Community Health Needs Assessment

Nemaha County, KS
January 2013

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

Sponsored by:
Sabetha Community Hospital
Nemaha Valley Community Hospital
Nemaha County Community Health Services

In cooperation with:
Nemaha County Community Health Needs Assessment

Executive Summary

January 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 October, 2012, the Sabetha Community Hospital, the Nemaha Valley Community Hospital, and the Nemaha County Community Health Services 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 thirty-six Nemaha 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 Nemaha 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 Nemaha 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 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.

Priority #2: Improve access to mental health assistance.
- Emphasize social, emotional, and spiritual wellness in addition to physical wellness.
- Improve personal need recognition, provider response.
- Enhance access to a range of mental health services and providers.
Priority #3: Improve access to information and assistance across multiple needs and populations.

- Enhance follow-up case management assistance.
- Facilitate elder assistance program access.
- Facilitate family assistance program access.
- Enhance citizen awareness of existing local programs, providers and services.
- Enhancing community volunteerism is an important component of this priority.
# Table of Contents

<table>
<thead>
<tr>
<th>Report</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction</td>
<td>1</td>
</tr>
<tr>
<td>Meeting Schedule</td>
<td>3</td>
</tr>
<tr>
<td>Health Priorities</td>
<td>7</td>
</tr>
<tr>
<td>Action Plans</td>
<td>17</td>
</tr>
<tr>
<td>Participants</td>
<td>29</td>
</tr>
<tr>
<td>Community Identification</td>
<td>33</td>
</tr>
<tr>
<td>Community Issues List</td>
<td>35</td>
</tr>
</tbody>
</table>

## Appendices

**Economic Contribution of Health Services**

**Data Analysis**

- Demographic Data
- Economic Data
- Health and Behavioral Data
- Education Data
- Crime Data
- Traffic Data
- Health Matters Data

**Community Survey**

- Sabetha Community Survey
- Seneca Community Survey

**Health Services Directory**

**Program Presentations**

- Program 1: Data Analysis
- Program 2: Prioritization
- Program 3: Action Planning

**Community Health Needs Assessment Requirements**

- Hospitals
- Health Departments
Nemaha County Community Health Needs Assessment
October 10-October 31, 2012

The contents of this file document participation, discussion and information resources developed through the course of the Nemaha 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 typically queries respondent's health-related needs and behaviors. This provides both an indication of local demand for health services and the level of satisfaction with the services received. 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.

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.
Nemaha County Rural Health Works
Community Health Needs Assessment
October 10-October 31, 2012

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Nemaha Valley Community Hospital

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Meeting Schedule

Meeting 1: Local Data
Wednesday, October 10, 2010
Sabetha City Hall, 805 Main St, Sabetha KS

Agenda
12:00 a.m.  Introduction and Purpose
12:10 a.m.  Economic Contribution Report
12:25 a.m.  Preliminary Needs Identification
   •  Issue Identification Cards
   •  Discussion
12:45 p.m.  Secondary Data Reports
1:05 p.m.   Group Discussion
1:15 p.m.   Community Survey
   •  Participant Survey
   •  Community Outreach
1:30 p.m.   Gathering Community Input
1:35 p.m.   Preparation for Prioritization
1:45 p.m.   Discussion
2:00 p.m.   Adjourn

Meeting 2: Issue Prioritization
Wednesday, October 24, 2012
Seneca Library, 606 Main St, Seneca KS

Agenda
12:00 a.m.  Introduction and Review
12:10 a.m.  Review of Data
12:15 a.m.  Service Gap Analysis
12:20 a.m.  Survey Results
12:30 p.m.  Focus Group Formation and Instruction
1:10 p.m.   Group Summaries
1:30 p.m.   Prioritization
1:50 p.m.   Action Committee Formation
1:55 p.m.   Committee Charge
2:00 p.m.   Adjourn
Meeting 3: Action Planning
Wednesday, October 31, 2012
Sabetha City Hall 805 Main St, Sabetha KS

Agenda
12:00 a.m. Introduction and Review
12:10 a.m. Action Planning
  • Objectives and Input
  • Instruction
  • Organization
12:30 p.m. Workgroups Begin
1:00 p.m. Workgroup Reports
1:30 p.m. Organization and Next Steps
1:50 p.m. Summary
1:55 p.m. Program Evaluation
2:00 p.m. Adjourn
Nemaha County

Community Health Priorities
Action Plans and
Issue Identification
Identification of Nemaha 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 Nemaha County

Priority #1: Promote health, wellness, and chronic disease prevention.
- Emphasize health education from cradle to grave.
- Focus on 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.

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- Enhance follow-up case management assistance.
- Facilitate elder assistance program access.
- Facilitate family assistance program access.
- Enhance citizen awareness of existing local programs, providers and services.
- Enhancing community volunteerism is an important component of this priority.
Focus Group 1 Discussion  
October 24, 2012

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

Vision for a healthy community:  
  Not obese.  
  Not traveling for health care.  
  Knowledge of health care.  
  Mental health service access.  
  Help for self-pay patients.  
  Listen to needs of community.  
  Affordable health care.  
  Find appropriate health care services.  
  Availability of services for active and healthy lifestyles.

What is right?
  Quality, compassionate physicians.  
  Caring community.  
  We have good satisfaction results.  
  We have wonderful providers.

What could be better?
  Increase education on available community resources.  
  Incentives to participate in education programs.  
  Need centralized person who can coordinate case management to decrease services.
  Needs more mental health services incentives.  
  Go to local pharmacy instead of Wal-Mart – if we lose local business, it will impact the community and economy. We forget that local businesses have the same services as big businesses.
Make local care services affordable to create competition for bigger companies, i.e., BCBS and St. Francis insurance reimbursement fight.
End of life services and education locally is hospice a better choice than prolonging life with necessary tests.
We need a good contact person in the medical world and communication of available resources for specialty needs.
There’s a lack of resources to keep providers in the future.
Uncaring community.
Elderly living alone. Can the community be more neighborly? Can the churches be more involved in the transportation needs?
Volunteer services.
HIPAA interference.
Common resource is necessary in both communities.
We need better communication and education of resources, and volunteering could increase.

What can the hospital do to help?
Education programs (like weight loss programs).
Coordinate volunteers to help with transportation.
Mental health.

What can the health department do to help?
Partnering with organizations on community gardens, preparing low budget foods.
Newspaper article highlighting organizations in health directory.
Mental health.
Food gardens – healthy lifestyles.
Education – how do you cook healthily but inexpensively?
Donations.
Article in newspaper – what services do the agencies provide?
Websites.
Mental health counseling – we need to remove the stigma and have pride in our community.

Three areas of priority:
Wellness and chronic disease prevention.
Accessing assistance – resources.
Mental health assistance.
Focus Group 2 Discussion  
October 24, 2012

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

Vision for a healthy community:
- Access to needed services – but also prevention.
- Prevention – keeping all involved in the community healthy.
- Case management of a patient – follow through on each patient (why they don’t show up to an appointment, making sure their meds are being taken, etc.), and helping each patient get the proper care throughout their care.
- Basic needs – schools (diet, hygiene), make these ideas be carried through to adulthood.
- No cost and availability of funds to see these answers come about.
- Prevention and patient empowerment through healthy diet and activity.
- Start young – focus on health education and follow-through to end up with healthy adults.
- Immunization discussions – most are, but there is a group opting out because of fear or religious beliefs.
- Educating young moms and dads about learning and brain development.

Top four things to focus on
- Cradle to grave supervision.
- Education.
- Supervision and follow-up.
- Mental health improvements.
What can the hospital do to help?
Mental health – Kanza hasn’t had a good reputation.
Is there a shared resource idea for mental health provider?
Can the hospitals provide mental health providers?
We need more dedicated case management.
Emphasize parenting classes from ages 0-3 years.

What can the health department do to help?
Increase awareness of existing services.
Look into the continuum of care concept.
Focus Group 3 Discussion
October 24, 2012

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

Vision for a healthy community:
- Quality elder health care and services pre-Medicare.
- Volunteer support group base for seniors.
- Good kids-bad kids – goes in cycles.
- Awareness seminars for youth and parents – SADD.
- Education and awareness for chronic disease prevention.
- Seminars for awareness of health conditions.

What could be better?
- Recruitment and retention of quality health care professionals and nurses.
- Day care for communities.
- Elderly health care.

What can the hospital do to help?
- Group career awareness sessions.
- Media awareness – using social media.

What can the health department do to help?
- Work on a system for volunteer services.
Nemaha 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?
Nemaha County Community Health Needs Assessment Action Planning
October 31, 2012

Priority #1: Promote health, wellness, and chronic disease prevention.
- Emphasize health education from cradle to grave.
- Focus on 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.

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Action Plan

Getting Started

Situation
Health and wellness promotion. Chronic condition education.
Obesity, diabetes, smoking cessation, parenting skills, immunizations, high blood pressure.

Priorities
Facilitate access to mental health assistance.
Improving access to resources and volunteers.
Determine what education is needed.
Determine who can provide this education.
Create a forum up for education.
Outline programs to be offered.
Establish a planning committee.
Identify finances available and needed – establish the projected cost.
Identify advertising resources (free and paid).

Intended Outcomes
A physically healthier community citizens have knowledge of their diseases and conditions and how to best treat their conditions and prevent further problems.
To see a regular monthly education class of some sort so that the public may become more educated.
Each lecture could have set outcomes.
We want optimal attendance – target demographic groups, time, date.
Participation increases.

Filling in the Plan

Resources
Partner with specialists in diseases to get good information to the public.
Location for the class - libraries.
Different medical professionals need to be contacted.
We should partner with the city and the library and home health.
Advertising of some sort.
Time, money, planning committee, public relations resources, commitment.
Collaborate with the school districts.
Determine target audiences.

Activities
Social media – newspaper.
Community page with health department access and posts.
Infection Control – current outbreaks and immunizations.
Dietician – weight loss, diabetes, nutrition.
Respiratory – tobacco cessation.
Social Services – parents skills, stress management, mental health.
Physical and occupational therapy – exercise.
Cardiac rehabilitation – heart health.
Pharmacy.
Nurses.
Doctors – one health tip per week by a provider of the week.
Post when outbreaks occur.
Each month pick a condition and give prevention information about it.
Each department should post daily or weekly information.
Someone needs to organize a list of people who could help conduct classes. Some to help advertise these events.
Committee meeting (two planning committees that meet jointly – Sabetha and Seneca).
Keep the same topics in both cities.
Consider physicians doing radio spot.
Establish mission statement for committee.
Contact businesses regarding employee health. Consider transportation available.

Participate
All hospital departments.
Reach everyone in our community.
Target healthy and unhealthy.
Committees of medical professionals, city representatives, extension office, home health, and library personnel.

Short-Term Results
Page started and departments posting to the page.
Attitudes – it is our responsibility to help prevent.
Monthly newspaper article to summarize posts so that elderly and others without Facebook will get the information.
Measure by amount of people who view the site.
Have an education class given within the next six months and have many more classes lined up – have good attendance.
Expectation that this is an on-going process by both the committee and the community.

Intermediate-Term Results
To continue to have a monthly class to help educate the public on different issues.
Perseverance of the program.
Support groups would off-shoot.

Ultimate Impact
To see a healthier community and more public awareness of a healthy life.
Improvement of the quality of life in the community through education and resources.
Nemaha County Community Health Needs Assessment Action Planning
October 31, 2012

Priority #2: Improve access to mental health assistance.
- Emphasize social, emotional, and spiritual wellness in addition to physical wellness.
- Improve personal need recognition, provider response.
- Enhance access to a range of mental health services and providers.

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Action Plan

Getting Started

Situation
Get better access to behavioral and health services and emergent mental health services.

Priorities
Discussion with KANZA mental health for emergent services.
Discussion with Stormont-Vail West.
Tele-psych – shared service between Seneca and Sabetha Hospitals or sharing a psychiatrist ($214,327).

Intended Outcomes
Access to emergent as well as routine behavioral health services.
Collaboration between Seneca and Sabetha Hospitals to meet this need.

Filling in the Plan

Resources
KANZA Mental Health Center.
Local doctors.
Stormont-Vail West.
Diamond Health Care (non-emergency care only).  
Time Frame – 9 months to 1 year.  
Tele-psych, ITV, Internet connection.  
Clinic space and staff. 

Activities
A project coordinator.  
We need to be appointed to conduct meetings with the indicated resources above.  
Finance people would be needed for discussion of regulation and reimbursement. 

Participate
Project coordinator.  
Finance.  
Physicians.  
Mental health staff.  
Social services and counseling.  
Pastoral staff. 

Short-Term Results 
Implementation of a program.  
Awareness of availability to the public.  
Change attitudes toward mental illnesses.  
Case management of such patients and follow through for each patient.  
Benchmarks should be set such as number of psychological visits to the ER, etc. 

Intermediate-Term Results
A good start of a solid relationship built between providers to care for all levels of mental illness. 

Ultimate Impact
Services bring stability to patients in turn impacting social economic conditions. 
Nemaha County Community Health Needs Assessment Action Planning
October 31, 2012

Priority #3: Improve access to information and assistance across multiple needs and populations.

- Enhance follow-up case management assistance.
- Facilitate elder assistance program access.
- Facilitate family assistance program access.
- Enhance citizen awareness of existing local programs, providers and services.
- Enhancing community volunteerism is an important component of this priority.

Action Committee Members
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Action Plan

Getting Started
Situation
Improve access to information and assistance across multiple needs and populations.

Priorities
Provider fair – cross-county dialogue.
Web portal with resources links.
Accurate directory with resources available.
Identify sources for the directory.
Identify at-risk populations.
Case managers.

Intended Outcomes
Establish the directory that is accurate and available in multiple sources.
Web and hardcopy.
Face-to-face meeting of service organizations.
Provider and resource fair.
Resources available – need to coordinate between services.
Filling in the Plan

Resources
- Sponsorship by hospitals to create the initial meeting.
- People willing to suggest agencies or services that need to be invited.
- Use city, library, and Extension websites.

Activities
- Form committee to organize and implement the Resource Fair.
- Identify providers, update information, link to a website, and keep information current.
- Make it a professional development meeting.

Participate
- Groups.
- Service organizations.
- Representatives of hospitals.
- Agencies in the directory.
- School.
- Health Department.
- Daycare.
- KS Department of Children and Families.
- Northeast Kansas Community Action Partnership

Short-Term Results
- Get a list of participants.
- Contact and set up resource fair.

Intermediate-Term Results
- Provides a professional network that shares more information to public.
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?

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____________________________________________________________________________

What should the Priorities for attention, effort, and investment be?

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?

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**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?

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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?

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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?

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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?

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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?

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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?

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<td>SCH Physician</td>
<td>SCH</td>
<td>Sabetha</td>
<td><a href="mailto:cctramp@yahoo.com">cctramp@yahoo.com</a></td>
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<tr>
<td>David Key</td>
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<tr>
<td>Mark Wessel</td>
<td>County Commissioner</td>
<td>Nemaha County</td>
<td></td>
<td>markwessel@nmco ks.us</td>
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<tr>
<td>Shari Eisenbise</td>
<td>RN</td>
<td>Apostolic Christian Nursing Home</td>
<td>Nemaha Co- Sabetha</td>
<td><a href="mailto:buckeyeranch@bbwi.net">buckeyeranch@bbwi.net</a></td>
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<tr>
<td>Kim Priest</td>
<td>Director</td>
<td>Mary Cotton Public Library</td>
<td>Sabetha</td>
<td><a href="mailto:kimpiest@sabethalibrary.org">kimpiest@sabethalibrary.org</a></td>
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<tr>
<td>Stan Regehr</td>
<td>CEO</td>
<td>NVCH</td>
<td>Seneca</td>
<td><a href="mailto:sregehr@nemvch.org">sregehr@nemvch.org</a></td>
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Basis for the Organization of the Nemaha County Community Health Needs Assessment

### Share of Inpatient Discharges from Nemaha County Zip Code, 2011

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<th>Hospital</th>
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100.0%

Nemaha County Share 81.2%

### Share of Inpatient Discharges from Nemaha County Zip Code, 2011

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<th>Hospital</th>
<th>Zip</th>
<th>City</th>
<th>State</th>
<th>COUNTY</th>
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<td>NETAWAKA</td>
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100.0%

Nemaha County Share 78.6%
Nemaha County Preliminary Issues List
9/10/2012

Themes
End care and community-based services
Mental health assistance access
Health, wellness, prevention
Chronic disease management and prevention
Communication/collaboration providers and community
Cost, access, affordability, reimbursement
What are the major health-related concerns in Nemaha County?

Aging demographic and how affordable care act affects Medicare Medicaid payments. (re-imbursement levels) (3)

Offer more as a regional area and not duplicate all services in area hospitals.

Allow costs to stay reasonable (3)

Lack of communication among the many providers of health care

Services for elderly prior to nursing home (In-home services) (3)

Preventative care for families- not enough focus on this and on promoting a healthy lifestyle

Adequate emergency services, i.e. ambulance (sluggish response-Seneca)

Too much government regulation (increasing regulations, decreasing reimbursements)

Specialists coming to the rural area (4)

Lack of Mental Health providers/services (4)

Transportation to medical appts for elderly

Obesity support groups and programs (4)

Diabetes on the rise. Maybe an educator? (4)

Teenage sex

Alcohol/drug addiction (2)

New Medicaid program

Prescription drug misuse

Help with elderly for insurance (2)

Wellcare programs

Help for kids with behavior problems

Suicide prevention

Continued pertussis outbreaks

Maintaining OP-IP treatment

Efficient and effective impatient and outpatient care

Maintain state of the art facilities and diagnostic capabilities

Continue to have local hospital and clinic doctor retention (2)

Ambulance providers and volunteers continue to exist

Small independent pharmacies struggling

Ongoing reimbursement cuts

Medicaid moving to managed care model

Loss of home safety net that was established in the past

Lack of finances to purchase healthy food

improving ways to meet children's non-medical needs (dental, eye care, mental health)

Transportation to specialty doctors

Accommodation of self-pay patients

Keeping children immunized (2)

Keeping hospitals and facilities open and updated (2)

Lack of community fitness facility

Increased rates of cancer (2)

How are federal and state mandates going to affect healthcare

Preventative care awareness and management for all age groups (2)

Athenetic trainer for schools
What needs to be done to improve the local healthcare system?

Cultural shift that emphasizes healthy lifestyles (diet/ exercise)

Preventative action vs. treating after the fact

A more regional approach- each physical service shall not stand alone

Bringing leaders together to establish goals to insure health-care needs

- too much competition might make providers lose focus of why they are in the business

Inc long term care facilities in Seneca

Fitness center (community based) with activity and educational offerings (2) for people of all ages- walking/biking trail

Improved ambulance service- obtain higher quality EMTs (2)

Better communication between providers (3)

Networking (maybe organize a group like we had in the Past called Nemaha County

Family Advocates where they put together packets of all agencies within the county

that parents, children, elderly and/or disabled individuals could access for special needs

Communication between providers- a collaborative effort to partner in education

The government needs to stop deciding what can be paid for

Insurance companies need to be regulated and made accountable

The medical people that are committing fraud need to be disciplined

Hospitals potentially employ medical health counselors and diabetic educators

Expand specialists clinics

More aggressive pt/provider team concept

Finance/resources to employ quality providers, nurses, techs (3)

Preparation for the future

Motivation of individuals to achieve or maintain their health

Increased access to behavioral and dental services

Continue to support local food pantry

Keep our doctors

Improve our ability to treat mental illness and psycho-social needs

Less government interference

Increased discounts for self-pay patients

More providers

More new parent/low income parent education on childcare mandates to receive health assistance

Community outreach, social media, health care awareness

Widespread distribution of information about prevention, immunization, etc with website

Actively try to improve facilities and services, don't wait until things deteriorate
What should be the over-arching health care goals of the community?

Prenatal Care, care for those in need ("super" efforts for terminally ill and more hospice type care)

Sustainable operations in order to keep and improve existing services and add new services (4)

Provide quality health care and ensure access to all (affordable, competent) (5)

Comprehensive care for all ages with focus on proactive health care/ healthy lifestyle

Maintain high quality services at a lessen cost (more efficient delivery of needed services) (3)

Support of local providers

Awareness of services available within community

To make sure everyone has the same opportunity to receive good healthcare (3)

Good mental and physical health and people/agencies to support that

Maintaining competitiveness in technology (2)

Provider recruitment and retention

Offering vast ancillary service

Getting specialists to come here and see patients (2)

Prevention (3)

Encourage healthy lifestyles for all residents (2)

Reduce obesity to lower incidence of chronic disease

How can we be a strong and viable health care system together

Strong local hospital with tremendous outreach support from referral centers
What are the greatest barriers to achieving health care goals?
"Human Element"
Religions and family beliefs
No definable objectives complete with time periods for completion
Communication and greed
Government Regulations (5)
No one wants to give up their "turf" (2)
Funding and cost of providing services (3)
Health insurance companies
Money and staff
Financial issues (8)
Inadequate insurance coverage
Lack of planning/ coordinating
Lack of close schools for RN's, Resp Ther, etc
Lack of volunteers and available staff for ambulance
Insurance reform and reimbursement
Medicare reform and reimbursement
Motivation
Reimbursement (2)
Knowledge
Lack of community "buy-in"
Obamacare
Uncertainty of future in healthcare with changes in Medicare, Medicaid, Affordable Healthcare
Misconceptions by patients about procedures, trauma, etc
Availability of routing care after traditional work hours
Inertia, apathy
The Importance of the Health Care Sector to the Economy of Nemaha County

Kansas Rural Health Options Project
December 2010

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

In cooperation with:

Office of Local Government
K-State Research and Extension

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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# Table of Contents

Introduction .................................................................................................................................................. 1  
Health Care Changes and Their Effects on Rural Communities ......................................................... 2  
Health Services and Rural Development ................................................................................................. 5  
  Health Services and Retirees................................................................................................................... 5  
  Health Services and Job Growth........................................................................................................... 6  
Understanding Today’s Health Care Impacts and Tomorrow’s Health Care  
  Needs .................................................................................................................................................... 6  
Nemaha County Demographic Data ........................................................................................................ 7  
Economic Indicators ................................................................................................................................ 8  
Health Indicators and Health Sector Statistics ..................................................................................... 11  
The Economic Impact of the Health Care Sector .................................................................................. 13  
  An Overview of the Nemaha County Economy, Highlighting Health Care ............... 13  
  Health Sector Impact and Economic Multipliers .............................................................................. 16  
Summary and Conclusions ...................................................................................................................... 19  
Selected References ................................................................................................................................. 21  
Glossary of Terms .................................................................................................................................. 22
The Economic Contribution of the Health Care Sector
In Nemaha 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 Nemaha 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 Nemaha 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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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.
Nemaha County Demographic Data

Table 2 presents population trends for Nemaha County. In 2010, an estimated 10,083 people live in the county. Between 1990 and 2010, the population decreased 3.5 percent and also decreased 5.6 percent between 2000 and 2010. Population projections indicate that 10,022 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>
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<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>10,447</td>
<td>1990-2000</td>
</tr>
<tr>
<td>2000</td>
<td>10,684</td>
<td>2000-2010</td>
</tr>
<tr>
<td>2010</td>
<td>10,083</td>
<td>1990-2010</td>
</tr>
</tbody>
</table>

Table 2. Current Population, Population Change and Projections

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

Figure 1. Population by Age and Gender

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 28.2 percent. People aged 65 and older represented 20.5 percent of the population. Of those 65 and older, 41.5 percent were male and 58.5 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 97.1 percent of the county’s population, while Native Americans represented 0.6 percent, African Americans made up 0.7 percent, Asians were 0.2 percent and Hispanics were 1.4 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$)

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 Nemaha County, personal income has increased from $32,927 in 2005 to $36,639 in 2008.

Figure 4. Transfer Income as a Percent of Total Income (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 decreased from 16.4 percent in 2005 to 16.3 in 2008.
Table 3 shows personal income data by source for Nemaha County, Kansas and the nation. Within the county, 62.3 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 42.5 percent of transfer payments in the county, with another 43.7 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

<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>Earnings</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wages and Salaries</td>
<td>$147,480,000</td>
<td>$14,585</td>
<td>62.3</td>
<td>69.4</td>
<td>71.6</td>
</tr>
<tr>
<td>Other Labor Income</td>
<td>$36,097,000</td>
<td>$3,570</td>
<td>15.3</td>
<td>17.0</td>
<td>16.3</td>
</tr>
<tr>
<td>Proprietor’s Income</td>
<td>$53,072,000</td>
<td>$5,248</td>
<td>22.4</td>
<td>13.6</td>
<td>12.1</td>
</tr>
<tr>
<td>Total Earnings</td>
<td>$236,649,000</td>
<td>$23,403</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
</tr>
<tr>
<td>Transfer Payments</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Retirement and Disability</td>
<td>$25,701,000</td>
<td>$2,542</td>
<td>42.5</td>
<td>39.0</td>
<td>34.2</td>
</tr>
<tr>
<td>Medical Payments</td>
<td>$26,454,000</td>
<td>$2,616</td>
<td>43.7</td>
<td>42.2</td>
<td>44.0</td>
</tr>
<tr>
<td>Other</td>
<td>$8,320,000</td>
<td>$823</td>
<td>13.8</td>
<td>18.7</td>
<td>21.9</td>
</tr>
<tr>
<td>Total Transfer Payments</td>
<td>$60,475,000</td>
<td>$5,981</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
</tr>
<tr>
<td>Personal Income</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Earnings by Place of Residence</td>
<td>$213,835,000</td>
<td>$21,147</td>
<td>58.0</td>
<td>68.8</td>
<td>66.6</td>
</tr>
<tr>
<td>Dividends, Interest, and Rent</td>
<td>$94,282,000</td>
<td>$9,324</td>
<td>25.6</td>
<td>17.0</td>
<td>18.0</td>
</tr>
<tr>
<td>Transfer Payments</td>
<td>$60,475,000</td>
<td>$5,981</td>
<td>16.4</td>
<td>14.3</td>
<td>15.3</td>
</tr>
<tr>
<td>Total Personal Income</td>
<td>$368,592,000</td>
<td>$36,451</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></th>
<th>County Number</th>
<th>County Percent/Rate</th>
<th>State Percent/Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Hospitals (2009)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number¹</td>
<td>2</td>
<td>0.2</td>
<td>0.1</td>
</tr>
<tr>
<td>Number of beds¹</td>
<td>49</td>
<td>4.9</td>
<td>4.1</td>
</tr>
<tr>
<td>Admissions per bed¹</td>
<td>19</td>
<td>1.9</td>
<td>0.0</td>
</tr>
<tr>
<td><strong>Adult Care Homes (2009)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number²</td>
<td>5</td>
<td>2.5</td>
<td>0.8</td>
</tr>
<tr>
<td>Number of beds²</td>
<td>253</td>
<td>124.0</td>
<td>56.2</td>
</tr>
<tr>
<td><strong>Assisted Living Facilities (2009)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number²</td>
<td>5</td>
<td>2.5</td>
<td>0.7</td>
</tr>
<tr>
<td>Number of beds²</td>
<td>90</td>
<td>44.1</td>
<td>29.6</td>
</tr>
<tr>
<td><strong>Medicare (2007)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eligibles³,⁴</td>
<td>2,137</td>
<td>21.0</td>
<td>14.8</td>
</tr>
<tr>
<td><strong>Medicaid Funded Programs</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Food Stamp Beneficiaries (2009)⁴</td>
<td>350</td>
<td>3.5</td>
<td>7.4</td>
</tr>
<tr>
<td>Temporary Assistance for Families (FY 2009)⁴</td>
<td>33</td>
<td>0.3</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 Nemaha County as well as usage of some health care-related government programs. The county has 49 available hospital beds, with a rate of 1.9 admissions per bed per 1,000 people. Additionally, the county has 253 adult care home beds, or 124.0 beds per 1,000 older adults, and 90 assisted living beds, or 44.1 beds per 1,000 older adults. Medicare users make up 21.0 percent of the county’s total population and 3.5 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>899</td>
<td>9.3</td>
<td>11.3</td>
</tr>
<tr>
<td>Children in Poverty²</td>
<td>288</td>
<td>11.5</td>
<td>14.6</td>
</tr>
<tr>
<td>Total Births³ (2008)</td>
<td>122</td>
<td>12.1</td>
<td>14.9</td>
</tr>
<tr>
<td>Births to Mothers without High-School Diploma⁴ (2007)</td>
<td>N/A</td>
<td>6.3</td>
<td>18.2</td>
</tr>
<tr>
<td>Births with Adequate Prenatal Care³ (2008)</td>
<td>95</td>
<td>79.8</td>
<td>77.6</td>
</tr>
<tr>
<td>Low Weight Births⁴ (2007)</td>
<td>N/A</td>
<td>4.7</td>
<td>7.1</td>
</tr>
<tr>
<td>Immunization⁵ (2007)</td>
<td>N/A</td>
<td>72.0</td>
<td>58.0</td>
</tr>
<tr>
<td>Infant Mortality⁶ (2008)</td>
<td>1</td>
<td>11.2</td>
<td>7.4</td>
</tr>
<tr>
<td>Child Deaths⁷ (2008)</td>
<td>1</td>
<td>0.7</td>
<td>1.7</td>
</tr>
<tr>
<td>Child Care Subsidies⁸ (2008)</td>
<td>25</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, 11.5 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 6.3 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 4.7 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 Nemaha County Economy, Highlighting Health Care

Table 6 presents employment, income and sales data for Nemaha 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>1,166</td>
<td>$9,638</td>
<td>$87,055</td>
<td>$207,568</td>
</tr>
<tr>
<td>Mining</td>
<td>4</td>
<td>$614</td>
<td>$1,072</td>
<td>$1,834</td>
</tr>
<tr>
<td>Construction</td>
<td>301</td>
<td>$10,303</td>
<td>$11,302</td>
<td>$34,295</td>
</tr>
<tr>
<td>Manufacturing</td>
<td>1,347</td>
<td>$63,473</td>
<td>$84,811</td>
<td>$475,730</td>
</tr>
<tr>
<td>Transportation, Information, Public Utilities</td>
<td>374</td>
<td>$19,238</td>
<td>$28,426</td>
<td>$51,948</td>
</tr>
<tr>
<td>Trade</td>
<td>865</td>
<td>$23,860</td>
<td>$39,598</td>
<td>$61,426</td>
</tr>
<tr>
<td>Services</td>
<td>3,306</td>
<td>$92,826</td>
<td>$138,196</td>
<td>$269,070</td>
</tr>
<tr>
<td>Health Services1</td>
<td>1,112</td>
<td>$31,296</td>
<td>$34,486</td>
<td>$67,570</td>
</tr>
<tr>
<td>Health and Personal Care Stores</td>
<td>29</td>
<td>$649</td>
<td>$1,018</td>
<td>$1,399</td>
</tr>
<tr>
<td>Veterinary Services</td>
<td>37</td>
<td>$1,080</td>
<td>$1,188</td>
<td>$2,654</td>
</tr>
<tr>
<td>Home Health Care Services</td>
<td>13</td>
<td>$389</td>
<td>$495</td>
<td>$675</td>
</tr>
<tr>
<td>Doctors and Dentists</td>
<td>70</td>
<td>$3,192</td>
<td>$3,713</td>
<td>$5,829</td>
</tr>
<tr>
<td>Other Ambulatory Health Care</td>
<td>21</td>
<td>$1,306</td>
<td>$2,316</td>
<td>$3,648</td>
</tr>
<tr>
<td>Hospitals</td>
<td>422</td>
<td>$13,226</td>
<td>$13,890</td>
<td>$36,106</td>
</tr>
<tr>
<td>Nursing/Residential Care Facilities</td>
<td>520</td>
<td>$11,454</td>
<td>$11,866</td>
<td>$17,259</td>
</tr>
<tr>
<td>Government</td>
<td>877</td>
<td>$32,150</td>
<td>$37,260</td>
<td>$49,922</td>
</tr>
<tr>
<td>Total</td>
<td>8,239</td>
<td>$252,102</td>
<td>$427,719</td>
<td>$1,151,794</td>
</tr>
</tbody>
</table>

Health Services as a Percent of Total

<table>
<thead>
<tr>
<th></th>
<th>County</th>
<th>State</th>
<th>Nation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Labor Income</td>
<td>13.5</td>
<td>8.7</td>
<td>8.1</td>
</tr>
<tr>
<td>Total</td>
<td>8.1</td>
<td>8.4</td>
<td>6.4</td>
</tr>
</tbody>
</table>

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

1In 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 1,112 people, 13.5 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 6 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: 4%
- Mining: 0%
- Construction: 4%
- Manufacturing: 25%
- TIPU: 8%
- Trade: 9%
- Services: 24%
- Health Services: 12%
- Government: 13%

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Figure 7. Total Income by Sector (2008)

- Agriculture: 20%
- Mining: 0%
- Construction: 3%
- Manufacturing: 20%
- TIPU: 7%
- Trade: 9%
- Services: 24%
- Health Services: 8%
- Government: 9%

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Health Sector Impact and Economic Multipliers

The previous section detailed the direct contributions of the Health Services sector within the Nemaha 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

<table>
<thead>
<tr>
<th>Initial Impact: $1.00</th>
</tr>
</thead>
<tbody>
<tr>
<td>$1.00</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Full Impact: $1.66</th>
</tr>
</thead>
<tbody>
<tr>
<td>$1.66</td>
</tr>
</tbody>
</table>

(a) Initial $1.00 of spending
(b) $0.60 leakage
(c) $0.40 respent locally
(d) $0.24 leakage
(e) $0.16 respent locally
(f) $0.10 leakage
(g) $0.06 respent
(h) $0.03 respent
(i) $0.02 leakage
(j) $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 422 people and has an employment multiplier of 1.22. This means that for each job created in the hospital sector, another 0.22 jobs are created in other businesses and industries in the county’s economy. The direct impact of the 422 hospital employees results in an indirect impact of 95 jobs (422 x 0.22 = 95) throughout all businesses and industries in the market area. Thus, the hospital sector employment had a total impact on area employment of 517 jobs (422 x 1.22 = 517).

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>29</td>
<td>1.11</td>
<td>32</td>
</tr>
<tr>
<td>Veterinary Services</td>
<td>37</td>
<td>1.17</td>
<td>43</td>
</tr>
<tr>
<td>Home Health Care Services</td>
<td>13</td>
<td>1.12</td>
<td>15</td>
</tr>
<tr>
<td>Doctors and Dentists</td>
<td>70</td>
<td>1.23</td>
<td>86</td>
</tr>
<tr>
<td>Other Ambulatory Health Care</td>
<td>21</td>
<td>1.38</td>
<td>29</td>
</tr>
<tr>
<td>Hospitals</td>
<td>422</td>
<td>1.22</td>
<td>517</td>
</tr>
<tr>
<td>Nursing and Residential Care Facilities</td>
<td>520</td>
<td>1.12</td>
<td>580</td>
</tr>
<tr>
<td>Total</td>
<td>1,112</td>
<td></td>
<td>1,301</td>
</tr>
</tbody>
</table>

Note: Most data obtained from secondary sources; some data unavailable or extrapolated
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Similarly, multiplier analysis can estimate the total impact of the estimated $13,890,000 direct income for hospital employees shown in Table 8. The hospital sector had an income multiplier of 1.22, which indicates that for every one dollar of income generated in the hospital sector, another $0.22 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 $16,921,000 ($13,890,000 x 1.22 = $16,921,000).

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>$1,018</td>
<td>1.14</td>
<td>$1,159</td>
<td>$283</td>
</tr>
<tr>
<td>Veterinary Services</td>
<td>$1,188</td>
<td>1.17</td>
<td>$1,387</td>
<td>$338</td>
</tr>
<tr>
<td>Home Health Care Services</td>
<td>$495</td>
<td>1.11</td>
<td>$551</td>
<td>$134</td>
</tr>
<tr>
<td>Doctors and Dentists</td>
<td>$3,713</td>
<td>1.14</td>
<td>$4,244</td>
<td>$1,036</td>
</tr>
<tr>
<td>Other Ambulatory Health Care</td>
<td>$2,316</td>
<td>1.19</td>
<td>$2,764</td>
<td>$674</td>
</tr>
<tr>
<td>Hospitals</td>
<td>$13,890</td>
<td>1.22</td>
<td>$16,921</td>
<td>$4,129</td>
</tr>
<tr>
<td>Nursing/Residential Care Facilities</td>
<td>$11,866</td>
<td>1.15</td>
<td>$13,637</td>
<td>$3,327</td>
</tr>
<tr>
<td>Total</td>
<td>$34,486</td>
<td></td>
<td>$40,663</td>
<td>$9,921</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 1,301 jobs in the local economy. In Table 8, the total income impact of health services results in an estimated $40,663,000 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). Nemaha County had retail sales of $89,931,983 and $368,592,000 in total personal income. Thus, the estimated retail sales capture ratio equals 24.4 percent. Using this as the retail sales capture ratio for the county, this says that people spent 24.4 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 $9,921,000 ($40,663,000 x 24.4% = $9,921,000). 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 Nemaha 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).
Demographic, Economic and Health Indicator 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.

Background Data Summary

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

- Between 1990 and 2010, the population decreased 3.5 percent in Nemaha County, but is projected to remain relatively stable at about 10,000.

- People aged 35 to 54 years made up the largest portion of the population, with 26.7 percent, of which 51.5 percent were male and 48.5 percent were female.

- In Nemaha County, personal income has increased from $32,927 in 2005 to $36,639 in 2008.

- Medicare users make up 21.0 percent of the county’s total population and 3.5 percent of the county’s population receive food stamp benefits.

- Within the county, 11.5 percent of children live in poverty, while 14.6 percent of children statewide live in poverty.
Nemaha County Rural Health Works

Table 1 presents population trends for Nemaha County. In 2010, an estimated 10,083 people live in the county. Between 1990 and 2010, the population decreased 3.5 percent and also decreased 5.6 percent between 2000 and 2010. Population projections indicate that an estimated 10,022 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 1. Current Population, Population Change and Projections

<table>
<thead>
<tr>
<th>Year</th>
<th>Count</th>
<th>Years</th>
<th>County</th>
<th>State</th>
<th>Year</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>1990</td>
<td>10,447</td>
<td>1990-2000</td>
<td>2.3</td>
<td>8.5</td>
<td>2015</td>
<td>10,022</td>
</tr>
<tr>
<td>2000</td>
<td>10,684</td>
<td>2000-2010</td>
<td>-5.6</td>
<td>5.5</td>
<td>2020</td>
<td>9,981</td>
</tr>
<tr>
<td>2010</td>
<td>10,083</td>
<td>1990-2010</td>
<td>-3.5</td>
<td>14.5</td>
<td>2025</td>
<td>9,948</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 35 to 54 years made up the largest portion of the population, with 26.7 percent. Of those aged 35 to 54 years, 51.5 percent were male and 48.5 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 97.1 percent of the county’s population, while Native Americans represented 0.6 percent, African Americans made up 0.7 percent, Asians were 0.2 percent and Hispanics were 1.4 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.

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 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 Nemaha County, personal income has increased from $32,927 in 2005 to $36,639 in 2008.

Figure 4 shows the change in transfer income as a percent of total income, adjusted for inflation from 2005 through 2008. Transfer income as a percent of total income has decreased in Kansas and the United States. In Nemaha County, transfer income as a percent of total income has decreased from 17.7% in 2005 to 14.8% in 2008.
Nemaha 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 remained relatively stable with 16.4 percent in 2005 to 16.3 in 2008.

Table 2 shows personal income data by source for Nemaha County, Kansas, and the nation. Within the county, 62.3 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 42.5 percent of transfer payments in the county, with another 43.7 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>
<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>$147,480,000</td>
<td>$14,585</td>
<td>62.3</td>
<td>69.4</td>
<td>71.6</td>
</tr>
<tr>
<td>Other Labor Income</td>
<td>$36,097,000</td>
<td>$3,570</td>
<td>15.3</td>
<td>17.0</td>
<td>16.3</td>
</tr>
<tr>
<td>Proprietor's Income</td>
<td>$53,072,000</td>
<td>$5,248</td>
<td>22.4</td>
<td>13.6</td>
<td>12.1</td>
</tr>
<tr>
<td>Total Earnings</td>
<td>$236,649,000</td>
<td>$23,403</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>$25,701,000</td>
<td>$2,542</td>
<td>42.5</td>
<td>39.0</td>
<td>34.2</td>
</tr>
<tr>
<td>Medical Payments</td>
<td>$26,454,000</td>
<td>$2,616</td>
<td>43.7</td>
<td>42.2</td>
<td>44.0</td>
</tr>
<tr>
<td>Other</td>
<td>$8,320,000</td>
<td>$823</td>
<td>13.8</td>
<td>18.7</td>
<td>21.9</td>
</tr>
<tr>
<td>Total Transfer Payments</td>
<td>$60,475,000</td>
<td>$5,981</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>$213,835,000</td>
<td>$21,147</td>
<td>58.0</td>
<td>68.8</td>
<td>66.6</td>
</tr>
<tr>
<td>Dividends, Interest, and Rent</td>
<td>$94,282,000</td>
<td>$9,324</td>
<td>25.6</td>
<td>17.0</td>
<td>18.0</td>
</tr>
<tr>
<td>Transfer Payments</td>
<td>$60,475,000</td>
<td>$5,981</td>
<td>16.4</td>
<td>14.3</td>
<td>15.3</td>
</tr>
<tr>
<td>Total Personal Income</td>
<td>$368,592,000</td>
<td>$36,451</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>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>0.2</td>
<td>0.1</td>
</tr>
<tr>
<td>Number of beds¹</td>
<td>49</td>
<td>4.9</td>
<td>4.1</td>
</tr>
<tr>
<td>Admissions per bed¹</td>
<td>19</td>
<td>1.9</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>5</td>
<td>2.5</td>
<td>0.8</td>
</tr>
<tr>
<td>Number of beds²</td>
<td>253</td>
<td>124.0</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>5</td>
<td>2.5</td>
<td>0.7</td>
</tr>
<tr>
<td>Number of beds²</td>
<td>90</td>
<td>44.1</td>
<td>29.6</td>
</tr>
<tr>
<td>Medicare (2007)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eligibles³⁴</td>
<td>2,137</td>
<td>21.0</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>350</td>
<td>3.5</td>
<td>7.4</td>
</tr>
<tr>
<td>Temporary Assistance for Families (FY 2009)⁴</td>
<td>33</td>
<td>0.3</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 3 shows the availability of certain types of health services in Nemaha County as well as usage of some health care-related government programs. The county has 49 available hospital beds, with a rate of 1.9 admissions per bed per 1,000 people. Additionally, the county has 253 adult care home beds, or 124 beds per 1,000 older adults, and 90 assisted living beds. Medicare users make up 21 percent of the county’s total population and 3.5 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>899</td>
<td>9.3</td>
<td>11.3</td>
</tr>
<tr>
<td>Children in Poverty²</td>
<td>288</td>
<td>11.5</td>
<td>14.6</td>
</tr>
<tr>
<td>Total Births ³ (2008)</td>
<td>122</td>
<td>12.1</td>
<td>14.9</td>
</tr>
<tr>
<td>Births to Mothers without High-School Diploma⁴ (2007)</td>
<td>N/A</td>
<td>6.3</td>
<td>18.2</td>
</tr>
<tr>
<td>Births with Adequate Prenatal Care³ (2008)</td>
<td>95</td>
<td>79.8</td>
<td>77.6</td>
</tr>
<tr>
<td>Low Weight Births⁵ (2007)</td>
<td>N/A</td>
<td>4.7</td>
<td>7.1</td>
</tr>
<tr>
<td>Immunization⁶ (2007)</td>
<td>N/A</td>
<td>72.0</td>
<td>58.0</td>
</tr>
<tr>
<td>Infant Mortality⁷ (2008)</td>
<td>1</td>
<td>11.16</td>
<td>7.4</td>
</tr>
<tr>
<td>Child Deaths⁸ (2008)</td>
<td>1</td>
<td>0.72</td>
<td>1.7</td>
</tr>
<tr>
<td>Child Care Subsidies⁹ (2008)</td>
<td>25</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, 11.5 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 6.3 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 4.7 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 Nemaha 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 Nemaha County boundaries.

- The total population of Nemaha County has declined by 5% since 2000.

- The oldest of the old, persons 85 years and older, are generally among the fastest growing demographic, with women commonly outliving men.

- Over 13% of households live on less than $15,000 income per year.

- Transfer income to persons is among the fastest growing sources of income. In 2012, more than $64 million in transfer income was paid to county residents, about 17% of total personal income.

- Nemaha County has begun trending below the state average in terms of the percentage of the population living in poverty.

Nemaha County Primary Health Market Area

ZIP codes within the Nemaha County Health Market Area.
Source: Claritas, Inc. 2012.
Typical of many rural counties in Kansas, county population has declined, about 5% since 2000. Projections are that the population will remain relatively stable, however. The implications of a declining population 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 generally among the fastest growing demographic groups in most rural counties, although in Nemaha County the population 65 years and older has been fairly stable at about 20 percent. But in the average county, 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>Table 1. Percent of Aging Population in the Nemaha County Health Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>----------------</td>
</tr>
<tr>
<td>22.0%</td>
</tr>
<tr>
<td>12.8%</td>
</tr>
<tr>
<td>5.0%</td>
</tr>
</tbody>
</table>

Claritas, Inc., 2012
The racial composition of Nemaha County is somewhat homogenous, which is fairly typical of many rural Kansas counties. Whites make up over 97 percent of the population. Two hundred and ninety-two persons in Nemaha 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. The Hispanic and Latino population is becoming a larger proportion of the total population.
Table 2. 2012 Estimated Population by Single Race Classification

<table>
<thead>
<tr>
<th>Population</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>White Alone</td>
<td>9,898</td>
</tr>
<tr>
<td>Black or African American Alone</td>
<td>58</td>
</tr>
<tr>
<td>American Indian and Alaska Native Alone</td>
<td>50</td>
</tr>
<tr>
<td>Asian Alone</td>
<td>16</td>
</tr>
<tr>
<td>Native Hawaiian and Other Pacific Islander Alone</td>
<td>4</td>
</tr>
<tr>
<td>Some Other Race Alone</td>
<td>53</td>
</tr>
<tr>
<td>Two or More Races</td>
<td>111</td>
</tr>
<tr>
<td>Total</td>
<td>10,190</td>
</tr>
</tbody>
</table>

Claritas, Inc., 2012

Table 3. 2012 Estimated Population Hispanic or Latino by Origin

<table>
<thead>
<tr>
<th>Population</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic or Latino</td>
<td>128</td>
</tr>
<tr>
<td>Not Hispanic or Latino</td>
<td>10,062</td>
</tr>
<tr>
<td>Total</td>
<td>10,190</td>
</tr>
</tbody>
</table>

Claritas, Inc., 2012

Table 4. Nemaha County Hispanic and Latino Population Projection

<table>
<thead>
<tr>
<th></th>
<th>2000</th>
<th>2012</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Population</td>
<td>10,717</td>
<td>10,190</td>
<td>10,241</td>
</tr>
<tr>
<td>Hispanic and Latino Population</td>
<td>76</td>
<td>128</td>
<td>151</td>
</tr>
<tr>
<td>Percentage of Population</td>
<td>0.7%</td>
<td>1.3%</td>
<td>1.5%</td>
</tr>
</tbody>
</table>

Claritas, Inc., 2012

A relatively large proportion of the population 15 years and older is unmarried. About 59 percent of the adult population reported living as a married individual with a spouse present. Conversely, 23 percent reported no longer being married or their spouse was absent. Nine 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.
Nemaha County Rural Health Works

Table 5. 2012 Estimated Population Age 15+ by Marital Status

<table>
<thead>
<tr>
<th>Marital Status</th>
<th>Count</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total, Never Married</td>
<td>1,469</td>
<td>18.4%</td>
</tr>
<tr>
<td>Married, Spouse present</td>
<td>4,732</td>
<td>59.2%</td>
</tr>
<tr>
<td>Married, Spouse absent</td>
<td>369</td>
<td>4.6%</td>
</tr>
<tr>
<td>Widowed</td>
<td>846</td>
<td>10.6%</td>
</tr>
<tr>
<td>Divorced</td>
<td>574</td>
<td>7.2%</td>
</tr>
<tr>
<td>Males, Never Married</td>
<td>1,027</td>
<td>12.9%</td>
</tr>
<tr>
<td>Previously Married</td>
<td>969</td>
<td>5.7%</td>
</tr>
<tr>
<td>Females, Never Married</td>
<td>442</td>
<td>5.5%</td>
</tr>
<tr>
<td>Previously Married</td>
<td>965</td>
<td>12.1%</td>
</tr>
</tbody>
</table>

Claritas, Inc., 2012

Table 6. 2012 Estimated Population Age 25+ by Educational Attainment

<table>
<thead>
<tr>
<th>Educational Attainment</th>
<th>Count</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 9th grade</td>
<td>398</td>
<td>6.0%</td>
</tr>
<tr>
<td>Some High School, no diploma</td>
<td>463</td>
<td>7.0%</td>
</tr>
<tr>
<td>High School Graduate (or GED)</td>
<td>2,940</td>
<td>44.4%</td>
</tr>
<tr>
<td>Some College, no degree</td>
<td>1,273</td>
<td>19.2%</td>
</tr>
<tr>
<td>Associate Degree</td>
<td>397</td>
<td>6.0%</td>
</tr>
<tr>
<td>Bachelor's Degree</td>
<td>906</td>
<td>13.7%</td>
</tr>
<tr>
<td>Master's Degree</td>
<td>156</td>
<td>2.4%</td>
</tr>
<tr>
<td>Professional School Degree</td>
<td>87</td>
<td>1.3%</td>
</tr>
<tr>
<td>Doctorate Degree</td>
<td>7</td>
<td>0.1%</td>
</tr>
</tbody>
</table>

Claritas, Inc., 2012

The income and wealth resources of many Nemaha County residents are relatively modest. About 26 percent of households report an annual income of less than $25,000, and more than 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 is relatively modest. Only about 16 percent of the housing stock is valued at less than $40,000. But, 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.
# Nemaha County Rural Health Works

## Table 7. 2012 Estimated Households by Household Income

<table>
<thead>
<tr>
<th>Income Range</th>
<th>Count</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income Less than $15,000</td>
<td>577</td>
<td>13.8%</td>
</tr>
<tr>
<td>Income $15,000 - $24,999</td>
<td>523</td>
<td>12.6%</td>
</tr>
<tr>
<td>Income $25,000 - $34,999</td>
<td>587</td>
<td>14.1%</td>
</tr>
<tr>
<td>Income $35,000 - $49,999</td>
<td>744</td>
<td>17.9%</td>
</tr>
<tr>
<td>Income $50,000 - $74,999</td>
<td>1,004</td>
<td>24.1%</td>
</tr>
<tr>
<td>Income $75,000 - $99,999</td>
<td>388</td>
<td>9.3%</td>
</tr>
<tr>
<td>Income $100,000 - $149,999</td>
<td>216</td>
<td>5.2%</td>
</tr>
<tr>
<td>Income $150,000 - $199,999</td>
<td>52</td>
<td>1.3%</td>
</tr>
<tr>
<td>Income $200,000 - $499,999</td>
<td>61</td>
<td>1.5%</td>
</tr>
<tr>
<td>Income $500,000 or more</td>
<td>16</td>
<td>0.4%</td>
</tr>
<tr>
<td><strong>Total Estimated Households</strong></td>
<td><strong>4,168</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

Estimated Average Household Income: $52,946
Estimated Median Household Income: $43,004
Estimated Per Capita Income: $22,035

Claritas, Inc., 2012

## Table 8. 2012 Estimated All Owner-Occupied Housing Values

<table>
<thead>
<tr>
<th>Value Range</th>
<th>Count</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Value Less than $20,000</td>
<td>191</td>
<td>5.8%</td>
</tr>
<tr>
<td>Value $20,000 - $39,999</td>
<td>353</td>
<td>10.7%</td>
</tr>
<tr>
<td>Value $40,000 - $59,999</td>
<td>388</td>
<td>11.8%</td>
</tr>
<tr>
<td>Value $60,000 - $79,999</td>
<td>495</td>
<td>15.0%</td>
</tr>
<tr>
<td>Value $80,000 - $99,999</td>
<td>455</td>
<td>13.8%</td>
</tr>
<tr>
<td>Value $100,000 - $149,999</td>
<td>669</td>
<td>20.3%</td>
</tr>
<tr>
<td>Value $150,000 - $199,999</td>
<td>329</td>
<td>10.0%</td>
</tr>
<tr>
<td>Value $200,000 - $299,999</td>
<td>290</td>
<td>8.8%</td>
</tr>
<tr>
<td>Value $300,000 - $399,999</td>
<td>65</td>
<td>2.0%</td>
</tr>
<tr>
<td>Value $400,000 - $499,999</td>
<td>26</td>
<td>0.8%</td>
</tr>
<tr>
<td>Value $500,000 - $749,999</td>
<td>25</td>
<td>0.8%</td>
</tr>
<tr>
<td>Value $750,000 - $999,999</td>
<td>7</td>
<td>0.2%</td>
</tr>
<tr>
<td>Value $1,000,000 or more</td>
<td>3</td>
<td>0.1%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>3,296</strong></td>
<td><strong>100.0%</strong></td>
</tr>
</tbody>
</table>

Claritas, Inc., 2012
As with most rural areas, Nemaha County is relatively more dependent on transfer income, such as retirement and disability insurance benefits, medical benefits, and income maintenance. That dependence is relatively stable 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.
## Nemaha County Rural Health Works

### Table 9. Nemaha 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>$158.76</td>
<td>$177.56</td>
<td>$210.20</td>
<td>$211.72</td>
<td>$183.92</td>
<td>$200.72</td>
<td>$213.83</td>
<td>$214.88</td>
<td>$225.87</td>
<td>$244.60</td>
<td>$245.09</td>
</tr>
<tr>
<td>Farm Earnings</td>
<td>$5.93</td>
<td>$17.60</td>
<td>$43.72</td>
<td>$32.61</td>
<td>$11.28</td>
<td>$23.99</td>
<td>$36.08</td>
<td>$36.26</td>
<td>$38.72</td>
<td>$42.81</td>
<td>$48.59</td>
</tr>
<tr>
<td>Agricultural Services, Other</td>
<td>$0.91</td>
<td>$0.64</td>
<td>$0.92</td>
<td>$1.28</td>
<td>$1.16</td>
<td>$1.42</td>
<td>$1.25</td>
<td>$1.50</td>
<td>$1.54</td>
<td>$1.47</td>
<td>$1.19</td>
</tr>
<tr>
<td>Mining</td>
<td>$0.11</td>
<td>$0.07</td>
<td>$0.09</td>
<td>$0.11</td>
<td>$0.13</td>
<td>$0.14</td>
<td>$0.17</td>
<td>$0.17</td>
<td>$0.19</td>
<td>$0.20</td>
<td>$0.15</td>
</tr>
<tr>
<td>Manufacturing</td>
<td>$31.54</td>
<td>$33.85</td>
<td>$37.87</td>
<td>$46.17</td>
<td>$37.49</td>
<td>$40.75</td>
<td>$41.29</td>
<td>$39.70</td>
<td>$41.93</td>
<td>$46.77</td>
<td>$39.20</td>
</tr>
<tr>
<td>Wholesale Trade</td>
<td>$9.00</td>
<td>$9.46</td>
<td>$13.02</td>
<td>$11.74</td>
<td>$11.43</td>
<td>$12.24</td>
<td>$15.18</td>
<td>$13.61</td>
<td>$12.90</td>
<td>$12.16</td>
<td>$13.52</td>
</tr>
<tr>
<td>Retail Trade</td>
<td>$10.81</td>
<td>$10.99</td>
<td>$11.08</td>
<td>$10.90</td>
<td>$10.90</td>
<td>$10.57</td>
<td>$11.70</td>
<td>$11.70</td>
<td>$12.06</td>
<td>$13.35</td>
<td>$15.00</td>
</tr>
<tr>
<td>Finance, Insurance &amp; Real Estate</td>
<td>$5.68</td>
<td>$7.81</td>
<td>$4.29</td>
<td>$5.57</td>
<td>$6.03</td>
<td>$4.65</td>
<td>$5.19</td>
<td>$5.11</td>
<td>$5.33</td>
<td>$5.71</td>
<td>$5.70</td>
</tr>
<tr>
<td>Services</td>
<td>$18.51</td>
<td>$17.85</td>
<td>$16.94</td>
<td>$17.59</td>
<td>$17.01</td>
<td>$18.56</td>
<td>$17.05</td>
<td>$18.70</td>
<td>$19.92</td>
<td>$21.82</td>
<td>$22.32</td>
</tr>
<tr>
<td>Federal Military Government</td>
<td>$1.12</td>
<td>$1.56</td>
<td>$1.61</td>
<td>$1.87</td>
<td>$1.77</td>
<td>$1.70</td>
<td>$1.87</td>
<td>$1.87</td>
<td>$2.08</td>
<td>$2.23</td>
<td>$1.65</td>
</tr>
<tr>
<td>Personal Income (Millions 2005$)</td>
<td>$272.94</td>
<td>$284.56</td>
<td>$322.00</td>
<td>$308.98</td>
<td>$333.87</td>
<td>$352.19</td>
<td>$353.10</td>
<td>$367.42</td>
<td>$392.52</td>
<td>$382.94</td>
<td></td>
</tr>
<tr>
<td>Wages and Salaries</td>
<td>$115.67</td>
<td>$118.31</td>
<td>$123.09</td>
<td>$132.44</td>
<td>$128.68</td>
<td>$135.26</td>
<td>$136.63</td>
<td>$135.89</td>
<td>$139.46</td>
<td>$142.28</td>
<td>$154.67</td>
</tr>
<tr>
<td>Other Labor Income</td>
<td>$27.36</td>
<td>$30.52</td>
<td>$31.96</td>
<td>$34.33</td>
<td>$32.18</td>
<td>$32.29</td>
<td>$33.69</td>
<td>$35.35</td>
<td>$37.00</td>
<td>$37.80</td>
<td>$40.38</td>
</tr>
<tr>
<td>Proprietors Income</td>
<td>$15.73</td>
<td>$28.73</td>
<td>$55.15</td>
<td>$44.95</td>
<td>$23.06</td>
<td>$33.18</td>
<td>$43.51</td>
<td>$43.63</td>
<td>$49.41</td>
<td>$64.52</td>
<td>$50.04</td>
</tr>
<tr>
<td>Dividends, Interest &amp; Rent</td>
<td>$79.64</td>
<td>$74.47</td>
<td>$82.02</td>
<td>$72.14</td>
<td>$82.58</td>
<td>$98.92</td>
<td>$104.53</td>
<td>$98.68</td>
<td>$100.32</td>
<td>$104.23</td>
<td>$98.14</td>
</tr>
<tr>
<td>Transfer Payments To Persons</td>
<td>$50.38</td>
<td>$50.19</td>
<td>$48.80</td>
<td>$50.64</td>
<td>$53.46</td>
<td>$54.15</td>
<td>$54.94</td>
<td>$60.94</td>
<td>$62.78</td>
<td>$63.01</td>
<td>$64.22</td>
</tr>
<tr>
<td>Residence Adjustment</td>
<td>$3.01</td>
<td>$1.84</td>
<td>$1.31</td>
<td>$3.85</td>
<td>$0.25</td>
<td>$1.78</td>
<td>$0.89</td>
<td>$0.68</td>
<td>$0.62</td>
<td>$0.56</td>
<td>$0.61</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 10. Personal Current Transfer Receipts for Nemaha County

(thousands of dollars)

<table>
<thead>
<tr>
<th>Description</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal current transfer receipts ($000)</td>
<td>59,140</td>
<td>66,228</td>
<td>67,789</td>
</tr>
<tr>
<td>Current transfer receipts of individuals from governments</td>
<td>57,256</td>
<td>64,271</td>
<td>65,823</td>
</tr>
<tr>
<td>Retirement and disability insurance benefits</td>
<td>25,649</td>
<td>27,646</td>
<td>28,287</td>
</tr>
<tr>
<td>Old-age, survivors, and disability insurance (OASDI) benefits</td>
<td>25,223</td>
<td>27,205</td>
<td>27,833</td>
</tr>
<tr>
<td>Railroad retirement and disability benefits</td>
<td>333</td>
<td>354</td>
<td>362</td>
</tr>
<tr>
<td>Workers’ compensation</td>
<td>56</td>
<td>54</td>
<td>57</td>
</tr>
<tr>
<td>Other government retirement and disability insurance benefits \1</td>
<td>(L)</td>
<td>(L)</td>
<td>(L)</td>
</tr>
<tr>
<td>Medical benefits</td>
<td>25,552</td>
<td>28,364</td>
<td>29,143</td>
</tr>
<tr>
<td>Medicare benefits</td>
<td>16,948</td>
<td>17,999</td>
<td>18,960</td>
</tr>
<tr>
<td>Public assistance medical care benefits \2</td>
<td>8,365</td>
<td>10,110</td>
<td>9,898</td>
</tr>
<tr>
<td>Medicaid \3</td>
<td>8,035</td>
<td>9,792</td>
<td>9,594</td>
</tr>
<tr>
<td>Other medical care benefits \4</td>
<td>330</td>
<td>318</td>
<td>304</td>
</tr>
<tr>
<td>Military medical insurance benefits \5</td>
<td>239</td>
<td>255</td>
<td>285</td>
</tr>
<tr>
<td>Income maintenance benefits</td>
<td>3,484</td>
<td>3,456</td>
<td>4,183</td>
</tr>
<tr>
<td>Supplemental security income (SSI) benefits</td>
<td>444</td>
<td>528</td>
<td>488</td>
</tr>
<tr>
<td>Family assistance \6</td>
<td>165</td>
<td>153</td>
<td>154</td>
</tr>
<tr>
<td>Supplemental Nutrition Assistance Program (SNAP)</td>
<td>291</td>
<td>441</td>
<td>552</td>
</tr>
<tr>
<td>Other income maintenance benefits \7</td>
<td>2,584</td>
<td>2,334</td>
<td>2,989</td>
</tr>
<tr>
<td>Unemployment insurance compensation</td>
<td>603</td>
<td>1,876</td>
<td>1,627</td>
</tr>
<tr>
<td>State unemployment insurance compensation</td>
<td>581</td>
<td>1,829</td>
<td>1,571</td>
</tr>
<tr>
<td>Unemployment compensation for Fed. civilian employees (UCFE) \1</td>
<td>(L)</td>
<td>(L)</td>
<td>(L)</td>
</tr>
<tr>
<td>Unemployment compensation for railroad employees \2</td>
<td>(L)</td>
<td>(L)</td>
<td>(L)</td>
</tr>
<tr>
<td>Unemployment compensation for veterans (UCX) \3</td>
<td>(L)</td>
<td>(L)</td>
<td>(L)</td>
</tr>
<tr>
<td>Other unemployment compensation \8</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Veterans benefits</td>
<td>1,345</td>
<td>1,473</td>
<td>1,579</td>
</tr>
<tr>
<td>Veterans pension and disability benefits \9</td>
<td>1,236</td>
<td>1,359</td>
<td>1,455</td>
</tr>
<tr>
<td>Veterans readjustment benefits \9</td>
<td>(L)</td>
<td>(L)</td>
<td>(L)</td>
</tr>
<tr>
<td>Veterans life insurance benefits \10</td>
<td>93</td>
<td>88</td>
<td>80</td>
</tr>
<tr>
<td>Other assistance to veterans \10</td>
<td>0</td>
<td>(L)</td>
<td>(L)</td>
</tr>
<tr>
<td>Education and training assistance \11</td>
<td>573</td>
<td>644</td>
<td>705</td>
</tr>
<tr>
<td>Other transfer receipts of individuals from governments \12</td>
<td>50</td>
<td>812</td>
<td>299</td>
</tr>
<tr>
<td>Current transfer receipts of nonprofit institutions</td>
<td>1,059</td>
<td>1,127</td>
<td>1,187</td>
</tr>
<tr>
<td>Receipts from the Federal government</td>
<td>398</td>
<td>423</td>
<td>442</td>
</tr>
<tr>
<td>Receipts from state and local governments</td>
<td>241</td>
<td>265</td>
<td>281</td>
</tr>
<tr>
<td>Receipts from businesses</td>
<td>420</td>
<td>439</td>
<td>464</td>
</tr>
<tr>
<td>Current transfer receipts of individuals from businesses \13</td>
<td>825</td>
<td>830</td>
<td>779</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.
Nemaha County Rural Health Works

Table 11. Employment by Major Industry for Nemaha 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>Farm Employment</td>
<td>1.07</td>
<td>1.04</td>
<td>1.03</td>
<td>1.03</td>
<td>1.01</td>
<td>1.03</td>
<td>1.01</td>
<td>1.00</td>
<td>1.00</td>
<td>0.98</td>
<td>0.99</td>
</tr>
<tr>
<td>Agricultural Services, Other</td>
<td>0.04</td>
<td>0.04</td>
<td>0.04</td>
<td>0.05</td>
<td>0.05</td>
<td>0.06</td>
<td>0.05</td>
<td>0.05</td>
<td>0.05</td>
<td>0.05</td>
<td>0.05</td>
</tr>
<tr>
<td>Mining</td>
<td>0.00</td>
<td>0.01</td>
<td>0.01</td>
<td>0.01</td>
<td>0.01</td>
<td>0.01</td>
<td>0.01</td>
<td>0.01</td>
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<tr>
<td>Construction</td>
<td>0.34</td>
<td>0.33</td>
<td>0.34</td>
<td>0.35</td>
<td>0.35</td>
<td>0.34</td>
<td>0.31</td>
<td>0.31</td>
<td>0.33</td>
<td>0.34</td>
<td>0.34</td>
</tr>
<tr>
<td>Manufacturing</td>
<td>0.78</td>
<td>0.83</td>
<td>0.94</td>
<td>1.10</td>
<td>0.96</td>
<td>1.00</td>
<td>0.98</td>
<td>0.89</td>
<td>0.87</td>
<td>0.86</td>
<td>0.87</td>
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<tr>
<td>Transport, Comm. &amp; Public Utility</td>
<td>0.47</td>
<td>0.46</td>
<td>0.46</td>
<td>0.52</td>
<td>0.53</td>
<td>0.51</td>
<td>0.51</td>
<td>0.52</td>
<td>0.56</td>
<td>0.56</td>
<td>0.56</td>
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<tr>
<td>Wholesale Trade</td>
<td>0.22</td>
<td>0.28</td>
<td>0.29</td>
<td>0.30</td>
<td>0.29</td>
<td>0.29</td>
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<td>0.29</td>
<td>0.28</td>
<td>0.26</td>
<td>0.26</td>
</tr>
<tr>
<td>Retail Trade</td>
<td>0.63</td>
<td>0.61</td>
<td>0.62</td>
<td>0.60</td>
<td>0.58</td>
<td>0.62</td>
<td>0.61</td>
<td>0.66</td>
<td>0.76</td>
<td>0.85</td>
<td>0.87</td>
</tr>
<tr>
<td>Finance, Insurance &amp; Real Estate</td>
<td>0.22</td>
<td>0.25</td>
<td>0.24</td>
<td>0.25</td>
<td>0.26</td>
<td>0.26</td>
<td>0.24</td>
<td>0.24</td>
<td>0.24</td>
<td>0.24</td>
<td>0.24</td>
</tr>
<tr>
<td>Services</td>
<td>0.83</td>
<td>0.84</td>
<td>0.84</td>
<td>0.84</td>
<td>0.83</td>
<td>0.85</td>
<td>0.81</td>
<td>0.93</td>
<td>1.02</td>
<td>1.10</td>
<td>1.10</td>
</tr>
<tr>
<td>Federal Civilian Government</td>
<td>0.07</td>
<td>0.07</td>
<td>0.07</td>
<td>0.07</td>
<td>0.07</td>
<td>0.07</td>
<td>0.07</td>
<td>0.07</td>
<td>0.07</td>
<td>0.07</td>
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</tr>
<tr>
<td>Federal Military Government</td>
<td>0.05</td>
<td>0.05</td>
<td>0.05</td>
<td>0.05</td>
<td>0.05</td>
<td>0.05</td>
<td>0.04</td>
<td>0.04</td>
<td>0.04</td>
<td>0.04</td>
<td>0.04</td>
</tr>
<tr>
<td>State and Local Government</td>
<td>0.74</td>
<td>0.73</td>
<td>0.74</td>
<td>0.74</td>
<td>0.74</td>
<td>0.74</td>
<td>0.76</td>
<td>0.76</td>
<td>0.75</td>
<td>0.73</td>
<td>0.74</td>
</tr>
</tbody>
</table>

Woods and Poole, Inc., 2012

Note: Employment in number of jobs includes proprietors and part-time jobs.
As with most rural areas, the way people in Nemaha County earn a living is changing. While employment in traditional industries such as extractive industries and manufacturing has been relatively stable, a greater proportion of people are earning a living working in service industries. Employment in government has remained relatively stable. Nemaha County has begun trending below the state average in terms of the percentage of population living in poverty.

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

Kansas Department of Labor, 2011

Figure 7. Percent of People in Poverty in Nemaha 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 Nemaha County that may have implications for local health care needs. The data is reported by county.

- Over time, nursing home occupancy has generally decreased as the total number of beds decreased for the county.

- The trends related to prenatal care and birth outcomes are generally positive. About 25% of children do not receive needed vaccinations.

- The rates of youth binge drinking have declined about 6 percent. Youth tobacco use rates also have declined.

- Indicators related to food and energy assistance suggest a portion of the population is experiencing economic distress.

- Use of mental health assistance programs also have increased.

- In the recent past, usage of Nemaha County hospitals appears to have remained relatively stable.
The number of nursing home beds includes only long-term care nursing facilities in Nemaha County. It excludes any nursing care beds that may exist in a hospital nursing unit. Over time, occupancy has generally decreased as the total number of beds decreased in the county.

Table 1. Average Nemaha County Occupancy of Nursing Home Beds

<table>
<thead>
<tr>
<th>Year</th>
<th>2001</th>
<th>2002</th>
<th>2003</th>
<th>2004</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beds</td>
<td>302</td>
<td>299</td>
<td>288</td>
<td>281</td>
<td>281</td>
<td>281</td>
<td>268</td>
<td>268</td>
<td>268</td>
<td>252</td>
</tr>
<tr>
<td>Rate</td>
<td>82.8%</td>
<td>86.1%</td>
<td>84.0%</td>
<td>82.0%</td>
<td>84.3%</td>
<td>78.9%</td>
<td>80.7%</td>
<td>80.4%</td>
<td>79.9%</td>
<td>86.0%</td>
</tr>
</tbody>
</table>

Kansas Department on Aging, semi-annual reports
Nemaha County Rural Health Works

Considering available indicators of children’s welfare, a relatively small population base can lead to large percentage and rate changes that must be interpreted cautiously. While available data are limited, the trends related to prenatal care and birth outcomes are generally positive. While immunization rates fluctuate, they’re generally above the state average. Still, about 25% of children do not receive needed vaccinations. The rates of youth binge drinking have declined about 6 percent recently. Youth tobacco use rates also have declined.

Table 2. Indicators of Children’s Welfare

<table>
<thead>
<tr>
<th>Health Indicators</th>
<th>Trend Data</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2005</td>
<td>2006</td>
<td>2007</td>
<td>2008</td>
<td>2009</td>
<td>2010</td>
<td>2011</td>
</tr>
<tr>
<td>Immunizations</td>
<td>Nemaha</td>
<td>74.4%</td>
<td>67.6%</td>
<td>72.0%</td>
<td>84.0%</td>
<td>80.0%</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>KS</td>
<td>57.9%</td>
<td>51.1%</td>
<td>58.0%</td>
<td>63.0%</td>
<td>70.0%</td>
<td>-</td>
</tr>
<tr>
<td>Prenatal Care</td>
<td>Nemaha</td>
<td>85.3%</td>
<td>85.8%</td>
<td>79.0%</td>
<td>79.8%</td>
<td>85.1%</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>KS</td>
<td>79.1%</td>
<td>78.4%</td>
<td>77.4%</td>
<td>77.5%</td>
<td>79.0%</td>
<td>-</td>
</tr>
<tr>
<td>Low Birth Weight Babies</td>
<td>Nemaha</td>
<td>5.4%</td>
<td>10.3%</td>
<td>4.7%</td>
<td>6.6%</td>
<td>4.4%</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>KS</td>
<td>7.2%</td>
<td>7.2%</td>
<td>7.1%</td>
<td>7.2%</td>
<td>7.3%</td>
<td>-</td>
</tr>
<tr>
<td>Teen Violent Deaths</td>
<td>Nemaha</td>
<td>127.4</td>
<td>0.0</td>
<td>425.5</td>
<td>0.0</td>
<td>0.0</td>
<td>-</td>
</tr>
<tr>
<td>(per 100,000 15-19 year-olds)</td>
<td>KS</td>
<td>46.0</td>
<td>40.5</td>
<td>47.1</td>
<td>38.5</td>
<td>36.4</td>
<td>-</td>
</tr>
<tr>
<td>Youth Tobacco Use</td>
<td>Nemaha</td>
<td>15.6%</td>
<td>14.9%</td>
<td>13.5%</td>
<td>13.0%</td>
<td>12.6%</td>
<td>12.7%</td>
</tr>
<tr>
<td></td>
<td>KS</td>
<td>16.5%</td>
<td>16.7%</td>
<td>15.6%</td>
<td>15.2%</td>
<td>14.7%</td>
<td>13.7%</td>
</tr>
<tr>
<td>Youth Binge Drinking</td>
<td>Nemaha</td>
<td>-</td>
<td>-</td>
<td>21.1%</td>
<td>17.0%</td>
<td>18.2%</td>
<td>17.3%</td>
</tr>
<tr>
<td></td>
<td>KS</td>
<td>-</td>
<td>-</td>
<td>21.1%</td>
<td>17.0%</td>
<td>18.2%</td>
<td>17.3%</td>
</tr>
<tr>
<td>Asthma (per 1,000)</td>
<td>Nemaha</td>
<td>-</td>
<td>0.4</td>
<td>0.8</td>
<td>2.4</td>
<td>0.4</td>
<td>0.4</td>
</tr>
<tr>
<td></td>
<td>KS</td>
<td>1.6</td>
<td>1.7</td>
<td>1.9</td>
<td>1.5</td>
<td>1.4</td>
<td>1.4</td>
</tr>
<tr>
<td>Mental Health (per 1,000)</td>
<td>Nemaha</td>
<td>-</td>
<td>2.6</td>
<td>1.2</td>
<td>2.0</td>
<td>1.2</td>
<td>1.5</td>
</tr>
<tr>
<td></td>
<td>KS</td>
<td>3.0</td>
<td>2.9</td>
<td>2.7</td>
<td>3.4</td>
<td>3.3</td>
<td>3.3</td>
</tr>
</tbody>
</table>

Kansas KIDSCOUNT, 2011

Table 3 contains information about persons served by state and federally-funded social services. Across the service categories reported, most have fluctuated somewhat. Indicators related to food and energy assistance suggest a portion of the population is experiencing economic distress. Use of mental health assistance programs also have increased.
Nemaha County Rural Health Works

Table 3. Persons Served by Selected Public Assistance Programs in Nemaha County

<table>
<thead>
<tr>
<th>Persons Served</th>
<th>FY 2009</th>
<th>FY 2010</th>
<th>FY 2011</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Major Services</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Temporary Assistance for Families</td>
<td>Avg. monthly persons</td>
<td>33</td>
<td>33</td>
</tr>
<tr>
<td>TANF Employment Services</td>
<td>Avg. monthly adults</td>
<td>16</td>
<td>17</td>
</tr>
<tr>
<td>Child Care Assistance</td>
<td>Avg. monthly children</td>
<td>21</td>
<td>10</td>
</tr>
<tr>
<td>Food Assistance</td>
<td>Avg. monthly persons</td>
<td>350</td>
<td>376</td>
</tr>
<tr>
<td>Energy Assistance</td>
<td>Annual persons</td>
<td>336</td>
<td>368</td>
</tr>
<tr>
<td>General Assistance</td>
<td>Avg. monthly persons</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Vocational Rehabilitation Services</td>
<td>Avg. monthly persons</td>
<td>34</td>
<td>23</td>
</tr>
<tr>
<td>Family Preservation</td>
<td>Annual persons</td>
<td>22</td>
<td>10</td>
</tr>
<tr>
<td>Reintegration/Foster Care</td>
<td>Avg. monthly children</td>
<td>7</td>
<td>13</td>
</tr>
<tr>
<td>Adoption Support</td>
<td>Avg. monthly children</td>
<td>11</td>
<td>10</td>
</tr>
<tr>
<td><strong>Home and Community Based Services</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical Disability</td>
<td>Annual consumers</td>
<td>26</td>
<td>21</td>
</tr>
<tr>
<td>Traumatic Brain Injury</td>
<td>Annual consumers</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Developmental Disability</td>
<td>Annual consumers</td>
<td>28</td>
<td>1</td>
</tr>
<tr>
<td>Autism</td>
<td>Annual consumers</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Managed Behavioral Health Services</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Substance Abuse (PIHP)</td>
<td>Annual consumers</td>
<td>11</td>
<td>7</td>
</tr>
<tr>
<td>Mental Health (PAHP)</td>
<td>Annual consumers</td>
<td>106</td>
<td>147</td>
</tr>
<tr>
<td><strong>Institutional Services</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intermediate Care Facility (ICF-MR)</td>
<td>Average daily census</td>
<td>536</td>
<td>12</td>
</tr>
<tr>
<td>State Hospital - Developmental Disability</td>
<td>Average daily census</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>State Hospital - Mental Health</td>
<td>Average daily census</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Nursing Facility - Mental Health</td>
<td>Average daily census</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Kansas Department of Social and Rehabilitation Services, 2011

In considering the selected vital statistics in Table 4, among those that stand out are that almost 90 percent of newborns received at least adequate prenatal care. Five births to teenage mothers sets these young women on a challenging path.

In the recent past, usage of Nemaha County hospitals appears to have remained relatively stable (Tables 5-6). Both Medicare recipients appear to have growing importance to the patient base. Any leakage of local spending for hospital services represents a significant economic loss to the community.
## Table 4. Selected Vital Statistics for Nemaha County, 2010

<table>
<thead>
<tr>
<th>Live Births by Age-Group of Mother</th>
<th>Total</th>
<th>10-14</th>
<th>15-19</th>
<th>20-24</th>
<th>25-29</th>
<th>30-34</th>
<th>35-39</th>
<th>40-44</th>
<th>45 &amp; Over</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>131</td>
<td>0</td>
<td>5</td>
<td>24</td>
<td>51</td>
<td>33</td>
<td>14</td>
<td>4</td>
<td>0</td>
</tr>
</tbody>
</table>

### Adequacy of Prenatal Care by Number and Percentage

<table>
<thead>
<tr>
<th>Adequacy of Prenatal Care</th>
<th>Adequate Plus</th>
<th>Adequate</th>
<th>Intermediate</th>
<th>Inadequate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>37</td>
<td>76</td>
<td>8</td>
<td>23</td>
</tr>
</tbody>
</table>

### Out-of-Wedlock Births by Age

<table>
<thead>
<tr>
<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</td>
<td>23</td>
<td>0</td>
<td>5</td>
<td>8</td>
<td>7</td>
<td>1</td>
<td>2</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

### Teenage Pregnancies

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0</td>
<td>5</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>6</td>
</tr>
</tbody>
</table>

### Deaths by Age Group

<table>
<thead>
<tr>
<th>Deaths by Age Group</th>
<th>0-4</th>
<th>5-14</th>
<th>15-24</th>
<th>25-34</th>
<th>35-44</th>
<th>45-54</th>
<th>55-64</th>
<th>65-84</th>
<th>85 &amp; Over</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>7</td>
<td>6</td>
<td>48</td>
<td>70</td>
<td></td>
</tr>
</tbody>
</table>

### Marriages by Number and Rate per 1,000 Population

<table>
<thead>
<tr>
<th>Marriages</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>by Number and Rate</td>
<td>73</td>
<td>79</td>
<td>77</td>
<td>74</td>
<td>77</td>
</tr>
<tr>
<td>per 1,000 Population</td>
<td>7.0</td>
<td>7.7</td>
<td>7.6</td>
<td>7.4</td>
<td>7.6</td>
</tr>
</tbody>
</table>

### Marriages Dissolutions by Number and Rate per 1,000 Population

<table>
<thead>
<tr>
<th>Marriages Dissolutions</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>by Number and Rate</td>
<td>26</td>
<td>25</td>
<td>25</td>
<td>40</td>
<td>24</td>
</tr>
<tr>
<td>per 1,000 Population</td>
<td>2.5</td>
<td>2.5</td>
<td>2.5</td>
<td>4.0</td>
<td>2.4</td>
</tr>
</tbody>
</table>

Kansas Department of Health and Environment, 2010
Table 5. Hospital Data for Nemaha County

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Practicing Physicians (county)</td>
<td>8</td>
<td>10</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>Persons per Physician (county)</td>
<td>1,269</td>
<td>1,006</td>
<td>997</td>
<td>994</td>
</tr>
<tr>
<td><strong>Nemaha Valley Community Hospital</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Licensed Acute Beds</td>
<td>24</td>
<td>24</td>
<td>24</td>
<td>24</td>
</tr>
<tr>
<td>Licensed Swing Beds</td>
<td>24</td>
<td>24</td>
<td>24</td>
<td>24</td>
</tr>
<tr>
<td>Staffed Beds-Hospital</td>
<td>24</td>
<td>24</td>
<td>24</td>
<td>24</td>
</tr>
<tr>
<td>Staffed Beds-Nursing Home Unit</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Admissions-Hospital</td>
<td>412</td>
<td>446</td>
<td>447</td>
<td>435</td>
</tr>
<tr>
<td>Admissions-Nursing Home Unit</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Admissions-Swing Beds</td>
<td>-</td>
<td>82</td>
<td>85</td>
<td>94</td>
</tr>
<tr>
<td>Inpatient Days - Hospital</td>
<td>1,810</td>
<td>1,752</td>
<td>1,582</td>
<td>2,062</td>
</tr>
<tr>
<td>Inpatient Days - Swing-beds</td>
<td>-</td>
<td>745</td>
<td>637</td>
<td>983</td>
</tr>
<tr>
<td>Emergency Room Visits</td>
<td>1,133</td>
<td>1,291</td>
<td>1,328</td>
<td>1,222</td>
</tr>
<tr>
<td>Outpatient Visits</td>
<td>16,792</td>
<td>17,494</td>
<td>17,812</td>
<td>17,794</td>
</tr>
<tr>
<td>Inpatient Surgical Operations</td>
<td>70</td>
<td>70</td>
<td>58</td>
<td>83</td>
</tr>
<tr>
<td>Outpatient Surgical Operations</td>
<td>1,035</td>
<td>1,189</td>
<td>1,169</td>
<td>1,149</td>
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<tr>
<td>Medicare Inpatient Discharges</td>
<td>234</td>
<td>210</td>
<td>245</td>
<td>219</td>
</tr>
<tr>
<td>Medicare Inpatient Days</td>
<td>712</td>
<td>775</td>
<td>709</td>
<td>809</td>
</tr>
<tr>
<td>Medicaid Inpatient Discharges</td>
<td>20</td>
<td>26</td>
<td>29</td>
<td>23</td>
</tr>
<tr>
<td>Medicaid Inpatient Days</td>
<td>40</td>
<td>32</td>
<td>42</td>
<td>49</td>
</tr>
</tbody>
</table>

Kansas Statistical Abstract, 2010
### Table 6. Hospital Data for Nemaha County

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Practicing Physicians (county)</td>
<td>8</td>
<td>10</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>Persons per Physician (county)</td>
<td>1,269</td>
<td>1,006</td>
<td>997</td>
<td>994</td>
</tr>
</tbody>
</table>

**Sabetha Community Hospital**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Licensed Acute Beds</td>
<td>25</td>
<td>25</td>
<td>25</td>
<td>25</td>
</tr>
<tr>
<td>Licensed Swing Beds</td>
<td>25</td>
<td>25</td>
<td>25</td>
<td>25</td>
</tr>
<tr>
<td>Staffed Beds-Hospital</td>
<td>25</td>
<td>25</td>
<td>25</td>
<td>25</td>
</tr>
<tr>
<td>Staffed Beds-Nursing Home Unit</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Admissions-Hospital</td>
<td>370</td>
<td>480</td>
<td>303</td>
<td>277</td>
</tr>
<tr>
<td>Admissions-Nursing Home Unit</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Admissions-Swing Beds</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inpatient Days - Hospital</td>
<td>1,008</td>
<td>2,002</td>
<td>844</td>
<td>745</td>
</tr>
<tr>
<td>Inpatient Days - Nursing Home Unit</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Inpatient Days - Swing-beds</td>
<td>1,622</td>
<td>1,074</td>
<td>1,830</td>
<td>1,335</td>
</tr>
<tr>
<td>Emergency Room Visits</td>
<td>1,068</td>
<td>1,071</td>
<td>1,179</td>
<td>1,269</td>
</tr>
<tr>
<td>Outpatient Visits</td>
<td>41,242</td>
<td>19,966</td>
<td>41,660</td>
<td>38,476</td>
</tr>
<tr>
<td>Inpatient Surgical Operations</td>
<td>63</td>
<td>43</td>
<td>57</td>
<td>62</td>
</tr>
<tr>
<td>Outpatient Surgical Operations</td>
<td>552</td>
<td>551</td>
<td>599</td>
<td>608</td>
</tr>
<tr>
<td>Medicare Inpatient Discharges</td>
<td>386</td>
<td>339</td>
<td>300</td>
<td>273</td>
</tr>
<tr>
<td>Medicare Inpatient Days</td>
<td>2,288</td>
<td>1,680</td>
<td>2,339</td>
<td>1,811</td>
</tr>
<tr>
<td>Medicaid Inpatient Discharges</td>
<td>14</td>
<td>22</td>
<td>34</td>
<td>21</td>
</tr>
<tr>
<td>Medicaid Inpatient Days</td>
<td>28</td>
<td>46</td>
<td>72</td>
<td>34</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 Nemaha 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 Nemaha County.

- Total student enrollment in Nemaha County K-12 school districts has steadily declined from 2000 to 2009.
- As the student population has declined, the student-to-teacher ratio has decreased.
- The trend in the student dropout rate has generally been increasing in Nemaha County over the past decade, but is due, in part, to the declining student population.
- The trend in student-on-student violence has been increasing over time. Student-on-faculty violence has been increasing as well.

Nemaha County Primary Health Market Area

Source: Claritas, Inc. 2012.
Total student enrollment in Nemaha County K-12 school districts has steadily declined from 2000 to 2009, but increased by nearly 100 in the 2010-2011 school year. Enrollment was 1,839 in the 2011-2012 school year, down from 2,044 in 2000-2001.

As the student population has declined, the student-to-teacher ratio has decreased. This generally means that as the school-age population has declined, the district staff have been retained. The ratio of about 13.5 students per teacher permits fairly close attention for each of the students.
The trend in the student dropout rate has generally been increasing in Nemaha County over the past decade. This could be due, in part, to the declining student population.
Violence in the school is extremely disruptive to learning. The trend in student-on-student violence has been increasing over time. Student-on-faculty violence has been increasing as well.

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.
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Crime Data Summary
Following are a variety of data and statistics about criminal activity in Nemaha 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 Nemaha County boundaries.

- The incidence of crime in Nemaha County has been consistently below the state average from 2008 to 2011. This applies to both the incidence of property crime and the incidence of violent crime.

- Overall, the incidence of crime in Nemaha County has been relatively stable in recent years.

- The number of adult arrests has been increasing for Nemaha County, while juvenile arrests have been decreasing.

- The number of full-time law enforcement officials per 1,000 population in Nemaha County has generally been slightly below the state rate.

Source: Claritas, Inc. 2012.
The incidence of crime in Nemaha County has been consistently below the state average from 2008 to 2011. This applies to both the incidence of property crime and the incidence of violent crime. It should be noted that data for many counties are often partial or missing for a given year.

Table 1. Crime Statistics for Nemaha County and Kansas

<table>
<thead>
<tr>
<th>Year</th>
<th>Crime Index Offenses</th>
<th>Violent Crime</th>
<th>Property Crime</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Rate per 1,000</td>
<td>Number</td>
</tr>
<tr>
<td>2008</td>
<td>Nemaha</td>
<td>135</td>
<td>13.2</td>
</tr>
<tr>
<td></td>
<td>Kansas</td>
<td>101,344</td>
<td>36.8</td>
</tr>
<tr>
<td>2009</td>
<td>Nemaha</td>
<td>114</td>
<td>11.2</td>
</tr>
<tr>
<td></td>
<td>Kansas</td>
<td>98,757</td>
<td>35.6</td>
</tr>
<tr>
<td>2010</td>
<td>Nemaha</td>
<td>147</td>
<td>14.7</td>
</tr>
<tr>
<td></td>
<td>Kansas</td>
<td>98,354</td>
<td>34.9</td>
</tr>
<tr>
<td>2011</td>
<td>Nemaha</td>
<td>61</td>
<td>6.0</td>
</tr>
<tr>
<td></td>
<td>Kansas</td>
<td>96,596</td>
<td>32.8</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).
The number of full-time law enforcement officials per 1,000 persons in Nemaha County has generally been similar to the state rate.

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

Introduction

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Traffic Data Summary

Following are a variety of data and statistics about traffic accidents in Nemaha County. The data is reported by county.

- The rate of traffic accidents in Nemaha County is below the rate for the state as a whole.

- In 2008, there were 235 total vehicle crashes in Nemaha County, a decreasing trend.

- In 2008, the most recent year for which data were available, there were 58 accidents involving injury and 4 fatalities.

Nemaha County Primary Health Market Area

ZIP codes within the Nemaha County Health Market Area.
Source: Claritas, Inc. 2012.
Nemaha County Rural Health Works

The rate of traffic accidents in Nemaha County is slightly below the rate for the state as a whole, with deer-vehicle collisions accounting for many of the accidents. In 2008, there were 235 total vehicle crashes in Nemaha County. The decreasing trend is positive, but must be considered in the context of declining population. In 2008, the most recent year for which data were available, there were 58 accidents involving injury and 4 fatalities.

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

<table>
<thead>
<tr>
<th>Accidents</th>
<th>Nemaha</th>
<th>Kansas</th>
<th>Rate per 1,000 Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>235</td>
<td>65,858</td>
<td>22.9</td>
</tr>
<tr>
<td>Fatal Accidents</td>
<td>4</td>
<td>348</td>
<td>0.4</td>
</tr>
<tr>
<td>Injury Accidents</td>
<td>41</td>
<td>14,866</td>
<td>4.0</td>
</tr>
<tr>
<td>Property Damage Only</td>
<td>190</td>
<td>50,644</td>
<td>18.5</td>
</tr>
<tr>
<td>Deer Involved</td>
<td>78</td>
<td>9,371</td>
<td>7.6</td>
</tr>
<tr>
<td>Speed Related</td>
<td>10</td>
<td>7,917</td>
<td>1.0</td>
</tr>
<tr>
<td>Alcohol Related</td>
<td>13</td>
<td>3,366</td>
<td>1.3</td>
</tr>
<tr>
<td>People</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Deaths</td>
<td>4</td>
<td>385</td>
<td>0.4</td>
</tr>
<tr>
<td>Injuries</td>
<td>58</td>
<td>21,058</td>
<td>5.7</td>
</tr>
<tr>
<td>% Restraint Use</td>
<td>68.3</td>
<td>80.9</td>
<td></td>
</tr>
</tbody>
</table>

Kansas Traffic Accident Facts, 2008

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

Kansas Department of Transportation, 2012
Nemaha County Rural Health Works

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

![Graph showing injury accidents in Nemaha County from 2000 to 2008.](chart1)

Kansas Department of Transportation, 2012

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

![Graph showing fatal accidents in Nemaha County from 2000 to 2008.](chart2)

Kansas Department of Transportation, 2012
Nemaha County Rural Health Works

Figure 4. Property Damage Only Accidents in Nemaha County, 2000-2008

Kansas Department of Transportation, 2012

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

Kansas Department of Transportation, 2012

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 poster 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.
Average Monthly WIC Participation

Value: 16.7 average cases per 1,000 population
Measurement Period: 2010
Location: County: Nemaha
Comparison: KS state value
Categories: Health / Access to Health Services

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.
- Children enrolled in WIC are more likely to have a regular source of medical care and have more up to date immunizations.
Nemaha County Rural Health Works

- 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: 1,293 population per physician
Measurement Period: 2010
Location: County: Nemaha
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: 4.9 beds per 1,000 population
Measurement Period: 2009
Location: County: Nemaha
Comparison: KS State Value
Categories: Health / Access to Health Services

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 Staffed Hospital Bed Ratio 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/
URL of Data:  http://www.kha-net.org/communications/annualstatreport/de...
Percent of WIC Mothers Breastfeeding Exclusively

Value: 9.6 percent  
Measurement Period: 2010  
Location: County : Nemaha  
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
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/
Nemaha County Rural Health Works

Diabetes

Percentage of Adults with Diagnosed Diabetes

Value: 7.7  
Measurement Period: 2009  
Location: County: Nemaha  
Comparison: KS State Value

Categories: Health / Diabetes

What is this Indicator?
This indicator shows the percentage of adults that have ever been diagnosed with diabetes. Women who were diagnosed with diabetes only during the course of their pregnancy were not included in this count.

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 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


Exercise, Nutrition & Weight

Percentage of Adults Consuming Fruits & Vegetables 5 or More Times Per Day

Value: 8.4  
Measurement Period: 2009  
Location: County : Nemaha  
Comparison: KS State Value  
Categories: Health / Exercise, Nutrition, & Weight

What is this Indicator?
This indicator shows the percentage of adults who consume fruits and vegetables five or more times per day.

Why this is important: It is essential to eat a fresh, healthy and balanced diet in order to maintain a healthy weight and prevent chronic disease. Numerous studies have shown a clear link between the amount and variety of fruits and vegetables consumed and rates of chronic diseases, especially cancer. According to the World Cancer Research Fund International, about 35 percent of all cancers can be prevented through increased fruit and vegetable consumption. The USDA currently recommends four and one-half cups (nine servings) of fruits and vegetables daily for a 2,000-calorie diet, with higher or lower amounts depending on the caloric level. Despite the benefits, many people still do not eat recommended levels of fruits and vegetables. This is particularly true of consumers with lower incomes and education levels.

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/
Nemaha County Rural Health Works

Percentage of Adults Participating in Recommended Level of Physical Activity

Value: 40.4
Measurement Period: 2009
Location: County : Nemaha
Comparison: KS State Value
Categories: Health / Exercise, Nutrition, & Weight

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 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/
Nemaha County Rural Health Works


Percentage of Adults Who are Obese

Value: 18 percent  
Measurement Period: 2009  
Location: County : Nemaha  
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/  
Percentage of Adults Who are Overweight

Value: 45.8
Measurement Period: 2009
Location: County : Nemaha
Comparison: KS State Value
Categories: Health / Exercise, Nutrition, & Weight

What is this Indicator?
This indicator shows the percentage of adults who are overweight according to 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 between 25 and 29.9 is considered overweight.

Why this is important: The percentage of overweight adults is an indicator of the overall health and lifestyle of a community. Being overweight affects quality of life and puts individuals at risk for developing many diseases, especially heart disease, stroke, diabetes, and cancer. Losing weight helps to prevent and control these diseases. Being overweight or obese also carries significant economic costs due to increased healthcare spending and lost earnings.

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/
Nemaha County Rural Health Works

Heart Disease and Stroke

Congestive Heart Failure Hospital Admission Rate

**Value:** 183.46 per 100,000 population  
**Measurement Period:** 2007-2009  
**Location:** County: Nemaha  
**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.
Heart Disease Hospital Admission Rate

Value: 298.04 per 100,000 population  
Location: County: Nemaha  
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/
Nemaha County Rural Health Works

Percentage of Adults with Hypertension

Value: 27.2
Measurement Period: 2009
Location: County : Nemaha
Comparison: KS State Value
Categories: Health / Heart Disease & Stroke

What is this Indicator?
This indicator shows the percentage of adults who have been told they have high blood pressure. Normal blood pressure should be less than 120/80 mm Hg for an adult. Blood pressure above this level (140/90 mm Hg or higher) is considered high (hypertension).

Why this is important: High blood pressure is the number one modifiable risk factor for stroke. In addition to stroke, high blood pressure also contributes to heart attacks, heart failure, kidney failure, and atherosclerosis. The higher your blood pressure, the greater your risk of heart attack, heart failure, stroke, and kidney disease. In the United States, one in three adults has high blood pressure, and nearly one-third of these people are not aware that they have it. Because there are no symptoms associated with high blood pressure, it is often called the "silent killer." The only way to tell if you have high blood pressure is to have your blood pressure checked. High blood pressure can occur in people of any age or sex; however, it is more common among those over age 35. It is particularly prevalent in African Americans, older adults, obese people, heavy drinkers, and women taking birth control pills. Blood pressure can be controlled through lifestyle changes including eating a heart-healthy diet, limiting alcohol, avoiding tobacco, controlling your weight, and staying physically active.

The Healthy People 2020 national health target is to reduce the proportion of adults aged 18 years and older with high blood pressure to 26.9%.

Technical Note: The County / Region value is compared to the Kansas State value. Confidence intervals were not taken into account while making this comparison.
Nemaha 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/
Bacterial Pneumonia Hospital Admission Rate

**Value:** 399.37 per 100,000 population  
**Measurement Period:** 2007-2009  
**Location:** County : Nemaha  
**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: 2010-2011
Location: County: Nemaha
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
Nemaha County Rural Health Works

URL of Source:  http://www.kdheks.gov/
URL of Data:  http://www.kdheks.gov/immunize/retro_survey.html

Percentage of Adults Ages 18 Years and Older Who Received A Flu Shot During the Past 12 Months

Value: 55.1
Measurement Period: 2009-2010
Location: County: Nemaha
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/
Sexually Transmitted Disease Rate

**Value:** 0.8 cases/10,000 population  
**Measurement Period:** 2008  
**Location:** County : Nemaha  
**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
Nemaha County Rural Health Works

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
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Maternal, Fetal & Infant Health

Infant Mortality Rate

Value: 10.89  
Location: County : Nemaha  
Comparison: KS State Value  
Categories: Health / Maternal, Fetal & Infant Health; Health / Mortality Data

![Infant Mortality Rate per 1,000 Population](image)

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: 12.9 births/1,000 population  
Measurement Period: 2008-2010  
Location: County : Nemaha  
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:** 3.3 percent  
**Measurement Period:** 2008-2010  
**Location:** County: Nemaha  
**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
Nemaha County Rural Health Works

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: 19.2 percent
Measurement Period: 2008-2010
Location: County : Nemaha
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.
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 Source: http://www.kdheks.gov/
URL of Data: http://kic.kdhe.state.ks.us/kic/index.html

Percent of Births where Mother Smoked During Pregnancy

Value: 12.3 percent
Measurement Period: 2008-2010
Location: County: Nemaha
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.
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 Source: http://www.kdheks.gov/
URL of Data: http://kic.kdhe.state.ks.us/kic/index.html

Percent of Births Where Prenatal Care began in First Trimester

Value: 80.8 percent
Measurement Period: 2008-2010
Location: County: Nemaha
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.
Nemaha County Rural Health Works

**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:** 10.1 percent

**Measurement Period:** 2008-2010

**Location:** County: Nemaha

**Comparison:** KS State Value

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

![Percent of Births with Inadequate Birth Spacing](chart.png)

**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 2 1/2 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: 5.9 percent
Measurement Period: 2008-2010
Location: County : Nemaha
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

Percent of Premature Births

Value: 9 percent
Measurement Period: 2008-2010
Location: County: Nemaha
Comparison: KS State Value
Categories: Health / Maternal, Fetal & Infant Health

What is this Indicator?
This indicator shows the percentage of births to resident mothers in which the baby had less than 37 weeks of completed gestation.

Why this is important: Babies born premature are likely to require specialized medical care, and oftentimes must stay in intensive care nurseries. 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 very low birth weight are to take prenatal vitamins, stop smoking, stop drinking alcohol and
using drugs, and most importantly, get prenatal care.

The Healthy People 2020 national health target is to reduce the proportion of infants who are born preterm to 11.4%.

Technical Note: The County / Region value is compared to the Kansas State Value. Total live births excludes births for which the gestational length of the baby was unknown. The trend is a comparison between the most recent and previous measurement periods. Confidence intervals were not taken into account in determining the direction of the trend.

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
Nemaha County Rural Health Works

Mental Health & Mental Disorders

Percentage of Adults who Reported Their Mental Health Was Not Good on 14 or More Days in the Part 30 Days.

Value: 8.3
Measurement Period: 2009
Location: County : Nemaha
Comparison: KS State Value
Categories: Health / Mental Health & Mental Disorders

What is this Indicator?
This indicator shows the percentage of adults who stated that they experienced fourteen or more days of poor mental health in the past month.

Why this is important: Psychological distress can affect all aspects of our lives. It is important to recognize and address potential psychological issues before they become critical. Occasional days of feeling "down" or emotional are normal, but persistent mental or emotional health problems should be evaluated and treated by a qualified professional.

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/
Nemaha County Rural Health Works

Mortality Data

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

Value: 28.7 deaths/100,000 population  
Measurement Period: 2008-2010  
Location: County : Nemaha  
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 Source: http://www.kdheks.gov/
URL of Data: 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: 2008-10
Location: County : Nemaha
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.
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: 145.6 deaths/100,000 population
Measurement Period: 2008-2010
Location: County : Nemaha
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.
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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 Cerebrovascular Disease Mortality Rate per 100,000 Population

Value: 50.61 deaths/100,000 population
Measurement Period: 2008-2010
Location: County: Nemaha
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
Value: 27.8 deaths/100,000 population
Measurement Period: 2008-2010
Location: County : Nemaha
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 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
Nemaha County Rural Health Works

An 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: 18.05 deaths/100,000 population
Measurement Period: 2008-2010
Location: County: Nemaha
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.
Age-adjusted Heart Disease Mortality Rate per 100,000 Population

Value: 156.37 deaths/100,000 population  
Measurement Period: 2008-2010  
Location: County: Nemaha  
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 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.
Nemaha County Rural Health Works

Age-adjusted Homicide Mortality Rate per 100,000 Population

Value: 0 deaths/100,000 population  
Measurement Period: 2008-2010  
Location: County: Nemaha  
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: 679.86 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 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 Data: [http://kic.kdhe.state.ks.us/kic/index.html](http://kic.kdhe.state.ks.us/kic/index.html)

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

**Value:** 9.85 deaths/100,000 population

**Measurement Period:** 2008-2010

**Location:** County : Nemaha

**Comparison:** KS State Value
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 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.
Age-adjusted Suicide Mortality Rate per 100,000 Population

Value: 24.84 deaths/100,000 population
Measurement Period: 2008-2010
Location: County : Nemaha
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.
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 Traffic Injury Mortality Rate per 100,000 Population

Value: 35.83 deaths/100,000 population
Measurement Period: 2008-10
Location: County: Nemaha
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

Age-adjusted Unintentional Injuries Mortality Rate per 100,000 Population

Value: 66.3 deaths/100,000 population
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 Data: [http://kic.kdhe.state.ks.us/kic/index.html](http://kic.kdhe.state.ks.us/kic/index.html)
Nemaha County Rural Health Works

Oral Health

Percentage of Screened 3-12 Grade Students with No Dental Sealants

Value: 56.7 percent
Measurement Period: 2010-2011
Location: County: Nemaha
Comparison: KS State Value
Categories: Health/Oral Health

What is this Indicator?
This indicator shows the and percentage of children with no dental sealants present on any tooth grades 3-12, who participated in dental screenings by calibrated licensed dentists and hygienists at their schools.

Why this is important: Children with untreated oral disease often experience persistent pain, the inability to eat comfortably or chew well, embarrassment at discolored and damaged teeth, and distraction from play and learning. Nationally more than 51 million school hours are lost each year because of dental-related illness. Oral health screenings provide schools with an opportunity to focus on the importance of good oral health. Screenings also identify children with untreated dental disease and assist schools with appropriate referrals to dental professionals.

Technical Note: The data are from a convenience sample. Only those schools that participated in the statewide oral health screening program implemented by the Bureau of Oral Health to satisfy the Kansas State Statute for Annual Dental Inspection (K.S.A. 72-5201) are entered into the database.

Regarding a US Value comparison and a HP2020 target, there is no direct comparison that can be made to Kansas 'No Dental Sealant' data. The national and HP2020 values are from a survey of age groups 6 to 9 and 13 to 15 years of age based on the National Health & Nutrition Examination Survey (NHANES), CDC, and NCHS criteria. The Kansas criteria for its data are...
Nemaha County Rural Health Works

school grade levels 3 -12.

The national value and HP2020 target for 'No Dental Sealants' of age group 6 to 9 is 25.5 percent and 28.1 percent respectively and 19.9 percent and 21.9 percent respectively for age group 13 to 15.
Source: KDHE Bureau of Oral Health
URL of Source:  http://www.kdheks.gov/
URL of Data:  http://www.kdheks.gov/ohi/screening_program.htm

Percentage of Screened K-12 Grade Students with Obvious Dental Decay

Value: 17.8 percent
Measurement Period: 2010-2011
Location: County : Nemaha
Comparison: KS State Value
Categories: Health/Oral Health

What is this Indicator?
This indicator shows the percentage of obvious dental decay found in children grades K-12, who participated in dental screenings by calibrated licensed dentists and hygienists at their schools

Why this is important: Children with untreated oral disease often experience persistent pain, the inability to eat comfortably or chew well, embarrassment at discolored and damaged teeth, and distraction from play and learning. Nationally more than 51 million school hours are lost each year because of dental-related illness. Oral health screenings provide schools with an opportunity to focus on the importance of good oral health. Screenings also identify children with untreated dental disease and assist schools with appropriate referrals to dental professionals.

Technical Note: The data are from a convenience sample. Only those schools that participated in the statewide oral health screening program implemented by the Bureau of Oral Health to
satisfy the Kansas State Statute for Annual Dental Inspection (K.S.A. 72-5201) are entered into the database.

Regarding a US Value comparison and a HP2020 target, there is no direct comparison that can be made to Kansas 'Obvious Dental Decay' data. The national and HP2020 values are from a survey of age groups 6 to 9 and 13 to 15 years of age based on the National Health & Nutrition Examination Survey (NHANES), CDC, and NCHS criteria. The Kansas criteria for its data are school grade levels K -12.

The national value and HP2020 target for 'Obvious Dental Decay' of age group 6 to 9 is 28.8 percent and 25.9 percent respectively and 17.0 percent and 15.3 percent respectively for age group 13 to 15.

Source: KDHE Bureau of Oral Health
URL of Source:  http://www.kdheks.gov/
URL of Data:  http://www.kdheks.gov/ohi/screening_program.htm
Injury Hospital Admission Rate

Value: 743.22 Per 100,000 population  
Location: County: Nemaha  
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 Source: http://www.kdheks.gov/  
URL of Data: http://kic.kdhe.state.ks.us/kic/index.html
Respiratory Diseases

Chronic Obstructive Pulmonary Disease (COPD) Hospital Admission Rate

Value: 143.08 Per 100,000 population
Location: County : Nemaha
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
Nemaha County Rural Health Works

Substance Abuse

Percentage of Adults Who are Binge Drinkers

Value: 17.4
Measurement Period: 2009
Location: County: Nemaha
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 Source: http://www.kdheks.gov/
URL of Data: http://kic.kdhe.state.ks.us/kic/index.html
Percentage of Adults Who Currently Smoke Cigarettes

Value: 11.1
Measurement Period: 2009
Location: County: Nemaha
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/
**Nemaha County Rural Health Works**

**Wellness & Lifestyle**

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

*Value:* 9.9  
*Measurement Period:* 2009  
*Location:* County: Nemaha  
*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/](http://www.kdheks.gov/)  
Uninsured Adult Population Rate

Value: 15.6 Percent  
**Measurement Period:** 2009  
Location: County: Nemaha  
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 / Region value is compared to the Kansas state value. 
Source: U.S. Census Bureau
URL of Source:  [http://www.census.gov/](http://www.census.gov/)
Unemployed Workers in Civilian Labor Force

**Value:** 3.7 Percent  
**Measurement Period:** 2012, May  
**Location:** County: Nemaha  
**Comparison:** U.S. Counties  
**Categories:** Economy/Employment

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  
Nemaha County Rural Health Works

Government Assistance Programs

Household with Public Assistance

Value: 0.9 Percent
Measurement Period: 2006-2010
Location: County: Nemaha
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/
URL of Data: http://factfinder2.census.gov/
Nemaha County Rural Health Works

Home Ownership

Foreclosure Rate

Value: 5.5 Percent  
Measurement Period: 2008  
Location: County : Nemaha  
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//](http://www.huduser.org/portal/)  
Homeowner Vacancy Rate

Value: 0 Percent
Measurement Period: 2006-2010
Location: County: Nemaha
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/

Homeownership
Value: 68.9 Percent
Measurement Period: 2006-2010
Location: County: Nemaha
Comparison: U.S. Counties
Categories: Economy/Homeownership

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/
URL of Data: http://factfinder2.census.gov/
Renters Spending 30% or More of Household Income on Rent

Value: 33.3 Percent
Measurement Period: 2006-2010
Location: County: Nemaha
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/
URL of Data: http://factfinder2.census.gov/
Median Household Income

Value: 46,134 Dollars  
Measurement Period: 2006-2010  
Location: County: Nemaha  
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/](http://www.census.gov/acs/www/)  
URL of Data: [http://factfinder2.census.gov/](http://factfinder2.census.gov/)

Per Capita Income
Value: 22,484 Dollars
Measurement Period: 2006-2010
Location: County: Nemaha
Comparison: U.S. Counties
Categories: Economy/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/
Nemaha County Rural Health Works

Poverty

Children Living Below Poverty Level

Value: 13.3 Percent
Measurement Period: 2006-2010
Location: County: Nemaha
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/
URL of Data: http://factfinder2.census.gov/

Families Living Below Poverty Level

Value: 4.8 Percent
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: 9.3 Percent
Measurement Period: 2007
Location: County : Nemaha
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: 12.7 Percent
Measurement Period: 2006-2010
Location: County: Nemaha
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: 70.8 Percent
Measurement Period: 2006-2010
Location: County : Nemaha
Comparison: U.S. Counties
Categories: Economy/Poverty
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: 9.3 Percent
Measurement Period: 2006-2010
Location: County: Nemaha
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: 9.2 Percent
Measurement Period: 2006-2010
Location: County : Nemaha
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/](http://www.census.gov/acs/www/)
URL of Data: [http://factfinder2.census.gov/](http://factfinder2.census.gov/)

**Students Eligible for the Free Lunch Program**

**Value:** 19.1 Percent  
**Measurement Period:** 2009  
**Location:** County: Nemaha  
**Comparison:** U.S. Counties  
**Categories:** Economy/Poverty
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: 15.6 Percent
Measurement Period: 2009
Location: County: Nemaha
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%.
Nemaha County Rural Health Works

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: 19 Percent
Measurement Period: 2006-2010
Location: County: Nemaha
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.
Nemaha County Rural Health Works

Source: American Community Survey
URL of Source:  http://www.census.gov/acs/www/
URL of Data:  http://factfinder2.census.gov/
Nemaha County Rural Health Works

Educational Attainment in Adult Population

High School Graduation

Value: 93.1 Percent
Measurement Period: 2010
Location: County: Nemaha
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/
Nemaha County Rural Health Works

People 25+ with a High School Degree or Higher

Value: 89 Percent  
Measurement Period: 2006-2010  
Location: County : Nemaha  
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/
Higher Education

People 25+ with a Bachelor’s Degree or Higher

Value: 17.1 Percent
Measurement Period: 2006-2010
Location: County : Nemaha
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/
URL of Data: http://factfinder2.census.gov/
Student-to-Teacher Ratio

Value: 12.1 students/teacher
Measurement Period: 2009-2010
Location: County : Nemaha
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/
Nemaha County Rural Health Works

Built Environment

Farmers Market Density

Value: 0.2 markets/1,000 population
Measurement Period: 2011
Location: County: Nemaha
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
Value: 0.2 restaurants/1,000 population  
Measurement Period: 2009  
Location: County: Nemaha  
Comparison: U.S. Counties  
Categories: Environment/Build Environment

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: 0.8 stores/1,000 population  
Measurement Period: 2009
Nemaha County Rural Health Works

Location: County : Nemaha  
Comparison: U.S. Counties  
Categories: Environment/Build Environment

![Grocery Store Density per 1,000 Population](image)

**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:** 2.2 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: 29.5 stores/100,000 population
Measurement Period: 2010
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: 22.2 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:** 0.0 facilities/1,000 population
**Measurement Period:** 2009
**Location:** County: Nemaha
**Comparison:** U.S. Value
Nemaha County Rural Health Works

**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:** 1.1 stores/1,000 facilities
**Measurement Period:** 2010
**Location:** County: Nemaha
**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
Nemaha County Rural Health Works

Toxic Chemicals

Increased Lead Risk in Housing Rate

Value: 53.06 Percent  
Measurement Period: 2000  
Location: County: Nemaha  
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,
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
Voter Turnout

Value: 70.5 Percent  
Measurement Period: 2008  
Location: County: Nemaha  
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/](http://www.kssos.org/)  
Rate of Violent Crime per 1,000 population

Value: 1.1 per 1,000 population
Measurement Period: 2009
Location: County: Nemaha
Comparison: KS state value
Categories: Public Safety/Crime & Crime Prevention

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/](http://www.accesskansas.org/kbi/)
Nemaha County Rural Health Works

Demographics

Ratio of Children to Adults

Value: 36.3 children per 100 adults
Measurement Period: 2009
Location: County: Nemaha
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

Value: 71.3 elderly & children per 100 adults
Measurement Period: 2009
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: 35.1 elderly per 100 adults
Measurement Period: 2009
Location: County: Nemaha
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: 22 Percent
Measurement Period: 2006-2010
Location: County: Nemaha
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/)
Nemaha County Rural Health Works

Commute to Work

Mean Travel Time to Work

Value: 14 Minutes
Measurement Period: 2006-2010
Location: County: Nemaha
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: 76.5 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/
URL of Data:  http://factfinder2.census.gov/

Workers who Walk to Work

Value: 4.8 Percent
Measurement Period: 2006-2010
Location: County : Nemaha
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/
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/
Nemaha County Rural Health Works

Public Transportation

Workers Commuting by Public Transportation

Value: 0.3 Percent  
Measurement Period: 2006-2010  
Location: County: Nemaha  
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/
Nemaha County

Community Survey Results
Nemaha County Community Survey

Survey Highlights

- 108 Sabetha, 36 Seneca responses
- Important to remember – non-representative
- 98% see a doctor; 95-98% use local provider
- 99% were satisfied/somewhat satisfied
- 80% used a hospital in the past 2 years; local hospitals captured most of those visits
- 90+% had prior local hospital experience
- 97-98% were satisfied/somewhat satisfied
- Specialty care
  - Orthopedist
  - Radiologist
  - Cardiologist
  - Surgeon
  - OB/GYN
  - ENT
  - Dermatologist
- 97% used Sabetha Clinic; 98% were satisfied
- 83% used Seneca Clinic; 100% satisfied
- 68% used County Health; 100% satisfied
- Comments suggest few unmet needs and challenges
  - High satisfaction
  - Concern about maintaining services
  - A few customer service issues
  - Cost of care
  - A few elder care / community-based services
Sabetha – Nemaha County Community Survey
Preliminary Results

1. Home Zip Code

<table>
<thead>
<tr>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
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2. Family Doctor

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<tr>
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<td><strong>Total</strong></td>
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3. Medical Provider for Routine Health Care

<table>
<thead>
<tr>
<th>Number</th>
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<tbody>
<tr>
<td>Community Health Center</td>
</tr>
<tr>
<td>Rural Health Clinic</td>
</tr>
<tr>
<td>Health Department</td>
</tr>
<tr>
<td>Specialist</td>
</tr>
<tr>
<td>Emergency Room/Hospital</td>
</tr>
<tr>
<td>None, don't see anyone</td>
</tr>
<tr>
<td>Other:</td>
</tr>
<tr>
<td><strong>Total</strong></td>
</tr>
</tbody>
</table>
4. Family Doctor in Nemaha County Service Area

<table>
<thead>
<tr>
<th></th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
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<td>97.2%</td>
</tr>
<tr>
<td>No</td>
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<td>2.8%</td>
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<tr>
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<td>0.0%</td>
</tr>
<tr>
<td>Total</td>
<td>109</td>
<td>100.0%</td>
</tr>
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</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>100</td>
<td>95.2%</td>
</tr>
<tr>
<td>Somewhat Satisfied</td>
<td>4</td>
<td>3.8%</td>
</tr>
<tr>
<td>Somewhat Dissatisfied</td>
<td>1</td>
<td>1.0%</td>
</tr>
<tr>
<td>Dissatisfied</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Total</td>
<td>105</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

6. Why were you satisfied/dissatisfied?

Satisfied Responses:
1. Caring, knowledgeable, takes the time to listen.
2. He providers good care to me.
4. The problem was solved.
5. High quality, sincere concern for my health and well-being.
6. Good outcome, appropriate care.
8. Prompt and thorough service.
9. Excellent doctor, excellent lab and x-ray service, excellent outreach doctors.
10. Problem was found, solution, resolution.
11. Quality care.
12. Our doctors give wonderful care.
13. Personal care, quality care.
14. Amount of care, time giving, and explanation of services.
15. Excellent doctor and services.
16. They express interest in my health.
17. The doctors were very professional.
18. Address the issue at hand.
19. The doctor understood my problem and we are working on it.
20. Excellent patient care.
21. Met our needs.
22. Quick, super nice, listened.
23. The problems were addressed.
24. Prompt professional service.
25. They were professional, knowledgeable and helpful.
26. We received competent and affordable care.
27. They were nice.
28. They did a good job.
29. If my doctor is off, I can go see another one.
30. We always get very good and friendly service.
31. Thorough, listened to me, suggested immunization for me.
32. Our local physicians are all very good and competent.
33. Good care, easily accessible.
34. Doctor had good bedside manner and my daughter felt comfortable with the doctor.
35. Competent care/great knowledgeable base.
36. Very caring, thoughtful and complete in the exam and care.
37. Great care, compassion.
38. My needs were met to my satisfaction.
39. Doctor listens to problems as if I am a human being and made recommendations.
40. Very personal—understands and genuinely wants to help our family.
41. We have always received quality care from our family physician.
42. Our doctor are terrific when you are in the hospital for an extended time it matters not which doctor visits you—they know your med history and work as a team.
43. Doctor listened and explained and answered questions.
44. He was very thorough in checking me out.
45. They listen, give me time to tell why I’m there.
46. Very good service.
47. Excellent care and follow up.
49. Too much computer no personal eye contact.
50. They know my family and our needs.
51. Great care, compassion.
52. I received very good care.
53. They care.
54. Caring services.
55. The doctor was knowledgeable in diagnosis and sent us on to the correct specialist.
56. The doctors are very thorough and have great bed side manners.
57. I always leave with a plan of care.
58. The doctor is considerate and answers questions honestly.
59. Follow-up, personal attention, knowledgeable.
60. I got in the same day I called—great communication with my doctor.
61. They are always very caring.
62. I had no problems, good care.
63. Very prompt and professional.
64. The doctor always treated me with respect. I feel they are highly educated and continue to stay current on medical and health issues.
65. Kind, helpful.
66. You feel like they care. Excellent service.
67. Sabetha’s doctors are the best.
68. She took time to properly diagnose my health concerns.
69. The doctors seem to take their time and act like they care.
70. Great care.
71. Give attention and like time spent visiting about why there.
72. They take the necessary steps to help individuals get well and keep community safe as well.
73. I made it out of surgery.
74. The nurses and doctors are personal yet professional.
75. They took care of my problem.

Dissatisfied Responses:
1. It took a while for the doctor to regulate the blood pressure medication.
2. The response to sending on to specialists and the importance to get in quickly and not have to wait a month.
3. Didn’t fix the problem, just gave medicine and sent us on our way. The problem was mental and he didn’t help.

<table>
<thead>
<tr>
<th>7. Used Services of a Hospital in Past 24 Months</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>96</td>
<td>88.1%</td>
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<tr>
<td>No</td>
<td>13</td>
<td>11.9%</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>109</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>8. Hospitals Services Received</th>
<th>Location</th>
<th>Number</th>
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<tbody>
<tr>
<td>Sabetha Community Hospital</td>
<td>Sabetha</td>
<td>92</td>
</tr>
<tr>
<td>Other (see below)</td>
<td></td>
<td>13</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>105</td>
</tr>
</tbody>
</table>

- Stormont Vail Health Center
- Heartland Health
- Hiawatha Community Hospital
- Nemaha Valley Community Hospital
- St. Francis Hospital
- Olathe Medical Center
- Menorah Medical Center
- Topeka
- St. Joseph, MO
- Hiawatha
- Seneca
- Topeka
- Olathe

<table>
<thead>
<tr>
<th>9. Used Services of the Sabetha Community Hospital</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
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<td>98.7%</td>
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<tr>
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<td>1.3%</td>
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<tr>
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</tr>
<tr>
<td>Total</td>
<td>78</td>
<td>100.0%</td>
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</table>
10. Most Recent Service Obtained at Sabetha Community Hospital

<table>
<thead>
<tr>
<th>Service</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient</td>
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<td>23.0%</td>
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<tr>
<td>Outpatient</td>
<td>71</td>
<td>58.2%</td>
</tr>
<tr>
<td>Emergency</td>
<td>23</td>
<td>18.9%</td>
</tr>
<tr>
<td>Total</td>
<td>122</td>
<td>100.0%</td>
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</table>

11. Satisfaction with Last Sabetha Community Hospital Experience

<table>
<thead>
<tr>
<th>Satisfaction</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Satisfied</td>
<td>98</td>
<td>91.6%</td>
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<tr>
<td>Somewhat Satisfied</td>
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<td>6.5%</td>
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<tr>
<td>Dissatisfied</td>
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<td>0.0%</td>
</tr>
<tr>
<td>Total</td>
<td>107</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

12. Why were you satisfied/dissatisfied?

Satisfied Responses:
1. It was clean, efficient, and the nurses cared about patients.
2. Specialist was available, good care, routine screenings available.
3. High quality of care and genuine concern for my health and well-being.
4. Received care and services I needed, timely, good follow-through.
5. Competent, great follow-up, professional, caring.
6. Prompt and thorough care.
7. Quality service, staff, updated and modern equipment.
8. Problem was found, solution, resolution.
10. The nurses and staff were very efficient.
11. No wait times, staff is professional, I felt they knew what they need to do, appropriate response to questions.
13. Good service.
14. Service done very professionally.
15. Very polite and courteous.
16. Lab results, got results.
17. Knowledgeable and PT care is excellent
18. Met our needs.
19. Quick, concerned about patient, listened.
20. The work was done well.
22. We received excellent care.
23. Received physical therapy instead of surgery.
24. They didn’t know what was wrong.
25. Fees and costs have gone up tremendously. Can’t afford to go to the ER!
26. They were very good at the procedure they did and very nice.
27. It was outpatient.
28. Quick response when they got the results.
29. Got excellent care.
30. Lab and CT were timely.
31. SCH is well staffed and has modern equipment.
32. Good care, easily accessible.
33. Patient got great care and service.
34. Competent care.
35. Very caring, thoughtful, and complete in the exam and care.
36. Very speedy, efficient, personal care.
37. Only had lab work done but it was quick and I was at work in time.
38. Everything was good.
39. Efficient, professional and timely.
40. Quality care by nursing staff and on call physician, timely service.
41. Friendly, punctual, clean facility, simple admission process.
42. Personnel were friendly and efficient.
43. We are fortunate to have the medical facility. The doctors and the access to out of town specialists. The nurses and the employee are so willing to help and see to your needs.
44. Not a long wait, everyone was very kind, appreciated the follow-up call.
45. Great service in all areas.
46. They tended to my needs which were many.
47. Good treatments.
48. Good service.
49. Excellent care.
50. Professional efficient care.
51. NA.
52. The employees are caring and concerned about all my health not just the reason was there.
53. Staff great, quick care, love hometown care.
54. Again, very good care.
55. They really care.
57. Great care, very compassionate.
58. Care and treatment.
59. Courteous staff, no long waits.
60. Quality of care- timeliness of appointment, skilled staff.
61. Staff was professional. Did not have to travel to Topeka for services.
62. Immediate attention.
63. Courteous- good customer service.
64. Satisfied: as medical staff (dr, nurses, CNA, radiology) all were very compassionate-professional- knowledgeable).
65. Concern about privacy of information in pre-surgical area as there were multiple patients present.
66. Hospital staff was attentive and helpful.
67. Satisfied.
68. Seen right away.
69. Excellent nursing staff.
70. Very good care.
71. Quick service to get lab done.
72. I didn’t die.
73. Nurse was amazing. Cared about my wellbeing genially.
74. They were prompt, orderly and professional.

Dissatisfied Responses:
1. Not very active.
2. Wait was a little too long.
3. I had a colonoscopy and I just felt the surgery area was not all that private- would definitely prefer a private surgery/ surgery prep room.
4. Excellent care and service.
5. ER nurses were great and the calls in staff are quick.
6. The only thing I have complaints about. It takes so long to get all the bills in here goes 4 months or so and you think you have everything paid for and you get another. Don’t understand that all.
7. Didn’t fix the problem just gave med and sent us on our way. Problem was mental (didn’t help).
### 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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</thead>
<tbody>
<tr>
<td>Allergist</td>
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<tr>
<td>Allergist</td>
<td>Topeka</td>
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<tr>
<td>Asthma Specialist</td>
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<tr>
<td>Cardiologist</td>
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<tr>
<td>Cardiologist</td>
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<td>1</td>
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<tr>
<td>Chiropractor</td>
<td>Sabetha</td>
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<tr>
<td>Colonoscopy</td>
<td>Sabetha</td>
<td>1</td>
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<tr>
<td>Colonostomy</td>
<td>Sabetha</td>
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<tr>
<td>Dentist</td>
<td>Seneca</td>
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</tr>
<tr>
<td>Dermatologist</td>
<td>Kansas City</td>
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</tr>
<tr>
<td>Dermatologist</td>
<td>Sabetha</td>
<td>2</td>
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<tr>
<td>Dermatologist</td>
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<tr>
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### 13. Past 24 mo, Type of Medical Specialists Services and Location

<table>
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<tr>
<th>Type of Specialist</th>
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<tr>
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<td>Pulmonologist</td>
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<td>Rheumatologist</td>
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<tr>
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### 14. Used Services of the Sabetha Family Practice Clinic

<table>
<thead>
<tr>
<th></th>
<th>Number</th>
<th>Percent</th>
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<tr>
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<td>3</td>
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<tr>
<td>Total</td>
<td>109</td>
<td>100.0%</td>
</tr>
</tbody>
</table>
15. If yes, what service was obtained?
1. Regular check-ups (28)
2. Eye problems
3. Illness (8)
4. High blood pressure (1)
5. Office visit (15)
6. Screenings
7. Blood work (4)
8. General health care and maintenance (7)
9. Physician (4)
10. Doctor appointment (3)
11. Steroid injection in the knee
12. Office Call (4)
13. Gynecology
14. Follow-up for hospitalization
15. Physical (12)
16. All medical services (2)
17. Outpatient prescription
18. Minor foot surgery
19. Doctor visit for a condition
20. Flu shot
21. Family practice doctors (2)
22. Infant check-ups
23. Abdominal pain
24. Injuries
25. Stitches
26. Dr visit for a skin condition which we were referred on.
27. Paps
28. Hurting back
29. Follow up care
30. Flu symptoms
31. Regular sickness (2)
32. X-Rays (2)
33. Pediatrics
34. Mole removal
35. Sinus infection
36. Bladder infection (2)
37. Regular Blood Pressure
38. Mole check and removal
39. Mental health
40. Wellness exams
41. Allergy shots
42. Diagnosis
43. Referrals
44. Osteoporosis treatment
45. Preventative and corrective care
46. Infection on arm
47. Knee pain
48. Pregnant
49. Immunizations

16. Satisfaction with Sabetha Family Practice 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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<tr>
<td><strong>Total</strong></td>
<td>103</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

17. Why were you satisfied/dissatisfied?
Satisfied Responses:
1. Professional, yet personal care
2. Nursing staff is excellent.
3. Good health care, friendly
4. The problem was solved.
5. Quality and sincerity
6. Personal attention, long-term family physician
7. Competent, professional, thorough
8. Prompt and thorough care. I received follow-up phone call from results of lab and mammogram.
9. Professional quality staff
10. Problem was found, solution, resolution
11. Great doctor
12. My doctor is very knowledgeable and gives good care.
13. Caring attitude, treated as a person, professional answers and results.
14. Amount of care from the staff and physicians
15. Excellent doctor
16. Prompt attention to my needs
17. Very professional and accommodating
18. Addressed issue
19. Problem is being worked on to correct it
20. Professional, knowledgeable
21. Very understanding (professional/personal)
22. Got me in and got me better.
23. My doctor does well with my son.
24. Great care
25. Took the time to explain what they were doing and why - concerned.
26. Excellent doctors-nurses take phone calls
27. Knowledgeable and attentive staff
28. Great doctors and you can always get in when needed.
29. Everyone is kind and concerned.
30. Friendly- well-informed/ educated professionals.
31. Prompt- professional; caring and educational
32. No complaints
33. Good service
34. Service and communication- personal relationship with providers
35. Provider quality- knowledgeable
36. Courteous staff, no long waits
37. Plan of care for pain relief put in place
38. Great care
39. Dr's are very willing to work with patients
40. Great care
41. My doctor wants to know if I get better.
42. Took care of tests promptly.
43. Excellent care.
44. Thought he did a good job.
45. They explained my problems and treatment.
46. Not a long waiting period
47. Excellent care
48. Good care- professional
49. N/A
50. Very personal care
51. My concerns were addressed satisfactorily.
52. Good
53. Professional staff
54. Timely service, quality care, education on disease process
55. Quick paperwork, punctual appointment
56. Caring, knowledgeable doctors
57. Met our needs
58. Friendly, clean, quick
59. The doctor was professional and easy to work with.
60. Prompt professional service
61. Received annual checkup and prescriptions
62. They helped a lot
63. Did a good job
64. Doctors and nurses are wonderful
65. Timely, friendly staff
66. Good care, easily accessible
67. Meets our needs
68. Same
Dissatisfied Responses:
1. Need to see a specialists
2. Dissatisfied
3. Nurse didn’t seem to care enough to return calls and test results took too long for an answer.
4. Felt rushed

18. Used Services of the Nemaha County Community Health Services

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

19. If yes, what service was obtained?
1. Immunizations (30)
2. TB skin test
3. Radon testing kit
4. Flu shots (7)
5. Vaccinations (10)
6. Shots (11)
7. TB test (3)
8. Out patient
9. Hepatitis shot
10. Sugar level check
11. Cholesterol check
12. D Tap (2)
13. Home health
14. Injections
15. Children’s physicals

20. Satisfaction with Nemaha County Community Health Services Experience

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<thead>
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<th>Percent</th>
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</table>

21. Why were you satisfied/dissatisfied?
Satisfied Responses:
1. Shots were given appropriately.
2. Friendly – caring, professional
3. Convenient
4. Excellent care, knew what I needed
5. Very knowledgeable, professional
6. Prompt and thorough care
7. Easy to obtain needed service
8. Done efficiently
9. Well run
10. Very professional
11. Very helpful
12. Very patient with others and disabilities
13. Professional- caring- personal
14. Very kind and helpful- was able to get in when it fit our time.
15. Easy to book appointments- quick in and out.
16. Nice people
17. Friendly, competent staff
18. The Dr. was great as well as the nurse. The receptionist in O.P. has some work on professionalism to do!
19. Courteous
20. Very good service
21. Great people, personable, friendly, conscientious
22. Courteous staff
23. Great care
24. Quick in and out- not much waiting time
25. Concerned about my family and educated us.
26. They were friendly and efficient.
27. Excellent care and follow up
28. Friendly, educated on reaction
29. Friendly; paperwork was ready to go
30. Easy to use
31. Met our needs
32. Friendly, clean
33. Professional
34. Professional
35. Got required vaccines for passports and routine vaccination for flu
36. N/A
37. Did a good job
38. Great nurses
39. Knowledgeable
40. Our local physicians are all very good and competent
41. Easily accessible
42. Quick
43. Easy to work with/ provide lots of info
44. Same
Dissatisfied Responses:
1. Only somewhat satisfied due to staff attitude towards us.
2. Satisfied- but too expensive- BC/BS only paid a portion of the injection.
3. Good shot, just cost to much
4. Satisfied but too expensive

22. Used Services to the Nemaha County Home Health & Hospice

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<tr>
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</table>

23. If yes, what service was obtained?
1. Post-surgery home health care
2. Home Health Services for elderly parent (4)
3. Home Health visits
4. Flu care for elderly parent
5. Rental of equipment (5)
6. Rehab because of my knees
7. Nail clipping
8. Children’s vaccinations
9. Hospice (4)
10. Home health
11. End of life
12. RN care
13. Home care
14. Took care of mother-in-law in her home
15. Vaccinations

24. Satisfaction with Nemaha County Home Health & Hospice Experience

<table>
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<tr>
<td>Total</td>
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25. Why were you satisfied/dissatisfied?
Satisfied Responses:
1. They cared and were willing to be there.
2. Caring, compassionate, timely service
3. Very efficient and helpful
4. Did a great job with consumer.
5. Very helpful.
6. They were friendly and efficient.
7. Good experience
8. Our RN was kind, caring and professional.
9. His care was excellent.
10. Caring and helpful
11. Got recommended vaccinations.
12. They were there when we needed them and did a good job.
13. Nurses all very caring and competent.
14. They helped not only their patient but the family through a very difficult time.
15. Same

26. Please indicate any general concerns you have about health care in Nemaha County:
1. We need to maintain a viable health care system locally.
2. Mental health services
3. It is important to keep good access to quality care. We need to keep our excellent physicians.
4. We have excellent doctors and an excellent hospital. We need to protect this!
5. Specialty doctors are limited.
6. We have very good services provided by our hospital and doctors. I think we need more support for obesity and better access to mental health care.
7. Transportation, mental health, specialists, elderly care, disability care.
8. Increasing costs
9. I’m hoping Obama care will not disrupt the quality services we have in our town.
10. Very qualified doctors
11. Available specialties services without travel
12. I am happy with the services here in Sabetha, they keep up with the latest procedures and all the doctors are knowledgeable and aren’t afraid to seek others opinions.
13. Mental health is just pushed by the wayside. nothing is done, they say call Kanza, but they don’t do anything especially in an emergency.
14. No time for specialist to see you. No transportation for one in community.
15. I cannot get copies of bills, as fathers insurance is used, making me unaware if bills have been paid. Don’t want my son to get punished by not getting appointments because of this.
16. None
17. I don’t have any. We have a great health care system.
18. It is good for the area and population that it serves. A concern, attitude, Drs and nurses that are not welcoming people. If you are at the Dr’s office, it’s probably not your best day either.
19. Health Insurance Companies seem to dictate how the doctors treat conditions and prescribe medications.
20. Have always received good care. Staff very professional.
21. I feel we have very good Health Services and very caring.
22. We are extremely fortunate to have the quality of physicians and other practitioners that we have. The only concern I see is the level of confidentiality a person has when you check in for an appointment at Sabetha Family Practice (the new partitions there have helped)
23. Can only speak to care givers in Sabetha- Providers and staff excellent. Have the utmost confidence.
24. None
25. All very good! Great care!
26. Health care providers in general (not just Nemaha County) need to quit scheduling several patients at a time. Patient time is just as valuable as doctor time. I would like to be able to subtract my wages for the time spent in waiting rooms- off my statements.
27. We are blessed!
28. None
29. The increased incidents of diabetes. The need for indoor exercise opportunities for all ages and health needs.
30. No special complaint.
31. I feel like we have good healthcare services for a rural community.
32. I would like to see meetings for people who are newly discovering they are diabetics. I know three men at a local manufacturing co, who have no clue what insulin does and does not control. They know nothing- about what to expect from diabetes.
33. I am elderly and feel I have always been happy with services.
34. Excellent.
35. I am very thankful for the quality and quantity of health care services in Nemaha County.
36. No concerns at this time
37. We definitely need more mental health services in our rural area. By this I mean intelligent psychiatrists who can prescribe needed meds as well as small group therapy by professional staff.
38. We are lucky to have the wonderful care that we do in Nemaha County. Mental health care is an area of concern to me. More mental health specialists would be a valuable asset.
39. Would like to see a return specialist for macular diagnosing and shots.
40. We are very fortunate to have such excellent care!
41. We certainly want to continue the level of care we receive and also build on that level to provide the best possible care we can. Our family appreciates our doctors, nurses, and all the health care workers in Nemaha County! Thank you!
42. None. Love our doctors, nurses and facilities.
43. None.
44. We are blessed with 5 professional doctors, well maintained, caring hospital.
45. No concerns.
46. They bill you a lot of money for the “we don’t know” results.
47. I am happy with current services.
48. We have excellent medical services in Nemaha County.
49. Generally I feel we lack adequate care for mental illness. Kanza is a good organization but they can only do so much.
50. None.
51. I feel we are very fortunate to have such a great health care facility and health care professionals.
Sabetha Community Health Needs Assessment Survey

You are invited to participate in a survey intended to help identify health-related needs in Nemaha County. This survey is being sponsored by the Sabetha Community Hospital, the Nemaha Valley Community Hospital and Nemaha County Community Health Services with assistance from the Department of Agricultural Economics at Kansas State University. This survey invitation is open to any county resident 18 years of age or older.

There will be no information obtained with this survey that will identify you. In any written reports or publications, no one will be identified or identifiable and only group data will be presented. At the end of the survey we invite your comments regarding your perceptions about local health-related issues or this survey initiative; however, do not include any identifying information.

Participation in this survey is voluntary. You may choose to refuse to answer any or all of the questions on this survey. If you have any questions, please feel free to contact Dr. John Leatherman, (785) 532-4492; jleather@k-state.edu.

1. First, what is your home zip code? _____________

2. Do you use a family doctor (physician, nurse practitioner, physician's assistant) for most of your routine health care?
   □ Yes (Skip to Q4)   □ No   □ Don't Know

3. If no, then what kind of medical provider do you use for routine health care?
   □ Community Health Center   □ Rural Health Clinic
   □ Health Department   □ Specialist
   □ Emergency Room/Hospital   □ None, don't see anyone
   □ Other (specify):_____________________________

4. Have you or someone else in your household been to a family doctor (physician, nurse practitioner, physician's assistant) in the Nemaha County service area?
   □ Yes   □ No (Skip to Q7)   □ Don’t Know (Skip to Q7)

5. If yes, how would you describe your satisfaction with the quality of care provided by that doctor? Were you…
   □ Satisfied   □ Somewhat Satisfied   □ Somewhat Dissatisfied   □ Dissatisfied

6. Why were you satisfied/dissatisfied?
   __________________________________________________________________________

7. Have you or someone in your household used the services of a hospital in the past 24 months?
   □ Yes   □ No (Skip to Q9)   □ Don't Know (Skip to Q9)

8. At which hospital(s) were services received?
   □ Sabetha Community Hospital (Skip to Q10)
   □ Other (please specify Hospital(s) and City)

   Hospital       City
   ____________________________________  ____________________________________
   ____________________________________  ____________________________________
   ____________________________________  ____________________________________

9. Have you or any members of your household ever used the services of the Sabetha Community Hospital?
   □ Yes   □ No (skip to Q13)   □ Don't Know (skip to Q13)

10. Recalling the most recent visit to the Sabetha Community Hospital, what type of service was obtained? (check all that apply)
    □ Inpatient   □ Outpatient   □ Emergency
    □ Other (please specify)
    _____________________________________________

11. How would you describe your satisfaction with your last Sabetha Community Hospital experience? Were you…
    □ Satisfied   □ Somewhat Satisfied   □ Somewhat Dissatisfied   □ Dissatisfied

12. Why were you satisfied/dissatisfied?
    __________________________________________________________________________
13. In the past 24 months, what type of medical specialist services have you or someone in your household used and where was that service provided?

<table>
<thead>
<tr>
<th>Type of Specialist</th>
<th>City</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<tr>
<td></td>
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<tr>
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</tbody>
</table>

14. Have you or any members of your household ever used the services of the Sabetha Family Practice Clinic?
   □ Yes □ No (skip to Q18) □ Don’t Know (skip to Q18)

15. If yes, what type of service was obtained? (please specify)
________________________________________________________________________

16. How would you describe your satisfaction with your Sabetha Family Practice Clinic experience? Were you...
   □ Satisfied □ Somewhat Satisfied □ Somewhat Dissatisfied □ Dissatisfied

17. Why were you satisfied/dissatisfied?
________________________________________________________________________

18. Have you or any members of your household ever used the services of the Nemaha County Community Health Services?
   □ Yes □ No (skip to Q22) □ Don’t Know (skip to Q22)

19. If yes, what type of service was obtained? (please specify)
________________________________________________________________________

20. How would you describe your satisfaction with your county community health services experience? Were you...
   □ Satisfied □ Somewhat Satisfied □ Somewhat Dissatisfied □ Dissatisfied

21. Why were you satisfied/dissatisfied?
________________________________________________________________________

22. Have you or any members of your household ever used the services of the Nemaha County Home Health & Hospice?
   □ Yes □ No (skip to Q26) □ Don’t Know (skip to Q26)

23. If yes, what type of service was obtained? (please specify)
________________________________________________________________________

24. How would you describe your satisfaction with your Nemaha County Home Health & Hospice experience? Were you...
   □ Satisfied □ Somewhat Satisfied □ Somewhat Dissatisfied □ Dissatisfied

25. Why were you satisfied/dissatisfied?
________________________________________________________________________

26. Please indicate any general concerns you have about health care in Nemaha County:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Thank you for your assistance.

Please drop your completed survey off to Diana Bauman, Business Office, Sabetha Community Hospital, 14th and Oregon St, Sabetha KS between the hours of 8 a.m. and 4 p.m. on Thursday and Friday and no later than 12:00 Noon **Monday, October 15**.
# Seneca – Nemaha County Community Survey
## Preliminary Results

### 1. Home Zip Code

<table>
<thead>
<tr>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>66404</td>
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<tr>
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<td>66428</td>
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<td>66538</td>
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<tr>
<td>66544</td>
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</tbody>
</table>

### 2. Family Doctor

<table>
<thead>
<tr>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
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<tr>
<td>Don't Know</td>
<td>0.0%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>100.0%</strong></td>
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</table>

### 3. Medical Provider for Routine Health Care

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

### 4. Family Doctor in Nemaha County Service Area

<table>
<thead>
<tr>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>94.4%</td>
</tr>
<tr>
<td>No</td>
<td>5.6%</td>
</tr>
<tr>
<td>Don't Know</td>
<td>0.0%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>100.0%</strong></td>
</tr>
</tbody>
</table>
5. Satisfaction with Quality of Care

<table>
<thead>
<tr>
<th>Satisfied</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Somewhat Satisfied</td>
<td>3</td>
<td>8.8%</td>
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<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>34</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

6. Why were you satisfied/dissatisfied?

Satisfied Responses:
1. No complaints
2. Friendly, quick
3. Answered questions, offered labs and services, friendly
4. Quality doctors – knowledgeable, attentive, personalized care
5. They were very knowledgeable and friendly.
6. Great service, great communication, talks me through things
7. Did a good job
8. Personal, quality care
9. The doctor kept me well informed during my stay.
10. Didn’t have to wait long to get in competent docs.
11. My questions were answered.
12. All my needs were met and questions answered.
13. They were very detailed. Ask a lot of questions.
14. They take time to listen to your concerns
15. Provided comprehensive services- “one stop shop”
16. Good quality healthcare
17. I am satisfied because my doctor always answers my questions and helps me when I need it; never ignores a thing that I need.
18. Very attentive- good with kids
19. Caring, good bedside manner
20. Good follow up
21. Got service needed even specialist
22. We got great care

Dissatisfied Responses:
1. I have been suffering with sores for about 15 months.

Neutral Responses:
1. Still have some aches
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>
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<tr>
<td>Total</td>
<td>36</td>
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</table>

8. Hospitals Services Received

<table>
<thead>
<tr>
<th>Location</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nemaha Valley Community Hospital</td>
<td>Seneca</td>
</tr>
<tr>
<td>Other (see below)</td>
<td></td>
</tr>
<tr>
<td>KU Medical Center</td>
<td>Kansas City</td>
</tr>
<tr>
<td>Sabetha Community Hospital</td>
<td>Sabetha</td>
</tr>
<tr>
<td>St. Francis Hospital</td>
<td>Topeka</td>
</tr>
<tr>
<td>Stormont Vail</td>
<td>Topeka</td>
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</table>

9. Used Services of the Nemaha Valley Community Hospital

<table>
<thead>
<tr>
<th></th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
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<td>90.6%</td>
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<tr>
<td>No</td>
<td>3</td>
<td>9.4%</td>
</tr>
<tr>
<td>Don't Know</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Total</td>
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</tbody>
</table>

10. Most Recent Service Obtained at Nemaha Valley Community Hospital

<table>
<thead>
<tr>
<th>Service</th>
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<th>Percent</th>
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</thead>
<tbody>
<tr>
<td>Inpatient</td>
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<td>25.0%</td>
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<tr>
<td>Outpatient</td>
<td>23</td>
<td>57.5%</td>
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<tr>
<td>Emergency</td>
<td>7</td>
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<tr>
<td>Total</td>
<td>40</td>
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</table>

11. Satisfaction with Last Nemaha Valley Community Hospital Experience

<table>
<thead>
<tr>
<th>Satisfaction</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Satisfied</td>
<td>27</td>
<td>84.4%</td>
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<tr>
<td>Somewhat Satisfied</td>
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<td>12.5%</td>
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<tr>
<td>Somewhat Dissatisfied</td>
<td>1</td>
<td>3.1%</td>
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<tr>
<td>Dissatisfied</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Total</td>
<td>32</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

12. Why were you satisfied/dissatisfied?
Satisfied Responses:
1. Quick service
2. Good doctors
3. Personalized care, knowledgeable doctor
4. Got the x-ray in timely fashion
5. Set arm and healed great.
6. They took care of all my needs.
7. Sonogram preformed.
8. Very pleasant and helpful.
9. Personal service and attention to your well-being.
10. Lab work drawn at appointment time- no waiting. Results to my physician and called to me within a few hours.
11. Nice friendly staff.
12. Excellent staff.
15. We got great care.
16. The on call doctor kept me informed and they were friendly.
17. Good care and on time.
18. Efficient, quality care.
19. Great service, prompt with calling script in.
20. Very good care and food.
21. The nurses were very good with my young son during his stay.

Dissatisfied Responses:
1. I wish the staff was friendlier and more approachable.

Neutral Responses:
1. Wish my injury would have been explained to me a little better.
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>Topeka</td>
<td>1</td>
</tr>
<tr>
<td>Audiologist</td>
<td>Seneca</td>
<td>1</td>
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<tr>
<td>Cardiac Surgeon</td>
<td>Topeka</td>
<td>1</td>
</tr>
<tr>
<td>Cardiologist</td>
<td>Sabetha</td>
<td>1</td>
</tr>
<tr>
<td>Cardiologist</td>
<td>Seneca</td>
<td>1</td>
</tr>
<tr>
<td>Colonoscopy</td>
<td>Seneca</td>
<td>1</td>
</tr>
<tr>
<td>Dermatologist</td>
<td>Seneca</td>
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<tr>
<td>Dermatologist</td>
<td>Topeka</td>
<td>1</td>
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<tr>
<td>Emergency</td>
<td>Seneca</td>
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<tr>
<td>Endocrinologist</td>
<td>Topeka</td>
<td>1</td>
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<tr>
<td>ENT</td>
<td>Seneca</td>
<td>1</td>
</tr>
<tr>
<td>ENT</td>
<td>Topeka</td>
<td>1</td>
</tr>
<tr>
<td>Gastrologist</td>
<td>Topeka</td>
<td>1</td>
</tr>
<tr>
<td>Hematologist</td>
<td>Seneca</td>
<td>1</td>
</tr>
<tr>
<td>Maternal Fetal Medicine</td>
<td>Topeka</td>
<td>1</td>
</tr>
<tr>
<td>Neonatologist</td>
<td>Topeka</td>
<td>1</td>
</tr>
<tr>
<td>Neurologist</td>
<td>Kansas City</td>
<td>1</td>
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<tr>
<td>Neurologist</td>
<td>Seneca</td>
<td>1</td>
</tr>
<tr>
<td>Neurologist</td>
<td>Topeka</td>
<td>1</td>
</tr>
<tr>
<td>Obstetrician</td>
<td>Seneca</td>
<td>2</td>
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<tr>
<td>Obstetrician</td>
<td>Topeka</td>
<td>1</td>
</tr>
<tr>
<td>Oncologist</td>
<td>Seneca</td>
<td>1</td>
</tr>
<tr>
<td>Orthopedic Surgeon</td>
<td>Kansas City</td>
<td>1</td>
</tr>
<tr>
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<td>Burlington</td>
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<tr>
<td>Orthopedics</td>
<td>Seneca</td>
<td>1</td>
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<tr>
<td>Otolaryngology</td>
<td>Kansas City</td>
<td>1</td>
</tr>
<tr>
<td>Pediatrist</td>
<td>Topeka</td>
<td>1</td>
</tr>
<tr>
<td>Physical Therapist</td>
<td>Seneca</td>
<td>3</td>
</tr>
<tr>
<td>Radiologist</td>
<td>Seneca</td>
<td>2</td>
</tr>
<tr>
<td>Surgery</td>
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<td>Surgery</td>
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</tr>
<tr>
<td>Urologist</td>
<td>Seneca</td>
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<tr>
<td>Vein Specialist</td>
<td>Overland Park</td>
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</table>

14. Used Services of the Seneca Family Practice Clinic

<table>
<thead>
<tr>
<th></th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>30</td>
<td>83.3%</td>
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<tr>
<td>No</td>
<td>6</td>
<td>16.7%</td>
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<tr>
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<td>0.0%</td>
</tr>
<tr>
<td>Total</td>
<td>36</td>
<td>100.0%</td>
</tr>
</tbody>
</table>
15. If yes, what service was obtained?
1. Office visit (8)
2. Annual check-up (9)
3. Family practice
4. Doctor’s visit for leg pain
5. OB care and well-child care
6. Maternity, Pediatric
7. Emergency
8. Colds (2)
9. Cancer of throat
10. Knee injury (2)
11. Stomach Issues
12. Office calls
13. Laceration repair
14. OB, childcare

16. Satisfaction with Seneca Family Practice Clinic Experience

<table>
<thead>
<tr>
<th></th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Satisfied</td>
<td>29</td>
<td>96.7%</td>
</tr>
<tr>
<td>Somewhat Satisfied</td>
<td>1</td>
<td>3.3%</td>
</tr>
<tr>
<td>Somewhat Dissatisfied</td>
<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>30</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

17. Why were you satisfied/dissatisfied?
Satisfied Responses:
1. Friendly, clean, took time
2. Doctor and staff were friendly. Modern facility
3. Great doctor
4. Personalized services, prompt services, knowledgeable doctor
5. They are very personable and really care about their patients.
6. Personal, professional, efficient, quality, friendly
7. Very nice and dated modern facility
8. Get appointment quickly
9. We got necessary care
10. Received care needed
11. Good doctors
12. Friendly and courteous staff
13. Knowledgeable doctors
14. Knowledgeable- pleasant
15. Always willing to get your need attendants
16. Very pleasant and thorough
17. Needs met
18. Satisfied with treatment
19. Good care and pleasant people to deal with.
20. Appointment went well

Neutral Responses:
1. It is always the same routine

### 18. Used Services of the Nemaha County Community Health Services

<table>
<thead>
<tr>
<th></th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
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<td>11</td>
<td>30.6%</td>
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<tr>
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<td>0.0%</td>
</tr>
<tr>
<td>Total</td>
<td>36</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

19. If yes, what service was obtained?
1. Immunizations (9)
2. Shots (9)
3. Vaccinations (3)
4. TB test (3)

### 20. Satisfaction with Nemaha County Community Health Services Experience

<table>
<thead>
<tr>
<th></th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Satisfaction</td>
<td>23</td>
<td>88.5%</td>
</tr>
<tr>
<td>Somewhat Satisfied</td>
<td>3</td>
<td>11.5%</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>26</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

21. Why were you satisfied/dissatisfied?
Satisfied Responses:
1. Friendly, efficient
2. Prompt, friendly service. Good scheduling (no wait in line on any occasion, which is important with kids – they don’t wait well!)
3. They are great with kids during shots.
4. Good care
5. Friendly, quality care.
6. Convenient (2)
7. Got the care that I needed
8. Received shot
9. They always do their job and never back out on me.
10. Appreciate convenience in getting my flu shot!
11. Very friendly and professional individuals to serve you.
12. Very pleasant and quick.
13. Took care of kids with ease and needs met.

Dissatisfied Responses:
1. They don’t have a central location – only in Seneca a few days a week.
2. Nurse slow at drawing up meds.

22. Used Services fo the Namaha County Home Health & Hospice

<table>
<thead>
<tr>
<th></th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
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<td>4</td>
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<tr>
<td>No</td>
<td>32</td>
<td>88.9%</td>
</tr>
<tr>
<td>Don't Know</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Total</td>
<td>36</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

23. If yes, what service was obtained?
1. Through WIC
2. My father passed away from cancer.
3. Good service

24. Satisfaction with Namaha County Home Health & Hospice Experience

<table>
<thead>
<tr>
<th></th>
<th>Number</th>
<th>Percent</th>
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</thead>
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<tr>
<td>Somewhat Satisfied</td>
<td>0</td>
<td>0.0%</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>4</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

25. Why were you satisfied/dissatisfied?
Satisfied Responses:
1. They took good care of me.
2. They were very nice and helpful when needed.
3. When I needed help or something answered they tried their best to help or direct me to someone else that can.

26. Please indicate any general concerns you have about health care in Nemaha County:
1. There’s a need for a diabetic educator and quality mental health services.
2. I have concerns about preventative care, preventative education, and offering of activities for adults.
3. Appreciate all of the specialty services that are brought to the hospital (MRI, Topeka ENT and ect.)
4. Happy to see that low income folks on Medicare can get services in their home area. Hope this doesn’t change.
5. I have no concerns. If I cannot get the specialists care I need I have no problem going where I need to get care.
6. Amount of time specialist are available. Services for elderly.
7. I have no concerns right now just pleased to have the help I get.
8. I am an individual that has to have family get dental exams completed, fluoride treatments completed, lead draws, BP, vision screen, hearing screen, speech screen, hemoglobin and stay up to date with immunizations. I wish my family could go to the Count Health Department and get all these items completed at one time, instead of having to go several places to complete. So many families don’t have finances or transportation. This is for children 3-5 year olds.
9. None
10. Just a general statement that healthcare costs are completely out of hand all over the U.S.- Those who are unable to afford care and the uninsured seem to have been forgotten - government problem.
11. No concerns.
12. I have none. Every experience I have had or my family has had has been fine.
13. None
14. Whether government regulations will increase costs so much that we’ll lose our hospital and doctors we have come to rely on. Also all the information put of the internet.
You are invited to participate in a survey intended to help identify health-related needs in Nemaha County. This survey is being sponsored by the Sabetha Community Hospital, the Nemaha Valley Community Hospital and Nemaha County Community Health Services with assistance from the Department of Agricultural Economics at Kansas State University. This survey invitation is open to any county resident 18 years of age or older.

There will be no information obtained with this survey that will identify you. In any written reports or publications, no one will be identified or identifiable and only group data will be presented. At the end of the survey we invite your comments regarding your perceptions about local health-related issues or this survey initiative; however, do not include any identifying information.

Participation in this survey is voluntary. You may choose to refuse to answer any or all of the questions on this survey. If you have any questions, please feel free to contact Dr. John Leatherman, (785) 532-4492; jleather@k-state.edu.

1. First, what is your home zip code? _____________

2. Do you use a family doctor (physician, nurse practitioner, physician's assistant) for most of your routine health care?
   - Yes (Skip to Q4)
   - No
   - Don't Know

3. If no, then what kind of medical provider do you use for routine health care?
   - Community Health Center
   - Rural Health Clinic
   - Health Department
   - Specialist
   - Emergency Room/Hospital
   - None, don't see anyone
   - Other (specify):_____________________________

4. Have you or someone else in your household been to a family doctor (physician, nurse practitioner, physician's assistant) in the Nemaha County service area?
   - Yes
   - No (Skip to Q7)
   - Don't Know (Skip to Q7)

5. If yes, how would you describe your satisfaction with the quality of care provided by that doctor?  Were you…
   - Satisfied
   - Somewhat Satisfied
   - Somewhat Dissatisfied
   - Dissatisfied

6. Why were you satisfied/dissatisfied?
________________________________________________________________________

7. Have you or someone in your household used the services of a hospital in the past 24 months?
   - Yes
   - No (Skip to Q9)
   - Don't Know (Skip to Q9)

8. At which hospital(s) were services received?
   - Nemaha Valley Community Hospital (Skip to Q10)
   - Other (please specify Hospital(s) and City)

   Hospital       City
   ____________________________________ __________________________________
   ____________________________________ __________________________________
   ____________________________________ __________________________________

9. Have you or any members of your household ever used the services of the Nemaha Valley Community Hospital?
   - Yes
   - No (skip to Q13)
   - Don't Know (skip to Q13)

10. Recalling the most recent visit to the Nemaha Valley Community Hospital, what type of service was obtained? (check all that apply)
    - Inpatient
    - Outpatient
    - Emergency
    - Other (please specify)

11. How would you describe your satisfaction with your last Nemaha Valley Community Hospital experience?  Were you…
    - Satisfied
    - Somewhat Satisfied
    - Somewhat Dissatisfied
    - Dissatisfied

12. Why were you satisfied/dissatisfied?
13. In the past 24 months, what type of medical specialist services have you or someone in your household used and where was that service provided?

<table>
<thead>
<tr>
<th>Type of Specialist</th>
<th>City</th>
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<tbody>
<tr>
<td>____________________</td>
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</table>

14. Have you or any members of your household ever used the services of the Seneca Family Practice Clinic?
   □ Yes   □ No (skip to Q18) □ Don’t Know (skip to Q18)

15. If yes, what type of service was obtained? (please specify)

16. How would you describe your satisfaction with your Seneca Family Practice Clinic experience? Were you:
   □ Satisfied   □ Somewhat Satisfied   □ Somewhat Dissatisfied   □ Dissatisfied

17. Why were you satisfied/dissatisfied?

18. Have you or any members of your household ever used the services of the Nemaha County Community Health Services?
   □ Yes   □ No (skip to Q22) □ Don’t Know (skip to Q22)

19. If yes, what type of service was obtained? (please specify)

20. How would you describe your satisfaction with your county community health services experience? Were you:
   □ Satisfied   □ Somewhat Satisfied   □ Somewhat Dissatisfied   □ Dissatisfied

21. Why were you satisfied/dissatisfied?

22. Have you or any members of your household ever used the services of the Nemaha County Home Health & Hospice?
   □ Yes   □ No (skip to Q26) □ Don’t Know (skip to Q26)

23. If yes, what type of service was obtained? (please specify)

24. How would you describe your satisfaction with your Nemaha County Home Health & Hospice experience? Were you:
   □ Satisfied   □ Somewhat Satisfied   □ Somewhat Dissatisfied   □ Dissatisfied

25. Why were you satisfied/dissatisfied?

26. Please indicate any general concerns you have about health care in Nemaha County:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Thank you for your assistance.

Please drop your completed survey off to Kathy Stallbaumer at the Nemaha Valley Community Hospital, 1600 Community Drive in Seneca between 8:00 a.m. to 4:30 p.m. Thursday and Friday and no later than 12:00 Noon on Monday, October 15.
This directory contains contact information for service providers supporting the local health care system. The directory includes telephone and Internet contact information for many health-related information centers in Kansas and throughout the U.S.

There are two purposes motivating the compilation of this information. The first is to ensure that local residents are aware of the scope of providers and services available to them. The second use of this information is for community health services needs assessment. The ability to review the full inventory of health-related services and providers can help identify gaps that may exist in the local health care system. Funding for this work was provided by the Kansas Health Foundation Professor in Community Health Endowment at Kansas State University.

**Table of Contents**

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Numbers</td>
<td>1</td>
</tr>
<tr>
<td>Non-Emergency Numbers</td>
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</tr>
<tr>
<td>Municipal Non-Emergency Numbers</td>
<td>1</td>
</tr>
<tr>
<td>Non-Emergency Numbers</td>
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<tr>
<td>Emergency Numbers</td>
<td>1</td>
</tr>
<tr>
<td>Disabilities</td>
<td>15</td>
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<tr>
<td>General Health Services</td>
<td>13</td>
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<tr>
<td>Other Health Care Services</td>
<td>12</td>
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<tr>
<td>Rehabilitation Services</td>
<td>10</td>
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<td>Physicians</td>
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<td>Mental Health Services</td>
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<td>Health Department</td>
<td>4</td>
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<tr>
<td>Hospitals</td>
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</tr>
<tr>
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</tr>
<tr>
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</tr>
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<tr>
<td>Hospitals</td>
<td>4</td>
</tr>
<tr>
<td>Other Emergency Numbers</td>
<td>2</td>
</tr>
</tbody>
</table>
Educational Training Opportunities ................................................. 17
Food Programs .................................................................................. 17
Government Healthcare ........................................................................ 18
Health and Fitness Centers ...................................................................... 19
Home Health .......................................................................................... 19
Hospice .................................................................................................. 19
Massage Therapy .................................................................................... 20
Medical Equipment and Supplies ............................................................... 20
School Nurses ......................................................................................... 21
Senior Services ........................................................................................ 23
Veterinary Services .................................................................................. 23
Local Government, Community and Social Services .............................. 25
Adult Protection ....................................................................................... 25
Alcohol and Drug Treatment .................................................................... 25
Medical Equipment and Supplies ............................................................... 26
Children and Youth .................................................................................. 27
Child Protection ......................................................................................... 27
Community Centers ................................................................................ 28
Crime Prevention ....................................................................................... 28
Day Care Providers-Adult .......................................................................... 28
Day Care Providers-Children ..................................................................... 28
Extension Office ........................................................................................ 29
Funeral Homes ........................................................................................ 29
Habitat .................................................................................................... 30
Housing .................................................................................................... 30
Legal Services .......................................................................................... 31
Libraries, Parks and Recreation ................................................................. 32
Pregnancy Services .................................................................................... 33
Public Information .................................................................................... 34
Rape ........................................................................................................ 35
Red Cross ................................................................................................ 35
Social Security .......................................................................................... 36
Transportation .......................................................................................... 36
State and National Information, Services, Support ................................. 37
Better Business Bureau ............................................................................ 39
Children and Youth .................................................................................. 41
Community Action ..................................................................................... 44
Disability Services ..................................................................................... 46
Environment ............................................................................................ 48
Food and Drug ......................................................................................... 48
Health Services ......................................................................................... 49
Hospice ..................................................................................................... 52
Housing .................................................................................................... 52
Legal Services .......................................................................................... 52
Medicaid Services ..................................................................................... 53
Mental Health Services .............................................................................. 54
Nutrition .................................................................................................... 56
Road and Weather Conditions ................................................................. 57
Senior Services ........................................................................................ 57
Emergency Numbers

Police
911

Fire
911

Ambulance
911

Non-Emergency Numbers

Police/Sheriff
Nemaha County:
785-336-2311

Fire
785-886-2260

Ambulance
785-336-2311

Non-Emergency Numbers

Police/Sheriff
Nemaha County:
785-336-2311

Fire
785-886-2260

Ambulance
785-336-2311

Municipal Non-Emergency Numbers

Nemaha County Sheriff
785-336-2311

Nemaha County Ambulance
785-336-2311

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

John Leatherman: Jleather@K-state.edu

www.ksu-olg.info/
www.krhw.net
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
1-800-KS-CRIME  800-572-1763  www.accesskansas.org/kbi

Kansas Bureau of Investigation (Topeka)
785-296-8200  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.aapcc.org

Suicide Prevention Hotline
1-800-SUICIDE  www.hopeline.com
1-800-273-TALK  www.suicidepreventionlifeline.com

Toxic Chemical and Oil Spills
1-800-424-8802  www.epa.gov/region02/contact.htm

FBI
1-866-483-5137  www.fbi.gov/congress/congress01/caruso100301.htm

Kansas Arson/Crime Hotline
1-800-KS-CRIME  800-572-1763  www.accesskansas.org/kbi

Kansas Bureau of Investigation (Topeka)
785-296-8200  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.aapcc.org

Suicide Prevention Hotline
1-800-SUICIDE  www.hopeline.com
1-800-273-TALK  www.suicidepreventionlifeline.com

Toxic Chemical and Oil Spills
1-800-424-8802  www.epa.gov/region02/contact.htm
Nemaha Valley Community Hospital
1600 Community Drive (Seneca)
785-336-6181
www.nemvch.com

Nemaha County Hospital Services Include:
- Emergency Services
- Audiology
- Allergy & Asthma
- Cardiology
- Gastroenterology
- Labor & Delivery
- Neurology
- Nephrology
- OB/GYN
- Oncology
- Orthopedics
- Ophthalmology
- Urology
- Podiatry
- Wound Clinic
- Dermatology
- VA Clinic

Sabetha Community Hospital
603 North 14th Street (Sabetha)
785-284-2121
www.sabethahospital.com

Sabetha Community Hospital Services Include:
- Acute Care
- Cardiac Rehabilitation
- Emergency Room
- Home Health
- Labor and Delivery
- Hospice
- Outpatient Clinics
- Radiology/X-Rays
- Social Services

Dietitian
Surgery
Social Services
Swing bed Skilled Care
Inpatient Care
Laboratory Testing
Physical & Occupational Rehab
Cardiac Rehab
Respiratory Therapy
Pharmacy
Radiology
DRAFT

785-284-2205
514 Main Street (Sabetha)
Simpson Chiropractic PA

785-336-6222
514 Main Street (Seneca)
Sether Chiropractic & Wellness Center LLC

785-284-0088
1102 South US Old Highway 75 (Sabetha)
Luker Chiropractic & Wellness

785-336-3384
610 North 9th Street (Seneca)
John Korpi, DC

785-336-3384
610 North 9th Street (Seneca)
Heartland Chiropractic Clinic

Mental Health

Mental Health

785-336-755
710 Pioneer Street Suite 3 (Seneca)
Kanza Mental Health & Guidance Center

www.ks-nemaha.manatron.com

Health Department

Kansas Dialysis Services
Sabetha Family Practice
Hospital Pharmacy
One-Day Observation Care
Occupational Assessment Services
Life Star
Isolation Rooms
Blood Bank
Audiology
Additional Services
Therapy Services
Swing Bed Skilled Care
Surgery
<table>
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<th>Address</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Clinics</td>
<td>Centralia Medical Clinic</td>
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<td>785-867-5334</td>
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<td>Goff Medical Clinic</td>
<td>323 2nd Street (Weinmore)</td>
<td>785-866-4775</td>
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<td>1600 Community Drive (Seneca)</td>
<td>785-336-6107</td>
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<td>713 Main Street (Seneca)</td>
<td>785-284-3911</td>
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<td>Dental Implant Ctr-Ne Kansas</td>
<td>1309 South US Old Highway 75 (Sabetha)</td>
<td>785-336-6192</td>
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<td>Family Dentistry</td>
<td>502 South Washington Avenue (Sabetha)</td>
<td>785-284-3010</td>
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<td>Seneca Dental Clinic Inc</td>
<td>430 Main Street (Seneca)</td>
<td>785-336-6149</td>
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<td>Jason E Showman DDS</td>
<td>911 Justanna Street (Seneca)</td>
<td>785-336-9904</td>
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<td>Terry D Whitten DDS</td>
<td>1309 Acorn Road (Sabetha)</td>
<td>785-284-3911</td>
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<td>Gail H McPeak</td>
<td>407 Main Street (Seneca)</td>
<td>785-336-3571</td>
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<td>Whittaker Eye Associates</td>
<td>1002 Main Street Suite A (Sabetha)</td>
<td>785-336-3535</td>
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<td>Hamilton &amp; Wilson DDS PA</td>
<td>112 North 9th Street (Sabetha)</td>
<td>785-272-3722</td>
</tr>
</tbody>
</table>
Pharmacies

Medical Arts Pharmacy
701 Main Street (Seneca)
785-336-6146

Sabetha Family Pharmacy
1115 Main Street (Sabetha)
785-284-2141
www.sabethafasthealth.com
Sabetha Healthmart
934 Main Street (Sabetha)
785-284-3414

Physicians

William A. (Tony) Bartkoski, D.O.
1600 Community Drive (Seneca)
785-336-6181

Jody Becker, M.D.
1600 Community Drive (Seneca)
785-336-6181

Kerry Hynek, ARNP-C
1600 Community Drive (Seneca)
785-336-6181

Christian R. Tramp, M.D.
1115 Main Street (Sabetha)
785-284-2141

Angela M. Stueve, M.D.
1600 Community Drive (Seneca)
785-336-6181

Kevin Kenney, M.D.
1600 Community Drive (Seneca)
785-336-6181

James Lueger, D.O.
934 Main Street (Sabetha)
785-284-3414

James Longabaugh, D.O.
1115 Main Street (Sabetha)
785-284-2141

Karen Hynek, ARNP-C
1600 Community Drive (Seneca)
785-336-6181

Gregg Werner, M.D.
1115 Main Street (Sabetha)
785-284-2141
Rehabilitation Services
Crestview Manor Nursing & Residential Living
808 North 8th Street (Seneca)
785-336-2156  www.crestviewseneca.com

Nemaha County Training Center
1115 Main Street (Seneca)
785-284-2141
329 North 11th Street (Sabetha)
785-284-3666  www.nemahactc.org

Other Health Care Services
General Health Services
Community Health Care
6221 5th Street (Corning)
Community Health Care Services

Sabetha Nutrition Center
785-284-3394
1116 Main Street (Sabetha)

Sabetha Family Practice
785-284-2141
1115 Main Street (Sabetha)

Nemaha County Community Health Services
1004 Main Street (Sabetha)
785-284-2152

Nemaha County Home Health & Hospice
1004 Main Street (Sabetha)
785-284-2152

Sabetha Family Practice
785-336-3500
203 North 8th Street (Seneca)
Seneca Location
785-284-2152
1004 Main Street (Sabetha)
Seneca Location
785-284-2152

Nemaha County Training Center
808 North 8th Street (Seneca)
www.crestviewseneca.com
785-336-2156
1115 Main Street (Seneca)
329 North 11th Street (Sabetha)

Crestview Manor Nursing & Residential Living
Rehabilitation Services
Disability Services
American Disability Group
1-877-790-8899

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

DOVES Inc.
913-367-0365
Family Crisis Center
(Great Bend)
Hotline: 620-792-1885
Business Line: 620-793-1965

Domestic/Family Violence
Women’s Shelters
www.WomenShelters.org

Sexual Assault/Domestic Violence Center
(Hutchinson)
Hotline: 1-888-793-1965
Business Line: 620-663-2522

Educational Training Opportunities
Association of Continuing Education
620-792-3218

Food Programs

Nemaha County Food Pantry
785-336-3083
708 Main Street (Seneca)
Nemaha County Community Center

Food Pantry of Sabetha
808 Main (Sabetha)

Food Programs
620-792-3218

Women’s Shelters
www.WomenShelters.org

General Information – Women’s Shelters
Business Line: 620-793-1965
Hotline: 620-922-1885 (Great Bend)

Family Crisis Center
913-367-0365

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Family Crisis Center
913-367-0365

DOVES Inc.
Neckap Head Start
16 Main Street #B (Sabetha)
785-284-3909

Electric Beach
503 Main Street (Seneca)
785-336-2826

Seneca Chiropractic & Wellness Center LLC
514 Main Street (Seneca)
785-336-6222

Studio Fusion Salon & Day Spa
1785 Frontage Road (Sabetha)
785-284-0772 www.studiofusionsalon.com

Lukert Chiropractic & Wellness
1102 South US Old Highway 75 (Sabetha)
785-284-0088 www.lukertchiropractic.com

American Medical Sales and Repair
1-866-637-6803 www.americansales.com

School Nurses
Bern Public Schools-USD 488
Bern Elementary School
416 Jilson Street (Bern)
785-336-3031

Centralia Public Schools-USD 380
Centralia Junior High School
507 Riggins Avenue (Centralia)
785-336-2324

Centralia Elementary School
Centralia Senior High School
587 S. Frontage Road (Centralia)
785-336-6222

Luther Church Preschool
225 South 2nd Street #B (Sabetha)
785-284-3570

Nekcap Head Start
225 South 2nd Street #B (Sabetha)
785-284-3909

School Nurses
Bern Public Schools-USD 488
Bern Elementary School
416 Jilson Street (Bern)
785-336-2293

Bern High School
416 Jilson Street (Bern)
785-336-3031

www.bern.k12.ks.us

Centennial Public Schools-USD 380
Centralia Junior High School
507 Riggins Avenue (Centralia)
785-336-2324

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Centralia Senior High School
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785-336-6222

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785-336-2324

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587 S. Frontage Road (Centralia)
785-336-6222

Luther Church Preschool
225 South 2nd Street #B (Sabetha)
785-284-3570

Nekcap Head Start
225 South 2nd Street #B (Sabetha)
785-284-3909
St. Benedict Elementary
9857 State Highway 178 (St. Benedict) 785-336-3201

Nemaha Valley Elementary and Middle School
110 North 11th Street (Seneca) 785-336-2173

B&B Junior/Senior High School
123 Main Street (Baileyville) 785-336-6631

Nemaha Valley High School
214 North 11th (Seneca) 785-336-3557

www.usd442.org

Sabetha Community Preschool

Elder Care, Inc.
PO Box 1364 (Great Bend) 785-792-5942

Northeast Kansas Area Agency on Aging
526 Oregon Street (Hiawatha) 785-742-7152

www.agingkansas.org/aaa/psa9.htm

Veterinary Services
Baileyville Animal Clinic
226 Main Street (Seneca) 785-336-6647

Bern-Sabetha Veterinary Clinic PA
226 Main Street (Seneca) 785-336-6151

Centralia Animal Clinic
100 Railroad Avenue (Centralia) 785-337-3366

www.ballevilleteanimalclinic.com

Senior Services
Elder Care, Inc.
P.O. Box 1349 (Centralia) 785-742-7152

21 North 11th Street (Seneca) 785-337-3361

Nemaha Valley Elementary and Middle School
897 State Highway 178 (St. Benedict) 785-336-3201

www.usd441.org

Prairie Hills-USD 113
Sabetha Elementary School
785-284-3448

Sabetha Middle School
751 Blue Jay Boulevard (Sabetha) 785-284-3448

Sabetha High School
1011 Blue Jay Boulevard (Sabetha) 785-284-2155

Wetmore High School
321 6th Street (Wetmore) 785-866-2860

DRAFT
Local Government, Community and Social Services

Adult Protective Services

1-800-922-5330

Adult Protection

www.elderabusecenter.org
1-800-842-0078

Elder Abuse Hotline

www.srskansas.org/services/adult.htm
1-800-922-5330

Adult Protective Services (SRS)

Social Services

Alcohol and Drug Treatment

1-800-586-3690

Alcohol and Drug Abuse Services

http://www.srskansas.org/services/alc-drug_assess.htm

Alcohol Detoxification 24-Hour Helpline

1-877-403-3387

www.ACenterForRecovery.com

Adult Protection Services West Region Protection Reporting

Services Department of Social and Rehabilitation Kansas

www.srskansas.org/ISD/ees/adult.htm
1-800-586-3690

Elder Abuse Hotline

Adult Protective Services

www.srskansas.org/services/adult.htm
1-800-922-5330

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1-800-922-5330

Elder Abuse Hotline

Adult Protective Services

www.srskansas.org/services/adult.htm
Children and Youth

Children's Alliance
627 SW Topeka Boulevard (Topeka)
785-235-5437
www.childally.org

Kansas Children's Service League
1-800-332-6378
www.kcsl.org

Community Centers

Goff Community Center
106 John Riggins Ave (Centralia)
785-857-3302

Goff Community Building
1723 State Highway 9 (Goff)
785-939-2027

Nemaha County Community Center
1500 Community Drive (Seneca)
785-936-2170

Children 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

Center for Recovery

1-877-403-6236
Educational Opportunities (Hiawatha)
785-742-2400
G&G Addiction Treatment Center
1-866-439-1807
Road Less Traveled
1-866-486-1812
Seabrook House
1-800-579-0377
The Treatment Center
1-888-433-9869

Children and Youth

Seabrook House
1-800-579-0377
The Treatment Center
1-888-433-9869

DRAFT
Head Start
NEK-CAP Head Start
16 Main Street (Sabetha)
785-284-3009

Housing
Apostolic Christian Assisted Living
603 Paramount Street (Sabetha)
785-284-2499   www.apostolicsabetha.com

City of Sabetha Housing Authority
200 North 1st Street (Sabetha)
785-284-2841

Cobble Stone Court of Sabetha Senior Living By Americare
913 Dakota Street (Sabetha)
785-284-3418

Legal Services
A-1 Bail Bonds
408 Nemaha Street (Seneca)
785-336-3316

Susan L Bowman
713 Main Street (Seneca)
785-336-3569

Kansas Legal Services
7100 Harrison Street (Seneca)
785-284-4005

Lakeside Terrace
785-336-1156
808 North 8th Street (Seneca)

Creteilw Manor Nursing & Residential Living
1700 Community Drive (Sabetha)
785-336-8888

Country Place Senior Living

785-857-3273
RR1 Box 127 (Centrailia)
Community Based Home Care

785-284-2148
504 Edward Street (Sabetha)

City of Sabetha Housing Authority

785-284-2241
200 North 1st Street (Sabetha)

Kansas Legal Services
203 North 8th Street Suite 1 (Seneca)
785-336-6016  www.kansaslegalservices.org

Crestview Manor Nursing & Residential Living
1700 Community Drive (Sabetha)
785-336-8888

Country Place Senior Living

203 North 8th Street Suite 1 (Centrailia)
785-336-6016  www.kansaslegalservices.org

Crestview Manor Nursing & Residential Living
1700 Community Drive (Sabetha)
785-336-8888

Country Place Senior Living

785-284-3009
16 Main Street (Sabetha)
NEK-CAP Head Start

Head Start

DRAFT
Social Security Administration
1-800-772-1213
1-800-325-0778
www.ssa.gov

Transportation
Nemaha County Bus Service
Sabetha
785-284-3594

Seneca
785-236-2714
785-224-3594

Domestic Violence and Sexual Assault
www.dvack.org

Elder Abuse Hotline
www.elderabusecenter.org
1-800-842-0078

Domestic Violence and Sexual Assault (DVACK)
www.kansas.ORG/Safety/AdultAbuse/AdultAbuse
1-800-862-5330

Senior Services
www.srskansas.org/SD/ees/adult.htm
1-800-922-5330

Domestic Violence
www.ekeakansas.ORG/SD/ees/Safety/AdultAbuse
1-800-862-5330

Support
State and National Information Services,

Social Security Administration
1-800-772-1213
1-800-325-0778

Social Security
DRAFT

Talking Books
1-800-362-0699
www.skyways.lib.ks.us/KSL/talking/ksl_bph.html

Community Action
Peace Corps
1-800-424-8580
www.peacecorps.gov

1-800-662-0027
www.kcc.state.ks.us

Counseling
Care Counseling
Family counseling services for Kansas and Missouri
1-888-999-2196

Carl Feril Counseling
608 N Exchange (St. John)
1-866-662-0027

Castlewood Treatment Center for Eating Disorders
1-888-822-8938
www.castlewoodtc.com

Catholic Charities
1-888-822-6938

National Suicide Prevention Lifeline
1-800-SUICIDE (785-2433)
www.hopeline.com

National Problem Gambling Hotline
1-800-522-4700
www.npgaw.org

Kansas Problem Gambling Hotline
1-888-696-2227

Consumer Credit Counseling Services

Will roll over after hours to a crisis number:
1-800-794-8281

Central Kansas Mental Health Center
1-888-466-2227
www.kccstateks.us

Peace Corps
1-800-424-8580

Community Action
www.skyways.lib.ks.us/KSL/talking/KSL_talkingBooks.html
1-800-362-0699

DRAFT
Hospice
Hospice-Kansas Association
1-800-767-4965
www.lifeproject.org/akh.htm
Southwind Hospice, Incorporated
www.southwindhospice.com
785-483-3161

Housing
Kansas Housing Resources Corporation
www.housingcorp.org
US Department of Housing and Urban Development
Kansas Regional Office
913-551-5462

Legal Services
Kansas Attorney General
1-800-432-2310 (Consumer Protection)
1-800-828-9745 (Crime Victims' Rights)
1-800-766-3777 (TTY)  www.ksag.org/
Kansas Bar Association
785-234-5696  www.ksbar.org
Kansas Department on Aging
1-800-432-2310 (Consumer Protection)
1-800-828-9745 (Crime Victims' Rights)
1-800-766-3777 (TTY)  www.agingkansas.org/index.htm
Kansas Legal Services
1-800-723-6953  www.kansaslegalservices.org
Northeast Kansas Area Agency on Aging
526 Oregon Street (Hiawatha)
785-742-7152
www.nekaaa.org

Medicaid Services
First Guard
526 Oregon Street (Hiawatha)
785-723-6953
www.firstguard.com

Kansas Legal Services
www.kansasservices.org
Kansas Department on Aging
www.kansaslegalServices.org
Kansas Bar Association
www.agingkansas.org/index.htm
Medicaid Services
www.firstguard.com
Life Insurance Information and Service
1-800-669-8477

Debt Management
1-800-827-1000

Welfare Fraud Hotline
1-800-827-0648

www.VBA.va.gov

Tips on Headstones and Markers
1-800-697-6947

Gulf War/Airborne Orange Helpline
1-888-422-7844

Mammography Helpline
1-800-697-6947

Income Verification and Means Testing
1-888-422-7844

Health Care Benefits
1-888-422-4551

Education (GI Bill)
1-800-669-8477

Life Insurance

DRAFT
Kansas Rural Health Works
Community Health Needs Assessment

Nemaha 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 Nemaha Co.

Figure 5. Employment by Sector (2008)

- Agriculture: 14%
- Manufacturing: 16%
- Services: 27%
- TIPU: 5%
- Trade: 10%
- Construction: 4%
- Health Services: 13%
- Government: 7%
# 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>29</td>
<td>1.11</td>
<td>32</td>
</tr>
<tr>
<td>Veterinary Services</td>
<td>37</td>
<td>1.17</td>
<td>43</td>
</tr>
<tr>
<td>Home Health Care Services</td>
<td>13</td>
<td>1.12</td>
<td>15</td>
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<tr>
<td>Doctors and Dentists</td>
<td>70</td>
<td>1.23</td>
<td>86</td>
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<tr>
<td>Other Ambulatory Health Care</td>
<td>21</td>
<td>1.38</td>
<td>29</td>
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<tr>
<td>Hospitals</td>
<td>422</td>
<td>1.22</td>
<td>516</td>
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<tr>
<td>Nursing and Residential Care Facilities</td>
<td>520</td>
<td>1.12</td>
<td>580</td>
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<tr>
<td>Total</td>
<td>1,112</td>
<td>1.301</td>
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# Health Care Impact ($000)

<table>
<thead>
<tr>
<th>Health Sectors</th>
<th>Direct Income</th>
<th>Economic Multiplier</th>
<th>Total Impact</th>
<th>Retail Sales</th>
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<tr>
<td>Health and Personal Care Stores</td>
<td>$534</td>
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<tr>
<td>Veterinary Services</td>
<td>$926</td>
<td>1.17</td>
<td>$1,081</td>
<td>$264</td>
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<tr>
<td>Home Health Care Services</td>
<td>$0</td>
<td>1.11</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Doctors and Dentists</td>
<td>$3,966</td>
<td>1.14</td>
<td>$4,533</td>
<td>$1,106</td>
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<tr>
<td>Other Ambulatory Health Care</td>
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<td>$1,164</td>
<td>$284</td>
</tr>
<tr>
<td>Hospitals</td>
<td>$13,226</td>
<td>1.22</td>
<td>$16,112</td>
<td>$3,931</td>
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<tr>
<td>Nursing/Residential Care Facilities</td>
<td>$11,454</td>
<td>1.15</td>
<td>$13,163</td>
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<td>Total</td>
<td>$31,081</td>
<td>$36,661</td>
<td>$8,945</td>
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Health Care Impact ($000)

<table>
<thead>
<tr>
<th>Health Sectors</th>
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<th>County Sales Tax Collection</th>
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<td>$39</td>
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<tr>
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<td>$8,945</td>
<td>$89</td>
</tr>
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</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?
Health Care Market

NVCH = 87.3%
SCH = 82.9%
of InpatientDischargesin 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 ~ 3.5% since 1990 & stable
  - Aging population ~ 20% 65+ & stable
  - 40% of population without spouse
  - 14% of HH live on <$15,000, 26% <$25,000
  - Transfer income > importance (>64m, 17%)
  - 9%-10% live in poverty (11%-12% of children)
Data Fact Sheets

• Health & behavioral data
  – LTC capacity: community-based alternatives?
  – Youth tobacco use ~10+%, < KS & improving
  – Youth binge drinking ~11+%, < KS & improving
  – Child immunizations ~ 75-80%, > KS & improving
  – 10%-20% newborns < than adequate prenatal care (small numbers)
  – Government family/food assistance increasing
  – Hospitals short-term trends stable

• Crime data
  – Crime ½ state rates (incomplete data)
  – Trends stable

• Education data
  – Long-term enrollment decline but rebounding
  – Dropout rate/violence up (low numbers)

• Traffic data
  – 31% of crashes w. injury/death, no seatbelt
  – Positive overall trends
Data Fact Sheets

• Health Matters (random impressions)
  – Variability in numbers due to sampling
  – Obesity, diabetes, hypertension < KS
  – 4-6% teen, 15-20% unmarried births rising, < KS
  – 14% of pregnant women smoke, < KS
  – Mortality rates positive, suicide is higher
  – Uninsured population ~ KS
  – Injuries, traffic mortality > KS
  – Adult binge drinking is high
  – Indications of economic distress generally good
  – Families, children poverty good; elderly “severe”
  – 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 – neonatal care, tobacco/alcohol use, immunization
Reactions, discussion?

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
  - Residents’ health usage of doctors, hospital, clinics, and Health Department
  - Any general concerns
- Non-random, non-representative
- “Lots” of input - You + 5
- 5 minutes – answer on the spot
- Deadline is Monday noon. Drop off at NVCH in Seneca or SCH in Sabetha
Public Meeting Schedule

- October 10 – Overview, economic impact report, community concerns, data reports, draft health services directory, survey
- October 24 – Review data & information; group discussion; issue prioritization; team formation
- October 31 – Action planning
- After? That’s up to you

Next Meeting

- Introduction and Review
- Review of Data
- Service Gap Analysis
- Survey Results
- 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

Nemaha 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

- Elder care & community-based services
- Mental health assistance access
- Health, wellness, prevention
- Chronic disease management and prevention
- Provider communication/collaboration
- Cost, access, affordability, reimbursements
- 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

- 108 Sabetha, 36 Seneca responses
- Important to remember – non-representative
- 98% see a doctor; 95-98% use local provider
- 99% were satisfied/somewhat satisfied
- 80% used a hospital in the past 2 years; local hospitals captured most of those visits
- 90+% had prior local hospital experience
- 97-98% were satisfied/somewhat satisfied
Community Health Care Survey

- Specialty care
  - Orthopedist
  - Radiologist
  - Cardiologist
  - Surgeon
  - OB/GYN
  - ENT
  - Dermatologist

- 97% used Sabetha Clinic; 98% were satisfied
- 83% used Seneca Clinic; 100% satisfied
- 68% used County Health; 100% satisfied
- Comments suggest few unmet needs and challenges
  - High satisfaction
  - Concern about maintaining services
  - A few customer service issues
  - Cost of care
  - A few elder care / community-based services

- Your observations?
Small Group Discussion

- Discussion leader and note taker
- Everyone contributes
- Time is critical – 10 minutes/question
- 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 three 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

Nemaha County

John Leatherman
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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
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Community-driven Process

- Community-based, not driven by hospital, health care provider, or outside agency
- Local people solving local problems
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Initial Perceptions: Themes

- Elder care & community-based services
- Mental health assistance access
- Health, wellness, prevention
- Chronic disease management and prevention
- Provider communication/collaboration
- Cost, access, affordability, reimbursements

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

- 144 total responses
- Important to remember – non-representative
- Use and satisfaction with local providers
- Comments suggest few unmet needs and challenges
  - High satisfaction; concern about maintaining services; a few customer service issues; cost of care; a few elder care / community-based services
Small Group Discussion

• 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?

Issue Prioritization #1

• Promote health, wellness, and chronic disease prevention
  – Emphasize health education from cradle to grave
  – Focus on 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
Issue Prioritization #2

• Improve access to mental health assistance
  – Emphasize social, emotional, and spiritual wellness in addition to physical wellness
  – Improve personal need recognition, provider response
  – Enhance access to a range of mental health services and providers

Issue Prioritization #3

• Improve access to information and assistance across multiple needs and populations
  – Enhance follow-up case management
  – Facilitate elder assistance program access
  – Facilitate family assistance program access
  – Enhance citizen awareness of existing local programs, providers and services
  – Enhancing community volunteerism is an important component of this priority
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
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.mycrb.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

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