



KANSAS RURAL
HEALTH WORKS

Columbus Rural Health Works

John Leatherman, K-State Research and Extension
Jane Faubion, KDHE Office of Local & Rural Health
Chris Tilden, KDHE Office of Local & Rural Health
Chad Austin, Kansas Hospital Association

Sponsored by Kansas Rural Health Options Project

Program Agenda

- Overview – progress to date
- Community concerns revisited
- Survey results
- Health care directory update
- Charge for next meeting
- Next meeting date



Program Overview

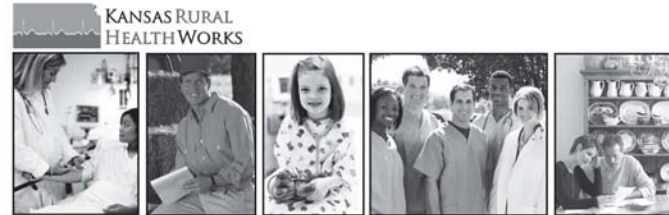
- Help foster sustainable rural community health care system
- Community-driven process
- 5-6 one-hour working meetings over 4-5 months
- Emphasis is on development of information products
 - Economic impact of health care system
 - Health services directory
 - Community health care survey
 - Data and information reports
- Summary meeting at conclusion
 - Discuss tentative action plan at the final formal KRHW meeting

Community Concerns Themes

- Wellness and preventive care
 - low income and elderly population
- Public awareness of health services and providers
- Hospital facilities
- Recruitment and retention of healthcare providers
 - expansion of local service provision
- Potential action strategies.....



KANSAS RURAL HEALTHWORKS



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

Kansas Rural Health Options Project
January 2009

Katie Morris, Extension Assistant
Casey Cook, Research Assistant
John Leatherman, Director



Funding for this report
provided by: Health
Resources and Services
Administration

In cooperation with:



office of
Local Government
K-State Research and Extension





Data Analysis

Columbus Rural Health Works

Health and Behavioral Data

Introduction


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

Health and Behavioral Data Summary

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

- Over time, the trend in nursing home occupancy may suggest an overall decline. This may reflect the preference for community-based care outside of a nursing home.
- Considering available indicators of children's welfare, the percentage of women receiving adequate prenatal care is below the state rate. The rates of youth tobacco use and binge drinking are about 15%.
- Data related to persons served by selected publicly-funded services suggest a significant number of individuals and families in the county are in need of economic assistance.
- Data show that over 40% of newborns in the county received less than adequate prenatal care in 2007.
- There were 29 out-of-wedlock teenage pregnancies in 2007.
- Trends in recent hospital usage suggest an increasing level of demand.



Columbus Health Market Area



ZIP codes within the Columbus Health Area.
Source: Claritas, Inc. 2009

1

Columbus Rural Health Works

Crime Data

Introduction


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

Crime Data Summary

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

- The incidence of crime in Cherokee County has generally been below the state average over the past decade. The incidence of both violent crime and property crime increased in 2008 from 2007. Since its low in 2006, the combined crime index has been trending upward.
- Crime index arrests in Cherokee County have generally remained below the state rate. The sharp decline in both the reported number and rate of arrests in 2006 was likely due to incomplete data.
- The number of full-time law enforcement officials per 1,000 population in Cherokee County has fallen significantly since 2006.



Columbus Health Market Area



ZIP codes within the Columbus Health Area.
Source: Claritas, Inc. 2009

1

Columbus Rural Health Works

Economic & Demographic Data

Introduction


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

Economic Data Summary

Following are data and statistics about the economic and demographic characteristics of Cherokee County that may have implications related to local health care needs. Some of the data only is available at a county scale and reflects the Cherokee County boundaries. Some is available by ZIP code. Where possible, ZIP code data was used for the areas shown in the graphic below. This area reflects the approximate boundaries of the St. John's Maude Norton Memorial Hospital market area. This is probably the geographic extent most non-specialty health care services centered in Columbus would reach.

- The proportion of the population over 65 years is growing, and the female population over 85 years is growing fastest among the elderly group.
- 43% of the population lives alone, making individual acute and chronic care management challenging.
- Nearly 20% of households live on less than \$15,000 income per year.
- About 29% of the housing stock is valued at less than \$40,000.
- Transfer income to persons is among the fastest growing sources of income. In 2007, \$145 million in transfer income was paid to county residents.
- Within transfer income, government assistance such as Medicare, income maintenance, and veterans pension and disability benefits are growing most strongly.
- The county poverty rate decreased recently, but typically remains well above the Kansas average.

Columbus Health Market Area



ZIP codes within the Columbus Health Area.
Source: Claritas, Inc. 2009

1

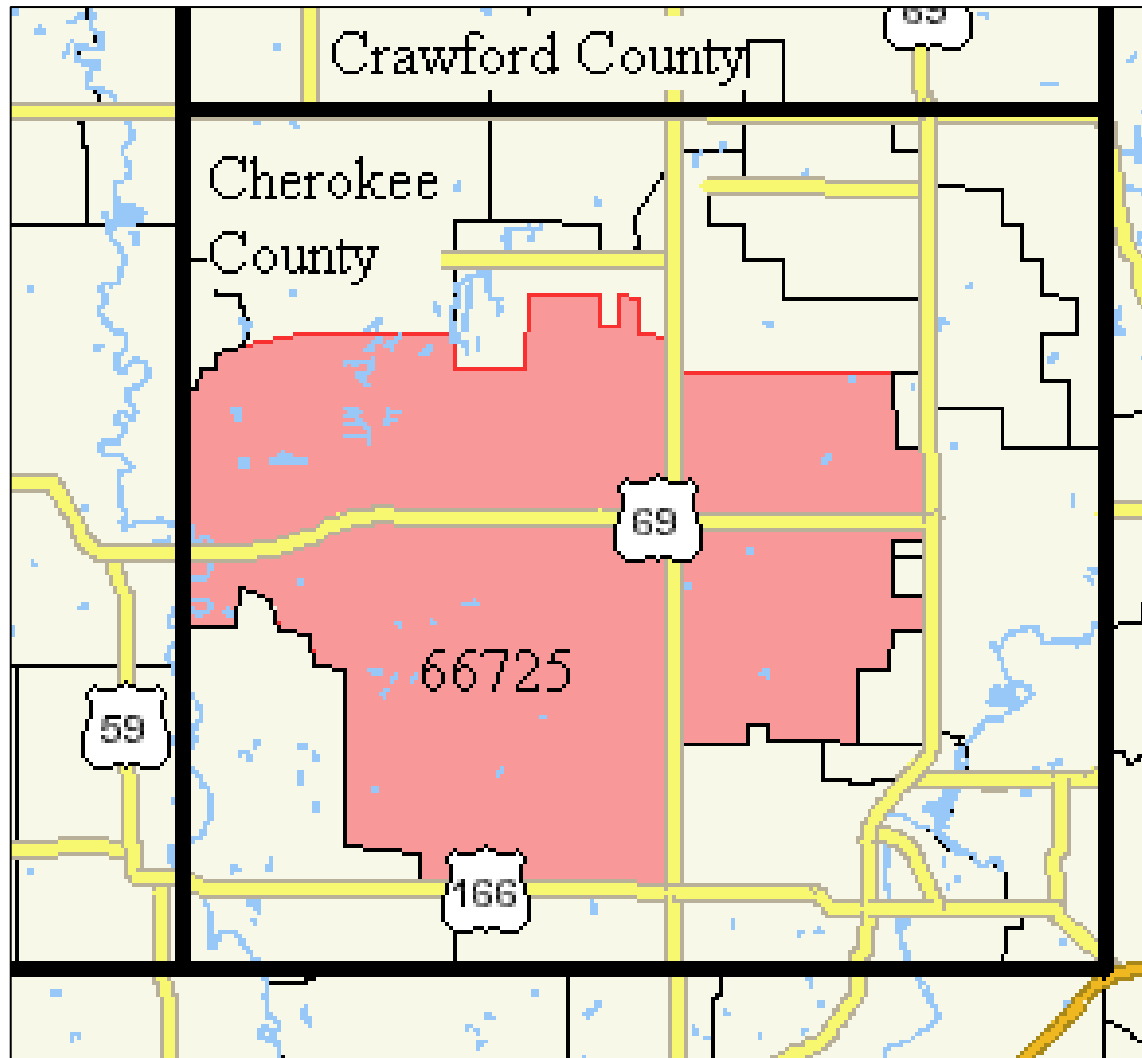
Community Survey

- Calling between Nov. 9-20
- 206 completed surveys (244 additional calls screened out)



KANSAS RURAL
HEALTHWORKS

Columbus Health Market Area





Survey Results

- About 67% female (52%)

Response	Survey		2000 Census	
	Frequency	Percent	Population	Percent
18-34	36	17.5%	1,175	25.9%
35-49	55	26.7%	1,273	28.1%
50-64	47	22.8%	1,030	22.7%
65+	67	32.5%	1,058	23.3%
Don't know	1	0.5%		
Total	206	100.0%	4,536	100.0%



Healthcare Provider Usage

- 88% see a healthcare provider, 10% don't
- 63% had a physical exam in the past year, 13% >5 years/never
- 75% saw a doctor for some reason in the past year, 9% >5years/never
- 46% use Columbus, 54% use other (Joplin)
- 96% satisfied with Columbus doctor



General Hospital Usage

- 63% used a hospital in the past year
 - 35% used Columbus; 52% used Joplin
- Reasons by those who used other (<200)
 - emergency (48%), insurance (47%), preference (45%), referral (42%), specialty (42%), distance (42%)
- Extrapolate 840 lost hospital visits partially by preference

Maude Norton Use & Perceptions

- 79% had prior experience
- 93% were satisfied or somewhat satisfied
- 74% believe hospital is meeting community needs; 17% believe it is not
- 75% believe facilities are adequate; 20% believe they are not
- 35% believe facilities need renovation/replacement; 53% believe they do not

Maude Norton Use & Perceptions

- 42% believe residents know the full range of services; 50% believe they do not
- 72% have used the hospital health clinic; 92% were satisfied; 75% agree it's meeting community needs
- 51% have used the community health clinic; 91% were satisfied



Use & Perceptions - Other

- Pharmacy – 72%; dentist – 41%; eye doctor – 21%; physical therapy – 19%; chiropractic – 10%
- Satisfaction 95%+
- Health department – 59%; home healthcare – 20%; ambulance – 43%; assisted living/nursing care – 22%
- Satisfaction 90%+



Public Assistance

- If public assistance needed – 44% very confident; 33% somewhat confident; 15% not confident they could find it
- If public assistance application – 79% very confident; 17% somewhat confident; 2% not confident they could complete it

Health Insurance

- 81% HH have insurance; 19% do not
- Income breakout (<200): 30%-40% below \$30k; 15%-20% \$40k-\$60k
- Affordability most often cited (54%)
- Those with health insurance, 89% have preventive care, 88% have prescription coverage



Prescription Drug Use

- 91% fill prescriptions every time
- 93% take recommended doses every time



Internet Usage

- 60% use the Internet (10% lower than other communities)
- No usage by age groups (<200)
 - 18-34 = 17%; 35-49 = 24%; 50-64 = 30%;
65+ = 72%
- 77% use it to find health information; 12% used it for local healthcare information
- 98% believe they could find local info.

Survey Preliminary Conclusions

- Over 50% of health care market “leaks” from the community
- Most who use local services are satisfied
- Hospital capturing about one-third the market
 - “preference” (45%) might be changed
- Most (93%) are satisfied with hospital
- Limited support for facility project



Survey Preliminary Conclusions

- Most could find and apply for public assistance
- Insurance coverage uncertain
- Most with insurance have preventive care
- 60% use the Internet; they believe they can find local information

Summary

- Challenges: high levels of leakage
- Opportunity: high levels of satisfaction
- Acknowledge challenges with the survey
- Small percentages = large numbers of people

Health Services Directory

- Feasible, but need corrections w/in a week
- Later distribution, if needed
- Comprehensive to county or regional service availability

Community Concerns Themes

- Wellness and preventive care
 - survey confirmed 10-20% probably don't have access or avail themselves
- Public awareness of health services
 - survey confirmed; I&E, community directory
- Hospital facilities
 - may be a challenge to rally community support
- Recruitment & retention of healthcare providers
 - expansion of local service provision

Next Meeting

- December 16
- Overall summary
- Discussion and reactions
 - Next steps?
 - Action planning?
 - Future meeting?
- Evaluation