Community Health Needs Assessment

Clark County, KS
April 2013

In partial fulfillment of requirements related to the Patient Protection and Affordable Care Act and local health department accreditation

Sponsored by:
Ashland Health Center
Minneola District Hospital
Clark County Health Department

In cooperation with:
Clark County Community Health Needs Assessment
Executive Summary
March 2013

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

The Public Health Accreditation Board (PHAB) defines public health accreditation as the development of a set of standards, a process to measure health department performance against those standards, and reward or recognition for those health departments who meet the standards. Accreditation also requires a periodic Community Public Health Needs Assessment.

In February-March, 2013, the Ashland Health Center, the Minneola District Hospital, and the Clark County Health Department co-sponsored the Kansas Rural Health Works (KRHW) Community Health Needs Assessment. The KRHW program is offered through K-State Research and Extension at Kansas State University. A broadly representative group of twenty-six Clark County leaders met over the course of three meetings to identify priorities and devise action strategies. After consideration of a host of information, local health-related priorities were established.

Steering Committee Consensus on Overall Priorities for Clark County

Below are the most important issues identified by the Steering Committee following the prioritization process. Specific action plans were developed to address each as Clark County moves forward to improve the local health-related situation.

Priority #1: Promote health, wellness, and chronic disease prevention.
  • Emphasize health education from cradle to grave.
  • Focus on youth, teaching healthy lifestyle behaviors that can be carried throughout life. e.g. hygiene, nutrition, exercise, etc.
  • Help adults achieve healthier lifestyle, e.g. weight loss, tobacco cessation, responsible alcohol use.
  • Work to prevent chronic disease incidence through lifestyle education and modification, and promotion of appropriate screening practices.
  • Increase awareness and use of existing local services and providers thereby reducing health spending leakages.
  • Work with existing local institutions, e.g. school district, local governments, etc. to collaborate with health and wellness education.
  • Recruit providers across a range of essential basic health care services, including dental and mental health care.
Priority #2: Improve communication and collaboration between health care providers, between providers and the community, and within the community.

- Enhance communication and collaboration across health service providers to ensure more complete case management.
- Providers planning strategically to support the widest possible spectrum of services for county residents and avoid unnecessary duplication.
- Enhance access to health service providers by ensuring community awareness of locally-available services and access to information/assistance to support appropriate and responsible provider usage.
- Support options for access to care for the medically underserved through a collaborative initiative that considers potential access needs and solutions in a dynamic health care environment.

Priority #3: Evaluate alternatives to update and improve the county's health care system with an expanded array of programs and services.

- Include consideration of current and future needs related to hospital care, acute care access, mental health assistance, community-based transitional services for elderly, long-term care, day care, and community health and wellness.
- Emphasize inter-community collaboration to offer the most comprehensive range of services feasible on behalf of county residents.
- Emphasize inter-community collaboration to offer the most efficient and cost-effective health services on behalf of county residents.
- Identify successful existing programs and expand/build upon them.

Priority #4: Evaluate existing community-based elder care assistance and expand services and initiatives as need exists.

- Ensure that elderly residents can access a full range of assistance needed to meet health and household needs.
- Consider current status of home and community-based assistance and strengthen programs as needed.
- Consider the needs of the elderly living alone and those with meager financial resources.
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Clark County Community Health Needs Assessment
February 7 - March 7, 2013

The contents of this file document participation, discussion and information resources developed through the course of the Clark County Community Health Needs Assessment. These documents and resources were compiled with the assistance of the Office of Local Government located in the Department of Agricultural Economics at Kansas State University. The process used to compile information, establish health-related priorities, and develop action plans employed the Kansas Rural Health Works Community Engagement Process.

The Community Engagement Process provides a way in which community members can evaluate their health care system through the analysis of information reports. The process is community-driven with input from health care providers. It helps the community identify, brainstorm, and solve problems related to local health care. As a result, the process leads to the identification of priority local health-related issues and mobilizes the community to improve the relative situation. A major element of the program was the development of action plans to address priority issues.

The full Community Engagement Process consists of a series of three public meetings over three weeks. The geographic scope of the program typically reflects the extent of the local hospital's market area identified based on the residential zip codes of inpatients from the previous calendar year.

A broad-based community Steering Committee is formed to analyze the information resources included in this packet to determine relevant issues and propose an action plan to improve local circumstances. The Steering Committee then presents their action plan to the community for review and possible implementation.

What follows are the work products developed by the Steering Committee through the course of the program. The Priorities and Action Plans records participants’ thoughts and concerns about local issues and unmet needs. In the first meeting, participants identify all of their thoughts and ideas. Broader themes are identified and validated by the Steering Committee to begin building consensus about priorities in the second meeting. Finally, the Steering Committee develops action plans in response to the priority issues during the final meeting. The priorities identified and the action plans developed leads this compilation of information resources. The full Meeting Schedule follows this introduction.

Examining the composition of the Meeting Participants reveals that a priority of the program is to solicit input from a broad cross section of the community, not simply members of the local healthcare sector. The meeting participants refine their ideas about the local priorities going forward through the development of a variety of local information resources that follow.

The Community Identification page documents determinants of the geographic scope of the program.
The **Economic Contribution** report illustrates the relative importance of the health care sector to rural community economic viability. The estimates contained therein typically include a complete local census of current health care employment in the market area. Health care will generally be found to be among the top contributors to local economic wellbeing in most rural areas.

The **Data and Information** reports compile a wide variety of published data to show the current situation and trends affecting the local health-related situation. Data reflect conditions related to demographic, economic, social and behavioral, education, traffic, crime, and public health trends. These data represent objective indicators to help validate perceptions of the local situation. Further, these data have continuing utility to various local institutions seeking grants and funding support to work on local problems.

The **Community Survey** presents an effort to solicit input from the broader community. While the initiative is informal and non-representative, it does contribute considerable input from the broader community. The survey inquires about respondent’s perceptions related to the most important local health concerns and their general satisfaction with various community attributes. At the end, an open-ended question queries respondents' views about local health-related issues and concerns.

The health **Asset Inventory** represents a comprehensive listing of local health providers and services. The broad distribution of the directory helps ensure that community members are aware of full extent of locally-available services. Further, it can help to identify any gaps that may exist in the current local inventory of health services and providers.

The **Presentations** display the information considered during the course of the health needs assessment, and describes the processes used to reach consensus and develop action plans.

Finally, the **CHNA Requirements** summarize the Affordable Care Act's requirements for affected hospitals and the requirements for health department accreditation. The **IRS Reporting** section details what information the hospital should provide to the IRS.

All of the information presented here is available for public access at the **Kansas Rural Health Works Website: www.krhw.net**. Local health care institutions are welcome to disseminate these information resources freely provided they are in their full and unaltered form.

Taken as a whole, the Community Engagement Process and these information resources fulfill most requirements for the community health needs assessment requirements for tax-exempt hospitals. The final requirement is that the governing board of the hospital or its designee must then formally declare its own strategic action priorities for the three-year period going forward until a new periodic review of community health-related needs is again required.

Questions about the Rural Health Works program can be directed to John Leatherman, Office of Local Government, Department of Agricultural Economics, K-State Research and Extension. Phone: 785-532-2643/4492; E-mail: jleather@k-state.edu. The Kansas Rural Health Works Website can be found at: www.krhw.net.
Clark County Rural Health Works
Community Health Needs Assessment
February 7 – March 7, 2013

Sponsors:  Ashland Health Center
           Minneola District Hospital
           Clark County Health Department

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Meeting Schedule

Meeting 1: Local Data
Thursday, February 7, 2013
11:30 a.m. – 1:30 p.m. Lunch begins at 11:15 a.m.
Ashland Community Center, 8th & Main St, Ashland, KS

11:30 a.m.  Introduction and Purpose
11:40 a.m.  Economic Contribution Report
11:55 a.m.  Preliminary Needs Identification
            • Issue Identification Cards
            • Discussion
12:15 p.m.  Secondary Data Reports
12:35 p.m.  Group Discussion
12:45 p.m.  Community Survey
            • Participant Survey
            • Community Outreach
1:00 p.m.  Gathering Community Input
1:05 p.m.  Preparation for Prioritization
1:15 p.m.  Discussion
1:30 p.m.  Adjourn
Meeting 2: Issue Prioritization
Thursday, February 28, 2013
11:30 a.m. – 1:30 p.m. Lunch begins at 11:15 a.m.
The Den, 206 Cottonwood, Minneola KS

11:30 a.m.  Introduction and Review
11:40 a.m.  Review of Data
11:45 a.m.  Service Gap Analysis
11:50 a.m.  Survey Results
12:00 p.m.  Focus group formation and instruction
12:15 p.m.  Focus Group Discussion
12:45 p.m.  Group Summaries
1:00 p.m.   Prioritization
1:20 p.m.   Action Committee Formation
1:25 p.m.   Committee Charge
1:30 p.m.   Adjourn

Meeting 3: Action Planning
Thursday, March 7, 2013
11:30 a.m. – 1:30 p.m. Lunch begins at 11:15 a.m.
Ashland Community Center, 8th & Main St, Ashland, KS

11:30 a.m.  Introduction and Review
11:40 a.m.  Action Planning
  • Objectives and Input
  • Instruction
  • Organization
12:00 p.m.  Action Planning Workgroups Begin
1:00 p.m.   Review and Commitments
1:10 p.m.   Organization and Next Steps
1:20 p.m.   Summary
1:25 p.m.   Program Evaluation
1:30 p.m.   Adjourn
Clark County

Community Health Priorities
Action Plans and
Issue Identification
Identification of Clark County Health Needs and Priorities

The purpose of the second meeting of the Kansas Rural Health Works Community Health Needs Assessment is to identify the overall health-related priorities that would be the focus of future efforts to improve the community health environment. Following a review of the community secondary data, health services directory, and community survey results, Steering Committee participants form small groups for the purpose of discussing local health related needs and issues.

To facilitate the discussion, the groups are asked to consider the following questions:

- What is your vision for a healthy community?
- What are the top 3-4 things that need to happen to achieve your vision?
  - What’s right? What could be better?
  - Consider acute needs and chronic conditions
  - Discrete local issues, not global concerns
  - Consider the possible, within local control and resources, something to rally the community
- What can the hospital do to help?
- What can the health department do to help?

Each group comes to a consensus regarding the top two-four health-related issues they recommend as the focus to the overall Steering Committee. After each group reports, an effort is made to identify the top two-four issues across all of the groups. These, then, become the focus for action planning going forward. Below are the most important issues identified by the Steering Committee following the prioritization process. On the pages that follow are the notes taken by Steering Committee members participating in the small group discussions leading to the overall prioritization.

Steering Committee Consensus on Overall Priorities for Clark County
Approved: March 7, 2013

Priority #1: Promote health, wellness, and chronic disease prevention.
- Emphasize health education from cradle to grave.
- Focus on youth, teaching healthy lifestyle behaviors that can be carried throughout life. e.g. hygiene, nutrition, exercise, etc.
- Help adults achieve healthier lifestyle, e.g. weight loss, tobacco cessation, responsible alcohol use.
- Work to prevent chronic disease incidence through lifestyle education and modification, and promotion of appropriate screening practices.
- Increase awareness and use of existing local services and providers thereby reducing health spending leakages.
- Work with existing local institutions, e.g. school district, local governments, etc. to collaborate with health and wellness education.
- Recruit providers across a range of essential basic health care services, including dental and mental health care
Priority #2: Improve communication and collaboration between health care providers, between providers and the community, and within the community.

- Enhance communication and collaboration across health service providers to ensure more complete case management.
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- Emphasize inter-community collaboration to offer the most efficient and cost-effective health services on behalf of county residents.
- Identify successful existing programs and expand/build upon them.

Priority #4: Evaluate existing community-based elder care assistance and expand services and initiatives as need exists.

- Ensure that elderly residents can access a full range of assistance needed to meet health and household needs.
- Consider current status of home and community-based assistance and strengthen programs as needed.
- Consider the needs of the elderly living alone and those with meager financial resources.
Focus Group 1 Discussion  
February 28, 2013  

Discussion Questions

What is your vision for a healthy community?
- What's right?
- What could be better
- Consider acute needs and chronic conditions
- Discrete local issues, not global concerns
- Consider the possible, within local control and resources, something to rally the community

What can the hospital do to help?
What can the health department do to help?

Response

What is the vision?
A community that is healthy and empowered.
A health system striving to anticipate and respond to the lifetime needs of its community.
An educated community is a healthy community.
A healthy community that listens to its people and responds to its people.

What are 3-4 things to achieve?
Access to highly qualified staff
Try to determine and target the needs
Followed with a means of communication
Collaborate with all involved
What’s the improvement plan?
Access to mental health
Promote health and wellness (chronic)
Dental health

What can the hospital do to help?
Develop a comprehensive home health model
Develop a deliberate education partnership with schools
Find the best and brightest, pour in education, and then cross train
Share services
Value relationships
Comprehensive recruiting program county-wide
Focus Group 2 Discussion

February 28, 2013

Discussion Questions

What is your vision for a healthy community?
- What's right?
- What could be better
- Consider acute needs and chronic conditions
- Discrete local issues, not global concerns
- Consider the possible, within local control and resources, something to rally the community

What can the hospital do to help?
What can the health department do to help?

Response

What is the vision?
A community with a preventative wellness center/service and services to help people stay in their homes
Minneola is lacking more than Ashland in need
Ability to maintain a broad base wellness/recreation
Exercise facility, more movement for the kids, home education and motivation for parental proper nutrition
Community wellness inclusive of education and recreational facilities
New health care facilities and buildings
Services and facilities to help elders stay in their homes

What’s right?
We are strong in health care, we need to focus on the facility
Communities are supportive in helping members, but we need the paid non-skilled labor services
Elderly service, preventative and wellness services could be better
Encourage Activity
Chronic disease prevention
Health/wellness promotion
Focus Group 3 Discussion  
February 28, 2013

Discussion Questions

What is your vision for a healthy community?
- What's right?
- What could be better
- Consider acute needs and chronic conditions
- Discrete local issues, not global concerns
- Consider the possible, within local control and resources, something to rally the community

What can the hospital do to help?
What can the health department do to help?

Response

What is the vision?
- A community that embraces a common lifestyle of healthy eating choices – eating, exercises
- A community that is moving

What do we need to do?
- Schools – Candy and pop machines are gone
  - Lunch program changed
  - Make the website accessible to the public
  - Get the grocery store to round up ingredients
  - Buddy program to encourage healthy eating and exercise
- Change the pop machines to power drinks to get the community moving in a healthy way
- Community education as to what is available for a healthy lifestyle
- Healthy recipes online
- Walking trail
- Need ¼ mile walking trail in the new part – 8ft for young mothers and their strollers
  - Playground in the middle
- Bulletin boards at the grocery store and banks with information
- Adopt an elderly person to help them get walking
  - Obesity, heart failure
- Fitness calendar with health exercise and eating
- Walking trails for kids to walk to school
- Availability of a gym
What can the hospital do to help?
  Grants or funds
  Meal choices available for staff at the hospital and LTC

What can the hospital do to help?
  Fitness calendar with health recipes – online
Focus Group 4 Discussion  
February 28, 2013

Discussion Questions

What is your vision for a healthy community?
- What's right?
- What could be better
- Consider acute needs and chronic conditions
- Discrete local issues, not global concerns
- Consider the possible, within local control and resources, something to rally the community

What can the hospital do to help?
What can the health department do to help?

Response

What needs to happen?
Chronic diseases
- Community education offered – someone to coordinate
- Chronic care programs through clinics as well as in coordination with other community entities such as public health, schools, churches, other health providers (Hospice)

Health Facilities
- Need to be updated
- Mental Health under the same roof as Primary Care

Health Services
- EMS, identify and assure critical services
- Access to acute care
- Developing a healthcare system that is “welcoming” and accessible
- Indicates need to have prompt access to good care, culturally sensitive
Clark County Community Health Action Plans

The final step in the Rural Health Works Community Health Needs Assessment is to devise action plans to guide future implementation efforts. A primary emphasis of the program is to devise specific, action-oriented plans so the momentum of the community health initiative is not lost following the needs assessment.

To accomplish this, Steering Committee member break into work groups to focus on a specific priority. Their effort is to apply elements of the Logic Model planning process to craft action strategies. Following are the questions workgroup participants considered in drafting action plans. Given time constraints within the formal program setting, the resulting action plans are currently in draft form. It's recognized that crafting a detailed and effective action plan requires time and ongoing commitment. Program participants now have a template and a start in their efforts to create a road map guiding their way forward.

Community Health Planning Process

Getting Started
To start, we need to articulate the change we would like to see take place. To do so, we need to recognize the existing situation we believe can be improved. Consideration of the many data and information resources generated through the program can bolster the case for needed action. We can't accomplish everything at once, so we need a sense of priority about what we should do now rather than later. Finally, we need to articulate the goal or intended outcome we would like to see achieved.

- What's the Situation you'd like to see changed? What are the needs or problems to be addressed?
- What should the Priorities for attention, effort, and investment be? What are the most important things that need to be done to address the situation?
- What are the Intended Outcomes you'd like to see achieved? What will be the situation or condition when the goal has been achieved?

Filling in the Plan
- Now that we've established what we would like to achieve, we need to figure out how to do it. We can create an effective action plan by carefully considering what resources we need to invest into the effort, what activities we need to do to make progress, who we need to reach and involve, identify the milestones we'll need to see in order to know we're making progress, and, finally, the ultimate impact we would like to see achieved.
- What Resources are needed to take action? Who's available to work on the problem? How much time will it take? Is money or other resources needed? Who can we partner with to make progress?
- What Activities need to take place? Do we need to conduct regular meetings? Do we need to have special public meetings or events? Do products or information resources need to be developed? How should the media be involved? How do we foster needed partnerships and alliances?
• Who needs to Participate in order to make progress? Who are we trying to reach and influence? Who are the targets of our effort? Who needs to be involved?
• What are the Short-Term Results (6-12 months) you'd like to see? What would we like people to learn? What are the changes in awareness, knowledge, attitudes, or skills we'd like to see people exhibit? How will we measure this?
• What are the Intermediate-Term Results (1-2-3 years) you'd like to see? What are the behaviors, actions, decisions, or policies we'd like to see in place? How will we measure this?
• What is the desired Ultimate Impact (long-term) on the community? What are the social, economic, or other conditions we'd like to see in place in order to effect the kind of change the would be desired? How will we measure this?
Clark County Community Health Needs Assessment Action Planning  
March 7, 2013

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- Emphasize health education from cradle to grave.
- Focus on youth, teaching healthy lifestyle behaviors that can be carried throughout life. e.g. hygiene, nutrition, exercise, etc.
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Action Plan

Getting Started

Situation
- Affordable health education – preschool through elderly, nutrition and behavior changes
- Community Health Wellness Center
- Walking path at the park with exercise stations

Priorities
- Education
- Wellness Center (24 hours)
- Completion of walking path and exercise stations

Intended Outcomes
- Education programs – youth through elderly
- Increased activity throughout the community
- Decrease the rate of chronic diseases

Filling in the Plan

Resources
- City
- Recreation Committee
- Health Department
- 4-H Extension Council
- School
- Community commitment
- Grant for equipment

Activities
- Public meeting for interest
- Flyer (bulk mailing)
- Commitment for donated equipment (knowing safety regulations)
- Locate an available facility or grant to build
- Local fundraising

Participate
- We’re trying to reach all
- Businesses
- Providers
- 4-H council
- Home health
- Community
Short-Term Results
- Services available and how to become involved
- Lifestyles and what’s available to them to use for resources

Intermediate-Term Results
- Establish an identity in the community regarding an increase in healthcare awareness in disease prevention
- Community involvement has an increase in the productivity
- Internet education

Ultimate Impact
- To end obesity
- To improve county statistics
- Have a town free of tobacco usage
- Wellness center being utilized and running out of existing space
Clark County Community Health Needs Assessment Action Planning
March 7, 2013

Priority #2: Improve communication and collaboration between health care providers, between providers and the community, and within the community.

- Enhance communication and collaboration across health service providers to ensure more complete case management.
- Providers planning strategically to support the widest possible spectrum of services for county residents and avoid unnecessary duplication.
- Enhance access to health service providers by ensuring community awareness of locally-available services and access to information/assistance to support appropriate and responsible provider usage.
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Action Plan

Getting Started

Situation
- More communication between groups in the community

Priorities
- Start talking with the community members including health, businesses, schools, ministers – Hold the first meeting
-Include issues in weekly bulletins at church services with information
  -Create interrelationships

Intended Outcomes
  -Churches in both communities
  -Schools
  -Businesses
  -Health care providers
  -Communicate needs, services, and helpful hints to each other through starting our first meeting

Filling in the Plan

Resources
  -Minneola has a pastor meeting already and he is willing to start a group including Ashland
  -Can identify members with the first meeting who are willing to work on the problem
  -It would require regular meetings based on what the group decides and would be an ongoing process
  -We need a place to meet next

Activities
  -Regular meetings
  -Have special public meetings
  -Involve advertisements in the local newspapers and on the radio
  -We foster partnerships with personal contacts, text, emailing, etc
  -Have special events

Participate
  -Congregations of churches
  -Healthcare provider representatives from hospitals, clinic, health department, EMS
  -Representative from schools, ministers, businesses
  -Volunteers
  -People from the community who show an interest

Short-Term Results
  -Meeting are being held
  -Information sharing has started
- Opportunities that are offered in our community, how to obtain services, and what services are being offered
- Measure with seeing results and behavior changes

Intermediate-Term Results
- Meetings are taking place regularly
- Community activities
- There are meetings to let key players be informed and “fairs” to keep the public informed on the who, what, when, where

Ultimate Impact
- A united, informed community
- This will be an ongoing project
- As long as they continued to meet, information would be shared and the lines of communication would be open
Clark County Community Health Needs Assessment Action Planning
March 7, 2013

Priority #3: Evaluate alternatives to update and improve the county’s health care system with an expanded array of programs and services.

- Include consideration of current and future needs related to hospital care, acute care access, mental health assistance, community-based transitional services for elderly, long-term care, day care, and community health and wellness.
- Emphasize inter-community collaboration to offer the most comprehensive range of services feasible on behalf of county residents.
- Emphasize inter-community collaboration to offer the most efficient and cost-effective health services on behalf of county residents.
- Identify successful existing programs and expand/build upon them.

Action Committee Members
Brianne Clark; Physician; Ashland Health Center; Ashland; bclark@ashlandhc.org
Carol Tedford; Hospital LTC Director; Minneola City Council; Minneola; carolt@minneolahealthcare.com; 620-885-4238
Dan Shuman; Family Physician, Chief Medical Officer; Ashland Health Center; Ashland/Clark County; dshuman@ashlandhc.org; 620-635-0725
Evelyn Harmon; Social Service Director/Independent Living Apt Operator & Manager; Ashland Health Center; Ashland; eharmon@ashlandhc.org; 620-635-2311 / 620-635-0226
Julie Pinkerton; Executive Director; Hospice of the Prairie & Prairie Home Health; Clark County; exec@hospiceoftheprairie.com; 620-227-7209
Kim Ewing; CSSD; Minneola LTC; Minneola; kime@minneolahealthcare.com
Mary Ann Cunningham; RN Administrator; Clark County Health Department; Ashland/Minneola; shotsrus@ucom.net; 620-635-2624

Action Plan

Getting Started

Priorities
- Open lines of communication
- Use tax dollars more efficiently
- Eliminate duplicated services where possible

Intended Outcomes
- Maximize dollars spent
- Provide quality services
- Communities working together
Filling in the Plan

Resources
  - Cooperation between boards
  - Time commitments
  - Funds

Activities
  - Joint meeting to find a common ground

Participate
  - Administrators
  - Boards
  - County health department
  - Commissions

Short-Term Results
  - Identify a plan of attack and agenda
Clark County Community Health Needs Assessment Action Planning
March 7, 2013

Priority #4: Evaluate existing community-based elder care assistance and expand services and initiatives as need exists.

- Ensure that elderly residents can access a full range of assistance needed to meet health and household needs.
- Consider current status of home and community-based assistance and strengthen programs as needed.
- Consider the needs of the elderly living alone and those with meager financial resources.

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Mary Ann Cunningham; RN Administrator; Clark County Health Department; Ashland/Minneola; shotsrus@ucom.net; 620-635-2624

Action Plan

Getting Started

Priorities
- Consider the needs of the elderly living alone and those with meager financial resources
- Ensure elderly can access full range of assistance needed to meet health and household needs
- Consider current status of home and community-based assistance and strengthen programs as needed

Intended Outcomes
- Tools in place to identify and ensure F/U for elderly living alone
- Create collaborative home health service in county
- More publicized community information of available resources
- Consistent transportation services for healthcare and household needs
- Community is aware of services available and gap is bridged for community dwelling elderly to have access to the services

**Filling in the Plan**

**Resources**
- Hospital boards to implement collaboration
- Local home health needs in both communities and those who would manage the coordination
- Rural health nurse based out of clinics?
- People to coordinate
- Already available transportation services and those who can handle elderly needs when on outings (drivers, etc.)
- Team to reach out to established services and create connection and create community awareness
- Money for employing, supplies, printed material, web-based resources

**Activities**
- Establish the action team members with wide variety of expertise for services already in place
- Create database of local resources
- Send out newsletters
- Hospital Web pages with the database
Kansas Rural Health Works
Action Planning Worksheet

This worksheet is intended to help Rural Health Works program participants build an effective action plan for improving conditions in the community.

**Getting Started**
To start, we need to articulate the change we would like to see take place. To do so, we need to recognize the *existing situation* we believe can be improved. Consideration of the many data and information resources generated through the program can bolster the case for needed action. We can't accomplish everything at once, so we need a *sense of priority* about what we should do now rather than later. Finally, we need to articulate the goal or *intended outcome* we would like to see achieved.

What's the **Situation** you'd like to see changed? What are the needs or problems to be addressed?
____________________________________________________________________________
____________________________________________________________________________
What should the **Priorities** for attention, effort, and investment be? What are the most important things that need to be done to address the situation?
1st: _________________________________________________________________________
2nd: ________________________________________________________________________
3rd: ________________________________________________________________________

What are the **Intended Outcomes** you'd like to see achieved? What will be the situation or condition when the goal has been achieved?
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

**Filling in the Plan**
Now that we've established what we would like to achieve, we need to figure out how to do it. We can create an effective action plan by carefully considering what resources we **need to invest** into the effort, what **activities** we need to do to make progress, **who** we need to reach and involve, identify the **milestones** we'll need to see in order to know we're making progress, and, finally, the **ultimate impact** we would like to see achieved.
What **Resources** are needed to take action? Who's available to work on the problem? How much time will it take? Is money or other resources needed? Who can we partner with to make progress?

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

What **Activities** need to take place? Do we need to conduct regular meetings? Do we need to have special public meetings or events? Do products or information resources need to be developed? How should the media be involved? How do we foster needed partnerships and alliances?

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

Who needs to **Participate** in order to make progress? Who are we trying to reach and influence? Who are the targets of our effort? Who needs to be involved?

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

What are the **Short-Term Results** (6-12 months) you'd like to see? What would we like people to learn? What are the changes in awareness, knowledge, attitudes, or skills we'd like to see people exhibit? How will we measure this?

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

What are the **Intermediate-Term Results** (1-2-3 years) you'd like to see? What are the behaviors, actions, decisions, or policies we'd like to see in place? How will we measure this?

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

What is the desired **Ultimate Impact** (long-term) on the community? What are the social, economic, or other conditions we'd like to see in place in order to effect the kind of change we would be desired? How will we measure this?

____________________________________________________________________________

____________________________________________________________________________
### Clark County Rural Health Works Program
#### Steering Committee Participants
7-Feb-12

<table>
<thead>
<tr>
<th>Name</th>
<th>Affiliation</th>
<th>Community</th>
<th>Email</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Georgeann Lang</td>
<td>Board Member</td>
<td>Ashland Health Center</td>
<td><a href="mailto:bglang@ucom.net">bglang@ucom.net</a></td>
<td>620-227-7209</td>
</tr>
<tr>
<td>Julie Pinkerten</td>
<td>Executive Director</td>
<td>Hospice of the Prairie &amp; Prairie Home Health</td>
<td><a href="mailto:exec@hospiceoftheprairie.com">exec@hospiceoftheprairie.com</a></td>
<td>620-338-2189</td>
</tr>
<tr>
<td>Mark Walker</td>
<td>Superintendent</td>
<td>Minneola USD 219</td>
<td><a href="mailto:mwalker@usd219.org">mwalker@usd219.org</a></td>
<td>620-338-2189</td>
</tr>
<tr>
<td>Brandon Haynes</td>
<td>High School Principle Minneola</td>
<td>Ashland Health Center</td>
<td><a href="mailto:bhaynes@usd219.org">bhaynes@usd219.org</a></td>
<td>620-635-0402</td>
</tr>
<tr>
<td>Steven Elmore</td>
<td>Hospital Board Member</td>
<td>United Wireless- Telecommunication</td>
<td><a href="mailto:stevee@unitedtelcom.net">stevee@unitedtelcom.net</a></td>
<td>620-789-6900</td>
</tr>
<tr>
<td>Jon Bigler</td>
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<td><a href="mailto:ibigler@ashlandhc.org">ibigler@ashlandhc.org</a></td>
<td>620-635-0725</td>
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<tr>
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<td><a href="mailto:dshuman@ashlandhc.org">dshuman@ashlandhc.org</a></td>
<td>620-635-2207</td>
</tr>
<tr>
<td>John Humphreys</td>
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<td>Home Lumber &amp; Supply Co</td>
<td><a href="mailto:jhumphreys@homelumber.com">jhumphreys@homelumber.com</a></td>
<td>620-885-4587</td>
</tr>
<tr>
<td>Gail Norton</td>
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<td><a href="mailto:gorton@unitedwireless.com">gorton@unitedwireless.com</a></td>
<td>620-885-4564</td>
</tr>
<tr>
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<td><a href="mailto:amandias@minneolahcarchcare.com">amandias@minneolahcarchcare.com</a></td>
<td>620-885-4564</td>
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<tr>
<td>Debbie Buckley</td>
<td>Co-Manager Minneola Grocery &amp;</td>
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<td><a href="mailto:debbieb@minneolahcarchcare.com">debbieb@minneolahcarchcare.com</a></td>
<td>620-885-4564</td>
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<tr>
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<td><a href="mailto:market.hometown@yahoo.com">market.hometown@yahoo.com</a></td>
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<tr>
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<td>Ashland Health Center</td>
<td><a href="mailto:eharmon@ashlandhc.org">eharmon@ashlandhc.org</a></td>
<td>620-635-2311</td>
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**29**
### Steering Committee Participants  
**28-Feb-12**

<table>
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<tr>
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<td>Millie Fudge</td>
<td>Director</td>
<td>Clark County EMS</td>
<td>Clark County</td>
<td><a href="mailto:shuni@ucom.net">shuni@ucom.net</a></td>
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<td>Clark County</td>
<td>Minneola</td>
<td><a href="mailto:carolyn.67855@yahoo.com">carolyn.67855@yahoo.com</a></td>
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<td><a href="mailto:bhaynes@usd219.org">bhaynes@usd219.org</a></td>
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### Steering Committee Participants  
**7-Mar-13**

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**Note:** The phone numbers and emails provided may have been outdated by the time of this document's printing. For the most current information, please refer to the official websites or contact the relevant parties directly.
### Basis for the Organization of the Clark County Community Health Needs Assessment

#### Share of Inpatient Discharges from Clark Count Zip Code, 2011

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Zip</th>
<th>City</th>
<th>State</th>
<th>COUNTY</th>
<th>Percentages</th>
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</thead>
<tbody>
<tr>
<td>Ashland Health Center - KS</td>
<td>67831</td>
<td>ASHLAND</td>
<td>KS</td>
<td>CLARK</td>
<td>79.7%</td>
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<tr>
<td>Ashland Health Center - KS</td>
<td>67127</td>
<td>PROTECTION</td>
<td>KS</td>
<td>COMANCHE</td>
<td>7.8%</td>
</tr>
<tr>
<td>Ashland Health Center - KS</td>
<td>67840</td>
<td>ENGLEWOOD</td>
<td>KS</td>
<td>CLARK</td>
<td>7.8%</td>
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<tr>
<td>Ashland Health Center - KS</td>
<td>OTHER</td>
<td>OTHER</td>
<td>KS</td>
<td>OTHER</td>
<td>4.7%</td>
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</tbody>
</table>

Clark County Share: 87.5%

#### Share of Inpatient Discharges from Clark Count Zip Code, 2011

<table>
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<td>Minneola District Hospital - KS</td>
<td>67865</td>
<td>MINNEOLA</td>
<td>KS</td>
<td>CLARK</td>
<td>36.7%</td>
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<tr>
<td>Minneola District Hospital - KS</td>
<td>67844</td>
<td>FOWLER</td>
<td>KS</td>
<td>MEADE</td>
<td>15.0%</td>
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<tr>
<td>Minneola District Hospital - KS</td>
<td>67834</td>
<td>BUCKLIN</td>
<td>KS</td>
<td>FORD</td>
<td>13.4%</td>
</tr>
<tr>
<td>Minneola District Hospital - KS</td>
<td>67864</td>
<td>MEADE</td>
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<td>MEADE</td>
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<td>Minneola District Hospital - KS</td>
<td>67831</td>
<td>ASHLAND</td>
<td>KS</td>
<td>CLARK</td>
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<tr>
<td>Minneola District Hospital - KS</td>
<td>67801</td>
<td>DODGE CITY</td>
<td>KS</td>
<td>FORD</td>
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<tr>
<td>Minneola District Hospital - KS</td>
<td>67842</td>
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<td>FORD</td>
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<td>Minneola District Hospital - KS</td>
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Clark County Share: 44.1%
Clark County Local Healthcare Issues

Themes:
Promote health and wellness/chronic disease prevention
Condition of aging medical facilities
Accessing mental health assistance/better training for public service providers/overcoming perceptions and stigma of mental health
Community-based assistance for the elderly, including public transportation within and out of county
Communication/collaboration/coordination across health care providers and with other major institutions
Accessing/coordinating with specialty assistance, including dental and eye doctor

What are the major health-related concerns in Clark County?
Age and condition of medical facilities (3)
Senior support services, especially public transportation
Collaboration between major providers
Overcoming the stigma of mental health
Chronic health conditions
Access to a greater variety of specialists
Doctors-not enough-takes several days to get in to see one
Keeping quality doctors
Cancer treatment availability instead of driving 80 miles
Diabetes follow up care
Well-baby follow through
Access to mental health services (9)
Access to healthcare services that allows the elderly to remain in the community (LTC and for private home)
Stability of providers
Access and coordination with specialized services
Countywide duplication of services perhaps bringing public funds from other important users
Providing the types of services needed by the residents
Quality and scope of care
Dental access (5)
Preventative health
Fragmented care due to need to access specialty care outside community
Obesity (2)
Allergies, asthma, cancer, diabetes, stroke awareness, cardiac (2)
Financial-We need more positive, bottom-line for access to update technology, training, to be able to meet regulations and to keep doors open
Cancer
Aging population
Having the adequate staff and resources to meet needs, especially with aging population
Need for quicker turn around in test results
Community is aging
Lack of health insurance
Low income and all that goes with it
Specialty care-have to drive long distances
Are not enough senior support services for community members
Transportation for elderly in community to go out of town to specialists
Uninsured into emergency rooms
Qualified nursing staff
Available female physicians
Chronic healthcare issues: diabetes, and heart disease
Heart health
Poor turnout for well-child checks
Lack of collaboration between various healthcare partners
Access to healthcare-physical, mental health, specialty services (requires a lot of people to get these out of town)
0-3 year old preventative interventions (including families and moms in distress during pregnancy
Home health services (2)
Pediatric wellness
Increased access to OB
Tele-health services
Audiology
Vision services

What needs to be done to improve the local healthcare system?
Educating people on their options and showing ways to be proactive rather than reactive
Continue to support/help local healthcare providers in their efforts to bring new services to community and to use those services that already exist in the community
Better coordination between facilities to make the system as effective and efficient as possible
Prevention workshops
Improved collaboration between healthcare system and other community institutions-schools, government, law enforcement (3)
Strategic planning for the community; must include healthcare
Update healthcare facilities (8)
Access to healthcare
Need to provide more surgical services
Keeping procedures close to home benefits the patients-the patients families benefits local healthcare
Access to more locally supplied specialties
Independent living facilities - resident homes
Have more opportunities for specialized services
Education and communication
Staff understanding their purpose
Support groups
I think our healthcare system is pretty good even though it lacks some services such as dental
Encourage local healthcare entities to do skilled home health
Home community based services
Find a grant/funding to support senior transportation
Available county health nurse (more days/months)
School health nurses
Assisted living available
Home-health assistance
Encourage complimentary services between hospitals and public health department
Helping mental health of those working in healthcare for crisis situations that result in depression, etc.
More people/staffing to cover the area (social services, nursing, counselors, etc)
Dietary instruction in the community (high fructose corn syrup has been identified as the leading additive in snack foods which produces several side effects

What should be the over-arching health care goals of the community?
Improve healthcare and services
Preventative healthcare
Education on healthy lifestyles
Positive mental health
To provide immediate care and long range treatment to everyone (we have a large Hispanic population that we are just beginning to serve)
Citizens will have access to safe and effective healthcare within their community
To provide the best possible services given our demographic limitations at a cost that the community/county is able to afford and willingly
To provide as many solutions as economically possible
Provide health services that reach every person in the community
A community that is healthy and empowered, this is not just the responsibility of the healthcare entities but must be a community priority including fitness opportunities; healthy food choices
To provide as much quality healthcare to people by trying to bring in the outside resources; cardiologist, surgeon
Providing the best care possible at the most effective cost
Continued support
Having systems, programs and appropriate people in place to assure that all healthcare need can be met
All entities work together since there are so few to carry out the duties
Find/identify low income elderly in their homes to try and get support services in place before they get hospitalized for a catastrophic event
Help bridge the gap on accessibility of services outside of community
Assisted living-step between home and nursing home (critical access hospital)
Eliminating agency nursing
Maintaining excellent doctors and nursing staff
Providing necessary (needed) healthcare services to all community age groups
Mental health assistance with medical staff
Empowering community members to take responsibility for their health and the health of their families
One common mission, vision, set of values and goals for all healthcare partners
Overcoming access issues
Negative mental health stigma
Continue to improve collaboration between providers
Expanding availability of services/people in specialty fields
ADD in children and obesity in children and adults
Nutritional instruction such as issues related to high fructose corn syrup results in a healthier community

What are the greatest barriers to achieving health care goals?
Finances (7)
Health insurance costs-preferred provider status
Federal interference and forcing us to spend so much money (takes away from care of patients in the rural area)
Access to specialists
Federal healthcare law
Remoteness geographically, socially and culturally
Small labor market
Return on investment, limited resources
Public awareness
Noncompliance
Reluctance to change the status quo (fear of change and knowledge of how to change)
Ancillary support at hospitals
Location (2)
Recruitment and retention to rural areas (3)
Better reimbursement
Recruiting for providers to a rural setting
Resources such as money, specialists, quality mental health services
People know choices available
Lack of interest
Size of community
One person has many responsibilities-hard to achieve goals
Cost reimbursement for hospital is not conducive to offering expanded services to help our low income/frail elderly
Facility structure-outdated rooms and hospital has no space to house personnel to help promote community outreach
Availability of nursing staff and amount of monies spent to have agency nurses
Aging facilities (2)
Fear of change
Territorialism
Existing reimbursement
Absence of strong and active leadership
Access to resources
Mental health stigma
Poverty
Access to daily needs (grocery, pharmacy, community activities)
Housing availability to accommodate new people/services
Transportation
A healthy community results in a decrease in medical spending
The Importance of the Health Care Sector to the Economy of Clark County

Kansas Rural Health Options Project
December 2010

Jill Patry, Research Assistant
Katie Morris, Extension Assistant
John Leatherman, Director

In cooperation with:
Funding for this report provided by: Health Resources and Services Administration
The Economics of Rural Health Care

The organization and delivery of health care services have undergone rapid evolution in recent years. For many Americans, the cost of services and access to care are important issues. This certainly is true in many rural areas where communities have struggled to maintain affordable, quality health care systems. As economic forces and technical advances continue to change health care, it is more important than ever for rural community leaders and health care providers to work together to ensure affordable, sustainable health care systems.

In an effort to provide useful information resources to rural community and health care leaders, the Kansas Rural Health Options Project (KRHOP) has teamed with the Office of Local Government, a unit of the Department of Agricultural Economics and K-State Research and Extension, to develop this report as a component of the Kansas Rural Health Works program. KRHOP is a partnership of the Office of Local and Rural Health at the Kansas Department of Health and Environment, the Kansas Hospital Association, the Kansas Board of Emergency Medical Services and the Kansas Medical Society. KRHOP is dedicated to assuring quality health care delivery in rural Kansas through the promotion of collaborative systems of care. Kansas Rural Health Works is supported by a federal grant to KRHOP (No. 5 H54 RH 00009-03) from the Health Resources and Services Administration, Office of Rural Health Policy.

The purpose of this report is to provide information resources that may be used to communicate to community leaders and concerned citizens the relative importance of health care to the local economy.

Much of this information draws on the national Rural Health Works program sponsored by the Office of Rural Health Policy, an initiative led by Cooperative Extension Service specialists at Oklahoma State University. Many persons knowledgeable about the Kansas health care system also contributed to this report, including specialists at the Kansas Hospital Association, the Office of Local and Rural Health, and hospital administrators from across the state who cooperated in the development of these resources.

The Office of Local Government welcomes any questions, comments or suggestions about this report or any of their other services. Contact your county Extension office or:

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E-mail: jleather@ksu.edu
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The Economic Contribution of the Health Care Sector
In Clark County, Kansas

Introduction

The rapidly changing delivery of health services in rural counties has the potential to greatly impact the availability of health care services in the future. These changes include:

- Insufficient Medicare and Medicaid payments to hospitals and providers may force a reduction in the provision of health care services.
- Although Kansas rural health networks are already fairly strong, creation of provider networks may substantially change the delivery of, and access to, local health care services.
- Use of telemedicine could increase access to primary, consultative and specialty health care services at the county level.
- Development of critical access hospitals could help health care services remain in rural counties. Kansas currently has over 80 critical access hospitals.

As a result, the health care sector can have a large impact on the local economy. All of these changes make it imperative that decision makers in Clark County become proactive in maintaining high quality local health care services.

Health care facilities such as hospitals and nursing homes provide jobs and income to people in the community. As these employees spend their income in the community, a ripple spreads throughout the economy, creating additional jobs and income in other economic sectors. To help understand this important connection between the health sector and the local economy, this report will:

- Discuss the role of the health sector in rural development.
- Measure the employment, income, and retail sales impact of the health sector on the Clark County economy.

This report will not make any recommendations.
Health Care Changes and Their Effects on Rural Communities

The changes occurring in the health care sector have had a substantial impact on many rural communities. Many people have found it more difficult to get health care coverage, insurance premiums have increased, and rural health care providers have been reimbursed at rates less than their urban counterparts for doing the same work. Concurrently, changes in urban health systems have had impact on rural health care delivery with the result that some rural communities have lost their ability to make decisions about their local health care.

Rapid increases in health care costs have driven these changes. In 1990, a person spent an average of $2,239 (2008$) on health care expenditures. By 2008, health care expenditures rose to $3,486 per person. Additionally, the average person spent $1,415 (2008$) for insurance premiums and $824 on out-of-pocket expenses such as deductibles and co-payments in 1990. In 2008, those figures rose to $2,573 for insurance premiums and $913 for out-of-pocket expenses. Table 1 shows the trend of increasing health care expenses from 1970 through 2008. Because of the increases in the demand for and cost of health care, the major purchasers of health care services – employers and government (through Medicare, Medicaid and other programs) – must search for ways to slow the rapid growth in health care expenditures.

Table 1. United States Per Capita Health Expenditures

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<td>2008</td>
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Centers for Medicare & Medicaid Services; data are inflation adjusted to 2008 dollars
Typically, rural community residents pay little attention to their local health care system until it is needed. Consequently, many rural people have little idea of the overall importance of the health care sector to their community’s economy, such as the number of jobs it currently provides and its potential to provide more jobs. To ensure that health care services remain available locally, rural communities need to understand these economic relationships. First, rural communities need to learn about their own local health care needs and take stock of their local health care system. While the emphasis at the national level is on controlling costs and eliminating duplication and overcapacity in the system (de-licensing unused hospital beds, for example), the issues are very different in rural communities.

One of the issues that underlies differences between health care systems in rural and urban areas is demographics. In rural areas, there are proportionately more elderly, more children living in poverty, higher unemployment and lower incomes. Rural people report poorer health and have more chronic health conditions. Rural people are more likely to be uninsured and have fewer health services available in the town where they live. Finally, people in rural communities are more likely to derive part of their income from the health care industry (either directly or indirectly).

Another issue that underlies the differences between urban and rural health care is the structure of the systems. In general, there are fewer providers and hospitals in rural areas, and they operate on very thin profit margins. In fact, many rural hospitals operate at a loss, with too few patients to cover daily costs. Also, until recently, most rural health care systems had been locally operated and controlled.

Pressures outside of the health care system also come into play in rural communities, creating stresses not applicable to urban systems. Cyclical commodity prices cause a periodic farm financial crisis, undermining the financial viability of family farms and business, such as farm implement manufacturers and dealers. Businesses located in rural areas tend to be small, often do not provide health insurance, and are highly vulnerable to changing economic conditions. Although these stresses can lead to mental and physical health problems, many people do not seek help for their health problems. Some will say they have too little time to seek out health care services, especially if they are working two jobs to make ends meet. For others, the strong sense of pride and self-reliance inherent among rural people may preclude many from seeking care, especially if they cannot afford it.

What is the ultimate impact of these changes and stresses on rural communities? Will it be a net gain or net loss, or will it all balance out in the end?

On the positive side, urban-based specialists may set up periodic office hours in rural clinics, health centers and hospitals; an urgent care center may open; and air medivac helicopters and other emergency medical services may be strategically located in a rural community. These services, while provided by many urban health systems, are convenient for rural residents, and otherwise would not be available to rural communities.
On the negative side, ties with financially strong urban health care providers can be detrimental to rural providers if the rural providers lose decision-making ability. Rural providers may also find themselves aligned with an organization that does not share their mission and values, or the rural provider may be unable to meet the expectations of the larger provider.

Anecdotal evidence suggests that the downsides can be significant and potentially devastating for a rural community. In some instances, urban or other outside interests have purchased rural clinics and hospitals and then closed them because they did not provide sufficient profit. Employers have signed contracts with insurance plans that push patients to the city for their health care, bypassing local, more convenient services. Emergency medical service providers have changed their service areas or closed their doors. When urban health organizations encourage insured rural residents to spend their health care dollars in the city rather than to purchase equivalent services locally, it can have a significant negative economic impact and result in a loss of health dollars within the local community. In addition, out of town trips to obtain health care naturally offer opportunities to spend dollars out of town that may have been spent locally. These out-migrated dollars are missed opportunities and can significantly impact the local economic base.

Rural communities need to overcome inertia and take stock of local health care. Rural providers should be challenged to organize, whether through formal or informal mechanisms, so that they can compete with urban systems. In general, regional strategies will probably work better than local ones. Providers must be willing to take risks and coordinate services.

Well-positioned rural health systems can meet these challenges. Fragmentation is a big problem in health systems, but smaller, independent rural systems have more opportunity to create linkages. The scarce resources available to rural health services have engendered innovation and efficiencies as a matter of survival. Strong local leadership helps sustain these systems. Many rural health organizations are committed to fiscal accountability, expressed as quality health care at low cost. It should not be too difficult to remind rural residents of the long-term commitment these rural providers have made in the communities they serve. In time, rural providers need to offer sustainable health care services that best meet community need.

Success in meeting these challenges can be measured in terms of increased local services, more spending on locally-available health care, local control of health resources, negotiation of good reimbursement rates for providers, and high levels of community satisfaction with local health care.

If rural health providers do not act, they will face the prospect of losing jobs; rural communities could lose health care services; and everybody may lose local control of their health care.
**Health Services and Rural Development**

Though the connections between health care services and rural development are often overlooked, at least three primary areas of commonality exist. A strong health care system can help attract and maintain business and industry growth, attract and retain retirees, and also create jobs in the local area.

**Health Services and Community Industry**

Studies have found that quality of life factors play a dramatic role in business and industry location decisions. Health care services represent some of the most significant quality of life factors for at least three reasons. First, good health and education services are imperative to industrial and business leaders as they select a community for location. Employees and participating management may offer strong resistance if they are asked to move into a community with substandard or inconvenient health services. Secondly, when a business or industry makes a location decision, it wants to ensure that the local labor force will be productive, and a key productivity factor is good health. Thus, investments in health care services can be expected to yield dividends in the form of increased labor productivity. The third factor that business and industry consider in location decisions is cost of health care services. A 1990 site selection survey concluded that corporations looked carefully at health care costs, and sites that provided health care services at a low cost sometimes received priority. In fact, 17 percent of the respondents indicated that their companies used health care costs as a tie-breaking factor between comparable sites (Lyne, 1990).

**Health Services and Retirees**

A strong and convenient health care system is important to retirees, a special group of residents whose spending and purchasing can provide a significant source of income for the local economy. Many rural areas have environments (for example, moderate climate and outdoor activities) that enable them to attract and retain retirees. Retirees represent a substantial amount of spending, including the purchasing power associated with pensions, investments, Social Security, Medicare and other transfer payments. Additionally, middle and upper income retirees often have substantial net worth. Although the data are limited, several studies suggest health services may be a critical variable that influences the location decision of retirees. For example, one study found that four items were the best predictors of retirement locations: safety, recreational facilities, dwelling units, and health care. Another study found that nearly 60 percent of potential retirees said health services were in the “must have” category when considering a retirement community. Only protective services were mentioned more often than health services as a “must have” service.
Health Services and Job Growth

Job creation represents an important goal for most rural economic development programs. National employment in health care services increased 70 percent from 1990 to 2008. In rural areas, employment in health-related services often accounts for 10 to 15 percent of total employment. This reflects the fact that the hospital is often the second largest employer in a rural community (local government including schools typically being the largest employer).

Another important factor is the growth of the health sector. Health services, as a share of gross domestic product (GDP), has increased over time. In 1990, Americans spent $1.1 trillion on health care (2008$), which accounted for 12.3 percent of the GDP. In 2005, health care costs increased to $2.0 trillion, or 15.7 percent of the GDP. If current trends continue, projections indicate that Americans will spend 19.3 percent of GDP on health care by 2019. Capturing a share of this economic growth can only help a rural community.

Understanding Today’s Health Care Impacts and Tomorrow’s Health Care Needs

A strong health care system represents an important part of a community’s vitality and sustainability. Thus, a good understanding of the community’s health care system can help leaders and citizens fully appreciate the role and contributions of the health care system in maintaining community economic viability. In addition, a community should also examine the future health care needs of its residents in order to position itself so that it can respond to those needs. This report is designed to provide the kind of information that a community can use to understand its health care system and some possible indicators of current and future health care needs of its residents. The report begins with an examination of demographic, economic and health indicators and culminates with an illustration of the full economic impact of the health care sector in the county’s economy.
Clark County Demographic Data

Table 2 presents population trends for Clark County. In 2010, an estimated 2,102 people live in the county. Between 1990 and 2010, the population decreased 13.1 percent and also decreased 11.9 percent between 2000 and 2010. Population projections indicate that 2,090 people will live in the county by 2015. The state of Kansas population increased 8.5 percent between 1990 and 2000 and an additional 5.5 percent through 2010.

Table 2. Current Population, Population Change and Projections

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U.S. Census Bureau; population projections from Woods and Poole Economics, Inc.

Figure 1. Population by Age and Gender

![Figure 1. Population by Age and Gender](image)

U.S. Census Bureau

Figure 1 shows a breakdown of the population by age and by gender. Here, people aged 19 and younger made up the largest portion of the population, with 27.0 percent. People aged 65 and older represented 20.6 percent of the population. Of those 65 and older, 42.8 percent were male and 57.2 percent were female. Age range can indicate the future health care needs of a county’s population. A growing population of older adults has a different set of health care needs than a population with more young people.
Race can also play a role in assessing the health needs of the community. In the case of Hispanic immigrants, lack of English speaking skills may prevent them from using health care services within the county or from using health care services at all. Figure 2 shows the racial and ethnic composition of the county. Whites made up 92.5 percent of the county’s population, while Native Americans represented 1.0 percent, African Americans made up 0.3 percent, Asians were 0.3 percent and Hispanics were 5.8 percent of the population. In Kansas, whites make up 80.5 percent of the population, Native Americans represent one percent, African Americans 6.3 percent, Asians 2.5 percent and Hispanics 9.6 percent.

Figure 2. Population by Race (2010)

Woods and Poole Economics, Inc. Native American includes American Indians and Alaska Natives; Asian or Pacific Islander includes Asian Americans, Native Hawaiians, Pacific Islanders; Hispanic population is persons of Hispanic origin regardless of race.

Economic Indicators

An important question for health care providers is how people will pay for services. In rural areas, the likelihood of poverty, lack of insurance and chronic health conditions increases. Additionally, rural areas tend to have higher numbers of elderly, for whom supplemental income becomes a proportionally larger source of income. Such supplemental income comes in the form of transfer payments such as Social Security and other retirement benefits, disability, medical payments like Medicare and Medicaid, unemployment insurance, and veterans’ benefits. The elderly, major consumers of health care services, receive much of this income, and a large portion of this assistance is available only to those who make the effort to apply. In order to maximize the income resources available in the county, one strategy is to ensure that every person receives all of the financial assistance from broader levels of government for which they are eligible.
Figure 3. Total Per Capita Personal Income (2008$)

Bureau of Economic Analysis; data are inflation adjusted to 2008 dollars.

Figure 3 shows the change in total per capita personal income, adjusted for inflation from 2005 through 2008. Per capita personal income has increased in Kansas and the United States. In Clark County, personal income has increased from $33,079 in 2005 to $35,200 in 2008.

Figure 4. Transfer Income as a Percent of Total Income (2008$)

Bureau of Economic Analysis; data are inflation adjusted to 2008.

Figure 4 shows how the relative proportion of transfer income to total income has changed during the same four years. In the U.S., transfer payments have increased as a percentage of total income by 6.6 percent, while transfer payments in Kansas have increased by 2.5 percent. In the county, the proportion of income stemming from transfer payments has increased from 19.7 percent in 2005 to 22.3 in 2008.
Table 3 shows personal income data by source for Clark County, Kansas and the nation. Within the county, 56.7 percent of all earnings come from wages and salaries, compared to 69.4 percent in Kansas and 71.6 percent for the entire United States. Retirement and disability make up 42.4 percent of transfer payments in the county, with another 44.5 percent coming from medical payments. In Kansas, 39.0 percent of all transfers come from retirement and disability, while medical payments represent 42.2 percent. For the U.S., medical payments make up the largest portion of transfers at 44.0 percent.

Table 3. 2008 Personal Income Data

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<th>Source</th>
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</tr>
<tr>
<td>Medical Payments</td>
<td>$7,371,000</td>
<td>$3,497</td>
<td>44.5</td>
<td>42.2</td>
<td>44.0</td>
</tr>
<tr>
<td>Other</td>
<td>$2,166,000</td>
<td>$1,028</td>
<td>13.1</td>
<td>18.7</td>
<td>21.9</td>
</tr>
<tr>
<td>Total Transfer Payments</td>
<td>$16,561,000</td>
<td>$7,856</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
</tr>
<tr>
<td><strong>Personal Income</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Earnings by Place of Residence</td>
<td>$43,656,000</td>
<td>$20,710</td>
<td>59.7</td>
<td>68.8</td>
<td>66.6</td>
</tr>
<tr>
<td>Dividends, Interest, and Rent</td>
<td>$12,964,000</td>
<td>$6,150</td>
<td>17.7</td>
<td>17.0</td>
<td>18.0</td>
</tr>
<tr>
<td>Transfer Payments</td>
<td>$16,561,000</td>
<td>$7,856</td>
<td>22.6</td>
<td>14.3</td>
<td>15.3</td>
</tr>
<tr>
<td>Total Personal Income</td>
<td>$73,181,000</td>
<td>$34,716</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Bureau of Economic Analysis
Per capita estimates based on 2009 Woods and Poole Economics, Inc. estimates.
Due to rounding error, numbers may not sum to match total.
Health Indicators and Health Sector Statistics

The following health indicators and statistics provide information from which communities may infer several things about local health care needs. While some items provide an indication of need by type of service, other items suggest the amount and source of resources available to pay for health services. Health care planners can use this information to arrange for necessary services and anticipate the administrative requirements needed to support such services.

Table 4. Health Services, Medicare, and Medicaid Funded Programs

<table>
<thead>
<tr>
<th>Health Services</th>
<th>County Number</th>
<th>County Percent/Rate</th>
<th>State Percent/Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospitals (2009)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number¹</td>
<td>2</td>
<td>1.0</td>
<td>0.1</td>
</tr>
<tr>
<td>Number of beds¹</td>
<td>30</td>
<td>14.4</td>
<td>4.1</td>
</tr>
<tr>
<td>Admissions per bed¹</td>
<td>27</td>
<td>12.9</td>
<td>0.01</td>
</tr>
<tr>
<td>Adult Care Homes (2009)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number²</td>
<td>0</td>
<td>0.0</td>
<td>0.8</td>
</tr>
<tr>
<td>Number of beds²</td>
<td>0</td>
<td>0.0</td>
<td>56.2</td>
</tr>
<tr>
<td>Assisted Living Facilities (2009)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number²</td>
<td>0</td>
<td>0.0</td>
<td>0.7</td>
</tr>
<tr>
<td>Number of beds²</td>
<td>0</td>
<td>0.0</td>
<td>29.6</td>
</tr>
<tr>
<td>Medicare (2007)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Elligibles³,⁴</td>
<td>507</td>
<td>24.3</td>
<td>14.8</td>
</tr>
<tr>
<td>Medicaid Funded Programs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Food Stamp Beneficiaries (2009)⁴</td>
<td>113</td>
<td>5.4</td>
<td>7.4</td>
</tr>
<tr>
<td>Temporary Assistance for Families (FY 2009)⁴</td>
<td>9</td>
<td>0.4</td>
<td>1.1</td>
</tr>
</tbody>
</table>

Kansas Hospital Association; Kansas Department on Aging; Kansas Department of Social and Rehabilitative Services; Center for Medicare and Medicaid Services

¹Rate per 1,000 population.
²Number of beds per 1,000 people 65 years and older.
³Annual average number of original Medicare eligibles—individuals who are either currently or formerly entitled or enrolled in either part A or part B original Medicare.
⁴Percent of total 2007 estimated population.

Table 4 shows the availability of certain types of health services in Clark County as well as usage of some health care-related government programs. The county has 30 available hospital beds, with a rate of 12.9 admissions per bed per 1,000 people. Additionally, the county has 0 adult care home beds, and 0 assisted living beds. Medicare users make up 24.3 percent of the county’s total population and 5.4 percent of the county’s population receive food stamp benefits.
Table 5. Maternity and Children’s Health Statistics

<table>
<thead>
<tr>
<th></th>
<th>County Number</th>
<th>County Percent/Rate</th>
<th>State Percent/Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poverty (2008)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Persons in Poverty¹</td>
<td>254</td>
<td>12.4</td>
<td>11.3</td>
</tr>
<tr>
<td>Children in Poverty²</td>
<td>86</td>
<td>18.7</td>
<td>14.6</td>
</tr>
<tr>
<td>Total Births³ (2008)</td>
<td>26</td>
<td>12.3</td>
<td>14.9</td>
</tr>
<tr>
<td>Births to Mothers without High-School Diploma⁴ (2007)</td>
<td>N/A</td>
<td>25.0</td>
<td>18.2</td>
</tr>
<tr>
<td>Births with Adequate Prenatal Care³ (2008)</td>
<td>23</td>
<td>88.5</td>
<td>77.6</td>
</tr>
<tr>
<td>Low Weight Births⁵ (2007)</td>
<td>N/A</td>
<td>3.6</td>
<td>7.1</td>
</tr>
<tr>
<td>Immunization⁶ (2007)</td>
<td>N/A</td>
<td>44.0</td>
<td>58.0</td>
</tr>
<tr>
<td>Infant Mortality⁷ (2008)</td>
<td>0</td>
<td>0.0</td>
<td>7.4</td>
</tr>
<tr>
<td>Child Deaths⁸ (2008)</td>
<td>0</td>
<td>0.0</td>
<td>1.7</td>
</tr>
<tr>
<td>Child Care Subsidies⁹ (2008)</td>
<td>2</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

U.S. Census Bureau; 2008 Kansas Kids Count Data Book, Kansas Department of Health and Environment

¹ Percent of total population.
² Percent of children younger than 18 years in families below poverty level.
³ Percent of live births to all mothers who received adequate or better prenatal care.
⁴ Rate of live births per thousand females.
⁵ Percent of live births in a calendar year.
⁶ Percent of total kindergarteners who received all immunizations by age two.
⁷ Number of infant deaths younger than one year per thousand live births.
⁸ Number of deaths from all causes per 100,000 children ages 1-14.
⁹ Average monthly number of children participating in the Kansas Child Care Assistance program.

Table 5 gives information which can indicate the situation for young children and mothers. Within the county, 18.7 percent of children live in poverty, while 14.6 percent of children statewide live in poverty. Births to school age mothers occurred at a rate of 25.0 births per thousand teenage females, while school age mothers gave birth at a rate of 18.2 births per thousand teens statewide. Low weight births occurred in 3.6 percent of all live births in the county, while statewide low weight births occurred in 7.1 percent of all live births.
The Economic Impact of the Health Care Sector  
An Overview of the Clark County Economy, Highlighting Health Care

Table 6 presents employment, income and sales data for Clark County for 2008. Health care income and sales data were estimated using state average data. Data for all other economic sectors come from various government statistics and published data sources.

The table aggregates the economic sectors into broad categories, and the employment numbers indicate “average” jobs in each sector, including full- and part-time employment. Labor income represents local wages and proprietary income. Total income is the broadest measure of income generated within the local economy, and includes labor income plus dividend, interest, rents, corporate profits, etc.

Table 6. Direct Employment, Income and Sales by Economic Sector and Health Services Relative Shares Compared to the State and U.S., 2008 ($thousands)

<table>
<thead>
<tr>
<th>Sector</th>
<th>Employment</th>
<th>Labor Income</th>
<th>Total Income</th>
<th>Total Sales</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agriculture</td>
<td>571</td>
<td>$13,259</td>
<td>$26,162</td>
<td>$93,024</td>
</tr>
<tr>
<td>Mining</td>
<td>42</td>
<td>$3,304</td>
<td>$8,557</td>
<td>$16,040</td>
</tr>
<tr>
<td>Construction</td>
<td>30</td>
<td>$796</td>
<td>$871</td>
<td>$3,149</td>
</tr>
<tr>
<td>Manufacturing</td>
<td>25</td>
<td>$43,815</td>
<td>$73,594</td>
<td>$182,906</td>
</tr>
<tr>
<td>Transportation, Information, Public Utilities</td>
<td>37</td>
<td>$590</td>
<td>$840</td>
<td>$2,223</td>
</tr>
<tr>
<td>Trade</td>
<td>126</td>
<td>$2,303</td>
<td>$3,783</td>
<td>$5,734</td>
</tr>
<tr>
<td>Services</td>
<td>1,191</td>
<td>$40,182</td>
<td>$54,219</td>
<td>$103,085</td>
</tr>
<tr>
<td>Health Services&lt;sup&gt;1&lt;/sup&gt;</td>
<td>315</td>
<td>$15,808</td>
<td>$17,185</td>
<td>$31,943</td>
</tr>
<tr>
<td>Health and Personal Care Stores</td>
<td>16</td>
<td>$512</td>
<td>$802</td>
<td>$1,103</td>
</tr>
<tr>
<td>Veterinary Services</td>
<td>13</td>
<td>$455</td>
<td>$497</td>
<td>$1,039</td>
</tr>
<tr>
<td>Home Health Care Services</td>
<td>0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Doctors and Dentists</td>
<td>63</td>
<td>$3,250</td>
<td>$3,714</td>
<td>$5,713</td>
</tr>
<tr>
<td>Other Ambulatory Health Care</td>
<td>0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Hospitals</td>
<td>223</td>
<td>$11,591</td>
<td>$12,172</td>
<td>$24,089</td>
</tr>
<tr>
<td>Nursing/Residential Care Facilities</td>
<td>0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Government</td>
<td>509</td>
<td>$18,575</td>
<td>$21,296</td>
<td>$25,094</td>
</tr>
<tr>
<td>Total</td>
<td>2,531</td>
<td>$122,823</td>
<td>$189,323</td>
<td>$431,256</td>
</tr>
</tbody>
</table>

Health Services as a Percent of Total

<table>
<thead>
<tr>
<th>Sector</th>
<th>County</th>
<th>State</th>
<th>Nation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>12.5</td>
<td>8.7</td>
<td>8.1</td>
</tr>
<tr>
<td></td>
<td>12.9</td>
<td>8.1</td>
<td>8.4</td>
</tr>
<tr>
<td></td>
<td>9.1</td>
<td>6.0</td>
<td>6.4</td>
</tr>
<tr>
<td></td>
<td>7.4</td>
<td>4.4</td>
<td>5.3</td>
</tr>
</tbody>
</table>

Minnesota IMPLAN Group; Due to rounding error, numbers may not sum to match total.

<sup>1</sup>In some Kansas counties, various health services are consolidated within a single entity in the classification system shown here. In such cases, it may not be possible to break apart employment, income or sales information. If you have questions regarding the organization of health care services in your county, contact your local hospital administrator.
Health services are separated from the service and retail trade sectors but not double counted in the totals. The numbers for each sector include not only the professionals in the sector (the doctors, dentists, etc.) but also support staff (assistants, clerks, receptionists, etc.) employed by the business. In the health sector, the Health and Personal Care stores category includes pharmacies, while the Doctors and Dentists category includes chiropractors, optometrists, and other health care practitioners. Other Ambulatory Health Care Services includes services such as medical and diagnostic labs and outpatient care centers.

Health Services employs 315 people, 12.5 percent of all job holders in the county. Health Services for the state of Kansas employs 8.7 percent of all job holders, while 8.1 percent of all job holders in the United States work in Health Services. Health Services in the county has a number 4 ranking in terms of employment (Figure 5). Health Services is number 4 among payers of wages to employees (Figure 6) and number 5 in terms of total income (Figure 7). As with most rural areas, the health sector plays an important role in the economy.

Figure 5. Employment by Sector (2008)
**Figure 6. Labor Income by Sector (2008)**

- Agriculture: 11%
- Government: 15%
- Health Services: 13%
- Services: 20%
- Trade: 2%
- TIPU: 0%
- Mining: 3%
- Construction: 1%
- Manufacturing: 36%

Minnesota IMPLAN Group

**Figure 7. Total Income by Sector (2008)**

- Agriculture: 14%
- Government: 10%
- Health Services: 9%
- Services: 20%
- Trade: 2%
- TIPU: 0%
- Mining: 5%
- Construction: 0%
- Manufacturing: 39%

Minnesota IMPLAN Group
Health Sector Impact and Economic Multipliers

The previous section detailed the direct contributions of the Health Services sector within the Clark County economy, but the full impact of the sector goes beyond the number of people employed and the wages they receive. The employment and income levels in the health sector have a significant impact on employment and income throughout other industries in the market area. This secondary impact or “ripple effect” comes from local businesses buying and selling to each other and from area workers spending their income for household goods and services; the ripple effect spreads the economic impact of the health sector throughout the community economy.

As dollars are spent locally, they are, in turn, re-spent for other goods and services. Some of these goods are produced locally while others are imports (the portion of the dollar spent on imports leaves the community as leakage). This spending and re-spending occurs over multiple rounds until it is finally exhausted.

Graphically, we can illustrate the round-by-round relationships modeled as shown in Figure 8. The direct effect of spending is shown in the far left-hand side of the figure (the first bar (a)). For simplification, the direct effects of a $1.00 change in the level of spending plus the indirect effects spillover into other sectors and create an additional 66 cents of activity. In this example, the multiplier is 1.66. A variety of multipliers can be calculated using these analysis techniques.

Figure 8. Multipliers and the round-by-round impacts

![Diagram of multipliers and round-by-round impacts]

- Initial Impact: $1.00
  - .40
  - .16
  - .06
  - .03
  - .01
- Full Impact: $1.66

(a) Initial $1.00 of spending
(b) $0.60 leakage
(c) $0.40 respent locally
(d) $0.16 respent locally
(e) $0.10 leakage
(f) $0.06 respent
(g) $0.24 leakage
(h) $0.03 respent
(i) $0.03 leakage
(j) $0.02 leakage
(k) $0.01 respent
Tables 7 and 8 illustrate the ripple effect in the county. As an example, Table 7 shows that the hospital sector employs 223 people and has an employment multiplier of 1.35. This means that for each job created in the hospital sector, another 0.35 jobs are created in other businesses and industries in the county’s economy. The direct impact of the 223 hospital employees results in an indirect impact of 77 jobs (223 x 0.35 = 77) throughout all businesses and industries in the market area. Thus, the hospital sector employment had a total impact on area employment of 300 jobs (223 x 1.35 = 300).

### Table 7. Health Sector Impact on Employment, 2008

<table>
<thead>
<tr>
<th>Health Sectors</th>
<th>Direct Employment</th>
<th>Economic Multiplier</th>
<th>Total Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health and Personal Care Stores</td>
<td>16</td>
<td>1.18</td>
<td>19</td>
</tr>
<tr>
<td>Veterinary Services</td>
<td>13</td>
<td>1.13</td>
<td>15</td>
</tr>
<tr>
<td>Home Health Care Services</td>
<td>0</td>
<td>0.00</td>
<td>0</td>
</tr>
<tr>
<td>Doctors and Dentists</td>
<td>63</td>
<td>1.14</td>
<td>72</td>
</tr>
<tr>
<td>Other Ambulatory Health Care</td>
<td>0</td>
<td>0.00</td>
<td>0</td>
</tr>
<tr>
<td>Hospitals</td>
<td>223</td>
<td>1.35</td>
<td>300</td>
</tr>
<tr>
<td>Nursing and Residential Care Facilities</td>
<td>0</td>
<td>0.00</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>315</strong></td>
<td><strong>406</strong></td>
<td></td>
</tr>
</tbody>
</table>

Note: Most data obtained from secondary sources; some data unavailable or extrapolated. Minnesota IMPLAN Group

Similarly, multiplier analysis can estimate the total impact of the estimated $12,172,000 direct income for hospital employees shown in Table 8. The hospital sector had an income multiplier of 1.15, which indicates that for every one dollar of income generated in the hospital sector, another $0.15 is generated in other businesses and industries in the county’s economy. Thus, the hospital sector had an estimated total impact on income throughout all businesses and industries of $13,947,000 ($12,172,000 x 1.15 = $13,947,000).

### Table 8. Health Sector Impact on Income and Retail Sales, 2008 ($thousands)

<table>
<thead>
<tr>
<th>Health Sectors</th>
<th>Direct Income</th>
<th>Economic Multiplier</th>
<th>Total Impact</th>
<th>Retail Sales</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health and Personal Care Stores</td>
<td>$802</td>
<td>1.12</td>
<td>$902</td>
<td>$222</td>
</tr>
<tr>
<td>Veterinary Services</td>
<td>$497</td>
<td>1.09</td>
<td>$541</td>
<td>$133</td>
</tr>
<tr>
<td>Home Health Care Services</td>
<td>$0</td>
<td>0.00</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Doctors and Dentists</td>
<td>$3,714</td>
<td>1.06</td>
<td>$3,950</td>
<td>$971</td>
</tr>
<tr>
<td>Other Ambulatory Health Care</td>
<td>$0</td>
<td>0.00</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Hospitals</td>
<td>$12,172</td>
<td>1.15</td>
<td>$13,947</td>
<td>$3,429</td>
</tr>
<tr>
<td>Nursing/Residential Care Facilities</td>
<td>$0</td>
<td>0.00</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$17,185</strong></td>
<td><strong>$19,340</strong></td>
<td><strong>$4,754</strong></td>
<td></td>
</tr>
</tbody>
</table>

Note: Most data obtained from secondary sources; some data unavailable or extrapolated. Minnesota IMPLAN Group
In this manner, the total employment and income impacts of all the health services sectors can be estimated. In Table 7, the total employment impact of the health services sector results in an estimated 406 jobs in the local economy. In Table 8, the total income impact of health services results in an estimated $19,340,000 for the economy.

The last column in Table 8 shows the retail sales that the health sector helps to generate. To estimate this, this study incorporates a retail sales capture ratio (retail sales to total personal income). Clark County had retail sales of $17,990,292 and $73,181,000 in total personal income. Thus, the estimated retail sales capture ratio equals 24.6 percent. Using this as the retail sales capture ratio for the county, this says that people spent 24.6 percent of their income on retail goods and services within the market. By taking all the household income associated with health sector activities and multiplying by the retail sales capture ratio, we can estimate the impacts of the health sector on area retail sales. Thus, the total retail sales generated by the retail sector equals $4,754,000 ($19,340,000 x 24.6% = $4,754,000). This is a conservative estimate, as this method does not consider the impact of any local purchases made by the health services businesses.
Summary and Conclusions

The Health Services sector of Clark County, Kansas, plays a large role in the area’s economy. Health Services represents one of the largest employers in the area and also serves as one of the largest contributors to income. Additionally, the health sector has indirect impacts on the local economy, creating additional jobs and income in other sectors. The health sector also contributes substantially to retail sales in the region. All of this demonstrates the importance of the health care sector to the local economy.

While the estimates of economic impact are themselves substantial, they are only a partial accounting of the benefits to the county. Health care industries in rural counties help to preserve the population base, invigorating the communities and school systems. Similarly, many hospitals and nursing care facilities have active community outreach programs that enhance community services and the quality of life for community residents.

A vigorous and sustainable health care system is essential not only for the health and welfare of community residents, but to enhance economic opportunity as well. Health-related sectors are among the fastest growing in economy. Given demographic trends, this growth is likely to continue. The attraction and retention of new business and retirees also depends on access to adequate health care services.

While industry trends related to health care are positive overall, many rural communities have significant challenges. The economics of health care are rapidly changing. As health care costs escalate and government funding becomes tighter, rural markets may become less attractive to many providers. This will lead to the continued restructuring of rural health care services in many areas.

If a community wants to maintain the benefits associated with accessible and affordable health care, it must actively work to meet these challenges. The challenges cannot be met by those directly responsible for health care administration alone. They require a community-wide response involving government, business and civic leaders, and they frequently incorporate outside assistance from professional resources providers, such as the Kansas Hospital Association, the Office of Local and Rural Health, the Kansas Department of Health and Environment, and others.

In meeting current and future challenges, health care and community leaders can engage in an ongoing process of strategic health planning. This is continuous effort to maintain and enhance the community’s health care situation. The strategic health planning process helps local communities identify their health care needs; examine the social, economic, and political realities affecting the local delivery of health care; determine what is wanted and what realistically can be achieved to meet their identified health care needs; and develop and mobilize an action plan based on their analysis and planning.
Strategic health planning involves cooperation among people and organizations to pursue common goals. The process is designed to answer three questions:

(1) Where is the community now?
(2) Where does the community want to go?
(3) How will the community get there?

For the strategic health planning process to be most effective, it must be based in the community and driven by the community. Local residents and their leaders must participate; a current knowledge of the health care industry is not necessary. This process is about local people solving local problems. The local hospital and health care providers should have input into the decision-making and should support and trust the outcomes, but, the community must provide the energy and commitment.
Selected References


Glossary of Terms

**Doctors and Dentists Sector**: includes physicians, dentists, chiropractors, optometrists, other health care professionals, and all support staff employed by these professionals.

**Employment**: annual average number of full and part-time jobs, including self-employed for a given economic sector.

**Employment Economic Multiplier**: indicates the total jobs in the economy closely tied, in this case, to one job in the health sector.

**Employee Compensation**: total payroll (wages, salaries and certain benefits) paid by local employers.

**Government Sector**: includes all federal, state and local government enterprises; federal, state and local electric utilities; state and local government passenger transit; state and local government education and non-education; and federal military and non-military.

**Gross Domestic Product (GDP)**: the total value of output of goods and services produced by labor and capital investment in the United States.

**Health and Personal Care Stores**: pharmacies.

**Income Economic Multiplier**: indicates total income generated in the economy due to one dollar of income, in this case, in the health sector.

**Indirect Business Taxes**: sales, excise fees, licenses and other taxes paid during normal operation. All payments to the government except for income taxes.

**Multipliers**: Its calculation is based on the structure of the local economy. All of the buying and selling relationships between businesses and consumers are charted in an economic transactions table. When a dollar is spent in one area of the economy, all of the economic interconnections are stimulated as the effect “ripples” to other areas of the economy. The effect is caused by businesses buying and selling goods or services to each other and by local labor who use their income to purchase household goods and services. Over successive rounds of spending and re-spending, the effect of the original dollar is multiplied to some new, larger level of activity. Eventually, the economic “leakages” associated with the purchase of imported goods and non-local taxes and investments causes the ripple effect to finally run out. Multipliers are derived through algebraic calculations of the economic transactions table of the local economy.

**Other Ambulatory Health Care Services**: medical and diagnostic labs and other outpatient care services and all of their employees.

**Other Property Income**: corporate income, rental income, interest and corporate transfer payments.
**Proprietor Income**: income from self-employment (farmers and business proprietors, for example).

**Personal Income**: income received by individuals from all sources (employment, Social Security, et cetera).

**Total Income**: employee compensation plus proprietor income plus other property income plus indirect business taxes.

**Total Sales**: total industry production for a given year (industry output).
Introduction

Kansas Rural Health Works (KRHW) is dedicated to helping rural communities build affordable and sustainable local health care systems. The Office of Local Government at K-State Research and Extension is supporting Community Health Needs Assessments. These needs assessments bring a broad-based group of community leaders together to assess local needs, establish priorities, and develop strategic action plans to improve the local health situation. This is an opportunity for the community to rally together to address high-priority local needs and to make the community a better place to live, work, and raise a family. No one can do it for us unless we do it ourselves. The resources presented here support that process. The opportunity is now.

Background Data Summary

Following are a variety of data and statistics about background demographic, economic and health conditions in Clark 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 Clark County boundaries.

- Between 1990 and 2010, the population decreased 13.1 percent in Clark County. Population decline is projected to moderate over the next decade.

- Persons aged 19 and younger made up the largest portion of the population, with 27.0 percent.

- Clark County is relatively more dependent on transfer income than the state or the nation. Retirement and disability make up 42.4 percent of transfer payments in the county, with another 44.5 percent coming from medical payments.

- Medicare users make up 24.3 percent of the county’s total population and 5.4 percent of the county’s population receive food stamp benefits.

- Within the county, 18.7 percent of children live in poverty, while 14.6 percent of children statewide live in poverty.
Clark County Rural Health Works

Table 1 presents population trends for Clark County. In 2010, an estimated 2,102 people live in the county. Between 1990 and 2010, the population decreased 13.1 percent and also decreased 11.9 percent between 2000 and 2010. Population projections indicate that 2,090 people will live in the county by 2015. The state of Kansas population increased 8.5 percent between 1990 and 2000 and an additional 5.5 percent through 2010.

<table>
<thead>
<tr>
<th>Current Population</th>
<th>Percent Change in Population</th>
<th>Population Projections</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year</td>
<td>Count</td>
<td>Years</td>
</tr>
<tr>
<td>1990</td>
<td>2,420</td>
<td>1990-2000</td>
</tr>
<tr>
<td>2000</td>
<td>2,387</td>
<td>2000-2010</td>
</tr>
<tr>
<td>2010</td>
<td>2,102</td>
<td>1990-2010</td>
</tr>
</tbody>
</table>

U.S. Census Bureau; population projections from Woods & Poole Economics, Inc.

Figure 1 shows a breakdown of the population by age and by gender. Here, people aged 19 and younger made up the largest portion of the population, with 27.0 percent. Of those aged 19 and younger, 55.1 percent were male and 44.9 percent were female. Age range can indicate the future health care needs of a county’s population. A growing population of older adults has a different set of health care needs than a population with more young people.
Clark County Rural Health Works

Race can also play a role in assessing the health needs of the community. In the case of Hispanic immigrants, lack of English speaking skills may prevent them from using health care services within the county or from using health care services at all. Figure 2 shows the racial and ethnic composition of the county. Whites made up 92.5 percent of the county’s population, while Native Americans represented 1.0 percent, African Americans made up 0.3 percent, Asians were 0.3 percent and Hispanics were 5.8 percent of the population. In Kansas, whites make up 80.5 percent of the population, Native Americans represent one percent, African Americans 6.3 percent, Asians 2.5 percent and Hispanics 9.6 percent.

![Figure 2. Population by Race (2010)](image)

Woods and Poole Economics, Inc. Native American includes American Indians and Alaska Natives; Asian or Pacific Islander includes Asian Americans, Native Hawaiians, Pacific Islanders; Hispanic population is persons of Hispanic origin regardless of race.

Economic Indicators

An important question for health care providers is how people will pay for services. In rural areas, the likelihood of poverty, lack of insurance and chronic health conditions increases. Additionally, rural areas tend to have higher numbers of elderly, for whom supplemental income becomes a proportionally larger source of income. Such supplemental income comes in the form of transfer payments such as Social Security and other retirement benefits, disability, medical payments like Medicare and Medicaid, unemployment insurance, and veterans’ benefits. The elderly, major consumers of health care services, receive much of this income, and a large portion of this assistance is available only to those who make the effort to apply. In order to maximize the income resources available in the county, one strategy is to ensure that every person receives all of the financial assistance from broader levels of government for which they are eligible.
Figure 3. Total Per Capita Personal Income (2008 $)

Figure 3 shows the change in total per capita personal income, adjusted for inflation from 2005 through 2008. Per capita personal income has increased in Kansas and the United States. In Clark County, personal income has increased from $33,079 in 2005 to $35,200 in 2008.

Figure 4. Transfer Income as a Percent of Total Income (2008 $)

Bureau of Economic Analysis; data are inflation adjusted to 2008.
Clark County Rural Health Works

Figure 4 shows how the relative proportion of transfer income to total income has changed during the same four years. In the U.S., transfer payments have increased as a percentage of total income by 6.6 percent, while transfer payments in Kansas have increased by 2.5 percent. In the county, the proportion of income stemming from transfer payments has increased from 19.7 percent in 2005 to 22.3 in 2008.

Table 2 shows personal income data by source for Clark County, Kansas and the nation. Within the county, 56.7 percent of all earnings come from wages and salaries, compared to 69.4 percent in Kansas and 71.6 percent for the entire United States. Retirement and disability make up 42.4 percent of transfer payments in the county, with another 44.5 percent coming from medical payments. In Kansas, 39.0 percent of all transfers come from retirement and disability, while medical payments represent 42.2 percent. For the U.S., medical payments make up the largest portion of transfers at 44.0 percent.

Table 2. 2008 Personal Income Data

<table>
<thead>
<tr>
<th>Source</th>
<th>County Total</th>
<th>County Per Capita</th>
<th>County Percent</th>
<th>State Percent</th>
<th>U.S. Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Earnings</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wages and Salaries</td>
<td>$24,962,000</td>
<td>$11,842</td>
<td>56.7</td>
<td>69.4</td>
<td>71.6</td>
</tr>
<tr>
<td>Other Labor Income</td>
<td>$7,124,000</td>
<td>$3,380</td>
<td>16.2</td>
<td>17.0</td>
<td>16.3</td>
</tr>
<tr>
<td>Proprietor's Income</td>
<td>$11,948,000</td>
<td>$5,668</td>
<td>27.1</td>
<td>13.6</td>
<td>12.1</td>
</tr>
<tr>
<td>Total Earnings</td>
<td>$44,034,000</td>
<td>$20,889</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
</tr>
<tr>
<td><strong>Transfer Payments</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Retirement and Disability</td>
<td>$7,024,000</td>
<td>$3,332</td>
<td>42.4</td>
<td>39.0</td>
<td>34.2</td>
</tr>
<tr>
<td>Medical Payments</td>
<td>$7,371,000</td>
<td>$3,497</td>
<td>44.5</td>
<td>42.2</td>
<td>44.0</td>
</tr>
<tr>
<td>Other</td>
<td>$2,166,000</td>
<td>$1,028</td>
<td>13.1</td>
<td>18.7</td>
<td>21.9</td>
</tr>
<tr>
<td>Total Transfer Payments</td>
<td>$16,561,000</td>
<td>$7,856</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
</tr>
<tr>
<td><strong>Personal Income</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Earnings by Place of Residence</td>
<td>$43,656,000</td>
<td>$20,710</td>
<td>59.7</td>
<td>68.8</td>
<td>66.6</td>
</tr>
<tr>
<td>Dividends, Interest, and Rent</td>
<td>$12,964,000</td>
<td>$6,150</td>
<td>17.7</td>
<td>17.0</td>
<td>18.0</td>
</tr>
<tr>
<td>Transfer Payments</td>
<td>$16,561,000</td>
<td>$7,856</td>
<td>22.6</td>
<td>14.3</td>
<td>15.3</td>
</tr>
<tr>
<td>Total Personal Income</td>
<td>$73,181,000</td>
<td>$34,716</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Bureau of Economic Analysis

Per capita estimates based on 2009 Woods and Poole Economics, Inc. estimates.
Due to rounding error, numbers may not sum to match total.
Health Indicators and Health Sector Statistics

The following health indicators and statistics provide information from which communities may infer several things about local health care needs. While some items provide an indication of need by type of service, other items suggest the amount and source of resources available to pay for health services. Health care planners can use this information to arrange for necessary services and anticipate the administrative requirements needed to support such services.

Table 3. Health Services, Medicare, and Medicaid Funded Programs

<table>
<thead>
<tr>
<th></th>
<th>County Number</th>
<th>County Percent/Rate</th>
<th>State Percent/Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospitals (2009)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number (^1)</td>
<td>2</td>
<td>1.0</td>
<td>0.1</td>
</tr>
<tr>
<td>Number of beds (^1)</td>
<td>30</td>
<td>14.4</td>
<td>4.1</td>
</tr>
<tr>
<td>Admissions per bed (^1)</td>
<td>27</td>
<td>12.9</td>
<td>0.01</td>
</tr>
<tr>
<td>Adult Care Homes (2009)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number (^2)</td>
<td>0</td>
<td>0.0</td>
<td>0.8</td>
</tr>
<tr>
<td>Number of beds (^2)</td>
<td>0</td>
<td>0.0</td>
<td>56.2</td>
</tr>
<tr>
<td>Assisted Living Facilities (2009)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number (^2)</td>
<td>0</td>
<td>0.0</td>
<td>0.7</td>
</tr>
<tr>
<td>Number of beds (^2)</td>
<td>0</td>
<td>0.0</td>
<td>29.6</td>
</tr>
<tr>
<td>Medicare (2007)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eligibles (^3,4)</td>
<td>507</td>
<td>24.3</td>
<td>14.8</td>
</tr>
<tr>
<td>Medicaid Funded Programs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Food Stamp Beneficiaries (2009) (^4)</td>
<td>113</td>
<td>5.4</td>
<td>7.4</td>
</tr>
<tr>
<td>Temporary Assistance for Families (FY 2009) (^4)</td>
<td>9</td>
<td>0.4</td>
<td>1.1</td>
</tr>
</tbody>
</table>

Kansas Hospital Association; Kansas Department on Aging; Kansas Department of Social and Rehabilitative Services; Center for Medicare and Medicaid Services

\(^1\)Rate per 1,000 population.

\(^2\)Number of beds per 1,000 people 65 years and older.

\(^3\)Annual average number of original Medicare eligibles—individuals who are either currently or formerly entitled or enrolled in either part A or part B original Medicare.

\(^4\)Percent of total 2007 estimated population.

Table 3 shows the availability of certain types of health services in Clark County as well as usage of some health care-related government programs. The county has 30 available hospital beds, with a rate of 12.9 admissions per bed per 1,000 people. Additionally, the county has 0 adult care home beds and 0 assisted living beds. Medicare users make up 24.3 percent of the county’s total population and 5.4 percent of the county’s population receive food stamp benefits.
Table 4. Maternity and Children’s Health Statistics

<table>
<thead>
<tr>
<th></th>
<th>County Number</th>
<th>County Percent/Rate</th>
<th>State Percent/Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poverty (2008)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Persons in Poverty¹</td>
<td>254</td>
<td>12.4</td>
<td>11.3</td>
</tr>
<tr>
<td>Children in Poverty²</td>
<td>86</td>
<td>18.7</td>
<td>14.6</td>
</tr>
<tr>
<td>Total Births³ (2008)</td>
<td>26</td>
<td>12.3</td>
<td>14.9</td>
</tr>
<tr>
<td>Births to Mothers without High-School Diploma⁴ (2007)</td>
<td>N/A</td>
<td>25.0</td>
<td>18.2</td>
</tr>
<tr>
<td>Births with Adequate Prenatal Care³ (2008)</td>
<td>23</td>
<td>88.5</td>
<td>77.6</td>
</tr>
<tr>
<td>Low Weight Births⁵ (2007)</td>
<td>N/A</td>
<td>3.6</td>
<td>7.1</td>
</tr>
<tr>
<td>Immunization⁶ (2007)</td>
<td>N/A</td>
<td>44.0</td>
<td>58.0</td>
</tr>
<tr>
<td>Infant Mortality⁷ (2008)</td>
<td>0</td>
<td>0</td>
<td>7.4</td>
</tr>
<tr>
<td>Child Deaths⁸ (2008)</td>
<td>0</td>
<td>0.00</td>
<td>1.7</td>
</tr>
<tr>
<td>Child Care Subsidies⁹ (2008)</td>
<td>2</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

U.S. Census Bureau; 2008 Kansas Kids Count Data Book, Kansas Department of Health and Environment

¹ Percent of total population.
² Percent of children younger than 18 years in families below poverty level.
³ Percent of live births to all mothers who received adequate or better prenatal care.
⁴ Rate of live births per thousand females.
⁵ Percent of live births in a calendar year.
⁶ Percent of total kindergarteners who received all immunizations by age two.
⁷ Number of infant deaths younger than one year per thousand live births.
⁸ Number of deaths from all causes per 100,000 children ages 1-14.
⁹ Average monthly number of children participating in the Kansas ChildCare Assistance program.

Table 4 gives information which can indicate the situation for young children and mothers. Within the county, 18.7 percent of children live in poverty, while 14.6 percent of children statewide live in poverty. Births to mothers without a high-school diploma occurred at a rate of 25.0 births per thousand teenage females, while mothers without a high-school diploma gave birth at a rate of 18.2 births per thousand teens statewide. Low weight births occurred in 3.6 percent of all live births in the county, while statewide low weight births occurred in 7.1 percent of all live births.

This information was prepared by the Office of Local Government, K-State Research and Extension. For questions or other information, call 785-532-2643.
Economic & Demographic Data

Introduction

Kansas Rural Health Works (KRHW) is dedicated to helping rural communities build affordable and sustainable local health care systems. The Office of Local Government at K-State Research and Extension is supporting Community Health Needs Assessments. These needs assessments bring a broad-based group of community leaders together to assess local needs, establish priorities, and develop strategic action plans to improve the local health situation. This is an opportunity for the community to rally together to address high-priority local needs and to make the community a better place to live, work, and raise a family. No one can do it for us unless we do it ourselves. The resources presented here support that process. The opportunity is now.

Economic Data Summary

Following are data and statistics about the economic and demographic characteristics of Clark 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 Clark County boundaries.

- Continuing a long-term trend, the total population of Clark County has declined by 8% since 2000.
- Persons 65 years and older make up about 21 percent of the population and are projected to increase as a share of the total population.
- The Hispanic population is a rapidly growing demographic group.
- Over 15% of households live on less than $15,000 income per year and 31% live on less than $25,000.
- In 2010, nearly $15 million in transfer income was paid to county residents, about 19.8% of total personal income.
- Within transfer income, government assistance such as Medicare, income maintenance, and veterans pension and disability benefits are growing strongly.
- Clark County has been on par with the state average in terms of the percentage of population living in poverty.
Typical of many rural counties in Kansas, county population has been in long-term decline, about 8 percent since 2000. The trend is expected to continue into the near-term future. The implications of this trend are that there are fewer people to make up local economic markets, fewer people to support local public services, and a thinner local labor market. All of these create greater challenges for businesses, local governments and communities.

The proportion of the population 65 years and older is among the fastest growing demographic groups even as the overall population declines. The oldest of the old, persons 85 years and older, are increasing to the greatest degree among the elderly, with women commonly outliving men. The implications of these trends are several: without a source of renewal from economic growth, the community will increasingly rely on an elderly, fixed income population base to support local services. Further, the proportion of the population with special health care needs, especially community and home health care assistance, will increase.

<table>
<thead>
<tr>
<th></th>
<th>65+ Years old</th>
<th>75+ Years old</th>
<th>85+ Years old</th>
</tr>
</thead>
<tbody>
<tr>
<td>65+ Years old</td>
<td>21.8%</td>
<td>521</td>
<td>21.3%</td>
</tr>
<tr>
<td>75+ Years old</td>
<td>12.2%</td>
<td>292</td>
<td>12.8%</td>
</tr>
<tr>
<td>85+ Years old</td>
<td>4.4%</td>
<td>104</td>
<td>4.7%</td>
</tr>
</tbody>
</table>

Claritas, Inc., 2012
Clark County Rural Health Works

Figure 2. Estimated Percent of Aging Population in the Clark Health Area

![Bar chart showing the estimated percent of aging population over the years 2000, 2012, and 2017.]

Claritas, Inc., 2012

Figure 3. Clark Health Area Population by Sex and Age, 2012

![Bar chart showing the population distribution by age and sex in 2012.]

Claritas, Inc., 2012
The racial composition of Clark County is somewhat less homogenous than many rural Kansas counties. Whites make up almost 92 percent of the population. One hundred eighty persons in Clark County identify themselves as non-white. It’s not uncommon for non-whites to have specific health care needs that are very different than the white population. As is the case almost everywhere, the Hispanic and Latino population is increasing as a share of the population.

### Table 2. 2012 Estimated Population by Single Race Classification

<table>
<thead>
<tr>
<th>Race</th>
<th>Population</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>White Alone</td>
<td>2,012</td>
<td>91.8%</td>
</tr>
<tr>
<td>Black or African American Alone</td>
<td>1</td>
<td>0.0%</td>
</tr>
<tr>
<td>American Indian and Alaska Native</td>
<td>14</td>
<td>0.6%</td>
</tr>
<tr>
<td>Native Hawaiian and Other Pacific</td>
<td>2</td>
<td>0.1%</td>
</tr>
<tr>
<td>Some Other Race Alone</td>
<td>72</td>
<td>3.3%</td>
</tr>
<tr>
<td>Two or More Races</td>
<td>72</td>
<td>3.3%</td>
</tr>
<tr>
<td>Total</td>
<td>2,192</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

Claritas, Inc., 2012

### Table 3. 2012 Estimated Population Hispanic or Latino by Origin

<table>
<thead>
<tr>
<th>Race</th>
<th>Population</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic or Latino</td>
<td>174</td>
<td>7.9%</td>
</tr>
<tr>
<td>Not Hispanic or Latino</td>
<td>2,018</td>
<td>92.1%</td>
</tr>
<tr>
<td>Total</td>
<td>2,192</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

Claritas, Inc., 2012

### Table 4. Clark Health Area Hispanic and Latino Population Projection

<table>
<thead>
<tr>
<th>Year</th>
<th>2000</th>
<th>2012</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Population</td>
<td>2,390</td>
<td>2,192</td>
<td>2,130</td>
</tr>
<tr>
<td>Hispanic and Latino Population</td>
<td>96</td>
<td>174</td>
<td>200</td>
</tr>
<tr>
<td>Percentage of Population</td>
<td>4.0%</td>
<td>7.9%</td>
<td>9.4%</td>
</tr>
</tbody>
</table>

Claritas, Inc., 2012
Clark County Rural Health Works

A relatively large proportion of the population 15 years and older is unmarried. About 63 percent of the adult population reported living as a married individual with a spouse present. Conversely, 24 percent reported no longer being married or their spouse was absent. Almost 8 percent are widowed. Many of these individuals probably live in some other cohabitation arrangement. Still, it raises a question about the number of people living alone. Within the context of community health care needs, people living alone face sometimes tremendous challenges should illness arise or injury occur. Most often, there are only informal support structures in place to assist such individuals in times of need.

<table>
<thead>
<tr>
<th>Table 5. 2012 Estimated Population Age 15+ by Marital Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Count</td>
</tr>
<tr>
<td>Total, Never Married</td>
</tr>
<tr>
<td>Married, Spouse present</td>
</tr>
<tr>
<td>Married, Spouse absent</td>
</tr>
<tr>
<td>Widowed</td>
</tr>
<tr>
<td>Divorced</td>
</tr>
<tr>
<td>Males, Never Married</td>
</tr>
<tr>
<td>Previously Married</td>
</tr>
<tr>
<td>Females, Never Married</td>
</tr>
<tr>
<td>Previously Married</td>
</tr>
</tbody>
</table>

Claritas, Inc., 2012

<table>
<thead>
<tr>
<th>Table 6. 2012 Estimated Population Age 25+ by Educational Attainment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Count</td>
</tr>
<tr>
<td>Less than 9th grade</td>
</tr>
<tr>
<td>Some High School, no diploma</td>
</tr>
<tr>
<td>High School Graduate (or GED)</td>
</tr>
<tr>
<td>Some College, no degree</td>
</tr>
<tr>
<td>Associate Degree</td>
</tr>
<tr>
<td>Bachelor's Degree</td>
</tr>
<tr>
<td>Master's Degree</td>
</tr>
<tr>
<td>Professional School Degree</td>
</tr>
<tr>
<td>Doctorate Degree</td>
</tr>
</tbody>
</table>

Claritas, Inc., 2012
The income and wealth resources of many Clark County residents are relatively modest. Thirty-one percent of households report an annual income of less than $25,000, and almost half of that group lives on less than $15,000 per year. As represented by housing values, the wealth resources of many individuals and households also is relatively modest. About 29 percent of the housing stock is valued at less than $40,000. The implications of such income and wealth characteristics in the context of increasing longevity and rising health care costs raises questions as to whether all who need it can afford health insurance and health care services.

Table 7. 2012 Estimated Households by Household Income

<table>
<thead>
<tr>
<th>Income Level</th>
<th>Count</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income Less than $15,000</td>
<td>139</td>
<td>15.1%</td>
</tr>
<tr>
<td>Income $15,000 - $24,999</td>
<td>146</td>
<td>15.9%</td>
</tr>
<tr>
<td>Income $25,000 - $34,999</td>
<td>142</td>
<td>15.5%</td>
</tr>
<tr>
<td>Income $35,000 - $49,999</td>
<td>165</td>
<td>18.0%</td>
</tr>
<tr>
<td>Income $50,000 - $74,999</td>
<td>191</td>
<td>20.8%</td>
</tr>
<tr>
<td>Income $75,000 - $99,999</td>
<td>60</td>
<td>6.5%</td>
</tr>
<tr>
<td>Income $100,000 - $149,999</td>
<td>28</td>
<td>3.1%</td>
</tr>
<tr>
<td>Income $150,000 - $199,999</td>
<td>14</td>
<td>1.5%</td>
</tr>
<tr>
<td>Income $200,000 - $499,999</td>
<td>17</td>
<td>1.9%</td>
</tr>
<tr>
<td>Income $500,000 or more</td>
<td>17</td>
<td>1.9%</td>
</tr>
<tr>
<td><strong>Total Estimated Households</strong></td>
<td><strong>919</strong></td>
<td><strong>100.0%</strong></td>
</tr>
</tbody>
</table>

Estimated Average Household Income: $49,989
Estimated Median Household Income: $37,955
Estimated Per Capita Income: $21,410

Claritas, Inc., 2012

Table 8. 2012 Estimated All Owner-Occupied Housing Values

<table>
<thead>
<tr>
<th>Housing Value Range</th>
<th>Count</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Value Less than $20,000</td>
<td>75</td>
<td>10.6%</td>
</tr>
<tr>
<td>Value $20,000 - $39,999</td>
<td>132</td>
<td>18.7%</td>
</tr>
<tr>
<td>Value $40,000 - $59,999</td>
<td>130</td>
<td>18.4%</td>
</tr>
<tr>
<td>Value $60,000 - $79,999</td>
<td>104</td>
<td>14.8%</td>
</tr>
<tr>
<td>Value $80,000 - $99,999</td>
<td>73</td>
<td>10.4%</td>
</tr>
<tr>
<td>Value $100,000 - $149,999</td>
<td>110</td>
<td>15.6%</td>
</tr>
<tr>
<td>Value $150,000 - $199,999</td>
<td>35</td>
<td>5.0%</td>
</tr>
<tr>
<td>Value $200,000 - $299,999</td>
<td>30</td>
<td>4.3%</td>
</tr>
<tr>
<td>Value $300,000 - $399,999</td>
<td>8</td>
<td>1.1%</td>
</tr>
<tr>
<td>Value $400,000 - $499,999</td>
<td>3</td>
<td>0.4%</td>
</tr>
<tr>
<td>Value $500,000 - $749,999</td>
<td>1</td>
<td>0.1%</td>
</tr>
<tr>
<td>Value $750,000 - $999,999</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Value $1,000,000 or more</td>
<td>4</td>
<td>1%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>705</strong></td>
<td><strong>100.0%</strong></td>
</tr>
</tbody>
</table>

Claritas, Inc., 2012
As with most rural areas, Clark County is relatively more dependent on transfer income, such as retirement and disability insurance benefits, medical benefits, and income maintenance. That dependence is remaining relatively steady over time. These financial resources can be of enormous importance to those who receive them. From an economic perspective, these payments help support the local economy. Every person legitimately entitled to receive them, should have access to this assistance.
### Table 9. Clark County Personal Income by Major Source

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Earnings (Millions 2005$)</td>
<td>$38.36</td>
<td>$43.33</td>
<td>$37.69</td>
<td>$42.68</td>
<td>$38.75</td>
<td>$41.62</td>
<td>$39.78</td>
<td>$40.38</td>
<td>$44.35</td>
<td>$44.69</td>
<td></td>
</tr>
<tr>
<td>Farm Earnings</td>
<td>$5.52</td>
<td>$10.13</td>
<td>$4.36</td>
<td>$9.25</td>
<td>$4.82</td>
<td>$5.01</td>
<td>$7.08</td>
<td>$5.92</td>
<td>$7.40</td>
<td>$11.69</td>
<td>$9.54</td>
</tr>
<tr>
<td>Agricultural Services, Other</td>
<td>$0.09</td>
<td>$0.08</td>
<td>$0.10</td>
<td>$0.11</td>
<td>$0.11</td>
<td>$0.14</td>
<td>$0.13</td>
<td>$0.13</td>
<td>$0.13</td>
<td>$0.12</td>
<td>$0.12</td>
</tr>
<tr>
<td>Mining</td>
<td>$1.66</td>
<td>$1.11</td>
<td>$1.39</td>
<td>$1.40</td>
<td>$1.67</td>
<td>$1.45</td>
<td>$2.53</td>
<td>$2.11</td>
<td>$2.21</td>
<td>$2.30</td>
<td>$2.96</td>
</tr>
<tr>
<td>Construction</td>
<td>$0.70</td>
<td>$0.57</td>
<td>$0.61</td>
<td>$0.79</td>
<td>$0.80</td>
<td>$0.77</td>
<td>$0.95</td>
<td>$0.55</td>
<td>$0.58</td>
<td>$0.60</td>
<td>$0.59</td>
</tr>
<tr>
<td>Manufacturing</td>
<td>$2.69</td>
<td>$2.45</td>
<td>$2.20</td>
<td>$2.51</td>
<td>$2.35</td>
<td>$2.32</td>
<td>$1.01</td>
<td>$2.16</td>
<td>$2.49</td>
<td>$3.02</td>
<td>$3.10</td>
</tr>
<tr>
<td>Transport, Comm. &amp; Public Utility</td>
<td>$1.36</td>
<td>$1.72</td>
<td>$1.14</td>
<td>$1.51</td>
<td>$1.66</td>
<td>$1.55</td>
<td>$1.74</td>
<td>$1.50</td>
<td>$1.37</td>
<td>$1.38</td>
<td>$2.13</td>
</tr>
<tr>
<td>Wholesale Trade</td>
<td>$0.53</td>
<td>$0.80</td>
<td>$0.82</td>
<td>$0.73</td>
<td>$0.69</td>
<td>$0.75</td>
<td>$0.95</td>
<td>$0.70</td>
<td>$0.71</td>
<td>$0.70</td>
<td>$0.73</td>
</tr>
<tr>
<td>Retail Trade</td>
<td>$2.53</td>
<td>$2.44</td>
<td>$2.32</td>
<td>$2.23</td>
<td>$2.13</td>
<td>$2.13</td>
<td>$1.96</td>
<td>$1.67</td>
<td>$1.54</td>
<td>$1.43</td>
<td>$1.43</td>
</tr>
<tr>
<td>Finance, Insurance &amp; Real Estate</td>
<td>$1.13</td>
<td>$0.90</td>
<td>$2.18</td>
<td>$1.01</td>
<td>$1.14</td>
<td>$0.96</td>
<td>$1.11</td>
<td>$0.92</td>
<td>$0.85</td>
<td>$0.80</td>
<td>$1.08</td>
</tr>
<tr>
<td>Services</td>
<td>$6.04</td>
<td>$5.94</td>
<td>$5.97</td>
<td>$5.95</td>
<td>$5.48</td>
<td>$5.42</td>
<td>$4.90</td>
<td>$4.82</td>
<td>$4.84</td>
<td>$5.00</td>
<td>$5.32</td>
</tr>
<tr>
<td>Federal Civilian Government</td>
<td>$0.72</td>
<td>$0.57</td>
<td>$0.61</td>
<td>$0.57</td>
<td>$0.53</td>
<td>$0.51</td>
<td>$0.58</td>
<td>$0.63</td>
<td>$0.67</td>
<td>$0.64</td>
<td>$0.65</td>
</tr>
<tr>
<td>Federal Military Government</td>
<td>$0.25</td>
<td>$0.35</td>
<td>$0.36</td>
<td>$0.40</td>
<td>$0.37</td>
<td>$0.35</td>
<td>$0.35</td>
<td>$0.39</td>
<td>$0.41</td>
<td>$0.42</td>
<td>$0.41</td>
</tr>
<tr>
<td>Personal Income (Millions 2005$)</td>
<td>$67.58</td>
<td>$72.55</td>
<td>$63.28</td>
<td>$66.44</td>
<td>$63.45</td>
<td>$66.37</td>
<td>$70.86</td>
<td>$69.29</td>
<td>$69.80</td>
<td>$74.13</td>
<td>$73.21</td>
</tr>
<tr>
<td>Other Labor Income</td>
<td>$5.48</td>
<td>$6.22</td>
<td>$6.24</td>
<td>$5.95</td>
<td>$6.20</td>
<td>$6.50</td>
<td>$6.73</td>
<td>$6.84</td>
<td>$6.88</td>
<td>$7.01</td>
<td>$7.28</td>
</tr>
<tr>
<td>Proprietors Income</td>
<td>$11.25</td>
<td>$15.78</td>
<td>$10.11</td>
<td>$15.49</td>
<td>$10.67</td>
<td>$9.23</td>
<td>$11.51</td>
<td>$10.36</td>
<td>$11.27</td>
<td>$14.69</td>
<td>$13.43</td>
</tr>
<tr>
<td>Less Social Insurance Contributions</td>
<td>$3.60</td>
<td>$3.57</td>
<td>$3.57</td>
<td>$3.64</td>
<td>$3.67</td>
<td>$3.89</td>
<td>$4.02</td>
<td>$3.86</td>
<td>$3.86</td>
<td>$6.46</td>
<td>$4.09</td>
</tr>
<tr>
<td>Residence Adjustment</td>
<td>$3.11</td>
<td>$3.31</td>
<td>$3.45</td>
<td>$3.49</td>
<td>$3.57</td>
<td>$3.68</td>
<td>$3.60</td>
<td>$3.57</td>
<td>$3.25</td>
<td>$2.96</td>
<td>$3.12</td>
</tr>
</tbody>
</table>

Woods and Poole, Inc., 2012

Note: Historical employment, earnings, and income data 1969-2002, and total population data 1969-2003, are from the U.S. Dept of Commerce (USDoC); employment and earnings data by private non-farm SIC industry for 2001 and 2002 are estimated from private non-farm NAICA industry data.
<table>
<thead>
<tr>
<th>Table 10. Personal Current Transfer Receipts for Clark County</th>
</tr>
</thead>
<tbody>
<tr>
<td>(thousands of dollars)</td>
</tr>
<tr>
<td>Personal current transfer receipts ($000)</td>
</tr>
<tr>
<td>Current transfer receipts of individuals from governments</td>
</tr>
<tr>
<td>Retirement and disability insurance benefits</td>
</tr>
<tr>
<td>Old-age, survivors, and disability insurance (OASDI) benefits</td>
</tr>
<tr>
<td>Railroad retirement and disability benefits</td>
</tr>
<tr>
<td>Workers’ compensation</td>
</tr>
<tr>
<td>Other government retirement and disability insurance benefits</td>
</tr>
<tr>
<td>Medical benefits</td>
</tr>
<tr>
<td>Medicare benefits</td>
</tr>
<tr>
<td>Public assistance medical care benefits</td>
</tr>
<tr>
<td>Medicaid</td>
</tr>
<tr>
<td>Other medical care benefits</td>
</tr>
<tr>
<td>Military medical insurance benefits</td>
</tr>
<tr>
<td>Income maintenance benefits</td>
</tr>
<tr>
<td>Supplemental security income (SSI) benefits</td>
</tr>
<tr>
<td>Family assistance</td>
</tr>
<tr>
<td>Supplemental Nutrition Assistance Program (SNAP)</td>
</tr>
<tr>
<td>Other income maintenance benefits</td>
</tr>
<tr>
<td>Unemployment insurance compensation</td>
</tr>
<tr>
<td>State unemployment insurance compensation</td>
</tr>
<tr>
<td>Unemployment compensation for Fed. civilian employees (UCFE)</td>
</tr>
<tr>
<td>Unemployment compensation for railroad employees</td>
</tr>
<tr>
<td>Unemployment compensation for veterans (UCX)</td>
</tr>
<tr>
<td>Other unemployment compensation</td>
</tr>
<tr>
<td>Veterans benefits</td>
</tr>
<tr>
<td>Veterans pension and disability benefits</td>
</tr>
<tr>
<td>Veterans readjustment benefits</td>
</tr>
<tr>
<td>Veterans life insurance benefits</td>
</tr>
<tr>
<td>Other assistance to veterans</td>
</tr>
<tr>
<td>Education and training assistance</td>
</tr>
<tr>
<td>Other transfer receipts of individuals from governments</td>
</tr>
<tr>
<td>Current transfer receipts of nonprofit institutions</td>
</tr>
<tr>
<td>Receipts from the Federal government</td>
</tr>
<tr>
<td>Receipts from state and local governments</td>
</tr>
<tr>
<td>Receipts from businesses</td>
</tr>
<tr>
<td>Current transfer receipts of individuals from businesses</td>
</tr>
</tbody>
</table>

Bureau of Economic Analysis, 2012
Notes for Table 10:
1. Consists largely of temporary disability payments and black lung payments.
2. Consists of medicaid and other medical vendor payments.
3. Consists of payments made under the TriCare Management Program (formerly called CHAMPUS) for the medical care of dependents of active duty military personnel and of retired military personnel and their dependents at nonmilitary medical facilities.
4. Through 1995, consists of emergency assistance and aid to families with dependent children. For 1998 forward, consists of benefits--generally known as temporary assistance for needy families--provided under the Personal Responsibility and Work Opportunity Reconciliation Act of 1996. For 1996-97, consists of payments under all three of these programs.
5. Consists largely of general assistance, refugee assistance, foster home care and adoption assistance, earned income tax credits, and energy assistance.
6. Consists of trade readjustment allowance payments, Redwood Park benefit payments, public service employment benefit payments, and transitional benefit payments.
7. Consists largely of veterans readjustment benefit payments, educational assistance to spouses and children of disabled or deceased veterans, payments to paraplegics, and payments for autos and conveyances for disabled veterans.
8. Consists of State and local government payments to veterans.
9. Consists largely of federal fellowship payments (National Science Foundation fellowships and traineeships, subsistence payments to State maritime academy cadets, and other federal fellowships), interest subsidy on higher education loans, basic educational opportunity grants, and Job Corps payments.
11. Consists of State and local government educational assistance payments to nonprofit institutions, and other State and local government payments to nonprofit institutions.
12. Consists largely of personal injury payments to individuals other than employees and other business transfer payments.

• All state and local area dollar estimates are in current dollars (not adjusted for inflation).
(L) Less than $50,000, but the estimates for this item are included in the totals.
## Table 11. Employment by Major Industry for Clark County

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Employment</td>
<td>1.664</td>
<td>1.663</td>
<td>1.642</td>
<td>1.611</td>
<td>1.636</td>
<td>1.715</td>
<td>1.717</td>
<td>1.724</td>
<td>1.684</td>
<td>1.688</td>
<td>1.692</td>
</tr>
<tr>
<td>Farm Employment</td>
<td>0.350</td>
<td>0.334</td>
<td>0.325</td>
<td>0.311</td>
<td>0.296</td>
<td>0.292</td>
<td>0.283</td>
<td>0.279</td>
<td>0.269</td>
<td>0.265</td>
<td>0.267</td>
</tr>
<tr>
<td>Agricultural Services, Other</td>
<td>0.007</td>
<td>0.006</td>
<td>0.006</td>
<td>0.007</td>
<td>0.006</td>
<td>0.008</td>
<td>0.008</td>
<td>0.008</td>
<td>0.008</td>
<td>0.007</td>
<td>0.007</td>
</tr>
<tr>
<td>Mining</td>
<td>0.045</td>
<td>0.039</td>
<td>0.036</td>
<td>0.036</td>
<td>0.042</td>
<td>0.047</td>
<td>0.067</td>
<td>0.094</td>
<td>0.094</td>
<td>0.096</td>
<td>0.095</td>
</tr>
<tr>
<td>Construction</td>
<td>0.040</td>
<td>0.039</td>
<td>0.040</td>
<td>0.047</td>
<td>0.047</td>
<td>0.049</td>
<td>0.059</td>
<td>0.043</td>
<td>0.040</td>
<td>0.037</td>
<td>0.037</td>
</tr>
<tr>
<td>Manufacturing</td>
<td>0.095</td>
<td>0.093</td>
<td>0.087</td>
<td>0.097</td>
<td>0.095</td>
<td>0.105</td>
<td>0.057</td>
<td>0.100</td>
<td>0.115</td>
<td>0.141</td>
<td>0.141</td>
</tr>
<tr>
<td>Transport, Comm. &amp; Public Utility</td>
<td>0.054</td>
<td>0.058</td>
<td>0.049</td>
<td>0.058</td>
<td>0.066</td>
<td>0.065</td>
<td>0.071</td>
<td>0.064</td>
<td>0.064</td>
<td>0.067</td>
<td>0.067</td>
</tr>
<tr>
<td>Wholesale Trade</td>
<td>0.021</td>
<td>0.026</td>
<td>0.026</td>
<td>0.024</td>
<td>0.024</td>
<td>0.027</td>
<td>0.033</td>
<td>0.031</td>
<td>0.031</td>
<td>0.031</td>
<td>0.031</td>
</tr>
<tr>
<td>Retail Trade</td>
<td>0.152</td>
<td>0.155</td>
<td>0.163</td>
<td>0.165</td>
<td>0.165</td>
<td>0.175</td>
<td>0.170</td>
<td>0.150</td>
<td>0.137</td>
<td>0.128</td>
<td>0.128</td>
</tr>
<tr>
<td>Finance, Insurance &amp; Real Estate</td>
<td>0.060</td>
<td>0.061</td>
<td>0.081</td>
<td>0.062</td>
<td>0.064</td>
<td>0.065</td>
<td>0.071</td>
<td>0.071</td>
<td>0.068</td>
<td>0.066</td>
<td>0.066</td>
</tr>
<tr>
<td>Services</td>
<td>0.240</td>
<td>0.244</td>
<td>0.234</td>
<td>0.221</td>
<td>0.221</td>
<td>0.239</td>
<td>0.238</td>
<td>0.230</td>
<td>0.232</td>
<td>0.239</td>
<td>0.241</td>
</tr>
<tr>
<td>Federal Civilian Government</td>
<td>0.015</td>
<td>0.013</td>
<td>0.012</td>
<td>0.011</td>
<td>0.011</td>
<td>0.012</td>
<td>0.013</td>
<td>0.013</td>
<td>0.013</td>
<td>0.013</td>
<td>0.013</td>
</tr>
<tr>
<td>Federal Military Government</td>
<td>0.011</td>
<td>0.011</td>
<td>0.010</td>
<td>0.010</td>
<td>0.010</td>
<td>0.010</td>
<td>0.009</td>
<td>0.009</td>
<td>0.009</td>
<td>0.008</td>
<td>0.008</td>
</tr>
<tr>
<td>State and Local Government</td>
<td>0.446</td>
<td>0.451</td>
<td>0.439</td>
<td>0.425</td>
<td>0.452</td>
<td>0.476</td>
<td>0.484</td>
<td>0.478</td>
<td>0.451</td>
<td>0.436</td>
<td>0.437</td>
</tr>
</tbody>
</table>

Woods and Poole, Inc., 2012

Note: Employment in number of jobs includes proprietors and part-time jobs.
Clark County Rural Health Works

As with most rural areas, the way people in Clark County earn a living is changing. Government and service sectors provide the most jobs. Increasing over time, the proportion of the population living in poverty has been similar to the state rate overall.

Figure 6. Unemployment Rate for Clark County and Kansas, 2002-2011

Kansas Department of Labor, 2011

Figure 7. Percent of People in Poverty in Clark County and Kansas, 2001-2010

U.S. Census Bureau, 2010

This information was prepared by the Office of Local Government, K-State Research and Extension. For questions or other information, call 785-532-2643.
Health and Behavioral Data

Introduction

Kansas Rural Health Works (KRHW) is dedicated to helping rural communities build affordable and sustainable local health care systems. The Office of Local Government at K-State Research and Extension is supporting Community Health Needs Assessments. These needs assessments bring a broad-based group of community leaders together to assess local needs, establish priorities, and develop strategic action plans to improve the local health situation. This is an opportunity for the community to rally together to address high-priority local needs and to make the community a better place to live, work, and raise a family. No one can do it for us unless we do it ourselves. The resources presented here support that process. The opportunity is now.

Health and Behavioral Data Summary

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

- The trend in childhood immunization rates are improving. However, about 20 percent of fetuses had not had adequate prenatal care.

- The rates of youth tobacco use and binge drinking have improved, but they have been well above the state rates.

- Data related to persons served by selected publicly-funded services suggest a number of individuals and families in the county are in need of economic assistance.

- Recent trends in hospital usage suggest relatively stable trends in county hospital usage.
Considering available indicators of children’s welfare, a relatively small population base can lead to large percentage changes that must be interpreted cautiously. While available data are limited, the trends related to children receiving necessary immunizations appear positive. About 38 percent of fetuses had not have adequate prenatal care in 2009. The rates of youth tobacco use and binge drinking have decreased since 2010, but remain above the state rates.

Table 1. Indicators of Children's Welfare

<table>
<thead>
<tr>
<th>Health Indicators</th>
<th>Trend Data</th>
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<tbody>
<tr>
<td></td>
<td>2004</td>
</tr>
<tr>
<td>Immunizations</td>
<td></td>
</tr>
<tr>
<td>Clark</td>
<td>62.5%</td>
</tr>
<tr>
<td>KS</td>
<td>69.3%</td>
</tr>
<tr>
<td>Prenatal Care</td>
<td></td>
</tr>
<tr>
<td>Clark</td>
<td>69.2%</td>
</tr>
<tr>
<td>KS</td>
<td>81.4%</td>
</tr>
<tr>
<td>Low Birth Weight Babies</td>
<td></td>
</tr>
<tr>
<td>Clark</td>
<td>3.8%</td>
</tr>
<tr>
<td>KS</td>
<td>7.3%</td>
</tr>
<tr>
<td>Teen Violent Deaths (per 100,000 15-19 year-olds)</td>
<td></td>
</tr>
<tr>
<td>Clark</td>
<td>0.0</td>
</tr>
<tr>
<td>KS</td>
<td>40.8</td>
</tr>
<tr>
<td>Youth Tobacco Use</td>
<td></td>
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<tr>
<td>Clark</td>
<td>15.8%</td>
</tr>
<tr>
<td>KS</td>
<td>-</td>
</tr>
<tr>
<td>Youth Binge Drinking</td>
<td></td>
</tr>
<tr>
<td>Clark</td>
<td>-</td>
</tr>
<tr>
<td>KS</td>
<td>17.2%</td>
</tr>
<tr>
<td>Asthma (per 1,000)</td>
<td></td>
</tr>
<tr>
<td>Clark</td>
<td>2.8</td>
</tr>
<tr>
<td>KS</td>
<td>1.7</td>
</tr>
<tr>
<td>Mental Health (per 1,000)</td>
<td></td>
</tr>
<tr>
<td>Clark</td>
<td>0.7</td>
</tr>
<tr>
<td>KS</td>
<td>3.0</td>
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</table>

Table 2 contains information about persons served by state and federally-funded services. The data fluctuates across the service categories reported. Still, when taken together, the numbers suggest a reasonable proportion of the local population experiencing economic distress. In particular, the need for food assistance has increased recently.
### Table 2. Persons Served by Selected Public Assistance Programs in Clark County

<table>
<thead>
<tr>
<th>Major Services</th>
<th>Persons Served</th>
<th>FY 2009</th>
<th>FY 2010</th>
<th>FY 2011</th>
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<tr>
<td>Temporary Assistance for Families</td>
<td>Avg. monthly persons</td>
<td>9</td>
<td>9</td>
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<tr>
<td>TANF Employment Services</td>
<td>Avg. monthly adults</td>
<td>5</td>
<td>5</td>
<td>7</td>
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<tr>
<td>Child Care Assistance</td>
<td>Avg. monthly children</td>
<td>1</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Food Assistance</td>
<td>Avg. monthly persons</td>
<td>113</td>
<td>117</td>
<td>141</td>
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<tr>
<td>Energy Assistance</td>
<td>Annual persons</td>
<td>77</td>
<td>60</td>
<td>65</td>
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<tr>
<td>General Assistance</td>
<td>Avg. monthly persons</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Vocational Rehabilitation Services</td>
<td>Avg. monthly persons</td>
<td>6</td>
<td>6</td>
<td>5</td>
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<tr>
<td>Family Preservation</td>
<td>Annual persons</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Reintegration/Foster Care</td>
<td>Avg. monthly children</td>
<td>0</td>
<td>2</td>
<td>2</td>
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<tr>
<td>Adoption Support</td>
<td>Avg. monthly children</td>
<td>5</td>
<td>12</td>
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**Home and Community Based Services**

<table>
<thead>
<tr>
<th></th>
<th>Annual consumers</th>
<th>FY 2009</th>
<th>FY 2010</th>
<th>FY 2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Disability</td>
<td></td>
<td>7</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Traumatic Brain Injury</td>
<td></td>
<td>0</td>
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<td>0</td>
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<tr>
<td>Developmental Disability</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Autism</td>
<td></td>
<td>5</td>
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**Managed Behavioral Health Services**

<table>
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<tr>
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<th>FY 2010</th>
<th>FY 2011</th>
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</thead>
<tbody>
<tr>
<td>Substance Abuse (PIHP)</td>
<td></td>
<td>4</td>
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<tr>
<td>Mental Health (PAHP)</td>
<td></td>
<td>40</td>
<td>27</td>
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**Institutional Services**

<table>
<thead>
<tr>
<th></th>
<th>Average daily census</th>
<th>FY 2009</th>
<th>FY 2010</th>
<th>FY 2011</th>
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<tr>
<td>Intermediate Care Facility (ICF-MR)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
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<tr>
<td>State Hospital - Developmental Disability</td>
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<tr>
<td>State Hospital - Mental Health</td>
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<td></td>
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<tr>
<td>Nursing Facility - Mental Health</td>
<td>0</td>
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<td>0</td>
<td></td>
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</table>

*Kansas Department of Social and Rehabilitation Services, 2012*

In considering the selected vital statistics in Table 3, among those that stand out are that about 20 percent of newborns received less than adequate prenatal care. Even a single teenage pregnancy sets a young person on a difficult life path. And, typically less than one-half of all marriages end in dissolution.

In the recent past, usage of hospitals in the county has been relatively stable. Medicare and Medicaid recipients are an important component of the patient base.
### Table 3. Selected Vital Statistics for Clark County, 2010

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
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<th></th>
<th></th>
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<tbody>
<tr>
<td><strong>Live Births by Age-Group of Mother</strong></td>
<td></td>
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<td></td>
<td></td>
<td></td>
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<tr>
<td>Adequacy of Prenatal Care</td>
<td></td>
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<td></td>
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<tr>
<td>Adequate Plus</td>
<td>6.00</td>
<td>23%</td>
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<tr>
<td>Adequate</td>
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<td>58%</td>
<td></td>
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<td>Intermediate</td>
<td>3.00</td>
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<td>Inadequate</td>
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<td>Out-of-Wedlock Births by Age</td>
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<td>0</td>
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<tr>
<td>Stillbirths</td>
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<td>Abortions</td>
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<td></td>
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<td></td>
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<tr>
<td>Total Pregnancies</td>
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<td>5-14</td>
<td>15-24</td>
<td>25-34</td>
<td>35-44</td>
<td>45-54</td>
<td>55-64</td>
<td>65-84</td>
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<td>Deaths by Age Group</td>
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<td>Marriages</td>
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<td>0</td>
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<td>0</td>
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<tr>
<td>by Number and Rate per 1,000 Population</td>
<td>2006</td>
<td>2007</td>
<td>2008</td>
<td>2009</td>
<td>2010</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Marriages Dissolutions</td>
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<td>7</td>
<td>3.3</td>
<td>6</td>
<td>2.8</td>
<td>3</td>
<td>1.4</td>
<td>3</td>
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<tr>
<td>by Number and Rate per 1,000 Population</td>
<td>2006</td>
<td>2007</td>
<td>2008</td>
<td>2009</td>
<td>2010</td>
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Kansas Department of Health and Environment, 2012
### Table 4. Hospital Data for Clark County

<table>
<thead>
<tr>
<th></th>
<th>2006-07</th>
<th>2007-08</th>
<th>2008-09</th>
<th>2009-10</th>
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<tbody>
<tr>
<td>Number of Practicing Physicians (county)</td>
<td>3</td>
<td>4</td>
<td>4</td>
<td>3</td>
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<tr>
<td>Persons per Physician (county)</td>
<td>690</td>
<td>520</td>
<td>520</td>
<td>678</td>
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<tr>
<td>Ashland Health Center</td>
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<td></td>
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<tr>
<td>Licensed Acute Beds</td>
<td>12</td>
<td>12</td>
<td>12</td>
<td>24</td>
</tr>
<tr>
<td>Licensed Swing Beds</td>
<td>12</td>
<td>12</td>
<td>12</td>
<td>12</td>
</tr>
<tr>
<td>Staffed Beds-Hospital</td>
<td>12</td>
<td>12</td>
<td>12</td>
<td>12</td>
</tr>
<tr>
<td>Staffed Beds-Nursing Home Unit</td>
<td>35</td>
<td>35</td>
<td>35</td>
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<tr>
<td>Admissions-Hospital</td>
<td>103</td>
<td>145</td>
<td>60</td>
<td>59</td>
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<tr>
<td>Admissions-Nursing Home Unit</td>
<td>7</td>
<td>8</td>
<td>6</td>
<td>5</td>
</tr>
<tr>
<td>Admissions-Swing Beds</td>
<td>59</td>
<td>68</td>
<td>71</td>
<td>52</td>
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<tr>
<td>Inpatient Days - Hospital</td>
<td>319</td>
<td>819</td>
<td>212</td>
<td>182</td>
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<tr>
<td>Inpatient Days - Nursing Home Unit</td>
<td>8,278</td>
<td>7,689</td>
<td>4,611</td>
<td>4,788</td>
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<td>Inpatient Days - Swing-beds</td>
<td>608</td>
<td>575</td>
<td>2,431</td>
<td>3,584</td>
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<td>Emergency Room Visits</td>
<td>507</td>
<td>511</td>
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<td>Outpatient Visits</td>
<td>19,411</td>
<td>18,900</td>
<td>11,497</td>
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<td>Outpatient Surgical Operations</td>
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<td>Medicare Inpatient Discharges</td>
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<td>Medicare Inpatient Days</td>
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<td>Medicaid Inpatient Discharges</td>
<td>9</td>
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<td>Medicaid Inpatient Days</td>
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<td>4,276</td>
<td>3,928</td>
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Kansas Statistical Abstract, 2010
### Table 5. Hospital Data for Clark County

<table>
<thead>
<tr>
<th></th>
<th>2006-07</th>
<th>2007-08</th>
<th>2008-09</th>
<th>2009-10</th>
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</thead>
<tbody>
<tr>
<td><strong>Number of Practicing Physicians (county)</strong></td>
<td>3</td>
<td>4</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td><strong>Persons per Physician (county)</strong></td>
<td>690</td>
<td>520</td>
<td>520</td>
<td>678</td>
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#### Minneola District Hospital

<table>
<thead>
<tr>
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<th>2009-10</th>
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<tbody>
<tr>
<td><strong>Licensed Acute Beds</strong></td>
<td>25</td>
<td>18</td>
<td>25</td>
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<tr>
<td><strong>Licensed Swing Beds</strong></td>
<td>25</td>
<td>18</td>
<td>25</td>
<td>18</td>
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<tr>
<td><strong>Staffed Beds-Hospital</strong></td>
<td>18</td>
<td>18</td>
<td>18</td>
<td>18</td>
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<td><strong>Staffed Beds-Nursing Home Unit</strong></td>
<td>36</td>
<td>36</td>
<td>36</td>
<td>36</td>
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<td><strong>Admissions-Hospital</strong></td>
<td>485</td>
<td>661</td>
<td>508</td>
<td>443</td>
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<td><strong>Admissions-Nursing Home Unit</strong></td>
<td>13</td>
<td>16</td>
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<tr>
<td><strong>Admissions-Swing Beds</strong></td>
<td>138</td>
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<td><strong>Inpatient Days - Hospital</strong></td>
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<td>1,373</td>
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<td><strong>Inpatient Days - Nursing Home Unit</strong></td>
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<td>12,543</td>
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<td><strong>Inpatient Days - Swing-beds</strong></td>
<td>1,527</td>
<td>1,567</td>
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<td><strong>Emergency Room Visits</strong></td>
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<td><strong>Outpatient Visits</strong></td>
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<td><strong>Inpatient Surgical Operations</strong></td>
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<td><strong>Outpatient Surgical Operations</strong></td>
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<td><strong>Medicare Inpatient Discharges</strong></td>
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<td>485</td>
<td>456</td>
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<tr>
<td><strong>Medicare Inpatient Days</strong></td>
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<td><strong>Medicaid Inpatient Discharges</strong></td>
<td>41</td>
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<td>18</td>
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<td><strong>Medicaid Inpatient Days</strong></td>
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<td>5,240</td>
<td>4,712</td>
<td>6,267</td>
</tr>
</tbody>
</table>


*Kansas Statistical Abstract, 2010*

This information was prepared by the Office of Local Government, K-State Research and Extension. For questions or other information, call 785-532-2643.
Education Data

Introduction

Kansas Rural Health Works (KRHW) is dedicated to helping rural communities build affordable and sustainable local health care systems. The Office of Local Government at K-State Research and Extension is supporting Community Health Needs Assessments. These needs assessments bring a broad-based group of community leaders together to assess local needs, establish priorities, and develop strategic action plans to improve the local health situation. This is an opportunity for the community to rally together to address high-priority local needs and to make the community a better place to live, work, and raise a family. No one can do it for us unless we do it ourselves. The resources presented here support that process. The opportunity is now.

Education Data Summary

Following are a variety of data and statistics about the K-12 school system in Clark County that may have implications related to local health care needs. The data in this case reflects information reported by the school districts located in Clark County.

- Total student enrollment in Clark County K-12 school districts has steadily declined since 2000.
- As the student population has declined, the student-to-teacher ratio also has declined.
- The trend in the student dropout rate has generally been decreasing in Clark County over the past decade.
- The trend in student-on-student violence has remained steady over time. Student-on-faculty violence has been trending up recently, but the number of incidents is generally small.

ZIP codes within the Clark County Health Market Area.
Source: Claritas, Inc. 2012.
Total student enrollment in Clark County K-12 school districts has relatively declined since 2000. Enrollment was 484 in the 2011-2012 school year, down from 533 in 2000-2001.

As the student population has declined, the student-to-teacher ratio also has declined slowly. This generally means that as the school-age population has declined, the district has retained staffing. The ratio of about 11 students per teacher permits fairly close attention for each of the students.
The trend in the student dropout rate has generally been decreasing in Clark County over the past decade.
Violence in the school is extremely disruptive to learning. The trend in student-on-student violence has been steady over time. Student-on-faculty violence has been trending up recently because of yearly fluctuations.

Figure 4. Incidents of Student-on-Student Violence

Kansas Department of Education, 2012

Figure 5. Incidents of Student-on-Faculty Violence

Kansas Department of Education, 2012

Prepared by the Office of Local Government, K-State Research and Extension. For questions or other information, call 785-532-2643.
Crime Data

Introduction

Kansas Rural Health Works (KRHW) is dedicated to helping rural communities build affordable and sustainable local health care systems. The Office of Local Government at K-State Research and Extension is supporting Community Health Needs Assessments. These needs assessments bring a broad-based group of community leaders together to assess local needs, establish priorities, and develop strategic action plans to improve the local health situation. This is an opportunity for the community to rally together to address high-priority local needs and to make the community a better place to live, work, and raise a family. No one can do it for us unless we do it ourselves. The resources presented here support that process. The opportunity is now.

Crime Data Summary

Following are a variety of data and statistics about criminal activity in Clark 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 Clark County boundaries.

- The incidence of crime in Clark County has been decreasing.
- Property crime has decreased drastically from 2009 to 2011.
- The number of both adult and juvenile arrests has remained fairly steady in Clark County.
- The number of full-time law enforcement officials per 1,000 population in Clark County has been consistently above the state rate.

Clark County Primary Health Market Area

Source: Claritas, Inc. 2012.
The incidence of crime in Clark County has been decreasing from 2008 to 2011. The incidence of property crime in the county has also decreased from 2009 to 2011.

Table 1. Crime Statistics for Clark County and Kansas

<table>
<thead>
<tr>
<th>Year</th>
<th>Violent Crime</th>
<th>Property Crime</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Rate per 1,000</td>
</tr>
<tr>
<td>Clark</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2008</td>
<td>25</td>
<td>12.1</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>1.0</td>
</tr>
<tr>
<td></td>
<td>23</td>
<td>11.1</td>
</tr>
<tr>
<td>2009</td>
<td>47</td>
<td>22.8</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>1.0</td>
</tr>
<tr>
<td></td>
<td>45</td>
<td>21.8</td>
</tr>
<tr>
<td>2010</td>
<td>28</td>
<td>13.5</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>1.0</td>
</tr>
<tr>
<td></td>
<td>26</td>
<td>12.6</td>
</tr>
<tr>
<td>2011</td>
<td>19</td>
<td>8.5</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>1.3</td>
</tr>
<tr>
<td></td>
<td>16</td>
<td>7.2</td>
</tr>
</tbody>
</table>

Index crimes include violent crimes (murder, rape, robbery, and aggravated assault/battery) plus property crime (burglary, theft, and motor vehicle theft).
Index crimes include violent crimes (murder, rape, robbery, and aggravated assault/battery) plus property crime (burglary, theft, and motor vehicle theft).

Kansas Bureau of Investigation, 2012
The number of full-time law enforcement officials per 1,000 persons in Clark County has been consistently above the state rate.

Figure 4. Number of Law Enforcement Officials per 1,000 Population

Kansas Statistical Abstract, 2010

This information was prepared by the Office of Local Government, K-State Research and Extension. For questions or other information, call 785-532-2643.
Introduction

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Traffic Data Summary
Following are a variety of data and statistics about traffic accidents in Clark County. The data is reported by county.

- The rate of traffic accidents in Clark County exceeds the rate for the state as a whole.

- In 2008, there were 83 total vehicle crashes in Clark County. With deer-cars collisions accounting for a substantial majority.

- In 2008, the most recent year for which data were available, there were 11 accidents involving injury and 2 fatalities.

- In crashes involving injury or death, occupants were using seat belts about 90 percent of the time.
The rate of traffic accidents in Clark County exceeds the rate for the state as a whole, with deer-vehicle collisions accounting for many of the accidents. Each year there are about 80 total vehicle crashes in Clark County. The trend appears steady. In 2008, the most recent year for which data were available, there were 11 accidents involving injury and 2 fatalities.

Table 1. 2008 Traffic Accident Facts for Clark County and Kansas

<table>
<thead>
<tr>
<th>Accidents</th>
<th>Clark</th>
<th>Kansas</th>
<th>Rate per 1,000 Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>83</td>
<td>65,858</td>
<td>37.3</td>
</tr>
<tr>
<td>Fatal Accidents</td>
<td>2</td>
<td>348</td>
<td>0.9</td>
</tr>
<tr>
<td>Injury Accidents</td>
<td>11</td>
<td>14,866</td>
<td>4.9</td>
</tr>
<tr>
<td>Property Damage Only</td>
<td>70</td>
<td>50,644</td>
<td>31.5</td>
</tr>
<tr>
<td>Deer Involved</td>
<td>30</td>
<td>9,371</td>
<td>13.5</td>
</tr>
<tr>
<td>Speed Related</td>
<td>7</td>
<td>7,917</td>
<td>3.1</td>
</tr>
<tr>
<td>Alcohol Related</td>
<td>4</td>
<td>3,366</td>
<td>1.8</td>
</tr>
<tr>
<td>People</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Deaths</td>
<td>3</td>
<td>385</td>
<td>1.3</td>
</tr>
<tr>
<td>Injuries</td>
<td>19</td>
<td>21,058</td>
<td>8.5</td>
</tr>
<tr>
<td>% Restraint Use</td>
<td>91.3%</td>
<td>80.9%</td>
<td>91.3%</td>
</tr>
</tbody>
</table>

Kansas Traffic Accident Facts, 2012
* Population from Woods and Poole

Figure 1. Total Accidents in Clark County, 2000-2008

Kansas Department of Transportation, 2012
Clark County Rural Health Works

Figure 2. Injury Accidents in Clark County, 2000-2008

Kansas Department of Transportation, 2012

Figure 3. Fatal Accidents in Clark County, 2000-2008

Kansas Department of Transportation, 2012
Figure 4. Property Damage Only Accidents in Clark County, 2000-2008

Figure 5. Other Crashes in Clark County, 2000-2008

This information was prepared by the Office of Local Government, K-State Research and Extension. For questions or other information, call 785-532-2643.
Kansas Health Matters Data Compilation

Introduction

Kansas Rural Health Works (KRHW) is dedicated to helping rural communities build affordable and sustainable local health care systems. The Office of Local Government at K-State Research and Extension is supporting Community Health Needs Assessments. These needs assessments bring a broad-based group of community leaders together to assess local needs, establish priorities, and develop strategic action plans to improve the local health situation. This is an opportunity for the community to rally together to address high-priority local needs and to make the community a better place to live, work, and raise a family. No one can do it for us unless we do it ourselves. The resources presented here support that process. The opportunity is now.

Kansas Health Matters

The ‘Kansas Health Matters’ Web site is intended to help hospitals, health departments, community members and policy makers learn about the health of the community and how to improve it. It provides local health data, resources, promising best practices, news articles and information about community events related to important community health issues. The site specifically aims at supporting the development of community health assessments and community health improvement plans by hospitals and local health departments, but its content also is relevant for anyone interested in how assess and improve the health of communities.

The Kansas Health Matters Website can be found at: www.kansashealthmatters.org

Data Summary

A host of county-level data have been posted to the Health Matters Website, including:

- Access to Health Services
- Children's Health
- Immunizations and Infectious Disease
- Maternal, Fetal and Infant Health
- Mortality Data
- Prevention and Safety
- Substance Abuse
- Wellness and Lifestyle
- Economic Conditions
- Poverty
- Education
- Environment
- Public Safety

It should be noted, however, that some places with too few events of a given type may display no results, or may show multi-county regional values.
Clark County Rural Health Works

Access to Health Services

Average Monthly WIC Participation

**Value:** 31.2 average cases per 1,000 population  
**Measurement Period:** 2010  
**Location:** County: Clark  
**Comparison:** KS state value  
**Categories:** Health / Access to Health Services

![Average Monthly WIC Participation per 1,000 Population](chart)

**What is this Indicator?**  
This indicator shows the average monthly number of women and children participating in WIC per 1,000 population.

**Why this is important:** WIC is a nutrition program that provides nutrition and health education, healthy food and other services to Kansas families who qualify. WIC stands for Women, Infants and Children. WIC's goal is to help keep pregnant and breastfeeding women, new moms, and kids under age 5 healthy.

National Studies have documented WIC benefits:

- WIC reduces fetal deaths and infant mortality.
- WIC reduces low birth weight rates and increases the duration of pregnancy.
- WIC improves the growth of nutritionally at-risk infants and children.
- WIC decreases the incidence of iron deficiency anemia in children.
- WIC improves the dietary intake of pregnant and postpartum women and improves weight gain in pregnant women.
- Pregnant women participating in WIC receive prenatal care earlier.
Clark County Rural Health Works

- Children enrolled in WIC are more likely to have a regular source of medical care and have more up to date immunizations.
- WIC helps get children ready to start school: children who receive WIC benefits demonstrate improved intellectual development. WIC significantly improves children's diets.

WIC also offers immunization screening and referral, breastfeeding support, and nutrition and health classes on a variety of topics including meal planning, maintaining a healthy weight, picky eaters, caring for a new baby, shopping on a budget and more.

An average of 17,747 women, 18,863 infants and 36,629 children received services each month. Total Average: 76,239.

The percent of eligible women, infants and children (up to age 5), served by WIC is estimated to be 72.23%.

Unduplicated number of WIC participants served in Calendar Year 2008 is 128,407
WIC services are provided at 109 County Health Department clinic sites.

Technical Note: The county and regional values are compared to Kansas State value / US value.
Source: Kansas Department of Health and Environment
URL of Source: http://www.kdheks.gov/
URL of Data: http://www.kdheks.gov/nws-wic/

Ratio of Population to Primary Care Physicians

Value: 1,219 population per physician
Measurement Period: 2010
Location: County : Clark
Comparison: KS State Value
Categories: Health / Access to Health Services
What is this Indicator?
This indicator shows the ratio of population to one primary care physician FTE.

Why this is important: Primary care is the backbone of preventive health care, and a strong primary care workforce is essential to health of our country. Primary care physicians play a key role in providing and coordinating high-quality health care. Adequate access to primary care can improve care coordination and reduce the frequency of avoidable hospitalizations. The Association of American Medical Colleges estimated that the nation would have a shortage of approximately 21,000 primary care physicians in 2015. Without action, experts project a continued primary care shortfall due to the needs of an aging population, and a decline in the number of medical students choosing primary care.

Technical Note: The county and regional values are compared to Kansas State value / US value.
Source: Kansas Department of Health and Environment
URL of Source: http://www.kdheks.gov/
URL of Data: http://www.kdheks.gov/

Staffed Hospital Bed Ratio

Value: 5.8 beds per 1,000 population
Measurement Period: 2009
Location: County : Clark
Comparison: KS State Value
Categories: Health / Access to Health Services
**Clark County Rural Health Works**

**Staffed Hospital Bed Ratio**

![Staffed Hospital Bed Ratio Graph]

**What is this Indicator?**
This indicator shows the ratio of the number of staffed hospital beds to 1,000 population.

**Why this is important:** Staffed Hospital Bed Ratio is the average complement of beds fully staffed during the year, or those beds that are set-up, staffed, and equipped, and in all respects, ready for use by patients remaining in the hospital overnight.

The exploding demand for healthcare in the U.S. is nothing new. But the growing critical shortage of staffed hospital beds, fueled primarily by the historic growth of an aging population that requires increasing hospitalization, that looms as a possible crisis. In Kansas, 13.2 percent of the population in 2010 was 65 years or older.

**Technical Note:** The county and regional values are compared to Kansas State value / US value.

**Source:** Kansas Hospital Association

**URL of Source:** [http://www.kha-net.org/](http://www.kha-net.org/)

**URL of Data:** [http://www.kha-net.org/communications/annualstatreport/de...](http://www.kha-net.org/communications/annualstatreport/de...)
Percent of WIC Mothers Breastfeeding Exclusively

**Value:** 10.5 percent  
**Measurement Period:** 2010  
**Location:** County: Clark  
**Comparison:** KS State Value  
**Categories:** Health / Children's Health; Health / Access to Health Services

**What is this Indicator?**
This indicator shows the percentage of babies on WIC whose mothers reported breast-feeding exclusively at age 6 months.

**Why this is important:** Babies who are breastfed are generally healthier and achieve optimal growth and development compared to those who are fed formula milk.

If the vast majority of babies were exclusively fed breast milk in their first six months of life - meaning only breast milk and no other liquids or solids, not even water - it is estimated that the lives of at least 1.2 million children would be saved every year. If children continue to be breastfed up to two years and beyond, the health and development of millions of children would be greatly improved.

Infants who are not breastfed are at an increased risk of illness that can compromise their growth and raise the risk of death or disability. Breastfed babies receive protection from illnesses through the mother's milk.

Baseline: 43.5 percent of infants born in 2006 were breastfed at 6 months as reported in 2007-09. Target: 60.6 percent
Clark County Rural Health Works

Technical Note: The county and regional values are compared to Kansas State value / US value.
Source: Kansas Department of Health and Environment
URL of Source: http://www.kdheks.gov/
URL of Data: http://www.kdheks.gov/nws-wic/
Percentage of Adults Participating in Recommended Level of Physical Activity

Value: 39.2 percent  
Measurement Period: 2009  
Location: Public Health Preparedness Region: Southwest Surveillance  
Comparison: KS State Value  
Categories: Health / Exercise, Nutrition, & Weight

*County data was unavailable; Regional value was reported

What is this Indicator?  
This indicator shows the percentage of adults 18 years and older who engage in moderate physical activity for at least 30 minutes on five days per week, or vigorous physical activity for at least 20 minutes three or more days per week.

Why this is important: Active adults reduce their risk of many serious health conditions including obesity, heart disease, diabetes, colon cancer, and high blood pressure. In addition, physical activity reduces the symptoms of anxiety and depression, improves mood and feelings of well-being, and promotes healthy sleep patterns. More than 60 percent of adults in the United States do not engage in the recommended amount of activity, and about 25 percent of adults are not active at all. The American College of Sports Medicine (ACSM) recommends that active adults perform physical activity three to five times each week for 20 to 60 minutes at a time to improve cardiovascular fitness and body composition. In addition to reducing the risk of multiple chronic diseases, physical activity helps maintain healthy bones, muscles, joints, and helps to control weight, develop lean muscle, and reduce body fat. The Healthy People 2020 national health target is to increase the proportion of adults who engage in aerobic physical
Clark County Rural Health Works

activity of at least moderate intensity for at least 150 minutes/week, or 75 minutes/week of vigorous intensity, or an equivalent combination to 47.9%.

Technical Note: The County / Region value is compared to the Kansas state value. Confidence intervals were not taken into account while making this comparison.
Source: Kansas Department of Health and Environment
URL of Source: http://www.kdheks.gov/

Percentage of Adults Who are Obese

Value: 31.6 percent
Measurement Period: 2009
Location: Public Health Preparedness Region: Southwest Surveillance
Comparison: KS State Value
Categories: Health / Exercise, Nutrition, & Weight

What is this Indicator?
This indicator shows the percentage of adults (ages 18 and older) who are obese based on the Body Mass Index (BMI). The BMI is calculated by taking a person's weight and dividing it by their height squared in metric units. (BMI = Weight (Kg)/[Height (cm) ^ 2] ) A BMI >=30 is considered obese.

Why this is important: The obesity is an indicator of the overall health and lifestyle of a community. Obesity increases the risk of many diseases and health conditions including heart disease, Type 2 diabetes, cancer, hypertension, stroke, liver and gallbladder disease, respiratory problems, and osteoarthritis. Losing weight and maintaining a healthy weight help to prevent and control these diseases. Obesity leads to significant economic costs due to increased healthcare spending and lost earnings. The Healthy People 2020 national health target is to reduce the proportion of adults (ages 20 and up) who are obese to 30.6%.
Technical Note: The County / Region value is compared to the Kansas state value. Confidence intervals were not taken into account while making this comparison.
Source: Kansas Department of Health and Environment
URL of Source: http://www.kdheks.gov/
Clark County Rural Health Works

Heart Disease and Stroke

Congestive Heart Failure Hospital Admission Rate

Value: 447.08 per 100,000 population
Location: County : Clark
Comparison: KS State Value
Categories: Health / Heart Disease & Stroke; Health / Access to Health Services; Health / Wellness & Lifestyle

What is this Indicator?
This indicator shows the number of admissions for congestive heart failure per 100,000 population in an area.

Why this is important: Prevention of congestive heart failure admissions is an important role for all health care providers. Providers can help individuals stay healthy by preventing disease, and they can prevent complications of existing disease by helping patients live with their illnesses.

While these indicators use hospital inpatient data, their focus is on outpatient health care. Prevention Quality Indicators (PQIs) assess the quality of the health care system as a whole, and especially the quality of ambulatory care, in preventing medical complications. As a result, these measures are likely to be of the greatest value when calculated at the population level and when used by public health groups, State data organizations, and other organizations concerned with the health of populations. Serving as a screening tool, these indicators can provide initial information about potential problems in the community that may require further, more in-depth analysis.

Technical Note: The county and regional values are compared to Kansas State value / US value.
Clark County Rural Health Works

Source: Kansas Department of Health and Environment
URL of Source: http://www.kdheks.gov/
URL of Data: http://kic.kdhe.state.ks.us/kic/

Heart Disease Hospital Admission Rate

Value: 914.31 per 100,000 population
Location: County : Clark
Comparison: KS State Value
Categories: Health / Heart Disease & Stroke; Health / Access to Health Services; Health / Wellness & Lifestyle

What is this Indicator?
This indicator shows the number of admissions for heart disease (ICD9 diagnoses 402, 410-414 or 429) per 100,000 population in an area.

Why this is important: Heart disease has consistently been a public health concern and is the leading cause of death in the United States. For coronary heart disease alone, the estimated direct and indirect costs for the overall U.S. population are approximately $165.4 billion for 2009. According to the national hospital discharge survey, hospitalizations for heart disease accounted for 4.2 million hospitalizations in 2006. Approximately 62% of these short-stay hospitalizations occurred among people ages 65 years and older. There is also evidence that heart disease hospitalization rates vary among racial and ethnic groups.

Technical Note: The county and regional values are compared to Kansas State value / US value.
Source: Kansas Department of Health and Environment
URL of Source: http://www.kdheks.gov/
URL of Data: http://kic.kdhe.state.ks.us/kic/
Clark County Rural Health Works

Immunizations & Infectious Diseases

Bacterial Pneumonia Hospital Admission Rate

Value: 920.19 per 100,000 population
Location: County: Clark
Comparison: KS State Value
Categories: Health / Immunizations & Infectious Diseases; Health / Other Conditions; Health / Access to Health Services

What is this Indicator?
This indicator shows the number of admissions for bacterial pneumonia per 100,000 population in an area.

Why this is important: Prevention of bacterial pneumonia is an important role for all health care providers. Providers can help individuals stay healthy by preventing disease, and they can prevent complications of existing disease by helping patients live with their illnesses. While these indicators use hospital inpatient data, their focus is on outpatient health care. Prevention Quality Indicators (PQIs) assess the quality of the health care system as a whole, and especially the quality of ambulatory care, in preventing medical complications. As a result, these measures are likely to be of the greatest value when calculated at the population level and when used by public health groups, State data organizations, and other organizations concerned with the health of populations. Serving as a screening tool, these indicators can provide initial information about potential problems in the community that may require further, more in-depth analysis.

Technical Note: The county and regional values are compared to Kansas State value / US value.
Source: Kansas Department of Health and Environment
Percent of Infants Fully Immunized at 24 Months

Value: 85.7 percent
Measurement Period: 2011-2012
Location: County: Clark
Comparison: KS State Value
Categories: Health / Immunizations & Infectious Diseases; Health / Children's Health; Health / Maternal, Fetal & Infant Health

What is this Indicator?
This indicator shows the percent of infants who were immunized with the 4 DTaP, 3 Polio, 1 MMR, 3 Haemophilus influenzae type b, and 3 Hepatitis B vaccines (the 4:3:1:3:3 series) by 24 months of age.

Why this is important: Vaccine coverage is of great public health importance. By having greater vaccine coverage, there is an increase in herd immunity, which leads to lower disease incidence and an ability to limit the size of disease outbreaks. In 2006, a widespread outbreak of mumps occurred in Kansas and across the United States. Prior to the outbreak, the incidence of mumps was at a historical low, and even with the outbreak, the mumps disease rates were still lower than pre-vaccination era. Due to high vaccination coverage, tens or hundreds of thousands of cases were possibly prevented. However, due to unvaccinated and under-vaccinated individuals, the United States has seen a rise in diseases that were previously present at low levels, specifically measles and pertussis.

Technical Note: The county value is compared to the Kansas State value.
Source: Kansas Department of Health and Environment
Percentage of Adults Ages 18 Years and Older Who Received A Flu Shot During the Past 12 Months

Value: 30.7 percent  
Measurement Period: 2009-2010  
Location: Public Health Preparedness Region: Southwest Surveillance  
Comparison: KS State Value  
Categories: Health / Immunizations & Infectious Diseases

What is this Indicator?
This indicator shows the percentage of adults 18 years and older who received the influenza vaccination (flu shot or flu spray) in the past year.

Why this is important: Influenza is a contagious disease caused by the influenza virus. It can lead to pneumonia and can be dangerous for people with heart or breathing conditions. Infection with influenza can cause high fever, diarrhea and seizures in children. It is estimated that 226,000 people are hospitalized each year due to influenza and 36,000 die - mostly the elderly. The seasonal influenza vaccine can prevent serious illness and death. The Centers for Disease Control and Prevention (CDC) recommends annual vaccinations to prevent the spread of influenza.

Technical Note: The County / Region value is compared to the Kansas state value. Confidence intervals were not taken into account while making this comparison.

Source: Kansas Department of Health and Environment  
URL of Source: http://www.kdheks.gov/  
Clark County Rural Health Works

Sexually Transmitted Disease Rate

Value: 0 cases/10,000 population
Measurement Period: 2010
Location: County : Clark
Comparison: KS State Value
Categories: Health / Immunizations & Infectious Diseases

**What is this Indicator?**
This indicator shows the crude incidence rate per 1,000 population due to sexually transmitted diseases.

**Why this is important:** The Centers for Disease Control and Prevention (CDC) estimates that there are approximately 19 million new STD infections each year—almost half of them among young people ages 15 to 24.3 The cost of STDs to the U.S. health care system is estimated to be as much as $15.9 billion annually.4 Because many cases of STDs go undiagnosed—and some common viral infections, such as human papillomavirus (HPV) and genital herpes, are not reported to CDC at all—the reported cases of chlamydia, gonorrhea, and syphilis represent only a fraction of the true burden of STDs in the United States.

Untreated STDs can lead to serious long-term health consequences, especially for adolescent girls and young women. CDC estimates that undiagnosed and untreated STDs cause at least 24,000 women in the United States each year to become infertile.

In 2008, 13,500 cases of primary and secondary syphilis were reported in the United States, a 17.7 percent increase from 2007. The rate of primary & secondary syphilis in the United States was 18.4% higher in 2008 than in 2007.

Chlamydia, the most frequently reported bacterial sexually transmitted disease in the United States, is caused by the bacterium, Chlamydia trachomatis. Under-reporting of chlamydia is
substantial because most people with chlamydia are not aware of their infections and do not seek testing.

Healthy People 2020 has set 18 objectives to reduce STD rates in the United States.

Technical Note: The county and regional values are compared to Kansas State value / US value.
Source: Kansas Department of Health and Environment
URL of Source: http://www.kdheks.gov/
URL of Data: http://www.kdheks.gov/std/std_reports.html
Infant Mortality Rate

Value: 0 deaths/1,000 population
Measurement Period: 2006-2010
Location: County : Clark
Comparison: KS State Value
Categories: Health / Maternal, Fetal & Infant Health; Health / Mortality Data

What is this Indicator?
This indicator shows the rate of infant deaths (prior to one year of age) per 1,000 live births.

Why this is important: One of the basic indicators of the health of a community or state is infant mortality, the death of an infant before one year of age. The calculated infant mortality rate (IMR), while not a true measure of population health, serves as one proxy indicator of population health since it reflects the apparent association between the causes of infant mortality and other factors that are likely to influence the health status of the whole population such as economic development, general living conditions, social wellbeing where basic needs are met, rates of illness such as diabetes and hypertension, and quality of the environment.

The number of infant deaths to Kansas residents dropped from 290 in 2009 to 253 in 2010. The number of Kansas resident births in 2010 was 40,439. This resulted in an infant mortality rate of 6.28 per 1,000 live births compared to 7.01 in 2009. Although the one year decline was not statistically significant at the 95% confidence level, the number of infant deaths is the lowest in Kansas since recordkeeping began in 1912. The infant mortality rate is the lowest recorded. Over the last 22 years Kansas has experienced a statistically significant declining trend in the annual infant mortality rate (with a lot of ups and downs in between).

The 2010 infant mortality rate represents a 28.4 percent decrease from the 1989 IMR of 8.77. That change is statistically significant at the 95% confidence level.
The Healthy People 2020 target is 6.0 infant deaths per 1,000 live births. The leading causes of death among infants are birth defects, pre-term delivery, low birth weight, Sudden Infant Death Syndrome (SIDS), and maternal complications during pregnancy.

Technical Note: The county and regional values are compared to Kansas State value.
Source: Kansas Department of Health and Environment
URL of Data: [http://kic.kdhe.state.ks.us/kic/index.html](http://kic.kdhe.state.ks.us/kic/index.html)

**Number of Births per 1,000 Population**

**Value:** 11.9 births/1,000 population  
**Measurement Period:** 2008-2010  
**Location:** County: Clark  
**Comparison:** KS State Value  
**Categories:** Health / Maternal, Fetal & Infant Health

**What is this Indicator?**  
This indicator shows the number of births per 1,000 population.

**Why this is important:** The birth rate is an important measure of population health. The birth rate is usually the dominant factor in determining the rate of population growth; however, it depends on both the level of fertility and the age structure of the population.

Technical Note: The county and regional values are compared to the Kansas State value.
Source: Kansas Department of Health and Environment
URL of Data: [http://kic.kdhe.state.ks.us/kic/index.html](http://kic.kdhe.state.ks.us/kic/index.html)
Percent of all Births Occurring to Teens (15-19 years)

Value: 10 percent  
Location: County : Clark  
Comparison: KS State Value  
Categories: Health / Maternal, Fetal & Infant Health; Health / Teen & Adolescent Health

What is this Indicator?  
This indicator shows the percentage of births in which mothers were 15-19 years of age.

Why this is important: For many women, a family planning clinic is the entry point into the health care system and one they consider their usual source of care. Each year, publicly funded family planning services prevent 1.94 million unintended pregnancies, including 400,000 teen pregnancies. These services are cost-effective, saving nearly $4 in Medicaid expenditures for pregnancy-related care for every $1 spent.

In Kansas, 4,265 births occurred to women 10-19 years of age, representing 10.3 percent of the births in 2009.

Births resulting from unintended pregnancies can have negative consequences including birth defects and low birth weight. Children from unintended pregnancies are more likely to experience poor mental and physical health during childhood, and have lower educational attainment and more behavioral issues in their teen years.

The negative consequences associated with unintended pregnancies are greater for teen parents and their children. Eighty-two percent of pregnancies to mothers ages 15 to 19 are unintended. One in five unintended pregnancies each year is among teens. Teen mothers are less likely to graduate from high school or attain a GED by the time they reach age 30; earn an
average of approximately $3,500 less per year, when compared with those who delay childbearing until their 20s; and receive nearly twice as much Federal aid for nearly twice as long.

Unintended pregnancies are associated with many negative health and economic consequences. Unintended pregnancies include pregnancies that are reported by women as being mistimed or unwanted. Almost half of all pregnancies in the United States are unintended. The public costs of births resulting from unintended pregnancies were $11 billion in 2006. (This figure includes costs for prenatal care, labor and delivery, post-partum care, and 1 year of infant care).

Technical Note: Births with unknown values are excluded from the denominator for this calculation. The county and regional values are compared to the Kansas state value. Confidence intervals were not taken into account while making this comparison.

Source: Kansas Department of Health and Environment
URL of Source: http://www.kdheks.gov/
URL of Data: http://kic.kdhe.state.ks.us/kic/index.html

Percent of Births Occurring to Unmarried Women

Value: 25 percent  
Measurement Period: 2008-2010  
Location: County: Clark  
Comparison: KS State Value  
Categories: Health / Maternal, Fetal & Infant Health; Health / Family Planning

What is this Indicator?  
This indicator shows the percentage of all births to mothers who reported not being married.
Clark County Rural Health Works

**Why this is important:** Non-marital births reflect the number of children born to unmarried women and includes both planned and unplanned pregnancies as well as women who were living with a partner at the time of birth. In previous decades, the term was often used to describe births to teen mothers; however, in recent decades, the average age of unmarried women having children has increased and less than one quarter of non-marital births were to teenaged women. Despite the older age of unmarried mothers, health concerns remain for the children of unmarried women. Studies have found that infants born to non-married women are at greater risk of being born preterm, having a low birth weight, dying in infancy and living in poverty than babies born to married women. In 2007, nearly 4 in 10 births in the U.S. were to unmarried women, according to CDC.

Technical Note: Births with unknown values are excluded from the denominator for this calculation. The county and regional values are compared to the Kansas state value. Confidence intervals were not taken into account while making the comparison with the state.

Source: Kansas Department of Health and Environment


URL of Data: [http://kic.kdhe.state.ks.us/kic/index.html](http://kic.kdhe.state.ks.us/kic/index.html)

**Percent of Births where Mother Smoked During Pregnancy**

**Value:** 18.4 percent  
**Measurement Period:** 2008-2010  
**Location:** County: Clark  
**Comparison:** KS State Value  
**Categories:** Health / Maternal, Fetal & Infant Health; Health / Other Chronic Diseases

What is this Indicator?
This indicator shows the percentage of births in which the mothers reported smoked during their pregnancy.
Clark County Rural Health Works

Why this is important: Smoking is a major public health problem. Smokers face an increased risk of lung cancer, stroke, cardiovascular diseases, and multiple other disorders. Smoking during pregnancy adversely affects the health of both the mother and her baby. Maternal smoking can result in miscarriages, premature delivery, and sudden infant death syndrome. Smoking during pregnancy nearly doubles a woman’s risk of having a low birth weight baby, and low birth weight is a key predictor for infant mortality. In addition, smoking also increases the risk of preterm delivery. Low birth weight and premature babies face an increased risk of serious health problems during the infant period, as well as chronic lifelong disabilities such as cerebral palsy, mental retardation, and learning problems.

Technical Note: Births with unknown values are excluded from the denominator for this calculation. The county and regional values is compared to the Kansas State value. Confidence intervals were not taken into account while making this comparison.

Source: Kansas Department of Health and Environment
URL of Data: [http://kic.kdhe.state.ks.us/kic/index.html](http://kic.kdhe.state.ks.us/kic/index.html)

Percent of Births Where Prenatal Care began in First Trimester

Value: 77 percent
Measurement Period: 2008-2010
Location: County : Clark
Comparison: KS State Value
Categories: Health / Maternal, Fetal & Infant Health

What is this Indicator?
This indicator shows the percentage of births in which mothers received prenatal care in the first trimester.
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**Why this is important:** Babies born to mothers who do not receive prenatal care are three times more likely to have a low birth weight and five times more likely to die than those born to mothers who do get care. Early prenatal care (i.e., care in the first trimester of a pregnancy) allows women and their health care providers to identify and, when possible, treat or correct health problems and health-compromising behaviors that can be particularly damaging during the initial stages of fetal development. Increasing the number of women who receive prenatal care, and who do so early in their pregnancies, can improve birth outcomes and lower health care costs by reducing the likelihood of complications during pregnancy and childbirth.

**Technical Note:** Births with unknown values are excluded from the denominator for this calculation. The county and regional values are compared to the Kansas state value. Confidence intervals were not taken into account while making the comparison with the state.

**Source:** Kansas Department of Health and Environment

**URL of Source:** [http://www kdheks gov/](http://www.kdheks.gov/)

**URL of Data:** [http://kic kdhe.state.ks.us/kic/index.html](http://kic.kdhe.state.ks.us/kic/index.html)

**Percent of Births with Inadequate Birth Spacing**

**Value:** 13.2 percent

**Measurement Period:** 2005-2007

**Location:** County: Clark

**Comparison:** KS State Value

**Categories:** Health / Maternal, Fetal & Infant Health; Health / Children's Health

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**What is this Indicator?**

This indicator shows the percentage of live births in which a sibling was born less than 18 months prior.

**Why this is important:** Birth Spacing refers to the time interval from one child's birth date until the next child's birth date. There are many factors to consider in determining what is an optimal...
time interval between pregnancies. However, researchers agree that 2 ½ years to 3 years between births is usually best for the well being of the mother and her children. When births are spaced 2½ years to 3 years apart there is less risk of infant and child death. There is also lower risk of the baby being underweight. Short intervals between births can also be bad for mother’s health. There is a greater risk of bleeding in pregnancy, premature rupture of the bag of waters and increased risk of maternal death. A time interval of six months or more after finishing breastfeeding is also recommended before becoming pregnant again for the mother to be able to rebuild her nutritional stores.

Technical Note: Births with unknown values are excluded from the denominator for this calculation. The county and regional values are compared to the Kansas State value. Confidence intervals were not taken into account while making this comparison.

Source: Kansas Department of Health and Environment

URL of Source: http://www.kdheks.gov/

URL of Data: http://kic.kdhe.state.ks.us/kic/index.html

Percent of Births with Low Birth Weight

Value: 7.9 percent

Measurement Period: 2008-2010

Location: County : Clark

Comparison: KS State Value

Categories: Health / Maternal, Fetal & Infant Health

What is this Indicator?
This indicator shows the percentage of all births in which the newborn weight is less than 2,500 grams (5 pounds, 8 ounces).

Why this is important: Babies born with a low birth weight are more likely than babies of normal weight to require specialized medical care, and often must stay in the intensive care unit.
Low birth weight is often associated with premature birth. While there have been many medical advances enabling premature infants to survive, there is still risk of infant death or long-term disability. The most important things an expectant mother can do to prevent prematurity and low birth weight are to take prenatal vitamins, stop smoking, stop drinking alcohol and using drugs, and most importantly, get prenatal care.

Technical Note: Births with unknown values are excluded from the denominator for this calculation. The county and regional values are compared to the Kansas State value. Confidence intervals were not taken into account while making this comparison.
Source: Kansas Department of Health and Environment
URL of Source: http://www.kdheks.gov/
URL of Data: http://kic.kdhe.state.ks.us/kic/index.html
Clark County Rural Health Works

Mortality Data

Age-adjusted Alzheimer's Disease Mortality Rate per 100,000 Population

Value: 47.1 deaths/100,000 population
Measurement Period: 2006-2008
Location: County: Clark
Comparison: KS State Value
Categories: Health / Mortality Data; Health / Older Adults & Aging

What is this Indicator?
This indicator shows the total age-adjusted death rate per 100,000 population due to Alzheimer's disease.

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

Nationally, Alzheimer's disease is the 6th leading cause of death among adults aged 18 years and older. In Kansas, 963 people died from Alzheimer's, the 6th leading cause of death in the state. The age-adjusted mortality rate was 28.4 deaths per 100,000 population. Estimates vary, but experts suggest that up to 5.1 million Americans aged 65 years and older have Alzheimer's disease. These numbers are predicted to more than double by 2050 unless more effective ways to treat and prevent Alzheimer's disease are found.

Dementia affects an individual's health, quality of life, and ability to live independently.

People living with dementia are at greater risk for general disability and experience frequent injury from falls. Older adults with dementia are 3 times more likely to have preventable
hospitalizations. As their dementia worsens, people need more health services and, oftentimes, long-term care. Many individuals requiring long-term care experience major personal and financial challenges that affect their families, their caregivers, and society.

Technical Note: The County / Region values are compared to the Kansas State value.
Source: Kansas Department of Health and Environment
URL of Data: [http://kic.kdhe.state.ks.us/kic/index.html](http://kic.kdhe.state.ks.us/kic/index.html)

### Age-adjusted Atherosclerosis Mortality Rate per 100,000 population

**Value:** 0 deaths/100,000 population  
**Measurement Period:** 2008-2010  
**Location:** County: Clark  
**Comparison:** KS State Value  
**Categories:** Health / Mortality Data; Health / Other Chronic Diseases

**What is this Indicator?**
This indicator shows the total age-adjusted death rate per 100,000 population due to atherosclerosis.

**Why this is important:** Hardening of the arteries, also called atherosclerosis, is a common disorder. It occurs when fat, cholesterol, and other substances build up in the walls of arteries and form hard structures called plaques. In 2009, atherosclerosis accounted for 321 deaths and was the 11th leading cause of death in the Kansas.

Hardening of the arteries is a process that often occurs with aging. However, high blood cholesterol levels can make this process happen at a younger age. For most people, high cholesterol levels are the result of an unhealthy lifestyle -- most commonly, eating a diet that is high in fat. Other lifestyle factors are heavy alcohol use, lack of exercise, and being overweight.
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Other risk factors for hardening of the arteries are:

- Diabetes
- Family history of hardening of the arteries
- High blood pressure
- Smoking

Technical Note: The County / Region values are compared to the Kansas State value.
Source: Kansas Department of Health and Environment
URL of Source: http://www.kdheks.gov/
URL of Data: http://kic.kdhe.state.ks.us/kic/index.html

Age-adjusted Cancer Mortality Rate per 100,000 Population

Value: 140.6 deaths/100,000 population
Measurement Period: 2008-2010
Location: County : Clark
Comparison: KS State Value
Categories: Health / Mortality Data

What is this Indicator?
This indicator shows the total age-adjusted death rate per 100,000 population due to all cancers.

Why this is important: Cancer has been the second leading cause of death in the United States. In Kansas 5,304 persons died of cancer in 2009. With an age-adjusted mortality rate of 173.3 deaths per 100,000 population, Cancer temporarily bumped heart disease from the number one cause of death in Kansas.
Age-adjusted Cerebrovascular Disease Mortality Rate per 100,000 Population

Value: 57.18 deaths/100,000 population
Measurement Period: 2008-2010
Location: County: Clark
Comparison: KS State Value
Categories: Health / Mortality Data

What is this Indicator?
This indicator shows the total age-adjusted death rate per 100,000 population due to cerebrovascular disease.

Why this is important: Stroke is the third leading cause of death among Americans, accounting for nearly 1 out of every 17 deaths. It is also the leading cause of serious long-term disability. Risk factors for stroke include inactivity, obesity, high blood pressure, cigarette smoking, high cholesterol, and diabetes.

Technical Note: The County / Region values are compared to the Kansas State value.
Source: Kansas Department of Health and Environment
URL of Source: http://www.kdheks.gov/
URL of Data: http://kic.kdhe.state.ks.us/kic/index.html

Age-adjusted Chronic Lower Respiratory Disease Mortality Rate per 100,000 Population

Technical Note: The County / Region values are compared to the Kansas State value.
Source: Kansas Department of Health and Environment
URL of Source: http://www.kdheks.gov/
URL of Data: http://kic.kdhe.state.ks.us/kic/index.html

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What is this Indicator?
This indicator shows the total age-adjusted death rate per 100,000 population due to chronic lower respiratory disease.

Why this is important: Chronic Lower Respiratory Disease (CLRD) is the fourth leading cause of death in the United States but the third leading cause of death in Kansas. It is projected to be third nationwide by 2020.

Approximately 124,000 people die each year in the United States from CLRD. This estimate is considered low, however, because CLRD is often cited as a contributory, not underlying, cause of death on the death certificate. In Kansas in CLRD accounted for 1,577 deaths in 2009, producing an age-adjusted mortality rate of 50.9 deaths per 100,000 population.

CLRD comprises three major diseases: chronic bronchitis, emphysema, and asthma. Approximately $42.7 billion is spent annually on direct and indirect health care costs due to CLRD.

Tobacco smoking is the most important risk factor for chronic bronchitis and emphysema, accounting for about 80% of cases. Cigarette smokers are 10 times more likely to die from these diseases than nonsmokers. The remaining 20% of cases are attributable to environmental exposures and genetic factors. Asthma appears to have a strong genetic basis, with 30% to 50% of all cases due to an inherited predisposition.

A direct association between secondhand smoke and lower respiratory disease has been documented by the Environmental Protection Agency. Smoking cessation in the single most
effective way to reduce the risk of CLRD and its progression.

Lower respiratory disease deaths increased in the United States by 163% between 1965 and 1998. This trend reflects smoking patterns initiated 30 to 50 years ago.

Technical Note: The County / Region values are compared to the Kansas State value.
Source: Kansas Department of Health and Environment
URL of Source: http://www.kdheks.gov/
URL of Data: http://kic.kdhe.state.ks.us/kic/index.html

Age-adjusted Diabetes Mortality Rate per 100,000 Population

Value: 24.4 deaths/100,000 population
Measurement Period: 2008-2010
Location: Public Health Preparedness Region: Southwest Surveillance
Comparison: KS State Value
Categories: Health / Mortality Data

What is this Indicator?
This indicator shows the total age-adjusted death rate per 100,000 population due to Diabetes.

Why this is important: In 2007, diabetes was the seventh leading cause of death in the United States. In 2010, an estimated 25.8 million people or 8.3% of the population had diabetes. Diabetes disproportionately affects minority populations and the elderly and its incidence is likely to increase as minority populations grow and the U.S. population becomes older.

Diabetes can have a harmful effect on most of the organ systems in the human body; it is a frequent cause of end-stage renal disease, non-traumatic lower-extremity amputation, and a leading cause of blindness among working age adults. Persons with diabetes are also at
increased risk for ischemic heart disease, neuropathy, and stroke. In economic terms, the direct medical expenditure attributable to diabetes in 2007 was estimated to be $116 billion.

Technical Note: The County / Region values are compared to the Kansas State value.
Source: Kansas Department of Health and Environment
URL of Source: http://www.kdheks.gov/
URL of Data: http://kic.kdhe.state.ks.us/kic/index.html

Age-adjusted Heart Disease Mortality Rate per 100,000 Population

Value: 153.8 deaths/100,000 population
Measurement Period: 2008-2010
Location: County : Clark
Comparison: KS State Value
Categories: Health / Mortality Data

What is this Indicator?
This indicator shows the total age-adjusted death rate per 100,000 population due to heart disease.

Why this is important: Heart disease is in the number one cause of death in the U.S. and Hawaii. Physical inactivity, overweight, and obesity are considered cardiovascular risk determinants. Regular physical activity and a diet low in unhealthy fats and high in fruits and vegetables may help reduce the risk for cardiovascular disease. In 2009, the U.S. spent an estimated $68.9 billion on costs associated with stroke, including health care, medicine, and lost productivity.

Technical Note: The County / Region values are compared to the Kansas State value.
Source: Kansas Department of Health and Environment
URL of Source: http://www.kdheks.gov/
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URL of Data:  http://kic.kdhe.state.ks.us/kic/index.html

Age-adjusted Homicide Mortality Rate per 100,000 Population

Value: 0 deaths/100,000 population
Measurement Period: 2008-10
Location: County : Clark
Comparison: KS State Value
Categories: Health / Mortality Data

What is this Indicator?
This indicator shows the total age-adjusted death rate per 100,000 population due to homicide.

Why this is important: A violent crime is a crime in which the offender uses or threatens to use violent force upon the victim. Violent crimes include homicide, assault, rape, and robbery. Violence negatively impacts communities by reducing productivity, decreasing property values, and disrupting social services. Homicides in Kansas totaled 127 in 2009. The age-adjusted mortality rate was 4.6 deaths per 100,000 population. The 2007 National age-adjusted mortality rate was 6.11 per 100,000 population. The national target is 5.5 homicides per 100,000 population.

Technical Note: The County / Region values are compared to the Kansas State value.
Source: Kansas Department of Health and Environment
URL of Source:  http://www.kdheks.gov/
URL of Data:  http://kic.kdhe.state.ks.us/kic/index.html

Age-adjusted Mortality Rate per 100,000 Population

Value: 783.05 deaths/100,000 population
What is this Indicator?
This indicator shows the total age-adjusted death rate per 100,000 population due to all causes.

Why this is important: Mortality or death rates are often used as measures of health status for a population. Many factors affect the risk of death, including age, race, gender, occupation, education, and income. By far the strongest of these factors affecting the risk of death is age. Populations often differ in age composition. A "young" population has a higher proportion of persons in the younger age groups, while an "old" population has a higher proportion in the older age groups. Therefore, it is often important to control for differences among the age distributions of populations when making comparisons among death rates to assess the relative risk of death. Age-adjusted mortality rates are valuable when comparing two different geographic areas, causes or time periods.

Technical Note: The County / Region values are compared to the Kansas State value.
Source: Kansas Department of Health and Environment
URL of Source: http://www.kdheks.gov/
URL of Data: http://kic.kdhe.state.ks.us/kic/index.html

Age-adjusted Nephritis, Nephrotic Syndrome, Nephrosis Mortality Rate per 100,000 Population

Value: 16.42 deaths/100,000 population
Measurement Period: 2008-2010
What is this Indicator?
This indicator shows the total age-adjusted death rate per 100,000 population due to nephritis, nephrotic syndrome, nephrosis.

Why this is important: Chronic kidney disease (CKD) -- called kidney disease here for short -- is a condition in which the small blood vessels in the kidneys are damaged, making the kidneys unable to do their job. Waste then builds up in the blood, harming the body. Nephritis, nephrotic syndrome, and nephrosis are diseases associated with the kidney and as a group represented the 9th leading cause of death in Kansas, claiming 556 lives in 2009.

Kidney disease is most often caused by diabetes or high blood pressure. Diabetes and high blood pressure damage the blood vessels in the kidneys, so the kidneys are not able to filter the blood as well as they used to. Usually this damage happens slowly, over many years. As more and more blood vessels are damaged, the kidneys eventually stop working.

Other risk factors for kidney disease are cardiovascular (heart) disease and a family history of kidney failure.

Chronic nephritis is a chronic inflammation of the tissues of the kidney. It is caused by a wide variety of etiological factors. The disease is frequently associated with a slow, progressive loss of kidney function. It is usually discovered accidentally, either by routine urinalysis (tests done to check kidney function) or during a routine physical checkup when anemia, hypertension, or laboratory findings (elevated serum creatinine and blood urea nitrogen) are discovered. Its course is long and the prognosis (expectancy of cure) is poor.

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

Technical Note: The County / Region values are compared to the Kansas State value.
Source: Kansas Department of Health and Environment
URL of Source:  http://www.kdheks.gov/
URL of Data:  http://kic.kdhe.state.ks.us/kic/index.html

Age-adjusted Suicide Mortality Rate per 100,000 Population

Value: 0 deaths/100,000 population
Location: County : Clark
Comparison: KS State Value
Categories: Health / Mortality Data

What is this Indicator?
This indicator shows the total age-adjusted death rate per 100,000 population due to suicide.

Why this is important: Suicide results in the tragic loss of human life as well as agonizing grief, fear, and confusion in families and communities. Its impact is not limited to an individual person or family, but extends across generations and throughout communities. The breadth of the problem and the complexity of its risk factors make suicide prevention well suited to a community-based public health approach that engages multiple systems and reaches all citizens. Depression and suicide are significant public health issues. Depression is one of the most common mental disorders experienced by elders, but fortunately is treatable by a variety of means.

Technical Note: The County / Region values are compared to the Kansas State value.
Age-adjusted Traffic Injury Mortality Rate per 100,000 Population

Value: 31.55 deaths/100,000 population
Measurement Period: 2008-2010
Location: Public Health Preparedness Region: Southwest Surveillance
Comparison: KS State Value
Categories: Health / Mortality Data

What is this Indicator?
This indicator shows the death rate per 100,000 population due to on- or off-road accidents involving a motor vehicle. Deaths resulting from boating accidents and airline crashes are not included in this measure.

Why this is important: Motor vehicle-related injuries kill more children and young adults than any other single cause in the United States. More than 41,000 people in the United States die in motor vehicle crashes each year, and crash injuries result in about 500,000 hospitalizations and four million emergency department visits annually. Increased use of safety belts and reductions in driving while impaired are two of the most effective means to reduce the risk of death and serious injury of occupants in motor vehicle crashes.

Technical Note: The County / Region values are compared to the Kansas State value.
Source: Kansas Department of Health and Environment
URL of Source: http://www.kdheks.gov/
URL of Data: http://kic.kdhe.state.ks.us/kic/index.html
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Age-adjusted Unintentional Injuries Mortality Rate per 100,000 Population

Value: 91 deaths/100,000 population
Location: County : Clark
Comparison: KS State Value
Categories: Health / Mortality Data

What is this Indicator?
This indicator shows the total age-adjusted death rate per 100,000 population due to unintentional injuries.

Why this is important: Injuries are one of the leading causes of death for Americans of all ages, regardless of gender, race, or economic status. For ages 15 to 24 years, injury deaths exceed deaths from all other causes combined and account for nearly four out of five deaths in this age group. Intentional injuries are those resulting from purposeful human action directed at oneself or others. Major risk factors for intentional injuries from interpersonal or self-inflicted violence include firearms, alcohol abuse, mental illness, and poverty. Unintentional injuries refer to those that are unplanned and include motor-vehicle accidents, falls, fires and burns, and drownings.

In Kansas, unintentional injuries accounted for 1,301 deaths making it the fourth leading cause of death. The age-adjusted mortality rate was 43.8 deaths per 100,000 population. In the US, one death out of every 17 results from injury. In 2006, unintentional injuries were the fifth leading cause of death overall in the U.S, and increased 1.4% from 2005 to 2006. In 2006, 121,599 people died from unintentional injuries.

Technical Note: The County / Region values are compared to the Kansas State value.
Source: Kansas Department of Health and Environment
URL of Source: http://www.kdheks.gov/
URL of Data: http://kic.kdhe.state.ks.us/kic/index.html
Injury Hospital Admission Rate

Value: 1,712.77 Per 100,000 population
Location: County : Clark
Comparison: KS State Value
Categories: Health/Prevention & Safety

What is this Indicator?
This indicator shows the number of hospital admissions for unintentional and intentional injury (secondary ICD 9CM diagnoses of E800-E928 excluding E870-E879) per 100,000 population in an area.

Why this is important: Injuries are the leading cause of death for Americans ages 1 to 44, and a leading cause of disability for all ages, regardless of sex, race/ethnicity, or socioeconomic status. More than 180,000 people die from injuries each year, and approximately 1 in 10 sustains a nonfatal injury serious enough to be treated in a hospital emergency department. Beyond their immediate health consequences, injuries and violence have a significant impact on the well-being of Americans by contributing to: Premature death, disability, poor mental health, high medical costs and lost productivity. The effects of injuries and violence extend beyond the injured person or victim of violence to family members, friends, coworkers, employers, and communities. Injuries are not tracked systematically unless they result in hospitalization or death. Hospital admission data only represent the most serious injuries.

Technical Note: The county and regional values are compared to Kansas State value.
Source: Kansas Department of Health and Environment
URL of Data: [http://kic.kdhe.state.ks.us/kic/index.html](http://kic.kdhe.state.ks.us/kic/index.html)
Chronic Obstructive Pulmonary Disease (COPD) Hospital Admission Rate

Value: 199.81 Per 100,000 population  
Location: County : Clark  
Comparison: KS State Value  
Categories: Health/Respiratory Diseases

What is this Indicator?
This indicator shows the number of admissions for chronic obstructive pulmonary disease per 100,000 population in an area.

Why this is important: Chronic obstructive pulmonary disease is a leading cause of death in Kansas. Preventing hospital admissions is an important role for all health care providers. Providers can help individuals stay healthy by preventing disease, and they can prevent complications of existing disease by helping patients live with their illnesses. While these indicators use hospital inpatient data, their focus is on outpatient health care. Prevention Quality Indicators (PQIs) assess the quality of the health care system as a whole, and especially the quality of ambulatory care, in preventing medical complications. As a result, these measures are likely to be of the greatest value when calculated at the population level and when used by public health groups. Serving as a screening tool, these indicators can provide initial information about potential problems in the community that may require further, more in-depth analysis.

Technical Note: The county and regional values are compared to Kansas State value.  
Source: Kansas Department of Health and Environment  
URL of Source: http://www.kdheks.gov/  
URL of Data: http://kic.kdhe.state.ks.us/kic/index.html
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Substance Abuse

Percentage of Adults Who are Binge Drinkers

Value: 15.6 percent
Measurement Period: 2009
Location: Public Health Preparedness Region: Southwest Surveillance
Comparison: KS State Value
Categories: Health/Substance Abuse

What is this Indicator?
This indicator shows the percentage of adults 18 years and older who reported binge drinking at least once during the 30 days prior to the survey. Male binge drinking is defined as five or more drinks on one occasion, and female binge drinking is four or more drinks on one occasion.

Why this is important: Binge drinking is an indicator of excessive alcohol use in the United States. Binge drinking can be dangerous and may result in vomiting, loss of sensory perception, and blackouts. The prevalence of binge drinking among men is twice that of women. In addition, it was found that binge drinkers are 14 times more likely to report alcohol-impaired driving than non-binge drinkers. Alcohol abuse is associated with a variety of negative health and safety outcomes including alcohol-related traffic accidents and other injuries, employment problems, legal difficulties, financial loss, family disputes and other interpersonal problems. The Healthy People 2020 national health target is to reduce the proportion of adults aged 18 years and older engaging in binge drinking during the past 30 days to 24.3%.

Technical Note: The County / Region value is compared to the Kansas state value. Confidence intervals were not taken into account while making this comparison.
Source: Kansas Department of Health and Environment
URL of Data: [http://kic.kdhe.state.ks.us/kic/index.html](http://kic.kdhe.state.ks.us/kic/index.html)
Percentage of Adults Who Currently Smoke Cigarettes

Value: 14.8 percent  
Measurement Period: 2009  
Location: Public Health Preparedness Region: Southwest Surveillance  
Comparison: KS State Value  
Categories: Health/Substance Abuse

What is this Indicator?  
This indicator shows the percentage of adults 18 years and older who currently smoke cigarettes.

Why this is important: Tobacco use is one of the most preventable causes of illness and death in America today. Tobacco use causes premature death to almost half a million Americans each year, and it contributes to profound disability and pain in many others. Approximately one-third of all tobacco users in this country will die prematurely because of their dependence on tobacco. Areas with a high smoking prevalence will also have greater exposure to secondhand smoke for non-smokers, which can cause or exacerbate a wide range of adverse health effects, including cancer, heart disease, respiratory infections, and asthma. The Healthy People 2020 national health target is to reduce the proportion of adults aged 18 years and older who smoke cigarettes to 12%.

Technical Note: The County / Region value is compared to the Kansas state value. Confidence intervals were not taken into account while making this comparison.

Source: Kansas Department of Health and Environment  
URL of Source: [http://www kdheks gov/](http://www kdheks gov/)  
Clark County Rural Health Works

Wellness & Lifestyle

Percentage of Adults with Fair or Poor Self-Perceived Health Status

Value: 31.6 percent
Measurement Period: 2009
Location: Public Health Preparedness Region: Southwest Surveillance
Comparison: KS State Value
Categories: Health/Wellness & Lifestyle

What is this Indicator?
This indicator shows the percentage of adults 18 years and older answering poor or fair to the question: "how is your general health?"

Why this is important: People's subjective assessment of their health status is important because when people feel healthy they are more likely to feel happy and to participate in their community socially and economically. Areas with unhealthy populations lose productivity due to lost work time. Healthy residents are essential for creating a vibrant and successful community.

Technical Note: The County / Region value is compared to the Kansas state value. Confidence intervals were not taken into account while making this comparison.
Source: Kansas Department of Health and Environment
URL of Source: http://www.kdheks.gov/
Clark County Rural Health Works

Economic Climate

Uninsured Adult Population Rate

Value: 18.5 Percent
Measurement Period: 2009
Location: County: Clark
Comparison: KS State Value
Categories: Economy/Poverty

What is this Indicator?
This indicator shows the estimated percent of persons ages 18-64 who are uninsured.

Why this is important: Access to health services encompasses four components: coverage, services, timeliness, and workforce.

Health insurance coverage helps patients get into the health care system. Uninsured people are:

Less likely to receive medical care
More likely to die early
More likely to have poor health status

Lack of adequate coverage makes it difficult for people to get the health care they need and, when they do get care, burdens them with large medical bills. Current policy efforts focus on the provision of insurance coverage as the principal means of ensuring access to health care among the general population. Other factors, described below, may be equally important to removing barriers to access and utilization of services.

Access to health care services in the United States is regarded as unreliable; many people do not receive the appropriate and timely care they need. The U.S. health care system, which is
Clark County Rural Health Works

already strained, will face an influx of patients in 2014, when 32 million Americans will have health insurance for the first time. All of these issues, and others, make the measurement and development of new strategies and models essential.

In 2009-2010, the percentage of Kansans without health insurance rose to 13%, the highest rate of the decade, 2000-2010. This percentage climbed from 11.3% in 2005-2006 and 12.7% in 2008-2009. Approximately 357,500 Kansas residents - children and adults - lacked insurance in 2009-2010, also the highest number in the decade and an increase of about 10,000 people from 347,400 during 2008-2009. The percentage of Kansans (13) who were uninsured in 2009-2010 compared favorably with the United States percentage of 16.5%.

Healthy People 2020 has set a target of 100% coverage for medical insurance Increase the proportion of persons with health insurance. The national baseline for comparison was 83.2 percent of persons had medical insurance in 2008.

Technical Note: The County / Region value is compared to the Kansas state value.
Source: U.S. Census Bureau
URL of Source: http://www.census.gov/
URL of Data: http://www.census.gov/did/www/sahie/

Unemployed Workers in Civilian Labor Force

Value: 3.3 Percent
Measurement Period: 2012, May
Location: County : Clark
Comparison: U.S. Counties
Categories: Economy/Employment

Unemployed Workers in Civilian Labor Force

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</table>
What is this Indicator?
This indicator describes the civilians, 16 years of age and over, who are unemployed as a percent of the U.S. civilian labor force.

Why this is important: The unemployment rate is a key indicator of the local economy. Unemployment occurs when local businesses are not able to supply enough and/or appropriate jobs for local employees and/or when the labor force is not able to supply appropriate skills to employers. A high rate of unemployment has personal and societal effects. During periods of unemployment, individuals are likely to feel severe economic strain and mental stress. Unemployment is also related to access to health care, as many individuals receive health insurance through their employer. A high unemployment rate places strain on financial support systems, as unemployed persons qualify for unemployment benefits and food stamp programs.

Technical Note: The distribution is based on non-seasonally adjusted data from 3,141 U.S. counties and county equivalents.
Source: U.S. Bureau of Labor Statistics
URL of Source: http://www.bls.gov/
URL of Data: http://data.bls.gov/PDQ/outside.jsp?survey=la
Household with Public Assistance

Value: 0.9 Percent  
**Measurement Period:** 2006-2010  
**Location:** County: Clark  
**Comparison:** U.S. Counties  
**Categories:** Economy/Government Assistance Programs

**What is this Indicator?**  
This indicator shows the percentage of households receiving cash public assistance income.

**Why this is important:** Public assistance income includes general assistance and Temporary Assistance to Needy Families (TANF). It does not include Supplemental Security Income (SSI) or noncash benefits such as Food Stamps. Areas with more households on public assistance programs have higher poverty rates.

**Technical Note:** The distribution is based on data from 3,143 U.S. counties and county equivalents.  
**Source:** American Community Survey  
**URL of Source:** [http://www.census.gov/acs/www/](http://www.census.gov/acs/www/)  
**URL of Data:** [http://factfinder2.census.gov/](http://factfinder2.census.gov/)
Clark County Rural Health Works

Home Ownership

Foreclosure Rate

Value: 3.8 Percent
Measurement Period: 2008
Location: County: Clark
Comparison: U.S. Counties
Categories: Economy/Home Ownership

What is this Indicator?
This indicator shows the percentage of mortgages that ended in foreclosure.

Why this is important: Foreclosure rate is a measure of economic stability. A foreclosure is the repossession of a home and/or property by a lender in the event that the borrower defaults on a loan or is unable to meet the agreement of the mortgage. Unfortunately, foreclosures have become commonplace in many American cities and towns. Following a period of rising housing prices in the U.S., prices began to decline steeply and the years 2006 and 2007 saw unprecedented numbers of foreclosures among homeowners, the majority of whom had subprime mortgages. The ensuing "subprime mortgage crisis" was the first major indicator of the U.S. financial crisis.

Individuals and families who lose their homes to foreclosure are often left homeless or in precarious financial situations. Studies show that both the stress and forced relocation following home foreclosure have negative impacts on the health and well-being of individuals and families.

Technical Note: The distribution is based on data from 3,137 U.S. counties.
Source: U.S. Department of Housing and Urban Development
URL of Source: http://www.huduser.org/portal/
URL of Data: http://www.huduser.org/portal/datasets/nsp_foreclosure_data.html
Homeowner Vacancy Rate

Value: 0.4 Percent  
Measurement Period: 2006-2010  
Location: County: Clark  
Comparison: U.S. Counties  
Categories: Economy/Homeownership

What is this Indicator?
This indicator shows the percentage of vacant home property.

Why this is important: The homeowner vacancy rate is the proportion of property that is vacant "for sale." It is computed by dividing the number of vacant units "for sale only" by the sum of the owner-occupied units, vacant units that are "for sale only," and vacant units that have been sold but not yet occupied. Vacancy status is often used as a basic indicator of the housing market. It is used to identify turnover and assess the demand for housing. It provides information on the stability and quality of housing for a particular geographic region.

Technical Note: The distribution is based on data from 3,143 U.S. counties and county equivalents.  
Source: American Community Survey  
URL of Source: http://www.census.gov/acs/www/  
URL of Data: http://factfinder2.census.gov/
**What is this Indicator?**
This indicator shows the percentage of housing units that are occupied by homeowners.

**Why this is important:** Homeownership has many benefits for both individuals and communities. Homeowners are more likely to improve their homes and to be involved in civic affairs, both of which benefit the individual and the community as a whole. In addition, homeownership provides tax benefits.

Technical Note: The distribution is based on data from 3,143 U.S. counties and county equivalents.
Source: American Community Survey
URL of Source: [http://www.census.gov/acs/www/](http://www.census.gov/acs/www/)
URL of Data: [http://factfinder2.census.gov/](http://factfinder2.census.gov/)
Renters Spending 30% or More of Household Income on Rent

Value: 37.9 Percent  
Measurement Period: 2006-2010  
Location: County : Clark  
Comparison: U.S. Counties  
Categories: Economy/Housing Affordability & Supply

What is this Indicator?
This indicator shows the percentage of renters who are paying 30% or more of their household income in rent.

Why this is important: Spending a high percentage of household income on rent can create financial hardship, especially for lower-income renters. With a limited income, paying a high rent may not leave enough money for other expenses, such as food, transportation and medical. Moreover, high rent reduces the proportion of income a household can allocate to savings each month.

Technical Note: The distribution is based on data from 3,143 U.S. counties and county equivalents.
Source: American Community Survey  
URL of Source: [http://www.census.gov/acs/www/](http://www.census.gov/acs/www/)  
URL of Data: [http://factfinder2.census.gov/](http://factfinder2.census.gov/)
Clark County Rural Health Works

Income

Median Household Income

Value: 37931 Dollars  
Measurement Period: 2006-2010  
Location: County : Clark  
Comparison: U.S. Counties  
Categories: Economy/Income

What is this Indicator?
This indicator shows the median household income. Household income is defined as the sum of money received over a calendar year by all household members 15 years and older.

Why this is important: Median household income reflects the relative affluence and prosperity of an area. Areas with higher median household incomes are likely to have more educated residents and lower unemployment rates. Higher employment rates lead to better access to healthcare and better health outcomes, since many families get their health insurance through their employer. Areas with higher median household incomes also have higher home values and their residents enjoy more disposable income.

Technical Note: The distribution is based on data from 3,143 U.S. counties and county equivalents.
Source: American Community Survey
URL of Source: http://www.census.gov/acs/www/
URL of Data: http://factfinder2.census.gov/

Per Capita Income
What is this Indicator?
This indicator shows the per capita income.

Why this is important: Per capita income, or income per person, is the total income of the region divided by the population. It is an aggregate measure of all sources of income and therefore is not a measure of income distribution or wealth. Areas with higher per capita incomes are considered to be more prosperous; however, median income is a more accepted measure of the economic well-being of a region because median income is not skewed by extremely high or low outliers.

Technical Note: The distribution is based on data from 3,143 U.S. counties and county equivalents.
Source: American Community Survey
URL of Source: http://www.census.gov/acs/www/
URL of Data: http://factfinder2.census.gov/
Children Living Below Poverty Level

Value: 20.3 Percent
Measurement Period: 2006-2010
Location: County: Clark
Comparison: U.S. Counties
Categories: Economy/Poverty

What is this Indicator?
This indicator shows the percentage of people under the age of 18 who are living below the federal poverty level.

Why this is important: Family income has been shown to affect a child's well-being in numerous studies. Compared to their peers, children in poverty are more likely to have physical health problems like low birth weight or lead poisoning, and are also more likely to have behavioral and emotional problems. Children in poverty also tend to exhibit cognitive difficulties, as shown in achievement test scores, and are less likely to complete basic education.

Technical Note: The distribution is based on data from 3,142 U.S. counties and county equivalents.
Source: American Community Survey
URL of Source: [http://www.census.gov/acs/www/](http://www.census.gov/acs/www/)
URL of Data: [http://factfinder2.census.gov/](http://factfinder2.census.gov/)

Families Living Below Poverty Level

Value: 9.2 Percent
Clark County Rural Health Works

Measurement Period: 2006-2010  
Location: County : Clark  
Comparison: U.S. Counties  
Categories: Economy/Poverty

What is this Indicator?  
This indicator shows the percentage of families living below the federal poverty level.

Why this is important: Federal poverty thresholds are set every year by the Census Bureau and vary by size of family and ages of family members. A high poverty rate is both a cause and a consequence of poor economic conditions. A high poverty rate indicates that local employment opportunities are not sufficient to provide for the local community. Through decreased buying power and decreased taxes, poverty is associated with lower quality schools and decreased business survival.

Technical Note: The distribution is based on data from 3,143 U.S. counties and county equivalents.  
Source: American Community Survey  
URL of Source: http://www.census.gov/acs/www/  
URL of Data: http://factfinder2.census.gov/

Low-Income Persons who are SNAP Participants

Value: 12.6 Percent  
Measurement Period: 2007  
Location: County : Clark  
Comparison: U.S. Counties  
Categories: Economy/Poverty
What is this Indicator?
This indicator shows the percentage of low-income persons who participate in the Supplemental Nutrition Assistance Program (SNAP). Low-income persons are defined as people living in a household with an income at or below 200 percent of the federal poverty level.

Why this is important: SNAP, previously called the Food Stamp Program, is a federal-assistance program that provides low-income families with electronic benefit transfers (EBTs) that can be used to purchase food. The purpose of the program is to assist low-income households in obtaining adequate and nutritious diets.

The number of Americans receiving SNAP benefits reached 39.68 million in February 2010, the highest number since the Food Stamp Program began in 1939. As of June 2009, the average monthly benefit was $133.12 per person and as of November 2009, one in eight Americans and one in four children were using SNAP benefits.

Technical Note: The distribution is based on data from 3,141 U.S. counties and county equivalents.
Source: U.S. Department of Agriculture - Food Environment Atlas

People 65+ Living Below Poverty Level

Value: 7.5 Percent
Measurement Period: 2006-2010
Location: County : Clark
Comparison: U.S. Counties
Categories: Economy/Poverty
What is this Indicator?
This indicator shows the percentage of people aged 65 and over living below the federal poverty level.

Why this is important: Federal poverty thresholds are set every year by the Census Bureau and vary by size of family and ages of family members. Seniors who live in poverty are an especially vulnerable group due to increased physical limitations, medical needs, and social isolation. Seniors often live on a fixed income from pensions or other retirement plans and social security. If this income is insufficient in the face of increasing prescription costs and other costs of living, most seniors have no way to supplement their income. Retirement plans may be vulnerable to fluctuations in the stock market as well; the increasing reliance of retirees on stock market based retirement plans may explain why more seniors nationwide are now slipping into poverty.

Technical Note: The distribution is based on data from 3,142 U.S. counties and county equivalents.
Source: American Community Survey
URL of Source: http://www.census.gov/acs/www/
URL of Data: http://factfinder2.census.gov/

People Living 200% Above Poverty Level

Value: 67.4 Percent
Measurement Period: 2006-2010
Location: County : Clark
Comparison: U.S. Counties
Categories: Economy/Poverty
Clark County Rural Health Works

What is this Indicator?
This indicator shows the percentage of residents living 200% above the federal poverty level in the community.

Why this is important: Federal poverty thresholds are set every year by the Census Bureau and vary by size of family and ages of family members. A high poverty rate is both a cause and a consequence of poor economic conditions. A high poverty rate indicates that local employment opportunities are not sufficient to provide for the local community. Through decreased buying power and decreased taxes, poverty is associated with lower quality schools and decreased business survival.

Technical Note: The distribution is based on data from 3,143 U.S. counties and county equivalents.
Source: American Community Survey
URL of Source: http://www.census.gov/acs/www/
URL of Data: http://factfinder2.census.gov/

People Living Below Poverty Level

Value: 12.9 Percent
Measurement Period: 2006-2010
Location: County : Clark
Comparison: U.S. Counties
Categories: Economy/Poverty
What is this Indicator?
This indicator shows the percentage of people living below the federal poverty level.

Why this is important: Federal poverty thresholds are set every year by the Census Bureau and vary by size of family and ages of family members. A high poverty rate is both a cause and a consequence of poor economic conditions. A high poverty rate indicates that local employment opportunities are not sufficient to provide for the local community. Through decreased buying power and decreased taxes, poverty is associated with lower quality schools and decreased business survival.

Technical Note: The distribution is based on data from 3,143 U.S. counties and county equivalents.
Source: American Community Survey
URL of Source: http://www.census.gov/acs/www/
URL of Data: http://factfinder2.census.gov/

Poverty Status by School Enrollment

Value: 16.5 Percent
Measurement Period: 2006-2010
Location: County : Clark
Comparison: KS State Value
Categories: Economy/Poverty
What is this Indicator?
This indicator shows the percentage of school-aged children, aged 5 to 19, who are living below the federal poverty level and enrolled in school.

Why this is important: Family income has been shown to affect a child's well-being in numerous studies. Compared to their peers, children in poverty are more likely to have physical health problems like low birth weight or lead poisoning, and are also more likely to have behavioral and emotional problems. Children in poverty also tend to exhibit cognitive difficulties, as shown in achievement test scores, and are less likely to complete basic education.

Technical Note: The distribution is based on data from 105 Kansas counties.
Source: American Community Survey
URL of Source:  http://www.census.gov/acs/www/
URL of Data:  http://factfinder2.census.gov/

Students Eligible for the Free Lunch Program

Value: 30.7 Percent
Measurement Period: 2009
Location: County : Clark
Comparison: U.S. Counties
Categories: Economy/Poverty
Clark County Rural Health Works

What is this Indicator?
This indicator shows the percentage of students eligible to participate in the Free Lunch Program under the National School Lunch Program.

Why this is important: The National School Lunch Program (NSLP) is a federally assisted meal program operating in public and nonprofit private schools and residential child care institutions. The Free Lunch Program (FLP) under the NSLP has been providing nutritionally balanced lunches to children at no cost since 1946. Families who meet the income eligibility requirements or who receive Supplemental Nutritional Assistance Program (SNAP) benefits can apply through their children’s school to receive free meals. The FLP ensures that students who may otherwise not have access to a nutritious meal are fed during the school day. This helps students remain focused and productive in school. Moreover, the lunches help students meet their basic nutritional requirements when their families may not be able to consistently provide a balanced and varied diet.

Technical Note: The distribution is based on data from 3,122 U.S. counties.
Source: U.S. Department of Agriculture - Food Environment Atlas

Uninsured Adult Population Rate

Value: 18.5 Percent
Measurement Period: 2009
Location: County : Clark
Comparison: KS State Value
Categories: Economy/Poverty
What is this Indicator?
This indicator shows the estimated percent of persons ages 18-64 who are uninsured.

Why this is important: Access to health services encompasses four components: coverage, services, timeliness, and workforce.

Health insurance coverage helps patients get into the health care system. Uninsured people are:

- Less likely to receive medical care
- More likely to die early
- More likely to have poor health status

Lack of adequate coverage makes it difficult for people to get the health care they need and, when they do get care, burdens them with large medical bills. Current policy efforts focus on the provision of insurance coverage as the principal means of ensuring access to health care among the general population. Other factors, described below, may be equally important to removing barriers to access and utilization of services.

Access to health care services in the United States is regarded as unreliable; many people do not receive the appropriate and timely care they need. The U.S. health care system, which is already strained, will face an influx of patients in 2014, when 32 million Americans will have health insurance for the first time. All of these issues, and others, make the measurement and development of new strategies and models essential.

In 2009-2010, the percentage of Kansans without health insurance rose to 13%, the highest rate of the decade, 2000-2010. This percentage climbed from 11.3% in 2005-2006 and 12.7% in 2008-2009. Approximately 357,500 Kansas residents - children and adults - lacked insurance in 2009-2010, also the highest number in the decade and an increase of about 10,000 people from 347,400 during 2008-2009. The percentage of Kansans (13) who were uninsured in 2009-2010 compared favorably with the United States percentage of 16.5%.
Healthy People 2020 has set a target of 100% coverage for medical insurance. Increase the proportion of persons with health insurance. The national baseline for comparison was 83.2 percent of persons had medical insurance in 2008.

Technical Note: The county and regional values are compared to the Kansas State value.
Source: U.S. Census Bureau
URL of Source: http://www.census.gov/
URL of Data: http://www.census.gov/did/www/sahie/

Young Children Living Below Poverty Level

Value: 9.5 Percent
Measurement Period: 2006-2010
Location: County: Clark
Comparison: U.S. Counties
Categories: Economy/Poverty

What is this Indicator?
This indicator shows the percentage of people under the age of 5 who are living below the federal poverty level.

Why this is important: Family income has been shown to affect a child's well-being in numerous studies. Compared to their peers, children in poverty are more likely to have physical health problems like low birth weight or lead poisoning, and are also more likely to have behavioral and emotional problems. Children in poverty also tend to exhibit cognitive difficulties, as shown in achievement test scores, and are less likely to complete basic education.

Technical Note: The distribution is based on data from 3,140 U.S. counties and county equivalents.
Clark County Rural Health Works

Educational Attainment in Adult Population

High School Graduation

Value: 95.2 Percent
Measurement Period: 2010
Location: County: Clark
Comparison: KS State Value
Categories: Education/Educational Attainment in Adult Population

What is this Indicator?
This indicator shows the percentage of students who graduate high school within four years of their first enrollment in 9th grade.

Why this is important: Individuals who do not finish high school are more likely than people who finish high school to lack the basic skills required to function in an increasingly complicated job market and society. Adults with limited education levels are more likely to be unemployed, on government assistance, or involved in crime.

The Healthy People 2020 national health target is to increase the proportion of students who graduate high school within four years of their first enrollment in 9th grade to 82.4%.

Technical Note: The distribution is based on data from 105 Kansas counties.
Source: The Annie E. Casey Foundation
URL of Source: http://datacenter.kidscount.org/
People 25+ with a High School Degree or Higher

Value: 91.7 Percent
Measurement Period: 2006-2010
Location: County: Clark
Comparison: U.S. Counties
Categories: Education/Educational Attainment in Adult Population

What is this Indicator?
This indicator shows the percentage of people over age 25 who have completed a high school degree or the equivalent.

Why this is important:
Graduating high school is an important personal achievement and is essential for an individual's social and economic advancement. Graduation rates are also an important indicator of the performance of the educational system.

Technical Note: The distribution is based on data from 3,143 U.S. counties and county equivalents.
Source: American Community Survey
URL of Source: http://www.census.gov/acs/www/
URL of Data: http://factfinder2.census.gov/
Clark County Rural Health Works

Higher Education

People 25+ with a Bachelor’s Degree or Higher

Value: 19.7 Percent
Measurement Period: 2006-2010
Location: County: Clark
Comparison: U.S. Counties
Categories: Education/Higher Education

What is this Indicator?
This indicator shows the percentage of people 25 years and older who have earned a bachelor’s degree or higher.

Why this is important: For many, having a bachelor’s degree is the key to a better life. The college experience develops cognitive skills, and allows learning about a wide range of subjects, people, cultures, and communities. Having a degree also opens up career opportunities in a variety of fields, and is often the prerequisite to a higher-paying job. It is estimated that college graduates earn about $1 million more per lifetime than their non-graduate peers.

Technical Note: The distribution is based on data from 3,143 U.S. counties and county equivalents.
Source: American Community Survey
URL of Source: [http://www.census.gov/acs/www/](http://www.census.gov/acs/www/)
URL of Data: [http://factfinder2.census.gov/](http://factfinder2.census.gov/)
Clark County Rural Health Works

School Environment

Student-to-Teacher Ratio

Value: 12.5 students/teacher
Measurement Period: 2009-2010
Location: County: Clark
Comparison: U.S. Counties
Categories: Education/School Environment

What is this Indicator?
This indicator shows the average number of public school students per teacher in the county. It does not measure class size.

Why this is important: The student-teacher ratio gives a rough idea of the amount of individualized attention from teachers that is available to each student. Although it is not the same as class size, the student-teacher ratio is often a reasonable alternative on which to base estimates of class size. According to the National Center for Education Statistics, larger schools tend to have higher student-teacher ratios.

Technical Note: The distribution is based on data from 3,143 U.S. counties.
Source: National Center for Education Statistics
URL of Source: http://nces.ed.gov/
URL of Data: http://nces.ed.gov/ccd/bat/
Clark County Rural Health Works

Built Environment

Farmers Market Density

Value: 0 markets/1,000 population  
Measurement Period: 2011  
Location: County: Clark  
Comparison: U.S. Value  
Categories: Environment/Build Environment

What is this Indicator?
This indicator shows the number of farmers markets per 1,000 population. A farmers market is a retail outlet in which vendors sell agricultural products directly to customers.

Why this is important: Farmers markets provide a way for community members to buy fresh and affordable agricultural products while supporting local farmers. Farmers markets often emphasize good nutrition and support consumers to cook healthier meals and maintain good eating habits. A diet comprised of nutritious foods, in combination with an active lifestyle, can reduce the incidence of heart disease, cancer and diabetes and is essential to maintain a healthy body weight and prevent obesity.

Technical Note: The regional value is compared to the median value of 3,141 U.S. counties. Market data is from 2009 and the population estimates are from 2008.
Source: U.S. Department of Agriculture - Food Environment Atlas

Fast Food Restaurant Density
Fast Food Restaurant Density per 1,000 Population

What is this Indicator?
This indicator shows the number of fast food restaurants per 1,000 population. These include limited-service establishments where people pay before eating.

Why this is important: Fast food is often high in fat and calories and lacking in recommended nutrients. Frequent consumption of these foods and an insufficient consumption of fresh fruits and vegetables increase the risk of overweight and obesity. Individuals who are overweight or obese are at increased risk for serious health conditions, including coronary heart disease, type-2 diabetes, multiple cancers, hypertension, stroke, premature death and other chronic conditions. Fast food outlets are more common in low-income neighborhoods and studies suggest that they strongly contribute to the high incidence of obesity and obesity-related health problems in these communities.

Technical Note: The distribution is based on data from 3,141 U.S. counties.
Source: U.S. Department of Agriculture - Food Environment Atlas

Grocery Store Density

Value: .96 stores/1,000 population
Measurement Period: 2009
What is this Indicator?
This indicator shows the number of supermarkets and grocery stores per 1,000 population. Convenience stores and large general merchandise stores such as supercenters and warehouse club stores are not included in this count.

Why this is important: There are strong correlations between the density of grocery stores in a neighborhood and the nutrition and diet of its residents. The availability and affordability of healthy and varied food options in the community increase the likelihood that residents will have a balanced and nutritious diet. A diet comprised of nutritious foods, in combination with an active lifestyle, can reduce the incidence of heart disease, cancer and diabetes and is essential to maintain a healthy body weight and prevent obesity. Low-income and under-served communities often have limited access to stores that sell healthy food, especially high-quality fruits and vegetables. Moreover, rural communities often have a high number of convenience stores, where healthy and fresh foods are less available than in larger, retail food markets.

Technical Note: The distribution is based on data from 3,141 U.S. counties.
Source: U.S. Department of Agriculture - Food Environment Atlas

Households without a Car and >1 Mile from a Grocery Store

Value: 3.9 Percent
Measurement Period: 2006
What is this Indicator?
This indicator shows the percentage of housing units that are more than one mile from a supermarket or large grocery store and do not have a car.

Why this is important: The accessibility, availability and affordability of healthy and varied food options in the community increase the likelihood that residents will have a balanced and nutritious diet. A diet comprised of nutritious foods, in combination with an active lifestyle, can reduce the incidence of heart disease, cancer and diabetes and is essential to maintain a healthy body weight and prevent obesity. Low-income and under-served areas often have limited numbers of stores that sell healthy foods. People living farther away from grocery stores and who do not have personal transportation to access the grocery stores are less likely to access healthy food options on a regular basis and thus more likely to consume foods which are readily available at convenience stores and fast food outlets.

Technical Note: The distribution is based on data from 3,109 U.S. counties. Store data are from 2006 and household data are from 2000.
Source: U.S. Department of Agriculture - Food Environment Atlas

Liquor Store Density
Value: No data found
Measurement Period:
What is this Indicator?
This indicator shows the number of liquor stores per 100,000 population. A liquor store is defined as a business that primarily sells packaged alcoholic beverages, such as beer, wine, and spirits.

Why this is important: Studies have shown that neighborhoods with a high density of alcohol outlets are associated with higher rates of violence, regardless of other community characteristics such as poverty and age of residents. High alcohol outlet density has been shown to be related to increased rates of drinking and driving, motor vehicle-related pedestrian injuries, and child abuse and neglect. In addition, liquor stores frequently sell food and other goods that are unhealthy and expensive. Setting rules that mandate minimum distances between alcohol outlets, limiting the number of new licenses in areas that already have a high number of outlets, and closing down outlets that repeatedly violate liquor laws can all help control and reduce liquor store density.

Technical Note: The distribution is based on data from 2,378 U.S. counties and county equivalents. Population estimates are from the U.S. Census Bureau.
Source: U.S. Census - County Business Patterns
URL of Source:  http://www.census.gov/econ/cbp/index.html
URL of Data:  http://factfinder2.census.gov/main.html

Low-Income and >1 Mile from a Grocery Store

Value: 34 Percent
Measurement Period: 2006
What is this Indicator?
This indicator shows the percentage of the total population in a county that is low income and living more than one mile from a supermarket or large grocery store.

Why this is important: The accessibility, availability and affordability of healthy and varied food options in the community increase the likelihood that residents will have a balanced and nutritious diet. A diet comprised of nutritious foods, in combination with an active lifestyle, can reduce the incidence of heart disease, cancer and diabetes and is essential to maintain a healthy body weight and prevent obesity. Low-income and under-served areas often have limited numbers of stores that sell healthy foods. People living farther away from grocery stores are less likely to access healthy food options on a regular basis and thus more likely to consume foods which are readily available at convenience stores and fast food outlets.

Technical Note: The distribution is based on data from 3,109 U.S. counties. Store data are from 2006 and household data are from 2000.
Source: U.S. Department of Agriculture - Food Environment Atlas

Recreation and Fitness Facilities

Value: 0 facilities/1,000 population
Measurement Period: 2009
Location: County : Clark
Comparison: U.S. Value
Categories: Environment/Build Environment

What is this Indicator?
This indicator shows the number of fitness and recreation centers per 1,000 population.

Why this is important: People engaging in an active lifestyle have a reduced risk of many serious health conditions including obesity, heart disease, diabetes, and high blood pressure. In addition, physical activity improves mood and promotes healthy sleep patterns. The American College of Sports Medicine (ACSM) recommends that active adults perform physical activity three to five times each week for 20 to 60 minutes at a time to improve cardiovascular fitness and body composition. People are more likely to engage in physical activity if their community has facilities which support recreational activities, sports and fitness.

Technical Note: The regional value is compared to the median value of 3,141 U.S. counties.
Source: U.S. Department of Agriculture - Food Environment Atlas

SNAP Certified Stores

Value: 0.9 stores/1,000 facilities
Measurement Period: 2010
Location: County: Clark
Comparison: U.S. Counties
Categories: Environment/Build Environment
What is this Indicator?
This indicator shows the number of stores certified to accept Supplemental Nutrition Assistance Program benefits per 1,000 population. SNAP stores include: supermarkets; grocery stores and convenience stores; super stores and supercenters; warehouse club stores; specialized food stores (retail bakeries, meat and seafood markets, and produce markets); and meal service providers that serve eligible persons.

Why this is important: SNAP, previously called the Food Stamp Program, is a federal-assistance program that provides low-income families with electronic benefit transfers (EBTs) that can be used to purchase food. The purpose of the program is to assist low-income households in obtaining adequate and nutritious diets.

The number of Americans receiving SNAP benefits reached 39.68 million in February 2010, the highest number since the Food Stamp Program began in 1939. As of June 2009, the average monthly benefit was $133.12 per person and as of November 2009, one in eight Americans and one in four children were using SNAP benefits.

Technical Note: The distribution is based on data from 3,137 U.S. counties.
Source: U.S. Department of Agriculture - Food Environment Atlas
Increased Lead Risk in Housing Rate

Value: 56.17 Percent  
Measurement Period: 2000  
Location: County: Clark  
Comparison: KS State Value  
Categories: Environment/Toxic Chemicals

What is this Indicator?  
This indicator shows the percentage of housing units, built before 1950 and at an elevated risk for lead exposure.

Why this is important: Lead poisoning is a preventable pediatric health problem affecting Kansas’ children. Lead is a toxic metal that produces many adverse health effects. It is persistent and cumulative. Childhood lead poisoning occurs in all population groups and income brackets. There is no safe level of lead. Early identification and treatment of lead poisoning reduces the risk that children will suffer permanent damage. A blood lead test is the only way to tell if a child has an elevated blood level.

Lead-based paint can be found in most homes built before 1950 and many homes built before 1978. Lead can also be found on walls, woodwork, floors, windowsills, eating and playing surfaces or in the dirt outside the home. In addition, renovation or maintenance projects that disturb lead-based paint can create a lead dust hazard that can be inhaled or can settle on toys, walls, floors, tables, carpets or fingers. Parents whose hobby or occupation involves working with or around lead can unknowingly bring lead dust home. Individuals should avoid “take-home” exposures by utilizing personal protection and hygiene after leaving the workplace. Wash your hands after working in the yard. Wash children's hands and faces after playing outside. Wash all fruits and vegetables before consuming them. Remove shoes before entering your home, and clean dust and tracked-in soil.

Lead poisoning can be difficult to recognize and can damage a child's central nervous system,
Clark County Rural Health Works

brain, kidneys, and reproductive system. When lead is present in the blood it travels through every organ in the body. Lead interferes with the development of the brain. When lead enters the blood stream it collects in soft tissues of the body and it also settles in the bones and teeth, where it is stored for many years.

Technical Note: The regional value is compared to the Kansas State value. 
Source: U.S. Census Bureau
URL of Source:   http://www.census.gov/
URL of Data:  http://keap.kdhe.state.ks.us/epht/portal/ContentArea.aspx
Clark County Rural Health Works

Elections & Voting

Voter Turnout

Value: 76.3 Percent
Measurement Period: 2008
Location: County: Clark
Comparison: KS Counties
Categories: Government & Politics/Elections & Voting

What is this Indicator?
This indicator shows the percentage of registered voters who voted in the previous presidential general election.

Why this is important: Voting is one of the most fundamental rights of a democratic society. Exercising this right allows a nation to choose elected officials and hold them accountable. Voting ensures that all citizens have the opportunity to voice their opinions on issues such as the use of tax dollars, civil rights and foreign policy. By voting, individuals shape their communities and influence the next generation of society. A high level of turnout indicates that citizens are involved in and interested in who represents them in the political system.

Technical Note: The distribution is based on data from 105 Kansas counties.
Source: Kansas Secretary of State
URL of Source: http://www.kssos.org/
URL of Data: http://www.kssos.org/elections/elections_statistics.html
Rate of Violent Crime per 1,000 population

Value:  1 crime per 1,000 Population  
Measurement Period:  2009  
Location: County : Clark  
Comparison: KS State Value  
Categories: Public Safety/ Crime & Crime Prevention, Health/Prevention & Safety

What is this Indicator?
This indicator shows the rate of violent crimes like assault and robbery per 1,000 population.

Why this is important: Social support and good social relations make an important contribution to health. Social cohesion - defined as the quality of social relationships and the existence of trust, mutual obligations and respect in communities or in the wider society - helps to protect people and their health. Inequality is corrosive of good social relations. Societies with high levels of income inequality tend to have less social cohesion and more violent crime.

Technical Note: The county and regional values are compared to Kansas State value / US value. Under reporting of crime by some public safety jurisdictions may result in lower rates.
Source: Kansas Bureau of Investigation
URL of Source:  http://www.accesskansas.org/kbi/
URL of Data:  http://www.accesskansas.org/kbi/stats/stats_crime.shtml
Clark County Rural Health Works

Demographics

Ratio of Children to Adults

Value: 32.3 children per 100 adults
Measurement Period: 2009
Location: County: Clark
Comparison: KS State Value
Categories: Social Environment/Demographics

What is this Indicator?
This indicator shows the ratio of adolescent dependent persons (under 15 years of age) per 100 persons aged 15-64.

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

Technical Note: The county and regional values are compared to Kansas State value.
Source: U.S. Census Bureau
URL of Source: http://www.census.gov/
URL of Data: http://2010.census.gov/2010census/data/

Ratio of Elderly Persons and Children to Adults

84
Clark County Rural Health Works

Value: 66.6 elderly & children per 100 adults
Measurement Period: 2009
Location: County : Clark
Comparison: KS State Value
Categories: Social Environment/Demographics

What is this Indicator?
This indicator shows the ratio of all dependent persons (ages 0-14 and 65 and over) per 100 persons aged 15-64.

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

Technical Note: The county and regional values are compared to Kansas State value / US value.
Source: U.S. Census Bureau
URL of Source: http://www.census.gov/
URL of Data: http://2010.census.gov/2010census/data/

Ratio of Elderly Persons to Adults

Value: 34.3 elderly per 100 adults
Measurement Period: 2009
Location: County : Clark
Comparison: KS State Value
Categories: Social Environment/Demographics
What is this Indicator?
This indicator shows the ratio of elderly dependent persons (65 and over) per 100 persons aged 15-64.

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

Technical Note: The county and regional values are compared to Kansas State value / US value.
Source: U.S. Census Bureau
URL of Source:  http://www.census.gov/
URL of Data:  http://2010.census.gov/2010census/data/
People 65+ Living Alone

Value: 35 Percent  
Measurement Period: 2006-2010  
Location: County: Clark  
Comparison: US Counties  
Categories: Social Environment/Neighborhood/Community Attachment

What is this Indicator?
This indicator shows the percentage of people 65 and over who live alone.

Why this is important: People over age 65 who live alone may be at risk for social isolation, limited access to support, or inadequate assistance in emergency situations. Older adults who do not live alone are most likely to live with a spouse, but they may also live with a child or other relative, a non-relative, or in group quarters. The Commonwealth Fund Commission on the Elderly Living Alone indicated that one third of older Americans live alone, and that one quarter of those living alone live in poverty and report poor health. Rates of living alone are typically higher in urban areas and among women. Older people living alone may lack social support, and are at high risk for institutionalization or losing their independent lifestyle. Living alone should not be equated with being lonely or isolated, but many older people who live alone are vulnerable due to social isolation, poverty, disabilities, lack of access to care, or inadequate housing.

Technical Note: The distribution is based on data from 3,142 U.S. counties and county equivalents.  
Source: American Community Survey  
URL of Source: [http://www.census.gov/acs/www/](http://www.census.gov/acs/www/)  
URL of Data: [http://factfinder2.census.gov/](http://factfinder2.census.gov/)
Clark County Rural Health Works

Commute to Work

Mean Travel Time to Work

Value: 14.4 Minutes
Measurement Period: 2006-2010
Location: County : Clark
Comparison: US Counties
Categories: Transportation/Commute to Work

What is this Indicator?
This indicator shows the average daily travel time to work in minutes for workers 16 years of age and older.

Why this is important: Lengthy commutes cut into workers' free time and can contribute to health problems such as headaches, anxiety, and increased blood pressure. Longer commutes require workers to consume more fuel which is both expensive for workers and damaging to the environment.

Technical Note: The distribution is based on data from 3,143 U.S. counties and county equivalents.
Source: American Community Survey
URL of Source:  http://www.census.gov/acs/www/
URL of Data: http://factfinder2.census.gov/

Workers who Drive Alone to Work

Value: 80 Percent
Measurement Period: 2006-2010
What is this Indicator?
This indicator shows the percentage of workers 16 years of age and older who get to work by driving alone in a car, truck, or van.

Why this is important: Driving alone to work consumes more fuel and resources than other modes of transportation, such as carpooling, public transportation, biking and walking. Driving alone also increases traffic congestion, especially in areas of greater population density.

Technical Note: The distribution is based on data from 3,143 U.S. counties and county equivalents.
Source: American Community Survey
URL of Source: [http://www.census.gov/acs/www/](http://www.census.gov/acs/www/)
URL of Data: [http://factfinder2.census.gov/](http://factfinder2.census.gov/)

Workers who Walk to Work

Value: 4.6 Percent
Measurement Period: 2006-2010
Location: County : Clark
Comparison: US Counties
Categories: Transportation/Commute to Work
What is this Indicator?
This indicator shows the percentage of workers 16 years of age and older who get to work by walking.

Why this is important: Walking to work is a great way to incorporate exercise into a daily routine. In addition to the health benefits, walking helps people get in touch with their communities, reduces commute costs and helps protect the environment by reducing air pollution from car trips. Furthermore, studies have shown that walking to work improves employees overall attitude and morale and reduces stress in the workplace.

The Healthy People 2020 national health target is to increase the proportion of workers who walk to work to 3.1%.

Technical Note: The distribution is based on data from 3,143 U.S. counties and county equivalents.
Source: American Community Survey
URL of Source: http://www.census.gov/acs/www/
URL of Data: http://factfinder2.census.gov/
Households without a Vehicle

Value: 1.9 Percent
Measurement Period: 2006-2010
Location: County: Clark
Comparison: US Counties
Categories: Transportation/Commute to Work

What is this Indicator?
This indicator shows the percentage of households that do not have a vehicle.

Why this is important: Vehicle ownership is directly related to the ability to travel. In general, people living in a household without a car make fewer than half the number of journeys compared to those with a car. This limits their access to essential local services such as supermarkets, post offices, doctors' offices and hospitals. Most households with above-average incomes have a car while only half of low-income households do.

Technical Note: The distribution is based on data from 3,143 U.S. counties and county equivalents.
Source: American Community Survey
URL of Source: http://www.census.gov/acs/www/
URL of Data: http://factfinder2.census.gov/
Workers Commuting by Public Transportation

Value: 0 Percent
Measurement Period: 2006-2010
Location: County: Clark
Comparison: US Counties
Categories: Transportation/Public Transportation

What is this Indicator?
This indicator shows the percentage of workers aged 16 years and over who commute to work by public transportation.

Why this is important: Public transportation offers mobility to U.S. residents, particularly people without cars. Transit can help bridge the spatial divide between people and jobs, services, and training opportunities. Public transportation is also beneficial because it reduces fuel consumption, minimizes air pollution, and relieves traffic congestion.

The Healthy People 2020 national health target is to increase the proportion of workers who take public transportation to work to 5.5%.

Technical Note: The distribution is based on data from 3,143 U.S. counties and county equivalents.
Source: American Community Survey
URL of Source: http://www.census.gov/acs/www/
URL of Data: http://factfinder2.census.gov/

This information was compiled by the Office of Local Government, K-State Research and Extension. For questions or other information, call 785-532-2643.
Clark County

Community Survey Results
Clark County Community Health Care Survey

Survey Highlights

• 68 Ashland, 65 Minneola responses
• Important to remember – non-representative
• 92-95% see a doctor; 92-95% use local
• 100% were satisfied/somewhat satisfied
• 75% used a hospital in the past 2 years; local hospitals captured most of those visits
• 90+% had prior local hospital experience
• 98% were satisfied/somewhat satisfied
• Specialty care
  • Orthopedist
  • Oncologist
  • Cardiologist
  • Chiropractic
  • OB/GYN
  • Dental/Optometry
  • Dermatologist
• 98% used Minneola Clinic; 95% were satisfied
• 94% used Ashland Clinic; 98% satisfied
• 53-66% used County Health; 95-98% satisfied
• Comments suggest unmet needs & challenges
  • High satisfaction
  • Concern about maintaining services
  • A few customer service issues
  • Condition of facilities
  • A few elder care / community-based services
  • Mental health assistance
## Clark County Ashland Community Survey
### Preliminary Results

1. **Home Zip Code**

<table>
<thead>
<tr>
<th>Zip Code</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>67127</td>
<td>3</td>
<td>4.4%</td>
</tr>
<tr>
<td>67831</td>
<td>64</td>
<td>94.1%</td>
</tr>
<tr>
<td>67834</td>
<td>1</td>
<td>1.5%</td>
</tr>
<tr>
<td>67840</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>67842</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>67844</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>67865</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>68</strong></td>
<td><strong>100.0%</strong></td>
</tr>
</tbody>
</table>

2. **Family Doctor**

<table>
<thead>
<tr>
<th>Response</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>65</td>
<td>95.6%</td>
</tr>
<tr>
<td>No</td>
<td>2</td>
<td>2.9%</td>
</tr>
<tr>
<td>Don't Know</td>
<td>1</td>
<td>1.5%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>68</strong></td>
<td><strong>100.0%</strong></td>
</tr>
</tbody>
</table>

3. **Medical Provider for Routine Health Care**

<table>
<thead>
<tr>
<th>Provider</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Health Center</td>
<td>1</td>
</tr>
<tr>
<td>Rural Health Clinic</td>
<td>0</td>
</tr>
<tr>
<td>Health Department</td>
<td>1</td>
</tr>
<tr>
<td>Specialist</td>
<td>0</td>
</tr>
<tr>
<td>Emergency Room/Hospital</td>
<td>0</td>
</tr>
<tr>
<td>None, don't see anyone</td>
<td>0</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>2</strong></td>
</tr>
</tbody>
</table>

4. **Family Doctor in Clark County Service Area**

<table>
<thead>
<tr>
<th>Response</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>65</td>
<td>95.6%</td>
</tr>
<tr>
<td>No</td>
<td>3</td>
<td>4.4%</td>
</tr>
<tr>
<td>Don't Know</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>68</strong></td>
<td><strong>100.0%</strong></td>
</tr>
</tbody>
</table>
5. Satisfaction with Quality of Care

<table>
<thead>
<tr>
<th></th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Satisfied</td>
<td>60</td>
<td>92.3%</td>
</tr>
<tr>
<td>Somewhat Satisfied</td>
<td>5</td>
<td>7.7%</td>
</tr>
<tr>
<td>Somewhat Dissatisfied</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Dissatisfied</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Total</td>
<td>65</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

6. Why were you satisfied/dissatisfied?

Satisfied Responses:
1. My needs were addressed.
2. They take good care of me.
3. I got an appointment immediately and they gave me good care.
4. The service is prompt; the diagnosis, good. They offer excellent services.
5. It is close in proximity and easy to get in – excellent care all around.
7. The service was good.
8. The service and the people are good.
9. They are competent and have a good level of care and concern.
10. They took care of the problem and seemed very conscientious.
11. They were very personable, professional, thorough, and friendly.
12. The staff is friendly. We’re able to stay close to home, and the provider listened and explained well.
13. The doctor is very helpful and kind!
14. They know you.
15. I got great care and information.
16. The service was excellent.
17. The service is courteous.
18. They are helpful.
19. I didn’t have to travel.
20. I felt like we got good care.
21. The care received was very good. They staff was knowledgeable and friendly.
22. They are very knowledgeable in most situations.
23. They offer knowledgeable, professional, and caring treatment
24. I feel that they do the best they can do.
25. The providers took their time to hear my concerns and issues.
26. They are caring and skilled.
27. They always answered my questions.
28. I like the provider – I feel comfortable with him and think he’s a good communicator.
29. The service was very friendly and quality.
30. They are compassionate and take the time to really care for you.
31. The care was adequate.
32. I have been seeing him for many years.
33. I was diagnosed correctly and didn’t wait for a long period of time.
34. The doctor was very pleasant and knowledgeable.
35. They made my child feel better.
36. The personnel care and are competent.
37. The provider is compassionate, high-quality, and has excellent clinic staff.
38. They took their time and addressed the problem.
39. I was treated professionally and thoroughly – I’m not rushed there.
40. The staff is personable, friendly, and caring.
41. The doctor has great bedside manners, gave good quality care, was thorough, and took adequate time to diagnose.
42. The doctor has great clinical skills and bedside manners.
43. The doctor gave me prompt care with time given to my concerns.
44. The provider has gained trust of my spouse so my spouse is actively seeking medical care.
45. I got in quickly. I’m happy with the health care professional that saw me.

Dissatisfied Responses:
1. Not all my concerns were addressed.
2. I didn’t feel like the PA was completely knowledgeable.
3. Some providers lack pediatric experience which makes me uncomfortable to take my children to them.

7. Used Services of a Hospital in Past 24 Months

<table>
<thead>
<tr>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>49</td>
</tr>
<tr>
<td>No</td>
<td>18</td>
</tr>
<tr>
<td>Don’t Know</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>67</td>
</tr>
</tbody>
</table>

8. Hospitals Services Received

<table>
<thead>
<tr>
<th>Location</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ashland Health Center</td>
<td>Ashland 41</td>
</tr>
<tr>
<td>Other (see below)</td>
<td>16</td>
</tr>
<tr>
<td>Wesley Medical</td>
<td>2</td>
</tr>
<tr>
<td>St. Francis</td>
<td>3</td>
</tr>
<tr>
<td>Pratt Regional Hospital</td>
<td>7</td>
</tr>
<tr>
<td>OU Medical Center</td>
<td>1</td>
</tr>
<tr>
<td>Weatherford Hospital</td>
<td>1</td>
</tr>
<tr>
<td>Hutchinson Hospital</td>
<td>2</td>
</tr>
<tr>
<td>KU Heart Hospital</td>
<td>1</td>
</tr>
<tr>
<td>Great Bend Medical Center</td>
<td>1</td>
</tr>
</tbody>
</table>
9. Used Services of the Ashland Health Center

<table>
<thead>
<tr>
<th>Service</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>50</td>
<td>89.3%</td>
</tr>
<tr>
<td>No</td>
<td>6</td>
<td>10.7%</td>
</tr>
<tr>
<td>Don't Know</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Total</td>
<td>56</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

10. Most Recent Service Obtained at Ashland Health Center

<table>
<thead>
<tr>
<th>Service</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient</td>
<td>14</td>
<td>18.7%</td>
</tr>
<tr>
<td>Outpatient</td>
<td>44</td>
<td>58.7%</td>
</tr>
<tr>
<td>Emergency</td>
<td>17</td>
<td>22.7%</td>
</tr>
<tr>
<td>Total</td>
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11. Satisfaction with Last Ashland Health Center Experience

<table>
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<tr>
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<tr>
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<tr>
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<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Dissatisfied</td>
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<td>0.0%</td>
</tr>
<tr>
<td>Total</td>
<td>60</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

12. Why were you satisfied/dissatisfied?
Satisfied Responses:
1. It's good service.
2. They took good care of me.
3. The care is competent and caring.
4. The PA spent time with me, gave me prompt results, and escorted me to the hospital for x-rays.
5. I received routine services.
6. They took great care to take care of the problem that I had.
7. I was helped.
8. It was very good care.
10. The service is good.
11. They only had to stick me once to draw the blood.
12. They were convenient, friendly, and professional.
13. They are very professional.
14. I felt very comfortable. They are close to home, they care, and the service is great.
15. They are professional. I didn’t have to travel to see a doctor.
16. The care was good.
17. The doctor did a great job and we got what we needed.
18. I got the help I needed.
19. The doctor is family friends.
20. They were very prompt and thorough.
21. The service was great.
22. I was helped.
23. I’m satisfied with the care I received.
24. I received personal attention and treatment.
25. They do their best they can with the knowledge given.
26. I was able to utilize the imaging services immediately.
27. The skilled technicians offered prompt services.
28. The service was friendly and quality.
29. They were very caring.
30. They are professional.
31. They are very friendly.
32. They made my child feel better.
33. They follow through, offer personal concern and competency.
34. The nurses offer prompt care and are excellent. I expedited referral to a specialist.
35. They took care of the problems presented.
36. They were quick to see me and take care of me.
37. The staff is friendly and is confident in their care.
38. It is great service; they care about me.
39. The lab personnel are professional and courteous.

Dissatisfied Responses:
1. Not all the CNAs have good bedside manners.
2. The outdated equipment did not work to remove the skin lesions.
3. I’m dissatisfied with the lab technician in Ashland – to take blood, so went all the way through the vein and then pulled out the needed until it was back in the vein. It was very bad work for an 11-year-old to endure!
4. They seemed to have a lot of free time; too much time with the paperwork solely.
### 13. Past 24 mo, Type of Medical Specialists Services and Location

<table>
<thead>
<tr>
<th>Type of Specialist</th>
<th>City</th>
<th>Number</th>
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<tbody>
<tr>
<td>Arthritist</td>
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<tr>
<td>ENT</td>
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13. Past 24 mo, Type of Medical Specialists Services and Location

<table>
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<td>Orthopedic</td>
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14. Used Services of the Ashland Health Center Clinic

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<tr>
<td>Total</td>
<td>67</td>
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</table>

15. If yes, what type of service was obtained?
1. Medication adjustments
2. Health issues (3)
3. General health (30)
4. Outpatient (2)
5. Physical (6)
6. Broken bones
7. Well-child exams (4)
8. Cold/Flu (8)
9. Well-woman check (3)
10. Lab work
11. Radiology
12. Stitches
13. Mammogram (2)
14. Heart
15. Pink eye
16. Follow-ups (3)
17. Diagnosis
18. Diet
19. Wart removal
20. Allergies
21. Diabetes maintenance
22. Stiff neck
23. Foot injury
24. Back pain
25. Prescription refills
26. PAP Smears
27. Abscess
28. Dehydration

16. Satisfaction with Ashland Health Center Clinic Experience

<table>
<thead>
<tr>
<th></th>
<th>Number</th>
<th>Percent</th>
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<tr>
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<tr>
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<td>8</td>
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<td>0.0%</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>62</strong></td>
<td><strong>100.0%</strong></td>
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</table>

17. Why were you satisfied/dissatisfied?
Satisfied Responses:
1. It was good service.
2. They took time for me.
3. I got an appointment immediately.
4. They offered a caring and competent diagnosis and follow-up.
5. The PA spent time, offered prompt results, and escorted me to the hospital for x-rays.
6. They did what was expected.
7. The PA who saw me was concerned about the mass that had shown up in a CT scan.
8. I felt better.
10. The service was good.
11. The provider was caring and concerned.
12. I appreciated their manner and thoroughness.
13. They were flexible, convenient, friendly, and professional.
14. They are close to home, offer friendly service, and are accommodating.
15. I always get good care and the follow-up is excellent.
16. They addressed most of my concerns; the service was friendly.
17. The people working are so kind and considerate.
18. The service was great.
19. The people are competent.
20. We received good service.
21. The physical therapist did a great job and I am very pleased with the care I have received from her.
22. The staff is knowledgeable and there isn’t a long wait time.
23. She loosened up my neck.
24. The customer services are very good.
25. The service is friendly and quality.
26. The care was adequate.
27. I quickly got in to see the doctor. The staff was friendly.
28. It’s easy to communicate with the PA.
29. They are kind and helpful.
30. They made all of us feel better.
31. The care was personal and competent.
32. The staff and medical provider are excellent.
33. The visit was prompt (no wait).
34. All problems were addressed.
35. They are professional and thorough.
36. The staff is friendly; I have confidence in their care.
37. The staff is courteous and offer thorough examination.
38. The care is prompt, but there was adequate time with the physician.
39. I got in quickly. I’m happy with the health care professional that saw me.

Dissatisfied Responses:
1. I had to wait.
2. I wish they had called me about my labs!
3. I did not feel that the PA was completely knowledgeable.
4. The results of the blood tests were never reported to me.
5. The equipment is outdated and did not work to remove skin lesions.
6. There was a long wait.
18. Used Services of the Clark County Health Department

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<tr>
<td>Total</td>
<td>67</td>
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</tbody>
</table>

19. If yes, what type of service was obtained?
1. Immunizations (17)
2. Flu shots (13)
3. Pneumonia shot
4. Shingles shot (3)
5. WIC
6. Emergency Room
7. Health check-up (3)
8. Heart
9. Blood pressure (4)
10. Baby check-ups
11. Tetanus shot (2)
12. Eye check
13. Foot care
14. Investigation
15. Clipping toe nail (2)
16. Inoculation

20. Satisfaction with Clark County Health Department Experience

<table>
<thead>
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<th>Percent</th>
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<tbody>
<tr>
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<tr>
<td>Total</td>
<td>42</td>
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</tbody>
</table>

21. Why were you satisfied/dissatisfied?
Satisfied Responses:
1. The service is good.
2. They are very caring and competent.
3. They provided the needed check-up.
4. They took care of me.
5. He was free at the time; I could walk in without an appointment.
6. They are convenient and friendly.
7. They answered all my questions and I obtained a vaccine for my husband.
8. They addressed my needs at the time.
9. The service is great; the nurses are patient and kind.
10. I got the help I needed.
11. It was painless.
12. I got good help.
13. It was a good experience.
14. The service was good.
15. They were very friendly and offered quality service.
16. She was very compassionate and explained everything.
17. I got adequate care.
18. They are friendly and get you in quickly.
19. They are courteous, pleasant, and professional.
20. It was quick and easy.
21. The care was excellent.
22. She answered all my questions.
23. The county health nurse gives 100% to help you!
24. Immunizations were given and all my questions were answered.
25. It was timely and affordable care.
26. I like the service and the nurses. It’s easy to get it; they scheduled my appointment around my work schedule.

Dissatisfied Responses:
1. I feel like the county health nurse could do more.
2. It doesn’t have consistent hours.
3. I felt like they didn’t care; it’s just a job.

22. Concerns about health care in Clark County.
1. I just hope that the personnel remain here.
2. I’m concerned with the need to transfer to other towns for services that aren’t available in Ashland – dental, optometry, etc.
3. I am completely satisfied with all the care provided by the Clark County Medical services. I would be my desire to continue with the personnel and all services provided.
4. We have to travel quite a distance for special care.
5. Ashland is still not a part of the VA ARCH Program, but we are trying to work with the government to get instated.
6. It’s over-priced.
7. The consistencies in the health providers – doctors don’t stay very long.
8. The facilities are outdated.
9. It is getting better but we’re insecure about the ability to retain doctors. The physicians seem to come and go.
10. The loss of critical care status and full Medicare reimbursement is troubling.
11. Obamacare cuts of Medicare and Medicaid support to rural America.
12. It’s the best we’ve had in years.
13. We need all that we can acquire in this for out of the way places. I’m pleased with what we have!
14. There is a need for an assisted living facility. It was the public’s understand that this was what we were going to get, but instead it’s an independent living facility.
15. I’m not sure that the doctors are qualified for certain services.
16. I believe that in general things are improving, with a staff that cares, a board who works very hard with a good administrator, and new doctors and PAs.
17. I wish we had MRI services available as well as dental and optometry.
18. There is a need for an assisted living facility. It was the public’s understand that this was what we were going to get, but instead it’s an independent living facility.
19. I feel there is a need for an assisted living center. There is a missing level of care between independent living and long term care.
20. We could use a dentist, eye doctor, and a pediatrician. I don’t like having to drive to Dodge City, Pratt, or Wichita.
21. I’m concerned that the services will go away.
22. They do a great job!
23. They are doing some things very well, but we have a lot of other things to develop within the budget.
24. There is no dental access.
25. The hospitals are getting old, which makes some functions more difficult.
26. An immunization at separate locations from the clinic means two visits for routine well-child care.
27. The hospital is old and needs updating or to build a new one.
28. Mental health care is almost non-existent.
29. Dental care is hard to access.
30. It requires much public resources to offer the services. Are we utilizing them as efficiently as we can?
31. As I age, issues are bound to arise that will mandate more complex treatment than I can get here.
32. There is poor access to mental health.
33. The health care entities don’t collaborate very well.
34. There is poor access to mental health providers other than family doctors.
35. Facilities and staffing concerns with burnt-out staff.
36. Transportation and home services for the sick and elderly/homebound.
37. Dental services
38. Vision and hearing screenings.
39. There is not enough senior support services for the community members.
Clark County Minneola Community Survey
Preliminary Results

1. Home Zip Code

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2. Family Doctor

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</tr>
</thead>
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<td>92.3%</td>
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3. Medical Provider for Routine Health Care

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<tr>
<td>Rural Health Clinic</td>
<td>2</td>
</tr>
<tr>
<td>Health Department</td>
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<tr>
<td>Specialist</td>
<td>1</td>
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<tr>
<td>Emergency Room/Hospital</td>
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</tr>
<tr>
<td>None, don’t see anyone</td>
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4. Family Doctor in Clark County Service Area

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5. Satisfaction with Quality of Care

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<th>Percent</th>
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<td>98.3%</td>
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</tr>
<tr>
<td><strong>Total</strong></td>
<td>60</td>
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</tr>
</tbody>
</table>

6. Why were you satisfied/dissatisfied?

Satisfied Responses:
1. It’s a small town and has a personal touch.
2. The physician is truly interested.
3. I’m treated very well, and they listened to my concerns.
4. The doctor was interested and not distracted.
5. They are always caring towards the patients. They are as gentle as possible and we receive great care from the physicians.
6. They are friendly, compassionate, thorough, and instructive.
7. All the physicians do a great job.
8. We have excellent physicians in Minneola.
9. It was pleasant; the provider seemed interested in my needs and provided the necessary treatments or arranged for further treatments and medications.
10. He did what was needed.
11. It was very good care. We have compassionate providers.
12. Because they knew what to do.
13. They helped with what was wrong and if I needed other services, they got it for me.
14. It was fast service. The nurses and practitioner were personal, kind, competent.
15. I get to see the doctor on time and I get medical attention and treatment that I need.
16. The doctors are caring, compassionate, and very knowledgeable.
17. He is nice.
18. The doctors always listen and take time to figure out what’s going on. They are very thorough.
19. They provide excellent care.
20. We have good doctors.
21. We have good providers and staff.
22. I like knowing the doctors personally.
23. The quality of care is very satisfying.
24. He was compassionate, took care of my needs, and listened.
25. We have wonderful doctors.
26. The quality of nurses and doctors are good pleasing.
27. All my needs are taken care of.
28. We have good doctors.
29. We have good health care.
30. They are nice and caring.
31. Our family doctor is a caring, loving, Christian man who is very knowledgeable about physical health and medication.
32. I am seen quickly, known by name, and am treated politely.
33. We have lucky to have several doctors here.
34. They are friendly and thorough.
35. They doctors here are very qualified and do an excellent job providing health care.
36. I have known the doctor for 60 years, and he tells it like it is.
37. We have a very friendly staff and great care.
38. He took the time to answer my questions and made me feel comfortable.
39. They answered all my questions and knew what to do to get my the relief.

Dissatisfied Responses:
1. It can be tough to get in sometimes.
2. One doctor missed a significant problem.
3. I am dissatisfied that there aren’t enough doctors for the amount of people needing appointments.

7. Used Services of a Hospital in Past 24 Months

<table>
<thead>
<tr>
<th></th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>50</td>
<td>76.9%</td>
</tr>
<tr>
<td>No</td>
<td>15</td>
<td>23.1%</td>
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<tr>
<td>Don’t Know</td>
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<tr>
<td>Total</td>
<td>65</td>
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</table>

8. Hospitals Services Received

<table>
<thead>
<tr>
<th>Location</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minneola District Hospital</td>
<td>53</td>
</tr>
<tr>
<td>Other (see below)</td>
<td>7</td>
</tr>
<tr>
<td>MD Anderson Houston, TX</td>
<td>1</td>
</tr>
<tr>
<td>Wesley Cardiology Wichita</td>
<td>2</td>
</tr>
<tr>
<td>Mercy Regional Manhattan</td>
<td>1</td>
</tr>
<tr>
<td>Western Plains Regional Hospital</td>
<td>3</td>
</tr>
<tr>
<td>Pratt Regional Medical Center</td>
<td>3</td>
</tr>
</tbody>
</table>

9. Used Services of the Minneola District Hospital

<table>
<thead>
<tr>
<th></th>
<th>Number</th>
<th>Percent</th>
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</thead>
<tbody>
<tr>
<td>Yes</td>
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<td>94.3%</td>
</tr>
<tr>
<td>No</td>
<td>3</td>
<td>5.7%</td>
</tr>
<tr>
<td>Don’t Know</td>
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</tr>
<tr>
<td>Total</td>
<td>53</td>
<td>100.0%</td>
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</table>
10. Most Recent Service Obtained at Minneola District Hospital

<table>
<thead>
<tr>
<th>Service</th>
<th>Number</th>
<th>Percent</th>
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</thead>
<tbody>
<tr>
<td>Inpatient</td>
<td>22</td>
<td>27.2%</td>
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<tr>
<td>Outpatient</td>
<td>43</td>
<td>53.1%</td>
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<tr>
<td>Emergency</td>
<td>16</td>
<td>19.8%</td>
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<tr>
<td>Total</td>
<td>81</td>
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</table>

11. Satisfaction with Last Minneola District Hospital Experience

<table>
<thead>
<tr>
<th>Satisfaction</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Satisfied</td>
<td>59</td>
<td>93.7%</td>
</tr>
<tr>
<td>Somewhat Satisfied</td>
<td>3</td>
<td>4.8%</td>
</tr>
<tr>
<td>Somewhat Dissatisfied</td>
<td>1</td>
<td>1.6%</td>
</tr>
<tr>
<td>Dissatisfied</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Total</td>
<td>63</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

12. Why were you satisfied/dissatisfied?

Satisfied Responses:
1. I found no problems.
2. The staff is courteous and pleasant.
3. The staff is caring.
4. They have a caring attitude, serve with a smile, work quickly, and are clean.
5. They are friendly, compassionate, thorough, and instructive.
6. We have had doctors at Minneola since 1960. They always take very good care of our family.
7. The staff is caring.
8. The girls in the lab are very professional.
9. The staff offer excellent care and are caring.
10. They were helpful.
11. They took care of my needs.
12. The service was fast, competent, and kind.
13. The services were provided in a timely manner without error.
14. They offer excellent services and excellent nurses.
15. We have a good provider.
16. The service was friendly, stable, and prompt.
17. They are prompt and courteous.
18. The ER services are prompt.
19. I am satisfied with the staff.
20. I got great care.
21. The staff is caring and friendly – quality care.
22. The people are wonderful.
23. The facility is nice and clean and we have quality providers.
24. Everything was taken care of.
25. We have good health care.
26. They care.
27. The staff is caring and efficient.
28. They are always polite.
29. It is so nice having our clinic, hospital, and nursing home combined.
30. The service is professional.
31. The doctors are good and the staff is friendly.
32. They identified the problem quickly and treated me correctly and with great care.
33. The food is good, the people are good, and the service is good.
34. Every physician and care provider were top notch.
35. I received excellent care.

Dissatisfied Responses:
1. The facilities need to be improved.
2. The billing and billing information is awful.
3. The nurses reek of stale smoke.
13. Past 24 mo, Type of Medical Specialists Services and Location

<table>
<thead>
<tr>
<th>Type of Specialist</th>
<th>City</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allergist</td>
<td>Wichita</td>
<td>1</td>
</tr>
<tr>
<td>Cardiology</td>
<td>Meade</td>
<td>1</td>
</tr>
<tr>
<td>Cardiology</td>
<td>Minneola</td>
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</tr>
<tr>
<td>Cardiology</td>
<td>Wichita</td>
<td>1</td>
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<tr>
<td>Chiropractic</td>
<td>Dodge City</td>
<td>6</td>
</tr>
<tr>
<td>Cholecystectomy</td>
<td>Minneola</td>
<td>2</td>
</tr>
<tr>
<td>Colonoscopy</td>
<td>Minneola</td>
<td>1</td>
</tr>
<tr>
<td>Craniofacial</td>
<td>Denver, CO</td>
<td>2</td>
</tr>
<tr>
<td>Dermatology</td>
<td>Dodge City</td>
<td>1</td>
</tr>
<tr>
<td>Dermatology</td>
<td>Wichita</td>
<td>1</td>
</tr>
<tr>
<td>Endocrinology</td>
<td>Pratt</td>
<td>1</td>
</tr>
<tr>
<td>Mammogram</td>
<td>Pratt</td>
<td>1</td>
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<tr>
<td>Mammogram</td>
<td>Wichita</td>
<td>1</td>
</tr>
<tr>
<td>Nephrologist</td>
<td>Dodge City</td>
<td>2</td>
</tr>
<tr>
<td>Nephrologist</td>
<td>Wichita</td>
<td>1</td>
</tr>
<tr>
<td>Obstetrics/Gynecology</td>
<td>Wichita</td>
<td>1</td>
</tr>
<tr>
<td>Oncology</td>
<td>Dodge City</td>
<td>2</td>
</tr>
<tr>
<td>Oncology</td>
<td>Houston, TX</td>
<td>1</td>
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<tr>
<td>Oncology</td>
<td>Pratt</td>
<td>1</td>
</tr>
<tr>
<td>Oncology</td>
<td>Wichita</td>
<td>1</td>
</tr>
<tr>
<td>Optometry</td>
<td>Dodge City</td>
<td>1</td>
</tr>
<tr>
<td>Orthoeadics</td>
<td>Denver, CO</td>
<td>1</td>
</tr>
<tr>
<td>Orthoeadics</td>
<td>Dodge City</td>
<td>1</td>
</tr>
<tr>
<td>Orthoeadics</td>
<td>Garden City</td>
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</tr>
<tr>
<td>Orthoeadics</td>
<td>Pratt</td>
<td>1</td>
</tr>
<tr>
<td>Orthoeadics</td>
<td>Wichita</td>
<td>1</td>
</tr>
<tr>
<td>Pain Doctor</td>
<td>Pratt</td>
<td>2</td>
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</table>

14. Used Services of the Minneola Hospital Clinic

<table>
<thead>
<tr>
<th></th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>65</td>
<td>98.5%</td>
</tr>
<tr>
<td>No</td>
<td>1</td>
<td>1.5%</td>
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<tr>
<td>Don't Know</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Total</td>
<td>66</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

15. If yes, what type of service was obtained?
1. Physical (3)
2. General health (13)
3. Antibiotic shots
4. Cancer
5. Shoulder illness
6. Office call/doctor visit (20)
7. Gynecology
8. Spider bite
9. Chemical burn
10. Clinic
11. Emergency Room
12. Follow-up
13. Annual exam
14. Lab work (7)
15. Colonoscopy (2)
16. Skin treatments
17. Treadmill data
18. Gall bladder
19. Sore arms

16. Satisfaction with Minneola Hospital Clinic Experience

<table>
<thead>
<tr>
<th></th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Satisfied</td>
<td>59</td>
<td>90.8%</td>
</tr>
<tr>
<td>Somewhat Satisfied</td>
<td>3</td>
<td>4.6%</td>
</tr>
<tr>
<td>Somewhat Dissatisfied</td>
<td>2</td>
<td>3.1%</td>
</tr>
<tr>
<td>Dissatisfied</td>
<td>1</td>
<td>1.5%</td>
</tr>
<tr>
<td>Total</td>
<td>65</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

17. Why were you satisfied/dissatisfied?
Satisfied Responses:
1. They were thorough and gave me options.
2. The staff is courteous.
3. I received great care and the staff had great attitudes.
4. They are friendly, compassionate, thorough, and instructive.
5. We have doctored in Minneola since 1960.
6. I appreciate the physicians care.
7. The doctor talked with me and did his job.
8. The people are caring and try very hard to squeeze you into their schedule.
9. They have been very helpful.
10. They treat you well and check what is wrong.
11. I am satisfied with our clinic service.
12. The staff and doctors are caring and concise.
13. The service and nurses are excellent.
14. They are friendly and stable, and offer good medical treatment.
15. The providers and staff are satisfactory.
16. We are in our 80s and are doing pretty well.
17. They offer good care.
18. The doctor is amazing!
19. The staff is caring and friendly – quality care.
20. The physicians are fantastic.
21. It went very well.
22. They all care about you.
23. Because we have the best caring doctors and PAs in the state of Kansas.
24. The service was quick.
25. They are courteous.
26. The doctors and PAs are kind and caring.
27. They did their work with competence and expertise.
28. The services are very good overall.
29. The doctor took the time to answer my questions.
30. Our needs are always met.
31. I was seen quickly and the doctor was efficient and kind.

Dissatisfied Responses:
1. I could not get in to a doctor for several days, but I got in elsewhere immediately.
2. There were billing issues.
3. Sometimes I wait an hour for an appointment.
4. Reception can be somewhat cold.
5. Sometimes it’s hard to get appointments on certain days.
6. I couldn’t get an appointment, so I had to go elsewhere.
7. Some receptionists and nurses are very short in their phone manners. These are your first contacts and need to be pleasant.
8. At times, the front desk personnel are rude and the billing department screw up!
9. The office staff was rude, not helpful.
10. Their attitude was lacking.

<table>
<thead>
<tr>
<th>18. Used Services of the Clark County Health Department</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>34</td>
<td>53.1%</td>
</tr>
<tr>
<td>No</td>
<td>30</td>
<td>46.9%</td>
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<tr>
<td>Don’t Know</td>
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<td>0.0%</td>
</tr>
<tr>
<td>Total</td>
<td>64</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

19. If yes, what type of service was obtained?
1. Immunizations (16)
2. Flu shots (13)
3. Vision screening
4. Commodities
5. Cold
6. Blood pressure check
7. Shingles Shots
8. Examination (2)
20. **Satisfaction with Clark County Health Department Experience**

<table>
<thead>
<tr>
<th></th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Satisfaction</td>
<td>33</td>
<td>86.8%</td>
</tr>
<tr>
<td>Somewhat Satisfied</td>
<td>3</td>
<td>7.9%</td>
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<tr>
<td>Somewhat Dissatisfied</td>
<td>2</td>
<td>5.3%</td>
</tr>
<tr>
<td>Dissatisfied</td>
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<td>0.0%</td>
</tr>
<tr>
<td>Total</td>
<td>38</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

21. **Why were you satisfied/dissatisfied?**

**Satisfied Responses:**
1. We were given the results of the exam in a timely manner and were grateful for the screening to have been done.
2. They took the time to assure that my needs were met.
3. The services are good.
4. We have a good nurse who does a great job.
5. They did what they were supposed to do.
6. They are convenient.
7. I got great service.
8. They care.
9. They did what they were supposed to do.
10. I got what was needed.
11. They performed the service rendered.
12. They are convenient and offer good services.
13. They are always caring and helpful.
14. The doctor was quick and efficient, friendly and kind.

**Dissatisfied Responses:**
1. I would like to see more participation in the Health Fair events that we have twice a year.
2. I wish there were more services available per month.
3. They do not present options to the public.
4. It’s hard to schedule.
5. There isn’t an accessible nurse in Minneola.
6. They lack manpower in the office.

22. **Concerns about health care in Clark County.**

1. Clark County providers need to be willing to access care from other service providers in order to better serve Clark County residents.
2. We have good providers but an aged facility.
3. The health department needs to be more involved. Our providers tend to lean towards other Health Departments because of participation.
4. We need more specialty services. We are currently being referred to Pratt.
5. We need to address care and housing needs for our aging population – assisted living, memory care communities.
6. We need educational programming.
7. We need to address adult day care, assisted living, and mental health.
8. We have good services available locally – priceless!
9. We need our hospital and clinics.
10. We also think the health department in Ashland provides a great service to the whole county.
11. I’m concerned with our EMS.
12. I am not familiar with all the services that are available, or if there are any – home health, etc.
13. The county health department could spend more time in Minneola – participation in Health Fairs.
14. We have good doctors. Some of the nurses and staff could come down to earth and be more civil to the patients and visitors.
15. I would hate to lose any of these services, including ambulance and have to travel long distances. The providers here know us and work hard to attend to our needs.
16. Minneola clinic and hospital are busy and needing more providers.
17. The facility needs to be updated.
18. It would be great to combine hospitals so that we can afford more equipment and provide more services.
19. There are not enough female providers.
20. We need more doctors.
21. We need an updated facility.
22. We need a new facility.
23. We need to get more doctors and PAs to relieve the regular staff due to overwork and long hours.
24. Now that Obamacare is being implemented, I’m concerned with the impact on small rural clinics and district hospitals.
25. We don’t have enough physicians and appointments available for the Minneola citizens at the Minneola Clinic when Minneola citizens pay taxes for the clinic.
26. This doesn’t concern health care but the building department is, at the very least, poor. The people are rude!! We need to get rid of the rudeness – people have their jobs because of us taxpayers.
27. We don’t need traveling nurses and could get our own that will save us money.
28. We have a very good health care facility for a small community. We will continue to have a good facility if the government will get their hand out of it. When our government learns there is not one set of rules and regulations that fits all, we will be a better country.
29. My concern is Minneola, being so small and the community refusing to let it grow, I hope the clinic, hospital, and LTCU can stay up and running.
30. We need more doctors and mid-terms. We need more nurses.
31. We need to build up the strongest parts of our services so that we don’t lose them.
32. I think the health care given here in Clark County is outstanding. To have as many doctors as we have and the kind of care they can provide in this community is simply astonishing. I am so grateful for the hard work and dedication they exhibit on the job.
33. The services are there if we ask.
34. I feel like we are the most fortunate to have the quality of care in our small community. May we never lose it.
35. There are not enough doctors. Too few doctors causes our doctors to work long hours.
36. We use a doctor in Dodge City, but wouldn't want to lose emergency services. And, local care for the elderly.
37. Would be nice if we could get immunizations at our babies 3-6-9 month, etc. checkups rather than a separate visit to the health department. Also, there is a lack of support services for new breastfeeding moms (clinics, classes, pump rental)/Labor/delivery/infant care education classes would be helpful, too.
38. Sometimes who you reach at the front desk of the clinic verges on rude. I sometimes have to watch the billing department for double billing (sports physicals for a set price that won't be billed to our insurance, that is.)
39. Sometimes billing isn't as it needs to be.
40. Doctors are great. Nurses and aid have a lot of turnover. The billing department needs to better on billing in a good amount of time.
41. The only concern would be not getting to regularly see the same doctor. It's pretty much you see who's available.
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- Municipal Non-Emergency Numbers ....................................... 1
- Non-Emergency Numbers ....................................................... 1
- Emergency Numbers ................................................................ 1
To provide updated information or to add new health and medical services to this directory, please contact:

Office of Local Government
K-State Research and Extension
10E Umberger
Manhattan, KS 66506
Phone: (785)-532-2643
Fax: (785)-532-3093
Email: J.leather@K-state.edu

www.ksu-olg.info/
www.krhw.net

Emergency Numbers

911

Police/Sheriff
Ambulance
Fire

Non-Emergency Numbers

Clark County Sheriff
620-635-2802
620-635-2762

Clark County Sheriff
620-635-2762

Municipal Non-Emergency Numbers

Minneola
620-635-2802
620-635-2762

Englewood
620-635-2802
620-635-2762

Ashland
FIRE
DRAFT

Other Emergency Numbers

Kansas Child/Adult Abuse and Neglect Hotline
1-800-922-5330
www.srskansas.org/hotlines.html

Domestic Violence Hotline
1-800-799-7233
www.ndvh.org

Emergency Management (Topeka)
785-274-1409
www.accesskansas.org/kdem

Federal Bureau of Investigation
1-866-483-5137
www.fbi.gov/congress/congress01/caruso100301.htm

Kansas Arson/Crime Hotline
1-888-KS-CRIME
www.accesskansas.org/kbi

Kansas Bureau of Investigation (Topeka)
www.accesskansas.org/kbi

Kansas Crisis Hotline (Domestic Violence/Sexual Assault)
1-888-END-ABUSE
www.kcsdv.org

Kansas Road Conditions
1-866-511-KDOT  511
www.ksdot.org

Poison Control Center
1-800-222-1222
www.toxicscreen.com

Suicide Prevention Hotline
1-800-SUICIDE
Suicide Prevention Hotline
www.suicidepreventionhotline.com

Toxic Chemical and Oil Spills
1-800-424-8802
www.epa.gov/reg102/contact.htm

Toxic Chemical Prevention Center
1-800-273-TALK
www.toxicchemical.org

1-888-END-ABUSE
Kansas Crisis Hotline (Domestic Violence/Sexual Assault)

1-888-KS-CRIME
Kansas Arson/Crime Hotline

1-800-799-7233
Domestic Violence Hotline

1-888-KS-CRIME
Kansas Arson/Crime Hotline

1-866-511-KDOT  511
Kansas Road Conditions

1-800-222-1222
Poison Control Center

1-800-424-8802
Toxic Chemical and Oil Spills

785-296-8200
Kansas Bureau of Investigation (Topeka)

1-800-922-5330
Kansas Child/Adult Abuse and Neglect Hotline

1-888-END-ABUSE
Kansas Crisis Hotline (Domestic Violence/Sexual Assault)

1-800-799-7233
Domestic Violence Hotline

1-888-KS-CRIME
Kansas Arson/Crime Hotline

1-866-511-KDOT  511
Kansas Road Conditions

1-800-424-8802
Toxic Chemical and Oil Spills

785-296-8200
Kansas Bureau of Investigation (Topeka)

1-800-922-5330
Kansas Child/Adult Abuse and Neglect Hotline

Drift
Ashland Hospital
709 Oak Street (Ashland)
620-635-2241
Ashland Hospital Services Include:
- Emergency Care
- Acute Care
- Outpatient Observation Level of Care
- Skilled Swing Bed
- Intermediate Swing Bed
- Respite Care
- Laboratory/X-Ray
- Physical Therapy
- Wellness Fitness Center
- Medicaid Certified Home Health Care Services

Minneola District Hospital
212 Main St, Minneola
620-885-4264
www.minneolahealthcare.com
Minneola District Hospital Services Include:
- Emergency Care
- Acute Care
- Swingbed
- Obstetrics
- Physical Therapy
- Laboratory/X-Ray
- Respite Care
- Intermediate Swing Bed
- Skilled Swing Bed
- Outpatient Observation Level of Care
- Home Care
- Urgent Care
- Emergency Care
- Appendectomy
- Gall Bladder
- Skin Graft
- Colposcopy/Bandings
- CT Scan
- Sonogram
- Ponder Disconnect
- Stents
- TEE
- Hemodialysis
- Physical Therapy
- Incontinence
- Spinal Fusion
- Wound Care
- Sexual Dysfunction
- Physical Therapy
- Radiation Therapy
- Dialysis
- Office Care
- Urgent Care
- X-Ray
- Laboratory
- OBGYN
- Endoscopy
- Colonoscopy
- Hemorrhoidectomy
- Dilation & Curettage
- TVT
- Appendectomy
- Gall Bladder
- Skin Graft
- Colposcopy/Bandings
- CT Scan
- Sonogram
- Ponder Disconnect
- Stents
- TEE
- Hemodialysis
- Physical Therapy
- Incontinence
- Spinal Fusion
- Wound Care
- Sexual Dysfunction
- Physical Therapy
- Radiation Therapy
- Dialysis
- Office Care
- Urgent Care
- X-Ray
- Laboratory
- OBGYN
- Endoscopy
- Colonoscopy
- Hemorrhoidectomy
- Dilation & Curettage
- TVT
Clark County Health Department Services Include:

- Adult Health Services
  - Blood Pressure Check
  - Blood Sugar Check
  - Foot Care
  - Hemoglobin Test
  - Immunizations
- Child Health
  - Day Care Physicals
  - Ear Checks
  - Heights & Weights
  - Kindergarten Physicals
  - Pre-School Physicals
  - Screenings (Vision/Hearing)
  - Well Child Physicals

Other:

- Child Care Licensing
- SRS Access Point
- WIC Program

Medical Professionals

Chiropractors

- Bucklin Chiropractic Center
  - 710 W Center Street (Bucklin)
  - 620-826-3539
- Chalker Chiropractic Center
  - 234 E Carthage Street (Meade)
  - 620-873-2888
- Coldwater Chiropractic Center
  - 132 E Main Street (Coldwater)
  - 620-582-2624
- Commerford Chiropractic
  - 103 N York Street (Coldwater)
  - 620-582-2397

Mental Health

- Area Mental Health Center
  - 3000 N 14th Avenue (Dodge City)
  - 620-227-8566
  - www.areamhc.org

Other Services Include:

- Adult Health Services
- Blood Pressure Check
- Blood Sugar Check
- Chiropractors
- Child Health
- Child Care Licensing
- SRS Access Point
- WIC Program
Physicians and Health Care Providers

Ashland Health Center
709 Oak (Ashland)
620-635-2222

Minneola Community Clinic
222 S Main Street (Minneola)
620-885-4202

Minneola District Hospital
212 Main St, Minneola
620-885-4264

Gunsmoke Counseling
122 E Water Street #C (Dodge City)
620-225-6864

New Chance Incorporated
2500 E Wyatt Earp Boulevard (Dodge City)
620-225-0476

Physical Therapy Works
1909 N 14th Avenue #C (Dodge City)
620-225-0476

Vocational Rehabilitation Department
408 W Frontview Street (Dodge City)
620-635-2222

Minneola District Hospital
212 Main St, Minneola
620-885-4264

Minneola Community Clinic
222 S Main Street (Minneola)
620-885-4202

Rehabilitation Services

Minneola Community Clinic
222 S Main Street (Minneola)
620-885-4202

Charles Stephens
Anthony Luna
Shawn Conard

Minneola District Hospital
212 Main St, Minneola
620-885-4264

Minneola Community Clinic
222 S Main Street (Minneola)
620-885-4202

Minneola District Hospital
212 Main St, Minneola
620-885-4264

Military Counseling

Minneola District Hospital
212 Main St, Minneola
620-885-4264

New Chance Incorporated
2500 E Wyatt Earp Boulevard (Dodge City)
620-225-0476

Physical Therapy Works
1909 N 14th Avenue #C (Dodge City)
620-225-0476

Vocational Rehabilitation Department
408 W Frontview Street (Dodge City)
620-635-2222

Minneola Community Clinic
222 S Main Street (Minneola)
620-885-4202

Minneola District Hospital
212 Main St, Minneola
620-885-4264
Other Health Care Services

General Health Services
Ashland Health Center
529 W 7th Avenue (Ashland)
620-635-2222
www.ashlandhc.com
Ashland Home Health Department
709 Oak Street (Ashland)
620-635-2241
Assisted Living/Nursing Homes/TLC
Ashland District Hospital Long Term Care Unit
528 W 8th Street (Ashland)
620-635-2310
Minneola Long Term Care Unit
207 S Chestnut (Minneola)
620-885-4238
www.minneolahc.com
Carriage House of Greensburg
723 S Elm Street (Greensburg)
816-375-6009
Diabetes Care Club
Diabetes Medical
Ariva Medical
Hill Top House
DRAFT

Diabetes Services
Arriva Medical
1-800-375-3137
Diabetes Club
Diabetes Medical
Ariva Medical
Hill Top House
DRAFT
American Disability Group
1-877-790-8899
KODA
Kansas Department on Aging
1-800-432-3535
www.agingkansas.org/index.htm

Domestic/Family Violence
Child/Adult Abuse Hotline
1-800-922-5330
www.srskansas.org/services/child_protective_service.htm

Family Crisis Center
(Great Bend)

General Information – Women’s Shelters
www.WomenShelters.org

Government Healthcare
Kansas Department of Health and Environment
www.agingkansas.org
785-296-1500
Kansas Food 4 Life
4 NW25th Road (Great Bend)
620-793-7100

Food Programs
Kansas Food Bank
620-792-3218
www.kansasfoodbank.org
316-265-4421
1919 E Douglas (Wichita)

Educational Training Opportunities
Association of Continuing Education

DRAFT
MEDICAID
Kansas Department of Social & Rehabilitation Services (SRS)
3000 Broadway (Hays) 785-628-1066

MEDICARE
Social Security Administration
1212 E 27th Street (Hays) 785-625-3496

Health and Fitness Centers

Massage Therapy
Anytime Fitness
2203 Central Avenue (Dodge City)
620-225-3303
www.anytimefitness.com

Curves
1114 Kliesen Street #5 (Dodge City)
620-223-4445

Tropical Island Tan and Fitness
1707 Avenue F (Dodge City)
620-408-9658
www.tropicalislandtan.com

Ashland Home Health Department
709 Oak Street (Ashland)
620-635-2241

Argus Home Care
707 Lefever Street #B (Dodge City)
620-227-7908

Prairie Home Health & Hospice
709 Oak Street (Ashland)
620-635-2241

Hospice
Argus Home Care
707 Lefever Street #B (Dodge City)
620-227-7908

Home Health
Tropical Island Tan and Fitness
1707 Avenue F (Dodge City)
620-408-9658
www.tropicalislandtan.com

Hospice
Ashland Home Health Department
709 Oak Street (Ashland)
620-635-2241

Home Health
1707 Avenue F (Dodge City)
620-408-9658
www.tropicalislandtan.com

Social Security Administration
1212 E 27th Street (Hays) 785-625-3496

Social Security Administration Services (SSA)
3000 Broadway (Hays) 785-628-1066

Social & Rehabilitation Services (SRS)
785-623-4969
1212 E 27th Street (Hays)
www.srs.ks.gov

Medicaid
Department of Social & Rehabilitation Services
3000 Broadway (Hays) 785-628-1066
www.srs.ks.gov
Medical Equipment and Supplies

American Medical Sales and Repair
1-866-637-6803

School Nurses
Ashland Public Schools USD 220
Elementary School
210 W 7th Avenue (Ashland) 620-635-2722
High School
311 Clipper Street (Ashland) 620-635-2814
www.ashland.k12.ks.us

Senior Services

Ashland District Hospital Long Term Care Unit
620-227-8651
1920 E Trail Street (Dodge City)
Dodge City Long Term Care Clinic

Animal Medical Clinic
Ashland Veterinary Center, INC
620-635-2641
W Hwy 160 (Ashland)

Senior Services

Minneola Long Term Care Unit
620-635-2722
207 S Chestnut (Minneola)

Southwest Kansas Area Agency on Aging
www.swkansas.org
(620) 225-8230
P O Box 1636 (Dodge City)

Southwest Kansas Area Agency on Aging
www.minneolahealthcare.com
620-607-8590
207 W 8th Street (Ashland)
Ashland Long Term Care Unit

Veterinary Services

Ashland Veterinary Center, INC
W Hwy 160 (Ashland)
620-227-8651

Animal Medical Clinic
Ashland Veterinary Center, INC
620-635-2641
W Hwy 160 (Ashland)

Minneola Public Schools
620-635-2722
111 W Locust Street (Minneola)
Elementary School

Minneola Public Schools
620-635-2722
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Elementary School

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620-635-2722
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620-635-2722
111 W Locust Street (Minneola)
Elementary School

Minneola Public Schools
620-635-2722
111 W Locust Street (Minneola)
Elementary School

Minneola Public Schools
620-635-2722
111 W Locust Street (Minneola)
Elementary School
Local Government, Community, and Social Services

Adult Protective Services (SRS)

1-800-922-5330

www.srskansas.org/services/adult.htm

Alcohol and Drug Abuse Services

1-800-586-3690

http://www.srskansas.org/services/alc-assess.htm

Alcohol and Drug Detoxification 24-Hour Helpline

1-877-403-3387

www.ACenterForRecovery.com

Elder Abuse Hotline

1-800-842-0078

www.elderabusecenter.org

Adult Protective Services West Region Reporting Center

Kansas Department of Social and Rehabilitation Services

1-800-922-5330

www.srskansas.org/ISD/ees/adult.htm

Adult Protection

Local Government, Community, and Social Services

Northside Veterinary Clinic

208 E Frontview Street (Dodge City)

620-873-7215

Thomas Vet Services

305 Saliebman Road (Meade)

620-873-7215

Return to Table of Contents
Children and Youth

Child Protection

Kansas Department of Social and Rehabilitation Services West Region Protection Reporting Center – i.e. PROTECTION REPORT CENTER FOR ABUSE

1-800-922-5330
Available 24 hours/7 days per week – including holidays

Children Providers – Children

Day Care Providers

Bright Beginnings Headstart
620-227-1614
200 W Comanche Street #A (Dodge City)

Child Care Connections
620-227-9587
2018 1st Avenue (Dodge City)

Diane’s Daycare Home
620-227-3641
711 S 15th Avenue (Dodge City)

First Christian Day Care
620-338-8688
505 E Avenue (Dodge City)

Joy Child Development Center
620-227-6136
210 Soule Street (Dodge City)

Parents’ Alliance
785-232-4376
627 SW Topeka Boulevard (Topeka)

Children’s Alliance
785-232-6378
627 SW Topeka Boulevard (Topeka)

Kansas Children’s Service League
1-800-332-6378
www.kcsl.org

Bright Beginnings Headstart
620-227-1614
200 W Comanche Street #A (Dodge City)

Child Care Connections
620-227-9587
2018 1st Avenue (Dodge City)

Diane’s Daycare Home
620-338-8688
505 E Avenue (Dodge City)

First Christian Day Care
620-338-8688
505 E Avenue (Dodge City)

Joy Child Development Center
620-227-6136
210 Soule Street (Dodge City)

Parents’ Alliance
785-232-4376
627 SW Topeka Boulevard (Topeka)

Children’s Alliance
785-232-6378
627 SW Topeka Boulevard (Topeka)

Children Protection

Available 24 hours/7 days per week – including holidays

1-800-922-5330

The Treatment Center
1-888-433-9869
www.childally.org
620-227-3641
711 S 15th Avenue (Dodge City)

First Christian Day Care
620-338-8688
505 E Avenue (Dodge City)

Joy Child Development Center
620-227-6136
210 Soule Street (Dodge City)

Parents’ Alliance
785-232-4376
627 SW Topeka Boulevard (Topeka)

Children’s Alliance
785-232-6378
627 SW Topeka Boulevard (Topeka)
Adoption is a Choice
1-888-524-5614
Adoption Network
1-888-281-8054
Adoption Services

Pregnancy Services

Kansas Crisis Hotline
1-800-727-2785
785-539-7935
Manhattan

Kansas Children's Service League
1-888-966-7787
General Adoptions
1-866-881-4376
Adoption Spacebook

Domestic Violence and Rape Hotline
1-888-744-1499

Graceful Adoptions
1-888-896-7787
Kansas Crisis Hotline

Rape

Family Crisis Center
1806 12th Street (Great Bend)
620-793-1885

Red Cross
1-877-227-2273
www.redcross.org

Kansas Library
1-877-330-2275
Kansas Children's Service League

Family Crisis Center
1806 12th Street (Great Bend)
620-793-1885

Domestic Violence and Rape Hotline
1-888-744-1499

Graceful Adoptions
1-888-896-7787
Adoption Spacebook

Rape

Adoption Services

Pregnancy Services

Kansas Crisis Hotline
1-800-727-2785
785-539-7935
Manhattan

Kansas Children's Service League
1-888-966-7787
General Adoptions
1-866-881-4376
Adoption Spacebook

Domestic Violence and Rape Hotline
1-888-744-1499

Graceful Adoptions
1-888-896-7787
Kansas Crisis Hotline

Rape
American Red Cross
210 Fulton Terrace (Garden City)
620-276-2762
www.gardencityredcross.org

Social Security
Social Security Administration
1-800-772-1213
1-800-325-0778
www.ssa.gov

Transportation
Harold Krier Field
Highway 160 E (Ashland)
620-635-2531
Transportation Department
Highway 160 E (Ashland)
620-635-2234

Elder and Nursing Home Abuse Legal
Elder Abuse Hotline
620-744-1499
www.elderabusecenter.org
1-800-842-0078

Domestic Violence and Sexual Assault (DVACK)
www.dvack.org
1-800-874-1499

Adult Protection Services
Adult Protection
www.kcess.org/SD/safety
1-800-842-5500

Support
State and National Information Services,
www.gardencityredcross.org
620-276-2762
210 Fulton Terrace (Garden City)
American Red Cross

DRAFT
Alcohol and Drug Abuse Services
1-800-86-3690

National Suicide Prevention Lifeline
785-841-2345

Poison Center
1-800-222-1222

www.srskansas.org
www.ndvh.org
www.4woman.gov/faq/sexualassault.htm
www.al-anon.alateen.org

Alcohol and Drug Abuse Helpline
1-800-993-3869

Al-Anon Family Group
1-888-4ALANON (425-2666)

Al-Anon Family Group
1-888-847-4777 (HAVENT)

AIC (Assessment Information Classes)
1-888-74-5510

Abuse Assessment Agency
1-800-86-1-768

Able Detox-Relief Treatment
1-800-577-2481 (NATIONAL)

Abandon Addiction
1-800-369-3699

AAAAAH
1-800-99-3-3699

A 1 A Detox Treatment
1-800-757-0771

Alcohol and Drug Treatment Programs

DRAFT

National Suicide Prevention Lifeline
1-800-273-8255

Poison Center
1-800-222-1222

Sexual Assault and Domestic Violence Crisis Line
1-800-701-3630

Social and Rehabilitation Services (SRS)
1-888-369-4777 (HAYES)

Suicide Prevention Helpline
785-841-2345

Alcohol and Drug Treatment Programs

A 1 A Detox Treatment
1-800-757-0771

Abandon Addiction
1-800-369-3699

AAAAAH
1-800-99-3-3699

A 1 A Detox Treatment

Alcohol and Drug Abuse Services
1-800-86-3690

National Suicide Prevention Lifeline
785-841-2345

Poison Center
1-800-222-1222

Sexual Assault and Domestic Violence Crisis Line
1-800-701-3630

Social and Rehabilitation Services (SRS)
1-888-369-4777 (HAYES)

Suicide Prevention Helpline
785-841-2345
American Cancer Society
1-800-227-2345
www.cancer.org

American Diabetes Association
1-800-DIABETES (342-2383) www.diabetes.org

AIDS/HIV Center for Disease Control and Prevention
1-800-CDC-INFO  1-888-232-6348 (TTY)
www.cdc.gov/hiv/

AIDS/STD National Hot Line
1-800-342-AIDS  1-800-227-8922 (STD line)

American Lung Association
1-800-586-4872

American Heart Association
1-800-242-8721
www.americanheart.org

American Stroke Association
1-888-4-STROKE

National Health Information Center
1-800-336-4797
www.health.gov/nhic

National Cancer Information Center
1-800-227-2345  1-866-228-4327 (TTY)
www.cancer.org

Center for Disease Control and Prevention
1-800-227-2345 (TTY)
www.cdc.gov/national/infectioncontrol

Eye Care Council
1-800-960-EYES
www.seetolearn.com

Elder Care Helpline
1-800-677-5500
www.eldercarelink.com

Kansas Foundation for Medical Care
1-800-432-0407
www.kfmc.org

American Health Assistance Foundation
1-800-437-2423
www.ahaf.org

Elder Care Information Center
1-888-232-6348 (TTY)
www.americanheart.org

National AIDS/STD Information Center
1-800-342-AIDS
www.cdc.gov/national/infectioncontrol

American Diabetes Association
1-800-DIABETES (342-2383)
www.diabetes.org

Center for Disease Control and Prevention
1-800-CDC-INFO  1-888-232-6348 (TTY)
www.cdc.gov/hiv/

National AIDS/STD Information Center
1-800-342-AIDS
www.cdc.gov/national/infectioncontrol

American Diabetes Association
1-800-DIABETES (342-2383)
www.diabetes.org

American Cancer Society
1-800-227-2345
www.cancer.org
Dean, College of Agriculture.

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Dean, College of Agriculture.

Kansas State University Agricultural Experiment Station and Cooperative Extension Service.
Kansas Rural Health Works
Community Health Needs Assessment

Clark County

John Leatherman
Professor, Department of Agricultural Economics
Director, Office of Local Government
K-State Research and Extension

Agenda

• CHNA overview
• Economic contribution of local health care
• Preliminary list of community concerns
• Health service area
• Local data reports
• Community health services directory
• Community health care survey
• Proposed schedule of meetings
• Focus group questions
• Next meeting
Local Health Needs Assessment

- Patient Protection and Affordable Care Act
- 501(c)3 (charitable) hospital every 3 years
  - Community Health Needs Assessment
  - Implementation strategy
  - Demonstrable effort for progress
- Public Health Accreditation every 5 years
  - Community Public Health Needs Assessment
  - Public health action planning
  - Strategic plan

KRHW CHNA Objectives

- KRHW Community Engagement Process since 2005
  - Help foster healthy communities
  - Help foster sustainable rural community health care system
  - Identify priority health care needs
  - Mobilize/organize the community
  - Develop specific action strategies with measurable goals
Community-driven Process

- Community-based, not driven by hospital, health care provider, or outside agency
- Local people solving local problems
- Community provides energy and commitment, with input from health care providers
- Public represented by you - community leaders who care enough to participate
- I make no recommendations

Steering Committee Meetings

- 3 two-hour working meetings over 3 weeks
- Examine information resources
  - Economic contribution of health care; health services directory; community health care survey; data and information reports
- Identify priority health-related needs
  - Revisit information; small group discussion; group prioritization; form action teams
- Develop action strategies for priority needs
  - Leadership, measurable goals
Keys to Success

• Our process has a beginning and an end
• Your participation is critical
• Your preparation allows effective participation
• Every community has needs and the capacity to improve its relative situation
• Your ongoing commitment and initiative will determine whether that’s true here
• We’ll provide discussion forum and tools
• The rest is up to you
Importance of Health Care Sector

• Health services and rural development
  – Major U.S. Growth Sector
    • Health services employment up 70% from 1990-08
    • 10%-15% employment in many rural counties
  – Business location concern
    • Quality of life; productive workforce; ‘tie-breaker’
      location factor
  – Retiree location factor
    • 60% called quality health care “must have”

Health Services in Clark County

Figure 5. Employment by Sector (2008)
### Total Health Care Impact

<table>
<thead>
<tr>
<th>Health Sectors</th>
<th>Direct Employment</th>
<th>Economic Multiplier</th>
<th>Total Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health and Personal Care Stores</td>
<td>16</td>
<td>1.18</td>
<td>19</td>
</tr>
<tr>
<td>Veterinary Services</td>
<td>13</td>
<td>1.13</td>
<td>15</td>
</tr>
<tr>
<td>Home Health Care Services</td>
<td>0</td>
<td>0.00</td>
<td>0</td>
</tr>
<tr>
<td>Doctors and Dentists</td>
<td>63</td>
<td>1.14</td>
<td>72</td>
</tr>
<tr>
<td>Other Ambulatory Health Care</td>
<td>0</td>
<td>0.00</td>
<td>0</td>
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<tr>
<td>Hospitals</td>
<td>223</td>
<td>1.35</td>
<td>300</td>
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<tr>
<td>Nursing and Residential Care Facilities</td>
<td>0</td>
<td>0.00</td>
<td>0</td>
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<tr>
<td>Total</td>
<td>315</td>
<td></td>
<td>406</td>
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</table>

### Health Care Impact ($000)

<table>
<thead>
<tr>
<th>Health Sectors</th>
<th>Direct Income</th>
<th>Economic Multiplier</th>
<th>Total Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health and Personal Care Stores</td>
<td>$410</td>
<td>1.12</td>
<td>$460</td>
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<tr>
<td>Veterinary Services</td>
<td>$379</td>
<td>1.09</td>
<td>$412</td>
</tr>
<tr>
<td>Home Health Care Services</td>
<td>$0</td>
<td>0.00</td>
<td>$0</td>
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<tr>
<td>Doctors and Dentists</td>
<td>$17</td>
<td>1.06</td>
<td>$18</td>
</tr>
<tr>
<td>Other Ambulatory Health Care</td>
<td>$0</td>
<td>0.00</td>
<td>$0</td>
</tr>
<tr>
<td>Hospitals</td>
<td>$11,591</td>
<td>1.15</td>
<td>$13,281</td>
</tr>
<tr>
<td>Nursing/Residential Care Facilities</td>
<td>$0</td>
<td>0.00</td>
<td>$0</td>
</tr>
<tr>
<td>Total</td>
<td>$12,396</td>
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<td>$14,172</td>
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</tbody>
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Health Care Impact ($000)

<table>
<thead>
<tr>
<th>Health Sectors</th>
<th>Total Impact</th>
<th>Retail Sales</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health and Personal Care Stores</td>
<td>$460</td>
<td>$113</td>
</tr>
<tr>
<td>Veterinary Services</td>
<td>$412</td>
<td>$101</td>
</tr>
<tr>
<td>Home Health Care Services</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Doctors and Dentists</td>
<td>$18</td>
<td>$5</td>
</tr>
<tr>
<td>Other Ambulatory Health Care</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Hospitals</td>
<td>$13,281</td>
<td>$3,265</td>
</tr>
<tr>
<td>Nursing/Residential Care Facilities</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Total</td>
<td>$14,172</td>
<td>$3,484</td>
</tr>
</tbody>
</table>

Summary and Conclusions

- Trends and indicators show health care’s economic importance
- Health services among the fastest growing sectors – demographic trends suggest growth will continue
- Attracting/retaining businesses & retirees depends on adequate health care services
- Sustainable health care system essential for local health and economic opportunity
Summary and Conclusions

- Economics of health care rapidly changing
- Maintaining a sustainable local health care system is a community-wide challenge
- Strategic health care planning must be ongoing and inclusive

Initial Community Perceptions

- What are major health-related concerns?
- What needs to be done to improve local health care?
- What should be the over-arching health care goals in the county?
- What are the greatest barriers to achieving those goals?
Clark Co. Health Care Market

AHC = 87.5%
MDH = 44.1%
of Inpatient
Discharges
in 2011

Data Fact Sheets
Data Fact Sheets

• Seeking issues/needs in secondary data, i.e. that which is missing, a challenge, or could be improved
• Looking at the negative doesn’t mean there isn’t much that is good
• Data are indicators that require interpretation
• You decide what’s important

Data Fact Sheets

• Seeking issues/needs in secondary data
• Economic & demographic data
  – Declining population ~ 13% since 1990 & decline
  – Aging population ~ 23% 65+ & stable
  – 37% of population without spouse
  – 15% of HH live on <$15,000, 31% <$25,000
  – Transfer income > importance (>14m, 20%)
  – 12% live in poverty (19% of children)
Data Fact Sheets

• Health & behavioral data
  – LTC capacity: community-based alternatives?
  – Youth tobacco use ~12+%, > KS & improving
  – Youth binge drinking ~16+%, > KS & improving
  – Child immunizations ~ 84%, > KS & stable
  – 30% newborns < than adequate prenatal care (small numbers)
  – Government food assistance increasing
  – Hospitals short-term trends stable

• Crime data
  – Crime 1/2 state rates (incomplete data)
  – # Arrests decreasing

• Education data
  – Long-term enrollment decline
  – Dropout rate down, violence low (small #’s)

• Traffic data
  – 9% of crashes w. injury/death, no seatbelt
  – Stable overall trends
Data Fact Sheets

• Health Matters (random impressions)
  – Variability due to sampling
  – Obesity > KS
  – Diabetes, hypertension < KS
  – 10% teen, 25% unmarried births rising, ~ KS
  – 18% of pregnant women smoke, > KS
  – Rate of injuries high
  – Adult binge drinking high

Data Fact Sheets

• Health Matters (random impressions)
  – Cancer, diabetes, heart disease, mortality, suicide <~ KS
  – Poor perception of health, mental health > KS
  – Uninsured population high
  – Indications of economic distress
  – Poverty indicators range: “concern”
  – High lead risk with older housing
Overall Conclusions from Data

• Population trends and income levels are creating challenges
• Accessing state/federal assistance is essential
• Community-based services for those elderly, alone
• Room for improvement in preventable problems – lifestyle and chronic conditions

You look. You decide.
Community Directory

- Comprehensive listing of health and related providers and services
- If they know it’s available locally, they can choose to buy it at home
- Extended description of hospital, county health department, others as justified
- You ensure completeness and accuracy
- Consider the “gaps” that may exist
- Updatable, reproducible
Community Health Care Survey

- Community health services
  - Healthy people/community/Quality of Life
  - Any general concerns
- Non-random, non-representative
- “Lots” of input - You + 5
- 5 minutes – answer on the spot
- Deadline is Monday noon. Drop off:
  - Ashland Health Center
  - Minneola District Hospital
  - Clark County Health Department
Public Meeting Schedule

- Subject to weather
- February 7 (Ashland): Overview, economic impact report, community concerns, data reports, draft health services directory, survey
- February 21 (Minneola): Review data & information; group discussion; issue prioritization; team formation
- March 7 (Ashland): Action planning
- After? That’s up to you

Next Meeting

- Introduction and Review
- Review of Data & survey results
- Service Gap Analysis
- Focus group formation and charge
- Group Summaries
- Prioritization
- Next meeting date
Next Meeting

- Homework: review the information, consider the questions
- Focus Group questions
  - What is your vision for a healthy community?
  - What are the top 3-4 things that need to happen to achieve your vision?
  - What can the hospital do to help?
  - What can the health department do to help?

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Kansas Rural Health Works
Community Health Needs Assessment

Clark County

John Leatherman
Professor, Department of Agricultural Economics
Director, Office of Local Government
K-State Research and Extension

Agenda

• CHNA overview and review
• Preliminary list of community concerns
• Local data reports
• Community health services gap analysis
• Community health care survey results
• Small group discussion
• Group prioritization
• Next meeting
Local Health Needs Assessment

• Patient Protection and Affordable Care Act creates hospital requirements
• Public Health Department Accreditation
• Both require Community Health Needs Assessment

KRHW CHNA Objectives

• KRHW CHNA
  – Help foster healthy communities and a sustainable rural community health care system
  – Identify priority health care needs
  – Mobilize/organize the community
  – Develop specific action strategies with measurable goals
Community-driven Process

- Community-based, not driven by hospital, health care provider, or outside agency
- Local people solving local problems
- Community provides energy and commitment, with input from health care providers
- Public represented by you
- I make no recommendations
Summary and Conclusions

• Trends and indicators show health care’s economic importance
• Health services among the fastest growing sectors – demographic trends suggest growth will continue
• Sustainable health care system essential for local health and economic opportunity
• Maintaining a sustainable local health care system is a community-wide challenge

Initial Community Perceptions

• What are major health-related concerns?
• What needs to be done to improve local health care?
• What should be the over-arching health care goals in the county?
• What are the greatest barriers to achieving those goals?
Collective Themes

- Health, wellness, chronic disease prevention
- Aging medical facilities
- Mental health assistance
- Elder community-based services, transportation
- Communication/collaboration between/within
- Accessing/coordinating specialty and basic
- Your conclusions?

Data Fact Sheets
Data Fact Sheets

- Seeking issues/needs in secondary data, i.e. that which is missing, a challenge, or could be improved
- Looking at the negative doesn’t mean there isn’t much that is good
- Data are indicators that require interpretation
- You decide what’s important

Overall Conclusions from Data

- Population trends and income levels are creating challenges
- Accessing state/federal assistance is essential
- Community-based services for elderly, alone
- Mental health
- Room for improvement in preventable problems – neonatal care, tobacco/alcohol use, immunization
Your Analysis

• What did you see that you liked?
• What do you see that was troubling?
• What do you think could be improved?
• What do you think is in your collective capacity to make better?
Community Directory

- Comprehensive listing of health and related providers and services
- If they know it’s available locally, they can choose to buy it at home
- You ensure completeness and accuracy
- Consider the “gaps” that may exist
- What was missing that you would like to see?

Community Health Care Survey
Community Health Care Survey

- 68 Ashland, 65 Minneola responses
- Important to remember – non-representative
- 92-95% see a doctor; 92-95% use local
- 100% were satisfied/somewhat satisfied
- 75% used a hospital in the past 2 years; local hospitals captured most of those visits
- 90+% had prior local hospital experience
- 98% were satisfied/somewhat satisfied

Community Health Care Survey

- Specialty care
  - Orthopedist
  - Oncologist
  - Cardiologist
  - Chiropractic
  - OB/GYN
  - Dental/Optometry
  - Dermatologist
Community Health Care Survey

- 98% used Minneola Clinic; 95% were satisfied
- 94% used Ashland Clinic; 98% satisfied
- 53-66% used County Health; 95-98% satisfied
- Comments suggest unmet needs & challenges
  - High satisfaction
  - Concern about maintaining services
  - A few customer service issues
  - Condition of facilities
  - A few elder care / community-based services
  - Mental health assistance
- Your observations?

Small Group Discussion

- Discussion leader and note taker
- Everyone contributes
- Time is critical – 30 minutes total
- At 15 minutes start deciding 2-4 priorities
- Consider the question
  - Everyone 30 seconds to respond
  - Seek commonalities/themes/combine concerns
  - Identify 1-2 group responses
  - Report to the group
Discussion Questions

• What is your vision for a healthy community?
• What are the top 3-4 things that need to happen to achieve your vision?
  – What’s right? What could be better?
  – Consider acute needs and chronic conditions
  – Discrete local issues, not global concerns
  – Consider the possible, within local control and resources, something to rally the community
• What can the hospital do to help?
• What can the health department do to help?

Issue Prioritization

• Group reports
• What are the discrete local health concerns?
• What are the chronic health issues of local concern?
• What are the top 2-4 issues that should be the focus of local priority over the next 3-5 years?
• Which priority will you focus on?
• Homework
Next Meeting

- Introduction and Review
- Review of priorities
- Work groups
- Work group reports
- Action group formation and leadership
- Action group meetings
- One-year follow up meeting
- Summary and evaluation
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Kansas Rural Health Works
Community Health Needs Assessment

Clark County

John Leatherman
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Director, Office of Local Government
K-State Research and Extension

Agenda

- CHNA overview and review
- Priority community health issues
- Work group formation and instructions
- Action plan development
- Group review
- Next steps
- Evaluation
Local Health Needs Assessment

• Patient Protection and Affordable Care Act creates hospital requirements
• Public Health Department Accreditation
• Both require Community Health Needs Assessment

KRHW CHNA Objectives

• KRHW CHNA
  – Help foster healthy communities and a sustainable rural community health care system
  – Identify priority health care needs
  – Mobilize/organize the community
  – Develop specific action strategies with measurable goals
Community-driven Process

- Community-based, not driven by hospital, health care provider, or outside agency
- Local people solving local problems
- Community provides energy and commitment, with input from health care providers
- Public represented by you
- I make no recommendations
Perceptions: Collective Themes

- Health, wellness, chronic disease prevention
- Aging medical facilities
- Mental health assistance
- Elder community-based services, transportation
- Communication/collaboration between/within
- Accessing basic and coordinating specialty medical care

Data Fact Sheets
Overall Conclusions from Data

- Population trends and income levels are creating challenges
- Accessing state/federal assistance is essential
- Community-based services for elderly, alone
- Mental health
- Room for improvement in preventable problems – neonatal care, tobacco/alcohol use, immunization
Community Health Care Survey

- 133 responses
- Non-representative, but lots of input
- Local provider use and satisfaction
- Generally positive attitudes, high satisfaction
- Comments suggest needs & challenges
  - High satisfaction; concern about maintaining services; a few customer service issues; condition of facilities; a few elder care/ community-based services; mental health assistance

Issue Prioritization #1

- Health, wellness, chronic disease prevention
  - Emphasize health education
  - Focus on lifestyle behaviors that can be carried throughout life
  - Help adults achieve healthier lifestyle
  - Chronic disease prevention through education and screening
  - Promote awareness of local services
  - Provider recruitment
Issue Prioritization #2

• Communication/collaboration between providers, with the community and within the community
  – Enhance communication and collaboration to ensure more complete case management
  – Enhance access through information and assistance for limited resource, elderly, youthful families
  – Enhance awareness of existing local resources

Issue Prioritization #3

• Alternatives for facilities improvement
  – Multi-functional health center, including mental health assistance
Issue Prioritization #4

• Community-based elder care assistance
  – Consider a range of assistance, especially home-based assistance for the elderly with limited resources and alone

Action Planning

• This ain’t easy
• This is only the start
• Once you begin, you’ll see more is needed
• If this is important and if you are committed, you’ll know how!
• The rest is up to you. It always has been.
Action Plan: Situation

• What is the existing situation you would like to see changed?
• What is the specific need/problem that you would like to see changed?
• Example: Enhance communication across providers and with the community
  – Providers in “silos” to patient detriment
  – Hospital board is insular

Action Plan: Priorities

• What are the top three things that need to happen to change the existing situation?
• Example:
  – Major providers meet periodically to exchange information and seek collaborative initiatives
  – Create a common public access point for information
  – Create an annual event to bring community and providers together
Action Plan: Intended Outcomes

• What will be the situation when you have achieved the goal?
• Example:
  – Patients experience continuum of care; providers are stronger with fewer leakages
  – Single Web-based portal for all provider info
  – Annual county health fair to learn about personal health, provider services, healthy choices, meet providers personally

Action Plan: Resources

• What resources are needed: who must be involved, how much time, money, what partnerships
• Example:
  – Major provider cooperation
  – Significant organizational and public relations capacity
  – IT capacity
  – Financial sponsorships
Action Plan: Activities

- What meetings, events, public involvement, information resources, media, partnerships are needed?
- Examples:
  - Quarterly provider meetings – private sharing
  - Event leadership and planning committee
  - Solicit financial sponsorship
  - Media collaboration
  - State/regional provider involvement
  - Schedule of events

Action Plan: Participation

- Who needs to be involved?
- Examples:
  - Leadership – who is the right person?
  - Who within this group will start?
  - Who outside this group should be involved?
  - Business, education, religious, social, public, customers and the underserved
Action Plan: Short-term

- What has to happen in 6-12 months?
- What are the evaluation target metrics (awareness, knowledge, attitudes)?
- Examples:
  - Providers buy in, establish a regular meeting schedule, identify meeting coordinator
  - Public relations to announce initiatives
  - Work committees recruited and organized
  - Sponsors secured
  - Plans and designs solidified/finalized

Action Plan: Intermediate-term

- What has to happen in 1-3 years?
- What are the evaluation target metrics (behaviors, decisions, actions, policies)?
- Examples:
  - Providers meeting regularly
  - Web-based portal up and updated regularly
  - Annual health fair with broad community participation
  - Expanded community “buy-in” for initiatives
Action Plan: Ultimate Impact

- What has to happen in the long-term?
- What are the evaluation target metrics (how will the situation be different)?
- Examples:
  - Community surveys show high local usage and satisfaction with local providers
  - Data health indicators are improving
  - Annual health fair growth, business outreach and participation, multiple community events
  - Community undertakes new health initiatives

Health Priorities

- Priority #1: Health, wellness, and chronic disease prevention
- Priority #2: Communication/collaboration between, with, and within
- Priority #3: Facilities upgrade
- Priority #4: Elder services
Next Meeting

• Yes, there is a next meeting (sorry)
• Overall leadership and monitoring
• Work group leadership and meeting schedule
• Communicating with the community
• One-year follow up meeting open to the community
• Summary and evaluation

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Community Health Needs Assessment

Hospital Requirements

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

- All 501(c)3 Hospitals
- Governmental hospitals that have an IRS Determinate (c)3 Letter
- If you have ever applied for and received a letter (for the hospital entity) you have to comply.

Hospitals must Complete Community Needs Assessment

- At least once every three years; first one must be completed by end of tax year beginning after March 23, 2012.
- Include input from persons who represent the broad interest of the community.
- Include input from persons having public health knowledge or expertise.
- Make assessment widely available to the public
- Adopt a written implementation strategy to address identified community needs.*
- Failure to comply results in excise tax penalty of $50,000 per year.

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

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

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

1. A description of the community served by the hospital facility and how it was determined.
2. A description of the process and methods used to conduct the assessment, including a description of the sources and dates of the data and other information used in the assessment and the analytical methods applied to identify community health needs. The report should also describe information gaps that impact the hospital organization’s ability to assess the health needs of the community served by the hospital facility. If a hospital organization collaborates with other organizations in conducting a CHNA, the report should identify all of the organizations with which the hospital organization collaborated. If a hospital organization contracts with one or more third parties to assist it in conducting a CHNA, the report should also disclose the identity and qualifications of such third parties.
3. A description of how the hospital organization took into account input from persons who represent the broad interests of the community served by the hospital facility, including a description of when and how the organization consulted with these persons (whether through meetings, focus groups, interviews, surveys, written correspondence, etc.) If the hospital organization takes into account input from an organization, the written report should identify
the organization and provide the name and title of at least one individual in such organization with whom the hospital organization consulted.

4. A prioritized description of all of the community health needs identified through the CHNA, as well as a description of the process and criteria used in prioritizing such health needs.

5. A description of the existing health care facilities and other resources within the community available to meet the community health needs identified through the CHNA.

CHNA Written Report needs to be:

- Widely available to the public
- On hospital website
- Given to anyone who asks

Implementation Strategy

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

An implementation strategy is a written plan that addresses each of the community health needs identified through a CHNA.

An implementation strategy will address a health need identified through a CHNA for a particular hospital facility if the written plan either:

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

An Implementation Strategy needs to be:

- Approved by Board of Directors
- Attached to 990, and the 990 has to be widely available to the public

This summary was obtained from the Kansas Health Matters Website (http://www.kansashealthmatters.org/), and can be found here: (https://www.myctb.org/wst/kansashealthmatters/hospitals/default.aspx)
Community Health Needs Assessment

Health Department Accreditation

The Public Health Accreditation Board (PHAB) defines public health accreditation as the development of a set of standards, a process to measure health department performance against those standards, and reward or recognition for those health departments who meet the standards.

The PHAB standards were developed through the framework of the 10 Essential Public Health Services:

1. Monitor the health of the community
2. Diagnose and investigate health problems
3. Inform, educate, and empower people
4. Mobilize community partnerships
5. Develop policies
6. Enforce laws and regulations
7. Link to/provide health services
8. Assure a competent workforce
9. Evaluate quality
10. Research for new insights

Accreditation is a mechanism for demonstrating a local health department’s capacity for providing the essential services as well as its ability to do so through a culture of continuous quality improvement. The PHAB Standards and Measures Version 1.0 were released in May 2011.

Local health departments may seek accreditation as an individual agency or as a region, using the multi-jurisdictional approach. Accreditation status lasts for 5 years; at the end of the 5 year cycle, the department must seek reaccreditation.

Health departments must complete three prerequisites prior to applying for accreditation within the past 5 years

1. A community health assessment
2. A community health improvement plan
3. An agency strategic plan

The seven steps of the accreditation process are

1. Pre-application
2. Accreditation Readiness Checklist
3. Online Orientation
4. Statement of Intent
5. Application
6. Documentation Selection and Submission
7. Site Visit
8. Accreditation Decision
9. Reports
10. Reaccreditation

This summary was obtained from the *Kansas Health Matters* Website (http://www.kansashealthmatters.org/), and can be found here: (https://www.mycbt.org/wst/kansashealthmatters/healthdepartments/default.aspx)
COMMUNITY HEALTH
NEEDS ASSESSMENT
TOOLKIT

Prepared by:

National Center for Rural Health Works
Oklahoma State University

and

Center for Rural Health and
Oklahoma Office of Rural Health

Prepared with Input and Advice from:

Community Health Needs Assessment National Advisory Team

May 2012
XI. Reporting

Each hospital facility is required to make the community health needs assessment widely available to community members. To accomplish this, the hospital needs to prepare a summary report of the community health needs assessment process and share the results with the community. This could be shared through newspaper articles, articles in the hospital newsletter, at local group meetings, website, etc.

The hospital board will utilize the community health needs assessment report (Example included in Appendix P) to determine the action plan, including the resulting community needs to be addressed, the implementation strategy for each community need, and the responsible person(s) or agency(ies). The hospital will address every need identified by the community. If the hospital is unable to address a particular need, this should also be indicated in the action plan. The hospital’s action plan must also be made available to the community. This could be shared through newspaper articles, articles in the hospital newsletter, at local group meetings, website, etc. The hospital may want to share this report with the community advisory committee through an additional meeting or a report sent to them.

The hospital will also have to submit documentation or proof to the Internal Revenue Service (IRS) that a community health needs assessment process was completed. For convenience, a suggested outline of a final summary report is presented in the table below to assist in completing the IRS reporting forms. This report outline is also included in Appendix Q. The final report needs to include information pertaining to:

- Community Members;
- Medical Service Area;
- Community Meetings;
Summary Report Outline

Community Health Needs Assessment

Community Members Involved

Need to include name, organization and contact information for:

Hospital Administrator
Steering Committee or Leadership Group
Facilitator
Community Advisory Committee Members

Medical Service Area

Describe by county or zip code areas
Include populations and projected populations of medical service area
Include demographics of population of medical service area

Community Meetings #1, #2, and #3 (also any additional meetings)

Date
Agenda
List reports presented with short summary of each

Community Needs and Implementation Strategies

Include community needs and implementation strategies with responsibilities from community group

Hospital Final Implementation Plan

Include which needs hospital can address and the implementation strategies
Include which needs hospital cannot address and reason(s) why

Community Awareness of Assessment

Describe methodology for making assessment widely available to the community
Have Community Advisory Committee Report available to public
Have Hospital Action Plan with each health need addressed available to public
Community Needs and Implementation Strategies;
Hospital Final Implementation Plan; and
Community Awareness of Assessment

The report is intended to include crucial data and not be all inclusive. If the IRS desires more data, they can request documents that were included in the community health needs assessment process, such as the demographic and economic data report, community input summary report, etc.

The summary report will list all community members involved in the assessment, including the hospital administrator, the steering committee or leadership group, the facilitator, and the community advisory committee members. The medical service area of the hospital has been identified and is readily available, as well as population and demographic information of the medical service area and/or county. A summary of the date, agenda, and reports prepared and presented for all community meetings will be summarized. A short summary of each report presented at the community meetings would be beneficial. A summary report of the community needs and suggested implementation strategies from the Community Advisory Committee needs to be prepared; either utilizing the table provided in this document or a similar summary report. The hospital final implementation plan adopted by the hospital should also be included. This report should indicate which community needs the hospital will address and the implementation strategy planned for each. If all identified community needs or issues are not addressed, then the reason why an identified need/issue is not being addressed must be included in the report (e.g., lack of finances or human resources). Each hospital facility is required to make the assessment widely available to the community members. Newspaper reporters are usually available to write articles to share the community health needs assessment with the general public.
**IRS Reporting Forms**

The hospital is required through the new legislation to disclose any community health needs assessment activities in its annual information report to the Internal Revenue Service (IRS). **IRS Form 990** is required to be completed by all organizations exempt from income tax. When completing **IRS Form 990**, additional schedules may be required. Hospitals are required to complete Schedule H. See page 3 of **IRS Form 990, Part IV, Checklist of Required Schedules**, Question 20a, ‘Did the organization operate one or more hospitals? If “Yes,” complete Schedule H.’

<table>
<thead>
<tr>
<th></th>
<th>Checklist of Required Schedules</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Is the organization described in section 501(c)(3) or 4547(a)(1) (other than a private foundation)? If “Yes,” complete Schedule A.</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>20a</td>
<td>Did the organization operate one or more hospital facilities? If “Yes,” complete Schedule H.</td>
</tr>
<tr>
<td>20b</td>
<td>If “Yes” to line 20a, did the organization attach a copy of its audited financial statements to this return?</td>
</tr>
</tbody>
</table>

Attached in **Appendix Q** are both of these IRS reporting forms (**Form 990** and **SCHEDULE H**).

**IRS SCHEDULE H (Form 990)** is required to be completed by any tax-exempt organization that operates one or more hospitals. **SCHEDULE H** is broken into six major parts with subsections for **Part V**:

- **PART I** - Financial Assistance and Certain Other Community Benefits at Cost
- **PART II** - Community Building Activities
- **PART III** - Bad Debt, Medicare, & Collection Practices
- **PART IV** - Management Companies and Joint Ventures

**PART V - Facility Information**

**Section A. Hospital Facilities**

**Section B. Facility Policies and Procedures** (Complete a separate Part V, Section B, for each of the hospital facilities listed in Part V, Section A.)
**Community Health Needs Assessment (Optional for 2010)**

Financial Assistance Policy

Billing and Collections

Policy Relating to Emergency Medical Cater

Charges for Medical Care

Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

**PART VI - Supplemental Information**

**SCHEDULE H, Part V (Sections A and B)** and **Part VI** address the community health needs assessment process. **Part V, Section A**, requires a listing of all hospital facilities in order of size from largest to smallest, measured by total revenue per facility.

<table>
<thead>
<tr>
<th>Part V</th>
<th>Facility Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Section A. Hospital Facilities</td>
<td></td>
</tr>
</tbody>
</table>

(list in order of size, from largest to smallest)

How many hospital facilities did the organization operate during the tax year?

<table>
<thead>
<tr>
<th>Name and address</th>
<th>Other (describe)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

**Part V, Section B**, is required to be completed for each facility listed in **Section A**.

**Section B** is divided into four subsections. The first subsection, **Community Health Needs Assessment**, is the section that deals with community health needs assessment.

<table>
<thead>
<tr>
<th>Part V</th>
<th>Facility Information (continued)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Section B. Facility Policies and Practices</td>
<td></td>
</tr>
</tbody>
</table>

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

Name of Hospital Facility:  

Line Number of Hospital Facility (from Schedule H, Part V, Section A):  

**Community Health Needs Assessment** (Lines 1 through 7 are optional for tax year 2011)

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment (Needs Assessment)? If "No," skip to line 8.
There are seven questions relating to Community Health Needs Assessment shown below. Some questions may require additional information; i.e., Questions 1j, 3, 4, 5c, 6i, and 7.

<table>
<thead>
<tr>
<th>Community Health Needs Assessment (lines 1 through 7 are optional for tax year 2011)</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment (Needs Assessment)? If “No,” skip to line 6.</td>
<td>☐</td>
<td>☑</td>
</tr>
<tr>
<td>A definition of the community served by the hospital facility</td>
<td>☐</td>
<td>☑</td>
</tr>
<tr>
<td>Demographics of the community</td>
<td>☐</td>
<td>☑</td>
</tr>
<tr>
<td>Existing health care facilities and resources within the community that are available to respond to the health needs of the community</td>
<td>☐</td>
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</tr>
<tr>
<td>How data was obtained</td>
<td>☐</td>
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<tr>
<td>The health needs of the community</td>
<td>☐</td>
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</tr>
<tr>
<td>Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups</td>
<td>☐</td>
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<tr>
<td>The process for identifying and prioritizing community health needs and services to meet the community health needs</td>
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<tr>
<td>The process for consulting with persons representing the community’s interests</td>
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<tr>
<td>Information gaps that limit the hospital facility’s ability to assess the community’s health needs</td>
<td>☐</td>
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<tr>
<td>Other (describe in Part VI)</td>
<td>☐</td>
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<tr>
<td>2 Indicate the tax year the hospital facility last conducted a Needs Assessment: 20</td>
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<tr>
<td>3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If “Yes,” describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted</td>
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<tr>
<td>4 Was the hospital facility’s Needs Assessment conducted with one or more other hospital facilities? If “Yes,” list the other hospital facilities in Part VI.</td>
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<tr>
<td>5 Did the hospital facility make its Needs Assessment widely available to the public?</td>
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<tr>
<td>Hospital facility’s website</td>
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<td>Available upon request from the hospital facility</td>
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<tr>
<td>Other (describe in Part VI)</td>
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<tr>
<td>6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply):</td>
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<tr>
<td>Adoption of an implementation strategy to address the health needs of the hospital facility’s community</td>
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<tr>
<td>Execution of the implementation strategy</td>
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<tr>
<td>Participation in the development of a community-wide community benefit plan</td>
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<tr>
<td>Participation in the execution of a community-wide community benefit plan</td>
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<tr>
<td>Inclusion of a community benefit section in operational plans</td>
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<tr>
<td>Adoption of a budget for provision of services that address the needs identified in the Needs Assessment</td>
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<tr>
<td>Prioritization of health needs in its community</td>
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<td>Prioritization of services that the hospital facility will undertake to meet health needs in its community</td>
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<tr>
<td>Other (describe in Part VI)</td>
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<td>7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If “No,” explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs.</td>
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</table>

The supplemental information for these questions (for each separate facility) will need to be included in Part VI, Supplemental Information, Question 1, Required descriptions.
Part VI, Supplemental Information, has six additional questions that must be answered. Most of these questions are related to community health needs assessment:

- **Question 2. Needs assessment.**
- **Question 4. Community information.**
- **Question 5. Promotion of community health.**
- **Question 6. Affiliated health care system.**
- **Question 7. State filing of community benefit report.**

The other questions will need answered but may not directly pertain to community health needs assessment.

For additional information on IRS reporting requirements, consult your tax professional.
Appendix P

Example of Summary Community Health Needs
<table>
<thead>
<tr>
<th>Community Need</th>
<th>Implementation Strategy</th>
<th>Responsible Org. or Person</th>
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</thead>
<tbody>
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<td>Community Need</td>
<td>Implementation Strategy</td>
<td>Responsible Org. or Person</td>
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<tr>
<td>Community Need</td>
<td>Implementation Strategy</td>
<td>Responsible Org. or Person</td>
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(Continued – Page 3)
Cost of Health Care
  o Market the Community Clinic – Supported by Labette Health
  o Market availability of services and cost comparisons vs. larger communities
  o Education regarding affordable health screening tools
    ▪ Review target of educational tools
    ▪ Education regarding risk factors
    ▪ Build on successful examples
  o Create a Culture of Health
  o Market quality of care vs. stereotyping of rural providers/facilities

Smoking/tobacco use is seen as a significant health issue for the Labette Health Center community
  o Focus on education regarding the effects of tobacco use on health
  o Market Smoking Cessation classes

Cardiovascular heart disease and stroke are seen as significant health problems for the Labette Health Center community
  o Focus education on the benefits of screening and early detection
  o Focus education efforts on behavioral changes proven to help
    ▪ Smoking cessation programs
    ▪ Healthy eating and weight reduction
    ▪ Exercise programs

Diabetes is seen as a significant health problem for the Labette Health Center community
  o Build on success of the Rector Center
  o Market services of the Rector Center

Educational programs
  o Review who we are trying to educate and how we are trying to reach them
  o Focus on improving what we currently have:
    ▪ Hospital newsletter
    ▪ Hospital website
  o Focus on new methods of contacting citizens:
    ▪ Look for more electronic methods of informing citizens
    ▪ Look for more focused communication, i.e.: Facebook, Twitter, text messaging to reach local people
• Teen Pregnancy is seen as a significant issue in the community Labette Health Center serves.
  o Provide leadership to engage community factors to discuss and work on this issue including:
    ▪ Faith Community
    ▪ Parents groups
    ▪ Community civic leadership
    ▪ Social service agencies
  o Discuss parental responsibility and ways to enhance it

Note: This is not a problem that Labette Health Center can solve. This is a problem where Labette Health Center can provide leadership to engage various community groups to understand the problem and engage it as their own.

There was good discussion about the Labette Health Center community and the health problems facing them. The consensus of the group was that Labette Health Center was ‘community conscious’ regarding health issues facing the community. Labette Health Center has a unique opportunity to become more focused in their educational programs as it celebrates fifty years of service to the community. These efforts can become more successful by focusing on the community they are trying to reach and then reviewing different methods to reach them. This can include upgrading current efforts including newsletters and websites and employing other communication methods such as Twitter, Facebook, and e-news for example.
Appendix Q

Example CHNA Reporting
<table>
<thead>
<tr>
<th>Community Members Involved</th>
</tr>
</thead>
<tbody>
<tr>
<td>Need to include name, organization and contact information for:</td>
</tr>
<tr>
<td>Hospital Administrator</td>
</tr>
<tr>
<td>Steering Committee or Leadership Group</td>
</tr>
<tr>
<td>Facilitator</td>
</tr>
<tr>
<td>Community Advisory Committee Members</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Medical Service Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>Describe by county or zip code areas</td>
</tr>
<tr>
<td>Include populations and projected populations of medical service area</td>
</tr>
<tr>
<td>Include demographics of population of medical service area</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Community Meetings #1, #2, and #3 (also any additional meetings)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date</td>
</tr>
<tr>
<td>Agenda</td>
</tr>
<tr>
<td>List reports presented with short summary of each</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Community Needs and Implementation Strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Include community needs and implementation strategies with responsibilities from community group</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Hospital Final Implementation Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Include which needs hospital can address and the implementation strategies</td>
</tr>
<tr>
<td>Include which needs hospital cannot address and reason(s) why</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Community Awareness of Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Describe methodology for making assessment widely available to the community</td>
</tr>
<tr>
<td>Have Community Advisory Committee Report available to public</td>
</tr>
<tr>
<td>Have Hospital Action Plan with each health need addressed available to public</td>
</tr>
</tbody>
</table>
Community Engagement and Needs Assessment Process and Report
Guadalupe County Hospital
Santa Rosa, New Mexico
May 7, 2012

Process:

The hospital CEO, representatives from HealthInsight, the New Mexico Office of Rural and Primary Care and consultants conducted three meetings; a variety of community members were invited and in attendance. The group was diverse and represented all segments of the community. Meetings were approximately an hour and a half in length. Consultants prepared and conducted a survey of community attitudes and issues regarding health and health care in the county. Initially, with the hospital staff and with input from HealthInsight staff members, consultants determined the primary service area of Guadalupe County Hospital. Community members from this entire service area participated in these meetings. For example, participants included consumers, community leaders, public health officials, health care officials and experts, economic and community development specialists, education leaders and law enforcement. The meetings were conducted on February 29, March 13, and April 10, 2012.

Economic Impact:

Consultants conducted an economic impact study to indicate the value of health care and specifically the hospital to the community’s economic environment and viability.

In 2011, Guadalupe County Hospital had 50 full and part time employees from hospital operations with a payroll of $2.9 million (wages, salaries and benefits). The hospital also spent $3.4 million on capital improvements for a total of 86 jobs and a $3.4 million payroll. The secondary multiplier for hospital employment was 1.34 meaning that for every job in the hospital an additional 0.34 job or 17 additional jobs were created in the county for a total employment impact from operations of 67 jobs. The construction multiplier was 1.23 creating an additional 20 jobs for a total of 106 jobs. The grand total for employment impact was 173 jobs.

The income multipliers for hospital operations and hospital construction were 1.18 and 1.16 respectively. That resulted in an additional $523,694 from operations and $554,540 from construction activities for a total of $3.4 million from operations and $4.0 million from construction for a grand total income impact of $7.4 million. While construction varies from year to year, the hospital provides a huge economic impact for Guadalupe County.

Health Indicators/Health Outcomes:
Data compiled by the State of New Mexico and various national databases\(^1\) indicated the following information for discussion at the second community meeting:

- Accessibility/availability of primary care physicians (PCPs), county 69 PCPs per 100,000 population
- Births to women under 18, county rate 9.2, peer counties range 4.6-11.0
- A high percentage (77.8% county vs. 57.6% for New Mexico) of pregnant women receive prenatal care in first trimester
- Heart disease #1 leading cause of death, county rate 190.6, state rate 176.0
- Cancer #2 leading cause of death, county rate 174.9, state rate 173.2
- Stroke (cerebrovascular disease) #5 leading cause of death, county rate 90.4, state rate 41.8
- Diabetes #6 leading cause of death high, county rate 36.6, state rate 32.2
- Female breast cancer deaths high, county rate 62, state rate 22.1
- Substantiated child abuse allegations high, county rate 39.4, state rate 18.5
- Youth report caring and supportive family at a very high level, county rate 72.7, state rate 54.1
- Alcohol-related deaths high, county rate 101.8, state rate 52.9
- Uninsured adults high, county rate 30.6, state rate 22.9
- Low birth weight high, county rate 12.7, state rate 8.5
- Adolescent obesity high, county rate 18.7, state rate 13.5
- Motor vehicle traffic crash deaths high, county rate 31.0, state rate 18.3

**Economic and Demographic Data and Information:**

Economic and demographic data and information were compiled from a variety of data sources\(^2\):

- Population flat from 2000 – 2010 (county 0.1% increase)

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\(^1\) Health Indicators/Health Outcomes data sources include County Health Rankings from University of Wisconsin Population Health Institute and Robert Wood Johnson Foundation; Community Health Status Indicators from U. S. Department of Health and Human Services; New Mexico Selected Health Statistics Annual Report from the New Mexico Department of Health; New Mexico Death Certificate Database, Office of Vital Records and Health Statistics from the New Mexico Department of Health; and New Mexico’s Indicator-Based Information System from the New Mexico Department of Health.

\(^2\) Economic and Demographic data and information sources include population data, County Business Patterns, and poverty data from U. S. Census Bureau; employment, earnings, and transfer receipt reports from the U. S. Department of Commerce, Regional Economic Information System, Bureau of Economic Analysis; and employment and unemployment data from the U. S. Department of Labor, Bureau of Labor Statistics.
• Population growing in 45+ age group (absolute and percentage), county 2000, 35.7% and 2010, 44.1%, state 2000, 33.9% and 2010, 39.9%
• State demographers predicted 27.2% growth for next decade; cannot explain projected growth from the local perspective
• Health sector is very important to economy, represents 12.2% of total county employment and 19.5% of total county earnings
• Transfer receipts as a percent of total personal income high, county 42.4%, state 21.5%; this indicates a high percentage of income comes from federal and state programs.
• High unemployment, county 10%, state 7.1%
• Poverty all people high, county 23.7%, state 19.8%
• Poverty under age 18 high, county 30.5%, state 28.5%

Potential solutions or approaches to the problems and the information gained from the local survey were discussed at the third community meeting.

• Breast cancer education and screening was seen as a solution to the high death rate for breast cancer. Education must be culturally sensitive and timely presented to local women. Guadalupe County Hospital has received some grant monies in the past for these programs and will consider seeking additional grant funding to expand this program.
• The hospital will assist the community to apply for grant programs to provide grant funding for programs to educate the population regarding
  o Decreasing obesity in all population groups
  o Nutrition education to decrease reliance on fatty, high caloric and high cholesterol foods and food preparation
  o Educational programs must be:
    ▪ Age specific
    ▪ Culturally sensitive
    ▪ Provide options, i.e.; classes, webinars
    ▪ Catered to specific target groups, i.e., Diabetes education, stroke and heart disease education, education regarding prenatal care and childcare, etc.

Guadalupe County Hospital is and will continue to pursue a variety of positive changes for health care and access to health care in the Guadalupe County service area. These include:
• Website development with contact list for updates and e-Newsletters
• Telemedicine services
• Care flight – dedicated helicopter
• Physical therapy/ occupational therapy
• Optometrist
• Chiropractor
• New doctors moving to the area
• Scholarships for nursing and allied health personnel
• Mini health fairs
• Outreach to surrounding communities
• Share patient satisfaction scores on a regular basis

While the hospital has and will continue to provide dynamic leadership for the Guadalupe County community, many health and health related issues involve behavioral choices. The ability to change these issues will of necessity involve the entire community including the hospital.

Conclusion:

It should be noted that the population base of the Guadalupe County service area precludes offering a variety of services on site. For instance, a population base of 10,000 to 12,000 people is required as a minimum for a general surgeon. However, Guadalupe County Hospital will continue to work with the community and the hospital board to maximize the array of services available to local consumers. The CEO and the board have already built a new facility that incorporates the county public health office in the same building. They have a state of the art facility that was carefully planned and laid out. They have installed electronic health records systems and have qualified for federal Meaningful Use incentives. The CEO and the board have demonstrated that simply being rural does not mean second-class care or services. By maximizing the service potential of a variety of health and human services, the CEO has demonstrated her connection with and her commitment to this community.