Community Health Needs Assessment

Russell 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:

Russell Regional Hospital
Russell County Health Department

In cooperation with:
Russell 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 November, 2012, the Russell Regional Hospital and the Russell County Health Department co-sponsored the Kansas Rural Health Works (KRHW) Community Health Needs Assessment. The KRHW program is offered through K-State Research and Extension at Kansas State University. A broadly representative group of fifteen Russell 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 Russell 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 Russell County moves forward to improve the local health-related situation.

Priority #1: Promote health, wellness, and chronic disease prevention.

- Emphasize health education from cradle to grave.
- Focus on youth, teaching healthy lifestyle behaviors that can be carried throughout life. e.g. hygiene, nutrition, exercise, etc.
- Help adults achieve healthier lifestyle, e.g. weight loss, tobacco cessation, responsible alcohol use.
- Increase awareness and use of existing local services and providers thereby reducing health spending leakages.
- Work with existing local institutions, e.g. school district, local governments, etc. to collaborate with health and wellness education.
Priority #2: Evaluate and enhance available elder care assistance.

- Consider the spectrum of assistance needed by elderly persons in the home and the community as they age in place, function within the community, transition to greater levels of assistance, and seek longer-term care assistance.
- Consider implementing initiatives to provide follow up for those elderly and alone to ensure needed assistance is provided.

Priority #3: Foster improved public perceptions and community attitudes throughout Russell County.

- Begin with the recognition that health care providers are roll models for healthy living and lifestyles.
- Promote that Russell Cares about its community members.
- Recognize the need for and implement a strong public relations campaign to enhance the perception and regard for what exists today within the county and for our providers.
- Bolster perceptions regarding the collective capacity of citizens, institutions, and communities to accomplish shared goals and objectives.
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Russell County Community Health Needs Assessment
November 7-November 28, 2012

The contents of this file document participation, discussion and information resources developed through the course of the Russell 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](http://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.
Russell County Rural Health Works
Community Health Needs Assessment
November 7-28, 2012

Sponsors: Russell County Health Department
Russell Regional Hospital

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Meeting Schedule

Meeting 1: Local Data
Wednesday, November 7, 2012
Russell Regional Hospital Conference Room, 200 South Main Street, Russell

Agenda
11:30 a.m. Introduction and Purpose
11:40 a.m. Economic Contribution Report
11:55 a.m. Preliminary Needs Identification
   • Issue Identification Cards
   • Discussion
12:15 p.m. Secondary Data Reports
12:35 p.m. Group Discussion
12:45 p.m. Community Survey
   • Participant Survey
   • Community Outreach
1:00 p.m. Gathering Community Input
1:05 p.m. Preparation for Prioritization
1:15 p.m. Discussion
1:30 p.m. Adjourn
Meeting 2: Issue Prioritization
Wednesday, November 14, 2012
Russell Regional Hospital Conference Room, 200 South Main Street, Russell

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

Meeting 3: Action Planning
Wednesday, November 28, 2012
Russell Regional Hospital Conference Room, 200 South Main Street, Russell

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

Community Health Priorities Action Plans and Issue Identification
Identification of Russell 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 Russell County**

**Priority #1**: Promote health, wellness, and chronic disease prevention.
- Emphasize health education from cradle to grave.
- Focus on youth, teaching healthy lifestyle behaviors that can be carried throughout life. e.g. hygiene, nutrition, exercise, etc.
- Help adults achieve healthier lifestyle, e.g. weight loss, tobacco cessation, responsible alcohol use.
- Increase awareness and use of existing local services and providers thereby reducing health spending leakages.
- Work with existing local institutions, e.g. school district, local governments, etc. to collaborate with health and wellness education.
Priority #2: Evaluate and enhance available elder care assistance.

- Consider the spectrum of assistance needed by elderly persons in the home and the community as they age in place, function within the community, transition to greater levels of assistance, and seek longer-term care assistance.
- Consider implementing initiatives to provide follow up for those elderly and alone to ensure needed assistance is provided.

Priority #3: Foster improved public perceptions and community attitudes throughout Russell County.

- Begin with the recognition that health care providers are roll models for healthy living and lifestyles.
- Promote that Russell Cares about its community members.
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- Bolster perceptions regarding the collective capacity of citizens, institutions, and communities to accomplish shared goals and objectives.
Focus Group 1 Discussion
November 14, 2012

Discussion Questions

What is your vision for a healthy community?

What are the top three-four things that need to happen to achieve your vision for a health 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:
Promote that Russell Cares about its community members.

What could be better?
Community buy-in.
Education of services available.
Awareness of the services that we have and need.
Promote positive communication, not negative.

What can the hospital do to help?
Help provide information about services available.

What can the health department do to help?
Help provide info about services.

Economic Issues:
Bigger safety net and more money for health care from other places.
Pre-screening for school kids/more education for kids.
Clearing House for assistance information (mental health, social needs, food assistance).
Trickle-down effect due to financial issues.
Education of service providers about what is available. Invite community involvement and input by addressing Lyons, Kiwanis, Rotary, etc. Put out service directories in locations around town. Awareness and utilization of services we have and need/need to raise positive attitudes of the community.
Focus Group 2 Discussion  
November 14, 2012

Discussion Questions

What is your vision for a healthy community?

What are the top three-four things that need to happen to achieve your vision for a health 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:

Better and more accessible healthcare; low income individuals don’t access assistance and develop more chronic diseases.

Everyone would have access to healthcare they need—be it mental health or other; they wait until their needs are too great.

Important issues:

Three different age groups:

- Better elder care (community-based).
- More hospital doctors.
- Community-based for children; healthy food and physical activity becomes a default.

Chronic problems like smoking cessation and obesity issues; provide transportation to meetings/take people to meetings.

Change attitude and mindset of community to prevention (smoking, obesity, immunizations).

Need to get people to realize their personal responsibility.

It’s a parental-common sense need; they don’t teach their children.

Education is going down-common sense is going down -

People are getting lazier and more complacent.

Need to get information out and providers need to become role models.
Food pantry doesn’t have storage for fresh fruit.

What could be better?
- Set examples for people to follow.
- Start chronic condition prevention with youth:
  - Summer nutritional program.
  - Show them at school-areas in community.
  - Show parents what is healthy-not fast food.
  - Go to school board/ask about health problems.
- Elder care through churches.
  - Meals on Wheels.
  - Senior center-transportation to center.
  - Awareness.
- Paved walking track during community bicycle tracks.
- Set up monetary fund-go door to door.
  - If money is an issue; get someone to manage and oversee.

What can the hospital do to help?
- Follow up for elder care; they do outpatient poorly.
- Community education for children and up.

What can the health department do to help?
- Bob Boxes- nonperishable food.
Russell 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?
Russell County Community Health Needs Assessment Action Planning
November 28, 2012

Priority #1: Promote health, wellness, and chronic disease prevention.
- Emphasize health education from cradle to grave.
- Focus on youth, teaching healthy lifestyle behaviors that can be carried throughout life. e.g. hygiene, nutrition, exercise, etc.
- Help adults achieve healthier lifestyle, e.g. weight loss, tobacco cessation, responsible alcohol use.
- Increase awareness and use of existing local services and providers thereby reducing health spending leakages.
- Work with existing local institutions, e.g. school district, local governments, etc. to collaborate with health and wellness education.

Action Committee Members
Angela Muller; Executive Director; Russell County Area Community Foundation; Russell; rcact@eaglecom.net.
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Shelley Boden; CEO; Russell Regional Hospital; Russell; shelleyb@russellhospital.org; 483-0706.

Action Plan

Getting Started

Situation:
- Communications between health/community leaders/factions.
- Access to healthier food in combination with education.
- Multi-generational access to health facilities and education.

Priorities:
- Central Health/Wellness location with center of operation for Russell Cares.
- Healthy food with education for kids and parents including factions like Russell Recreation and USD 407.
Changes in policy for a healthier lifestyle, leading to healthy default decisions.
Healthy Community Initiative.

Intended Outcomes:
Good communication regarding health initiatives and health issues.
Central entity as clearinghouse for all healthy issues-related community needs and offerings – preferably with full-time employees.
Developed trust and communication among community groups.

Filling in the Plan

Resources:
Money.
Time/Volunteers/Office/Employees.
Communication resource/online tool to share information and plans.
Establish a community leadership coalition that meets regularly (follow on to Kansas Health Foundation's Healthy Community Initiative) plus committees to identify needs.
Online tools should be developed to facilitate communication and data sharing.
Physical location for a resource center.

Participate:
Hospital, health department, law enforcement, city, county, USD 407, NGOs, churches, senior center, Kansas resources, citizens.
Targets – schools, city, churches with multi-generational offerings for kids, parents, elderly.

Short-term Results:
Increased Communication about resources and within institutions.
Develop leadership coalition with designated facilitator.
Develop electronic communication system (using available technology).

Long-term Results:
“Russell Cares” Leadership team to promote healthy living initiative (hopefully after receiving the grant from Kansas Health Foundation).
Increase access to healthy foods/healthy living promotions.
“Russell Cares” office (physical and virtual) with website/online communications tool and increased communication and sharing.
Ultimate Impact:

“Russell Cares” Program with office and endowed financial support to include full-time employee.

Coordination of health-related information/communication as a central depository.

Healthier Russell County through better foods/physical activity/better prevention/education including schools/public institutions/private enterprise.
Russell County Community Health Needs Assessment Action Planning
November 28, 2012

Priority #2: Evaluate and enhance available elder care assistance.

- Consider the spectrum of assistance needed by elderly persons in the home and the community as they age in place, function within the community, transition to greater levels of assistance, and seek longer-term care assistance.
- Consider implementing initiatives to provide follow up for those elderly and alone to ensure needed assistance is provided.

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Action Plan

Getting Started

Situation:
Transportation for the elderly from outlying areas of Russell County.
The city of Russell has transportation vans.
The elderly from rural areas and the other towns have no access to medication, appointments, food banks, and other essentials.
Priorities:

Assess need for this service.
Funding for bus and drivers (City operated? Faith based? County operated? Private?)
Media blitz to announce this service.

Intended Outcomes:

Better, more reliable and improved access to healthcare for our aging population.
Our elderly will maintain their health and be able to reside at home longer, reducing the costs of nursing care.

Filling in the Plan

Resources:

Bus, driver, insurance, maintenance.
Public health.
It may take several months.
Money.
Partner with - City of Russell’s existing transportation program.
   Faith Based (several churches have buses).
   Private industry.
   School district.

Activities:

Public meetings to assess need (surveys also).
The media needs to be involved to help assess the need and provide information of when and how to access the system.
Address the elected Boards of the above public entities.
Senior centers.

Participate:

Public health.
Hospital.
City Council.
County Commission.
City managers/mayors.
Clinics.

Short-term Results:

Needs identified and public information meetings held.
Better access to their healthcare providers (dental, ophthalmologist, pharmacists, clinics, hospital, physical therapy, chiropractic, etc.).
Utilize or maintain self-care in home, reducing the high costs of long-term care facilities
Long-term Results:
Continued transportation services provided and utilized by our elderly by maintaining their independence.
We’ll measure this by how often the system is utilized.

Ultimate Impact:
Improved healthcare, maintaining their independence.
We’ll measure this by how many elderly are maintaining their independence longer.
Russell County Community Health Needs Assessment Action Planning
November 28, 2012

Priority #3: Foster improved public perceptions and community attitudes throughout Russell County.

- Consider the spectrum of assistance needed by elderly persons in the home and the community as they age in place, function within the community, transition to greater levels of assistance, and seek longer-term care assistance.
- Consider implementing initiatives to provide follow up for those elderly and alone to ensure needed assistance is provided.

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Action Plan

Getting Started

Situation:
More communication to community for what services are available.
To keep the community using local services.
Promote providers.

Priorities:
Someone to take responsibility.
Form committee to help welcome new members and to provide them with information about available services.
To implement the process – provide information to all entities that are willing to help distribute.
Intended Outcomes:
  For community members to know where and what services are available.
  To continue to grow businesses economically.
  Community growth.
  Keep healthcare and businesses local.

Filling in the Plan

Resources:
  Media, hospital, health department, chamber, school, city, county, Internet resources.
  Financial support.
  Six months to a year.
  Update current Russell County Health Services Directory and distribute to local entities for community.

Activities:
  Hold monthly meetings until organized, and then decide when to meet.
  Russell County Health Services Directory updated.
  Annual health fair – hospital and health department.
  Need to work together to provide this.

Participate:
  We are trying to reach all of the Russell Community.

Short-term Results:
  More positive team approach to the community.
  Friendly-inviting atmosphere.

Long-term Results:
  Have the community use the local resources available to help maintain and grow local businesses.

Ultimate Impact:
  Positive communication with all community members and knowledge of what resources are available.
  Satisfaction within the community – the community wants to use the local resources.
Kansas Rural Health Works
Action Planning Worksheet

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

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

What's the Situation you'd like to see changed? What are the needs or problems to be addressed?

____________________________________________________________________________
____________________________________________________________________________

What should the Priorities for attention, effort, and investment be?
1st: _________________________________________________________________________
2nd: _________________________________________________________________________
3rd: _________________________________________________________________________

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

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

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

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

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

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

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

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

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

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

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

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

____________________________________________________________________________

____________________________________________________________________________
### Russell County Rural Health Works Program

#### Steering Committee Participants
Wednesday, November 07, 2012

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Affiliation</th>
<th>Community</th>
<th>Email</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amy DeWitt</td>
<td>Account Executive</td>
<td>Angels Care Home Health</td>
<td>Russell/Hays</td>
<td><a href="mailto:adewitt@angmarholdings.com">adewitt@angmarholdings.com</a></td>
<td>785-760-5210</td>
</tr>
<tr>
<td>Kai Muller</td>
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<td>Russell</td>
<td><a href="mailto:kjmuller13@ime.com">kjmuller13@ime.com</a></td>
<td></td>
</tr>
<tr>
<td>Angela Muller</td>
<td>Exec. Director</td>
<td>Russell County Area Community Foundation</td>
<td>Russell</td>
<td><a href="mailto:rcaet@eaglecom.net">rcaet@eaglecom.net</a></td>
<td></td>
</tr>
<tr>
<td>Sue Noll</td>
<td>RN-Supervisor: Hospice</td>
<td>Hospice of Hays Medical Center</td>
<td>Russell</td>
<td><a href="mailto:sune.noll@haysmed.com">sune.noll@haysmed.com</a></td>
<td>785-623-3186</td>
</tr>
<tr>
<td>Shelley Boden</td>
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<td>Russell</td>
<td><a href="mailto:shelleyb@russellhospital.org">shelleyb@russellhospital.org</a></td>
<td>483-0706</td>
</tr>
<tr>
<td>Audrey Christian</td>
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<td>Russell Regional Hospital</td>
<td>Russell</td>
<td><a href="mailto:audreyc@russellhospital.org">audreyc@russellhospital.org</a></td>
<td></td>
</tr>
<tr>
<td>Sharon Collins</td>
<td>Asst Administrator/ HR Director</td>
<td>Russell Regional Hospital</td>
<td>Russell</td>
<td><a href="mailto:sharonc@russellhospital.org">sharonc@russellhospital.org</a></td>
<td></td>
</tr>
<tr>
<td>Kyla Reinhardt</td>
<td>Executive Director</td>
<td>Russell Area Chamber of Commerce</td>
<td>Russell</td>
<td><a href="mailto:kyla@russellchamber.com">kyla@russellchamber.com</a></td>
<td>785-483-6960</td>
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<tr>
<td>Megan Keener</td>
<td>Assistant</td>
<td>Russell County Economic Development/CVB</td>
<td>Russell</td>
<td><a href="mailto:bubs@russellks.org">bubs@russellks.org</a></td>
<td>785-483-4000</td>
</tr>
<tr>
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<td>785-483-6433</td>
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<tr>
<td>Max Barrett</td>
<td>Undersheriff</td>
<td>Russell County Sheriff's Office</td>
<td>Russell</td>
<td><a href="mailto:max@russellcountysheriff.org">max@russellcountysheriff.org</a></td>
<td>785-483-2151</td>
</tr>
<tr>
<td>Sandra L. Crnie</td>
<td>Off mgr-dental hygenist/ hospital board</td>
<td>Gary K. Crnie DDS</td>
<td>Russell</td>
<td><a href="mailto:sandyforecats@yahoo.com">sandyforecats@yahoo.com</a></td>
<td>785-483-2181</td>
</tr>
</tbody>
</table>

#### Steering Committee Participants
Wednesday, November 14, 2012

<table>
<thead>
<tr>
<th>Name</th>
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<th>Affiliation</th>
<th>Community</th>
<th>Email</th>
<th>Phone</th>
</tr>
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<tbody>
<tr>
<td>Audrey Christian</td>
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<td><a href="mailto:audreyc@russellhospital.org">audreyc@russellhospital.org</a></td>
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<td>Russell Regional Hospital</td>
<td>Russell</td>
<td><a href="mailto:sharonc@russellhospital.org">sharonc@russellhospital.org</a></td>
<td></td>
</tr>
<tr>
<td>Jennifer Cisneros</td>
<td>EMS Director</td>
<td>Russell County EMS</td>
<td>Russell</td>
<td><a href="mailto:russellcountyems@yahoo.com">russellcountyems@yahoo.com</a></td>
<td>785-445-3720</td>
</tr>
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</tr>
<tr>
<td>Janae Talbott</td>
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<td>Russell</td>
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<td><a href="mailto:sandyforecats@yahoo.com">sandyforecats@yahoo.com</a></td>
<td>785-483-2181</td>
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</table>
### Steering Committee Participants

**Wednesday, November 28, 2012**

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Affiliation</th>
<th>Community</th>
<th>Email</th>
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</tr>
<tr>
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<td>Russell</td>
<td><a href="mailto:ract@eaglecom.net">ract@eaglecom.net</a></td>
<td>785-445-3720</td>
</tr>
<tr>
<td>Kai Muller</td>
<td>Financial Advisor</td>
<td>Russell Rotary Club</td>
<td>Russell</td>
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<td>785-445-3720</td>
</tr>
<tr>
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<td>785-483-6960</td>
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Basis for the Organization of the Russell County Community Health Needs Assessment

Share of Inpatient Discharges from Russell County Zip Code, 2011

<table>
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<tr>
<th>Hospital</th>
<th>Zip</th>
<th>City</th>
<th>State</th>
<th>COUNTY</th>
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<td>Russell Regional Hospital - KS</td>
<td>67665</td>
<td>RUSSELL</td>
<td>KS</td>
<td>RUSSELL</td>
<td>82.6%</td>
</tr>
<tr>
<td>Russell Regional Hospital - KS</td>
<td>67490</td>
<td>WILSON</td>
<td>KS</td>
<td>ELLSWORTH</td>
<td>3.2%</td>
</tr>
<tr>
<td>Russell Regional Hospital - KS</td>
<td>67640</td>
<td>GORHAM</td>
<td>KS</td>
<td>RUSSELL</td>
<td>2.5%</td>
</tr>
<tr>
<td>Russell Regional Hospital - KS</td>
<td>67651</td>
<td>NATOMA</td>
<td>KS</td>
<td>OSBORNE</td>
<td>2.1%</td>
</tr>
<tr>
<td>Russell Regional Hospital - KS</td>
<td>67626</td>
<td>BUNKER HILL</td>
<td>KS</td>
<td>RUSSELL</td>
<td>1.8%</td>
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<tr>
<td>Russell Regional Hospital - KS</td>
<td>67671</td>
<td>VICTORIA</td>
<td>KS</td>
<td>ELLIS</td>
<td>1.8%</td>
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<tr>
<td>Russell Regional Hospital - KS OTHER</td>
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<tr>
<td><strong>Russell County Share</strong></td>
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<td></td>
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</table>
Russell County Preliminary Issues List
11/7/2012

Themes
Health, wellness, chronic disease prevention
Communication, collaboration between providers and with the community
Recruit/retain providers, accessing providers, services, specialty assistance
Elder services and care
Community attitudes/negative perceptions

What are the major health-related concerns in Russell County?
Providers (2)
Information about services provided- negative communication regarding all healthcare services
Confidentiality
Uninsured population seems high
Drinking by high school kids
Communication
Access to healthily, locally grown food (2)
Need for robust physical fitness outlets, including improved bike paths & walkways
Assistance for the aged (2)
Access to doctors/ hospitals/ specialists (2)
Healthier living problems with physical inactivity and bad nutrition
Preventive care
Appropriate healthy food culture for our youth (fostering healthy relationships with food)
Teen pregnancy
Decreasing risks for heart disease and diabetes
Declining population
Aging population (2)
Tobacco use
Obesity (2)
Local services (ex Adult Daycare, consistent/ reliable in-home custodial private duty care)
Cancer
Heart Disease
Diabetes
Drug and Alcohol abuse
Quality end-of-life care (physicians are reluctant to order hospice for their patients who are terminally ill)
Caregivers
Quality/knowledgeable health care
Keeping a viable hospital open in Russell County (2)
Transportation to and from health care facilities (in and out of town)
What needs to be done to improve the local healthcare system?
Better communication about services provided to the community by all entities located in various places in the community (3)
Continue to grow hospital and expand services
Continue to advocate improvements in physical fitness
Attract doctors and other health professionals
Better education and policies for healthy lifestyles and preventative care
Raise awareness of how effective our healthcare system is to many people export their healthcare
Need to have more community support
Continued and increased collaboration between existing health care providers to identify gaps in care needs and to work to find solutions for those gaps
Promoting healthy lifestyles (diet, exercise)
Increased education to the public
Physicians discussing options with patients who have an incurable illness
Obtain and retain healthcare providers
Make services available throughout the county
SANE/SART staffing
Finding ways for people to get to the Hays Med Center, doctors, specialists and our hospital along with getting to specialists we do not have here

What should be the over-arching health care goals of the community?
To provide excellent care for all community members
Support for aged and increased physical fitness
Have excellent facilities/ professionals for members of community especially the older population
Improving healthy living initiatives and health education
Educating our children about appropriate relationships to approaching a healthy lifestyle
Keeping the community healthy
Making sure the older population is taken care of that are living on their own
Increased collaboration
Better awareness of "whole person care" while working by patients and families
Increased community awareness of services available to them
Affordability of services
Be a healthier, more active community
The best care possible throughout life’s journey
Preventing disease/ illness
Reducing factors that lead to health issues
Try to get more and better healthcare for the citizens
Maintain our hospital services and making sure there are adequate numbers of providers in town
What are the greatest barriers to achieving health care goals?

Communication
Negativity
Not working together
Financing/ funding (7)
Lack of education/knowledge (3)
Community apathy
Limited resources and existing providers to execute necessary services
Finding qualified staff
Affordability of services
Few people to do so many things
Those folks who are involved are stretched thin, other don't want to be involved
Communication between patients/families and health care providers
Travel
Population
Longstanding mindset of the public
The Importance of the Health Care Sector to the Economy of Russell County

Kansas Rural Health Options Project
December 2010

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

In cooperation with:

In cooperation with:

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

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

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

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

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

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

Dr. John Leatherman
Office of Local Government
Department of Agricultural Economics
K-State Research and Extension
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The Economic Contribution of the Health Care Sector
In Russell 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 Russell 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 Russell County economy.

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

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

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

Table 1. United States Per Capita Health Expenditures

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

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

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

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

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

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

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

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

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

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

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

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

Health Services and Community Industry

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

Health Services and Retirees

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

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

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

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

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

Table 2 presents population trends for Russell County. In 2010, an estimated 6,615 people live in the county. Between 1990 and 2010, the population decreased 15.1 percent and also decreased 10.0 percent between 2000 and 2010. Population projections indicate that 6,560 people will live in the county by 2015. The state of Kansas population increased 8.5 percent between 1990 and 2000 and an additional 5.5 percent through 2010.

Table 2. Current Population, Population Change and Projections

<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>7,787</td>
<td>1990-2000</td>
<td>-5.6</td>
<td>8.5</td>
<td>2015</td>
<td>6,560</td>
</tr>
<tr>
<td>2000</td>
<td>7,353</td>
<td>2000-2010</td>
<td>-10.0</td>
<td>5.5</td>
<td>2020</td>
<td>6,518</td>
</tr>
<tr>
<td>2010</td>
<td>6,615</td>
<td>1990-2010</td>
<td>-15.1</td>
<td>14.5</td>
<td>2025</td>
<td>6,481</td>
</tr>
</tbody>
</table>

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 35 to 54 made up the largest portion of the population, with 26.0 percent. People aged 65 and older represented 22.8 percent of the population. Of those 65 and older, 40.6 percent were male and 59.4 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 95.8 percent of the county’s population, while Native Americans represented 0.7 percent, African Americans made up 0.9 percent, Asians were 0.4 percent and Hispanics were 2.2 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 Russell County, personal income has increased from $29,335 in 2005 to $34,881 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 27.1 percent in 2005 to 24.8 in 2008.
Table 3 shows personal income data by source for Russell County, Kansas and the nation. Within the county, 63.4 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 40.1 percent of transfer payments in the county, with another 47.9 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><strong>Earnings</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wages and Salaries</td>
<td>$88,391,000</td>
<td>$13,310</td>
<td>63.4</td>
<td>69.4</td>
<td>71.6</td>
</tr>
<tr>
<td>Other Labor Income</td>
<td>$22,894,000</td>
<td>$3,447</td>
<td>16.4</td>
<td>17.0</td>
<td>16.3</td>
</tr>
<tr>
<td>Proprietor’s Income</td>
<td>$28,163,000</td>
<td>$4,241</td>
<td>20.2</td>
<td>13.6</td>
<td>12.1</td>
</tr>
<tr>
<td>Total Earnings</td>
<td>$139,448,000</td>
<td>$20,998</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>$23,034,000</td>
<td>$3,468</td>
<td>40.1</td>
<td>39.0</td>
<td>34.2</td>
</tr>
<tr>
<td>Medical Payments</td>
<td>$27,514,000</td>
<td>$4,143</td>
<td>47.9</td>
<td>42.2</td>
<td>44.0</td>
</tr>
<tr>
<td>Other</td>
<td>$6,874,000</td>
<td>$1,035</td>
<td>12.0</td>
<td>18.7</td>
<td>21.9</td>
</tr>
<tr>
<td>Total Transfer Payments</td>
<td>$57,422,000</td>
<td>$8,647</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>$119,150,000</td>
<td>$17,942</td>
<td>51.5</td>
<td>68.8</td>
<td>66.6</td>
</tr>
<tr>
<td>Dividends, Interest, and Rent</td>
<td>$54,796,000</td>
<td>$8,251</td>
<td>23.7</td>
<td>17.0</td>
<td>18.0</td>
</tr>
<tr>
<td>Transfer Payments</td>
<td>$57,422,000</td>
<td>$8,647</td>
<td>24.8</td>
<td>14.3</td>
<td>15.3</td>
</tr>
<tr>
<td>Total Personal Income</td>
<td>$231,368,000</td>
<td>$34,839</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>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>
</tr>
<tr>
<td>Number¹</td>
<td>1</td>
<td>0.2</td>
</tr>
<tr>
<td>Number of beds¹</td>
<td>22</td>
<td>3.3</td>
</tr>
<tr>
<td>Admissions per bed¹</td>
<td>24</td>
<td>3.7</td>
</tr>
<tr>
<td><strong>Adult Care Homes (2009)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number²</td>
<td>1</td>
<td>0.7</td>
</tr>
<tr>
<td>Number of beds²</td>
<td>59</td>
<td>39.3</td>
</tr>
<tr>
<td><strong>Assisted Living Facilities (2009)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number²</td>
<td>1</td>
<td>0.7</td>
</tr>
<tr>
<td>Number of beds²</td>
<td>35</td>
<td>23.3</td>
</tr>
<tr>
<td><strong>Medicare (2007)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eligibles³,⁴</td>
<td>1,783</td>
<td>26.5</td>
</tr>
<tr>
<td><strong>Medicaid Funded Programs</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Food Stamp Beneficiaries (2009)⁴</td>
<td>454</td>
<td>6.9</td>
</tr>
<tr>
<td>Temporary Assistance for Families (FY 2009)⁴</td>
<td>59</td>
<td>0.9</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 Russell County as well as usage of some health care-related government programs. The county has 22 available hospital beds, with a rate of 3.7 admissions per bed per 1,000 people. Additionally, the county has 59 adult care home beds, or 39.3 beds per 1,000 older adults, and 35 assisted living beds, or 23.3 beds per 1,000 older adults. Medicare users make up 26.5 percent of the county’s total population and 6.9 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>822</td>
<td>12.8</td>
<td>11.3</td>
</tr>
<tr>
<td>Children in Poverty²</td>
<td>238</td>
<td>18.1</td>
<td>14.6</td>
</tr>
<tr>
<td>Total Births³ (2008)</td>
<td>84</td>
<td>12.6</td>
<td>14.9</td>
</tr>
<tr>
<td>Births to Mothers without High-School Diploma⁴ (2007)</td>
<td>N/A</td>
<td>14.1</td>
<td>18.2</td>
</tr>
<tr>
<td>Births with Adequate Prenatal Care⁵ (2008)</td>
<td>64</td>
<td>79.0</td>
<td>77.6</td>
</tr>
<tr>
<td>Low Weight Births⁶ (2007)</td>
<td>N/A</td>
<td>5.4</td>
<td>7.1</td>
</tr>
<tr>
<td>Immunization⁷ (2007)</td>
<td>N/A</td>
<td>64.0</td>
<td>58.0</td>
</tr>
<tr>
<td>Infant Mortality⁷ (2008)</td>
<td>0</td>
<td>7.9</td>
<td>7.4</td>
</tr>
<tr>
<td>Child Deaths⁸ (2008)</td>
<td>0</td>
<td>0.0</td>
<td>1.7</td>
</tr>
<tr>
<td>Child Care Subsidies⁹ (2008)</td>
<td>29</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

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

Table 5 gives information which can indicate the situation for young children and mothers. Within the county, 18.1 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 14.1 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 5.4 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 Russell County Economy, Highlighting Health Care

Table 6 presents employment, income and sales data for Russell 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>
<thead>
<tr>
<th>Sector</th>
<th>Employment</th>
<th>Labor Income</th>
<th>Total Income</th>
<th>Total Sales</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agriculture</td>
<td>571</td>
<td>$3,337</td>
<td>$23,299</td>
<td>$55,945</td>
</tr>
<tr>
<td>Mining</td>
<td>282</td>
<td>$15,864</td>
<td>$45,911</td>
<td>$92,796</td>
</tr>
<tr>
<td>Construction</td>
<td>99</td>
<td>$3,533</td>
<td>$3,881</td>
<td>$11,449</td>
</tr>
<tr>
<td>Manufacturing</td>
<td>352</td>
<td>$22,560</td>
<td>$35,040</td>
<td>$545,995</td>
</tr>
<tr>
<td>Transportation, Information, Public Utilities</td>
<td>69</td>
<td>$3,679</td>
<td>$5,103</td>
<td>$12,136</td>
</tr>
<tr>
<td>Trade</td>
<td>465</td>
<td>$13,150</td>
<td>$23,569</td>
<td>$36,349</td>
</tr>
<tr>
<td>Services</td>
<td>1,622</td>
<td>$44,576</td>
<td>$72,256</td>
<td>$144,954</td>
</tr>
<tr>
<td>Health Services(^1)</td>
<td>331</td>
<td>$11,766</td>
<td>$12,847</td>
<td>$25,265</td>
</tr>
<tr>
<td>Health and Personal Care Stores</td>
<td>20</td>
<td>$561</td>
<td>$884</td>
<td>$1,215</td>
</tr>
<tr>
<td>Veterinary Services</td>
<td>8</td>
<td>$134</td>
<td>$147</td>
<td>$443</td>
</tr>
<tr>
<td>Home Health Care Services</td>
<td>5</td>
<td>$174</td>
<td>$222</td>
<td>$302</td>
</tr>
<tr>
<td>Doctors and Dentists</td>
<td>29</td>
<td>$1,551</td>
<td>$1,805</td>
<td>$2,755</td>
</tr>
<tr>
<td>Other Ambulatory Health Care</td>
<td>0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Hospitals</td>
<td>187</td>
<td>$7,534</td>
<td>$7,912</td>
<td>$17,817</td>
</tr>
<tr>
<td>Nursing/Residential Care Facilities</td>
<td>83</td>
<td>$1,811</td>
<td>$1,876</td>
<td>$2,734</td>
</tr>
<tr>
<td>Government</td>
<td>688</td>
<td>$24,056</td>
<td>$27,656</td>
<td>$34,466</td>
</tr>
<tr>
<td>Total</td>
<td>4,147</td>
<td>$130,755</td>
<td>$236,715</td>
<td>$934,090</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></td>
<td>8.0</td>
<td>8.7</td>
<td>8.1</td>
</tr>
<tr>
<td></td>
<td>9.0</td>
<td>8.1</td>
<td>8.4</td>
</tr>
<tr>
<td></td>
<td>5.4</td>
<td>6.0</td>
<td>6.4</td>
</tr>
<tr>
<td></td>
<td>2.7</td>
<td>4.4</td>
<td>5.3</td>
</tr>
</tbody>
</table>

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

Health Services employs 331 people, 8.0 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 6 ranking in terms of employment (Figure 5). Health Services is number 6 among payers of wages to employees (Figure 6) and number 7 in terms of total income (Figure 7). As with most rural areas, the health sector plays an important role in the economy.
Figure 6. Labor Income by Sector (2008)

- Agriculture: 3%
- Mining: 12%
- Construction: 3%
- Manufacturing: 17%
- TIPU: 3%
- Trade: 10%
- Services: 25%
- Health Services: 9%
- Government: 18%

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Figure 7. Total Income by Sector (2008)

- Government: 12%
- Agriculture: 10%
- Mining: 19%
- Construction: 2%
- Manufacturing: 15%
- TIPU: 2%
- Trade: 10%
- Services: 25%
- Health Services: 5%

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Health Sector Impact and Economic Multipliers

The previous section detailed the direct contributions of the Health Services sector within the Russell 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>$0.60 leakage</td>
</tr>
<tr>
<td>$0.40 respent locally</td>
</tr>
<tr>
<td>$0.24 leakage</td>
</tr>
<tr>
<td>$0.16 respent locally</td>
</tr>
<tr>
<td>$0.10 leakage</td>
</tr>
<tr>
<td>$0.06 respent</td>
</tr>
<tr>
<td>$0.03 respent</td>
</tr>
<tr>
<td>$0.02 leakage</td>
</tr>
<tr>
<td>$0.01 respent</td>
</tr>
</tbody>
</table>

Full Impact: $1.66
Tables 7 and 8 illustrate the ripple effect in the county. As an example, Table 7 shows that the hospital sector employs 187 people and has an employment multiplier of 1.23. This means that for each job created in the hospital sector, another 0.23 jobs are created in other businesses and industries in the county’s economy. The direct impact of the 187 hospital employees results in an indirect impact of 42 jobs (187 x 0.23 = 42) throughout all businesses and industries in the market area. Thus, the hospital sector employment had a total impact on area employment of 229 jobs (187 x 1.23 = 229).

### 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>20</td>
<td>1.14</td>
<td>23</td>
</tr>
<tr>
<td>Veterinary Services</td>
<td>8</td>
<td>1.13</td>
<td>9</td>
</tr>
<tr>
<td>Home Health Care Services</td>
<td>5</td>
<td>1.14</td>
<td>5</td>
</tr>
<tr>
<td>Doctors and Dentists</td>
<td>29</td>
<td>1.24</td>
<td>36</td>
</tr>
<tr>
<td>Other Ambulatory Health Care</td>
<td>0</td>
<td>0.00</td>
<td>0</td>
</tr>
<tr>
<td>Hospitals</td>
<td>187</td>
<td>1.23</td>
<td>229</td>
</tr>
<tr>
<td>Nursing and Residential Care Facilities</td>
<td>83</td>
<td>1.07</td>
<td>88</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>331</strong></td>
<td><strong>1.07</strong></td>
<td><strong>391</strong></td>
</tr>
</tbody>
</table>

Note: Most data obtained from secondary sources; some data unavailable or extrapolated

Minnesota IMPLAN Group

Similarly, multiplier analysis can estimate the total impact of the estimated $7,912,000 direct income for hospital employees shown in Table 8. The hospital sector had an income multiplier of 1.15, which indicates that for every one dollar of income generated in the hospital sector, another $0.15 is generated in other businesses and industries in the county’s economy. Thus, the hospital sector had an estimated total impact on income throughout all businesses and industries of $9,134,000 ($7,912,000 x 1.15 = $9,134,000).

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

<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>$884</td>
<td>1.13</td>
<td>$1,001</td>
<td>$375</td>
</tr>
<tr>
<td>Veterinary Services</td>
<td>$147</td>
<td>1.20</td>
<td>$177</td>
<td>$66</td>
</tr>
<tr>
<td>Home Health Care Services</td>
<td>$222</td>
<td>1.11</td>
<td>$245</td>
<td>$92</td>
</tr>
<tr>
<td>Doctors and Dentists</td>
<td>$1,805</td>
<td>1.12</td>
<td>$2,017</td>
<td>$756</td>
</tr>
<tr>
<td>Other Ambulatory Health Care</td>
<td>$0</td>
<td>0.00</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Hospitals</td>
<td>$7,912</td>
<td>1.15</td>
<td>$9,134</td>
<td>$3,422</td>
</tr>
<tr>
<td>Nursing/Residential Care Facilities</td>
<td>$1,876</td>
<td>1.08</td>
<td>$2,032</td>
<td>$761</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$12,847</strong></td>
<td><strong>$14,606</strong></td>
<td><strong>$5,472</strong></td>
<td></td>
</tr>
</tbody>
</table>

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

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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 391 jobs in the local economy. In Table 8, the total income impact of health services results in an estimated $14,606,000 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). Russell County had retail sales of $86,676,268 and $231,368,000 in total personal income. Thus, the estimated retail sales capture ratio equals 37.5 percent. Using this as the retail sales capture ratio for the county, this says that people spent 37.5 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 $5,472,000 ($14,606,000 x 37.5% = $5,472,000). 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 Russell 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. Health care is important to seniors, young families and companies. But rural health care systems are facing many challenges: hospitals are closing; services have been cut; doctors won’t come to the area or they don’t stay; Medicare and Medicaid payments are too low. Rural residents can revitalize their local health care system. KRHW provides the tools. Local visionary leadership puts these tools to work. KRHW helps communities keep health care dollars at home. Sponsored by the Kansas Rural Health Options Project with funding from the Office of Rural Health Policy, Health Resources and Services Administration.

Background Data Summary

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

- Between 1990 and 2010, the population decreased 15.1 percent.

- People aged 35 to 54 made up the largest portion of the population, with 26 percent.

- In general, the county has less per capita personal income that the state and nation, and is more dependent of transfer income such Social Security and other retirement benefits, disability, medical payments like Medicare and Medicaid, unemployment insurance, and veterans’ benefits.

- Medicare users make up 26.5 percent of the county’s total population and 6.9 percent of the county’s population receive food stamp benefits.

- Within the county, 18.1 percent of children live in poverty, while 14.6 percent of children statewide live in poverty.

Russell County Primary Health Market Area

ZIP codes within the Russell County Health Market Area.
Source: Claritas, Inc. 2012.
Table 1 presents population trends for Russell County. In 2010, an estimated 6,615 people live in the county. Between 1990 and 2010, the population decreased 15.1 percent and also decreased 10 percent between 2000 and 2010. Population projections indicate that 6,560 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>7,787</td>
<td>1990-2000</td>
<td>-5.6</td>
<td>8.5</td>
<td>2015</td>
<td>6,560</td>
</tr>
<tr>
<td>2000</td>
<td>7,353</td>
<td>2000-2010</td>
<td>-10.0</td>
<td>5.5</td>
<td>2020</td>
<td>6,518</td>
</tr>
<tr>
<td>2010</td>
<td>6,615</td>
<td>1990-2010</td>
<td>-15.1</td>
<td>14.5</td>
<td>2025</td>
<td>6,481</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 made up the largest portion of the population, with 26 percent. Of those aged 35 to 54, 46.7 percent were male and 53.3 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 95.8 percent of the county’s population, while Native Americans represented 0.7 percent, African Americans made up 0.9 percent, Asians were 0.4 percent and Hispanics were 2.2 percent of the population. In Kansas, whites make up 80.5 percent of the population, Native Americans represent one percent, African Americans 6.3 percent, Asians 2.5 percent and Hispanics 9.6 percent.

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

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

**Economic Indicators**

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

Figure 3. Total Per Capita Personal Income (2008 $)

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

Figure 3 shows the change in total per capita personal income, adjusted for inflation from 2005 through 2008. Per capita personal income has increased in Kansas and the United States. In Russell County, personal income has increased from $29,335 in 2005 to $34,881 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 27.1 percent in 2005 to 24.8 in 2008.

Table 2 shows personal income data by source for Russell County, Kansas and the nation. Within the county, 63.4 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 40.1 percent of transfer payments in the county, with another 47.9 percent coming from medical payments. In Kansas, 39.0 percent of all transfers come from retirement and disability, while medical payments represent 42.2 percent. For the U.S., medical payments make up the largest portion of transfers at 44.0 percent.

Table 2. 2008 Personal Income Data

<table>
<thead>
<tr>
<th>Source</th>
<th>County Total</th>
<th>County Per Capita</th>
<th>County Percent</th>
<th>State Percent</th>
<th>U.S. Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Earnings</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wages and Salaries</td>
<td>$88,391,000</td>
<td>$13,310</td>
<td>63.4</td>
<td>69.4</td>
<td>71.6</td>
</tr>
<tr>
<td>Other Labor Income</td>
<td>$22,894,000</td>
<td>$3,447</td>
<td>16.4</td>
<td>17.0</td>
<td>16.3</td>
</tr>
<tr>
<td>Proprietor's Income</td>
<td>$28,163,000</td>
<td>$4,241</td>
<td>20.2</td>
<td>13.6</td>
<td>12.1</td>
</tr>
<tr>
<td>Total Earnings</td>
<td>$139,448,000</td>
<td>$20,998</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>$23,034,000</td>
<td>$3,468</td>
<td>40.1</td>
<td>39.0</td>
<td>34.2</td>
</tr>
<tr>
<td>Medical Payments</td>
<td>$27,514,000</td>
<td>$4,143</td>
<td>47.9</td>
<td>42.2</td>
<td>44.0</td>
</tr>
<tr>
<td>Other</td>
<td>$6,874,000</td>
<td>$1,035</td>
<td>12.0</td>
<td>18.7</td>
<td>21.9</td>
</tr>
<tr>
<td>Total Transfer Payments</td>
<td>$57,422,000</td>
<td>$8,647</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>$119,150,000</td>
<td>$17,942</td>
<td>51.5</td>
<td>68.8</td>
<td>66.6</td>
</tr>
<tr>
<td>Dividends, Interest, and Rent</td>
<td>$54,796,000</td>
<td>$8,251</td>
<td>23.7</td>
<td>17.0</td>
<td>18.0</td>
</tr>
<tr>
<td>Transfer Payments</td>
<td>$57,422,000</td>
<td>$8,647</td>
<td>24.8</td>
<td>14.3</td>
<td>15.3</td>
</tr>
<tr>
<td>Total Personal Income</td>
<td>$231,368,000</td>
<td>$34,839</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.
Russell County Rural Health Works

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>1</td>
<td>0.2</td>
<td>0.1</td>
</tr>
<tr>
<td>Number of beds¹</td>
<td>22</td>
<td>3.3</td>
<td>4.1</td>
</tr>
<tr>
<td>Admissions per bed¹</td>
<td>24</td>
<td>3.7</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>1</td>
<td>0.7</td>
<td>0.8</td>
</tr>
<tr>
<td>Number of beds²</td>
<td>59</td>
<td>39.3</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>1</td>
<td>0.7</td>
<td>0.7</td>
</tr>
<tr>
<td>Number of beds²</td>
<td>35</td>
<td>23.3</td>
<td>29.6</td>
</tr>
<tr>
<td>Medicare (2007)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eligibles³,⁴</td>
<td>1,783</td>
<td>26.5</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>454</td>
<td>6.9</td>
<td>7.4</td>
</tr>
<tr>
<td>Temporary Assistance for Families (FY 2009)⁴</td>
<td>59</td>
<td>0.9</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 Russell County as well as usage of some health care-related government programs. The county has 22 available hospital beds, with a rate of 3.7 admissions per bed per 1,000 people. Additionally, the county has 59 adult care home beds, or 39.3 beds per 1,000 older adults, and 35 assisted living beds. Medicare users make up 26.5 percent of the county’s total population and 6.9 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>822</td>
<td>12.8</td>
<td>11.3</td>
</tr>
<tr>
<td>Children in Poverty²</td>
<td>238</td>
<td>18.1</td>
<td>14.6</td>
</tr>
<tr>
<td>Total Births³ (2008)</td>
<td>84</td>
<td>12.6</td>
<td>14.9</td>
</tr>
<tr>
<td>Births to Mothers without High-School Diploma⁴ (2007)</td>
<td>N/A</td>
<td>14.1</td>
<td>18.2</td>
</tr>
<tr>
<td>Births with Adequate Prenatal Care³ (2008)</td>
<td>64</td>
<td>79.0</td>
<td>77.6</td>
</tr>
<tr>
<td>Low Weight Births⁵ (2007)</td>
<td>N/A</td>
<td>5.4</td>
<td>7.1</td>
</tr>
<tr>
<td>Immunization⁶ (2007)</td>
<td>N/A</td>
<td>64.0</td>
<td>58.0</td>
</tr>
<tr>
<td>Infant Mortality⁷ (2008)</td>
<td>0</td>
<td>7.9</td>
<td>7.4</td>
</tr>
<tr>
<td>Child Deaths⁸ (2008)</td>
<td>0</td>
<td>0.00</td>
<td>1.7</td>
</tr>
<tr>
<td>Child Care Subsidies⁹ (2008)</td>
<td>29</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 Rate of live births per thousand females.
⁴ Percent of live births to all mothers who received adequate or better prenatal care.
⁵ Percent of live births in a calendar year.
⁶ Percent of total kindergarteners who received all immunizations by age two.
⁷ Number of infant deaths younger than one year per thousand live births.
⁸ Number of deaths from all causes per 100,000 children ages 1-14.
⁹ Average monthly number of children participating in the Kansas ChildCare Assistance program.

Table 4 gives information which can indicate the situation for young children and mothers. Within the county, 18.1 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 14.1 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 5.4 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. Health care is important to seniors, young families and companies. But rural health care systems are facing many challenges: hospitals are closing; services have been cut; doctors won't come to the area or they don't stay; Medicare and Medicaid payments are too low. Rural residents can revitalize their local health care system. KRHW provides the tools. Local visionary leadership puts these tools to work. KRHW helps communities keep health care dollars at home. Sponsored by the Kansas Rural Health Options Project with funding from the Office of Rural Health Policy, Health Resources and Services Administration.

Economic Data Summary

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

- Continuing a long-term trend, the total population of Russell County has declined by 10% since 2000.
- About 24% of the total population is 65 years or age or older and the female population 65 to 85 years is growing fastest among the elderly group.
- Over 18% 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, nearly $56 million in transfer income was paid to county residents, about 25% of total personal income.
- Within transfer income, government assistance such as Medicare, income maintenance, and veterans pension and disability benefits are growing most strongly.
- The county poverty rate increased according to the most recent available data. The unemployment rate has not had a consistent trend.

Rural County Primary Health Market Area

ZIP codes within the Russell County Health Market Area.

Source: Claritas, Inc. 2012.
Russell County Rural Health Works

Typical of many rural counties in Kansas, county population has been in long-term decline. The trend is expected to continue into the near-term future. The implications of this trend are that there are fewer people to make up local economic markets, fewer people to support local public services, and a thinner local labor market. All of these create greater challenges for businesses, local governments and communities.

![Figure 1. Total Population Projection in the Russell Health Area](image)

Claritas, Inc., 2012

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

<table>
<thead>
<tr>
<th>Table 1. Percent of Aging Population in the Russell Health Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>65+ Years old</td>
</tr>
<tr>
<td>75+ Years old</td>
</tr>
<tr>
<td>85+ Years old</td>
</tr>
</tbody>
</table>

Claritas, Inc., 2012
Figure 2. Estimated Percent of Aging Population in the Russell Health Area

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

Claritas, Inc., 2012
The racial composition of Russell County is somewhat less homogenous than many rural Kansas counties. Whites make up over 96 percent of the population. Two hundred and seventy-two persons in Russell County identify themselves as non-white. It’s not uncommon for non-whites to have specific health care needs that are very different than the white population. As is the case almost everywhere, the Hispanic and Latino population is increasing.

<table>
<thead>
<tr>
<th>Table 2. 2012 Estimated Population by Single Race Classification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Race</td>
</tr>
<tr>
<td>White Alone</td>
</tr>
<tr>
<td>Black or African American Alone</td>
</tr>
<tr>
<td>American Indian and Alaska Native Alone</td>
</tr>
<tr>
<td>Asian Alone</td>
</tr>
<tr>
<td>Native Hawaiian and Other Pacific Islander Alone</td>
</tr>
<tr>
<td>Some Other Race Alone</td>
</tr>
<tr>
<td>Two or More Races</td>
</tr>
<tr>
<td>Total</td>
</tr>
</tbody>
</table>

Claritas, Inc., 2012

<table>
<thead>
<tr>
<th>Table 3. 2012 Estimated Population Hispanic or Latino by Origin</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic or Latino</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Not Hispanic or Latino</td>
</tr>
<tr>
<td>Total</td>
</tr>
</tbody>
</table>

Claritas, Inc., 2012

<table>
<thead>
<tr>
<th>Table 4. Russell Health Area Hispanic and Latino Population Projection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year</td>
</tr>
<tr>
<td>------</td>
</tr>
<tr>
<td>Total Population</td>
</tr>
<tr>
<td>Hispanic and Latino Population</td>
</tr>
<tr>
<td>Percentage of Population</td>
</tr>
</tbody>
</table>

Claritas, Inc., 2012
A relatively large proportion of the population 15 years and older have never been married. Eighteen percent of the population falls in this category. About 59 percent of the adult population reported living as a married individual with a spouse present. Conversely, 23.3 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.

<table>
<thead>
<tr>
<th>Table 5. 2012 Estimated Population Age 15+ by Marital Status</th>
<th>Count</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total, Never Married</td>
<td>1,041</td>
<td>18.2%</td>
</tr>
<tr>
<td>Married, Spouse present</td>
<td>3,351</td>
<td>58.6%</td>
</tr>
<tr>
<td>Married, Spouse absent</td>
<td>123</td>
<td>2.2%</td>
</tr>
<tr>
<td>Widowed</td>
<td>535</td>
<td>9.4%</td>
</tr>
<tr>
<td>Divorced</td>
<td>670</td>
<td>11.7%</td>
</tr>
<tr>
<td>Males, Never Married</td>
<td>636</td>
<td>11.1%</td>
</tr>
<tr>
<td>Previously Married</td>
<td>769</td>
<td>7.4%</td>
</tr>
<tr>
<td>Females, Never Married</td>
<td>405</td>
<td>7.1%</td>
</tr>
<tr>
<td>Previously Married</td>
<td>833</td>
<td>14.6%</td>
</tr>
</tbody>
</table>

Claritas, Inc., 2012

<table>
<thead>
<tr>
<th>Table 6. 2012 Estimated Population Age 25+ by Educational Attainment</th>
<th>Count</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 9th grade</td>
<td>231</td>
<td>4.7%</td>
</tr>
<tr>
<td>Some High School, no diploma</td>
<td>357</td>
<td>7.2%</td>
</tr>
<tr>
<td>High School Graduate (or GED)</td>
<td>1,712</td>
<td>34.6%</td>
</tr>
<tr>
<td>Some College, no degree</td>
<td>1,307</td>
<td>26.4%</td>
</tr>
<tr>
<td>Associate Degree</td>
<td>344</td>
<td>7.0%</td>
</tr>
<tr>
<td>Bachelor's Degree</td>
<td>647</td>
<td>13.1%</td>
</tr>
<tr>
<td>Master's Degree</td>
<td>301</td>
<td>6.1%</td>
</tr>
<tr>
<td>Professional School Degree</td>
<td>38</td>
<td>0.8%</td>
</tr>
<tr>
<td>Doctorate Degree</td>
<td>15</td>
<td>0.3%</td>
</tr>
</tbody>
</table>

Claritas, Inc., 2012
The income and wealth resources of many Russell County residents are relatively modest. 35 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 also is relatively modest. About 32 percent of the housing stock is valued at less than $40,000. The implications of such income and wealth characteristics in the context of increasing longevity and rising health care costs raises questions as to whether all who need it can afford health insurance and health care services.

| Table 7. 2012 Estimated Households by Household Income |
|-----------------|-----------------|-----------------|
| Income Less than $15,000 | 591 | 18.5% |
| Income $15,000 - $24,999 | 532 | 16.6% |
| Income $25,000 - $34,999 | 470 | 14.7% |
| Income $35,000 - $49,999 | 519 | 16.2% |
| Income $50,000 - $74,999 | 586 | 18.3% |
| Income $75,000 - $99,999 | 189 | 5.9% |
| Income $100,000 - $149,999 | 149 | 4.7% |
| Income $150,000 - $199,999 | 87 | 2.7% |
| Income $200,000 - $499,999 | 36 | 1.1% |
| Income $500,000 or more | 44 | 1.4% |
| Total Estimated Households | 3,203 | 100.0% |

Estimated Average Household Income: $47,999
Estimated Median Household Income: $35,246
Estimated Per Capita Income: $22,117

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>298</td>
<td>12.2%</td>
</tr>
<tr>
<td>Value $20,000 - $39,999</td>
<td>486</td>
<td>19.9%</td>
</tr>
<tr>
<td>Value $40,000 - $59,999</td>
<td>364</td>
<td>14.9%</td>
</tr>
<tr>
<td>Value $60,000 - $79,999</td>
<td>377</td>
<td>15.5%</td>
</tr>
<tr>
<td>Value $80,000 - $99,999</td>
<td>307</td>
<td>12.6%</td>
</tr>
<tr>
<td>Value $100,000 - $149,999</td>
<td>380</td>
<td>15.6%</td>
</tr>
<tr>
<td>Value $150,000 - $199,999</td>
<td>109</td>
<td>4.5%</td>
</tr>
<tr>
<td>Value $200,000 - $299,999</td>
<td>79</td>
<td>3.2%</td>
</tr>
<tr>
<td>Value $300,000 - $399,999</td>
<td>25</td>
<td>1.0%</td>
</tr>
<tr>
<td>Value $400,000 - $499,999</td>
<td>7</td>
<td>0.3%</td>
</tr>
<tr>
<td>Value $500,000 - $749,999</td>
<td>4</td>
<td>0.2%</td>
</tr>
<tr>
<td>Value $750,000 - $999,999</td>
<td>4</td>
<td>0.2%</td>
</tr>
<tr>
<td>Value $1,000,000 or more</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>2,440</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

Claritas, Inc., 2012

### Figure 4. Per Capita Income (2005$), 2002-2012

![Per Capita Income Chart](chart.png)

Woods and Poole, Inc., 2012
As with most rural areas, Russell County is relatively more dependent on transfer income, such as retirement and disability insurance benefits, medical benefits, and income maintenance. That dependence is growing over time. These financial resources can be of enormous importance to those who receive them. From an economic perspective, these payments help support the local economy. Every person legitimately entitled to receive them, should have access to this assistance.
### Table 9. Russell 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><strong>Total Earnings (Millions 2005$)</strong></td>
<td>$88.59</td>
<td>$100.81</td>
<td>$98.81</td>
<td>$108.96</td>
<td>$118.81</td>
<td>$128.66</td>
<td>$120.84</td>
<td>$122.65</td>
<td>$131.44</td>
<td>$129.79</td>
<td></td>
</tr>
<tr>
<td>Farm Earnings</td>
<td>-$0.36</td>
<td>$10.08</td>
<td>$5.62</td>
<td>$6.70</td>
<td>$2.83</td>
<td>$8.73</td>
<td>$13.17</td>
<td>$8.93</td>
<td>$9.17</td>
<td>$10.06</td>
<td>$12.08</td>
</tr>
<tr>
<td>Agricultural Services, Other</td>
<td>$0.51</td>
<td>$0.49</td>
<td>$0.64</td>
<td>$0.68</td>
<td>$0.52</td>
<td>$0.28</td>
<td>$0.67</td>
<td>$0.76</td>
<td>$0.75</td>
<td>$0.71</td>
<td>$0.76</td>
</tr>
<tr>
<td>Mining</td>
<td>$6.00</td>
<td>$7.35</td>
<td>$8.49</td>
<td>$10.39</td>
<td>$14.86</td>
<td>$16.30</td>
<td>$19.43</td>
<td>$15.92</td>
<td>$16.84</td>
<td>$18.29</td>
<td>$18.27</td>
</tr>
<tr>
<td>Construction</td>
<td>$2.61</td>
<td>$2.38</td>
<td>$2.34</td>
<td>$2.80</td>
<td>$2.97</td>
<td>$2.90</td>
<td>$3.25</td>
<td>$3.12</td>
<td>$3.19</td>
<td>$3.31</td>
<td>$3.30</td>
</tr>
<tr>
<td>Transport, Comm. &amp; Public Utility</td>
<td>$4.54</td>
<td>$4.71</td>
<td>$5.10</td>
<td>$5.47</td>
<td>$6.73</td>
<td>$7.35</td>
<td>$7.74</td>
<td>$7.05</td>
<td>$68.37</td>
<td>$7.56</td>
<td>$7.85</td>
</tr>
<tr>
<td>Wholesale Trade</td>
<td>$4.45</td>
<td>$4.24</td>
<td>$4.33</td>
<td>$4.59</td>
<td>$4.61</td>
<td>$5.01</td>
<td>$5.82</td>
<td>$5.79</td>
<td>$5.84</td>
<td>$6.04</td>
<td>$6.80</td>
</tr>
<tr>
<td>Retail Trade</td>
<td>$7.03</td>
<td>$7.61</td>
<td>$7.39</td>
<td>$7.53</td>
<td>$6.78</td>
<td>$7.51</td>
<td>$6.95</td>
<td>$6.83</td>
<td>$6.93</td>
<td>$7.36</td>
<td>$7.43</td>
</tr>
<tr>
<td>Finance, Insurance &amp; Real Estate</td>
<td>$5.31</td>
<td>$5.14</td>
<td>$5.01</td>
<td>$4.94</td>
<td>$4.99</td>
<td>$5.09</td>
<td>$5.35</td>
<td>$5.23</td>
<td>$5.30</td>
<td>$5.80</td>
<td>$6.10</td>
</tr>
<tr>
<td>Federal Civilian Government</td>
<td>$2.18</td>
<td>$2.27</td>
<td>$2.36</td>
<td>$2.36</td>
<td>$2.48</td>
<td>$2.47</td>
<td>$2.36</td>
<td>$2.33</td>
<td>$2.48</td>
<td>$2.49</td>
<td>$2.54</td>
</tr>
<tr>
<td>Federal Military Government</td>
<td>$0.75</td>
<td>$1.03</td>
<td>$1.08</td>
<td>$1.24</td>
<td>$1.13</td>
<td>$1.12</td>
<td>$1.24</td>
<td>$1.33</td>
<td>$1.41</td>
<td>$1.07</td>
<td></td>
</tr>
<tr>
<td><strong>Personal Income (Millions 2005$)</strong></td>
<td>$176.85</td>
<td>$181.16</td>
<td>$177.75</td>
<td>$182.12</td>
<td>$193.29</td>
<td>$205.75</td>
<td>$220.61</td>
<td>$213.78</td>
<td>$217.73</td>
<td>$229.96</td>
<td>$229.97</td>
</tr>
<tr>
<td>Wages and Salaries</td>
<td>$61.01</td>
<td>$60.94</td>
<td>$62.45</td>
<td>$68.90</td>
<td>$75.30</td>
<td>$78.69</td>
<td>$81.60</td>
<td>$78.16</td>
<td>$77.71</td>
<td>$79.27</td>
<td>$80.91</td>
</tr>
<tr>
<td>Dividends, Interest &amp; Rent</td>
<td>$49.97</td>
<td>$42.31</td>
<td>$40.46</td>
<td>$40.07</td>
<td>$48.81</td>
<td>$53.20</td>
<td>$59.12</td>
<td>$56.19</td>
<td>$57.50</td>
<td>$60.14</td>
<td>$56.65</td>
</tr>
<tr>
<td>Transfer Payments To Persons</td>
<td>$49.62</td>
<td>$49.69</td>
<td>$51.00</td>
<td>$49.40</td>
<td>$51.03</td>
<td>$51.99</td>
<td>$51.75</td>
<td>$55.63</td>
<td>$55.99</td>
<td>$54.92</td>
<td>$55.98</td>
</tr>
<tr>
<td>Residence Adjustment</td>
<td>-$0.62</td>
<td>-$0.87</td>
<td>-$1.41</td>
<td>-$4.08</td>
<td>-$5.36</td>
<td>-$4.67</td>
<td>-$4.74</td>
<td>-$5.12</td>
<td>-$4.66</td>
<td>-$4.24</td>
<td>-$4.34</td>
</tr>
</tbody>
</table>

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 Russell County

(Thousands of dollars)

<table>
<thead>
<tr>
<th>Receipts Description</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal current transfer receipts ($000)</td>
<td>56,018</td>
<td>60,817</td>
<td>62,407</td>
</tr>
<tr>
<td>Current transfer receipts of individuals from governments</td>
<td>54,758</td>
<td>59,493</td>
<td>61,057</td>
</tr>
<tr>
<td>Retirement and disability insurance benefits</td>
<td>23,023</td>
<td>24,009</td>
<td>24,297</td>
</tr>
<tr>
<td>Old-age, survivors, and disability insurance (OASDI) benefits</td>
<td>22,774</td>
<td>23,752</td>
<td>24,034</td>
</tr>
<tr>
<td>Railroad retirement and disability benefits</td>
<td>193</td>
<td>206</td>
<td>210</td>
</tr>
<tr>
<td>Workers' compensation</td>
<td>(L)</td>
<td>(L)</td>
<td>(L)</td>
</tr>
<tr>
<td>Other government retirement and disability insurance benefits</td>
<td>(L)</td>
<td>(L)</td>
<td>(L)</td>
</tr>
<tr>
<td>Medical benefits</td>
<td>25,977</td>
<td>28,206</td>
<td>29,049</td>
</tr>
<tr>
<td>Medicare benefits</td>
<td>18,356</td>
<td>19,497</td>
<td>20,508</td>
</tr>
<tr>
<td>Public assistance medical care benefits</td>
<td>7,483</td>
<td>8,556</td>
<td>8,376</td>
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<tr>
<td>Medicaid</td>
<td>7,205</td>
<td>8,293</td>
<td>8,125</td>
</tr>
<tr>
<td>Other medical care benefits</td>
<td>278</td>
<td>263</td>
<td>251</td>
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<tr>
<td>Military medical insurance benefits</td>
<td>138</td>
<td>153</td>
<td>165</td>
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<tr>
<td>Income maintenance benefits</td>
<td>3,942</td>
<td>3,921</td>
<td>4,718</td>
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<tr>
<td>Supplemental security income (SSI) benefits</td>
<td>747</td>
<td>660</td>
<td>654</td>
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<tr>
<td>Family assistance</td>
<td>254</td>
<td>236</td>
<td>237</td>
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<td>Supplemental Nutrition Assistance Program (SNAP)</td>
<td>556</td>
<td>840</td>
<td>1,053</td>
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<tr>
<td>Other income maintenance benefits</td>
<td>2,385</td>
<td>2,185</td>
<td>2,774</td>
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<tr>
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<td>493</td>
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<td>Unemployment compensation for Fed. civilian employees (UCFE)</td>
<td>(L)</td>
<td>(L)</td>
<td>(L)</td>
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<tr>
<td>Unemployment compensation for railroad employees</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Unemployment compensation for veterans (UCX)</td>
<td>(L)</td>
<td>(L)</td>
<td>(L)</td>
</tr>
<tr>
<td>Other unemployment compensation</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Veterans benefits</td>
<td>906</td>
<td>1,000</td>
<td>1,083</td>
</tr>
<tr>
<td>Veterans pension and disability benefits</td>
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<td>983</td>
<td>1,053</td>
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<tr>
<td>Veterans readjustment benefits</td>
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<td>(L)</td>
<td>(L)</td>
</tr>
<tr>
<td>Veterans life insurance benefits</td>
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<td>0</td>
</tr>
<tr>
<td>Other assistance to veterans</td>
<td>0</td>
<td>0</td>
<td>(L)</td>
</tr>
<tr>
<td>Education and training assistance</td>
<td>383</td>
<td>436</td>
<td>483</td>
</tr>
<tr>
<td>Other transfer receipts of individuals from governments</td>
<td>(L)</td>
<td>648</td>
<td>221</td>
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<tr>
<td>Current transfer receipts of nonprofit institutions</td>
<td>708</td>
<td>762</td>
<td>815</td>
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<tr>
<td>Receipts from the Federal government</td>
<td>266</td>
<td>286</td>
<td>303</td>
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<tr>
<td>Receipts from state and local governments</td>
<td>161</td>
<td>179</td>
<td>193</td>
</tr>
<tr>
<td>Receipts from businesses</td>
<td>281</td>
<td>297</td>
<td>319</td>
</tr>
<tr>
<td>Current transfer receipts of individuals from businesses</td>
<td>552</td>
<td>562</td>
<td>535</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.
## Russell County Rural Health Works

### Table 11. Employment by Major Industry for Russell 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>0.606</td>
<td>0.562</td>
<td>0.532</td>
<td>0.506</td>
<td>0.473</td>
<td>0.46</td>
<td>0.457</td>
<td>0.453</td>
<td>0.448</td>
<td>0.449</td>
<td>0.444</td>
</tr>
<tr>
<td>Agricultural Services, Other</td>
<td>0.019</td>
<td>0.017</td>
<td>0.018</td>
<td>0.02</td>
<td>0.012</td>
<td>0.007</td>
<td>0.02</td>
<td>0.02</td>
<td>0.02</td>
<td>0.019</td>
<td>0.019</td>
</tr>
<tr>
<td>Mining</td>
<td>0.205</td>
<td>0.211</td>
<td>0.229</td>
<td>0.248</td>
<td>0.321</td>
<td>0.369</td>
<td>0.382</td>
<td>0.372</td>
<td>0.382</td>
<td>0.396</td>
<td>0.405</td>
</tr>
<tr>
<td>Construction</td>
<td>0.131</td>
<td>0.146</td>
<td>0.141</td>
<td>0.151</td>
<td>0.143</td>
<td>0.138</td>
<td>0.145</td>
<td>0.143</td>
<td>0.149</td>
<td>0.154</td>
<td>0.155</td>
</tr>
<tr>
<td>Manufacturing</td>
<td>0.259</td>
<td>0.24</td>
<td>0.25</td>
<td>0.332</td>
<td>0.322</td>
<td>0.335</td>
<td>0.325</td>
<td>0.328</td>
<td>0.356</td>
<td>0.405</td>
<td>0.404</td>
</tr>
<tr>
<td>Transport, Comm. &amp; Public Utility</td>
<td>0.13</td>
<td>0.12</td>
<td>0.12</td>
<td>0.13</td>
<td>0.19</td>
<td>0.20</td>
<td>0.19</td>
<td>0.18</td>
<td>0.17</td>
<td>0.17</td>
<td>0.18</td>
</tr>
<tr>
<td>Wholesale Trade</td>
<td>0.145</td>
<td>0.136</td>
<td>0.14</td>
<td>0.143</td>
<td>0.14</td>
<td>0.15</td>
<td>0.16</td>
<td>0.155</td>
<td>0.154</td>
<td>0.152</td>
<td>0.154</td>
</tr>
<tr>
<td>Retail Trade</td>
<td>0.444</td>
<td>0.447</td>
<td>0.385</td>
<td>0.373</td>
<td>0.372</td>
<td>0.391</td>
<td>0.356</td>
<td>0.361</td>
<td>0.373</td>
<td>0.376</td>
<td></td>
</tr>
<tr>
<td>Finance, Insurance &amp; Real Estate</td>
<td>0.11</td>
<td>0.10</td>
<td>0.11</td>
<td>0.10</td>
<td>0.10</td>
<td>0.11</td>
<td>0.12</td>
<td>0.12</td>
<td>0.12</td>
<td>0.12</td>
<td>0.13</td>
</tr>
<tr>
<td>Services</td>
<td>0.543</td>
<td>0.593</td>
<td>0.604</td>
<td>0.587</td>
<td>0.62</td>
<td>0.551</td>
<td>0.515</td>
<td>0.48</td>
<td>0.469</td>
<td>0.465</td>
<td>0.473</td>
</tr>
<tr>
<td>Federal Civilian Government</td>
<td>0.042</td>
<td>0.042</td>
<td>0.043</td>
<td>0.042</td>
<td>0.044</td>
<td>0.043</td>
<td>0.043</td>
<td>0.041</td>
<td>0.041</td>
<td>0.041</td>
<td>0.041</td>
</tr>
<tr>
<td>Federal Military Government</td>
<td>0.033</td>
<td>0.033</td>
<td>0.031</td>
<td>0.032</td>
<td>0.033</td>
<td>0.031</td>
<td>0.029</td>
<td>0.028</td>
<td>0.027</td>
<td>0.027</td>
<td>0.027</td>
</tr>
<tr>
<td>State and Local Government</td>
<td>0.657</td>
<td>0.676</td>
<td>0.635</td>
<td>0.634</td>
<td>0.649</td>
<td>0.64</td>
<td>0.64</td>
<td>0.628</td>
<td>0.604</td>
<td>0.59</td>
<td>0.587</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 Russell County earn a living is changing. While employment in traditional industries such as agriculture, extractive industries and manufacturing has been relatively stable, a great proportion of people are earning a living working in service industries. Perhaps consistent with the overall population decline, employment in government also declined modestly. Russell County has been above the state average in terms of the percentage of population living in poverty.

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

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

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

Health and Behavioral Data Summary

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

- Over time, long-term care facility occupancy has generally decreased as the average number of beds decreased.

- Considering available indicators of children's welfare the trends related to prenatal care and birth outcomes suggest challenges. About 27 percent of fetuses had not had adequate prenatal care.

- The rates of youth tobacco use and binge drinking are improving but remain relatively high.

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

- Recent trends in hospital usage suggest a fairly steady level of demand at the Russell Regional Hospital.

Russell County Primary Health Market Area

ZIP codes within the Russell County Health Market Area.

Source: Claritas, Inc. 2012
Russell County Rural Health Works

The number of nursing home beds includes only long-term care nursing facilities in Russell County. It excludes any nursing care beds that may exist in a hospital nursing unit. Over time, occupancy has generally decreased as the average number of beds decreased.

Table 1. Average Russell County Occupancy of Nursing Home Beds

<table>
<thead>
<tr>
<th>Year</th>
<th>Average Number of Nursing Beds</th>
<th>Average Nursing Occupancy Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>2001</td>
<td>145</td>
<td>86.2%</td>
</tr>
<tr>
<td>2002</td>
<td>141</td>
<td>87.9%</td>
</tr>
<tr>
<td>2003</td>
<td>148</td>
<td>84.8%</td>
</tr>
<tr>
<td>2004</td>
<td>148</td>
<td>79.8%</td>
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<tr>
<td>2005</td>
<td>108</td>
<td>73.8%</td>
</tr>
<tr>
<td>2006</td>
<td>108</td>
<td>71.6%</td>
</tr>
<tr>
<td>2007</td>
<td>101</td>
<td>74.7%</td>
</tr>
<tr>
<td>2008</td>
<td>80</td>
<td>75.7%</td>
</tr>
<tr>
<td>2009</td>
<td>59</td>
<td>88.3%</td>
</tr>
<tr>
<td>2010</td>
<td>59</td>
<td>82.9%</td>
</tr>
</tbody>
</table>

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

Considering available indicators of children’s welfare, a relatively small population base can lead to large percentage changes that must be interpreted cautiously. While available data are limited, the trends related to prenatal care and birth outcomes suggest challenges. About 27 percent of fetuses had not had adequate prenatal care. The rates of youth tobacco use and binge drinking are improving but remain relatively high.

Table 2. Indicators of Children’s Welfare

<table>
<thead>
<tr>
<th>Health Indicators</th>
<th>2004</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Immunizations</td>
<td>Russell</td>
<td>81.0%</td>
<td>61.8%</td>
<td>60.3%</td>
<td>64.0%</td>
<td>67.0%</td>
<td>81.0%</td>
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<tr>
<td></td>
<td>KS</td>
<td>69.3%</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>Russell</td>
<td>79.2%</td>
<td>81.0%</td>
<td>76.6%</td>
<td>67.4%</td>
<td>79.0%</td>
<td>71.3%</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>KS</td>
<td>81.4%</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>Russell</td>
<td>6.5%</td>
<td>9.5%</td>
<td>6.1%</td>
<td>5.4%</td>
<td>11.9%</td>
<td>9.9%</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>KS</td>
<td>7.3%</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 (per 100,000 15-19 year-olds)</td>
<td>Russell</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
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<td></td>
<td>KS</td>
<td>40.8</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>Russell</td>
<td>21.9%</td>
<td>22.7%</td>
<td>17.9%</td>
<td>22.4%</td>
<td>20.3%</td>
<td>23.9%</td>
<td>18.9%</td>
</tr>
<tr>
<td></td>
<td>KS</td>
<td>15.8%</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>Youth Binge Drinking</td>
<td>Russell</td>
<td>22.5%</td>
<td>28.1%</td>
<td>23.9%</td>
<td>27.7%</td>
<td>25.0%</td>
<td>29.0%</td>
<td>19.3%</td>
</tr>
<tr>
<td></td>
<td>KS</td>
<td>17.2%</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>Asthma (per 1,000)</td>
<td>Russell</td>
<td>2.8</td>
<td>0.7</td>
<td>6.6</td>
<td>2.9</td>
<td>3.7</td>
<td>0.0</td>
<td>0.7</td>
</tr>
<tr>
<td></td>
<td>KS</td>
<td>1.7</td>
<td>1.6</td>
<td>6.6</td>
<td>1.7</td>
<td>1.9</td>
<td>1.5</td>
<td>1.4</td>
</tr>
<tr>
<td>Mental Health (per 1,000)</td>
<td>Russell</td>
<td>0.7</td>
<td>0.0</td>
<td>2.2</td>
<td>0.0</td>
<td>1.5</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td></td>
<td>KS</td>
<td>3.0</td>
<td>3.0</td>
<td>2.9</td>
<td>2.7</td>
<td>3.4</td>
<td>3.3</td>
<td>-</td>
</tr>
</tbody>
</table>

Kansas KIDSCOUNT, 2011

Table 3 contains information about persons served by state and federally-funded services. Across many of the service categories reported, the numbers suggest a fairly high proportion of the local population experiencing economic distress. In particular, the need for food, energy, mental health and family assistance has increased recently.
Table 3. Persons Served by Selected Public Assistance Programs in Russell County

<table>
<thead>
<tr>
<th>Major Services</th>
<th>FY 2009</th>
<th>FY 2010</th>
<th>FY 2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Temporary Assistance for Families</td>
<td>Avg. monthly persons</td>
<td>59</td>
<td>92</td>
</tr>
<tr>
<td>TANF Employment Services</td>
<td>Avg. monthly adults</td>
<td>38</td>
<td>48</td>
</tr>
<tr>
<td>Child Care Assistance</td>
<td>Avg. monthly children</td>
<td>25</td>
<td>37</td>
</tr>
<tr>
<td>Food Assistance</td>
<td>Avg. monthly persons</td>
<td>454</td>
<td>565</td>
</tr>
<tr>
<td>Energy Assistance</td>
<td>Annual persons</td>
<td>397</td>
<td>461</td>
</tr>
<tr>
<td>General Assistance</td>
<td>Avg. monthly persons</td>
<td>9</td>
<td>5</td>
</tr>
<tr>
<td>Vocational Rehabilitation Services</td>
<td>Avg. monthly persons</td>
<td>15</td>
<td>18</td>
</tr>
<tr>
<td>Family Preservation</td>
<td>Annual persons</td>
<td>3</td>
<td>9</td>
</tr>
<tr>
<td>Reintegration/Foster Care</td>
<td>Avg. monthly children</td>
<td>6</td>
<td>8</td>
</tr>
<tr>
<td>Adoption Support</td>
<td>Avg. monthly children</td>
<td>10</td>
<td>9</td>
</tr>
<tr>
<td>Physical Disability</td>
<td>Annual consumers</td>
<td>30</td>
<td>30</td>
</tr>
<tr>
<td>Traumatic Brain Injury</td>
<td>Annual consumers</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>Developmental Disability</td>
<td>Annual consumers</td>
<td>18</td>
<td>13</td>
</tr>
<tr>
<td>Autism</td>
<td>Annual consumers</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Substance Abuse (PIHP)</td>
<td>Annual consumers</td>
<td>14</td>
<td>16</td>
</tr>
<tr>
<td>Mental Health (PAHP)</td>
<td>Annual consumers</td>
<td>145</td>
<td>155</td>
</tr>
<tr>
<td>Intermediate Care Facility (ICF-MR)</td>
<td>Average daily census</td>
<td>558</td>
<td>10</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 about 27 percent of newborns received less than adequate prenatal care. Even a single teenage pregnancy sets a young person on a difficult life path. There were 11 teenage pregnancies in 2010. And, about one-half to three-quarters of all marriages end in dissolution.

In the recent past, usage of Russell Regional Hospital appears to have remained relatively stable (Table 5). This is evident in the number of inpatient visits and procedures. Medicare recipients appear to be an important component of the patient base.
### Table 4. Selected Vital Statistics for Russell County, 2010

<table>
<thead>
<tr>
<th>Live Births by Age-Group of Mother</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>93</td>
<td>0</td>
<td>10</td>
<td>21</td>
<td>34</td>
<td>23</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>Adequacy of Prenatal Care by Number and Percentage</td>
<td>Adequate Plus</td>
<td>Adequate</td>
<td>Intermediate</td>
<td>Inadequate</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>28.00</td>
<td>30%</td>
<td>39.00</td>
<td>42%</td>
<td>10.00</td>
<td>11%</td>
<td>15.00</td>
<td>16%</td>
</tr>
<tr>
<td>Out-of-Wedlock Births by Age</td>
<td>35</td>
<td>0</td>
<td>9</td>
<td>16</td>
<td>3</td>
<td>5</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>0-4</td>
<td>5-14</td>
<td>15-24</td>
<td>25-34</td>
<td>35-44</td>
<td>45-54</td>
<td>55-64</td>
<td>65-84</td>
</tr>
<tr>
<td>Teenage Pregnancies</td>
<td>0</td>
<td>10</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>11</td>
</tr>
<tr>
<td>Deaths by Age Group</td>
<td>4</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>4</td>
<td>14</td>
<td>45</td>
</tr>
<tr>
<td>Marriages by Number and Rate per 1,000 Population</td>
<td>2006</td>
<td>2007</td>
<td>2008</td>
<td>2009</td>
<td>2010</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abortions</td>
<td>2006</td>
<td>5.6</td>
<td>50</td>
<td>7.4</td>
<td>59</td>
<td>8.9</td>
<td>44</td>
<td>6.7</td>
</tr>
<tr>
<td>Total Pregnancies</td>
<td>2006</td>
<td>2007</td>
<td>2008</td>
<td>2009</td>
<td>2010</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Marriages Dissolutions by Number and Rate per 1,000 Population</td>
<td>2006</td>
<td>2007</td>
<td>2008</td>
<td>2009</td>
<td>2010</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abortions</td>
<td>2006</td>
<td>3</td>
<td>25</td>
<td>3.7</td>
<td>20</td>
<td>3.0</td>
<td>26</td>
<td>3.9</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>2006-07</th>
<th>2007-08</th>
<th>2008-09</th>
<th>2009-10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Practicing Physicians (county)</td>
<td>4</td>
<td>5</td>
<td>7</td>
<td>6</td>
</tr>
<tr>
<td>Persons per Physician (county)</td>
<td>1,681</td>
<td>1,327</td>
<td>942</td>
<td>1,110</td>
</tr>
<tr>
<td><strong>Russell Regional Hospital</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<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>15</td>
<td>25</td>
<td>25</td>
<td>25</td>
</tr>
<tr>
<td>Staffed Beds-Hospital</td>
<td>25</td>
<td>22</td>
<td>23</td>
<td>25</td>
</tr>
<tr>
<td>Staffed Beds-Nursing Home Unit</td>
<td>27</td>
<td>29</td>
<td>28</td>
<td>21</td>
</tr>
<tr>
<td>Admissions-Hospital</td>
<td>532</td>
<td>537</td>
<td>491</td>
<td>402</td>
</tr>
<tr>
<td>Admissions-Nursing Home Unit</td>
<td>11</td>
<td>9</td>
<td>18</td>
<td>18</td>
</tr>
<tr>
<td>Admissions-Swing Beds</td>
<td>-</td>
<td>145</td>
<td>136</td>
<td>-</td>
</tr>
<tr>
<td>Inpatient Days - Hospital</td>
<td>2,709</td>
<td>2,976</td>
<td>2,681</td>
<td>2,272</td>
</tr>
<tr>
<td>Inpatient Days - Nursing Home Unit</td>
<td>8,761</td>
<td>9,197</td>
<td>9,826</td>
<td>9,267</td>
</tr>
<tr>
<td>Inpatient Days - Swing-beds</td>
<td>-</td>
<td>1,715</td>
<td>1,491</td>
<td>-</td>
</tr>
<tr>
<td>Emergency Room Visits</td>
<td>2,143</td>
<td>2,371</td>
<td>2,432</td>
<td>2,420</td>
</tr>
<tr>
<td>Outpatient Visits</td>
<td>20,474</td>
<td>21,182</td>
<td>20,451</td>
<td>48,785</td>
</tr>
<tr>
<td>Inpatient Surgical Operations</td>
<td>13</td>
<td>15</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Outpatient Surgical Operations</td>
<td>295</td>
<td>324</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Medicare Inpatient Discharges</td>
<td>412</td>
<td>439</td>
<td>400</td>
<td>332</td>
</tr>
<tr>
<td>Medicare Inpatient Days</td>
<td>2,441</td>
<td>2,590</td>
<td>2,382</td>
<td>2,044</td>
</tr>
<tr>
<td>Medicaid Inpatient Discharges</td>
<td>27</td>
<td>29</td>
<td>22</td>
<td>26</td>
</tr>
<tr>
<td>Medicaid Inpatient Days</td>
<td>5,092</td>
<td>5,745</td>
<td>3,160</td>
<td>3,603</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.
Introduction

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

Education Data Summary

Following are a variety of data and statistics about the K-12 school system in Russell 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 Russell County.

- Total student enrollment in Russell County K-12 school districts has steadily declined since 2000.
- The ratio of about 12 students per teacher permits fairly close attention for each of the students.
- The trend in the student dropout rate has generally been slowly decreasing in Russell County over the past decade.
- The trend in student-on-student violence has been increasing over time. Student-on-faculty violence has varied, but has an overall downward trend.

Source: Claritas, Inc. 2012.
Total student enrollment in Russell County K-12 school districts has steadily declined since 2000. Enrollment was 1,080 in the 2011-2012 school year, down from 1,257 in 2000-2001.

As the student population has declined, the student-to-teacher ratio also has declined. This generally means that as the school-age population has declined, the district has retained staffing. The ratio of about 12 students per teacher permits fairly close attention for each of the students.
The trend in the student dropout rate has generally been slowly decreasing in Russell County over the past decade. This may be due, in part, to the declining enrollment.
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 varied, but has an overall downward trend.

Figure 4. Incidents of Student-on-Student Violence

Figure 5. Incidents of Student-on-Faculty Violence

Prepared by the Office of Local Government, K-State Research and Extension. For questions or other information, call 785-532-2643.
Russell County Rural Health Works

Crime Data

Introduction

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

Crime Data Summary

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

- Similar to state trends, the incidence of crime in Russell County has decreased overall like the state average in from 2009 to 2011.

- The incidence of property crime and violent crime increased in 2009 from 2008, but that trend ended in 2010.

- The number of adult arrests has increased for Russell County from 2006-2011.

- The number of full-time law enforcement officials per 1,000 population in Russell County has been consistently above the state rate.

Russell County Primary Health Market Area

ZIP codes within the Russell County Health Market Area.

Source: Claritas, Inc. 2012.
Russell County Rural Health Works

Similar to state trends, the incidence of crime in Russell County has decreased overall from 2009 to 2011. The incidence of property crime and violent crime increased in 2009 from 2008, but that trend ended in 2010. It should be noted that the data for many counties are often partial or missing for a given year.

Table 1. Crime Statistics for Russell 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></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Russell</td>
<td>147</td>
<td>22.0</td>
<td>27</td>
</tr>
<tr>
<td>Kansas</td>
<td>93,996</td>
<td>37.5</td>
<td>10,032</td>
</tr>
<tr>
<td>2009</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Russell</td>
<td>193</td>
<td>28.9</td>
<td>31</td>
</tr>
<tr>
<td>Kansas</td>
<td>98,757</td>
<td>35.6</td>
<td>11,099</td>
</tr>
<tr>
<td>2010</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Russell</td>
<td>166</td>
<td>25.3</td>
<td>30</td>
</tr>
<tr>
<td>Kansas</td>
<td>98,354</td>
<td>34.9</td>
<td>10,428</td>
</tr>
<tr>
<td>2011</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Russell</td>
<td>132</td>
<td>18.8</td>
<td>26</td>
</tr>
<tr>
<td>Kansas</td>
<td>96,596</td>
<td>32.8</td>
<td>10,091</td>
</tr>
</tbody>
</table>

Kansas Bureau of Investigation, 2012

Index crimes include violent crimes (murder, rape, robbery, and aggravated assault/battery) plus property crime (burglary, theft, and motor vehicle theft).
Figure 1. Crime Index Offenses for Russell County and Kansas

![Graph showing the crime index offenses for Russell County and Kansas from 2003 to 2011. The graph compares the rate per 1,000 population between Russell and Kansas.](image)

Kansas Bureau of Investigation, 2012

Figure 2. Crime Index Arrests for Russell County and Kansas

![Graph showing the crime index arrests for Russell County and Kansas from 2003 to 2011. The graph compares the rate per 1,000 population between Russell and Kansas.](image)

Kansas Bureau of Investigation, 2012

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 Russell County has been consistently above 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 Russell County. The data is reported by county.

- The rate of traffic accidents in Russell County exceeds the rate for the state as a whole, with deer-involved accidents accounting for many of the accidents.

- In 2008, there were 236 total vehicle crashes in Russell County. The declining 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 31 accidents involving injury and three fatalities.

- In 20% of the accidents involving injury or death, vehicle occupants were not wearing a seatbelt.

Source: Claritas, Inc. 2012.
The rate of traffic accidents in Russell County exceeds the rate for the state as a whole, with deer-vehicle collisions accounting for many of the accidents. In 2008, there were 236 total vehicle crashes in Russell County. The modestly declining 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 31 accidents involving injury and three fatalities.

<table>
<thead>
<tr>
<th>Accidents</th>
<th>Russell</th>
<th>Kansas</th>
<th>Rate per 1,000 Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>236</td>
<td>65,858</td>
<td>34.4</td>
</tr>
<tr>
<td>Fatal Accidents</td>
<td>3</td>
<td>348</td>
<td>0.4</td>
</tr>
<tr>
<td>Injury Accidents</td>
<td>31</td>
<td>14,866</td>
<td>4.5</td>
</tr>
<tr>
<td>Property Damage Only</td>
<td>202</td>
<td>50,644</td>
<td>29.4</td>
</tr>
<tr>
<td>Deer Involved</td>
<td>85</td>
<td>9,371</td>
<td>12.4</td>
</tr>
<tr>
<td>Speed Related</td>
<td>23</td>
<td>7,917</td>
<td>3.3</td>
</tr>
<tr>
<td>Alcohol Related</td>
<td>8</td>
<td>3,366</td>
<td>1.2</td>
</tr>
<tr>
<td>People</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Deaths</td>
<td>3</td>
<td>385</td>
<td>0.4</td>
</tr>
<tr>
<td>Injuries</td>
<td>49</td>
<td>21,058</td>
<td>2.3</td>
</tr>
<tr>
<td>% Restraint Use</td>
<td>80.4%</td>
<td>80.9%</td>
<td></td>
</tr>
</tbody>
</table>

Kansas Traffic Accident Facts, 2012

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

Kansas Department of Transportation, 2012
Russell County Rural Health Works

**Figure 2. Injury Accidents in Russell County, 2000-2008**

Kansas Department of Transportation, 2012

**Figure 3. Fatal Accidents in Russell County, 2000-2008**

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

Kansas Department of Transportation, 2012

Figure 5. Other Crashes in Russell 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 posted to the Health Matters Website, including:

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

It should be noted, however, that some places with too few events of a given type may display no results, or may show multi-county regional values.
Average Monthly WIC Participation

Value: 24.5 average cases per 1,000 population
Measurement Period: 2010
Location: County: Russell
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.
Russell County Rural Health Works

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

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

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

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

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

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

Ratio of Population to Primary Care Physicians

Value: 1,132 population per physician
Measurement Period: 2010
Location: County : Russell
Comparison: KS State Value
Categories: Health / Access to Health Services
Russell County Rural Health Works

Ratio of Population to Primary Care Physicians

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

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

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

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

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

Source: Kansas Hospital Association
Russell County Rural Health Works

Children's Health

Percent of WIC Mothers Breastfeeding Exclusively

Value: 6.5 percent
Measurement Period: 2010
Location: County: Russell
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
Russell County Rural Health Works

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

Exercise, Nutrition & Weight

Percentage of Adults Participating in Recommended Level of Physical Activity

Value: 44.4 percent
Measurement Period: 2009
Location: Public Health Preparedness Region: North Central Kansas Public Health Initiative
Comparison: KS State Value
Categories: Health / Exercise, Nutrition, & Weight

*County data was unavailable; Regional value was reported

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

Why this is important:
Active adults reduce their risk of many serious health conditions including obesity, heart disease, diabetes, colon cancer, and high blood pressure. In addition, physical activity reduces the symptoms of anxiety and depression, improves mood and feelings of well-being, and promotes healthy sleep patterns. More than 60 percent of adults in the United States do not engage in the recommended amount of activity, and about 25 percent of adults are not active at all. The American College of Sports Medicine (ACSM) recommends that active adults perform physical activity three to five times each week for 20 to 60 minutes at a time to improve cardiovascular fitness and body composition. In addition to reducing the risk of multiple chronic diseases, physical activity helps maintain healthy bones, muscles, joints, and helps to control weight, develop lean muscle, and reduce body fat. The Healthy People 2020 national health target is to increase the proportion of adults who engage in aerobic physical
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activity of at least moderate intensity for at least 150 minutes/week, or 75 minutes/week of vigorous intensity, or an equivalent combination to 47.9%.

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

Percentage of Adults Who are Obese

Value: 33.4 percent  
Measurement Period: 2009  
Location: Public Health Preparedness Region: North Central Kansas Public Health Initiative  
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%. 

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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/
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Heart Disease and Stroke

Congestive Heart Failure Hospital Admission Rate

Value: 299.05 per 100,000 population  
Location: County : Russell  
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.
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Source: Kansas Department of Health and Environment
URL of Source:  http://www.kdheks.gov/
URL of Data:  http://kic.kdhe.state.ks.us/kic/

Heart Disease Hospital Admission Rate

**Value:** 470.94 per 100,000 population  
**Measurement Period:** 2007-2009  
**Location:** County : Russell  
**Comparison:** KS State Value  
**Categories:** Health / Heart Disease & Stroke; Health / Access to Health Services; Health / Wellness & Lifestyle

<table>
<thead>
<tr>
<th>Heart Disease Hospital Admission Rate per 100,000 Population</th>
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<tbody>
<tr>
<td><img src="chart.png" alt="Heart Disease Hospital Admission Rate Chart" /></td>
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**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/
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Immunizations & Infectious Diseases

Bacterial Pneumonia Hospital Admission Rate

Value: 377.17 per 100,000 population
Location: County: Russell
Comparison: KS State Value
Categories: Health / Immunizations & Infectious Diseases; Health / Other Conditions; Health / Access to Health Services

![Bacterial Pneumonia Hospital Rate per 100,000 Population](image)

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.
Percent of Infants Fully Immunized at 24 Months

Value: 75.8 percent  
**Measurement Period:** 2010-2011  
**Location:** County: Russell  
**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.
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Technical Note: The county value is compared to the Kansas State value.
Source: Kansas Department of Health and Environment
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: 41.6 percent
Measurement Period: 2009
Location: Public Health Preparedness Region: North Central Kansas Public Health Initiative
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.
Sexually Transmitted Disease Rate

Value: 2.9 cases/10,000 population
Measurement Period: 2010
Location: County: Russell
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.
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Chlamydia, the most frequently reported bacterial sexually transmitted disease in the United States, is caused by the bacterium, Chlamydia trachomatis. Under-reporting of chlamydia is substantial because most people with chlamydia are not aware of their infections and do not seek testing.

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

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

Source: Kansas Department of Health and Environment

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

URL of Data: http://www.kdheks.gov/std/std_reports.html
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Maternal, Fetal & Infant Health

Infant Mortality Rate

Value: 14.42 deaths/1,000 population
Measurement Period: 2006-2010
Location: County: Russell
Comparison: KS State Value
Categories: Health / Maternal, Fetal & Infant Health; Health / Mortality Data

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

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

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

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

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

### Number of Births per 1,000 Population

**Value:** 12.8 births/1,000 population  
**Measurement Period:** 2008-2010  
**Location:** County: Russell  
**Comparison:** KS State Value  
**Categories:** Health / Maternal, Fetal & Infant Health

![Number of Births per 1,000 Population](chart)

**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)
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Percent of all Births Occurring to Teens (15-19 years)

Value: 12 percent
Measurement Period: 2008-2010
Location: County : Russell
Comparison: KS State Value
Categories: Health / Maternal, Fetal & Infant Health; Health / Teen & Adolescent Health

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

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

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

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

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

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

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

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

Percent of Births Occurring to Unmarried Women

Value: 38.9 percent
Measurement Period: 2008-2010
Location: County : Russell
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.
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**Why this is important:** Non-marital births reflect the number of children born to unmarried women and includes both planned and unplanned pregnancies as well as women who were living with a partner at the time of birth. In previous decades, the term was often used to describe births to teen mothers; however, in recent decades, the average age of unmarried women having children has increased and less than one quarter of non-marital births were to teenaged women. Despite the older age of unmarried mothers, health concerns remain for the children of unmarried women. Studies have found that infants born to non-married women are at greater risk of being born preterm, having a low birth weight, dying in infancy and living in poverty than babies born to married women. In 2007, nearly 4 in 10 births in the U.S. were to unmarried women, according to CDC.

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

Source: Kansas Department of Health and Environment


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

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

**Value:** 26.4 percent

**Measurement Period:** 2008-2010

**Location:** County: Russell

**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.
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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: 75.5 percent
Measurement Period: 2008-2010
Location: County: Russell
Comparison: KS State Value
Categories: Health / Maternal, Fetal & Infant Health

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

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

Percent of Births with Inadequate Birth Spacing

Value: 14.5 percent
Measurement Period: 2008-2010
Location: County: Russell
Comparison: KS State Value
Categories: Health / Maternal, Fetal & Infant Health; Health / Children's Health

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 ½ 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: 10.1 percent
Measurement Period: 2008-2010
Location: County: Russell
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.
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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
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Mortality Data

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

Value: 25 deaths/100,000 population
Measurement Period: 2008-2010
Location: County: Russell
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: 15.85 deaths/100,000 population
Location: County : Russell
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: 158.7 deaths/100,000 population
Measurement Period: 2008-2010
Location: County : Russell
Comparison: KS State Value
Categories: Health / Mortality Data

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

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

Value: 32.6 deaths/100,000 population
Measurement Period: 2008-2010
Location: County : Russell
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
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Value: 35.5 deaths/100,000 population  
Measurement Period: 2008-2010  
Location: County: Russell  
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
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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: 37.44 deaths/100,000 population
Measurement Period: 2008-2010
Location: County: Russell
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
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increased risk for ischemic heart disease, neuropathy, and stroke. In economic terms, the direct medical expenditure attributable to diabetes in 2007 was estimated to be $116 billion.

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

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

Value: 189.97 deaths/100,000 population
Measurement Period: 2008-2010
Location: County : Russell
Comparison: KS State Value
Categories: Health / Mortality Data

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

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

Technical Note: The County / Region values are compared to the Kansas State value.
Source: Kansas Department of Health and Environment
URL of Source: http://www.kdheks.gov/
Russell County Rural Health Works

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

Age-adjusted Homicide Mortality Rate per 100,000 Population

Value: 0 deaths/100,000 population
Measurement Period: 2007-09
Location: County : Russell
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: 757.68 deaths/100,000 population
Russell County Rural Health Works

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

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

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

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

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

CKD and end-stage renal disease (ESRD) are significant public health problems in the United States and a major source of suffering and poor quality of life for those afflicted. They are responsible for premature death and exact a high economic price from both the private and public sectors.
Russell County Rural Health Works

public sectors. CKD and ESRD are very costly to treat. Nearly 25 percent of the Medicare budget is used to treat people with CKD and ESRD

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

Age-adjusted Suicide Mortality Rate per 100,000 Population

Value: 29.18 deaths/100,000 population
Measurement Period: 2003-2005
Location: County: Russell
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
Age-adjusted Traffic Injury Mortality Rate per 100,000 Population

Value: 37.42 deaths/100,000 population
Location: County: Russell
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: 69 deaths/100,000 population
Measurement Period: 2008-2010
Location: County: Russell
Comparison: KS State Value
Categories: Health / Mortality Data

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

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

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

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

Injury Hospital Admission Rate

Value: 1,198.76 Per 100,000 population
Location: County : Russell
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
Russell County Rural Health Works

Respiratory Diseases

Chronic Obstructive Pulmonary Disease (COPD) Hospital Admission Rate

Value: 230.15 Per 100,000 population
Location: County : Russell
Comparison: KS State Value
Categories: Health/Respiratory Diseases

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

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

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

Percentage of Adults Who are Binge Drinkers

Value: 14.5 percent
Measurement Period: 2009
Location: Public Health Preparedness Region: North Central Kansas Public Health Initiative
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
Russell County Rural Health Works

Percentage of Adults Who Currently Smoke Cigarettes

Value: 16 percent
Measurement Period: 2009
Location: Public Health Preparedness Region: North Central Kansas Public Health Initiative
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/

*County data was unavailable; Regional value was reported
Russell County Rural Health Works

Wellness & Lifestyle

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

Value: 14.1 percent
Measurement Period: 2009
Location: Public Health Preparedness Region: North Central Kansas Public Health Initiative
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/
Russell County Rural Health Works

Economic Climate

Uninsured Adult Population Rate

Value: 19.8 Percent
Measurement Period: 2009
Location: County : Russell
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/
URL of Data:  http://www.census.gov/did/www/sahie/

Unemployed Workers in Civilian Labor Force

Value: 4.4 Percent
Measurement Period: 2012, May
Location: County : Russell
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
URL of Source: http://www.bls.gov/
URL of Data: http://data.bls.gov/PDQ/outside.jsp?survey=la
Household with Public Assistance

Value: 2.5 Percent  
Measurement Period: 2006-2010  
Location: County : Russell  
Comparison: U.S. Counties  
Categories: Economy/Government Assistance Programs

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

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

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

Foreclosure Rate

Value: 3.7 Percent
Measurement Period: 2008
Location: County: Russell
Comparison: U.S. Counties
Categories: Economy/Home Ownership

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

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

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

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

Value: 1.7 Percent
Measurement Period: 2006-2010
Location: County: Russell
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
Russell County Rural Health Works

Value: 62.5 Percent
Measurement Period: 2006-2010
Location: County: Russell
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/

Housing Affordability & Supply

Renters Spending 30% or More of Household Income on Rent

Value: 29.4 Percent
Measurement Period: 2006-2010
Location: County: Russell
Comparison: U.S. Counties
Categories: Economy/Housing Affordability & Supply
**Russell County Rural Health Works**

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

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

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

Income

Median Household Income

Value: 36,135 Dollars
Measurement Period: 2006-2010
Location: County: Russell
Comparison: U.S. Counties
Categories: Economy/Income

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

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

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

Per Capita Income
Russell County Rural Health Works

Value: 23,243 Dollars  
Measurement Period: 2006-2010  
Location: County: Russell  
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/](http://www.census.gov/acs/www/)
URL of Data: [http://factfinder2.census.gov/](http://factfinder2.census.gov/)
Children Living Below Poverty Level

Value: 30.2 Percent
Measurement Period: 2006-2010
Location: County: Russell
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: 13.0 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: 17.3 Percent
Measurement Period: 2007
Location: County : Russell
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: 10.6 Percent
Measurement Period: 2006-2010
Location: County : Russell
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: 61.7 Percent
Measurement Period: 2006-2010
Location: County: Russell
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: 16.9 Percent
Measurement Period: 2006-2010
Location: County: Russell
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: 12.4 Percent
Measurement Period: 2006-2010
Location: County : Russell
Comparison: KS State Value
Categories: Economy/Poverty
What is this Indicator?
This indicator shows the percentage of school-aged children, aged 5 to 19, who are living below the federal poverty level and enrolled in school.

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

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

Students Eligible for the Free Lunch Program

Value: 38.3 Percent
Measurement Period: 2009
Location: County: Russell
Comparison: U.S. Counties
Categories: Economy/Poverty
Russell County Rural Health Works

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

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

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

Uninsured Adult Population Rate

Value: 19.8 Percent
Measurement Period: 2009
Location: County : Russell
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%.
Russell 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: 54.0 Percent
Measurement Period: 2006-2010
Location: County: Russell
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.
Russell County Rural Health Works

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

Educational Attainment in Adult Population

High School Graduation

Value: 82.8 Percent
Measurement Period: 2010
Location: County : Russell
Comparison: KS State Value
Categories: Education/Educational Attainment in Adult Population

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

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

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

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

Value: 90.1 Percent  
Measurement Period: 2006-2010  
Location: County : Russell  
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/](http://www.census.gov/acs/www/)  
URL of Data: [http://factfinder2.census.gov/](http://factfinder2.census.gov/)
People 25+ with a Bachelor's Degree or Higher

Value: 20.4 Percent  
Measurement Period: 2006-2010  
Location: County: Russell  
Comparison: U.S. Counties  
Categories: Education/Higher Education

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

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

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

School Environment

Student-to-Teacher Ratio

Value: 11.1 students/teacher
Measurement Period: 2009-2010
Location: County: Russell
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/
Russell County Rural Health Works

Built Environment

Farmers Market Density

Value: 0.14 markets/1,000 population
Measurement Period: 2011
Location: County: Russell
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
Russell County Rural Health Works

Value: 0.61 restaurants/1,000 population
Measurement Period: 2009
Location: County: Russell
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: 0.45 stores/1,000 population
Measurement Period: 2009
What is this Indicator?
This indicator shows the number of supermarkets and grocery stores per 1,000 population. Convenience stores and large general merchandise stores such as supercenters and warehouse club stores are not included in this count.

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

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

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

Value: 1.5 Percent
Measurement Period: 2006
Russell County Rural Health Works

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

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: 43 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 Data: [http://factfinder2.census.gov/main.html](http://factfinder2.census.gov/main.html)

Low-Income and >1 Mile from a Grocery Store

Value: 18.2 Percent
Measurement Period: 2006
**Russell County Rural Health Works**

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

### Low-Income and >1 Mile from a Grocery Store

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

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

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

### Recreation and Fitness Facilities

**Value:** 0 facilities/1,000 population  
**Measurement Period:** 2009  
**Location:** County : Russell  
**Comparison:** U.S. Value
Russell 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: 0.7 stores/1,000 facilities
Measurement Period: 2010
Location: County: Russell
Comparison: U.S. Counties
Categories: Environment/Build Environment
Russell County Rural Health Works

What is this Indicator?
This indicator shows the number of stores certified to accept Supplemental Nutrition Assistance Program benefits per 1,000 population. SNAP stores include: supermarkets; grocery stores and convenience stores; super stores and supercenters; warehouse club stores; specialized food stores (retail bakeries, meat and seafood markets, and produce markets); and meal service providers that serve eligible persons.

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

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

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

Value: 52.03 Percent  
Measurement Period: 2000  
Location: County: Russell  
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
Russell County Rural Health Works

Elections & Voting

Voter Turnout

Value: 76.6 Percent  
Measurement Period: 2008  
Location: County: Russell  
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/)  
Russell County Rural Health Works

Crime & Crime Prevention

Rate of Violent Crime per 1,000 population

Value: 4.6 per 1,000 population
Measurement Period: 2009
Location: County: Russell
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/
URL of Data: http://www.accesskansas.org/kbi/stats/stats_crime.shtml
Russell County Rural Health Works

Demographics

Ratio of Children to Adults

Value: 29.4 children per 100 adults
Measurement Period: 2009
Location: County: Russell
Comparison: KS State Value
Categories: Social Environment/Demographics

What is this Indicator?
The 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: 67.5 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:** 38.1 elderly per 100 adults
**Measurement Period:** 2009
**Location:** County: Russell
**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/
Russell County Rural Health Works

Neighborhood/Community Attachment

People 65+ Living Alone

Value: 28.3 Percent
Measurement Period: 2006-2010
Location: County: Russell
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 life style. 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/)
Russell County Rural Health Works
Russell County Rural Health Works

Commute to Work

Mean Travel Time to Work

Value: 14.8 Minutes  
Measurement Period: 2006-2010  
Location: County: Russell  
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: 73.7 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: 3.4 Percent
Measurement Period: 2006-2010
Location: County: Russell
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/
Russell County Rural Health Works

Personal Vehicle Travel

Households without a Vehicle

Value: 6.7 Percent  
Measurement Period: 2006-2010  
Location: County: Russell  
Comparison: US Counties  
Categories: Transportation/Commute to Work

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

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

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

Value: 1.3 Percent  
**Measurement Period:** 2006-2010  
**Location:** County: Russell  
**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/](http://www.census.gov/acs/www/)  
**URL of Data:** [http://factfinder2.census.gov/](http://factfinder2.census.gov/)
Russell County

Community Survey Results
Russell County Community Health Care Survey

Survey Highlights

• 10 responses
• Important to remember – non-representative
• Most important factors for healthy community
  – Good jobs/healthy economy (30.6%)
  – Access to health care services (13.9%)
  – Good schools (13.9%)
  – Low crime/safe neighborhoods (12.3%)
• Most important health problems
  – Obesity (24.3%)
  – Aging problems (16.2%)
  – Diabetes (13.5%)
  – Heart disease and stroke (14.4%)
  – Cancers (8.1%)
• Most important risky behaviors
  – Alcohol abuse (25.7%)
  – Drug abuse (20.0%)
  – Lack of exercise (11.4%)
  – Poor eating habits (11.4%)
  – Tobacco use (8.6%)
• Rating overall health of community
  – Somewhat healthy (83.3%)
  – Unhealthy (16.7%)
• Rating personal health
  – Healthy (41.7%)
  – Somewhat healthy (58.3%)
• Hours volunteering
  – 1-5 hours (58.3%)
  – None (8.3%)
• Overall satisfaction rated 4-5
  – Community quality of life (53.3%)
  – Community health care (25.0%)
  – Raise children (27.2%)
  – Place to grow old (50.0%)
  – Economic opportunity (33.3%)
  – Safe place to live (75.0%)
• Overall satisfaction rated 4-5
  – Individual/family support networks (25.0%)
  – Opportunities to contribute to Quality of Life (8.3%)
  – Positive community attitudes (16.7%)
  – Variety of health services (25.0%)
– Number health/social service (16.7%)
– Increasing trust & respect (54.2%)
– Sense of civic responsibility (33.3%)

• 75% use local doctor
• 78% were satisfied/somewhat satisfied
• 75% used a hospital in the past 2 years; Russell Regional Hospital captured 75% of visits
• 70% had prior RRH experience; 100% were satisfied/somewhat satisfied
• Specialist: OB/GYN
• 67% used Physicians Clinic; 87.5% were satisfied/somewhat satisfied
• 36% used Family Medical Care; 75% were satisfied/somewhat satisfied
• 42% used County Health; 100% satisfied
• Comments suggest some unmet needs and challenges
  – Confidentiality, customer service issues
  – Accessing mental health services
  – Community awareness/support
Russell County Community Survey
Preliminary Results

1. Home Zip Code

<table>
<thead>
<tr>
<th>Zip Code</th>
<th>Number</th>
<th>Percent</th>
</tr>
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<tbody>
<tr>
<td>67481</td>
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</tr>
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<tr>
<td>67673</td>
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</tr>
<tr>
<td>Total</td>
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</tbody>
</table>

2. Three Most Important Factors for Healthy Community

<table>
<thead>
<tr>
<th>Factor</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Good place to raise children</td>
<td>1</td>
<td>2.8%</td>
</tr>
<tr>
<td>Low crime/safe neighborhoods</td>
<td>5</td>
<td>13.9%</td>
</tr>
<tr>
<td>Low level of child abuse</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Good schools</td>
<td>5</td>
<td>13.9%</td>
</tr>
<tr>
<td>Access to health care services</td>
<td>5</td>
<td>13.9%</td>
</tr>
<tr>
<td>Parks and recreation</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Clean environment</td>
<td>1</td>
<td>2.8%</td>
</tr>
<tr>
<td>Affordable housing</td>
<td>3</td>
<td>8.3%</td>
</tr>
<tr>
<td>Affordable childcare</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Arts and cultural events</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Excellent race/ethnic relations</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Good jobs and healthy economy</td>
<td>11</td>
<td>30.6%</td>
</tr>
<tr>
<td>Strong family life</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Healthy behaviors and lifestyles</td>
<td>2</td>
<td>5.6%</td>
</tr>
<tr>
<td>Low adult death and disease rates</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Low infant deaths</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Religious or spiritual values</td>
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<td>0.0%</td>
</tr>
<tr>
<td>Emergency preparedness</td>
<td>1</td>
<td>2.8%</td>
</tr>
<tr>
<td>Health food environment</td>
<td>2</td>
<td>5.6%</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>0.0%</td>
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<tr>
<td>Total</td>
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<td>100.0%</td>
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### 3. Three Most Important Health Problems

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<thead>
<tr>
<th>Issue</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aging problems (e.g. arthritis, hearing/vision loss, etc.)</td>
<td>6</td>
<td>16.2%</td>
</tr>
<tr>
<td>Cancers</td>
<td>3</td>
<td>8.1%</td>
</tr>
<tr>
<td>Child abuse/neglect</td>
<td>2</td>
<td>5.4%</td>
</tr>
<tr>
<td>Dental problems</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Diabetes</td>
<td>5</td>
<td>13.5%</td>
</tr>
<tr>
<td>Domestic violence</td>
<td>1</td>
<td>2.7%</td>
</tr>
<tr>
<td>Firearm-related injuries</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Heart disease and stroke</td>
<td>4</td>
<td>10.8%</td>
</tr>
<tr>
<td>High blood pressure</td>
<td>2</td>
<td>5.4%</td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Homocide</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Infant death</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Infectious disease (e.g. hepatitis, TB, etc.)</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Mental health problems</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Motor vehicle crash injuries</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Obesity</td>
<td>9</td>
<td>24.3%</td>
</tr>
<tr>
<td>Rape/sexual assault</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Respiratory/lung disease</td>
<td>1</td>
<td>2.7%</td>
</tr>
<tr>
<td>Sexually Transmitted Diseases (STDs)</td>
<td>1</td>
<td>2.7%</td>
</tr>
<tr>
<td>Suicide</td>
<td>1</td>
<td>2.7%</td>
</tr>
<tr>
<td>Teenage pregnancy</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Terrorist activities</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Other</td>
<td>2</td>
<td>5.4%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>37</td>
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</table>
### 4. Three Most Important Risky Behaviors

<table>
<thead>
<tr>
<th>Behavior</th>
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<th>Percent</th>
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</thead>
<tbody>
<tr>
<td>Alcohol abuse</td>
<td>9</td>
<td>25.7%</td>
</tr>
<tr>
<td>Being overweight</td>
<td>2</td>
<td>5.7%</td>
</tr>
<tr>
<td>Dropping out of school</td>
<td>1</td>
<td>2.9%</td>
</tr>
<tr>
<td>Drug abuse</td>
<td>7</td>
<td>20.0%</td>
</tr>
<tr>
<td>Lack of exercise</td>
<td>4</td>
<td>11.4%</td>
</tr>
<tr>
<td>Lack of maternity care</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Poor eating habits</td>
<td>4</td>
<td>11.4%</td>
</tr>
<tr>
<td>Not getting &quot;shots&quot; to prevent disease</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Racism</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Tobacco use</td>
<td>3</td>
<td>8.6%</td>
</tr>
<tr>
<td>Not using birth control</td>
<td>1</td>
<td>2.9%</td>
</tr>
<tr>
<td>Not using seatbelts/child safety seats</td>
<td>2</td>
<td>5.7%</td>
</tr>
<tr>
<td>Unsafe sex</td>
<td>2</td>
<td>5.7%</td>
</tr>
<tr>
<td>Unsecured firearms</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Other</td>
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<td>0.0%</td>
</tr>
<tr>
<td>Total</td>
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</tr>
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</table>

### 5. Rating of Overall Health of Community

<table>
<thead>
<tr>
<th>Rating</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very unhealthy</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Unhealthy</td>
<td>2</td>
<td>16.7%</td>
</tr>
<tr>
<td>Somewhat healthy</td>
<td>10</td>
<td>83.3%</td>
</tr>
<tr>
<td>Healthy</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Very healthy</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Total</td>
<td>12</td>
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</tr>
</tbody>
</table>

### 6. Rating of Personal Health

<table>
<thead>
<tr>
<th>Rating</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very unhealthy</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Unhealthy</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Somewhat healthy</td>
<td>7</td>
<td>58.3%</td>
</tr>
<tr>
<td>Healthy</td>
<td>5</td>
<td>41.7%</td>
</tr>
<tr>
<td>Very healthy</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Total</td>
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</table>
### 7. Hours Spent Volunteering for Community Services

<table>
<thead>
<tr>
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<th>Number</th>
<th>Percent</th>
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</thead>
<tbody>
<tr>
<td>None</td>
<td>1</td>
<td>8.3%</td>
</tr>
<tr>
<td>1-5 hours</td>
<td>7</td>
<td>58.3%</td>
</tr>
<tr>
<td>6-10 hours</td>
<td>2</td>
<td>16.7%</td>
</tr>
<tr>
<td>Over 10 hours</td>
<td>2</td>
<td>16.7%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
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</table>

### 8. Satisfaction with Quality of Life in Community

<table>
<thead>
<tr>
<th></th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 (most negative)</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>2</td>
<td>1</td>
<td>6.7%</td>
</tr>
<tr>
<td>3</td>
<td>6</td>
<td>40.0%</td>
</tr>
<tr>
<td>4</td>
<td>5</td>
<td>33.3%</td>
</tr>
<tr>
<td>5 (most positive)</td>
<td>3</td>
<td>20.0%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>15</td>
<td>100.0%</td>
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</tbody>
</table>

### 9. Satisfaction with Health Care System in Community

<table>
<thead>
<tr>
<th></th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
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<td>8.3%</td>
</tr>
<tr>
<td>2</td>
<td>1</td>
<td>8.3%</td>
</tr>
<tr>
<td>3</td>
<td>7</td>
<td>58.3%</td>
</tr>
<tr>
<td>4</td>
<td>2</td>
<td>16.7%</td>
</tr>
<tr>
<td>5 (most positive)</td>
<td>1</td>
<td>8.3%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
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</table>

### 10. Is this community a good place to raise children?

<table>
<thead>
<tr>
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<th>Number</th>
<th>Percent</th>
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</thead>
<tbody>
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<tr>
<td>2</td>
<td>15</td>
<td>68.2%</td>
</tr>
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<tr>
<td>4</td>
<td>5</td>
<td>22.7%</td>
</tr>
<tr>
<td>5 (most positive)</td>
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<td>4.5%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
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</table>

### 11. Is this community a good place to grow old?

<table>
<thead>
<tr>
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<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
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<td>0.0%</td>
</tr>
<tr>
<td>2</td>
<td>5</td>
<td>41.7%</td>
</tr>
<tr>
<td>3</td>
<td>1</td>
<td>8.3%</td>
</tr>
<tr>
<td>4</td>
<td>6</td>
<td>50.0%</td>
</tr>
<tr>
<td>5 (most positive)</td>
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<td>0.0%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
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<td>100.0%</td>
</tr>
</tbody>
</table>
12. Is there economic opportunity in this community?

<table>
<thead>
<tr>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>8.3%</td>
</tr>
<tr>
<td>2</td>
<td>41.7%</td>
</tr>
<tr>
<td>3</td>
<td>16.7%</td>
</tr>
<tr>
<td>4</td>
<td>33.3%</td>
</tr>
<tr>
<td>5</td>
<td>0.0%</td>
</tr>
<tr>
<td>Total</td>
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</tbody>
</table>

13. Is this community a safe place to live?

<table>
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<tr>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
<tr>
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<td>0.0%</td>
</tr>
<tr>
<td>3</td>
<td>25.0%</td>
</tr>
<tr>
<td>4</td>
<td>58.3%</td>
</tr>
<tr>
<td>5 (most positive)</td>
<td>16.7%</td>
</tr>
<tr>
<td>Total</td>
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</tr>
</tbody>
</table>

14. Are there networks of support for individuals & families?

<table>
<thead>
<tr>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 (most negative)</td>
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</tr>
<tr>
<td>2</td>
<td>58.3%</td>
</tr>
<tr>
<td>3</td>
<td>16.7%</td>
</tr>
<tr>
<td>4</td>
<td>25.0%</td>
</tr>
<tr>
<td>5 (most positive)</td>
<td>0.0%</td>
</tr>
<tr>
<td>Total</td>
<td>100.0%</td>
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</table>

15. Opportunity for Contribution to Community's Quality of Life

<table>
<thead>
<tr>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
<tr>
<td>2</td>
<td>33.3%</td>
</tr>
<tr>
<td>3</td>
<td>58.3%</td>
</tr>
<tr>
<td>4</td>
<td>8.3%</td>
</tr>
<tr>
<td>5 (most positive)</td>
<td>0.0%</td>
</tr>
<tr>
<td>Total</td>
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</tr>
</tbody>
</table>
### 16. Do residents believe they can make the community better?

<table>
<thead>
<tr>
<th>Number (most negative)</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1</td>
<td>8.3%</td>
</tr>
<tr>
<td>2</td>
<td>7</td>
<td>58.3%</td>
</tr>
<tr>
<td>3</td>
<td>2</td>
<td>16.7%</td>
</tr>
<tr>
<td>4</td>
<td>2</td>
<td>16.7%</td>
</tr>
<tr>
<td>5 (most positive)</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Total</td>
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<td>100.0%</td>
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</tbody>
</table>

### 17. Broad Variety of Health Services

<table>
<thead>
<tr>
<th>Number (most negative)</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
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<td>1</td>
<td>1</td>
<td>8.3%</td>
</tr>
<tr>
<td>2</td>
<td>3</td>
<td>25.0%</td>
</tr>
<tr>
<td>3</td>
<td>5</td>
<td>41.7%</td>
</tr>
<tr>
<td>4</td>
<td>3</td>
<td>25.0%</td>
</tr>
<tr>
<td>5 (most positive)</td>
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<td>0.0%</td>
</tr>
<tr>
<td>Total</td>
<td>12</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

### 18. Sufficient Number of Health and Social Services

<table>
<thead>
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<th>Number (most negative)</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>16.7%</td>
</tr>
<tr>
<td>2</td>
<td>3</td>
<td>25.0%</td>
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<tr>
<td>3</td>
<td>5</td>
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<td>0.0%</td>
</tr>
<tr>
<td>Total</td>
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<td>100.0%</td>
</tr>
</tbody>
</table>

### 19. Increasing Trust & Respect Among Community Partners

<table>
<thead>
<tr>
<th>Number (most negative)</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
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<td>2</td>
<td>8.3%</td>
</tr>
<tr>
<td>2</td>
<td>3</td>
<td>12.5%</td>
</tr>
<tr>
<td>3</td>
<td>6</td>
<td>25.0%</td>
</tr>
<tr>
<td>4</td>
<td>9</td>
<td>37.5%</td>
</tr>
<tr>
<td>5 (most positive)</td>
<td>4</td>
<td>16.7%</td>
</tr>
<tr>
<td>Total</td>
<td>24</td>
<td>100.0%</td>
</tr>
</tbody>
</table>
20. Active Sense of Civic Responsibility

<table>
<thead>
<tr>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 (most negative)</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>5 (most positive)</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>12</td>
</tr>
</tbody>
</table>

21. Family Doctor in Russell County Service Area

<table>
<thead>
<tr>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>9</td>
</tr>
<tr>
<td>No</td>
<td>3</td>
</tr>
<tr>
<td>Don't Know</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>12</td>
</tr>
</tbody>
</table>

22. Satisfaction with Quality of Care

<table>
<thead>
<tr>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Satisfied</td>
<td>6</td>
</tr>
<tr>
<td>Somewhat Satisfied</td>
<td>1</td>
</tr>
<tr>
<td>Somewhat Dissatisfied</td>
<td>2</td>
</tr>
<tr>
<td>Dissatisfied</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>9</td>
</tr>
</tbody>
</table>

23. Why were you satisfied/dissatisfied?

Satisfied Responses:
- Very good quality providers & services
- Had good physical therapy for injury
- Great personnel, compassionate care
- Wait time, professionalism and level of care/quality

Dissatisfied Responses:
- Lack of knowledge
- Didn’t feel like I was told what my diagnosis was and how to treat it

24. Used Services of a Hospital in Past 24 Months

<table>
<thead>
<tr>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>9</td>
</tr>
<tr>
<td>No</td>
<td>3</td>
</tr>
<tr>
<td>Don't Know</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>12</td>
</tr>
</tbody>
</table>
25. Hospitals Services Received

<table>
<thead>
<tr>
<th>Location</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Russell Regional Hospital</td>
<td>7</td>
</tr>
<tr>
<td>Other (type below)</td>
<td>3</td>
</tr>
<tr>
<td>Salina Regional Health Center</td>
<td>1</td>
</tr>
<tr>
<td>Clara Barton</td>
<td>1</td>
</tr>
<tr>
<td>Hays Medical Center</td>
<td>1</td>
</tr>
</tbody>
</table>

26. Used Services of the Russell Regional Hospital

<table>
<thead>
<tr>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>70.0%</td>
</tr>
<tr>
<td>No</td>
<td>30.0%</td>
</tr>
<tr>
<td>Don't Know</td>
<td>0.0%</td>
</tr>
<tr>
<td>Total</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

27. Most Recent Service Obtained at Russell Regional Hospital

<table>
<thead>
<tr>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient</td>
<td>10.0%</td>
</tr>
<tr>
<td>Outpatient</td>
<td>70.0%</td>
</tr>
<tr>
<td>Emergency</td>
<td>20.0%</td>
</tr>
<tr>
<td>Total</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

28. Satisfaction with Last Russell Regional Hospital Experience

<table>
<thead>
<tr>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Satisfied</td>
<td>66.7%</td>
</tr>
<tr>
<td>Somewhat Satisfied</td>
<td>33.3%</td>
</tr>
<tr>
<td>Somewhat Dissatisfied</td>
<td>0.0%</td>
</tr>
<tr>
<td>Dissatisfied</td>
<td>0.0%</td>
</tr>
<tr>
<td>Total</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

29. Why were you satisfied/dissatisfied?

Satisfied Responses:
- Good staff, friendly, qualified
- Good treatment
- Excellent compassionate care
- Professionalism, quality care
- Good experience

Dissatisfied Responses:
- Getting admitted was problematic

Neutral Responses:
- Doctor was nice, just didn’t know what was wrong
30. 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>Heart Specialist</td>
<td>Hays</td>
<td>1</td>
</tr>
<tr>
<td>Internist</td>
<td>Salina</td>
<td>1</td>
</tr>
<tr>
<td>MRI</td>
<td>Russell</td>
<td>1</td>
</tr>
<tr>
<td>OBGYN</td>
<td>Great Bend</td>
<td>1</td>
</tr>
<tr>
<td>OBGYN</td>
<td>Hays</td>
<td>1</td>
</tr>
<tr>
<td>OBGYN</td>
<td>Salina</td>
<td>1</td>
</tr>
<tr>
<td>Orthopedic</td>
<td>Pratt</td>
<td>1</td>
</tr>
<tr>
<td>Orthopedic Surgeon</td>
<td>Great Bend</td>
<td>1</td>
</tr>
<tr>
<td>Otolaryngologist</td>
<td>Hays</td>
<td>1</td>
</tr>
<tr>
<td>Personal Physician</td>
<td>Russell</td>
<td>1</td>
</tr>
<tr>
<td>Physical Therapy</td>
<td>Russell</td>
<td>1</td>
</tr>
<tr>
<td>Respiratory Physician</td>
<td>Great Bend</td>
<td>1</td>
</tr>
<tr>
<td>Surgery</td>
<td>Hoisington</td>
<td>1</td>
</tr>
</tbody>
</table>

31. Used Services of the Russell Regional Hospital Physicians Clinic

<table>
<thead>
<tr>
<th></th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>8</td>
<td>66.7%</td>
</tr>
<tr>
<td>No</td>
<td>4</td>
<td>33.3%</td>
</tr>
<tr>
<td>Don't Know</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Total</td>
<td>12</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

32. If yes, what service was obtained?
- Regular checkup
- Family doctor
- General cold
- Routine clinic visit
- Had a cold
- Check-up
- Due to illness

33. Satisfaction with Russell Regional Hospital Physicians Clinic Experience

<table>
<thead>
<tr>
<th></th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Satisfied</td>
<td>5</td>
<td>62.5%</td>
</tr>
<tr>
<td>Somewhat Satisfied</td>
<td>2</td>
<td>25.0%</td>
</tr>
<tr>
<td>Somewhat Dissatisfied</td>
<td>1</td>
<td>12.5%</td>
</tr>
<tr>
<td>Dissatisfied</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Total</td>
<td>8</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

34. Why were you satisfied/dissatisfied?
Satisfied Responses:
My doctor is very thorough and caring
Good treatment
Cyst removal
Friendly (2)
Easy to get into see doctor
Listened to me and then treated me
Professionalism, quality of care
She listened

35. Used Services of the Russell Family Medical Care

<table>
<thead>
<tr>
<th></th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>4</td>
<td>36.4%</td>
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<tr>
<td>No</td>
<td>7</td>
<td>63.6%</td>
</tr>
<tr>
<td>Don't Know</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Total</td>
<td>11</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

36. If yes, what service was obtained?
Treatment for my mother
Coughs, colds, flus, etc
Due to illness

37. Satisfaction with Russell Family Medical Care Experience

<table>
<thead>
<tr>
<th></th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Satisfaction</td>
<td>3</td>
<td>75.0%</td>
</tr>
<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>1</td>
<td>25.0%</td>
</tr>
<tr>
<td>Total</td>
<td>4</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

38. Why were you satisfied/dissatisfied?
Satisfied Responses:
Good treatment
Availability to call in for a prescription

39. Used Services of the Russell County Health Department

<table>
<thead>
<tr>
<th></th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>5</td>
<td>41.7%</td>
</tr>
<tr>
<td>No</td>
<td>7</td>
<td>58.3%</td>
</tr>
<tr>
<td>Don't Know</td>
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<td>0.0%</td>
</tr>
<tr>
<td>Total</td>
<td>12</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

40. If yes, what service was obtained?
Healthcare assessments and shots
Immunizations and family planning
Children immunizations
Vaccinations
WIC

### 41. Satisfaction with Russell County Health Department Experience

<table>
<thead>
<tr>
<th></th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Satisfied</td>
<td>4</td>
<td>100.0%</td>
</tr>
<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><strong>Total</strong></td>
<td>4</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

### 42. Why were you satisfied/dissatisfied?
Satisfied Responses:
- Treated well
- Ease of appointment, nurses were kind

### 43. Adequate mental health assistance available in Russell County?

<table>
<thead>
<tr>
<th></th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
<td>8.3%</td>
</tr>
<tr>
<td>No</td>
<td>8</td>
<td>66.7%</td>
</tr>
<tr>
<td>Don’t Know</td>
<td>3</td>
<td>25.0%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>12</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

### 44. Concerns about health care in Russell County.

1. Confidentiality is a concern; professionalism is of concern, as well. Teen usage of alcohol and drugs seems to be just accepted as that is how it is. Parent involvement in this behavior is a concern, as well.
2. Providers-I have 2 providers I go to because they are ones that I feel know what they are doing.
3. Awareness of available services should be greater.
4. Will need more financial support from community in future to continue to offer same healthcare services.
6. Lots of people left out when they closed mental health facility here-they need care and they have to go to Hays for treatment.
Russell County Health Needs Assessment Survey

You are invited to participate in a survey intended to help identify health-related needs in Russell County. This survey is being sponsored by the Russell Regional Hospital and the Russell County Health Department with assistance from the Department of Agricultural Economics at Kansas State University. This survey invitation is open to any county resident 18 years 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. In the following list, what do you think are the three most important factors for a “Healthy Community?” (Those factors which most improve the quality of life in a community.) Check only three:

   ___  Good place to raise children
   ___  Low crime / safe neighborhoods
   ___  Low level of child abuse
   ___  Good schools
   ___  Access to health care services
   ___  Clean environment
   ___  Affordable housing
   ___  Affordable child care
   ___  Arts and cultural events
   ___  Excellent race/ethnic relations
   ___  Good jobs and healthy economy
   ___  Strong family life
   ___  Healthy behaviors and lifestyles
   ___  Low adult death and disease rates
   ___  Low infant deaths
   ___  Religious or spiritual values
   ___  Emergency preparedness
   ___  Healthy food environment
   ___  Other ________________

3. In the following list, what do you think are the three most important “health problems” in our community? (Those problems which have the greatest impact on overall community health.) Check only three:

   ___  Aging problems (e.g., arthritis, hearing/vision loss, etc.)
   ___  Cancers
   ___  Child abuse / neglect
   ___  Dental problems
   ___  Diabetes
   ___  Domestic Violence
   ___  Firearm-related injuries
   ___  Heart disease and stroke
   ___  High blood pressure
   ___  HIV / AIDS
   ___  Homicide
   ___  Infant Death
   ___  Infectious Diseases (e.g., hepatitis, TB, etc.)
   ___  Mental health problems
   ___  Motor vehicle crash injuries
   ___  Obesity
   ___  Rape / sexual assault
   ___  Respiratory / lung disease
   ___  Sexually Transmitted Diseases (STDs)
   ___  Suicide
   ___  Teenage pregnancy
   ___  Terrorist activities
   ___  Other
   ________________
4. In the following list, what do you think are the three most important “risky behaviors” in our community? (Those behaviors which have the greatest impact on overall community health.)

Check only three:

- Alcohol abuse
- Being overweight
- Dropping out of school
- Drug abuse
- Lack of exercise
- Lack of maternity care
- Poor eating habits
- Not getting “shots” to prevent disease
- Racism
- Tobacco use
- Not using birth control
- Not using seat belts / child safety seats
- Unsafe sex
- Unsecured firearms
- Other ___________________________

5. How would you rate the overall health of our community?

- Very unhealthy
- Unhealthy
- Somewhat healthy
- Healthy
- Very healthy

6. How would you rate your own personal health?

- Very unhealthy
- Unhealthy
- Somewhat healthy
- Healthy
- Very healthy

7. Approximately how many hours per month do you volunteer your time to community service? (e.g., schools, voluntary organizations, churches, hospitals, etc.)

- None
- 1 - 5 hours
- 6 - 10 hours
- Over 10 hours

Directions: Please read the following questions and circle the number that best states your opinion.

5 --- Strongly Yes
4 --- Yes
3 --- Neutral
2 --- No
1 --- Strongly No

**Quality of Life Questions**

<table>
<thead>
<tr>
<th>Question</th>
<th>(1 to 5, with 5 being most positive)</th>
</tr>
</thead>
<tbody>
<tr>
<td>8. Are you satisfied with the quality of life in our community? (Consider your sense of safety, well being, participation in community life and associations, etc.)</td>
<td>1 2 3 4 5 NO! YES!</td>
</tr>
<tr>
<td>9. Are you satisfied with the health care system in the community? (Consider access, cost, availability, quality, and options in health care)</td>
<td>1 2 3 4 5 NO! YES!</td>
</tr>
<tr>
<td>10. Is this community a good place to raise children? (Consider school quality, day care, after school programs, recreation, etc.)</td>
<td>1 2 3 4 5 NO! YES!</td>
</tr>
<tr>
<td>11. Is this community a good place to grow old? (Consider elder-friendly housing, transportation to medical services, churches, shopping; elder day care, social support for the elderly living alone, meals on wheels, etc.)</td>
<td>1 2 3 4 5 NO! YES!</td>
</tr>
<tr>
<td>12. Is there economic opportunity in the community? (Consider locally owned and operated businesses, jobs with career growth, job training/higher education opportunities, affordable housing, reasonable commute, etc.)</td>
<td>1 2 3 4 5 NO! YES!</td>
</tr>
</tbody>
</table>
Russell County Health Needs Assessment Survey

<table>
<thead>
<tr>
<th>Question</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>13. Is the community a safe place to live? (Consider residents’ perceptions of safety in the home, workplace, schools, playgrounds, parks, and the mall. Do neighbors know and trust one another? Do they look out for one another?)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>YES!</td>
</tr>
<tr>
<td>14. Are there networks of support for individuals and families (neighbors, support groups, faith community outreach, agencies, organizations) during times of stress and need?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>YES!</td>
</tr>
<tr>
<td>15. Do all individuals and groups have the opportunity to contribute to and participate in the community’s quality of life?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>YES!</td>
</tr>
<tr>
<td>16. Do all residents perceive that they — individually and collectively — can make the community a better place to live?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>YES!</td>
</tr>
<tr>
<td>17. Are there a broad variety of health services in the community?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>YES!</td>
</tr>
<tr>
<td>18. Is there a sufficient number of health and social services in the community?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>YES!</td>
</tr>
<tr>
<td>19. Are levels of mutual trust and respect increasing among community partners as they participate in collaborative activities to achieve shared community goals?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>YES!</td>
</tr>
<tr>
<td>20. Is there an active sense of civic responsibility and engagement, and of civic pride in shared accomplishments?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>YES!</td>
</tr>
</tbody>
</table>

21. Have you or someone else in your household been to a family doctor (physician, nurse practitioner, physician's assistant) in the Russell County service area?
   - Yes
   - No (Skip to Q24)
   - Don't Know (Skip to Q24)

22. 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

23. Why were you satisfied/dissatisfied?

________________________________________________________________________

24. Have you or someone in your household used the services of a hospital in the past 24 months?
   - Yes
   - No (Skip to Q26)
   - Don’t Know (Skip to Q26)

25. At which hospital(s) were services received?
   - Russell Regional Hospital (Skip to Q27)
   - Other (please specify Hospital(s) and City)

   Hospital                                      City
   ___________________________________________  ___________________________________
26. Have you or any members of your household ever used the services of the Russell Regional Hospital?
   □ Yes  □ No (skip to Q30)  □ Don’t Know (skip to Q30)

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

28. How would you describe your satisfaction with your last Russell Regional Hospital experience?  Were you….
   □ Satisfied  □ Somewhat Satisfied  □ Somewhat Dissatisfied  □ Dissatisfied

29. Why were you satisfied/dissatisfied?

30. 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?
   Type of Specialist         City
   __________________________________________________________
   __________________________________________________________

31. Have you or any members of your household ever used the services of the Russell Regional Hospital Physicians Clinic?
   □ Yes  □ No (skip to Q35)  □ Don’t Know (skip to Q35)

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

33. How would you describe your satisfaction with your Physicians Clinic experience?  Were you….
   □ Satisfied  □ Somewhat Satisfied  □ Somewhat Dissatisfied  □ Dissatisfied

34. Why were you satisfied/dissatisfied?

35. Have you or any members of your household ever used the services of the Russell Family Medical Care?
   □ Yes  □ No (skip to Q39)  □ Don’t Know (skip to Q39)

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

37. How would you describe your satisfaction with your Russell Family Medical Care experience?  Were you….
   □ Satisfied  □ Somewhat Satisfied  □ Somewhat Dissatisfied  □ Dissatisfied

38. Why were you satisfied/dissatisfied?
39. Have you or any members of your household ever used the services of the Russell County Health Department?
   □ Yes  □ No (skip to Q43)  □ Don’t Know (skip to Q43)
40. If yes, what type of service was obtained? (please specify)
    ____________________________________________________________________________
41. How would you describe your satisfaction with your health department experience? Were you…
   □ Satisfied  □ Somewhat Satisfied  □ Somewhat Dissatisfied  □ Dissatisfied
42. Why were you satisfied/dissatisfied?
    ____________________________________________________________________________
43. Do you believe there is adequate mental health assistance available to households in Russell County?
   □ Yes  □ No  □ Don’t Know
44. Please indicate any general concerns you have about health care in Russell County:
    ____________________________________________________________________________
    ____________________________________________________________________________
    ____________________________________________________________________________
    ____________________________________________________________________________
    ____________________________________________________________________________
Thank you for your assistance.
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: First, to ensure that local residents are aware of the scope of providers and services available in their communities, capturing the greatest share of health care spending in the local health care market. For most rural communities, the local health care market is an important source of community economic activity. The second use of this information is for community health services needs assessment. Reviewing the full inventory of health-related services and providers can help identify gaps that may exist in the local health care system.

The Kansas State University administers the Kansas Research and Extension Foundation Professor in Community Health Endowment. Funding for this work was provided by the Kansas Health Foundation Professor in Community Health Endowment. This publication is formatted for printing as a 5.5” x 8.5” booklet. Set your printer to print 2 pages per sheet. In Acrobat, go to Print/Properties/Finishing and select 2 Pages per Sheet.

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.
## Municipal Non-Emergency Numbers

<table>
<thead>
<tr>
<th>Location</th>
<th>Phone Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Russell County</td>
<td>911 1-800-922-5330</td>
</tr>
<tr>
<td>Police/Sheriff</td>
<td>785-483-2151</td>
</tr>
<tr>
<td>Fire</td>
<td>911 1-800-KS-CRIME</td>
</tr>
<tr>
<td>Ambulance</td>
<td>911 800-572-1763</td>
</tr>
</tbody>
</table>

## Non-Emergency Numbers

<table>
<thead>
<tr>
<th>Location</th>
<th>Phone Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Burkle Hill</td>
<td>785-483-2151</td>
</tr>
<tr>
<td>Dorrance</td>
<td>785-483-2151</td>
</tr>
<tr>
<td>Milburger</td>
<td>785-483-2151</td>
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<tr>
<td>Paradise</td>
<td>785-483-2151</td>
</tr>
<tr>
<td>Russell</td>
<td>785-483-2151</td>
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<tr>
<td>Waldo</td>
<td>785-483-2151</td>
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## Other Emergency Numbers

<table>
<thead>
<tr>
<th>Location</th>
<th>Phone Numbers</th>
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</thead>
<tbody>
<tr>
<td>Kansas Child/Adlt Abuse and Neglect Hotline</td>
<td>1-800-292-5330</td>
</tr>
<tr>
<td>Kansas Arson/Crime Hotline</td>
<td>1-800-93-CRIME</td>
</tr>
<tr>
<td>Federal Bureau of Investigation</td>
<td>1-866-483-5137</td>
</tr>
<tr>
<td>Russell County Sheriff</td>
<td>785-483-2151</td>
</tr>
<tr>
<td>Police/Sheriff</td>
<td>785-483-2151</td>
</tr>
<tr>
<td>Fire</td>
<td>911 1-800-KS-CRIME</td>
</tr>
<tr>
<td>Ambulance</td>
<td>911 800-572-1763</td>
</tr>
<tr>
<td>Emergency Management (Topeka)</td>
<td>785-274-1409</td>
</tr>
<tr>
<td>Domestic Violence Hotline</td>
<td>1-866-483-5137</td>
</tr>
<tr>
<td>1-800-922-5330</td>
<td></td>
</tr>
<tr>
<td>1-800-93-CRIME</td>
<td></td>
</tr>
<tr>
<td>1-866-483-5137</td>
<td></td>
</tr>
</tbody>
</table>

### Russell County Sheriff
- **Phone**: 785-483-2151
- **Fax**: 785-483-2151
- **Website**: www.srskansas.org/hotlines.html

### Kansas Child/Adlt Abuse and Neglect Hotline
- **Phone**: 1-800-292-5330
- **Website**: www.accesskansas.org/kdem

### Kansas Arson/Crime Hotline
- **Phone**: 1-800-93-CRIME
- **Website**: www.accesskansas.org/kbi

### Federal Bureau of Investigation
- **Phone**: 1-866-483-5137
- **Website**: www.fbi.gov/congress/congress01/caruso100301.htm

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- **Phone**: 785-483-2151
- **Fax**: 785-483-2151
- **Website**: www.srskansas.org/hotlines.html

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- **Website**: www.accesskansas.org/kbi

### Federal Bureau of Investigation
- **Phone**: 1-866-483-5137
- **Website**: www.fbi.gov/congress/congress01/caruso100301.htm
Russell Regional Hospital services include:

Health Services

DRIFT

Specialty Clinics
Physicians Clinic
Swingbed/Skilled Care
Social Services
Rehabilitation Services
Occupational Therapy
Radiology
Outpatient Services
Medical Records
Massage Therapy
Main Street Manor LTC
Laboratory
Inpatient Services
ER
EMS
Cardiac Rehab
Acute Care

Departments

Russell Regional Hospital services include:

www.RussellHospital.org
785-483-3131
200 S. Main Street (Russell)

Russell Regional Hospital

Health Services

DRIFT
Walk-In Clinic
Monthly Health Fair – Second Thursday of Each Month
189 W. Luray Street (Russell)
785-483-6433

Russell County Health Department services include:

- Children’s Services
  - Immunizations
  - Physicals
  - WIC
  - Child Care Licensing
  - Early Disease Detection
  - Kan Be Healthy Screenings
  - Car Seat Program
  - New Born Visits

- Adult Health Services
  - Pregnancy Testing
  - Family Planning Clinic
  - Multiphasic Screenings
  - Voter Registration
  - AIDS Testing & Counseling
  - Vision USA
  - Health Education & Counseling
  - Early Detection Works Program
  - Chronic Disease Risk Reduction Program
  - Hemoglobin Screening

- Miscellaneous Services
  - Outreach Clinics
  - Elevated Blood Lead Assessments & Lead Assessments &
  - Outreach Clinics
  - Miscellaneous Services
  - Adult Immunizations
  - Home Visits
  - Chronic Disease Risk Reduction Program
  - Hemoglobin Screening

Russell County Health Department services include:

- Early Disease Detection
- Car Seat Program
- New Born Visits

Russell County Health Department
208 East 7th Street (Hays)
785-628-2871

High Plains Mental Health Clinic
785-445-4155
708 N. Main (Russell)

Mental Health

- SRS
- American Cancer Society
- Heart Association
- Northwest Children’s Resource and Referral
- Multidisciplinary Team
- Public Schools
- Head Start

Consulting & Participation with:
- Blood Pressure Clinics
- Blood Pressure Clinics
- Home Visits
- Chronic Disease Risk Reduction Program
- Hemoglobin Screening

Russell County Health Department
785-483-6433
189 W. Luray Street (Russell)

Monthly Health Fair – Second Thursday of Each
Walk-In Clinic

DRIFT
Chiropractors

138 W. 7th Street (Russell)  785-483-5356
Clinics

758 E. Wichita Avenue (Russell)  785-483-4909

Clinics

10 N. Main Street, Suite C (Russell)  785-483-3811

Optometrists

300 N. Main Street (Russell)  785-483-2451

Optometrists

124 E. Wichita Avenue (Russell)  785-483-2291

Dentists

971 E. Wichita Avenue (Russell)  785-483-2251

Dentists

216 S. Main Street (Lucas)  785-525-7788

Rural Health Clinic

785-698-2500

Physicians Clinic

10 N. Main Street, Suite C (Russell)
Rural Regional Hospital Physicians Clinic

222 S. Kansas Street (Russell)  785-483-3333

Hearing

319 W. Wichita Avenue (Russell)  785-445-4125

Hearing

785-483-2411

815 S. Main Street (Russell)  785-483-4909

Chiropractors

785-483-5356

Chiropractors
Pharmacies

725 N. Main Street (Russell)  785-483-2119

714 N. Main Street (Russell)  785-483-3301

Physicians and Health Care Providers

222 S. Kansas (Russell) 785-483-3333

Aaron Rowland, D.O.
Andrea Herrera, M.D.
Earl D. Merkel, M.D.
Jill Doerfler-Iniguez, M.D.
Sambhundh Panichabhongse, M.D.
Sharon Zier, ARNP

410 N. Main Street, Suite C (Russell)
www.RussellHospital.org

Linda Krug, PAC

200 S. Main Street (Russell)

James Anderson, M.D. - Rheumatologist
Mark Bell, M.D. - Otolaryngologist
Gregory Boxberger, M.D. - Cardiologist
James Reeves, M.D. - Podiatrist
Randal Hillibozard, M.D. - Orthopedic Surgeon
Alex DeCarli, M.D. - Orthopedic Surgeon
Jersey Slaughter, M.D. - Otolaryngologist
Jennifer Coe, M.D. - Cardiologist
Michael Remvig, M.D. - Otolaryngologist
James Anderson, M.D. - Rheumatologist

216 S. Main Street (Lucas) 785-525-7788

200 N. Main Street (Russell)

Gregg White, Dugoshore

Don Dawson Pharmacy

216 S. Main Street (Lucas)
1-888-395-6009
Diabetes Care Club

1-800-375-5137
Arriva Medical Diabetes

785-483-5364
320 S. Lincoln Street (Russell)
Wheatland Nursing Center

785-483-5882
1070 E. Wichita Avenue (Russell)
Village Place Assisted Living Residence

www.russellhospital.org
785-483-0870 or 785-483-3131
200 S. Main Street (Russell)
Main Street Manor
Assisted Living/Nursing Homes/LTC

Other Health Services

DRAFT
Government HealthCare
www.agingkansas.org
785-296-4986 or 1-800-432-3535
503 South Kansas Avenue (Topeka)
Kansas Department on Aging (KD&A)

Kansas Crisis Hotline
785-339-7935
Manhattan
Hotline: 1-800-701-3630
Business Line: 620-663-2522
(Hutchinson)

Domestic/Family Violence
1-800-432-3535

Disability Services
1-877-790-8899
American Disability Group

Financial Assistance

www.kansasshelter.org
General Information – Women’s Shelters

www.WomenShelters.org

Food Programs
620-793-7100
4 NW25 Road (Great Bend)
Kansas Food Bank

Sexual Assault/Domestic Violence Center

Educational Training Opportunities

Association of Continuing Education

Business Line: 620-663-2522
Hotline: 1-800-701-3630
(Hutchinson)

n

Draft

Draft
Senior Services
785-483-5631
565 East Street (Russell)
Russell High School
785-483-3174
400 North Elm (Russell)
Guthereid Middle School
785-483-9180
1323 North Main (Russell)
Simpson Elementary School
785-483-6966
348 N. Maple (Russell)
Bickerdyke Elementary School
Russell County Schools USD 407

School Nurses
785-483-3301
714 N. Main Street (Russell)
Midwest Drugstore
785-483-2119
725 N. Main Street (Russell)
Don Dawson Pharmacy

American Medical Sales and Repair
Medical Equipment and Supplies
785-383-2277
129 W. 8th Street (Russell)
Sunflower Massage Therapy
www.sunflowerhospital.org
785-483-3131
200 S. Main Street (Russell)
Russell Regional Hospital Massage Therapists
785-483-3131
410 N. Main Street (Russell)
South Wind Hospice, Inc.

Hospice
785-625-0055
1307 Lawrence (Hays)

Professional Home Health Services
785-625-8204 or 1-800-432-7422
510 W. 29th Street Suite B (Hays)
Northwest Kansas Area Agency on Aging

DRAFT
Alcohol and Drug Treatment

1-800-922-5330

Kansas Department of Social and Rehabilitation Services West Region

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

Elder Abuse Hotline

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

Adult Protective Services (APS)

www.srskansas.org/adult/index.htm
1-800-222-5330

Alcohol Detoxification 24-Hour Helpline

Drug Assessment

http://www.srskansas.org/adult/index.htm
1-800-586-3690

Alcohol and Drug Abuse Services

Social Services

Local Government, Community, and

Lucas Golden Age Center

1-877-403-3387
www.ACenterForRecovery.com

Drug Assessment

785-492-3248
301 E Ave (Waldo)

Waldo Senior Citizen Center

785-483-2008
518 N. Main Street (Russell)

Russell Senior Citizens Center

785-698-2405
101 S. Main Street (Luray)

Luray Senior Center

301 Iva Avenue (Waldo) 785-942-3248

1-800-922-5330

www.srskansas.org/ISD/ees/adult.htm

1-800-842-0078

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

Elder Abuse Helpline

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

Adult Protective Services (APS)

www.srskansas.org/adult/index.htm
1-800-222-5330

Alcohol Detoxification 24-Hour Helpline

Drug Assessment

http://www.srskansas.org/adult/index.htm
1-800-586-3690

Alcohol and Drug Abuse Services
Kansas Rural Health Works
Community Health Needs Assessment
Russell 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 Russell Co.

Figure 5. Employment by Sector (2008)
## Total Health Care Impact

<table>
<thead>
<tr>
<th>Health Sectors</th>
<th>Direct Employment</th>
<th>Economic Multiplier</th>
<th>Total Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health and Personal Care Stores</td>
<td>20</td>
<td>1.12</td>
<td>22</td>
</tr>
<tr>
<td>Veterinary Services</td>
<td>8</td>
<td>1.15</td>
<td>9</td>
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<tr>
<td>Home Health Care Services</td>
<td>5</td>
<td>0.00</td>
<td>0</td>
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<tr>
<td>Doctors and Dentists</td>
<td>29</td>
<td>1.20</td>
<td>35</td>
</tr>
<tr>
<td>Other Ambulatory Health Care</td>
<td>0</td>
<td>0.00</td>
<td>0</td>
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<tr>
<td>Hospitals</td>
<td>187</td>
<td>1.27</td>
<td>237</td>
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<tr>
<td>Nursing and Residential Care Facilities</td>
<td>83</td>
<td>1.14</td>
<td>94</td>
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<tr>
<td>Total</td>
<td>331</td>
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## Health Care Impact ($000)

<table>
<thead>
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<th>Health Sectors</th>
<th>Direct Income</th>
<th>Economic Multiplier</th>
<th>Total Impact</th>
</tr>
</thead>
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<tr>
<td>Health and Personal Care Stores</td>
<td>$884</td>
<td>1.15</td>
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<tr>
<td>Veterinary Services</td>
<td>$147</td>
<td>1.17</td>
<td>$172</td>
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<tr>
<td>Home Health Care Services</td>
<td>$222</td>
<td>0.00</td>
<td>$0</td>
</tr>
<tr>
<td>Doctors and Dentists</td>
<td>$1,805</td>
<td>1.14</td>
<td>$2,050</td>
</tr>
<tr>
<td>Other Ambulatory Health Care</td>
<td>$0</td>
<td>0.00</td>
<td>$0</td>
</tr>
<tr>
<td>Hospitals</td>
<td>$7,912</td>
<td>1.14</td>
<td>$9,003</td>
</tr>
<tr>
<td>Nursing/Residential Care Facilities</td>
<td>$1,876</td>
<td>1.13</td>
<td>$2,120</td>
</tr>
<tr>
<td>Total</td>
<td>$12,847</td>
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<td>$14,365</td>
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## Health Care Impact ($000)

<table>
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<th>Health Sectors</th>
<th>Total Impact</th>
<th>Retail Sales</th>
<th>County Sales Tax Collection</th>
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<tr>
<td>Health and Personal Care Stores</td>
<td>$1,020</td>
<td>$246</td>
<td>$2</td>
</tr>
<tr>
<td>Veterinary Services</td>
<td>$172</td>
<td>$42</td>
<td>$0</td>
</tr>
<tr>
<td>Home Health Care Services</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Doctors and Dentists</td>
<td>$2,050</td>
<td>$495</td>
<td>$5</td>
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<tr>
<td>Other Ambulatory Health Care</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Hospitals</td>
<td>$9,003</td>
<td>$2,173</td>
<td>$22</td>
</tr>
<tr>
<td>Nursing/Residential Care Facilities</td>
<td>$2,120</td>
<td>$512</td>
<td>$5</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>$14,365</strong></td>
<td><strong>$3,467</strong></td>
<td><strong>$35</strong></td>
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## 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

RRH = 90.0% of Inpatient Discharges in 2011

Data Fact Sheets
Data Fact Sheets

• Seeking issues/needs in secondary data, i.e. that which is missing, a challenge, or could be improved
• Looking at the negative doesn’t mean there isn’t much that is good
• Data are indicators that require interpretation
• You decide what’s important

Data Fact Sheets

• Seeking issues/needs in secondary data
• Economic & demographic data
  – Declining population ~ 15% since 1990 & stable
  – Aging population ~ 24% 65+ & stable
  – 41% of population without spouse
  – 18% of HH live on <$15,000, 35% <$25,000
  – Transfer income > importance (>56m, 25%)
  – 16% live in poverty (18% of children)
Data Fact Sheets

• Health & behavioral data
  – LTC capacity: community-based alternatives?
  – Youth tobacco use ~14+%, > KS & improving
  – Youth binge drinking ~11+%, > KS & improving
  – Child immunizations ~ 75%, > KS & improving
  – 30% newborns < than adequate prenatal care (small numbers)
  – Government family/food assistance increasing
  – Hospitals short-term trends stable

• Crime data
  – Crime 2/3 state rates (incomplete data)
  – Increasing # adult arrests

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

• Traffic data
  – 20% of crashes w. injury/death, no seatbelt
  – Positive overall trends
Data Fact Sheets

• Health Matters (random impressions)
  – Variability & regional due to sampling
  – Regional obesity, diabetes, hypertension > KS
  – 12% teen, 39% unmarried births rising, > KS
  – 26% of pregnant women smoke, < KS
  – Suicide is high, > KS
  – Uninsured population very high
  – Injuries, traffic mortality > KS
  – Adult binge drinking is high, ~ KS
  – Indications of economic distress
  – Families, children, elderly poverty “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
  - Public health issues
  - Residents’ health usage of doctors, hospital, clinics, and Health Department
    - Any general concerns
- Non-random, non-representative
- “Lots” of input
Public Meeting Schedule

• November 7 – Overview, economic impact report, community concerns, data reports, draft health services directory, survey
• November 14 – Review data & information; group discussion; issue prioritization; team formation
• November 28 – 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?

www.krhw.net
Contact information:
John Leatherman
785-532-4492/2643
jleather@k-state.edu

More info:
www.krhw.net
www.ksu-olg.info
Kansas Rural Health Works
Community Health Needs Assessment

Russell 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
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- Public represented by you
- I make no recommendations
Summary and Conclusions

- Trends and indicators show health care’s economic importance
- Health services among the fastest growing sectors – demographic trends suggest growth will continue
- Sustainable health care system essential for local health and economic opportunity
- Maintaining a sustainable local health care system is a community-wide challenge

Initial Community Perceptions

- What are major health-related concerns?
- What needs to be done to improve local health care?
- What should be the over-arching health care goals in the county?
- What are the greatest barriers to achieving those goals?
Collective Themes

• Health, wellness, chronic disease prevention
• Health provider recruitment
• Expanded local services, primary & specialty
• Elder community-based, transitional services
• Communication/collaboration between/within
• Community attitudes/perceptions
• Finances: cost, govt. reform, 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

• 10 responses
• Important to remember – non-representative
• Most important factors for healthy community
  – Good jobs/healthy economy (30.6%)
  – Access to health care services (13.9%)
  – Good schools (13.9%)
  – Low crime/safe neighborhoods (12.3%)

Community Health Care Survey

• Most important health problems
  – Obesity (24.3%)
  – Aging problems (16.2%)
  – Diabetes (13.5%)
  – Heart disease and stroke (14.4%)
  – Cancers (8.1%)
Community Health Care Survey

• Most important risky behaviors
  – Alcohol abuse (25.7%)
  – Drug abuse (20.0%)
  – Lack of exercise (11.4%)
  – Poor eating habits (11.4%)
  – Tobacco use (8.6%)

• Rating overall health of community
  – Somewhat healthy (83.3%)
  – Unhealthy (16.7%)

• Rating personal health
  – Healthy (41.7%)
  – Somewhat healthy (58.3%)

• Hours volunteering
  – 1-5 hours (58.3%)
  – None (8.3%)
Community Health Care Survey

• Overall satisfaction rated 4-5
  – Community quality of life (53.3%)
  – Community health care (25.0%)
  – Raise children (27.2%)
  – Place to grow old (50.0%)
  – Economic opportunity (33.3%)
  – Safe place to live (75.0%)

Community Health Care Survey

• Overall satisfaction rated 4-5
  – Individual/family support networks (25.0%)
  – Opportunities to contribute to QoL (8.3%)
  – Positive community attitudes (16.7%)
  – Variety of health services (25.0%)
  – Number health/social service (16.7%)
  – Increasing trust & respect (54.2%)
  – Sense of civic responsibility (33.3%)
Community Health Care Survey

- 75% use local doctor
- 78% were satisfied/somewhat satisfied
- 75% used a hospital in the past 2 years; RRH captured 75% of visits
- 70% had prior RRH experience; 100% were satisfied/somewhat satisfied
- Specialist: OB/GYN
- 67% used Physicians Clinic; 87.5% were satisfied/somewhat satisfied

Community Health Care Survey

- 36% used Family Medical Care; 75% were satisfied/somewhat satisfied
- 42% used County Health; 100% satisfied
- Comments suggest some unmet needs and challenges
  – Confidentiality, customer service issues
  – Accessing mental health services
  – Community awareness/support
- Your observations?
Small Group Discussion

- Discussion leader and note taker
- Everyone contributes
- Time is critical – 30 minutes total
- At 15 minutes start deciding 2-4 priorities
- Consider the question
  - Everyone 30 seconds to respond
  - Seek commonalities/themes/combine concerns
  - Identify 1-2 group responses
  - Report to the group

Discussion Questions

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

• Group reports
• What are the discrete local health concerns?
• What are the chronic health issues of local concern?
• What are the top 2-4 issues that should be the focus of local priority over the next 3-5 years?
• Which priority will you focus on?
• Homework

Next Meeting

• Introduction and Review
• Review of priorities
• Work groups
• Work group reports
• Action group formation and leadership
• Action group meetings
• One-year follow up meeting
• Summary and evaluation
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Kansas Rural Health Works
Community Health Needs Assessment

Russell County

John Leatherman
Professor, Department of Agricultural Economics
Director, Office of Local Government
K-State Research and Extension

Agenda

• CHNA overview and review
• Priority community health issues
• Work group formation and instructions
• Action plan development
• Group review
• Next steps
• Evaluation
Local Health Needs Assessment

- Patient Protection and Affordable Care Act creates hospital requirements
- Public Health Department Accreditation
- Both require Community Health Needs Assessment

KRHW CHNA Objectives

- KRHW CHNA
  - Help foster healthy communities and a sustainable rural community health care system
  - Identify priority health care needs
  - Mobilize/organize the community
  - Develop specific action strategies with measurable goals
Community-driven Process

- Community-based, not driven by hospital, health care provider, or outside agency
- Local people solving local problems
- Community provides energy and commitment, with input from health care providers
- Public represented by you
- I make no recommendations
Perceptions: Collective Themes

- Health, wellness, chronic disease prevention
- Health provider recruitment
- Expanded local services, primary & specialty
- Elder community-based, transitional services
- Communication/collaboration between/within
- Community attitudes/perceptions
- Finances: cost, govt. reform, reimbursements
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
Russell County Survey

- 10 – non-representative
- Healthy communities: economic opportunity
- Health problems: obesity
- Risky behaviors: alcohol/drugs
- Overall satisfaction: some social negativity
- Local provider use and satisfaction
- General health concerns:
  - Confidentiality, customer service issues;
  - Accessing mental health services; community awareness/support
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 youth, teaching healthy lifestyle behaviors
  - Help adults achieve healthier lifestyle
  - Increase awareness and use of existing local services
  - Work with existing local institutions to collaborate with health and wellness education
Issue Prioritization #2

- Evaluate and enhance available elder care
  - Consider the spectrum of assistance needed by elderly persons in the home and the community as they age in place
  - Consider implementing initiatives to provide follow up for those elderly and alone

Issue Prioritization #3

- Foster improved public perceptions and community attitudes
  - Begin with the recognition that health care providers are role models
  - Promote Russell Cares
  - Implement a public relations campaign to enhance the perception and regard for what exists today
  - Bolster perceptions regarding the collective capacity to accomplish shared goals and objectives
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.mycbt.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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