



# Community Health Needs Assessment

Smith County, KS

Revised 2018

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

Sponsored by:

**Smith County Area Community Hospital**  
**Smith County Health Department**

In cooperation with:

office of  
**Local Government**  
K-State Research and Extension

  
**K-STATE**  
Research and Extension



# **Smith County Community Health Needs Assessment**

## **Executive Summary**

### **K 201**

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. This accreditation process also requires a periodic Community Public Health Needs Assessment.

In September, 2012, the Smith County Memorial Hospital and the Smith 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 nineteen Smith 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 Smith 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 Smith County moves forward to improve the local health-related situation.

Priority #1: Update existing facilities to create a new health care center with an expanded array of programs and services.

- Include hospital, acute care clinic, community-based transitional services for elderly, long-term care, day care, and community health and wellness.
- Identify successful existing programs and expand/build upon them.

Priority #2: Focus on community health and wellness/public health.

- Chronic disease prevention: obesity, diabetes, nutrition, etc.
- Expanding access to mental health services.



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## **Smith County Community Health Needs Assessment September 10-October 1, 2012**

The contents of this file document participation, discussion and information resources developed through the course of the Smith 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](mailto:jleather@k-state.edu). The Kansas Rural Health Works Website can be found at: [www.krhw.net](http://www.krhw.net).

**Smith County Rural Health Works  
Community Health Needs Assessment  
September 10-October 1, 2012**

**Sponsors:** Smith County Health Department  
Smith County Memorial Hospital

**Local Coordinator**

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**Meeting Schedule**

Meeting 1: Local Data Monday, September 10, 2012

Peterson Industries, Basement Meeting Room, 616 E. Highway 36 in Smith Center

Agenda

- |            |  |
|------------|--|
| 11:30 a.m. | Introduction and Purpose   |
| 11:40 a.m. | Economic Contribution Report   |
| 11:55 a.m. | Preliminary Needs Identification <ul style="list-style-type: none"><li>• Issue Identification Cards</li><li>• Discussion</li></ul> |
| 12:15 p.m. | Secondary Data Reports   |
| 12:35 p.m. | Group Discussion   |
| 12:45 p.m. | Community Survey <ul style="list-style-type: none"><li>• Participant Survey</li><li>• Community Outreach</li></ul>                 |
| 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

Monday, September 24, 2012

Peterson Industries, Basement Meeting Room, 616 E. Highway 36 in Smith Center

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

Monday, October 1, 2012

Peterson Industries, Basement Meeting Room, 616 E. Highway 36 in Smith Center

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



## Smith County

# Community Health Priorities Action Plans and Issue Identification



## Identification of Smith 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 Smith County

Priority #1: Update existing facilities to create a new health care center with an expanded array of programs and services.

- Include hospital, acute care clinic, community-based transitional services for elderly, long-term care, day care, and community health and wellness.
- Identify successful existing programs and expand/build upon them.

Priority #2: Focus on community health and wellness/public health.

- Chronic disease prevention: obesity, diabetes, nutrition, etc.
- Expanding access to mental health services.

**Focus Group 1 Discussion  
September 24, 2012**

**Discussion Questions**

What is your vision for a healthy community?

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

What can the hospital do to help?

What can the health department do to help?

**Response**

**What is good?**

EMS system  
Clinic  
Hospital staff  
Public health

**What could be better?**

Dated facility and technology.  
Assisted living.  
Home Health – LTC and healthy lifestyle.  
Mental health.  
Acute – Management.  
Chronic – Population loss, school programs, day care, job loss.  
Management/leadership strategic plan (Great Plains, hospital administration).  
Financing, recruit new patients, grant writer.  
Dated facility and technology, recruitment, patient care, professionalism.  
Assisted living – mental, home, independent living care.  
Living healthy lifestyle – YMCA.  
Keep EMS system growing.  
Healthy lifestyle living (YMCA-style).  
Child care (community-based such as in the hospital, but watch costs!)

**\*MOST IMPORTANT:** Updated facility including acute care hospital, long term care, transitional care, child care, mental health.

**What can the hospital do to help?**

- Expand successful programs – create more well-paying jobs (business office, physicians, mid-level, home health, and hospice).
- Recruit referral hospitals and providers to support our local healthcare system.
- Expand health maintenance/improvement programs in our county (i.e., obesity, elderly care, heart disease, diabetes, DM).
- Childcare, day care.
- Health care facility, updated hospital.
  - Acute care, transitional, childcare, long-term, mental care.
- Expand successful programs.
  - Hospice in Phillipsburg.
  - Expand Physical Therapy.
- Why isn't the hospital in Phillipsburg here?
- Money back from large hospitals for referrals.
- Dental home health education.
- Management/leadership/strategic plan.
- Financing/"grant writer."
- Expand good programs (PT/cardiac rehabilitation).
- Dental.

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

- Expand to home health.
- Health maintenance/improvement programs.
- Find the problems in the community – poverty, lack of care, hygiene, access.
- Communicating importance of healthy living.
- Education - where are the services available.
  - Promote healthy living.
  - Find problems in the home.

**Focus Group 2 Discussion  
September 24, 2012**

**Discussion Questions**

What is your vision for a healthy community?

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

What can the hospital do to help?

What can the health department do to help?

**Response**

**What could be better?**

Transition services for elderly.

Wellness for youth.

Losing wealth.

Maintain current resources/facility.

Mental health services/case management;

Wellness all away for all ages:

7 healthy habits

Sex education

Fit for life

Health classes

How can we maintain our resources for what we currently have.

Assisted living.

Hospital – could hire a diabetic counselor to help provide education.

How does our community help SCMH and SCHED, not the other way around.

Home health care:

Long-term care has an extra wing that could possibility be turned into an ASC.

Could we find local investors to support assisted living?

Medicare home health needed.

Dependable staff needed.

Mental health needed – have someone come to SCMH already but need more – psychiatrist, psychology.

Case management.

**What can the hospital do to help?**

Hire specialists – diabetic education.  
Independent facilities, partnerships.  
Pieces in place at Deseret.  
Video conferencing for privacy.

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

Needs help financially.  
Medicare home health.  
Need staff.



## Smith 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?

**Smith County Community Health Needs Assessment Action Planning  
October 1, 2012**

**Priority #1: Update existing facilities to create a new health care center with an expanded array of programs and services.**

- Include hospital, acute care clinic, community-based transitional services for elderly, long-term care, day care, and community health and wellness.
- Identify successful existing programs and expand/build upon them.

**Action Committee Members**

Pam Barta; Director of Economic Development; City of Smith Center; Smith Center;  
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Joe Barnes; Employed Physician; Smith County Memorial Hospital; Smith Center;  
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**Action Plan**

Getting Started

Situation

- Modern facilities in assisted living.
- Acute care facility – both inpatient and outpatient health care.
- Ongoing vision for our healthcare.
- Telemedicine rooms – outpatient setting.
- Vision – planning.

Priorities

- Intact hospital administration – board of directors --- involve.
- Planning committee with economic development with website --- build a county coalition.

Intended Outcomes

- Six-12 months Modern Health Care Facilities.
- Group people looking at future.
- Modern medical facility.

## Filling in the Plan

### Resources

- Pam – Website.
- Smith County Foundation – gather data.
- Person to monitor progress.
- Economic development.

### Activities

- Setting up a website.
- Hiring a fundraiser (6%, 12,500 a month) – yearly fundraising.
- Special Public Meeting – public information.
- Health Care Event Fair – 200.

### Participate

- Hospital Board.
- Trust.
- County Commissioners – get out and talk the positives.
- Garrett Roberts – CEO Deseret (Private Investor).
- Reach – community.

### Short-Term Results

- Develop working committee – community.
- Pharmacists.
- Providers.
- Commissioners.
- Administrators.
- Increase awareness – move forward with education of public.

### Intermediate-Term Results

- Funding.
- Building.
- Providers.
- Community.
- Buy-in.

## Ultimate Impact

- No more declining population.
- Maintain jobs.
- Keep schools and healthcare alive and well.
- Increase health care awareness.
- Better healthcare access and education.

**Smith County Community Health Needs Assessment Action Planning  
October 1, 2012**

**Priority #2: Focus on community health and wellness/public health**

- Chronic disease prevention, obesity, diabetes, nutrition, etc.
- Expanding access to mental health services.

**Action Committee Members**

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**Action Plan**

Getting Started

Situation

Health & Wellness/prevention & chronic disease reduction in the county – smoking, diabetes, obesity, pre and post natal care, care across the age continuum.

The mindset needs to be changed – public has to be motivated.

We want to develop a county/community garden that will provide, unite, and educate the public.

Priorities

Community/County garden.

Nutrition – collaboration between existing programs (Head Start, WIC, Extension Office, Health Department, Food Pantry), obtain foods; food storage; food prep; nutritional values.

Revitalize Recreation in Smith County – recreation department, survey different entities to see what is offered and survey community to see the interest.

Disease prevention.

Mental Health services.

Provide transitional care for the elderly.

Promote health and wellness – smoking cessation, obesity.

Increase community involvement and community-based services.

## Intended Outcomes

Increased knowledge of whole foods in diet – successful community garden.  
Increased knowledge of wellness/disease prevention.  
Increase opportunities for physical activity in county for all ages – collaborate throughout county to increase participation.  
More mental health resources available to Smith County.  
Our elderly will be able to stay in this community and not have to leave.  
Our community will experience better overall health and wellness.

## Filling in the Plan

### Resources

Garden – land/water/volunteers/equipment/seeds – funding (SCCF Grant), advertising.  
Recreation – surveys, manpower/leadership, advertising.  
Money.  
People.  
Location.  
Education/Information.  
Community Assessment Coalition/volunteers.  
Partner with City, County, local businesses, and Extension.

### Activities

Garden/Recreation: leadership board meetings, public information meetings; flyers, etc. – newspaper, social media, Nex-Tech, Internet; church bulletins; radio.  
Regular monthly meetings.  
Public events/forums to get the word out.  
Media to post online, newspaper, local TV to get people involved.

### Participate

Leadership board, master gardeners, community volunteers, extension, schools, churches.  
Everyone of Smith County of all ages.

### Short-Term Results

Growing garden, working board, security resolved, servicing/providing fresh produce for county.  
Look for healthier lifestyle, growing involvement across all ages.  
Increase education on need for more wellness activities.

#### Intermediate-Term Results

Self-sustaining community gardens.

Development of more recreational programs for all ages.

Development of walking track around town.

Improved diabetic counseling.

#### Ultimate Impact

Teach county how to have a healthier lifestyle via nutrition.

Educate all ages on benefits of fresh produce in diet to promote health.

To improve overall health and wellness for Smith County citizens.

## Kansas Rural Health Works Action Planning Worksheet

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

### Getting Started

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

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

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What should the **Priorities** for attention, effort, and investment be? What are the most important things that need to be done to address the situation?

1st: \_\_\_\_\_

2nd: \_\_\_\_\_

3rd: \_\_\_\_\_

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

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### Filling in the Plan

Now that we've established what we would like to achieve, we need to figure out how to do it. We can create an effective action plan by carefully considering what resources we **need to invest** into the effort, what **activities** we need to do to make progress, **who** we need to reach and involve, identify the **milestones** we'll need to see in order to know we're making progress, and, finally, the **ultimate impact** we would like to see achieved.

What **Resources** are needed to take action? Who's available to work on the problem? How much time will it take? Is money or other resources needed? Who can we partner with to make progress?

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

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

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

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

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

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**Smith County Rural Health Works Program  
Steering Committee Participants  
September 10, 2012**

<i>Name</i>	<i>Position</i>	<i>Affiliation</i>	<i>Community</i>	<i>Email</i>
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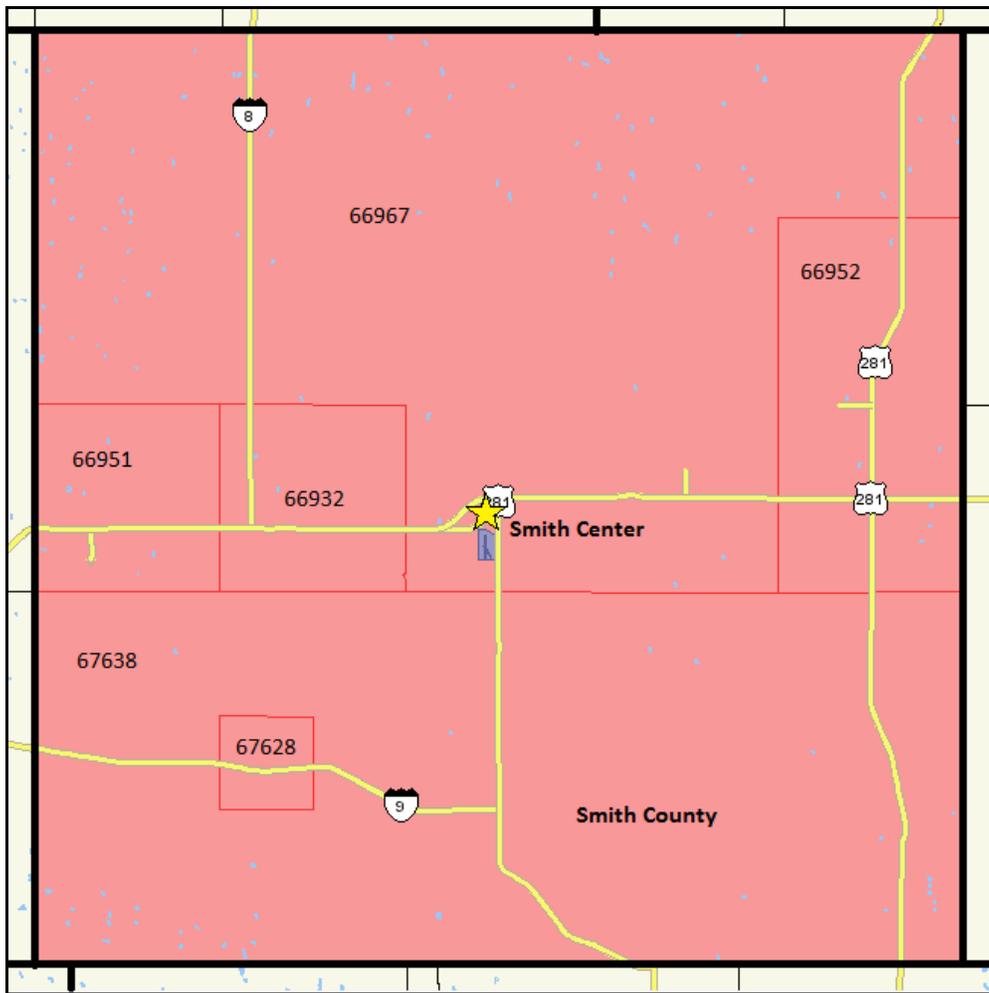
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## Basis for the Organization of the Smith County Community Health Needs Assessment

**Share of Inpatient Discharges from Smith County Zip Code, 2011**

Hospital	Zip	City	State	COUNTY	Percentages
Smith County Memorial Hospital - Smith Center, KS	66967	SMITH CENTER	KS	SMITH	55.33%
Smith County Memorial Hospital - Smith Center, KS	66951	KENSINGTON	KS	SMITH	9.00%
Smith County Memorial Hospital - Smith Center, KS	66952	LEBANON	KS	SMITH	8.33%
Smith County Memorial Hospital - Smith Center, KS	67638	GAYLORD	KS	SMITH	6.33%
Smith County Memorial Hospital - Smith Center, KS	67661	PHILLIPSBURG	KS	PHILLIPS	4.67%
Smith County Memorial Hospital - Smith Center, KS	67473	OSBORNE	KS	OSBORNE	2.67%
Smith County Memorial Hospital - Smith Center, KS	67621	AGRA	KS	PHILLIPS	2.33%
Smith County Memorial Hospital - Smith Center, KS	66932	ATHOL	KS	SMITH	2.00%
Smith County Memorial Hospital - Smith Center, KS	OTHER				9.33%
					100.00%
<b>Smith County Shares</b>					<b>81.00%</b>





**Smith County Preliminary Issues List**  
**9/10/2012**

**Themes**

Prevention of chronic disease/wellness  
Recruitment/retention of health care professionals  
Hospital/LTC facilities improvements and sustainability  
Elder care and community-based services  
Communication and collaboration between providers  
Leadership and community involvement

**What are the major health-related concerns in Smith County?**

Providing adequate long-term care and assisted living across the age continuum (5)  
Transition from home to long-term care  
Provider recruitment, maintenance physicians, ARNP, ANES  
Adequate ER care, evaluation-EMS  
Modern acute care facility; competent management and long-term planning  
Keeping elders in the community and attracting young people  
Hospital needs updated (3)  
Updating senior care to keep elders in community (4)  
Day care  
Availability to provide epidurals to OB patients  
Continuity and quality of care (2)  
The hospital financial condition - long-term stability  
OB care  
Recruitment and retention of employees  
Access to quality specialty clinics (3)  
Affordable, preventative care (3)  
Transportation to get to services (2)  
Lack of in-home care services for elderly (2)  
No Medicare home health services  
Lack of mental health services  
Need for more physicians  
Children, low-income families, seniors  
Self-employed or those with insurance  
Non-critical healthcare needs addressed  
Services for at-risk children  
Lack of physical activity-increase incidence of diabetes

**What needs to be done to improve the local healthcare system?**

Planning now and long-term (2)

Modern acute care clinic, hospital, outpatient facility

Better communication among all entities to provide best care possible to all citizens (3)

Work together as a community to raise the money to update hospital & senior assisted living

Recruit doctors and nurses to replace the ones retiring (2)

Get out of Great Plains Alliance (2)

Upgrading the local hospital facility (3)

Continuity of care between all healthcare providers for the residents of the county

Leadership from Hospital Board and County Commissioners

Stabilize and move hospital forward in service and facilities financially (2)

Development of more home health as well as mental health agencies

Increase quality

Improve the economics of the county to allow both spouses to work/ housing availability

Updated technology, local, quality of workers willing to work at our hospital instead of commuting

Provide assisted living for seniors (2)

Provide improved dental care for children and low income families

Day care for elderly

Dependable/capable certified nurses aides

**What should be the over-arching health care goals of the community?**

Maintain services

Assess and address goals

Keeping current physicians and/or finding new physicians

Keeping our hospital a viable entity to continue health care in the community

As a community continue to meet each year with a strategic plan

Continue to raise money to do the things on the list, starting at #1 priority

Sustainability-be visionary-strategic planning

Strong health care administration

Making sure everyone has the same chance at receiving  
the same care regardless of age.

Communicating the needs of the residents

Keep health care workers in town by offering competitive wages  
instead of driving to surrounding communities

Be prepared for the long-term "Baby Boomer" influx into the senior  
(retirement) population

Provide great services for young families

Access to a wide range of services provided in the county

To improve quality of life for all citizens of Smith County

Increase reputation with health care providers and community members

To provide quality health care with less travel

Be a healthcare facility that everyone in the surrounding counties/  
communities wants to come to

To be able to meet the needs of our youth and elderly and cancer patients (2)

To update our hospital facility & equipment (2)

Move to health-based care (not sickness-based care)

Help elderly to stay in homes as long as possible

Affordable health care-including specialists

Keeping doctors and surgeons

**What are the greatest barriers to achieving health care goals?**

Population decline (3)

Lack of well-paying jobs/economic outlook

No communication between counties/regions to share services

Adequate management skills (2)

Finances (7)

State regulations on facilities

Being in a rural area doesn't always attract new physicians

Do not have a strategic plan

We are 75 miles each way from a big hospital (2)

People need to realize the medical care is economically feasible

Updating facilities will bring more jobs and money to our county

Engaging the community

Communication (2)

A Hospital Board that is business savvy-not just based on  
who you are and who are engaged

County Commissioners that are not engaged

Affordability to consumers-keeping costs down so community  
members don't seek services elsewhere

Resources (2)

Community knowledge of services available & who to contact

Combining nursing homes to have 1 instead of 3

Renovation of healthcare facilities already present

The mindset of those who do not want to spend the money  
on updating our facility

Updating infrastructure costs

Everyone working together to achieve a common goal for  
the greater good

Increasing elderly population, fewer young people

Poor socio-economic status of county

Lack of community involvement



# The Importance of the Health Care Sector to the Economy of Smith County

Kansas Rural Health Options Project  
December 2010

Jill Patry, *Research Assistant*  
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K-State Research and Extension

and   
Kansas State University  
Research and Extension



## The Economics of Rural Health Care

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

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

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

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

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

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# **The Economic Contribution of the Health Care Sector In Smith 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 Smith 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 Smith 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**

<b>Year</b>	<b>Per Capita Consumer Spending (2008\$)</b>	<b>Per Capita Insurance Premiums (2008\$)</b>	<b>Per Capita Out-of-Pocket Costs (2008\$)</b>
1970	\$913	\$350	\$563
1980	\$1,307	\$708	\$598
1990	\$2,239	\$1,415	\$824
2000	\$2,786	\$1,957	\$829
2001	\$2,915	\$2,081	\$834
2002	\$3,114	\$2,251	\$863
2003	\$3,291	\$2,400	\$892
2004	\$3,376	\$2,476	\$900
2005	\$3,460	\$2,547	\$912
2006	\$3,492	\$2,586	\$906
2007	\$3,530	\$2,603	\$926
2008	\$3,486	\$2,573	\$913

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.

## Smith County Demographic Data

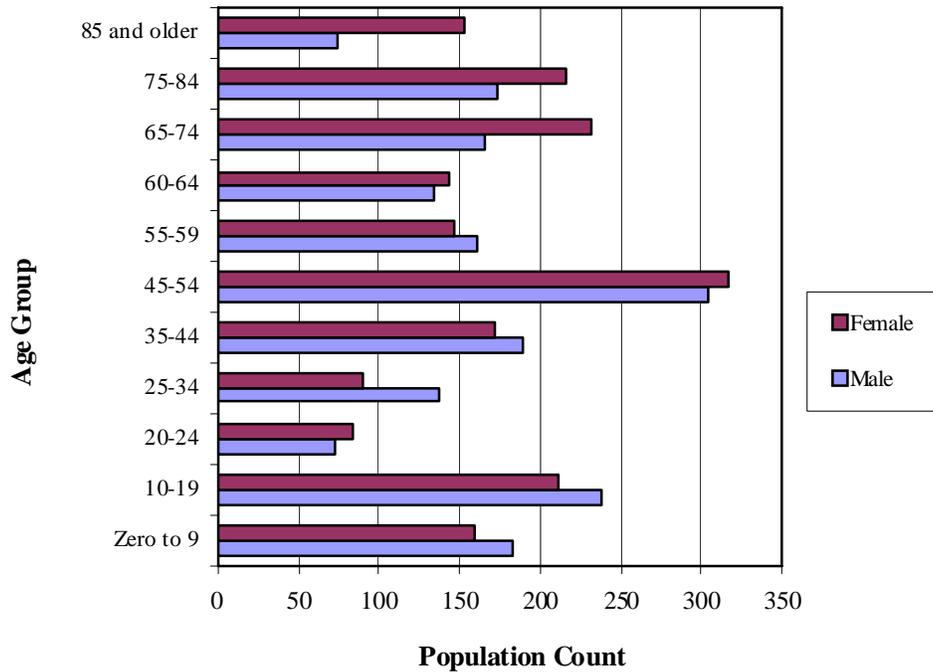
Table 2 presents population trends for Smith County. In 2010, an estimated 3,887 people live in the county. Between 1990 and 2010, the population decreased 23.0 percent and also decreased 13.9 percent between 2000 and 2010. Population projections indicate that 3,858 people will live in the county by 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**

Current Population		Percent Change in Population			Population Projections	
Year	Count	Years	County	State	Year	Count
1990	5,045	1990-2000	-10.5	8.5	2015	3,858
2000	4,515	2000-2010	-13.9	5.5	2020	3,836
2010	3,887	1990-2010	-23.0	14.5	2025	3,818

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

**Figure 1. Population by Age and Gender**

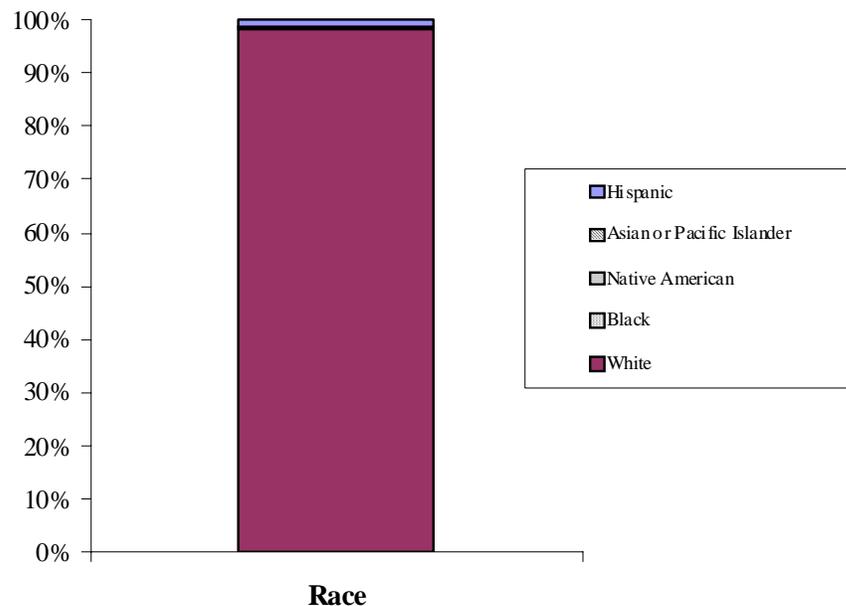


U.S. Census Bureau

Figure 1 shows a breakdown of the population by age and by gender. Here, people aged 65 and older made up the largest portion of the population, with 27.0 percent. Of those 65 and older, 40.8 percent were male and 59.2 percent were female. Age range can indicate the future health care needs of a county's population. A growing population of older adults has a different set of health care needs than a population with more young people.

Race can also play a role in assessing the health needs of the community. In the case of Hispanic immigrants, lack of English speaking skills may prevent them from using health care services within the county or from using health care services at all. Figure 2 shows the racial and ethnic composition of the county. Whites made up 98.3 percent of the county's population, while Native Americans represented 0.2 percent, African Americans made up 0.2 percent, Asians were 0.2 percent and Hispanics were 1.1 percent of the population. In Kansas, whites make up 80.5 percent of the population, Native Americans represent one percent, African Americans 6.3 percent, Asians 2.5 percent and Hispanics 9.6 percent.

**Figure 2. Population by Race (2010)**

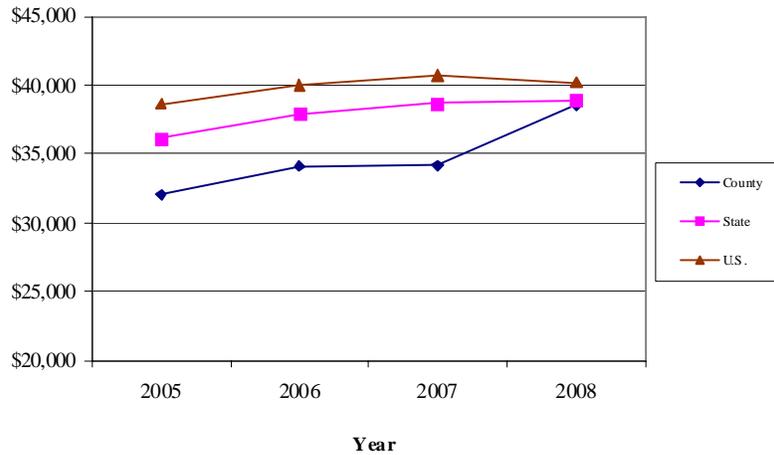


Woods and Poole Economics, Inc. Native American includes American Indians and Alaska Natives; Asian or Pacific Islander includes Asian Americans, Native Hawaiians, Pacific Islanders; Hispanic population is persons of Hispanic origin regardless of race.

### **Economic Indicators**

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

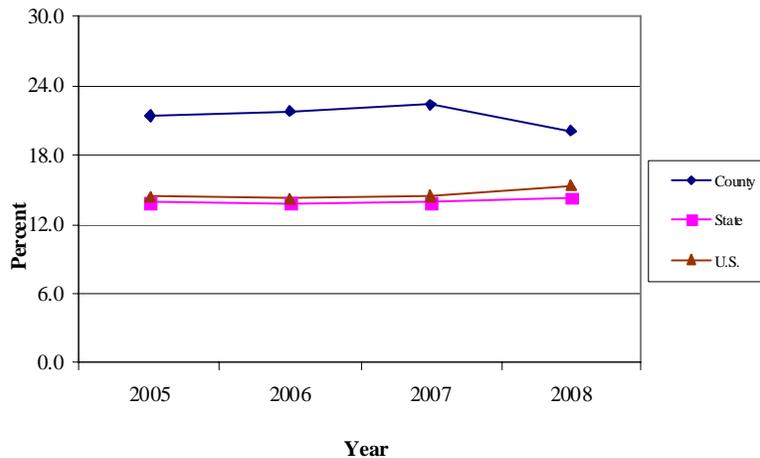
**Figure 3. Total Per Capita Personal Income (2008\$)**



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

Figure 3 shows the change in total per capita personal income, adjusted for inflation from 2005 through 2008. Per capita personal income has increased in Kansas and the United States. In Smith County, personal income has increased from \$32,037 in 2005 to \$38,511 in 2008.

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



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

Figure 4 shows how the relative proportion of transfer income to total income has changed during the same four years. In the U.S., transfer payments have increased as a percentage of total income by 6.6 percent, while transfer payments in Kansas have increased by 2.5 percent. In the county, the proportion of income stemming from transfer payments has decreased from 21.4 percent in 2005 to 20.1 in 2008.

Table 3 shows personal income data by source for Smith County, Kansas and the nation. Within the county, 41.1 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 46.2 percent of transfer payments in the county, with another 43.0 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**

<b>Source</b>	<b>County Total</b>	<b>County Per Capita</b>	<b>County Percent</b>	<b>State Percent</b>	<b>U.S. Percent</b>
<b>Earnings</b>					
Wages and Salaries	\$35,944,000	\$9,214	41.1	69.4	71.6
Other Labor Income	\$9,455,000	\$2,424	10.8	17.0	16.3
Proprietor's Income	\$42,027,000	\$10,773	48.1	13.6	12.1
Total Earnings	\$87,426,000	\$22,411	100.0	100.0	100.0
<b>Transfer Payments</b>					
Retirement and Disability	\$13,981,000	\$3,584	46.2	39.0	34.2
Medical Payments	\$12,993,000	\$3,331	43.0	42.2	44.0
Other	\$3,257,000	\$835	10.8	18.7	21.9
Total Transfer Payments	\$30,231,000	\$7,750	100.0	100.0	100.0
<b>Personal Income</b>					
Earnings by Place of Residence	\$86,913,000	\$22,280	58.6	68.8	66.6
Dividends, Interest, and Rent	\$31,200,000	\$7,998	21.0	17.0	18.0
Transfer Payments	\$30,231,000	\$7,750	20.4	14.3	15.3
Total Personal Income	\$148,344,000	\$38,027	100.0	100.0	100.0

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**

	County Number	County Percent/Rate	State Percent/Rate
<b>Hospitals (2009)</b>			
Number <sup>1</sup>	1	0.3	0.1
Number of beds <sup>1</sup>	25	6.7	4.1
Admissions per bed <sup>1</sup>	16	4.2	0.0
<b>Adult Care Homes (2009)</b>			
Number <sup>2</sup>	2	2.0	0.8
Number of beds <sup>2</sup>	90	88.8	56.2
<b>Assisted Living Facilities (2009)</b>			
Number <sup>2</sup>	0	0.0	0.7
Number of beds <sup>2</sup>	0	0.0	29.6
<b>Medicare (2007)</b>			
Eligibles <sup>3,4</sup>	1,185	30.0	14.8
<b>Medicaid Funded Programs</b>			
Food Stamp Beneficiaries (2009) <sup>4</sup>	164	4.4	7.4
Temporary Assistance for Families (FY 2009) <sup>4</sup>	15	0.4	1.1

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

<sup>1</sup>Rate per 1,000 population.

<sup>2</sup>Number of beds per 1,000 people 65 years and older.

<sup>3</sup>Annual average number of original Medicare eligibles---individuals who are either currently or formerly entitled or enrolled in either part A or part B original Medicare.

<sup>4</sup>Percent of total 2007 estimated population.

Table 4 shows the availability of certain types of health services in Smith County as well as usage of some health care-related government programs. The county has 25 available hospital beds, with a rate of 4.2 admissions per bed per 1,000 people. Additionally, the county has 90 adult care home beds, or 88.8 beds per 1,000 older adults, and 0 assisted living beds. Medicare users make up 30.0 percent of the county's total population and 4.4 percent of the county's population receive food stamp benefits.

**Table 5. Maternity and Children's Health Statistics**

	<b>County Number</b>	<b>County Percent/Rate</b>	<b>State Percent/Rate</b>
Poverty (2008)			
Total Persons in Poverty <sup>1</sup>	451	11.9	11.3
Children in Poverty <sup>2</sup>	120	18.7	14.6
Total Births <sup>3</sup> (2008)	35	9.0	14.9
Births to Mothers without High-School Diploma <sup>4</sup> (2007)	N/A	15.2	18.2
Births with Adequate Prenatal Care <sup>3</sup> (2008)	29	87.9	77.6
Low Weight Births <sup>5</sup> (2007)	N/A	6.1	7.1
Immunization <sup>6</sup> (2007)	N/A	70.0	58.0
Infant Mortality <sup>7</sup> (2008)	0	6.0	7.4
Child Deaths <sup>8</sup> (2008)	0	0.0	1.7
Child Care Subsidies <sup>9</sup> (2008)	17	N/A	N/A

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

<sup>1</sup> Percent of total population.

<sup>2</sup> Percent of children younger than 18 years in families below poverty level.

<sup>3</sup> Percent of live births to all mothers who received adequate or better prenatal care.

<sup>4</sup> Rate of live births per thousand females.

<sup>5</sup> Percent of live births in a calendar year.

<sup>6</sup> Percent of total kindergarteners who received all immunizations by age two.

<sup>7</sup> Number of infant deaths younger than one year per thousand live births.

<sup>8</sup> Number of deaths from all causes per 100,000 children ages 1-14.

<sup>9</sup> Average monthly number of children participating in the Kansas Child Care Assistance program.

Table 5 gives information which can indicate the situation for young children and mothers. Within the county, 18.7 percent of children live in poverty, while 14.6 percent of children statewide live in poverty. Births to school age mothers occurred at a rate of 15.2 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 6.1 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 Smith County Economy, Highlighting Health Care

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

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

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

<b>Sector</b>	<b>Employment</b>	<b>Labor Income</b>	<b>Total Income</b>	<b>Total Sales</b>
Agriculture	703	\$8,629	\$45,834	\$106,024
Mining	21	\$2,729	\$5,949	\$10,260
Construction	84	\$2,062	\$2,248	\$8,612
Manufacturing	126	\$4,465	\$4,939	\$45,376
Transportation, Information, Public Utilities	102	\$3,356	\$4,493	\$8,617
Trade	406	\$10,311	\$17,712	\$27,700
Services	1,090	\$23,930	\$40,497	\$83,228
Health Services <sup>1</sup>	284	\$7,595	\$8,333	\$17,734
Health and Personal Care Stores	19	\$478	\$745	\$1,024
Veterinary Services	2	\$21	\$23	\$110
Home Health Care Services	25	\$486	\$616	\$846
Doctors and Dentists	8	\$268	\$310	\$520
Other Ambulatory Health Care	0	\$0	\$0	\$0
Hospitals	147	\$4,664	\$4,898	\$12,633
Nursing/Residential Care Facilities	84	\$1,679	\$1,740	\$2,600
Government	392	\$13,628	\$15,668	\$20,126
<b>Total</b>	<b>2,924</b>	<b>\$69,110</b>	<b>\$137,341</b>	<b>\$309,943</b>
<b>Health Services as a Percent of Total</b>				
County	9.7	11.0	6.1	5.7
State	8.7	8.1	6.0	4.4
Nation	8.1	8.4	6.4	5.3

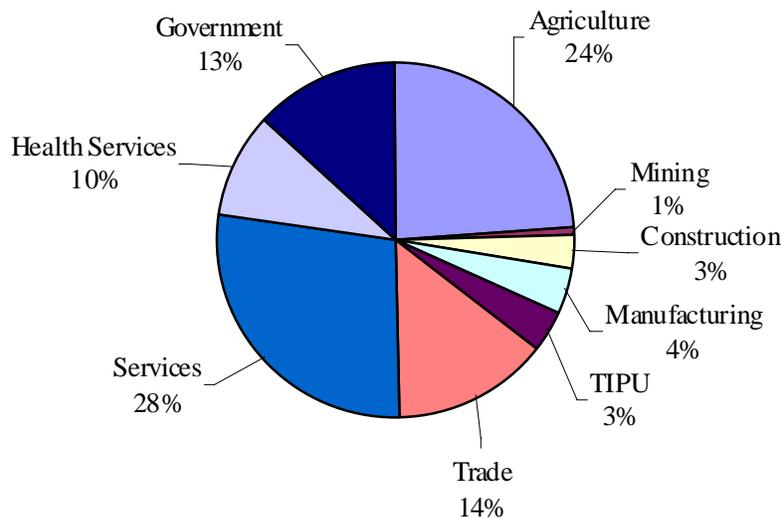
Minnesota IMPLAN Group; Due to rounding error, numbers may not sum to match total.

<sup>1</sup>In some Kansas counties, various health services are consolidated within a single entity in the classification system shown here. In such cases, it may not be possible to break apart employment, income or sales information. If you have questions regarding the organization of health care services in your county, contact your local hospital administrator.

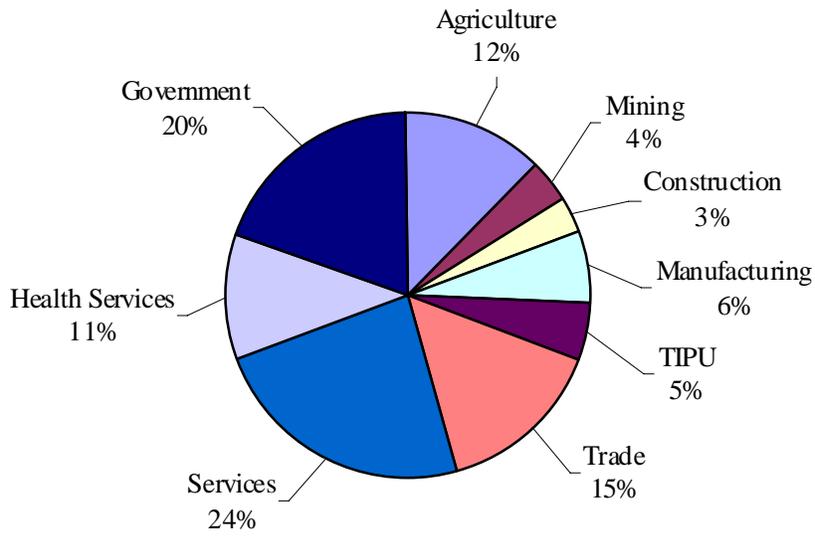
Health services are separated from the service and retail trade sectors but not double counted in the totals. The numbers for each sector include not only the professionals in the sector (the doctors, dentists, etc.) but also support staff (assistants, clerks, receptionists, etc.) employed by the business. In the health sector, the Health and Personal Care stores category includes pharmacies, while the Doctors and Dentists category includes chiropractors, optometrists, and other health care practitioners. Other Ambulatory Health Care Services includes services such as medical and diagnostic labs and outpatient care centers.

Health Services employs 284 people, 9.7 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 5 ranking in terms of employment (Figure 5). Health Services is number 5 among payers of wages to employees (Figure 6) and number 5 in terms of total income (Figure 7). As with most rural areas, the health sector plays an important role in the economy.

**Figure 5. Employment by Sector (2008)**

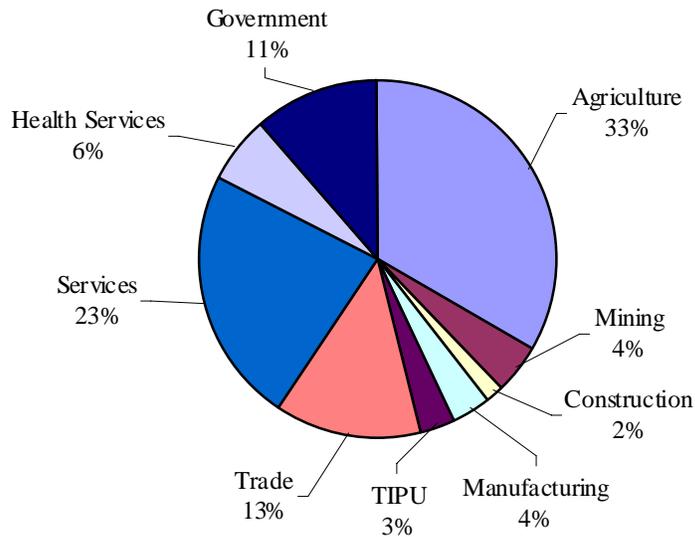


**Figure 6. Labor Income by Sector (2008)**



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



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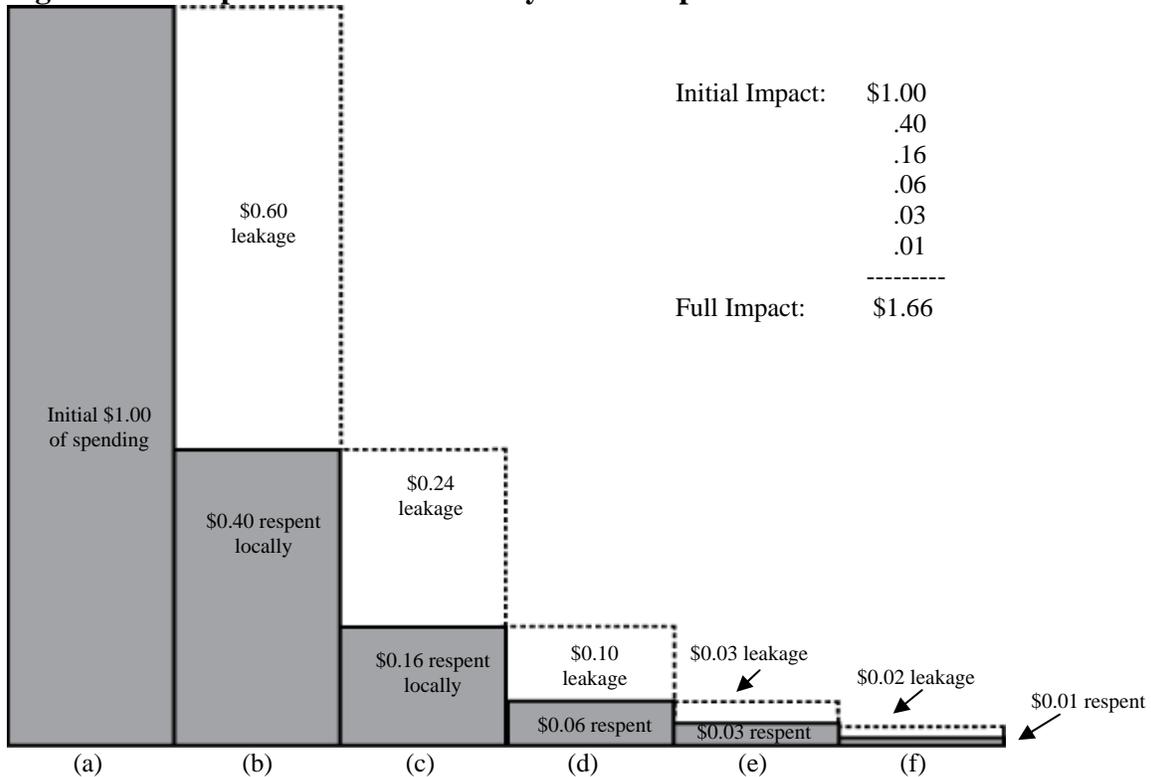
## Health Sector Impact and Economic Multipliers

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



Tables 7 and 8 illustrate the ripple effect in the county. As an example, Table 7 shows that the hospital sector employs 147 people and has an employment multiplier of 1.26. This means that for each job created in the hospital sector, another 0.26 jobs are created in other businesses and industries in the county's economy. The direct impact of the 147 hospital employees results in an indirect impact of 38 jobs ( $147 \times 0.26 = 38$ ) throughout all businesses and industries in the market area. Thus, the hospital sector employment had a total impact on area employment of 185 jobs ( $147 \times 1.26 = 185$ ).

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

<b>Health Sectors</b>	<b>Direct Employment</b>	<b>Economic Multiplier</b>	<b>Total Impact</b>
Health and Personal Care Stores	19	1.15	21
Veterinary Services	2	1.11	3
Home Health Care Services	25	1.10	27
Doctors and Dentists	8	1.20	9
Other Ambulatory Health Care	0	0.00	0
Hospitals	147	1.26	185
Nursing and Residential Care Facilities	84	1.10	92
<b>Total</b>	<b>284</b>		<b>338</b>

Note: Most data obtained from secondary sources; some data unavailable or extrapolated  
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Similarly, multiplier analysis can estimate the total impact of the estimated \$4,898,000 direct income for hospital employees shown in Table 8. The hospital sector had an income multiplier of 1.18, which indicates that for every one dollar of income generated in the hospital sector, another \$0.18 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 \$5,782,000 ( $\$4,898,000 \times 1.18 = \$5,782,000$ ).

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

<b>Health Sectors</b>	<b>Direct Income</b>	<b>Economic Multiplier</b>	<b>Total Impact</b>	<b>Retail Sales</b>
Health and Personal Care Stores	\$745	1.13	\$841	\$194
Veterinary Services	\$23	1.29	\$30	\$7
Home Health Care Services	\$616	1.10	\$681	\$157
Doctors and Dentists	\$310	1.12	\$349	\$80
Other Ambulatory Health Care	\$0	0.00	\$0	\$0
Hospitals	\$4,898	1.18	\$5,782	\$1,331
Nursing/Residential Care Facilities	\$1,740	1.10	\$1,920	\$442
<b>Total</b>	<b>\$8,333</b>		<b>\$9,603</b>	<b>\$2,211</b>

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

In this manner, the total employment and income impacts of all the health services sectors can be estimated. In Table 7, the total employment impact of the health services sector results in an estimated 338 jobs in the local economy. In Table 8, the total income impact of health services results in an estimated \$9,603,000 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). Smith County had retail sales of \$34,158,926 and \$148,344,000 in total personal income. Thus, the estimated retail sales capture ratio equals 23.0 percent. Using this as the retail sales capture ratio for the county, this says that people spent 23.0 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 \$2,211,000 ( $\$9,603,000 \times 23.0\% = \$2,211,000$ ). 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 Smith 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.

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## 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).



# Smith County Rural Health Works



KANSAS RURAL  
HEALTH WORKS



Communities Building Affordable & Sustainable Healthcare Systems

## Demographic, Economic and Health Indicator Data

### Introduction

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

### Background Data Summary

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

- Between 1990 and 2010, the population decreased 23.0 percent and also decreased 13.9 percent between 2000 and 2010.

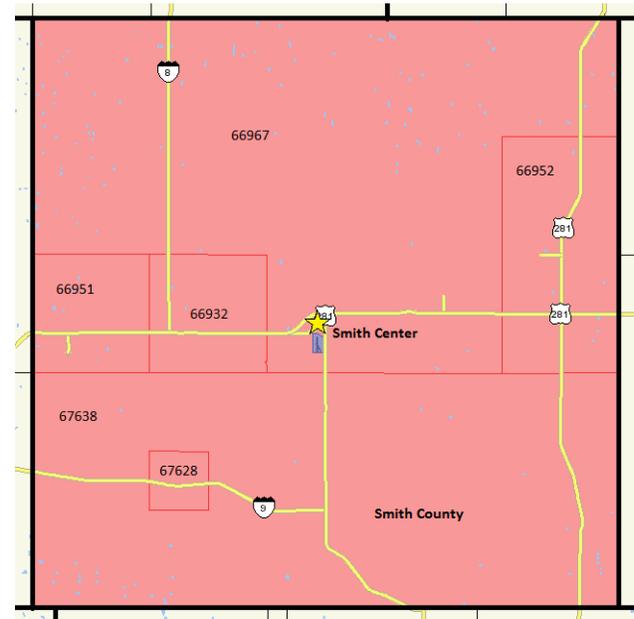
- People aged 65 and older made up the largest portion of the population, with 27.0 percent.

- In general, the county has less per capita personal income that the state and nation, and is more dependent on 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 30.0 percent of the county's total population and 4.4 percent of the county's population receive food stamp benefits.

- Within the county, 18.7 percent of children live in poverty, while 14.6 percent of children statewide live in poverty.

### Smith County Primary Health Market Area



ZIP codes within the Smith County Health Market Area.

Source: Claritas, Inc. 2012.

# Smith County Rural Health Works

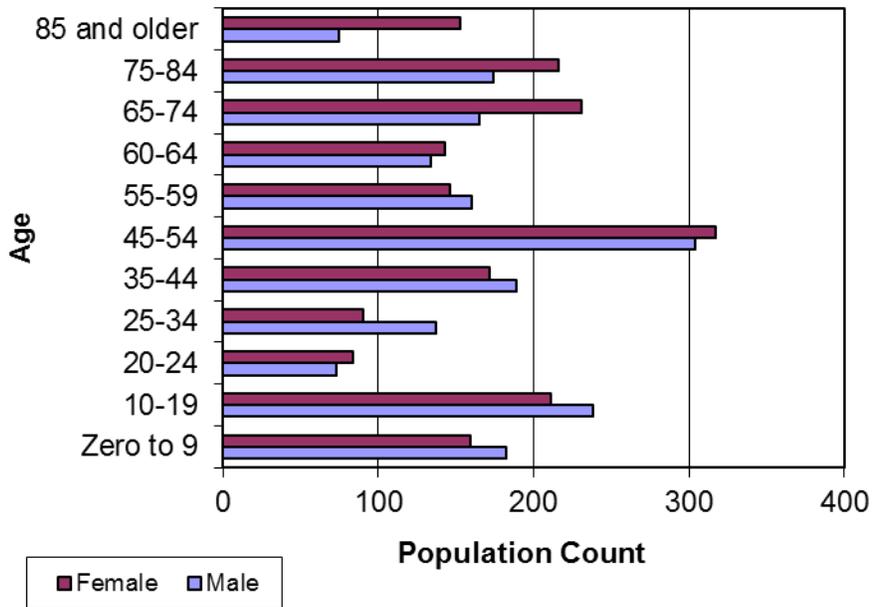
Table 1 presents population trends for Smith County. In 2010, an estimated 3,887 people live in the county. Between 1990 and 2010, the population decreased 23.0 percent and also decreased 13.9 percent between 2000 and 2010. Population projections indicate that 3,858 people will live in the county by 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**

Current Population		Percent Change in Population			Population Projections	
Year	Count	Years	County	State	Year	Count
1990	5,045	1990-2000	-10.5	8.5	2015	3,858
2000	4,515	2000-2010	-13.9	5.5	2020	3,836
2010	3,887	1990-2010	-23.0	14.5	2025	3,818

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

**Figure 1. Population by Age and Gender (2009)**

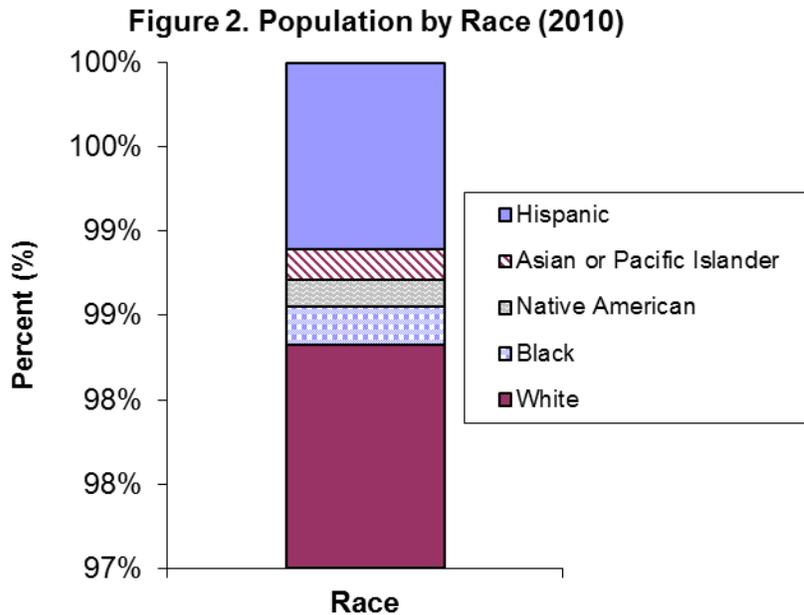


U.S. Census Bureau, 2010

Figure 1 shows a breakdown of the population by age and by gender. Here, people aged 65 and older made up the largest portion of the population, with 27 percent. Of those aged 65 and older, 40.8 percent were male and 59.2 percent were female. Age range can indicate the future health care needs of a county's population. A growing population of older adults has a different set of health care needs than a population with more young people.

# Smith County Rural Health Works

Race can also play a role in assessing the health needs of the community. In the case of Hispanic immigrants, lack of English speaking skills may prevent them from using health care services within the county or from using health care services at all. Figure 2 shows the racial and ethnic composition of the county. Whites made up 98.3 percent of the county's population, while Native Americans represented 0.2 percent, African Americans made up 0.2 percent, Asians were 0.2 percent and Hispanics were 1.1 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.



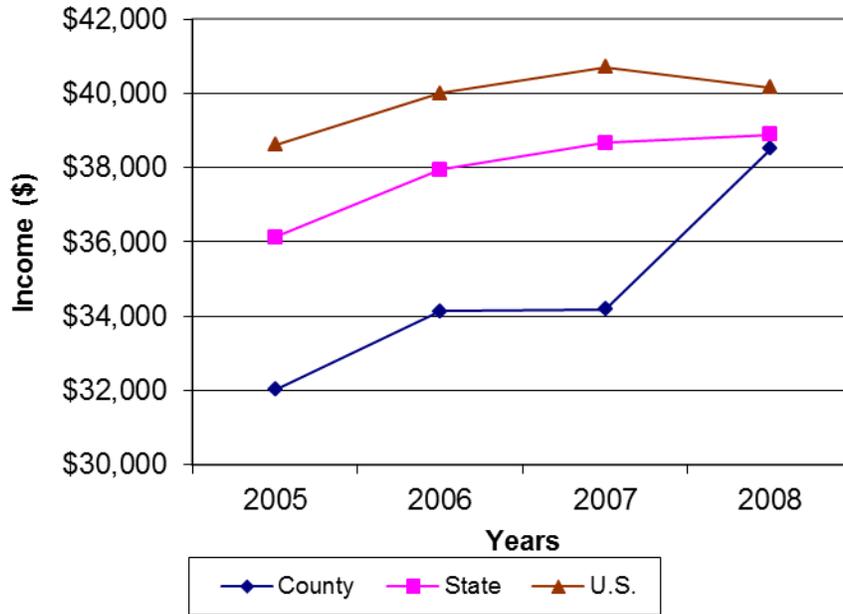
Woods and Poole Economics, Inc. Native American includes American Indians and Alaska Natives; Asian or Pacific Islander includes Asian Americans, Native Hawaiians, Pacific Islanders; Hispanic population is persons of Hispanic origin regardless of race.

## 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.

# Smith County Rural Health Works

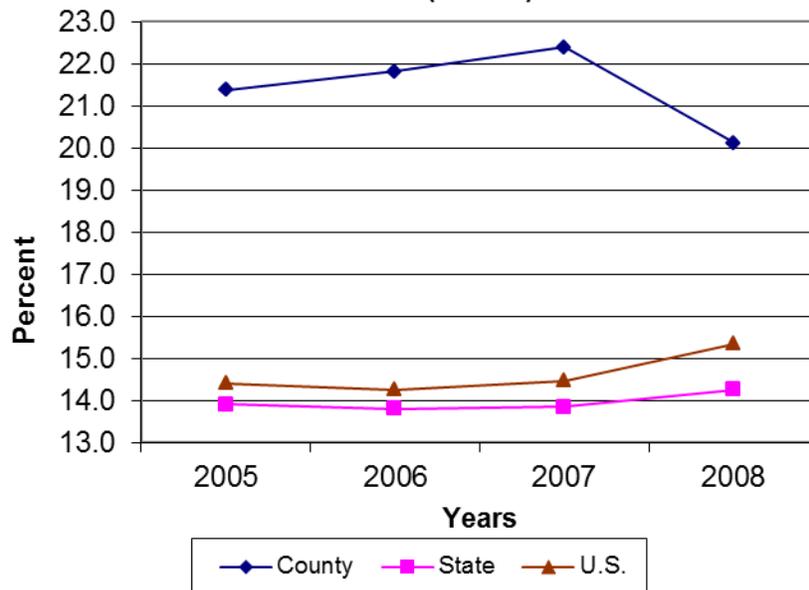
**Figure 3. Total Per Capita Personal Income (2008 \$)**



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 Smith County, personal income has increased from \$32,037 in 2005 to \$38,511 in 2008.

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



# Smith County Rural Health Works

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

Figure 4 shows how the relative proportion of transfer income to total income has changed during the same four years. In the U.S., transfer payments have increased as a percentage of total income by 6.6 percent, while transfer payments in Kansas have increased by 2.5 percent. In the county, the proportion of income stemming from transfer payments has decreased from 21.4 percent in 2005 to 20.1 in 2008.

Table 2 shows personal income data by source for Smith County, Kansas and the nation. Within the county, 41.1 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 46.2 percent of transfer payments in the county, with another 43.0 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**

Source	County Total	County Per Capita	County Percent	State Percent	U.S. Percent
<b>Earnings</b>					
Wages and Salaries	\$35,944,000	\$9,214	41.1	69.4	71.6
Other Labor Income	\$9,455,000	\$2,424	10.8	17.0	16.3
Proprietor's Income	\$42,027,000	\$10,773	48.1	13.6	12.1
Total Earnings	\$87,426,000	\$22,411	100.0	100.0	100.0
<b>Transfer Payments</b>					
Retirement and Disability	\$13,981,000	\$3,584	46.2	39.0	34.2
Medical Payments	\$12,993,000	\$3,331	43.0	42.2	44.0
Other	\$3,257,000	\$835	10.8	18.7	21.9
Total Transfer Payments	\$30,231,000	\$7,750	100.0	100.0	100.0
<b>Personal Income</b>					
Earnings by Place of Residence	\$86,913,000	\$22,280	58.6	68.8	66.6
Dividends, Interest, and Rent	\$31,200,000	\$7,998	21.0	17.0	18.0
Transfer Payments	\$30,231,000	\$7,750	20.4	14.3	15.3
Total Personal Income	\$148,344,000	\$38,027	100.0	100.0	100.0

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.

# Smith 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**

	County Number	County Percent/Rate	State Percent/Rate
Hospitals (2009)			
Number <sup>1</sup>	1	0.3	0.1
Number of beds <sup>1</sup>	25	6.7	4.1
Admissions per bed <sup>1</sup>	16	4.2	0.01
Adult Care Homes (2009)			
Number <sup>2</sup>	2	2.0	0.8
Number of beds <sup>2</sup>	90	88.8	56.2
Assisted Living Facilities (2009)			
Number <sup>2</sup>	0	0.0	0.7
Number of beds <sup>2</sup>	0	0.0	29.6
Medicare (2007)			
Eligibles <sup>3,4</sup>	1,185	30.0	14.8
Medicaid Funded Programs			
Food Stamp Beneficiaries (2009) <sup>4</sup>	164	4.4	7.4
Temporary Assistance for Families (FY 2009) <sup>4</sup>	15	0.4	1.1

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

<sup>1</sup>Rate per 1,000 population.

<sup>2</sup>Number of beds per 1,000 people 65 years and older.

<sup>3</sup>Annual average number of original Medicare eligibles---individuals who are either currently or formerly entitled or enrolled in either part A or part B original Medicare.

<sup>4</sup>Percent of total 2007 estimated population.

Table 3 shows the availability of certain types of health services in Smith County as well as usage of some health care-related government programs. The county has 25 available hospital beds, with a rate of 4.2 admissions per bed per 1,000 people. Additionally, the county has 90 adult care home beds, or 88.8 beds per 1,000 older adults, and 0 assisted living beds. Medicare users make up 30.0 percent of the county's total population and 4.4 percent of the county's population receive food stamp benefits.

# Smith County Rural Health Works

**Table 4. Maternity and Children's Health Statistics**

	County Number	County Percent/Rate	State Percent/Rate
Poverty (2008)			
Total Persons in Poverty <sup>1</sup>	451	11.9	11.3
Children in Poverty <sup>2</sup>	120	18.7	14.6
Total Births <sup>3</sup> (2008)	35	9	14.9
Births to Mothers without High-School Diploma <sup>4</sup> (2007)	N/A	15.2	18.2
Births with Adequate Prenatal Care <sup>3</sup> (2008)	29	87.9	77.6
Low Weight Births <sup>5</sup> (2007)	N/A	6.1	7.1
Immunization <sup>6</sup> (2007)	N/A	70.0	58.0
Infant Mortality <sup>7</sup> (2008)	0	6	7.4
Child Deaths <sup>8</sup> (2008)	0	0.00	1.7
Child Care Subsidies <sup>9</sup> (2008)	17	N/A	N/A

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

<sup>1</sup> Percent of total population.

<sup>2</sup> Percent of children younger than 18 years in families below poverty level.

<sup>3</sup> Percent of live births to all mothers who received adequate or better prenatal care.

<sup>4</sup> Rate of live births per thousand females.

<sup>5</sup> Percent of live births in a calendar year.

<sup>6</sup> Percent of total kindergarteners who received all immunizations by age two.

<sup>7</sup> Number of infant deaths younger than one year per thousand live births.

<sup>8</sup> Number of deaths from all causes per 100,000 children ages 1-14.

<sup>9</sup> Average monthly number of children participating in the Kansas ChildCare Assistance program.

Table 4 gives information which can indicate the situation for young children and mothers. Within the county, 18.7 percent of children live in poverty, while 14.6 percent of children statewide live in poverty. Births to mothers without a high-school diploma occurred at a rate of 15.2 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 6.1 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.

# Smith County Rural Health Works



Communities Building Affordable & Sustainable Healthcare Systems

## Economic & Demographic Data

### Introduction

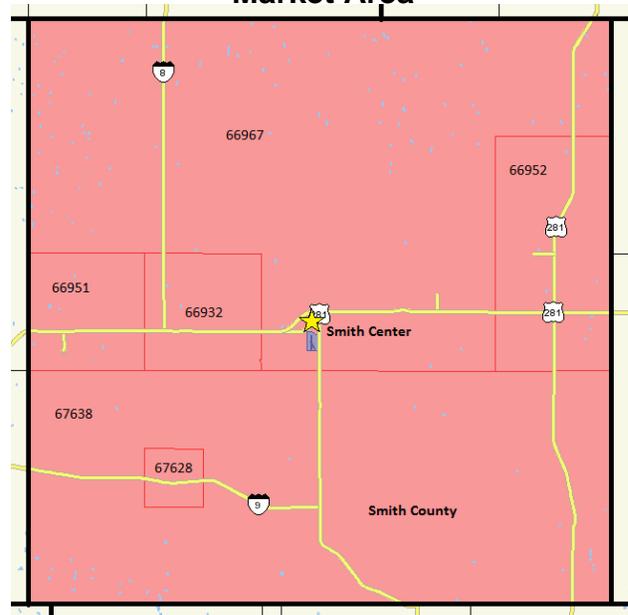
Kansas Rural Health Works (KRHW) is dedicated to helping rural communities build affordable and sustainable local health care systems. The Office of Local Government at K-State Research and Extension is supporting Community Health Needs Assessments. These needs assessments bring a broad-based group of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

### Economic Data Summary

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

- Continuing a long-term trend, the total population of Smith County has declined since 2000.
- The female population 65 to 85 years is growing fastest among the elderly group.
- Almost 17 % of households live on less than \$15,000 income per year.
- Transfer income to persons is a fast growing sources of income. In 2012, over \$28 million in transfer income was paid to county residents, about 18% of total personal income.
- Within transfer income, government assistance such as medical benefits, 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 consistently remained below the state rate.

### Smith County Primary Health Market Area

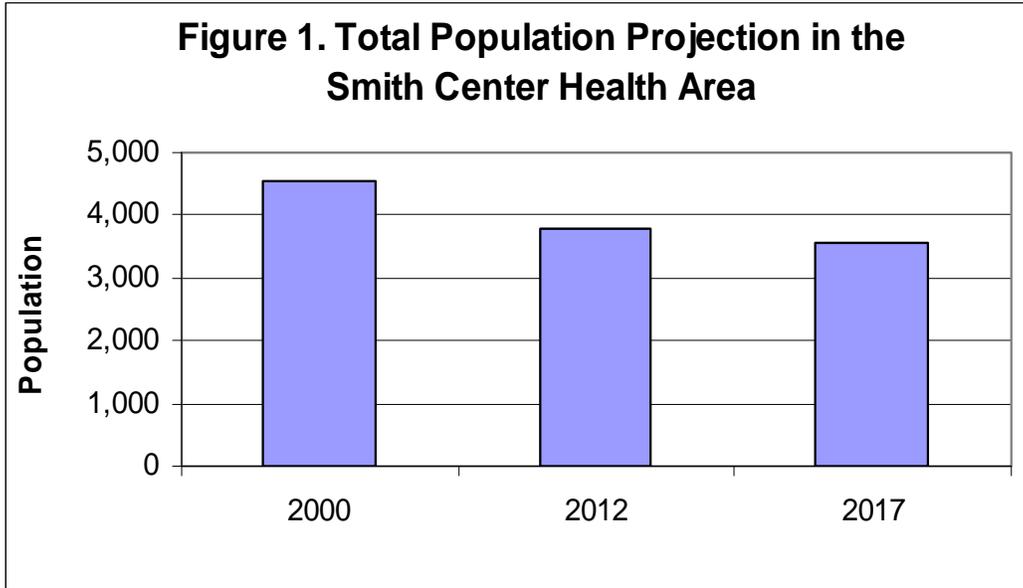


ZIP codes within the Smith County Health Market Area.

Source: Claritas, Inc. 2012.

# Smith 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.



Claritas, Inc., 2012

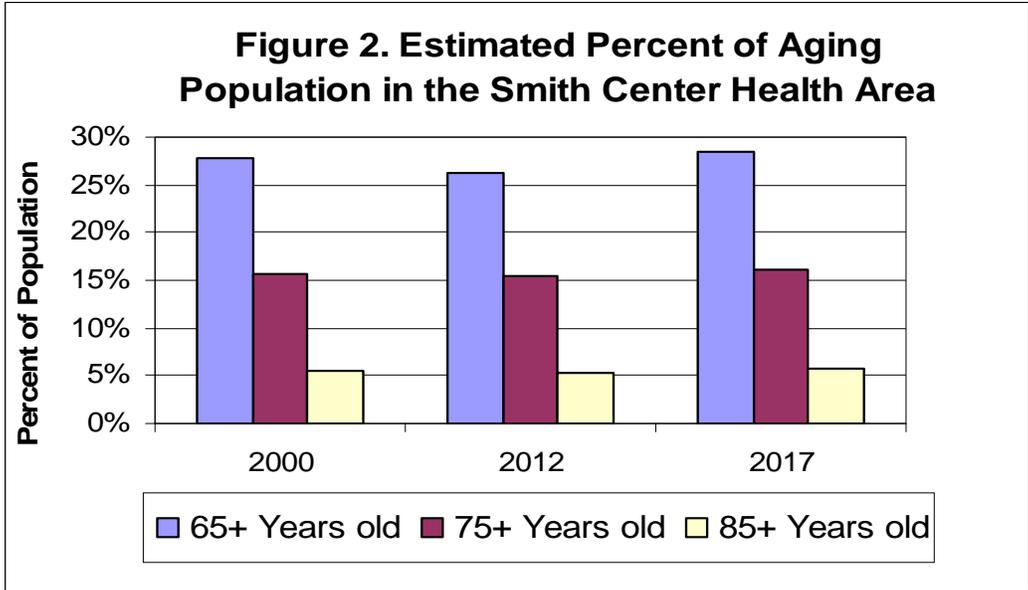
The proportion of the population 65 years and older is among the fastest growing demographic groups even as the overall population declines. When looking at the population by sex and age, it is noticed that women are commonly outliving men. The implications of these trends are several: without a source 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 1. Percent of Aging Population in the Smith Center Health Area**

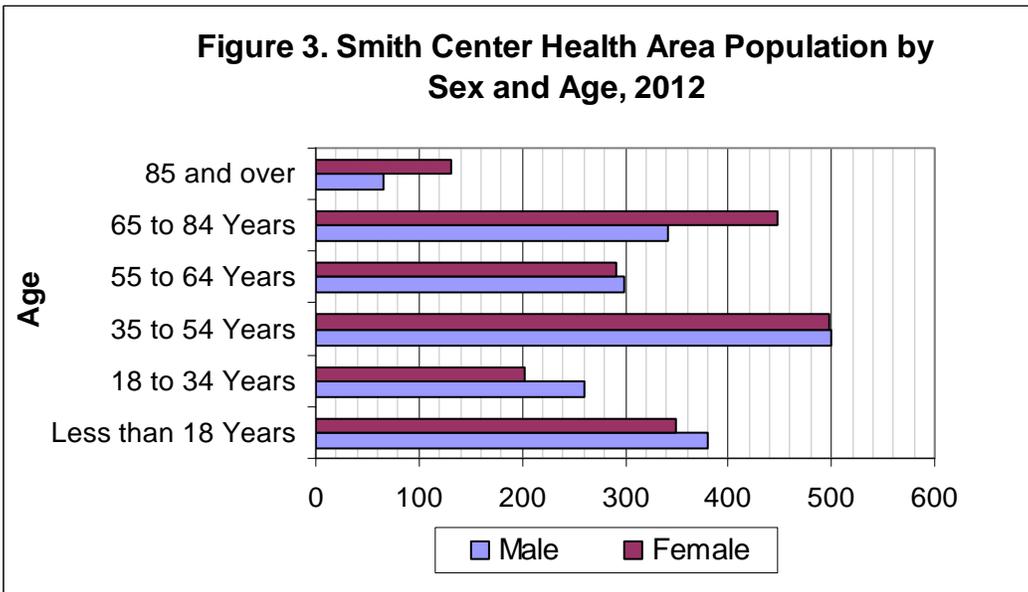
	2000		2012		2017	
	Percent	Population	Percent	Population	Percent	Population
65+ Years old	27.9%	1,264	26.2%	988	28.5%	1,013
75+ Years old	15.7%	710	15.5%	585	16.1%	570
85+ Years old	5.5%	248	5.3%	198	5.6%	200

Claritas, Inc., 2012

# Smith County Rural Health Works



Claritas, Inc., 2012



Claritas, Inc., 2012

# Smith County Rural Health Works

The racial composition of Smith County is somewhat less homogenous than many rural Kansas counties. Whites make up almost 97 percent of the population. One hundred and twenty-eight persons in Smith 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 2. 2012 Estimated Population by Single Race Classifier**

	Population	Percent
White Alone	3,642	96.6%
Black or African American Alone	11	0.3%
American Indian and Alaska Native Alone	12	0.3%
Asian Alone	8	0.2%
Native Hawaiian and Other Pacific Islander Alone	4	0.1%
Some Other Race Alone	28	0.7%
Two or More Races	65	1.7%
<b>Total</b>	<b>3,770</b>	<b>100.0%</b>

Claritas, Inc., 2012

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

	Population	Percent
Hispanic or Latino	60	1.6%
Not Hispanic or Latino	3,710	98.4%
<b>Total</b>	<b>3,770</b>	<b>100.0%</b>

Claritas, Inc., 2012

**Table 4. Smith Center Health Area Hispanic and Latino Population Projection**

	2000	2012	2017
Total Population	4,536	3,770	3,552
Hispanic and Latino Population	33	60	70
Percentage of Population	0.7%	1.6%	2.0%

Claritas, Inc., 2012

## Smith County Rural Health Works

A relatively large proportion of the population 15 years and older is unmarried. More than 63 percent of the adult population reported living as a married individual with a spouse present. Conversely, 24 percent reported no longer being married or their spouse was absent. Seventeen 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 5. 2012 Estimated Population Age 15+ by Marital Status**

	Count	Percent
Total, Never Married	411	12.8%
Married, Spouse present	2,029	63.3%
Married, Spouse absent	37	1.2%
Widowed	545	17.0%
Divorced	186	5.8%
Males, Never Married	183	5.7%
Previously Married	245	7.6%
Females, Never Married	228	7.1%
Previously Married	486	15.2%

Claritas, Inc., 2012

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

	Count	Percent
Less than 9th grade	132	4.7%
Some High School, no diploma	204	7.3%
High School Graduate (or GED)	1,148	40.9%
Some College, no degree	579	20.6%
Associate Degree	324	11.5%
Bachelor's Degree	291	10.4%
Master's Degree	83	3.0%
Professional School Degree	30	1.1%
Doctorate Degree	17	0.6%

Claritas, Inc., 2012

## Smith County Rural Health Works

The income and wealth resources of many Smith County residents are relatively modest. Almost 32 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 34 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**

	Count	Percent
Income Less than \$15,000	293	16.9%
Income \$15,000 - \$24,999	256	14.8%
Income \$25,000 - \$34,999	323	18.7%
Income \$35,000 - \$49,999	261	15.1%
Income \$50,000 - \$74,999	367	21.2%
Income \$75,000 - \$99,999	138	8.0%
Income \$100,000 - \$149,999	80	4.6%
Income \$150,000 - \$199,999	7	0.4%
Income \$200,000 - \$499,999	4	0.2%
Income \$500,000 or more	1	0.0%
Total Estimated Households	1,730	100.0%
<hr/>		
Estimated Average Household Income		\$43,449
Estimated Median Household Income		\$34,783
Estimated Per Capita Income		\$20,040

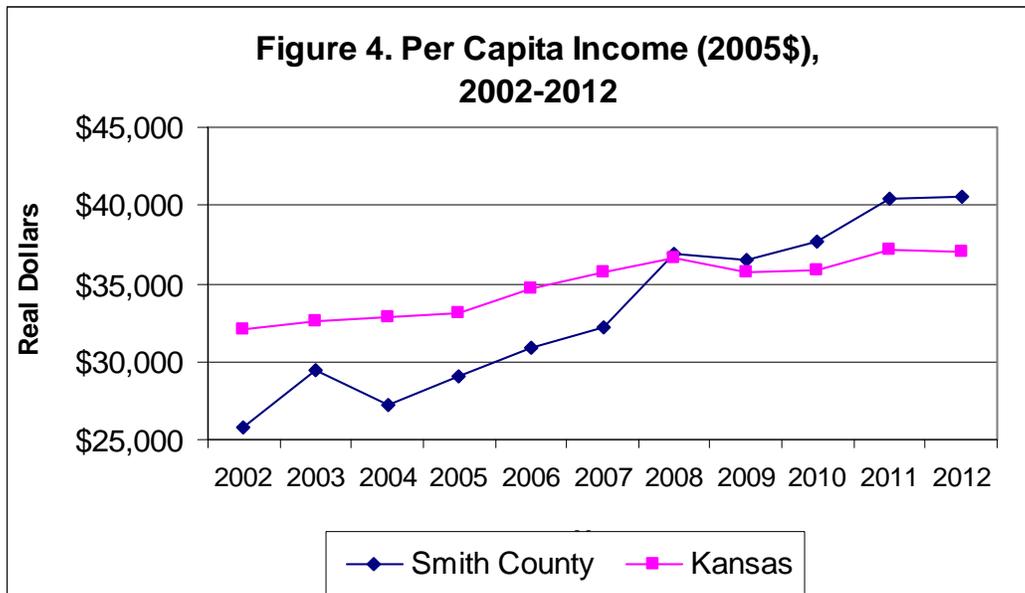
Claritas, Inc., 2012

# Smith County Rural Health Works

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

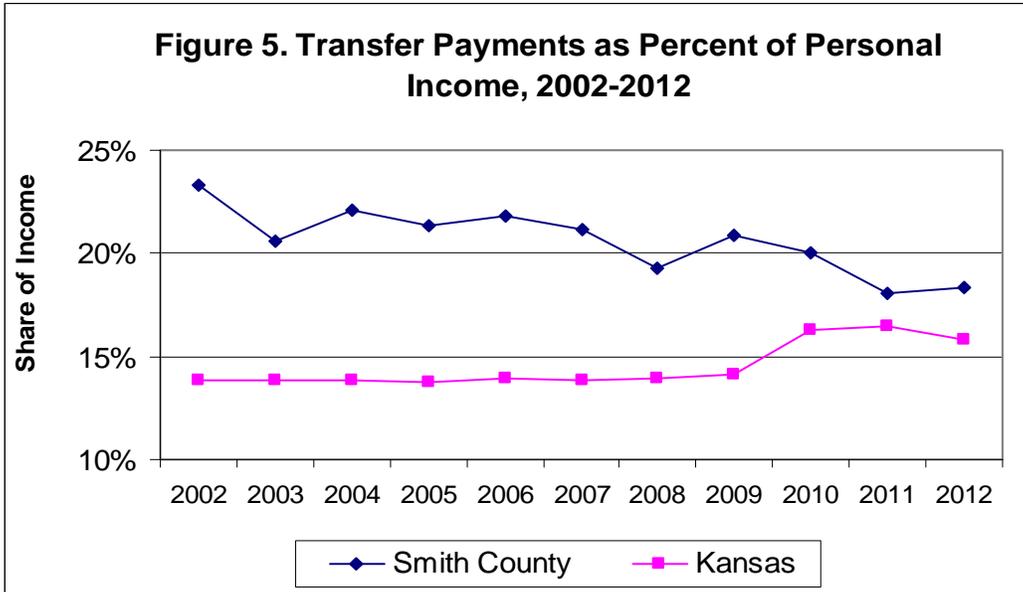
	Count	Percent
Value Less than \$20,000	262	18.1%
Value \$20,000 - \$39,999	232	16.0%
Value \$40,000 - \$59,999	238	16.4%
Value \$60,000 - \$79,999	166	11.5%
Value \$80,000 - \$99,999	180	12.4%
Value \$100,000 - \$149,999	223	15.4%
Value \$150,000 - \$199,999	79	5.5%
Value \$200,000 - \$299,999	41	2.8%
Value \$300,000 - \$399,999	4	0.3%
Value \$400,000 - \$499,999	5	0.4%
Value \$500,000 - \$749,999	6	0.4%
Value \$750,000 - \$999,999	6	0.4%
Value \$1,000,000 or more	6	0.4%
<b>Total</b>	<b>1,448</b>	<b>100.0%</b>

Claritas, Inc., 2012



Woods and Poole, Inc., 2012

# Smith County Rural Health Works



Woods and Poole, Inc., 2012

As with most rural areas, Smith County is relatively more dependent on transfer income, such as retirement and disability insurance benefits, medical benefits, and income maintenance. That dependence is decreasing 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.

## Smith County Rural Health Works

**Table 9. Smith County Personal Income by Major Source**

	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Total Earnings (Millions 2005\$)	\$52.65	\$71.45	\$63.51	\$68.78	\$69.92	\$68.83	\$80.26	\$76.04	\$80.87	\$90.48	\$93.30
Farm Earnings	\$1.94	\$18.36	\$10.58	\$16.65	\$18.88	\$19.17	\$31.46	\$27.20	\$31.02	\$41.98	\$44.62
Agricultural Services, Other	\$0.03	\$0.39	\$0.46	\$0.38	\$0.46	\$0.55	\$0.78	\$0.82	\$0.82	\$0.71	\$0.56
Mining	\$0.03	\$0.03	\$0.04	\$0.03	\$0.04	\$0.04	\$0.08	\$0.07	\$0.08	\$0.07	\$0.06
Construction	\$2.16	\$2.59	\$2.54	\$3.19	\$3.14	\$2.62	\$2.14	\$1.86	\$1.79	\$1.59	\$2.18
Manufacturing	\$7.53	\$8.86	\$8.13	\$6.89	\$6.13	\$6.01	\$4.29	\$3.14	\$3.00	\$2.85	\$2.93
Transport, Comm. & Public Utility	\$3.37	\$3.80	\$4.08	\$3.50	\$4.35	\$4.21	\$2.88	\$2.92	\$3.00	\$3.16	\$3.42
Wholesale Trade	\$4.07	\$3.93	\$3.79	\$3.89	\$3.40	\$3.75	\$4.46	\$5.21	\$5.84	\$6.12	\$5.65
Retail Trade	\$6.36	\$6.74	\$6.50	\$6.87	\$6.33	\$5.91	\$5.69	\$5.34	\$5.22	\$4.86	\$4.78
Finance, Insurance & Real Estate	\$3.21	\$3.18	\$3.11	\$2.40	\$3.46	\$2.45	\$4.31	\$3.83	\$3.63	\$3.37	\$3.26
Services	\$4.83	\$4.50	\$4.62	\$4.66	\$5.01	\$4.99	\$4.83	\$4.99	\$5.13	\$5.08	\$5.09
Federal Civilian Government	\$2.17	\$2.22	\$2.26	\$2.23	\$2.22	\$2.28	\$2.24	\$2.29	\$2.44	\$2.25	\$2.30
Federal Military Government	\$0.46	\$0.63	\$0.64	\$0.75	\$0.70	\$0.66	\$0.65	\$0.70	\$0.76	\$0.74	\$0.56
State and Local Government	\$9.72	\$9.70	\$9.82	\$9.42	\$9.29	\$9.43	\$9.44	\$10.50	\$11.06	\$11.06	\$11.14
Personal Income (Millions 2005\$)	\$111.12	\$125.12	\$114.21	\$119.94	\$125.19	\$129.07	\$144.07	\$140.25	\$145.22	\$155.62	\$155.64
Wages and Salaries	\$35.36	\$34.61	\$35.43	\$34.19	\$33.57	\$33.87	\$33.44	\$33.52	\$34.02	\$33.71	\$44.65
Other Labor Income	\$8.89	\$10.58	\$9.73	\$9.19	\$8.87	\$8.78	\$8.78	\$9.23	\$9.56	\$9.48	\$12.01
Proprietors Income	\$8.39	\$26.26	\$18.36	\$25.41	\$27.48	\$26.18	\$38.05	\$33.29	\$37.29	\$47.29	\$36.64
Dividends, Interest & Rent	\$34.04	\$29.56	\$26.88	\$26.88	\$28.83	\$33.72	\$36.49	\$34.85	\$35.84	\$37.67	\$35.43
Transfer Payments To Persons	\$25.90	\$25.76	\$25.27	\$25.65	\$27.36	\$27.31	\$27.71	\$29.34	\$29.08	\$28.09	\$28.60
Less Social Insurance Contributions	\$6.14	\$6.18	\$6.28	\$6.33	\$6.26	\$6.30	\$6.33	\$6.29	\$6.32	\$5.85	\$8.59
Residence Adjustment	\$4.68	\$4.53	\$4.83	\$4.95	\$5.34	\$5.51	\$5.93	\$6.32	\$5.75	\$5.23	\$6.91

Woods and Poole, Inc., 2012

Note: Historical employment, earnings, and income data 1969-2002, and total population data 1969-2003, are from the U.S. Dept of Commerce (USDoC); employment and earnings data by private non-farm SIC industry for 2001 and 2002 are estimated from private non-farm NAICA industry data.

# Smith County Rural Health Works

**Table 10. Personal Current Transfer Receipts for Smith County**

(thousands of dollars)	2008	2009	2010
Personal current transfer receipts (\$000)	29,973	32,216	32,998
Current transfer receipts of individuals from governments	29,255	31,476	32,254
Retirement and disability insurance benefits	13,956	14,792	15,213
Old-age, survivors, and disability insurance (OASDI) benefits	13,699	14,526	14,938
Railroad retirement and disability benefits	215	228	233
Workers' compensation	(L)	(L)	(L)
Other government retirement and disability insurance benefits \1	(L)	(L)	(L)
Medical benefits	12,429	12,945	13,434
Medicare benefits	9,309	9,861	10,387
Public assistance medical care benefits \2	3,044	3,009	2,960
Medicaid \3	2,844	2,818	2,762
Other medical care benefits \4	200	191	198
Military medical insurance benefits \5	76	75	87
Income maintenance benefits	1,617	1,638	1,980
Supplemental security income (SSI) benefits	173	242	222
Family assistance \6	80	75	75
Supplemental Nutrition Assistance Program (SNAP)	170	257	323
Other income maintenance benefits \7	1,194	1,064	1,360
Unemployment insurance compensation	408	785	491
State unemployment insurance compensation	394	754	452
Unemployment compensation for Fed. civilian employees (UCFE)	(L)	(L)	(L)
Unemployment compensation for railroad employees	0	0	0
Unemployment compensation for veterans (UCX)	(L)	(L)	(L)
Other unemployment compensation \8	0	0	0
Veterans benefits	609	680	749
Veterans pension and disability benefits	588	646	692
Veterans readjustment benefits \9	(L)	(L)	57
Veterans life insurance benefits	0	0	0
Other assistance to veterans \10	0	0	0
Education and training assistance \11	218	243	266
Other transfer receipts of individuals from governments \12	(L)	393	121
Current transfer receipts of nonprofit institutions	404	426	449
Receipts from the Federal government	152	160	167
Receipts from state and local governments	92	100	106
Receipts from businesses	160	166	176
Current transfer receipts of individuals from businesses \13	314	314	295

Bureau of Economic Analysis, 2012

# Smith County Rural Health Works

## 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.
  10. Consists largely of Bureau of Indian Affairs payments, education exchange payments, Alaska Permanent Fund dividend payments, compensation of survivors of public safety officers, compensation of victims of crime, disaster relief payments, compensation for Japanese internment, and other special payments to individuals.
  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.

## Smith County Rural Health Works

**Table 11. Employment by Major Industry for Smith County**

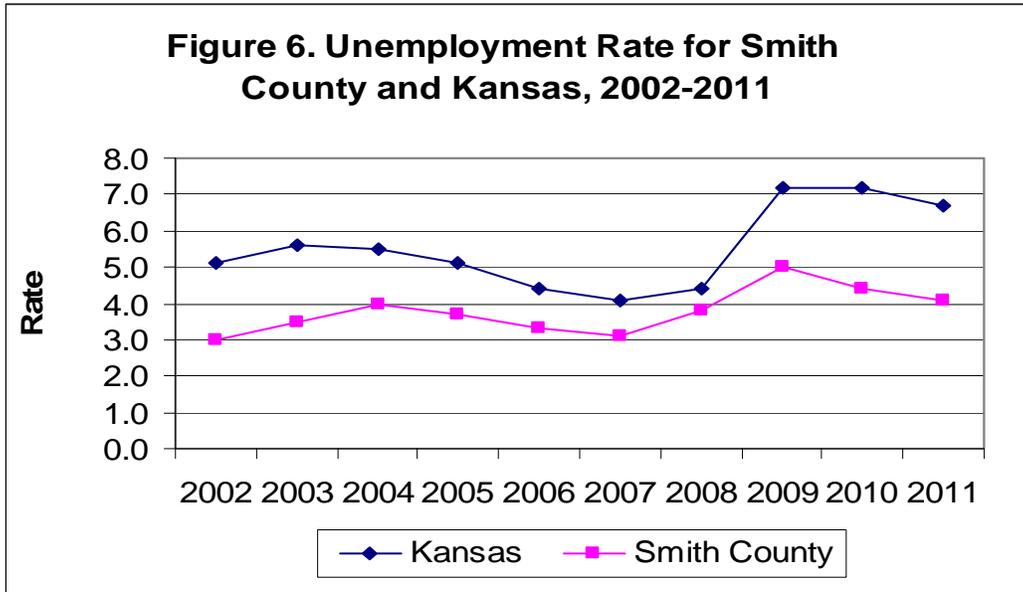
(Thousands)	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Total Employment	2.626	2.52	2.543	2.464	2.434	2.443	2.393	2.381	2.395	2.331	2.325
Farm Employment	0.576	0.546	0.524	0.505	0.476	0.468	0.463	0.457	0.443	0.415	0.412
Agricultural Services, Other	0.019	0.017	0.015	0.014	0.016	0.017	0.019	0.019	0.019	0.016	0.016
Mining	0.005	0.005	0.005	0.004	0.006	0.006	0.008	0.008	0.008	0.008	0.008
Construction	0.073	0.071	0.073	0.078	0.081	0.075	0.061	0.063	0.067	0.068	0.067
Manufacturing	0.218	0.23	0.249	0.221	0.206	0.196	0.141	0.094	0.089	0.084	0.085
Transport, Comm. & Public Utility	0.12	0.11	0.11	0.09	0.11	0.11	0.11	0.11	0.11	0.12	0.12
Wholesale Trade	0.146	0.141	0.133	0.126	0.117	0.121	0.127	0.138	0.151	0.156	0.156
Retail Trade	0.269	0.275	0.274	0.286	0.274	0.27	0.279	0.265	0.258	0.241	0.237
Finance, Insurance & Real Estate Services	0.16	0.16	0.15	0.13	0.16	0.15	0.17	0.18	0.18	0.18	0.18
Federal Civilian Government	0.309	0.284	0.315	0.302	0.326	0.338	0.339	0.339	0.344	0.337	0.338
Federal Military Government	0.04	0.042	0.04	0.039	0.04	0.04	0.039	0.039	0.038	0.036	0.036
State and Local Government	0.02	0.02	0.019	0.019	0.02	0.018	0.017	0.016	0.015	0.014	0.014
State and Local Government	0.378	0.336	0.351	0.338	0.329	0.341	0.329	0.359	0.377	0.381	0.38

Woods and Poole, Inc., 2012

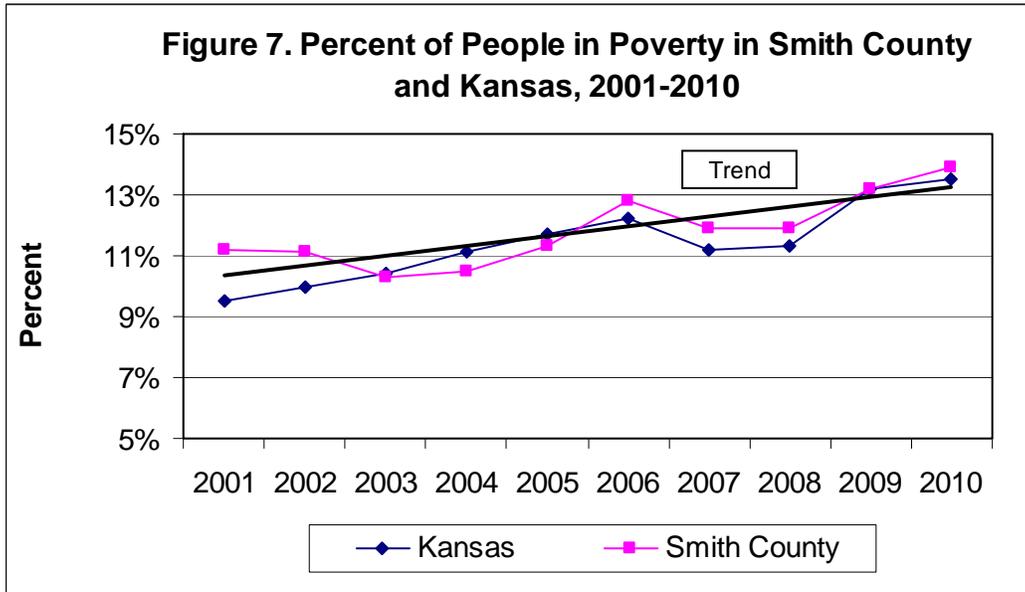
Note: Employment in number of jobs includes proprietors and part-time jobs.

# Smith County Rural Health Works

As with most rural areas, the way people in Smith County earn a living is changing. While employment in traditional industries such as agriculture, construction and manufacturing has decreased slightly between 2002 and 2012, 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. Smith County has been above the state average in terms of the percentage of population living in poverty.



Kansas Department of Labor, 2011



U.S. Census Bureau, 2010

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

# Smith County Rural Health Works



KANSAS RURAL  
HEALTH WORKS



Communities Building Affordable & Sustainable Healthcare Systems

## Health and Behavioral Data

### Introduction

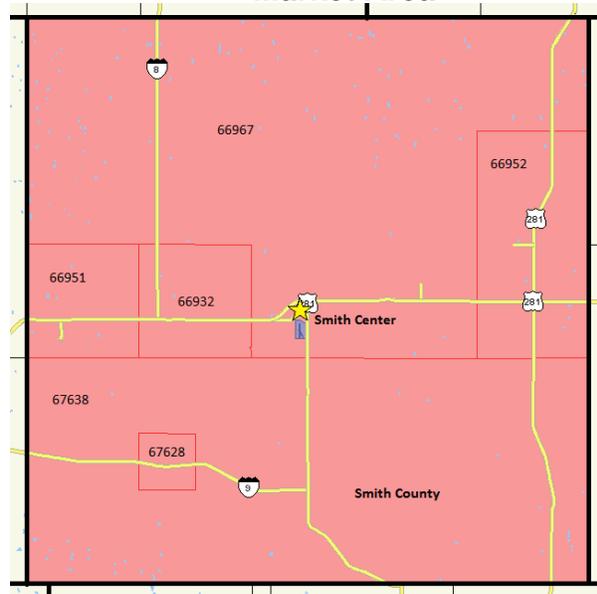
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### Health and Behavioral Data Summary

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

- Over time, occupancy has decreased over time, and the average number of nursing beds has fluctuated.
- Considering children's welfare, the rates of immunization and adequate prenatal care are generally good and improving.
- About 10%-12% of adolescents use tobacco and binge drink.
- Data related to persons served by selected publicly-funded services suggest a number of individuals and families in the county are experiencing economic distress and are in need of economic assistance.
- In the recent past, outpatient visits in the Smith Medical Hospital, have fluctuated greatly.

### Smith County Primary Health Market Area



ZIP codes within the Smith County Health Market Area.

Source: Claritas, Inc. 2012

# Smith County Rural Health Works

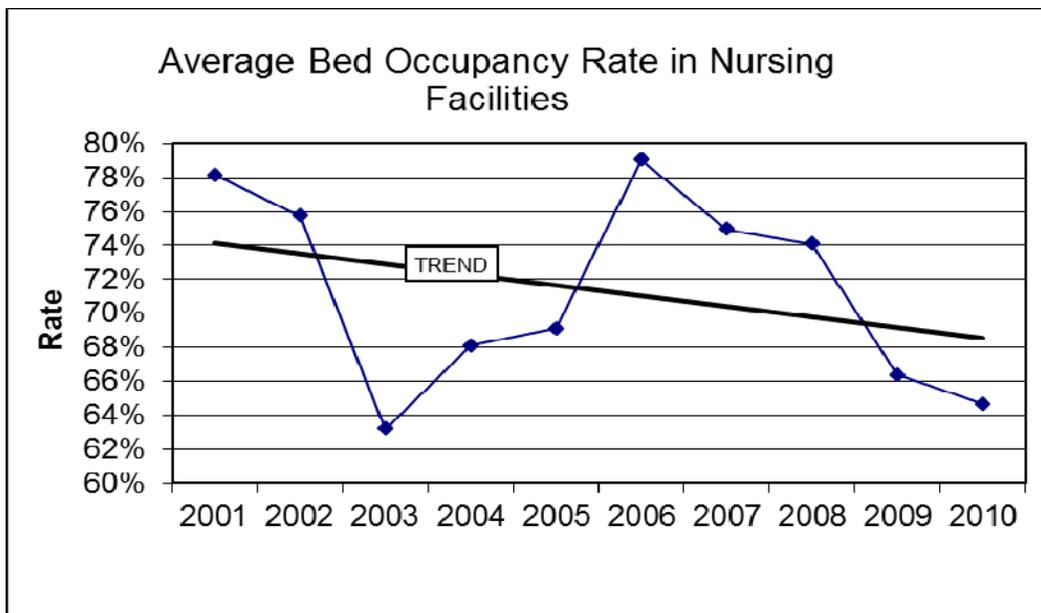
The number of nursing home beds combines all licensed nursing home beds in Smith County. Over time, occupancy has decreased over time, and the average number of nursing beds has fluctuated.

**Table 1. Average Smith County Occupancy of Nursing Home Beds**

	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Average Number of Nursing Beds	87	76	88	83	78	78	82	86	90	90
Average Nursing Occupancy Rate	78.1%	75.7%	63.2%	68.1%	69.1%	79.0%	75.0%	74.1%	66.4%	64.7%

Kansas Department on Aging, semi-annual reports

Kansas Hospital Association STAT Report, 2009



## Smith 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. The most recent available data suggest rates of immunization and adequate prenatal care are generally good. The rates of youth tobacco use and binge drinking in Smith County are improving. Asthma among youth has been somewhat problematic.

**Table 2. Indicators of Children's Welfare**

Health Indicators		Trend Data							
		2004	2005	2006	2007	2008	2009	2010	2011
Immunizations	<b>Smith</b>	87.5%	44.0%	46.9%	70.0%	93.0%	94.0%	-	-
	<b>KS</b>	69.3%	57.9%	51.1%	58.0%	63.0%	70.0%	-	-
Prenatal Care	<b>Smith</b>	90.6%	89.2%	86.2%	80.7%	87.9%	91.2%	-	-
	<b>KS</b>	81.4%	79.1%	78.4%	77.4%	77.5%	79.0%	-	-
Low Birth Weight Babies	<b>Smith</b>	3.1%	8.1%	3.5%	6.1%	2.9%	2.6%	-	-
	<b>KS</b>	7.3%	7.2%	7.2%	7.1%	7.2%	7.3%	-	-
Teen Violent Deaths (per 100,000 15-19 year-olds)	<b>Smith</b>	0.0	0.0	377.4	0.0	0.0	0.0	-	-
	<b>KS</b>	40.8	46.0	40.5	47.1	38.5	36.4	-	-
Youth Tobacco Use	<b>Smith</b>	NA	18.2%	17.1%	28.3%	27.2%	14.7%	17.7%	10.9%
	<b>KS</b>	15.8%	15.6%	14.9%	13.5%	13.0%	12.6%	12.7%	11.8%
Youth Binge Drinking	<b>Smith</b>	NA	18.2%	12.8%	26.4%	27.2%	8.8%	14.5%	11.6%
	<b>KS</b>	17.2%	16.5%	16.7%	15.6%	15.2%	14.7%	13.7%	12.7%
Asthma (per 1,000)	<b>Smith</b>	3.8	3.8	5.3	1.5	0.0	1.4	1.3	-
	<b>KS</b>	1.7	1.6	1.7	1.9	1.5	1.4	1.4	-
Mental Health (per 1,000)	<b>Smith</b>	5.1	0.0	1.3	1.5	0.0	0.0	0.0	-
	<b>KS</b>	3.0	3.0	2.9	2.7	3.4	3.3	3.3	-

Kansas KIDSCOUNT, 2011

Table 3 contains information about persons served by state and federally-funded services. Across the service categories reported, some appear to have improved slightly, while others have worsened. Still, when taken together, the numbers suggest a fairly high proportion of the local population experiencing economic distress. In particular, the need for food and energy assistance has increased recently.

# Smith County Rural Health Works

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

		Persons Served		
		FY 2009	FY 2010	FY 2011
<b>Major Services</b>				
Temporary Assistance for Families	Avg. monthly persons	15	20	18
TANF Employment Services	Avg. monthly adults	6	9	12
Child Care Assistance	Avg. monthly children	7	10	17
Food Assistance	Avg. monthly persons	164	219	235
Energy Assistance	Annual persons	126	146	184
General Assistance	Avg. monthly persons	1	3	1
Vocational Rehabilitation Services	Avg. monthly persons	22	14	8
Family Preservation	Annual persons	3	0	3
Reintegration/Foster Care	Avg. monthly children	8	4	2
Adoption Support	Avg. monthly children	27	2	3
<b>Home and Community Based Services</b>				
Physical Disability	Annual consumers	13	12	11
Traumatic Brain Injury	Annual consumers	0	0	0
Developmental Disability	Annual consumers	5	7	4
Autism	Annual consumers	0	0	0
<b>Managed Behavioral Health Services</b>				
Substance Abuse (PIHP)	Annual consumers	1	3	3
Mental Health (PAHP)	Annual consumers	71	57	58
<b>Institutional Services</b>				
Intermediate Care Facility (ICF-MR)	Average daily census	0	0	0
State Hospital - Developmental Disability	Average daily census	0	0	0
State Hospital - Mental Health	Average daily census	0	0	0
Nursing Facility - Mental Health	Average daily census	0	0	0

Kansas Department of Social and Rehabilitation Services, 2010

In considering the selected vital statistics in Table 4, among those that stand out are that about 10 percent of newborns received inadequate prenatal care and 10 percent more received an intermediate level of prenatal care. Even a single teenage pregnancy sets a young person on a difficult life path. And, about half of all marriages end in dissolution.

In the recent past, outpatient visits in the Smith Medical Hospital (Table 5), have fluctuated. Medicare recipients appear to be an important component of the patient base.

## Smith County Rural Health Works

**Table 4. Selected Vital Statistics for Smith County, 2010**

	<u>Total</u>	<u>10-14</u>	<u>15-19</u>	<u>20-24</u>	<u>25-29</u>	<u>30-34</u>	<u>35-39</u>	<u>40-44</u>	<u>45 &amp; Over</u>
Live Births by Age-Group of Mother	31	0	2	4	10	13	2	0	0
Adequacy of Prenatal Care by Number and Percentage	<u>Adequate Plus</u>		<u>Adequate</u>		<u>Intermediate</u>		<u>Inadequate</u>		
	12.00	39%	13.00	42%	3.00	10%	3.00	10%	
	<u>Total</u>	<u>10-14</u>	<u>15-19</u>	<u>20-24</u>	<u>25-29</u>	<u>30-34</u>	<u>35-39</u>	<u>40-44</u>	<u>45 &amp; Over</u>
Out-of-Wedlock Births by Age	8	0	2	3	2	1	0	0	0
	<u>Live Births</u>		<u>Stillbirths</u>		<u>Abortions</u>		<u>Total Pregnancies</u>		
	<u>10-14 yrs.</u>	<u>15-19 yrs.</u>	<u>10-14 yrs.</u>	<u>15-19 yrs.</u>	<u>10-14 yrs.</u>	<u>15-19 yrs.</u>	<u>10-14 yrs.</u>	<u>15-19 yrs.</u>	
Teenage Pregnancies	0	2	0	0	0	0	0	2	
	<u>0-4</u>	<u>5-14</u>	<u>15-24</u>	<u>25-34</u>	<u>35-44</u>	<u>45-54</u>	<u>55-64</u>	<u>65-84</u>	<u>85 &amp; Over</u>
Deaths by Age Group	0	0	0	1	2	7	4	23	26
Marriages		<u>2006</u>		<u>2007</u>		<u>2008</u>		<u>2009</u>	<u>2010</u>
by Number and Rate per 1,000 Population	28	7	27	6.8	21	5.4	18	4.8	31 8
Marriages Dissolutions		<u>2006</u>		<u>2007</u>		<u>2008</u>		<u>2009</u>	<u>2010</u>
by Number and Rate per 1,000 Population	8	2	4	1	11	2.8	6	1.6	12 3.1

Kansas Department of Health and Environment, 2010

# Smith County Rural Health Works

**Table 5. Hospital Data for Smith Center and Smith County**

	2006-2007	2007-2008	2008-2009	2009-2010
Number of Practicing Physicians (county)	10	8	8	8
Persons per Physician (county)	395	482	469	471
<b>Smith Center Medical Hospital</b>				
Licensed Acute Beds	25	25	24	25
Licensed Swing Beds	25	25	24	25
Staffed Beds-Hospital	25	25	24	25
Staffed Beds-Nursing Home Unit	28	28	28	28
Admissions-Hospital	377	394	371	337
Admissions-Nursing Home Unit	8	24	24	24
Admissions-Swing Beds	78	72	80	68
Inpatient Days - Hospital	990	1,136	1,089	919
Inpatient Days - Nursing Home Unit	9,977	8,424	8,424	7,380
Inpatient Days - Swing-beds	791	562	579	623
Emergency Room Visits	1,048	1,160	1,160	1,096
Outpatient Visits	28,396	12,299	26,822	26,316
Inpatient Surgical Operations	36	40	40	44
Outpatient Surgical Operations	475	426	386	439
Medicare Inpatient Discharges	320	265	327	289
Medicare Inpatient Days	1,276	818	1,348	1,261
Medicaid Inpatient Discharges	18	27	23	32
Medicaid Inpatient Days	3,068	3,024	3,018	3,308

Kansas Hospital Association STAT Report, 2008, 2009, 2010, 2011

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.

# Smith County Rural Health Works



Communities Building Affordable & Sustainable Healthcare Systems

## Education Data

### Introduction

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### Education Data Summary

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

- Total student enrollment in Smith County K-12 school districts has steadily declined since 2000.
- The ratio of about 10 students per teacher permits fairly close attention for each of the students.
- The trend in the student dropout rate has increased slightly in Smith County over the past decade.
- The trend in student-on-student violence has been decreasing over time. Student-on-faculty violence occurs only sporadically.

### Smith County Primary Health Market Area



ZIP codes within the Smith County Health Market Area.

Source: Claritas, Inc. 2012.

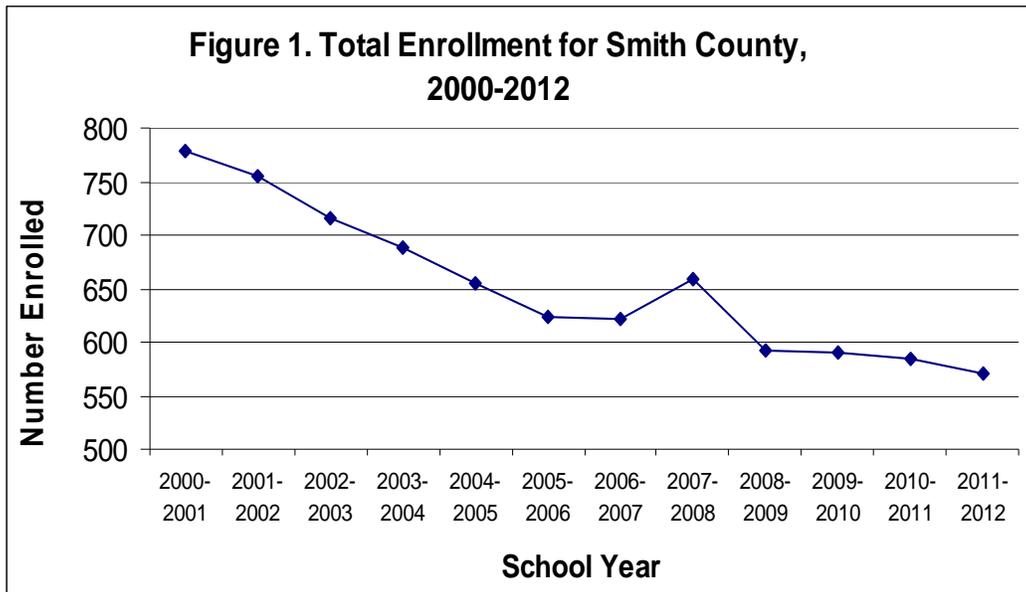
# Smith County Rural Health Works

## Smith County School Districts

USD 237 Smith Center

Kansas Department of Education, 2011

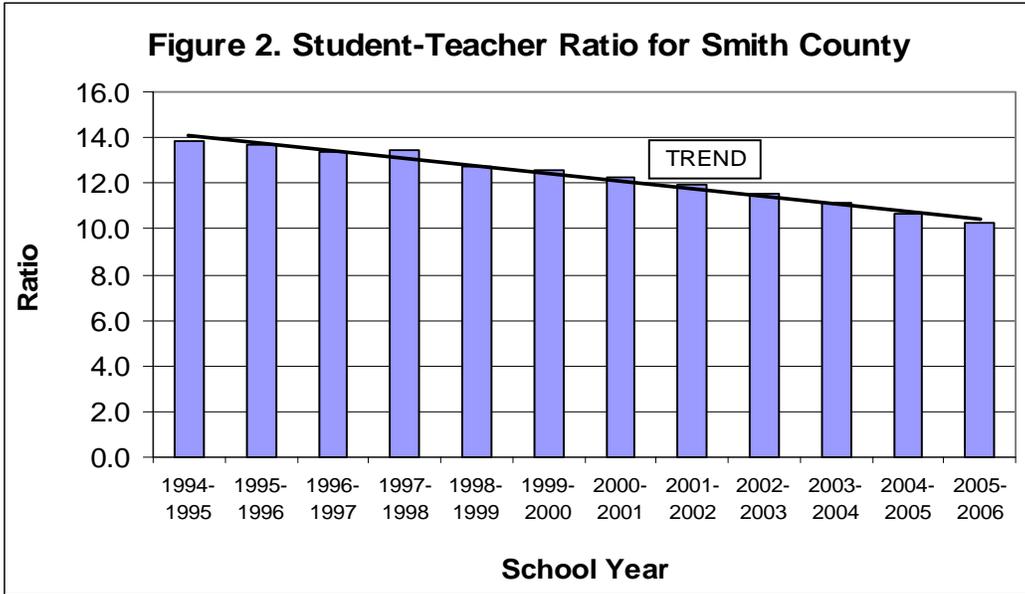
Total student enrollment in Smith County K-12 school districts has steadily declined since 2000. Enrollment was 571 in the 2011-2012 school year, down from 778 in 2000-2001.



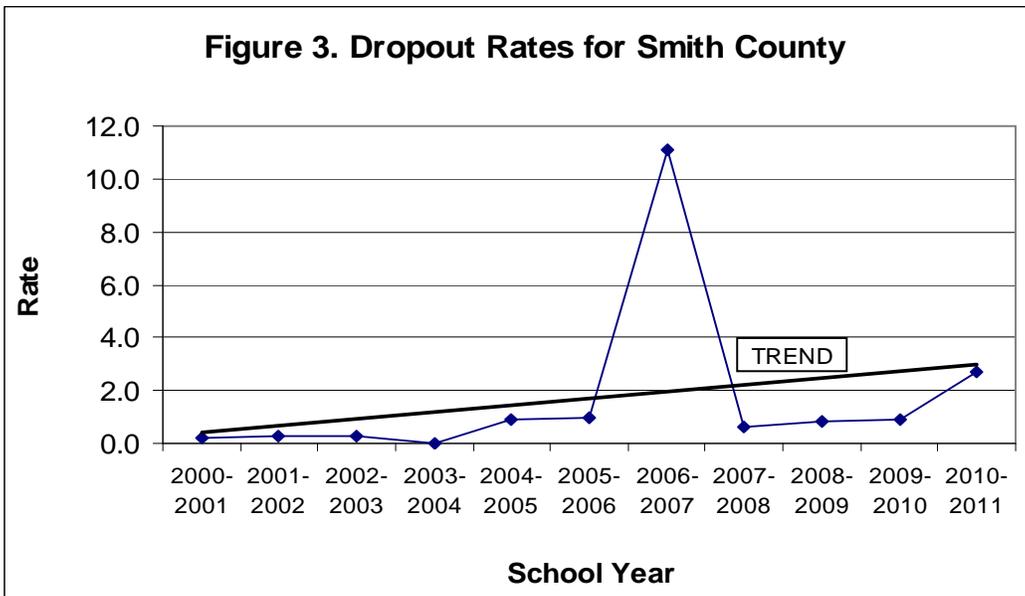
Kansas Department of Education, 2012

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 10 students per teacher permits fairly close attention for each of the students.

# Smith County Rural Health Works



Kansas Department of Education, 2012

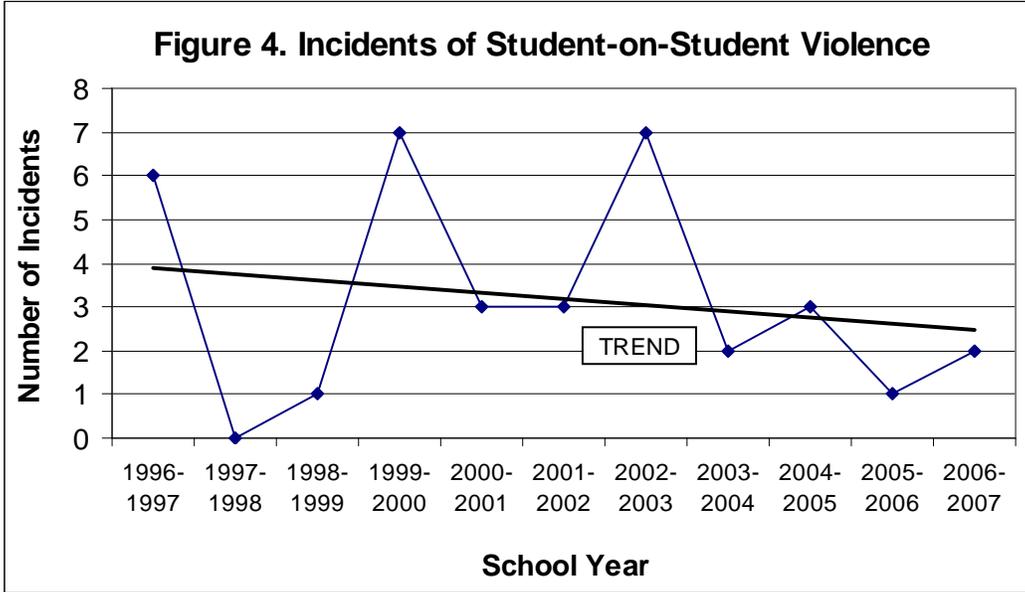


Kansas Department of Education, 2012

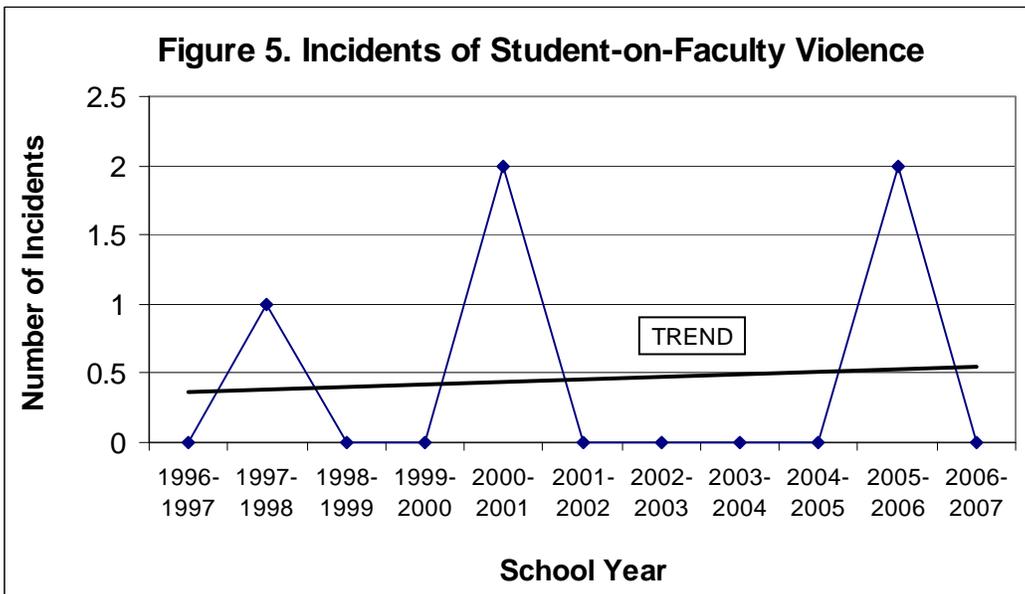
The trend in the student dropout rate has generally been slowly increasing in Smith County over the past decade. There was a drastic change in dropout rates from the 2005-2006 school year to the 2006-2007 school year, with an increased rate of dropouts to 11.1.

# Smith County Rural Health Works

Violence in the school is extremely disruptive to learning. Student-on-student violence has been inconsistent, with a slight decreasing trend over time. Student-on-faculty violence has been inconsistent, but has an overall upward trend.



Kansas Department of Education, 2012



Kansas Department of Education, 2012

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

# Smith County Rural Health Works



Communities Building Affordable & Sustainable Healthcare Systems

## Crime Data

### Introduction

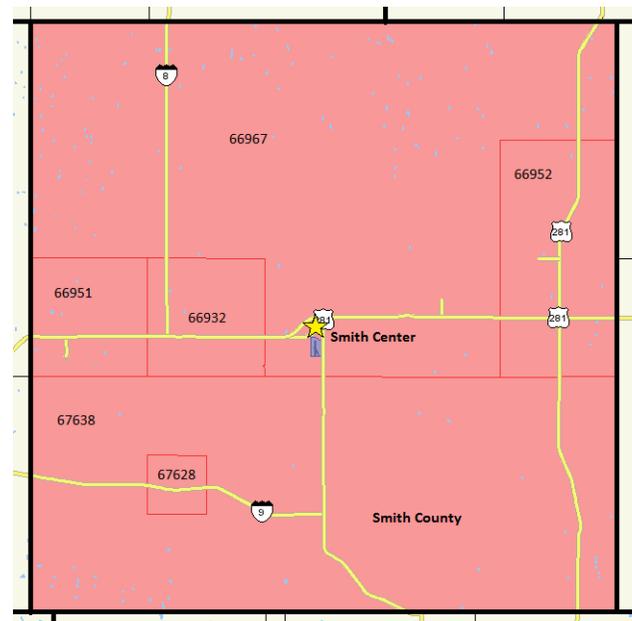
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### Crime Data Summary

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

- The incidence of crime in Smith County is somewhat indeterminant due to incomplete reporting to the Kansas Bureau of Investigation.
- The number of full-time law enforcement officials per 1,000 populations in Smith County has been consistently below the state rate.

### Smith County Primary Health Market Area



ZIP codes within the Smith County Health Market Area.

Source: Claritas, Inc. 2012.

# Smith County Rural Health Works

The incidence of crime in Smith County is inconsistent due to under-reporting to the Kansas Bureau of investigation.

**Table 1. Crime Statistics for Smith County and Kansas**

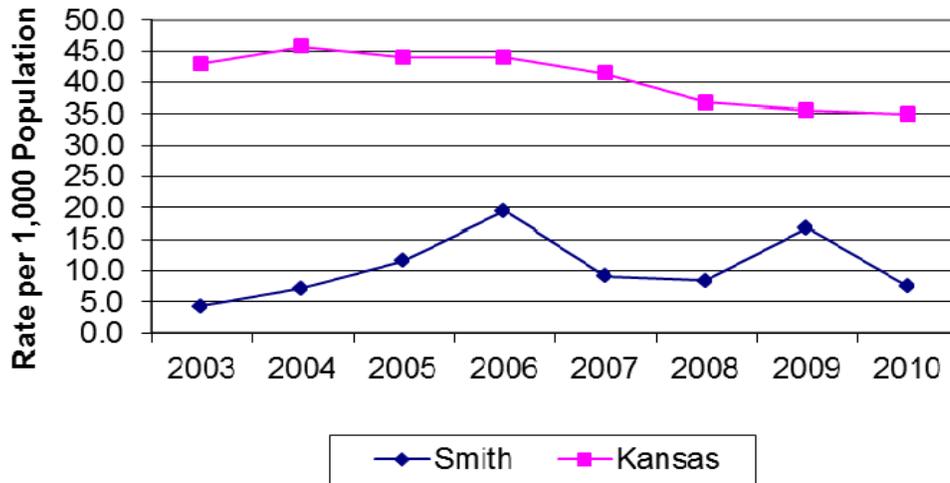
<b>2008</b>						
	<u>Crime Index Offenses</u>		<u>Violent Crime</u>		<u>Property Crime</u>	
	Number	Rate per 1,000	Number	Rate per 1,000	Number	Rate per 1,000
Smith	19	8.4	1	0.4	18	8.0
Kansas	93,996	37.5	10,032	4.0	83,964	33.5
<b>2009</b>						
	<u>Crime Index Offenses</u>		<u>Violent Crime</u>		<u>Property Crime</u>	
	Number	Rate per 1,000	Number	Rate per 1,000	Number	Rate per 1,000
Smith	38	16.8	4	1.8	34	15.0
Kansas	98,757	35.6	11,099	4	87,658	31.6
<b>2010</b>						
	<u>Crime Index Offenses</u>		<u>Violent Crime</u>		<u>Property Crime</u>	
	Number	Rate per 1,000	Number	Rate per 1,000	Number	Rate per 1,000
Smith	16	7.5	1	0.5	15	7.0
Kansas	98,354	34.9	10,428	3.7	87,926	31.2
<b>2011</b>						
	<u>Crime Index Offenses</u>		<u>Violent Crime</u>		<u>Property Crime</u>	
	Number	Rate per 1,000	Number	Rate per 1,000	Number	Rate per 1,000
Smith	No data submitted for 2011					
Kansas	96,596	32.8	10,091	3.4	86,505	29.3

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).

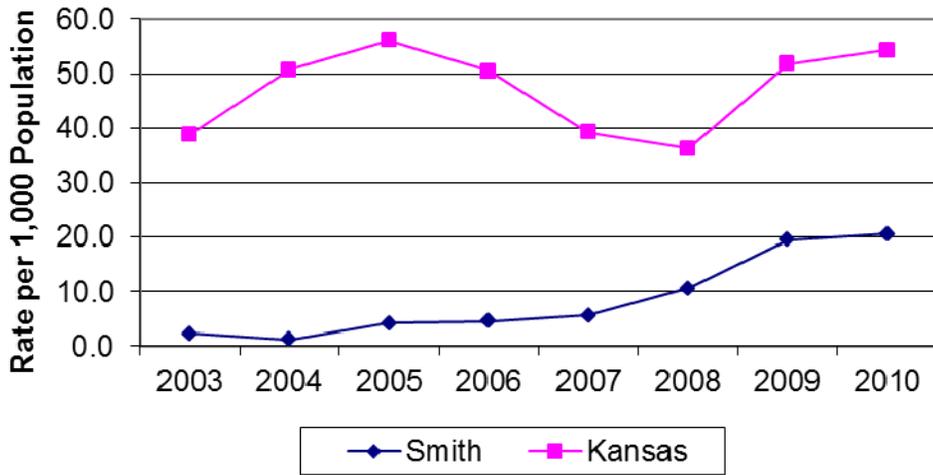
# Smith County Rural Health Works

**Figure 1. Crime Index Offenses for Smith County and Kansas**



Kansas Bureau of Investigation, 2012

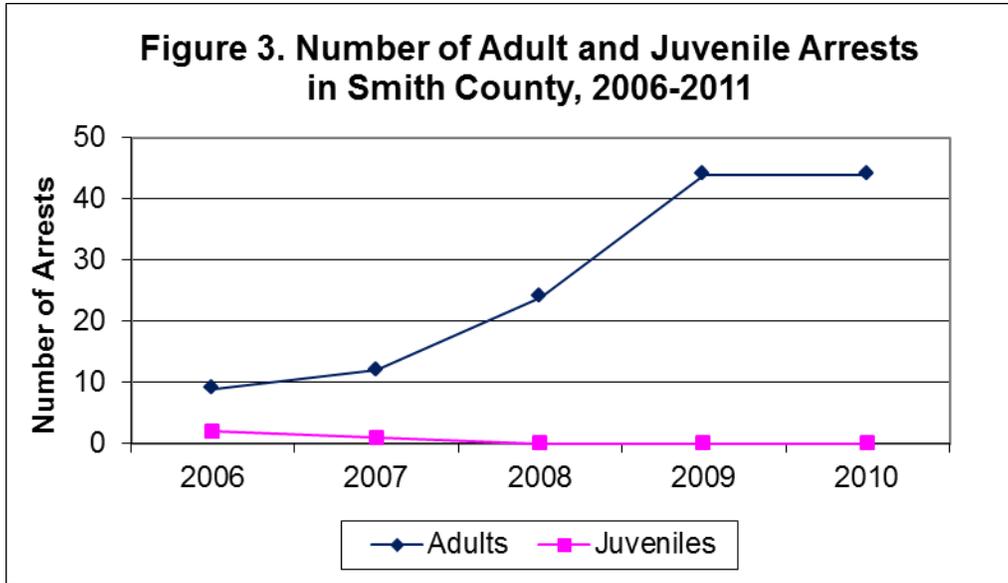
**Figure 2. Crime Index Arrests for Smith County and Kansas**



Kansas Bureau of Investigation, 2012

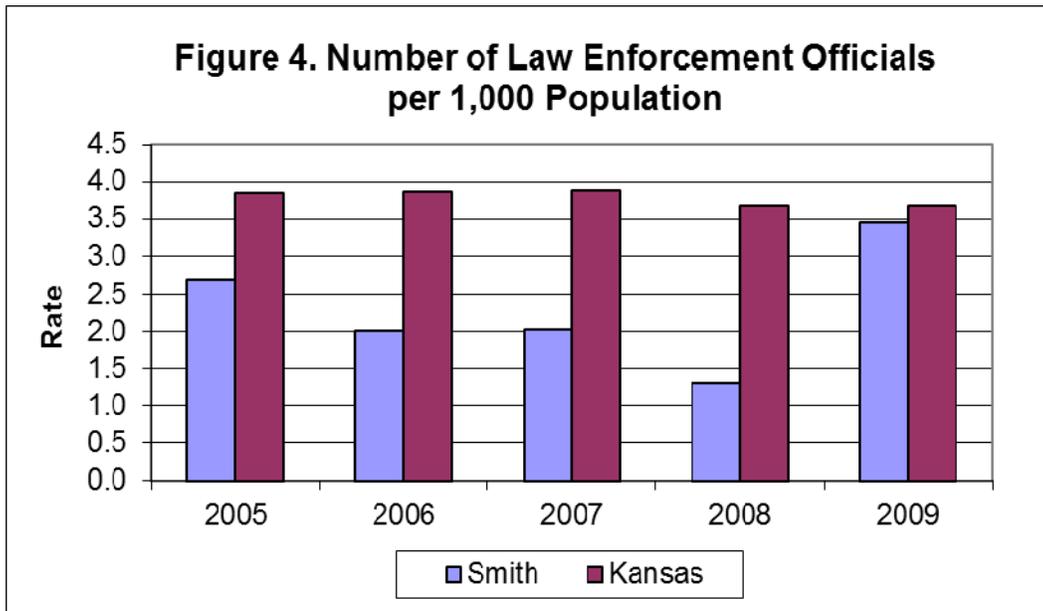
Index crimes include violent crimes (murder, rape, robbery, and aggravated assault/battery) plus property crime (burglary, theft, and motor vehicle theft).

## Smith County Rural Health Works



Kansas Bureau of Investigation, 2012

The number of full-time law enforcement officials per 1,000 persons in Smith County has been consistently below the state rate.



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.

# Smith County Rural Health Works



KANSAS RURAL  
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Communities Building Affordable & Sustainable Healthcare Systems

## Traffic Data

### Introduction

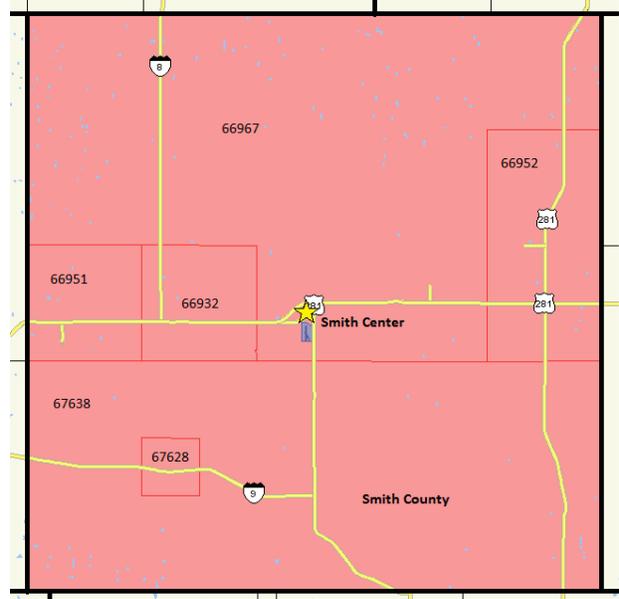
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### Traffic Data Summary

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

- The rate of traffic accidents in Smith County exceeds the rate for the state as a whole, with property damage only accidents accounting for many of the accidents.
- In 2008, there were 120 total vehicle crashes in Smith 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 16 accidents involving injury and one fatality.

### Smith County Primary Health Market Area



ZIP codes within the Smith County Health Market Area.

Source: Claritas, Inc. 2012.

# Smith County Rural Health Works

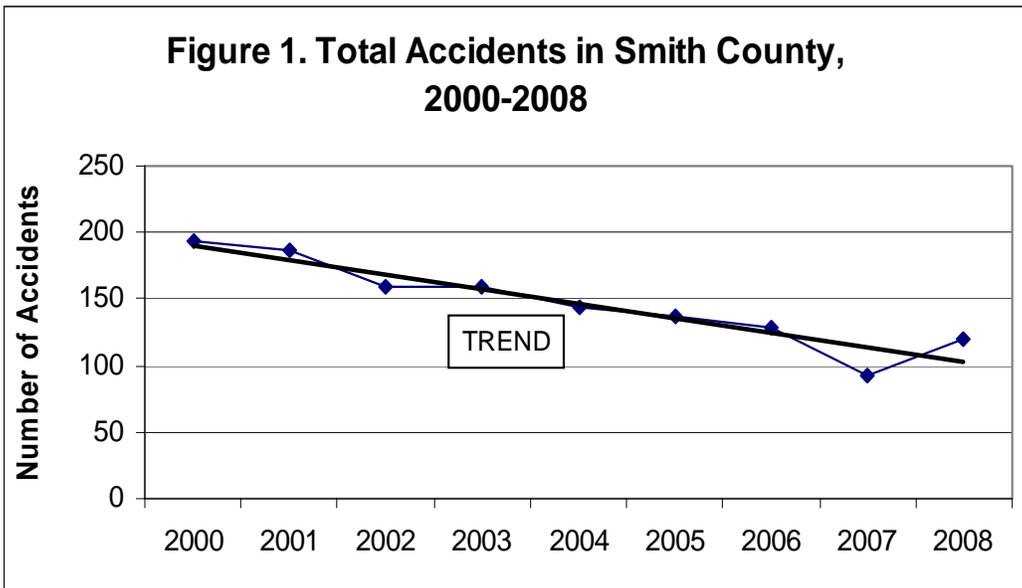
The rate of traffic accidents in Smith County exceeds the rate for the state as a whole, with property damage only accounting for many of the accidents. In 2008, there were 120 total vehicle crashes in Smith County. The declining trend is positive, but must be considered in the context of declining population. In 2008, the most recent year for which data were available, there were 16 accidents involving injury and one fatality.

**Table 1. 2008 Traffic Accident Facts for Smith County and Kansas**

Accidents	Smith	Kansas	Rate per 1,000 Population	
			Smith	Kansas
Total	120	65,858	30.7	23.5
Fatal Accidents	1	348	0.3	0.1
Injury Accidents	16	14,866	4.1	5.3
Property Damage Only	103	50,644	26.3	18.0
Deer Involved	71	9,371	18.2	3.3
Speed Related	10	7,917	2.6	2.8
Alcohol Related	6	3,366	1.5	1.2
<b>People</b>				
Deaths	1	385	0.3	0.1
Injuries	25	21,058	6.4	7.5
% Restraint Use	78.7%	80.9%	78.7%	80.9%

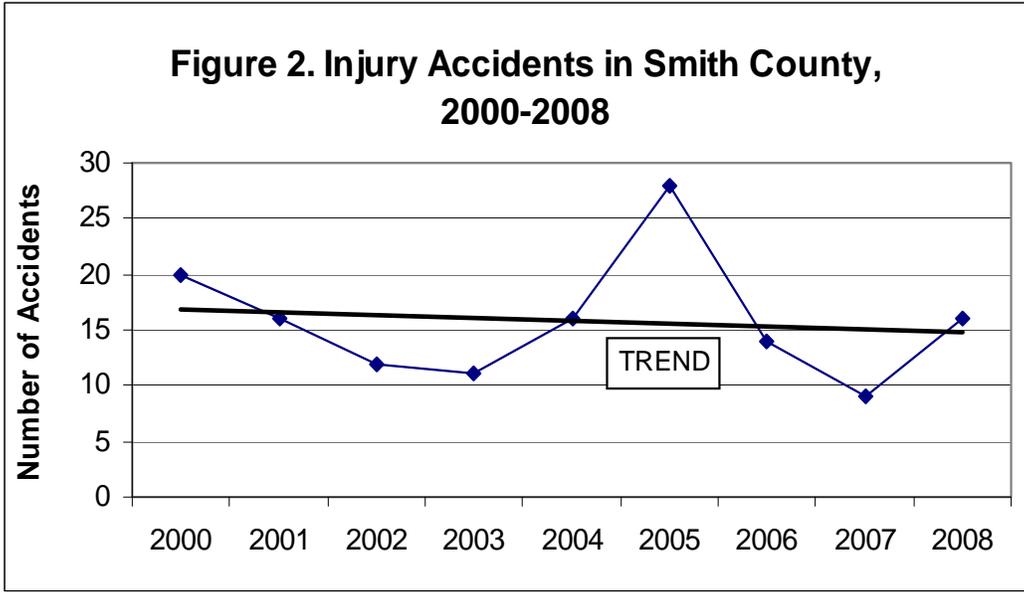
Kansas Traffic Accident Facts, 2012

\* Population from Woods and Poole

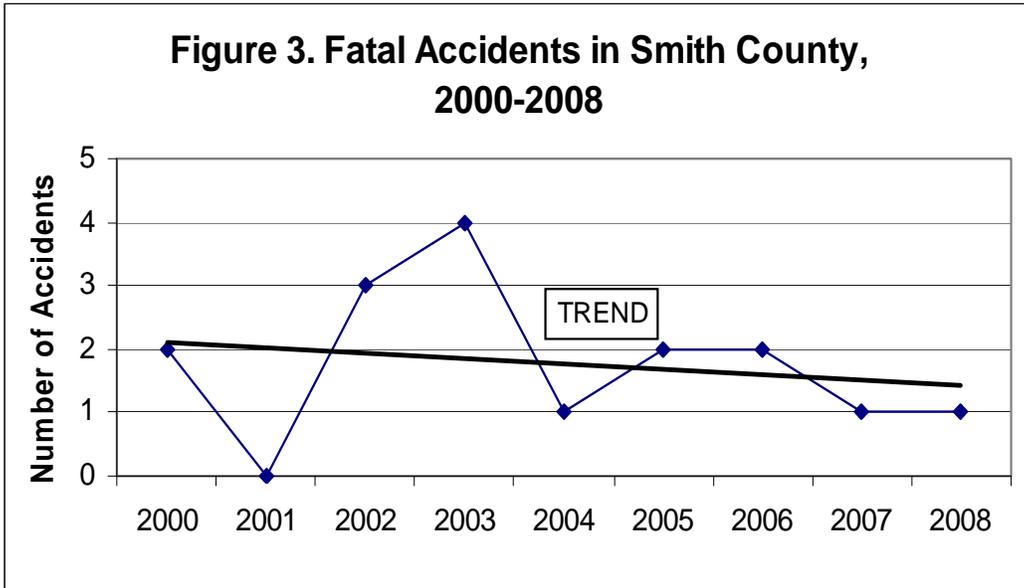


Kansas Department of Transportation, 2012

# Smith County Rural Health Works

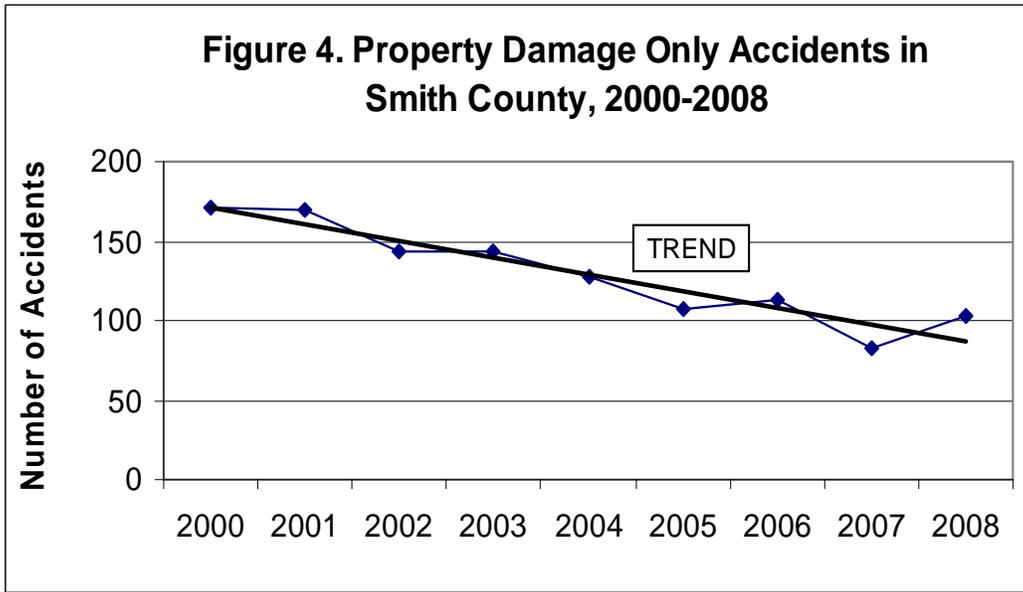


Kansas Department of Transportation, 2012

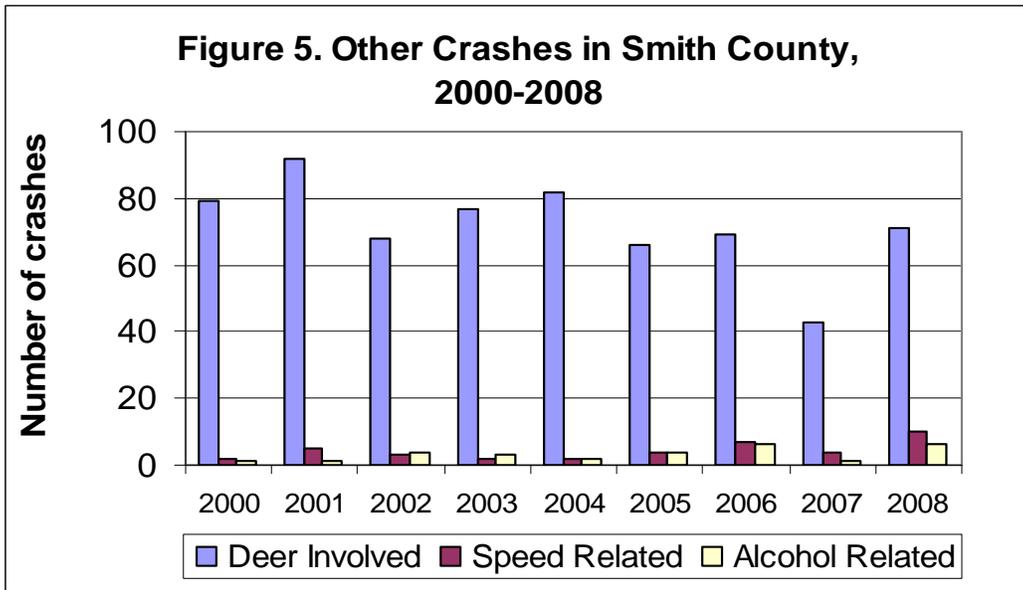


Kansas Department of Transportation, 2012

# Smith County Rural Health Works



Kansas Department of Transportation, 2012



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.

# Smith County Rural Health Works



**KANSAS RURAL  
HEALTH WORKS**



Communities Building Affordable & Sustainable Healthcare Systems

## 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](http://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.

# Smith County Rural Health Works

## Access to Health Services

### Average Monthly WIC Participation

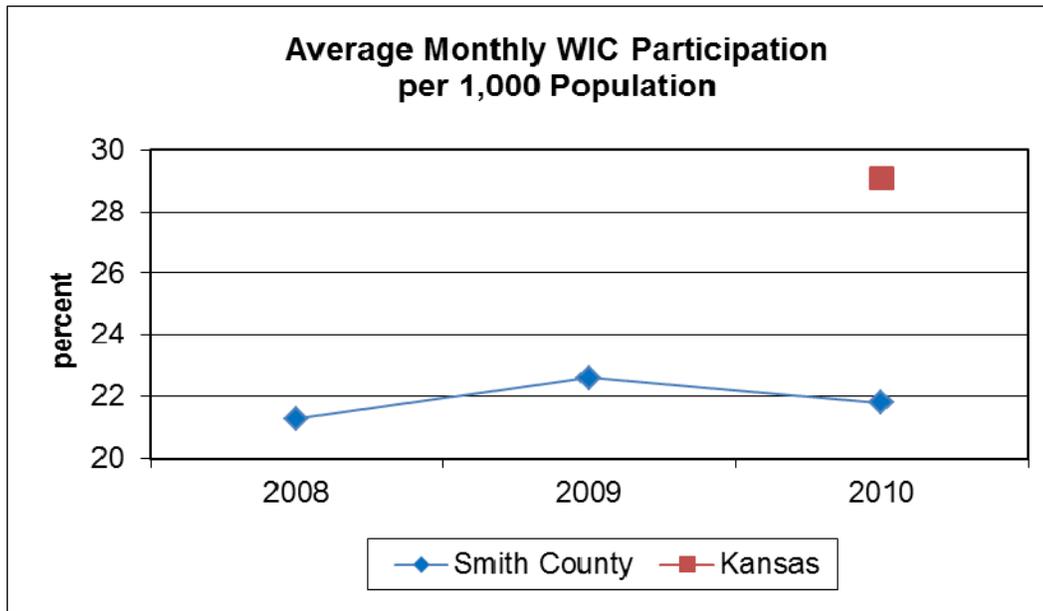
**Value:** 21.8 average cases per 1,000 population

**Measurement Period:** 2010

**Location:** County : Smith

**Comparison:** KS state value

**Categories:** Health / Access to Health Services



#### What is this Indicator?

This indicator shows the average monthly number of women and children participating in WIC per 1,000 population.

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

National Studies have documented WIC benefits:

- WIC reduces fetal deaths and infant mortality.
- WIC reduces low birth weight rates and increases the duration of pregnancy.
- WIC improves the growth of nutritionally at-risk infants and children.
- WIC decreases the incidence of iron deficiency anemia in children.
- WIC improves the dietary intake of pregnant and postpartum women and improves weight gain in pregnant women.
- Pregnant women participating in WIC receive prenatal care earlier.
- Children enrolled in WIC are more likely to have a regular source of medical care and have more up to date immunizations.

# Smith County Rural Health Works

- WIC helps get children ready to start school: children who receive WIC benefits demonstrate improved intellectual development.  
WIC significantly improves children's diets.

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

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

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

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

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

Source: Kansas Department of Health and Environment

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

URL of Data: <http://www.kdheks.gov/nws-wic/>

## Ratio of Population to Primary Care Physicians

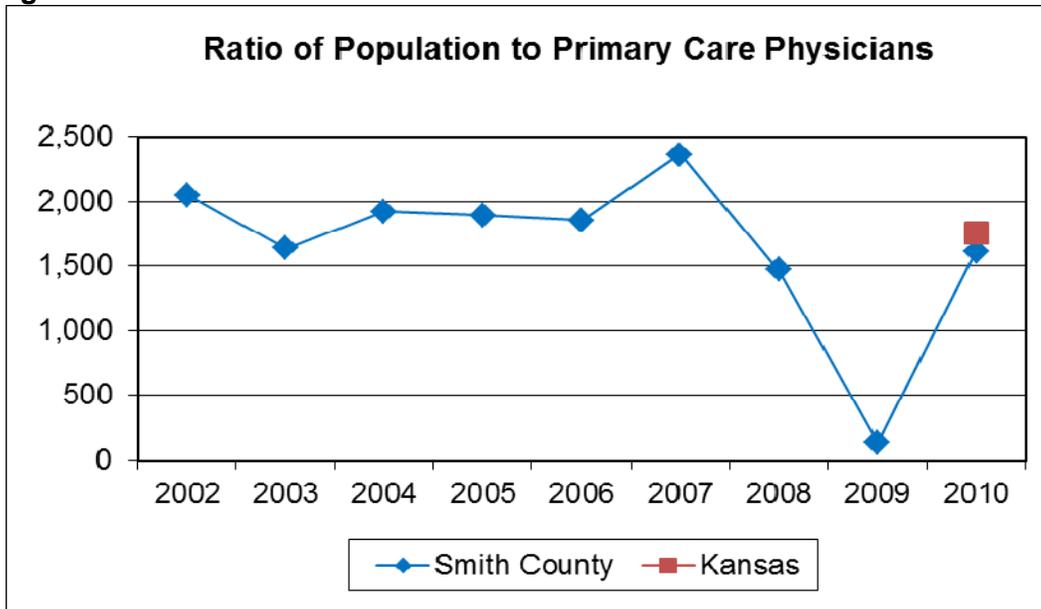
**Value:** 1,610 population per physician

**Measurement Period:** 2010

**Location:** County : Smith

**Comparison:** KS State Value

**Categories:** Health / Access to Health Services



### What is this Indicator?

This indicator shows the ratio of population to one primary care physician FTE.

# Smith County Rural Health Works

**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

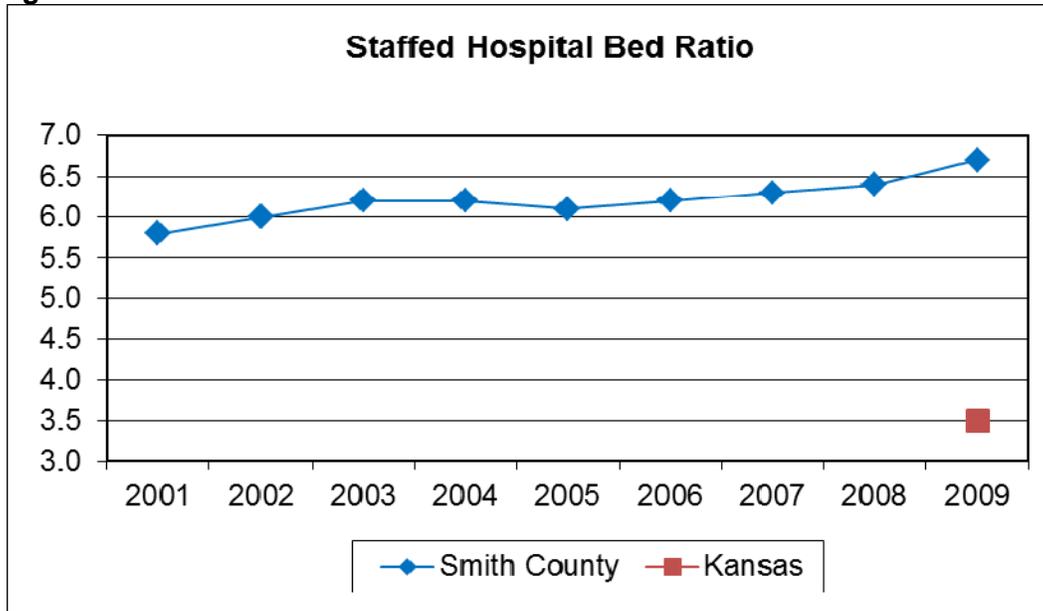
**Value:** 6.7 beds per 1,000 population

**Measurement Period:** 2009

**Location:** County : Smith

**Comparison:** KS State Value

**Categories:** Health / Access to Health Services



### What is this Indicator?

This indicator shows the ratio of the number of staffed hospital beds to 1,000 population.

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

## Smith County Rural Health Works

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

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

Source: Kansas Hospital Association

URL of Source: <http://www.kha-net.org/>

URL of Data: <http://www.kha-net.org/communications/annualstatreport/de...>

# Smith County Rural Health Works

## Children's Health

### Percent of WIC Mothers Breastfeeding Exclusively

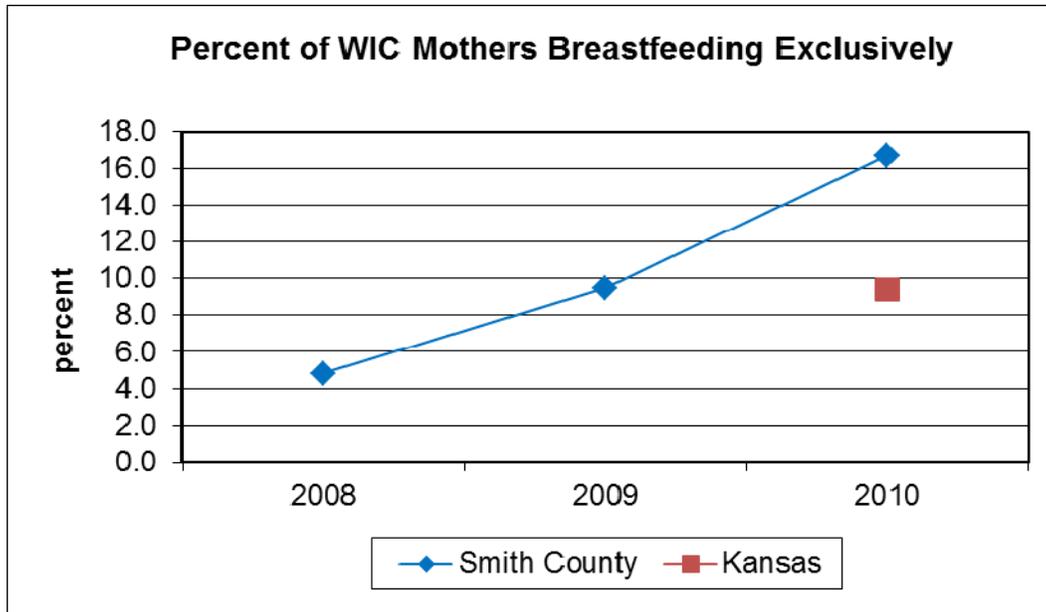
**Value:** 16.7 percent

**Measurement Period:** 2010

**Location:** County : Smith

**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 breastfeeding exclusively at age 6 months.

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

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

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

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

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

# Smith County Rural Health Works

Source: Kansas Department of Health and Environment

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

URL of Data: <http://www.kdheks.gov/nws-wic/>

# Smith County Rural Health Works

## Diabetes

### Percentage of Adults with Diagnosed Diabetes

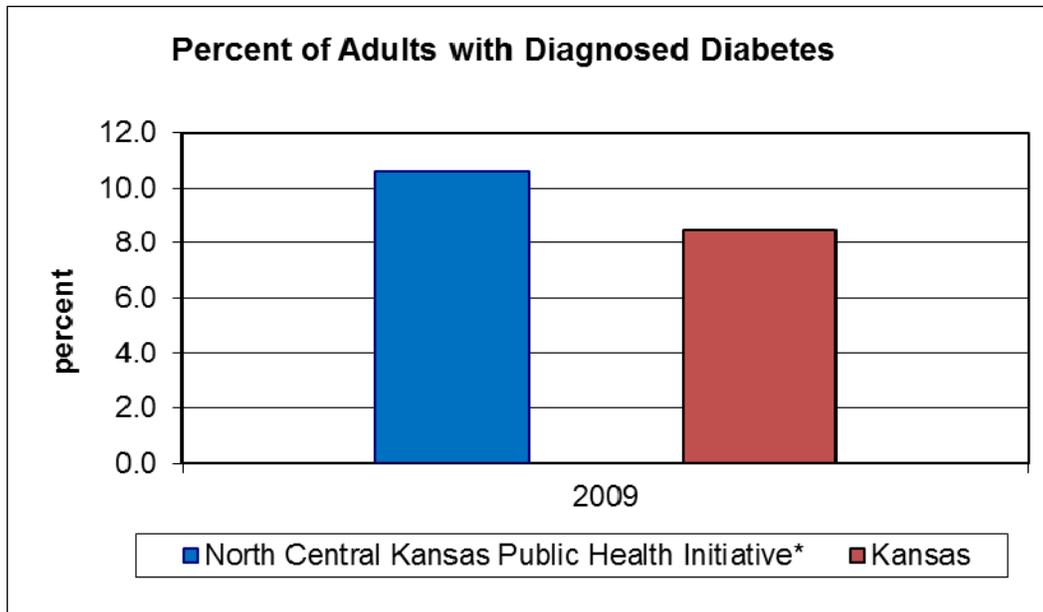
**Value:** 10.6 percent

**Measurement Period:** 2009

**Location:** Public Health Preparedness Region: North Central Kansas Public Health Initiative

**Comparison:** KS State Value

**Categories:** Health / Diabetes



\*County data was unavailable; Regional value was reported

### What is this Indicator?

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

**Why this is important:** In 2007, diabetes was the seventh leading cause of death in the United States. In 2010, an estimated 25.8 million people or 8.3% of the population had diabetes. Diabetes disproportionately affects minority populations and the elderly and its incidence is likely to increase as minority populations grow and the U.S. population becomes older. Diabetes can have a harmful effect on most of the organ systems in the human body; it is a frequent cause of end-stage renal disease, non-traumatic lower-extremity amputation, and a leading cause of blindness among working age adults. Persons with diabetes are also at increased risk for ischemic heart disease, neuropathy, and stroke. In economic terms, the direct medical expenditure attributable to diabetes in 2007 was estimated to be \$116 billion.

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

Source: Kansas Department of Health and Environment

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

URL of Data: <http://www.kdheks.gov/brfss/Expansion/index.html>

# Smith County Rural Health Works

## Exercise, Nutrition & Weight

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

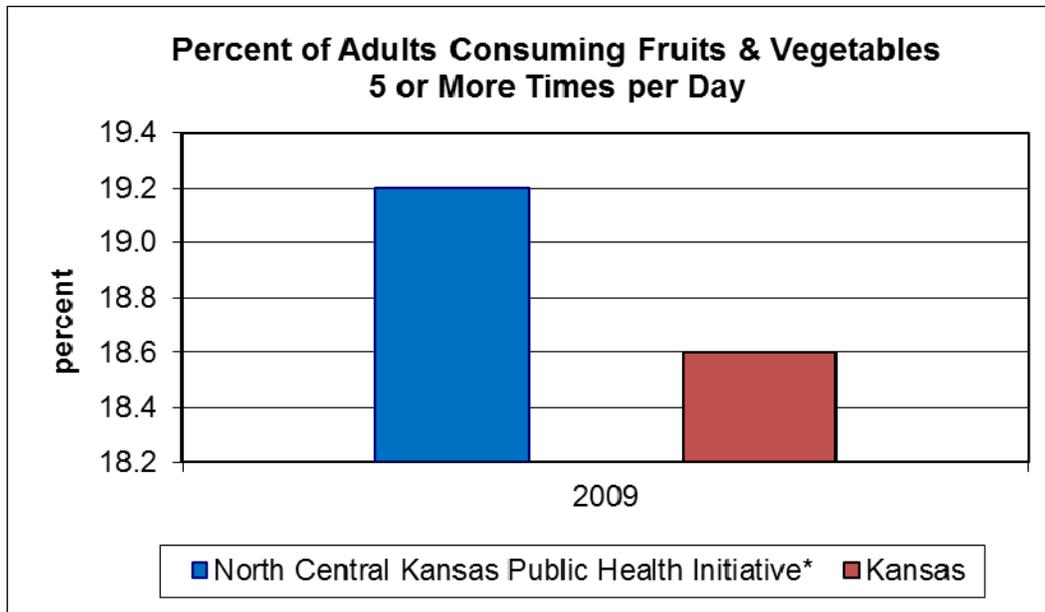
**Value:** 19.2 percent

**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 who consume fruits and vegetables five or more times per day.

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

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

Source: Kansas Department of Health and Environment

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

URL of Data: <http://www.kdheks.gov/brfss/Expansion/index.html>

# Smith County Rural Health Works

## Percentage of Adults Participating in Recommended Level of Physical Activity

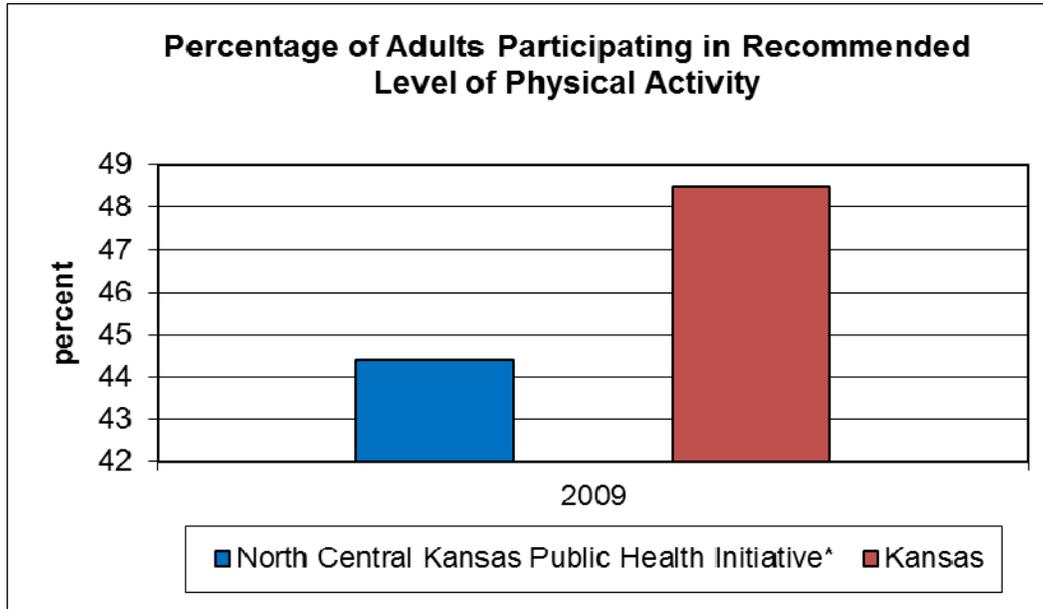
**Value:** 44.4 percent

**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 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

# Smith County Rural Health Works

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

URL of Data: <http://www.kdheks.gov/brfss/Expansion/index.html>

## Percentage of Adults Who are Obese

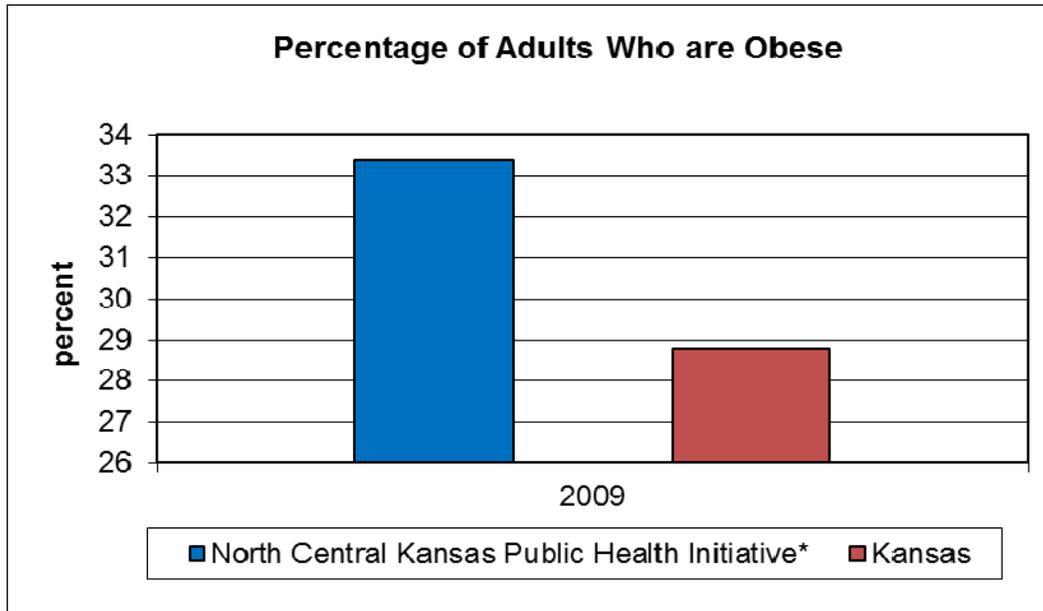
**Value:** 33.4 percent

**Measurement Period:** 2009

**Location:** Public Health Preparedness Region: North Central Kansas Public Health Initiative

**Comparison:** KS State Value

**Categories:** Health / Exercise, Nutrition, & Weight



\*County data was unavailable; Regional value was reported

### 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. ( $BMI = \text{Weight (Kg)} / [\text{Height (cm)}^2]$ ) A BMI  $\geq 30$  is considered obese.

**Why this is important:** The obesity is an indicator of the overall health and lifestyle of a community. Obesity increases the risk of many diseases and health conditions including heart disease, Type 2 diabetes, cancer, hypertension, stroke, liver and gallbladder disease, respiratory problems, and osteoarthritis. Losing weight and maintaining a healthy weight help to prevent and control these diseases. Obesity leads to significant economic costs due to increased healthcare spending and lost earnings. **The Healthy People 2020 national health target is to reduce the proportion of adults (ages 20 and up) who are obese to 30.6%.**

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

# Smith County Rural Health Works

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

URL of Data: <http://www.kdheks.gov/brfss/Expansion/index.html>

## Percentage of Adults Who are Overweight

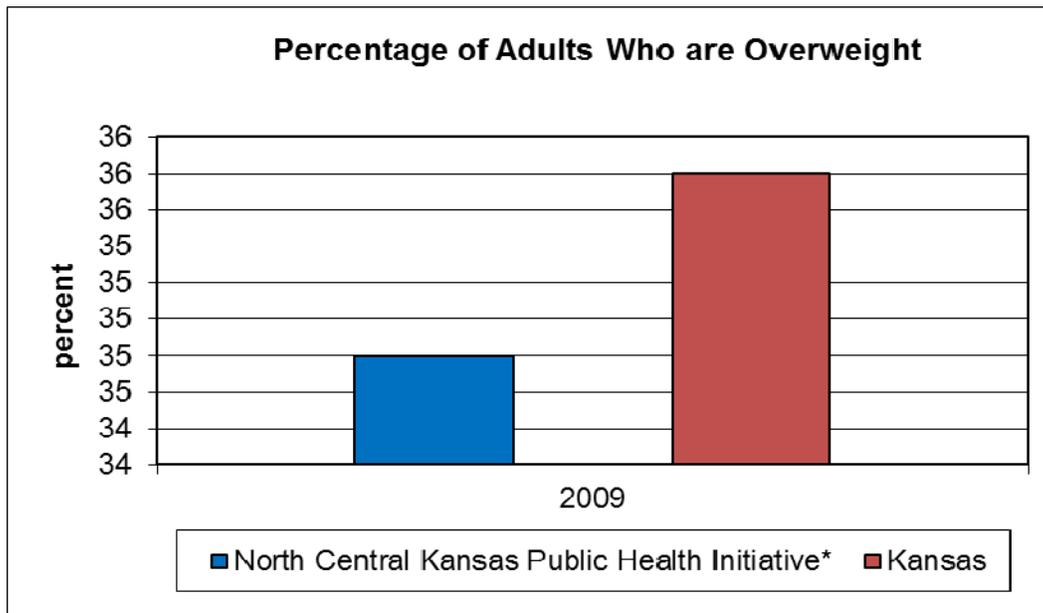
**Value:** 34.8 percent

**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 who are overweight according to the Body Mass Index (BMI). The BMI is calculated by taking a person's weight and dividing it by their height squared in metric units. ( $BMI = \text{Weight (Kg)} / [\text{Height (cm)}^2]$ ) A BMI between 25 and 29.9 is considered overweight.

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

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

Source: Kansas Department of Health and Environment

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

URL of Data: <http://www.kdheks.gov/brfss/Expansion/index.html>

# Smith County Rural Health Works

## Heart Disease and Stroke

### Congestive Heart Failure Hospital Admission Rate

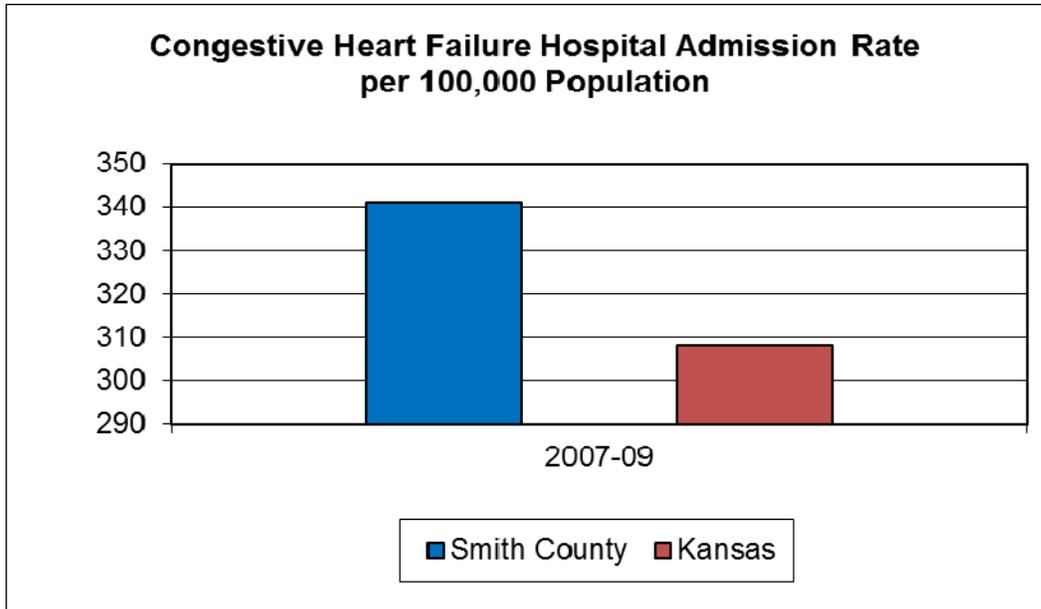
**Value:** 341.06 per 100,000 population

**Measurement Period:** 2007-2009

**Location:** County : Smith

**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.

Source: Kansas Department of Health and Environment

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

# Smith County Rural Health Works

URL of Data: <http://kic.kdhe.state.ks.us/kic/>

## Heart Disease Hospital Admission Rate

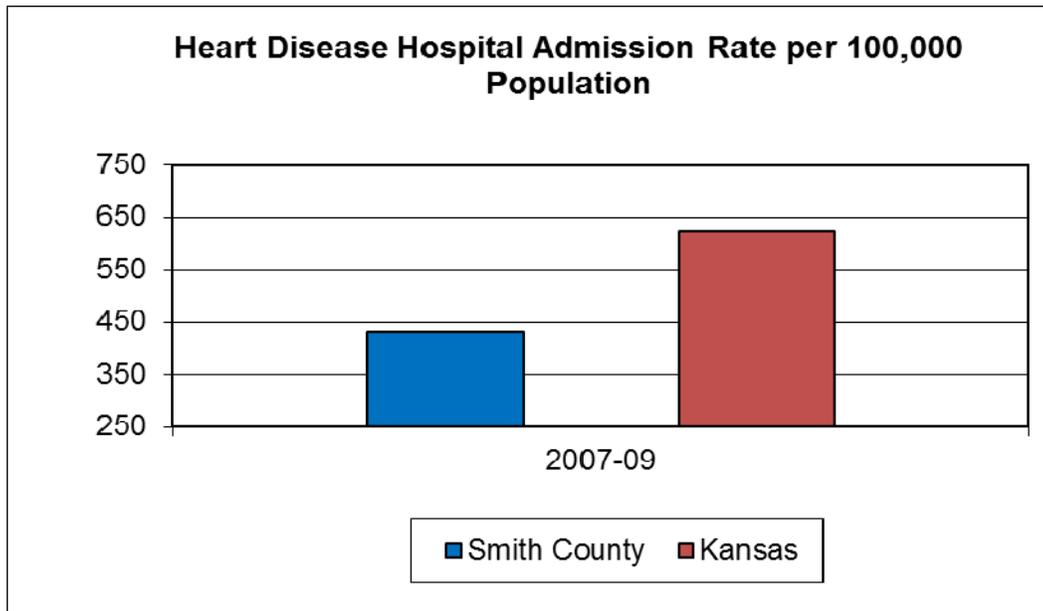
**Value:** 430.9 per 100,000 population

**Measurement Period:** 2007-2009

**Location:** County : Smith

**Comparison:** KS State Value

**Categories:** Health / Heart Disease & Stroke; Health / Access to Health Services; Health / Wellness & Lifestyle



### What is this Indicator?

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

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

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

Source: Kansas Department of Health and Environment

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

URL of Data: <http://kic.kdhe.state.ks.us/kic/>

## Percentage of Adults with Hypertension

# Smith County Rural Health Works

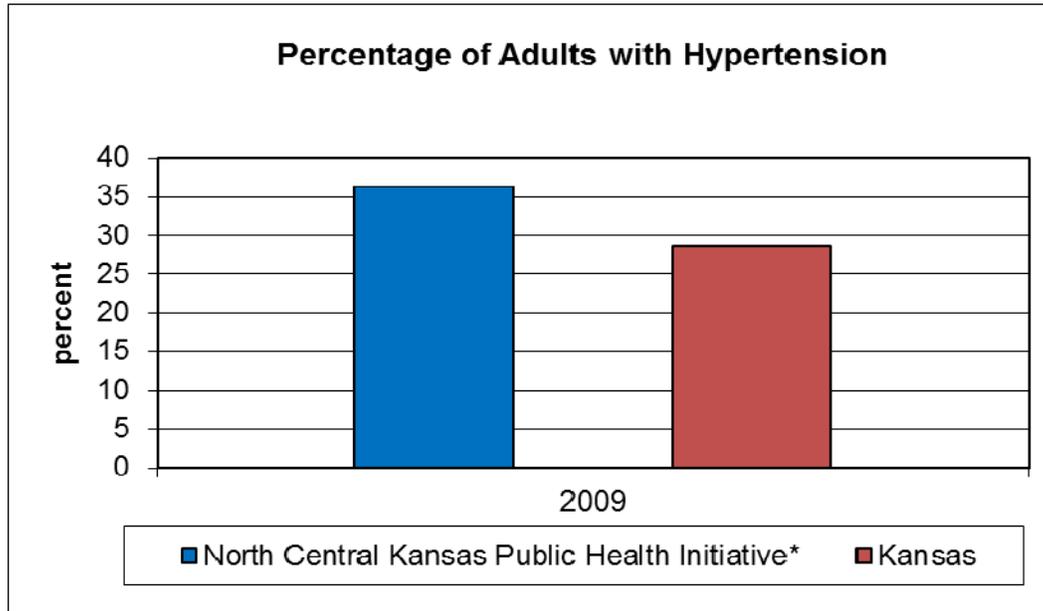
**Value:** 36.4 percent

**Measurement Period:** 2009

**Location:** Public Health Preparedness Region: North Central Kansas Public Health Initiative

**Comparison:** KS State Value

**Categories:** Health / Heart Disease & Stroke



\*County data was unavailable; Regional value was reported

## What is this Indicator?

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

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

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

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

Source: Kansas Department of Health and Environment

# Smith County Rural Health Works

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

URL of Data: <http://kic.kdhe.state.ks.us/kic/>

# Smith County Rural Health Works

## Immunizations & Infectious Diseases

### Bacterial Pneumonia Hospital Admission Rate

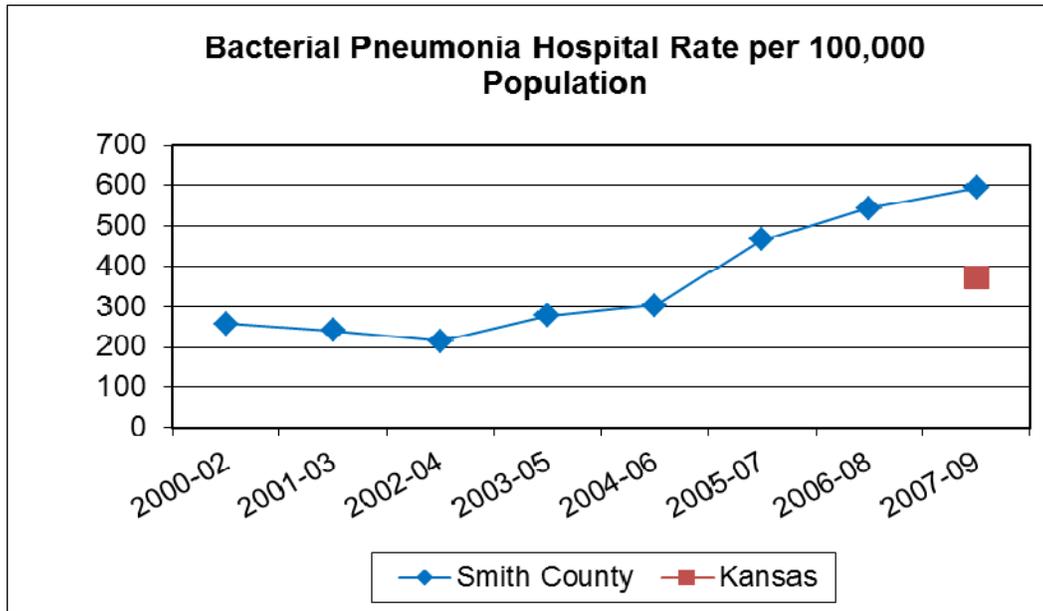
**Value:** 594.55 per 100,000 population

**Measurement Period:** 2007-2009

**Location:** County : Smith

**Comparison:** KS State Value

**Categories:** Health / Immunizations & Infectious Diseases; Health / Other Conditions; Health / Access to Health Services



#### What is this Indicator?

This indicator shows the number of admissions for bacterial pneumonia per 100,000 population in an area.

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

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

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

Source: Kansas Department of Health and Environment

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

# Smith County Rural Health Works

URL of Data: <http://kic.kdhe.state.ks.us/kic/>

## Percent of Infants Fully Immunized at 24 Months

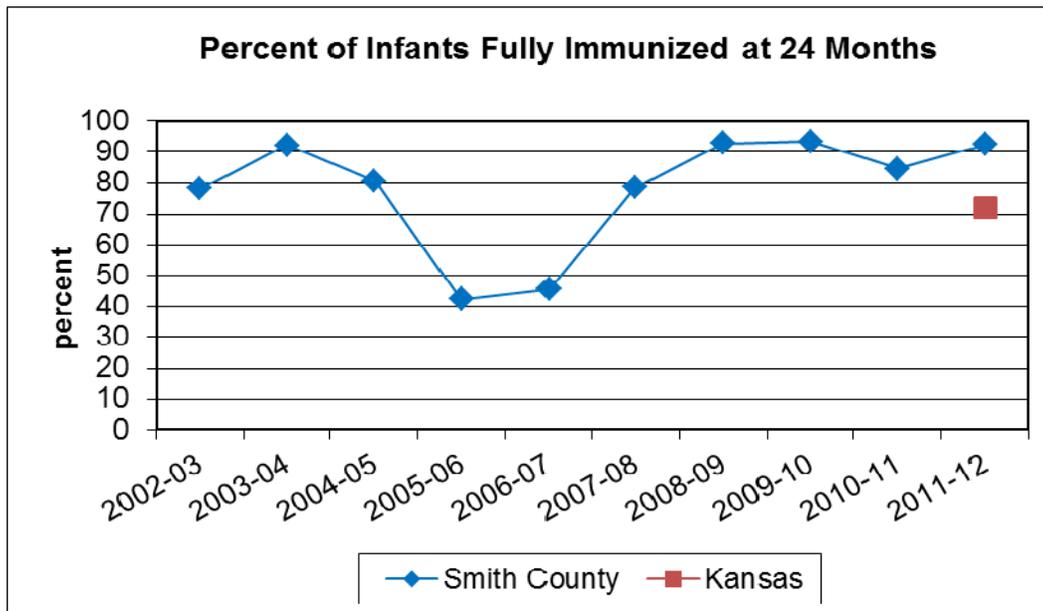
**Value:** 92.5 percent

**Measurement Period:** 2011-2012

**Location:** County : Smith

**Comparison:** KS State Value

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



### What is this Indicator?

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

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

Technical Note: The county value is compared to the Kansas State value.

Source: Kansas Department of Health and Environment

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

# Smith County Rural Health Works

URL of Data: [http://www.kdheks.gov/immunize/retro\\_survey.html](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

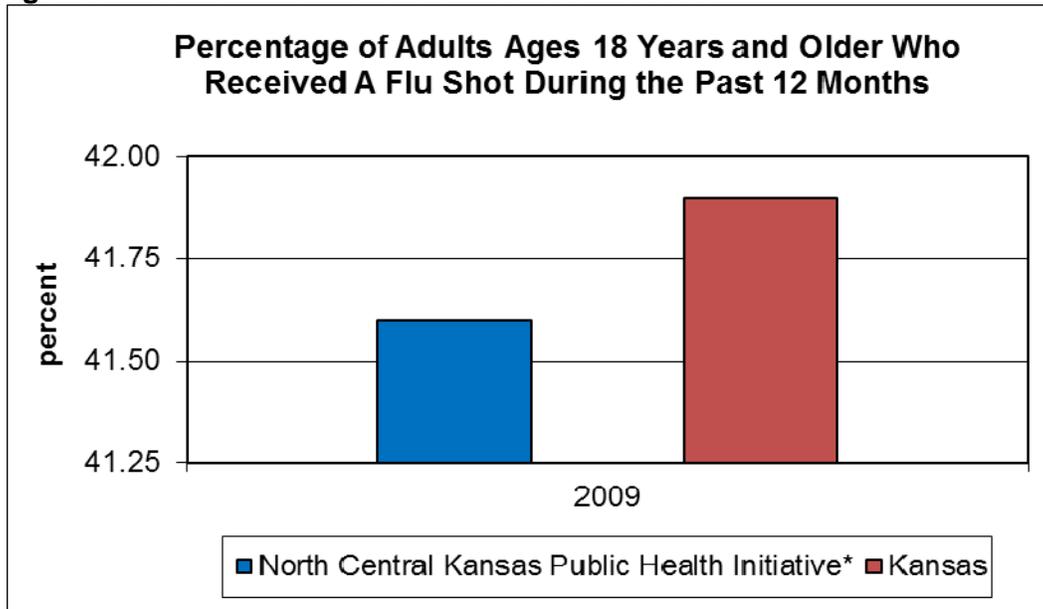
**Value:** 41.6 percent

**Measurement Period:** 2009

**Location:** Public Health Preparedness Region: North Central Kansas Public Health Initiative

**Comparison:** KS State Value

**Categories:** Health / Immunizations & Infectious Diseases



\*County data was unavailable; Regional value was reported

### What is this Indicator?

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

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

Technical Note: The County / Region value is compared to the Kansas state value.

Confidence intervals were not taken into account while making this comparison.

Source: Kansas Department of Health and Environment

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

URL of Data: <http://www.kdheks.gov/brfss/Expansion/index.html>

# Smith County Rural Health Works

## Sexually Transmitted Disease Rate

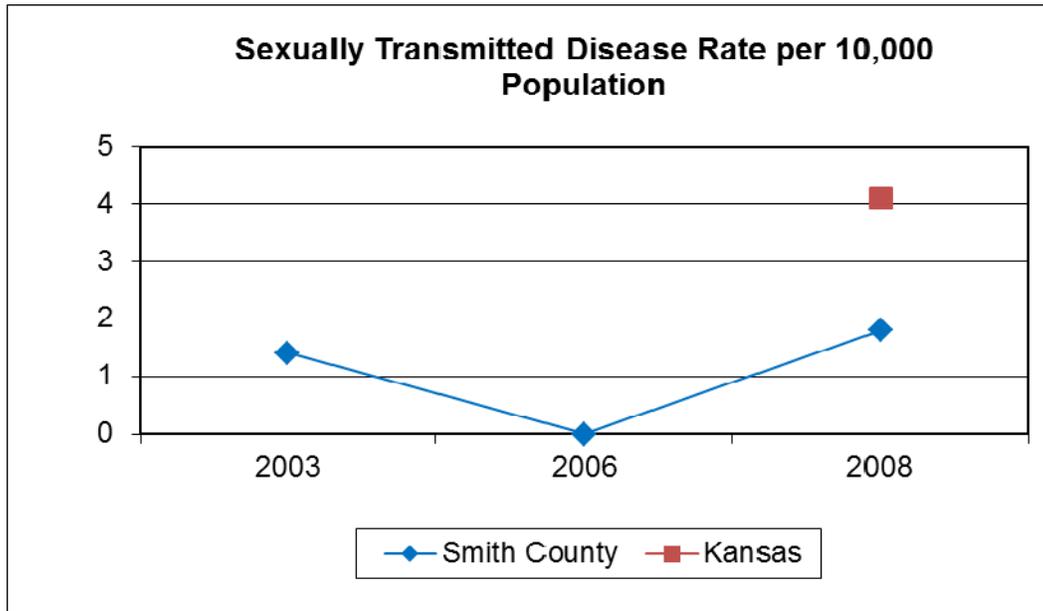
**Value:** 1.8 cases/10,000 population

**Measurement Period:** 2008

**Location:** County : Smith

**Comparison:** KS State Value

**Categories:** Health / Immunizations & Infectious Diseases



### What is this Indicator?

This indicator shows the crude incidence rate per 1,000 population due to sexually transmitted diseases.

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

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

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

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

## Smith County Rural Health Works

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](http://www.kdheks.gov/std/std_reports.html)

# Smith County Rural Health Works

## Maternal, Fetal & Infant Health

### Infant Mortality Rate

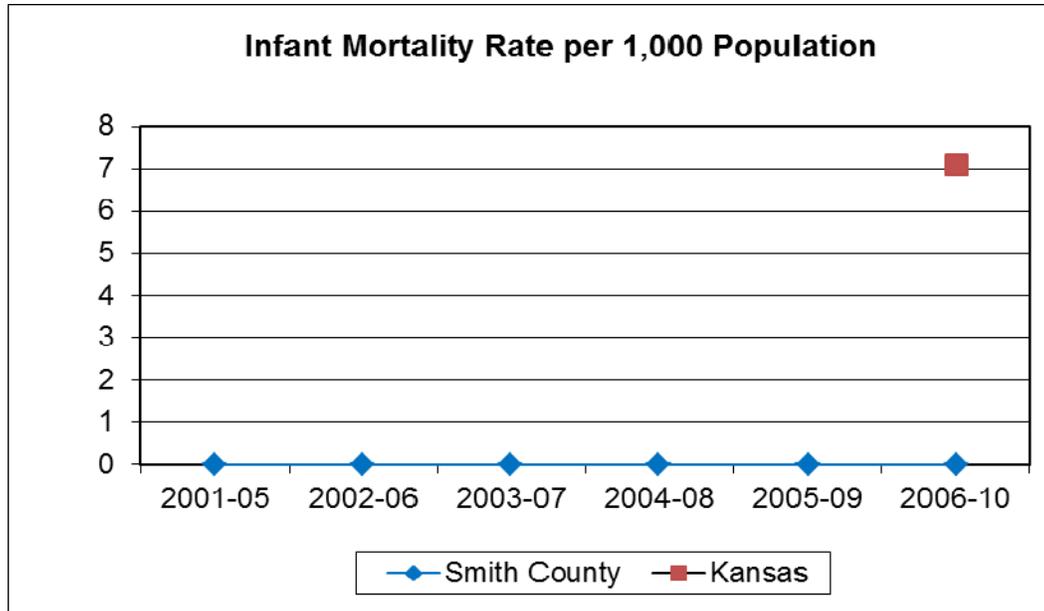
**Value:** 0 deaths/1,000 population

**Measurement Period:** 2006-2010

**Location:** County : Smith

**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

# Smith County Rural Health Works

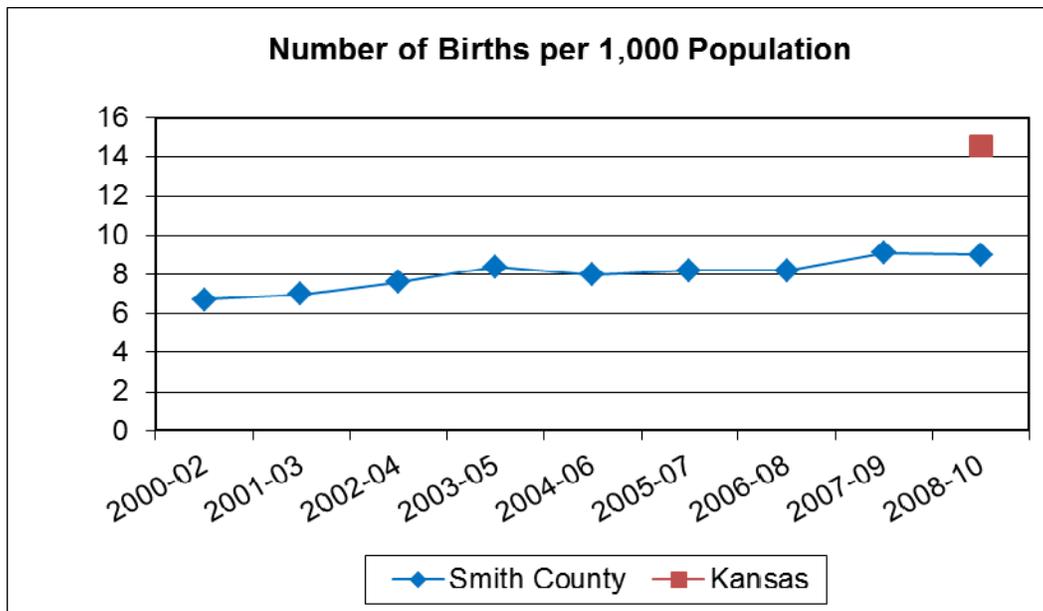
8.77. That change is statistically significant at the 95% confidence level.

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 Source: <http://www.kdheks.gov/>  
URL of Data: <http://kic.kdhe.state.ks.us/kic/index.html>

## Number of Births per 1,000 Population

**Value:** 9 births/1,000 population  
**Measurement Period:** 2008-2010  
**Location:** County : Smith  
**Comparison:** KS State Value  
**Categories:** Health / Maternal, Fetal & Infant Health



### What is this Indicator?

This indicator shows the number of births per 1,000 population.

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

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

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

# Smith County Rural Health Works

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

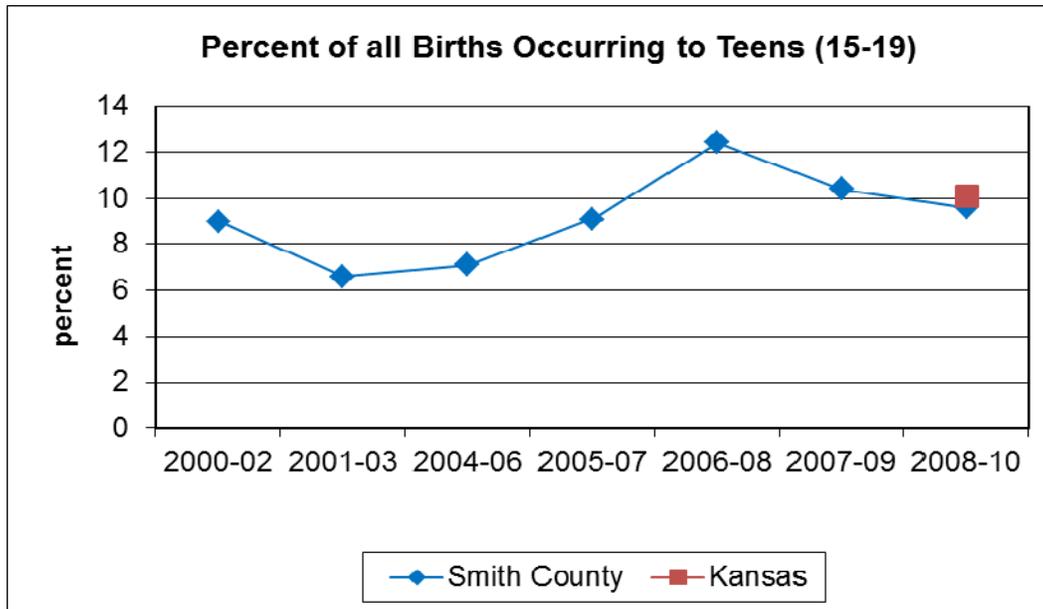
**Value:** 9.6 percent

**Measurement Period:** 2008-2010

**Location:** County : Smith

**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.

# Smith County Rural Health Works

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

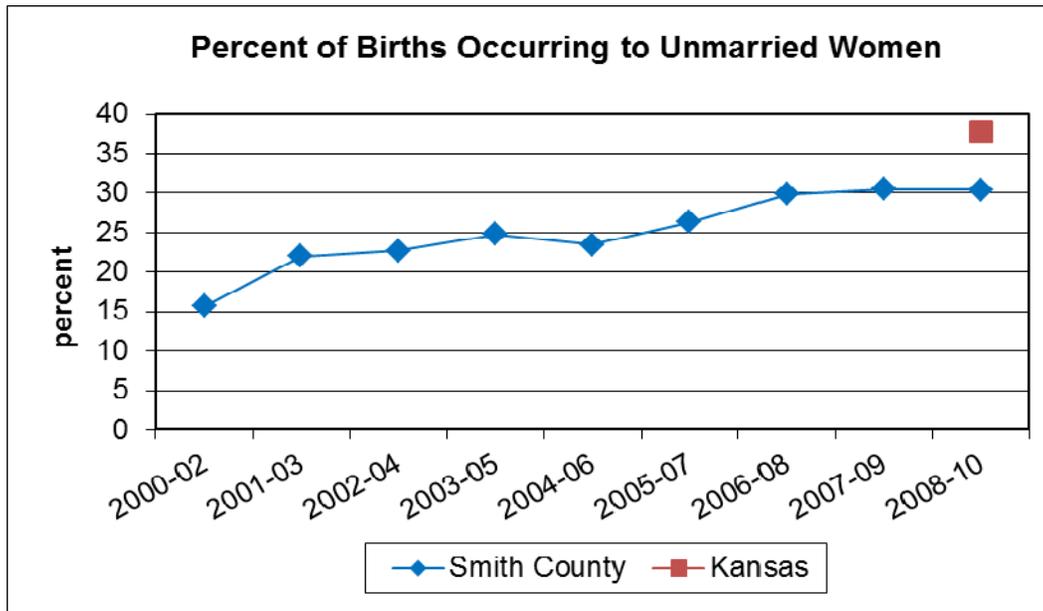
**Value:** 30.4 percent

**Measurement Period:** 2008-2010

**Location:** County : Smith

**Comparison:** KS State Value

**Categories:** Health / Maternal, Fetal & Infant Health; Health / Family Planning



### What is this Indicator?

This indicator shows the percentage of all births to mothers who reported not being married.

**Why this is important:** Non-marital births reflect the number of children born to unmarried women and includes both planned and unplanned pregnancies as well as women who were living with a partner at the time of birth. In previous decades, the term was often used to describe births to teen mothers; however, in recent decades, the average age of unmarried women having children has increased and less than one

# Smith County Rural Health Works

quarter of non-marital births were to teenaged women. Despite the older age of unmarried mothers, health concerns remain for the children of unmarried women. Studies have found that infants born to non-married women are at greater risk of being born preterm, having a low birth weight, dying in infancy and living in poverty than babies born to married women. In 2007, nearly 4 in 10 births in the U.S. were to unmarried women, according to CDC.

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

Source: Kansas Department of Health and Environment

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

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

## Percent of Births where Mother Smoked During Pregnancy

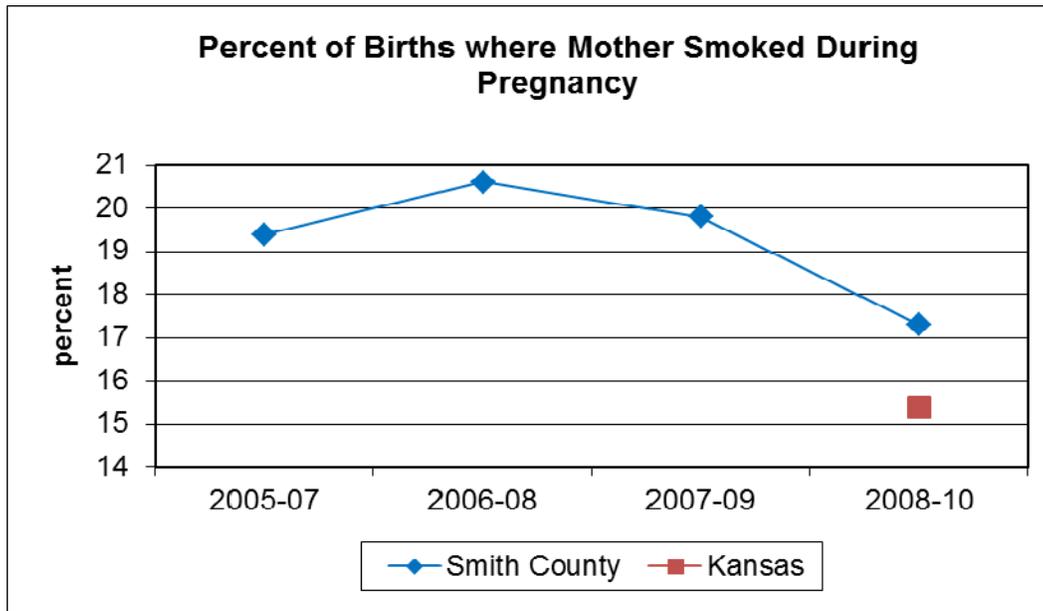
**Value:** 17.3 percent

**Measurement Period:** 2008-2010

**Location:** County : Smith

**Comparison:** KS State Value

**Categories:** Health / Maternal, Fetal & Infant Health; Health / Other Chronic Diseases



### What is this Indicator?

This indicator shows the percentage of births in which the mothers reported smoked during their pregnancy.

**Why this is important:** Smoking is a major public health problem. Smokers face an increased risk of lung cancer, stroke, cardiovascular diseases, and multiple other disorders. Smoking during pregnancy adversely affects the health of both the mother and her baby. Maternal smoking can result in miscarriages, premature delivery, and sudden infant death syndrome. Smoking during pregnancy nearly doubles a woman's

# Smith County Rural Health Works

risk of having a low birth weight baby, and low birth weight is a key predictor for infant mortality. In addition, smoking also increases the risk of preterm delivery. Low birth weight and premature babies face an increased risk of serious health problems during the infant period, as well as chronic lifelong disabilities such as cerebral palsy, mental retardation, and learning problems

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

Source: Kansas Department of Health and Environment

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

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

## Percent of Births Where Prenatal Care began in First Trimester

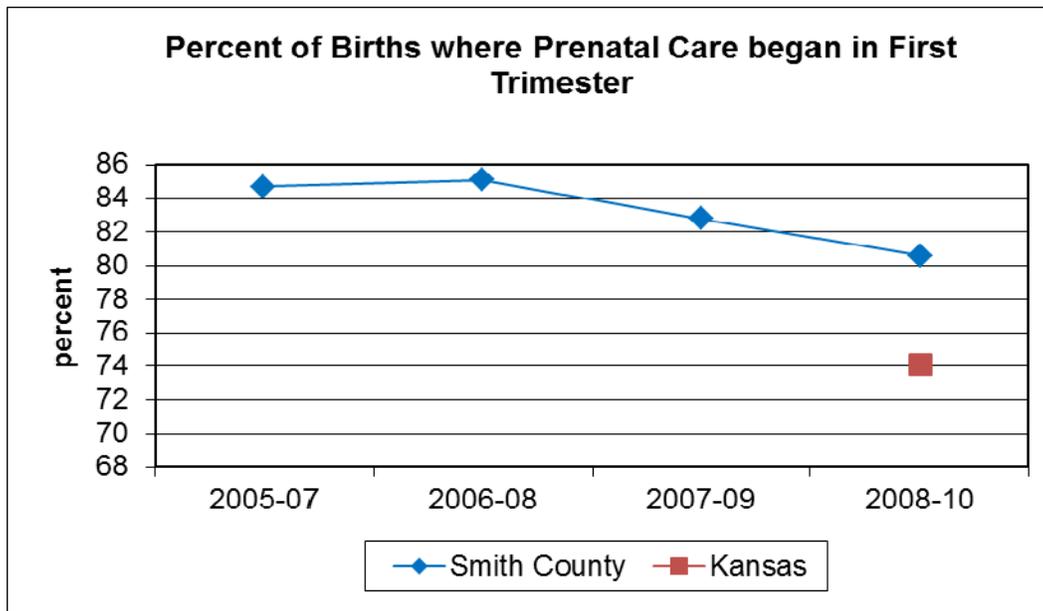
**Value:** 80.6 percent

**Measurement Period:** 2008-2010

**Location:** County : Smith

**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.

**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

# Smith County Rural Health Works

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

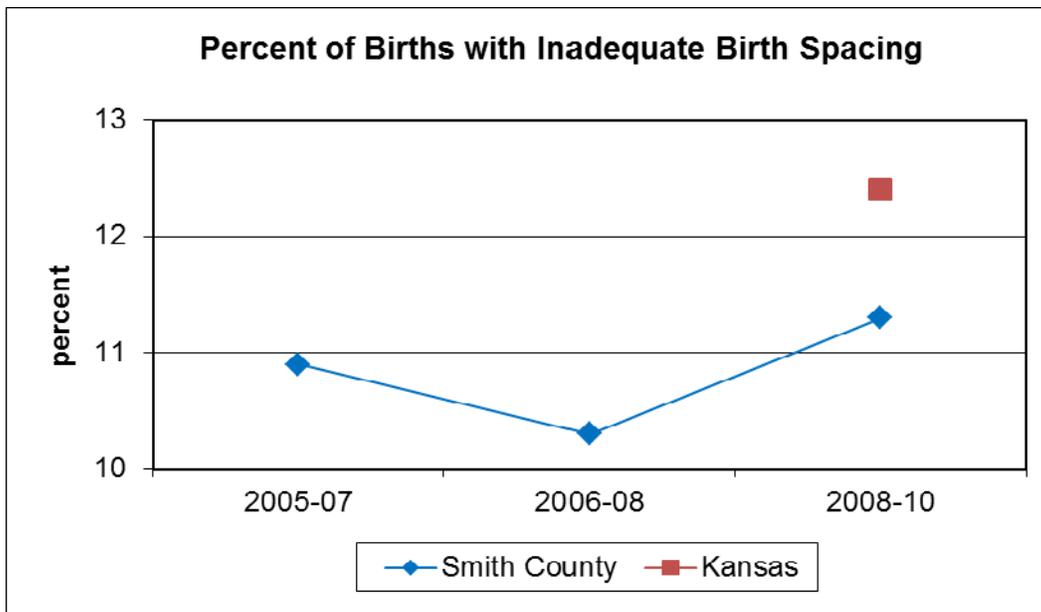
**Value:** 11.3 percent

**Measurement Period:** 2008-2010

**Location:** County : Smith

**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

# Smith County Rural Health Works

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

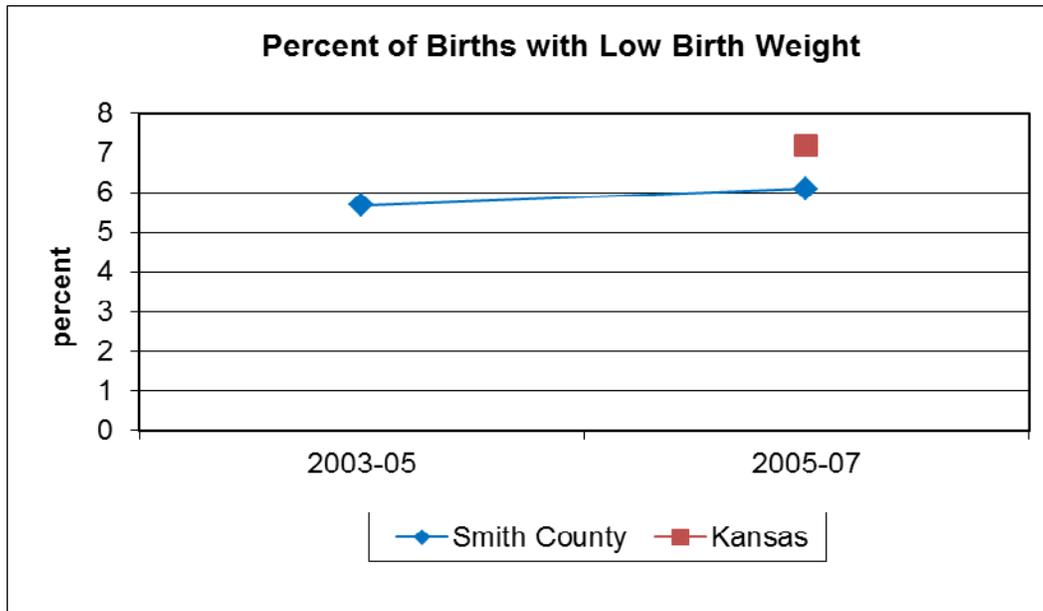
**Value:** 6.1 percent

**Measurement Period:** 2005-07

**Location:** County : Smith

**Comparison:** KS State Value

**Categories:** Health / Maternal, Fetal & Infant Health



### What is this Indicator?

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

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

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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>

## Percentage of Premature Births

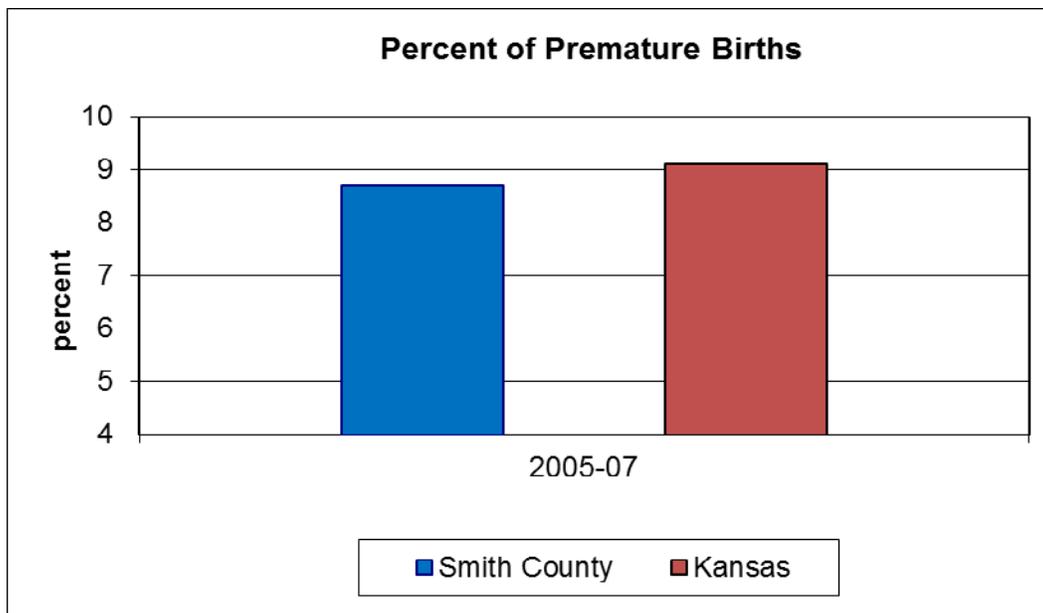
**Value:** 10.1 Percent

**Measurement Period:** 2005-07

**Location:** County: Smith

**Comparison:** KS State Value

**Categories:** Health/Maternal, Fetal & Infant Health



### What is this Indicator?

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

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

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

Technical Note: The County / Region value is compared to the Kansas State Value. Total live births exclude births for which the gestational length of the baby was unknown. The trend is a comparison between the most recent and previous measurement periods.

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Confidence intervals were not taken into account in determining the direction of the trend.

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

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

# Smith County Rural Health Works

## Mental Health & Mental Disorders

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

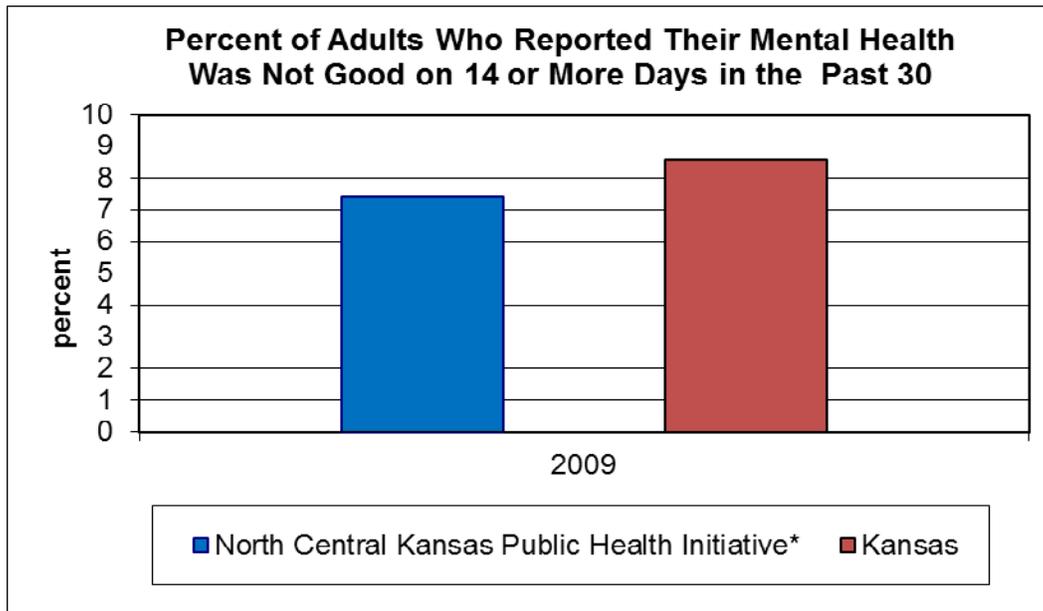
**Value:** 7.4 percent

**Measurement Period:** 2009

**Location:** Public Health Preparedness Region: North Central Kansas Public Health Initiative

**Comparison:** KS State Value

**Categories:** Health / Mental Health & Mental Disorders



\*County data was unavailable; Regional value was reported

#### What is this Indicator?

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

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

Technical Note: The County / Region value is compared to the Kansas State value.

Confidence intervals were not taken into account while making this comparison.

Source: Kansas Department of Health and Environment

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

URL of Data: <http://www.kdheks.gov/brfss/Expansion/index.html>

# Smith County Rural Health Works

## Mortality Data

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

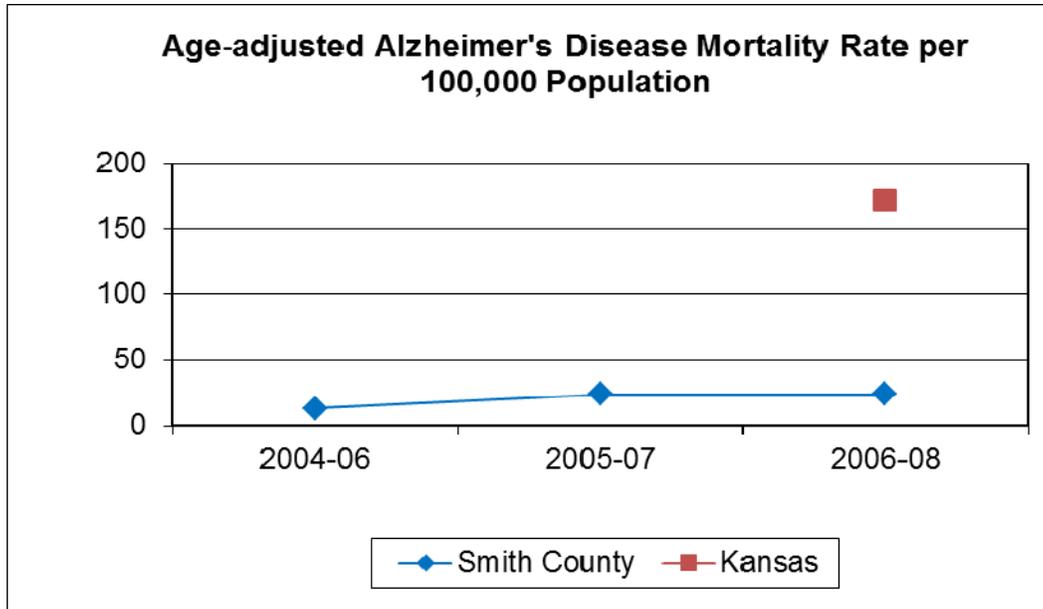
**Value:** 23.9 deaths/100,000 population

**Measurement Period:** 2006-2008

**Location:** County : Smith

**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

# Smith County Rural Health Works

preventable hospitalizations. As their dementia worsens, people need more health services and, oftentimes, long-term care. Many individuals requiring long-term care experience major personal and financial challenges that affect their families, their caregivers, and society.

Technical Note: The County / Region values are compared to the Kansas State value.

Source: Kansas Department of Health and Environment

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

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

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

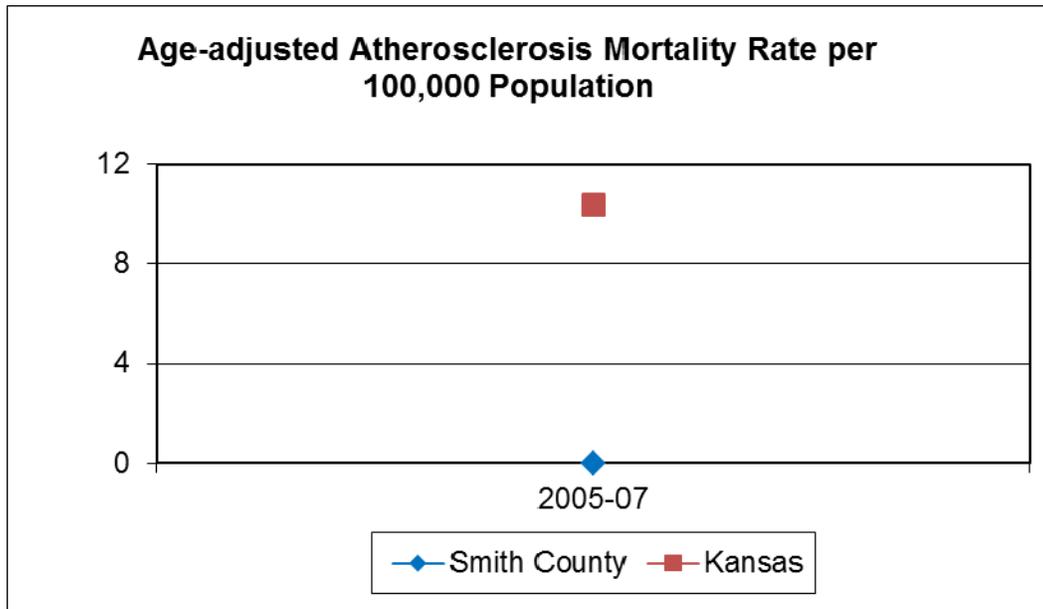
**Value:** 0 deaths/100,000 population

**Measurement Period:** 2005-2007

**Location:** County : Smith

**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.

# Smith County Rural Health Works

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

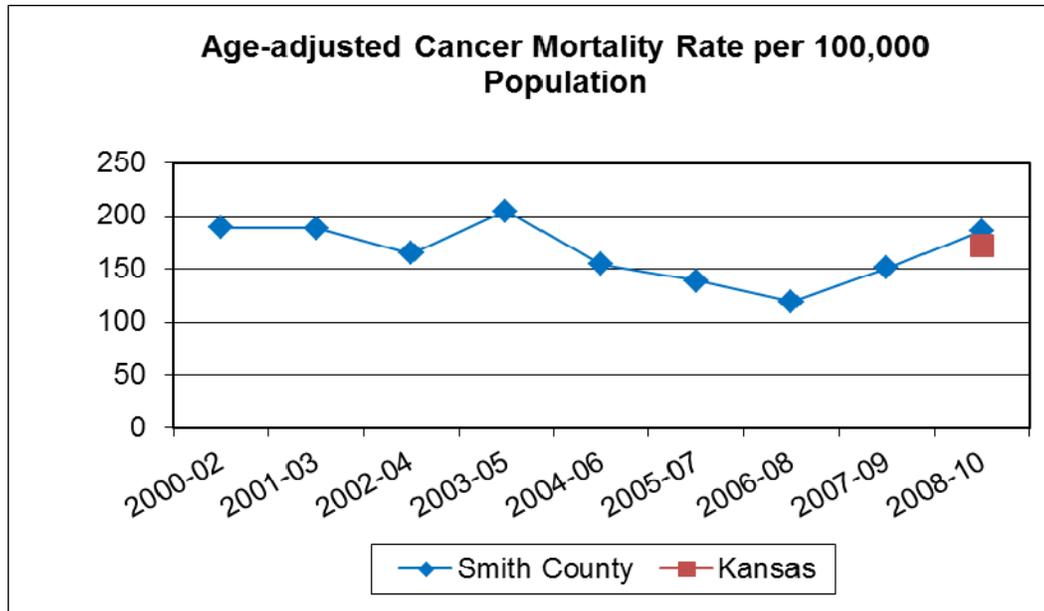
**Value:** 186 deaths/100,000 population

**Measurement Period:** 2008-2010

**Location:** County : Smith

**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.

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/>

# Smith County Rural Health Works

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

## Age-adjusted Cerebrovascular Disease Mortality Rate per 100,000 Population

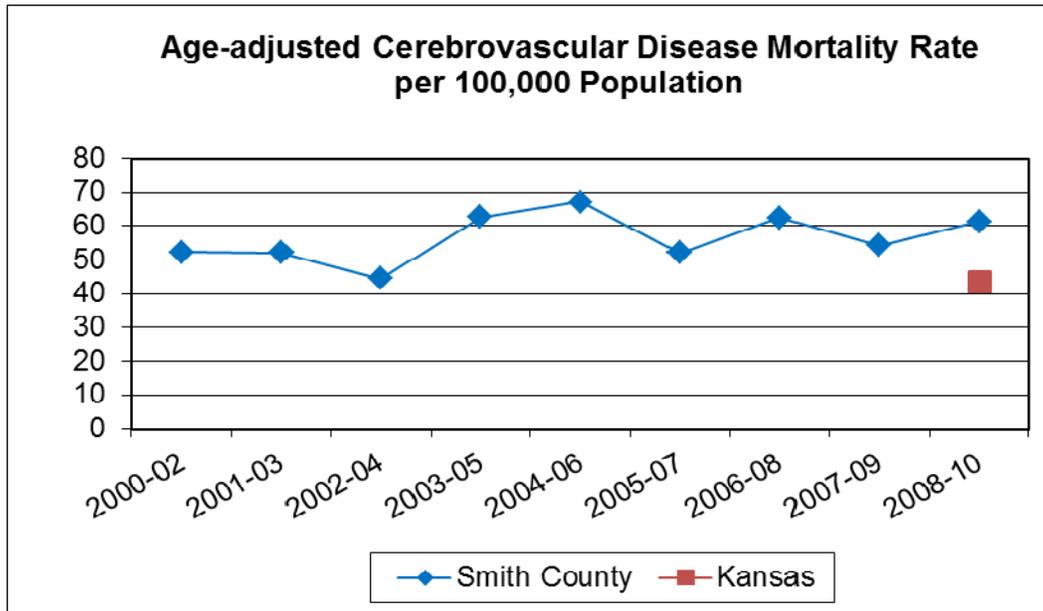
**Value:** 61.25 deaths/100,000 population

**Measurement Period:** 2008-2010

**Location:** County : Smith

**Comparison:** KS State Value

**Categories:** Health / Mortality Data



### What is this Indicator?

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

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

Technical Note: The County / Region values are compared to the Kansas State value.

Source: Kansas Department of Health and Environment

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

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

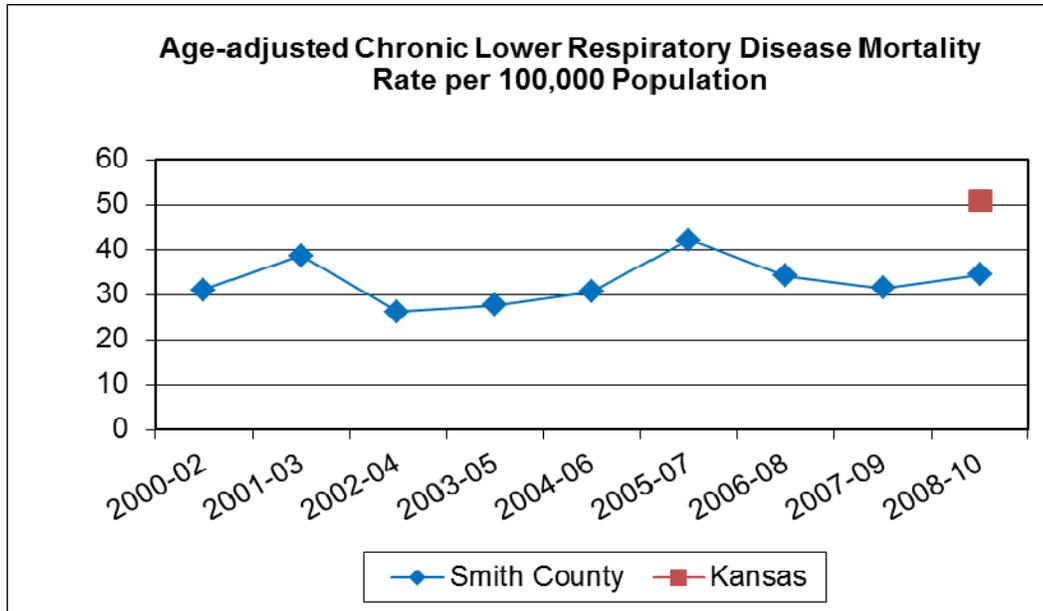
## Age-adjusted Chronic Lower Respiratory Disease Mortality Rate per 100,000 Population

**Value:** 34.4 deaths/100,000 population

**Measurement Period:** 2008-2010

# Smith County Rural Health Works

**Location:** County : Smith  
**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 effective way to reduce the risk of CLRD and its progression.

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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

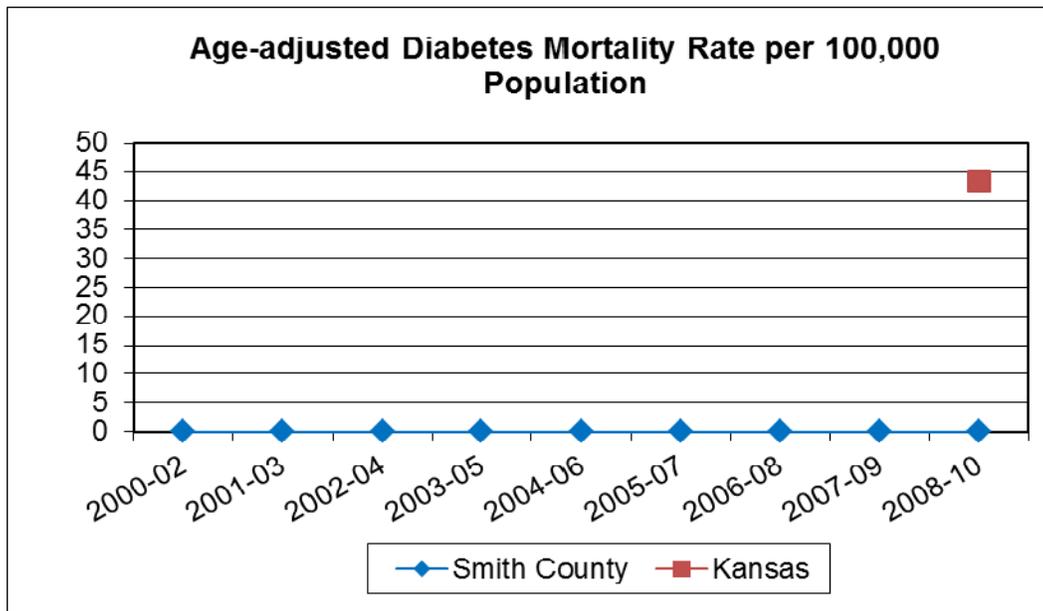
**Value:** 0 deaths/100,000 population

**Measurement Period:** 2008-2010

**Location:** County : Smith

**Comparison:** KS State Value

**Categories:** Health / Mortality Data



### What is this Indicator?

This indicator shows the total age-adjusted death rate per 100,000 population due to Diabetes.

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

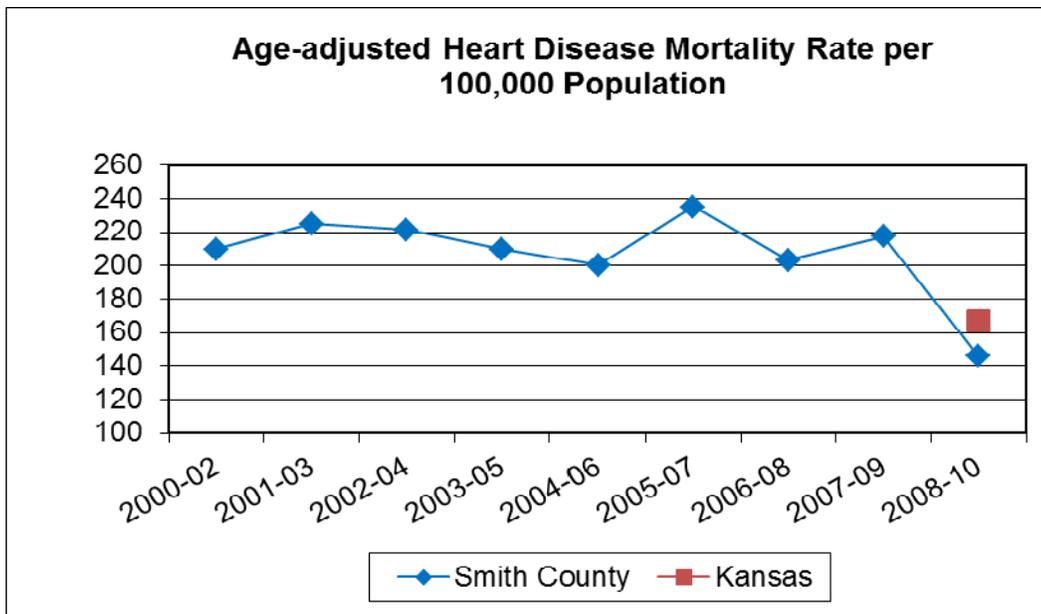
Diabetes can have a harmful effect on most of the organ systems in the human body; it is a frequent cause of end-stage renal disease, non-traumatic lower-extremity amputation, and a leading cause of blindness among working age adults. Persons with diabetes are also at increased risk for ischemic heart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

# Smith County Rural Health Works

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:** 145.8 deaths/100,000 population  
**Measurement Period:** 2008-2010  
**Location:** County : Smith  
**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.

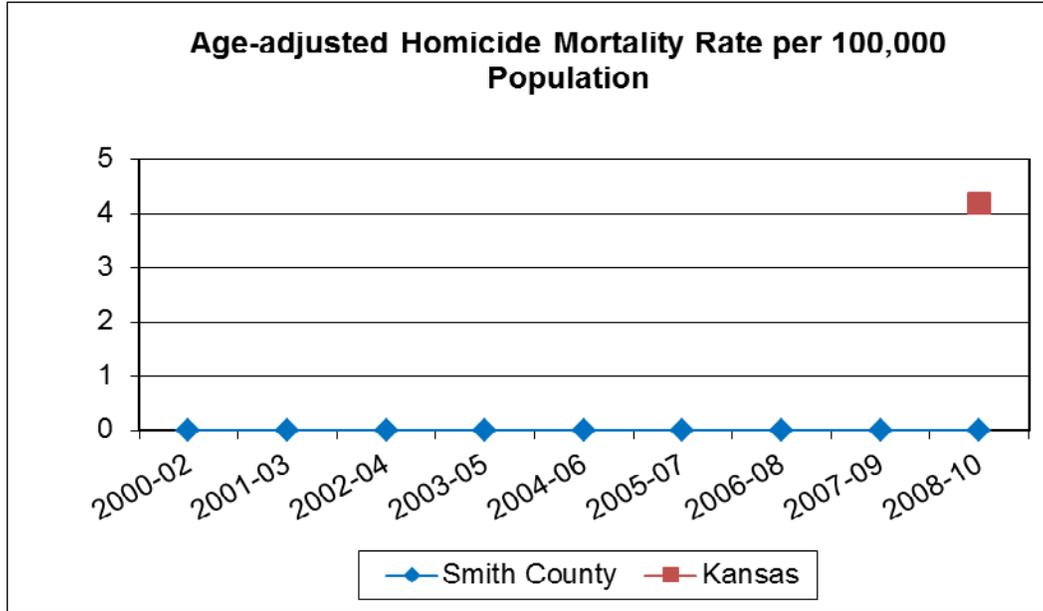
**Why this is important:** Heart disease is the number one cause of death in the U.S. and Hawaii. Physical inactivity, overweight, and obesity are considered cardiovascular risk determinants. Regular physical activity and a diet low in unhealthy fats and high in fruits and vegetables may help reduce 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/>  
URL of Data: <http://kic.kdhe.state.ks.us/kic/index.html>

## Age-adjusted Homicide Mortality Rate per 100,000 Population

# Smith County Rural Health Works

**Value:** 0 deaths/100,000 population  
**Measurement Period:** 2008-2010  
**Location:** County : Smith  
**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.

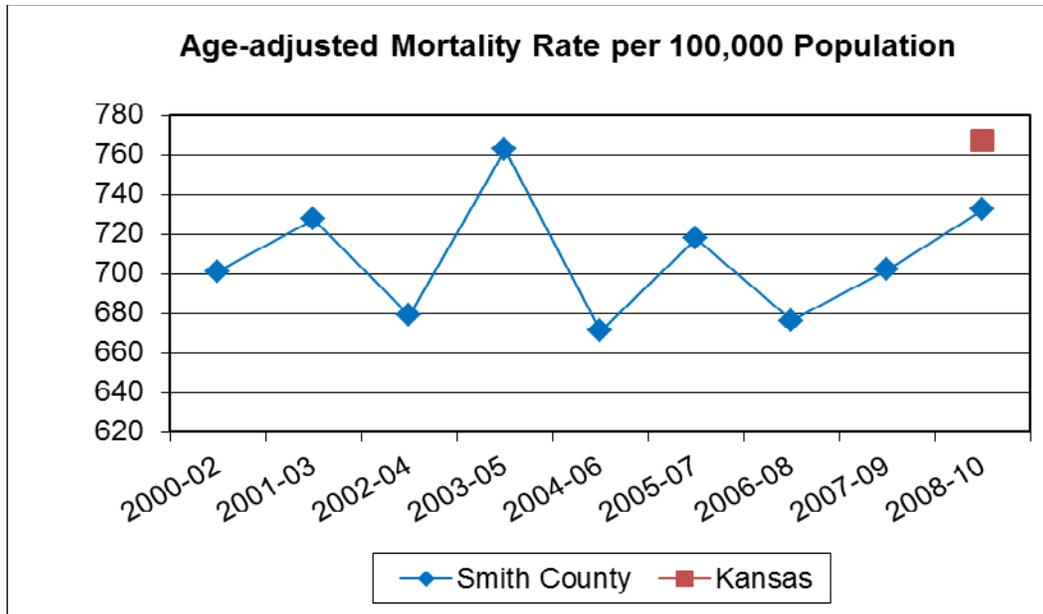
**Why this is important:** A violent crime is a crime in which the offender uses or threatens to use violent force upon the victim. Violent crimes include homicide, assault, rape, and robbery. Violence negatively impacts communities by reducing productivity, decreasing property values, and disrupting 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:** 732.35 deaths/100,000 population  
**Measurement Period:** 2008-2010  
**Location:** County : Smith  
**Comparison:** KS State Value  
**Categories:** Health / Mortality Data

## Smith County Rural Health Works



### What is this Indicator?

This indicator shows the total age-adjusted death rate per 100,000 population due to all causes.

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

Technical Note: The County / Region values are compared to the Kansas State value.

Source: Kansas Department of Health and Environment

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

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

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

**Value:** 0 deaths/100,000 population

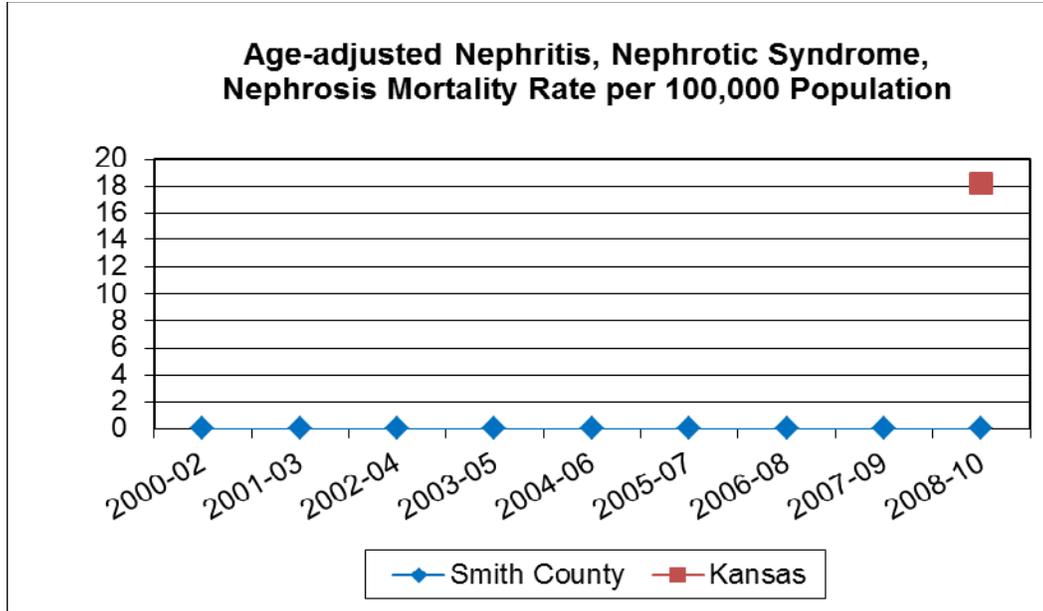
**Measurement Period:** 2008-2010

**Location:** County : Smith

**Comparison:** KS State Value

**Categories:** Health / Mortality Data

## Smith County Rural Health Works



### What is this Indicator?

This indicator shows the total age-adjusted death rate per 100,000 population due to nephritis, nephrotic syndrome, nephrosis.

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

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

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

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

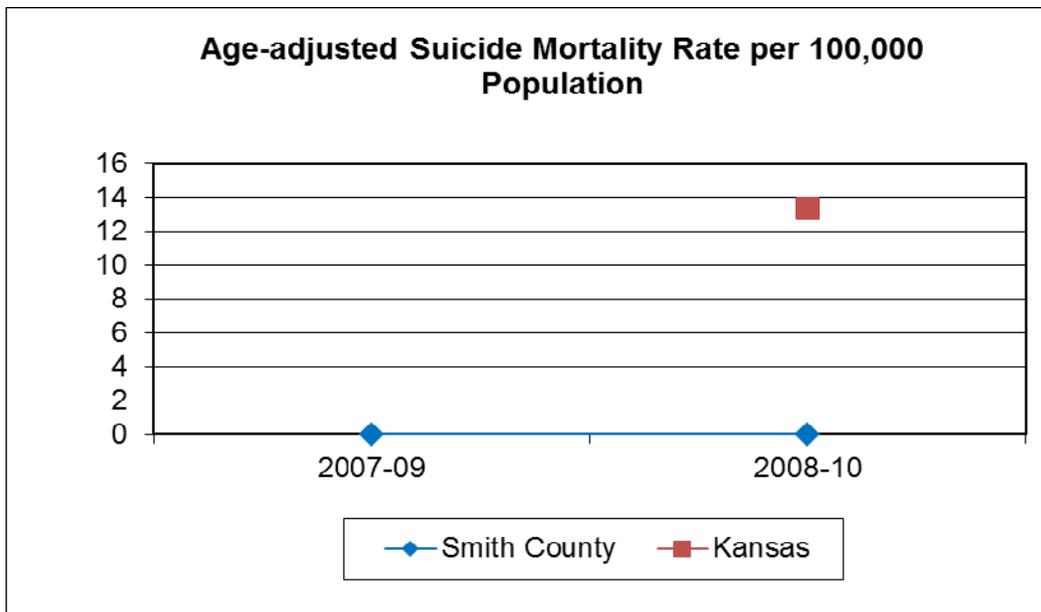
CKD and end-stage renal disease (ESRD) are significant public health problems in the United States and a major source of suffering and poor quality of life for those afflicted. They are responsible for premature death and exact a high economic price from both the private and public sectors. CKD and ESRD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

# Smith County Rural Health Works

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

## Age-adjusted Suicide Mortality Rate per 100,000 Population

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



### What is this Indicator?

This indicator shows the total age-adjusted death rate per 100,000 population due to suicide.

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

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

# Smith County Rural Health Works

## Age-adjusted Traffic Injury Mortality Rate per 100,000 Population

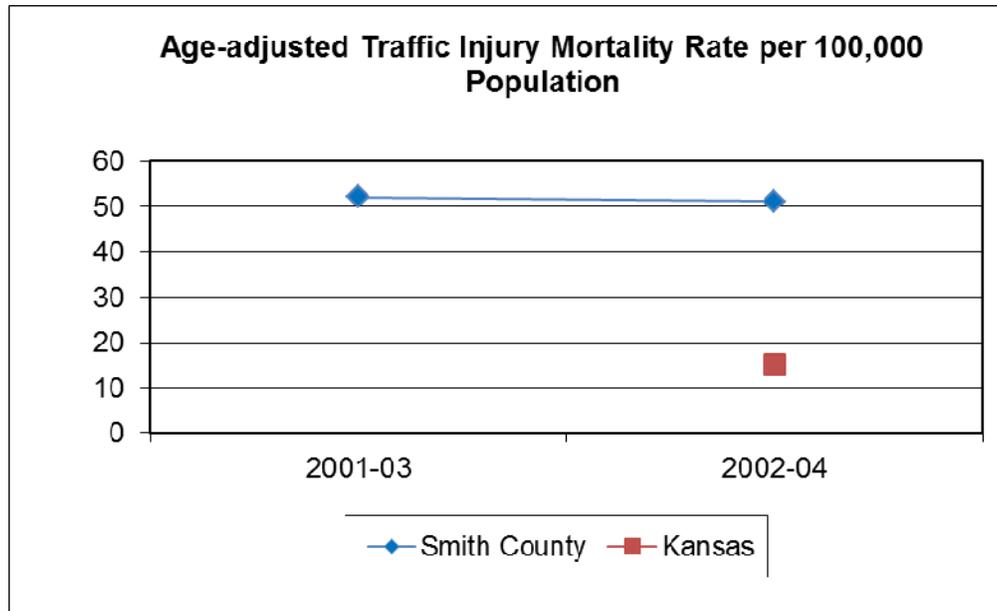
**Value:** 51.18 deaths/100,000 population

**Measurement Period:** 2002-04

**Location:** County : Smith

**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>

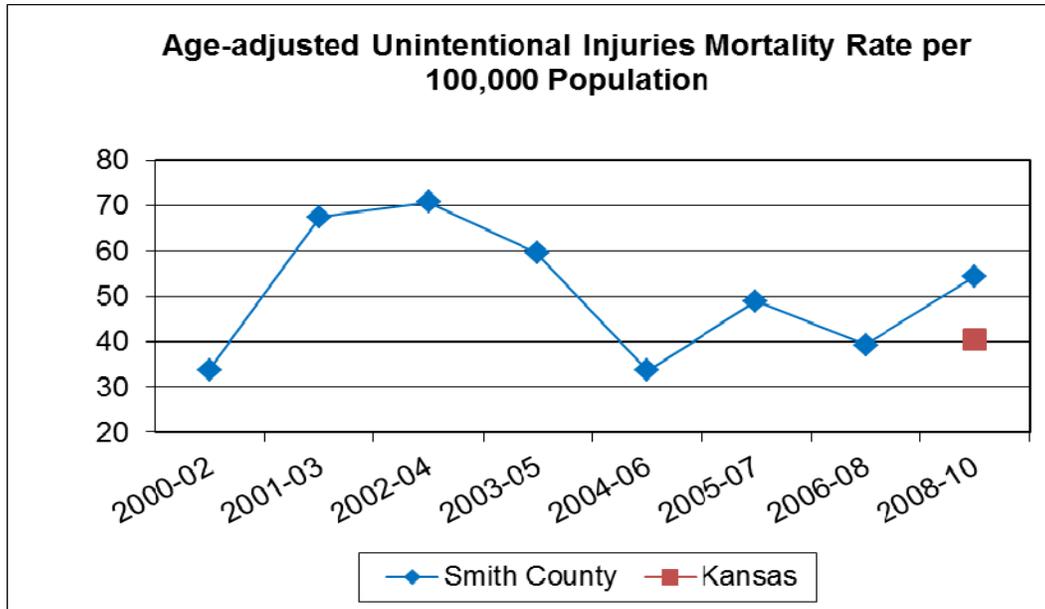
## Age-adjusted Unintentional Injuries Mortality Rate per 100,000 Population

**Value:** 54.4 deaths/100,000 population

**Measurement Period:** 2008-2010

# Smith County Rural Health Works

**Location:** County : Smith  
**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>

# Smith County Rural Health Works

## Oral Health

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

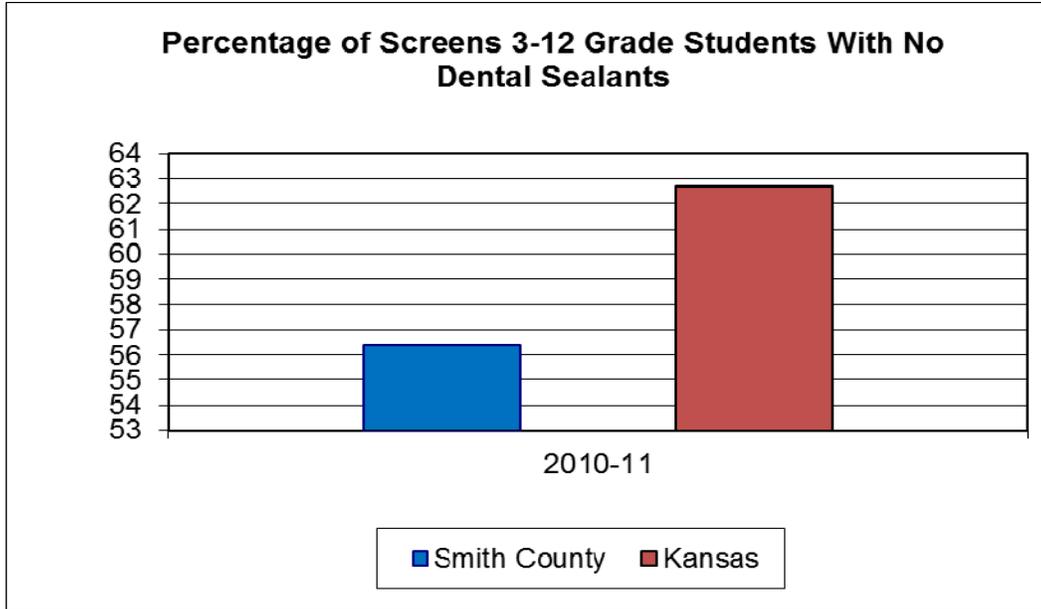
**Value:** 56.4 Percent

**Measurement Period:** 2010-2011

**Location:** County : Smith

**Comparison:** KS State Value

**Categories:** Health/Oral Health



#### What is this Indicator?

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

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

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

Regarding a US Value comparison and a HP2020 target, there is no direct comparison that can be made to Kansas 'No Dental Sealant' data. The national and HP2020 values are from a survey of age groups 6 to 9 and 13 to 15 years of age based on the National Health & Nutrition Examination Survey (NHANES), CDC, and NCHS criteria. The Kansas criteria for its data are school grade levels 3 -12.

# Smith County Rural Health Works

The national value and HP2020 target for 'No Dental Sealants' of age group 6 to 9 is 25.5 percent and 28.1 percent respectively and 19.9 percent and 21.9 percent respectively for age group 13 to 15.

Source: Kansas Department of Health and Environment

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

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

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

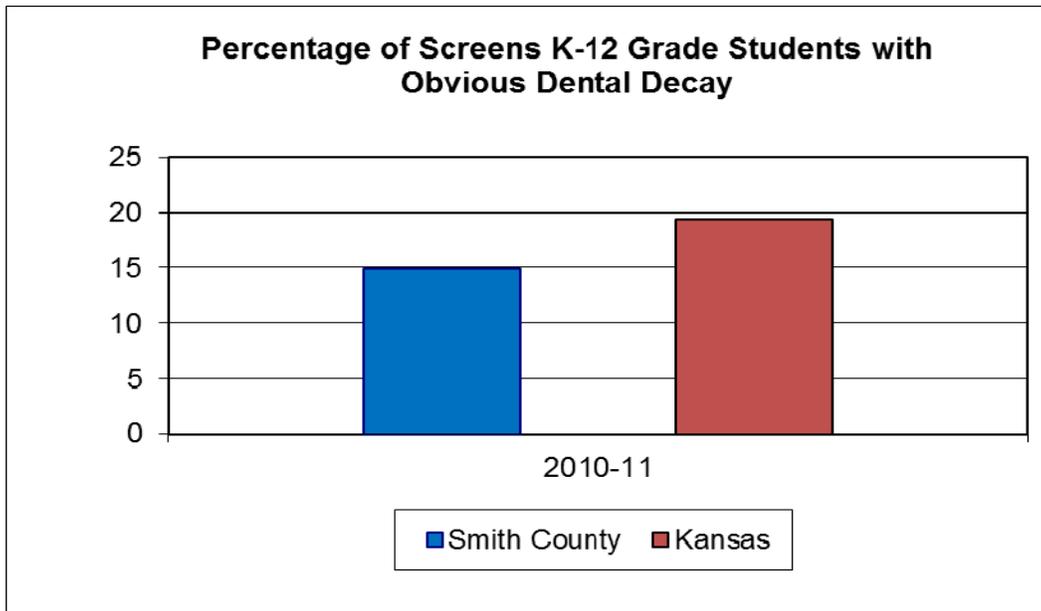
**Value:** 14.9 Percent

**Measurement Period:** 2010-2011

**Location:** County : Smith

**Comparison:** KS State Value

**Categories:** Health/Oral Health



### What is this Indicator?

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

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

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## Smith County Rural Health Works

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

Source: 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>

# Smith County Rural Health Works

## Prevention & Safety

### Injury Hospital Admission Rate

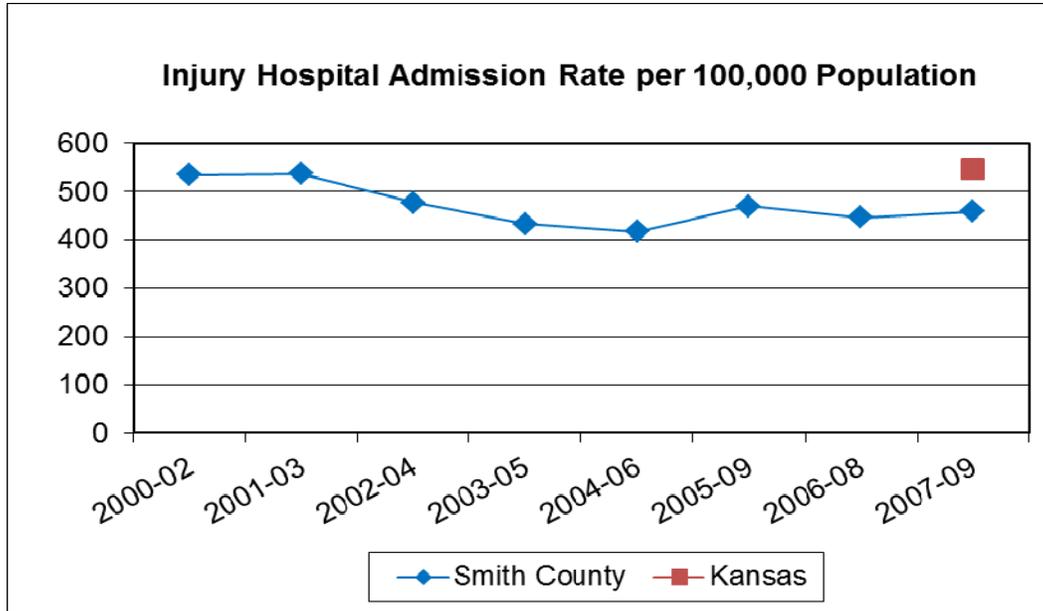
**Value:** 458.25 Per 100,000 population

**Measurement Period:** 2007-2009

**Location:** County : Smith

**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>

# Smith County Rural Health Works

## Respiratory Diseases

### Chronic Obstructive Pulmonary Disease (COPD) Hospital Admission Rate

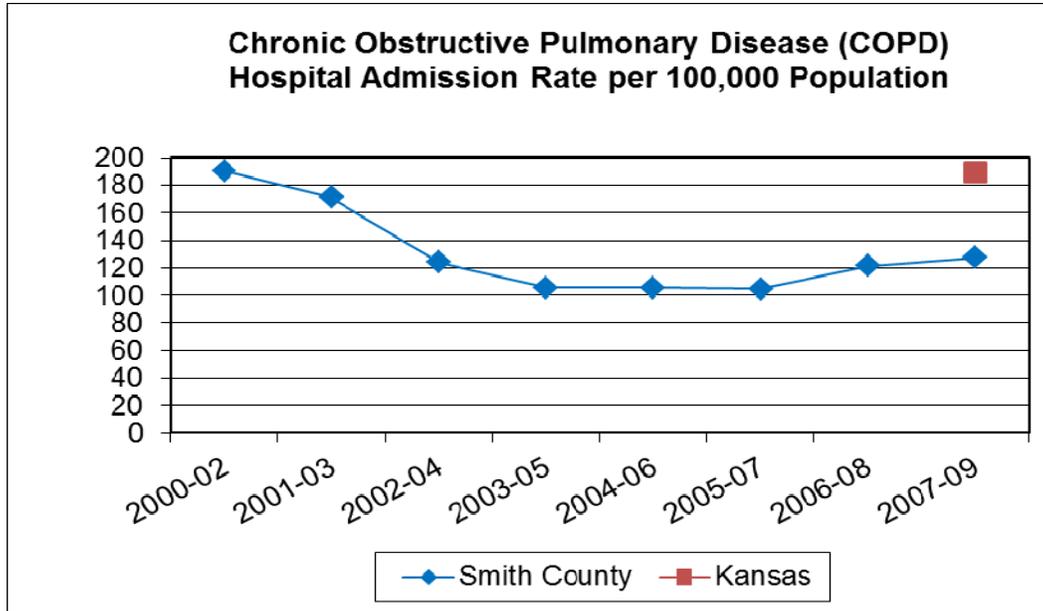
**Value:** 127.2 Per 100,000 population

**Measurement Period:** 2007-2009

**Location:** County : Smith

**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>

# Smith County Rural Health Works

## Substance Abuse

### Percentage of Adults Who are Binge Drinkers

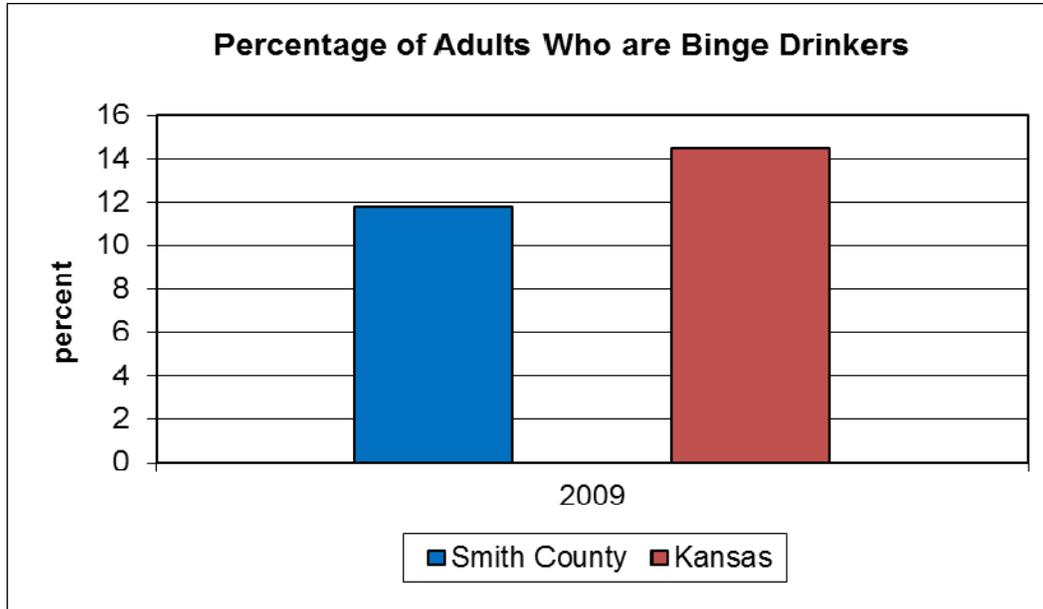
**Value:** 11.8 Percent

**Measurement Period:** 2009

**Location:** County : Smith

**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>

# Smith County Rural Health Works

## Percentage of Adults Who Currently Smoke Cigarettes

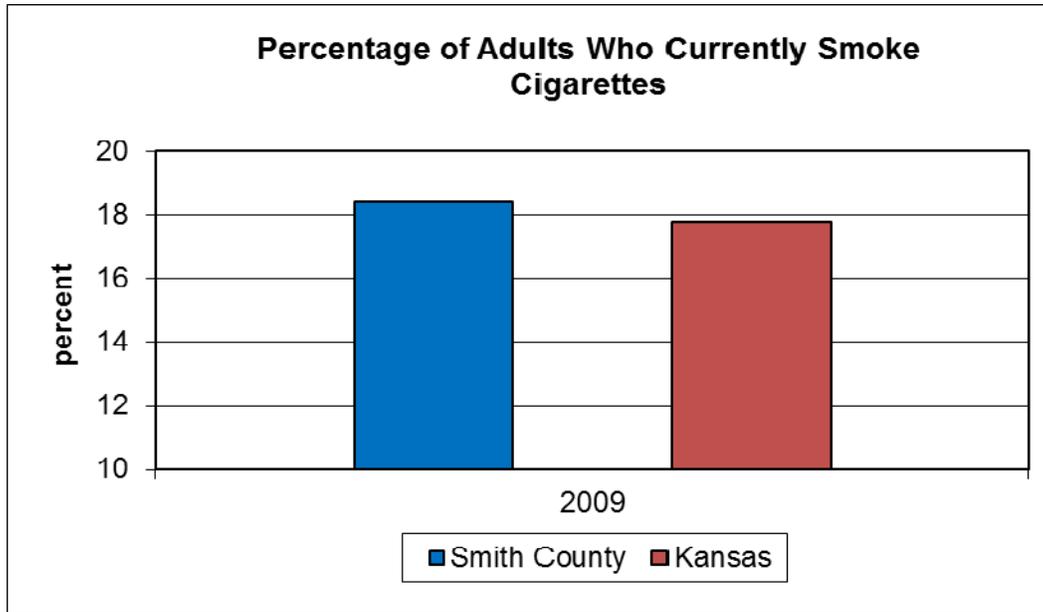
**Value:** 18.4 Percent

**Measurement Period:** 2009

**Location:** County : Smith

**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/>

URL of Data: <http://www.kdheks.gov/brfss/Expansion/index.html>

# Smith County Rural Health Works

## Wellness & Lifestyle

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

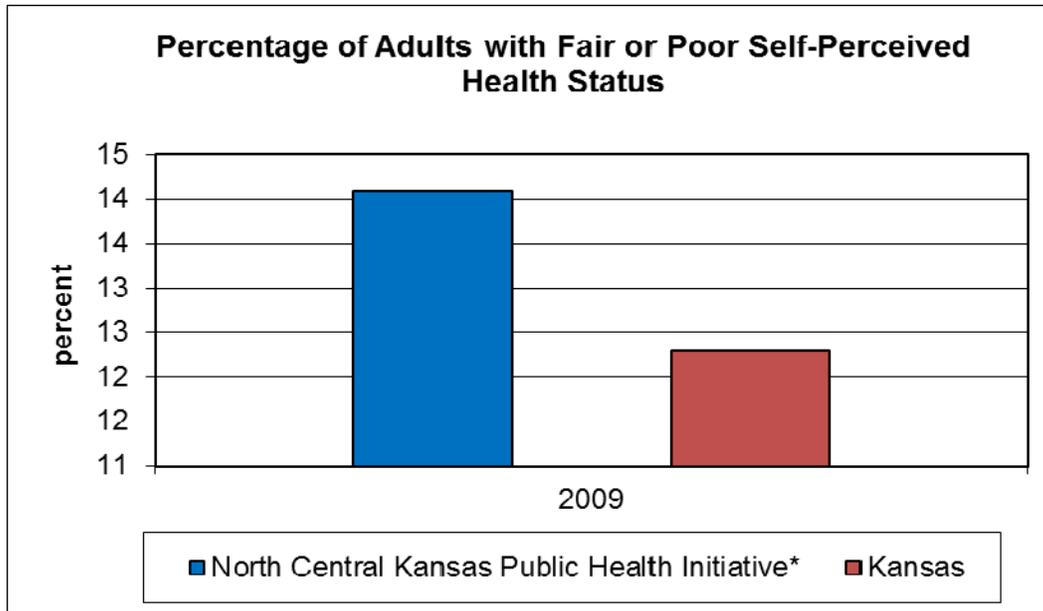
**Value:** 14.1 percent

**Measurement Period:** 2009

**Location:** Public Health Preparedness Region: North Central Kansas Public Health Initiative

**Comparison:** KS State Value

**Categories:** Health/Wellness & Lifestyle



\*County data was unavailable; Regional value was reported

#### 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/>

URL of Data: <http://www.kdheks.gov/brfss/Expansion/index.html>

# Smith County Rural Health Works

## Economic Climate

### Uninsured Adult Population Rate

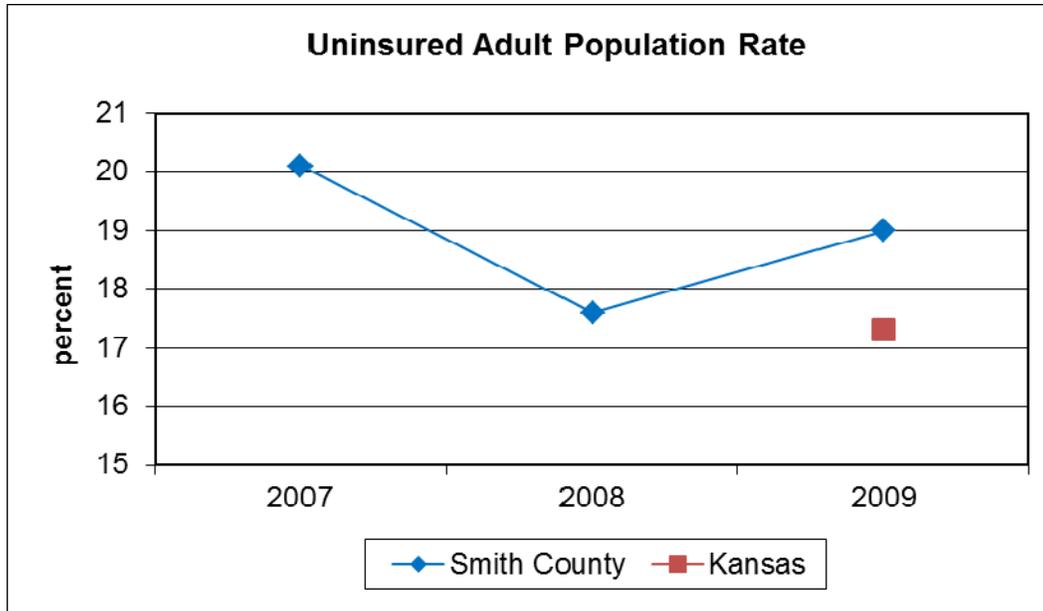
**Value:** 19.0 percent

**Measurement Period:** 2009

**Location:** County : Smith

**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,

## Smith County Rural Health Works

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/>

# Smith County Rural Health Works

## Employment

### Unemployed Workers in Civilian Labor Force

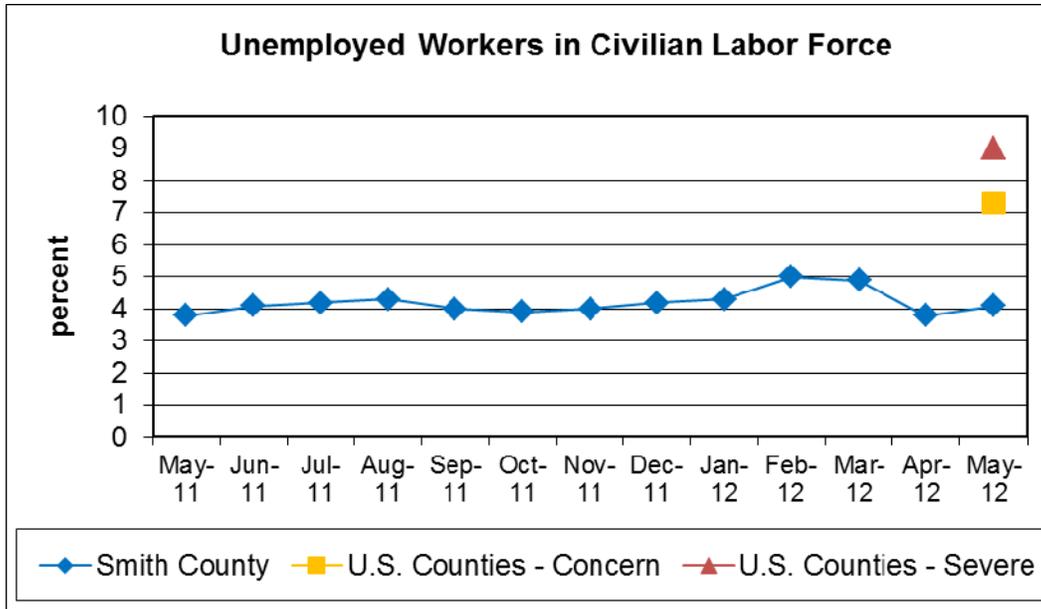
**Value:** 4.1 Percent

**Measurement Period:** 2012, May

**Location:** County : Smith

**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>

# Smith County Rural Health Works

## Government Assistance Programs

### Household with Public Assistance

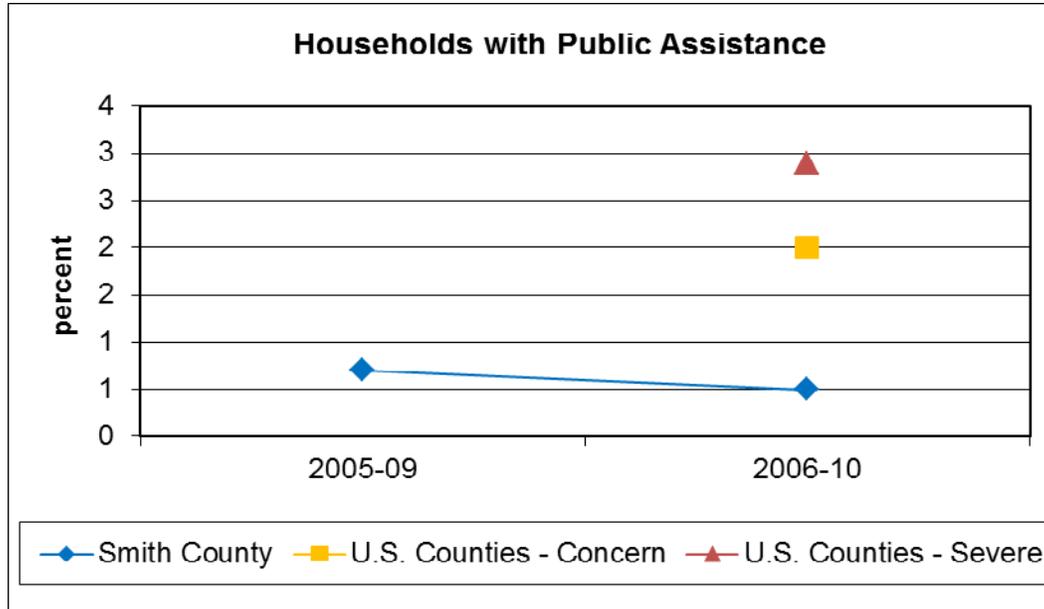
**Value:** 0.5 Percent

**Measurement Period:** 2006-2010

**Location:** County : Smith

**Comparison:** U.S. Counties

**Categories:** Economy/Government Assistance Programs



#### What is this Indicator?

This indicator shows the percentage of households receiving cash public assistance income.

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

Technical Note: The distribution is based on data from 3,143 U.S. counties and county equivalents.

Source: American Community Survey

URL of Source: <http://www.census.gov/acs/www/>

URL of Data: <http://factfinder2.census.gov/>

# Smith County Rural Health Works

## Home Ownership

### Foreclosure Rate

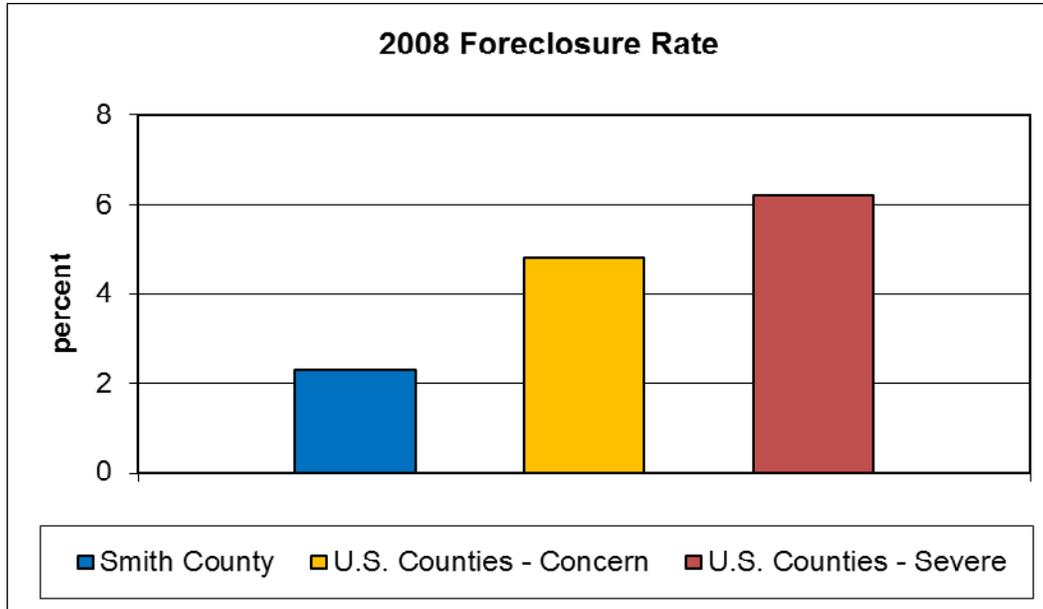
**Value:** 2.3 Percent

**Measurement Period:** 2008

**Location:** County : Smith

**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](http://www.huduser.org/portal/datasets/nsp_foreclosure_data.html)

# Smith County Rural Health Works

## Homeowner Vacancy Rate

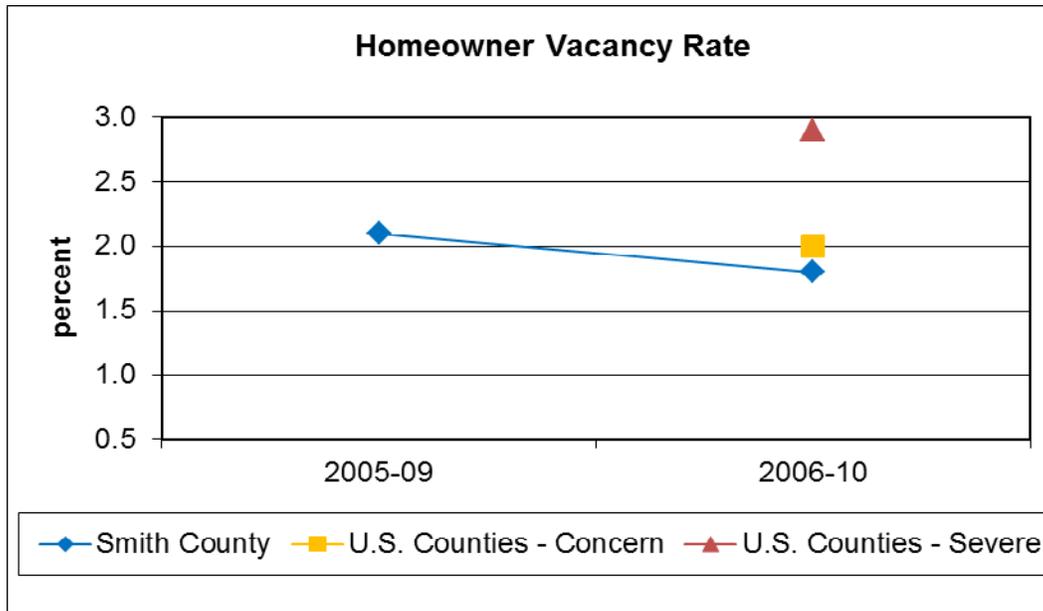
**Value:** 1.8 Percent

**Measurement Period:** 2006-2010

**Location:** County : Smith

**Comparison:** U.S. Counties

**Categories:** Economy/Homeownership



### What is this Indicator?

This indicator shows the percentage of vacant home property.

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

Technical Note: The distribution is based on data from 3,143 U.S. counties and county equivalents.

Source: American Community Survey

URL of Source: <http://www.census.gov/acs/www/>

URL of Data: <http://factfinder2.census.gov/>

## Homeownership

**Value:** 65.9 Percent

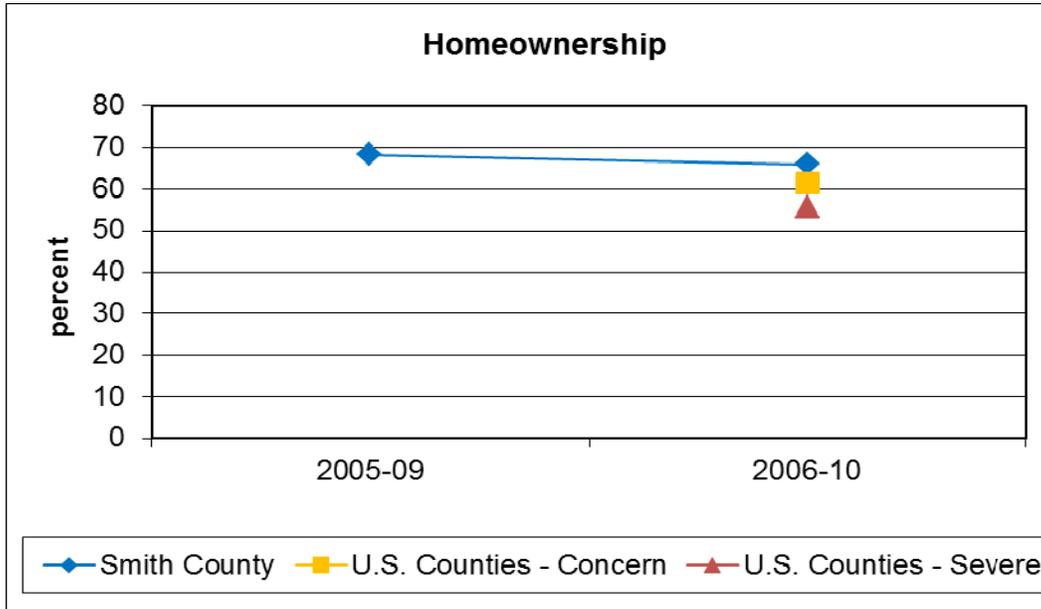
**Measurement Period:** 2006-2010

# Smith County Rural Health Works

**Location:** County : Smith

**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/>

# Smith County Rural Health Works

## Housing Affordability & Supply

### Renters Spending 30% or More of Household Income on Rent

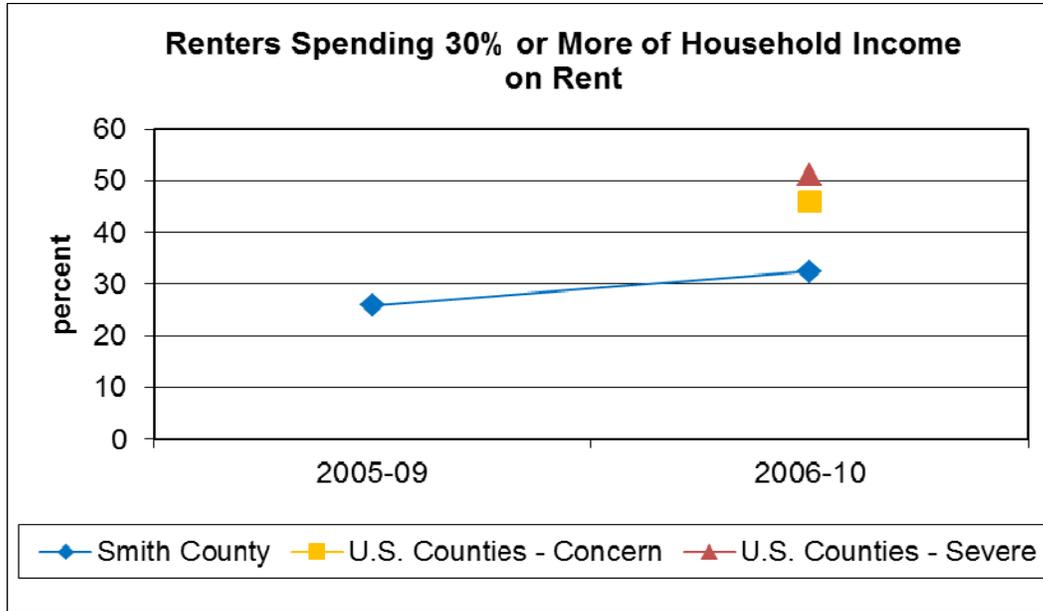
**Value:** 32.5 Percent

**Measurement Period:** 2006-2010

**Location:** County : Smith

**Comparison:** U.S. Counties

**Categories:** Economy/Housing Affordability & Supply



#### What is this Indicator?

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

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

Technical Note: The distribution is based on data from 3,143 U.S. counties and county equivalents.

Source: American Community Survey

URL of Source: <http://www.census.gov/acs/www/>

URL of Data: <http://factfinder2.census.gov/>

# Smith County Rural Health Works

## Income

### Median Household Income

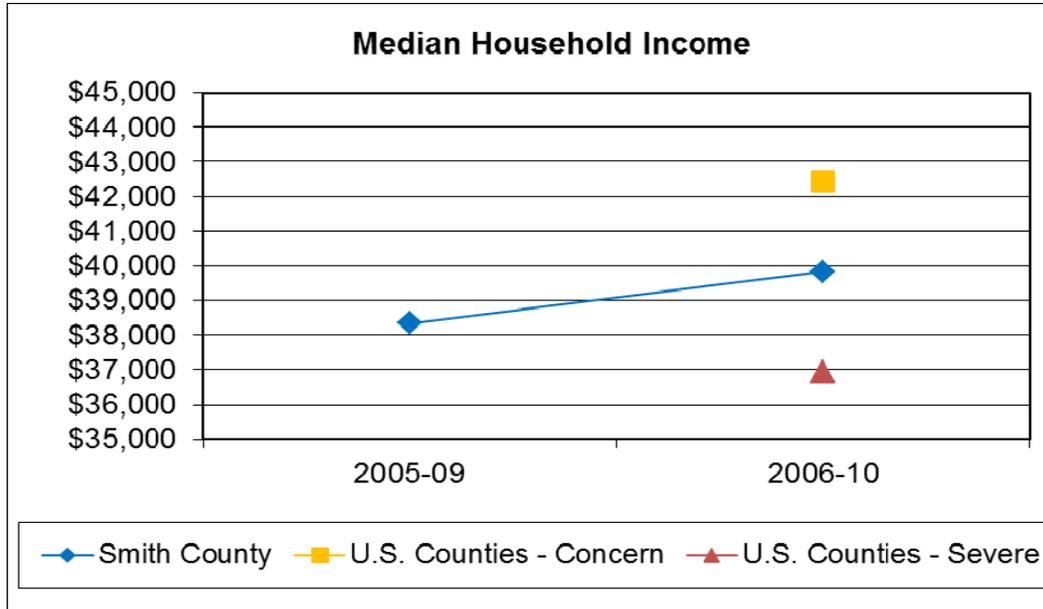
**Value:** 39,836 Dollars

**Measurement Period:** 2006-2010

**Location:** County : Smith

**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

**Value:** 23,644 Dollars

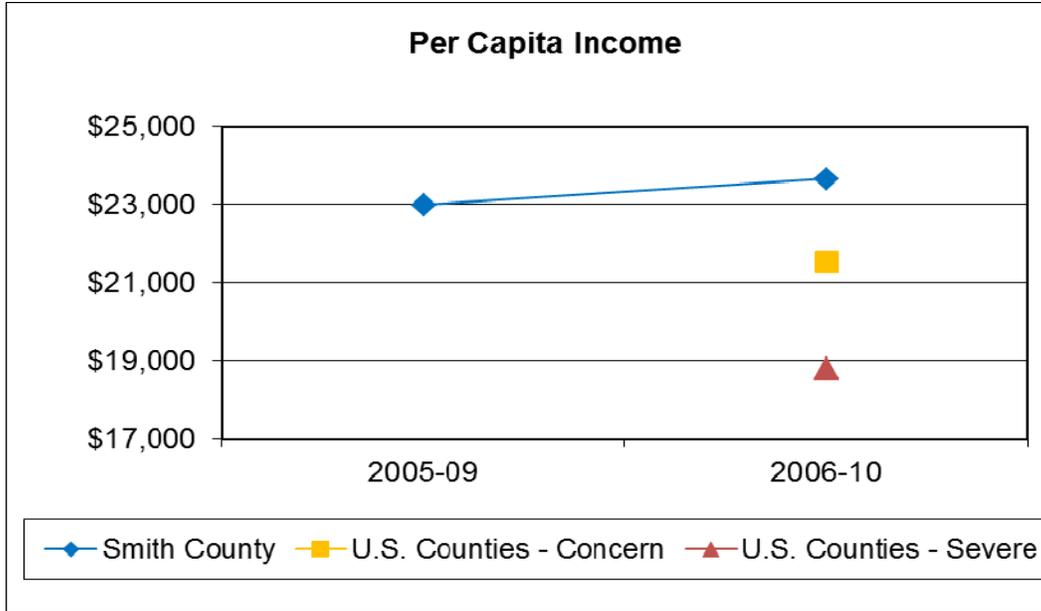
# Smith County Rural Health Works

**Measurement Period:** 2006-2010

**Location:** County : Smith

**Comparison:** U.S. Counties

**Categories:** Economy/Income



## What is this Indicator?

This indicator shows the per capita income.

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

Technical Note: The distribution is based on data from 3,143 U.S. counties and county equivalents.

Source: American Community Survey

URL of Source: <http://www.census.gov/acs/www/>

URL of Data: <http://factfinder2.census.gov/>

# Smith County Rural Health Works

## Poverty

### Children Living Below Poverty Level

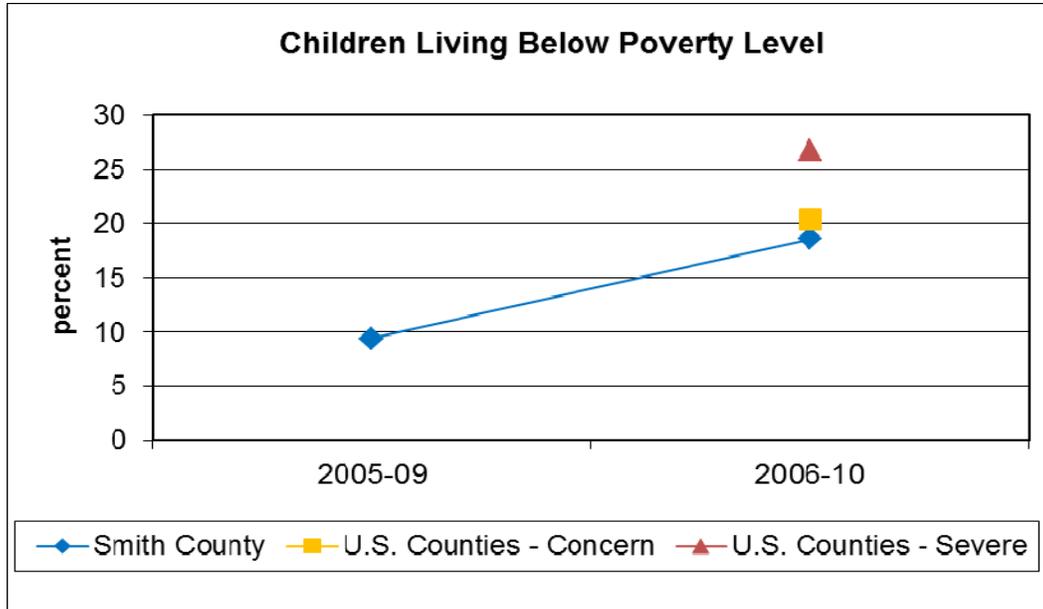
**Value:** 18.6 Percent

**Measurement Period:** 2006-2010

**Location:** County : Smith

**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:** 8.7 Percent

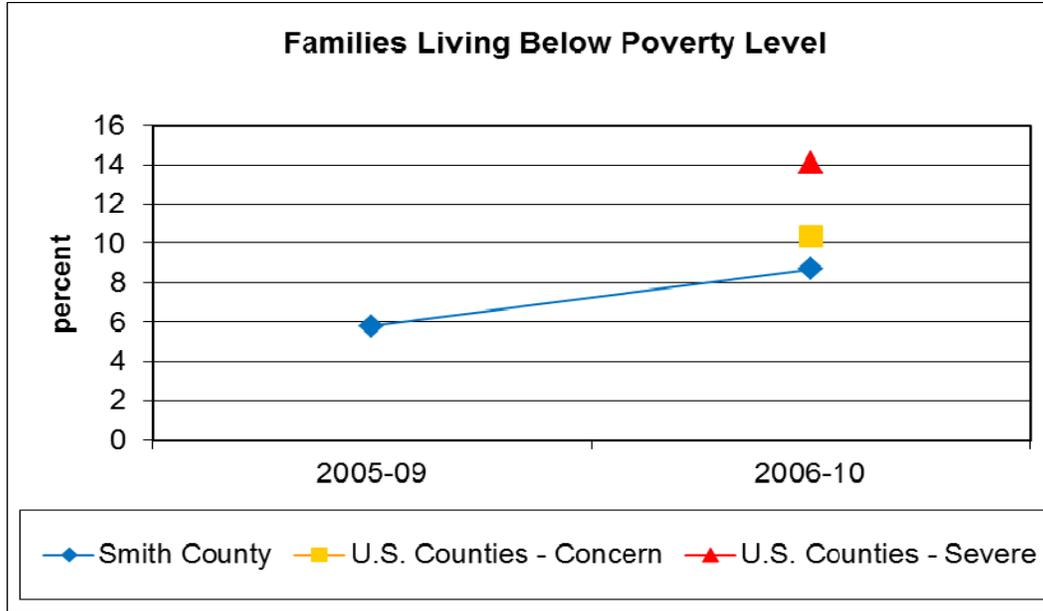
# Smith County Rural Health Works

**Measurement Period:** 2006-2010

**Location:** County : Smith

**Comparison:** U.S. Counties

**Categories:** Economy/Poverty



## What is this Indicator?

This indicator shows the percentage of families living below the federal poverty level.

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

Technical Note: The distribution is based on data from 3,143 U.S. counties and county equivalents.

Source: American Community Survey

URL of Source: <http://www.census.gov/acs/www/>

URL of Data: <http://factfinder2.census.gov/>

## Low-Income Persons who are SNAP Participants

**Value:** 10.3 Percent

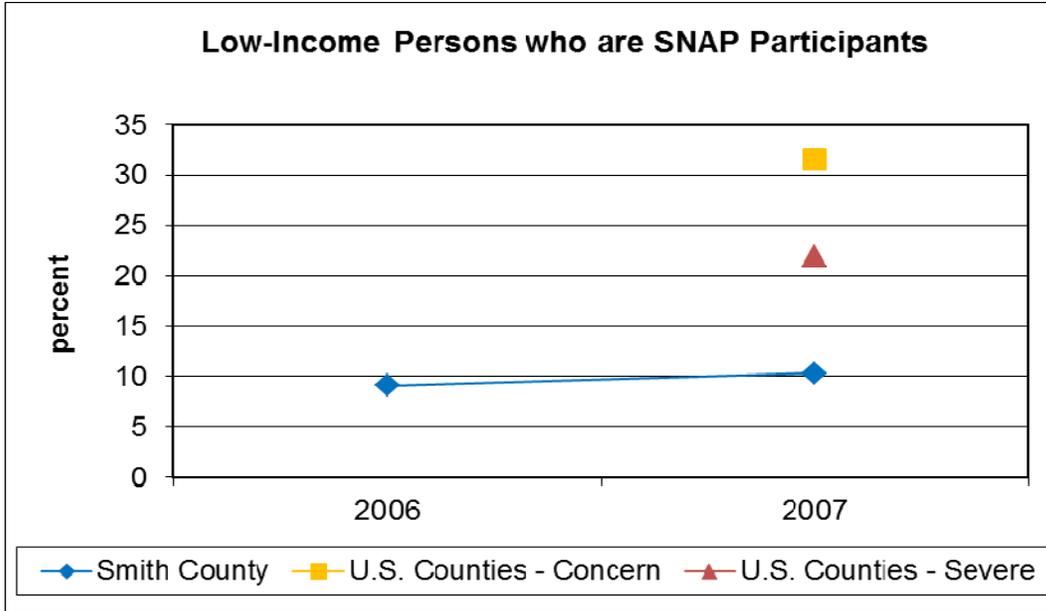
**Measurement Period:** 2007

**Location:** County : Smith

**Comparison:** U.S. Counties

**Categories:** Economy/Poverty

## Smith County Rural Health Works



### 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

URL of Source: <http://www.ers.usda.gov/FoodAtlas/>

URL of Data: <http://www.ers.usda.gov/FoodAtlas/downloadData.htm>

### People 65+ Living Below Poverty Level

**Value:** 12.5 Percent

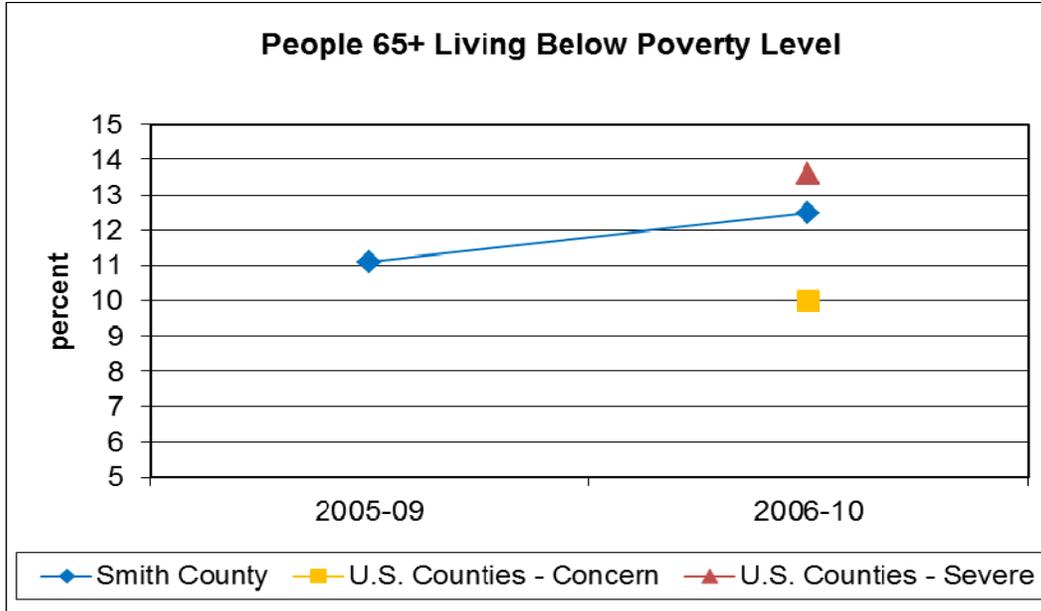
**Measurement Period:** 2006-2010

**Location:** County : Smith

**Comparison:** U.S. Counties

**Categories:** Economy/Poverty

# Smith County Rural Health Works



## 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:** 65.9 Percent

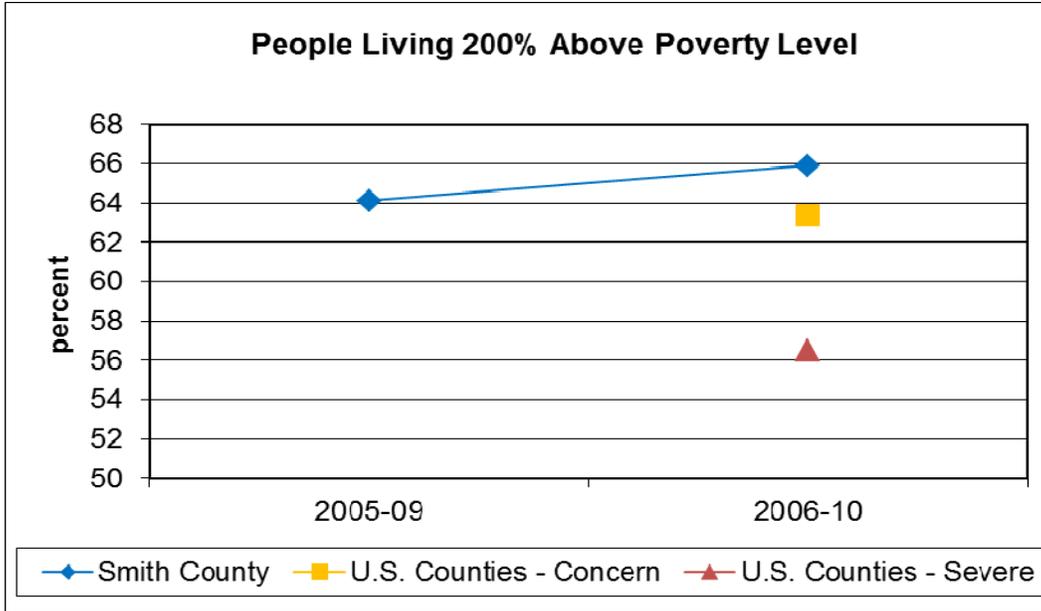
**Measurement Period:** 2006-2010

**Location:** County : Smith

**Comparison:** U.S. Counties

**Categories:** Economy/Poverty

# Smith County Rural Health Works



## What is this Indicator?

This indicator shows the percentage of residents living 200% above the federal poverty level in the community.

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

Technical Note: The distribution is based on data from 3,143 U.S. counties and county equivalents.

Source: American Community Survey

URL of Source: <http://www.census.gov/acs/www/>

URL of Data: <http://factfinder2.census.gov/>

## People Living Below Poverty Level

**Value:** 12 Percent

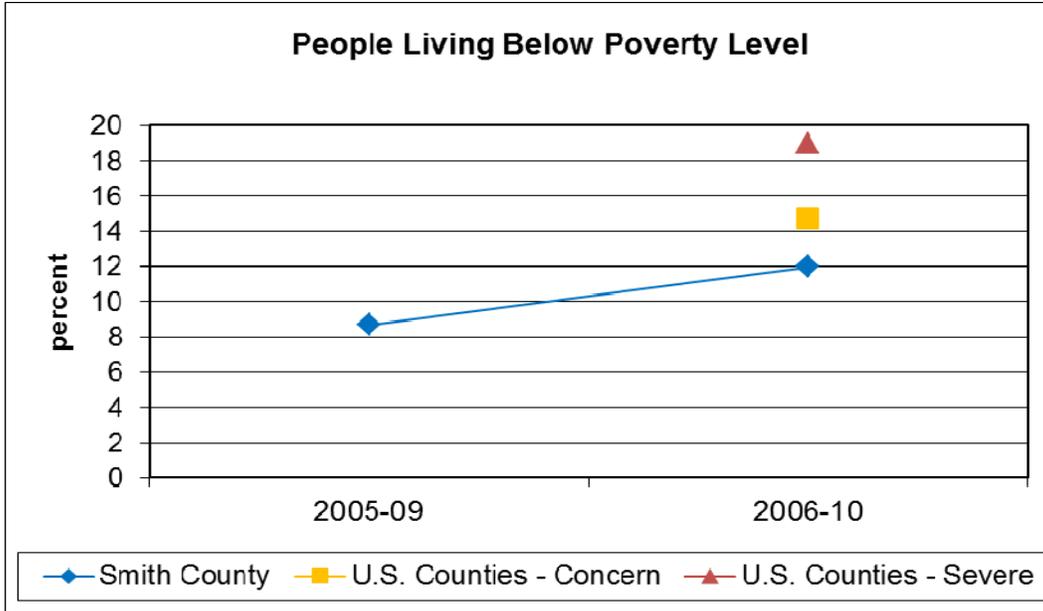
**Measurement Period:** 2006-2010

**Location:** County : Smith

**Comparison:** U.S. Counties

**Categories:** Economy/Poverty

# Smith County Rural Health Works



## 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 Percent

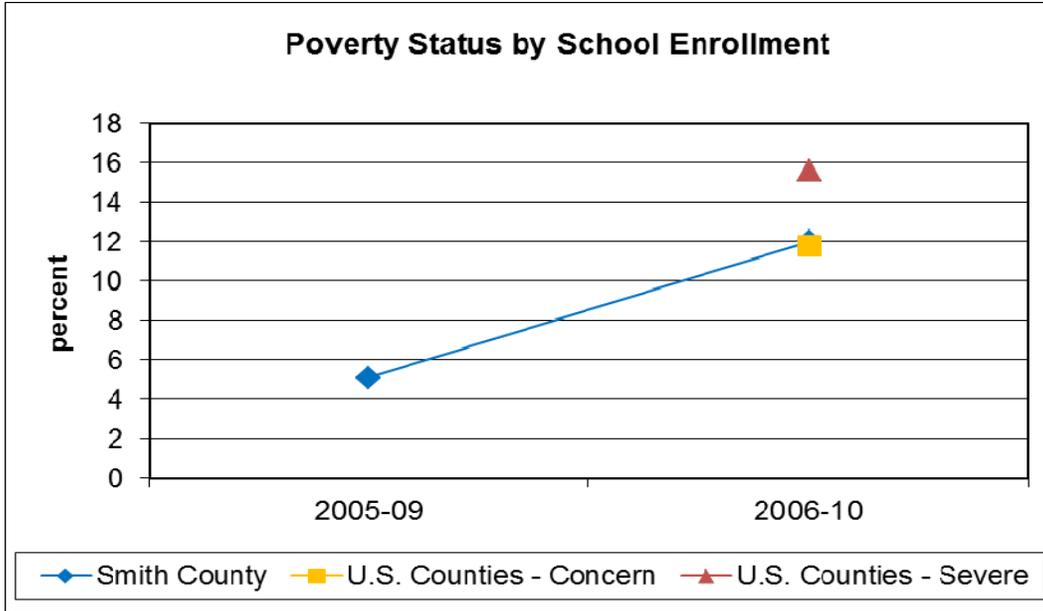
**Measurement Period:** 2006-2010

**Location:** County : Smith

**Comparison:** KS State Value

**Categories:** Economy/Poverty

# Smith County Rural Health Works



## 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:** 29.4 Percent

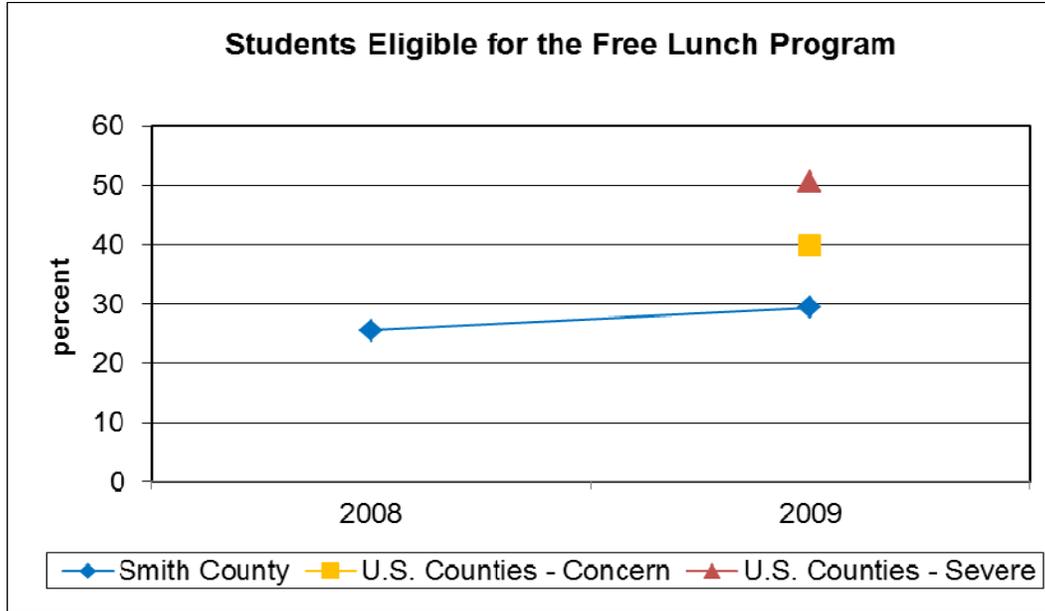
**Measurement Period:** 2009

**Location:** County : Smith

**Comparison:** U.S. Counties

**Categories:** Economy/Poverty

## Smith 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

URL of Source: <http://www.ers.usda.gov/FoodAtlas/>

URL of Data: <http://www.ers.usda.gov/FoodAtlas/downloadData.htm>

### Uninsured Adult Population Rate

**Value:** 19.0 percent

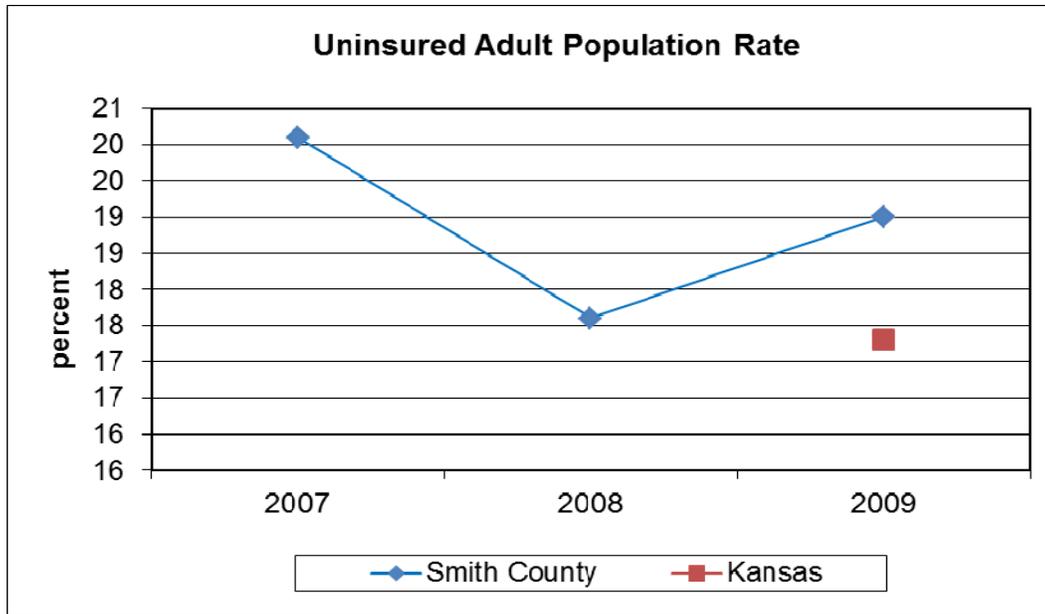
**Measurement Period:** 2009

**Location:** County : Smith

**Comparison:** KS State Value

**Categories:** Economy/Poverty

# Smith County Rural Health Works



## 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%.

# Smith 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

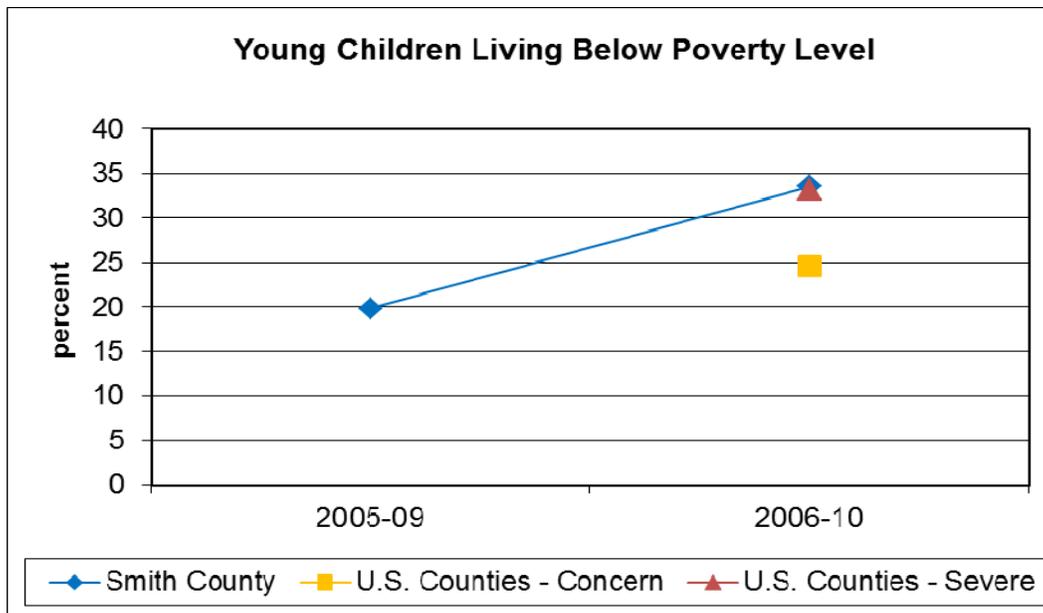
**Value:** 33.5 Percent

**Measurement Period:** 2006-2010

**Location:** County : Smith

**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.

# Smith County Rural Health Works

Source: American Community Survey

URL of Source: <http://www.census.gov/acs/www/>

URL of Data: <http://factfinder2.census.gov/>

# Smith County Rural Health Works

## Educational Attainment in Adult Population

### High School Graduation

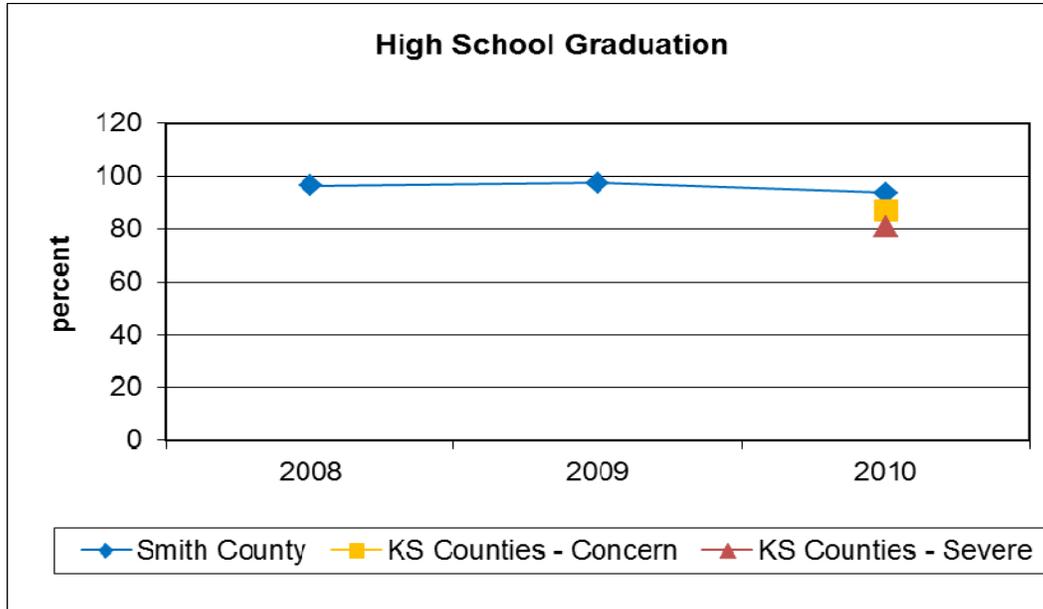
**Value:** 93.6 Percent

**Measurement Period:** 2010

**Location:** County : Smith

**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/>

URL of Data:

<http://datacenter.kidscount.org/data/bystate/Rankings.aspx?state=KS&loct=5&by=a&order=a&ind=1274&dtm=2755&tf=133>

### People 25+ with a High School Degree or Higher

# Smith County Rural Health Works

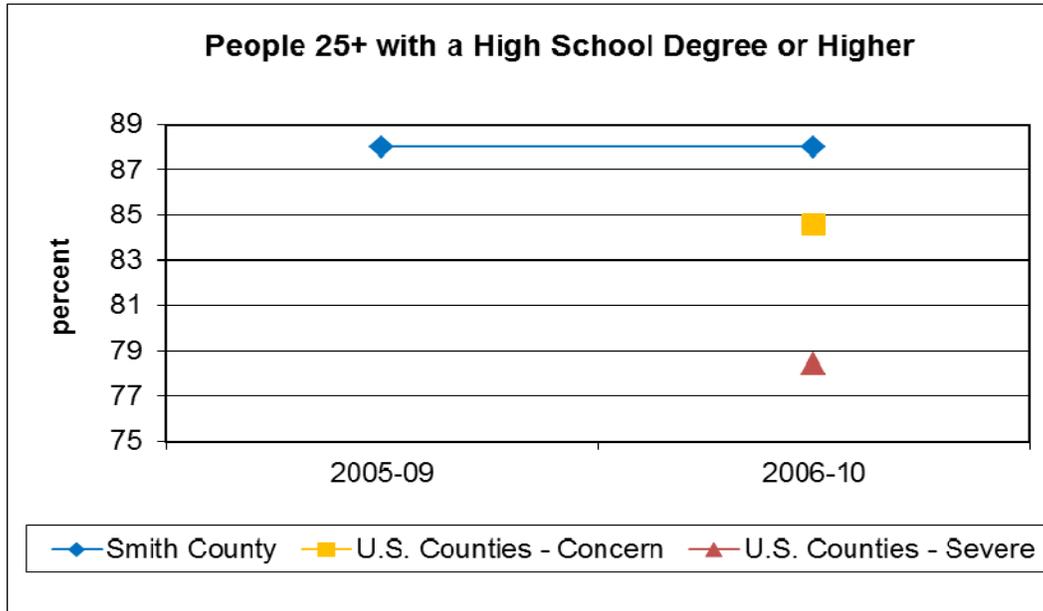
**Value:** 88 Percent

**Measurement Period:** 2006-2010

**Location:** County : Smith

**Comparison:** U.S. Counties

**Categories:** Education/Educational Attainment in Adult Population



## What is this Indicator?

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

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

Technical Note: The distribution is based on data from 3,143 U.S. counties and county equivalents.

Source: American Community Survey

URL of Source: <http://www.census.gov/acs/www/>

URL of Data: <http://factfinder2.census.gov/>

# Smith County Rural Health Works

## Higher Education

### People 25+ with a Bachelor's Degree or Higher

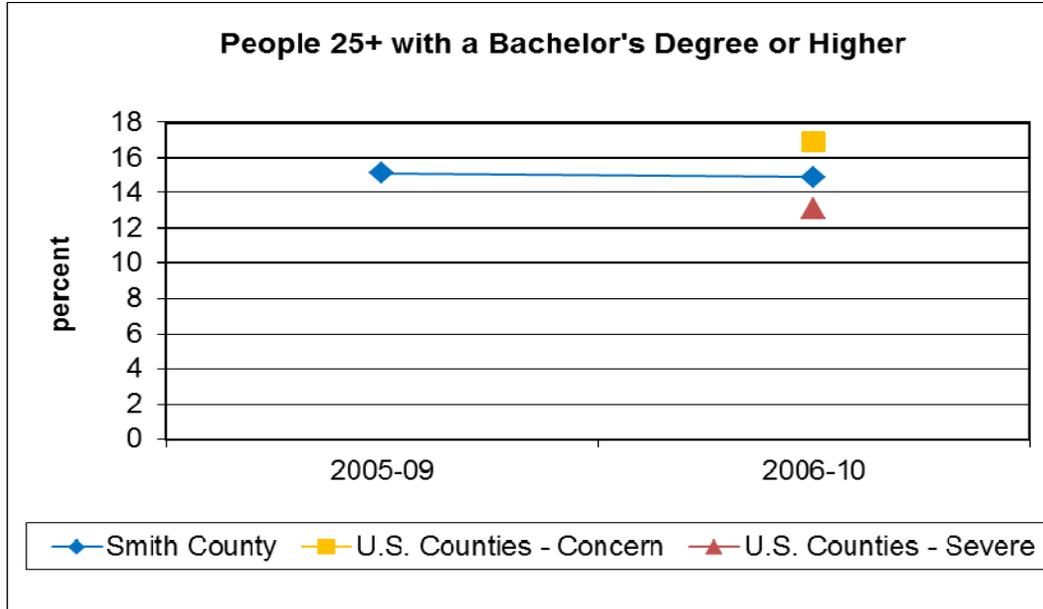
**Value:** 14.9 Percent

**Measurement Period:** 2006-2010

**Location:** County : Smith

**Comparison:** U.S. Counties

**Categories:** Education/Higher Education



#### What is this Indicator?

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

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

Technical Note: The distribution is based on data from 3,143 U.S. counties and county equivalents.

Source: American Community Survey

URL of Source: <http://www.census.gov/acs/www/>

URL of Data: <http://factfinder2.census.gov/>

# Smith County Rural Health Works

## School Environment

### Student-to-Teacher Ratio

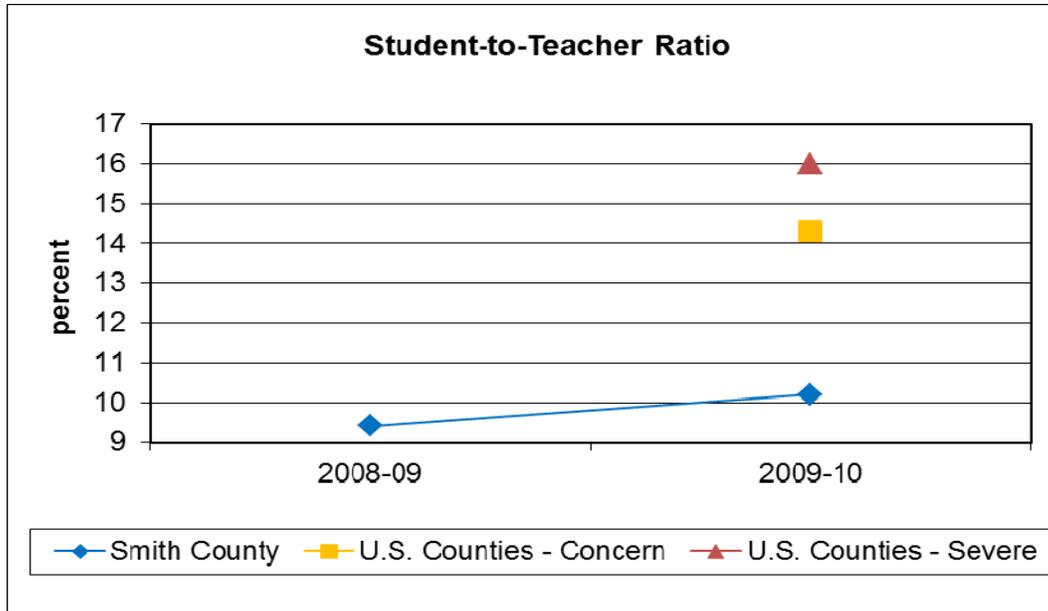
**Value:** 10.2 students/teacher

**Measurement Period:** 2009-2010

**Location:** County : Smith

**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/>

# Smith County Rural Health Works

## Built Environment

### Farmers Market Density

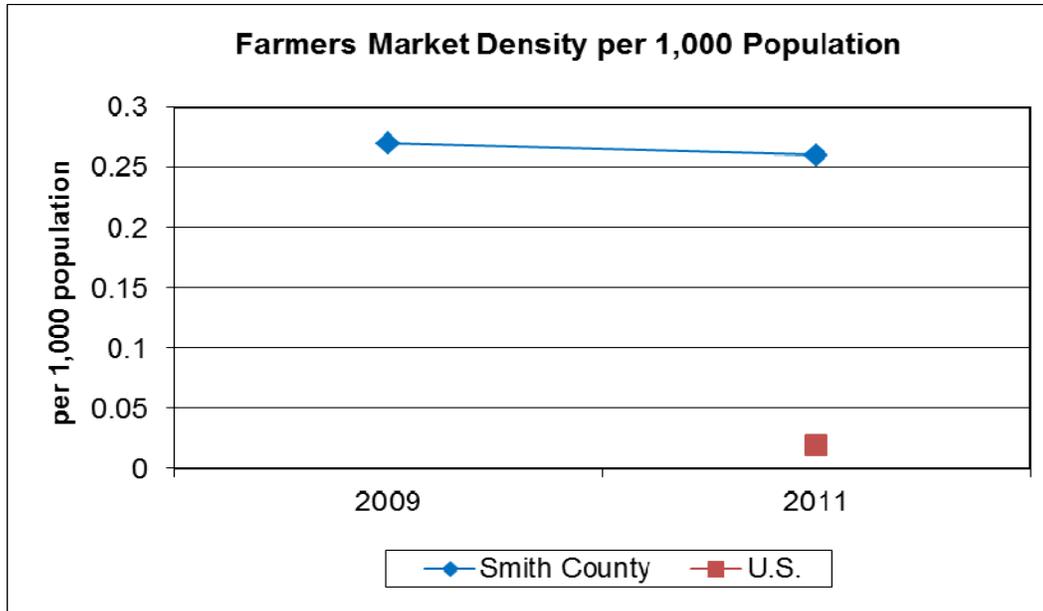
**Value:** 0.26 markets/1,000 population

**Measurement Period:** 2011

**Location:** County : Smith

**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

URL of Source: <http://www.ers.usda.gov/FoodAtlas/>

URL of Data: <http://www.ers.usda.gov/FoodAtlas/downloadData.htm>

### Fast Food Restaurant Density

**Value:** 0.27 restaurants/1,000 population

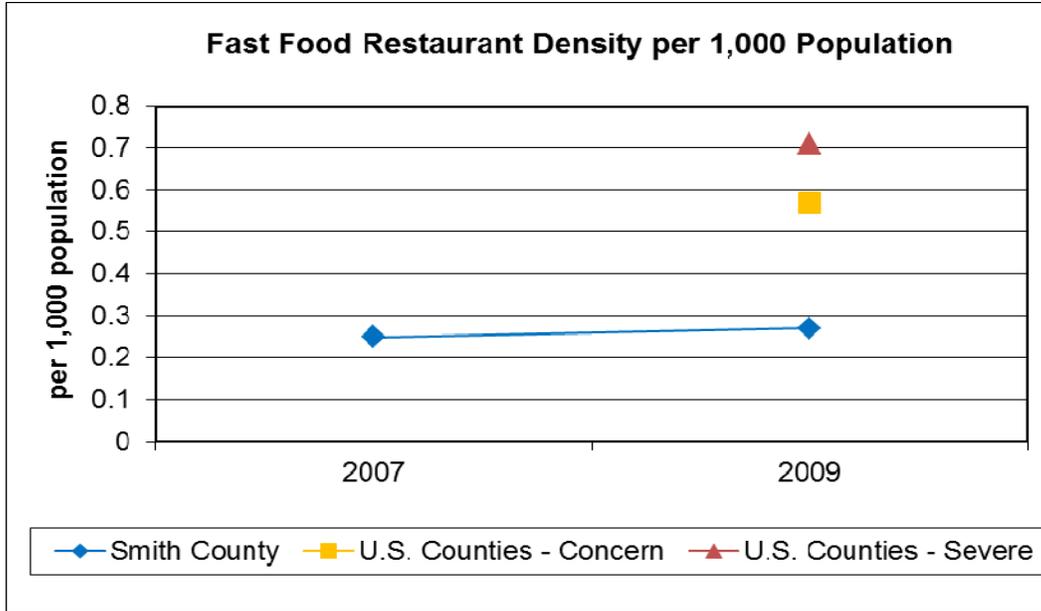
# Smith County Rural Health Works

**Measurement Period:** 2009

**Location:** County : Smith

**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

URL of Source: <http://www.ers.usda.gov/FoodAtlas/>

URL of Data: <http://www.ers.usda.gov/FoodAtlas/downloadData.htm>

## Grocery Store Density

**Value:** 0.8 stores/1,000 population

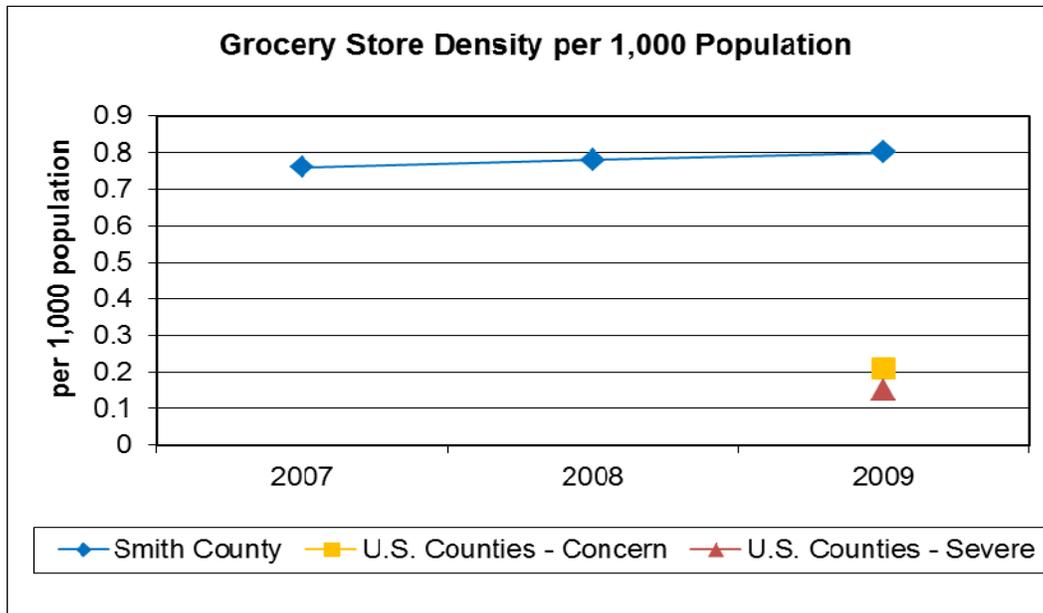
**Measurement Period:** 2009

**Location:** County : Smith

**Comparison:** U.S. Counties

**Categories:** Environment/Build Environment

# Smith County Rural Health Works



## 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

URL of Source: <http://www.ers.usda.gov/FoodAtlas/>

URL of Data: <http://www.ers.usda.gov/FoodAtlas/downloadData.htm>

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

**Value:** 3 Percent

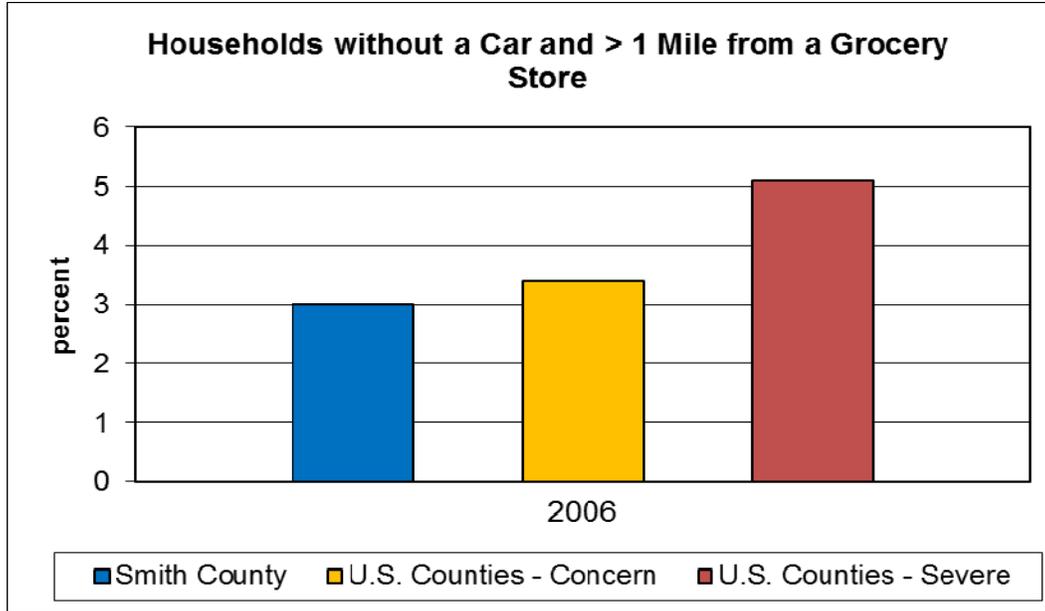
**Measurement Period:** 2006

**Location:** County : Smith

**Comparison:** U.S. Counties

**Categories:** Environment/Build Environment

# Smith County Rural Health Works



## 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

URL of Source: <http://www.ers.usda.gov/FoodAtlas/>

URL of Data: <http://www.ers.usda.gov/FoodAtlas/downloadData.htm>

## Liquor Store Density

**Value:** 51.9 stores/100,000 population

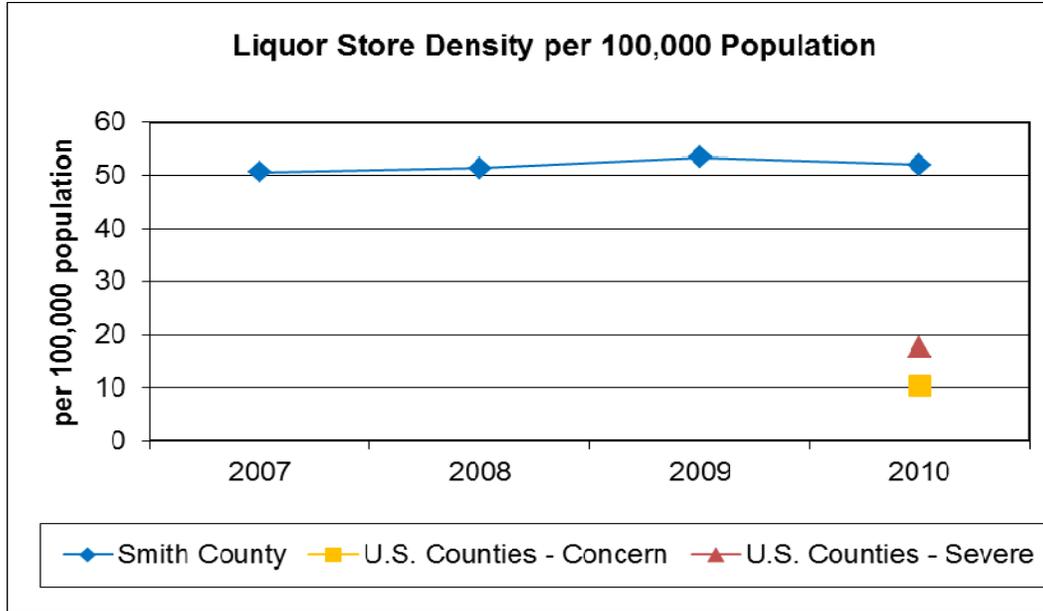
**Measurement Period:** 2010

**Location:** County : Smith

**Comparison:** U.S. Counties

**Categories:** Environment/Build Environment

## Smith County Rural Health Works



### What is this Indicator?

This indicator shows the number of liquor stores per 100,000 population. A liquor store is defined as a business that primarily sells packaged alcoholic beverages, such as beer, wine, and spirits.

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

Technical Note: The distribution is based on data from 2,378 U.S. counties and county equivalents. Population estimates are from the U.S. Census Bureau.

Source: U.S. Census - County Business Patterns

URL of Source: <http://www.census.gov/econ/cbp/index.html>

URL of Data: <http://factfinder2.census.gov/main.html>

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

**Value:** 18.2 Percent

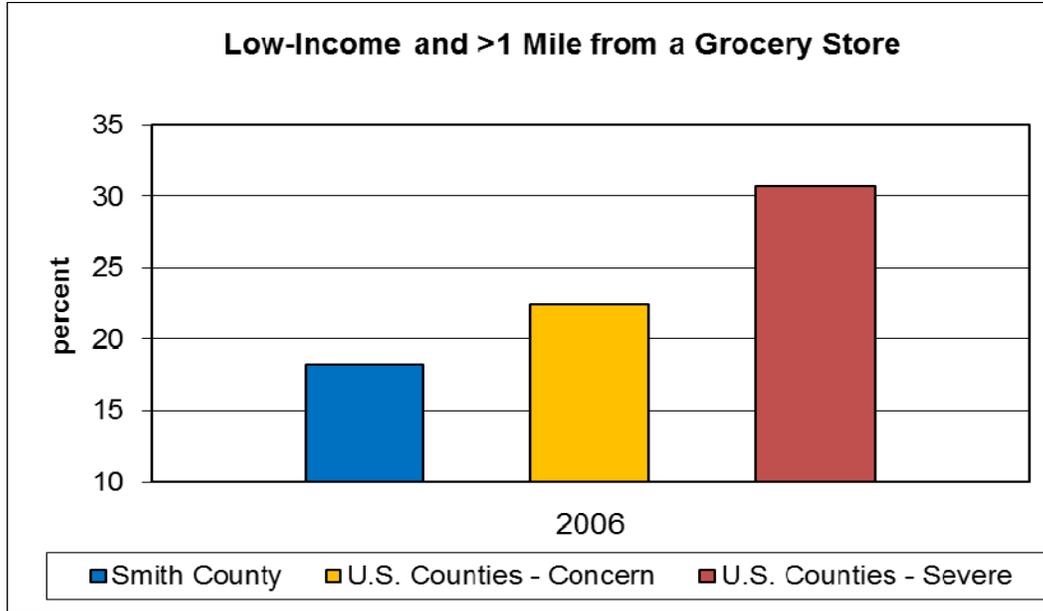
**Measurement Period:** 2006

**Location:** County : Smith

**Comparison:** U.S. Counties

**Categories:** Environment/Build Environment

# Smith County Rural Health Works



## 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 underserved 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

URL of Source: <http://www.ers.usda.gov/FoodAtlas/>

URL of Data: <http://www.ers.usda.gov/FoodAtlas/downloadData.htm>

## Recreation and Fitness Facilities

**Value:** 0 facilities/1,000 population

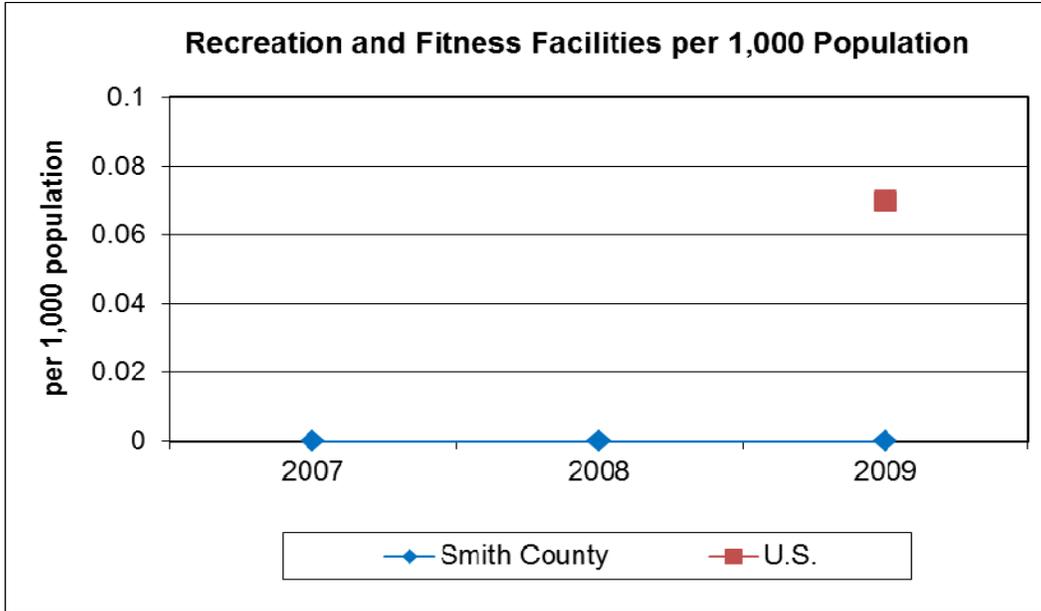
**Measurement Period:** 2009

**Location:** County : Smith

**Comparison:** U.S. Value

**Categories:** Environment/Build Environment

## Smith County Rural Health Works



### 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

URL of Source: <http://www.ers.usda.gov/FoodAtlas/>

URL of Data: <http://www.ers.usda.gov/FoodAtlas/downloadData.htm>

### SNAP Certified Stores

**Value:** 1.3 stores/1,000 facilities

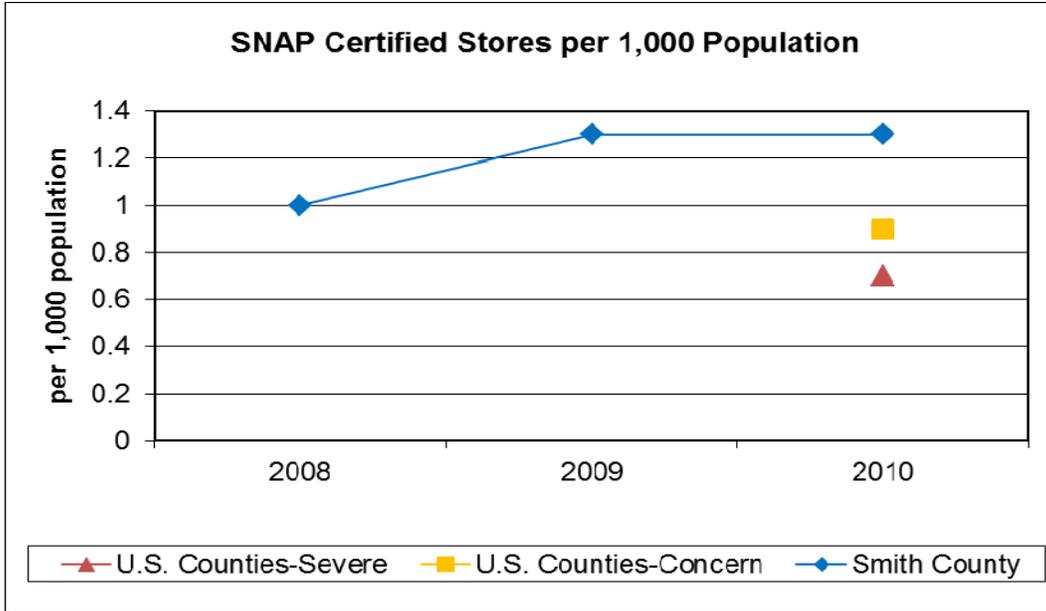
**Measurement Period:** 2010

**Location:** County : Smith

**Comparison:** U.S. Counties

**Categories:** Environment/Build Environment

# Smith 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

URL of Source: <http://www.ers.usda.gov/FoodAtlas/>

URL of Data: <http://www.ers.usda.gov/FoodAtlas/downloadData.htm>

# Smith County Rural Health Works

## Toxic Chemicals

### Increased Lead Risk in Housing Rate

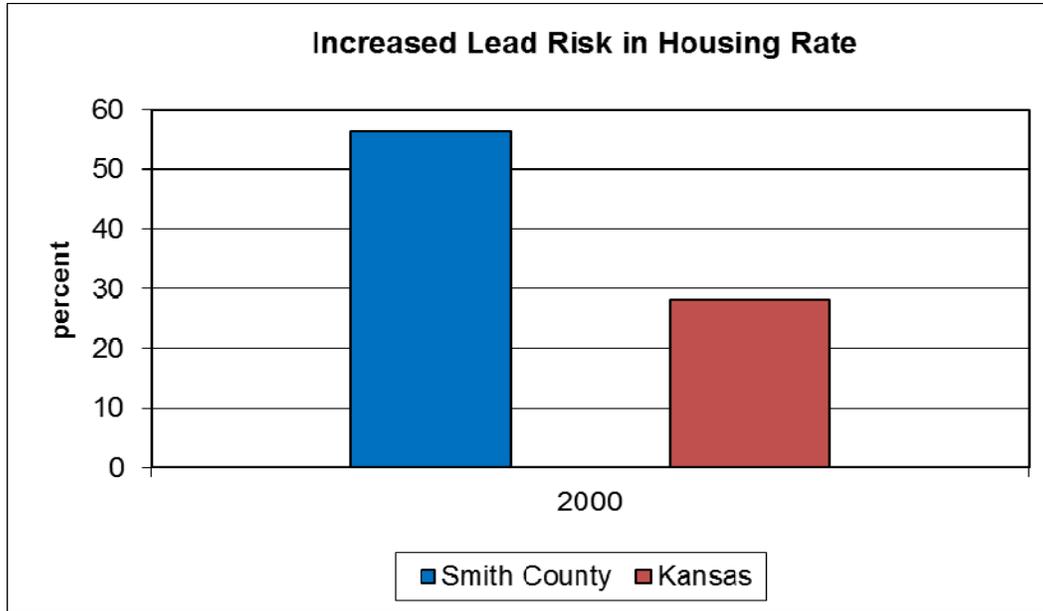
**Value:** 56.41 Percent

**Measurement Period:** 2000

**Location:** County : Smith

**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

## Smith County Rural Health Works

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>

# Smith County Rural Health Works

## Elections & Voting

### Voter Turnout

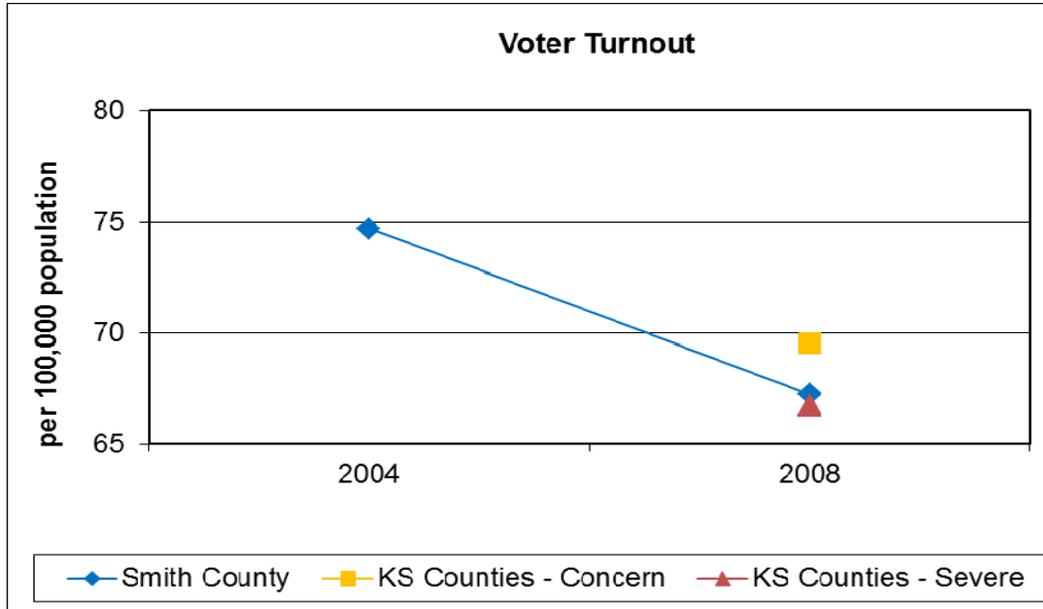
**Value:** 67.2 Percent

**Measurement Period:** 2008

**Location:** County : Smith

**Comparison:** KS Counties

**Categories:** Government & Politics/Elections & Voting



#### What is this Indicator?

This indicator shows the percentage of registered voters who voted in the previous presidential general election.

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

Technical Note: The distribution is based on data from 105 Kansas counties.

Source: Kansas Secretary of State

URL of Source: <http://www.kssos.org/>

URL of Data: [http://www.kssos.org/elections/elections\\_statistics.html](http://www.kssos.org/elections/elections_statistics.html)

# Smith County Rural Health Works

## Crime & Crime Prevention

### Rate of Violent Crime per 1,000 population

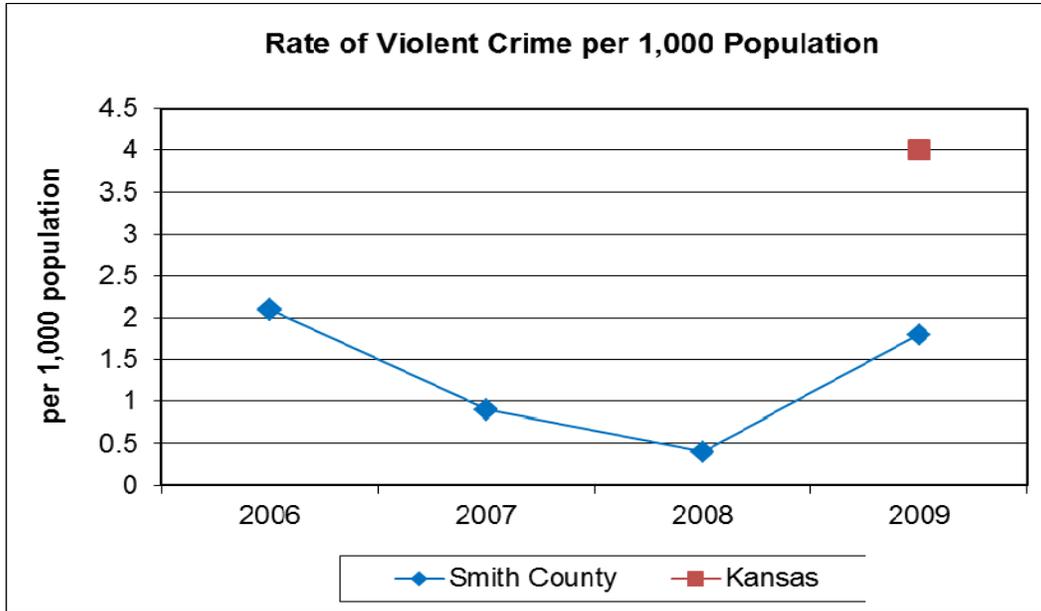
**Value:** 1.8 per 1,000 population

**Measurement Period:** 2009

**Location:** County : Smith

**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](http://www.accesskansas.org/kbi/stats/stats_crime.shtml)

# Smith County Rural Health Works

## Demographics

### Ratio of Children to Adults

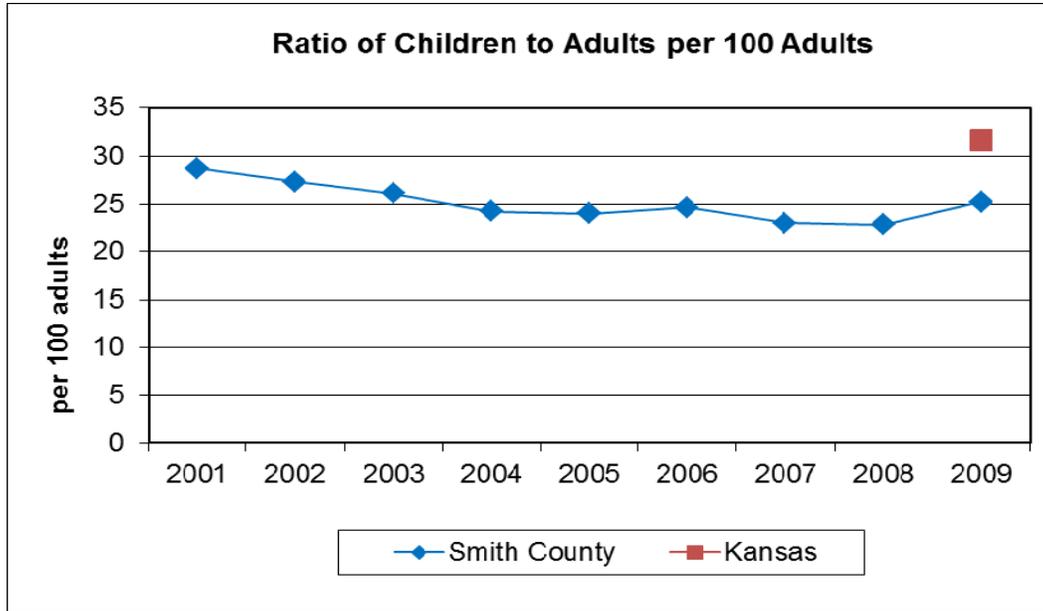
**Value:** 25.2 children per 100 adults

**Measurement Period:** 2009

**Location:** County : Smith

**Comparison:** KS State Value

**Categories:** Social Environment/Demographics



#### What is this Indicator?

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

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

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

Source: U.S. Census Bureau

URL of Source: <http://www.census.gov/>

URL of Data: <http://2010.census.gov/2010census/data/>

### Ratio of Elderly Persons and Children to Adults

**Value:** 71.6 elderly & children per 100 adults

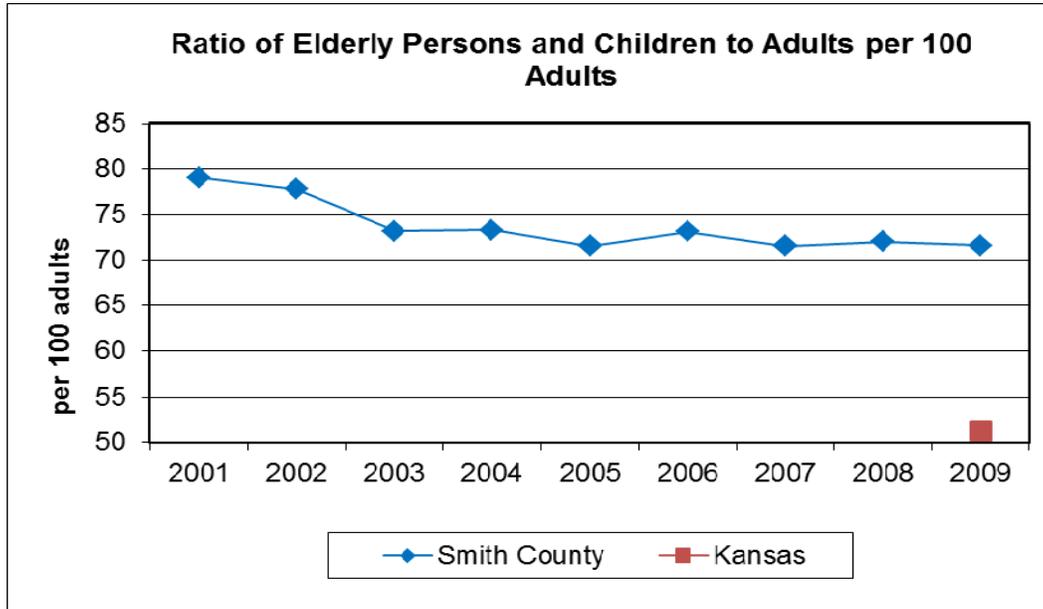
**Measurement Period:** 2009

# Smith County Rural Health Works

**Location:** County : Smith

**Comparison:** KS State Value

**Categories:** Social Environment/Demographics



## What is this Indicator?

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

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

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

Source: U.S. Census Bureau

URL of Source: <http://www.census.gov/>

URL of Data: <http://2010.census.gov/2010census/data/>

## Ratio of Elderly Persons to Adults

**Value:** 46.4 elderly per 100 adults

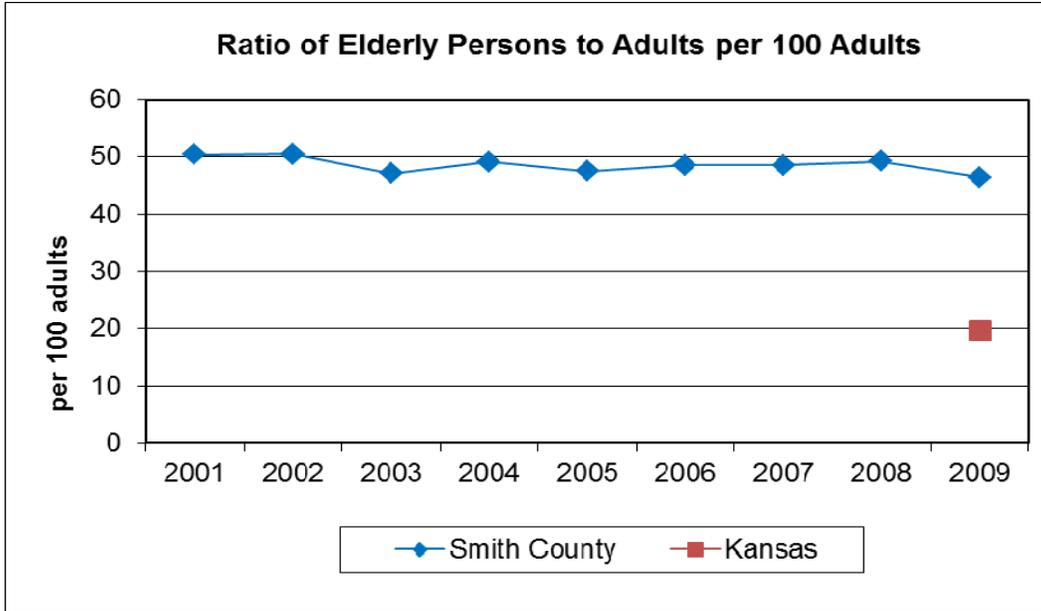
**Measurement Period:** 2009

**Location:** County : Smith

**Comparison:** KS State Value

**Categories:** Social Environment/Demographics

## Smith County Rural Health Works



### 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/>

# Smith County Rural Health Works

## Neighborhood/Community Attachment

### People 65+ Living Alone

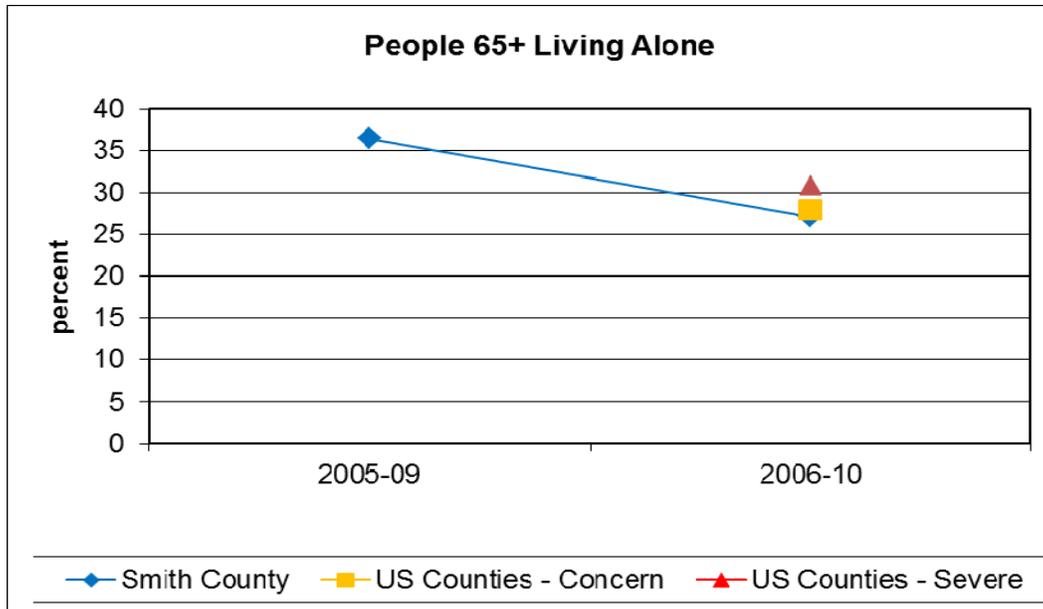
**Value:** 27.1 Percent

**Measurement Period:** 2006-2010

**Location:** County : Smith

**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/>

URL of Data: <http://factfinder2.census.gov/>

# Smith County Rural Health Works

## Commute to Work

### Mean Travel Time to Work

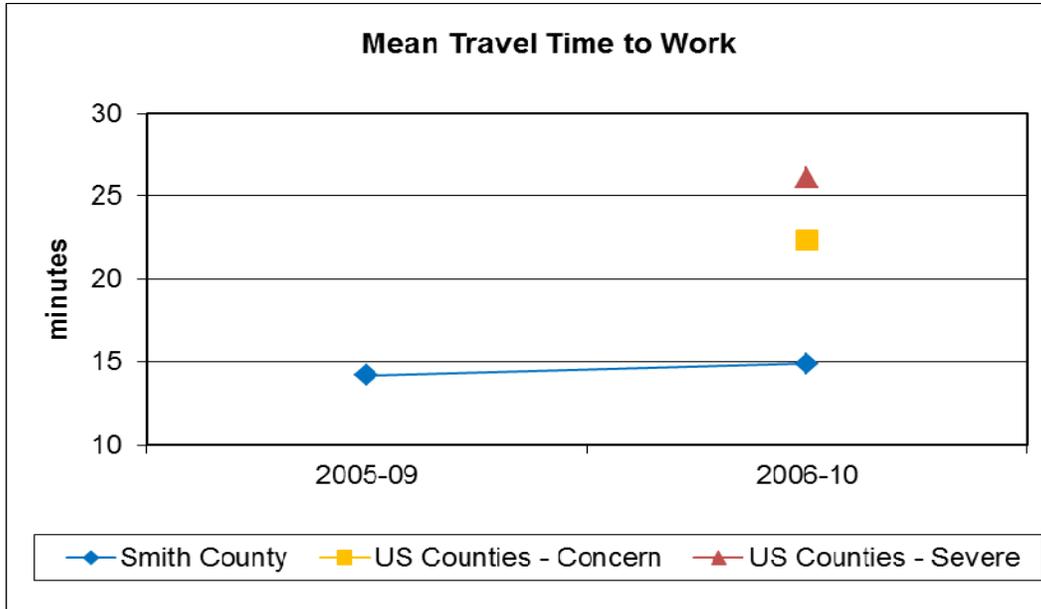
**Value:** 14.9 Minutes

**Measurement Period:** 2006-2010

**Location:** County : Smith

**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:** 75 Percent

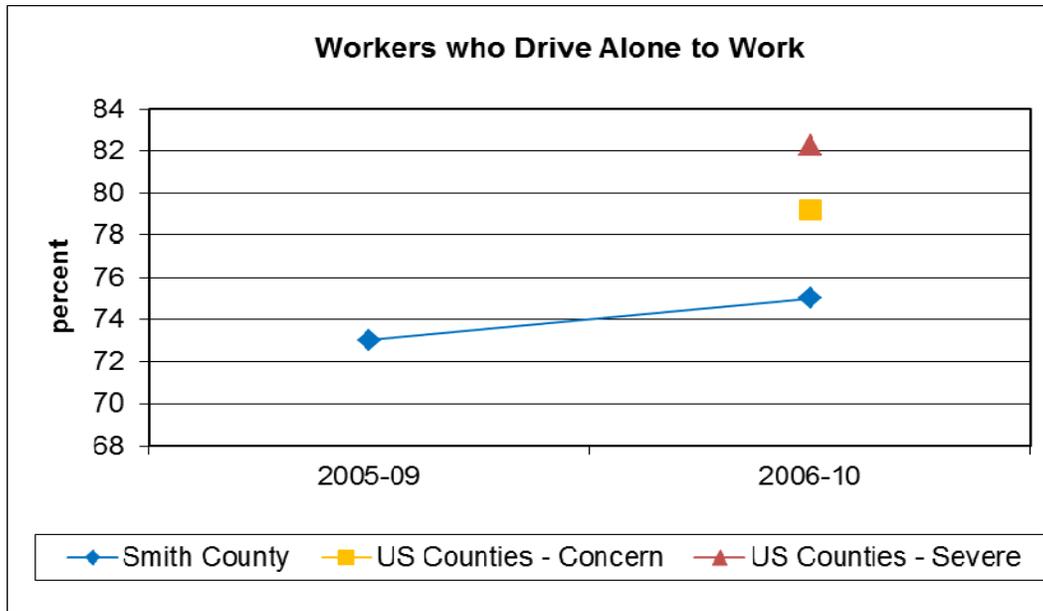
**Measurement Period:** 2006-2010

# Smith County Rural Health Works

**Location:** County : Smith

**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 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:** 6.7 Percent

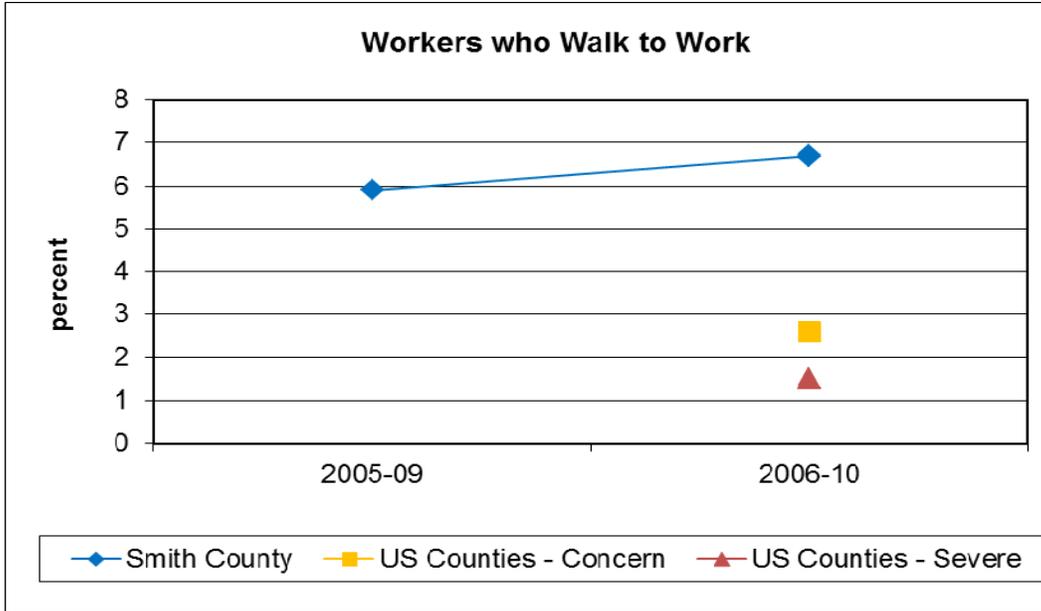
**Measurement Period:** 2006-2010

**Location:** County : Smith

**Comparison:** US Counties

**Categories:** Transportation/Commute to Work

# Smith County Rural Health Works



## 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/>

# Smith County Rural Health Works

## Personal Vehicle Travel

### Households without a Vehicle

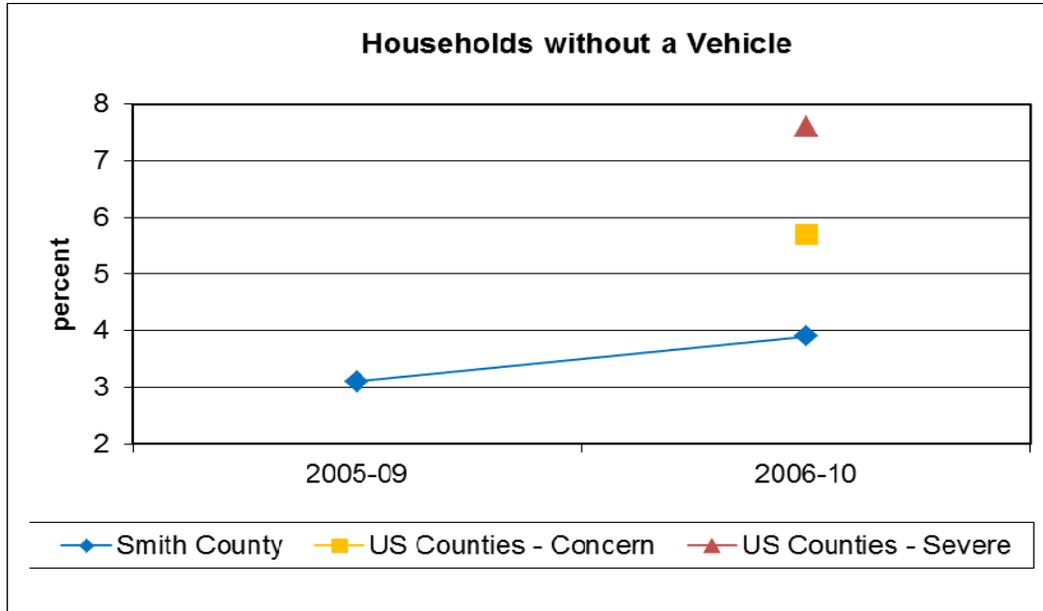
**Value:** 3.9 Percent

**Measurement Period:** 2006-2010

**Location:** County : Smith

**Comparison:** US Counties

**Categories:** Transportation/Commute to Work



#### What is this Indicator?

This indicator shows the percentage of households that do not have a vehicle.

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

Technical Note: The distribution is based on data from 3,143 U.S. counties and county equivalents.

Source: American Community Survey

URL of Source: <http://www.census.gov/acs/www/>

URL of Data: <http://factfinder2.census.gov/>

# Smith County Rural Health Works

## Public Transportation

### Workers Commuting by Public Transportation

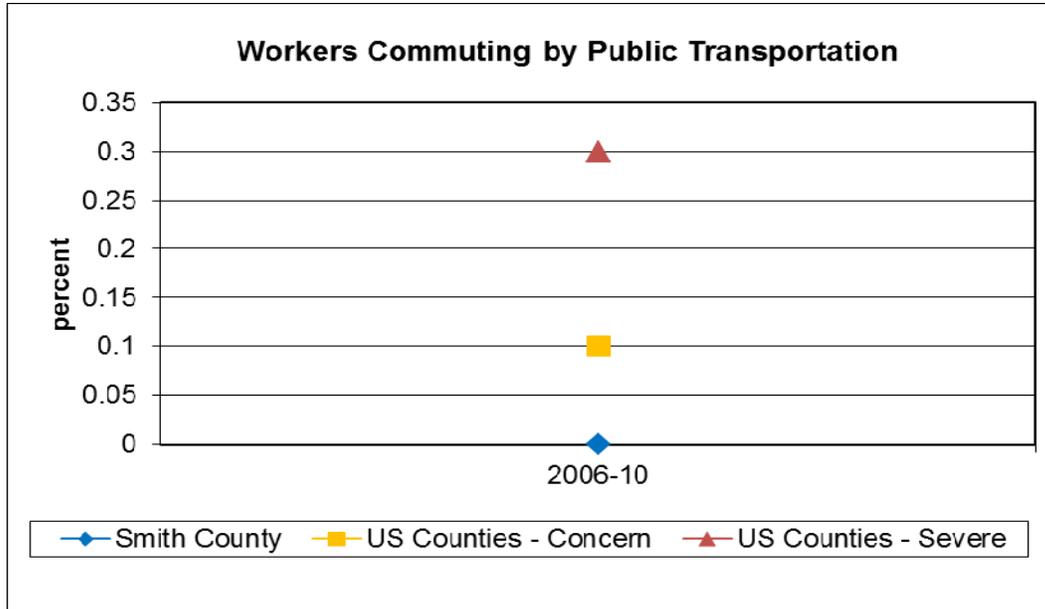
**Value:** 0 Percent

**Measurement Period:** 2006-2010

**Location:** County : Smith

**Comparison:** US Counties

**Categories:** Transportation/Public Transportation



#### What is this Indicator?

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

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

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

Technical Note: The distribution is based on data from 3,143 U.S. counties and county equivalents.

Source: American Community Survey

URL of Source: <http://www.census.gov/acs/www/>

URL of Data: <http://factfinder2.census.gov/>





## Smith County

# Community Survey Results

## Smith County Community Survey

### Survey Highlights

- 185 total responses
- Important to remember – non-representative
- 98% see a doctor; 93% use local provider
- 98% were satisfied/somewhat satisfied
- 73% used a hospital in the past 2 years; SCMHC captured 76%
- 88% had prior SCMHC experience; 96% were satisfied/somewhat satisfied
- Specialty care
  - Cardiologist – 22
  - Orthopedist – 14
  - Surgeon – 12
  - Neurologist – 9
  - OB/GYN – 8
  - Ear/Nose/Throat – 7
  - Urologist – 7
- 96% used Smith County Family Practice; 95% were satisfied/somewhat satisfied
- 53% used Smith County General Surgery; 94% were satisfied/somewhat satisfied
- 52% used County Health; 98% satisfied
- Comments suggest some unmet needs and challenges
  - Access to primary care physicians/long wait times
  - Lack of services/ specialty assistance
  - Facilities conditions
  - Sustainability/retention of health professionals
  - Customer service issues
  - Elder community-based services

**Smith County Community Survey  
Preliminary Results**

**1. Home Zip Code**

	Number	Percent
66932	3	1.5%
66951	19	9.4%
66952	14	6.9%
66967	152	74.9%
67474	2	1.0%
67628	4	2.0%
67638	2	1.0%
66941	1	0.5%
66956	1	0.5%
67420	1	0.5%
67437	1	0.5%
67621	3	1.5%
67473	2	1.0%
67430	1	0.5%
Sum	203	100.0%

**2. Family Doctor**

	Number	Percent
Yes	201	97.6%
No	5	2.4%
Don't Know	0	0.0%
Sum	206	100.0%

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

	Number
Community Health Center	2
Rural Health Clinic	1
Health Department	2
Specialist	1
Emergency Room/Hospital	0
None, don't see anyone	1
<u>Other:</u>	
Doctor I grew up with	1
I just moved here	1

#### **4. Family Doctor in Service Area**

	<b>Number</b>	<b>Percent</b>
Yes	194	94.6%
No	11	5.4%
Don't Know	0	0.0%
Sum	205	100.0%

#### **5. Satisfaction with Quality of Care**

	<b>Number</b>	<b>Percent</b>
Satisfied	166	86.0%
Somewhat Satisfied	22	11.4%
Somewhat Dissatisfied	4	2.1%
Dissatisfied	1	0.5%
Sum	193	100.0%

#### **6. Why were you satisfied/unsatisfied?**

Satisfied Responses:

1. All elements were very good quality – Office, records, nursing, labs, doctors
2. Convenient, good service/care
3. Knowledgeable, professional, compassionate doctor and others in clinic
4. Friendly, knowledgeable staff
5. Very responsive to my needs
6. Problem diagnosed, treated, subsided. Quick care, worked with my schedule
7. Took care of problem
8. Caring providers
9. They have done a great job.
10. Nurse practitioner knows me.
11. Listens to me – Help me fix the medical need
12. Personal attention, professional and knowledgeable service
13. Quality of care, convenience
14. Thorough, person-centered care
15. They did a good job
16. Received necessary care
17. Easy check in for outpatient appointment
18. Taken good care of problem
19. Issue solved
20. We have real good doctors and nurses
21. Took care of what was needed
22. Had a caring attitude
23. I have always received great care at SCM
24. Service was good, timely, and positive & friendly
25. They met our needs
26. Needs taken care of

27. Convenience
28. They listened and used their knowledge and abilities to help
29. I received very good care
30. I felt they listened to my concerns
31. I think our doctors do a good job
32. We have great doctors!
33. \_\_\_\_\_ is such an asset to our medical services
34. Things were okay
35. Personal service
36. Very accommodating, very helpful and informative and understanding
37. Personable, knowledgeable, good facility
38. Very pleasant and treatment healed
39. Needs were met
40. The problems were addressed and treated
41. Smith County has excellent doctors and med staff for a small hospital
42. Takes too long to see a doctor
43. Both routine and emergency services were handled efficiently
44. Personal attention
45. Like the early morning walk-in service
46. Problem was solved
47. We get excellent care. Are always able to get our health issues solved
48. General care seemed relatively timely and visit was very pleasant
49. Great local care
50. Excellent patient assistance
51. She answered all my questions and was very thorough
52. Caring healthcare workers right here in town
53. I like my doctor
54. They cared for concerns and problems
55. Explained what needed to be done and did it in timely manner. Referred us to specialist when needed
56. Yes, routine check up
57. I was taken care of
58. Always treated well
59. Good service, very knowledgeable
60. They took a personal interest
61. Answered all questions and solved the problem
62. Took care of problem
63. Fixed my ailment
64. You have to wait so long for your appointment
65. Good care
66. Feel good about the treatment and results
67. Can call and get in fairly easy and personable care
68. Excellent bedside manner and caring personnel
69. Doctors are knowledgeable and a patient care oriented ARNP

70. Good, competent care
71. Felt the physician took the time to get the whole picture and took into account patient wishes
72. They listen and try to the best of their abilities to help me
73. I trust his knowledge and that he does what is best
74. They seemed very caring
75. I am comfortable with the health care I receive
76. Very personable and knowledgeable
77. Good care and efficient
78. Personal attention from all staff
79. We have great doctors, nurses, etc
80. Excellent care
81. Great professionals and facilities
82. Feel like I get good care
83. They try to see you in as fast as they can-very professional
84. Everyone knowledgeable and helpful
85. Quickcare is a great service-able to see a doctor without losing a lot of work time
86. All staff was personable and friendly. They treated me as appropriate
87. My problem solved by correct diagnosis
88. Skilled and knowledgeable, board certified medical providers
89. Addressed the issues, paid attention
90. Excellent care
91. We are just overall very satisfied with our doctors in Smith Center
92. Answered my questions-listened to my concerns. Recommend additional services when necessary
93. Professional service and care
94. Professionalism of doctors
95. Helpful and caring (love Quickcare Services)
96. Quick response to our needs-very thorough
97. Doctor took care of all my questions and concerns and set up test that I needed.  
They were set up by nurse who was compassionate with my issues. Wonderful care
98. Very kind-good care
99. They took the time to listen and explain
100. Very professional and knowledgeable
101. They treat me real nice
102. Diagnosed problem and treated with medication
103. There is always someone on call with the Smith County Medical Group
104. Referred me on when necessary-explained my case satisfactory
105. The doctor is very thorough and does not hurry on your appointment
106. Very competent doctors and staff
107. Thoroughness when considering treatment of diagnosis
108. He listened to my needs
109. They provide quality care and service
110. Quality care

111. My help was very good and professional
112. Good care, heard back quickly on results
113. I think we have the best physicians and APRN in the area
114. Great follow-up with husbands test results
115. Very thorough and did not feel rushed
116. The wait to get into appointment
117. Very informative visit
118. Sometimes we just have questions and we leave generally satisfied.
119. Good care
120. Very knowledgeable and caring
121. Prompt and knowledgeable
122. They answered questions and if they weren't sure of an answer, they found out from somewhere else.
123. They did their jobs.
124. The problem was taken care of.
125. It's in a local area.
126. I got in and got out.

Dissatisfied Responses:

1. Misdiagnosis x2
2. Told them I had a problem with thyroid said already on meds don't do that test your just fat. Went to Holdge they tested, caged and fixed it. They won't listen, don't care
3. Feel like it is not usually the correct diagnosis that is always solved (on their end) with the same treatment
4. Some things they know, some they don't. Takes few trips to figure out what's wrong
5. They don't take time to really talk and see what's wrong
6. Some of the doctors don't talk very much
7. Husband goes months without meds
8. It's hard to get an appointment to see a doctor.
9. I was dissatisfied with the length of time it took.

Neutral Responses:

1. Satisfied with general care but doctors were slow to admit the specialists that were needed. Satisfied with hospital care but hospital is outdated.
2. Very caring, but poor follow up
3. Listened to problem but unhappy with treatment
4. Somewhat satisfied (If I don't agree with the 1<sup>st</sup> diagnosis then I ask another doctor in the clinic)

### **7. Used Services of a Hospital in Past 24 Months**

	<b>Number</b>	<b>Percent</b>
Yes	150	73.2%
No	55	26.8%
Don't Know	0	0.0%
Sum	205	100.0%

<b>8. Hospitals Services Received</b>	<b>Location</b>	<b>Number</b>
Smith County Memorial Hospital	Smith Center	144
Beloit Hospital	Beloit	1
Hays Medical Center	Hays	4
Hutchinson Hospital	Hutchinson	1
Children's Mercy Hospital	Kansas City	1
KU Medical Center	Kansas City	1
Mercy Regional Hospital	Manhattan	2
Osborne Memorial Hospital	Osborne	1
Phillips County Hospital	Phillipsburg	2
Rooks County Health Center	Plainville	1
Salina Regional Hospital	Salina	9
Salina Surgical Center	Salina	1
St. Francis Hospital	Topeka	1
Kansas Kids Heart Center	Wichita	1
St. Joe	Wichita	1
Via Christi	Wichita	1
Children's Hospital	Denver, CO	1
Hastings Ambulatory Care Center	Hastings, NE	1
Mary Lanning	Hastings, NE	5
Good Samaritan	Kearney, NE	9
New West Sports Medicine	Kearney, NE	1

### **9. Used Services of Smith County Memorial Hospital**

	<b>Number</b>	<b>Percent</b>
Yes	129	89.0%
No	14	9.7%
Don't Know	2	1.4%
Sum	145	100.0%

**10. Most Recent Service Obtained at SCMH**

	Number	Percent
Inpatient	48	20.3%
Outpatient	150	63.3%
Emergency	39	16.5%
Sum	237	100.0%

**11. Satisfaction with Last SCMH Experience**

	Number	Percent
Satisfied	156	82.1%
Somewhat Satisfied	25	13.2%
Somewhat Dissatisfied	7	3.7%
Dissatisfied	2	1.1%
Sum	190	100.0%

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

Satisfied Responses:

1. Prompt, courteous and professional – one experience was on a Sunday
2. Fast, friendly service
3. Very professional and thorough
4. Quick assessment
5. Needs were met
6. Caring staff
7. They did the right things.
8. Good care
9. Got me in a timely manner, did the mammogram and blood test ; sent me results
10. Professional service, personal attention
11. Quality of care
12. Good care
13. Received necessary care without going out of county
14. Excellent outpatient care and lab
15. Taken care of problem
16. Issue solved/care was ok by aides
17. Good care and friendly
18. Didn't have to travel somewhere else
19. Did what expected
20. Caring attitude
21. They met our needs
22. Needs met
23. The doctor ran tests needed to help us determine what was wrong
24. Very prompt friendly service
25. I like our hospital-glad to have it
26. Good blood work experience

27. Prompt and courteous
28. Personal service
29. Accommodating, helpful, informative, patient and understanding
30. We received overall good care from doctor and nursing staff
31. Very little wait. Treatment received in kind manner. Thankful for hospital in the area
32. Needs were met
33. Great care and med staff
34. Personal attention
35. Good services
36. They saw a need to transfer the patient for further testing
37. Good "elder" care
38. Problem was solved
39. It was quick to get paperwork done and lab worker was friendly
40. Were able to take care of our health issues
41. Great nursing staff
42. Patient care was excellent
43. Very kind and courteous
44. Excellent care in our hometown
45. They were very professional
46. Friendly staff
47. The people were good to me that works there
48. All staff was nice and did their job very well
49. Excellent care, answered all questions
50. Was treated for injury then sent on
51. Taken care of
52. Good service, courteous
53. Good work
54. Took good care of us
55. Everything was fine
56. Nurses were kind and helpful
57. Best of care
58. Got procedure done right here without going out of town and profession medical service is great
59. Excellent care
60. Were treated well with friendly service but qualified and knowledgeable personnel
61. They take good care of you
62. My procedure was done very professionally and thoroughly
63. I thought some of the workers treated me as I was a problem in their day
64. The doctor that was working in the ER that night was very good with my son
65. X-ray dept was great
66. Lab personnel do a very good job
67. Very professional
68. Efficient
69. Quick attention and professional care

70. Efficient, thorough care
71. On time, welcoming, and professional
72. Got good care
73. Very professional-helpful
74. Very good nurses and doctors
75. Quickness of care
76. Good care, proper treatment, friendly staff
77. Well taken care of
78. Efficient service, professional
79. Wonderful care
80. We were extremely satisfied with the emergency care of our daughter received at Smith County, prior to being transferred to Mary Lanning. The nursing care was excellent
81. Competent staff and communication with doctor
82. Professional service and care
83. Caring, helpful, correct diagnosis
84. Excellent care
85. Excellent facility and staff
86. Quick registration, wonderful works. Lab personnel friendly and no problem with getting the specimens
87. Prompt, kind care
88. Ran smooth
89. Very professional
90. They were all friendly
91. Very nice lab people; x-ray techs friendly and knowledgeable
92. Service was quick and considerate
93. Caring, gentle, procedure explained well
94. The care was very good. Response to call button was immediate
95. Very efficient and knowledgeable
96. Thoroughness and caring staff of care
97. Went well
98. They provide quality care and service
99. Good service, quality care
100. Help was very good and treatment cured problem
101. Good care
102. You get quality, caring service
103. Prompt attention
104. Everything was done in a timely fashion and professional
105. I got the care I needed in a reasonable amount of time.
106. I was able to do all my appointment the same day.
107. It's quality help.
108. There were no problems or issues.
109. There was limited waiting time. They cared why I was there.
110. I slept for days.

111. Professional
112. The problem was addressed.
113. It's local.

Dissatisfied Responses:

1. Did not seem to know what was going on-asked for transfer
2. Level of care, friendly atmosphere is less than Good Samaritan
3. Had to ring call light to get family member repositioned all the time
4. Surgical wound became infected during hospital stay. Some of the nursing staff was rude/not professional, but some were amazing
5. No epidural available
6. The lab tech had to poke me 4 times before they got the blood that they needed
7. RN-rude
8. Don't even know what a sitz bath is. Told them arm was hurting, wouldn't look next morning needle was under skin not in vein-arm swelled huge and all pain meds did no good
9. No choice
10. My only problem was confusion with the bill
11. Nursing sleep problems- being awoken at 3 PM to be weigh
12. Need updating building and equipment
13. IV was a mess
14. Wish more rehab services were available in SC. Wish more continuum of care was available
15. I was dissatisfied with the service from the nurse.
16. The doctor left and didn't finish the rest of the evaluation of illness. He had the nurse do it.
17. Many reverse isolation things were not done properly.
18. I am still in pain due to their actions.

Neutral Responses:

1. Not all the elements were of equal quality/expertise. Some staff members were much weaker than others. Some were excellent.
2. Care seemed on par with services elsewhere-maybe lacking specialists, but that's to be expected in smaller towns
3. Competence of medical staff and nursing staff; dissatisfied with outdated and facilities

**13. Past 24 mo, Type of Medical Specialists Services and Where**

<b>Type Specialist</b>	<b>City</b>	<b>Count</b>
Allergist	Hastings, NE	1
Allergist	Wichita	1
Anesthesiologist	Salina	1
APRN	Smith Center	1
Arthritis	Hutchinson	1
Arthritis	Kearney, NE	4
Audiologist	Hastings, NE	1
Blood Lab	Smith Center	1
Cardiologist	Hays	4
Cardiologist	Kearney, NE	8
Cardiologist	Phillipsburg	1
Cardiologist	Smith Center	9
Cardiologist	Wichita	2
Clinic	Phillipsburg	1
Dentist	Smith Center	1
Dermatologist	Hays	1
Dermatologist	Kansas City	1
Dermatologist	Kearney, NE	3
Diabetes	Hastings, NE	1
Doctor	Iola, KS	1
EENT	Kearney, NE	1
EMT	Smith Center	1
Endocrinologist	Kansas City	1
ENT	Hastings, NE	3
ENT	Hutchinson	1
ENT	Kansas City	2
ENT	Manhattan	1
ENT	Salina	1
Gastroenterology	Salina	1
General Health Issues	Smith Center	1
Internal Medicine	Grand Island, NE	1
Internal Medicine	Kearney, NE	4
Internal Medicine	Smith Center	1
Mammogram	Smith Center	2
Mental Health	Phillipsburg	1

**13. Past 24 mo, Type of Medical Specialists Services and Where**

<b>Type Specialist</b>	<b>City</b>	<b>Count</b>
Nephrologist	Salina	1
Neurologist	Hastings, NE	1
Neurologist	Hays	2
Neurologist	Kansas City	1
Neurologist	Kearney, NE	3
Neurologist	Omaha, NE	1
Neurologist	Salina	1
Neurosurgeon	Kansas City	1
Neurosurgeon	Wichita	1
Nursing/Hospital Staff	Smith Center	1
OB/GYN	Hastings, NE	6
OB/GYN	Hays	1
OB/GYN	Kearney, NE	1
OB/GYN	Smith Center	1
Oncologist	Kearney, NE	1
Oncologist	Norton	1
Oncologist	Salina	1
Oncologist	Smith Center	2
Oncologist	Wichita	1
Ophthalmology	Hays	2
Ophthalmology	Kearney, NE	1
Ophthalmology	Smith Center	1
Optometrist	Hastings, NE	1
Optometrist	Hays	2
Optometrist	Kansas City	1
Optometrist	Topeka	1
Oral Surgeon	Hastings, NE	1
Oral Surgeon	Hays	1
Orthopaedic	Hays	1
Orthopaedic	Kearney, NE	11
Orthopaedic	Salina	3
Orthopaedic	Smith Center	1
Orthopedic Oncologist	Omaha, NE	1
Pain	Hutchinson	1

**13. Past 24 mo, Type of Medical Specialists Services and Where**

<b>Type Specialist</b>	<b>City</b>	<b>Count</b>
Pediatric Dentist	Hastings, NE	1
Pediatrician	Hays	1
Pediatrician	Salina	1
Physical Therapist	Smith Center	1
Plastic Surgeon	Kansas City	1
Plastic Surgeon	Wichita	1
Podiatrist	Omaha, NE	1
Podiatrist	Salina	1
Podiatrist	Smith Center	3
Pulmonologist	Hays	1
Pulmonologist	Kansas City	1
Pulmonologist	Salina	1
Pulmonologist	Smith Center	1
Radiologist	Kearney, NE	1
Radiologist	Smith Center	3
Radiologist	Wichita	1
Retina Specialist	Hastings, NE	1
Retina Specialist	Wichita	1
Rheumatologist	Kearney, NE	2
Rheumatologist	Wichita	1
Sleep Study	Hays	1
Sleep Study	Kearney, NE	1
Sleep Study	Salina	1
Spinal Defects	Denver, CO	1
Spinal Surgery	Wichita	1
Student Health	Hays	1
Surgeon	Hastings, NE	1
Surgeon	Kansas City	1
Surgeon	Kearney, NE	2
Surgeon	Salina	1
Surgeon	Smith Center	8
Urologist	Hastings, NE	4
Urologist	Salina	1
Urologist	Smith Center	3

#### **14. Used Services of the Smith County Family Practice**

	<b>Number</b>	<b>Percent</b>
Yes	193	96.0%
No	7	3.5%
Don't Know	1	0.5%
Sum	201	100.0%

#### **15. If yes, what type of service was obtained?**

1. Outpatient visit (2)
2. General (18)
3. Annual physical (16)
4. Check-ups (32)
5. Check-up and colds
6. Quick care, physician appointment
7. Allergy shots, annual check-ups
8. Office visit, routine yearly physical
9. Routine health check
10. Routine child health checks, physical exams
11. Use for all non-specialty services, mostly yearly routine physicals
12. Doctor's appointments, routine health checks
13. Doctor's visits, lab, for illness
14. Mental health, school physical, illness
15. Seen the doctor at the clinic, x-rays at hospital
16. Well-child check, routine physicals, acute care issues (ab pain, shoulder pain) stiches
17. OB visit/child check ups
18. Lesions removed, leg swelling cured
19. Physicians-annual and illnesses
20. Physical exams-emergency care
21. Yearly exams-treatment for various problems
22. Routine checkup, mammogram
23. Office visit, physical
24. Office visit (2)
25. Yearly checks and any medical needs
26. Treatment for leg and feet pain/numbness
27. Doctor visit for physical need
28. Office visit- for my medical condition
29. Routine checkup, infection, follow up, quick care
30. QuickCare
31. Excellent-annual checkups, heart issues, back problems, sonograms
32. Yearly physical, sinus infection
33. Monitoring of health conditions, laboratory result interpretation
34. QuickCare and follow up appointments

35. Office call (7)
36. Treatment for arthritis, infections
37. Physicals, illness treatment, shots
38. Medical illness, general care
39. Shots
40. Doctor visits, blood work, referred tests in lab & CTs
41. All family needs-medical, lab, x-rays, surgery
42. Doctor appointment (5)
43. Consult for health care concern
44. General doctor appointments and colonoscopy procedure, mammogram, physical therapy
45. Check your feet
46. Examination of leg
47. Bladder infection
48. Checkup and stitches
49. Clinic visit
50. Gynecology
51. Annual checkups, illness
52. Annual physical/acute care
53. QuickCare, physicals
54. Yearly physical, routine checkups, illness
55. Low hemoglobin, bladder infection, physical
56. Breast exam
57. Checkup, flu/colds
58. Back problems/ muscle strain
59. Yearly physical & illness
60. QuickCare
61. Walk-in for hurt foot
62. QuickCare, pre-natal, pediatric, checkups, routine checkups
63. Sickness-general things
64. QuickCare and regular appointments-excellent service
65. Office visit, emergency room, inpatient
66. Physicals, colds, etc.
67. Diabetic services
68. GI distress, no testing, ear infection, routine physicals, nodules
69. X-rays and lab
70. Physicals, vaccinations, exams
71. Consultation and PX
72. QuickCare
73. Physicals, QuickCare
74. I had a spot removed from my chest and a yearly exam
75. Was seen for impacted tooth
76. Physician and blood work, checkups
77. General illness and diabetes consult

78. Medical
79. Doctors' visits, physicals, etc.
80. Diagnosis of issues
81. Doctors, x-rays, labs
82. Physicals, illnesses
83. Regular check-ups, physicals, exam for illness like cold or flu, exam for spot seen on x-ray
84. Illness, skin cancer
85. Routine physicals and illness
86. Routine care
87. General
88. Basic medical care for ear infection

#### **16. Satisfaction with SCFP Experience**

	<b>Number</b>	<b>Percent</b>
Satisfied	167	86.1%
Somewhat Satisfied	18	9.3%
Somewhat Dissatisfied	7	3.6%
Dissatisfied	2	1.0%
Sum	194	100.0%

#### **17. Why were you satisfied/dissatisfied?**

Satisfied Responses:

1. Thorough, personal care
2. Quality of care
3. Personal attention, professional and knowledgeable service
4. They are personable, thorough, caring
5. Wait and QuickCare is always packed
6. Caring providers
7. Needs were met
8. Scheduling, treatment received
9. Excellent physicians and nurse practitioner always listen but do not have you take unnecessary lists
10. Responsive to needs
11. Friendly service from people we know and trust
12. Very professional, compassionate, up to date on current medical knowledge
13. Convenient, good care
14. Well taken care of
15. Good service, proper treatment, friendly staff
16. Caring-makes you feel at ease
17. Good care
18. Caring staff, helpful medical care
19. Relationship with staff and physician

20. Knowledgeable and understanding
21. Routine follow-up appointment-went fine
22. The doctor was very nice
23. I found relief and help with all calls
24. They know what they are doing
25. Knowledgeable and qualified people who listen
26. Good, competent care
27. Able to schedule when we needed to be seen, competent, especially like the "QuickCare" option
28. Excellent bedside manner and caring personnel
29. The great people there, doctors and nurses
30. Results were good
31. Good care
32. Took care of problem
33. Answered questions fully
34. Treated well
35. Good service and taken care of quickly
36. Well treated
37. Explained all that I needed
38. Took care of my needs and prescribed meds
39. Because they help me with my problems
40. Very thorough
41. Received the information and care needed
42. Quality service
43. Were able to take care of our health issue
44. Problem solved
45. Friendly, fast service
46. Prescribed medication and follow ups
47. Comfort and attention
48. Excellent doctors and nurses
49. The problem was addressed
50. Needs were met
51. Take great care of our family
52. Helpful, kind, informative, helpful
53. Personal service
54. Long waits
55. Good healthcare
56. Timely care
57. They helped
58. Needs met
59. Extra-special expertise
60. Service was good, timely, positive and friendly
61. Caring attitude
62. Was taken care of promptly

63. Good doctors and staff
64. Problem solved
65. They were thorough
66. Received necessary care
67. They do a good job
68. Nurse and doctors all very good
69. Good caring staff/doctors
70. Great follow up from physicians, called me at home
71. Quality, caring people who work there
72. Very professional, followed through completely
73. Good appointment
74. Thoroughness of all phases of diagnosis and care
75. Doctor does not rush and answers all questions
76. Feel comfortable, cared for
77. All personnel are efficient, knowledgeable, kind
78. Good general care received from local physicians
79. They have a QuickCare; very helpful and friendly
80. Everyone treated me good an answered all my questions
81. The doctors are concerned about their patients
82. Doctors are good here
83. Professional and good follow up
84. Friendly staff-concerned doctor and his nurse was great
85. Excellent care and concern referred on when needed
86. Good service; love QuickCare
87. Professional care-service
88. Easy to talk to and answered questions
89. We are satisfied with our local doctors
90. Great care
91. Addressed the issues
92. I got the care I needed.
93. The services are ok.
94. They are accommodating and caring.
95. No problems; I like the quick care.
96. They took care of my problems when they could and when they needed more specialized care, they would send me on.
97. I was somewhat satisfied with the quick care.
98. The doctor knew what my issue was.
99. The physical was obtained.

Dissatisfied Responses:

1. Doctors won't listen to what my family has to say
2. Could hear nurses talking about patients and wondered if they made comments like that behind every patients back
3. They rush you through too fast, and keep you waiting for long periods

4. Sometimes you sit and wait forever in the lobby then wait for doctor to come in room
5. I felt it took longer than necessary to be referred to a specialist
6. Took too long to see a doctor
7. Missed a broken bone and pneumonia
8. Long wait time, QuickCare NOT quick, can't get an appointment in a reasonable time frame
9. QuickCare is annoying-it is not quick, too many people use it that could have made appointment
10. Did not diagnose problem on refer, had to seek medical attention on own
11. They difficult getting an appointment, wait to get into your appointment
12. The length of time it took to get in for an appointment
13. The office help
14. It takes too long.

Neutral Responses:

1. Competent/compassionate medical providers and staff; dissatisfied with cramped exam rooms, dated and aging facilities
2. Listened to problem, but unhappy with treatment
3. Local care, but busy enough that it's hard to get an appointment soon
4. Care was no better or worse than similar services elsewhere

**18. Used Services of the Smith County General Surgery**

	Number	Percent
Yes	107	53.5%
No	92	46.0%
Don't Know	1	0.5%
Sum	200	100.0%

**19. If yes, what type of service was obtained?**

1. Surgery (5)
2. Colonoscopy (37)
3. Removal of tumor
4. Surgical assessment
5. Consult
6. Lesion excision, cancer screening
7. Outpatient procedures
8. Colonoscopy, removal of cancer
9. Colonoscopy; gall bladder removal
10. Biopsy (3)
11. Surgery of gall bladder
12. Breast lumpectomy-breast biopsy-gall bladder-skin cancer

13. Mastectomy
14. Breast lump removal-stiches
15. Scope (2)
16. Clinic visit
17. Good service
18. Hernia surgery
19. Scan of stomach; use of x-ray
20. Exploratory surgeries; cyst removed
21. Moles removed
22. Colonoscopy and upper GI  
Remove small leg tumor
23. Breast lumpectomy
24. Removal of skin spot
25. Hernia operation (3)
26. Skin cancer
27. Outpatient surgery-minor
28. Gallbladder surgery
29. Minor surgery
30. Removal of nodules
31. Surgical biopsies
32. Gallbladder removed many years ago
33. Gallbladder surgery and scopes
34. Removal of cyst on tailbone
35. Appendectomy (3)
36. Colonoscopy/removal of small growth
37. Surgery and follow up care
38. Consult
39. Outpatient surgery and surgery
40. Colonoscopy, removal of facial lesions
41. Consult with OP surgery
42. Colonoscopy and scope for duodenal ulcer
43. Gallbladder, hernia surgery
44. Gallbladder surgery
45. Lumpectomy
46. Hernia surgery, colonoscopy-remove polyps
47. Biopsy and outpatient surgery
48. Lumpectomy, cyst removal, colonoscopy, skin cancer removal
49. Take off cancer cells (2)
50. Colostomy

## 20. Satisfaction with SCGS

	Number	Percent
Satisfied	94	85.5%
Somewhat Satisfied	9	8.2%
Somewhat Dissatisfied	3	2.7%
Dissatisfied	4	3.6%
Sum	110	100.0%

## 21. Why were you satisfied/dissatisfied?

Satisfied Responses:

1. Professionalism
2. Personal attention, professional and knowledgeable service
3. Timely manner sent results
4. Very thorough, personable, caring, complete
5. Didn't have to travel
6. Very thorough
7. Very responsive and professional
8. Competent care
9. Good care, personal service
10. Very thorough and professional
11. Excellent surgical skills
12. Explains procedure well
13. Good care
14. Local care, excellent anesthesia
15. No problems with the procedure
16. Good services and good outcome
17. All results have been favorable
18. Informative and good care
19. Great doctor and nurses
20. Good care-very informative
21. Good care
22. Very professional
23. Treated well
24. Answered my questions
25. My surgery went good and my doctor was good
26. It was done professionally
27. Excellent, caring surgeon
28. Did a good job
29. Courteous and caring
30. Friendly and efficient
31. Took good care of me
32. She was great in care during and after the procedure
33. They did a good job

34. Surgeon treated her staff poorly
35. We were able to have surgery performed close to home
36. Needs met
37. Personalities
38. High quality staff and doctor
39. Very thorough
40. Very satisfied
41. Very good at their job-quality service
42. Thoroughness of diagnosis and care
43. Very kind, procedure explained well
44. Enough anesthetics so procedures were not painful
45. Was seen and done surgery right away
46. Efficient surgeon and post visit were excellent
47. Surgery doctor not patience and certain patients
48. Very professional staff
49. Very professional care and service
50. Thorough/competent
51. Great care
52. They are very nice people with good care.
53. They referred me on to another specialist.
54. The doctor explained the procedure very well and the results of the test.
55. No problems
56. I was satisfied with the visit and evaluation.
57. They did a good job with each procedure and follow-up.
58. The doctor was very good and informative.
59. It was done in one day.

Dissatisfied Responses:

1. Some personality conflicts
2. Poor bedside manner of surgeon
3. Unable to commit to surgery and didn't have referred any place – so still need surgery
4. Surgeon-poor attitude
5. Doctor attitude could be better
6. Need update building and equipment
7. Had trouble getting IV in
8. Sat with surgery not hospice care
9. Should have been put out for this surgery, very painful, took longer than thought

Neutral Responses:

1. Good medical care; would like better "bedside manner" (warmth)

## **22. Used Services for the Smith County Health Department**

	<b>Number</b>	<b>Percent</b>
Yes	105	52.5%
No	91	45.5%
Don't Know	4	2.0%
Sum	200	100.0%

## **23. If yes, what type of service was obtained?**

1. Home health
2. Setting up home health care services for parent
3. Care for my elderly mother-in-law from Greece during her stay with my husband and I
4. Child check-up for Head Start
5. Vaccinations (8)
6. Mother-in home care
7. Shots (20)
8. Am currently working and PH with emergency preparedness
9. Trim toenails
10. Allergy shots
11. Home health
12. WIC/family planning
13. WIC
14. Flu shots-growth hormone training
15. Immunization, lab services
16. Pill organization
17. Immunizations and blood work
18. Lab, immunizations
19. Get shot records
20. Head lice checks
21. Birth control
22. Blood work (2)
23. Blood pressure/flea shot
24. Yearly physical (2)
25. Shots/blood work (lab)
26. Immunizations, annual physical
27. Weekly allergy shots
28. Blood work, flu shots
29. Immunizations (17)
30. WIC for my kids-shots
31. Prescription drug set-up
32. Home and community base service
33. Bring medicines every week
34. Flu shot (20)

- 35. Birth control and pap
- 36. Dep shot
- 37. WIC, well-child check

**24. Satisfaction with County Health Department Experience**

	Number	Percent
Satisfied	92	86.0%
Somewhat Satisfied	11	10.3%
Somewhat Dissatisfied	3	2.8%
Dissatisfied	1	0.9%
Sum	107	100.0%

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

Satisfied Responses:

- 1. Timely manner of care
- 2. Personal attention, professional and knowledgeable service
- 3. Needs met
- 4. Very thorough and informative
- 5. Did not know answers but within a short time found out and helped us care for her – compassionate and patient with us needing to interpret for her
- 6. Convenience
- 7. Did a good job
- 8. Well done
- 9. She was prompt and took proper action
- 10. Service was prompt and time accommodating
- 11. Took care of what we need
- 12. Great professional service and care
- 13. Received vaccinations and necessary care
- 14. Very satisfied with all medical staff
- 15. Convenience
- 16. They had the vaccine needed
- 17. Service quick and courteous
- 18. Convenience
- 19. Friendly, on time with appointments
- 20. It was fine
- 21. Quick services-pushy about shots
- 22. The staff were awesome and they got blood from me on the first poke
- 23. Needed help
- 24. Helpful, kind, understanding
- 25. Treatment received, little wait, kind attitudes
- 26. Received my shot
- 27. Very friendly
- 28. Friendly, helpful, reliable and caring

29. Services provided
30. Fast in and don't wait long at all, nurses are very good at explaining everything and answering questions and are friendly
31. Took care of us
32. Short wait time
33. Good hours and easy access
34. They are friendly and professional
35. Friendly staff
36. Staff was good
37. Keeps track of immunization given and what and when need others
38. Did all that needed to be done
39. Just fine
40. Treated well
41. Helped make sure lice were gone
42. Cheap
43. Very professional
44. Helpful with services
45. They performed what I needed
46. Prompt
47. No problems with getting the shot
48. Nurses were caring and quick to give shots
49. Good care
50. It was done smoothly.
51. They did a good job.
52. It was quick.
53. I got in and out.

Dissatisfied Responses:

1. Hard to make an appointment after school if you go to school at Thunderridge as they cease at 4:00.
2. Need more workers
3. Nothing seemed to be very organized
4. Need face to face visits-don't just drop off meds
5. Takes way too long, not very good at giving shots
6. It took way too long – shots could have been done by multiples.
7. The RN made me feel like an idiot!

Neutral Responses:

1. Good service but the children didn't like it
2. Very cooperative but limited resources

**26. Concerns about health care in Smith County.**

1. What is available is quality. However, assisted living options are VERY limited.
2. Aging population, increased diabetes, need for updated hospital

3. Our healthcare staff is dealing with old or outdated equipment. While they still do an excellent job, they are spending countless extra hours in order to maintain quality care.
4. Assisted care for elderly population
5. Retirement homes, assisted living, ability of hospital to pay bills
6. Need pulmonologist, ENT, dermatologists. Need sleep study lab. Need to update and expand services – physical therapy and cardiac rehabilitation have outgrown their departments.
7. Aging facilities, hard to recruit doctors and nurses, money leaves town, we have to go elsewhere
8. Outdated hospital facilities, lack of strong health care administration, lack of assisted living for elderly, lack of day care, strategic planning for community health care
9. I want them to be around as I grow old.
10. Lack of home health, ancillary services – PT, OT, MRI
11. Continuation of care over the next many years, need for surgeon, care for people with financial concerns
12. We need better mental health options.
13. Smith County needs to either remodel the entire hospital to update and expand or build a new one so we can have a modern up to date facility to attract new physicians and patients.
14. We need all the health care we can get locally since we are a rural area community.
15. We need a facility for SRS that the care progresses with their needs.
16. I believe there could be financial improvements made with hospital management in the future.
17. The need more doctors or APRN's as they near retirement.
18. We need to keep good physicians and updated facilities in the community.
19. I am concerned with possible decrease in reimbursement to hospital and physicians. It could possibly hurt the ability to keep health care in our community and making it hard to provide quality care.
20. I am concerned with being able to keep doctors' offices and hospital here.
21. I do not want any doctors to leave.
22. I am worried about the funding, if it is needed.
23. Preventative medicine needs to become a priority.
24. Older adult care needs to consist of more than nursing homes.
25. I am concerned about the deteriorating 60+ year old facility- efficient for patient care- needs either total replacement or major renovation.
26. Physician retention and recruitment will not be successful unless facility needs are addressed now.
27. The facilities in the hospital need updated.
28. There is a huge need for our aging community as far as skilled/ assisted living and graduated assisted living choices.  
I think we need another physical therapists.
29. I think the office staff needs to be a little nicer.
30. The staff is rude and disrespectful.

31. Doctors do not listen to problems or if they do they do not take action.
32. The health department takes a long time to do something that shouldn't take long.
33. Some health care providers do an excellent job, while others are not so great.
34. If there is a professional procedure that is needed, I recommend they hire someone who is more qualified in that field.
35. Assisted living and day care are my main concerns.
36. I believe it is important to keep SCMH/SCFP/SCGS/SCHD up and going strong.
37. The hospital needs more rooms.
38. We need more doctors and more medical care.
39. I would like to see us retain all the services we have currently.
40. I am concerned about losing our health care in town because it is so great.
41. The ambulance service is a concern.
42. There are not enough services here.
43. I think billing and so on should be done here.
44. Need to maintain good health care in our community.
45. I am concerned with the availability of specialist care.
46. Quick care takes way to long.
47. It is hard to get an appointment.
48. We need a Medicare Certified Long Term Care.
49. We need a Medicare Certified Home Health Agency that could be ran out of the hospital.
50. We should staff an anesthesiologist to preform epidurals.
51. Smith County Hospital from doors are VERY hard to get into with a wheelchair, walker or cane. They need to be changed!
52. Family practice is always booked weeks out.
53. Why do we have out of town help come in at a higher pay scale when we do have one in town that can do the job?
54. Hope to keep good general practitioner doctors available
55. Would hate to lose any of the services all a big part of the community. Would like to see a doctor more involved with female problems and a dermatologist.
56. The hospital staff needs more education in isolation and reverse isolation. All the staff: nursing and dietary.
57. Not all services are taken care of in Smith County and it's a considerable drive in order to obtain these services.
58. Keep it local.
59. The staff is not personal and did not have good bedside manner.

## Smith County Community Health Needs Assessment Survey



You are invited to participate in a survey intended to help identify health-related needs in Smith County. This survey is being sponsored by the Smith County Memorial Hospital and the Smith 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 of age or older.

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

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

1. First, what is your home zip code? \_\_\_\_\_
2. Do you use a family doctor (physician, nurse practitioner, physician's assistant) for most of your routine health care?  
 Yes (Skip to Q4)       No       Don't Know
3. If no, then what kind of medical provider do you use for routine health care?  
 Community Health Center       Rural Health Clinic  
 Health Department       Specialist  
 Emergency Room/Hospital       None, don't see anyone  
 Other (specify): \_\_\_\_\_
4. Have you or someone else in your household been to a family doctor (physician, nurse practitioner, physician's assistant) in the Smith County service area?  
 Yes       No (Skip to Q7)       Don't Know (Skip to Q7)
5. If yes, how would you describe your satisfaction with the quality of care provided by that doctor? Were you...  
 Satisfied    Somewhat Satisfied    Somewhat Dissatisfied    Dissatisfied
6. Why were you satisfied/dissatisfied?  
\_\_\_\_\_
7. Have you or someone in your household used the services of a hospital in the past 24 months?  
 Yes       No (Skip to Q9)       Don't Know (Skip to Q9)
8. At which hospital(s) were services received?  
 Smith County Memorial Hospital (Skip to Q10)  
 Other (please specify Hospital(s) and City)  

Hospital	City
_____	_____
_____	_____
_____	_____
9. Have you or any members of your household ever used the services of the Smith County Memorial Hospital?  
 Yes       No (skip to Q13)       Don't Know (skip to Q13)
10. Recalling the most recent visit to the Smith County Memorial Hospital, what type of service was obtained? (check all that apply)  
 Inpatient       Outpatient       Emergency  
 Other (please specify)  
\_\_\_\_\_
11. How would you describe your satisfaction with your last Smith County Memorial Hospital experience? Were you....  
 Satisfied    Somewhat Satisfied    Somewhat Dissatisfied    Dissatisfied
12. Why were you satisfied/dissatisfied?  
\_\_\_\_\_

**Smith County Community Health Needs Assessment Survey**

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

Type of Specialist	City
_____	_____
_____	_____
_____	_____

14. Have you or any members of your household ever used the services of the Smith County Family Practice?

- Yes             No (skip to Q18)             Don't Know (skip to Q18)

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

\_\_\_\_\_

16. How would you describe your satisfaction with your Smith County Family Practice experience? Were you....

- Satisfied    Somewhat Satisfied    Somewhat Dissatisfied    Dissatisfied

17. Why were you satisfied/dissatisfied?

\_\_\_\_\_

18. Have you or any members of your household ever used the services of Smith County General Surgery?

- Yes             No (skip to Q18)             Don't Know (skip to Q18)

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

\_\_\_\_\_

20. How would you describe your satisfaction with your Smith County General Surgery experience? Were you....

- Satisfied    Somewhat Satisfied    Somewhat Dissatisfied    Dissatisfied

21. Why were you satisfied/dissatisfied?

\_\_\_\_\_

22. Have you or any members of your household ever used the services of the Smith County Health Department?

- Yes             No (skip to Q26)             Don't Know (skip to Q26)

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

\_\_\_\_\_

24. How would you describe your satisfaction with your county health department experience? Were you....

- Satisfied    Somewhat Satisfied    Somewhat Dissatisfied    Dissatisfied

25. Why were you satisfied/dissatisfied?

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Thank your for your assistance.

Please drop your completed survey off at Smith County Memorial Hospital, 614 S. Main, Smith Center between 7:00 a.m. 6:00 p.m., or the Smith County Health Department, 119 S. Main, in Smith Center between 9 p.m. until 4 p.m. no later than **Wednesday, September 12.**





## Smith County Health Services Directory

Office of Local Government  
Department of Agricultural Economics  
K-State Research and Extension

May 2012

Emily Mashie, Research Assistant  
Michael Porter, Research Assistant  
Amy McVey, Research Assistant  
Brock Burnick, Research Assistant  
John Leatherman, Director

Office of  
**Local Government**  
K-State Research and Extension

  
**K-STATE**  
Research and Extension

## Smith County Area Health Services Directory

This directory contains contact information for service providers supporting the local health care system. The directory includes telephone and Internet contact information for many health-related information centers in Kansas and throughout the U.S.

There are two purposes motivating the compilation of this information. The first is to ensure that local residents are aware of the scope of providers and services available in the local health care market. For most rural communities, capturing the greatest share of health care spending is an important source of community economic activity.

The second use of this information is for community health services needs assessment. The ability to review the full inventory of health-related services and providers can help to identify gaps that may exist in the local health care system. This could become the focus of future community efforts to fill the gaps in needed services.

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.

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To provide updated information or to add new health and medical services to this directory, please contact:

**Smith County Extension Office**  
 218 South Grant Street (Smith Center)  
 282-6823

## Emergency Numbers

Police/Sheriff 911  
Fire 911  
Ambulance 911

## Non-Emergency Numbers

Smith County Sheriff 785-282-5180  
Smith County Ambulance 785-282-6823

## Municipal Non-Emergency Numbers

	<u>Police/Sheriff</u>	<u>Fire</u>
Athol	785-282-5180	785-695-2300
Kensington	785-282-5180	785-476-2400
Lebanon	785-282-5180	785-476-2400
Smith Center	785-282-3249	785-282-3271
Cedar	785-282-5180	785-476-2400
Gaylord	785-282-5180	785-476-2400

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## Other Emergency Numbers

**Kansas Child/Adult Abuse and Neglect Hotline**  
1-800-922-5330  
[www.srskansas.org/hotlines.html](http://www.srskansas.org/hotlines.html)

**Domestic Violence Hotline**  
1-800-799-7233  
[www.ndvh.org](http://www.ndvh.org)

**Emergency Management (Topeka)**  
785-274-1409  
[www.accesskansas.org/kdem](http://www.accesskansas.org/kdem)

**Federal Bureau of Investigation**  
1-866-483-5137  
[www.fbi.gov/congress/congress01/caruso100301.htm](http://www.fbi.gov/congress/congress01/caruso100301.htm)

**Kansas Arson/Crime Hotline**  
1-800-KS-CRIME  
1-800-572-1763  
[www.accesskansas.org/kbi](http://www.accesskansas.org/kbi)

**Kansas Bureau of Investigation (Topeka)**  
785-296-8200  
[www.accesskansas.org/kbi](http://www.accesskansas.org/kbi)

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**Kansas Crisis Hotline (Domestic Violence/Sexual Assault)**  
1-888-END-ABUSE  
[www.kcsdv.org](http://www.kcsdv.org)

**Kansas Road Conditions**  
1-866-511-KDOT  
511  
[www.ksdot.org](http://www.ksdot.org)

**Poison Control Center**  
1-800-222-1222  
[www.aapcc.org](http://www.aapcc.org)

**Suicide Prevention Hotline**  
1-800-SUICIDE  
<http://hopeline.com>  
1-800-273-TALK  
[www.suicidepreventionlifeline.com](http://www.suicidepreventionlifeline.com)

**Toxic Chemical and Oil Spills**  
1-800-424-8802  
[www.epa.gov/region02/contact.htm](http://www.epa.gov/region02/contact.htm)

## Health Services

### Hospitals

**Smith County Memorial Hospital**  
614 South Main Street (Smith Center)  
785-282-6845  
[www.smithcohosp.org](http://www.smithcohosp.org)

Smith County Memorial Hospital Services Include:

Acute Nursing  
Cardiac Rehabilitation  
Consulting Clinics  
Cardiology  
Ophthalmology  
Urology  
Orthopedics  
Oncology  
Podiatry  
OB/GYN  
Dietary/Meals on Wheels  
Emergency Room  
Hospice Services  
Infection Control  
Laboratory

Long Term Care  
Obstetrics/Nursery  
Physical Therapy/Gardner Wellness  
Radiology  
MRI  
CT  
Ultrasound  
Mammography  
Bone Density Testing  
Surgical Services

**Health Department**

**Smith County Health Department**  
119 South Main Street (Smith Center)  
785-282-6656

**Mental Health**

**High Plains Mental Health Center**  
209 W Harrison (Osborne)  
785-346-2184  
783 7<sup>th</sup> Street (Phillipsburg)  
785-543-5284  
208 E 7<sup>th</sup> Street (Hays)  
785-628-2871  
[www.highplainsmentalhealth.com](http://www.highplainsmentalhealth.com)

**Medical Professionals**

*Chiropractors*

**Midway Chiropractic**  
717 East 2<sup>nd</sup> Street (Smith Center)  
785-282-6818

*Clinics*

**Smith County Family Practice Clinic**  
119 East Parliament Street (Smith Center)  
785-282-6834

**Smith County General Surgery Clinic**  
614 South Main (Smith Center)  
785-282-6859

*Dentists*

**Smith Center Dental Clinic**  
130 West Kansas Avenue (Smith Center)  
785-282-6979  
[www.smithcenterdental.com](http://www.smithcenterdental.com)

*Optometrists*

**Eye Care Center**  
128 West Kansas Avenue (Smith Center)  
785-282-6086

*Pharmacies*

**Kriley's Family Drug Center**  
125 South Main Street (Smith Center)  
785-282-3311  
[www.healthmart.com](http://www.healthmart.com)

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**Pamida Pharmacy**  
114 So. Main (Smith Center)  
785-282-6443  
[www.pamida.com](http://www.pamida.com)

*Physicians*

**Smith County Family Practice Clinic**  
119 East Parliament Street (Smith Center)  
785-282-6834

**Smith County General Surgery**  
614 South Main (Smith Center)  
785-282-6859

**Smith County Memorial Hospital**  
614 South Main Street (Smith Center)  
785-282-6845  
[www.smithcohosp.org](http://www.smithcohosp.org)

*Rehabilitation Services*

**Deseret Health & Rehab**  
613 North Main Street (Kensington)  
785-476-2623

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**Deseret Health & Rehab**  
117 West 1<sup>st</sup> Street (Smith Center)  
785-282-6696

**Gardner Wellness Center**  
614 S Main (Smith Center)  
785-282-6845

## **Other Health Services**

### **Nursing Homes/TLC**

**Heritage Harbor Board & Care Home**  
104 West Francis Street (Smith Center)  
785-282-3372

**Independent Living Health Care**  
517 North Monroe Street (Smith Center)  
785-282-3536

**Deseret Health & Rehab**  
613 North Main Street (Kensington)  
785-476-2623

**Deseret Health & Rehab**  
117 West 1<sup>st</sup> Street (Smith Center)  
785-282-6696

**Smith County Memorial Hospital Long Term Care Unit**  
614 South Main Street (Smith Center)  
785-282-6722

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**Diabetes**

**Arriva Medical**

1-800-375-5137

**Diabetes Care Club**

1-888-395-6009

**Disability Services**

**American Disability Group**

1-877-790-8899

**Kansas Department on Aging**

1-800-432-3535

[www.agingkanssas.org/index.htm](http://www.agingkanssas.org/index.htm)

**Domestic/Family Violence**

**Child/Adult Abuse Hotline**

1-800-922-5330

[http://www.srskansas.org/services/child\\_protective\\_services.htm](http://www.srskansas.org/services/child_protective_services.htm)

**Family Crisis Center**  
(Great Bend)

Hotline: 785-792-1885

Business Line: 785-793-1965

**General Information – Women’s Shelters**

[www.WomenShelters.org](http://www.WomenShelters.org)

**Kansas Crisis Hotline**

Manhattan

785-539-7935

**Sexual Assault/Domestic Violence Center**  
(Hutchinson)

Hotline: 1-800-701-3630

Business Line: 663-2522

**Educational Training Opportunities**

**Association of Continuing Education**

620-792-3218

**Food Programs**

**Kansas Food 4 Life**

4 Northwest 25<sup>th</sup> Road (Great Bend)

785-793-7100

**Kansas Food Bank**  
1919 East Douglas (Wichita)  
316-265-4421  
[www.kansasfoodbank.org](http://www.kansasfoodbank.org)

**Smith Center Food Pantry**  
101 S Lincoln  
Smith Center KS 66967  
785.282.6155 or 282.3728  
Open M, Tu, Wed 9-12 am

**Kensington Food Pantry**  
Serving the Thunder Ridge School District  
Kensington Senior Community Center  
102 E Pine (Kensington)  
Open 3<sup>rd</sup> Saturday 1-3 pm

**Government Healthcare**

**Kansas Department on Aging (KDOA)**  
503 S. Kansas Avenue  
Topeka, KS 66603  
785-296-4986 or 1-1-800-432-3535  
[www.agingkansas.org/](http://www.agingkansas.org/)

**Kansas Department of Health and Environment (KDHE)**  
Curtis State Office Building  
1000 SW Jackson (Topeka)  
785-296-1500  
[www.kdheks.gov/contact.html](http://www.kdheks.gov/contact.html)

**Medicaid**  
Kansas Department of Social & Rehabilitation Services (SRS)  
3000 Broadway (Hays)  
785-628-1066

**Medicare**  
Social Security Administration  
1212 East 27<sup>th</sup> Street (Hays)  
785-625-3496

**Social & Rehabilitation Services (SRS)**  
3000 Broadway (Hays)  
785-628-1066

**Social Security Administration**  
1212 East 27<sup>th</sup> Street (Hays)  
785-625-3496

**Health and Fitness Centers**

**Gardner Wellness Center**

614 So. Main (Smith Center)  
785-282-6845

**Smith Center Recreation Commission**

785-282-6474

**Kensington Recreation Commission**

785-476-3236

**Hospice**

**Hospice Services**

424 8<sup>th</sup> Street (Phillipsburg)  
785-543-2900

[www.hospicenwks.net](http://www.hospicenwks.net)

**Immunizations**

**Smith County Family Practice Clinic**

119 East Parliament Street (Smith Center)  
785-282-6834

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**Smith County Health Department**

119 So. Main (Smith Center)  
282-6656

**Massage Therapists**

**Midway Chiropractic**

717 East 2<sup>nd</sup> Street (Smith Center)  
282-6818

**Medical Equipment and Supplies**

**Kriley Family Healthmart**

125 So. Main (Smith Center)  
785-282-3311

**Pamida Pharmacy**

114 So. Main (Smith Center)  
785-282-6443

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**School Nurses**

**Smith Center School District USD 237**

Elementary School  
216 South Jefferson Street (Smith Center)  
282-6614  
Junior/Senior High School  
300 Roger Barta Way (Smith Center)  
282-6609

**Thunder Ridge School District USD 110**

128 So. Kansas (Kensington)  
476-2218

**Senior Services**

**Elder Care, Inc.**

PO Box 1364 (Great Bend)  
792-5942

**Kensington Senior Community Center**

128 South Main Street (Kensington)  
476-2224

**Smith County Senior Center**

117 West Court Street (Smith Center)  
282-3800

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**Local Government, Community and  
Social Services**

**Adult Protection**

**Adult Protective Services (SRS)**

1-800-922-5330  
[www.srskansas.org/ISD/ees/adult.htm](http://www.srskansas.org/ISD/ees/adult.htm)

**Elder Abuse Hotline**

1-800-842-0078  
[www.elderabusecenter.org](http://www.elderabusecenter.org)

**Kansas Department of Social and Rehabilitation  
Services West Region Protection Reporting  
Center**

1-800-922-5330

**Alcohol and Drug Treatment**

**Alcohol and Drug Abuse Services**

1-800-586-3690  
[http://www.srskansas.org/services/alcdrug\\_assess.htm](http://www.srskansas.org/services/alcdrug_assess.htm)

**Alcohol Detoxification 24-Hour Helpline**

1-877-403-3387  
[www.ACenterForRecovery.com](http://www.ACenterForRecovery.com)

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**Center for Recovery**  
1-877-403-6236

**G&G Addiction Treatment Center**  
1-866-439-1807

**Road Less Traveled**  
1-866-486-1812

**Seabrook House**  
1-800-579-0377

**The Treatment Center**  
1-888-433-9869

**Child Protection**

**Kansas Department of Social and Rehabilitation Services West Region Protection Reporting Center – i.e. PROTECTION REPORT CENTER FOR ABUSE**  
1-800-922-5330  
Available 24 hours/7 days per week – including holidays

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**Children and Youth**

**Children's Alliance**  
627 Southwest Topeka Boulevard (Topeka)  
785-235-5437  
[www.childdaily.org](http://www.childdaily.org)

**Kansas Children's Service League**  
1-800-332-6378  
[www.kcsl.org](http://www.kcsl.org)

**Day Care Providers-Adult**

**Heritage Harbor Board & Care Home**  
104 West Francis Street (Smith Center)  
785-282-3372

**Independent Living Health Care**  
517 North Monroe Street (Smith Center)  
785-282-3536

**Deseret Health & Rehab**  
613 North Main Street (Kensington)  
785-476-2623

**Deseret Health & Rehab**  
117 West 1<sup>st</sup> Street (Smith Center)  
785-282-6696

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**Child Day Care Providers/Pre Schools**

**Little Britches Day Care**

313 North Adams Street (Kensington)  
785-476-2811

**Cloud County Health Department** – including Smith County

Mishele Longfellow  
Child Care License Coordinator  
785-243-8140  
785-243-5404  
[mlongfellow@cloudcountqyks.org](mailto:mlongfellow@cloudcountqyks.org)

**Smith County Head Start**

223 South Main Street (Smith Center)  
785-282-6011

**ABC Learning Pre-School**

211 West Court (Smith Center)  
719-349-0653

**First St. John's PreSchool**

332 N Adams (Kensington)  
785-476-2247

**Early Childhood Development**

USD 237  
216 S Jefferson (Smith Center)  
785-282-6614

**Extension Office**

**Smith County Extension Office**

218 South Grant Street (Smith Center)  
785-282-6823

**Funeral Homes**

**All Faith Funeral Chapel**

113 South Madison Street (Smith Center)  
785-686-4120  
[www.simmonsmortuary.com](http://www.simmonsmortuary.com)

**Simmons Rentschler Mortuary**

116 West 1<sup>st</sup> Street (Smith Center)  
785-282-6691  
[www.allfaithsfuneralchapel.com](http://www.allfaithsfuneralchapel.com)

**Housing**

**Corp Housing Equity**

14482 West 118<sup>th</sup> Terrace (Olathe)  
785-261-8067

**Country View Village**

504 North Main Street (Kensington)  
785-476-2606

**Western Plains Village**

501 W 3<sup>rd</sup> (Smith Center)  
785-282-6747

**Cedars of Lebanon**

601 E Kansas  
785-282-6747

**Parkview Manor**

400 6<sup>th</sup> Street (Gaylord)  
785-697-2690

**Legal Services**

**Dietz & Hardman Attorneys**

206 South Main Street (Smith Center)  
785-282-6626

**Michael Shannon McDowell**

120 East Court Street (Smith Center)  
785-282-6688

**Libraries, Parks and Recreation**

**Kensington Community Library**

128 So. Kansas (Kensington)  
785-476-2219

**Lebanon City Library**

404 Main Street (Lebanon)  
785-389-5711

**Smith Center Public Library**

117 West Court Street (Smith Center)  
785-282-3361

**Wagner Park**

East 3<sup>rd</sup> Street (Smith Center)  
785-282-3249

**Pregnancy Services**

**Adoption is a Choice**  
1-877-524-5614

**Adoption Network**  
1-888-281-8054

**Adoption Spacebook**  
1-866-881-4376

**Graceful Adoptions**  
1-888-896-7787

**Kansas Children's Service League**  
1-877-530-5275  
[www.kcsl.org](http://www.kcsl.org)

**Rape**

**Domestic Violence and Rape Hotline**  
1-888-874-1499

**Family Crisis Center**  
1806 12<sup>th</sup> Street (Great Bend)  
785-793-1885

**Kansas Crisis Hotline**  
Manhattan  
785-539-7935  
1-800-727-2785

**Public Aid Organizations**

**Red Cross**  
425 F Street Suite A (Phillipsburg)  
785-543-6484  
785-282-6261 (Smith Center Contact)

**Salvation Army**  
785-282-6682 (Smith Center contact)

**Smith County Christian Laymen**  
785-282-6688 (Smith Center)

**Smith County Ministerial Association**  
785-282-3728 (Smith Center)

**Social Security**

**Social Security Administration**  
1-800-772-1213  
800-325-0778  
[www.ssa.gov](http://www.ssa.gov)

## State and National Information, Services, Support

### Adult Protection

#### Adult Protection Services

1-800-922-5330

[www.srskansas.org/SD/ees/adult.htm](http://www.srskansas.org/SD/ees/adult.htm)

#### Domestic Violence and Sexual Assault (DVACK)

1-800-874-1499

[www.dvack.org](http://www.dvack.org)

#### Elder Abuse Hotline

1-800-842-0078

[www.elderabusecenter.org](http://www.elderabusecenter.org)

#### Elder and Nursing Home Abuse Legal

[www.resource4nursinghomeabuse.com/index.html](http://www.resource4nursinghomeabuse.com/index.html)

#### Kansas Coalition Against Sexual and Domestic Violence

1-888-END-ABUSE (363-2287)

[www.kcsdv.org/ksresources.html](http://www.kcsdv.org/ksresources.html)

#### Kansas Department on Aging Adult Care Complaint Program

1-800-842-0078

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#### National Center on Elder Abuse (Administration on Aging)

[www.ncea.gov/NCEARoot/Main\\_Site?Find\\_Help/Help\\_Hotline.aspx](http://www.ncea.gov/NCEARoot/Main_Site?Find_Help/Help_Hotline.aspx)

#### National Domestic Violence Hotline

1-800-799-SAFE (799-7233)

1-800-787-3224 (TTY)

[www.ndvh.org](http://www.ndvh.org)

#### National Sexual Assault Hotline

1-800-994-9662

1-888-220-5416 (TTY)

[www.4woman.gov/faq/sexualassault.htm](http://www.4woman.gov/faq/sexualassault.htm)

#### National Suicide Prevention Lifeline

1-800-273-8255

#### Poison Center

1-800-222-1222

#### Sexual Assault and Domestic Violence Crisis Line

1-800-701-3630

#### Social and Rehabilitation Services (SRS)

1-888-369-4777 (HAYS)

[www.srskansas.org](http://www.srskansas.org)

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**Suicide Prevention Helpline**  
1-785-841-2345

**Alcohol and Drug Treatment Programs**

**A 1 A Detox Treatment**  
1-800-757-0771

**AAAAAH**  
1-800-993-3869

**Abandon A Addiction**  
1-800-405-4810

**Able Detox-Rehab Treatment**  
1-800-577-2481 (NATIONAL)

**Abuse Addiction Agency**  
1-800-861-1768  
[www.thewatershed.com](http://www.thewatershed.com)

**AIC (Assessment Information Classes)**  
1-888-764-5510

**Al-Anon Family Group**  
1-888-4AL-ANON (425-2666)  
[www.al-anon.alateen.org](http://www.al-anon.alateen.org)

**Alcohol and Drug Abuse Hotline**  
800-ALCOHOL

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**Alcohol and Drug Abuse Services**  
800-586-3690  
[http://www.srskansas.org/services/alc-](http://www.srskansas.org/services/alc-drug_assess.htm)  
[drug\\_assess.htm](http://www.srskansas.org/services/alc-drug_assess.htm)

**Alcohol and Drug Addiction Treatment Programs**  
1-800-510-9435

**Alcohol and Drug Helpline**  
1-800-821-4357

**Alcoholism/Drug Addiction Treatment Center**  
800-477-3447

**Kansas Alcohol and Drug Abuse Services Hotline**  
800-586-3690  
[http://www.srskansas.org/services/alc-](http://www.srskansas.org/services/alc-drug_assess.htm)  
[drug\\_assess.htm](http://www.srskansas.org/services/alc-drug_assess.htm)

**Mothers Against Drunk Driving**  
1-800-GET-MADD (438-6233)  
[www.madd.org](http://www.madd.org)

**National Council on Alcoholism and Drug  
Dependence, Inc.**  
1-800-NCA-CALL (622-2255)  
[www.ncadd.org](http://www.ncadd.org)

**Recovery Connection**  
[www.recoveryconnection.org](http://www.recoveryconnection.org)

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**Regional Prevention Centers of Kansas**  
1-800-757-2180  
[www.smokvhillfoundation.com/rpc-locate.html](http://www.smokvhillfoundation.com/rpc-locate.html)

**Better Business Bureau**

**Better Business Bureau**  
328 Laura (Wichita)  
316-263-3146  
<http://www.wichita.bbb.org>

**Children and Youth**

**Adoption**  
800-862-3678  
<http://www.adopt.org/>

**Boys and Girls Town National Hotline**  
1-800-448-3000  
[www.girlsandboystown.org](http://www.girlsandboystown.org)

**Child/Adult Abuse and Neglect Hotline**  
800-922-5330  
<http://www.srskansas.org/>

**Child Abuse Hotline**  
1-800-922-5330

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**Child Abuse National Hotline**  
800-422-4453  
800-222-4453 (TDD)  
<http://www.childhelpusa.org/home>

**Child Abuse National Hotline**  
1-800-4-A-CHILD (422-4453)  
[www.childabuse.com](http://www.childabuse.com)

**Child Find of America**  
1-800-426-5678

**Child Help USA National Child Abuse Hotline**  
1-800-422-4453

**Child Protective Services**  
1-800-922-5330  
[www.srskansas.org/services/child\\_protective\\_service\\_s.htm](http://www.srskansas.org/services/child_protective_service_s.htm)

**HealthWave**  
P.O. Box 3599  
Topeka, KS 66601  
1-800-792-4884  
1-800-792-4292 (TTY)  
[www.kansashealthwave.org](http://www.kansashealthwave.org)

**Heartspring (Institute of Logopedics)**  
8700 E. 29<sup>TH</sup> North  
Wichita, KS 67226  
[www.heartspring.org](http://www.heartspring.org)

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**Kansas Big Brothers/Big Sisters**  
1-888-KS4-BIGS  
[www.ksbbs.org](http://www.ksbbs.org)

**Kansas Children's Service League (Hays)**  
785-625-2244  
1-877-530-5275  
[www.kcsl.org](http://www.kcsl.org)

**Kansas Department of Health and Environment**  
785-296-1500  
[www.kdheks.gov](http://www.kdheks.gov)  
e-mail: [info@kdheks.gov](mailto:info@kdheks.gov)

**Kansas Society for Crippled Children**  
106 W. Douglas, Suite 900  
Wichita, KS 67202  
1-800-624-4530  
316-262-4676  
[www.kssociety.org](http://www.kssociety.org)

**National Runaway Switchboard**  
1-800-RUNAWAY  
[www.1800runaway.org/](http://www.1800runaway.org/)

**National Society for Missing and Exploited Children**  
1-800-THE-LOST (843-5678)  
[www.missingkids.com](http://www.missingkids.com)

**Parents Anonymous Help Line**  
800-345-5044  
<http://www.parentsanonymous.org/palindex10.html>

**Runaway Line**  
800-621-4000  
800-621-0394 (TDD)  
<http://www.1800runaway.org/>

**Talking Books**  
800-362-0699  
[http://skyyways.lib.kc.us/KSL/talking/ksl\\_bph.html](http://skyyways.lib.kc.us/KSL/talking/ksl_bph.html)

### **Community Action**

**Peace Corps**  
800-424-8580  
[www.peacecorps.gov](http://www.peacecorps.gov)

**Public Affairs Hotline (Kansas Corporation Commission)**  
800-662-0027  
[www.kcc.state.ks.us](http://www.kcc.state.ks.us)

### **Counseling**

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

**Carl Feril Counseling**  
608 North Exchange (St. John)  
620-549-6411

**Castlewood Treatment Center for Eating Disorders**  
1-888-822-8938  
[www.castlewoodtc.com](http://www.castlewoodtc.com)

**Catholic Charities**  
1-888-468-6909  
[www.catholiccharitiessalina.org](http://www.catholiccharitiessalina.org)

**Center for Counseling**  
5815 West Broadway (Great Bend)  
1-800-875-2544

**Central Kansas Mental Health Center**  
1-800-794-8281  
Will roll over after hours to a crisis number.

**Consumer Credit Counseling Services**  
800-279-2227  
<http://www.ksccecs.org/>

**Kansas Problem Gambling Hotline**  
866-662-3800  
<http://www.ksmhc.org/Services/gambling.htm>

**National Hopeline Network**  
1-800-SUICIDE (785-2433)  
[www.hopeline.com](http://www.hopeline.com)

**National Problem Gambling Hotline**  
1-800-552-4700  
[www.npgaw.org](http://www.npgaw.org)

**Samaritan Counseling Center**  
1602 N. Main Street  
Hutchinson, KS 67501  
620-662-7835  
<http://cmc.pdswebpro.com/>

**Self-Help Network of Kansas**  
1-800-445-0116  
[www.selfhelpnetwork.wichita.edu](http://www.selfhelpnetwork.wichita.edu)

**Senior Health Insurance Counseling**  
1-800-860-5260  
[www.agingkansas.org](http://www.agingkansas.org)

**Sunflower Family Services, Inc.**  
(adoption, crisis pregnancy, conflict solution center)  
1-877-457-5437  
[www.sunflowerfamily.org](http://www.sunflowerfamily.org)

**Disability Services**

**American Association of People with Disabilities (AAPD)**

[www.aapd.com](http://www.aapd.com)

**American Council for the Blind**  
1-800-424-8666

[www.acb.org](http://www.acb.org)

**Americans with Disabilities Act Information**

**Hotline**

1-800-514-0301

1-800-514-0383 (TTY)

[www.ada.gov](http://www.ada.gov)

**Disability Advocates of Kansas, Incorporated**

1-866-529-3824

[www.disabilitysecrets.com](http://www.disabilitysecrets.com)

**Disability Group, Incorporated**

1-888-236-3348

[www.disabilitygroup.com](http://www.disabilitygroup.com)

**Disability Rights Center of Kansas (DRC)**

Formerly Kansas Advocacy & Protective Services

1-877-776-1541

1-877-335-3725 (TTY)

[www.drckansas.org](http://www.drckansas.org)

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**Hearing Healthcare Associates**  
1-800-448-0215

**Kansas Commission for the Deaf and Hearing Impaired**

1-800-432-0698

[www.srskansas.org/kcdh](http://www.srskansas.org/kcdh)

**Kansas Relay Center (Hearing Impaired service)**

1-800-766-3777

[www.kansasrelay.com](http://www.kansasrelay.com)

**National Center for Learning Disabilities**

1-888-575-7373

[www.nclld.org](http://www.nclld.org)

**National Library Services for Blind & Physically Handicapped**

[www.loc.gov/nls/](http://www.loc.gov/nls/)

1-800-424-8567

**Parmele Law Firm**

8623 East 32<sup>nd</sup> Street North Suite 100 (Wichita)

877-267-6300

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## **Environment**

### **Environmental Protection Agency**

1-800-223-0425  
913-321-9516 (TTY)  
[www.epa.gov](http://www.epa.gov)

### **Kansas Department of Health and Environment**

Salina 785-827-9639  
Hays 785-625-5663  
Topeka 785-296-1500  
[www.kdheks.gov](http://www.kdheks.gov)

## **Food and Drug**

### **Center for Food Safety and Applied Nutrition**

1-888-SAFEFOOD (723-3366)  
[www.cfsan.fda.gov/](http://www.cfsan.fda.gov/)  
[www.healthfinder.gov/docs/doc03647.htm](http://www.healthfinder.gov/docs/doc03647.htm)

### **US Consumer Product Safety Commission**

800-638-2772  
800-638-8270 (TDD)  
[www.cpsc.gov](http://www.cpsc.gov)

### **USDA Meat and Poultry Hotline**

1-888-674-6854  
1-800-256-7072 (TTY)  
[www.fsis.usda.gov/](http://www.fsis.usda.gov/)

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### **U.S. Food and Drug Administration**

1-888-INFO-FDA  
1-888-463-6332  
[www.fsis.usda.gov/](http://www.fsis.usda.gov/)

### **Poison Hotline**

1-800-222-1222

## **Health Services**

### **American Cancer Society**

1-800-227-2345  
[www.cancer.org](http://www.cancer.org)

### **American Diabetes Association**

1-800-DIABETES (342-2383)  
[www.diabetes.org](http://www.diabetes.org)

### **AIDS/HIV Center for Disease Control and Prevention**

1-800-CDC-INFO  
1-888-232-6348 (TTY)  
<http://www.cdc.gov/hiv/>

### **AIDS/STD National Hot Line**

1-800-342-AIDS  
1-800-227-8922 (STD line)

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**American Health Assistance Foundation**  
1-800-437-2423  
[www.ahaf.org](http://www.ahaf.org)

**American Heart Association**  
1-800-242-8721  
[www.americanheart.org](http://www.americanheart.org)

**American Lung Association**  
1-800-586-4872

**American Stroke Association**  
1-888-4-STROKE  
[www.americanheart.org](http://www.americanheart.org)

**Center for Disease Control and Prevention**  
1-800-CDC-INFO  
1-888-232-6348 (TTY)  
<http://www.cdc.gov/hiv/>

**Elder Care Helpline**  
[www.eldercarelink.com](http://www.eldercarelink.com)

**Eye Care Council**  
1-800-960-EYES  
[www.seetolearn.com](http://www.seetolearn.com)

**Kansas Foundation for Medical Care**  
1-800-432-0407  
[www.kfmc.org](http://www.kfmc.org)

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**National Health Information Center**  
1-800-336-4797  
[www.health.gov/nhic](http://www.health.gov/nhic)

**National Cancer Information Center**  
1-800-227-2345  
1-866-228-4327 (TTY)  
[www.cancer.org](http://www.cancer.org)

**National Institute on Deafness and Other  
Communication Disorders Information  
Clearinghouse**  
1-800-241-1044  
1-800-241-1055 (TTY)  
[www.nidcd.nih.gov](http://www.nidcd.nih.gov)

#### Hospice

**Hospice-Kansas Association**  
1-800-767-4965

**Kansas Hospice and Palliative Care Organization**  
1-888-202-5433  
[www.lifeproject.org/akh.htm](http://www.lifeproject.org/akh.htm)

**Southwind Hospice, Incorporated**  
[www.southwindhospice.com](http://www.southwindhospice.com)  
785-483-3161

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**Hospice Services Inc.**  
Serving Smith & Surrounding Counties  
424 8<sup>th</sup> Street (Phillipsburg)  
785-543-2900 or 800-315-5122

## **Housing**

**Kansas Housing Resources Corporation**  
785-296-2065  
[www.housingcorp.org](http://www.housingcorp.org)

**US Department of Housing and Urban  
Development**  
Kansas Regional Office  
913-551-5462

## **Legal Services**

**Kansas Attorney General**  
1-800-432-2310 (Consumer Protection)  
1-800-828-9745 (Crime Victims' Rights)  
1-800-766-3777 (TTY)  
<http://www.ksag.org/>

**Kansas Bar Association**  
785-234-5696  
[www.ksbar.org](http://www.ksbar.org)

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**Kansas Department on Aging**  
1-800-432-3535  
[www.agingkansas.org/index.htm](http://www.agingkansas.org/index.htm)

**Kansas Legal Services**  
1-800-723-6953  
[www.kansaslegalservices.org](http://www.kansaslegalservices.org)

**Southwest Kansas Area Agency on Aging**  
240 San Jose Drive  
Dodge City, KS 67801  
(316) 225-8230  
<http://www.swkaaa.org/>

## **Medicaid Services**

**First Guard**  
1-888-828-5698  
[www.firstguard.com](http://www.firstguard.com)

**Kansas Health Wave**  
1-800-792-4884 or 1-800-792-4292 (TTY)  
[www.kansashealthwave.org](http://www.kansashealthwave.org)

**Kansas Medical Assistance Program  
Customer Service**  
1-800-766-9012  
[www.kmpa-state-ks.us/](http://www.kmpa-state-ks.us/)

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**Medicare Information**

1-800-MEDICARE  
[www.medicare.gov](http://www.medicare.gov)

**U.S. Department of Health and Human Services**

Centers for Medicare and Medicaid Services  
800-MEDICARE (800-633-4227) or  
877-486-2048 (TTY)  
[www.cms.hhs.gov](http://www.cms.hhs.gov)

**Mental Health Services**

**Alzheimer's Association**

1-800-272-3900 or 1-866-403-3073 (TTY)  
[www.alz.org](http://www.alz.org)

**Developmental Services of Northwest Kansas**

1-800-637-2229

**Kansas Alliance for Mentally Ill (Topeka, KS)**

785-233-0755  
[www.namikansas.org](http://www.namikansas.org)

**Make a Difference**

1-800-332-6262

**Mental Health America**

1-800-969-6MHA (969-6642)

**National Alliance for the Mentally Ill Helpline**  
1-800-950-NAMI (950-6264) or 703-516-7227 (TTY)  
[www.nami.org](http://www.nami.org)

**National Institute of Mental Health**

1-866-615-6464 or 1-866-415-8051 (TTY)  
[www.nimh.nih.gov](http://www.nimh.nih.gov)

**National Library Services for Blind and Physically Handicapped**

1-800-424-8567  
[www.loc.gov/nls/music/index.html](http://www.loc.gov/nls/music/index.html)

**National Mental Health Association**

1-800-969-6642  
1-800-433-5959 (TTY)  
[www.nmha.org](http://www.nmha.org)

**State Mental Health Agency**

KS Department of Social and Rehabilitation Services  
915 SW Harrison Street  
Topeka, KS 66612  
785-296-3959  
[www.srskansas.org](http://www.srskansas.org)

**Suicide Prevention Hotline**

1-800-SUICIDE [784-2433]  
[www.hopeline.com](http://www.hopeline.com)

**Nutrition**

**American Dietetic Association**

1-800-877-1600

[www.eatright.org](http://www.eatright.org)

**American Dietetic Association Consumer Nutrition Hotline**

1-800-366-1655

**Department of Human Nutrition**

Kansas State University

119 Justin Hall

Manhattan, KS 66506

785-532-5500

[www.humec.k-state.edu/hn/](http://www.humec.k-state.edu/hn/)

**Eating Disorders Awareness and Prevention**

1-800-931-2237

[www.nationaleatingdisorders.org](http://www.nationaleatingdisorders.org)

**Food Stamps**

Kansas Department of Social and Rehabilitation

Services (SRS)

1-888-369-4777 or Local SRS office

[www.srskansas.org/SD/ees/food\\_stamps.htm](http://www.srskansas.org/SD/ees/food_stamps.htm)

**Kansas Department of Health and Environment**

1000 SW Jackson, Suite 220

Topeka, KS 66612

785-296-1320

[www.kdheks.gov/news-wic/index.html](http://www.kdheks.gov/news-wic/index.html)

**Road and Weather Conditions**

**Kansas Road Conditions**

866-511-KDOT

511

<http://kdot1.ksdot.org/divplanning/roadrpt/>

**Senior Services**

**Alzheimer's Association**

1-800-487-2585

**American Association of Retired Persons (AARP)**

1-888-OUR-AARP (687-2277)

[www.aarp.org](http://www.aarp.org)

**Americans with Disabilities Act Information Line**

1-800-514-0301 or 1-800-514-0383 [TTY]

[www.usdoj.gov/crtada](http://www.usdoj.gov/crtada)

**American Association of Retired Persons**

888-687-2277

[www.aarp.org](http://www.aarp.org)

**Area Agency on Aging**  
800-432-2703

**Eldercare Locator**  
1-800-677-1116  
[www.eldercare.gov/eldercare/public/home.asp](http://www.eldercare.gov/eldercare/public/home.asp)

**Home Buddy**  
1-866-922-8339  
[www.homebuddy.org](http://www.homebuddy.org)

**Home Health Complaints**  
Kansas Department of Social and Rehabilitation  
Services (SRS)  
1-800-842-0078

**Kansas Advocates for Better Care Inc.**  
Consumer Information  
1-800-525-1782  
[www.kabc.org](http://www.kabc.org)

**Kansas Department on Aging**  
1-800-432-3535 or 785-291-3167 (TTY)  
[www.agingkansas.org/index.htm](http://www.agingkansas.org/index.htm)

**Kansas Foundation for Medical Care, Inc.**  
Medicare Beneficiary Information  
1-800-432-0407

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**Kansas Tobacco Use Quitline**  
1-866-KAN-STOP (526-7867)  
[www.kdheks.gov/tobacco/cessation.html](http://www.kdheks.gov/tobacco/cessation.html)

**Older Kansans Employment Programs (OKEP)**  
785-296-7842  
[www.kansascommerce.com](http://www.kansascommerce.com)

**Older Kansans Hotline**  
800-742-9531

**Older Kansans Information Reference Sources on  
Aging (OKIRSA)**  
1-800-432-3535

**Senior Health Insurance Counseling for Kansas**  
1-800-860-5260  
[www.agingkansas.org/SHICK/shick\\_index.html](http://www.agingkansas.org/SHICK/shick_index.html)

**SHICK**  
1-800-860-5260  
[www.agingkansas.org/SHICK](http://www.agingkansas.org/SHICK)

**Social Security Administration**  
785-296-3959 or 785-296-1491 (TTY)  
[www.srskansas.org](http://www.srskansas.org)

**SRS Rehabilitation Services Kansas**  
785-296-3959  
785-296-1491 (TTY)  
[www.srskansas.org](http://www.srskansas.org)

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**Suicide Prevention**

**Suicide Prevention Services**

800-784-2433

[www.spsstf.org](http://www.spsstf.org)

**Transportation Services**

**Smith Center Transportation Van**

785.620.7526

Rides M-F 8 am-4 pm within the city of Smith Center

**F.O.R.T.H.** (Friends Offering Rides for Transportation Help)

785-389-6941 or 785-282-0256 or 784-282-3728

Offers rides/drivers for out of town medical appointments

**Veterans**

**Federal Information Center**

1-800-333-4636

[www.FirstGov.gov](http://www.FirstGov.gov)

**U.S. Department of Veterans Affairs**

1-800-513-7731

[www.kcvva.org](http://www.kcvva.org)

**Education (GI Bill)**

1-888-442-4551

**Health Resource Center**

1-877-222-8387

**Insurance Center**

1-800-669-8477

**Veteran Special Issue Help Line**

Includes Gulf War/Agent Orange Helpline

1-800-749-8387

**U.S. Department of Veterans Affairs**

**Mammography Helpline**

1-888-492-7844

**Other Benefits**

1-800-827-1000

**Memorial Program Service** [includes status of

headstones and markers]

1-800-697-6947

**Telecommunications Device for the**

**Deaf/Hearing Impaired**

1-800-829-4833 (TTY)

[www.vba.va.gov](http://www.vba.va.gov)

**Veterans Administration**

**Veterans Administration Benefits**  
800-669-8477

**Life Insurance**

1-800-669-8477

**Education (GI Bill)**

1-888-442-4551

**Health Care Benefits**

1-877-222-8387

**Income Verification and Means Testing**

1-800-929-8387

**Mammography Helpline**

1-888-492-7844

**Gulf War/Agent Orange Helpline**

1-800-749-8387

**Status of Headstones and Markers**

1-800-697-6947

**Telecommunications Device for the Deaf**

1-800-829-4833

[www.vba.va.gov](http://www.vba.va.gov)

**Benefits Information and Assistance**

1-800-827-1000

**Debt Management**

1-800-827-0648

**Life Insurance Information and Service**  
1-800-669-8477

**Welfare Fraud Hotline**

**Welfare Fraud Hotline**

1-800-432-3913

**Kansas State University Agricultural Experiment Station and Cooperative Extension Service,  
Manhattan, Kansas.**

It is the policy of Kansas State University Agricultural Experiment Station and Cooperative Extension Service that all persons shall have equal opportunity and access to its educational programs, services, activities, and materials without regard to race, color, religion, national origin, sex, age or disability. Kansas State University is an equal opportunity organization.

Issued in furtherance of Cooperative Extension Work, Acts of May 8 and June 30, 1914, as amended; Kansas State University, County Extension Councils, Extension Districts, and United States Department of Agriculture Cooperating. John D. Floros, Dean, College of Agriculture.



# Kansas Rural Health Works Community Health Needs Assessment

## Smith 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



### The Importance of the Health Care Sector to the Economy of Smith County

Kansas Rural Health Options Project  
December 2010

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



Funding for this report  
provided by Health  
Resources and Services  
Administration

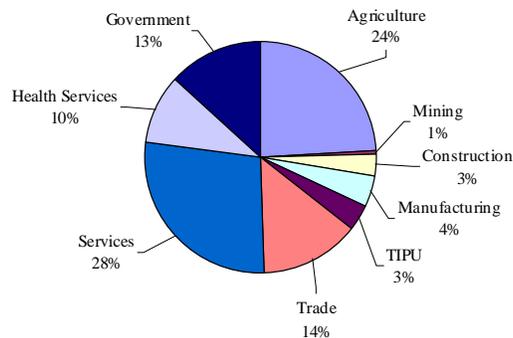
In cooperation with:  
*Office of*  
**Local Government**  
K-State Research and Extension  
and **KSTATE**  
Research and Extension

## 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 Smith County

Figure 5. Employment by Sector (2008)



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HEALTHWORKS

## Total Health Care Impact

Health Sectors	Direct Employment	Economic Multiplier	Total Impact
Health and Personal Care Stores	19	1.15	21
Veterinary Services	2	1.11	3
Home Health Care Services	25	1.10	27
Doctors and Dentists	8	1.20	9
Other Ambulatory Health Care	0	0.00	0
Hospitals	147	1.26	185
Nursing and Residential Care Facilities	84	1.10	92
<b>Total</b>	<b>284</b>		<b>338</b>

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HEALTHWORKS

## Health Care Impact (\$000)

Health Sectors	Direct Income	Economic Multiplier	Total Impact
Health and Personal Care Stores	\$188	1.13	\$212
Veterinary Services	\$0	1.29	\$0
Home Health Care Services	\$177	1.10	\$196
Doctors and Dentists	\$193	1.12	\$217
Other Ambulatory Health Care	\$0	0.00	\$0
Hospitals	\$4,664	1.18	\$5,506
Nursing/Residential Care Facilities	\$1,642	1.10	\$1,812
<b>Total</b>	<b>\$6,863</b>		<b>\$7,942</b>

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## Health Care Impact (\$000)

Health Sectors	Total Impact	Retail Sales	County Sales Tax Collection
Health and Personal Care Stores	\$212	\$49	\$0
Veterinary Services	\$0	\$0	\$0
Home Health Care Services	\$196	\$45	\$0
Doctors and Dentists	\$217	\$50	\$0
Other Ambulatory Health Care	\$0	\$0	\$0
Hospitals	\$5,506	\$1,268	\$13
Nursing/Residential Care Facilities	\$1,812	\$417	\$4
<b>Total</b>	<b>\$7,942</b>	<b>\$1,829</b>	<b>\$18</b>



- 
- ## 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?

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# SCMH Health Care Market

81.0% of Inpatient Discharges in 2011

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**KANSAS RURAL HEALTHWORKS**

# Data Fact Sheets

**Smith County Rural Health Works**

**Demographic, Economic and Health Indicator Data**

**Introduction**

Kansas Rural Health Works (KRHW) is dedicated to helping rural communities build affordable and sustainable health care systems. The Office of Rural Development at K-State Research and Extension is supporting Community Health Needs Assessments. These needs assessments bring the regional group of community leaders together to assess needs, identify priorities, and develop strategies that address the rural health needs. This is an opportunity for the community to bring together its diverse high priority health needs and to map the community's health needs to the state and federal funding that are available to help address the community's health needs and to map the community's health needs to the state and federal funding that are available to help address the community's health needs.

**Background Data Summary**

Following are a variety of state and national data and background demographic, economic and health indicators in Smith County that may have implications related to rural health care needs. Most of the data only is available at a county level and reflects the Smith County boundaries.

**Smith County Primary Health Market Area**

- Between 1999 and 2010, the population increased 21% percent and 200,000 people.
- Health care is a major industry in the county, with 14% of the population working in health care.
- The number of full-time jobs in health care in Smith County has been considerably higher than the state rate.

ZIP codes within the Smith County Health Market Area  
Source: Census, Inc. 2010

**Smith County Rural Health Works**

**Crime Data**

**Introduction**

Kansas Rural Health Works (KRHW) is dedicated to helping rural communities build affordable and sustainable health care systems. The Office of Rural Development at K-State Research and Extension is supporting Community Health Needs Assessments. These needs assessments bring the regional group of community leaders together to assess needs, identify priorities, and develop strategies that address the rural health needs. This is an opportunity for the community to bring together its diverse high priority health needs and to map the community's health needs to the state and federal funding that are available to help address the community's health needs.

**Crime Data Summary**

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

**Smith County Primary Health Market Area**

- The incidence of crime in Smith County is approximately 10% higher than the state rate.
- The number of full-time jobs in health care in Smith County has been considerably higher than the state rate.

ZIP codes within the Smith County Health Market Area  
Source: Census, Inc. 2010

**Smith County Rural Health Works**

**Economic & Demographic Data**

**Introduction**

Kansas Rural Health Works (KRHW) is dedicated to helping rural communities build affordable and sustainable health care systems. The Office of Rural Development at K-State Research and Extension is supporting Community Health Needs Assessments. These needs assessments bring the regional group of community leaders together to assess needs, identify priorities, and develop strategies that address the rural health needs. This is an opportunity for the community to bring together its diverse high priority health needs and to map the community's health needs to the state and federal funding that are available to help address the community's health needs.

**Economic Data Summary**

Following are a variety of data and statistics about the economic and demographic characteristics of Smith County that may have implications related to rural health care needs. Most of the data only is available at a county level and reflects the Smith County boundaries.

**Smith County Primary Health Market Area**

- Continuing to expand, the total population of Smith County has increased 21% since 1999.
- The number of full-time jobs in health care in Smith County has been considerably higher than the state rate.

ZIP codes within the Smith County Health Market Area  
Source: Census, Inc. 2010

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## 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 total population ~ 23% since 1990
  - Aging population ~ 26% 65+ and growing
  - 37% of population without spouse
  - 17% of HH live on <\$15,000, 31% <\$25,000
  - Transfer income > importance (>\$29m, 19%)
  - 13% live in poverty (19% of children)

## Data Fact Sheets

- Health & behavioral data
  - LTC capacity: community-based alternatives?
  - Youth tobacco use ~11%, ~ KS & improving
  - Youth binge drinking ~12%, ~ KS & improving
  - Child immunizations ~ 90%, > KS & improving
  - 20% newborns < than adequate prenatal care (small numbers)
  - Government family/food assistance increasing
  - Hospital short-term trends stable

## Data Fact Sheets

- Crime data
  - Crime ½ state rates (incomplete data)
  - Trends stable
- Education data
  - Long-term enrollment decline
  - Dropout rate stable/violence down (low numbers)
- Traffic data
  - 21% of crashes w. injury/death, no seatbelt
  - Positive overall trends

## Data Fact Sheets

- Health Matters (random impressions)
  - Missing data/small numbers due to sampling
  - Obesity, diabetes, hypertension ~ same as KS
  - Teen, unmarried births rising, ~ same as KS
  - 17% of pregnant women smoke, > KS
  - Uninsured pop. ~ 2% higher than KS
  - Injuries are high vs. KS
  - Indications of economic distress
  - Families and children in poverty of “concern” to “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.



Smith County  
Health Services Directory

Office of Local Government  
Department of Agricultural Economics  
K-State Research and Extension  
May 2012

Emily Mashie, Research Assistant  
Michael Porter, Research Assistant  
Amy McVey, Research Assistant  
Brock Burnick, Research Assistant  
John Leatherman, Director

## Community Directory

- Comprehensive listing of health and related providers and services
- If they know it's available locally, they can choose to buy it at home
- Extended description of hospital, county health department, others as justified
- You ensure completeness and accuracy
- Consider the "gaps" that may exist
- Updatable, reproducible

## Community Health Care Survey

- Community health services
  - Residents' health usage of doctors, hospital, clinics, and Health Department
  - Any general concerns
- Non-random, non-representative
- "Lots" of input - You + 5
- 5 minutes – answer on the spot
- Drop off by Wednesday at hospital 7am-6pm; health department 9am-4pm

## Public Meeting Schedule

- September 10 – Overview, economic impact report, community concerns, data reports, draft health services directory, survey
- September 24 – Review data & information; group discussion; issue prioritization; team formation
- October 1 – 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

**KANSAS RURAL HEALTHWORKS**

## Next Meeting

- Homework: review the information, consider the questions
- Focus Group questions
  - *What is your vision for a healthy community?*
  - *What can the hospital do to help?*
  - *What can the health department do to help?*



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# www.krhw.net



**KANSAS RURAL HEALTHWORKS**

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Communities Building Affordable & Sustainable Healthcare Systems

Home

Rural Health Works

Kansas Rural Health Works Options

County Impact Reports

Resource Links

Welcome to Kansas Rural Health Works, a resource dedicated to helping rural communities build affordable and sustainable local health care systems.

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.




Office of **Local Government**  
K-State Research and Extension

Office of Local Government  
Department of Agricultural Economics  
Kansas State University  
Phone: (785) 832-2643  
Fax: (785) 832-3058  
olg@ag econ.ksu.edu  
http://www.ornet.ksu.edu/olg

Funding for Kansas Rural Health Works is provided by the Office of Rural Health Policy, Health Resources and Services Administration



Contact information:

John Leatherman

785-532-4492/2643

[jleather@k-state.edu](mailto:jleather@k-state.edu)

More info:

[www.krhw.net](http://www.krhw.net)

[www.ksu-olg.info](http://www.ksu-olg.info)



# Kansas Rural Health Works Community Health Needs Assessment

## Smith County

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

## Agenda

- CHNA overview and review
- Preliminary list of community concerns
- Local data reports
- Community health services gap analysis
- Community health care survey results
- Small group discussion
- Group prioritization
- Next meeting

## Local Health Needs Assessment

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

## KRHW CHNA Objectives

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

## Community-driven Process

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



### The Importance of the Health Care Sector to the Economy of Smith County

Kansas Rural Health Options Project  
December 2010

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



Funding for this report  
provided by Health  
Resources and Services  
Administration

In cooperation with:  
Office of  
**Local Government**  
K-State Research and Extension  
and  
**KSTATE**  
Research and Extension

## 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

- Prevention of chronic disease/wellness
- Recruitment/retention of health professionals
- Hospital/LTC facilities and sustainability
- Elder care and community-based services
- Provider communication/collaboration
- Community involvement/leadership
- Your conclusions?

# Data Fact Sheets

**Smith County Rural Health Works**

**Demographic, Economic and Health Indicator Data**

**Introduction**

Kansas Rural Health Works (RW) is dedicated to helping rural communities build affordable and sustainable health care systems. The Office of Rural Development at K-State Research and Extension is supporting Community Health Needs Assessments. These needs assessments bring a regional group of community leaders together to assess needs, identify priorities, and develop strategies that address the rural health needs. This is an opportunity for the community to bring together a diverse group of leaders and stakeholders to address the health needs of the community. The RW will provide technical assistance and support for the community to address the health needs of the community. The RW will provide technical assistance and support for the community to address the health needs of the community.

**Background Data Summary**

Following are a variety of state and national data and statistics about background demographic, economic and health indicators in Smith County that may have implications related to rural health care needs. Most of the data only is available at a county level and reflects the Smith County boundaries.

**Smith County Primary Health Work Area**

Between 1999 and 2010, the population increased 21% percent and 200 percent.

Health care and other needs are the greatest of the population, and 1.5 percent.

In general, the county has the highest percentage of the population that live in rural areas and a lower percentage of the population that live in urban areas than other counties in Kansas.

Median income is \$20,000, which is 44 percent of the state median income and 44 percent of the county median income.

Median income is \$20,000, which is 44 percent of the state median income and 44 percent of the county median income.

**Smith County Rural Health Works**

**Crime Data**

**Introduction**

Kansas Rural Health Works (RW) is dedicated to helping rural communities build affordable and sustainable health care systems. The Office of Rural Development at K-State Research and Extension is supporting Community Health Needs Assessments. These needs assessments bring a regional group of community leaders together to assess needs, identify priorities, and develop strategies that address the rural health needs. This is an opportunity for the community to bring together a diverse group of leaders and stakeholders to address the health needs of the community. The RW will provide technical assistance and support for the community to address the health needs of the community.

**Crime Data Summary**

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

**Smith County Primary Health Work Area**

The incidence of crime in Smith County is approximately 1.5 times higher than the national average.

The number of full-time law enforcement officers per 1,000 population in Smith County has been considerably below the state rate.

**Smith County Rural Health Works**

**Economic & Demographic Data**

**Introduction**

Kansas Rural Health Works (RW) is dedicated to helping rural communities build affordable and sustainable health care systems. The Office of Rural Development at K-State Research and Extension is supporting Community Health Needs Assessments. These needs assessments bring a regional group of community leaders together to assess needs, identify priorities, and develop strategies that address the rural health needs. This is an opportunity for the community to bring together a diverse group of leaders and stakeholders to address the health needs of the community. The RW will provide technical assistance and support for the community to address the health needs of the community.

**Economic Data Summary**

Following are a variety of data and statistics about the economic and demographic characteristics of Smith County that may have implications related to rural health care needs. Most of the data only is available at a county level and reflects the Smith County boundaries.

**Smith County Primary Health Work Area**

Continuing to expand beyond the rural population of Smith County, the population is 20%.

The average population is 100,000 in a rural area.

Median income is \$20,000, which is 44 percent of the state median income and 44 percent of the county median income.

## 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?



### Smith County Health Services Directory

Office of Local Government  
Department of Agricultural Economics  
K-State Research and Extension  
May 2012

Emily Mashie, Research Assistant  
Michael Porter, Research Assistant  
Amy McVey, Research Assistant  
Brock Burnick, Research Assistant  
John Leatherman, Director

## 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

- 185 total responses
- Important to remember – non-representative
- 98% see a doctor; 93% use local provider
- 98% were satisfied/somewhat satisfied
- 73% used a hospital in the past 2 years; SCMH captured 76%
- 88% had prior SCMH experience; 96% were satisfied/somewhat satisfied

## Community Health Care Survey

- Specialty care
  - Cardiologist – 22
  - Orthopedist – 14
  - Surgeon – 12
  - Neurologist – 9
  - OB/GYN – 8
  - Ear/Nose/Throat – 7
  - Urologist – 7

## Community Health Care Survey

- 96% used Smith County Family Practice;  
95% were satisfied/somewhat satisfied
- 53% used Smith County General Surgery;  
94% were satisfied/somewhat satisfied
- 52% used County Health; 98% satisfied

## Community Health Care Survey

- Comments suggest some unmet needs and challenges
  - Access to primary care physicians/long wait times
  - Lack of services/ specialty assistance
  - Facilities conditions
  - Sustainability/retention of health professionals
  - Customer service issues
  - Elder community-based services
- Your observations?

## Small Group Discussion

- Discussion leader and note taker
- Everyone contributes
- Time is critical – 10 minutes/question
- Consider the question
  - Everyone 30 seconds to respond
  - Seek commonalities/themes/combine concerns
  - Identify 1-2 group responses
  - Report to the group

## Discussion Questions

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

## Issue Prioritization

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

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## 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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Welcome to Kansas Rural Health Works, a resource dedicated to helping rural communities build affordable and sustainable local health care systems.

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Funding for Kansas Rural Health Works is provided by the Office of Rural Health Policy, Health Resources and Services Administration

**Office of Local Government**  
K-State Research and Extension

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[www.ksu-olg.info](http://www.ksu-olg.info)



# Kansas Rural Health Works Community Health Needs Assessment

## Smith 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



### The Importance of the Health Care Sector to the Economy of Smith County

Kansas Rural Health Options Project  
December 2010

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



Funding for this report  
provided by Health  
Resources and Services  
Administration

In cooperation with:  
Office of  
**Local Government**  
K-STATE RESEARCH AND EXTENSION  
and  
**KSTATE**  
Research and Extension

# Initial Perceptions: Themes

- Prevention of chronic disease/wellness
- Recruitment/retention of health professionals
- Hospital/LTC facilities and sustainability
- Elder care and community-based services
- Provider communication/collaboration
- Community involvement/leadership

# Data Fact Sheets

**Smith County Rural Health Works**

**Demographic, Economic and Health Indicator Data**

**Introduction**

Kansas Rural Health Works (RW) is dedicated to helping rural communities build affordable and sustainable health care systems. The Office of Rural Development at K-State Research and Extension is supporting Community Health Needs Assessments. These needs assessments bring a regional group of community leaders together to assess needs, identify priorities, and develop strategies that focus on the rural health needs. This is an opportunity for the community to work together to address high priority health needs and to ensure the community is better able to care, work, and live a healthy life. RW can help to facilitate this process. The regional partnership is a first step. The opportunity is here.

**Background Data Summary**

Following are a variety of state and national data and statistics about background demographic, economic and health indicators in Smith County that may have implications related to rural health care needs. Most of the data only is available at a county level and reflects the Smith County boundaries.

**Introduction**

Between 1999 and 2010, the population increased 21% percent and 200,000 people.

A health care system that is able to meet the needs of the population, and 1.5 percent of the population.

In general, the county has the same health care system that the state and other counties have. Smith County has a similar health care system to other counties in the state. The county has a similar health care system to other counties in the state. The county has a similar health care system to other counties in the state.

Median income is \$20,000 per year. The median income is \$20,000 per year. The median income is \$20,000 per year. The median income is \$20,000 per year.

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**Smith County Primary Health Market Area**

27 ZIP codes within the Smith County Health Market Area.

Source: Census, Inc. 2010.

**Smith County Rural Health Works**

**Crime Data**

**Introduction**

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**Crime Data Summary**

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

**Introduction**

The incidence of crime in Smith County is approximately 100 per 1,000 residents. The incidence of crime in Smith County is approximately 100 per 1,000 residents. The incidence of crime in Smith County is approximately 100 per 1,000 residents.

The number of full-time law enforcement officers per 1,000 residents in Smith County has been considerably below the state rate.

**Smith County Primary Health Market Area**

27 ZIP codes within the Smith County Health Market Area.

Source: Census, Inc. 2010.

**Smith County Rural Health Works**

**Economic & Demographic Data**

**Introduction**

Kansas Rural Health Works (RW) is dedicated to helping rural communities build affordable and sustainable health care systems. The Office of Rural Development at K-State Research and Extension is supporting Community Health Needs Assessments. These needs assessments bring a regional group of community leaders together to assess needs, identify priorities, and develop strategies that focus on the rural health needs. This is an opportunity for the community to work together to address high priority health needs and to ensure the community is better able to care, work, and live a healthy life. RW can help to facilitate this process. The regional partnership is a first step. The opportunity is here.

**Economic Data Summary**

Following are a variety of data and statistics about the economic and demographic characteristics of Smith County that may have implications related to rural health care needs. Most of the data only is available at a county level and reflects the Smith County boundaries.

**Introduction**

Continuing to expand, the total population of Smith County has increased 21% percent.

The median income is \$20,000 per year.

Median income is \$20,000 per year. The median income is \$20,000 per year. The median income is \$20,000 per year. The median income is \$20,000 per year.

**Smith County Primary Health Market Area**

27 ZIP codes within the Smith County Health Market Area.

Source: Census, Inc. 2010.

## 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



### Smith County Health Services Directory

Office of Local Government  
Department of Agricultural Economics  
K-State Research and Extension

May 2012

Emily Mashie, Research Assistant  
Michael Porter, Research Assistant  
Amy McVey, Research Assistant  
Brock Burnick, Research Assistant  
John Leatherman, Director

**KANSAS RURAL HEALTHWORKS**

Smith County Community Health Needs Assessment Survey

**KANSAS RURAL HEALTHWORKS** **KSTATE**

You are invited to participate in a survey intended to help identify health-related needs in Smith County. This survey is being sponsored by the Smith County Memorial Hospital and the Smith 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 of age or older.

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

Participation in this survey is voluntary. You may choose to refuse to answer any or all of the questions on this survey. If you have any questions, please feel free to contact Dr. John Luehrman, (785) 532-4862, [jeather@ksu.edu](mailto:jeather@ksu.edu).

1. First, what is your home zip code? \_\_\_\_\_
2. Do you use a family doctor (physician, nurse practitioner, physician's assistant) for most of your routine health care?  Yes (Skip to Q4)  No  Don't Know
3. If no, then what kind of medical provider do you use for routine health care?  Community Health Center  Rural Health Clinic  Health Department  Specialist  Emergency Room/Hospital  None, don't see anyone  Other (specify) \_\_\_\_\_
4. Have you or someone else in your household been to a family doctor (physician, nurse practitioner, physician's assistant) in the Smith County service area?  Yes  No (Skip to Q7)  Don't Know (Skip to Q7)
5. If yes, how would you describe your satisfaction with the quality of care provided by that doctor? Were you  Satisfied  Somewhat Satisfied  Somewhat Dissatisfied  Dissatisfied
6. Why were you satisfied/dissatisfied? \_\_\_\_\_
7. Have you or someone in your household used the services of a hospital in the past 24 months?  Yes  No (Skip to Q8)  Don't Know (Skip to Q8)
8. At which hospital(s) were services received?  Smith County Memorial Hospital (Skip to Q10)  Other (please specify hospital(s) and City):  
Hospital \_\_\_\_\_ City \_\_\_\_\_
9. Have you or any members of your household ever used the services of the Smith County Memorial Hospital?  Yes  No (Skip to Q13)  Don't Know (Skip to Q13)
10. Recalling the most recent visit to the Smith County Memorial Hospital, what type of service was obtained? (check all that apply)  Inpatient  Outpatient  Emergency  Other (please specify) \_\_\_\_\_
11. How would you describe your satisfaction with your last Smith County Memorial Hospital experience? Were you  Satisfied  Somewhat Satisfied  Somewhat Dissatisfied  Dissatisfied
12. Why were you satisfied/dissatisfied? \_\_\_\_\_

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## Community Health Care Survey

- 205 total responses
- Important to remember – non-representative
- Use and satisfaction with local providers
- Comments suggest some unmet needs and challenges: Access to primary care physicians/long wait times; lack of services/specialty assistance; facilities conditions; sustainability/retention of health professionals; customer service issues; elder community-based services

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## 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

- Updated facilities for a new health center
- Expanded array of programs and services
  - Including hospital, acute care clinic, community-based transitional services for the elderly, long-term care, day care, and community health and wellness
- Build on existing successful programs

## Issue Prioritization #2

- Health and wellness/prevention
- Chronic disease management
  - Obesity and related health concerns
  - Nutrition education
- Expanding access to mental health services/assistance
  - Education of the public to recognize need
  - Education of providers/officials to improve recognition and response

## 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.myctb.org/wst/kansashealthmatters/hospitals/default.aspx>)

## Community Health Needs Assessment

### Health Department Accreditation

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

The PHAB standards were developed through the framework of the 10 Essential Public Health Services:

1. Monitor the health of the community
2. Diagnose and investigate health problems
3. Inform, educate, and empower people
4. Mobilize community partnerships
5. Develop policies
6. Enforce laws and regulations
7. Link to/provide health services
8. Assure a competent workforce
9. Evaluate quality
10. Research for new insights

Accreditation is a mechanism for demonstrating a local health department's capacity for providing the essential services as well as its ability to do so through a culture of continuous quality improvement. The [PHAB Standards and Measures Version 1.0](#) were released in May 2011.

Local health departments may seek accreditation as an individual agency or as a region, using the multi-jurisdictional approach. Accreditation status lasts for 5 years; at the end of the 5 year cycle, the department must seek reaccreditation.

Health departments must complete three prerequisites prior to applying for accreditation within the past 5 years

1. A community health assessment
2. A community health improvement plan
3. An agency strategic plan

The seven steps of the accreditation process are

1. Pre-application
2. [Accreditation Readiness Checklist](#)
3. [Online Orientation](#)
4. Statement of Intent
5. Application
6. Documentation Selection and Submission
7. Site Visit
8. Accreditation Decision
9. Reports

## 10. Reaccreditation

This summary was obtained from the *Kansas Health Matters* Website (<http://www.kansashealthmatters.org/>), and can be found here: (<https://www.myctb.org/wst/kansashealthmatters/healthdepartments/default.aspx>)

