



2021

Community Health Needs Assessment

**Ellinwood Hospital &
Clinic**

**Barton County Health
Department**

Authored By: Solutions 4 Fundraising

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Welcome to the 2021 CHNA

Ellinwood Hospital and Clinic, along with Barton County Health Department, are pleased to be a part of a meaningful movement to pinpoint and address the most significant health care needs facing our community. The 2021 CHNA report contains the most recent health data and information for Ellinwood, surrounding communities and Barton County. This information will assist with the understanding of our community's overall health status. We use this information to determine where our most critical resources can be used to improve our community's health. We are already working on the next step to refine and enhance our services and partnerships to address the priorities identified in our CHNA specifically.

We want to thank everyone who took part in the organization of this CHNA, the discussions and data gathering events over the past few months. Your insightful comments during our focus groups and participation in our survey are invaluable.

We invite all our nonprofit organizations, city and government agencies and you, as stakeholders, to use this report to understand our community's needs and to join our efforts in addressing these critical needs. We hope this report will be a valuable tool for decision-makers and community leaders when setting policies, planning programs and services, and advocating for a healthier Barton County.

Sincerely,
Kile Magner, CEO
Ellinwood Hospital and Clinic

Key Findings

The 2021 Barton County's Community Health Needs Assessment (CHNA) contains information and data about Barton County residents' health and well-being. The CHNA was conducted from December 2020 through April 2021.

Community Health Outcomes

Quality of Life

Education:

Barton County graduation rates have exceeded Kansas rates over the past two years, with an increase of 9.3% compared to Kansas at 2.6%. For both Kansas and Barton County, female graduation rates are two to three percentage points higher than males in any given year.

Housing Affordability:

Across the nation, housing expenses have out-paced housing income, meaning occupants/owners pay more than half of their income on housing. Cost-burden households are identified as households that spend more than 30% of their income on housing. From 2014-2019 Ellinwood has constantly been the lowest cost-burden housing market in the region.

Violent and Property Crimes:

Barton County's violent crime rates have increased by 29% over the past five years, which is 9% higher than Kansas. Most of the increase is from the Great Bend and the Sheriff's jurisdiction. During the same time, Ellinwood's' rates decreased. Ellinwood also maintains the lowest property crime rates.

Health Behaviors

Nutritional and Physical Activity:

Since 2015 Barton County has been statistically higher than the state's average of diagnosed diabetes. In 2017, Kansas male population with diabetes was 9.95, with Barton County at 12%. During the same year, the female Kansas population was 8.8%, while Barton County was 11%.

Adult Obesity:

Barton County has the highest rate of adult obesity among the seven surrounding counties in 2020.

Adult Smoking:

Barton County has the highest adult smoking rate than the seven surrounding counties in 2020, reporting 17.34% and is only out-paced by the Kansas rate at 17.38%.

Uninsured Adults:

Though it is a declining trend, Barton County is the second-highest county of uninsured adults among the seven surrounding counties, but statistically lower than Kansas state average.

Health Outcomes

Length of Life:

Premature death is defined as any death before age 75 caused by events or behaviors that could have been prevented. It is measure by the number of years of potential life lost before age 75. Since 2016, out of the seven surrounding counties, Barton County is third with the least number of premature deaths. The top three leading causes of death in Barton County are heart disease, cancer and lower respiratory diseases.

Community Perceptions and Themes

Eighty residents of Barton County participated in a CHNA survey. The survey recorded their perceptions of health, health care access, services needs and overall community health. Since Ellinwood Hospital and Clinic sponsored this report, the charts are calculated using the responses from those who selected EHC as their primary health care facility. County-wide responses are identified on the charts.

The Top Health Needs Identified By Community:

1. Improved hospital facility
2. Affordable health care
3. Additional health care providers
4. Aging in place facilities
5. Awareness of local health care services
6. Increase mental and behavioral health
7. A broader selection of health care specialists

Factors Most Important to Overall Community's Health

1. Access to health care
2. Access to affordable childcare
3. Employment opportunities

Top Conditions with the Greatest Impact on Community Health:

1. Aging health issues
2. Cancer
3. Drug, alcohol/chemical dependency

Unhealthy Behaviors

1. Drug abuse (not prescriptions)
2. Alcohol abuse
3. Abusing or misusing prescription drugs

Hospital Facility Used for Health Care Services

Ellinwood Hospital and Clinic– 52
University of Kansas Health System – 10
Clara Barton Hospital and Clinic – 9
Rice County Hospital – 4
Other – 2

Reason for Choosing Health Care Facility

1. Convenience
2. Familiar with physicians and medical staff
3. Too long to schedule an appointment with provider

Medical Departments Most Used

1. Clinic
2. Laboratory
3. Radiology



What Is a Community Health Needs Assessment?

Across the country, health care organizations, community members, civic groups, school districts and other nonprofit organizations, along with local governments, are working together to improve their community's health. These efforts are meant to identify the community's health needs and change the underlying factors to improve overall health, access to care and provide everyone with an equal chance at a healthy life. It is about taking on community health challenges – together.

An essential tool for this process is a Community Health Needs Assessment (CHNA). In fact, through the Patient Protection and Affordable Care Act, enacted on March 23, 2010, all not-for-profit hospital organizations must conduct a CHNA once every three years, Internal Revenue Code 501(r). If you've ever wondered about your community's health and the people living in your area, then a CHNA has the answers. A CHNA is a report based on a systematic process involving the community to identify and analyze community health needs. Its purpose is to learn about the population's health, the contributing factors to higher health risks or poorer health outcomes of identified populations and available community resources. It also informs the community about prioritizing health problems and developing a Community Health Improvement Plan.

What is a Community Health Improvement Plan?

The Community Health Improvement Plan (CHIP) is an action plan to address the community's health issues identified through the Community Health Needs Assessment. Health care experts, community members, hospital administration and health partners develop the CHIP. Both of these documents are available to the public on your local hospital's website.

Requirements of a Community Health Needs Assessment?

- A description of the community served.
- A description of the process and methods used to conduct the CHNA.
- Identification of all organizations, agencies and experts who collaborated with Ellinwood Hospital and Clinic to conduct the CHNA.
- An account of how input, from a person who represents the community's broad interests, was collected.
- A prioritized description of the community health needs identified through the CHNA and a description of the process and criteria used to prioritize those needs.
- A description evaluating the actions taken by Ellinwood Hospital and Clinic to address the health needs identified in the hospital's prior CHNA.

Methodology

How is a Community Health Needs Assessment Conducted?

A CHNA approach establishes a team that comprises, when applicable, representatives from area health, environment, education and government organizations. Often, the process includes engaging a consultant who provides objectivity, establishes the assessment framework and procedures, and prepares the report. This report is based on the latest government and public statistics, focus groups, hospital data, and community-wide survey results.

The assessment incorporates data from both quantitative and qualitative sources. Data, in the form of numbers, are measurable or countable and are "quantitative data. Such as temperature, age, weight and costs are all examples of quantitative data. Solutions' health needs survey and secondary research (vital statistics and other health-related data) represent quantitative data and are components that compare benchmark data at the state and national levels. When data is more descriptive, based on observations that cannot be measured, this is "qualitative" data. This type of data is typically obtained by asking about people's perceptions, beliefs, and experiences or observing processes occurring at a particular time and place. This data was collected during focus groups, interviews and forums.

This report will combine the quantitative and qualitative data representing the community health status, themes and strength assessments to describe how health and well-being are experienced in Barton County. This gives vital information to health organizations, school districts, the business sector and other community organizations to make critical decisions to serve their patients, customers and community better.

The major steps in conducting a CHNA include:

- Coordinating the health agencies, organizations and experts to conduct the CHNA.
- Collecting and examining health data for Barton County and comparing it to like counties across the Kansas State and U.S.
- Seeking input from people who represent the community's broad interests and those with special knowledge or expertise in public health. This was accomplished through the distribution of a survey and conducting focus group session(s).
- Identify organizations or agencies with current information relevant to the community's health needs, including health leaders, members of medically underserved, low-income, minority populations, and populations with chronic diseases.



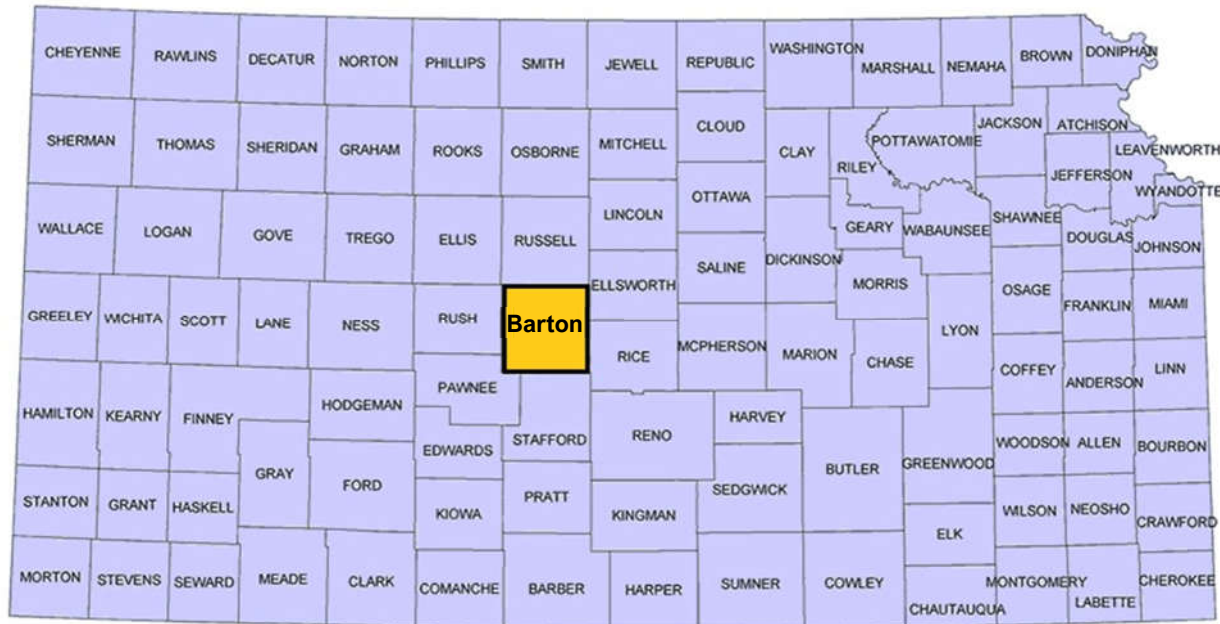
Health Needs Survey (Qualitative)

During November and December of 2020, online, qualitative data was gathered from community members using various methods. These include interviews, an online survey and focus groups. The data collected represent the thoughts, opinions, and observations of critical issues shaping individuals and their community's health. The focus groups' details and responses are included in the Community Perceptions and Themes section of this report.

Even though these activities were conducted during the COVID pandemic under safety protocols and health organizations under tremendous stress, important data was collected to assist with this report. However, the focus group attendance was affected and caused limitations on this data. The focus group data does not represent all geographic, cultural, socioeconomic or age groups in Barton County. However, the diverse and unrepresented residents will continue to be engaged throughout this 3-year CHAN and CHIP cycle.

Community Defined For This Assessment

The study area for this assessment effort referred to as Ellinwood Hospital and Clinic (ECH) service area, comprises Barton County. This area, which represents Ellinwood Hospital and Clinic's primary service area, includes Barton County, which makes up 84% of the hospital's 2019 admissions is illustrated in the following map.



COMMUNITY PROFILE

Barton County sits in the middle of Kansas with a population estimate of 26,453. It was established in 1867 and named in honor of Clara Barton, responsible for the founding of the American Red Cross. It is the 22nd most populated county out of the 105 counties in Kansas. It is primarily agriculture and consists of 901 square miles (895 of land, 5.2 of water) with an average of 30.6 people per square mile. There are approximately 12,733 housing units, 10,624 households, with an average of 2.5 people per household. The county seat is Great Bend, the most populated city, followed by Hoisington, Ellinwood, Great Bend, South Bend and Independent. If you take into account population density (people per square mile), the top three cities are; Hoisington (2,280), Ellinwood (1,769), Great Bend (1,485).

A Closer Look at Demographics

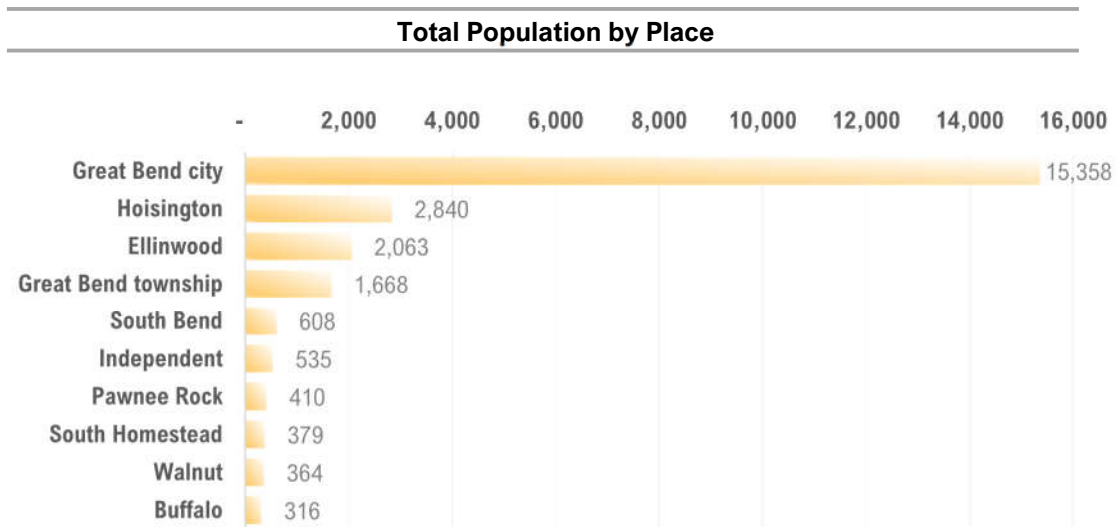
Population trend information assists communities in identifying and meeting current and future health, environment and lifestyle needs. These needs include culturally appropriate and geographically accessible services. This section of the study provides data about Barton County's population's characteristics, such as age, gender, income, and education. This data's primary source comes from the United States Census Bureau, which collects data every ten years. The census data used for this study is actual and estimated data for years between 2010-2019. At this writing, the census data for 2020 was not completed.

The median age in 2019 was 39.9 years, with a female population of 50.7% and males at 49.3%. The majority of Barton County's population is between 25 and 59 years old. Adults aged 65 and older have increased 3.7% from 2,703 in 2010 to 2,802 in 2019. From 2010 to 2019, the population growth for Barton County is at -3.8%, with Kansas showing a rate of 1.9%.

POPULATION

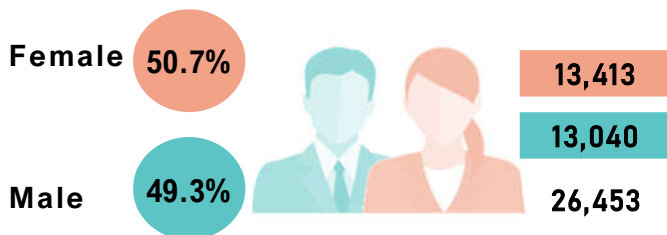
Source: United States Census Bureau, American Community Survey (2015-2019)

Location	Total Population			Population Change
	2010	2015	2019	
Barton Co.	27,499	27,399	26,453	-3.8%
Kansas	2,858,190	2,909,011	2,913,314	1.9%



GENDER POPULATION – BARTON COUNTY

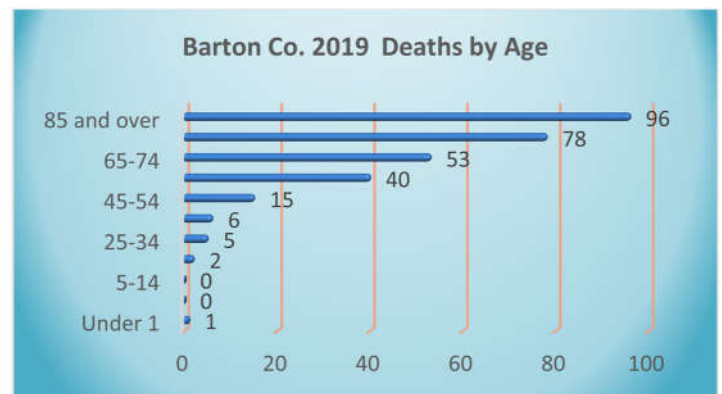
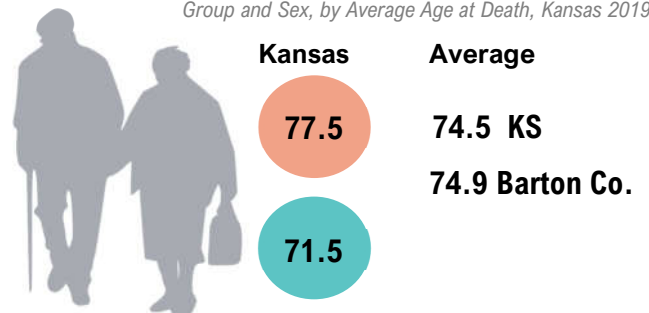
Source: U.S. Census Bureau (2015-2019), Community Survey 5-year estimates.



Source: Kansas Department of Health and Environment, Deaths by County of Residence and Peer Group by Age Group and Average Age at Death 2019.

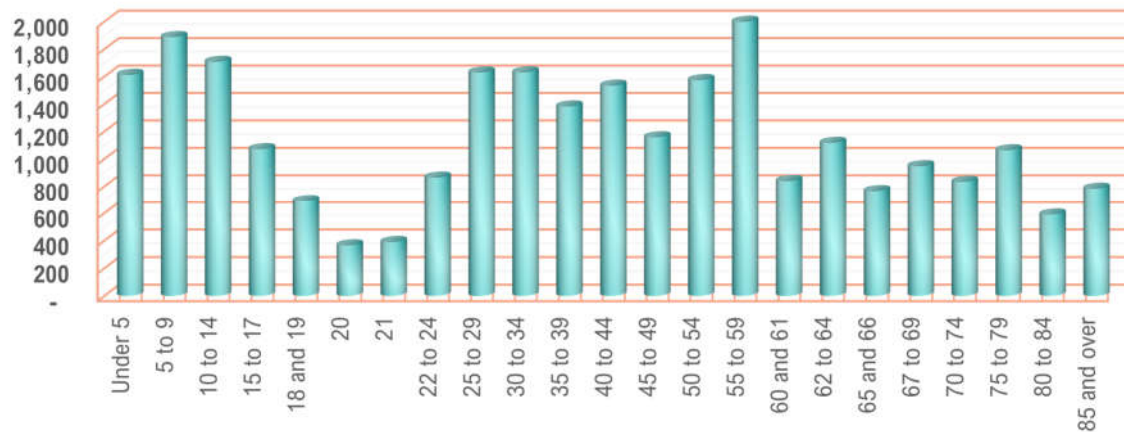
LIFE EXPECTANCY

Source: Kansas Department of Health and Environment, Deaths by Population Group and Sex, by Average Age at Death, Kansas 2019.



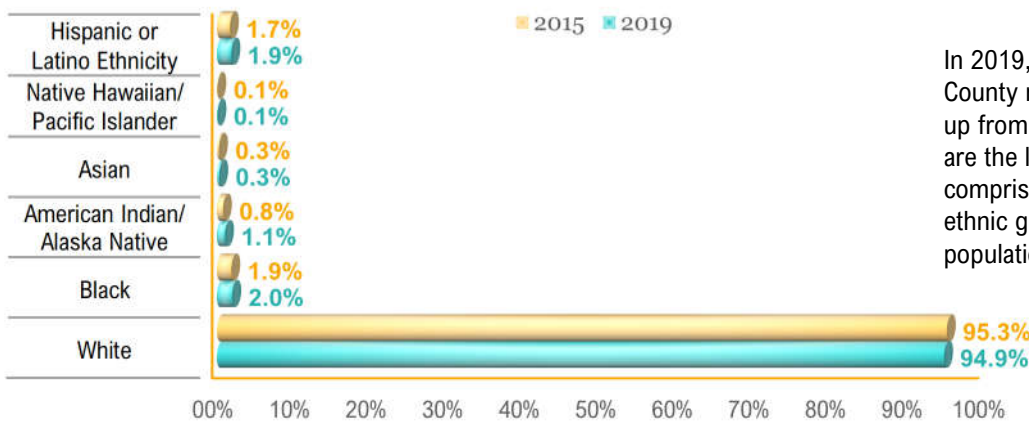
AGE DISTRIBUTION

Source: U.S. Census Bureau (2015-2019), Sex by Age, Community Survey 5-year estimates.



POPULATION BY RACE AND ETHNICITY, 2015/2019

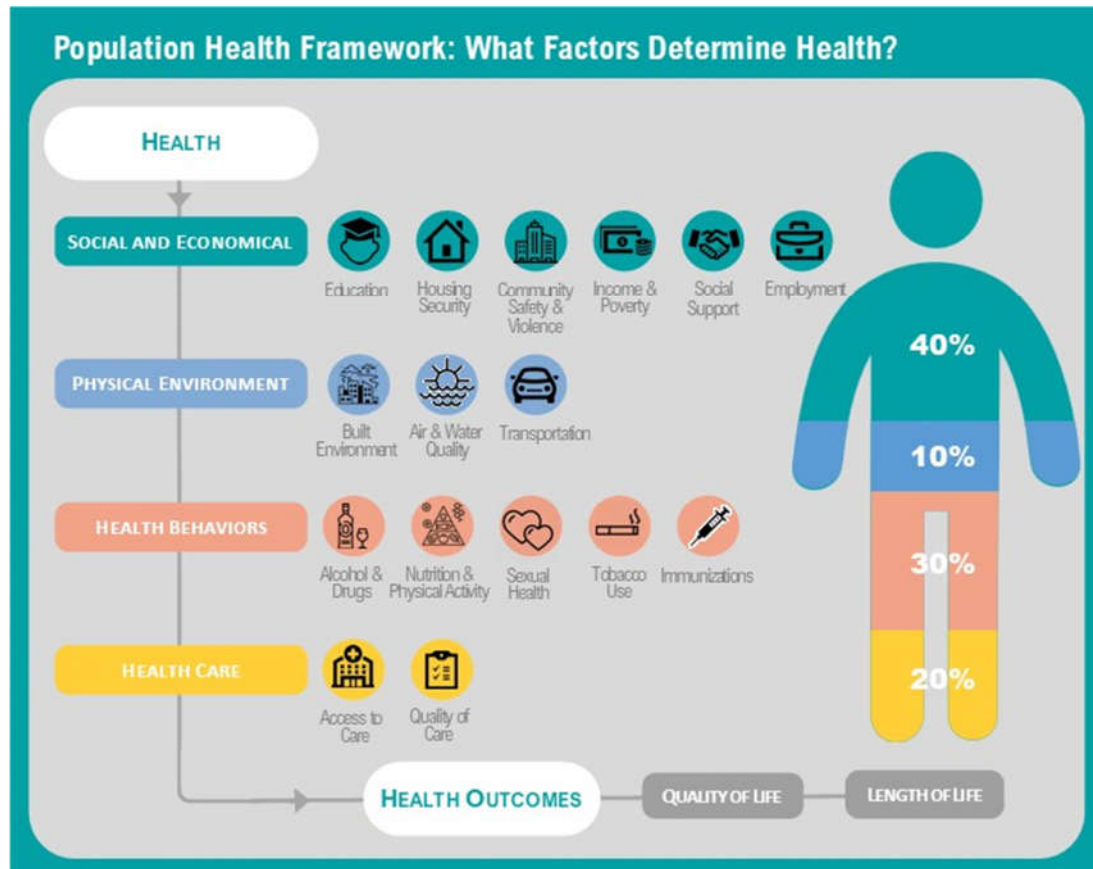
Source: U.S. Census Bureau 2010-2019, County Characteristics Resident Population Estimates.



In 2019, the non-white population in Barton County made up 5.1% of the total population, up from 4.7% in 2015. Persons of black origin are the largest non-white ethnic group, comprising 2.0%, with Hispanic or Latino ethnic group close behind at 1.9% of the total population.

Community Health Outcomes

Why are some populations healthier than others? How can our community become healthier? To answer these questions, there needs to be an understanding of what factors are considered when ranking a community's health. Health is more than the care you receive from your doctor, treatment at a hospital or even the medicines you take. Health is affected by environments, social and economic factors, behaviors of individuals and health care services. Factors such as housing conditions, poverty, employment, education level, neighborhoods' safety, air quality, and water all affect our health, for good or bad. These factors form the population health framework, an essential assessment of the overall community health because it explains that health is determined by more than just medical care received or the individual choices each person makes. This CHNA includes measures of these health determinants to assess how sick or well the population is and what underlying factors contribute to the community's health and diseases.



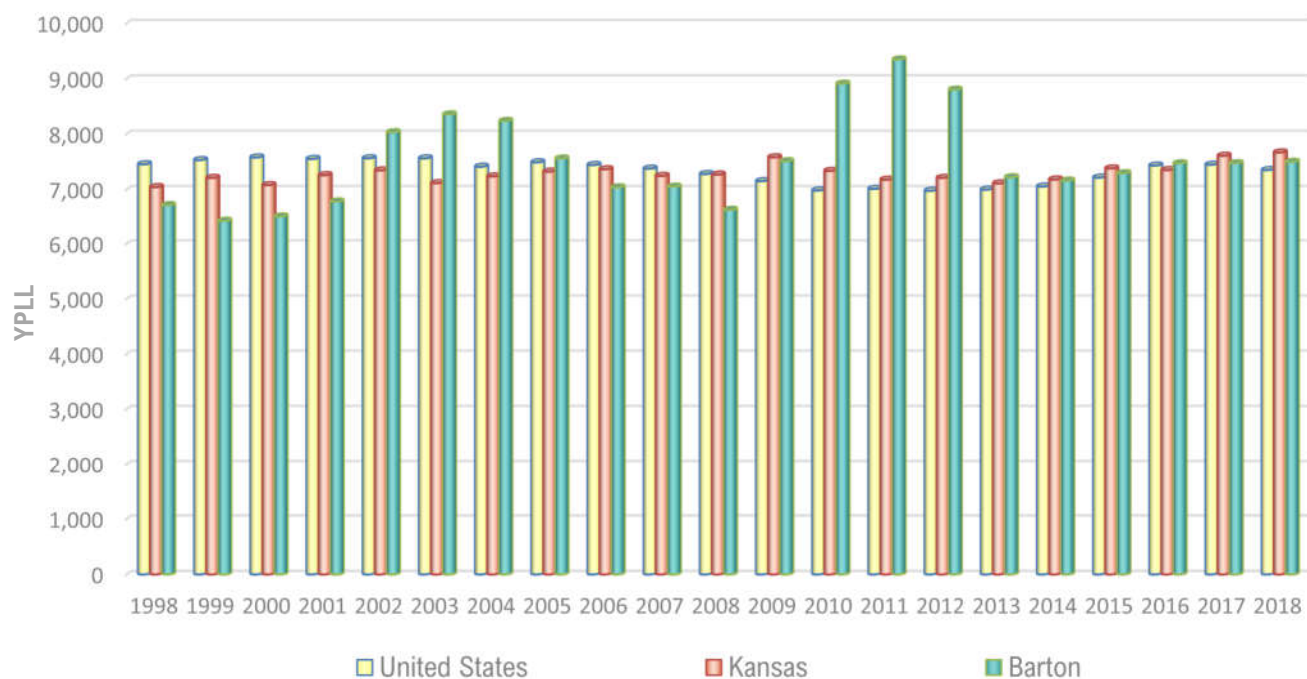
LENGTH OF LIFE

By exploring data related to the length of life, we can answer the question: Are people living long, healthy lives? Reviewing the data can highlight important indications about a community's health and reveal positive and negative trends that affect quality and length of life. Understanding this data and other factors that influence health (see Population Health Framework), communities can make changes to impact living longer and healthy lives. Keeping in mind, length of life can vary significantly by place, income, race and ethnicity. By understanding the magnitude of premature death, the leading cause of death and the cause of preventable death is communities can prioritize strategic actions aimed to prevent and reduce the burden of diseases.

PREMATURE DEATH

Sources: National Center for Health Statistics, National Vital Statistics Systems

Premature death is death before age 75, which is considered to be caused by events or behaviors that could have been prevented. It is measured by the number of years of potential life lost (YPLL) before age 75. On a national level from 2015-2019, cancer, unintentional injury, heart disease, suicide deaths, deaths in the perinatal period, and homicide were the top six leading causes of premature deaths. Kansas tracked nearly the same, except for the 6th leading cause of death, respiratory disease, followed by homicide.

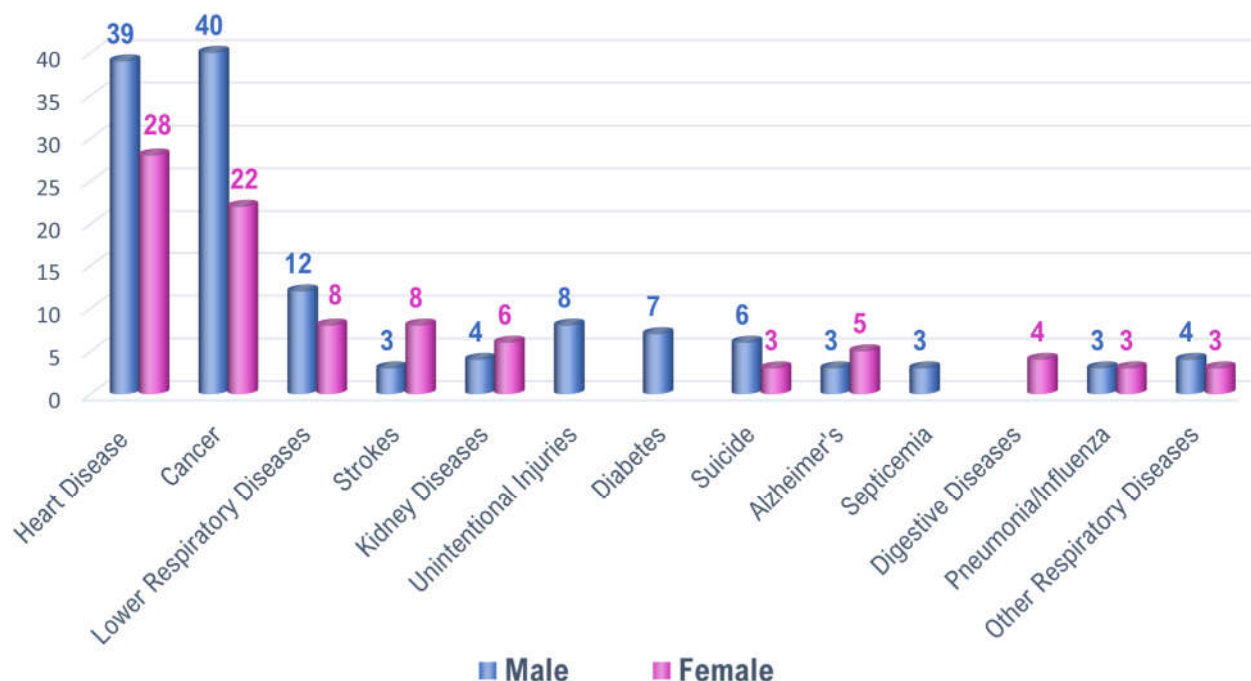


Digging deeper into the increase in premature deaths between 2010 and 2012, in 2010, diabetes, cancer and other accidents all had considerable gains. A significant spike was reported in 2011 in heart disease jumping from 71 in 2009 to 92. In 2011 and 2012, motor vehicle accidents increase by six and seven incidents, respectively. During these three years, cancer incidents increased from 69 to 83 incidents. Even though the cause of death does not identify premature death, this data can determine the likely suspects.

Since 2013 Barton County has been tracking, near or lower than national and state levels of premature deaths. Out of the seven surrounding counties, Barton is third with the least number of potential years lost to premature deaths from 2016-2018. The ranking is as follows, Ellsworth, Ellis, Barton, Rice, Pawnee, Russell, Stafford (Rush N/A).

TOP LEADING CAUSES OF DEATH, BARTON COUNTY - 2019

Sources: Kansas Department of Health & Environment, KIC Database



Barton County's top 10 leading causes of death have remained consistent during the five years of 2015-2019, with a slight variance between males and females. The top three causes of death (heart disease, cancer and chronic lower respiratory disease) have persisted in first, second or third place for both the county and the state. In the chart above, males exceed ten listings because multiple causes are tied for the 10th position.

QUALITY OF LIFE

Quality of life is attaining one's total well-being. It is a multi-dimension concept that includes domains related to physical, mental, emotional and social functioning. It goes beyond direct measures of population health, life expectancy and causes of death and focuses on the impact health status has on quality of life. This section will highlight the quality of life measures (social and economic factors, physical environment, health behaviors and health care) that show a significant trend, positive or negative, over time, a considerable difference from Kansas State or substantial differences between genders. Highlighting these social determinants of health (SDOH), "the structural determinants of and conditions in which people are born, grow, live, work and age" are critical predictors of health outcomes. (Heiman & Artiga, 2015, p.2) While health care systems recognize the importance of addressing SDOH to improve community health, community-wide efforts from various organizations need to focus on strengthening SDOH factors to improve the quality of life for all community members.

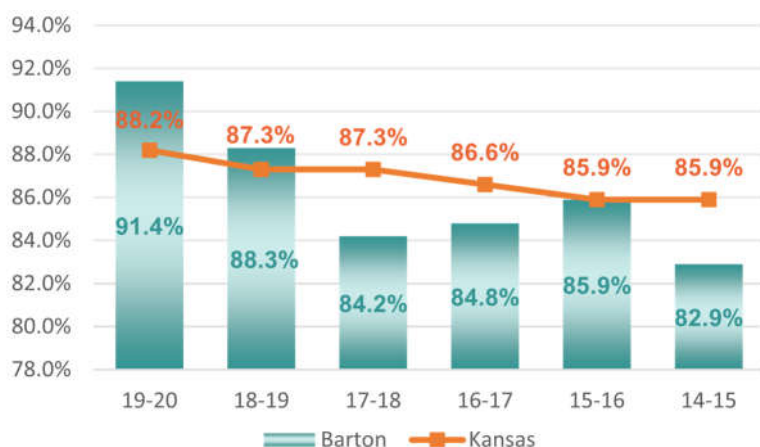
Social & Economic Factors

Like education, housing, income, safety and employment, social and economic factors affect how well and how long we live and account for about 40% of all health. These factors are more significant than health and clinical care. Communities that provide access to social and economic opportunities, the resources and supports available in homes, neighborhoods and communities, are communities where people thrive in health, well-being and prosperity.

EDUCATION

Sources: Kansas State Dept. of Education, Data Central, USDA, Economic Research Service, U.S. Dept. of Commerce, Census Bureau, American Survey

Educational success is linked to better health outcomes such as less illness and longer life expectancy. It is also linked to higher incomes, better employment options and increased social supports that, together, support opportunities for healthier choices.



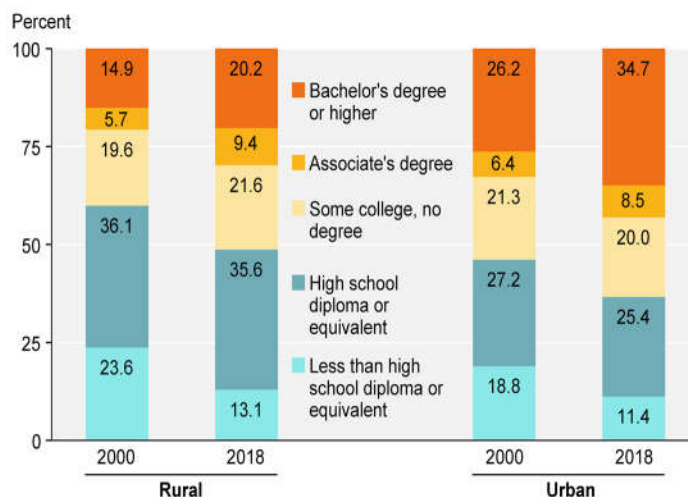
On-time Highschool Graduation Rate, 2014-2020: Percent of high school seniors who graduated high school within four years of starting. Barton County vs. Kansas State.

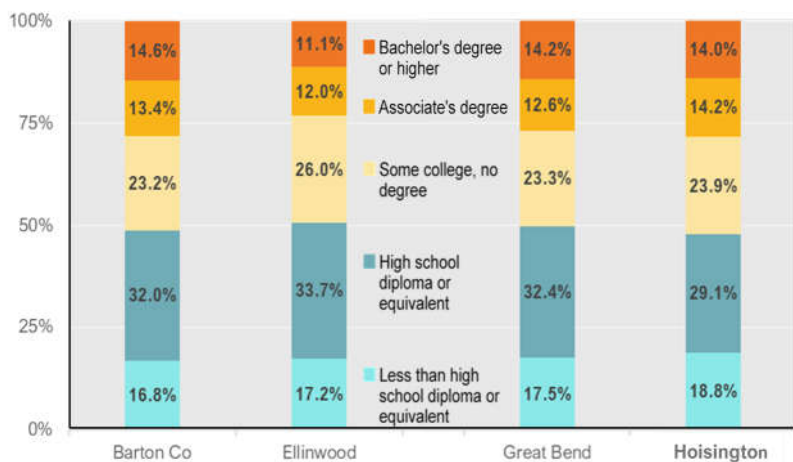
Barton Co. graduation rates have exceeded Kansas rates over the past two years. On an accumulative 6-year basis, Barton Co. has outperformed graduation rates with an increase of 9.3% compared to Kansas at 2.6%. For both the county and state level, female graduation rates are two to three percentage points higher than males in any given year.

Education Attainment in Rural and Urban Areas, 2000/2018.

Educational attainment for adults 25 and older. Urban and rural status is determined by the Office of Management and Budget's 2015 metropolitan area definitions.

Education is tied to the economic prosperity of rural people and places. The education attainment of people living in rural areas has increased markedly over time but has not kept pace with urban gains. With median earnings rising with higher levels of education in urban areas, rural earnings show disadvantages when compared to higher educational attainment.





Education Attainment in Barton Co. and Selected Cities of Ellinwood, Great Bend and Hoisington, 2019 5-year estimate. Educational attainment for adults 25 and older.

A closer look at educational attainment identifies Barton Co. and the selected cities closely follow the national rural numbers, except for Bachelor's degree, down 9-6% points and Associates and Some College Degree both up to 5% points.

HOUSING & AFFORDABILITY

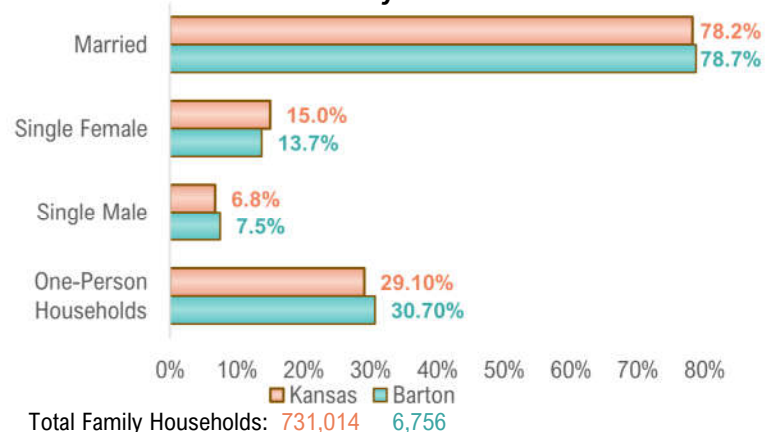
Source: U.S. Census Bureau, American Community Survey 5-year Estimate, 2014-2019 1-year Estimate

Affordability and quality of housing are essential components of healthy communities. In areas where housing is not available or costs are too high, some residents may be forced to select substandard living conditions. Across the nation, housing expenses have out-paced housing income, meaning occupants/owners pay more than half of their income on housing. While the housing burden has decreased for homeowners in the past decade, this improvement is not valid for renters.

Household Median Value

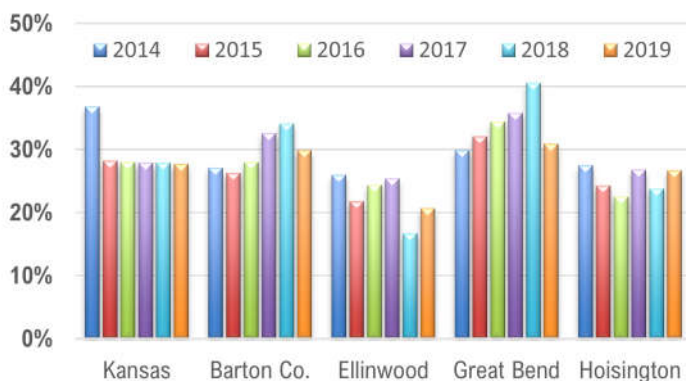


Family Households

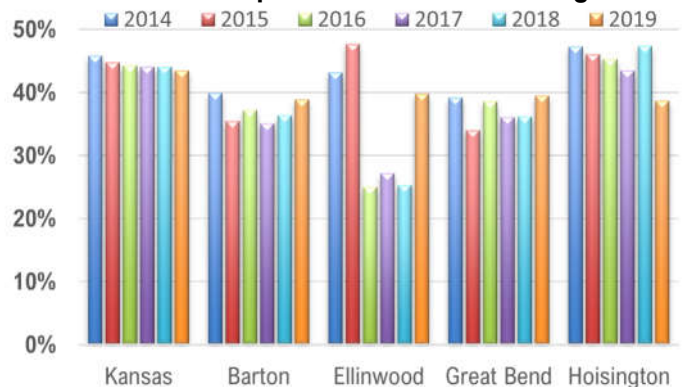


Housing Affordability: Cost-burden Households, 2014-2019; Kansas, Barton Co. and selected cities of Ellinwood, Great Bend and Hoisington. The data includes all households, Renter and Owner-Occupied and identifies the percent of households who spend more than 30% of their income on housing. Ellinwood has constantly been the lowest cost-burden housing market in the area.

Owner-Occupied Cost-Burden Housing



Renter-Occupied Cost-Burden Housing

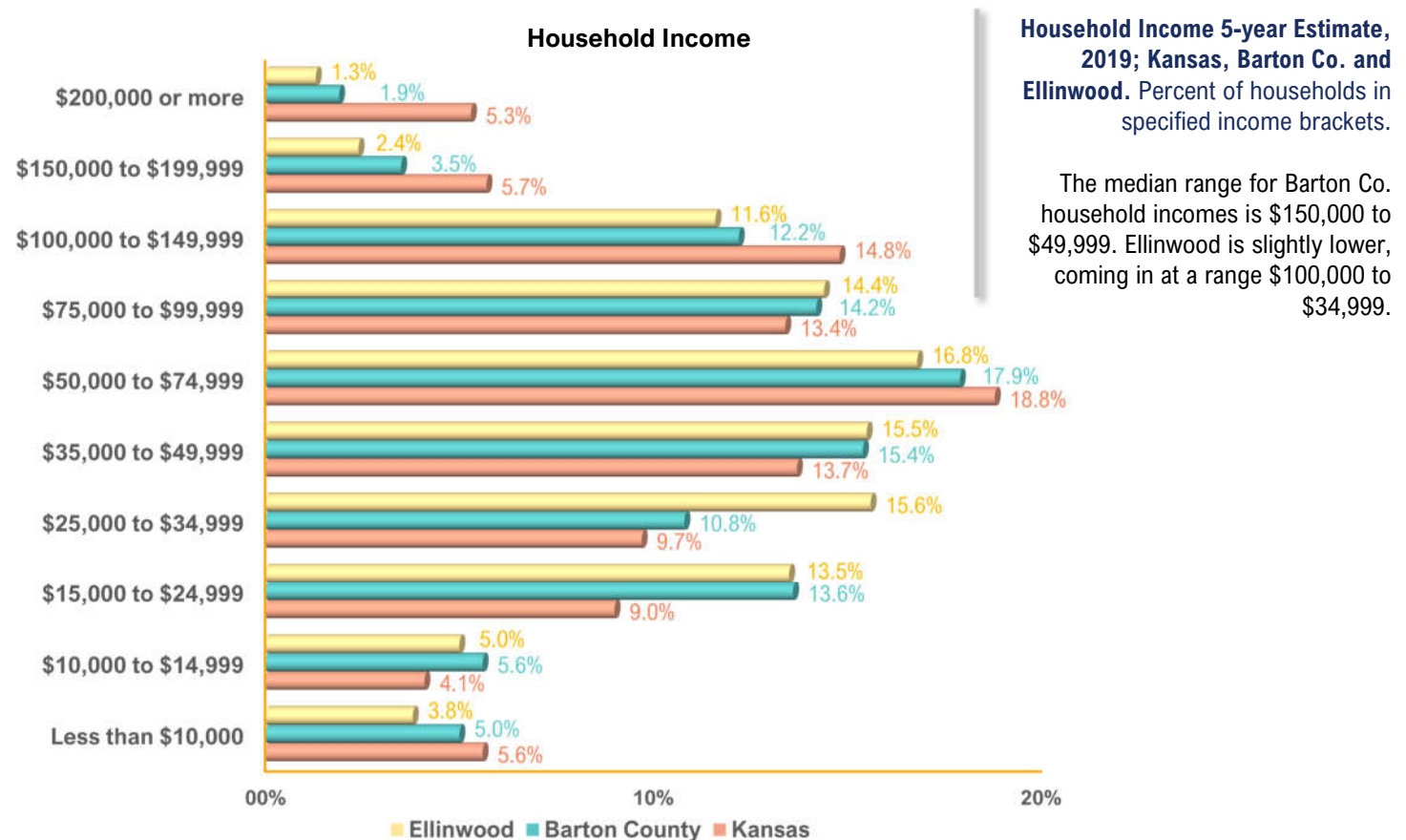


INCOME AND POVERTY

Source: U.S. Census Bureau, American Community Survey 5-year Estimate, Household Income, Poverty and Education

Poverty and poor health are inextricably intertwined. Poverty is both a cause and a consequence of poor health. While the most significant difference in health is between those with the highest and lowest incomes, this relationship perseveres throughout all income brackets. Adults in the highest income brackets are healthier than those in the middle class and will live, on average, more than six years longer than those with the lowest incomes. (1) Individuals with lower incomes have higher rates of many chronic diseases, lower life expectancy, inadequate access to health-promoting resources and face more barriers to adopting healthy behaviors.

Extreme poverty interacts with health in many ways and undermines a range of human capabilities, possibilities and opportunities. Evidence from all parts of the world supports a link between poverty, hunger and poor child health. Poor child health and hunger leads to poor school performance and, therefore, to a later inability to find good work and support their family. Additionally, poverty may limit employment opportunities and income, and as a result, there is more need for social and economic support to meet basic needs.

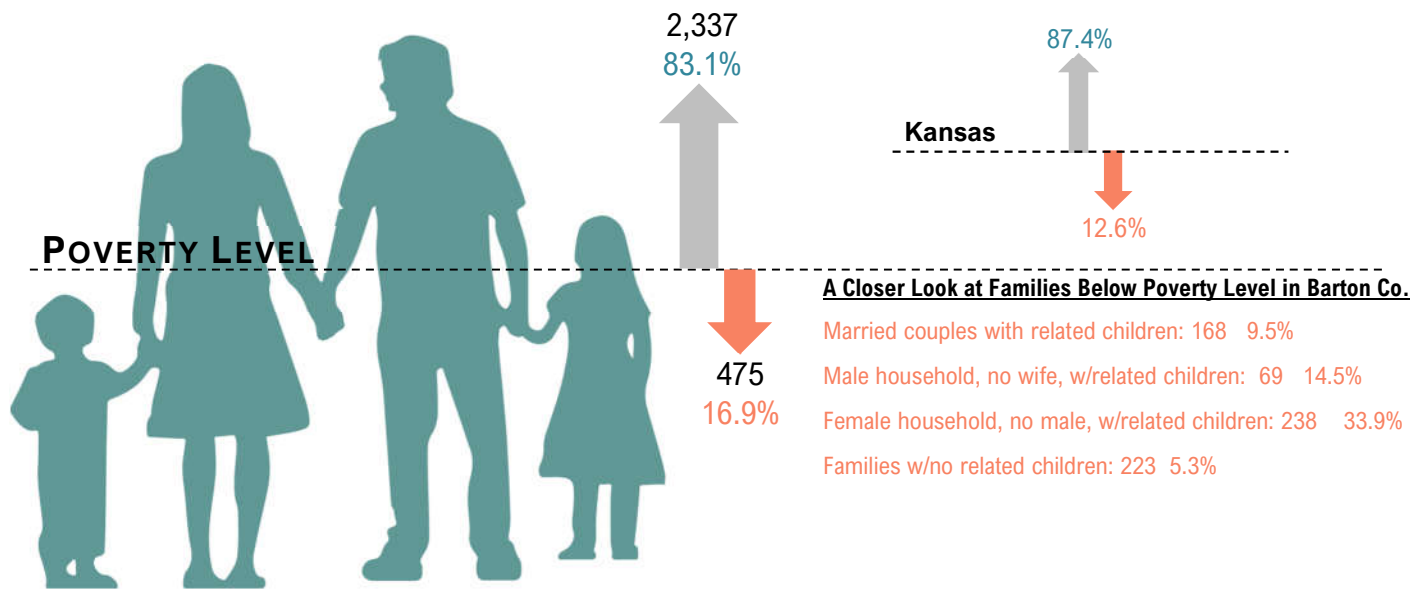


Population Living in Poverty, 5-year Estimate, 2019. Individuals living in households with income below the Federal Poverty Level (FPL)

Poverty is considered a key driver of health status. In the hospital service area, 15.4% or 3,978 individuals live in households below the poverty level. In Ellinwood, that number is 235. This indicator is relevant because poverty creates barriers to access health services, healthy food and other necessities contribute to poor health status.

Area	Total Population	Population in Poverty	Percent Population in Poverty
Kansas	2,826,056	337,739	12.0%
Barton Co	25,853	3,978	15.4%
Ellinwood	1,959	235	12.0%
Great Bend	14,952	2,901	19.4%
Hoisington	2,790	272	9.7%

Barton County Poverty Status of Family by Presence of Related Children, Under 18



UNEMPLOYMENT

Source: U.S. Census Bureau, American Community Survey 5-year Estimate, Labor Force, Population 16 years and over



Unemployment rates, 5-year Estimate, 2015-2019. Percentage of population ages 16 and older unemployed but seeking work.

Unemployment rates across the region have settled in at around 4% for 2019. Even though Ellinwood's rate started significantly lower than other areas in 2015, the rate adjustment over the past two years has brought it into alignment with other regions. The USA had an unemployment rate of 3.6% in 2019.

SAFETY AND CRIME

Source: Kansas Dept. of Health & Environment, 2015, 2019 Annual Statistics, Kansas Bureau of Investigation (KBI) 2018 & 2019 Kansas Crime Index Report

Violence or injuries through accidents are the third leading cause of death in the United States and the leading cause for those between the ages of one and 44. In Barton County, it is the sixth leading cause of death. For those directly and indirectly affected by accidents or violence, living in unsafe neighborhoods can impact health. Approximately 30 million Americans receive medical treatment for injuries each year, with most injuries being preventable and predictable. Unfortunately, more than 243,000 died from these injuries in 2017.

Motor Vehicle and Accidental Deaths, 2015 vs. 2019 Kansas and Barton County. Comparing Motor and Other Accidental Deaths rate between Kansas and Barton County and their overall percentage of Total Deaths.

Barton County shows a decrease in both motor and vehicle accidents. Even though in 2015, Barton County's accidental deaths were 1.3% higher than in Kansas, yet in 2019 it was nearly a percentage point lower than Kansas. On a national level, traffic deaths have been declining since 2016.

	2015					2019				
	Total Deaths	Motor Vehicle	% of Total	All Other Accident	% of Total	Total Deaths	Motor Vehicle	% of Total	All Other Accidents	% of Total Deaths
Kansas	26,611	394	1.5%	1,100	4.1%	27,312	396	↓ 1.4%	1,180	↑ 4.3%
Barton Co.	298	3	1.0%	16	5.4%	296	2	↓ 0.7%	10	↓ 3.4%

Violent and Property Crimes, 2015 vs. 2019 by County Tracts, Ellinwood, Great Bend Hoisington and Barton County. Comparing Crime incidents from 2015 to 2019. Violent crimes include murder, rape, robbery and aggravated assault and battery. Property crimes include burglary, theft, motor vehicle theft and arson.

Barton County's violent crime rates have increased by 29% over the past five years, which is 9% higher than Kansas. Most of that increase is from Great Bend and rural areas primarily within the Sheriff's jurisdiction. During the same time, both Ellinwood and Hoisington's rates decreased. Property crimes decreased throughout the county between 2015 and 2019. Ellinwood has the lowest rate per 1,000 individuals, and Great Bend has the highest.

	Violent Crimes				Property Crimes			
	2015	2019	% Change	2019 Rate/1,000	2015	2019	% Change	2019 Rate/1,000
Sheriff	8	23	↑ 188%	4.0	110	76	↓ -31%	13.2
Ellinwood	4	2	↓ -50%	1.0	39	21	↓ -46%	10.8
Great Bend	71	86	↑ 21%	5.7	659	438	↓ -34%	29.1
Hoisington	7	5	↓ -29%	2.0	37	36	↓ -3%	14.5
Barton Co. Total	90	116	↑ 29%	4.5	849	575	↓ -32%	22.2
Kansas Total	10,593	12,694	↑ 20%	4.3	77,994	74,314	↓ -5%	25

(Crimes from the city of Claflin are included in the County Total but not shown on this table)

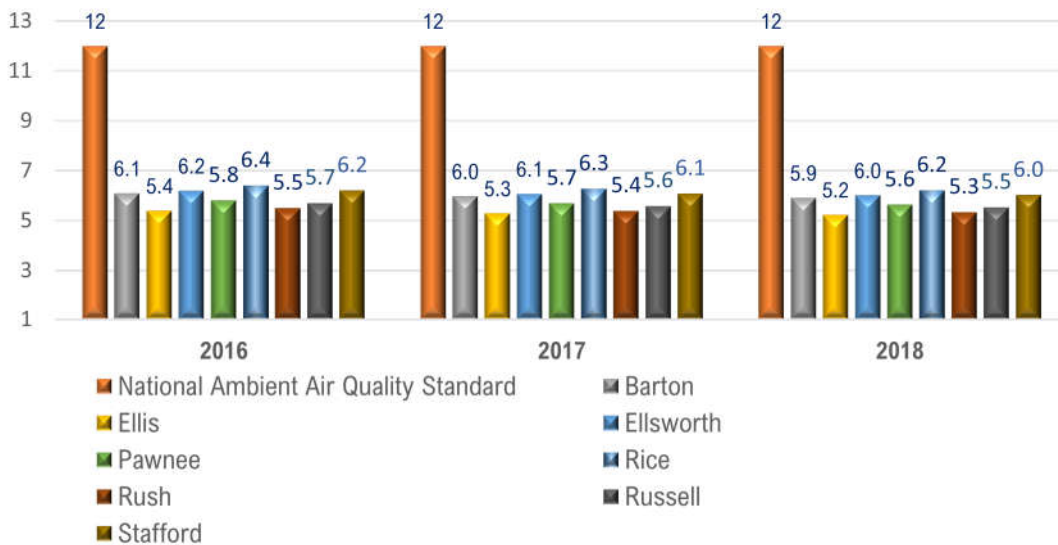
Physical Environment

The physical environment includes both the natural environment (air, water and land) and the built environment (roads, parks, buildings and other infrastructure) that may affect human health. Creating good health requires the practice and study of humans' well-being related to preventing injuries and illness. Physical environmental health includes the assessment and control of those environmental factors that can potentially affect health. A healthy natural environment provides access to clean air, water and preventing exposure to environmental toxins. The built environment includes providing, or limiting, opportunities for healthy living, including access to safe areas to be physically active, access to community gathering spaces for social connections and access to nutritious food. The quality of the houses living conditions, such as complete plumbing, kitchen or overcrowding, also affects communities' health. When individuals or families live with one or more of these conditions, they live in suboptimal housing, which impacts their health. The information in this section will help guide efforts to improve community health and quality of life.

AIR QUALITY

Source: EPA Air Quality System, AirData, Air Quality Index and Kansas Dept. of Health and Environment

Air is essential to sustain human life. But the quality of air can also affect the health and well-being of all humans. Air pollution contributes to asthma, allergies, lung functions and premature mortality. The EPA describes ambient air, the outside air that we breathe, as "that portion of the atmosphere, external to buildings, to which the general public has access." On any given day, air quality can change due to various conditions like; weather, grass fires, industrial pollutants, vehicle traffic and wood-burning stoves. Kansas has 14 Ambient Air Monitoring Network sites that monitor and provides measures on five major air pollutants: Ground-level Ozone, Particulate Matter, Sulfur Dioxide, Nitrogen Oxide and Carbon Monoxide.



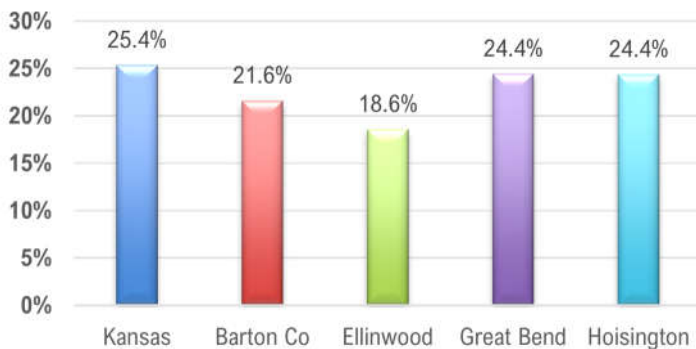
Ambient Air Quality from 2016 – 2018 in Barton, Ellis, Ellsworth, Pawnee, Rice, Rush, Russell and Stafford Counties. This measures the average daily density of fine particulate matter in micrograms per cubic meter (PM2.5). The seven counties, including Barton, are well below the National Ambient Air Quality Standard.

BUILDING ENVIRONMENT

Source: EPA Air Quality System, AirData, Air Quality Index, Kansas Dept. of Health and Environment, Dept. of Housing and Urban Development.

A healthy environment includes having homes that are safe and free from physical hazards. Adequate housing units provide occupants protection from harmful exposures and provide security, stability and privacy. Poor housing conditions have been associated with various adverse health outcomes, including respiratory diseases (such as asthma), injuries and infections. Financially, when the majority of paychecks go toward rent or mortgage, it isn't easy to afford proper health care, medication, healthy foods, utility and transportation. Suboptimal housing measures the housing units.

Suboptimal Housing



Suboptimal Housing, 2019; Kansas, Barton Co. and selected cities of Ellinwood, Great Bend and Hoisington. Percent of households with one or more of the following problems: lacks complete kitchen or plumbing, the household is overcrowded.

Barton Co. is statistically lower than the state level, and Ellinwood is significantly lower than other cities. This one-year estimate indicates that 2.1 out of 10 residents in Barton County are in households with housing problems.

Health Behaviors

Health behavior is an action taken by a person that affects one's health, either positively or negatively. Behaviors such as exercising, eating healthy, using illegal substances, or getting vaccines are personal decisions to influence overall health. For example, a person who quits smoking almost immediately cuts their risk of developing heart disease. Many health care initiatives or interventions focus on changing individual's health behaviors. The information in this section about health behaviors can help develop effective interventions to promote healthy behavior choices.

ALCOHOL AND DRUGS

Source: County Health Rankings 2015, 2020, Robert Wood Foundation, Behavioral Risk Factor Surveillance System (BRFSS).

When consumed in excess, alcohol is harmful to the health and well-being of those who use it obsessively and their families, friends, and communities. Excessive alcohol consumption considers both the amount of alcohol consumed and the frequency of drinking. Prescription drug misuse includes taking a drug in a manner other than prescribed and taking drugs that have been prescribed to another person. Abuse of drugs and alcohol is associated with poor health outcomes such as crime, child abuse, sexually-transmitted infections, violence, suicide, and injuries, leading to societal impacts like health care costs or incarceration.

% Alcohol Impaired Driving Deaths			
	2015	2020	% Change
Kansas	33.30%	21.88%	↓ -11.42%
Barton	21.74%	15.79%	↓ -5.95%
Ellis	45.16%	33.33%	↓ -11.83%
Ellsworth	29.41%	10.53%	↓ -18.88%
Pawnee	26.67%	33.33%	↑ 6.66%
Rice	38.46%	36.36%	↓ -2.10%
Rush	25.00%	50.00%	↑ 25.00%
Russell	55.56%	26.67%	↓ -28.89%
Stafford	7.69%	16.67%	↑ 8.98%

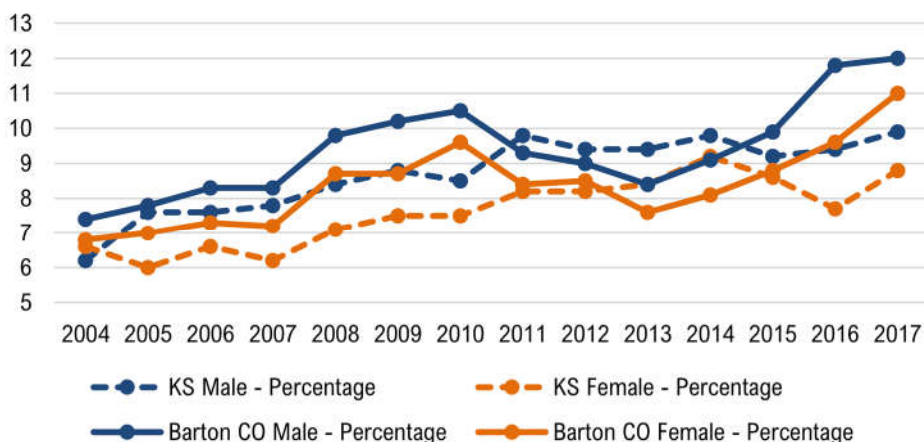
Alcohol-Impaired Driving Deaths, 2015, 2020; Kansas, Barton, Ellis, Ellsworth, Pawnee, Rice, Rush, Russell, Stafford. Percent of motor vehicle crash deaths with alcohol involvement.

In 2015, a third of all traffic-related deaths in Kansas was due to alcohol-impaired driving crashes. In Barton Co., alcohol deaths have remained statistically lower than Kansas State and decreased by nearly 6% from 2015-2020. In 2020, Barton was the second lowest county of driving deaths due to alcohol impairment.

NUTRITIONAL AND PHYSICAL ACTIVITY

Source: Centers for Disease Control and Prevention, Diagnosed Diabetes, United Health Foundation, 2015-2020 County Health Rankings

Where we live, learn, work and play affects our access to healthy food and opportunities for physical activity. Physical activity, along with genetics and personal choices, shapes our health and our risk of being unhealthy. Balance nutrition and physical activity are essential for health. Engaging in physical activity and vital nutrients can reduce the risk of high blood pressure, obesity and many chronic diseases such as heart disease, diabetes and some cancers. Physical activity and proper nutrition improve mental health and have been linked to longer life and improved ability to do everyday activities.



Diagnosed Diabetes, 2004-2017; Adults (18+) with Diabetes, Gender, Kansas and Barton County. Percent of males and females living in the State of Kansas compared to the same population living in Barton County that has been diagnosed with diabetes.

Since 2015 Barton Co. has been statistically higher than the state average of diagnosed diabetes. In 2017, KS male population with diabetes was 9.9% with, Barton Co. at 12%. During the same year, the female KS population was 8.8%, while Barton Co. was at 11%.

Adult Obesity 2015, 2020: Kansas, Barton, Ellis, Ellsworth, Pawnee, Rice, Rush, Russell, Stafford. Comparison of the percentage of adult obesity in the health ranking data for 2015 and 2020 report.

This adult obesity chart demonstrates the percentage of adult populations (age 20 and older) who report a body mass index (BMI) greater than or equal to 30 kg/m². The measure of obesity serves as a proxy metric for poor diet and limited physical activity. Barton Co. has the highest rate of obesity among the seven surrounding counties.

Adult Obesity			
	2015	2020	% Change
Kansas	30.29%	33.20%	↑ 2.91%
Barton	35.90%	39.10%	↑ 3.20%
Ellis	30.10%	30.00%	↓ -0.10%
Ellsworth	33.60%	36.60%	↑ 3.00%
Pawnee	32.70%	36.70%	↑ 4.00%
Rice	30.90%	37.10%	↑ 6.20%
Rush	31.20%	38.30%	↑ 7.10%
Russell	31.50%	33.20%	↑ 1.70%
Stafford	34.10%	32.30%	↓ -1.80%

SEXUAL HEALTH

Source: County Health Rankings 2015, 2020, Robert Wood Foundation, Behavioral Risk Factor Surveillance System (BRFSS).

Sexually transmitted infections (STIs) and unplanned pregnancies, often are the results of risky sexual behavior, have lasting effects on health and well-being, especially for adolescents. Rates of chlamydia incidence are of public health significance as both are associated with high morbidity and social and economic consequences for individuals, families and the health care system.

Chlamydia Incidence Rate			
	2015	2020	% Change
Kansas	386	465	↑ 79
Barton	410	389	↓ -21
Ellis	375	644	↑ 269
Ellsworth	-	110	
Pawnee	202	149	↓ -53
Rice	160	238	↑ 78
Rush	-	128	
Russell	230	130	↓ -100
Stafford	207	237	↑ 30

Chlamydia Incidence Rate 2015, 2020: Kansas, Barton, Ellis, Ellsworth, Pawnee, Rice, Rush, Russell, Stafford.

Comparison of the number of newly diagnosed chlamydia cases rate per 100,000 persons.

Chlamydia incidence rates are associated with unsafe sexual activity and are the most common bacterial sexually transmitted STI in North America. Barton Co. decreased its incidence rate from 2015 and has the 2nd highest incident rate compared to the seven surrounding counties.

ADULT SMOKING

Source: County Health Rankings 2015, 2020, Robert Wood Foundation, Behavioral Risk Factor Surveillance System (BRFSS).

Tobacco use is the leading cause of preventable death in the United States. It affects not only those who choose to use tobacco but also people who live and work around tobacco. Each year, smoking kills 480,000 Americans, including about 41,000 from exposure to secondhand smoke. Smoking causes cancer, heart disease, stroke, lung diseases, diabetes and chronic obstructive pulmonary disease. On average, smokers die ten years earlier than nonsmokers. Researchers estimate that tobacco control policies have saved at least 8 million Americans. Yet about 18% of adults still smoke. Each day, nearly 3,200 youth smoke their first cigarette and 2,100 transitions from occasional to daily smokers. For this report, "tobacco" refers to commercial tobacco, not ceremonial.

Adult Smoking 2015, 2020: Kansas, Barton, Ellis, Ellsworth, Pawnee, Rice, Rush, Russell, Stafford.

Comparison of the percentage of adult smokers in the health ranking data for 2015 and 2020 report.

Adult smoking is the percentage of the adult population in a county who both report they currently smoke every day or most days and have smoked at least 100 cigarettes in their lifetime. Barton Co. adult smoking increased by nearly half a percentage between 2015 and 2020 and is the highest out of the seven surrounding counties.

Adult Smoking			
	2015	2020	% Change
Kansas	17.50%	17.38%	↓ -0.12%
Barton	16.90%	17.34%	↑ 0.44%
Ellis	15.10%	15.89%	↑ 0.79%
Ellsworth	12.40%	15.13%	↑ 2.73%
Pawnee	21.60%	16.03%	↓ -5.57%
Rice	15.70%	16.67%	↑ 0.97%
Rush	28.40%	15.35%	↓ -13.05%
Russell	19.10%	15.77%	↓ -3.33%
Stafford	27.70%	15.93%	↓ -11.77%

Health Care

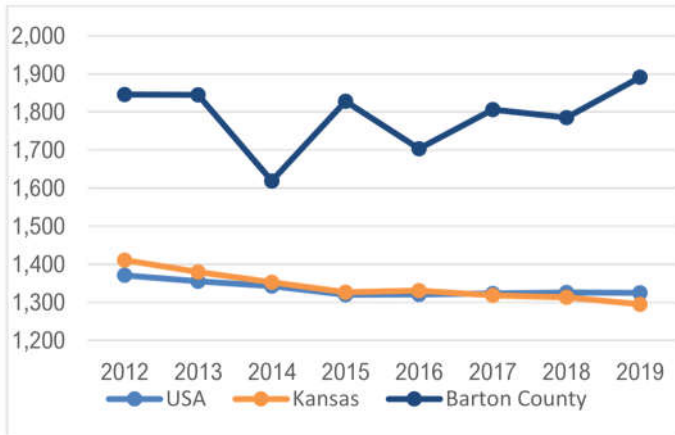
Access to health care is defined as the timely use of personal health services to achieve the best possible health outcomes. The number of and accessibility of medical and clinical facilities, medical providers, health insurance, specialists and cultural sensitivity care all affect access to health care. When individuals can access preventive services, the number of emergency hospitalization and costly treatments for diseases are often reduced. The passing of the Affordable Care Act in 2010 has impacted access to care. This Act focuses on expanding access to health insurance, protecting patients from discriminating against insurance companies' actions, and reducing healthcare costs.

The ability to receive quality health care not only affects a person's ability to recover from an injury or disease but can also help maintain a healthy life and prevent future illnesses and injuries. The inability to access health services can have severe consequences for living a healthy lifestyle because of barriers such as not having health insurance.

ACCESS TO PRIMARY CARE PHYSICIANS

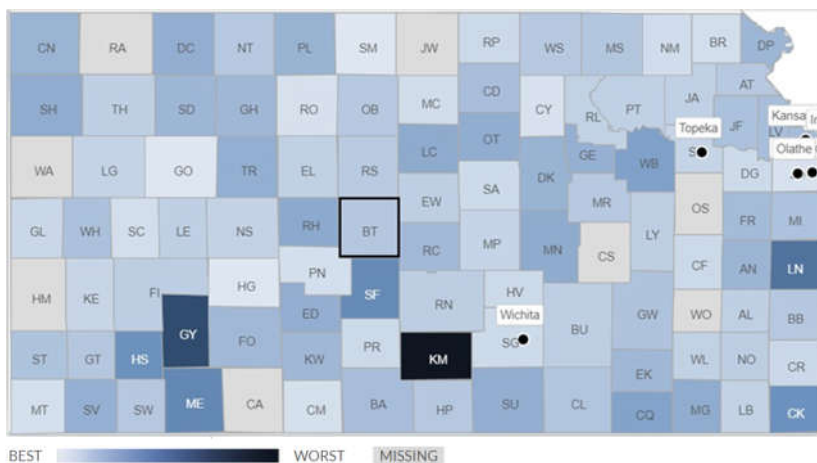
Source: Robert Wood Foundation, Kansas Dept. of Health and Environment, County Health Rankings 2020).

Access to health care services is critical to good health. The rural environment presents a variety of barriers for residents seeking treatment. Ideally, residents should be able to access services such as primary, emergency and dental care, behavioral health and public health services conveniently and confidently. Part of health care access includes the ability to see your primary care physician. The maps and charts below compare Barton County to National, State and County primary care physicians.



The Ratio of Primary Care Physicians 2012 to 2019: USA, Kansas, Barton County. Number of people for every one primary care provider.

In 2012, Barton County had one primary physician for every 1,846 persons. In 2019, that ratio increased to 1,891:1. In a comparison to the USA and Kansas State average, Barton County's physicians, statistically, have about 400 more people under their care.

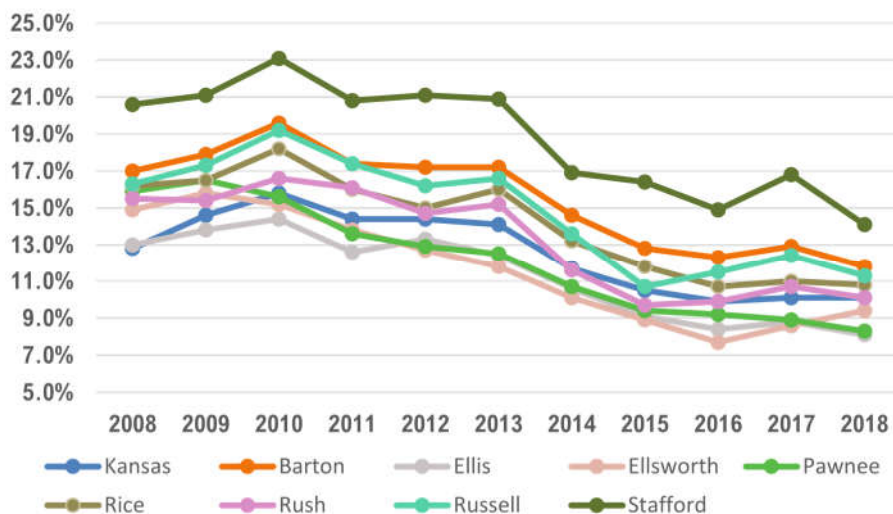


Compared to the 99 counties in Kansas that provided information, Barton County is ranked 53rd (lowest to highest) population per physician. Out of the seven surrounding counties, Barton County has the 4th lowest population for every physician.

UNINSURED

Source: Kaiser Family Foundation, Small Area Health Insurance Estimates (SAHIE), County Health Rankings 2020).

Lack of health insurance coverage is a significant barrier to accessing needed health care and maintaining financial security. In 2017 the Kaiser Family Foundation researched the effects insurance has on access to health care and financial independence. A key finding was that "Going without coverage can have serious health consequences for the uninsured because they receive less preventative care and delayed care often results in serious illness or other health problems. Being uninsured can also have serious financial consequences, with many unable to pay their medical bills, resulting in medical debt."



Uninsured Adults, 2008 – 2019:

Number of adults, as a percentage of the population ages 18 to 64, that have no health insurance coverage in Kansas and the counties of Barton, Ellis, Ellsworth, Pawnee, Rice, Rush, Russell and Stafford.

Though the trend is declining, Barton Co. is the second-highest county of uninsured adults among the seven surrounding counties. In 2018, the county reported 11.8%. The highest percentage was reported in the same year at 14.1% and the lowest at 8.1%.

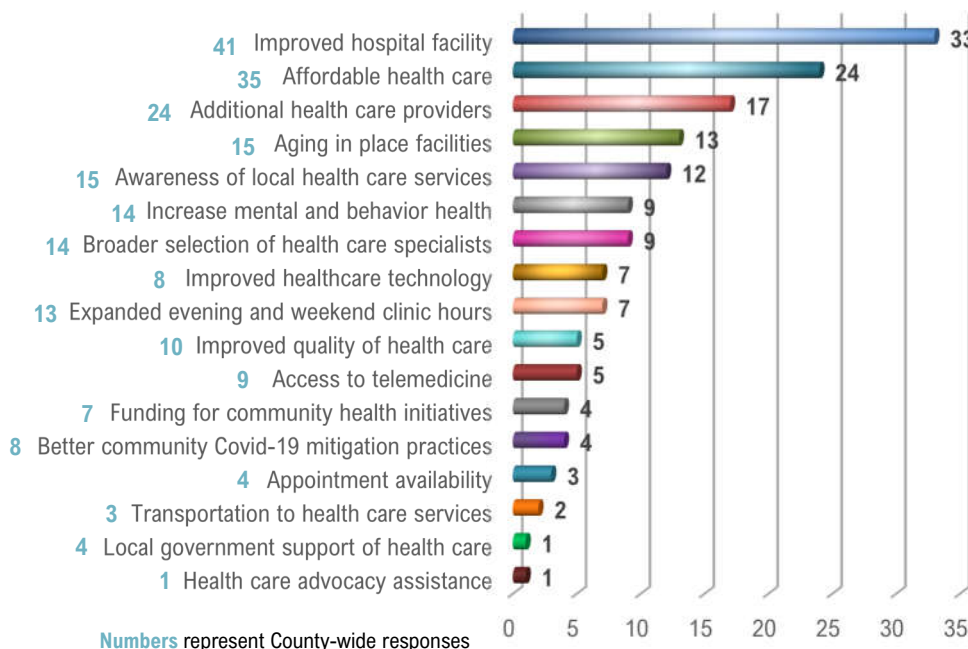
Community Perceptions and Themes

COMMUNITY SURVEY

Eighty residents of Barton County participated in a Community Health Needs Assessment survey conducted during September 2020. The survey recorded their perceptions of their health, health care access, services, needs and overall community health. The survey was available via an online service, a digital PDF fillable form and a paper survey. A concerted effort was made to include individuals from a broad cross-section of the population. The outreach efforts included newspaper articles, social media announcements and contacting local businesses and health-related organizations. The data gathered represented the broad interests of the community served by the hospital and included those with special knowledge of or expertise in public health (local, regional, state and/or tribal), medically underserved, low-income and minority populations served by the hospital and individuals or organizations representing the interests of such populations.

This section of the report focuses on the responses to the survey questions. Since the Ellinwood Hospital and Clinic sponsored this report, unless otherwise noted, the charts are calculated using the responses from those who selected Ellinwood Hospital and Clinic as their primary health care facility. County-wide responses are reported to the left of each category line item.

GREATEST HEALTH NEEDS FOR YOUR COMMUNITY



Greatest Health Needs for Your Community:

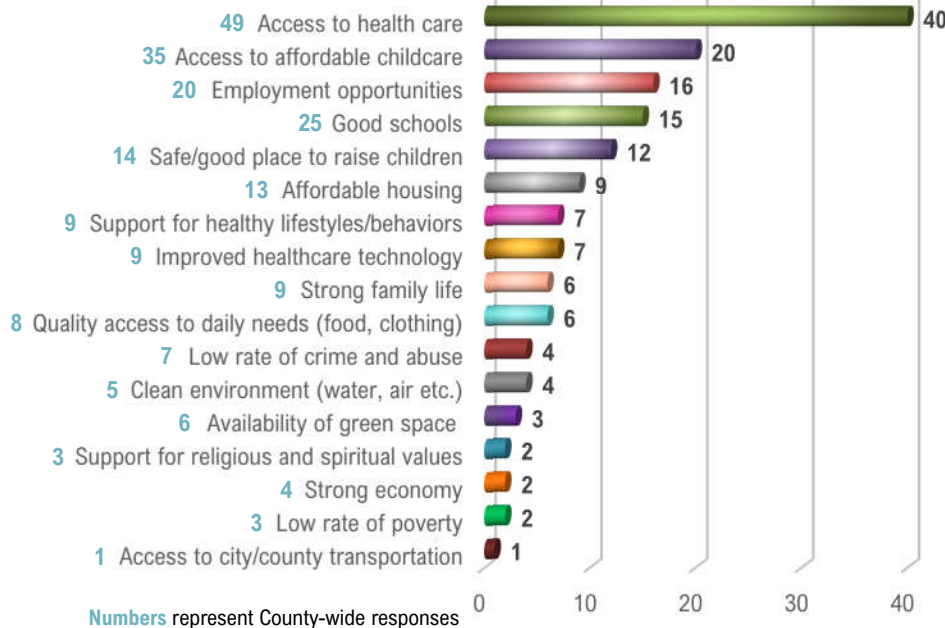
Survey Question: Please identify what you believe are the top three (3) greatest health needs in our community.

The top six needs are:

1. Improved hospital facility
2. Affordable health care
3. Additional health care providers
4. Aging in place facilities
5. Awareness of local health care services
6. Increase mental and behavioral health
7. A broader selection of health care specialists

There is a tie for 6th place, with both the sixth and seventh items recording nine responses. The County-wide responses were the same for the top six needs, including a tie for 6th and 7th.

FACTORS MOST IMPORTANT TO OVERALL COMMUNITY'S HEALTH



Factors Most Important to Overall Community's Health:

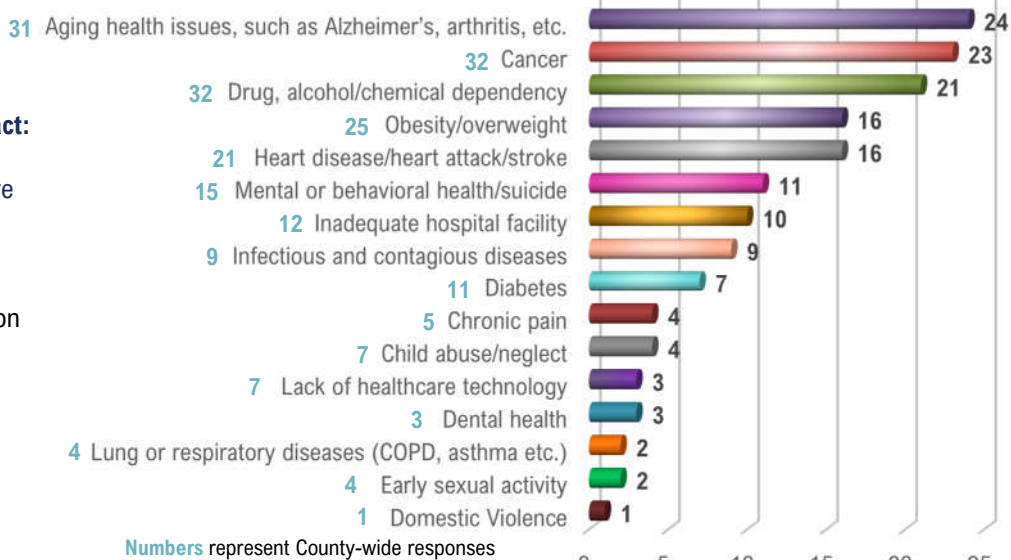
Survey Question: Please identify the top three (3) **factors** that you believe are the most important to our community's overall health.

CONDITIONS THAT HAVE THE GREATEST IMPACT

Conditions That Have the Greatest Impact:

Survey Question: Please identify the top three (3) **conditions** that you believe have the most significant impact on our community's health.

In the County-wide responses, one person did select "other" and provided this suggestion: Post high school education.



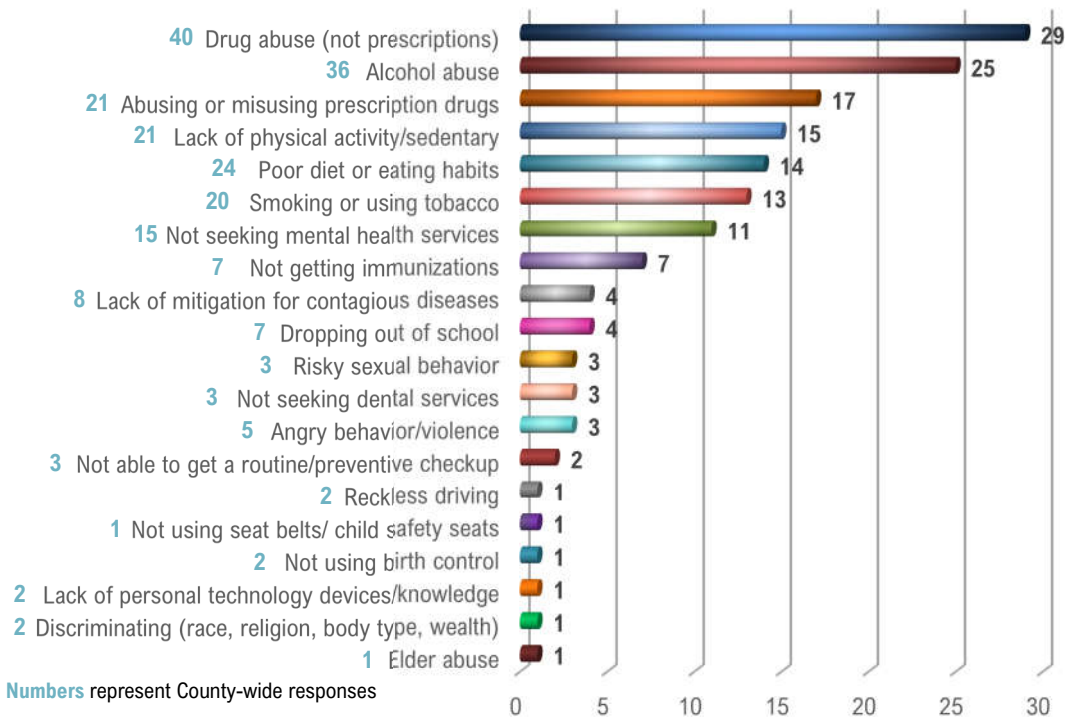
MENTAL HEALTH

A mental health question was asked on the survey and asked how many days during the past 30 days was your mental health not good? Out of the seventy-eight responses, thirty-one answered 1-2 days; eighteen selected six days or more; sixteen responded with 3-5 days and the remaining 13 selected zero days.

FLU SHOT

The survey participants were asked if they had received a flu shot during the past 12 months? The 77 respondents selected these results: 60 responded yes, and 17 responded no.

UNHEALTHY BEHAVIORS



Unhealthy Behaviors:

Survey Question: Please identify the three (3) most critical unhealth behaviors in our community.

TYPE OF MEDICAL FACILITIES USED

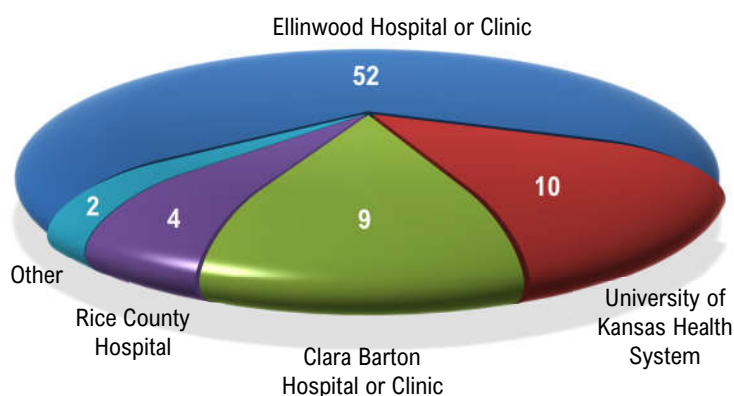
The survey participants were asked: When you get sick, where do you go? Seventy-seven chose to respond to this question. Sixty-four selected clinic/doctor's office; six answered I do not seek medical attention; four responded with urgent care. The remain three chose "other" and provided these comments:

"I doctor in Great Bend, but if in an emergency, I go here. I use the facilities here if they are available." ("here" assumed Ellinwood)

"I wait as long as I can to determine if it is something worth seeking medical attention for."

"It depends on what it is and if my Doctor's office is open."

COUNTY-WIDE HEALTH CARE FACILITY PREFERENCE



County-wide Health Care Facility Preference:

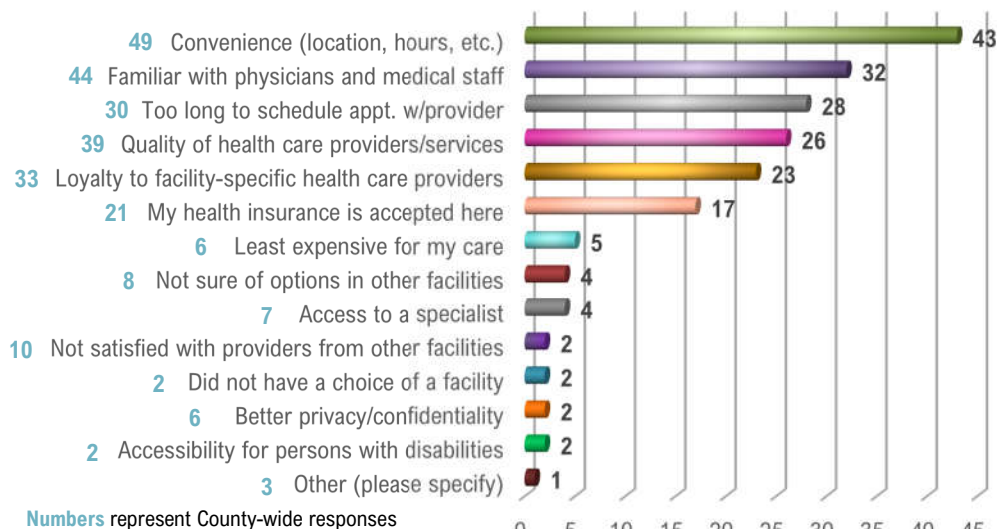
Survey Question: When you seek health care services, which facility do you use most often?

Two people selected "other" and responded with these comments:

"My Dr. is in Great Bend, and if it is an emergency, I will use the clinic."

"I use the Ellsworth Rural Clinic."

REASON FOR CHOOSING HEALTH CARE FACILITY



Reason for Choosing Health Care Facility:

Survey Question: You seek health care services from the facility you selected in question 8, because... (please select all that apply)

Three people responded with "other" and below are their comments.

"Oncologist"

"I feel heard by my doctor."

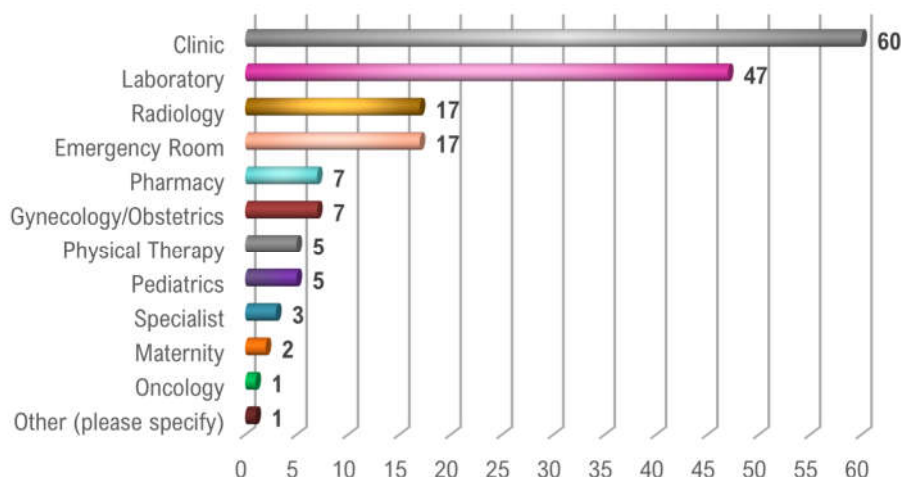
"I have been going over to Ellsworth for over ten years now. I trust my Doctor there and I know that judgment isn't going to be passed on me for needing medications to control the pain so that I can work and have a certain quality of life. A lot of clinics act like because you have to use pain management that you are automatically a drug addict."

MEDICAL DEPARTMENTS MOST USED

Medical Department Most Used:

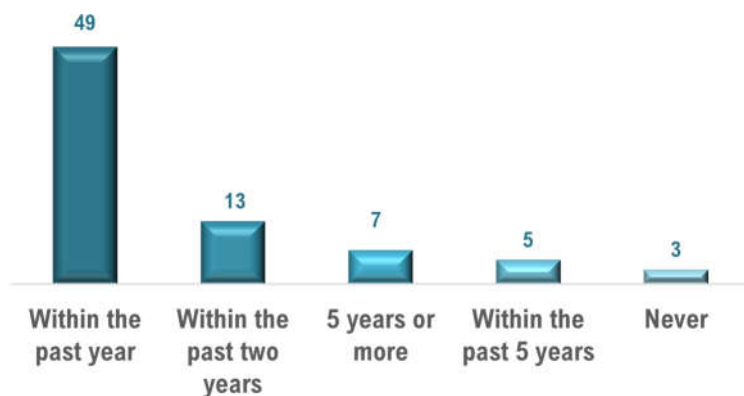
Survey Question: In the facility, you selected in question 8, what department(s) have you used the most over the past two years? Select up to three departments.

This chart represents all County-wide responses. One person answered "other" and provided this comment: "Seen by my GP for minor health concerns."



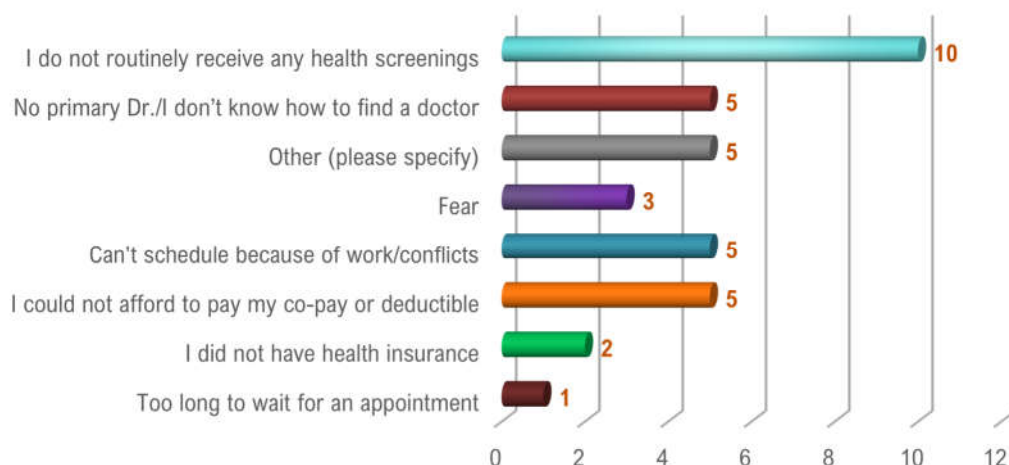
ROUTINE CHECK-UP FREQUENCIES

The survey participants were asked to identify how long it has been since they last visited a doctor for a routine checkup? A routine checkup is a general visit, not a visit for a specific injury, illness or condition. Seventy-seven responded with the information below.



REASON BEHIND LOW FREQUENCY OF ROUTINE CHECKUP

The survey asked those participants who selected more than two years on the routine checkup frequency question to identify why they do not have routine checkups more frequently. Twenty-six people answered, and they could select all that applied.



Five participants selected "other" and left these comments:

"I see my Dr. every four months."

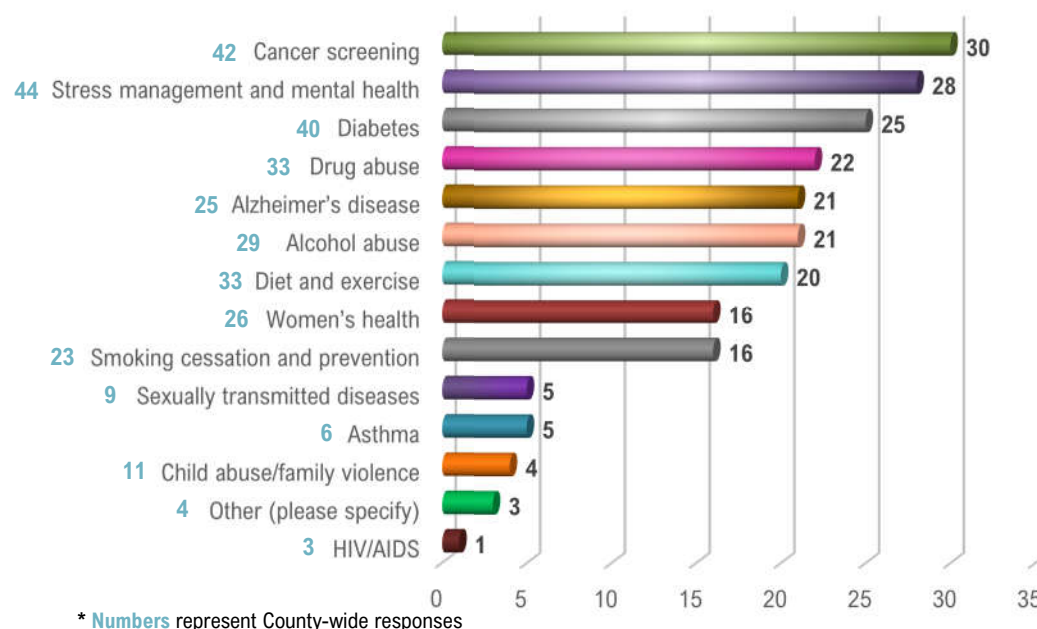
"It is difficult to find childcare so I can go to the appointment alone."

"It is suggested women of my age receive well-checks every three years"

"Forgot."

"Employee health visits."

COMMUNITY HEALTH EDUCATION NEEDS



Community Health Education Needs:

Survey Question: Please select the types of health education services most needed in our community. (Choose all that apply)

Four people responded "other" and below are their comments.

"Men's mental health awareness."

"Elder and hospice care."

"Balance training and fall prevention."

"Prevention of communicable diseases."

COMMUNITY SUGGESTIONS FOR IMPROVING OVERALL COMMUNITY HEALTH

Twenty-four participants responded to this question: What ideas or suggestions do you have to improve our community's overall health?

Comments:

"Modern facility that is as attractive as the great service from staff and providers."

"Keep the hospital in Ellinwood. Don't make us go to Great Bend and not keep the money local."

"More creative education programs from the Recreation Department to encourage healthier lifestyles. Examples might be walking pictorial, scavenger hunts around town during a certain amount of time, talks to the senior citizens regarding exercise, chair exercise, fun health eating, etc., healthy cooking classes for kids, pay it forward day, etc."

"Probably newer facilities."

"Speakers covering a needed topic."

"None," "N/A," "no comment now."

"Doctors."

"Bike or walking path. Start a lunch hour exercise program."

"Publicly address the fact that although we are lucky to have a rural hospital, we are limited in capabilities and capacity. The community needs to do its part to keep the hospital here and to keep each other healthy and safe."

"Keeping a younger community, so we continue to grow."

"Community health education."

"Better handicap parking. Sidewalks are hard to maneuver with a walker. Rooms are not handicap-friendly. Bathroom doors too narrow."

"An update of facilities!"

"Making our built environment more conducive to physical activity (i.e., bicycling and foot traffic)."

"New hospital."

"Healthier eating out options."

"Wash your hands."

"More community education classes in the evenings."

"Need a new facility." (3)

"More community health education: diabetes education, COPD, stroke, heart attack, heat emergencies."

"More involvement of med staff in the community."

COMMUNITY FOCUS GROUPS

The Ellinwood Hospital and Clinic, a nonprofit organization, collaborated with the Barton County Health Department to organize a community focus group. The focus group sessions were conducted and facilitated by Lorri Adams, CEO for Solutions 4 Fundraising. The focus group was an open invitation to all residents in Barton County. They were invited to learn about the health of their county and respond to discussion questions. The participants were asked for their opinion about health issues and what could be done to improve their community's health challenges.

The focus group sessions were conducted on December 15, 2020, at 1:00 pm and 7:00 pm. Due to COVID protocol and caution and unexpected bad weather, participation levels were lower than in previous years. There was a total of six participants. Their responses are summarized below.

What are the Strengths of this Community?

Churches (Faith) – 3 Schools – 4, Community Involvement, Hospital – 4, Loyal, Caring – 2, Engaged, Small Town Pride, Safe Environment, Friendly People, Attractive

What are the Weaknesses of this Community?

Poverty – 2, Communication for Activities, Resourcing for Specific Health Needs, High Taxes – 2, Lack of Participation, School Involvement, Communication, Outreach, Small Town Thing, The Age of the Hospital, Fewer Services than a Decade Ago

How do people in the community get information about health care?

Newspaper – 5, Facebook – 2, Word of Mouth – 5, Radio – 2, Ads, KHA Medical Times, CNN, FOX, MSNBC, Internet, Ellinwood Leaders, Great Bend Tribune, Social Media

Notes From Meeting:

The participants were asked questions regarding the preliminary results of the CHNA survey. They were given an open forum with all opinions and comments welcomed, knowing that no names will be associated with this report's comments.

According to preliminary survey results, these three items were listed as the top three health needs of the community: New Hospital Facility, Affordable Health care, Additional Health Care Providers.

What improvements can be made to enhance the community's overall health?

A new facility will allow for more specialists. A new facility will enhance the community's health. It is a significant part of our health infrastructure and will provide multiple benefits.

I think the new government insurance program is causing a lot of issues with higher medical costs. Some people are paying much higher monthly premiums than ever before. Part of this is because of COVID, and they are losing their benefits. Others are choosing not to pay for health insurance because of various financial stresses on families.

I believe there are several specialists at the hospital. Maybe there's not enough information about the community specialists, or people aren't paying attention to the information. A quarterly community health care newsletter. More local health messages through County Health Department. The new hospital will attract more specialists. I think we have excellent health care providers in Ellinwood. Since my lifetime in Ellinwood, we have the best doctors. Telemedicine is improving. There is no way to contact your specialists.

We need better sidewalks, not only for safe mobility but also for outdoor exercise. The sidewalk topic has come up and been investigated, but I don't know the investigation results. The Parks & Recreational department talked about bicycle routes. The City has been a little interested in this subject, but not much was resolved. We don't have a way to walk from the residential to the city center. About 60% of the traffic is golf cart in the summer.

Childcare is a significant problem in this town. There is a lack of service, and currently, the services offered are not affordable to many working families.

What barriers or solutions are there to resolve the health needs of this community? (referring to the three health needs)

There are expenses associated with a new hospital facility and affordable health care. Those will be your most significant barriers to resolve those two issues. The barrier to #3 is #1 and #2. We are at a point where we need a new hospital facility. COVID has prevented us from doing our standard better care program.

Is there a way to do pro bono health care services? The hospital provides a significant amount of charity care.

More people might be answering more providers because we've had a local doctor out since August. Most of the barriers are communication to the public. I am surprised by the response of needing more providers. We have providers. Maybe it was answered this way because we have a doctor that has been out for a few months. We are tax heavy, and it's got to stop somehow. Ellinwood is paying a lot of property taxes. Yet, the hospital has not raised its tax mil levy. The property taxes have risen a lot over the past five years.

What solutions can be initiated to resolve unhealthy behaviors? Preliminary survey results identified the top three unhealthy behaviors: Drug Abuse (not prescriptions), Alcohol Abuse, Poor Diet and Eating Habits.

One and two are more perception than reality. Every town believes they have an alcohol and drug problem. I am surprised by the lack of physical exercise opportunities available in this area. I think Great Bend has an AA program. I don't think people who need the program use it. They typically don't enter the program without decisive intervention from friends and family, and around here, that doesn't happen. Small town AA programs don't survive because people don't like attending. After all, everybody will know your business. The school does have a DARE program in the 5th grade. The underlying reason for drug and alcohol abuse is mental health. Mental health services will help resolve alcohol and drug abuse. People who abuse drugs and alcohol all have self-esteem problems. The school and parents need to be more proactive in addressing these issues at a young age. People afflicted with chemical addiction need a pathway to healthy living that respects them as valuable members of our society.

The recreation department offers exercise classes that are not well attended. This year you have to wear masks that force some people out of their regular physical activity habits. The school has free lunches and afternoon snacks. The summer school program provides free lunches, and it gets the kids off the couch.

Approval and Next Steps

APPROVAL

The Ellinwood Hospital & Clinic's District Board of Trustees approved this Community Health Needs Assessment on March 24, 2021. This CHNA report will be available to the community on the hospital's public website: <https://www.ellinwooddistricthospital.org/about>. A hard copy may be viewed at the hospital by inquiring at the information desk at the main entrance or contacting Lindsey Bogner, Foundation & Community Education Director, at 620-564-2548 x120 or email lbogner@gpoe.org.

NEXT STEPS

Now that the most pressing health care needs have been identified, phase two of the Needs Assessment can be completed. Phase two is the Community Health Improvement Plan (CHIP). This plan, created by Ellinwood Hospital & Clinic leaders, will highlight the action steps and the resources needed to address the priorities identified in this report. This CHIP will be available to the public in the same manner as the CHNA.

Appendix

References:

Air Quality Index
AirData
American Community Survey
American Survey
Behavioral Risk Factor Surveillance System (BRFSS)
Centers for Disease Control and Prevention
Community Commons
County Health Rankings
Department of Housing and Urban Development
Economic Research Service
EPA Air Quality System
Kaiser Family Foundation
Kansas Bureau of Investigation (KBI)
Kansas Crime Index Report
Kansas Department of Health and Environment
Kansas Information for Communities Database (KIC)
Kansas State Department of Education
National Center for Health Statistics
National Vital Statistics Systems
Robert Wood Foundation
Small Area Health Insurance Estimates (SAHIE)
United Health Foundation
United States Census Bureau
United States Department of Agriculture (USDA)
United States Department of Commerce

Barton County Resources

20th Judicial District Court Services
Affordable Denture and Implants
Albert Fire Department
Alicia Markley, LPC
Almost Home
American Red Cross Disaster Response & Planning
American Red Cross of Central & Western Kansas
Angels Car Home Health
Assistive Technology for Kansans
Barton County Academy
Barton Community College Workforce Training & Community Ed
Barton Community College Child Development Center
Barton Community College Career Center
Barton Community College Center for Adult Education

Barton County Health Department
Barton County Health Department WIC Program
Barton County Sheriff's Office
Barton County Special Education Services
Barton County Young Men's Organization
Barton County Youth Care
Birthright
Boy Scouts of America, Kanza District of Quivera Council
Breast Friends
Catholic Charities of Southwest Kansas
The Center for Counseling & Consultation
The Center for Counseling & Consultation Children's Based Services
The Center for Counseling & Consultation Community Support Services

Central Care Cancer Support Group
 Central Kansas CASA, Inc
 Central Kansas Community Corrections
 Central Kansas Dram Center
 Central Kansas Partnership
 Child Abuse Prevention Education
 Child Care Aware of Kansas
 Claflin Fire & Ambulance
 Claflin Police
 Clara Barton Hospital
 Commission on Aging
 Counseling, Inc.
 Department of Children & Families
 Dream, Inc.
 ElderCare, Inc.
 Ellinwood EMS
 Ellinwood Fire & Ambulance Department
 Ellinwood Food Bank
 Ellinwood Hospital and Clinic
 Ellinwood Police Department
 Emergency Aid Council
 Family Crisis Center
 First Assembly of God Benevolence Ministry
 Flint Hills Job Corps
 Food Bank of Barton County
 General Public Transportation
 Girls Scouts of Kansas Heartland
 Golden Belt Community Foundation
 Golden Belt Home Health & Hospice
 Golden Belt Regional Food Program
 Great Bend Children's Learning Center
 Great Bend Fire & EMS
 Great Bend Housing Authority
 Great Bend Police Department
 Great Bend Recreation Commission
 Harvest America
 Healing Hearts Ranch
 Health Care Providers
 Heart of Kansas Family Health Care, Inc.
 Heartland Regional Alcohol and Drug Assessment
 Center
 Helping Hands Preschool
 Hoisington Ambulance Service
 Hoisington Fire Department
 Hoisington Food Bank
 Hoisington Police Department
 Hospital – Great Bend Campus (University of Kansas
 Health System)
 HUD
 Hungry Heart Soup Kitchen
 Interfaith Housing Services
 Juvenile Services 20th Judicial District
 Kan Be Healthy (child health exams for KanCare plans)
 Kansas Bureau of Investigation (KBI)

Kansas Children's Service League Parent Helpline
 Kansas Guardianship Program
 Kansas Health Insurance
 Kansas Legal Services
 Kansas Quitline
 Kansas Weatherization Assistance Program (KWAP)
 Kansas Works
 K-State Research and Extension Cottonwood District
 Kindred Hospice
 Libraries
 Low Income Energy Assistance Program (LIEAP)
 Living Independently in Northwest Kansas (LINK)
 Meals On Wheels
 Medicaid/KanCare
 Medicalodges – Great Bend
 Medical Transportation (RSVP)
 Mini-Bus
 Parent Teacher Resource Center
 Pathways ResCare Kansas, Inc.
 Pregnancy Support
 Prescription Assistance
 Rosewood Services
 RSVP/Volunteers in Action (VIA)
 Safe Haven for Infants
 Saint Francis Ministries
 St. Rose Medical Pavilion
 St. Rose Convenient Care
 Salvation Army
 Senior Center
 Senior Health Insurance Counseling for Kansas (SHICK)
 SER Corporation
 SER Jobs for Progress National, Inc.
 SKIL
 Smoky Hill Foundation for Chemical Dependency
 Social Security Administration
 Sommerset Place
 Southwest Developmental Services, Inc.
 Southwest Kansas Area Agency on Aging
 Suicide Prevention Lifeline
 Sunflower Diversified Services
 Sunflower Early Education Center
 Sunrise Staffing Services, LLC
 Tobacco Cessation
 United Methodist Mexican-American Ministries, Inc.
 (UMMAM)
 University of Kansas Health System
 USD 428 Parents as Teachers
 U.S. Department of Housing & Urban Development
 Veterans Administration
 Veterans Hospital
 Veterans Service Representatives – Central & Western
 Kansas
 WIC – Barton County Health Department

Community Focus Group Agenda

Barton County CHNA Focus Groups Agenda

- I. Welcome & Introduction** Lindsey
 - a. Lindsey Bogner, Foundation & Community Ed/E.R. Preparedness
 - b. Lorri Adams, Solution 4 Fundraising, CEO

- II. What is a CHNA** Lorri

- III. Individual Responses – Card (collect cards after exercise)** Lorri
 - a. What are the strengths of this community?
 - b. What are the weaknesses of this community?
 - c. How do people in the community get health care information?

- IV. Review top health concerns from survey** Lorri
 - a. Top three factors most important to community's health
 - b. Top three health needs in the community
 - c. Top three unhealthy behaviors

- V. Group Discussion – Record answers** Lorri & Lindsey
 - a. What improvements can be made to enhance the community's health?
 - b. What barriers or solutions are there to resolve the health needs of the community?
 - c. What barriers or solutions can be initiated to resolve the unhealthy behaviors?

Closing – Thank you