRC Community Health Survey, PRC, Inc. [Item 47]
          ● 2017 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Key Informant Input: Injury & Violence

The largest share of key informants taking part in an online survey characterized *Injury & Violence* as a "minor problem" in the community.

Perceptions of Injury and Violence as a Problem in the Community
(Key Informants, 2019)
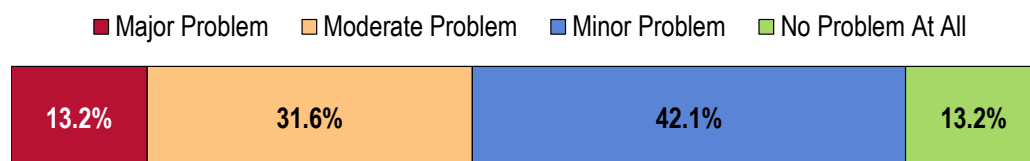
■ Major Problem   □ Moderate Problem   ■ Minor Problem   □ No Problem At All

13.2%	31.6%	42.1%	13.2%

Sources: ● PRC Online Key Informant Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Drugs/Alcohol

> *I think the issues that we have with substance abuse as well as mental health have led to problems with violence and injury. - Community Leader*

Denial/Stigma

> *People are afraid of the person who is hurting, or they are too embarrassed to seek help. - Social Services Provider*

Domestic/Child Abuse

> *More and more incidents of domestic violence and child abuse. - Social Services Provider*

Diabetes

About Diabetes

Diabetes mellitus occurs when the body cannot produce or respond appropriately to insulin. Insulin is a hormone that the body needs to absorb and use glucose (sugar) as fuel for the body's cells. Without a properly functioning insulin signaling system, blood glucose levels become elevated and other metabolic abnormalities occur, leading to the development of serious, disabling complications. Many forms of diabetes exist; the three common types are Type 1, Type 2, and gestational diabetes. Effective therapy can prevent or delay diabetic complications.

Diabetes mellitus:

- Lowers life expectancy by up to 15 years.
- Increases the risk of heart disease by 2 to 4 times.
- Is the leading cause of kidney failure, lower limb amputations, and adult-onset blindness.

The rate of diabetes mellitus continues to increase both in the United States and throughout the world. Due to the steady rise in the number of persons with diabetes mellitus, and possibly earlier onset of type 2 diabetes mellitus, there is growing concern about the possibility that the increase in the number of persons with diabetes mellitus and the complexity of their care might overwhelm existing healthcare systems.

People from minority populations are more frequently affected by type 2 diabetes. Minority groups constitute 25% of all adult patients with diabetes in the US and represent the majority of children and adolescents with type 2 diabetes.

Lifestyle change has been proven effective in preventing or delaying the onset of type 2 diabetes in high-risk individuals.

— Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Diabetes Deaths

Between 2015 and 2017, there was an annual average age-adjusted diabetes mortality rate of 41.9 deaths per 100,000 population in Seward County.

- **BENCHMARK**: Nearly double the state and national rates. Fails to satisfy the HP2020 objective.

Diabetes: Age-Adjusted Mortality
(2015-2017 Annual Average Deaths per 100,000 Population)
Healthy People 2020 = 20.5 or Lower (Adjusted)
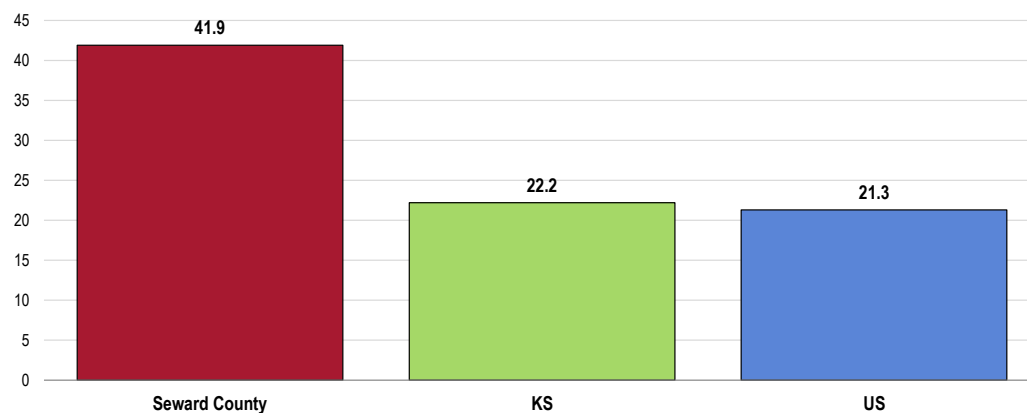
[Bar chart: Seward County 41.9, KS 22.2, US 21.3]

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2019.
● US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective D-3]
Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
● Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
● The Healthy People 2020 target for Diabetes is adjusted to account for only diabetes mellitus coded deaths.

Prevalence of Diabetes

A total of 17.3% of Seward County adults report having been diagnosed with diabetes.

- **BENCHMARK**: Worse than the statewide prevalence.
- **DISPARITY**: More prevalent among men and lower-income adults. Increases sharply with age.

Prevalence of Diabetes

Another 5.6 % of adults have been diagnosed with "pre-diabetes" or "borderline" diabetes.

[Bar chart: Seward County 17.3%, KS 10.5%, US 13.3%]
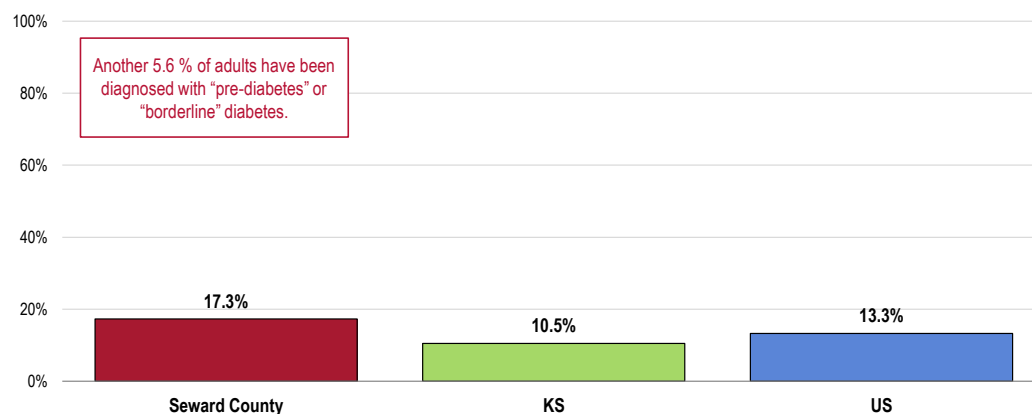
Sources: ● 2019 PRC Community Health Survey, PRC, Inc. [Item 140]
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2017 Kansas data.
● 2017 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Prevalence of Diabetes
(Seward County, 2019)

Note that among adults who have not been diagnosed with diabetes, 57.0% report having had their blood sugar level tested within the past three years.

Category	Value
Men	24.3%
Women	9.8%
18 to 39	9.1%
40 to 59	20.9%
60+	29.3%
Low Income	27.6%
Mid/High Income	10.3%
White	12.5%
Hispanic	17.6%
Seward County	17.3%
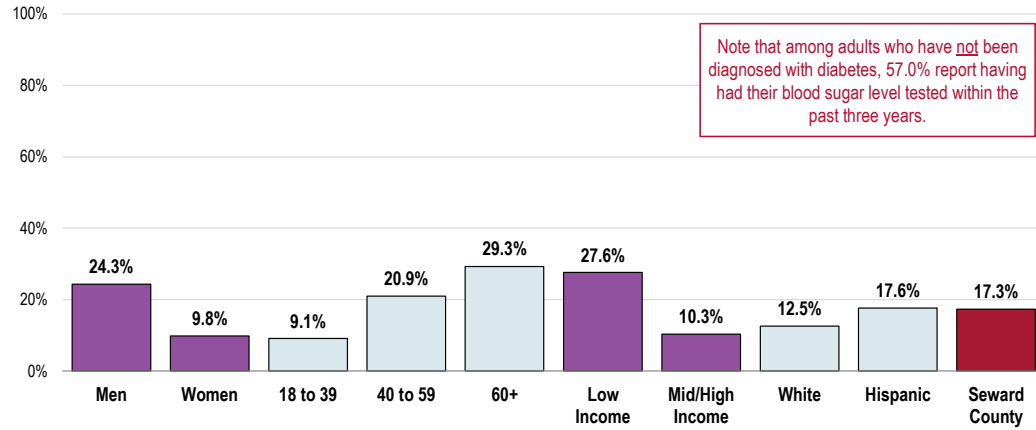
Sources: ● 2019 PRC Community Health Survey, PRC, Inc. [Items 37, 140]
Notes: ● Asked of all respondents.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
● Excludes gestational diabetes (occurring only during pregnancy).

Key Informant Input: Diabetes

A high percentage of key informants taking part in an online survey characterized *Diabetes* as a "major problem" in the community.

Perceptions of Diabetes
as a Problem in the Comunity
(Key Informants, 2019)
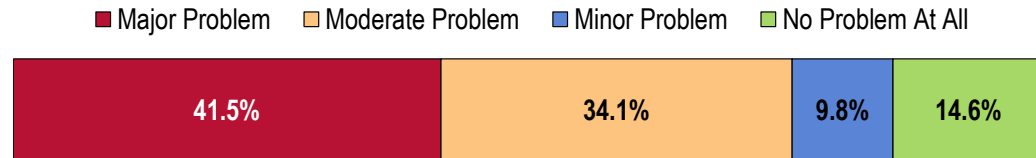
■ Major Problem ☐ Moderate Problem ■ Minor Problem ☐ No Problem At All

Major Problem	Moderate Problem	Minor Problem	No Problem At All
41.5%	34.1%	9.8%	14.6%

Sources: ● PRC Online Key Informant Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Lack of Providers

Diabetes is a very serious condition, and access to endocrinology is needed in our community. - Social Services Provider

We do not have any diabetes specialists, no doctor, no dietitian who specialize in diabetes. Therefore, individuals with diabetes flounder. And look online. - Community Leader

No endocrinologist locally. - Community Leader

No endocrinologist in town or region. Type 1 diabetics have to go to larger cities for doctors. - Community Leader

Disease Management

No routine blood sugar checkup. - Physician

Poor compliance with taking medications and following care instructions, sometimes due to communication barriers. - Physician

The biggest challenge is availability of diabetes specialty management care. Most are referred to either Denver or Oklahoma City or Wichita to see an endocrinologist. - Community Leader

Prevalence/Incidence

More and more individuals are being diagnosed with pre-diabetes and diabetes, many without health insurance and resources to get necessary medications and follow-up. - Social Services Provider

Many community members have this condition. - Community Leader

Affordable Care/Services

Cost of ongoing treatment and access to education and supplies. - Community Leader

Awareness/Education

Lack of education. - Public Health Representative

Diagnosis/Treatment

Many do not know that they have diabetes until much later; thus, it is not treated properly before leading to other complications. - Community Leader

Kidney Disease

About Kidney Disease

Chronic kidney disease and end-stage renal disease are significant public health problems in the United States and a major source of suffering and poor quality of life for those afflicted. They are responsible for premature death and exact a high economic price from both the private and public sectors. Nearly 25% of the Medicare budget is used to treat people with chronic kidney disease and end-stage renal disease.

Genetic determinants have a large influence on the development and progression of chronic kidney disease. It is not possible to alter a person's biology and genetic determinants; however, environmental influences and individual behaviors also have a significant influence on the development and progression of chronic kidney disease. As a result, some populations are disproportionately affected. Successful behavior modification is expected to have a positive influence on the disease.

Diabetes is the most common cause of kidney failure. The results of the Diabetes Prevention Program (DPP) funded by the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) show that moderate exercise, a healthier diet, and weight reduction can prevent development of type 2 diabetes in persons at risk.

— Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Kidney Disease Deaths

Between 2013 and 2017, there was an annual average age-adjusted kidney disease mortality rate of 17.5 deaths per 100,000 population in Seward County.

- **BENCHMARK**: Less favorable than the national rate.

Kidney Disease: Age-Adjusted Mortality
(2013-2017 Annual Average Deaths per 100,000 Population)

Seward County	KS	US
17.5	16.1	13.2

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2019.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Prevalence of Kidney Disease

A total of 4.8% of Seward County adults report having been diagnosed with kidney disease.

- **DISPARITY**: Increases with age.

Prevalence of Kidney Disease
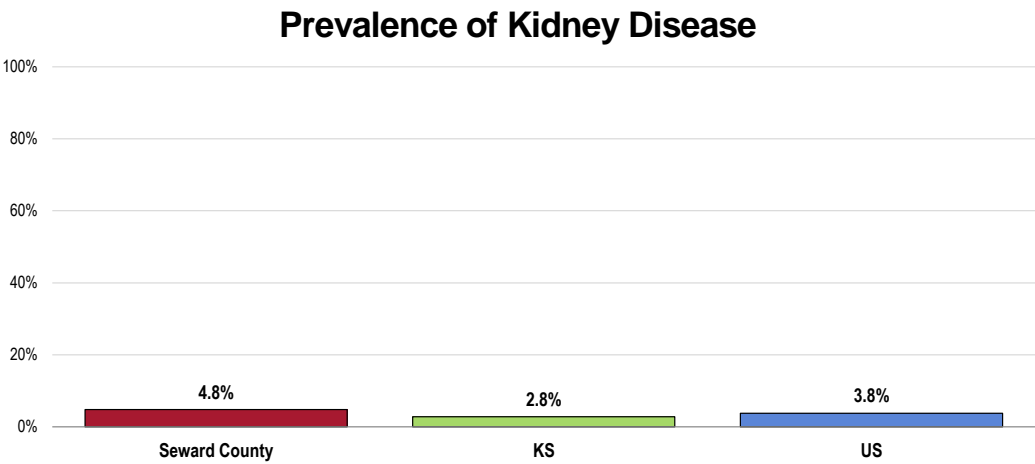
Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 30]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2017 Kansas data.
- 2017 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Prevalence of Kidney Disease
(Seward County, 2019)
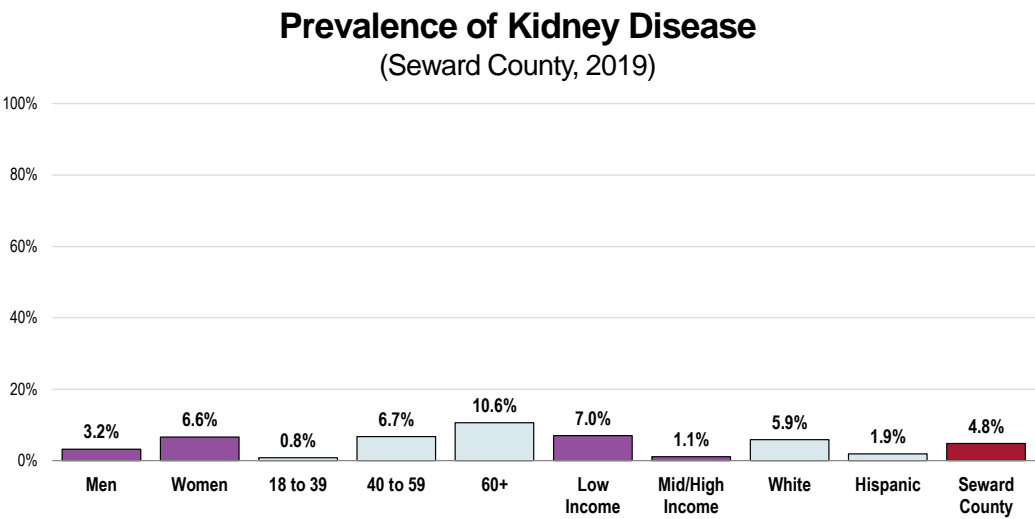
Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 30]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Key Informant Input: Kidney Disease

Key informants taking part in an online survey generally characterized *Kidney Disease* as a "moderate problem" in the community.

Perceptions of Kidney Disease
as a Problem in the Community
(Key Informants, 2019)

■ Major Problem   ☐ Moderate Problem   ■ Minor Problem   ☐ No Problem At All

13.2%	50.0%	34.2%	

Sources: ● PRC Online Key Informant Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Access to Care/Services

> *People are always going out of town because of lack of options. - Social Services Provider*
>
> *Only one place to do dialysis and one doctor that comes from four hours away. Must drive four hours for care. - Other Health Provider*

Prevalence/Incidence

> *Wife was told doctors here are overloaded with kidney cases. We went to Amarillo, Texas. - Community Leader*

Potentially Disabling Conditions

Multiple Chronic Conditions

Among Seward County survey respondents, most report currently having at least one chronic health condition.

For the purposes of this assessment, chronic conditions include lung disease, arthritis, sciatica, cancer, osteoporosis, kidney disease, heart attack, angina, stroke, asthma, high blood pressure, high blood cholesterol, diabetes, obesity, and/or diagnosed depression. Multiple chronic conditions are concurrent conditions.

Number of Current Chronic Conditions
(Seward County, 2019)

None 21.8%
Three/More 35.9%
One 27.0%
Two 15.3%
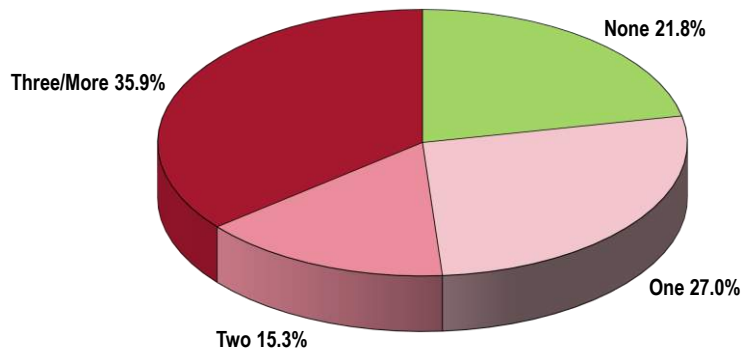
Sources: ● 2019 PRC Community Health Survey, PRC, Inc. [Item 143]
Notes: ● Asked of all respondents.
         ● In this case, chronic conditions include lung disease, arthritis, sciatica, cancer, osteoporosis, kidney disease, heart attack, angina, stroke, asthma, high blood pressure, high blood cholesterol, diabetes, obesity, and/or diagnosed depression.

In fact, 35.9% of Seward County adults report having three or more chronic conditions

- **DISPARITY**: Lower-income and non-Hispanic White residents are more likely to report having multiple chronic conditions. In addition, note the correlation with age.

Currently Have Three or More Chronic Conditions
(Seward County, 2019)

Men	Women	18 to 39	40 to 59	60+	Low Income	Mid/High Income	White	Hispanic	Seward County	US
40.0%	31.4%	14.1%	47.5%	65.3%	46.1%	28.3%	46.5%	22.0%	35.9%	41.4%
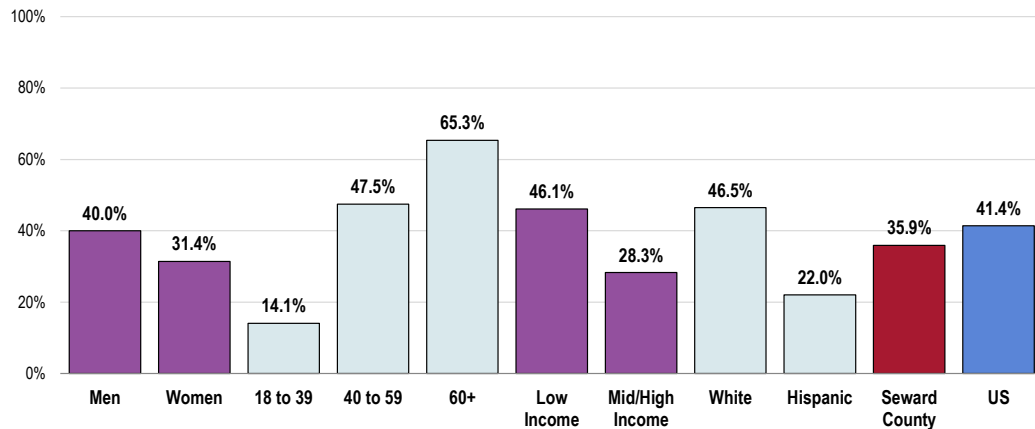
Sources: ● 2019 PRC Community Health Survey, PRC, Inc. [Item 143]
         ● 2017 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.
         ● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
         ● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
         ● In this case, chronic conditions include lung disease, arthritis, sciatica, cancer, osteoporosis, kidney disease, heart attack, angina, stroke, asthma, high blood pressure, high blood cholesterol, diabetes, obesity, and/or diagnosed depression.

Activity Limitations

About Disability & Health

An individual can get a disabling impairment or chronic condition at any point in life. Compared with people without disabilities, people with disabilities are more likely to:

- Experience difficulties or delays in getting the health care they need.
- Not have had an annual dental visit.
- Not have had a mammogram in past 2 years.
- Not have had a Pap test within the past 3 years.
- Not engage in fitness activities.
- Use tobacco.
- Be overweight or obese.
- Have high blood pressure.
- Experience symptoms of psychological distress.
- Receive less social-emotional support.
- Have lower employment rates.

There are many social and physical factors that influence the health of people with disabilities. The following three areas for public health action have been identified, using the International Classification of Functioning, Disability, and Health (ICF) and the three World Health Organization (WHO) principles of action for addressing health determinants.

- **Improve the conditions of daily life** by: encouraging communities to be accessible so all can live in, move through, and interact with their environment; encouraging community living; and removing barriers in the environment using both physical universal design concepts and operational policy shifts.
- **Address the inequitable distribution of resources among people with disabilities and those without disabilities** by increasing: appropriate health care for people with disabilities; education and work opportunities; social participation; and access to needed technologies and assistive supports.
- **Expand the knowledge base and raise awareness about determinants of health for people with disabilities** by increasing: the inclusion of people with disabilities in public health data collection efforts across the lifespan; the inclusion of people with disabilities in health promotion activities; and the expansion of disability and health training opportunities for public health and health care professionals.

— Healthy People 2020 (www.healthypeople.gov)

A total of 18.3% of Seward County adults are limited in some way in some activities due to a physical, mental, or emotional problem.

- **BENCHMARK**: Better than the national finding.
- **DISPARITY**: Non-Hispanic White residents are significantly more likely to report having limitations.

Limited in Activities in Some Way
Due to a Physical, Mental or Emotional Problem

Most common conditions:
• Mental health
• Back/neck problems
• Bone/joint injury
• Heart problem
• Arthritis

- Seward County: 18.3%
- KS: 20.0%
- US: 25.0%
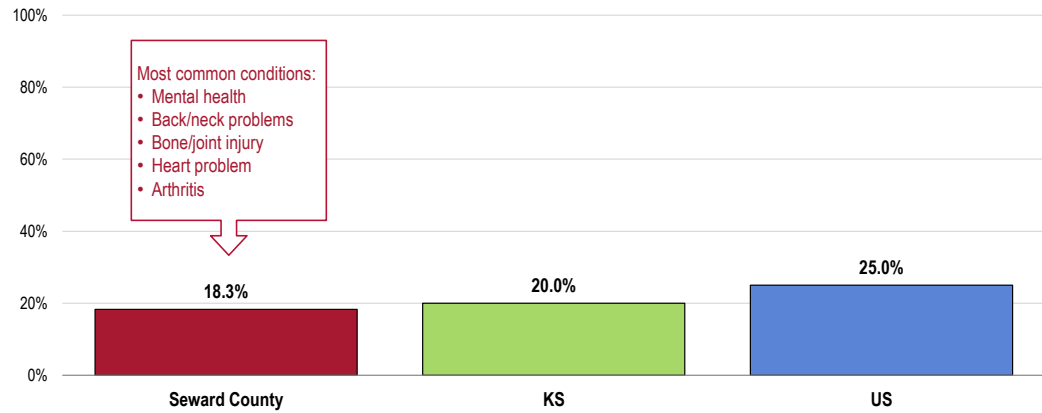
Sources:
● 2019 PRC Community Health Survey, PRC, Inc. [Items 109-110]
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2015 Kansas data.
● 2017 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Limited in Activities in Some Way
Due to a Physical, Mental or Emotional Problem
(Seward County, 2019)

- Men: 22.5%
- Women: 13.8%
- 18 to 39: 18.3%
- 40 to 59: 14.4%
- 60+: 22.7%
- Low Income: 23.7%
- Mid/High Income: 14.3%
- White: 29.3%
- Hispanic: 9.6%
- Seward County: 18.3%
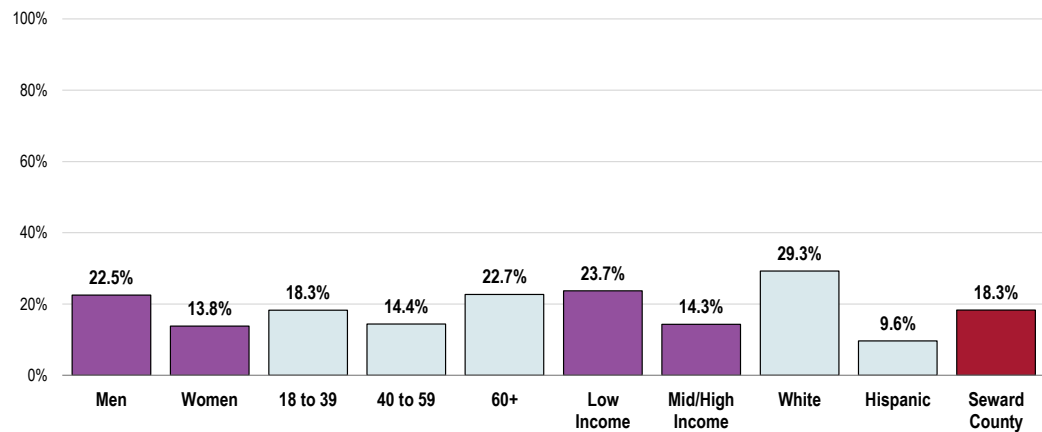
Sources: ● 2019 PRC Community Health Survey, PRC, Inc. [Item 109]
Notes: ● Asked of all respondents.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

PRC, Inc. 97

Arthritis, Osteoporosis & Chronic Back Conditions

About Arthritis, Osteoporosis & Chronic Back Conditions

There are more than 100 types of arthritis. Arthritis commonly occurs with other chronic conditions, such as diabetes, heart disease, and obesity. Interventions to treat the pain and reduce the functional limitations from arthritis are important, and may also enable people with these other chronic conditions to be more physically active. Arthritis affects 1 in 5 adults and continues to be the most common cause of disability. It costs more than $128 billion per year. All of the human and economic costs are projected to increase over time as the population ages. There are interventions that can reduce arthritis pain and functional limitations, but they remain underused. These include: increased physical activity; self-management education; and weight loss among overweight/obese adults.

Osteoporosis is a disease marked by reduced bone strength leading to an increased risk of fractures (broken bones). In the United States, an estimated 5.3 million people age 50 years and older have osteoporosis. Most of these people are women, but about 0.8 million are men. Just over 34 million more people, including 12 million men, have low bone mass, which puts them at increased risk for developing osteoporosis. Half of all women and as many as 1 in 4 men age 50 years and older will have an osteoporosis-related fracture in their lifetime.

Chronic back pain is common, costly, and potentially disabling. About 80% of Americans experience low back pain in their lifetime. It is estimated that each year:

- 15%-20% of the population develop protracted back pain.
- 2-8% have chronic back pain (pain that lasts more than 3 months).
- 3-4% of the population is temporarily disabled due to back pain.
- 1% of the working-age population is disabled completely and permanently as a result of low back pain.

Americans spend at least $50 billion each year on low back pain. Low back pain is the:

- 2nd leading cause of lost work time (after the common cold).
- 3rd most common reason to undergo a surgical procedure.
- 5th most frequent cause of hospitalization.

Arthritis, osteoporosis, and chronic back conditions all have major effects on quality of life, the ability to work, and basic activities of daily living.

— Healthy People 2020 (www.healthypeople.gov)

Nearly one-third of Seward County adults age 50 and older (32.3%) report suffering from arthritis or rheumatism.

A total of 3.6% of Seward County adults age 50 and older have osteoporosis.

- **BENCHMARK**: More favorable than the US finding.

A total of 16.8% of Seward County adults (18 and older) suffer from chronic back pain or sciatica.

- **BENCHMARK**: More favorable than the US finding.

Prevalence of Potentially Disabling Conditions

■ Seward County ■ US

- Arthritis/Rheumatism (50+): Seward County 32.3%, US 38.3%
- Osteoporosis (50+): Seward County 3.6%, US 9.4% — HP2020 Objective = 5.3% or Lower
- Sciatica/Chronic Back Pain (18+): Seward County 16.8%, US 22.9%
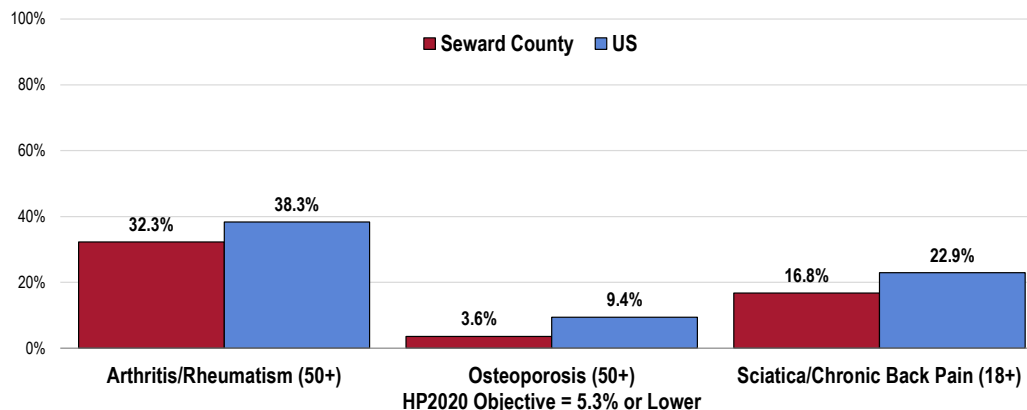
Sources: ● 2019 PRC Community Health Survey, PRC, Inc. [Items 26, 141-142]
  ● 2017 PRC National Health Survey, PRC, Inc.
  ● US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective AOCBC-10]
Notes: ● The sciatica indicator reflects the total sample of respondents; the arthritis and osteoporosis columns reflect adults age 50+.

Key Informant Input: Arthritis, Osteoporosis & Chronic Back Conditions

A plurality of key informants taking part in an online survey characterized *Arthritis, Osteoporosis & Chronic Back Conditions* as a "moderate problem" in the community.

Perceptions of Arthritis/Osteoporosis/Back Conditions as a Problem in the Community
(Key Informants, 2019)
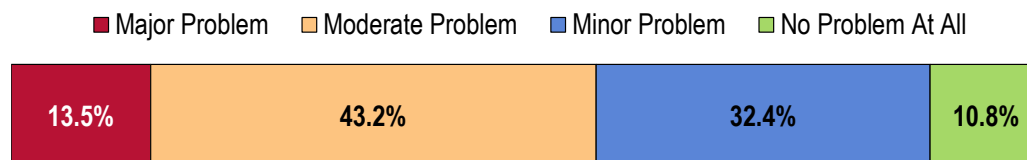
■ Major Problem □ Moderate Problem ■ Minor Problem □ No Problem At All

Major Problem	Moderate Problem	Minor Problem	No Problem At All
13.5%	43.2%	32.4%	10.8%

Sources: ● PRC Online Key Informant Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Access to Care/Services

> *There are not many options here. - Social Services Provider*

Contributing Factors

> *A lot of patients are involved in the work in which they have to lift heavy weight, or they are involved in the trucking industry where they have to travel long-distance. Part of the population is also elderly, and so arthritis is also one of the major problems. - Physician*

> *There are no doctors within a 100-mile radius that handle this issue. - Other Health Provider*

Key Informant Input: Vision & Hearing

Key informants taking part in an online survey most often characterized *Vision & Hearing* as a "minor problem" in the community.

Perceptions of Vision and Hearing
as a Problem in the Community
(Key Informants, 2019)
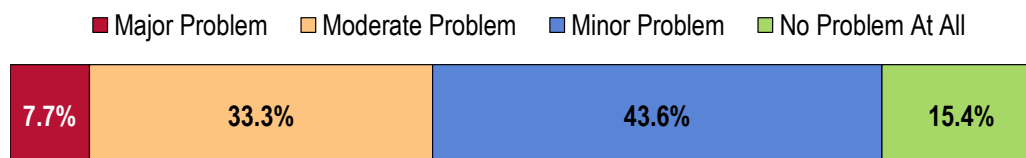
■ Major Problem ☐ Moderate Problem ■ Minor Problem ☐ No Problem At All

7.7%	33.3%	43.6%	15.4%

Sources: ● PRC Online Key Informant Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Affordable Care/Services

> *I see many patients who do not have finances for vision care or glasses. - Social Services Provider*
>
> *Not everyone has insurance, and they can't afford the eye exam and glasses. - Social Services Provider*

Contributing Factors

> *With a large percentage of our population being of low socioeconomic status, medical care is a strain on budgets, and hearing and vision care seems almost frivolous. - Community Leader*

Alzheimer's Disease

About Dementia

Dementia is the loss of cognitive functioning—thinking, remembering, and reasoning—to such an extent that it interferes with a person's daily life. Dementia is not a disease itself but rather a set of symptoms. Memory loss is a common symptom of dementia, although memory loss by itself does not mean a person has dementia. Alzheimer's disease is the most common cause of dementia, accounting for the majority of all diagnosed cases.

Alzheimer's disease is the 6th leading cause of death among adults age 18 years and older. Estimates vary, but experts suggest that up to 5.1 million Americans age 65 years and older have Alzheimer's disease. These numbers are predicted to more than double by 2050 unless more effective ways to treat and prevent Alzheimer's disease are found.

— Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Alzheimer's Disease Deaths

Between 2008 and 2017, there was an annual average age-adjusted Alzheimer's disease mortality rate of 19.7 deaths per 100,000 population in Seward County.

- **BENCHMARK**: Lower than found across Kansas and the nation.

Alzheimer's Disease: Age-Adjusted Mortality
(2008-2017 Annual Average Deaths per 100,000 Population)

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2019.
Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
● Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Key Informant Input: Dementias, Including Alzheimer's Disease

Key informants taking part in an online survey are most likely to consider *Dementias, Including Alzheimer's Disease* as a "moderate problem" in the community.

Perceptions of Dementia/Alzheimer's Disease as a Problem in the Community
(Key Informants, 2019)
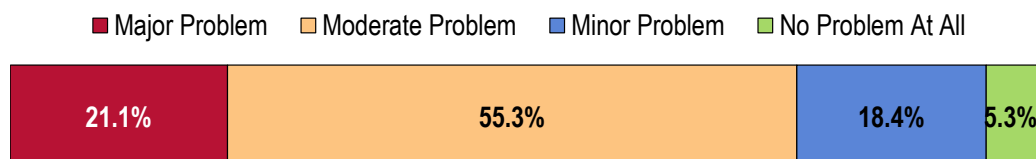
Sources: ● PRC Online Key Informant Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Access to Care/Services

Only one memory care unit in a 100-mile radius and no resources. - Other Health Provider

Because I have worked in healthcare, and some of the nursing homes do not have adequate facilities. - Community Leader

I know of several members of the community who have passed on due to one or the other disease, and there was nothing locally to be done. - Community Leader

Prevalence/Incidence

I believe there is an increase in incidence but lack of services and treatment available locally. - Community Leader

I work with the elderly and see this every day. - Other Health Provider

Caregiving

A total of 24.5% of Seward County adults currently provide care or assistance to a friend or family member who has a health problem, long-term illness, or disability.

Act as Caregiver to a Friend or Relative with a Health Problem, Long-Term Illness, or Disability

The top health issues affecting those receiving their care include:
- Old age/frailty
- Injuries/broken bones
- Heart disease
- Dementia/cognitive impairment
- Kidney/liver problems

	Seward County	US
	24.5%	20.8%
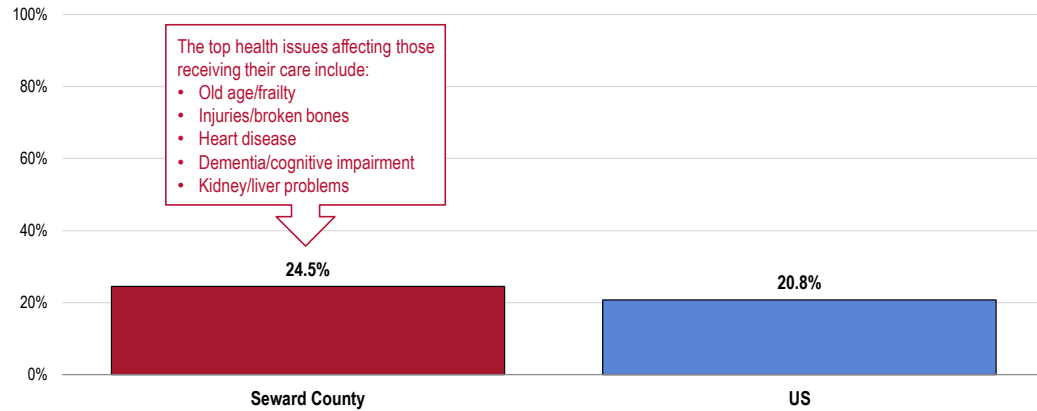
Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Items 111-112]
- 2017 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Immunization & Infectious Diseases

Key Informant Input: Immunization & Infectious Diseases

Key informants taking part in an online survey most often characterized *Immunization & Infectious Diseases* as a "minor problem" in the community.

Perceptions of Immunization and Infectious Diseases as a Problem in the Community
(Key Informants, 2019)

■ Major Problem ☐ Moderate Problem ■ Minor Problem ☐ No Problem At All

15.8%	23.7%	36.8%	23.7%
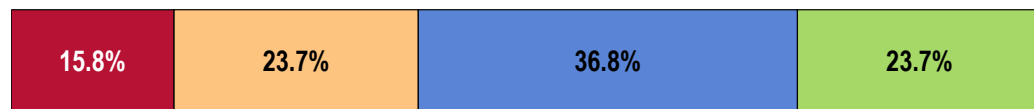
Sources: ● PRC Online Key Informant Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Awareness/Education

> *People are misinformed and afraid. - Social Services Provider*

Prevalence/Incidence

> *We have too many children coming to school without proper immunizations. This creates a health problem for all students and school personnel. - Community Leader*

Vulnerable Populations

> *Large immigrant population. - Community Leader*

Births

Prenatal Care

About Infant & Child Health

Improving the well-being of mothers, infants, and children is an important public health goal for the US. Their well-being determines the health of the next generation and can help predict future public health challenges for families, communities, and the healthcare system. The risk of maternal and infant mortality and pregnancy-related complications can be reduced by increasing access to quality preconception (before pregnancy) and inter-conception (between pregnancies) care. Moreover, healthy birth outcomes and early identification and treatment of health conditions among infants can prevent death or disability and enable children to reach their full potential. Many factors can affect pregnancy and childbirth, including pre-conception health status, age, access to appropriate healthcare, and poverty.

Infant and child health are similarly influenced by socio-demographic factors, such as family income, but are also linked to the physical and mental health of parents and caregivers. There are racial and ethnic disparities in mortality and morbidity for mothers and children, particularly for African Americans. These differences are likely the result of many factors, including social determinants (such as racial and ethnic disparities in infant mortality; family income; educational attainment among household members; and health insurance coverage) and physical determinants (i.e., the health, nutrition, and behaviors of the mother during pregnancy and early childhood).

— Healthy People 2020 (www.healthypeople.gov)

Birth Outcomes & Risks

Low-Weight Births

Low birthweight babies, those who weigh less than 2,500 grams (5 pounds, 8 ounces) at birth, are much more prone to illness and neonatal death than are babies of normal birthweight.

Largely a result of receiving poor or inadequate prenatal care, many low-weight births and the consequent health problems are preventable.

A total of 5.7% of 2006-2012 Seward County births were low-weight.

- **BENCHMARK**: More favorable than found across Kansas and the US.

Low-Weight Births
(Percent of Live Births, 2006-2012)
Healthy People 2020 = 7.8% or Lower
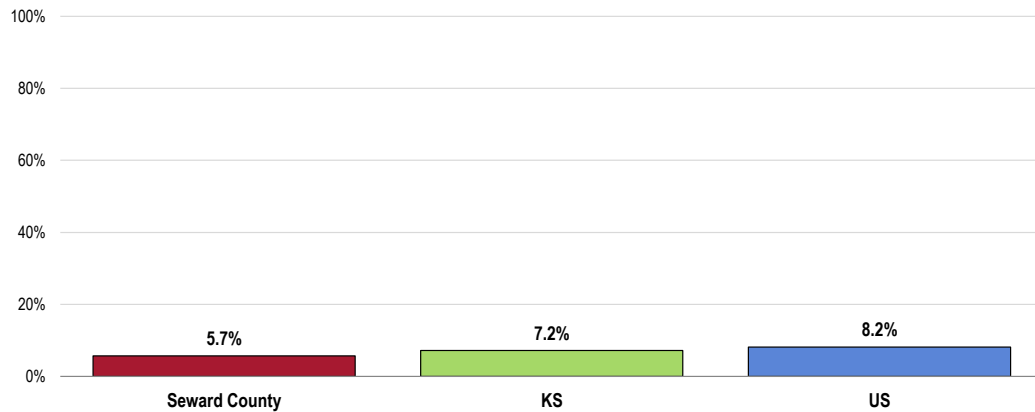
	Seward County	KS	US
	5.7%	7.2%	8.2%

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics.
- Retrieved August 2019 from CARES Engagement Network at https://engagementnetwork.org.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-8.1]

Note:
- This indicator reports the percentage of total births that are low birth weight (Under 2500g). This indicator is relevant because low birth weight infants are at high risk for health problems. This indicator can also highlight the existence of health disparities.

Infant Mortality

Infant mortality rates reflect deaths of children less than one year old per 1,000 live births.

Between 2013 and 2017, there was an annual average of 6.5 infant deaths per 1,000 live births.

Infant Mortality Rate
(Annual Average Infant Deaths per 1,000 Live Births, 2013-2017)
Healthy People 2020 = 6.0 or Lower
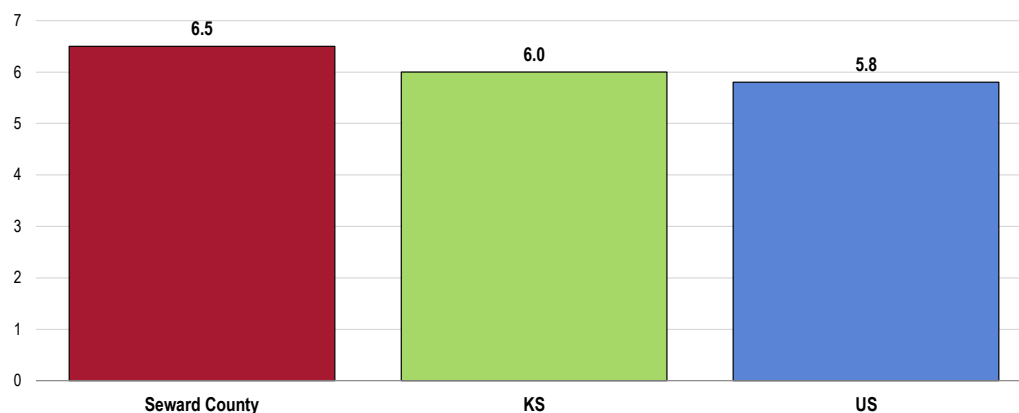
Seward County: 6.5
KS: 6.0
US: 5.8

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted August 2019.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-1.3]

Notes:
- Infant deaths include deaths of children under 1 year old.
- This indicator is relevant because high rates of infant mortality indicate the existence of broader issues pertaining to access to care and maternal and child health.

Key Informant Input: Infant & Child Health

Key informants taking part in an online survey generally characterized *Infant & Child Health* as a "moderate problem" in the community.

Perceptions of Infant and Child Health
as a Problem in the Community
(Key Informants, 2019)

■ Major Problem ☐ Moderate Problem ■ Minor Problem ☐ No Problem At All

Major Problem	Moderate Problem	Minor Problem	No Problem At All
25.6%	35.9%	23.1%	15.4%
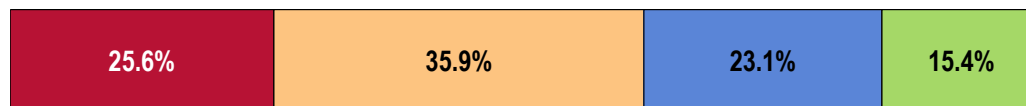
Sources:
- PRC Online Key Informant Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Lack of Providers

> *We are underserved by pediatricians, doctors, and APRNs. - Community Leader*

> *Lack of pediatricians in Seward County. - Community Leader*

> *I don't know of a good pediatrician in the area. - Community Leader*

Affordable Care/Services

> *Most families can't afford it. - Social Services Provider*

Many residents do not have time or have the monetary means to take part in well child checks in order to prevent serious illness in infants and children. - Community Leader

Access to Care/Services

Difficult to get health care. We need pediatricians. - Community Leader

Contributing Factors

Generational poverty leads to continual poverty. - Community Leader

We have too many teenage pregnancies and single-parent families. Both of these situations invite a poor living situation for young children. - Community Leader

Family Planning

Births to Adolescent Mothers

About Adolescent Births

The negative outcomes associated with unintended pregnancies are compounded for adolescents. Teen mothers:

- Are less likely to graduate from high school or attain a GED by the time they reach age 30.
- Earn an average of approximately $3,500 less per year, when compared with those who delay childbearing.
- Receive nearly twice as much Federal aid for nearly twice as long.

Similarly, early fatherhood is associated with lower educational attainment and lower income. Children of teen parents are more likely to have lower cognitive attainment and exhibit more behavior problems. Sons of teen mothers are more likely to be incarcerated, and daughters are more likely to become adolescent mothers.

— Healthy People 2020 (www.healthypeople.gov)

Between 2006 and 2012, there were 92.3 births to adolescents age 15 to 19 per 1,000 women age 15 to 19 in Seward County.

- **BENCHMARK**: Dramatically higher than statewide and national rates.

Teen Birth Rate
(Births to Adolescents Age 15-19 per 1,000 Females Age 15-19, 2006-2012)

	Seward County	KS	US
	92.3	39.9	36.6
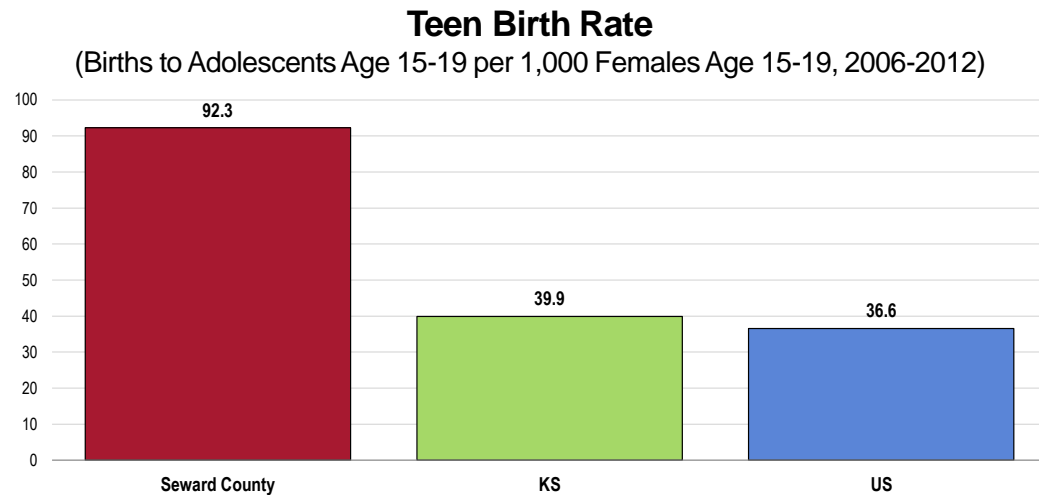
Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System.
- Retrieved August 2019 from CARES Engagement Network at https://engagementnetwork.org.

Notes:
- This indicator reports the rate of total births to women under the age of 15–19 per 1,000 female population age 15–19. This indicator is relevant because in many cases, teen parents have unique social, economic, and health support services. Additionally, high rates of teen pregnancy may indicate the prevalence of unsafe sex practices.

Key Informant Input: Family Planning

Key informants taking part in an online survey largely characterized *Family Planning* as a "moderate problem" in the community.

Perceptions of Family Planning as a Problem in the Community
(Key Informants, 2019)

■ Major Problem   ☐ Moderate Problem   ■ Minor Problem   ☐ No Problem At All

28.9%	31.6%	21.1%	18.4%
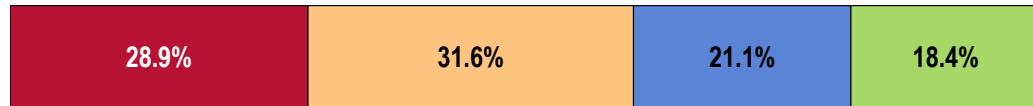
Sources: ● PRC Online Key Informant Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Teen Pregnancy

> *We have one of the highest teen pregnancy rates in the state, and our school system does very little along with other organizations to introduce awareness. - Community Leader*

> *High rate of teen pregnancy. - Community Leader*

> *We have too many young-girl pregnancies and single-parent families. We must find a way to help young men understand their responsibilities regarding protected sex and family responsibilities. We must also help young women to learn how to say no to unprotected sex. - Community Leader*

Awareness/Education

> *Families do not have the educational foundations to lead healthy and positive lives. - Community Leader*

> *There are little to no family educational programs/planning available to community. Seward has had a high rate of unplanned teenage pregnancy rates for many years. Cultural barriers also play a factor within the Latino community, as it can be "taboo" to talk about reproductive health services, including patient education and counseling, STIs, contraceptive services, etc. - Public Health Representative*

Insurance Issues

> *Individuals who do not have insurance, either because they do not work enough hours or they are undocumented, have minimal opportunities to get family planning education and resources. - Community Leader*

Access to Care/Services

> *Not enough resources and education at the high school level. Seems to be high numbers of teen pregnancy. - Public Health Representative*

Contributing Factor

> *Again, many residents do not seek adequate medical assistance, which includes prenatal care. - Community Leader*

Modifiable Health Risks

Nutrition

About Healthful Diet & Healthy Weight

Strong science exists supporting the health benefits of eating a healthful diet and maintaining a healthy body weight. Efforts to change diet and weight should address individual behaviors, as well as the policies and environments that support these behaviors in settings such as schools, worksites, healthcare organizations, and communities.

The goal of promoting healthful diets and healthy weight encompasses increasing household food security and eliminating hunger.

Americans with a healthful diet:

- Consume a variety of nutrient-dense foods within and across the food groups, especially whole grains, fruits, vegetables, low-fat or fat-free milk or milk products, and lean meats and other protein sources.
- Limit the intake of saturated and trans fats, cholesterol, added sugars, sodium (salt), and alcohol.
- Limit caloric intake to meet caloric needs.

Diet and body weight are related to health status. Good nutrition is important to the growth and development of children. A healthful diet also helps Americans reduce their risks for many health conditions, including: overweight and obesity; malnutrition; iron-deficiency anemia; heart disease; high blood pressure; dyslipidemia (poor lipid profiles); type 2 diabetes; osteoporosis; oral disease; constipation; diverticular disease; and some cancers.

Diet reflects the variety of foods and beverages consumed over time and in settings such as worksites, schools, restaurants, and the home. Interventions to support a healthier diet can help ensure that:

- Individuals have the knowledge and skills to make healthier choices.
- Healthier options are available and affordable.

Social Determinants of Diet. Demographic characteristics of those with a more healthful diet vary with the nutrient or food studied. However, most Americans need to improve some aspect of their diet.

Social factors thought to influence diet include:

- Knowledge and attitudes
- Skills
- Social support
- Societal and cultural norms
- Food and agricultural policies
- Food assistance programs
- Economic price systems

Physical Determinants of Diet. Access to and availability of healthier foods can help people follow healthful diets. For example, better access to retail venues that sell healthier options may have a positive impact on a person's diet; these venues may be less available in low-income or rural neighborhoods.

The places where people eat appear to influence their diet. For example, foods eaten away from home often have more calories and are of lower nutritional quality than foods prepared at home.

Marketing also influences people's—particularly children's—food choices.

— Healthy People 2020 (www.healthypeople.gov)

Daily Recommendation of Fruits/Vegetables

A total of 20.8% of Seward County adults report eating five or more servings of fruits and/or vegetables per day.

To measure fruit and vegetable consumption, survey respondents were asked multiple questions, specifically about the foods and drinks they consumed on the day prior to the interview.

RELATED ISSUE:
See also *Food Access* in the **Social Determinants of Health** section of this report.

- **BENCHMARK**: Less favorable than the national figure.
- **DISPARITY**: Adults ages 18 to 39, low-income residents and Hispanic adults are less likely to eat the recommended daily servings of fruits and vegetables.

Consume Five or More Servings of Fruits/Vegetables Per Day
(Seward County, 2019)

Men	Women	18 to 39	40 to 59	60+	Low Income	Mid/High Income	White	Hispanic	Seward County	US
18.5%	23.1%	13.6%	26.2%	29.2%	12.3%	29.5%	31.3%	11.5%	20.8%	33.5%
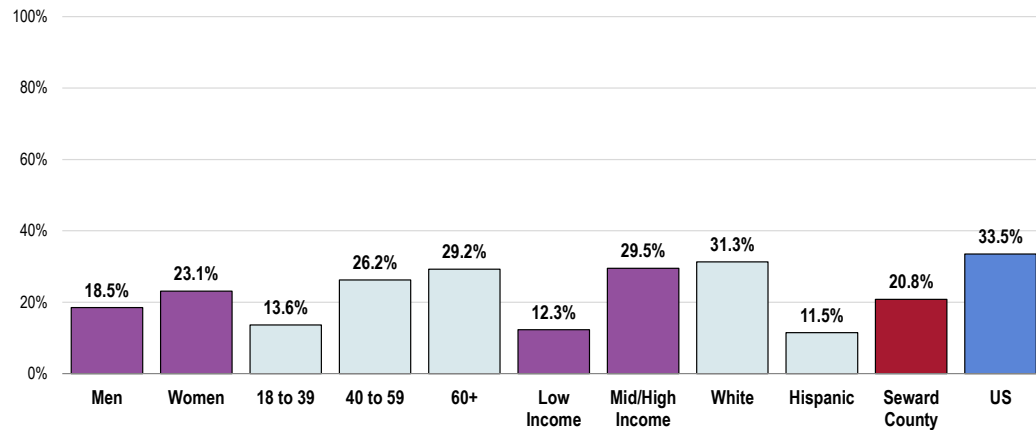
Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 148]
- 2017 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- For this issue, respondents were asked to recall their food intake on the previous day.

Physical Activity

About Physical Activity

Regular physical activity can improve the health and quality of life of Americans of all ages, regardless of the presence of a chronic disease or disability. Among adults, physical activity can lower the risk of: early death; coronary heart disease; stroke; high blood pressure; type 2 diabetes; breast and colon cancer; falls; and depression. Among children and adolescents, physical activity can: improve bone health; improve cardiorespiratory and muscular fitness; decrease levels of body fat; and reduce symptoms of depression. For people who are inactive, even small increases in physical activity are associated with health benefits.

Personal, social, economic, and environmental factors all play a role in physical activity levels among youth, adults, and older adults. Understanding the barriers to and facilitators of physical activity is important to ensure the effectiveness of interventions and other actions to improve levels of physical activity.

Factors **positively** associated with adult physical activity include: postsecondary education; higher income; enjoyment of exercise; expectation of benefits; belief in ability to exercise (self-efficacy); history of activity in adulthood; social support from peers, family, or spouse; access to and satisfaction with facilities; enjoyable scenery; and safe neighborhoods.

Factors **negatively** associated with adult physical activity include: advancing age; low income; lack of time; low motivation; rural residency; perception of great effort needed for exercise; overweight or obesity; perception of poor health; and being disabled. Older adults may have additional factors that keep them from being physically active, including lack of social support, lack of transportation to facilities, fear of injury, and cost of programs.

Among children ages 4 to 12, the following factors have a positive association with physical activity: gender (boys); belief in ability to be active (self-efficacy); and parental support.

Among adolescents ages 13 to 18, the following factors have a positive association with physical activity: parental education; gender (boys); personal goals; physical education/school sports; belief in ability to be active (self-efficacy); and support of friends and family.

Environmental influences positively associated with physical activity among children and adolescents include:

- Presence of sidewalks
- Having a destination/walking to a particular place
- Access to public transportation
- Low traffic density
- Access to neighborhood or school play area and/or recreational equipment

People with disabilities may be less likely to participate in physical activity due to physical, emotional, and psychological barriers. Barriers may include the inaccessibility of facilities and the lack of staff trained in working with people with disabilities.

— Healthy People 2020 (www.healthypeople.gov)

Leisure-Time Physical Activity

A total of 26.6% of Seward County adults report no leisure-time physical activity in the past month.

Leisure-time physical activity includes any physical activities or exercises (such as running, calisthenics, golf, gardening, walking, etc.) which take place outside of one's line of work.

No Leisure-Time Physical Activity in the Past Month
Healthy People 2020 = 32.6% or Lower

	Seward County	KS	US
	26.6%	27.9%	26.2%
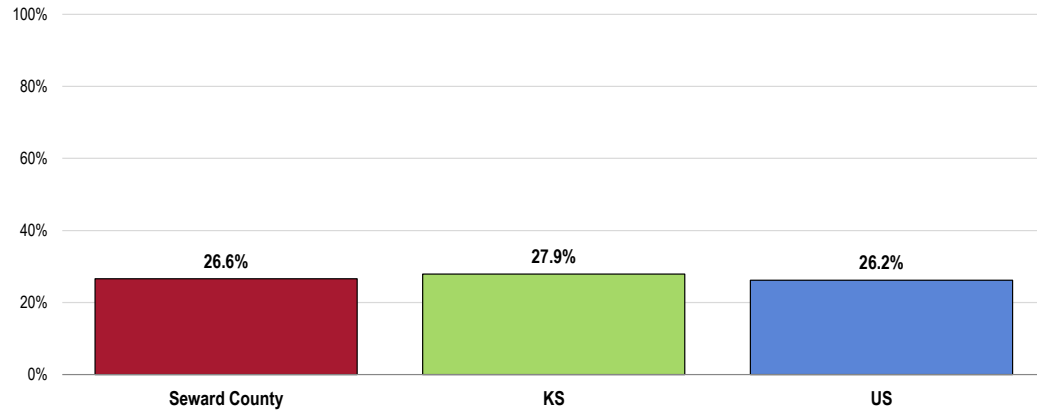
Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 89]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2017 Kansas data.
- 2017 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective PA-1]

Notes:
- Asked of all respondents.

Activity Levels

Adults

Recommended Levels of Physical Activity

Adults should do 2 hours and 30 minutes a week of moderate-intensity (such as walking), or 1 hour and 15 minutes (75 minutes) a week of vigorous-intensity **aerobic** physical activity (such as jogging), or an equivalent combination of moderate- and vigorous-intensity aerobic physical activity. The guidelines also recommend that adults do **muscle-strengthening** activities, such as push-ups, sit-ups, or activities using resistance bands or weights. These activities should involve all major muscle groups and be done on two or more days per week.

The report finds that nationwide nearly 50 percent of adults are getting the recommended amounts of aerobic activity and about 30 percent are engaging in the recommended muscle-strengthening activity.

— 2013 Physical Activity Guidelines for Americans, US Department of Health and Human Services. www.cdc.gov/physicalactivity
— Learn more about CDC's efforts to promote walking by visiting http://www.cdc.gov/vitalsigns/walking.

"Meeting physical activity recommendations" includes adequate levels of both aerobic and strengthening activities:

Aerobic activity is one of the following: at least 150 minutes per week of light to moderate activity, 75 minutes per week of vigorous activity, or an equivalent combination of both.

Strengthening activity is at least 2 sessions per week of exercise designed to strengthen muscles.

A total of 21.3% of Seward County adults regularly participate in adequate levels of both aerobic and strengthening activities (meeting physical activity recommendations).

- **DISPARITY**: Those less likely to meet the recommendations include adults age 60 and older and lower-income residents.

Meets Physical Activity Recommendations
Healthy People 2020 = 20.1% or Higher

	Seward County	KS	US
	21.3%	19.0%	22.8%
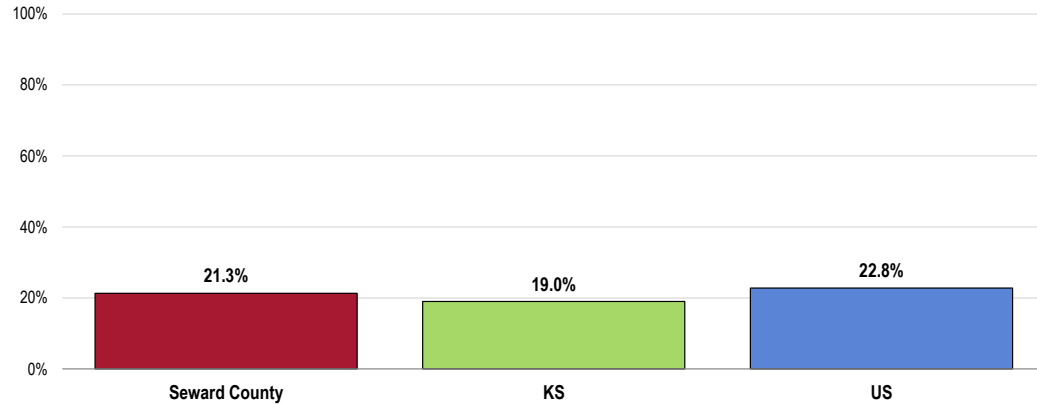
Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 152]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2017 Kansas data.
- 2017 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective PA-2.4]

Notes:
- Asked of all respondents.
- Meeting both guidelines is defined as the number of persons age 18+ who report light or moderate aerobic activity for at least 150 minutes per week or who report vigorous physical activity 75 minutes per week or an equivalent combination of moderate and vigorous-intensity activity and report doing physical activities specifically designed to strengthen muscles at least twice per week.

Meets Physical Activity Recommendations
(Seward County, 2019)
Healthy People 2020 = 20.1% or Higher

Men	Women	18 to 39	40 to 59	60+	Low Income	Mid/High Income	White	Hispanic	Seward County
24.2%	18.2%	27.2%	22.3%	7.6%	9.2%	33.3%	21.0%	24.5%	21.3%
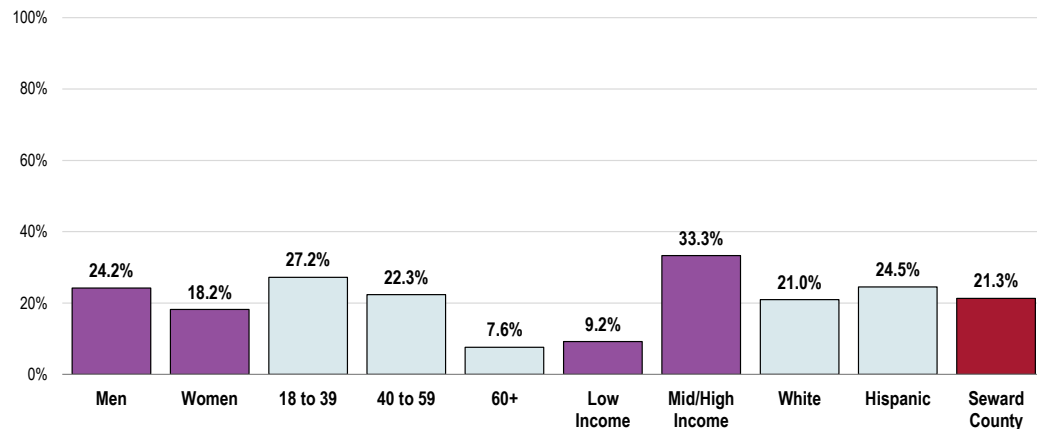
Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 152]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective PA-2.4]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- Meeting both guidelines is defined as the number of persons age 18+ who report light or moderate aerobic activity for at least 150 minutes per week or who report vigorous physical activity 75 minutes per week or an equivalent combination of moderate and vigorous-intensity activity _and_ report doing physical activities specifically designed to strengthen muscles at least twice per week.

Children

Recommended Levels of Physical Activity

Children and adolescents should do 60 minutes (1 hour) or more of physical activity each day.

— 2013 Physical Activity Guidelines for Americans, US Department of Health and Human Services. www.cdc.gov/physicalactivity

Among Seward County children age 2 to 17, 57.0% are reported to have had 60 minutes of physical activity on <u>each</u> of the seven days preceding the interview (1+ hours per day).

Child Is Physically Active for One or More Hours per Day
(Parents of Children Age 2-17)

	Seward County	US
Value	57.0%	50.5%
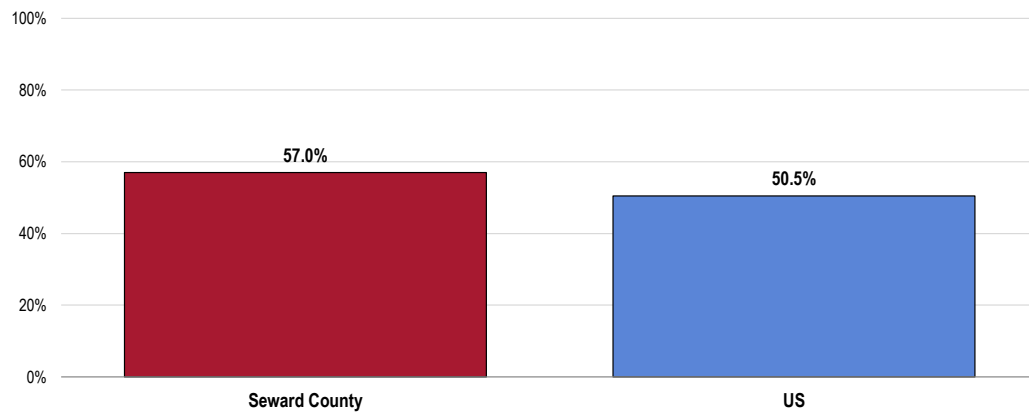
Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 124]
- 2017 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents with children age 2-17 at home.
- Includes children reported to have one or more hours of physical activity on each of the seven days preceding the survey.

Access to Physical Activity

In 2016, there were 4.4 recreation/fitness facilities for every 100,000 population in Seward County.

Here, recreation/fitness facilities include establishments engaged in operating facilities which offer "exercise and other active physical fitness conditioning or recreational sports activities."

Examples include athletic clubs, gymnasiums, dance centers, tennis clubs, and swimming pools.

- **BENCHMARK**: Less favorable than found across the state and nation.

Population With Recreation & Fitness Facility Access
(Number of Recreation & Fitness Facilities per 100,000 Population, 2016)

	Seward County	KS	US
Value	4.4	9.6	11.0
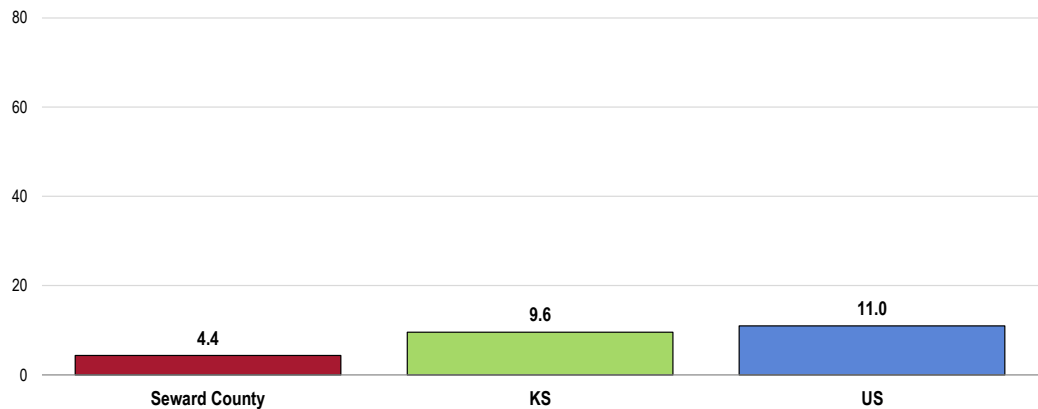
Sources:
- US Census Bureau, County Business Patterns. Additional data analysis by CARES.
- Retrieved August 2019 from CARES Engagement Network at https://engagementnetwork.org.

Notes:
- Recreation and fitness facilities are defined by North American Industry Classification System (NAICS) Code 713940 , which include *Establishments engaged in operating facilities which offer "exercise and other active physical fitness conditioning or recreational sports activities." Examples include athletic clubs, gymnasiums, dance centers, tennis clubs, and swimming pools.* This indicator is relevant because access to recreation and fitness facilities encourages physical activity and other healthy behaviors.

Weight Status

About Overweight & Obesity

Because weight is influenced by energy (calories) consumed and expended, interventions to improve weight can support changes in diet or physical activity. They can help change individuals' knowledge and skills, reduce exposure to foods low in nutritional value and high in calories, or increase opportunities for physical activity. Interventions can help prevent unhealthy weight gain or facilitate weight loss among obese people. They can be delivered in multiple settings, including healthcare settings, worksites, or schools.

The social and physical factors affecting diet and physical activity (see Physical Activity topic area) may also have an impact on weight. Obesity is a problem throughout the population. However, among adults, the prevalence is highest for middle-aged people and for non-Hispanic black and Mexican American women. Among children and adolescents, the prevalence of obesity is highest among older and Mexican American children and non-Hispanic black girls. The association of income with obesity varies by age, gender, and race/ethnicity.

— Healthy People 2020 (www.healthypeople.gov)

Body Mass Index (BMI), which describes relative weight for height, is significantly correlated with total body fat content. The BMI should be used to assess overweight and obesity and to monitor changes in body weight. In addition, measurements of body weight alone can be used to determine efficacy of weight loss therapy. BMI is calculated as weight (kg)/height squared (m^2). To estimate BMI using pounds and inches, use: [weight (pounds)/height squared (inches^2)] x 703.

In this report, overweight is defined as a BMI of 25.0 to 29.9 kg/m^2 and obesity as a BMI ≥30 kg/m^2. The rationale behind these definitions is based on epidemiological data that show increases in mortality with BMIs above 25 kg/m^2. The increase in mortality, however, tends to be modest until a BMI of 30 kg/m^2 is reached. For persons with a BMI ≥30 kg/m^2, mortality rates from all causes, and especially from cardiovascular disease, are generally increased by 50 to 100 percent above that of persons with BMIs in the range of 20 to 25 kg/m^2.

— Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. National Institutes of Health. National Heart, Lung, and Blood Institute in Cooperation With The National Institute of Diabetes and Digestive and Kidney Diseases. September 1998.

Adult Weight Status

Classification of Overweight and Obesity by BMI	BMI (kg/m^2)
Underweight	<18.5
Normal	18.5 – 24.9
Overweight	25.0 – 29.9
Obese	≥30.0

Source: Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. National Institutes of Health. National Heart, Lung, and Blood Institute in Cooperation With The National Institute of Diabetes and Digestive and Kidney Diseases. September 1998.

Overweight Status

A total of 8 in 10 Seward County adults (80.0%) are overweight.

Here, "overweight" includes those respondents with a BMI value ≥25.

- **BENCHMARK**: Worse than the statewide and national prevalence.

Prevalence of Total Overweight (Overweight and Obese)

Note: 50.0% of overweight adults are trying to lose weight.

	Seward County	KS	US
	80.0%	67.2%	67.8%
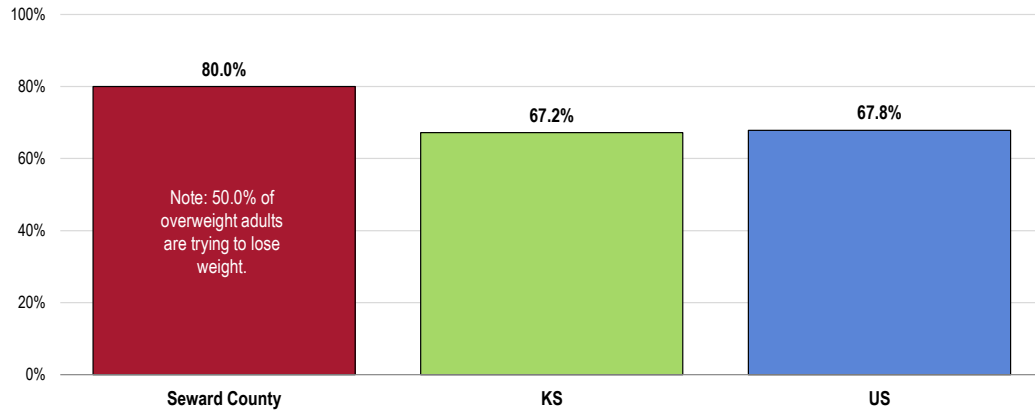
Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Items 155, 191]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2017 Kansas data.
- 2017 PRC National Health Survey, PRC, Inc.

Notes:
- Based on reported heights and weights, asked of all respondents.
- The definition of overweight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 25.0, regardless of gender. The definition for obesity is a BMI greater than or equal to 30.0.

Note that 21.1% of overweight adults have been given advice about their weight by a health professional in the past year (while over two-thirds have not).

The overweight prevalence above includes 48.3% of Seward County adults who are obese.

"Obese" (also included in overweight prevalence discussed previously) includes respondents with a BMI value ≥30.

- **BENCHMARK**: Much worse than the statewide and national prevalence.
- **DISPARITY**: Exceptionally high among Hispanic adults.

Prevalence of Obesity
Healthy People 2020 = 30.5% or Lower

Seward County: 48.3%
KS: 32.4%
US: 32.8%
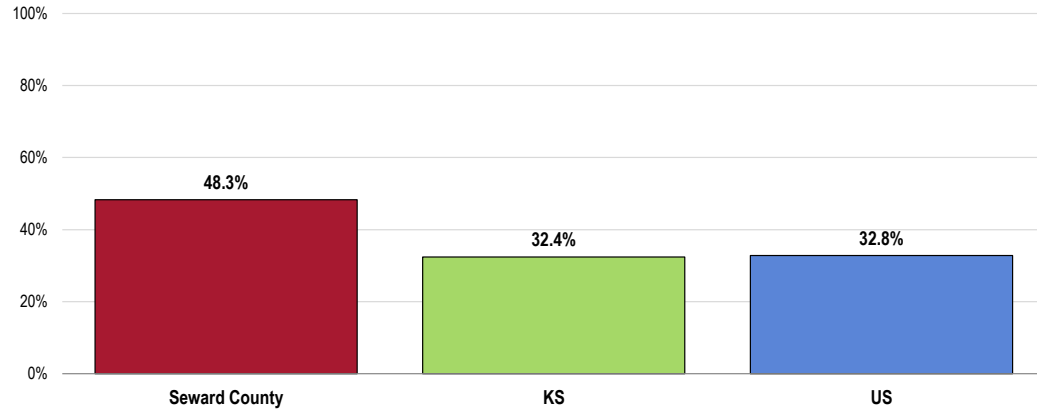
Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 154]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2017 Kansas data.
- 2017 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective NWS-9]

Notes:
- Based on reported heights and weights, asked of all respondents.
- The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.

Prevalence of Obesity
(Seward County, 2019)
Healthy People 2020 = 30.5% or Lower

Men: 51.3%
Women: 44.8%
18 to 39: 53.2%
40 to 59: 44.8%
60+: 42.7%
Low Income: 43.1%
Mid/High Income: 50.2%
White: 37.5%
Hispanic: 60.0%
Seward County: 48.3%
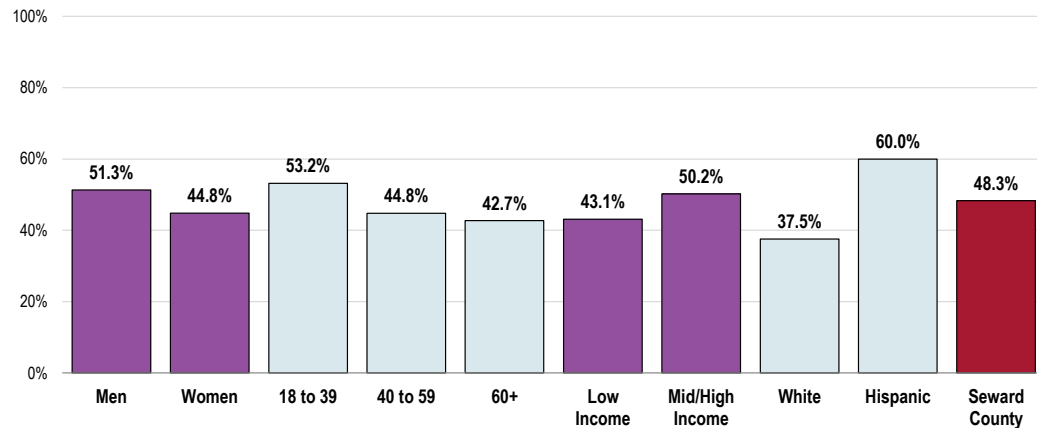
Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 154]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective NWS-9]

Notes:
- Based on reported heights and weights, asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.

Key Informant Input: Nutrition, Physical Activity & Weight

Key informants taking part in an online survey most often characterized *Nutrition, Physical Activity & Weight* as a "major problem" in the community.

Perceptions of Nutrition, Physical Activity, and Weight as a Problem in the Community
(Key Informants, 2019)

■ Major Problem □ Moderate Problem ■ Minor Problem □ No Problem At All

36.6%	31.7%	24.4%	7.3%
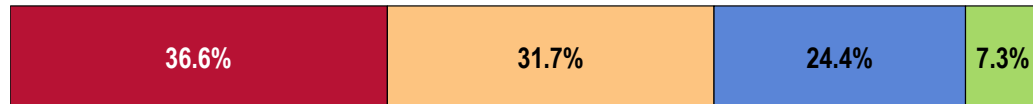
Sources: • PRC Online Key Informant Survey, PRC, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Awareness/Education

> *Many residents are not educated on the adverse effects of poor nutrition, lack of exercise, and excessive weight. Others work many long hours and have many responsibilities and do not place nutrition, physical activity, and weight maintenance as a priority. - Community Leader*

> *Lack of education for immigrants. Lack of low-cost facilities. - Community Leader*

Nutrition

> *Policies and environment that is not optimally supportive of healthy nutrition, physical activity, or healthy weight. - Community Leader*

> *Kansas Health Matters reported that at one point, people in Seward are eating less than one cup in vegetables and/or fruit per day. Walking trails in low-income neighborhoods have also been a challenge. In Seward, there is also a great issue regarding language barriers. Language barriers have caused difficulty in accessing needs. In Seward, we are limited to six to eight food pantries with only one to two having an interpreter readily available. - Public Health Representative*

Obesity

> *Looking at kids in the school, and many adults in our community, it seems that many are overweight. - Public Health Representative*

> *Walk down the hall of any school or business in our community and you will see obese children and adults. We do not have a climate that encourages a healthy living style. - Community Leader*

Affordable Care/Services

> *Cost and accessibility. - Social Services Provider*

Prevalence/Incidence

> *This is so bad of a problem and nothing is done in this community; if there is, it costs a fortune. - Community Leader*

Contributing Factors

> *Food accessibility is a major concern in Seward. Kismet, which is 20 miles from Liberal, is currently in a food desert. There is limited accessibility to food within walking and driving distance since their local grocery/convenience store closed. This, too, could be the case for Liberal residents. Culturally appropriate foods are difficult to find within walking distance for most residents, especially minorities. Transportation creates an issue, making it difficult to access healthy foods. Many people will purchase foods at a convenience store at a higher price and higher fat content. - Public Health Representative*

Substance Abuse

About Substance Abuse

Substance abuse has a major impact on individuals, families, and communities. The effects of substance abuse are cumulative, significantly contributing to costly social, physical, mental, and public health problems. These problems include:

- Teenage pregnancy
- Human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS)
- Other sexually transmitted diseases (STDs)
- Domestic violence
- Child abuse
- Motor vehicle crashes
- Physical fights
- Crime
- Homicide
- Suicide

Substance abuse refers to a set of related conditions associated with the consumption of mind- and behavior-altering substances that have negative behavioral and health outcomes. Social attitudes and political and legal responses to the consumption of alcohol and illicit drugs make substance abuse one of the most complex public health issues. In addition to the considerable health implications, substance abuse has been a flash-point in the criminal justice system and a major focal point in discussions about social values: people argue over whether substance abuse is a disease with genetic and biological foundations or a matter of personal choice.

Advances in research have led to the development of evidence-based strategies to effectively address substance abuse. Improvements in brain-imaging technologies and the development of medications that assist in treatment have gradually shifted the research community's perspective on substance abuse. There is now a deeper understanding of substance abuse as a disorder that develops in adolescence and, for some individuals, will develop into a chronic illness that will require lifelong monitoring and care.

Improved evaluation of community-level prevention has enhanced researchers' understanding of environmental and social factors that contribute to the initiation and abuse of alcohol and illicit drugs, leading to a more sophisticated understanding of how to implement evidence-based strategies in specific social and cultural settings.

A stronger emphasis on evaluation has expanded evidence-based practices for drug and alcohol treatment. Improvements have focused on the development of better clinical interventions through research and increasing the skills and qualifications of treatment providers.

— Healthy People 2020 (www.healthypeople.gov)

Alcohol Use

Excessive Drinking

"**Excessive drinking**" includes heavy **and/or** binge drinkers:

- **Heavy drinkers** include men reporting 2+ alcoholic drinks per day or women reporting 1+ alcoholic drink per day in the month preceding the interview.

- **Binge drinkers** include men reporting 5+ alcoholic drinks or women reporting 4+ alcoholic drinks on any single occasion during the past month.

A total of 24.7% of area adults are excessive drinkers (heavy and/or binge drinkers).

- **DISPARITY**: Significantly higher among men, adults younger than 40, mid- to high-income residents, and Hispanic adults.

Excessive Drinkers
(Seward County, 2019)
Healthy People 2020 = 25.4% or Lower
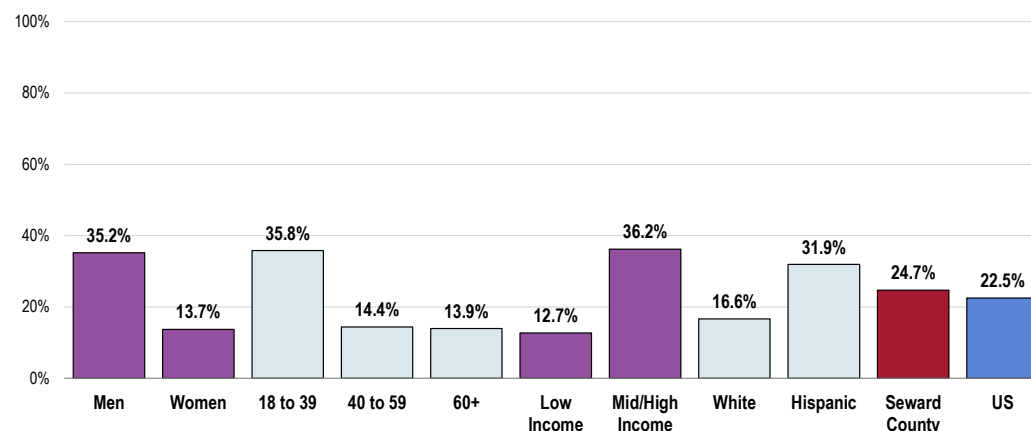
Category	Percent
Men	35.2%
Women	13.7%
18 to 39	35.8%
40 to 59	14.4%
60+	13.9%
Low Income	12.7%
Mid/High Income	36.2%
White	16.6%
Hispanic	31.9%
Seward County	24.7%
US	22.5%

Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 168]
- 2017 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-15]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- Excessive drinking reflects the number of persons aged 18 years and over who drank more than two drinks per day on average (for men) or more than one drink per day on average (for women) OR who drank 5 or more drinks during a single occasion (for men) or 4 or more drinks during a single occasion (for women) during the past 30 days.

Drinking & Driving

Note: As a self-reported measure – and because this indicator reflects potentially illegal behavior – it is reasonable to expect that it might be underreported, and that the actual incidence of drinking and driving in the community is likely higher.

A total of 1.3% of Seward County adults acknowledge having driven a vehicle in the past month after they had perhaps too much to drink.

- **BENCHMARK**: Lower than state and national findings.

Have Driven in the Past Month
After Perhaps Having Too Much to Drink

Seward County	KS	US
1.3%	5.2%	5.2%
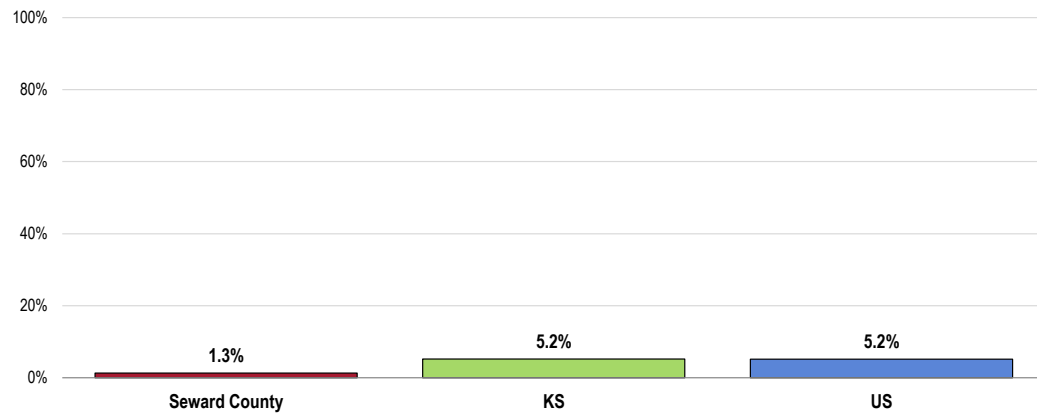
Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 58]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 Kansas data.
- 2017 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Illicit Drug Use

For the purposes of this survey, "illicit drug use" includes use of illegal substances or of prescription drugs taken without a physician's order.

Note: As a self-reported measure – and because this indicator reflects potentially illegal behavior – it is reasonable to expect that it might be underreported, and that actual illicit drug use in the community is likely higher.

A total of 0.5% of Seward County adults acknowledge using an illicit drug in the past month.

- **BENCHMARK**: More favorable than the national figure. Satisfies the HP2020 objective.

Illicit Drug Use in the Past Month
(Seward County, 2019)
Healthy People 2020 = 7.1% or Lower

Men	Women	18 to 39	40 to 59	60+	Low Income	Mid/High Income	White	Hispanic	Seward County	US
0.0%	0.9%	0.9%	0.0%	0.0%	0.0%	0.0%	1.1%	0.0%	0.5%	2.5%
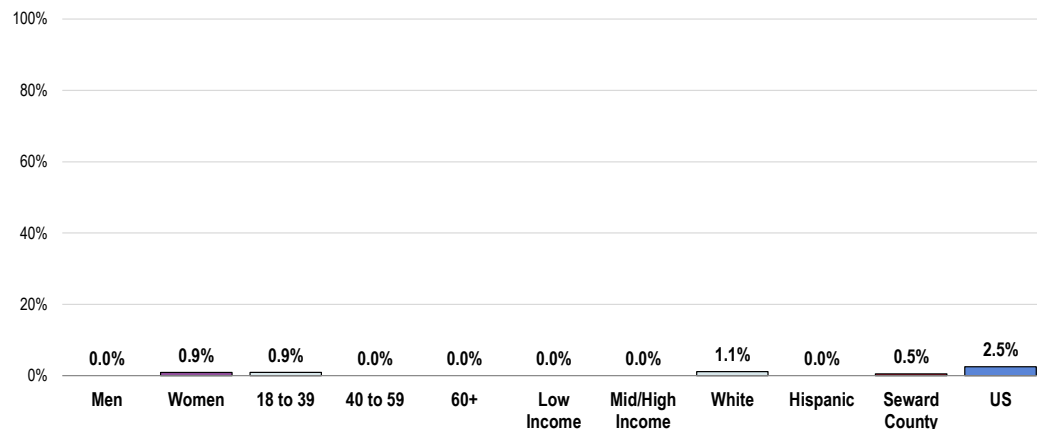
Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 59]
- 2017 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-13.3]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Alcohol & Drug Treatment

A total of 4.7% of Seward County adults report that they have sought professional help for an alcohol or drug problem at some point in their lives.

Have Ever Sought Professional Help for an Alcohol/Drug-Related Problem
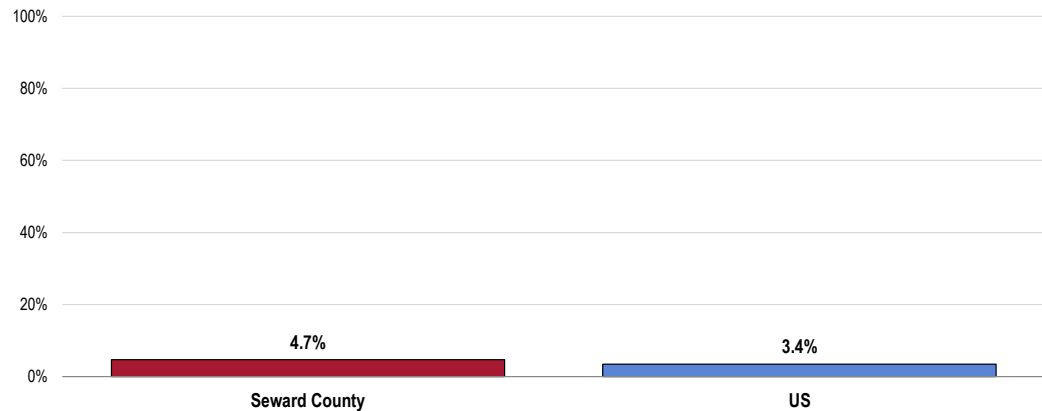
Sources: ● 2019 PRC Community Health Survey, PRC, Inc. [Item 60]
          ● 2017 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Personal Impact From Substance Abuse

Area adults were also asked to what degree their lives have been impacted by substance abuse (whether their own abuse or that of another).

Most Seward County residents' lives have <u>not</u> been negatively affected by substance abuse (either their own or someone else's).

Degree to Which Life Has Been Negatively Affected by Substance Abuse (Self or Other's)
(Seward County, 2019)
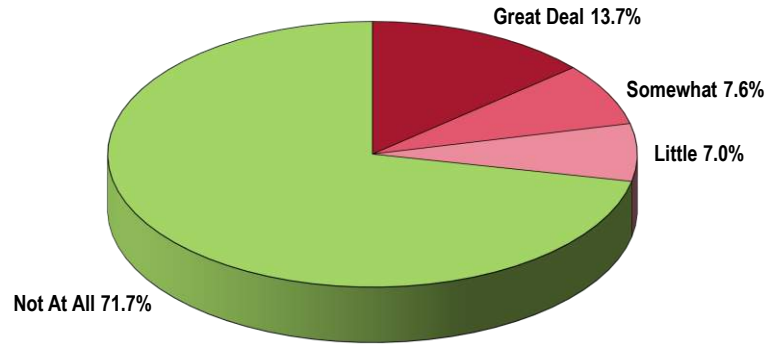
Sources: ●   2019 PRC Community Health Survey, PRC, Inc. [Item 61]
Notes: ●   Asked of all respondents.

However, 28.3% have felt a personal impact to some degree ("a little," "somewhat," or "a great deal").

- **BENCHMARK**: Lower than found nationally.
- **DISPARITY**: Higher among non-Hispanic White adults.

Life Has Been Negatively Affected by Substance Abuse (by Self or Someone Else)
(Seward County, 2019)
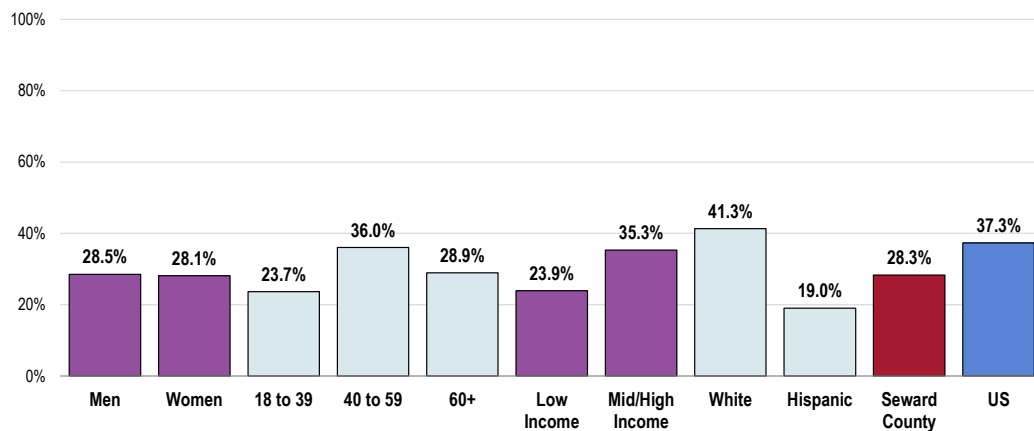
Sources: ●   2019 PRC Community Health Survey, PRC, Inc. [Item 195]
           ●   2017 PRC National Health Survey, PRC, Inc.
Notes: ●   Asked of all respondents.
           ●   Includes response of "a great deal," "somewhat," and "a little."
           ●   Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
           ●   Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Key Informant Input: Substance Abuse

The greatest share of key informants taking part in an online survey characterized *Substance Abuse* as a "major problem" in the community.

Perceptions of Substance Abuse as a Problem in the Community
(Key Informants, 2019)

■ Major Problem □ Moderate Problem ■ Minor Problem □ No Problem At All

51.3%	30.8%	10.3%	7.7%
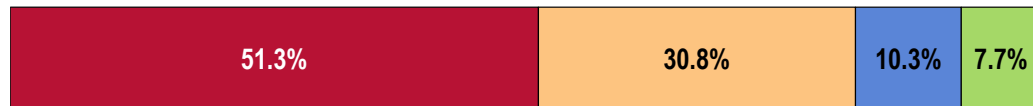
Sources: ● PRC Online Key Informant Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Access to Care/Services

There are no known treatment centers available. People must seek out of area care when treatment is desired. - Community Leader

The only substance abuse treatment in our community is City on the Hill. This is a very small treatment program. Access for individuals who are unable to pay for these services have nowhere to turn. - Social Services Provider

Lack of facilities, clinicians, support groups. - Community Leader

Limitations to resources. There is one well-known facility that assists with substance abuse/drug addiction, but not many other options. - Public Health Representative

No resources. City on the Hill is a joke. - Community Leader

Currently, there is only one place in the community, and it is geared towards women and it is very expensive, and some people don't want to go to a group facility. - Social Services Provider

Denial/Stigma

We seem to have a society that has turned a blind eye and deaf ear to the harm of substance abuse. The changing laws and attitudes to drug use are also having a negative effect on society. - Community Leader

Community denial. Substance abuse is swept under the rug at multiple levels. Not reported by law enforcement and not reported by media. - Community Leader

Identifying those in need and getting them to seek treatment. - Community Leader

Affordable Care/Services

Financial, and not many substance abuse centers that are effective. - Social Services Provider

Cost-effective treatment and evidence-based providers. - Community Leader

Funding

Lack of funding for individuals without coverage for such services. - Social Services Provider

Funding and programs. - Community Leader

Contributing Factors

> *Our community seems to have a significant increase in the numbers of people with substance abuse issues. It seems to be fairly easy to access, and there are limited resources to help with addiction. - Community Leader*
>
> *Laws. - Other Health Provider*
>
> *Drug usage. - Community Leader*
>
> *Opioid abuse and doctors that continue to prescribe it just so they get a good score on a survey. - Community Leader*

Prevalence/Incidence

> *Substance abuse is a huge problem in our community, not just the trafficking, but the use in our community. - Community Leader*

Most Problematic Substances

Key informants (who rated this as a "major problem") identified **alcohol** as the most problematic substance abused in the community, followed by **methamphetamine/other amphetamines** and **marijuana**.

Problematic Substances as Identified by Key Informants				
	Most Problematic	Second-Most Problematic	Third-Most Problematic	**Total Mentions**
Alcohol	22.2%	16.7%	27.8%	**12**
Methamphetamine or Other Amphetamines	38.9%	22.2%	0.0%	**11**
Marijuana	16.7%	22.2%	16.7%	**10**
Prescription Medications	11.1%	11.1%	16.7%	**7**
Heroin or Other Opioids	5.6%	11.1%	5.6%	**4**
Cocaine or Crack	0.0%	11.1%	11.1%	**4**
[Refused]	5.6%	5.6%	11.1%	**4**
Club Drugs (e.g. MDMA, GHB, Ecstasy, Molly)	0.0%	0.0%	5.6%	**1**
Over-The-Counter Medications	0.0%	0.0%	5.6%	**1**

Tobacco Use

About Tobacco Use

Tobacco use is the single most preventable cause of death and disease in the United States. Scientific knowledge about the health effects of tobacco use has increased greatly since the first Surgeon General's report on tobacco was released in 1964.

Tobacco use causes:

- Cancer
- Heart disease
- Lung diseases (including emphysema, bronchitis, and chronic airway obstruction)
- Premature birth, low birth weight, stillbirth, and infant death

There is no risk-free level of exposure to secondhand smoke. Secondhand smoke causes heart disease and lung cancer in adults and a number of health problems in infants and children, including: severe asthma attacks; respiratory infections; ear infections; and sudden infant death syndrome (SIDS).

Smokeless tobacco causes a number of serious oral health problems, including cancer of the mouth and gums, periodontitis, and tooth loss. Cigar use causes cancer of the larynx, mouth, esophagus, and lung.

— Healthy People 2020 (www.healthypeople.gov)

Cigarette Smoking

Cigarette Smoking Prevalence

A total of 15.3% of Seward County adults currently smoke cigarettes, either regularly (every day) or occasionally (on some days).

Cigarette Smoking Prevalence
(Seward County, 2019)

Regular Smoker 10.1%
Occasional Smoker 5.2%
Former Smoker 17.9%
Never Smoked 66.8%
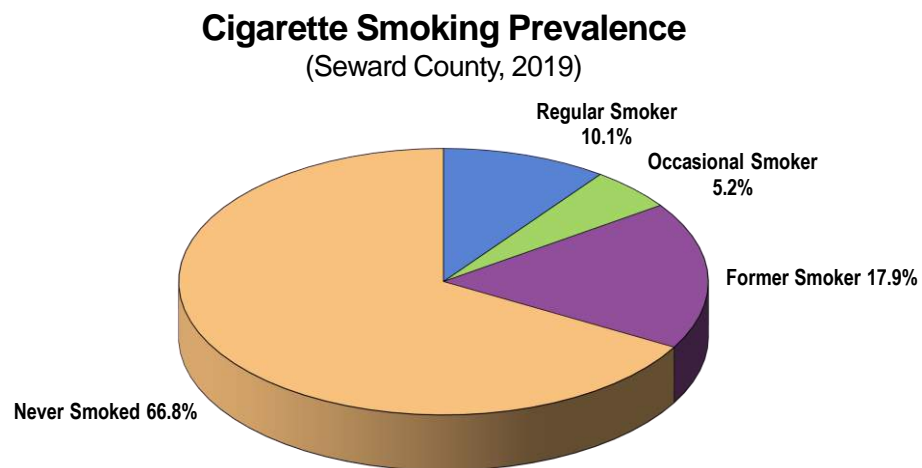
Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Item 159]
Notes: • Asked of all respondents.

Note the following findings related to cigarette smoking prevalence in Seward County.

- **DISPARITY**: Men are more likely than women to smoke. In addition, adults age 60 and older are significantly more likely than adults ages 40 to 59 to smoke.

Current Smokers
Healthy People 2020 = 12.0% or Lower

	Seward County	KS	US
	15.3%	17.4%	16.3%
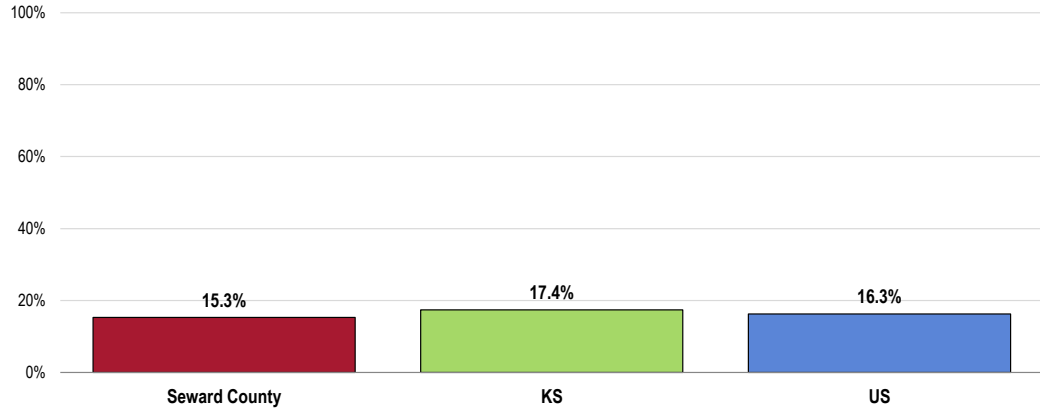
Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 193]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2017 Kansas data.
- 2017 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective TU-1.1]

Notes:
- Asked of all respondents.
- Includes regular and occasional smokers (those who smoke cigarettes every day or on some days).

Current Smokers
(Seward County, 2019)
Healthy People 2020 = 12.0% or Lower

Men	Women	18 to 39	40 to 59	60+	Low Income	Mid/High Income	White	Hispanic	Seward County
21.3%	9.0%	16.3%	8.0%	21.8%	18.5%	14.1%	14.2%	8.2%	15.3%
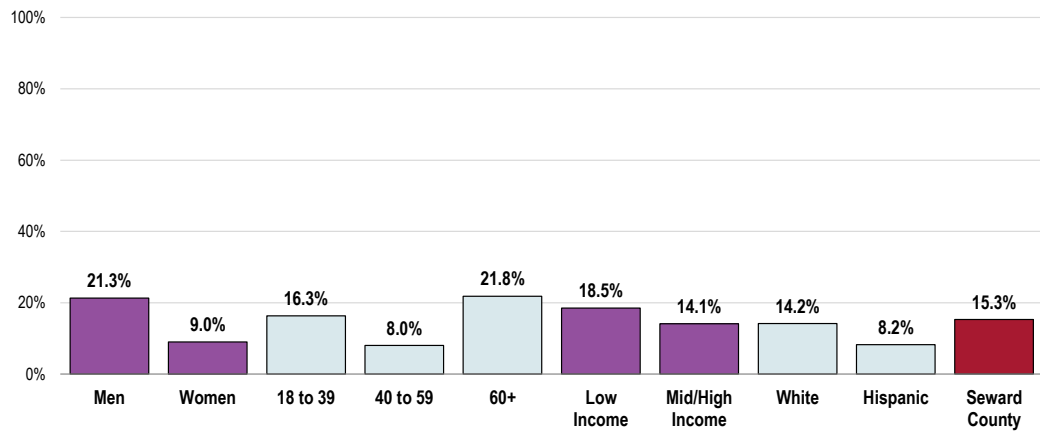
Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 193]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective TU-1.1]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- Includes regular and occasion smokers (every day and some days).

Environmental Tobacco Smoke

Among all surveyed households in Seward County, 12.8% report that someone has smoked cigarettes in their home on an average of four or more times per week over the past month.

Member of Household Smokes at Home

14.9% among households with children

6.6% among nonsmokers

12.8% — Seward County

10.7% — US
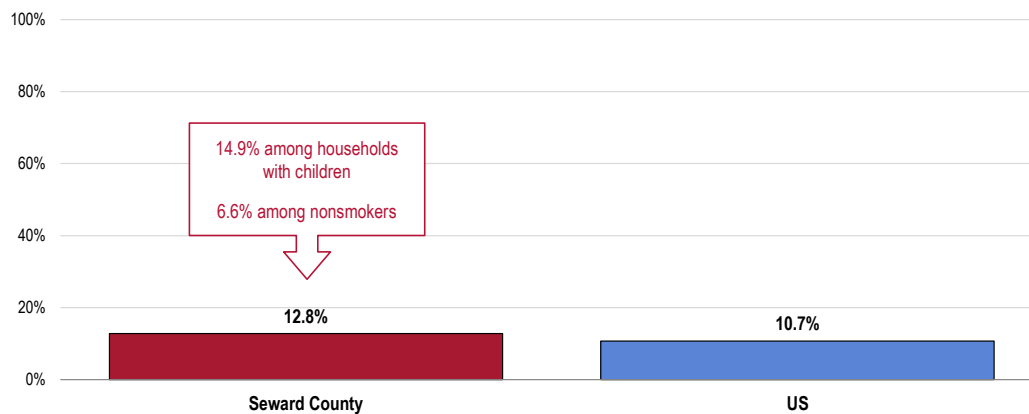
Sources: ● 2019 PRC Community Health Survey, PRC, Inc. [Items 52, 161-162]
● 2017 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.
● "Smokes at home" refers to someone smoking cigarettes, cigars, or a pipe in the home an average of four or more times per week in the past month.

Smoking Cessation

About Reducing Tobacco Use

Preventing tobacco use and helping tobacco users quit can improve the health and quality of life for Americans of all ages. People who stop smoking greatly reduce their risk of disease and premature death. Benefits are greater for people who stop at earlier ages, but quitting tobacco use is beneficial at any age.

Many factors influence tobacco use, disease, and mortality. Risk factors include race/ethnicity, age, education, and socioeconomic status. Significant disparities in tobacco use exist geographically; such disparities typically result from differences among states in smoke-free protections, tobacco prices, and program funding for tobacco prevention.

— Healthy People 2020 (www.healthypeople.gov)

Other Tobacco Use

Use of Vaping Products

Most Seward County adults have never tried electronic cigarettes (e-cigarettes) or other electronic vaping products.

Use of Vaping Products
(Seward County, 2019)

Use Every Day 1.8% Use on Some Days 4.4%

Tried, Don't Currently Use 14.3%

Never Tried 79.4%

However, 6.3% currently use vaping products either regularly (every day) or occasionally (on some days).

- **DISPARITY**: Vaping is significantly more prevalent among adults ages 18 to 39.
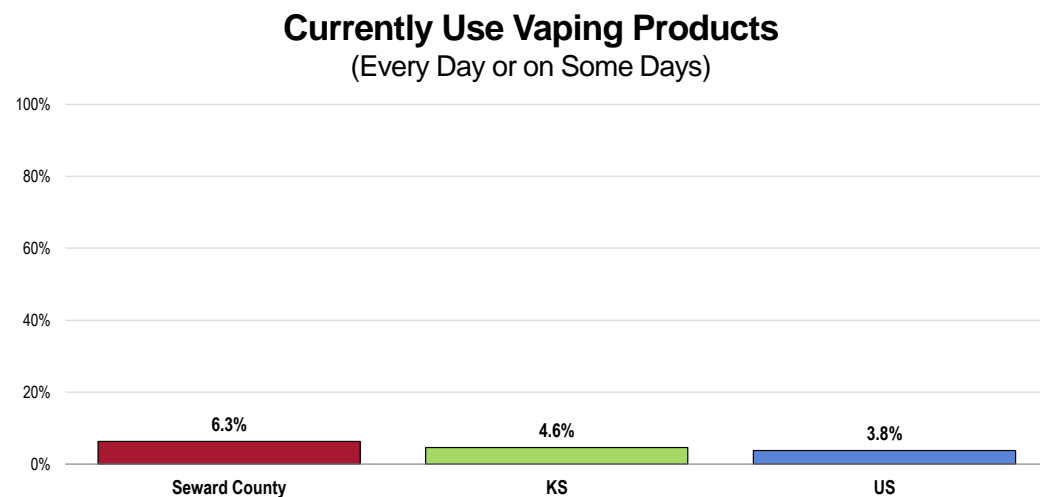
Currently Use Vaping Products
(Every Day or on Some Days)

	Seward County	KS	US
	6.3%	4.6%	3.8%

Currently Use Vaping Products
(Seward County, 2019)

Bar chart values:
- Men: 9.8%
- Women: 2.5%
- 18 to 39: 12.1%
- 40 to 59: 1.6%
- 60+: 0.0%
- Low Income: 4.2%
- Mid/High Income: 5.9%
- White: 2.6%
- Hispanic: 9.3%
- Seward County: 6.3%

Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 194]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- Includes regular and occasional users (those who smoke e-cigarettes every day or on some days).

Key Informant Input: Tobacco Use

The greatest share of key informants taking part in an online survey characterized
***Tobacco Use* as a "moderate problem" or "minor problem" in the community.**

Perceptions of Tobacco Use
as a Problem in the Community
(Key Informants, 2019)
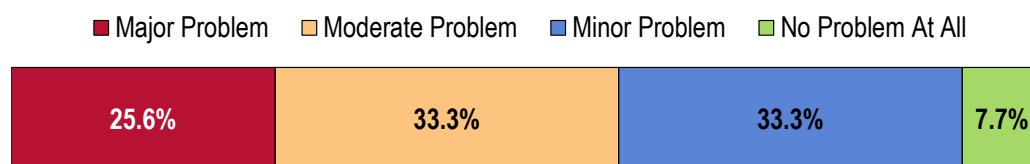
■ Major Problem   □ Moderate Problem   ■ Minor Problem   □ No Problem At All

Major Problem	Moderate Problem	Minor Problem	No Problem At All
25.6%	33.3%	33.3%	7.7%

Sources:
- PRC Online Key Informant Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

E-Cigarettes

> *The use of vape pens have increased among youth. - Public Health Representative*

> *Placed tobacco use as a major problem in the community, and I don't believe it is anymore. Now vaping is replacing smoking as an activity. - Social Services Provider*

Prevalence/Incidence

Its use seems to be rather common. - Community Leader

I continue to see people standing outside of businesses in our community to smoke. I also see high school and college students smoking throughout our community. - Community Leader

Contributing Factors

No resources. - Community Leader

Easy access by teens. - Community Leader

Many young people are using tobacco products. - Community Leader

Sexual Health

HIV

About Human Immunodeficiency Virus (HIV)

The HIV epidemic in the United States continues to be a major public health crisis. An estimated 1.1 million Americans are living with HIV, and 1 in 5 people with HIV do not know they have it. HIV continues to spread, leading to about 56,000 new HIV infections each year.

HIV is a preventable disease, and effective HIV prevention interventions have been proven to reduce HIV transmission. People who get tested for HIV and learn that they are infected can make significant behavior changes to improve their health and reduce the risk of transmitting HIV to their sex or drug-using partners. More than 50% of new HIV infections occur as a result of the 21% of people who have HIV but do not know it.

In the era of increasingly effective treatments for HIV, people with HIV are living longer, healthier, and more productive lives. Deaths from HIV infection have greatly declined in the United States since the 1990s. As the number of people living with HIV grows, it will be more important than ever to increase national HIV prevention and healthcare programs.

There are gender, race, and ethnicity disparities in new HIV infections:

- Nearly 75% of new HIV infections occur in men.
- More than half occur in gay and bisexual men, regardless of race or ethnicity.
- 45% of new HIV infections occur in African Americans, 35% in whites, and 17% in Hispanics.

Improving access to quality healthcare for populations disproportionately affected by HIV, such as persons of color and gay and bisexual men, is a fundamental public health strategy for HIV prevention. People getting care for HIV can receive:

- Antiretroviral therapy
- Screening and treatment for other diseases (such as sexually transmitted infections)
- HIV prevention interventions
- Mental health services
- Other health services

As the number of people living with HIV increases and more people become aware of their HIV status, prevention strategies that are targeted specifically for HIV-infected people are becoming more important. Prevention work with people living with HIV focuses on:

- Linking to and staying in treatment.
- Increasing the availability of ongoing HIV prevention interventions.
- Providing prevention services for their partners.

Public perception in the US about the seriousness of the HIV epidemic has declined in recent years. There is evidence that risky behaviors may be increasing among uninfected people, especially gay and bisexual men. Ongoing media and social campaigns for the general public and HIV prevention interventions for uninfected persons who engage in risky behaviors are critical.

— Healthy People 2020 (www.healthypeople.gov)

HIV Prevalence

In 2015, there was a prevalence of 124.9 HIV cases per 100,000 population in Seward County.

- **BENCHMARK**: Much lower than the national prevalence.
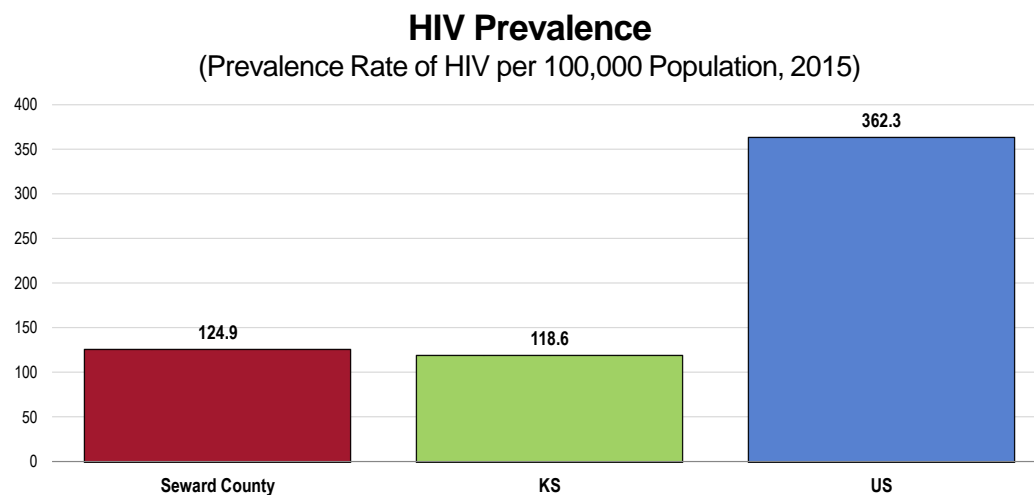
HIV Prevalence
(Prevalence Rate of HIV per 100,000 Population, 2015)

Sources: ● Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
● Retrieved August 2019 from CARES Engagement Network at https://engagementnetwork.org.
Notes: ● This indicator is relevant because HIV is a life-threatening communicable disease that disproportionately affects minority populations and may also indicate the prevalence of unsafe sex practices.

Key Informant Input: HIV/AIDS

Key informants taking part in an online survey most often characterized *HIV/AIDS* as a "minor problem" in the community.
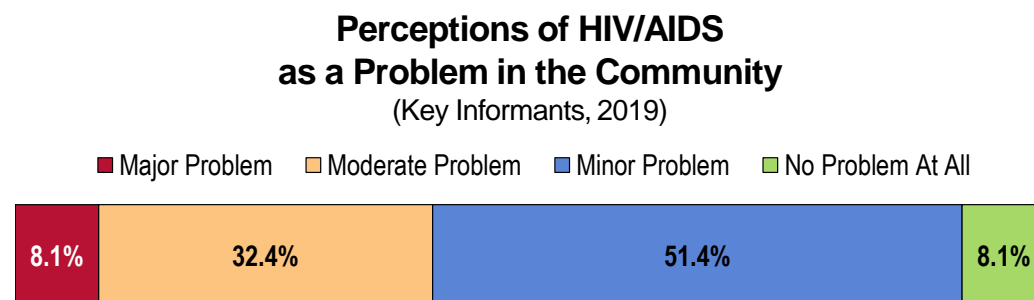
Perceptions of HIV/AIDS
as a Problem in the Community
(Key Informants, 2019)

■ Major Problem ▢ Moderate Problem ▢ Minor Problem ▢ No Problem At All

8.1%	32.4%	51.4%	8.1%

Sources: ● PRC Online Key Informant Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Awareness/Education

> *There is no information publicized about care, treatment, or prevention. - Community Leader*

Denial/Stigma

> *People are afraid to look for services, and they don't feel comfortable going to the health department.*
> *They think it will get out that they have it. - Social Services Provider*

Sexually Transmitted Diseases

About Sexually Transmitted Diseases

STDs refer to more than 25 infectious organisms that are transmitted primarily through sexual activity. Despite their burdens, costs, and complications, and the fact that they are largely preventable, STDs remain a significant public health problem in the United States. This problem is largely unrecognized by the public, policymakers, and health care professionals. STDs cause many harmful, often irreversible, and costly clinical complications, such as: reproductive health problems; fetal and perinatal health problems; cancer; and facilitation of the sexual transmission of HIV infection.

Because many cases of STDs go undiagnosed—and some common viral infections, such as human papillomavirus (HPV) and genital herpes, are not reported to CDC at all—the reported cases of chlamydia, gonorrhea, and syphilis represent only a fraction of the true burden of STDs in the US. Untreated STDs can lead to serious long-term health consequences, especially for adolescent girls and young women. Several factors contribute to the spread of STDs.

Biological Factors. STDs are acquired during unprotected sex with an infected partner. Biological factors that affect the spread of STDs include:

- **Asymptomatic nature of STDs**. The majority of STDs either do not produce any symptoms or signs, or they produce symptoms so mild that they are unnoticed; consequently, many infected persons do not know that they need medical care.
- **Gender disparities**. Women suffer more frequent and more serious STD complications than men do. Among the most serious STD complications are pelvic inflammatory disease, ectopic pregnancy (pregnancy outside of the uterus), infertility, and chronic pelvic pain.
- **Age disparities**. Compared to older adults, sexually active adolescents ages 15 to 19 and young adults ages 20 to 24 are at higher risk for getting STDs.
- **Lag time between infection and complications**. Often, a long interval, sometimes years, occurs between acquiring an STD and recognizing a clinically significant health problem.

Social, Economic, and Behavioral Factors. The spread of STDs is directly affected by social, economic, and behavioral factors. Such factors may cause serious obstacles to STD prevention due to their influence on social and sexual networks, access to and provision of care, willingness to seek care, and social norms regarding sex and sexuality. Among certain vulnerable populations, historical experience with segregation and discrimination exacerbates these factors. Social, economic, and behavioral factors that affect the spread of STDs include: racial and ethnic disparities; poverty and marginalization; access to healthcare; substance abuse; sexuality and secrecy (stigma and discomfort discussing sex); and sexual networks (persons "linked" by sequential or concurrent sexual partners).

— Healthy People 2020 (www.healthypeople.gov)

Chlamydia & Gonorrhea

In 2016, the chlamydia incidence rate in Seward County was 514.0 cases per 100,000 population.

The Seward County gonorrhea incidence rate in 2016 was 34.6 cases per 100,000 population.

- **BENCHMARK**: Chlamydia incidence is significantly higher than the statewide rate. Gonorrhea incidence is significantly lower than the state and national rates.

Chlamydia & Gonorrhea Incidence
(Incidence Rate per 100,000 Population, 2016)
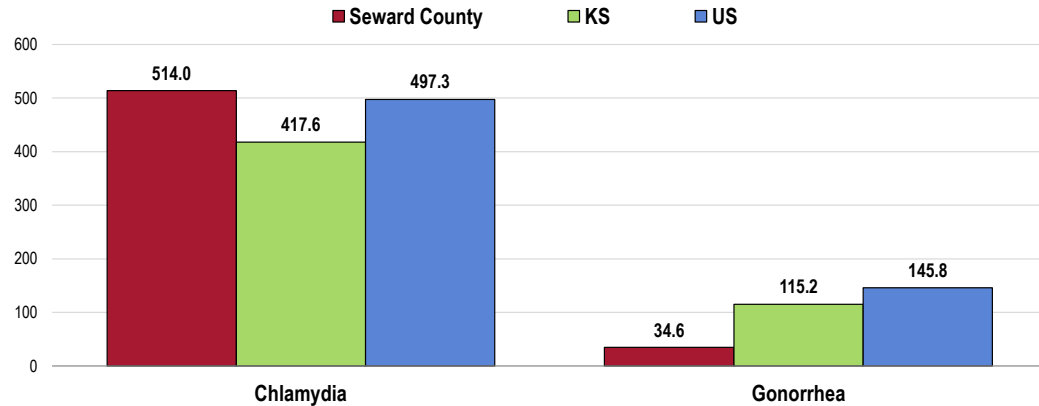
■ Seward County   ■ KS   ■ US

Chlamydia: Seward County 514.0, KS 417.6, US 497.3
Gonorrhea: Seward County 34.6, KS 115.2, US 145.8

Sources:
- Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
- Retrieved August 2019 from CARES Engagement Network at https://engagementnetwork.org.

Notes:
- This indicator is relevant because it is a measure of poor health status and indicates the prevalence of unsafe sex practices.

Key Informant Input: Sexually Transmitted Diseases

A plurality of key informants taking part in an online survey characterized *Sexually Transmitted Diseases* as a "moderate problem" in the community.

Perceptions of Sexually Transmitted Diseases
as a Problem in the Community
(Key Informants, 2019)
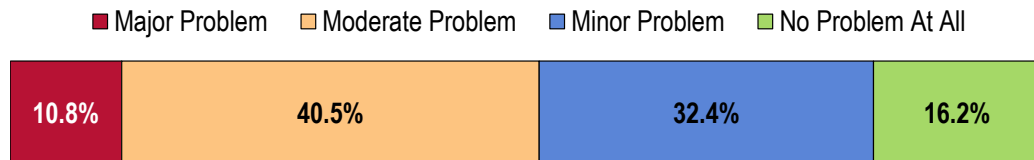
■ Major Problem   □ Moderate Problem   ■ Minor Problem   □ No Problem At All

Major Problem	Moderate Problem	Minor Problem	No Problem At All
10.8%	40.5%	32.4%	16.2%

Sources:
- PRC Online Key Informant Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Awareness/Education

> No sex education for preventative. - Social Services Provider

> Lack of education from educators, parents, faith homes. Casual sex among teens and adults, hooking up. The influence of drugs and/or alcohol. - Social Services Provider

Access to Care/Services

Once again, no resources. - Community Leader

Access to Health Services

Health Insurance Coverage

Type of Healthcare Coverage

A total of 58.1% of Seward County adults age 18 to 64 report having healthcare coverage through private insurance. Another 20.6% report coverage through a government-sponsored program (e.g., Medicaid, Medicare, military benefits).

Survey respondents were asked a series of questions to determine their healthcare insurance coverage, if any, from either private or government-sponsored sources.

Healthcare Insurance Coverage
(Adults Age 18-64; Seward County, 2019)

No Insurance/
Self-Pay 21.3%

Other Gov't Coverage
0.5%

Medicaid & Medicare
0.2%

VA/Military 3.3%

Medicare 7.8%

Medicaid 8.8%

Insured, Unknown
Type 2.0%

Insured, Self-
Purchase 3.0%

Insured, Employer-
Based 53.1%
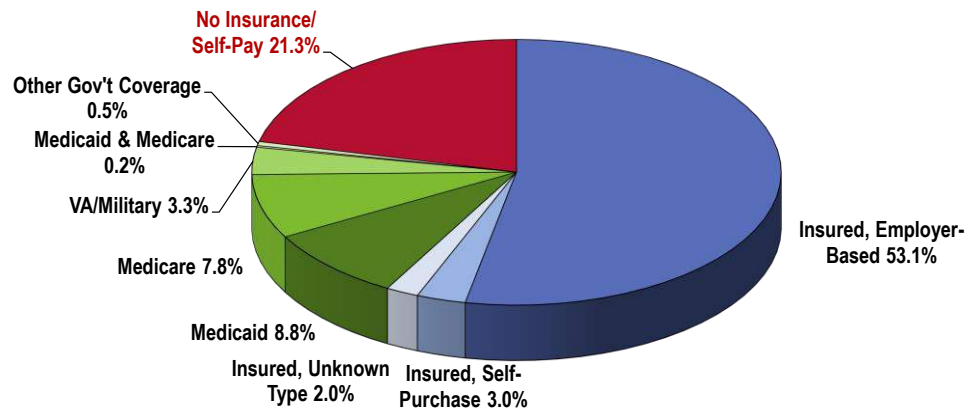
Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Item 169]
Notes: • Reflects respondents age 18 to 64.

Lack of Health Insurance Coverage

Among adults age 18 to 64, 21.3% report having no insurance coverage for healthcare expenses.

Here, lack of health insurance coverage reflects respondents age 18 to 64 (thus, excluding the Medicare population) who have no type of insurance coverage for healthcare services – neither private insurance nor government-sponsored plans (e.g., Medicaid).

- **BENCHMARK**: Less favorable than the national finding. The Healthy People 2020 objective is universal coverage.
- **DISPARITY**: Lower-income residents and Hispanic residents are most likely to report being without coverage.

Lack of Healthcare Insurance Coverage
(Adults Age 18-64)
Healthy People 2020 = 0.0% (Universal Coverage)

Seward County	21.3%
KS	15.3%
US	13.7%
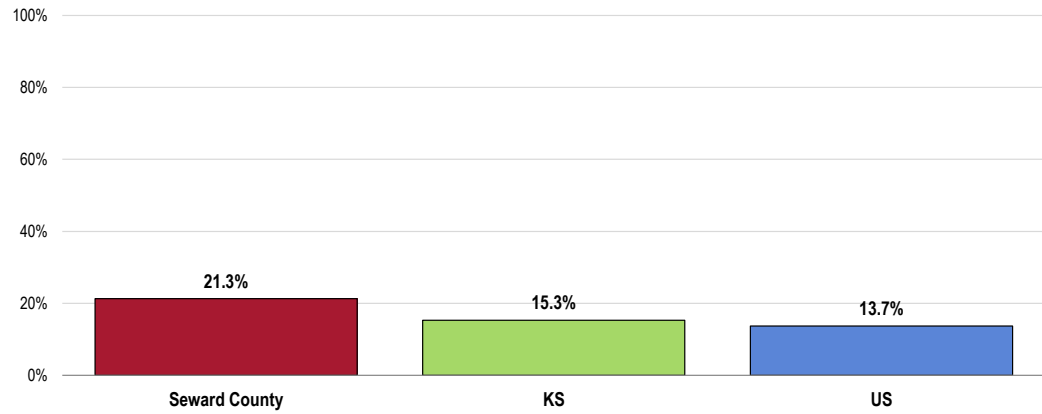
Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 169]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2017 Kansas data.
- 2017 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective AHS-1]

Notes:
- Asked of all respondents under the age of 65.

Lack of Healthcare Insurance Coverage
(Adults Age 18-64; Seward County, 2019)
Healthy People 2020 = 0.0% (Universal Coverage)

Men	Women	18 to 39	40 to 64	Low Income	Mid/High Income	White	Hispanic	Seward County
21.0%	21.5%	25.2%	16.5%	31.3%	9.5%	7.9%	32.0%	21.3%
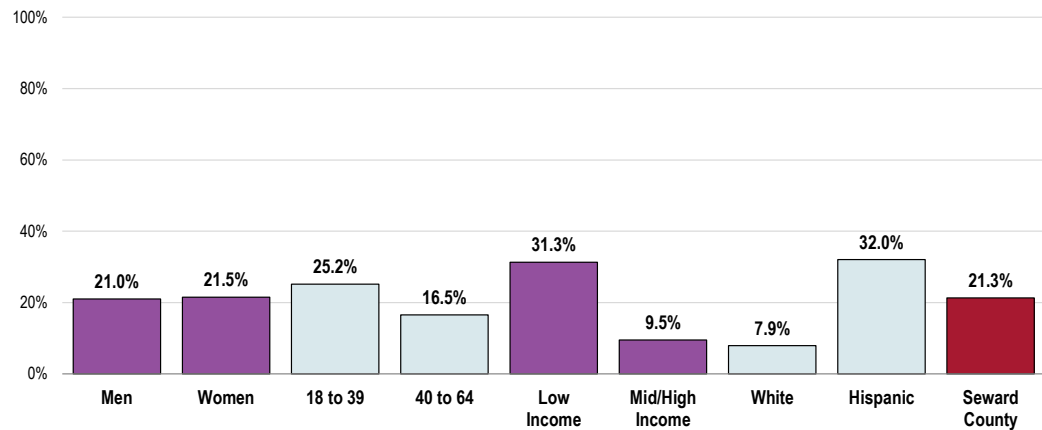
Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 169]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective AHS-1]

Notes:
- Asked of all respondents under the age of 65.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Difficulties Accessing Healthcare

About Access to Healthcare

Access to comprehensive, quality health care services is important for the achievement of health equity and for increasing the quality of a healthy life for everyone. It impacts: overall physical, social, and mental health status; prevention of disease and disability; detection and treatment of health conditions; quality of life; preventable death; and life expectancy.

Access to health services means the timely use of personal health services to achieve the best health outcomes. It requires three distinct steps: 1) Gaining entry into the health care system; 2) Accessing a health care location where needed services are provided; and 3) Finding a health care provider with whom the patient can communicate and trust.

— Healthy People 2020 (www.healthypeople.gov)

Difficulties Accessing Services

A total of 42.0% of Seward County adults report some type of difficulty or delay in obtaining healthcare services in the past year.

This indicator reflects the percentage of the total population experiencing problems accessing healthcare in the past year, regardless of whether they needed or sought care. It is based on reports of the barriers outlined in the following section.

- **DISPARITY**: Higher among lower-income residents and among those ages 40 to 59.

Experienced Difficulties or Delays of Some Kind in Receiving Needed Healthcare in the Past Year
(Seward County, 2019)

Category	Percentage
Men	41.1%
Women	42.9%
18 to 39	40.1%
40 to 59	52.2%
60+	34.5%
Low Income	58.0%
Mid/High Income	33.0%
White	46.1%
Hispanic	38.9%
Seward County	42.0%
US	43.2%
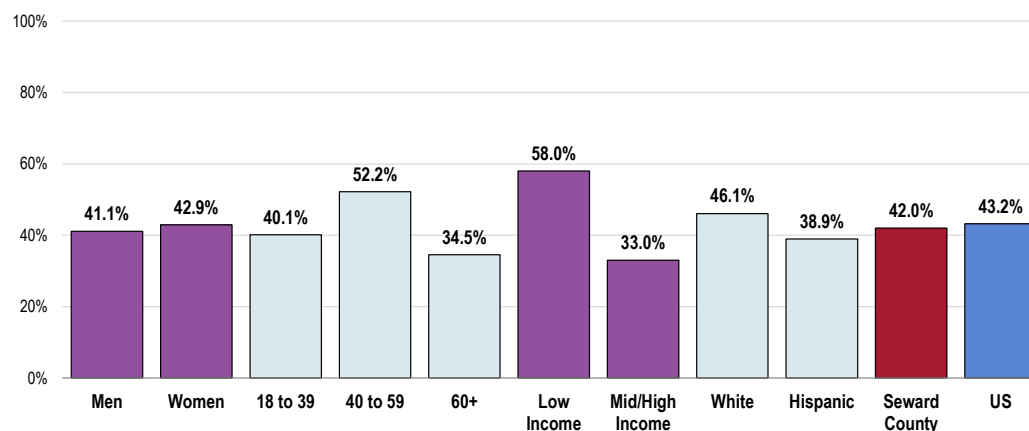
Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 171]

Notes:
- Asked of all respondents.
- Percentage represents the proportion of respondents experiencing one or more barriers to accessing healthcare in the past 12 months.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Barriers to Healthcare Access

Of the tested barriers, prescription costs and inconvenient office hours impacted the greatest shares of Seward County adults.

To better understand healthcare access barriers, survey participants were asked whether any of seven types of barriers to access prevented them from seeing a physician or obtaining a needed prescription in the past year.

Again, these percentages reflect the total population, regardless of whether medical care was needed or sought.

- **BENCHMARK**: While one barrier was significantly lower than the US finding (getting an appointment to see a doctor), another was significantly higher (unable to see a doctor due to language or cultural differences).

Barriers to Access Have Prevented Medical Care in the Past Year

Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Items 7-13]
- 2017 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
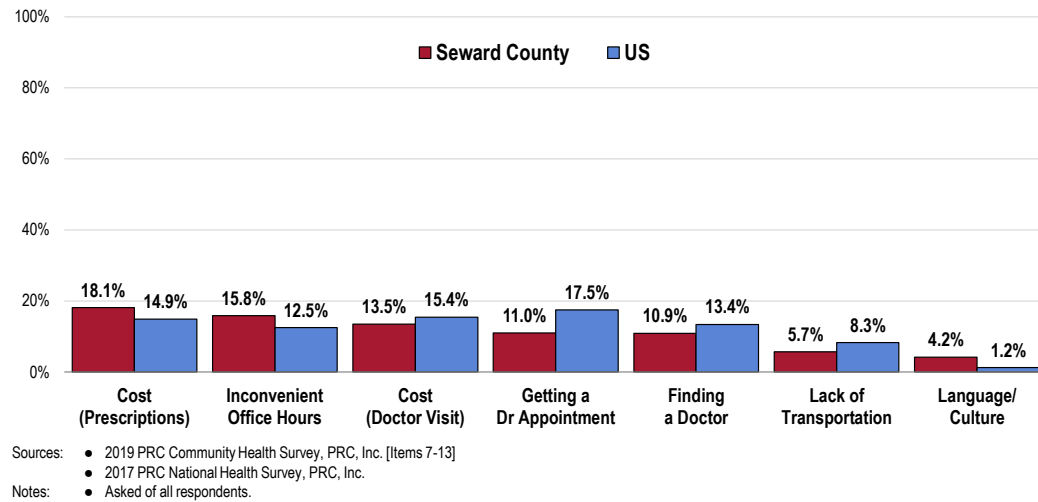
Note also that 11.7% of Seward County adults have skipped or reduced medication doses in the past year in order to stretch a prescription and save costs.

Accessing Healthcare for Children

A total of 5.9% of parents say there was a time in the past year when they needed medical care for their child but were unable to get it.

Surveyed parents were also asked if, within the past year, they experienced any trouble receiving medical care for a randomly selected child in their household.

Had Trouble Obtaining Medical Care for Child in the Past Year
(Parents of Children 0-17)

These few parents mainly reported barriers due to lack of availability. No access for those with disabilities was also mentioned.

Seward County: 5.9%
US: 5.6%
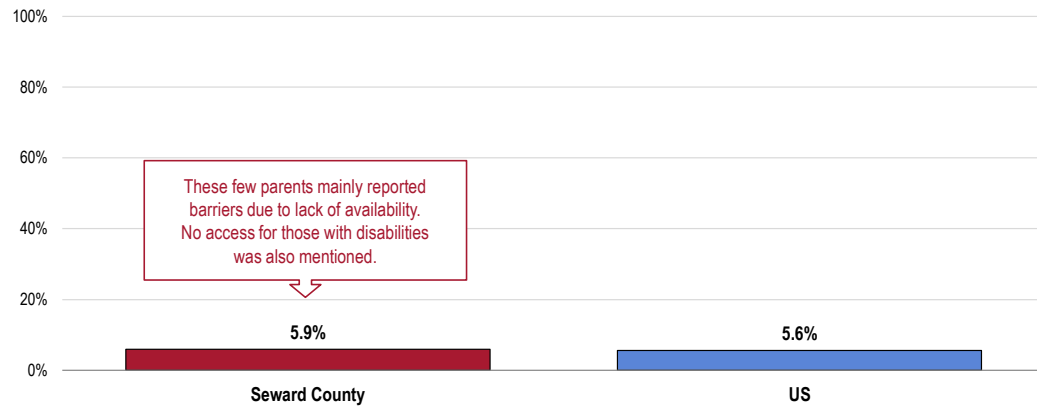
Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Items 118-119]
           • 2017 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents with children 0 to 17 in the household.

Key Informant Input: Access to Healthcare Services

Key informants taking part in an online survey most often characterized *Access to Healthcare Services* as a "moderate problem" in the community.

Perceptions of Access to Healthcare Services as a Problem in the Community
(Key Informants, 2019)

■ Major Problem   □ Moderate Problem   ■ Minor Problem   □ No Problem At All

Major Problem	Moderate Problem	Minor Problem	No Problem At All
22.2%	40.0%	20.0%	17.8%

Sources: • PRC Online Key Informant Survey, PRC, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Affordable Care/Services

Financial restrictions. - Social Services Provider

Unaffordable and lack of insurance. - Community Leader

A majority of the people can't afford it because they don't have insurance or are illegal. - Social Services Provider

So many of our residents do not have the monetary means to seek proper medical care. Additionally, many residents who are not legal citizens are often afraid to seek assistance due to their status. Finally, mental health challenges are continually on the rise, and many people, whether they have the monetary means or not, do not tend to see how essential it is to address those challenges. - Community Leader

Lack of Providers

> *Too few providers, as well as lack of specialty services. - Social Services Provider*

> *Variety of doctors in specialized fields. - Community Leader*

> *Not enough family doctors, not enough options when needing an obstetrician. - Public Health Representative*

> *Access to family doctors and doctors to follow care. - Other Health Provider*

> *Lack of qualified health care providers for general health care, both adult and children. - Community Leader*

> *General family doctor. There are a lot of PAs, but few MD or DO, and they are very hard to get in to see in a timely manner. - Public Health Representative*

Access to Care/Services

> *We are limited to the resources we have available to community members. We also have a large population of undocumented immigrants, which leads to scarce resources due to location and fear of accessing services. - Public Health Representative*

Transportation

> *Transportation problems with some patients. - Physician*

Type of Care Most Difficult to Access

Key informants (who rated this as a "major problem") most often identified dental care, substance abuse treatment, and behavioral health as the most difficult to access in the community.

Medical Care Difficult to Access as Identified by Key Informants			
	Most Difficult	Second-Most Difficult	Third-Most Difficult	Total Mentions
Dental Care	22.2%	33.3%	11.1%	**6**
Substance Abuse Treatment	0.0%	22.2%	33.3%	**5**
Behavioral Health	33.3%	11.1%	0.0%	**4**
Specialty Care	11.1%	0.0%	22.2%	**3**
Primary Care	11.1%	11.1%	0.0%	**2**
Prenatal Care	11.1%	0.0%	11.1%	**2**
Chronic Disease	0.0%	11.1%	11.1%	**2**
[Refused]	0.0%	0.0%	11.1%	**1**
Palliative Care	0.0%	11.1%	0.0%	**1**
Elder Care	11.1%	0.0%	0.0%	**1**

Primary Care Services

About Primary Care

Improving health care services depends in part on ensuring that people have a usual and ongoing source of care. People with a usual source of care have better health outcomes and fewer disparities and costs. Having a primary care provider (PCP) as the usual source of care is especially important. PCPs can develop meaningful and sustained relationships with patients and provide integrated services while practicing in the context of family and community. Having a usual PCP is associated with:

- Greater patient trust in the provider
- Good patient-provider communication
- Increased likelihood that patients will receive appropriate care

Improving health care services includes increasing access to and use of evidence-based preventive services. Clinical preventive services are services that: **prevent** illness by detecting early warning signs or symptoms before they develop into a disease (primary prevention); or **detect** a disease at an earlier, and often more treatable, stage (secondary prevention).

— Healthy People 2020 (www.healthypeople.gov)

Access to Primary Care

In 2014, there were 11 primary care physicians in Seward County, translating to a rate of 46.9 primary care physicians per 100,000 population.

- **BENCHMARK**: Less favorable than state and national ratios.
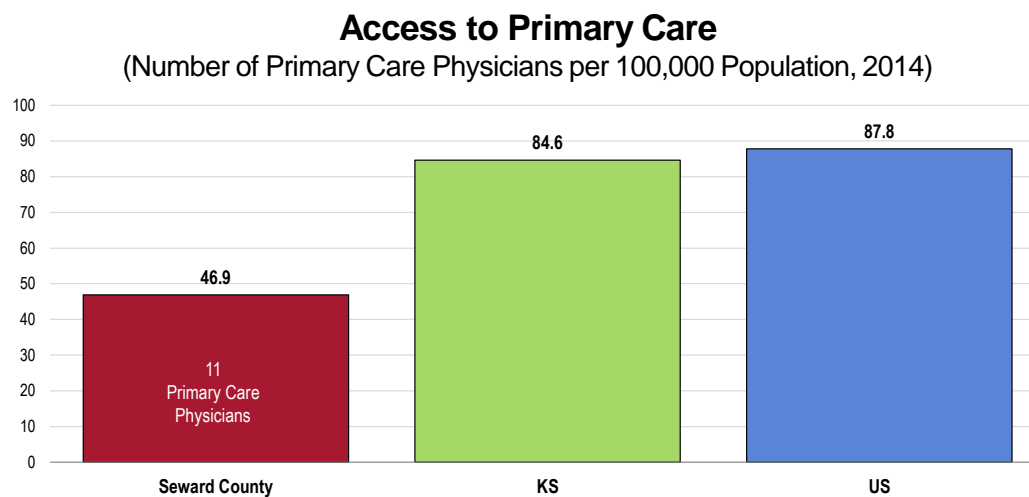
Access to Primary Care
(Number of Primary Care Physicians per 100,000 Population, 2014)

Seward County	KS	US
46.9 (11 Primary Care Physicians)	84.6	87.8

Sources:
- US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File.
- Retrieved August 2019 from CARES Engagement Network at https://engagementnetwork.org.

Notes:
- Doctors classified as "primary care physicians" by the AMA include: General Family Medicine MDs and DOs, General Practice MDs and DOs, General Internal Medicine MDs, and General Pediatrics MDs. Physicians age 75 and over and physicians practicing sub-specialties within the listed specialties are excluded. This indicator is relevant because a shortage of health professionals contributes to access and health status issues.

Specific Source of Ongoing Care

A total of 73.8% of Seward County adults were determined to have a specific source of ongoing medical care.

- **BENCHMARK**: Fails to satisfy the HP2020 objective.

Having a specific source of ongoing care includes having a doctor's office, clinic, urgent care center, walk-in clinic, health center facility, hospital outpatient clinic, HMO or prepaid group, military/VA clinic, or some other kind of place to go if one is sick or needs advice about his or her health. This resource is crucial to the concept of "patient-centered medical homes" (PCMH).

A hospital emergency room is not considered a specific source of ongoing care in this instance.

Have a Specific Source of Ongoing Medical Care
Healthy People 2020 = 95.0% or Higher

Seward County: 73.8%
US: 74.1%
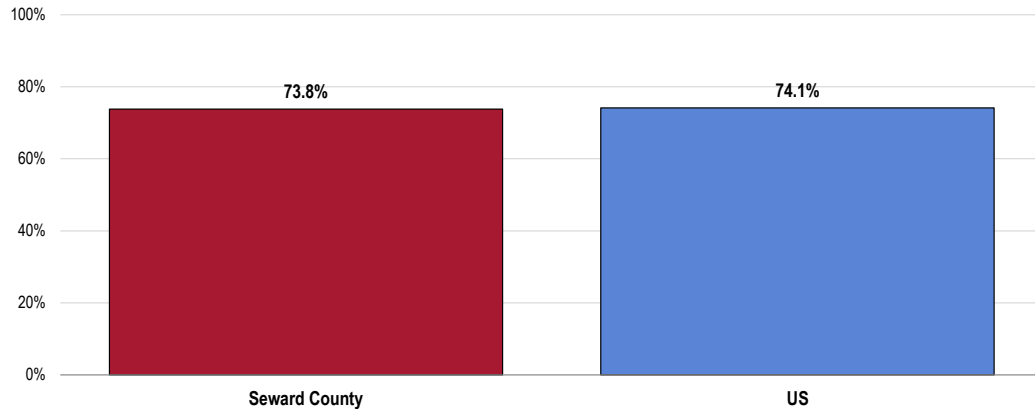
Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 170]
- 2017 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective AHS-5.1]

Notes:
- Asked of all respondents.

Utilization of Primary Care Services

Adults

More than two-thirds of adults (70.5%) visited a physician for a routine checkup in the past year.

- **DISPARITY**: Women and adults younger than 40 are less likely to report having had a recent checkup (note the positive correlation with age).

Have Visited a Physician for a Checkup in the Past Year

Chart (bar graph):
- Seward County: 70.5%
- KS: 68.6%
- US: 68.3%
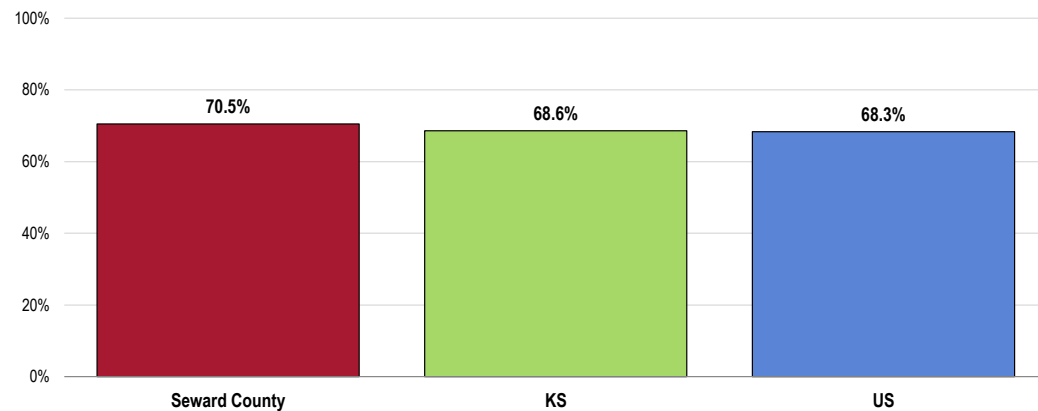
Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 18]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2017 Kansas data.
- 2017 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Have Visited a Physician for a Checkup in the Past Year
(Seward County, 2019)

Chart (bar graph):
- Men: 81.2%
- Women: 59.2%
- 18 to 39: 59.3%
- 40 to 59: 76.5%
- 60+: 84.4%
- Low Income: 70.2%
- Mid/High Income: 73.4%
- White: 78.4%
- Hispanic: 65.3%
- Seward County: 70.5%
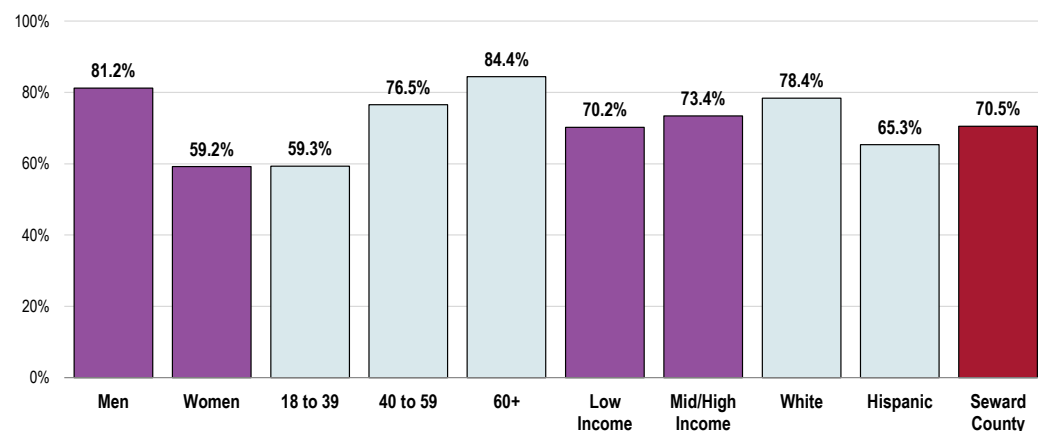
Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 18]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Children

Among surveyed parents, 88.0% report that their child has had a routine checkup in the past year.

Child Has Visited a Physician
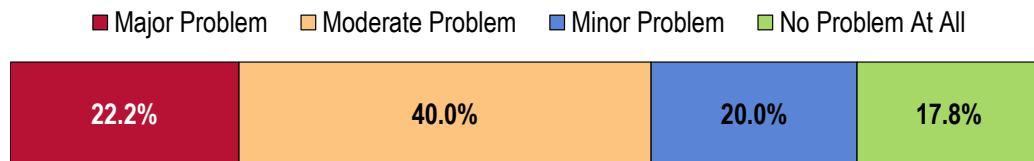## for a Routine Checkup in the Past Year
(Parents of Children 0-17)

Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 120]
- 2017 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents with children 0 to 17 in the household.

Emergency Room Utilization

A total of 10.0% of Seward County adults have gone to a hospital emergency room more than once in the past year about their own health.

- **DISPARITY**: Lower-income residents are more likely to make multiple ER visits.

Have Used a Hospital Emergency Room More Than Once in the Past Year
(Seward County, 2019)

Used the ER because:
- Emergency Situation = 57.3%
- Weekend/After Hours = 27.2%
- Doctor Recommended = 5.2%

Men	Women	18 to 39	40 to 59	60+	Low Income	Mid/High Income	White	Hispanic	Seward County	US
10.7%	9.1%	7.2%	13.0%	11.9%	17.4%	3.0%	9.2%	8.4%	10.0%	9.3%
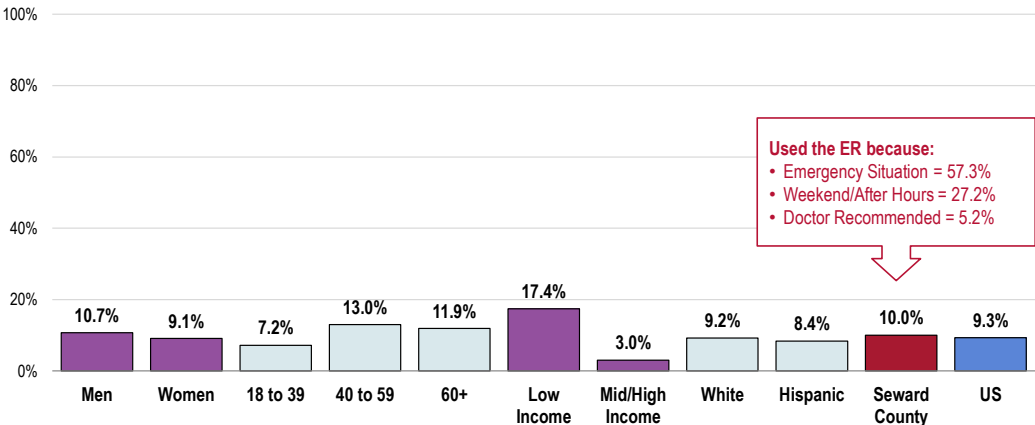
Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 22]
- 2017 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Oral Health

About Oral Health

Oral health is essential to overall health. Good oral health improves a person's ability to speak, smile, smell, taste, touch, chew, swallow, and make facial expressions to show feelings and emotions. However, oral diseases, from cavities to oral cancer, cause pain and disability for many Americans. Good self-care, such as brushing with fluoride toothpaste, daily flossing, and professional treatment, is key to good oral health. Health behaviors that can lead to poor oral health include: **tobacco use; excessive alcohol use;** and **poor dietary choices**.

The significant improvement in the oral health of Americans over the past 50 years is a public health success story. Most of the gains are a result of effective prevention and treatment efforts. One major success is community water fluoridation, which now benefits about 7 out of 10 Americans who get water through public water systems. However, some Americans do not have access to preventive programs. People who have the least access to preventive services and dental treatment have greater rates of oral diseases. A person's ability to access oral healthcare is associated with factors such as education level, income, race, and ethnicity.

Barriers that can limit a person's use of preventive interventions and treatments include: limited access to and availability of dental services; lack of awareness of the need for care; cost; and fear of dental procedures.

There are also social determinants that affect oral health. In general, people with lower levels of education and income, and people from specific racial/ethnic groups, have higher rates of disease. People with disabilities and other health conditions, like diabetes, are more likely to have poor oral health.

Potential strategies to address these issues include:

- Implementing and evaluating activities that have an impact on health behavior.
- Promoting interventions to reduce tooth decay, such as dental sealants and fluoride use.
- Evaluating and improving methods of monitoring oral diseases and conditions.
- Increasing the capacity of State dental health programs to provide preventive oral health services.
- Increasing the number of community health centers with an oral health component.

— Healthy People 2020 (www.healthypeople.gov)

Dental Insurance

Almost two-thirds of Seward County adults (64.5%) have dental insurance that covers all or part of their dental care costs.

Have Insurance Coverage
That Pays All or Part of Dental Care Costs
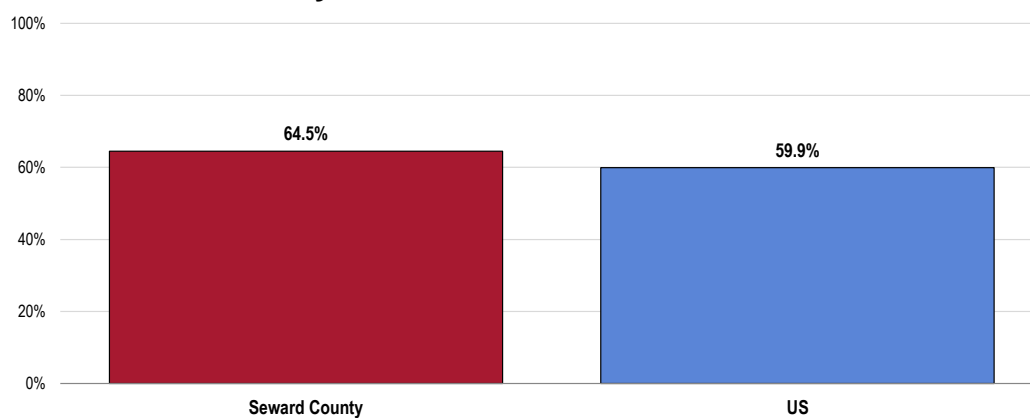
Sources: ● 2019 PRC Community Health Survey, PRC, Inc. [Item 21]
        ● 2017 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Dental Care

Adults

A total of 52.6% of Seward County adults have visited a dentist or dental clinic (for any reason) in the past year.

- **BENCHMARK**: Significantly lower than the statewide finding.
- **DISPARITY**: Much lower among lower-income adults and those without dental insurance.

Have Visited a Dentist or
Dental Clinic Within the Past Year
Healthy People 2020 = 49.0% or Higher

Chart showing "Have Visited a Dentist or Dental Clinic Within the Past Year":
- Seward County: 52.6%
- KS: 66.6%
- US: 59.7%
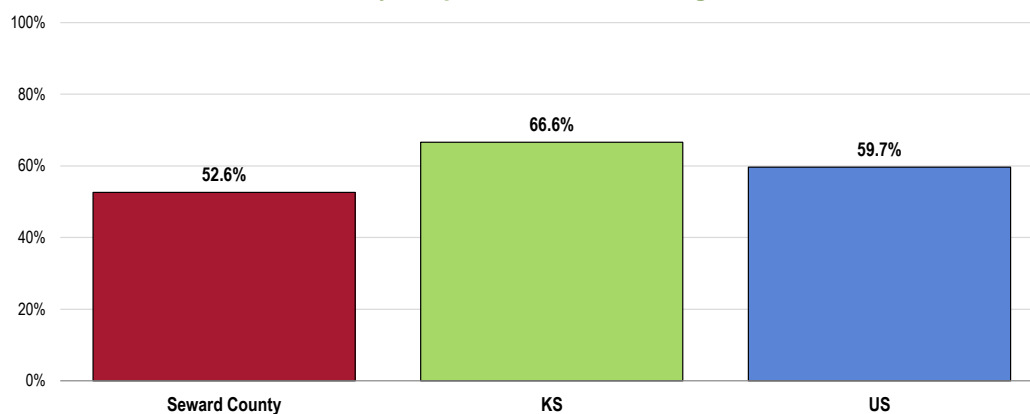
Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 20]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 Kansas data.
- 2017 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective OH-7]
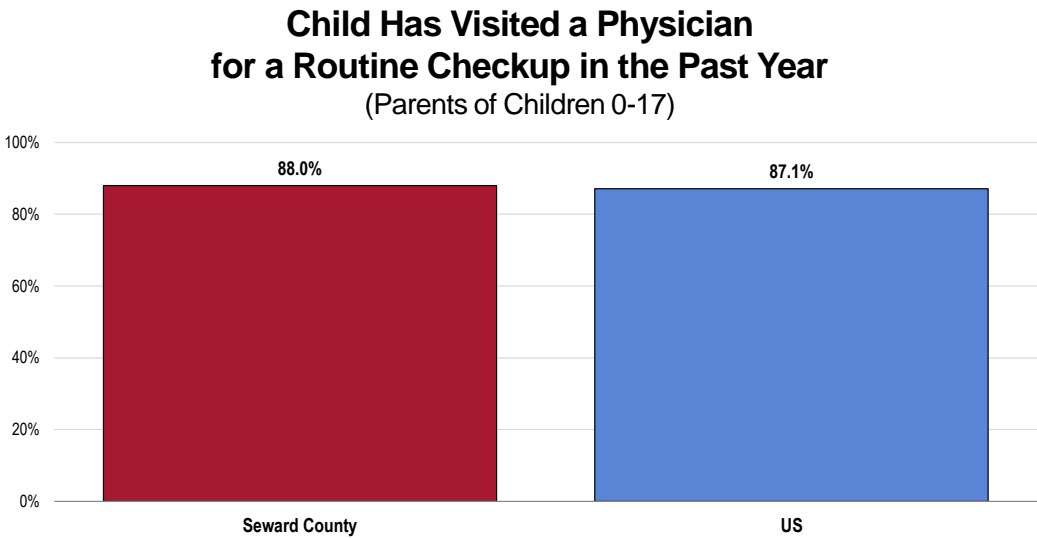
Notes:
- Asked of all respondents.

Have Visited a Dentist or
Dental Clinic Within the Past Year
(Seward County, 2019)
Healthy People 2020 = 49.0% or Higher

Chart showing "Have Visited a Dentist or Dental Clinic Within the Past Year" (Seward County, 2019):
- Men: 47.2%
- Women: 58.2%
- 18 to 39: 50.7%
- 40 to 59: 57.1%
- 60+: 51.3%
- Low Income: 34.6%
- Mid/High Income: 69.9%
- White: 60.4%
- Hispanic: 46.1%
- Dental Insurance: 63.0%
- No Dental Insurance: 34.5%
- Seward County: 52.6%
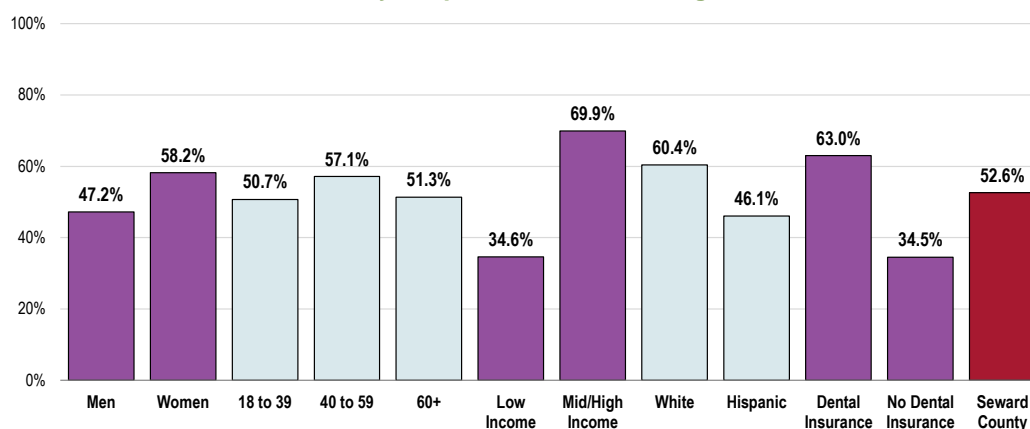
Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 20]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective OH-7]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Children

A total of 90.8% of parents report that their child (age 2 to 17) has been to a dentist or dental clinic within the past year.

- **BENCHMARK**: Satisfies the HP2020 objective.

Child Has Visited a Dentist or Dental Clinic Within the Past Year
(Parents of Children Age 2-17)
Healthy People 2020 = 49.0% or Higher

[Bar chart: Seward County 90.8%, US 87.0%]
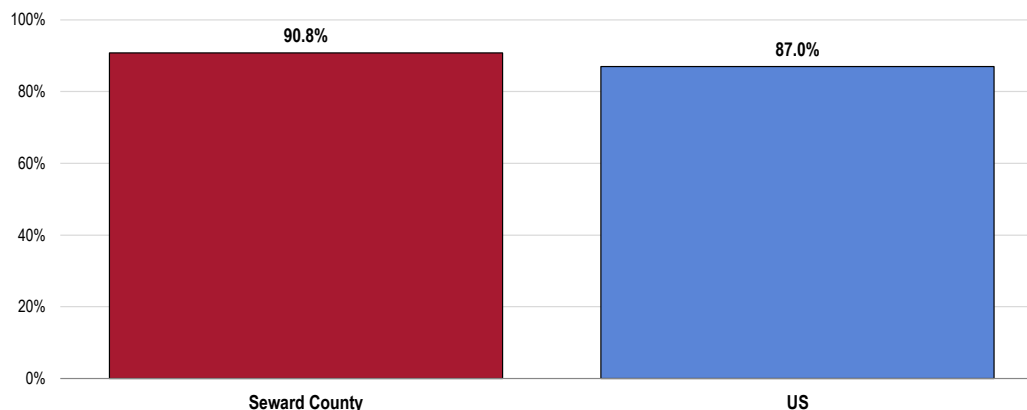
Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 123]
- 2017 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective OH-7]

Notes:
- Asked of all respondents with children age 2 through 17.

Key Informant Input: Oral Health

Key informants taking part in an online survey most often characterized *Oral Health* as a "moderate problem" in the community.

Perceptions of Oral Health
as a Problem in the Community
(Key Informants, 2019)

■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem At All

| 30.8% | 43.6% | 12.8% | 12.8% |
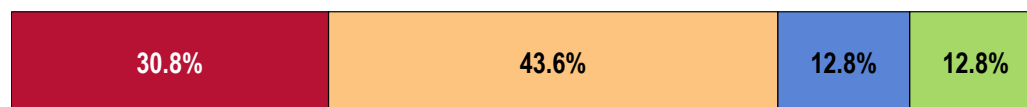
Sources:
- PRC Online Key Informant Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Lack of Providers

Woeful lack of dental health care providers. - Community Leader

There are limited local dentists. NONE of them accept patients with Medicaid insurance, and none will accept patients without cash payment at time of services. In our community, there are MANY children with severe dental cares causing daily pain, which interferes with daily life, education. Some are referred to Garden City, but transportation and payment ability is a significant problem. - Community Leader

There are only three dentists in town. - Community Leader

There is no surgical dentistry at all. - Community Leader

Medicare/Medicaid

Dentists do not take Medicaid. Patients use the emergency room regarding dental problems. - Social Services Provider

Few locations accept Medicaid and/or work with low-income families. With limited options, many families struggle to find a provider that fits their needs. Some families will even decide to not seek help due to the difficulty in finding one. Transportation can also be an issue. - Public Health Representative

Lack of dental care facilities that take medical aid patients. I hear we have a new clinic coming. - Community Leader

Affordable Care/Services

Not affordable, and many don't have insurance. - Social Services Provider

Vision Care

A total of 61.0% of Seward County residents had an eye exam in the past two years during which their pupils were dilated.

- **DISPARITY**: Much lower among Hispanic adults and those younger than 60 (note the positive correlation with age).

Had an Eye Exam in the Past Two Years During Which the Pupils Were Dilated
(Seward County, 2019)

	Men	Women	18 to 39	40 to 59	60+	Low Income	Mid/High Income	White	Hispanic	Seward County	US
	65.1%	56.6%	50.8%	63.6%	78.9%	54.2%	65.8%	72.4%	50.1%	61.0%	55.3%
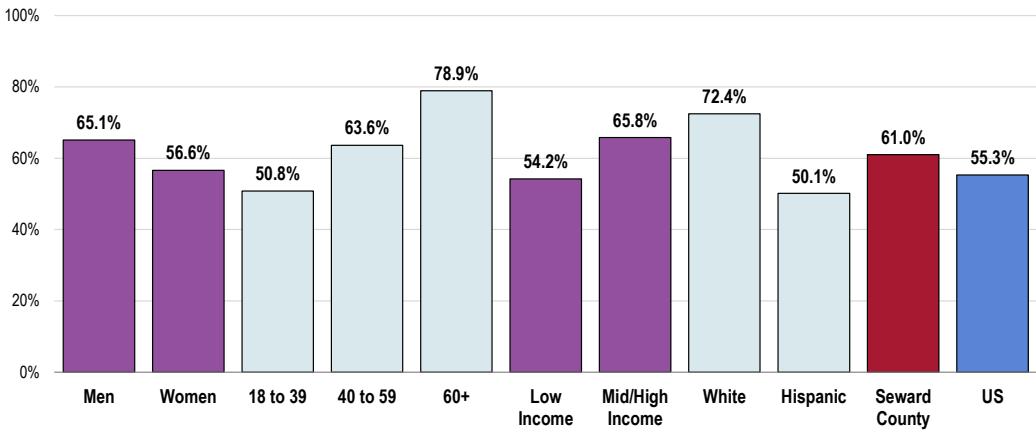
Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 19]
- 2017 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Local Resources

Perceptions of Local Healthcare Services

More than one-third of Seward County adults rate the overall healthcare services available in their community as "excellent" or "very good."

Rating of Overall Healthcare Services Available in the Community
(Seward County, 2019)
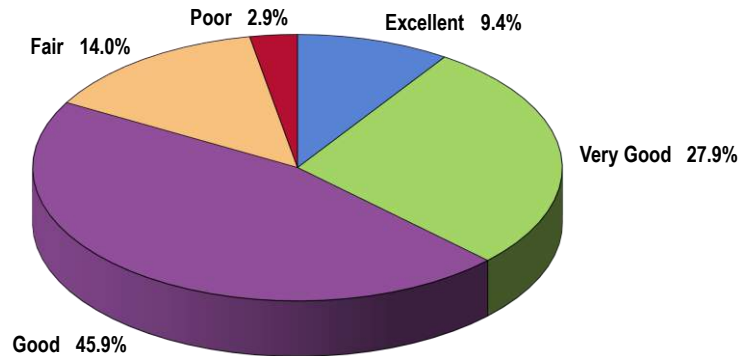
Sources: ● 2019 PRC Community Health Survey, PRC, Inc. [Item 6]
Notes: ● Asked of all respondents.

However, 16.9% of residents characterize local healthcare services as "fair" or "poor."

● **DISPARITY**: "Fair" and "poor" ratings are higher among adults over age 40, and among those reporting difficulties accessing healthcare services.

Perceive Local Healthcare Services as "Fair/Poor"
(Seward County, 2019)

Men	Women	18 to 39	40 to 59	60+	Low Income	Mid/High Income	White	Hispanic	Access Difficulty	No Difficulty	Seward County	US
18.8%	14.8%	9.2%	27.3%	20.7%	20.4%	13.0%	23.5%	13.9%	26.0%	10.9%	16.9%	16.2%
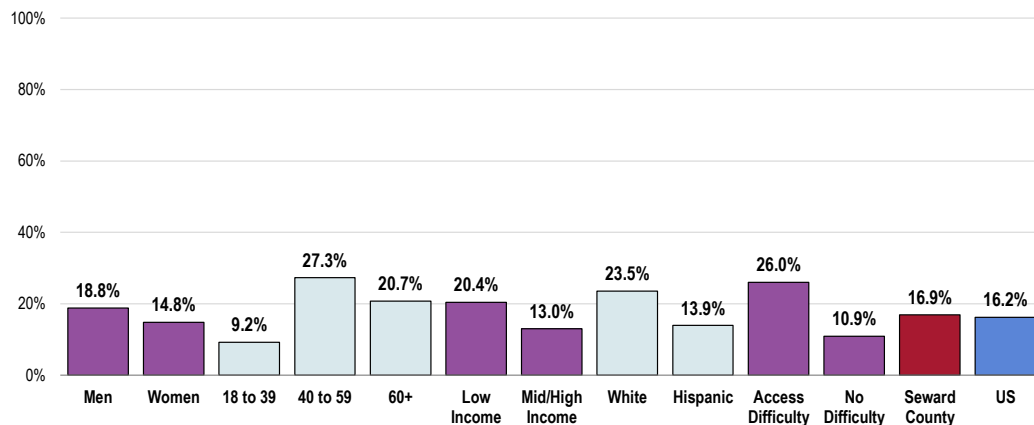
Sources: ● 2019 PRC Community Health Survey, PRC, Inc. [Item 6]
● 2017 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Resources Available to Address the Significant Health Needs

The following represent potential measures and resources (such as programs, organizations, and facilities in the community) identified by key informants as available to address the significant health needs identified in this report. This list only reflects input from participants in the Online Key Informant Survey and should not be considered to be exhaustive nor an all-inclusive list of available resources.

Access Problems

- *Amarillo Hospital*
- *Doctor's Offices*
- *Genesis Family Health*
- *Genesis Healthcare*
- *Health Department*
- *Hospitals*
- *Salvation Army*
- *Southwest Guidance Center*
- *Southwest Medical Center*
- *St. Catherine Hospital*
- *United Methodist American Ministries*
- *United Way*
- *Urgent Care*
- *WIC*
- *Wichita Hospitals*

Arthritis/Osteoporosis/Back Conditions

- *Southwest Medical Center*

Cancer

- *American Cancer Society*
- *Cancer Center*
- *Southwest Medical Center*

Dementia/Alzheimer's Disease

- *Alzheimer's Association*
- *Brookdale*
- *Doctor's Offices*
- *Good Samaritan*
- *Mental Health Services*
- *Nursing Homes*
- *Support Group*

Diabetes

- *Doctor's Offices*
- *Extension*
- *Genesis Healthcare*
- *Health Department*
- *Home Health*
- *K-State Research and Extension*

- *Pharmacy*
- *Seward County Health Department*
- *Southwest Medical Center*
- *WIC*

Family Planning

- *Child and Family Services*
- *Colvin Adult Learning Center*
- *Doctor's Offices*
- *Genesis Family Health*
- *Head Start and Bright Star*
- *Health Department*
- *Liberal Area Coalition for Families*
- *Liberal Area Rape Crisis*
- *Orthopedic Line*
- *Rape Crisis Center*
- *Seward County Community College*
- *Seward County Health Department*
- *Southwest Medical Center*
- *USD 480*
- *WIC*

Hearing and Vision Problems

- *Doctor's Offices*
- *Genesis Family Health*
- *Jury, Farrar and Associates*
- *Liberal Hearing Aid Center*
- *Lions Eye Bank*

Heart Disease and Stroke

- *Air Transport to Wichita/Amarillo*
- *Cypress Health*
- *Doctor's Offices*
- *Seward County Health Department*
- *Southwest Medical Center*

Immunization/Infectious Disease

- *Doctor's Offices*
- *Genesis Healthcare*
- *Seward County Community College*
- *Seward County Health Department*
- *USD 480*

Infant and Child Health

Doctor's Offices
Genesis Family Health
Genesis Healthcare
Head Start and Bright Star
Southwest Medical Center
WIC

Injury and Violence

Adolescent Support Services
Cimarron Basin Community Corrections
Liberal Area Rape Crisis
Southwest Guidance Center
Southwest Medical Center
USD 480

Mental Health Issues

Betsy Gant
Compass Behavioral Health
Counseling Services
Doctor's Offices
Educational Services
Liberal Area Rape Crisis
Mental Health Services
Southwest Guidance Center
Southwest Kansas Area Agency on Aging
Tapestry
Tara Robinson
Veteran's Clinic

Nutrition, Physical Activity, and Weight

Extension
Farmer's Market
Fitness Centers/Gyms
For-Profit Health Centers
Kids Inc.
K-State Research and Extension
Liberal Area Coalition for Families
Parks and Recreation
Seward County Community College
WIC

Oral Health/Dental Care

Bright Futures
Dentist's Offices
Doctor's Offices
Genesis Healthcare
School System

Respiratory Diseases

Doctor's Offices

Sexually Transmitted Diseases

Doctor's Offices
Genesis Healthcare
Health Department
Seward County Health Department

Substance Abuse

AA/NA
Adolescent Support Services
Cimarron Basin
Cimarron Basin Community Corrections
City of Hope
City on the Hill
Club One
Community Corrections
Counseling Services
Doctor's Offices
Guidance Center
Heartland's Hope
In-House Facility
J-Caps
Law Enforcement
Liberal Area Coalition for Families
Southwest Guidance Center
USD 480

Tobacco Use

Educational Services
K-State Research and Extension
Law Enforcement
Liberal Area Coalition for Families
National Quit Line
Seward County Health Department
Treatment
USD 480

Types of Minorities/Medically Underserved Organization Serves

African-American
Asian
Caucasian
Central American
Children
Corrections System
Elderly
Guatemalan
High Risk Families/Youth
Hispanic

Homeless

Immigrants/Refugees

Juvenile J-Caps

Lack of Access to Healthcare

Low Income

Low Income Caucasian

Mentally Ill

Somali

Those With Health Disparities

Undocumented

Uninsured/Underinsured

Veterans

Appendices

Evaluation of Past Activities

SWMC's previous Implementation Strategy outlined a plan for addressing the following priorities identified in the 2016 CHNA:

1. Maternal and child health

2. Healthcare access availability

3. Chronic health conditions, including heart disease, diabetes, and obesity

4. Mental health

5. Sexual assault

6. Sexually transmitted infections

The below list describes plan activities completed by SWMC.

- Continue free or low-cost community screenings for cardiovascular disease and other heart-related conditions. These screenings are on a continual basis at community events, educational events, and the annual health fair sponsored by the hospital

- Continued support and marketing of the Dining for Diabetes program among community members diagnosed with diabetes. This series includes cooking demos and diabetes education.

- Increased number of physicians and allied health professionals offering services. SWMC has since recruited six new hospitalist physician assistants to the hospitalist program, one family practice physician, one radiologist, one orthopedic surgeon, one OB/GYN, one nurse practitioner-certified Nurse Midwife, one general surgeon, one anesthesiologist, one CRNA, and one ENT. SWMC is still currently recruiting a family medicine physician, internal medicine physician, nurse practitioner, general surgeon, two pediatricians, and a CRNA. Other service expansions include: VA clinic; Guymon, Oklahoma Women's Care Center; Guymon, Oklahoma McMurry Family Care Center; and an ENT Care Center.

- Increased the amount of targeted marketing at the annual health fair, community screening events, care centers, and educational events. SWMC provided financial support to the school's and community's recreation and athletics programs. Beyond this, SWMC continues to provide smoking cessation activities, education on hand hygiene, and blood sugar tests for children.

Recommendations & Implementation Plan FY 2020-2022

The CHNA conducted in 2019 identified significant health needs within Seward County and the Southwest Medical Center community. SWMC's Implementation Plan outlines and addresses the following priorities identified in the 2019 CHNA:

1. Access to Healthcare Services

2. Chronic Conditions: Diabetes, Cancer, Heart Disease, and Obesity

3. Sexual Health

4. Mental Health and Substance Abuse

5. Injury and Violence

Various community and stakeholder surveys were organized to provide an objective method of reviewing and prioritizing service area health needs. The survey groups were asked to reflect on the size and seriousness of any health needs they cited and also provide current community health strengths. The surveyed groups identified and ranked top community health needs.

The priority-setting process involved the input of a diverse group with knowledge and/or expertise in public health as well as persons who represent the broad interest of the community served by the Hospital. Key stakeholders included representatives from: Seward County Public Health, Seward County Community College, USD 480, Seward County EMS, Medical and Dental Providers, Area Agency on Aging, and City and County Commissioners. The CHNA was coordinated and produced by Professional Research Consultants from Omaha, NE.

Southwest Medical Center is dedicated to continually learning, engaging and fulfilling the health needs of the community we serve. A description of the actions to be taken by Southwest Medical Center to address the significant health needs identified through the most recently conducted CHNA and approved by the Southwest Medical Center Board of Trustees regular meeting are identified in the report table *CHNA Implementation Plan Tactics-SWMC (Starting 01/01/20 to 12/31/22)*.

	CHNA Health Areas of Need	T	"Specific Actions" to Address Community Health Need or "Reasons Why Hospital Will Not" Address Need	Identified "Lead"	Identified Partners	Budget $$
1-1	**Access to Healthcare Services: Primary Care and Primary Care Specialists**					
		a	Continue to collaborate PC delivery with all primary care clinics. Share best practice delivery to increase primary care access.	SWMC	Medical Staff, Area Agency on Aging, Public Health, AARP, Community	
		b	Continue to develop regional collaboration.	SWMC	Medical Staff, Area Agency on Aging, Public Health, AARP, Community	
		c	Continue and expand orientation program (up to 90 days) for prospective new providers. Strengthen efforts to improve retention.	SWMC	Medical Staff, Area Agency on Aging, Public Health, AARP, Community	
		d	Grow relationship with nearby medical schools. Utilize medical student rotations.	SWMC	Medical Staff, Area Agency on Aging, Public Health, AARP, Community	
		e	Promote convenient care services and access within the community. Educate community on when to go to clinic.	SWMC	Medical Staff, Area Agency on Aging, Public Health, AARP, Community	
		f	Continue to recruit 2-Pediatricians, 2-Family Medicine Physicians, 1-Internal Medicine Physician, and 2-Family Medicine Allied Health Professionals to the area.	SWMC	Medical Staff, Area Agency on Aging, Public Health, AARP, Community	$280,000
1-2	**Access to Healthcare Services: Specialist**					
		a	Continue to update and expand Physician Needs Assessment to determine the number of providers needed (full time equivalent) to serve covered population.	SWMC	SWMC, Community, Medical Staff	
		b	Expansion of telehealth specialty services in collaboration with a high quality provider network.	SWMC	SWMC, Community, Medical Staff	
		c	Establish medical student placement relations.	SWMC	SWMC, Community, Medical Staff	
		d	Continue to recruit 1-General Surgeon and 2- CRNA	SWMC	SWMC, Community, Medical Staff	$120,000
1-3	**Access: Dental** *This health need is not part of hospital Mission of Critical Operations. Will partner with others as appropriate.*					
	.	a	Request all area dentists to see Medicaid patients (1) day a month - community service.	Dental providers	Health Department, School Districts, SWMC	
		b	Collaborate with local schools to provide education on dental care.	SWMC	Health Department, School Districts, Dental Providers	$1,500
		c	Conduct dental fair within annual health fair and/or at schools.	SWMC	Health Department, School Districts, Dental providers	$1,500
2-1	**Chronic Health: Diabetes**					
		a	Strengthen prevention efforts with distribution of plain-language resources available from CDC. Distribute at hospital, clinics, screening events educational events, and thru media sources. Resources available at: https://www.cdc.gov/diabetes/ndep/communities/prevention.html	SWMC		
		b	Explore the Diabetes Prevention Recognition Program for Organizations. Community-based organizations can apply to become a CDC-recognized provider of a diabetes prevention lifestyle change program. https://www.cdc.gov/diabetes/ndep/communities/prevention.html	SWMC		

2-2	**Chronic Health: Cancer**					
		a	Utilize materials available in CDC's three national public health campaigns. CDC's Division of Cancer Prevention and Control educates people about the symptoms of cancer and how to reduce your risk. Distribute information at hospital, clinics, screening events, educational events, and thru media sources. Resources are available at: https://www.cdc.gov/cancer/dcpc/about/campaigns.htm			
		b	CDC's *Screen for Life: National Colorectal Cancer Action Campaign* informs men and women who are 50 years old or older about the importance of getting screened for colorectal cancer regularly. Screening tests help find precancerous polyps (abnormal growths) so they can be removed before they turn into cancer. This prevents colorectal cancer. Screening also can find this cancer early, when treatment works best. But about one-third of adults who are 50 years old or older (about 22 million people)—the age group at greatest risk of getting colorectal cancer—have not been screened as recommended. https://www.cdc.gov/cancer/colorectal/sfl/index.htm			
		c	The *Inside Knowledge* campaign raises awareness of the five main types of gynecologic cancer: cervical, ovarian, uterine, vaginal, and vulvar. It encourages women to pay attention to their bodies, so they can recognize any warning signs and seek medical care. *Inside Knowledge* supports the Gynecologic Cancer Education and Awareness Act of 2005,external icon or Johanna's Law. The law is named for Johanna Silver Gordon, who died of ovarian cancer in 2000. The campaign's target audiences include women and health professionals. https://www.cdc.gov/cancer/gynecologic/knowledge/index.htm			
		d	Breast cancer is the most common cancer in women in the United States. While breast cancer mostly occurs among older women, in rare cases breast cancer does affect women under the age of 45. Eleven percent of all cases of breast cancer in the U.S. are reported in this age group. Risk for breast cancer among young women varies based on factors such as family and personal history of cancer. Many young women do not know their risk for this disease or are not aware of ways to lower their risk. The *Bring Your Brave* campaign provides information about breast cancer to women younger than age 45 by sharing real stories about young women whose lives have been affected by breast cancer. https://www.cdc.gov/cancer/breast/young_women/bringyourbrave/index.htm			
2-3	**Chronic Health: Heart Disease** https://www.cdc.gov/heartdisease/index.htm					
		a	Develop internal team to explore TCCP. The Million Hearts® TCCP presents a list of process improvements that clinicians can implement as they seek to deliver optimal treatment to patients who use tobacco. **Tobacco Cessation Change Package (TCCP)**external icon. The team will develop and distribute helpful information to providers and clinics for distribution to patients.	SWMC	Health Department, Cypress Heart	

	b	Hospital will raise awareness thru promotion of **American Heart Month** - Joining the Division for Heart Disease and Stroke Prevention (DHDSP) by starting important thought and conversations about heart health. Providing information on how individuals can prevent and manage heart disease.	SWMC	Health Department, Cypress Heart	
	c	**Continued communication and information at community and education events. Utilize CDC program information _Vital Signs: Preventing 1 Million Heart Attacks and Strokes_** program information to assist in program development and communications. Heart disease and stroke are preventable, yet they remain leading causes of death, disability, and health care spending in the United States. Alarmingly, in 2016, more than 800,000 of these life-changing cardiovascular events happened to adults ages 35–64. The new CDC Vital Signs highlights how Million Hearts® is focusing national efforts on preventing 1 million heart attacks and strokes by 2022.	SWMC	Health Department, Cypress Heart	
2-4	**Chronic Health: Obesity (Healthy Foods / Exercise)**				
	a	Educate local businesses and industries on the benefits of offering wellness programs for their employees and encourage education through health fairs and community events.	SWMC	SWMC, Liberal Rec, SCCC Wellness Center, Health Dept., School District, All Health Providers, Other Gyms, Faith Based Organizations.	$250
	b	Collaborate/Sponsor USD480 "Awareness Program" to educate elementary/middle school children and their families about obesity.	USD 480	SWMC	$1,000
	c	Evaluate and determine effective media modes to promote healthy eating/exercise (i.e. print, radio, social clubs, digital, partners entities).	SWMC	SWMC	
	d	Continue to increase access to healthy foods in hospital. Provide healthy vending options.	SWMC	SWMC	
	e	Promote the local farmers market. Use social media, radio, and newspaper to expand and grow vendors.	SWMC	SWMC	
3-1	**Sexual Health: Teen Births**				
	a	Increase education and awareness of available resources to prevent teen pregnancy. (CDC Program information available at: https://www.cdc.gov/teenpregnancy/projects-initiatives/communitywide.html)			$1,000
	b	Provide teens with evidence-based teen pregnancy prevention programs meeting the HHS evidence review standards. This includes youth-development and curriculum-based programs that reduce teen pregnancy and associated risk factors.	Health Dept.	USD 480, SWMC, SCCC	
	c	Ensure clinical partners provide teen friendly, culturally competent reproductive health care services that are easily accessible to all young people in the community. The partners establish linkages between teen pregnancy prevention program partners and clinics that serve at risk youth from the target community	Health Dept.	SWMC, Community Providers	
	d	Educate civic leaders, parents, and other community members about evidence-based strategies to reduce teen pregnancy and improve adolescent reproductive health. This includes needs and available resources in the target community.	Health Dept.	USD 480, SWMC, SCCC, Community Providers	

		e	Raise awareness of community partners about the link between teen pregnancy and social determinants of health. Ensure culturally and linguistically appropriate programs and reproductive health care services are available to young people	Health Dept.	USD 480, SWMC, SCCC, Community Providers	
3-2	**Sexual Health: Sexually Transmitted Diseases (STD's) (Chlamydia Incidence)**					
		a	Increase education and awareness of available resources to prevent STDs.	Health Department	USD 480, SWMC, SCCC, Community Providers	$1,000
		b	Healthy Relationships, Healthy Life: College and High School Workshops Empower Students to Protect Their Own Sexual Health (CDC Program Material Available at: https://www.cdc.gov/std/products/success/default.htm)	SCCC & USD480	SWMC, Health Department	
4-1	**Mental Health & Substance Abuse: Diagnosis, Placement, and Aftercare** *This health need is not part of hospital Mission of Critical Operations. Will partner with others as appropriate.*					
		a	Continue to educate ER staff regarding mental health delivery issues and how to address them. Provide continuing education courses, lunch and learn presentations, etc. to keep them current in terms of treating mental health issues.	Seward County Mental Health Center	Community Care Clinics and Providers, SWMC, Private Providers, School District, SCCC, Health Department	$1,000
		b	Provide mental health service "first aid" training for law enforcement, schools, and other first responders in the community.	Seward County Mental Health Center	Community Care Clinics and Providers, SWMC, Private Providers, School District, SCCC, Health Department	$1,000
		c	Promote existing mental health services, facilities and providers. Educate community on placement process and options.	SWMC	Community Care Clinics and Providers, SWMC, Private Providers, School District, SCCC, Health Department	$1,000
		d	Stay abreast with mental health signs, symptoms, and treatments. Educate all necessary parties on these findings.	SWMC	Community Care Clinics and Providers, SWMC, Private Providers, School District, SCCC, Health Department	$1,000
		e	Collaborate with community elementary, middle, and high schools to educate students on mental health.	USD 480	Community Care Clinics and Providers, SWMC, Private Providers, School District, SCCC, Health Department	$1,000
		f	Increase depression screenings by primary care physicians. Add trauma assessment for pediatrics and other mental health issues.	SWMC and Medical Staff		$1,000
4-2	**Mental Health & Substance Abuse: Suicide** *This health need is not part of hospital Mission of Critical Operations. Will partner with others as appropriate.*					
		a	Maintain a 24-hour crisis hotline (Statewide Number: 800-273- 8255).	SWMC	School Districts, Public Health, SWMC, Law Enforcement, SCCC	
		b	Utilize/partner with established Kansas Suicide Prevention Coalition.	SWMC	School Districts, Public Health, SWMC, Law Enforcement, SCCC	
		c	Participate in suicide prevention education and training at schools.	Seward County Mental Health Center	School Districts, Public Health, SWMC, Law Enforcement, SCCC	$1,000
		d	Participate and sponsor an anti-suicide campaign for local community members.	Seward County Mental Health Center	School Districts, Public Health, SWMC, Law Enforcement, SCCC	$1,000
		e	Implement community adult depression screening at health fair and other appropriate community events.	SWMC	School Districts, Public Health, SWMC, Law Enforcement, SCCC	$500

4-3	**Mental Health & Substance Abuse: Meth, Marijuana, Opioids, etc.** *This health need is not part of hospital Mission of Critical Operations. Will partner with others as appropriate.*				
	a	Monitor prescription drug abuse. Develop SWMC Opioid Management Plan and support area physicians in discouraging prescription drug abuse. Create alert system between physicians and pharmacies for drug abuse.	SWMC	SWMC, USD 480, Law Enforcement, SCCC, Public Health, Medical Staff, Community	
	b	Sponsor community youth activities. Continue to explore prevalent issues and drug abuse by adolescents.	SWMC	SWMC, USD 480, Law Enforcement, SCCC, Public Health, Medical Staff, Community	$5,000
	c	Provide tobacco, drug, and alcohol education to schools (i.e. DARE, etc.) and increase school-based programs.	SWMC	SWMC, USD 480, Law Enforcement, SCCC, Public Health, Medical Staff, Community	$2,500
	d	Communicate recovery support system partners.	SWMC	SWMC, USD 480, Law Enforcement, SCCC, Public Health, Medical Staff, Community	$200
	e	Continue to educate providers on available drug abuse resources. Develop educational handouts for medical providers to distribute when prescribing schedule II drugs.	SWMC	SWMC, USD 480, Law Enforcement, SCCC, Public Health, Medical Staff, Community	$200
5-1	**Injury and Violence: Sexual Assault** *This health need is not part of hospital Mission of Critical Operations. Will partner with others as appropriate.*				
	a	Increase awareness of Prevention Strategies Sexual violence is a serious problem that can have lasting, harmful effects on victims and their family, friends, and communities. The goal of sexual violence prevention is to stop it from happening in the first place. The solutions are just as complex as the problem. Preventing sexual violence requires addressing factors at all levels of the social ecology—the individual, relational, community, and societal levels. (Program information is available at: https://www.cdc.gov/violenceprevention/sexualviolence/prevention.html)	Law Enforcement	SWMC, USD 480, Law Enforcement, SCCC, Public Health, Medical Staff, Community, Chamber of Commerce	
	b	Communicate and distribute information regarding CDC's STOP SV: A Technical Package to Prevent Sexual Violence pdf icon[2.85MB, 48Pages,508] . Program highlights strategies based on the best available evidence to help communities and states prevent and reduce sexual violence. Many of the strategies focus on reducing the likelihood that a person will engage in sexual violence. The strategies and their corresponding approaches are listed in the table below.	Law Enforcement	SWMC, USD 480, Law Enforcement, SCCC, Public Health, Medical Staff, Community, Chamber of Commerce	
	c	Continue SWMC's SANE/SART Program. Communicate programs and benefits it provides to surrounding communities and victims of sexual assault. Solicit monetary support from community and other organization to assure sustainability of program.	SWMC	City of Liberal, County of Seward, USD 480, Law Enforcement, SCCC, Public Health, Medical Staff, Community, Chamber of Commerce	
5-2	**Injury and Violence: Motor Vehicle Accidents** *This health need is not part of hospital Mission of Critical Operations. Will partner with others as appropriate.*				
	a	Provide support and sponsorship of After-Prom events at local schools in order to provide safe activities for teenagers.	Public School After-Prom Committees	SWMC	$2,500
	b	Participate and provide advocacy support to state leaders and local government in their efforts to obtain funding for road and highway safety and improvements	State & Local Government	All Stakeholders	

5-3	**Injury and Violence: Child Care Access** **This health need is not part of hospital Mission of Critical Operations. Will partner with others as appropriate.**					
		a	Assist economic development council in recruitment of childcare providers to reduce injury and harm to children without adult supervision.	City of Liberal & County of Seward – Economic Development Councils	DCF, School District , Law Enforcement, Foster Care, K-State Research and Education Extension	
		b	Provide child safety and first aid training location and opportunities (work shop) for child care service providers and parents.	SWMC	City of Liberal & County of Seward – Economic Development Councils. DCF, School District , Law Enforcement, Foster Care, DCF, School District , Law Enforcement, Foster Care, K-State Research and Education Extension	$500
		c	Educate young families on childcare community options/resources.	SWMC	City of Liberal & County of Seward – Economic Development Councils. DCF, School District , Law Enforcement, Foster Care, DCF, School District , Law Enforcement, Foster Care, K-State Research and Education Extension	$250