

# Community Health Needs Assessment



Kingman Healthcare Center

Fiscal Year Ending April 30, 2022



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## INTRODUCTION

The 2010 passage of the *Patient Protection and Affordable Care Act* (PPACA) ushered in new reporting requirements for health care organizations. Per IRC Section 501(r), private, nonprofit hospitals must:

- Conduct a community health needs assessment (CHNA) at least once every three years on a facility-by-facility basis.
- Identify action plans and strategies to address community needs identified in the assessment and report needs not being address (with reasons why such needs are not being addressed).
- Report CHNA results to the public.

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

The CHNA process involved:

- An evaluation of the Implementation Strategy for needs assessment completed in 2019.
- Collection and analysis of a large range of data, including demographic, socioeconomic, and health statistics, health care resources.
- Interviews with key informants who represent a) broad interests of the community, b) population of need, or c) persons with specialized knowledge in public health.

This document is a summary of all the available evidence collected during community health needs assessments conducted in tax year 2021. It will serve as a compliance document as well as a resource until the next assessment cycle. Both the process and document serve as prioritizing the community’s health needs and will aid in planning to meet those needs.

### Summary of Community Health Needs Assessment Process

Community health improvement efforts are most successful when they are grounded in collective impact, where structured collaborative efforts yield substantial impact on a large-scale social problem. Collective impact focuses on cooperation, collaboration, and partnership to help achieve common priorities and inform partners’ investment strategies.

Hospital facilities must take into account input from people who represent the broad interests of its community, including those with special knowledge of or expertise in public health.

Kingman Healthcare Center engaged BKD, LLP to conduct a formal community health needs assessment (CHNA). BKD, LLP is a national CPA and advisory firm with more than 3,000 employees, with 40 offices in 18 states. BKD serves more than 1,000 hospitals and health care systems across the nation.

This CHNA was conducted January–April 2022.

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

- An evaluation of the impact of actions taken to address the significant health needs identified in the prior community health needs assessment was completed and an implementation strategy scorecard was prepared to understand the effectiveness of the Hospital’s current strategies and programs.
- The "community" served by the Hospital was defined by utilizing inpatient and outpatient regarding patient origin. This process is further described in Community Served by the Hospital.
- Population demographics and socioeconomic characteristics of the community were gathered and reported utilizing various third parties. The health status of the community was then reviewed. Information on the leading causes of death and morbidity information was analyzed in conjunction with health outcomes and factors reported for the community by CountyHealthrankings.org. Health factors with significant opportunity for improvement were noted.
- Community input was provided through key informant interviews. Results and findings are described in the Key Informant section of this report.
- Information gathered in the steps above was analyzed and reviewed to identify health issues of uninsured persons, low-income persons, minority groups, and the community as a whole. Health needs were ranked utilizing a method that weighs: 1) the size of the problem, 2) the seriousness of the problem, 3) the prevalence of the problems, and 4) alignment of the problem with the Hospital's goals and resources (the Hospital’s ability to address the issues).
- An inventory of health care facilities and other community resources potentially available to significant health needs identified through the CHNA was prepared and collaborative efforts were identified.

### **General Description of Hospital**

Kingman Healthcare Center (hereby referred to as the “Hospital”) is a 25-bed, Critical Access Hospital, located on a four-acre site in Kingman, Kansas. A seven-member board of directors governs the Hospital and ensures that medical services are available to the residents of Kingman County and surrounding areas.

In 1998 the corporation, Kingman Community Hospital, Inc. changed its name to Ninnescah Valley Health Systems, Inc. The corporation includes Kingman Healthcare Center, the KHC Family Clinic, Kingman, and Cunningham Clinic.

Including healthcare in the new name was a very intentional choice. This signifies proactive efforts to elevate overall community health, with a focus on whole health and preventive care that goes beyond simply treating medical issues.

The organization’s mission, vision, and values statements all share the same phrase:

**Exceptional Care. Every Time.**

## Health Needs Identified in Prior Cycle

At the completion of the 2019 CHNA, four major health needs were identified. These represented the areas where focus was most needed to improve the health of the community served by the hospital.

1. Chronic disease prevention and management, such as heart disease, lung disease, etc.
2. Services available to identify and treat mental illness and mental health.
3. Cost of healthcare primarily regarding prescription medication.
4. Lack of health knowledge and awareness of services.

## Updates on Strategies and Accomplishments

The following demonstrates the measures of success that Kingman Healthcare Center has reached in addressing the four identified community health needs.

### Priority 1: Chronic disease prevention and management, such as heart disease, lung disease, etc.

**Goal 1:** Hold three wellness prevention campaigns per year – Mammography, Colonoscopy, and Annual Wellness Visits.

#### **Strategies:**

- A) The Hospital's newly implemented clinic EMR can run reminder reports. From these reports, they will reach out to patients to encourage them to make prevention appointments.

Update: Logan Hageman, APRN, championed this initiative upon attaining her APRN license and becoming a primary care provider at the Hospital. She primarily focused on Medicare Wellness visits and diabetic A1C's. The COVID-19 pandemic slowed progress on this initiative, as Logan's attention transitioned to acute COVID-19 care.

- B) Implement a newsletter that highlights 'great patient stories' from patients that scheduled preventative appointments and because of it, had good outcomes.

The Hospital has highlighted patient stories emphasizing mental health/suicide prevention and breast cancer early detection through social media and a special report by KWCH 12 news.

Their fall/winter newsletter was delayed due to COVID-19; however, a new edition has been finalized with a scheduled publish date in early Spring 2022.

### Priority 2: Services available to identify and treat mental illness and mental health.

**Goal 1:** Specialty Clinic offering for Psychiatrist

#### **Strategies:**

- A) Implement through Telehealth services a new outpatient clinic psychiatrist that is available for appointments monthly.

This strategy was halted following a strategic decision to hire a licensed professional counselor. Telepsychiatry services remain available.

Priority 3: Cost of healthcare primarily regarding prescription medication.

**Goal 1:** Strategize with local pharmacies on medication programs that allow prescription discounts.

**Strategies:**

- A) Contact pharmacies including the retail pharmacies to discuss discount options.

While potential solutions have been discussed internally, further research has not been conducted due to COVID-19.

- B) Kingman Healthcare Center offers a discount program so patients that qualify for Financial Assistance can buy prescriptions at reduced pricing through hospital.

Patients are supplied with information relative to established discounts available to consumers, such as GoodRx. An internal program that aligned with the hospital's financial assistance program has not been developed but remains under evaluation.

**Goal 2:** Educate the Hospital's providers on generic options versus brand/formulary options.

**Strategies:**

- A) By educating the Hospital's providers, they can educate the patients on the cost difference and review pros and cons of generic versus brand.

Through internal discussion and awareness, providers order generic brands whenever possible, thus reducing price overall.

Priority 4: Lack of health knowledge and awareness of services.

**Goal 1:** Quarterly Newsletter

**Strategies:**

- A) Implement a quarterly newsletter that is distributed to all homes in Kingman County.

Complete. Next newsletter published and distributed in March 2022.

- B) Highlight services offered at KHC.

Complete. Several different avenues have been implemented: weekly newspaper ad, quarterly newsletter, Facebook, website.

**Goal 2:** Using Social Media, post articles about healthcare policy, healthcare reimbursement, and wellness tips.

**Strategies:**

- A) Post a weekly blog relating to healthcare policy, healthcare reimbursement, and wellness tips.

The Hospital has certainly focused on wellness tips in weekly publications, with limited focus on health policy and reimbursement.

B) Spring Health Fair – Continue to participate and expand the community health fair.

The Hospital halted the fair as a result of the COVID-19 pandemic.

### **2022 Updates**

A) Community Relations: A complete rebranding project was completed in July 2021.

B) Growth: At the end of FY 2021, the Hospital had 4 primary care providers. As of November 2021, they now have 6 full-time providers seeing patients. Physician recruitment is ongoing.

A new mammography machine was installed in July 2021.

C) Mental Health:

1. Two of the Hospital's employees are now fully trained in Mental Health First Aid and have taught multiple classes in the county.
2. An LPC has been hired and has been very active in the Kingman and Norwich schools providing important mental health services for students.
3. A contract has been signed with Senior Life Solutions and geriatric psychiatry services will begin in April or May of 2022

### **Community Served by the Hospital**

The Hospital is located in Kingman County, less than one hour west of Wichita, Kansas. The city is accessible by interstate and other secondary roads.

### **Definition of Community**

A community is defined as the geographic area from which a significant number of the patients utilizing hospital services reside. While the community health needs assessment considers other types of health care providers, the Hospital is the single largest provider of acute care services. The utilization of Kingman Healthcare Center services provides the clearest definition of the community.

Based on the patient origin of acute care discharges from May 31, 2020 through April 30, 2021, management has identified the community to include the corresponding regions listed in the exhibit below.



The table below shows the total discharges by zip code. Kingman County comprises more than 86 percent of all discharges. The remaining discharges (13.59 percent) are distributed among other counties in the surrounding areas.

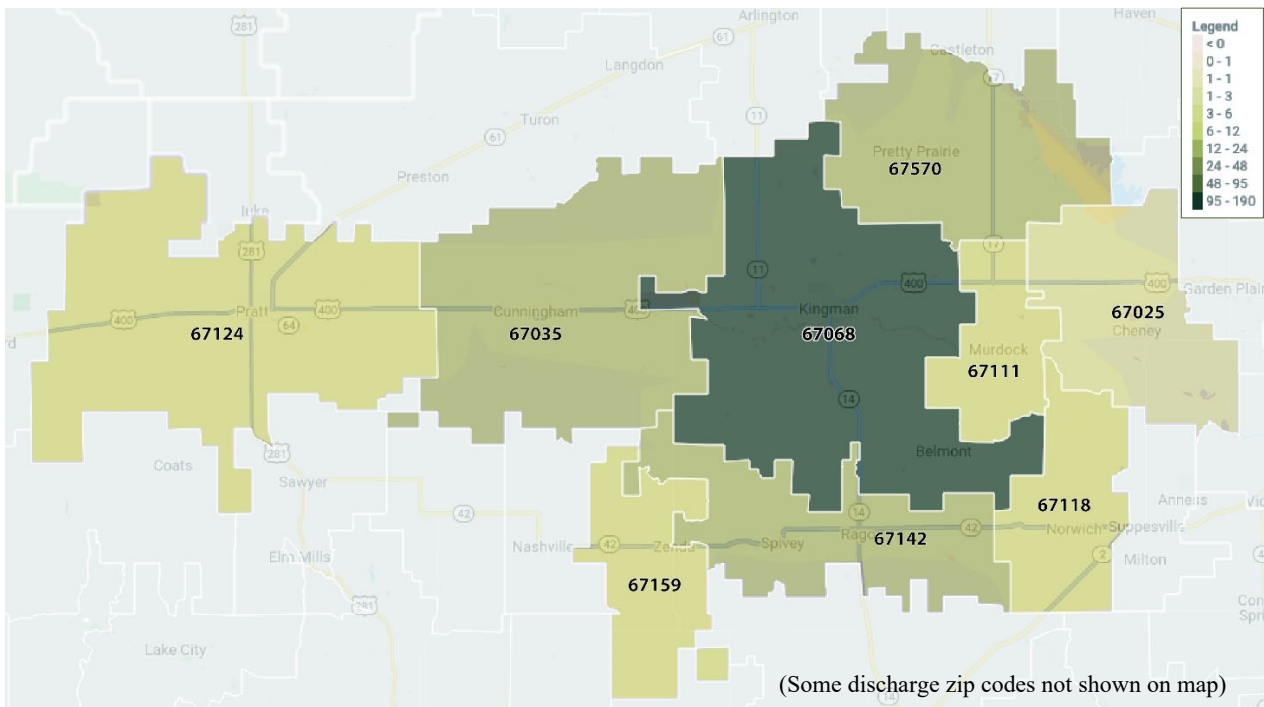
**Kingman Healthcare Center Summary of Inpatient Discharges by Zip Code**  
5/31/2020 to 4/30/2021

| County  | Zip Codes              | City       | Discharges Total | Discharges Percent |
|---------|------------------------|------------|------------------|--------------------|
| Kingman | 67068                  | Kingman    | 190              | 66.20              |
|         | 67035                  | Cunningham | 19               | 6.62               |
|         | 67142                  | Spivey     | 18               | 6.27               |
|         | 67111                  | Murdock    | 8                | 2.79               |
|         | 67159                  | Zenda      | 6                | 2.09               |
|         | 67118                  | Norwich    | 6                | 2.09               |
|         | 67112                  | Nashville  | 1                | 0.35               |
|         | Kingman County Total   |            | 248              | 86.41              |
|         | Other discharges Total |            | 39               | 13.59              |
|         | <b>TOTAL</b>           |            | <b>287</b>       | <b>100.00%</b>     |

Source: Kingman Healthcare Center FY2021

**COMMUNITY DETAILS**

The following map geographically illustrates the Hospital's community by showing the community zip codes shaded by number of inpatient discharges. The map displays the Hospital's geographic relationship to the community, as well as significant roads and highways. The community health needs assessment will utilize this for statistical and data purposes.



### Community Population and Demographics

The U.S. Census Bureau has compiled population and demographic data based on the American Community Survey 2015-2019, 5-year data estimates. The tables on the following pages show the total population of the community, breakout of the community between male and female population, age, race/ethnicity, and Hispanic population. The age category that utilizes health care services the most, 65 years and over, is an estimated 21.8 percent of the population in the Kingman County Community. The number of persons age 65 or older is relevant because this population has unique health needs, which should be considered separately from other age groups.

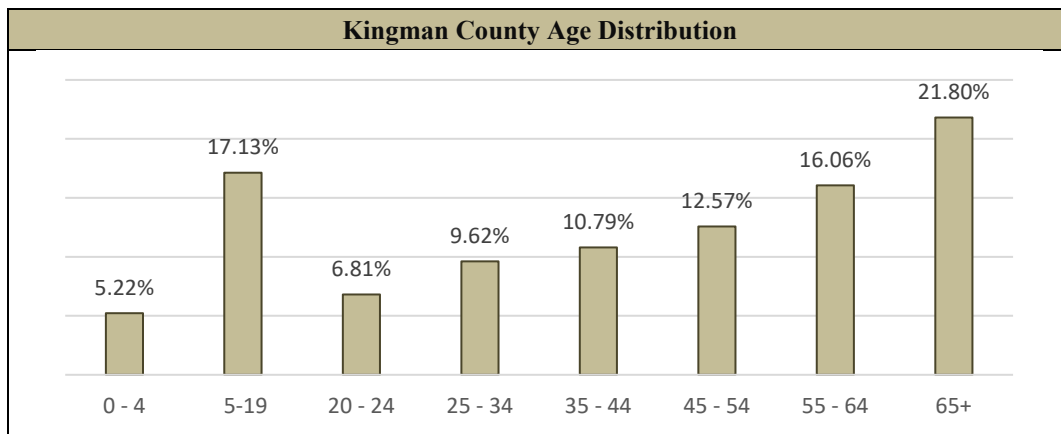


### Demographic Snapshot: Kingman Healthcare Center

| Demographic Characteristics |             |                      |        |        |
|-----------------------------|-------------|----------------------|--------|--------|
| Total Population            |             | Population by Gender |        |        |
| Area                        | Population  | Area                 | Male   | Female |
| Kingman County              | 7,340       | Kingman County       | 50.01% | 49.99% |
| Kansas                      | 2,910,652   | Kansas               | 49.84% | 50.16% |
| United States               | 324,697,795 | United States        | 49.24% | 50.76% |

| Age Distribution |                |               |                  |               |                    |               |
|------------------|----------------|---------------|------------------|---------------|--------------------|---------------|
| Age Group        | Kingman County | % of Total    | Kansas           | % of Total    | United States      | % of Total    |
| 0 - 4            | 383            | 5.22          | 191,113          | 6.57          | 19,767,670         | 6.09          |
| 5 - 17           | 1,257          | 17.13         | 519,957          | 17.86         | 53,661,722         | 16.53         |
| 18-24            | 500            | 6.81          | 297,303          | 10.21         | 30,646,327         | 9.44          |
| 25 - 34          | 706            | 9.62          | 382,955          | 13.16         | 45,030,415         | 13.87         |
| 35 - 44          | 792            | 10.79         | 353,313          | 12.14         | 40,978,831         | 12.62         |
| 45 - 54          | 923            | 12.57         | 345,213          | 11.86         | 42,072,620         | 12.95         |
| 55 - 64          | 1,179          | 16.06         | 371,471          | 12.76         | 41,756,414         | 12.86         |
| 65+              | 1,600          | 21.80         | 449,327          | 15.44         | 50,783,796         | 15.64         |
| <b>TOTAL</b>     | <b>7,340</b>   | <b>100.0%</b> | <b>2,910,652</b> | <b>100.0%</b> | <b>324,697,795</b> | <b>100.0%</b> |

Source: US Census Bureau, American Community Survey. 2019.



More than half (50.43 percent) of Kingman County’s population is 45 years or older. The two largest age groups are 65 years and older (21.8 percent) and 5-17 years old (17.13 percent).

While the relative age of the community population can influence community health needs, so can the ethnicity and race of a population. The population of the community by race and ethnicity illustrates different categories such as White, Black, Asian, Hispanic, and others.

The tables below provide details into total populations by various races and ethnicities.

| Race Alone Population |             |            |            |                                  |                                     |                             |
|-----------------------|-------------|------------|------------|----------------------------------|-------------------------------------|-----------------------------|
|                       | White       | Black      | Asian      | Native American or Alaska Native | Native Hawaiian or Pacific Islander | All other or Multiple Races |
| Kingman County        | 7,092       | 34         | 2          | 26                               | 0                                   | 186                         |
| % of County           | 96.63       | 0.46       | 0.03       | 0.35                             | 0.00                                | 2.53                        |
| Kansas                | 2,455,935   | 170,291    | 85,794     | 24,010                           | 2,382                               | 172,240                     |
| % of Kansas           | 84.38       | 5.85       | 2.95       | 0.83                             | 0.08                                | 5.91                        |
| United States         | 235,377,662 | 41,234,642 | 17,924,209 | 2,750,143                        | 599,868                             | 26,811,271                  |
| % of U.S.             | 72.49       | 12.71      | 5.52       | 0.85                             | 0.18                                | 8.25                        |

Source: US Census Bureau, American Community Survey. 2019

| Ethnicity Alone Population |                  |                               |                                       |                         |                                 |
|----------------------------|------------------|-------------------------------|---------------------------------------|-------------------------|---------------------------------|
|                            | Total Population | Hispanic or Latino Population | Hispanic or Latino Population Percent | Non-Hispanic Population | Non-Hispanic Population Percent |
| Kingman County             | 7,340            | 263                           | 3.58                                  | 7,077                   | 96.42                           |
| Kansas                     | 2,910,652        | 345,680                       | 11.88                                 | 2,564,972               | 88.12                           |
| United States              | 324,697,795      | 58,479,370                    | 18.01                                 | 266,218,425             | 81.99                           |

Source: US Census Bureau, American Community Survey. 2019

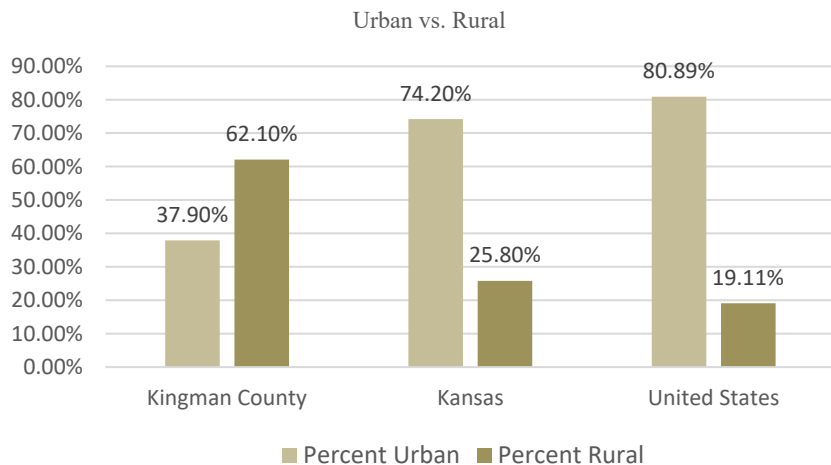
| Race and Ethnicity Combined Population |                    |                    |                    |   |  |                         |                             |                    |
|--|--------------------|--------------------|--------------------|---|--|-------------------------|-----------------------------|--------------------|
|  | Non-Hispanic White | Non-Hispanic Black | Non-Hispanic Asian | Non-Hispanic Native American or Alaska Native | Non-Hispanic Native Hawaiian or Pacific Islander | Non-Hispanic Other Race | Non-Hispanic Multiple Races | Hispanic or Latino |
| Kingman County                         | 93.13%             | 0.46%              | 0.03%              | 0.35%   | 0.00%  | .010%                   | 2.34%                       | 3.58%              |
| Kansas                                 | 75.88%             | 5.65%              | 2.92%              | 0.66%   | 0.07%  | 0.09%                   | 2.86%                       | 11.88%             |
| United States                          | 60.70%             | 12.31%             | 5.45%              | 0.67%   | 0.17%  | 0.24%                   | 2.45%                       | 18.01%             |

Source: US Census Bureau, American Community Survey, 2019

The following table and graph show the percentage of individuals that live in rural and urban areas. Urban is defined as densely developed territories that encompass residential, commercial, and other nonresidential land uses. Rural areas are all areas that are not classified as urban. This information helps explain how access to care can sometimes be limited for those living in rural areas.

| Urban vs. Rural Population |               |               |
|----------------------------|---------------|---------------|
|                            | Percent Urban | Percent Rural |
| Kingman County             | 37.90         | 62.10         |
| Kansas                     | 74.20         | 25.80         |
| United States              | 80.89         | 19.11         |

Source: US Census Bureau, Decennial Census, 2010. Source geography: Tract



**Language**

Language barriers contribute to patient and provider communication and can result in poor health outcomes. A national study in the *Journal of General Internal Medicine* showed that individuals with Limited-English Proficiency (LEP) who don't receive additional services (such as an interpreter) were less likely to be aware of medical implications and were less satisfied overall about their medical care.

The table below reports the percentage of the population aged 5 and older who speak a language other than English at home and speak English less than "very well" by race alone in the report area.

| Limited English Proficiency by Race |       |                           |                                  |                                     |             |
|-------------------------------------|-------|---------------------------|----------------------------------|-------------------------------------|-------------|
|                                     | White | Black or African American | Native American or Alaska Native | Native Hawaiian or Pacific Islander | Other Races |
| Kingman County                      | 0.03% | 0.01%                     | 0.00%                            | 0.00%                               | 0.00%       |
| Kansas                              | 2.83% | 0.20%                     | 0.03%                            | 0.02%                               | 1.16%       |
| United States                       | 5.75% | 0.54%                     | 0.09%                            | 0.03%                               | 2.59%       |

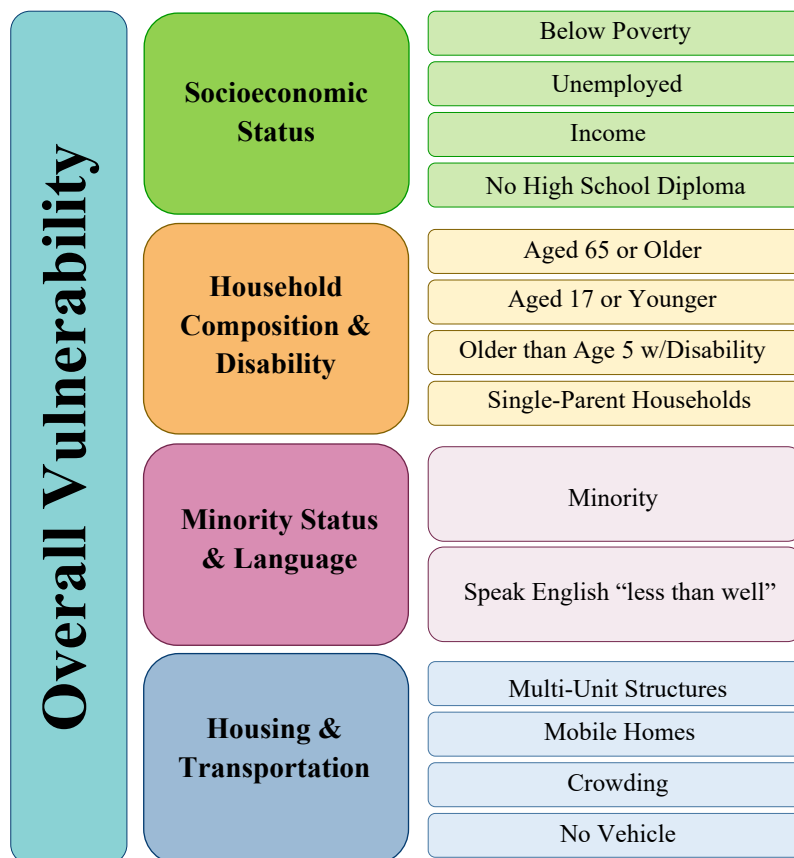
Source: US Census Bureau, American Community Survey. 2015-19. Source geography: Tract



**SOCIOECONOMIC CHARACTERISTICS OF THE COMMUNITY**

The socioeconomic characteristics of a geographic area influence the way residents access health care services and perceive the need for health care services within society. Vulnerable populations often experience high rates of chronic illness and poor health outcomes, leading to health disparities between various demographic groups.

The CDC has developed the Social Vulnerability Index (SVI). The helps public health officials identify and meet the needs of socially vulnerable populations.



The CDC ranks county’s social vulnerability index. Possible scores range from 0 (lowest vulnerability) to 1 (highest vulnerability). Kingman County has the lowest level of vulnerability when compared to the level of surrounding counties, state of Kansas, and the nation.

The following table displays the SVI scores for Kingman County and nearby counties.

| County/Region   | SVI Score | Level of Vulnerability                  |
|-----------------|-----------|---|
| Kingman County  | 0.0513    | Low level of vulnerability              |
| Sumner County   | 0.2223    | Low level of vulnerability              |
| Barber County   | 0.2803    | Low level of vulnerability              |
| Pratt County    | 0.3873    | Low to Moderate level of vulnerability  |
| Sedgwick County | 0.5357    | Moderate level of vulnerability         |
| Reno County     | 0.5866    | Moderate to high level of vulnerability |
| Kansas          | 0.39      | Low to Moderate level of vulnerability  |
| United States   | 0.40      | Low to Moderate level of vulnerability  |

Source: <https://svi.cdc.gov/map.html>, 2018

The SVI instrument identifies critical health issues, however, some of the factors are not used in the remainder of this assessment because they are designed for emergency planners and are not applicable to general health and quality of life. The Composition and Disability measure is not examined in this report.

The following information and exhibits include important factors such as household per capita income, employment rates, uninsured population, poverty, and educational attainment for the community. These standard measures will be used to compare the socioeconomic status of the community to the state of Kansas and the United States.

### Income and Employment

The table below displays the Per Capita Income for the community. This includes all reported income from wages and salaries as well as income from self-employment, interest or dividends, public assistance, retirement, and other sources.

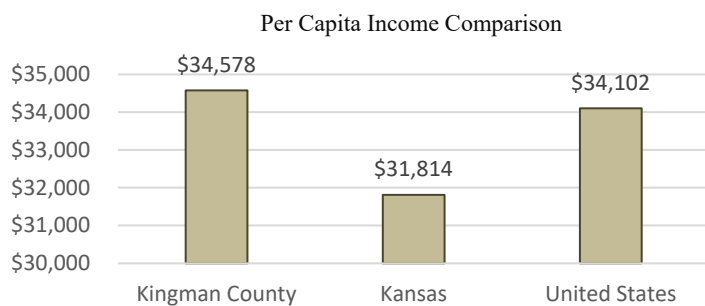
Per Capita Income is an important determinant in an individual’s health. People with above-average income typically have health insurance, reliable transportation, and the financial means to pay out-of-pocket expenses. In addition, those with higher income are more likely to practice healthy lifestyle choices such as exercising, eating nutritional foods, and abstaining from tobacco use.

Source: <https://www.cdc.gov/socialdeterminants/>

The Per Capita Income data in the following exhibits reveal the average (mean) income computed for every man, woman, and child in the specified area.

| Per Capita Income |                  |                                 |                        |
|-------------------|------------------|---------------------------------|------------------------|
|                   | Total Population | Aggregate Household Income (\$) | Per Capita Income (\$) |
| Kingman County    | 7,340            | \$253,804,700                   | \$34,578               |
| Kansas            | 2,910,652        | \$92,599,519,100                | \$31,814               |
| United States     | 324,697,795      | \$11,073,131,694,900            | \$34,102               |

Source: US Census Bureau, American Community Survey. 2015-2019



As the data demonstrates, Kingman County’s per capita income is higher than the state and national income.



Kingman County is supported by major industries including healthcare, manufacturing, and education. The tables below list the top occupation types and major sectors for the county.

| Most Common Occupations in Kingman County                                |             |
|--|-------------|
| Occupation Type  | # Employees |
| Management Occupations   | 435         |
| Office & Administrative Support Occupations                              | 353         |
| Production Occupations   | 332         |
| Construction & Extraction Occupations                                    | 312         |
| Sales & Related Occupations  | 249         |
| Education Instruction & Library Occupations                              | 216         |
| Food Preparation & Serving Related Occupations                           | 213         |
| Business & Financial Operations Occupations                              | 211         |
| Transportation Occupations   | 175         |
| Health Diagnosing & Treating Practitioners & Other Technical Occupations | 155         |
| Installation, Maintenance, & Repair Occupations                          | 121         |
| Healthcare Support Occupations   | 102         |

Source: [datausa.io.com](https://datausa.io) via US Department of Labor, Bureau of Labor Statistics. 2019.





| <b>Employment by Sectors</b>                     |                |         |
|--|----------------|---------|
| Sector (2020 4 <sup>th</sup> Quarter)            | Kingman County | Kansas  |
| Agriculture, Forestry, Fishing, and Hunting      | 46             | 12,396  |
| Mining, Quarrying, and Oil and Gas Extraction    | 48             | 5,910   |
| Utilities  | 12             | 8,529   |
| Construction                                     | 404            | 64,016  |
| Manufacturing                                    | 436            | 165,037 |
| Wholesale Trade                                  | 91             | 56,124  |
| Retail Trade                                     | 247            | 139,592 |
| Transportation and Warehousing                   | 28             | 56,625  |
| Information                                      | 10             | 18,724  |
| Finance and Insurance                            | 90             | 58,154  |
| Real Estate, Rental, and Leasing                 | 5              | 15,920  |
| Professional, Scientific, and Technical Services | 62             | 74,295  |
| Management of Companies and Enterprises          | No data        | 27,346  |
| Waste Management and Remediation Services        | 25             | 76,700  |
| Educational Services                             | 303            | 135,844 |
| Health Care and Social Assistance                | 366            | 204,899 |
| Arts, Entertainment, and Recreation              | No data        | 17,482  |
| Accommodation and Food Services                  | 158            | 98,612  |
| Other Services (except Public Administration)    | 17             | 32,379  |
| Public Administration                            | 178            | 68,439  |

Source: U.S. Department of Labor, Bureau of Labor Statistics. 2019

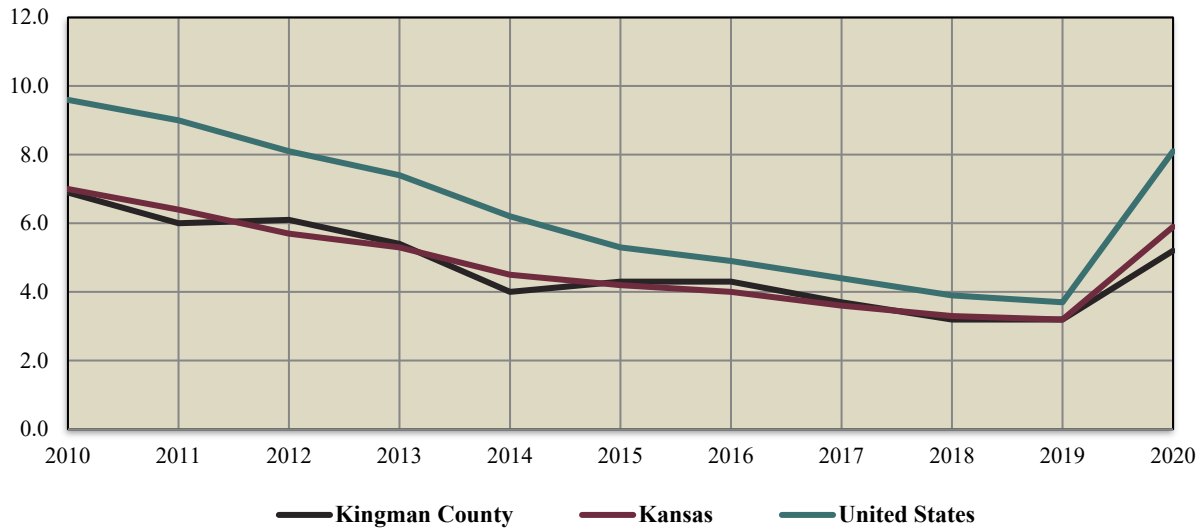
### Unemployment Rate

The table below displays the average annual resident unemployment rates for the counties in the community, Kansas, and the United States.

| <b>Average Annual Unemployment Rate (%)</b> |      |      |      |      |      |      |      |      |      |      |      |
|---|------|------|------|------|------|------|------|------|------|------|------|
|   | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 |
| Kingman County                              | 6.9  | 6.   | 6.1  | 5.4  | 4.0  | 4.3  | 4.3  | 3.7  | 3.2  | 3.2  | 5.2  |
| Kansas                                      | 7.0  | 6.4  | 5.7  | 5.3  | 4.5  | 4.2  | 4.0  | 3.6  | 3.3  | 3.2  | 5.9  |
| United States                               | 9.6  | 9.0  | 8.1  | 7.4  | 6.2  | 5.3  | 4.9  | 4.4  | 3.9  | 3.7  | 8.1  |

Source: U.S. Department of Labor, Bureau of Labor Statistics. 2021

The chart on the following page illustrates how unemployment rates for the county declined from 2010 through 2019, then rose significantly when the global pandemic began in 2020. This was consistent with the state of Kansas and the nation. The 10-year unemployment rate for the county has been in line with the state of Kansas and consistently below the national rate.



**Poverty**

The following table displays the percentage of total population below 100 percent Federal Poverty Level (FPL) for the Kingman County, the state of Kansas, and the United States. The FPL is a measurement of the minimum amount of income that is needed for individuals and families to pay for essentials. The guidelines are used to establish eligibility for Medicaid and other federal programs.

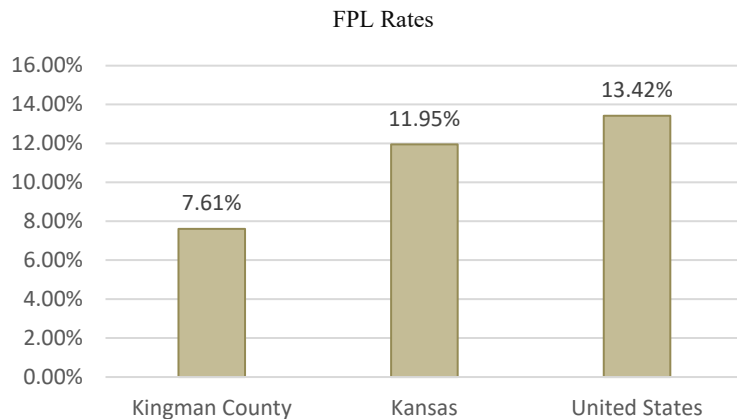
Poverty is a key driver of health status and is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

People living in chronic poverty have elevated health risks that can lead to unsafe conditions and diseases. Conditions might include drinking contaminated water or living in unsanitary housing with poor ventilation.

Low-income residents may delay or avoid pursuing medical attention until issues reach a critical stage, creating a greater demand on the community’s medical resources. This may include dependence on emergency rooms for what should be routine primary care. In addition, uninsured or low-income individuals’ inability to pay for services places strain on the community’s medical system. These individuals have limited transportation options and lack the ability to travel outside their local community for medical services.

| Population below 100% FPL (Federal Poverty Line) |                       |                    |
|--|-----------------------|--------------------|
|  | Populations below FPL | Percent in Poverty |
| Kingman County                                   | 549                   | 7.61               |
| Kansas   | 337,739               | 11.95              |
| United States                                    | 42,510,843            | 13.42              |

Source: US Census Bureau, American Community Survey. 2015-19



**Insurance**

The following table reports the percentage of the total civilian noninstitutionalized population without health insurance coverage for the community, Kansas, and the United States. This indicator is relevant because lack of insurance is a primary barrier to health care access including regular primary care, specialty care and other health services that contributes to poor health status. The lack of health insurance is considered a key driver of health status.

| <b>Health Insurance Coverage</b> |              |           |                 |
|----------------------------------|--------------|-----------|-----------------|
|                                  | Under Age 18 | Age 18-64 | Age 65 or older |
| Kingman County                   | 4.58%        | 8.38%     | 0.00%           |
| Kansas                           | 5.23%        | 12.56%    | 0.48%           |
| United States                    | 5.08%        | 12.42%    | 0.79%           |

Source: US Census Bureau, American Community Survey. 2015-19.

**Insurance - Uninsured**

Health insurance is a major factor in personal health status. Uninsured adults have limited access to preventive services and specialty care, may receive poorer quality of care, and often experience worse health outcomes than those with insurance.

Kingman County has 5.71 percent of the total civilian noninstitutionalized population without health insurance. This rate is less than the state average (8.80 percent) and the national average (8.84 percent).

| <b>Uninsured Population</b> |  |                      |                              |
|-----------------------------|--|----------------------|------------------------------|
|                             | Population for whom Insurance Status is Determined | Uninsured Population | Uninsured Population Percent |
| Kingman County              | 7,218  | 412                  | 5.71                         |
| Kansas                      | 2,851,091  | 251,030              | 8.80                         |
| United States               | 319,706,872  | 28,248,613           | 8.84                         |

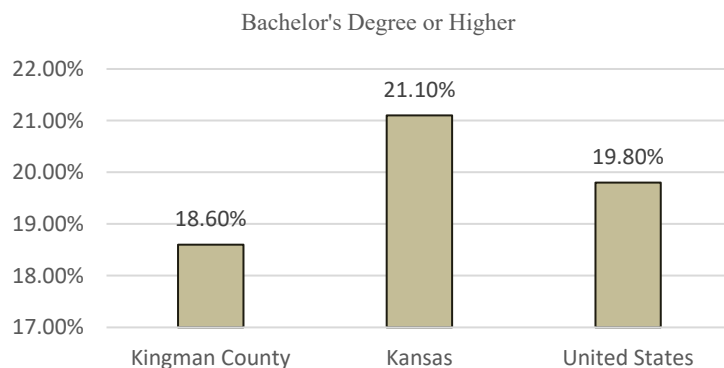
Source: US Census Bureau, American Community Survey. 2015-2019.

### Education

The following exhibits show educational attainment with a High School diploma or higher for Kingman County, the state of Kansas, and the United States. This is relevant because educational attainment has been linked to positive health outcomes.

| Educational Attainment – Population Age 25 and Older |                                  |                           |                                 |  |
|--|----------------------------------|---------------------------|---------------------------------|--|
|  | Percent with High School Diploma | Percent with Some College | Percent with Associates' Degree | Percent with Bachelor's Degree or Higher |
| Kingman County                                       | 33.0                             | 28.4                      | 7.8                             | 18.6                                     |
| Kansas   | 25.9                             | 23.0                      | 8.7                             | 21.1                                     |
| United States  | 27.0                             | 20.4                      | 8.5                             | 19.8                                     |

Source: US Census Bureau, American Community Survey. 2015-19. Source geography: County



### Transportation

Transportation is a critical social determinant of health. The American Hospital Association says that each year, more than 3.5 million people do not receive adequate medical care due to transportation issues. These issues may include access to vehicles, long distances to needed services, and costs associated with travel. Transportation issues can be worse in rural communities where individuals may live long distances from providers.

| Households with No Motor Vehicle |                  |                                  |  |
|----------------------------------|------------------|----------------------------------|--|
|                                  | Total Households | Households with no Motor Vehicle | Percent Households with no Motor Vehicle |
| Kingman County                   | 3,133            | 91                               | 2.90                                     |
| Kansas                           | 1,129,227        | 60,844                           | 5.39                                     |
| United States                    | 120,756,048      | 10,395,713                       | 8.61                                     |

Source: US Census Bureau, American Community Survey. 2015-19. Source geography: Tract

## PHYSICAL ENVIRONMENT OF THE COMMUNITY

A community’s health is affected greatly by its physical environment. A safe, clean environment that provides access to healthy food and recreational opportunities is important to maintaining and improving community health. This section will examine some of the elements that relate to various needs mentioned throughout the report.

### Food Access/Food Deserts

The table below reports the percentage of the population living in census tracts designated as food deserts. A food desert is defined as a low-income census tract where a substantial number or share of residents has low access to a supermarket or large grocery store. This is relevant because it highlights populations and geographies facing food insecurity.

| Population with Low Food Access |                           |                     |                        |                  |
|---------------------------------|---------------------------|---------------------|------------------------|------------------|
|                                 | Food Desert Census Tracts | Other Census Tracts | Food Desert Population | Other Population |
| Kingman County                  | 0                         | 3                   | 0                      | 3                |
| Kansas                          | 139                       | 627                 | 491,894                | 499,032          |
| United States                   | 9,293                     | 63,238              | 39,074,974             | 81,328,997       |

Source: US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas. 2019.

### SNAP Food Stores

Certain food stores are authorized by SNAP (Supplemental Nutrition Assistance Program). These include grocery stores as well as supercenters, specialty food stores, and convenience stores that are authorized to accept SNAP benefits. Kingman County has 8.6 percent retailers per 10,000 population, which is slightly higher than the state or federal rate.

| SNAP Authorized Food Stores |                                 |   |
|-----------------------------|---------------------------------|---|
|                             | Total SNAP-Authorized Retailers | SNAP-Authorized Retailers Rate per 100,000 population |
| Kingman County              | 6                               | 8.60  |
| Kansas                      | 2,029                           | 6.96  |
| United States               | 248,526                         | 7.47  |

Source: US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas. 2019.



## CLINICAL CARE OF THE COMMUNITY

A lack of access to care presents barriers to good health. The supply and accessibility of facilities and physicians, the rate of uninsurance, financial hardship, transportation barriers, cultural competency, and coverage limitations affect access.

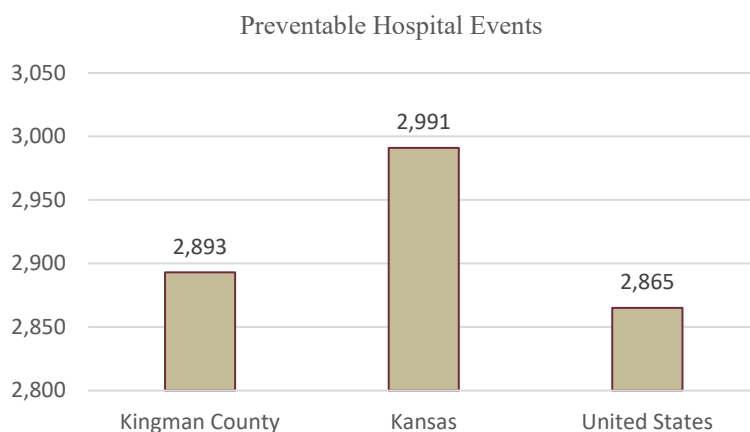
Rates of morbidity, mortality, and emergency hospitalizations can be reduced if community residents access services such as health screenings, routine tests, and vaccinations. Prevention indicators can call attention to a lack of access or knowledge regarding one or more health issues and can inform program interventions.

### Preventable Hospital Events

The following data reports the preventable hospital rate of Medicare beneficiaries. Preventable hospital stays include admission for these conditions: diabetes with short-term and long-term complications, uncontrolled diabetes without complications, diabetes with lower-extremity amputation, chronic obstructive pulmonary disease, asthma, hypertension, heart failure, bacterial pneumonia, or urinary tract infection. These represent conditions where hospitalization could have been prevented if adequate primary care resources were available and accessed by those patients. This indicator is relevant because analysis of preventable discharges demonstrates a possible “return on investment” from interventions that reduce admissions (for example, uninsured or Medicaid patients) through better access to primary care resources.

| Preventable Hospital Events |                              |  |
|-----------------------------|------------------------------|--|
|                             | Total Medicare Beneficiaries | Preventable Hospitalizations, Rate per 100,000 |
| Kingman County              | 1,771                        | 2,893  |
| Kansas                      | 506,523                      | 2,991  |
| United States               | 57,235,207                   | 2,865  |

Source: Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool. 2020.



## HEALTH STATUS OF THE COMMUNITY

This section of the assessment reviews the health status of the Community with comparisons to the State of Kansas. This in-depth assessment of the mortality and morbidity data, health outcomes, health factors, and mental health indicators of the county residents that make up the community will enable the Hospital to identify priority health issues related to the health status of its residents.







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



Numerous factors have a significant impact on an individual's health status: lifestyle and behavior, human biology, environmental and socioeconomic conditions, as well as access to adequate and appropriate health care and medical services.

The interrelationship among lifestyle/behavior, personal health attitude and poor health status is gaining recognition and acceptance by both the general public and health care providers.

Some examples of lifestyle/behavior and related health care problems include the following:

| Lifestyle                          |   | Primary Disease Factors  |
|------------------------------------|---|--|
| <b>Smoking</b>                     |    | Lung cancer<br>Cardiovascular disease<br>Emphysema<br>Chronic Bronchitis   |
| <b>Alcohol/drug abuse</b>          |    | Cirrhosis of Liver<br>Motor vehicle crashes<br>Unintentional injuries<br>Malnutrition<br>Suicide<br>Homicide<br>Mental Illness |
| <b>Poor Nutrition</b>              |    | Obesity<br>Digestive disease<br>Depression   |
| <b>Driving at excessive speeds</b> |    | Trauma<br>Motor vehicle crashes  |
| <b>Lack of exercise</b>            |   | Cardiovascular disease<br>Depression   |
| <b>Overstressed</b>                |  | Mental illness<br>Alcohol/drug abuse<br>Cardiovascular disease   |

Studies by the American Society of Internal Medicine conclude that up to 70 percent of an individual’s health status is directly attributable to personal lifestyle decisions and attitudes. Persons who do not smoke, who drink in moderation (if at all), use automobile seat belts (car seats for infants and small children), maintain a nutritious low-fat, high-fiber diet, reduce excess stress in daily living, and exercise regularly have a significantly greater potential of avoiding debilitating diseases, infirmities, and premature death.

Health problems should be examined in terms of morbidity as well as mortality. Morbidity is defined as the incidence of illness or injury and mortality is defined as the incidence of death. However, law does not require reporting the incidence of a particular disease, except when the public health is potentially endangered. More than 50 infectious diseases in Kansas must be reported to county health departments. Except for Acquired Immune Deficiency Syndrome (AIDS), most of these reportable diseases currently result in comparatively few deaths.

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



### Leading Causes of Death

The following table reflects the leading causes of death for the community, and compares the rates to the state of Kansas and US average rates, per hundred thousand. Figures represent a 2016-2020 five-year average.

| Selected Causes of Resident Deaths: Number and Crude Rate |                |       |        |       |               |       |
|---|----------------|-------|--------|-------|---------------|-------|
|   | Kingman County |       | Kansas |       | United States |       |
|   | Total          | Rate  | Total  | Rate  | Total         | Rate  |
| Cancer  | 189            | 346.3 | 27,742 | 155.4 | 2,998,371     | 149.4 |
| Coronary Heart Disease                                    | 111            | 171.0 | 17,181 | 94.2  | 1,838,830     | 91.5  |
| Lung Disease  | 38             | 57.1  | 8,745  | 48.4  | 783,919       | 39.1  |
| Stroke  | 59             | 90.4  | 6,700  | 36.7  | 746,604       | 37.6  |
| Unintentional Injury                                      | 28             | 59.5  | 7,698  | 48.6  | 872,432       | 50.4  |

Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2016-2020.

### Health Outcomes and Factors

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

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

Counties in each of the 50 states are ranked according to summaries of a variety of health measures. Those having high ranks, *e.g.*, 1 or 2, are considered to be the “healthiest.”

Counties are ranked relative to the health of other counties in the same state on the following summary measures:

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

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

As part of the analysis of the needs assessment for the community, data from Kingman County will be used to compare the relative health status of the county to the state of Kansas as well as to a national benchmark. The current year information is compared to the health outcomes reported on the prior community health needs assessment and the change in measures is indicated. A better understanding of the factors that affect the health of the community will assist with how to improve the community’s habits, culture, and environment.

Health Outcomes - rankings are based on an equal weighting of one length of life (mortality) measure and four quality of life (morbidity) measures. The tables on the following page show how changes in the counties included in the community’s mortality and morbidity outcomes have mostly increased from the prior community health needs assessment.

| County Health Rankings - Health Outcomes   |                     |                     |                    |             |                          |
|--|---------------------|---------------------|--------------------|-------------|--------------------------|
|  | Kingman County 2018 | Kingman County 2021 | Increase/ Decrease | Kansas 2021 | Top U.S. Performers 2021 |
| <b>Mortality*</b>  |                     |                     |                    |             |                          |
| <b>Premature death</b> - Years of potential life lost before age 75 per 100,000 population (age-adjusted)              | 8,700               | 15,500              | ↑                  | 7,100       | 5,400                    |
| <b>Morbidity*</b>  |                     |                     |                    |             |                          |
| <b>Poor or fair health</b> - Percent of adults reporting fair or poor health (age-adjusted)                            | **12%               | 14%                 | ↑                  | 16%         | 14%                      |
| <b>Poor physical health days</b> - Average number of physically unhealthy days reported in past 30 days (age-adjusted) | **2.9               | 3.5                 | ↑                  | 3.6         | 3.4                      |
| <b>Poor mental health days</b> - Average number of mentally unhealthy days reported in past 30 days (Age Adjusted)     | **3.1%              | 4.0                 | ↑                  | 4.1         | 3.8                      |
| <b>Low birth weight</b> - Percent of live births with low birth weight (<2500 grams)                                   | 6.0%                | 6.0%                | --                 | 7.0%        | 6.0%                     |

\*Rank out of 103 Kansas counties. Source: *Countyhealthrankings.org*

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

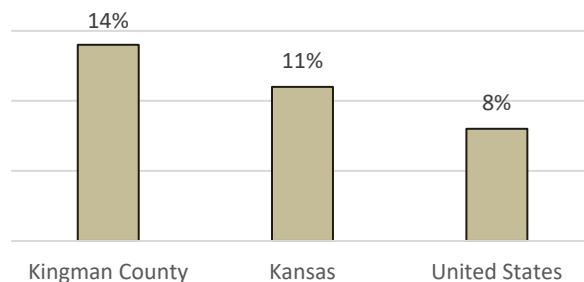
The following exhibits show a more detailed view of certain health outcomes and factors for the community, Kansas, and the United States.

## Diabetes

The table and chart on the following page display the percentage of adults aged 18 and older who have ever been told by a doctor that they have diabetes. This is relevant because diabetes is a prevalent problem in the U.S.; it may indicate an unhealthy lifestyle and puts individuals at risk for further health issues.

| Population with Diagnosed Diabetes |                                 |
|------------------------------------|---------------------------------|
|                                    | Percent with Diagnosed Diabetes |
| Kingman County                     | 14                              |
| Kansas                             | 11                              |
| United States                      | 8                               |

<https://www.countyhealthrankings.org/app/kansas/2021/county/snapshots/095/print>



## Heart Disease (Adult)

The following table displays deaths due to coronary heart disease per 100,000 population. Figures are reported as crude rates and as age-adjusted. This is relevant because coronary heart disease is a leading cause of death in the U.S. and is also related to high blood pressure, high cholesterol, and heart attacks.

In the report area, the age-adjusted death rate of 171 per 100,000 total population is much higher than the state and national rates.

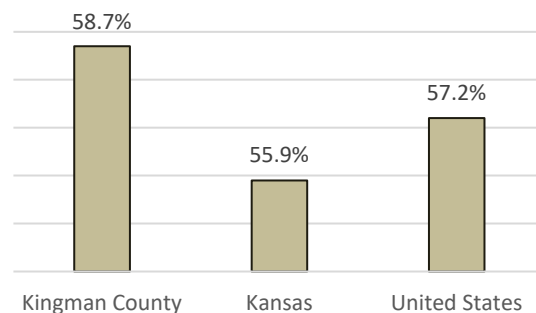
| Population with Heart Disease |                        |                                     |                                  |
|-------------------------------|------------------------|-------------------------------------|----------------------------------|
|                               | Five-Year Total Deaths | Age-Adjusted Death Rate per 100,000 | Heart Disease Deaths per 100,000 |
| Kingman County                | 111                    | 306.1                               | 171.0                            |
| Kansas                        | 17,181                 | 118.0                               | 94.2                             |
| United States                 | 1,838,830              | 112.5                               | 91.5                             |

Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2016-2020. Source geography: County

## High Blood Pressure (Medicare)

The following table and chart report the number and percentage of the Medicare fee-for-service population with hypertension (high blood pressure). Data are based upon Medicare administrative enrollment and claims data for Medicare beneficiaries enrolled in the fee-for-service program.

| High Blood Pressure (Medicare Population) |  |  |
|---|--|--|
|   | Beneficiaries with High Blood Pressure | Beneficiaries with High Blood Pressure Percent |
| Kingman County                            | 991                                    | 58.7   |
| Kansas                                    | 224,539                                | 55.9   |
| United States                             | 19,162,770                             | 57.2   |



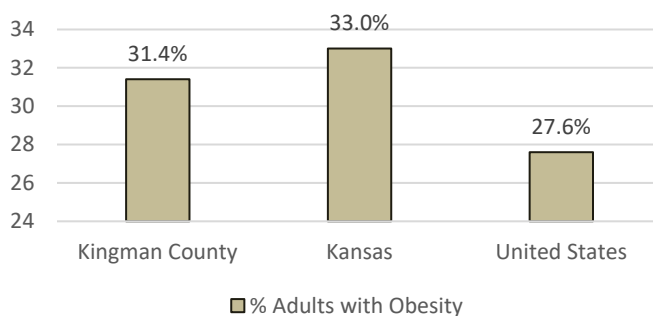
Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor

### Obesity

The following table and chart display the percentage of adults aged 20 and older self-reporting having a Body Mass Index (BMI) greater than 30.0 (obese). Excess weight may indicate an unhealthy lifestyle and puts individuals at risk for further health issues.

| Population with Obesity |                                    |                                   |                                 |
|-------------------------|------------------------------------|-----------------------------------|---------------------------------|
|                         | Survey Population Age 20 and older | Population with BMI> 30.0 (Obese) | Percent with BMI> 30.0 (Obese)* |
| Kingman County          | 5,419                              | 1,734                             | 31.4                            |
| Kansas                  | 2,130,656                          | 704,379                           | 33.0                            |
| United States           | 243,082,729                        | 67,624,774                        | 27.6                            |

Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2019.

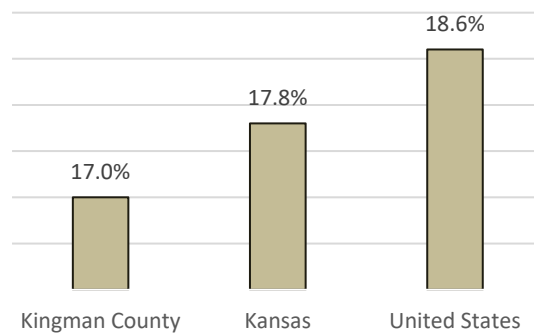


### Poor General Health

The table and chart on the following page display the percentage of adults aged 18 and older self-report having poor or fair health in response to the question “Would you say that in general your health is excellent, very good, good, fair, or poor?” This is relevant because it is a measure of general poor health status.

| Population with Poor General Health |                                  |  |
|-------------------------------------|----------------------------------|--|
|                                     | 2019 Population Age 18 and older | Percent with Poor or Fair General Health |
| Kingman County                      | 7,152                            | 17.00                                    |
| Kansas                              | 2,913,314                        | 17.80                                    |
| U.S.                                | 328,239,523                      | 18.60                                    |

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the 500 Cities Data Portal. 2019.

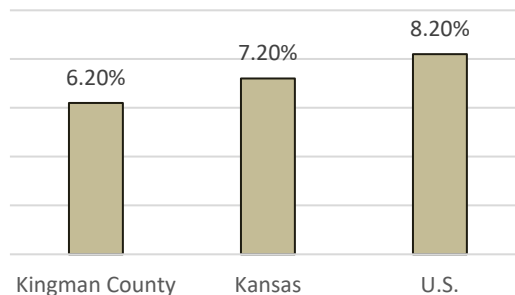


### Low Birth Weight

The table and chart below display the percentage of total births that are low birth weight (Under 2500g). Low births are live births where the infant weighed less than 2,500 grams (approximately 5 lbs.)

This is relevant because low birth weight infants are at high risk for health problems. This can also highlight the existence of health disparities.

| Low Birth Rates |                   |                   |                           |
|-----------------|-------------------|-------------------|---------------------------|
|                 | Total Live Births | Low Weight Births | Percent Low Weight Births |
| Kingman County  | 548               | 34                | 6.2                       |
| Kansas          | 525,771           | 37,647            | 7.2                       |
| U.S.            | 54,416,819        | 4,440,508         | 8.2                       |



Source: University of Wisconsin Population Health Institute, County Health Rankings. 2013-2019. Source geography: County

### COVID-19

The table below displays the number of confirmed COVID-19 cases and deaths per 100,000 population. This is relevant because the entire nation endured a state of emergency and was forced to shut down.

| COVID-19 Rates |                       |              |                        |
|----------------|-----------------------|--------------|------------------------|
|                | Total Confirmed Cases | Total Deaths | Death Rate per 100,000 |
| Kingman County | 1,941                 | 26           | 355.68                 |
| Kansas         | 763,779               | 7,915        | 271.85                 |
| U.S.           | 77,046,396            | 917,397      | 281.18                 |

Data Source: Community Commons via Johns Hopkins University. Accessed via ESRI. Additional data analysis by CARES. 2022.



## KEY INFORMANT INTERVIEWS

In the Patient Protection and Affordable Care Act (PPACA) passed in March 2010, nonprofit hospitals were mandated to conduct a community-based needs assessment every three years. As a part of the process, each hospital is required to solicit input from those who represent the broad interests of the community served by the hospital as well as those who have special knowledge or expertise around public health and underserved populations.

Interviews were held with various professionals representing a cross-section of industries and organizations within the community's population. Individuals chosen for these included:

- Andy Albright, Principal, Kingman High School
- Jennifer Albright, Director, Youth Core Ministries
- Darrell Decker, Pastor, Kingman Church of Christ
- Anita Drake, Director, Kingman County Council on Aging
- Sam Graham, retired veterinarian
- Carla Hibbs, School counselor, Norwich
- Prisca Krehbiel, Case Manager, Department on Aging
- Chad Osborn, Board Chair, Council on Aging
- Mary Schwartz, Director, Kingman County Health Department

The main objective of the interviews was to receive feedback on community health and wellness attributes, strengths, and challenges. Topics included questions about 1) Health and quality of life, 2) Underserved and underrepresented populations, 3) Barriers, and 4) COVID-19.

A consensus was reached that some of the needs identified in the previous community assessment would remain as a focus, while new ones should be added.

Poverty and mental health issues were cited most often as critical health concerns. The mental health category included areas such as suicide, depression, and anxiety.

Several respondents emphasized the community's culture of cooperation, working together to improve the community.

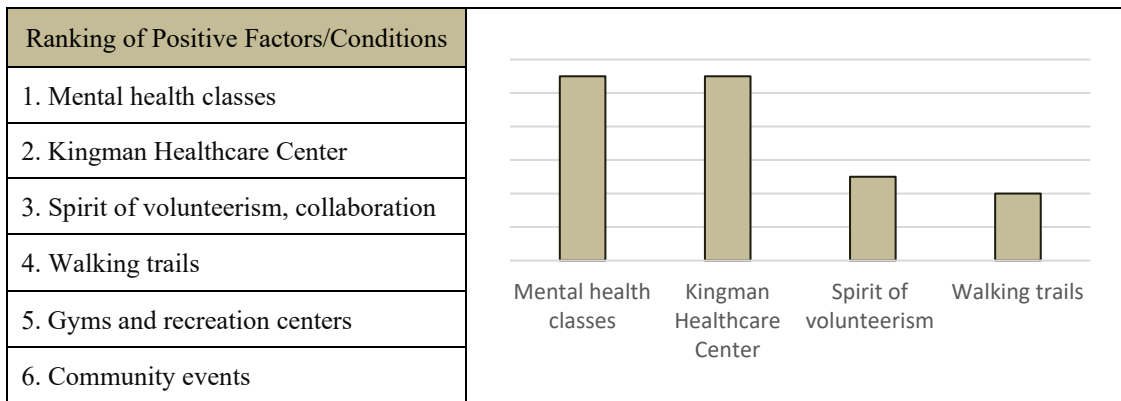
Interview results highlighted positive community aspects and ongoing challenges for certain population groups.

### Key Informant General Observations and Comments

There was a clear consensus among respondents regarding community strengths. There were many references to a program called CORE (formerly known as Bridges Out of Poverty), which helps move people out of poverty. The program uses volunteers who serve as mentors for individuals and families, helping them learn finance principles and secure essentials such as a driver's license and insurance.

**Positive Factors and Conditions**

Respondents were asked to list specific factors and conditions that are positive about the community’s health and quality of life.



**Interview comments:**

“Kingman has exceptional volunteerism – people willingly donate their time and goods to help those in need.”

“We have a huge group of individuals that volunteer and reach out to help with needs in the community.”

“The level of services have improved over the years. The local health department and the hospital have been working hard.”

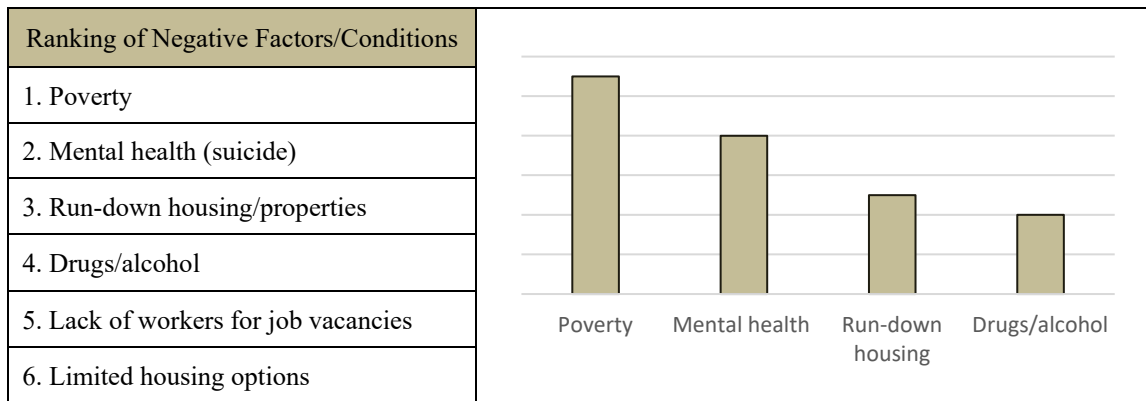
“Most of the local congregations work well together, participate in community feeding and other assistance outreaches.”





### Negative Factors and Conditions

Respondents were asked to list specific factors and conditions that negatively impact the community’s health and quality of life.



Interview comments:

“We have a dentist, but affordable dental care is difficult here. People are struggling to get good dental help.”

“We are lacking family-sized homes. Houses on the market are sold quickly. There aren’t many new homes being built, and we’re looking at a lot of older homes.”

“Kingman has a limited job market - those living in smaller communities are forced to travel.”

“There is some abuse and neglect and domestic violence, but it is not talked about. Also, if they have no primary care physician, it is usually not detected.”

“We have more problems today than we did 25 years ago because of new people moving here to get away from urban areas, some bring problems like drugs.”

“Housing is not the greatest, there are many run-down residences. Low-income folks cannot afford the high utilities.”

### **Recommendations for Improvement**

As a result of the interviews, the following suggestions were provided to help improve the community’s health and quality.

- Provide assistance to the elderly dealing with COVID-related depression, especially in nursing homes.
- Increase public communication about successes and good things that are occurring in the community.
- Increase awareness on issues like alcohol through more advertising and public outreach.
- Hire someone to coordinate a community Teen Alcohol program.
- Provide a city taxi for free transportation to help people with employment.
- Develop a community resource board to facilitate sharing of ideas on critical issues.



**COVID-19**

Key Informants were asked to describe how the COVID-19 pandemic has impacted the community.

Many emphasized the devastating loss of jobs and workers, especially for small businesses.

Another theme was the toll the pandemic has had on mental health. As one respondent said, “Mental health has been brushed under the carpet. COVID made it worse.”

Several described a community divided on the pandemic response. “There has been a division of people who don’t agree on masks and vaccinations. There have been disagreements that have caused a division,” one individual responded. Another person remarked, “People are judgmental regarding the vaccine, this has caused a lot of controversy.”

**Underserved Populations**

Key Informants were asked to describe how or if there are certain demographic groups within the community that may lack access to affordable health care services or essential resources.

Several responses emphasized how certain people can’t afford additional health plans. “Since Medicare is not accepted by all providers, people are forced to drive a long way off to accept their plan,” an individual remarked.

Language barriers were described as a hindrance in health services. As one person said, “We have many who don’t speak English and don’t access many of the services available. These are the ones who really need help and fall under the radar.”

Interviews revealed how certain community members in poverty lack the ability to get services, in part because of their distrust of the health system. For some, there is a lack of knowledge or awareness of what is available. One respondent said, “The healthcare facilities in Kingman grade very high. The problem is not with the facilities, but with the underserved who don’t understand how to access those facilities.”

Another concern expressed related to housing. “Housing is an issue for certain underserved groups. It’s not affordable or even available at all.”

**How barriers are being addressed**

Stakeholders provided input on ways the community is responding to barriers faced by underserved individuals and groups in the community

- The Health Department has an “indigent clinic” for those who meet the qualifications (no insurance and FPL). It is open two Fridays per month. They have a partnership with the hospital to offer this service.
- The Hospital has hired a licensed professional counselor (LPC) who prioritizes mental health for children.
- One day each week, the Health Department clinic comes into town to assist the elderly.
- The Hospital now offers a program where individuals can apply to access affordable care.

### **Feedback on Kingman Health Center**

Key Informants were asked to grade the Hospital’s efforts to address community needs and improve health quality. Most responses gave the Hospital high marks, with an A or A-.

“The hospital gets an A+. They are amazing, personal care and efficiency. We are in very good shape for a community our size.”

“A, they do a great job putting on seminars and at community events.”

“I’d give them A-, they have improved so much, done much better job than past years. They collaborate with other groups and schools to address mental health and help senior citizens.”

“I give them a B+ for their work in the school system, providing a counselor to assist students with mental health.”

“They get a B. The administration is trying to reach out to uninsured, but there are still some without coverage who feel they are not treated as good as those with insurance.”

Those interviewed were asked to comment on the Hospital’s effort to address community health concerns. All respondents praised the Hospital and their significance in the community. One respondent commented, “The Hospital has made extraordinary efforts to reach out. They hired a mental health counselor. They have done everything they could possibly do to help people.”

### **Health Issues of Vulnerable Populations**

According to Dignity Health’s Community Need Index, the Hospital’s community has a moderate level of need. The CNI score is an average of five different barrier scores that measure socioeconomic indicators of each community (income, cultural, education, insurance, and housing).

Review the CNI map and scoring legend on page 41 of this report for more details.

### **INFORMATION GAPS**

This assessment was designed to provide a comprehensive and broad picture of the health in the overall community served by the Hospital; however, there may be several medical conditions that are not specifically addressed in this report due to various factors, including but not limited to, publicly available information or limited community input.

In addition, certain population groups might not be identifiable or might not be represented in numbers sufficient for independent analysis. Examples include homeless, institutionalized persons, undocumented residents and members of certain ethnic groups who do not speak English or Spanish. Efforts were made to obtain input from these specific populations through key stakeholder interviews.

## PRIORITIZATION OF IDENTIFIED HEALTH NEEDS

Priority setting is a required step in the community benefit planning process. The IRS regulations indicate that the Community Health Needs Assessment must provide a prioritized description of the community health needs identified through the CHNA, and include a description of the process and criteria used in prioritizing the health needs.

Using findings obtained through the collection of primary and secondary data, the Hospital completed an analysis of these to identify community health needs. The following data was analyzed to identify health needs for the community:

### Leading Causes of Death

Leading causes of death and death rates for the community were compared to U.S. adjusted death rates. Causes of death in which the county rate compared unfavorably to the U.S. adjusted death rate resulted in a health need for the Hospital.

### Health Outcomes and Factors

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

### Primary Data

Health needs identified through key informant interviews were included as health needs. Needs for vulnerable populations were separately reported on the analysis in order to facilitate the prioritization process.

### Health Needs of Vulnerable Populations

Health needs of vulnerable populations were included for ranking purposes.

To facilitate prioritization of identified health needs, a ranking process was used. Health needs were ranked based on the following four factors. Each factor received a score between 0 and 5, with a total maximum score of 20 (indicating the greatest health need).

- 1) **How many people are affected by the issue or size of the issue?** For this factor, ratings were based on the percentage of the community who are impacted by the identified need. The following scale was utilized.
  - i. >25% of the community = 5
  - ii. >15% and <25% = 4
  - iii. >10% and <15% = 3
  - iv. >5% and <10% = 2
  - v. <5% = 1

- 2) **What are the consequences of not addressing this problem?** Identified health needs, which have a high death rate or have a high impact on chronic diseases, received a higher rating.
- 3) **Prevalence of common themes.** The rating for this factor was determined by how many sources of data (Leading Causes of Death, Primary Causes for Inpatient Hospitalization, Health Outcomes and Factors, Primary Data, Interviews) identified the need.
- 4) **Alignment with Hospital goals and resources.** The rating for this factor was determined by whether the need fits within the Hospital’s strategic plan, as well as the Hospital’s ability to address the need. Rating of one (least) through five (greatest) was given to the need, based on management assessment.

**Each need was ranked based on the prioritization metrics.** As a result, the following summary of needs is identified in the table below.

| Health Problem or Issue              | How many people are affected by the issue? | What are the consequences of not addressing this problem? | Prevalence of Common Themes | Alignment with the Hospital’s goals and resources | Total Score |
|--------------------------------------|--|---|-----------------------------|---|-------------|
| Mental Health Providers              | 5  | 5   | 5                           | 4   | 19          |
| Primary Care Physicians              | 5  | 5   | 4                           | 5   | 19          |
| Adult Obesity                        | 5  | 5   | 4                           | 4   | 18          |
| Heart Disease                        | 5  | 5   | 4                           | 3   | 17          |
| Cancer                               | 5  | 5   | 2                           | 5   | 17          |
| Lung Disease                         | 4  | 4   | 2                           | 3   | 13          |
| Physical Inactivity                  | 4  | 4   | 3                           | 2   | 13          |
| Health Problem or Issue              | How many people are affected by the issue? | What are the consequences of not addressing this problem? | Prevalence of Common Themes | Alignment with the Hospital’s goals and resources | Total Score |
| Lack of Health Knowledge/Education   | 4  | 3   | 2                           | 4   | 13          |
| Dentists                             | 5  | 4   | 2                           | 1   | 12          |
| Children in Poverty                  | 3  | 4   | 3                           | 1   | 11          |
| Substance Abuse                      | 4  | 4   | 1                           | 2   | 11          |
| Stroke                               | 3  | 4   | 1                           | 2   | 10          |
| Adult Smoking                        | 2  | 3   | 3                           | 2   | 10          |
| Transportation                       | 2  | 2   | 2                           | 3   | 9           |
| Children in Single-Parent Households | 4  | 1   | 2                           | 0   | 7           |
| Teen Birth Rate                      | 2  | 2   | 1                           | 2   | 7           |
| Sexually Transmitted Infections      | 2  | 2   | 0                           | 2   | 6           |
| Violent Crime/Domestic Violence      | 2  | 2   | 1                           | 1   | 6           |
| Excessive Drinking                   | 1  | 1   | 1                           | 2   | 5           |
| Alcohol-Impaired Driving Deaths      | 1  | 1   | 0                           | 2   | 4           |

### **Management’s Prioritization Process**

For the health needs prioritization process, the Hospital engaged a hospital leadership team to review the most significant health needs reported on the prior CHNA as well as information from the COVID-19 Mortality table using the following criteria:

- Current area of hospital focus.
- Established relationships with community partners to address the health need.
- Organizational capacity and existing infrastructure to address the health need.

Based on the criteria outlined above, any health need that scored a 17 or more (out of a possible 20) was identified as a priority area that will be addressed through Kingman Healthcare Center’s Implementation Strategy for fiscal year 2022-2024. Those priority areas included:

1. Mental Health/Mental Health Providers
2. Primary care physicians
3. Adult obesity
4. Heart disease
5. Cancer

### **HEALTH CARE RESOURCES**

The availability of health resources is a critical component to the health of a community’s residents and a measure of the soundness of the area’s health care delivery system. An adequate number of health care facilities and health care providers is vital for sustaining a community’s health status. Fewer health care facilities and health care providers can impact the timely delivery of services.

A limited supply of health resources, especially providers, results in the limited capacity of the health care delivery system to absorb charity and indigent care as there are fewer providers upon which to distribute the burden of indigent care. This section addresses the availability of health care resources to the residents in the community.

#### **Hospitals and Health Centers**

The Hospital has 25 beds and is the only acute care hospital in Kingman County. Residents of the community also take advantage of services provided by hospitals in neighboring counties.

The table below summarizes hospital services available to the residents of Kingman County:

| Summary of Acute Care Hospitals   |   |          |                        |       |                             |
|-----------------------------------|---|----------|------------------------|-------|-----------------------------|
| Facility                          | Address                                 | County   | Miles from Kingman, KS | Beds* | Facility Type               |
| Kingman Healthcare Center         | 750 West D Ave. Kingman, KS             | Kingman  | 0.0                    | 25    | Critical Access             |
| Patterson Healthcare Center       | 1204 Maple Harper, KS                   | Harper   | 25.3                   | 25    | Critical Access             |
| Hutchison Regional Medical Center | 1701 East 23rd Ave. Hutchinson, KS      | Reno     | 32.2                   | 209   | General Medical and Surgery |
| Pratt Regional Medical Center     | 200 Commodore St, Pratt, KS             | Pratt    | 33.7                   | 85    | General Medical and Surgery |
| Stafford County Hospital          | 502 South Buckeye St. Stafford, KS      | Stafford | 34.0                   | 25    | Critical Access             |
| Medicine Lodge Memorial Hospital  | 710 North Walnut St. Medicine Lodge, KS | Barber   | 35.4                   | 25    | Critical Access             |

\* Includes sub provider beds, excludes skilled nursing facility beds. Source: US Hospital Finder - <http://www.ushospitalfinder.com/>

### Other Health Care Facilities and Providers

Critical access hospital services are not the only health services available to members of the Hospital’s community. The following table provides a listing of community health centers and medical facilities:

| Summary of Other Health Care Facilities |   |          |                        |                                   |
|---|---|----------|------------------------|-----------------------------------|
| Facility                                | Address                                     | County   | Miles from Kingman, KS | Facility Type                     |
| Kingman Health Ctr                      | 750 W. D Ave. Kingman, KS                   | Kingman  | -                      | Rural Health Clinic               |
| PrairieStar Health Ctr                  | 2700 E. 30 <sup>th</sup> Ave. Hutchison, KS | Reno     | 32.8                   | Federally Qualified Health Center |
| Stafford County Hospital                | 412 Grand Ave. Stafford, KS                 | Stafford | 33.9                   | Rural Health Clinic               |
| Gracemed Dodge Family Clinic            | 101 E. Ross St. Wichita, KS                 | Sedgwick | 34.6                   | Federally Qualified Health Center |

Source: Health Resources and Services Administration - <http://findahealthcenter.hrsa.gov/#>

The Kingman County Health Department (KCHD) was established and operates under the premise that all people are entitled to adequate health care; that they have a right to maintain a healthy independence and to have access to information concerning their health and prevention of illness.

The Health Department provides the following health services to residents of Kingman County:

- Disease investigation
- Early intervention health screening
- Family planning and well-woman information and services
- Immunizations
- Information and education in caring for infants and children
- Licensure of day care providers
- Nutritional information and/or assistance
- Travel health recommendations
- Well-person health assessments

More information on the Kingman County Health Department's services may be obtained by visiting [www.kingmancoks.org](http://www.kingmancoks.org).

## APPENDICES

### Analysis of Data

| Analysis of Health Status: Leading Causes of Death (2021) |                  |                    |                         |  |   |
|---|------------------|--------------------|-------------------------|--|---|
|   | U.S. Crude Rates | Kansas Crude Rates | (A) Country Crude Rates | (B) 10% Increase of Kansas Crude Rates | If County Rate Greater than 10% over Kansas Rate, (A)>(B), then “Health Need” |
| <b>Kingman County</b>                                     |                  |                    |                         |  |   |
| Heart Disease   | 112.1            | 67.0               | 85.4                    | 73.7                                   | Health Need   |
| Cancer  | 184.0            | 139.6              | 176.7                   | 153.6                                  | Health Need   |
| Lung Disease  | 48.4             | 46.0               | 79.4                    | 50.6                                   | Health Need   |
| Stroke  | 44.7             | 34.8               | 51.6                    | 38.3                                   | Health Need   |

Crude rate is shown per 100,000 residents. Refer to “Leading Causes of Resident Death” table for more information.

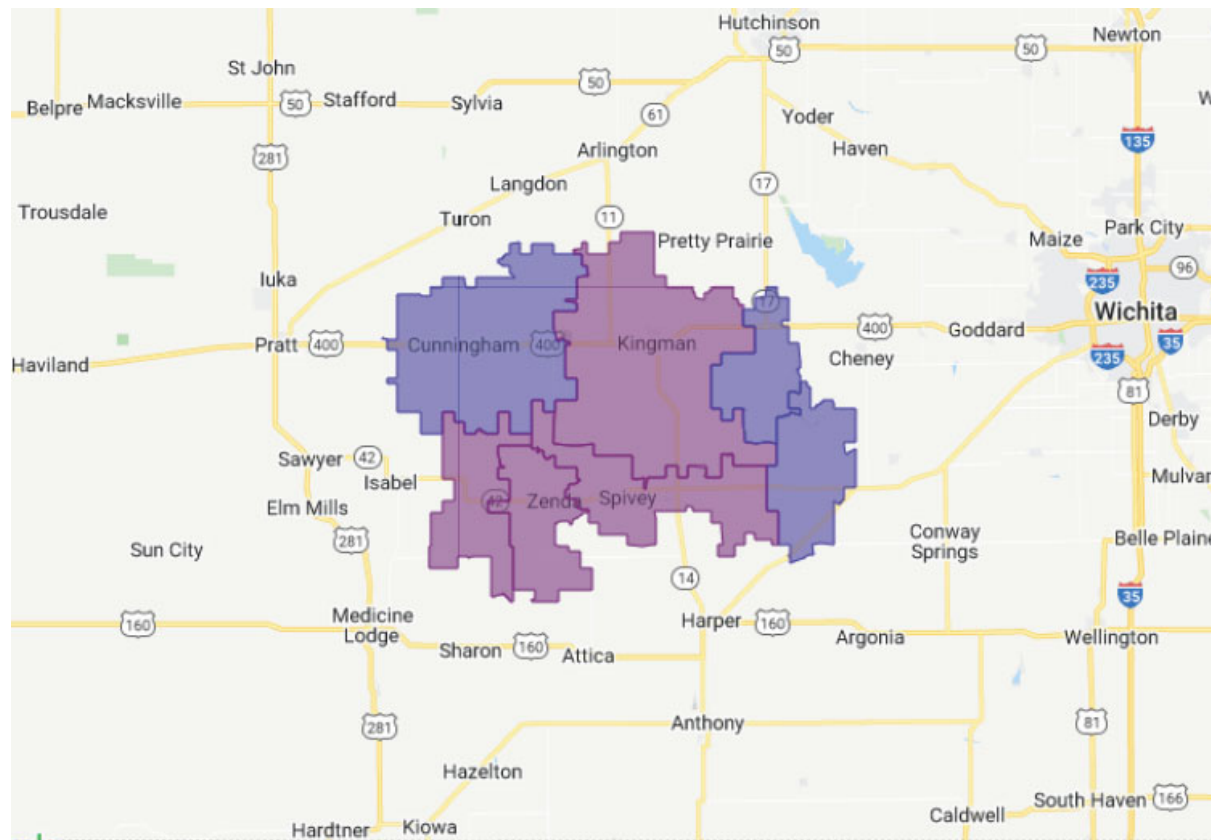
| Analysis of Health Outcomes and Factors (2021) |                  |                    |                         |  |   |
|--|------------------|--------------------|-------------------------|--|---|
|  | U.S. Crude Rates | Kansas Crude Rates | (A) Country Crude Rates | (B) 10% Increase of Kansas Crude Rates | If County Rate Greater than 10% over Kansas Rate, (A)>(B), then “Health Need” |
| <b>Kingman County</b>                          |                  |                    |                         |  |   |
| Adult Smoking                                  | 16.0%            | 15.0%              | 19.0%                   | 16.5%                                  | Health Need   |
| Adult Obesity                                  | 26.0%            | 22.0%              | 31.0%                   | 24.2%                                  | Health Need   |
| Food Environment Index                         | 8.7              | 8.4                | 8.0                     | 7.6                                    |   |
| Physical Inactivity                            | 19.0%            | 15.0%              | 21.00%                  | 16.5%                                  | Health Need   |
| Access to Exercise Opportunities               | 91.0%            | 90.0%              | 73.0%                   | 81.0%                                  | Health Need   |
| Excessive Drinking                             | 15.0%            | 21.0%              | 20.0%                   | 23.1%                                  |   |
| Alcohol-Impaired Driving                       | 11.0%            | 34.0%              | 15.0%                   | 37.4%                                  |   |
| Sexually Transmitted Infections                | 161              | 519                | 159                     | 571                                    |   |
| Teen Birth Rate                                | 12               | 18                 | 28                      | 20                                     | Health Need   |
| Uninsured                                      | 6.0%             | 9.0%               | 15.0%                   | 9.9%                                   | Health Need   |
| Primary Care Physicians                        | 1030             | 1210               | 2000                    | 1331                                   | Health Need   |
| Dentists                                       | 1210             | 1220               | 2000                    | 1342                                   | Health Need   |
| Mental Health Providers                        | 270              | 270                | 1000                    | 291                                    | Health Need   |
| Preventable Hospital Stays                     | 2565             | 2617               | 3914                    | 2879                                   | Health Need   |
| Mammography Screening                          | 51.0%            | 41.0%              | 39.0%                   | 36.9%                                  |   |
| Children in Poverty                            | 11%              | 11%                | 16%                     | 12%                                    | Health Need   |
| Children in Single-Parent Households           | 21.0%            | 21.0%              | 31.0%                   | 23.1%                                  | Health Need   |
| Violent Crime Rate                             | 326              | 3226               | 5                       | 3549                                   |   |

## Key Informant Interview Questions/Topics








1. Please provide your background and current occupation.
2. Describe specific factors and conditions that are positive about your community’s health and quality of life.
3. Describe specific factors and conditions that negatively impact the community’s health and quality of life.
4. Provide recommendations or suggestions that might help improve your community’s health and quality.
5. Describe how the COVID-19 pandemic has impacted your community.
6. Describe how or if there are certain demographic groups in your community that may lack access to affordable health care services or essential resources.
7. Describe ways that individuals and organizations are responding to barriers faced by certain demographic groups in your community.
8. Please grade the Hospital’s efforts to address community needs and improve health quality of your community.

## DIGNITY HEALTH COMMUNITY NEED INDEX REPORT

Map of Community Needs Index Scores for CHNA Community based on Dignity Health’s Community Need Index (CNI).





|   | Zip   | CNI Score | City       | County  | Scale                                 |
|---|-------|-----------|------------|---------|---------------------------------------|
|  | 67035 | 2.2       | Cunningham | Kingman | <b>Highest Need</b> 4.2-5             |
|  | 67068 | 2.8       | Kingman    | Kingman | <b>2<sup>nd</sup> Highest</b> 3.4-4.1 |
|  | 67111 | 1.8       | Murdock    | Kingman | <b>Medium</b> 2.6-3.3                 |
|  | 67112 | 2.6       | Nashville  | Kingman | <b>2<sup>nd</sup> Lowest</b> 1.8-2.5  |
|  | 67118 | 2         | Norwich    | Kingman | <b>Lowest Need</b> 1-1.7              |
|  | 67142 | 2.6       | Spivey     | Kingman |                                       |
|  | 67159 | 2.6       | Zenda      | Kingman |                                       |

Source: <http://cni.dignityhealth.org/printout.asp>, 2022

### County Health Rankings

| Health Behaviors*  | Kingman County 2018 | Kingman County 2021 |   | Kansas 2021 | Top US Performers 2021 |
|--|---------------------|---------------------|---|-------------|------------------------|
| <b>Adult smoking</b> - Percent of adults that report smoking at least 100 cigarettes and that they currently smoke                     | 15%                 | 18.0%               | ↑ | 18.0%       | 16.0%                  |
| <b>Adult obesity</b> - Percent of adults that report a BMI >= 30   | 32%                 | 31.0%               | ↓ | 33.0%       | 26.0%                  |
| <b>Food environment index<sup>^</sup></b> - Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best)     | 7.5                 | 7.8                 | ↑ | 6.7         | 8.7                    |
| <b>Physical inactivity</b> - Percent of adults aged 20 and over reporting no leisure time physical activity                            | 29%                 | 33.0%               | ↑ | 24.0%       | 19.0%                  |
| <b>Access to exercise opportunities<sup>^</sup></b> - Percentage of population with adequate access to locations for physical activity | 56%                 | 53.0%               | ↓ | 80.0%       | 91.0%                  |
| <b>Excessive drinking</b> - Percent of adults that report excessive drinking in the past 30 days                                       | 16%                 | 19.0%               | ↑ | 15.0%       | 18.0%                  |
| <b>Alcohol-impaired driving deaths</b> - % of motor vehicle crash deaths with alcohol involvement                                      | 13%                 | 0%                  | ↓ | 20.0%       | 11.0%                  |
| <b>Sexually transmitted infections</b> - Chlamydia rate per 100K population  | 260.0               | 244.6               | ↓ | 488.5       | 161.2                  |
| <b>Teen births</b> - female population, ages 15-19   | 23                  | 16.0                | ↓ | 24.0        | 12.0                   |

KINGMAN HEALTHCARE CENTER – 2022 CHNA

| Clinical Care*  | Kingman County 2018 | Kingman County 2021 |   | Kansas 2021 | Top US Performers 2021 |
|---|---------------------|---------------------|---|-------------|------------------------|
| <b>Uninsured adults</b> - Percent of population under age 65 without health insurance                               | 10%                 | 11.0%               | ↑ | 12.0%       | 7.0%                   |
| <b>Primary care physicians</b> - Number of population for every one primary care physician                          | 7,690               | 3,660               | ↓ | 1,280       | 1,030                  |
| <b>Dentists</b> - Number of population for every one dentist  | 3,730               | 3,580               | ↓ | 1,660       | 1,210                  |
| <b>Mental health providers</b> - Number of population for every one mental health provider                          | 1,490               | 1,190               | ↓ | 490         | 270                    |
| <b>Mammography screening</b> <sup>^</sup> - Percent of female Medicare enrollees that receive mammography screening | 54.0%               | 41.0%               | ↓ | 45.0%       | 51.0%                  |

| Social and Economic Factors*   | Kingman County 2018 | Kingman County 2021 |   | Kansas 2021 | Top US Performers 2021 |
|--|---------------------|---------------------|---|-------------|------------------------|
| <b>High school graduation</b> <sup>^</sup> - Percent of ninth grade cohort that graduates in 4 years             | 86%                 | 94%                 | ↑ | 91%         | 94%                    |
| <b>Some college</b> <sup>^</sup> - Percent of adults aged 25-44 years with some post-secondary education         | 67%                 | 71%                 | ↑ | 70%         | 73%                    |
| <b>Unemployment</b> - Percent of population age 16+ unemployed but seeking work                                  | 4.7%                | 3.2%                | ↓ | 3.2%        | 2.6%                   |
| <b>Children in poverty</b> - Percent of children under age 18 in poverty   | 18%                 | 17%                 | ↓ | 14%         | 10%                    |
| <b>Income inequality</b> - Ratio of household income at the 80th percentile to income at the 20th percentile     | 3.8                 | 3.9                 | ↑ | 4.3         | 3.7                    |
| <b>Children in single-parent households</b> - Percent of children that live in household headed by single parent | 22%                 | 17%                 | ↓ | 21%         | 14%                    |
| <b>Social associations</b> <sup>^</sup> - Number of membership associations per 10,000 population                | 22.1                | 23.3                | ↑ | 13.6        | 18.2                   |
| <b>Violent Crime Rate</b> - Violent crime rate per 100,000 population (age-adjusted)                             | 190                 | 179                 | ↓ | 365         | 63                     |
| <b>Injury deaths</b> - Number of deaths due to injury per 100,000 population                                     | 130                 | 111                 | ↓ | 76          | 59                     |

| Physical Environment*  | Kingman County 2018 | Kingman County 2021 |   | Kansas 2021 | Top US Performers 2021 |
|--|---------------------|---------------------|---|-------------|------------------------|
| <b>Air pollution</b> - particulate matter days -Average daily measure of fine particulate matter in micrograms per cubic meter   | 8.7                 | 7.0                 | ↓ | 6.7         | 5.2                    |
| <b>Severe housing problems</b> - Percentage of household with at least 1 of 4 housing problems: overcrowding, high housing costs or lack of kitchen or plumbing facilities | 11%                 | 7%                  | ↓ | 13%         | 9%                     |
| <b>Driving alone to work</b> - Percentage of workforce that drives alone to work   | 79%                 | 83%                 | ↑ | 82%         | 72%                    |
| <b>Long commute, driving alone</b> - Among workers who commute in their car alone, the percentage that commute more than 30 minutes  | 41%                 | 40%                 | ↓ | 21%         | 16%                    |

\* Data should not be compared with prior years.

<sup>^</sup>Opposite indicator signifying that an increase is a positive outcome, and a decrease is negative.

Source: <https://www.countyhealthrankings.org/app/kansas/2021/county/snapshots/095/print>