Community Health Needs Assessment

Wilson County, KS
March 2013

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

Sponsored by:
Fredonia Regional Hospital
Wilson Medical Center
Wilson County Health Department

In cooperation with:
Wilson County Community Health Needs Assessment  
Executive Summary  
February 2013

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

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

In January, 2013, the Fredonia Regional Hospital, Wilson Medical Center, and the Wilson 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 fifty-two Wilson 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 Wilson 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 the County moves forward to improve the local health-related situation.

Priority #1: Promote health, wellness, and chronic disease prevention.
- Emphasize health education from cradle to grave.
- Focus on education relating to healthy lifestyle behaviors that can be carried throughout life. e.g. hygiene, nutrition, exercise, etc.
- Help adults achieve healthier lifestyle, e.g. weight loss, tobacco cessation, responsible alcohol use.
- Focus on youth through healthy start and youthful family education.
- Recruit student "ambassadors" to relay healthy messages to peers.
**Priority #2:** Improve communication and collaboration between health care providers, between providers and the community, and within the community.
- Enhance communication and collaboration across health service providers to ensure more complete case management.
- Providers planning strategically to support the widest possible spectrum of services for county residents and avoid unnecessary duplication.
- Enhance access to health service providers by ensuring community awareness of locally-available services and access to information/assistance to support appropriate and responsible provider usage.
- Support options for access to care for the medically underserved through a collaborative initiative that considers potential access needs and solutions in a dynamic health care environment.

**Priority #3:** Sustain, expand, and improve public transportation assistance.
- Transportation needs to be accessible, affordable, and meet the needs of handicapped individuals.
- Consider the needs of the elderly who need transportation for regular treatment both within the county and across county lines.
- Consider locally-derived funding mechanisms to supplement dwindling state and federal financial assistance.

**Priority #4:** Assess needs and foster solutions related to housing.
- Improve housing currently characterized by unhealthy living conditions.
- Expand the stock of affordable housing for purchase or rental.
- Focus on youthful population, young families, middle income, and needs relating to the recruitment of new health care providers.
# Table of Contents

<table>
<thead>
<tr>
<th>Report</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction</td>
<td>1</td>
</tr>
<tr>
<td>Meeting Schedule</td>
<td>3</td>
</tr>
<tr>
<td>Health Priorities</td>
<td>5</td>
</tr>
<tr>
<td>Action Plans</td>
<td>17</td>
</tr>
<tr>
<td>Participants</td>
<td>31</td>
</tr>
<tr>
<td>Community Identification</td>
<td>35</td>
</tr>
<tr>
<td>Community Issues List</td>
<td>39</td>
</tr>
</tbody>
</table>

## Appendices

Economic Contribution of Health Services

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

Wilson County Community Survey

Health Services Directory

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

Community Health Needs Assessment Requirements
- Hospitals
- Health Departments

IRS Reporting
Wilson County Community Health Needs Assessment  
January 14 - February 4, 2013

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

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

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

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

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

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

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

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

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

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

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

Finally, the **CHNA Requirements** summarize the Affordable Care Act's requirements for affected hospitals and the requirements for health department accreditation.

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

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

Questions about the Rural Health Works program can be directed to John Leatherman, Office of Local Government, Department of Agricultural Economics, K-State Research and Extension. Phone: 785-532-2643/4492; E-mail: jleather@k-state.edu. The Kansas Rural Health Works Website can be found at: www.krhw.net.
Wilson County Rural Health Works
Community Health Needs Assessment
January 14 - February 4, 2013

Sponsors:  Fredonia Regional Hospital
            Wilson Medical Center
            Wilson County Health Department

Local Coordinators
Cassandra Edson, Public Information Officer
Wilson County Health Department
421 N. 7th Street
Fredonia, KS 66736
Phone: (620) 378-4455
FAX: (620) 378-4647
Cell: (620) 330-6122
E-mail: pio@twinmounds.com

Janice Reese, Marketing/Foundation Director
Wilson Medical Center
2600 Ottawa Road, PO Box 360
Neodesha, KS 66757
Phone: (620) 325-8396
E-mail: jreese@wmcrc.org

Meeting 1: Data Analysis
Monday, January 14, 2013
11:30 a.m. Lunch service will begin 11:15 a.m.
Wilson County Old Iron Club "Town Hall"

11:30 a.m.  Introduction and Purpose
11:40 a.m.  Economic Contribution Report
11:55 a.m.  Preliminary Needs Identification
            • Issue Identification Cards
            • Discussion
12:15 p.m.  Secondary Data Reports
12:35 p.m.  Group Discussion
12:45 p.m.  Community Survey
            • Discussion
1:05 p.m.  Local Health Services Directory
1:10 p.m.  Preparation for Prioritization
1:20 p.m.  Discussion
1:30 p.m.  Adjourn
Meeting 2: Issue Prioritization  
Monday, January 28, 2013  
11:30 a.m. Lunch service will begin 11:15 a.m.  
Wilson County Old Iron Club "Town Hall"

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. Review Survey Results  
12:00 p.m. Focus Group Formation and Instruction  
12:10 p.m. Focus Group Work Session  
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, February 4, 2013  
11:30 a.m. Lunch service will begin 11:15 a.m.  
Wilson County Old Iron Club "Town Hall"

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

Community Health Priorities
Action Plans and
Issue Identification
Identification of Wilson 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 be Steering Committee members participating in the small group discussions leading to the overall prioritization.

Steering Committee Consensus on Overall Priorities for Wilson County

Priority #1: Promote health, wellness, and chronic disease prevention.
• Emphasize health education from cradle to grave.
• Focus on education relating to healthy lifestyle behaviors that can be carried throughout life. e.g. hygiene, nutrition, exercise, etc.
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• Focus on youth through healthy start and youthful family education.
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**Priority #3:** Sustain, expand, and improve public transportation assistance.

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- Consider the needs of the elderly who need transportation for regular treatment both within the county and across county lines.
- Consider locally-derived funding mechanisms to supplement dwindling state and federal financial assistance.

**Priority #4:** Assess needs and foster solutions related to housing.

- Improve housing currently characterized by unhealthy living conditions.
- Expand the stock of affordable housing for purchase or rental.
- Focus on youthful population, young families, middle income, and needs relating to the recruitment of new health care providers.
Focus Group 1 Discussion
January 28, 2013

Discussion Questions

What is your vision for a healthy community?
What are the top three-four things that need to happen to achieve your vision for a healthy community?

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

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

Response

What is the vision?
A community that has jobs
Taking care of self and working together
Access to affordable health care
Knowledge to healthy living at all ages
Wellness
Being active
Schools and jobs
Transportation
Technology in schools

What could be better?
Transportation – affordable and handicapped accessible
Healthcare providers – accessible
More wellness programs – insurance plans, knowledge, more exercise
Families have to be more responsible for kids
Exercise and better eating, especially at events
Educate on “Better items to eat”
So many extracurricular activities that kids and families grab whatever
The sidewalks are bad
Poor housing cause health programs
What can the hospital do to help?

- Events for families
- Wellness programs for employees in the hospital
- Share program between hospitals
- Buy transportation vehicles together
- Share education expertise
- Work together on programs
- Health department working with young moms (breastfeeding)
- Medicaid pays for transportation
- Share a wellness program between hospitals
Focus Group 2 Discussion
January 28, 2013

Discussion Questions

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

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

Response

What is the vision?
- Working together for everyone to enjoy better access

What could be better?
- Communication with community – collaboration
- Transportation with handicap accessibility
- Child neglect – break the cycle
- Health wellness chronic disease prevention
- Recruitment of doctors
- Unsafe housing

What can the hospital do to help?
- Communicate with the health department about our services

What can the health department do to help?
- Better access in Neodesha for health department services
Focus Group 3 Discussion
January 28, 2013

Discussion Questions

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

Response

What is the vision?
  The ability to make improvements in people health through education, available resources, and quality services

What could be better?
  Education on prevention
  Combining resources
  Filling gaps

What can the hospital do to help?
  Educate
  Understand that the low-income families don’t want to worry about “business”; they need low cost services
Focus Group 4 Discussion
January 28, 2013

Discussion Questions

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

Response

What is the vision?
  Transportation – shouldn’t have to choose between ride, transportation, and medicine
  Promote healthy lifestyles in family – make fairs more generational
  Promote preventative care

What could be better?
  Substance abuse
  Poor health habits – substance abuse, obesity, etc.
  Easy access to health choices
  Utilize available services
  Early detection, identify and prevent disease by promoting healthy lifestyle
  Intervene in the family system

How can the hospital help?
  Doctor’s alternate hours
  Pediatric clinic – promote and develop more
  Offer space to the health department

How can the health department help?
  Find a way to satellite Neodesha again – maybe at the Neodesha Hospital
Focus Group 5 Discussion
January 28, 2013

Discussion Questions

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

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

Response

What is the vision?
- Starting healthy habits early – teaching fruits and vegetables
- More communication between medical community and the community at large
- Need to be able to tell someone about problems
- We wonder if some issues are being taken care of but no one knows – especially those that are homebound
- Neodesha – community bulletin board on cable
- Fredonia – Call on Wednesday and groceries are delivered on Thursday (G&W)
- Volunteer drivers cannot afford it
- We need to get more specialists in the county
- Who pays to publish a services directory
- Families can get online – Need to keep up to date
- Chamber would like to let everyone know, but we need to let the Chamber know
- Could the Chamber handle giving out numbers
- Welcome packet
- All groups working together to communicate and help the communities

What is right?
- We have many specialists here
- Two hospitals with great health care
What could be better?

1. Communication – Hospitals work with each other and with the health department
2. Transportation – Thanks Bus restarted
   - 48 hours’ notice
   - No wheelchair van
   - Retired Seniors Volunteer Programs (RSVP)
   - Kathy Shepherd – Grant Program
3. Neglect of Children – Start with the parents
   - Shoe drive- gave away 296 pairs of shoes
   - Take brochures to Parkview and Vintage Park
   - Put information in the Senior News
   - OBGYN coming, recruiting ENT, and therapist
   - We need to share the specialists – Not on recruit and then the other recruit
   - Some people want to complain rather than look
   - We have access to many things in our area
   - Billing is slow
   - People need to care for themselves in terms of Acute needs and Chronic conditions
   - Discrete local
   - Neglect of Children – 60% f5ee and reduced lunched
   - Wednesday afternoon program – eat like they have not eaten that day
   - Back Pack Program
   - Vision Care rules need to be tightened
   - Parents don’t take the time to cook

What can the hospital do to help?

They are doing all they can
- Make sure they are getting all of information out to needed resources
- EHI will help

What can the health department do to help?

They do not come to Neodesha
- Need better access
- Work with the other office to make it affordable
Wilson 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 members 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?
Wilson County Community Health Needs Assessment Action Planning
February 4, 2013

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- Help adults achieve healthier lifestyle, e.g. weight loss, tobacco cessation, responsible alcohol use.
- Focus on youth through healthy start and youthful family education.
- Recruit student "ambassadors" to relay healthy messages to peers.

Action Committee Members
Charlotte A. Coates; Pastor; Fredonia 1st United Methodist Church; Fredonia; charlotte.coates@earthlink.net
Cheri Nelson; Extension Agent; K-State Extension- Wilson County; Fredonia/ Neodesha/ Altoona/ Buffalo; cnelson@ksu.edu; 620-378-2167
Debbie Smith; Director; Neodesha Housing Authority; Neodesha; debbienha@neodesha.org; 620-325-2440
Dennis Shelby; CEO; Wilson Medical Center; Neodesha; dshelby@wmcrc.org
Jennifer McKenney; Physician; Fredonia Regional Hospital; Fredonia; jenbmckenney@gmail.com
Jim Murphy; Interim CEO; Fredonia Regional Hospital; Fredonia; jmurphy@frh1.org; 620-378-2121 ext 201
Julie Wittum; Director of Physical Therapy; Wilson Medical Center; Neodesha; juliebpt@hotmail.com
Todd Durham; Administrator; Wilson County Health Department; Fredonia; tdurham@twinmounds.com

Action Plan

Getting Started

Situation
- There is high incidence of diabetes, obesity, poor nutrition, and lack of physical activity in Wilson County. There is also high tobacco use and drug and alcohol abuse.

Priorities
- Education
- Creating support systems
- Incentives for behavior change in areas of health, exercise, and lifestyle

Intended Outcomes
- To positively impact Wilson County Health Ranking by reducing the incidence of obesity, diabetes, and increasing physical activity
Filling in the Plan

Resources

Partner with: Healthcare – Nursing home, assisted living, Wilson Medical Center, Fredonia Regional Hospital, Health Department, Home Health agencies, physicians.

KSU Extension Office

Public Schools and higher education

Fitness centers

Faith based – United Methodist Health Ministry

Business and Industry – G&W, Banks, Restaurants, Large Employers

SE Kansas Buying Club

Civic/Service organizations

Cities, county government, state & federal

Law enforcement

Disability community

Food banks

Chamber of Commerce

Time: quarterly meetings

Funding: grants, foundations, health department, community funds, individual citizens

Community gardens

UMHMF

Insurance companies

Wal-Mart

Gates Foundation

Robert Wood Johnson

Who: Eye doctors, dentists, physicians & mid-levels, chiropractors

Beverly Gains

Resources: volunteers, time, interns (FCCLA)

Activities

Quarterly meetings - subcommittees

Participate

Grant writer/partners
Short-Term Results
   Shared calendar
   Identify activities and support groups
   Establishing coalition
   State planning activities to fill gaps
   Web based information

Intermediate-Term Results
   See clinics and hospitals lab results improve by 10% (BMI, alcohol)

Ultimate Impact
   Improved health data
Wilson County Community Health Needs Assessment Action Planning
February 4, 2013

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

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

Action Committee Members
Kim Barnes; Branch Manager; RN Angels Care Home Health; Neodesha & Fredonia;
    kbarones@angmarholdings.com; 620-325-3841
Laurie Coble; RN; Home Town Health Care; 620-378-3760
Lea Anne Johnson; RN, BSN, IP; Fredonia Regional Hospital; Fredonia; ljohnson@frh1.org; 620-378-2121
Susan John; Chamber Director; Fredonia Area Chamber of Commerce; Fredonia;
    fredoniakschamber@centurylink.net; 620-378-3221
Terry Lyons; Coordinator; Wilson County Emergency Management; Fredonia; WCEM@twinmounds.com;
    620-378-4455
Todd Durham; Administrator; Wilson County Health Department; Fredonia; tdurham@twinmounds.com

Action Plan

Getting Started

Situation
    Increased communication between all county healthcare providers

Priorities
    Form a committee and choose a leader
    Create a list of service available county-wide by a collaborative list
    Enhance access to service for all residence
Intended Outcomes
Quarterly meetings established
Website and brochure prepared for public access
Buy-in and participation of medical professionals county-wide

Filling in the Plan

Resources
Volunteer committee with leadership established
Funding for brochures
County website and radio station used

Activities
Quarterly meetings
Special events as determined by the committee

Participate
People from all aspects of healthcare, nursing homes, pharmacists, county health departments
Reach everyone in the county – uninsured, elderly, young families

Short-Term Results
Committee formed
Schedule created
Collaborative brochure formed and printed and distributed

Intermediate-Term Results
Improved awareness of citizens of resources
Improved access for citizens
Clinic established for under/uninsured to minimize ER visits

Ultimate Impact
Improved profitability to hospitals and physicians by decreasing their loss for uninsured by providing that service through an indigent clinic run by volunteers.
Improved measures in future surveys on this topic
Wilson County Community Health Needs Assessment Action Planning
February 4, 2013

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- Transportation needs to be accessible, affordable, and meet the needs of handicapped individuals.
- Consider the needs of the elderly who need transportation for regular treatment both within the county and across county lines.
- Consider locally-derived funding mechanisms to supplement dwindling state and federal financial assistance.

Action Committee Members
Berdeen Lawrence; First United Methodist Church- Healthy Congregation; Fredonia; berdeenlawrence@embarqmail.com; 620-378-2922
Christi Cole; Director of Radiology; Fredonia Regional Hospital; Fredonia; ccole@frh1.org; 620-378-2121
Daryl Pruter; Superintendent of Schools USD 461; Neodesha Schools; Neodesha; dpruter@neodesha.k12.ks.us
Janice Reese; Marketing/ Foundation Director; Wilson Medical Center; Neodesha; jreese@wmcrc.org; 620-325-8396
Linda Hyde; Director Fredonia Food Bank; Member Fredonia Reg. Wellness Comm.; Fredonia; wwhyde@embarqmail.com; 620-378-3018
Ryan Duft; RN- Chief Nursing Officer; Fredonia Regional Hospital; Fredonia; rduftefrh1.org

Action Plan

Getting Started

Situation
Wilson County transportation is inadequate because of limited resources and limited funding.
We need a transportation campaign!

Priorities
Contact the Thanks Program directors and board for added information because of their experience and knowledge already available.
Gather all current resources available to make a directory available to Wilson County community members.
Reach all grant resources for additional financial resources.
Create collaboration among current groups and future possibilities.
Intended Outcomes

Stable, sustainable, and affordable transportation entity should be available to as many elderly or disabled county people as reasonably possible with future growth to go out of the county.

Filling in the Plan

Resources

- People/partners (Thanks Program-caregivers)
- Money (city, county, government, private funding)
- Existing resources (school district buses – nursing home buses throughout the city, county, and state)

Activities

- Bring in community/public groups that aren’t here at this meeting
- Compile a formal list of existing resources
- Conduct community or public meetings to produce the informational available

Participate

- Target Audience – anyone who needs or knows who needs the transportation services
- Thanks Program
- Civic organization leaders (Rotary, Lions, churches)
- City government leaders
- Caregivers of elderly and disabled
- Sponsoring organizations

Short-Term Results

- The formation of the group to head up the initiative or campaign to advance the existing services
- Addition of handicap accessible van
- Produce and distribute existing transit resources

Intermediate-Term Results

- Website, pamphlets, and brochures on available resources for transportation
- Sustainable program that will be able to expand in future services
Ultimate Impact

Utilization increased and resources are documented and distributed for measurement purposes
Wilson County Community Health Needs Assessment Action Planning
February 4, 2013

Priority #4: Assess needs and foster solutions related to housing.
- Improve housing currently characterized by unhealthy living conditions.
- Expand the stock of affordable housing for purchase or rental.
- Focus on youthful population, young families, middle income, and needs relating to the recruitment of new health care providers.

Action Committee Members
Allen Dinkel; City Administrator; City of Neodesha; Neodesha; adinkel@ci.neodesha.ks.us; 785-325-2828 x204
Bobbie Katzer; Retired Teacher; USD #461; Neodesha; bobbikatzer@gmail.com; 620-325-2223
Bobby Busch; City Clerk; City of Neodesha; Neodesha; bbusch@ci.neodesha.ks.us; 620-325-2828 x200
Carol Bramhall; Former Health Works Facilitator; Original Steering Committee Member; Neodesha; carolbramhall@mac.com
Jeri L. Farmer; Branch Manager; First Federal Savings & Loan; Neodesha; jeri@firstfederalsl.com
Julie Nickol RN; Outreach; Wilson Medical Center; Neodesha; jnichol@wmcrc.org
Julie Quanstrom; Information Technology Director; Wilson Medical Center; Neodesha; jquanstrom@wmcrc.org

Action Plan

Getting Started

Situation
- Housing for families $50,000-$70,000
- Education on home insurance
- Dilapidated housing – junky yards

Priorities
- Housing $50,000-$70,000 incomes
- Education on home insurance
- Dilapidated housing

Intended Outcomes
- Community Awareness
- Schools educate pupils about personal finance
- Volunteer’s liability
Filling in the Plan

Resources
   Education – school
   Coordinate clean-up
   Volunteers

Activities
   Public meetings
   School assemblies
   Social media

Participate
   City leaders
   Entire community

Short-Term Results
   County-wide clean-up day

Intermediate-Term Results
   Housing will look much better
   No junk in the yards
   People will learn to take pride in their home

Ultimate Impact
   People want to live in our community
   Improving housing stock
   Better education on financial responsibility
   A change in the people’s attitude on pride
This worksheet is intended to help Rural Health Works program participants build an effective action plan for improving conditions in the community.

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

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

____________________________________________________________________________
____________________________________________________________________________

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

1st: _________________________________________________________________________

2nd: _________________________________________________________________________

3rd: _________________________________________________________________________

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

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

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

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

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

____________________________________________________________________________

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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?

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

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?

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

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### Wilson County Rural Health Works Program

#### Steering Committee Participants

**Monday, January 14, 2013**

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Affiliation</th>
<th>Community</th>
<th>Email</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Barbara Griffith</td>
<td>Director of Neodesha Service Center</td>
<td>Neodesha</td>
<td>Neodesha</td>
<td><a href="mailto:griffith.barbara@sbcglobal.net">griffith.barbara@sbcglobal.net</a></td>
<td>620-325-2702</td>
</tr>
<tr>
<td>Maria González</td>
<td>Business Owner/ Gueros Mexican Restaurant</td>
<td>Fredonia</td>
<td>Fredonia</td>
<td><a href="mailto:gueos_maria@yahoo.com">gueos_maria@yahoo.com</a></td>
<td>620-378-2031</td>
</tr>
<tr>
<td>Louise Holmes</td>
<td>Board of Trustees (Retired Medical Technologist)</td>
<td>FRH Wellness Committee</td>
<td>Fredonia</td>
<td><a href="mailto:hollermel@embarqmail.com">hollermel@embarqmail.com</a></td>
<td>620-378-4455</td>
</tr>
<tr>
<td>Beverly Gaines/RoNo</td>
<td>Chairman Board First National Bank</td>
<td>Wilson County Emergency Management</td>
<td>Wilson County</td>
<td><a href="mailto:WCEM@twinmounds.com">WCEM@twinmounds.com</a></td>
<td>620-378-6941</td>
</tr>
<tr>
<td>Terry Lyons</td>
<td>Coordinator</td>
<td>Wilson Medical Center</td>
<td>Wilson County</td>
<td><a href="mailto:kenncarter@embarqmail.com">kenncarter@embarqmail.com</a></td>
<td>620-668-3018</td>
</tr>
<tr>
<td>Kenny Carter</td>
<td>Board of Directors</td>
<td>Member Fredonia Reg. Wellness Comm.</td>
<td>Fredonia</td>
<td><a href="mailto:whythe@embarqmail.com">whythe@embarqmail.com</a></td>
<td>620-378-3018</td>
</tr>
<tr>
<td>Linda Hyde</td>
<td>City Clerk</td>
<td>City of Neodesha</td>
<td>Neodesha</td>
<td><a href="mailto:bbusch@ci.neodesha.ks.us">bbusch@ci.neodesha.ks.us</a></td>
<td>620-325-2828 x200</td>
</tr>
<tr>
<td>Bobby Grimes</td>
<td>Branch Manager</td>
<td>RN Angels Care Home Health</td>
<td>Neodesha &amp; Fredonia</td>
<td><a href="mailto:kgrimes@angmarholdings.com">kgrimes@angmarholdings.com</a></td>
<td>620-325-3841</td>
</tr>
<tr>
<td>Pat Bonner</td>
<td>Extension Agent</td>
<td>K-State Extension- Wilson County</td>
<td>Fredonia/ Neodesha</td>
<td><a href="mailto:cnelson@ksu.edu">cnelson@ksu.edu</a></td>
<td>620-378-2167</td>
</tr>
<tr>
<td>Allen Dinkel</td>
<td>City Administrator</td>
<td>CERT &amp; LEPC- City of Altoona Councilman</td>
<td>Altoona</td>
<td><a href="mailto:patbonner66@yahoo.com">patbonner66@yahoo.com</a></td>
<td>620-378-2205</td>
</tr>
<tr>
<td>Berdeen Lawrence</td>
<td>First United Methodist Church- Healthy Congregation</td>
<td>First United Methodist Church- Healthy Congregation</td>
<td>Fredonia</td>
<td><a href="mailto:berdeenlawrence@embarqmail.com">berdeenlawrence@embarqmail.com</a></td>
<td>620-378-2922</td>
</tr>
<tr>
<td>Jeri L. Farmer</td>
<td>Branch Manager</td>
<td>First Federal Savings &amp; Loan</td>
<td>Neodesha</td>
<td><a href="mailto:jferi@firstfederalsl.com">jferi@firstfederalsl.com</a></td>
<td>620-325-2223</td>
</tr>
<tr>
<td>Bobbie Katzer</td>
<td>Retired Teacher</td>
<td>USD #461</td>
<td>Neodesha</td>
<td><a href="mailto:bkbkatzer@gmail.com">bkbkatzer@gmail.com</a></td>
<td>620-325-6955</td>
</tr>
<tr>
<td>Carol Bramhall</td>
<td>Former Health Works Facilitator</td>
<td>Original Steering Committee Member</td>
<td>Neodesha</td>
<td><a href="mailto:carolbramhall@mac.com">carolbramhall@mac.com</a></td>
<td>620-325-2240</td>
</tr>
<tr>
<td>Karen M. Porter</td>
<td>Chamber of Commerce Director</td>
<td>Original Steering Committee Member</td>
<td>Neodesha</td>
<td><a href="mailto:karen@neodeshachamber.com">karen@neodeshachamber.com</a></td>
<td>620-325-2240</td>
</tr>
<tr>
<td>Debbie Smith</td>
<td>Director</td>
<td>Neodesha Housing Authority</td>
<td>Neodesha</td>
<td><a href="mailto:debbie@neodesha.org">debbie@neodesha.org</a></td>
<td>620-325-2240</td>
</tr>
<tr>
<td>Joan &amp; Bob Lett</td>
<td>Letts Ornamentals Grasses &amp; Nursery</td>
<td>Retired Four County Mental Health</td>
<td>Fredonia</td>
<td><a href="mailto:jani@lettsornamentals.com">jani@lettsornamentals.com</a></td>
<td>620-325-2240</td>
</tr>
<tr>
<td>Casey Lair</td>
<td>President 1st Neodesha Bank- Wilson County Commissioner</td>
<td>WMC Foundation</td>
<td>Neodesha</td>
<td><a href="mailto:jrlairsteering@gmail.com">jrlairsteering@gmail.com</a></td>
<td>620-325-2240</td>
</tr>
<tr>
<td>Julie Lair</td>
<td>Retired RN, Homemaker</td>
<td>WMC Board of Directors</td>
<td>Neodesha</td>
<td></td>
<td>620-325-2240</td>
</tr>
<tr>
<td>Philip G. Newkirk</td>
<td>Dentist</td>
<td>Neodesha</td>
<td>Neodesha</td>
<td><a href="mailto:newkirkddds@gmail.com">newkirkddds@gmail.com</a></td>
<td>620-325-2450</td>
</tr>
<tr>
<td>Ann Fitzmorris</td>
<td>H.R.</td>
<td>Radiant Electric Co-op, Inc</td>
<td>Fredonia</td>
<td>ann@radiantecoop</td>
<td>620-325-2450</td>
</tr>
<tr>
<td>Ryan Duft</td>
<td>RN- Chief Nursing Officer</td>
<td>FRH Wellness Committee</td>
<td>Fredonia</td>
<td><a href="mailto:rduft@frh1.org">rduft@frh1.org</a></td>
<td>620-378-2213</td>
</tr>
<tr>
<td>Loretta Odel</td>
<td>Social Worker</td>
<td>Original Steering Committee Member</td>
<td>Neodesha</td>
<td><a href="mailto:lodel@frh1.org">lodel@frh1.org</a></td>
<td>620-378-2213</td>
</tr>
<tr>
<td>Peggy Ogle RN</td>
<td>Quality Ed</td>
<td>Fredonia Regional Hospital</td>
<td>Fredonia</td>
<td><a href="mailto:pogle@frh1.org">pogle@frh1.org</a></td>
<td>620-378-2213</td>
</tr>
<tr>
<td>Susan John</td>
<td>Chamber Director</td>
<td>Fredonia Area Chamber of Commerce</td>
<td>Fredonia</td>
<td><a href="mailto:susanjf@centurylink.net">susanjf@centurylink.net</a></td>
<td>620-378-2213</td>
</tr>
<tr>
<td>Dennis Shelby</td>
<td>CEO</td>
<td>WMC Medical Center</td>
<td>Neodesha</td>
<td><a href="mailto:dshelby@wmcrc.org">dshelby@wmcrc.org</a></td>
<td>620-325-2213</td>
</tr>
<tr>
<td>Connie Shivelydecker</td>
<td>State Farm Agent</td>
<td>State Farm Agent &amp; School Board</td>
<td>Neodesha</td>
<td><a href="mailto:cshivelydecker@gmail.com">cshivelydecker@gmail.com</a></td>
<td>620-325-2213</td>
</tr>
<tr>
<td>Daryl Pruter</td>
<td>Superintendent of Schools USD 461</td>
<td>Neodesha Schools</td>
<td>Neodesha</td>
<td><a href="mailto:dpruter@neodesha.k12.ks.us">dpruter@neodesha.k12.ks.us</a></td>
<td>620-325-2213</td>
</tr>
<tr>
<td>Drew Johnson</td>
<td>Insurance Agent</td>
<td>Newkirk, Dennis &amp; Buckles</td>
<td>Neodesha</td>
<td><a href="mailto:drew@ndb-insurance.com">drew@ndb-insurance.com</a></td>
<td>620-325-2213</td>
</tr>
<tr>
<td>Cassie Edson</td>
<td>Public Information Officer/ Healthy Start</td>
<td>Wilson County Health Department</td>
<td>Fredonia</td>
<td><a href="mailto:pic@twinmounds.com">pic@twinmounds.com</a></td>
<td>620-325-2213</td>
</tr>
<tr>
<td>Annette Clark</td>
<td>Chair-Healthy Congregations Team</td>
<td>1st United Methodist Church</td>
<td>Fredonia</td>
<td><a href="mailto:aclark@twinmounds.com">aclark@twinmounds.com</a></td>
<td>620-325-2213</td>
</tr>
<tr>
<td>Julie Nickol RN</td>
<td>Outreach</td>
<td>Wilson Medical Center</td>
<td>Neodesha</td>
<td><a href="mailto:jnclark@wmcrc.org">jnclark@wmcrc.org</a></td>
<td>620-325-2213</td>
</tr>
<tr>
<td>Julie Wiltum</td>
<td>Director of Physical Therapy</td>
<td>Wilson Medical Center</td>
<td>Neodesha</td>
<td><a href="mailto:juliewillemier@twinmounds.com">juliewillemier@twinmounds.com</a></td>
<td>620-325-2213</td>
</tr>
<tr>
<td>Terri Quinlum</td>
<td>Information Technology Director</td>
<td>Wilson Medical Center</td>
<td>Neodesha</td>
<td><a href="mailto:quinlum@wmcrc.org">quinlum@wmcrc.org</a></td>
<td>620-325-2213</td>
</tr>
<tr>
<td>Linda Barry</td>
<td>Administrator Vintage Park Neodesha Assisted Living</td>
<td>Neodesha</td>
<td>Neodesha</td>
<td><a href="mailto:barryal@embarqmail.com">barryal@embarqmail.com</a></td>
<td>620-325-2213</td>
</tr>
<tr>
<td>Todd Durham</td>
<td>Administrator</td>
<td>Wilson County Health Department</td>
<td>Fredonia</td>
<td><a href="mailto:tdurham@twinmounds.com">tdurham@twinmounds.com</a></td>
<td>620-325-2213</td>
</tr>
<tr>
<td>Janice Reese</td>
<td>Marketing/ Foundation Director</td>
<td>Wilson Medical Center</td>
<td>Neodesha</td>
<td><a href="mailto:jreeese@wmcrc.org">jreeese@wmcrc.org</a></td>
<td>620-325-2213</td>
</tr>
<tr>
<td>Name</td>
<td>Position</td>
<td>Affiliation</td>
<td>Community</td>
<td>Email</td>
<td>Phone</td>
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</tr>
<tr>
<td>Julie Quanstrom</td>
<td>Information Technology Director</td>
<td>Wilson Medical Center</td>
<td>Neodesha</td>
<td><a href="mailto:jquanstrom@wmcrc.org">jquanstrom@wmcrc.org</a></td>
<td>620-325-2450</td>
</tr>
<tr>
<td>Philip G. Newkirk</td>
<td>Dentist</td>
<td>Neodesha Regional Hospital</td>
<td>Neodesha</td>
<td><a href="mailto:pnewkirkdds@gmail.com">pnewkirkdds@gmail.com</a></td>
<td>620-378-2121</td>
</tr>
<tr>
<td>Christ Cole</td>
<td>Director of Radiology</td>
<td>Wilson County</td>
<td>Neodesha</td>
<td><a href="mailto:ccoles@frh1.org">ccoles@frh1.org</a></td>
<td>620-378-2031</td>
</tr>
<tr>
<td>Louise Holmes</td>
<td>Board of Trustees (Retired Medical Technologist)</td>
<td>Neodesha Regional Hospital</td>
<td>Neodesha</td>
<td><a href="mailto:homerholmes@embarqmail.com">homerholmes@embarqmail.com</a></td>
<td>620-378-3472</td>
</tr>
<tr>
<td>Kris Marple</td>
<td>County Coordinator</td>
<td>Wilson County</td>
<td>Neodesha</td>
<td><a href="mailto:coordinator@twimounds.com">coordinator@twimounds.com</a></td>
<td>620-378-3221</td>
</tr>
<tr>
<td>Susan John</td>
<td>Chamber Director</td>
<td>Fredonia Area Chamber of Commerce</td>
<td>Neodesha</td>
<td><a href="mailto:fredoniakschamber@centurylink.net">fredoniakschamber@centurylink.net</a></td>
<td>620-378-3018</td>
</tr>
<tr>
<td>Linda Hyde</td>
<td>Director</td>
<td>Member Fredonia Reg, Wellness Comm.</td>
<td>Fredonia</td>
<td><a href="mailto:whyde@embarqmail.com">whyde@embarqmail.com</a></td>
<td></td>
</tr>
<tr>
<td>Peggy Ogle</td>
<td>R.N.</td>
<td>Home Town Health Care</td>
<td>Neodesha</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Deb Shinkle</td>
<td>R.N. Owner</td>
<td>Home Town Health Care</td>
<td>Neodesha</td>
<td><a href="mailto:deb@hometownhealthcare.net">deb@hometownhealthcare.net</a></td>
<td>620-378-3760</td>
</tr>
<tr>
<td>Janice Reese</td>
<td>Marketing/ Foundation Director</td>
<td>Wilson Medical Center</td>
<td>Neodesha</td>
<td><a href="mailto:reese@wmcrc.org">reese@wmcrc.org</a></td>
<td>620-325-8396</td>
</tr>
<tr>
<td>Jim Porter</td>
<td>Superintendent/Chair</td>
<td>Fredonia Unified School District</td>
<td>Fredonia</td>
<td><a href="mailto:Jimporter@fredoniaks.com">Jimporter@fredoniaks.com</a></td>
<td></td>
</tr>
<tr>
<td>Bobby Busch</td>
<td>City Clerk</td>
<td>City of Neodesha</td>
<td>Neodesha</td>
<td><a href="mailto:bbusch@ci.neodesha.ks.us">bbusch@ci.neodesha.ks.us</a></td>
<td>620-325-2828 x200</td>
</tr>
<tr>
<td>Beverly Gaines/RoNo</td>
<td>Chairman Board First National Bank</td>
<td>FRH Wellness Committee</td>
<td>Fredonia</td>
<td><a href="mailto:bgaines@fnbfredonia.com">bgaines@fnbfredonia.com</a></td>
<td></td>
</tr>
<tr>
<td>Cheri Nelson</td>
<td>Extension Agent</td>
<td>K-State Extension- Wilson County</td>
<td>Fredonia/ Neodesha/ Altoona/ Buffalo</td>
<td><a href="mailto:cnelson@ksu.edu">cnelson@ksu.edu</a></td>
<td>620-378-2167</td>
</tr>
<tr>
<td>Barbara Griffith</td>
<td>Director of Neodesha Service Center</td>
<td>Neodesha Service Center</td>
<td>Neodesha</td>
<td><a href="mailto:griffith.barbara@ssbglobal.net">griffith.barbara@ssbglobal.net</a></td>
<td>620-325-2702</td>
</tr>
<tr>
<td>Carol Bramhall</td>
<td>Former Health Works Facilitator</td>
<td>Original Steering Committee Member</td>
<td>Neodesha</td>
<td><a href="mailto:carolbramhall@mac.com">carolbramhall@mac.com</a></td>
<td></td>
</tr>
<tr>
<td>Bobbie Katzer</td>
<td>Retired Teacher</td>
<td>USD #461</td>
<td>Neodesha</td>
<td><a href="mailto:bobbkatzer@gmail.com">bobbkatzer@gmail.com</a></td>
<td>620-325-2223</td>
</tr>
<tr>
<td>Linda Barry</td>
<td>Wilson Medical Center Auxiliary President</td>
<td>Wilson Medical Center</td>
<td>Neodesha</td>
<td><a href="mailto:barryl@ssbglobal.net">barryl@ssbglobal.net</a></td>
<td>620-325-2311</td>
</tr>
<tr>
<td>Kenny Carter</td>
<td>Board of Directors</td>
<td>Wilson County</td>
<td>Neodesha</td>
<td><a href="mailto:kennecarter@embarqmail.com">kennecarter@embarqmail.com</a></td>
<td>620-568-6941</td>
</tr>
<tr>
<td>Debbie Smith</td>
<td>Director</td>
<td>Neodesha Housing Authority</td>
<td>Neodesha</td>
<td><a href="mailto:debbienna@neodesha.org">debbienna@neodesha.org</a></td>
<td>620-325-2440</td>
</tr>
<tr>
<td>Pat Bonner</td>
<td>Retired</td>
<td>CERT &amp; LEPC- City of Altoona Councilman</td>
<td>Altoona</td>
<td><a href="mailto:patbonner86@yahoo.com">patbonner86@yahoo.com</a></td>
<td>620-568-2905</td>
</tr>
<tr>
<td>Todd Durham</td>
<td>Administrator</td>
<td>Wilson County Health Department</td>
<td>Fredonia</td>
<td><a href="mailto:tudurham@twimounds.com">tudurham@twimounds.com</a></td>
<td></td>
</tr>
<tr>
<td>Cassie Edison</td>
<td>Public Information Officer/ Healthy Start</td>
<td>Wilson County Health Department</td>
<td>Fredonia</td>
<td><a href="mailto:pjo@twimounds.com">pjo@twimounds.com</a></td>
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</tr>
<tr>
<td>Maria Gonzalez</td>
<td>Business Owner/ Gueros Mexican Restaurant</td>
<td>Fredonia</td>
<td>Fredonia</td>
<td><a href="mailto:gueros_maria@yahoo.com">gueros_maria@yahoo.com</a></td>
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<tr>
<td>Berdeen Lawrence</td>
<td></td>
<td>First United Methodist Church- Healthy Congregation</td>
<td>Fredonia</td>
<td><a href="mailto:bernelllawrence@embarqmail.com">bernelllawrence@embarqmail.com</a></td>
<td>620-378-2922</td>
</tr>
<tr>
<td>Kim Barnes</td>
<td>Branch Manager</td>
<td>RN Angels Care Home Health</td>
<td>Neodesha &amp; Fredonia</td>
<td><a href="mailto:kbarnes@angmarholdings.com">kbarnes@angmarholdings.com</a></td>
<td>620-325-3841</td>
</tr>
<tr>
<td>Kelly Bradford</td>
<td>CSS Coordinator/Outpatient Therapist</td>
<td>Four County Mental Health</td>
<td>Neodesha</td>
<td><a href="mailto:kbradford@terraworld.net">kbradford@terraworld.net</a></td>
<td>620-779-2628</td>
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<tr>
<td>Dennis Shelby</td>
<td>CEO</td>
<td>Wilson Medical Center</td>
<td>Neodesha</td>
<td></td>
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</tr>
<tr>
<td>Bob Timmons</td>
<td>Lay Leader</td>
<td>Fredonia First United Methodist Church</td>
<td>Fredonia</td>
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</tr>
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### Steering Committee Participants
**Monday, February 04, 2013**

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Affiliation</th>
<th>Community</th>
<th>Email</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Julie Quanstrom</td>
<td>Information Technology Director</td>
<td>Wilson Medical Center</td>
<td>Neodesha</td>
<td><a href="mailto:jquanstrom@wmcrc.org">jquanstrom@wmcrc.org</a></td>
<td>620-568-6941</td>
</tr>
<tr>
<td>Julie Wittum</td>
<td>Director of Physical Therapy</td>
<td>Wilson Medical Center</td>
<td>Neodesha</td>
<td><a href="mailto:julietpl@hotmail.com">julietpl@hotmail.com</a></td>
<td></td>
</tr>
<tr>
<td>Kenny Carter</td>
<td>Board of Directors</td>
<td>Wilson Medical Center</td>
<td>Wilson County</td>
<td><a href="mailto:kenncarter@embarqmail.com">kenncarter@embarqmail.com</a></td>
<td>620-325-3841</td>
</tr>
<tr>
<td>Kim Barnes</td>
<td>Branch Manager</td>
<td>RN Angels Care Home Health</td>
<td>Neodesha &amp; Fredonia</td>
<td><a href="mailto:kbanmes@angmarholdings.com">kbanmes@angmarholdings.com</a></td>
<td></td>
</tr>
<tr>
<td>Charlotte A. Coates</td>
<td>Pastor</td>
<td>Fredonia 1st United Methodist Church</td>
<td>Fredonia</td>
<td><a href="mailto:charlotte.coates@earthlink.net">charlotte.coates@earthlink.net</a></td>
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</tr>
<tr>
<td>Berdeen Lawrence</td>
<td>Marketing/ Foundation Director</td>
<td>First United Methodist Church- Healthy Congregation</td>
<td>Fredonia</td>
<td><a href="mailto:berdeenlawrence@embarqmail.com">berdeenlawrence@embarqmail.com</a></td>
<td>620-378-2922</td>
</tr>
<tr>
<td>Janice Reese</td>
<td>Marketing/ Foundation Director</td>
<td>Wilson Medical Center</td>
<td>Neodesha</td>
<td><a href="mailto:jreese@wmcrc.org">jreese@wmcrc.org</a></td>
<td>620-325-6396</td>
</tr>
<tr>
<td>Bobby Busch</td>
<td>City Clerk</td>
<td>City of Neodesha</td>
<td>Neodesha</td>
<td><a href="mailto:bbusch@ci.neodesha.ks.us">bbusch@ci.neodesha.ks.us</a></td>
<td>620-325-2828</td>
</tr>
<tr>
<td>Linda Hyde</td>
<td>Director Fredonia Food Bank</td>
<td>Member Fredonia Reg. Wellness Comm.</td>
<td>Fredonia</td>
<td><a href="mailto:whhyde@embarqmail.com">whhyde@embarqmail.com</a></td>
<td>620-378-2018</td>
</tr>
<tr>
<td>Lea Anne Johnson</td>
<td>RN, BSN, IP</td>
<td>Fredonia Regional Hospital</td>
<td>Fredonia</td>
<td><a href="mailto:leaannejohnson@frh1.org">leaannejohnson@frh1.org</a></td>
<td>620-378-2121</td>
</tr>
<tr>
<td>Jennifer McKenney</td>
<td>Physician</td>
<td>Fredonia Regional Hospital</td>
<td>Fredonia</td>
<td><a href="mailto:jenbmckenney@gmail.com">jenbmckenney@gmail.com</a></td>
<td></td>
</tr>
<tr>
<td>Jim Murphy</td>
<td>Interim CEO</td>
<td>Fredonia Regional Hospital</td>
<td>Fredonia</td>
<td><a href="mailto:murphy@frh1.org">murphy@frh1.org</a></td>
<td>620-378-2121</td>
</tr>
<tr>
<td>Terry Lyons</td>
<td>Coordinator</td>
<td>Wilson County Emergency Management</td>
<td>Fredonia</td>
<td><a href="mailto:WCEM@twinmounds.com">WCEM@twinmounds.com</a></td>
<td>620-378-4455</td>
</tr>
<tr>
<td>Jim Porter</td>
<td>Superintendent/Chair</td>
<td>Fredonia Unified School District/Fredonia Regional Hospital</td>
<td>Fredonia</td>
<td><a href="mailto:porter@fredoniaks.com">porter@fredoniaks.com</a></td>
<td>620-378-3221</td>
</tr>
<tr>
<td>Susan John</td>
<td>Chamber Director</td>
<td>Fredonia Area Chamber of Commerce</td>
<td>Fredonia</td>
<td><a href="mailto:fredoniaks.chamber@centurylink.net">fredoniaks.chamber@centurylink.net</a></td>
<td>620-378-3221</td>
</tr>
<tr>
<td>Jeri L. Farmer</td>
<td>Branch Manager</td>
<td>First Federal Savings &amp; Loan</td>
<td>Neodesha</td>
<td><a href="mailto:jeri@firstfederalks.com">jeri@firstfederalks.com</a></td>
<td></td>
</tr>
<tr>
<td>Allen Dinkel</td>
<td>City Administrator</td>
<td>City of Neodesha</td>
<td>Neodesha</td>
<td><a href="mailto:adinkel@ci.neodesha.ks.us">adinkel@ci.neodesha.ks.us</a></td>
<td>785-325-2828</td>
</tr>
<tr>
<td>Cassie Edson</td>
<td>Public Information Officer/ Healthy Start</td>
<td>Wilson County Health Department</td>
<td>Fredonia</td>
<td><a href="mailto:pio@twinmounds.com">pio@twinmounds.com</a></td>
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<tr>
<td>Laurie Coble</td>
<td>RN</td>
<td>Home Town Health Care</td>
<td>Fredonia</td>
<td><a href="mailto:cnelson@ksu.edu">cnelson@ksu.edu</a></td>
<td>620-378-2167</td>
</tr>
<tr>
<td>Cheri Nelson</td>
<td>Extension Agent</td>
<td>K-State Extension- Wilson County</td>
<td>Neodesha</td>
<td><a href="mailto:cnichol@wmcrc.org">cnichol@wmcrc.org</a></td>
<td>620-378-2167</td>
</tr>
<tr>
<td>Julie Nickol RN</td>
<td>Outreach</td>
<td>Wilson Medical Center</td>
<td>Neodesha</td>
<td><a href="mailto:jnickol@wmcrc.org">jnickol@wmcrc.org</a></td>
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</tr>
<tr>
<td>Carol Bramhall</td>
<td>Former Health Works Facilitator</td>
<td>Original Steering Committee Member</td>
<td>Neodesha</td>
<td><a href="mailto:carolbramhall@mec.com">carolbramhall@mec.com</a></td>
<td></td>
</tr>
<tr>
<td>Bobbie Katzer</td>
<td>Retired Teacher</td>
<td>USD #461</td>
<td>Neodesha</td>
<td><a href="mailto:bobbikazter@gmail.com">bobbikazter@gmail.com</a></td>
<td>620-325-2223</td>
</tr>
<tr>
<td>Barbara Griffith</td>
<td>Director of Neodesha Service Center</td>
<td>Wilson County Health Department</td>
<td>Fredonia</td>
<td><a href="mailto:grifith.barbara@bstglobal.net">grifith.barbara@bstglobal.net</a></td>
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<tr>
<td>Todd Durham</td>
<td>Administrator</td>
<td>Wilson County Health Department</td>
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<td>620-325-2440</td>
</tr>
<tr>
<td>Casey Lair</td>
<td>President 1st Neodesha Bank- Wilson County Commissioner</td>
<td>WMC Foundation</td>
<td>Neodesha</td>
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<tr>
<td>Dennis Shelby</td>
<td>CEO</td>
<td>Wilson Medical Center</td>
<td>Neodesha</td>
<td><a href="mailto:dshelby@wmcrc.org">dshelby@wmcrc.org</a></td>
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## Basis for the Organization of the Wilson County Community Health Needs Assessment

### Wilson Medical Center Share of Inpatient Discharges from Wilson County Zip Code, 2011

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Zip</th>
<th>City</th>
<th>State</th>
<th>COUNTY</th>
<th>Percentages</th>
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<td>Wilson Medical Center - Neodesha, KS</td>
<td>66757</td>
<td>NEODESHA</td>
<td>KS</td>
<td>WILSON</td>
<td>59.78%</td>
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<tr>
<td>Wilson Medical Center - Neodesha, KS</td>
<td>67301</td>
<td>INDEPENDENCE</td>
<td>KS</td>
<td>MONTGOMERY</td>
<td>11.59%</td>
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<tr>
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<td>FREDONIA</td>
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<td>CHERRYVALE</td>
<td>KS</td>
<td>MONTGOMERY</td>
<td>3.26%</td>
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<tr>
<td>Wilson Medical Center - Neodesha, KS</td>
<td>66710</td>
<td>ALTOONA</td>
<td>KS</td>
<td>WILSON</td>
<td>2.90%</td>
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<tr>
<td>Wilson Medical Center - Neodesha, KS</td>
<td>66776</td>
<td>THAYER</td>
<td>KS</td>
<td>NEOSHO</td>
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<tr>
<td>Wilson Medical Center - Neodesha, KS</td>
<td>66762</td>
<td>CHANUTE</td>
<td>KS</td>
<td>NEOSHO</td>
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<tr>
<td>Wilson Medical Center - Neodesha, KS</td>
<td>67344</td>
<td>ELK CITY</td>
<td>KS</td>
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<td>1.81%</td>
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<tr>
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**Wilson County Share**  68.8%
## Fradonia Regional Hospital Share of Inpatient Discharges from Wilson County Zip Code, 2011

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Zip</th>
<th>City</th>
<th>COUNTY</th>
<th>State</th>
<th>Percentages</th>
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<td>Fredonia Regional Hospital - KS</td>
<td>67047</td>
<td>FALL RIVER</td>
<td>GREENWOOD</td>
<td>KS</td>
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<td>66757</td>
<td>NEODESHA</td>
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<tr>
<td>Fredonia Regional Hospital - KS</td>
<td>67337</td>
<td>COFFEYVILLE</td>
<td>MONTGOMERY</td>
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<td>CANEY</td>
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<td>Fredonia Regional Hospital - KS</td>
<td>66714</td>
<td>BENEDICT</td>
<td>WILSON</td>
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<td>Fredonia Regional Hospital - KS</td>
<td>66777</td>
<td>TORONTO</td>
<td>WOODSON</td>
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<td>SEDAN</td>
<td>CHAUTAUQUA</td>
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<tr>
<td>Fredonia Regional Hospital - KS</td>
<td>67045</td>
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<td>GREENWOOD</td>
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<td>Fredonia Regional Hospital - KS</td>
<td>67137</td>
<td>SEVERY</td>
<td>GREENWOOD</td>
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<td>CHERRYVALE</td>
<td>MONTGOMERY</td>
<td>KS</td>
<td>1.0%</td>
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<tr>
<td>Fredonia Regional Hospital - KS</td>
<td>66080</td>
<td>RICHMOND</td>
<td>FRANKLIN</td>
<td>KS</td>
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<tr>
<td>Fredonia Regional Hospital - KS</td>
<td>67349</td>
<td>HOWARD</td>
<td>ELK</td>
<td>KS</td>
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<td>ELK</td>
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<tr>
<td>Fredonia Regional Hospital - KS</td>
<td>66032</td>
<td>GARNETT</td>
<td>ANDERSON</td>
<td>KS</td>
<td>0.7%</td>
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<tr>
<td>Fredonia Regional Hospital - KS</td>
<td>66749</td>
<td>IOLA</td>
<td>ALLEN</td>
<td>KS</td>
<td>0.7%</td>
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<tr>
<td>Fredonia Regional Hospital - KS</td>
<td>66801</td>
<td>Emporia</td>
<td>LYON</td>
<td>KS</td>
<td>0.7%</td>
</tr>
<tr>
<td>Fredonia Regional Hospital - KS</td>
<td>67122</td>
<td>PIEDMONT</td>
<td>GREENWOOD</td>
<td>KS</td>
<td>0.7%</td>
</tr>
<tr>
<td>Fredonia Regional Hospital - KS</td>
<td>OTHER</td>
<td></td>
<td></td>
<td></td>
<td>7.7%</td>
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</tbody>
</table>

**Wilson County Share** 63.7%
Themes
Health/wellness/chronic disease prevention
Cost/access, low cost clinic/urgent care
Communication/collaboration between major providers
Physician recruitment/succession and access to specialty services
Drug abuse
Lack of transportation, especially for seniors
What are the major health-related concerns in Wilson County?

Uninsured/high cost of deductibles (7)
Lack of public transportation, especially for seniors (6)
Chronic health conditions
Cancer treatments closer to home
Rehab for knee/hip surgery and any other types needing rehab
Access to medical care with less wait- need more PH's and perhaps an "Urgent Care" or specialty service rather than only ER's (2)
Misuse/over use of prescription meds by patients going from one ER to another
Obesity (12)
Drug Abuse (9)
An aging population (4)
Poverty (2)
More charity cases seen by hospitals which doesn't allow growth in health care services due to that strain
Alcohol
Cigarettes
Cancer (3)
Heart Disease/Cardiac (2)
Diabetes (6)
Respiratory Illness (2)
People in the community going out of the area (Chanute, Parsons, or Independence) for medical assistance
Reimbursements from Medicare and Medicaid are low (2)
County nurse needs to be in Neodesha regularly
Geriatric care could be much more comprehensive
Efficient use of local providers
Lack of education to community members regarding proactive healthcare
Keeping the hospital on good financial ground
Recruiting younger doctors
Aging physicians (2)
Doctors not taking new Medicare patients
Mental Health
Health care providers
Cost effective preventive dental care for children (high school seniors on down)
Nicotine addiction (2)
Low income
Cost of healthy food
Cost of health/dental/vision insurance
Cost of medication
Poor economic environment
Exercise (2)
Substance abuse
Convincing local citizens that "the grass is not greener on the other side"
Closing of hospitals in near future
Chronic diseases (2)
Easy affordable access and specialty services (2)
Gap of financial assistance with medical bills for the "working poor"
No diabetic specialist in Wilson County
Diet
Money
Consolidated services
Administration
People waiting to get treatment
Disabilities
Pediatric/Dental care
Meth abuse
What needs to be done to improve the local healthcare system?
Greater communication/collaboration between providers and different levels of health care delivery (3)
Increase frequency/scale of county health fair
Promote health and wellness
More activities for youth
Working together helps all of Wilson County to not duplicate services (3)
We have several excellent young doctors
More people involved
Better access to specialists (2)
Encourage people to take control over their health
Patient education through the community
Partnerships with hospitals and schools or hospitals and health departments to create better health
More education on prevention
Physician recruitment specialists who will come here so the elderly/low income can get help easier
Focus on wellness and have some wellness programs (5)
Transportation of local healthcare
More health education focus and facilities to decrease weight and improve fitness (2)
More specialty doctors coming to local hospitals several times a week
Urgent care clinic would prevent ER visits that are not emergency
Need services to assist people to remain at home for people not eligible for Medicaid
More out reach (preventative medicine and knowledge needs communicated and taught)
I believe our communities have a large number of retired (Medicare) people
Have a good healthcare system
Need more courage of the Food Bank- some who need it most have no way to access it
Continue to serve all needs as much as possible within budget constraints
Community education
Healthy diets
Decrease costs
Increase exercise and improve diet for kids
Make it more accessible to all ages and economic status
More personal responsibility and accountability for health
Education
Disease prevention
Better training for office staff
Communication between doctor offices and patients
Staff turnovers
Recruiting youth on tobacco, alcohol and sex related diseases
Continue to bring in young professionals
Determine specialties needed
Family Health Care clinics- reduced cost
Education to the public on programs or cost for citizens with no insurance or state assistance
People doctoring out of town because some in town are not capable of reading test results
Achieving and maintaining a healthy lifestyle
Recruiting doctors to take the place of those that will be retiring (2)
Education and promotion of services available
What should be the over-arching health care goals of the community?
To provide excellent medical services to the citizens of Wilson County to include medical/dental/vision/mental health
Let’s educate Medicaid users to see a primary doctor during office hours instead of the ER
We need to have all prescriptions in a state computer keyed to Social Security numbers so that abuse is immediately apparent
A highly qualified Dr/Nurse population
Give incentives for better health care instead of rewarding poor choices
Number one goal should be that healthcare is reached by every community member regardless of how

Increased overall health of the community
Meeting the needs of all the community regardless of financial, age, etc and they are aware of what is available here

More specialty clinics
Drug awareness programs
Working together- sharing services/equipment/etc- would allow both hospitals in our county to cover more health care issues

Financial costs being what they are that issue seems more reasonable

Treat more people locally
Promote good health
Create healthy community through great nutrition and physical activity and early detecting prevention of disease
Protect the environment and promote well-being and quality of life
To have more cancer survivors because of early detection
Eliminate duplicate services which both Wilson County hospitals provide, which could allow additional new services to be offered

To work together as all healthcare providers
To achieve well being and focus more on fitness and prevention
To make both communities providers of good quality health care

New doctors
More emphasis on children- especially some of those in one parent homes
Preventative care- education (includes education about tobacco and drugs)

Alcohol and drug use is big problem in Wilson County

Programs to keep children of these households
Work in the elementary school level to begin engraining/encouraging healthy eating and exercise

More focus on prevention of disease

Community health fairs
Access to healthcare
Collaborate more services county wide
Finding doctors to practice here
To provide quality healthcare to all in the community no matter their age or financial condition
Decreased chronic disease and improved quality of life

Physical fitness
Wellness
Recovery programs
Provide availability of some sort of health care for uninsured people who do not qualify
Self pay is not always an option due to lack of money- people prefer to do without
Make optimal care available for all citizens as economically as possible

Patient education on needed care

Healthy lifestyles and proper utilization of healthcare
Maintain healthcare that is available and improve on what we have
Educating young mothers on the care of their babies

Improve diet and physical activity

General population knows where and how to get services
To meet the needs of all public citizens- not just those with insurance or Medicare/Medicaid

A lot of elderly so we need more services for the aged
Many people have to go out of town to see a specialist

Preventive health care education

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

Government
Transportation (3)
Society
ObamaCare- Keeping the several physicians in place and attracting qualified physicians to rural areas
Peoples attitudes
Economic strain on households to use preventative care
Attendance to programs
Getting people to realize there is a problem
Money to accomplish goals
Low income (5)
Poor health of area
Need access to more specialists at the local level
Reaching those who have risk factors (smoking, overweight, alcoholism, drugs)
Economics
Money and lack of desire for Medicaid and Medicare recipients to understand the expense of care as they believe it's free
Finances, lack of time, need for people to chair steering committee's, dedication to the cause
Competition between communities (2)
Share services- not duplicate them (2)
Those in city and county government who refuse to recognize the needs
As a senior, I see my peers going without services because of transportation
Lack of resources
Attracting professionals to area
Cost of healthcare (3)
More shot clinics to Neodesha
Funding- Medicare Medicaid continues to reduce payments
True cooperation between all of the deliverers of healthcare-tend to work on solo's to often
Healthy food costs more
Public perception of needs
Lack of knowledge by the general public (2)
Health apathy and lack of education
Lack of venues for physical activity
Sidewalks
Financial (3)
Team work among agencies- lack of communication, each agency has a "stand alone" attitude rather than a team approach to our patients and their needs
Apathy laziness, lack of finances
Education and motivation of residents
High deductibles
Lack of communication
Lack of education programs available
Emphasis on getting and staying healthy
Personal issues
Money- cutting federal funds
Health care services
Personal responsibility of patients
People ignoring preventative healthcare until it's too late then expect someone to fix them for free
The Importance of the Health Care Sector to the Economy of Wilson County

Kansas Rural Health Options Project
December 2010

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

In cooperation with:

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

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

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

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

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

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

Dr. John Leatherman
Office of Local Government
Department of Agricultural Economics
K-State Research and Extension
Manhattan, KS 66506-3415
Phone: 785-532-2643
Fax: 785-532-3093
E-mail: jleather@ksu.edu
Table of Contents

Introduction .................................................................................................................................. 1

Health Care Changes and Their Effects on Rural Communities .................................................. 2

Health Services and Rural Development ...................................................................................... 5

Health Services and Retirees ........................................................................................................ 5

Health Services and Job Growth ................................................................................................... 6

Understanding Today’s Health Care Impacts and Tomorrow’s Health Care Needs ..................... 6

Wilson County Demographic Data ............................................................................................... 7

Economic Indicators ..................................................................................................................... 8

Health Indicators and Health Sector Statistics .............................................................................. 11

The Economic Impact of the Health Care Sector ........................................................................ 13

An Overview of the Wilson County Economy, Highlighting Health Care ................................. 13

Health Sector Impact and Economic Multipliers ........................................................................ 16

Summary and Conclusions ........................................................................................................... 19

Selected References .................................................................................................................... 21

Glossary of Terms ........................................................................................................................ 22
The Economic Contribution of the Health Care Sector  
In Wilson 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 Wilson 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 Wilson 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

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1970</td>
<td>$913</td>
<td>$350</td>
<td>$563</td>
</tr>
<tr>
<td>1980</td>
<td>$1,307</td>
<td>$708</td>
<td>$598</td>
</tr>
<tr>
<td>1990</td>
<td>$2,239</td>
<td>$1,415</td>
<td>$824</td>
</tr>
<tr>
<td>2000</td>
<td>$2,786</td>
<td>$1,957</td>
<td>$829</td>
</tr>
<tr>
<td>2001</td>
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<td>$834</td>
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<td>2002</td>
<td>$3,114</td>
<td>$2,251</td>
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<td>2003</td>
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<td>$900</td>
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<td>2005</td>
<td>$3,460</td>
<td>$2,547</td>
<td>$912</td>
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<tr>
<td>2006</td>
<td>$3,492</td>
<td>$2,586</td>
<td>$906</td>
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<tr>
<td>2007</td>
<td>$3,530</td>
<td>$2,603</td>
<td>$926</td>
</tr>
<tr>
<td>2008</td>
<td>$3,486</td>
<td>$2,573</td>
<td>$913</td>
</tr>
</tbody>
</table>

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.
Wilson County Demographic Data

Table 2 presents population trends for Wilson County. In 2010, an estimated 9,672 people live in the county. Between 1990 and 2010, the population decreased 5.6 percent and also decreased 6.1 percent between 2000 and 2010. Population projections indicate that 9,619 people will live in the county by 2015. The state of Kansas population increased 8.5 percent between 1990 and 2000 and an additional 5.5 percent through 2010.

Table 2. Current Population, Population Change and Projections

<table>
<thead>
<tr>
<th>Year</th>
<th>Count</th>
<th>Years</th>
<th>County</th>
<th>State</th>
<th>Year</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>1990</td>
<td>10,247</td>
<td>1990-2000</td>
<td>0.6</td>
<td>8.5</td>
<td>2015</td>
<td>9,619</td>
</tr>
<tr>
<td>2000</td>
<td>10,304</td>
<td>2000-2010</td>
<td>-6.1</td>
<td>5.5</td>
<td>2020</td>
<td>9,585</td>
</tr>
<tr>
<td>2010</td>
<td>9,672</td>
<td>1990-2010</td>
<td>-5.6</td>
<td>14.5</td>
<td>2025</td>
<td>9,560</td>
</tr>
</tbody>
</table>

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

Figure 1. Population by Age and Gender

Figure 1 shows a breakdown of the population by age and by gender. Here, people aged 19 and younger made up the largest portion of the population, with 26.2 percent. People aged 65 and older represented 19.0 percent of the population. Of those 65 and older, 41.7 percent were male and 58.3 percent were female. Age range can indicate the future health care needs of a county’s population. A growing population of older adults has a different set of health care needs than a population with more young people.
Race can also play a role in assessing the health needs of the community. In the case of Hispanic immigrants, lack of English speaking skills may prevent them from using health care services within the county or from using health care services at all. Figure 2 shows the racial and ethnic composition of the county. Whites made up 95.0 percent of the county’s population, while Native Americans represented 1.3 percent, African Americans made up 0.9 percent, Asians were 0.4 percent and Hispanics were 2.3 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 Wilson County, personal income has increased from $29,842 in 2005 to $31,924 in 2008.

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

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

Figure 4 shows how the relative proportion of transfer income to total income has changed during the same four years. In the U.S., transfer payments have increased as a percentage of total income by 6.6 percent, while transfer payments in Kansas have increased by 2.5 percent. In the county, the proportion of income stemming from transfer payments has increased from 23.1 percent in 2005 to 24.1 in 2008.
Table 3 shows personal income data by source for Wilson County, Kansas and the nation. Within the county, 65.5 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 38.1 percent of transfer payments in the county, with another 44.4 percent coming from medical payments. In Kansas, 39.0 percent of all transfers come from retirement and disability, while medical payments represent 42.2 percent. For the U.S., medical payments make up the largest portion of transfers at 44.0 percent.

Table 3. 2008 Personal Income Data

<table>
<thead>
<tr>
<th>Source</th>
<th>County Total</th>
<th>County Per Capita</th>
<th>County Percent</th>
<th>State Percent</th>
<th>U.S. Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Earnings</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wages and Salaries</td>
<td>$140,439,000</td>
<td>$14,481</td>
<td>65.5</td>
<td>69.4</td>
<td>71.6</td>
</tr>
<tr>
<td>Other Labor Income</td>
<td>$36,307,000</td>
<td>$3,744</td>
<td>16.9</td>
<td>17.0</td>
<td>16.3</td>
</tr>
<tr>
<td>Proprietor’s Income</td>
<td>$37,548,000</td>
<td>$3,872</td>
<td>17.5</td>
<td>13.6</td>
<td>12.1</td>
</tr>
<tr>
<td>Total Earnings</td>
<td>$214,294,000</td>
<td>$22,097</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
</tr>
<tr>
<td><strong>Transfer Payments</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Retirement and Disability</td>
<td>$28,485,000</td>
<td>$2,937</td>
<td>38.1</td>
<td>39.0</td>
<td>34.2</td>
</tr>
<tr>
<td>Medical Payments</td>
<td>$33,127,000</td>
<td>$3,416</td>
<td>44.4</td>
<td>42.2</td>
<td>44.0</td>
</tr>
<tr>
<td>Other</td>
<td>$13,074,000</td>
<td>$1,348</td>
<td>17.5</td>
<td>18.7</td>
<td>21.9</td>
</tr>
<tr>
<td>Total Transfer Payments</td>
<td>$74,686,000</td>
<td>$7,701</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
</tr>
<tr>
<td><strong>Personal Income</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Earnings by Place of Residence</td>
<td>$186,961,000</td>
<td>$19,278</td>
<td>61.0</td>
<td>68.8</td>
<td>66.6</td>
</tr>
<tr>
<td>Dividends, Interest, and Rent</td>
<td>$44,665,000</td>
<td>$4,606</td>
<td>14.6</td>
<td>17.0</td>
<td>18.0</td>
</tr>
<tr>
<td>Transfer Payments</td>
<td>$74,686,000</td>
<td>$7,701</td>
<td>24.4</td>
<td>14.3</td>
<td>15.3</td>
</tr>
<tr>
<td>Total Personal Income</td>
<td>$306,312,000</td>
<td>$31,585</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
</tr>
</tbody>
</table>

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

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

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

<table>
<thead>
<tr>
<th>Services</th>
<th>County Number</th>
<th>County Percent/Rate</th>
<th>State Percent/Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Hospitals (2009)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number¹</td>
<td>2</td>
<td>0.2</td>
<td>0.1</td>
</tr>
<tr>
<td>Number of beds¹</td>
<td>40</td>
<td>4.2</td>
<td>4.1</td>
</tr>
<tr>
<td>Admissions per bed¹</td>
<td>32</td>
<td>3.4</td>
<td>0.0</td>
</tr>
<tr>
<td><strong>Adult Care Homes (2009)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number²</td>
<td>2</td>
<td>1.1</td>
<td>0.8</td>
</tr>
<tr>
<td>Number of beds²</td>
<td>97</td>
<td>53.9</td>
<td>56.2</td>
</tr>
<tr>
<td><strong>Assisted Living Facilities (2009)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number²</td>
<td>2</td>
<td>1.1</td>
<td>0.7</td>
</tr>
<tr>
<td>Number of beds²</td>
<td>59</td>
<td>32.8</td>
<td>29.6</td>
</tr>
<tr>
<td><strong>Medicare (2007)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eligibles³,⁴</td>
<td>2,135</td>
<td>21.7</td>
<td>14.8</td>
</tr>
<tr>
<td><strong>Medicaid Funded Programs</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Food Stamp Beneficiaries (2009)⁴</td>
<td>941</td>
<td>9.9</td>
<td>7.4</td>
</tr>
<tr>
<td>Temporary Assistance for Families (FY 2009)⁴</td>
<td>160</td>
<td>1.7</td>
<td>1.1</td>
</tr>
</tbody>
</table>

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

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

Table 4 shows the availability of certain types of health services in Wilson County as well as usage of some health care-related government programs. The county has 40 available hospital beds, with a rate of 3.4 admissions per bed per 1,000 people. Additionally, the county has 97 adult care home beds, or 53.9 beds per 1,000 older adults, and 59 assisted living beds, or 32.8 beds per 1,000 older adults. Medicare users make up 21.7 percent of the county’s total population and 9.9 percent of the county’s population receive food stamp benefits.
Table 5. Maternity and Children’s Health Statistics

<table>
<thead>
<tr>
<th></th>
<th>County Number</th>
<th>County Percent/Rate</th>
<th>State Percent/Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poverty (2008)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Persons in Poverty¹</td>
<td>1,206</td>
<td>12.7</td>
<td>11.3</td>
</tr>
<tr>
<td>Children in Poverty²</td>
<td>433</td>
<td>20.2</td>
<td>14.6</td>
</tr>
<tr>
<td>Births to Mothers without High-School Diploma⁴ (2007)</td>
<td>N/A</td>
<td>28.5</td>
<td>18.2</td>
</tr>
<tr>
<td>Births with Adequate Prenatal Care³ (2008)</td>
<td>104</td>
<td>78.2</td>
<td>77.6</td>
</tr>
<tr>
<td>Low Weight Births⁵ (2007)</td>
<td>N/A</td>
<td>6.9</td>
<td>7.1</td>
</tr>
<tr>
<td>Immunization⁶ (2007)</td>
<td>N/A</td>
<td>66.0</td>
<td>58.0</td>
</tr>
<tr>
<td>Infant Mortality⁷ (2008)</td>
<td>0</td>
<td>7.6</td>
<td>7.4</td>
</tr>
<tr>
<td>Child Deaths⁸ (2008)</td>
<td>1</td>
<td>0.7</td>
<td>1.7</td>
</tr>
<tr>
<td>Child Care Subsidies⁹ (2008)</td>
<td>51</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

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

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

Table 5 gives information which can indicate the situation for young children and mothers. Within the county, 20.2 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 28.5 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 6.9 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 Wilson County Economy, Highlighting Health Care

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

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

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

<table>
<thead>
<tr>
<th>Sector</th>
<th>Employment</th>
<th>Labor Income</th>
<th>Total Income</th>
<th>Total Sales</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agriculture</td>
<td>642</td>
<td>$4,017</td>
<td>$28,296</td>
<td>$71,442</td>
</tr>
<tr>
<td>Mining</td>
<td>91</td>
<td>$5,390</td>
<td>$18,538</td>
<td>$33,082</td>
</tr>
<tr>
<td>Construction</td>
<td>308</td>
<td>$13,556</td>
<td>$14,881</td>
<td>$38,817</td>
</tr>
<tr>
<td>Manufacturing</td>
<td>1,264</td>
<td>$53,968</td>
<td>$74,358</td>
<td>$371,976</td>
</tr>
<tr>
<td>Transportation, Information, Public Utilities</td>
<td>246</td>
<td>$11,527</td>
<td>$18,304</td>
<td>$42,317</td>
</tr>
<tr>
<td>Trade</td>
<td>565</td>
<td>$10,907</td>
<td>$18,189</td>
<td>$27,885</td>
</tr>
<tr>
<td>Services</td>
<td>1,959</td>
<td>$61,866</td>
<td>$115,338</td>
<td>$189,179</td>
</tr>
<tr>
<td>Health Services</td>
<td>532</td>
<td>$21,570</td>
<td>$32,931</td>
<td>$51,593</td>
</tr>
<tr>
<td>Health and Personal Care Stores</td>
<td>45</td>
<td>$1,095</td>
<td>$1,710</td>
<td>$2,351</td>
</tr>
<tr>
<td>Veterinary Services</td>
<td>9</td>
<td>$179</td>
<td>$196</td>
<td>$536</td>
</tr>
<tr>
<td>Home Health Care Services</td>
<td>34</td>
<td>$922</td>
<td>$1,173</td>
<td>$1,601</td>
</tr>
<tr>
<td>Doctors and Dentists</td>
<td>110</td>
<td>$4,623</td>
<td>$5,377</td>
<td>$8,580</td>
</tr>
<tr>
<td>Other Ambulatory Health Care</td>
<td>0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Hospitals</td>
<td>248</td>
<td>$12,730</td>
<td>$22,378</td>
<td>$35,529</td>
</tr>
<tr>
<td>Nursing/Residential Care Facilities</td>
<td>86</td>
<td>$2,022</td>
<td>$2,096</td>
<td>$2,996</td>
</tr>
<tr>
<td>Government</td>
<td>1,009</td>
<td>$40,640</td>
<td>$46,996</td>
<td>$55,992</td>
</tr>
<tr>
<td>Total</td>
<td>6,084</td>
<td>$201,871</td>
<td>$334,899</td>
<td>$830,692</td>
</tr>
</tbody>
</table>

Health Services as a Percent of Total

<table>
<thead>
<tr>
<th></th>
<th>County</th>
<th>State</th>
<th>Nation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Labor Income</td>
<td>10.7</td>
<td>8.1</td>
<td>8.4</td>
</tr>
<tr>
<td>Total Income</td>
<td>9.8</td>
<td>6.0</td>
<td>6.4</td>
</tr>
<tr>
<td>Total Sales</td>
<td>6.2</td>
<td>4.4</td>
<td>5.3</td>
</tr>
</tbody>
</table>

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

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

Health Services employs 532 people, 8.7 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 6 ranking in terms of employment (Figure 5). Health Services is number 4 among payers of wages to employees (Figure 6) and number 4 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)**

- Agriculture: 11%
- Mining: 1%
- Construction: 5%
- Manufacturing: 21%
- Trade: 9%
- TIPU: 4%
- Government: 17%
- Health Services: 9%

Minnesota IMPLAN Group
Figure 6. Labor Income by Sector (2008)

- Agriculture: 2%
- Mining: 3%
- Construction: 7%
- Manufacturing: 27%
- Government: 20%
- Health Services: 11%
- Services: 20%
- Trade: 5%
- TIPU: 6%
- Trade: 5%

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Figure 7. Total Income by Sector (2008)

- Agriculture: 8%
- Mining: 6%
- Construction: 4%
- Manufacturing: 22%
- Government: 14%
- Health Services: 10%
- Services: 25%
- Trade: 5%
- TIPU: 5%

Minnesota IMPLAN Group
Health Sector Impact and Economic Multipliers

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

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

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

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

<table>
<thead>
<tr>
<th>(a) Initial $1.00 of spending</th>
<th>(b) $0.40 respent locally</th>
<th>(c) $0.16 respent locally</th>
<th>(d) $0.06 respent</th>
<th>(e) $0.03 respent</th>
<th>(f) $0.01 respent</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0.60 leakage</td>
<td>$0.24 leakage</td>
<td>$0.10 leakage</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Initial Impact: $1.00</td>
<td>.40</td>
<td>.16</td>
<td>.06</td>
<td>.03</td>
<td>.01</td>
</tr>
<tr>
<td>Full Impact: $1.66</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Tables 7 and 8 illustrate the ripple effect in the county. As an example, Table 7 shows that the hospital sector employs 248 people and has an employment multiplier of 1.28. This means that for each job created in the hospital sector, another 0.28 jobs are created in other businesses and industries in the county’s economy. The direct impact of the 248 hospital employees results in an indirect impact of 70 jobs (248 x 0.28 = 70) throughout all businesses and industries in the market area. Thus, the hospital sector employment had a total impact on area employment of 318 jobs (248 x 1.28 = 318).

Table 7. Health Sector Impact on Employment, 2008

<table>
<thead>
<tr>
<th>Health Sectors</th>
<th>Direct Employment</th>
<th>Economic Multiplier</th>
<th>Total Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health and Personal Care Stores</td>
<td>45</td>
<td>1.12</td>
<td>51</td>
</tr>
<tr>
<td>Veterinary Services</td>
<td>9</td>
<td>1.14</td>
<td>10</td>
</tr>
<tr>
<td>Home Health Care Services</td>
<td>34</td>
<td>1.13</td>
<td>38</td>
</tr>
<tr>
<td>Doctors and Dentists</td>
<td>110</td>
<td>1.22</td>
<td>134</td>
</tr>
<tr>
<td>Other Ambulatory Health Care</td>
<td>0</td>
<td>0.00</td>
<td>0</td>
</tr>
<tr>
<td>Hospitals</td>
<td>248</td>
<td>1.28</td>
<td>318</td>
</tr>
<tr>
<td>Nursing and Residential Care Facilities</td>
<td>86</td>
<td>1.08</td>
<td>93</td>
</tr>
<tr>
<td>Total</td>
<td>532</td>
<td></td>
<td>644</td>
</tr>
</tbody>
</table>

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

Similarly, multiplier analysis can estimate the total impact of the estimated $22,378,000 direct income for hospital employees shown in Table 8. The hospital sector had an income multiplier of 1.13, which indicates that for every one dollar of income generated in the hospital sector, another $0.13 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 $25,376,000 ($22,378,000 x 1.13 = $25,376,000).

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

<table>
<thead>
<tr>
<th>Health Sectors</th>
<th>Direct Income</th>
<th>Economic Multiplier</th>
<th>Total Impact</th>
<th>Retail Sales</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health and Personal Care Stores</td>
<td>$1,710</td>
<td>1.13</td>
<td>$1,938</td>
<td>$524</td>
</tr>
<tr>
<td>Veterinary Services</td>
<td>$196</td>
<td>1.17</td>
<td>$229</td>
<td>$62</td>
</tr>
<tr>
<td>Home Health Care Services</td>
<td>$1,173</td>
<td>1.11</td>
<td>$1,302</td>
<td>$352</td>
</tr>
<tr>
<td>Doctors and Dentists</td>
<td>$5,377</td>
<td>1.13</td>
<td>$6,091</td>
<td>$1,647</td>
</tr>
<tr>
<td>Other Ambulatory Health Care</td>
<td>$0</td>
<td>0.00</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Hospitals</td>
<td>$22,378</td>
<td>1.13</td>
<td>$25,376</td>
<td>$6,860</td>
</tr>
<tr>
<td>Nursing/Residential Care Facilities</td>
<td>$2,096</td>
<td>1.07</td>
<td>$2,253</td>
<td>$609</td>
</tr>
<tr>
<td>Total</td>
<td>$32,931</td>
<td></td>
<td>$37,189</td>
<td>$10,053</td>
</tr>
</tbody>
</table>

Note: Most data obtained from secondary sources; some data unavailable or extrapolated
Minnesota IMPLAN Group
In this manner, the total employment and income impacts of all the health services sectors can be estimated. In Table 7, the total employment impact of the health services sector results in an estimated 644 jobs in the local economy. In Table 8, the total income impact of health services results in an estimated $37,189,000 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). Wilson County had retail sales of $82,801,997 and $306,312,000 in total personal income. Thus, the estimated retail sales capture ratio equals 27.0 percent. Using this as the retail sales capture ratio for the county, this says that people spent 27.0 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 $10,053,000 ($37,189,000 x 27.0% = $10,053,000). 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 Wilson County, Kansas, plays a large role in the area’s economy. Health Services represents one of the largest employers in the area and also serves as one of the largest contributors to income. Additionally, the health sector has indirect impacts on the local economy, creating additional jobs and income in other sectors. The health sector also contributes substantially to retail sales in the region. All of this demonstrates the importance of the health care sector to the local economy.

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

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

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

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

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

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

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


Glossary of Terms

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Total Sales**: total industry production for a given year (industry output).
Kansas State University Agricultural Experiment Station and Cooperative Extension Service, Manhattan, Kansas.

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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 Wilson 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 Wilson County boundaries.

- Between 1990 and 2010, the population decreased 5.6 percent in Wilson County. In 2010, an estimated 9,672 people lived in the county.

- People aged 19 and younger made up the largest portion of the population, with 26.2 percent.

- In Wilson County, personal income has increased from $29,842 in 2005 to $31,924 in 2008.

- Medicare users make up 21.7 percent of the county’s total population and 9.9 percent of the county’s population receive food stamp benefits.

- Within the county, 20.2 percent of children live in poverty, while 14.6 percent of children statewide live in poverty.

Wilson County Primary Health Market Area

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

Table 1 presents population trends for Wilson County. In 2010, an estimated 9,672 people live in the county. Between 1990 and 2010, the population decreased 5.6 percent and also decreased 6.1 percent between 2000 and 2010. Population projections indicate that 9,619 people will live in the county by 2015. The state of Kansas population increased 8.5 percent between 1990 and 2000 and an additional 5.5 percent through 2010.

Table 1. Current Population, Population Change and Projections

<table>
<thead>
<tr>
<th>Current Population</th>
<th>Percent Change in Population</th>
<th>Population Projections</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year</td>
<td>Count</td>
<td>Years</td>
</tr>
<tr>
<td>1990</td>
<td>10,247</td>
<td>1990-2000</td>
</tr>
<tr>
<td>2000</td>
<td>10,304</td>
<td>2000-2010</td>
</tr>
<tr>
<td>2010</td>
<td>9,672</td>
<td>1990-2010</td>
</tr>
</tbody>
</table>

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

Figure 1 shows a breakdown of the population by age and by gender. Here, people aged 19 and younger made up the largest portion of the population, with 26.2 percent. Of those 19 and younger, 51.5 percent were male and 48.5 percent were female. Age range can indicate the future health care needs of a county’s population. A growing population of older adults has a different set of health care needs than a population with more young people.
Race can also play a role in assessing the health needs of the community. In the case of Hispanic immigrants, lack of English speaking skills may prevent them from using health care services within the county or from using health care services at all. Figure 2 shows the racial and ethnic composition of the county. Whites made up 95 percent of the county’s population, while Native Americans represented 1.3 percent, African Americans made up 0.9 percent, Asians were 0.4 percent and Hispanics were 2.3 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 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 Wilson County, personal income has increased from $29,842 in 2005 to $31,924 in 2008.

Figure 4. Transfer Income as a Percent of Total Income (2008 $)
Figure 4 shows how the relative proportion of transfer income to total income has changed during the same four years. In the U.S., transfer payments have increased as a percentage of total income by 6.6 percent, while transfer payments in Kansas have increased by 2.5 percent. In the county, the proportion of income stemming from transfer payments has increased from 23.1 percent in 2005 to 24.1 in 2008.

Table 2 shows personal income data by source for Wilson County, Kansas and the nation. Within the county, 65.5 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 38.1 percent of transfer payments in the county, with another 44.4 percent coming from medical payments. In Kansas, 39.0 percent of all transfers come from retirement and disability, while medical payments represent 42.2 percent. For the U.S., medical payments make up the largest portion of transfers at 44.0 percent.

<table>
<thead>
<tr>
<th>Source</th>
<th>County Total</th>
<th>County Per Capita</th>
<th>County Percent</th>
<th>State Percent</th>
<th>U.S. Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Earnings</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wages and Salaries</td>
<td>$140,439,000</td>
<td>$14,481</td>
<td>65.5</td>
<td>69.4</td>
<td>71.6</td>
</tr>
<tr>
<td>Other Labor Income</td>
<td>$36,307,000</td>
<td>$3,744</td>
<td>16.9</td>
<td>17.0</td>
<td>16.3</td>
</tr>
<tr>
<td>Proprietor’s Income</td>
<td>$37,548,000</td>
<td>$3,872</td>
<td>17.5</td>
<td>13.6</td>
<td>12.1</td>
</tr>
<tr>
<td>Total Earnings</td>
<td>$214,294,000</td>
<td>$22,097</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
</tr>
<tr>
<td><strong>Transfer Payments</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Retirement and Disability</td>
<td>$28,485,000</td>
<td>$2,937</td>
<td>38.1</td>
<td>39.0</td>
<td>34.2</td>
</tr>
<tr>
<td>Medical Payments</td>
<td>$33,127,000</td>
<td>$3,416</td>
<td>44.4</td>
<td>42.2</td>
<td>44.0</td>
</tr>
<tr>
<td>Other</td>
<td>$13,074,000</td>
<td>$1,348</td>
<td>17.5</td>
<td>18.7</td>
<td>21.9</td>
</tr>
<tr>
<td>Total Transfer Payments</td>
<td>$74,686,000</td>
<td>$7,701</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
</tr>
<tr>
<td><strong>Personal Income</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Earnings by Place of Residence</td>
<td>$186,961,000</td>
<td>$19,278</td>
<td>61.0</td>
<td>68.8</td>
<td>66.6</td>
</tr>
<tr>
<td>Dividends, Interest, and Rent</td>
<td>$44,665,000</td>
<td>$4,606</td>
<td>14.6</td>
<td>17.0</td>
<td>18.0</td>
</tr>
<tr>
<td>Transfer Payments</td>
<td>$74,686,000</td>
<td>$7,701</td>
<td>24.4</td>
<td>14.3</td>
<td>15.3</td>
</tr>
<tr>
<td>Total Personal Income</td>
<td>$306,312,000</td>
<td>$31,585</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
</tr>
</tbody>
</table>

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

Health Indicators and Health Sector Statistics

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

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

<table>
<thead>
<tr>
<th>Service Type</th>
<th>County Number</th>
<th>County Percent/Rate</th>
<th>State Percent/Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospitals (2009)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number</td>
<td>2</td>
<td>0.2</td>
<td>0.1</td>
</tr>
<tr>
<td>Number of beds</td>
<td>40</td>
<td>4.2</td>
<td>4.1</td>
</tr>
<tr>
<td>Admissions per bed</td>
<td>32</td>
<td>3.4</td>
<td>0.01</td>
</tr>
<tr>
<td>Adult Care Homes (2009)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number</td>
<td>2</td>
<td>1.1</td>
<td>0.8</td>
</tr>
<tr>
<td>Number of beds</td>
<td>97</td>
<td>53.9</td>
<td>56.2</td>
</tr>
<tr>
<td>Assisted Living Facilities (2009)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number</td>
<td>2</td>
<td>1.1</td>
<td>0.7</td>
</tr>
<tr>
<td>Number of beds</td>
<td>59</td>
<td>32.8</td>
<td>29.6</td>
</tr>
<tr>
<td>Medicare (2007)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eligibles</td>
<td>2,135</td>
<td>21.7</td>
<td>14.8</td>
</tr>
<tr>
<td>Medicaid Funded Programs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Food Stamp Beneficiaries (2009)</td>
<td>941</td>
<td>9.9</td>
<td>7.4</td>
</tr>
<tr>
<td>Temporary Assistance for Families (FY 2009)</td>
<td>160</td>
<td>1.7</td>
<td>1.1</td>
</tr>
</tbody>
</table>

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

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

Table 3 shows the availability of certain types of health services in Wilson County as well as usage of some health care-related government programs. The county has 40 available hospital beds, with a rate of 3.4 admissions per bed per 1,000 people. Additionally, the county has 97 adult care home beds, or 53.9 beds per 1,000 older adults, and 59 assisted living beds. Medicare users make up 21.7 percent of the county’s total population and 9.9 percent of the county’s population receive food stamp benefits.
Table 4. Maternity and Children’s Health Statistics

<table>
<thead>
<tr>
<th></th>
<th>County Number</th>
<th>County Percent/Rate</th>
<th>State Percent/Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poverty (2008)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Persons in Poverty¹</td>
<td>1,206</td>
<td>12.7</td>
<td>11.3</td>
</tr>
<tr>
<td>Children in Poverty²</td>
<td>433</td>
<td>20.2</td>
<td>14.6</td>
</tr>
<tr>
<td>Births to Mothers without High-School Diploma⁴ (2007)</td>
<td>N/A</td>
<td>28.5</td>
<td>18.2</td>
</tr>
<tr>
<td>Births with Adequate Prenatal Care³ (2008)</td>
<td>104</td>
<td>78.2</td>
<td>77.6</td>
</tr>
<tr>
<td>Low Weight Births⁵ (2007)</td>
<td>N/A</td>
<td>6.9</td>
<td>7.1</td>
</tr>
<tr>
<td>Immunization⁶ (2007)</td>
<td>N/A</td>
<td>66.0</td>
<td>58.0</td>
</tr>
<tr>
<td>Infant Mortality⁷ (2008)</td>
<td>0</td>
<td>7.6</td>
<td>7.4</td>
</tr>
<tr>
<td>Child Deaths⁸ (2008)</td>
<td>1</td>
<td>0.74</td>
<td>1.7</td>
</tr>
<tr>
<td>Child Care Subsidies⁹ (2008)</td>
<td>51</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

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

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

Table 4 gives information which can indicate the situation for young children and mothers. Within the county, 20.2 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 28.5 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 6.9 percent of all live births in the county, while statewide low weight births occurred in 7.1 percent of all live births.

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

Introduction

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

Economic Data Summary

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

The total population of Wilson County has declined since 2000. Projections are for a continuing modest decline.

- Almost 18% of households live on less than $15,000 income per year, and over 34% live on less than $25,000 per year.

- Whites make up over 95 percent of the population. Four hundred twenty-nine persons in Wilson County identify themselves as non-white.

- The Hispanic population is the most rapidly growing demographic group in the county, projected to increase by over 2% between 2000 and 2017.

- Transfer income to persons is among the fastest growing sources of income. In 2012, over $82 million in transfer income was paid to county residents, almost 28% of total personal income.

- The county poverty rate increased 2.4% from 2001 to 2010.
Wilson 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.

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

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

Claritas, Inc., 2012
Wilson County Rural Health Works

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

![Bar chart showing the estimated percent of aging population in the Wilson Health Area from 2000 to 2017. The chart indicates that the percentage of people 65+ years old, 75+ years old, and 85+ years old has increased over the years.](chart.png)

Claritas, Inc., 2012

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

![Bar chart showing the population by sex and age in the Wilson Health Area in 2012. The chart indicates the number of people in different age groups for both males and females.](chart2.png)

Claritas, Inc., 2012
The racial composition of Wilson County is similar to many rural Kansas counties. Whites make up over 95 percent of the population. Four hundred twenty-nine persons in Wilson 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, albeit relatively modestly.

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

<table>
<thead>
<tr>
<th>Population</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>White Alone</td>
<td>8,873</td>
</tr>
<tr>
<td>Black or African American Alone</td>
<td>31</td>
</tr>
<tr>
<td>American Indian and Alaska Native Alone</td>
<td>99</td>
</tr>
<tr>
<td>Asian Alone</td>
<td>37</td>
</tr>
<tr>
<td>Native Hawaiian and Other Pacific Islander Alone</td>
<td>6</td>
</tr>
<tr>
<td>Some Other Race Alone</td>
<td>36</td>
</tr>
<tr>
<td>Two or More Races</td>
<td>220</td>
</tr>
<tr>
<td>Total</td>
<td>9,302</td>
</tr>
</tbody>
</table>

Claritas, Inc., 2012

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

<table>
<thead>
<tr>
<th>Population</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic or Latino</td>
<td>225</td>
</tr>
<tr>
<td>Not Hispanic or Latino</td>
<td>9,077</td>
</tr>
<tr>
<td>Total</td>
<td>9,302</td>
</tr>
</tbody>
</table>

Claritas, Inc., 2012

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

<table>
<thead>
<tr>
<th></th>
<th>2000</th>
<th>2012</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Population</td>
<td>4,203</td>
<td>3,916</td>
<td>3,844</td>
</tr>
<tr>
<td>Hispanic and Latino</td>
<td>173</td>
<td>225</td>
<td>243</td>
</tr>
<tr>
<td>Percentage of Population</td>
<td>4.1%</td>
<td>5.7%</td>
<td>6.3%</td>
</tr>
</tbody>
</table>

Claritas, Inc., 2012
A relatively large proportion of the population 15 years and older is unmarried. About 58 percent of the adult population reported living as a married individual with a spouse present. Conversely, 23 percent reported no longer being married or their spouse was absent. About 10 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

<table>
<thead>
<tr>
<th>Count</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total, Never Married</td>
<td>1,440</td>
</tr>
<tr>
<td>Married, Spouse present</td>
<td>4,341</td>
</tr>
<tr>
<td>Married, Spouse absent</td>
<td>191</td>
</tr>
<tr>
<td>Widowed</td>
<td>711</td>
</tr>
<tr>
<td>Divorced</td>
<td>821</td>
</tr>
<tr>
<td>Males, Never Married</td>
<td>865</td>
</tr>
<tr>
<td>Previously Married</td>
<td>505</td>
</tr>
<tr>
<td>Females, Never Married</td>
<td>575</td>
</tr>
<tr>
<td>Previously Married</td>
<td>1,027</td>
</tr>
</tbody>
</table>

Claritas, Inc., 2012

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

<table>
<thead>
<tr>
<th>Count</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 9th grade</td>
<td>246</td>
</tr>
<tr>
<td>Some High School, no diploma</td>
<td>433</td>
</tr>
<tr>
<td>High School Graduate (or GED)</td>
<td>2,692</td>
</tr>
<tr>
<td>Some College, no degree</td>
<td>1,403</td>
</tr>
<tr>
<td>Associate Degree</td>
<td>490</td>
</tr>
<tr>
<td>Bachelor's Degree</td>
<td>537</td>
</tr>
<tr>
<td>Master's Degree</td>
<td>184</td>
</tr>
<tr>
<td>Professional School Degree</td>
<td>41</td>
</tr>
<tr>
<td>Doctorate Degree</td>
<td>8</td>
</tr>
</tbody>
</table>

Claritas, Inc., 2012
Wilson County Rural Health Works

The income and wealth resources of many Wilson County residents are relatively modest. Over 34 percent of households report an annual income of less than $25,000, and over 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 30 percent of the housing stock is valued at less than $40,000. The implications of such income and wealth characteristics in the context of increasing longevity and rising health care costs raises questions as to whether all who need it can afford health insurance and health care services.

Table 7. 2012 Estimated Households by Household Income

<table>
<thead>
<tr>
<th>Income Level</th>
<th>Count</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income Less than $15,000</td>
<td>689</td>
<td>17.6%</td>
</tr>
<tr>
<td>Income $15,000 - $24,999</td>
<td>646</td>
<td>16.5%</td>
</tr>
<tr>
<td>Income $25,000 - $34,999</td>
<td>552</td>
<td>14.1%</td>
</tr>
<tr>
<td>Income $35,000 - $49,999</td>
<td>718</td>
<td>18.3%</td>
</tr>
<tr>
<td>Income $50,000 - $74,999</td>
<td>752</td>
<td>19.2%</td>
</tr>
<tr>
<td>Income $75,000 - $99,999</td>
<td>306</td>
<td>7.8%</td>
</tr>
<tr>
<td>Income $100,000 - $149,999</td>
<td>188</td>
<td>4.8%</td>
</tr>
<tr>
<td>Income $150,000 - $199,999</td>
<td>41</td>
<td>1.1%</td>
</tr>
<tr>
<td>Income $200,000 - $499,999</td>
<td>21</td>
<td>0.5%</td>
</tr>
<tr>
<td>Income $500,000 or more</td>
<td>3</td>
<td>0.1%</td>
</tr>
<tr>
<td><strong>Total Estimated Households</strong></td>
<td><strong>3,916</strong></td>
<td><strong>100.0%</strong></td>
</tr>
</tbody>
</table>

Estimated Average Household Income $44,766
Estimated Median Household Income $36,483
Estimated Per Capita Income $19,005

Claritas, Inc., 2012

Table 8. 2012 Estimated All Owner-Occupied Housing Values

<table>
<thead>
<tr>
<th>Value Level</th>
<th>Count</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Value Less than $20,000</td>
<td>387</td>
<td>13.0%</td>
</tr>
<tr>
<td>Value $20,000 - $39,999</td>
<td>501</td>
<td>16.9%</td>
</tr>
<tr>
<td>Value $40,000 - $59,999</td>
<td>607</td>
<td>20.5%</td>
</tr>
<tr>
<td>Value $60,000 - $79,999</td>
<td>393</td>
<td>13.3%</td>
</tr>
<tr>
<td>Value $80,000 - $99,999</td>
<td>312</td>
<td>10.5%</td>
</tr>
<tr>
<td>Value $100,000 - $149,999</td>
<td>486</td>
<td>16.4%</td>
</tr>
<tr>
<td>Value $150,000 - $199,999</td>
<td>154</td>
<td>5.2%</td>
</tr>
<tr>
<td>Value $200,000 - $299,999</td>
<td>72</td>
<td>2.4%</td>
</tr>
<tr>
<td>Value $300,000 - $399,999</td>
<td>32</td>
<td>1.1%</td>
</tr>
<tr>
<td>Value $400,000 - $499,999</td>
<td>8</td>
<td>0.3%</td>
</tr>
<tr>
<td>Value $500,000 - $749,999</td>
<td>12</td>
<td>0.4%</td>
</tr>
<tr>
<td>Value $750,000 - $999,999</td>
<td>3</td>
<td>0.1%</td>
</tr>
<tr>
<td>Value $1,000,000 or more</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>2,967</strong></td>
<td><strong>100.0%</strong></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
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<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Earnings (Millions 2005$)</td>
<td>$161.28</td>
<td>$178.14</td>
<td>$188.58</td>
<td>$198.54</td>
<td>$199.99</td>
<td>$194.65</td>
<td>$193.54</td>
<td>$173.33</td>
<td>$170.11</td>
<td>$173.40</td>
<td>$181.04</td>
</tr>
<tr>
<td>Agricultural Services, Other</td>
<td>$0.52</td>
<td>$0.44</td>
<td>$0.43</td>
<td>$0.36</td>
<td>$0.48</td>
<td>$0.55</td>
<td>$0.49</td>
<td>$0.81</td>
<td>$0.81</td>
<td>$0.75</td>
<td>$0.61</td>
</tr>
<tr>
<td>Mining</td>
<td>$1.27</td>
<td>$1.03</td>
<td>$1.04</td>
<td>$1.36</td>
<td>$2.26</td>
<td>$2.38</td>
<td>$4.82</td>
<td>$4.85</td>
<td>$5.16</td>
<td>$5.49</td>
<td>$4.78</td>
</tr>
<tr>
<td>Manufacturing</td>
<td>$57.87</td>
<td>$57.04</td>
<td>$63.78</td>
<td>$78.49</td>
<td>$70.75</td>
<td>$73.07</td>
<td>$68.80</td>
<td>$54.51</td>
<td>$52.15</td>
<td>$52.87</td>
<td>$54.88</td>
</tr>
<tr>
<td>Transport, Comm. &amp; Public Utility</td>
<td>$17.96</td>
<td>$19.54</td>
<td>$20.15</td>
<td>$16.53</td>
<td>$17.27</td>
<td>$16.55</td>
<td>$17.43</td>
<td>$17.57</td>
<td>$17.01</td>
<td>$18.26</td>
<td>$17.40</td>
</tr>
<tr>
<td>Wholesale Trade</td>
<td>$5.16</td>
<td>$6.60</td>
<td>$6.09</td>
<td>$3.33</td>
<td>$4.77</td>
<td>$4.78</td>
<td>$6.00</td>
<td>$7.40</td>
<td>$8.30</td>
<td>$9.28</td>
<td>$9.87</td>
</tr>
<tr>
<td>Retail Trade</td>
<td>$6.83</td>
<td>$7.79</td>
<td>$8.30</td>
<td>$8.87</td>
<td>$8.49</td>
<td>$8.02</td>
<td>$7.08</td>
<td>$6.76</td>
<td>$6.71</td>
<td>$6.78</td>
<td>$7.05</td>
</tr>
<tr>
<td>Finance, Insurance &amp; Real Estate</td>
<td>$5.62</td>
<td>$4.85</td>
<td>$4.96</td>
<td>$5.00</td>
<td>$4.67</td>
<td>$5.21</td>
<td>$1.72</td>
<td>$1.62</td>
<td>$1.60</td>
<td>$2.22</td>
<td></td>
</tr>
<tr>
<td>Services</td>
<td>$15.91</td>
<td>$10.74</td>
<td>$10.18</td>
<td>$12.73</td>
<td>$9.74</td>
<td>$9.92</td>
<td>$9.21</td>
<td>$10.46</td>
<td>$10.88</td>
<td>$11.69</td>
<td>$12.95</td>
</tr>
<tr>
<td>Federal Civilian Government</td>
<td>$2.51</td>
<td>$2.44</td>
<td>$2.26</td>
<td>$2.19</td>
<td>$2.08</td>
<td>$2.19</td>
<td>$2.33</td>
<td>$2.49</td>
<td>$2.65</td>
<td>$2.61</td>
<td>$2.66</td>
</tr>
<tr>
<td>Federal Military Government</td>
<td>$1.08</td>
<td>$1.50</td>
<td>$1.53</td>
<td>$1.79</td>
<td>$1.70</td>
<td>$1.64</td>
<td>$1.62</td>
<td>$1.77</td>
<td>$1.91</td>
<td>$1.99</td>
<td>$1.40</td>
</tr>
<tr>
<td>State and Local Government</td>
<td>$29.01</td>
<td>$30.65</td>
<td>$31.42</td>
<td>$31.73</td>
<td>$31.23</td>
<td>$33.00</td>
<td>$33.30</td>
<td>$33.75</td>
<td>$32.73</td>
<td>$32.19</td>
<td>$32.72</td>
</tr>
<tr>
<td>Personal Income (Millions 2005$)</td>
<td>$244.32</td>
<td>$255.33</td>
<td>$264.74</td>
<td>$267.08</td>
<td>$271.02</td>
<td>$282.19</td>
<td>$288.51</td>
<td>$280.44</td>
<td>$282.50</td>
<td>$291.17</td>
<td>$294.68</td>
</tr>
<tr>
<td>Wages and Salaries</td>
<td>$113.84</td>
<td>$114.05</td>
<td>$120.42</td>
<td>$130.38</td>
<td>$125.94</td>
<td>$131.83</td>
<td>$129.75</td>
<td>$121.06</td>
<td>$107.68</td>
<td>$104.35</td>
<td>$113.78</td>
</tr>
<tr>
<td>Other Labor Income</td>
<td>$27.12</td>
<td>$31.58</td>
<td>$32.79</td>
<td>$36.20</td>
<td>$32.89</td>
<td>$33.40</td>
<td>$33.89</td>
<td>$31.63</td>
<td>$31.00</td>
<td>$30.08</td>
<td>$32.27</td>
</tr>
<tr>
<td>Proprietors Income</td>
<td>$20.33</td>
<td>$32.51</td>
<td>$35.37</td>
<td>$31.96</td>
<td>$31.15</td>
<td>$28.31</td>
<td>$31.01</td>
<td>$29.64</td>
<td>$31.43</td>
<td>$38.98</td>
<td>$34.99</td>
</tr>
<tr>
<td>Dividends, Interest &amp; Rent</td>
<td>$40.39</td>
<td>$35.61</td>
<td>$38.16</td>
<td>$35.68</td>
<td>$39.85</td>
<td>$46.11</td>
<td>$49.88</td>
<td>$48.13</td>
<td>$50.00</td>
<td>$53.09</td>
<td>$50.10</td>
</tr>
<tr>
<td>Transfer Payments To Persons</td>
<td>$60.68</td>
<td>$61.34</td>
<td>$60.31</td>
<td>$61.62</td>
<td>$65.17</td>
<td>$67.28</td>
<td>$68.92</td>
<td>$77.93</td>
<td>$80.28</td>
<td>$80.58</td>
<td>$82.30</td>
</tr>
<tr>
<td>Residence Adjustment</td>
<td>$0.78</td>
<td>-$0.45</td>
<td>-$2.06</td>
<td>-$6.49</td>
<td>-$2.54</td>
<td>-$2.68</td>
<td>-$2.92</td>
<td>$0.42</td>
<td>$0.38</td>
<td>$0.35</td>
<td>$0.38</td>
</tr>
</tbody>
</table>

Note: Historical employment, earnings, and income data 1969-2002, and total population data 1969-2003, are from the U.S. Dept of Commerce (USDoC); employment and earnings data by private non-farm SIC industry for 2001 and 2002 are estimated from private non-farm NAICA industry data.
### Table 10. Personal Current Transfer Receipts for Wilson County

<table>
<thead>
<tr>
<th>(thousands of dollars)</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal current transfer receipts ($000)</td>
<td>74,947</td>
<td>86,020</td>
<td>87,834</td>
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<tr>
<td>Current transfer receipts of individuals from governments</td>
<td>73,187</td>
<td>84,196</td>
<td>86,021</td>
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<tr>
<td>Retirement and disability insurance benefits</td>
<td>28,462</td>
<td>30,392</td>
<td>31,372</td>
</tr>
<tr>
<td>Old-age, survivors, and disability insurance (OASDI) benefits</td>
<td>27,534</td>
<td>29,415</td>
<td>30,373</td>
</tr>
<tr>
<td>Railroad retirement and disability benefits</td>
<td>864</td>
<td>918</td>
<td>937</td>
</tr>
<tr>
<td>Workers’ compensation</td>
<td>(L)</td>
<td>(L)</td>
<td>(L)</td>
</tr>
<tr>
<td>Other government retirement and disability insurance benefits</td>
<td>(L)</td>
<td>(L)</td>
<td>(L)</td>
</tr>
<tr>
<td>Medical benefits</td>
<td>32,396</td>
<td>35,230</td>
<td>36,073</td>
</tr>
<tr>
<td>Medicare benefits</td>
<td>19,557</td>
<td>20,778</td>
<td>21,875</td>
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<tr>
<td>Public assistance medical care benefits</td>
<td>12,563</td>
<td>14,157</td>
<td>13,870</td>
</tr>
<tr>
<td>Medicaid</td>
<td>12,037</td>
<td>13,657</td>
<td>13,382</td>
</tr>
<tr>
<td>Other medical care benefits</td>
<td>526</td>
<td>500</td>
<td>488</td>
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<tr>
<td>Military medical insurance benefits</td>
<td>276</td>
<td>295</td>
<td>328</td>
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<tr>
<td>Income maintenance benefits</td>
<td>7,440</td>
<td>7,651</td>
<td>9,417</td>
</tr>
<tr>
<td>Supplemental security income (SSI) benefits</td>
<td>1,168</td>
<td>1,319</td>
<td>1,430</td>
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<tr>
<td>Family assistance</td>
<td>573</td>
<td>533</td>
<td>536</td>
</tr>
<tr>
<td>Supplemental Nutrition Assistance Program (SNAP)</td>
<td>1,127</td>
<td>1,704</td>
<td>2,136</td>
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<tr>
<td>Other income maintenance benefits</td>
<td>4,572</td>
<td>4,095</td>
<td>5,315</td>
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<tr>
<td>Unemployment insurance compensation</td>
<td>2,539</td>
<td>7,210</td>
<td>5,742</td>
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<td>State unemployment insurance compensation</td>
<td>2,519</td>
<td>7,169</td>
<td>5,690</td>
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<tr>
<td>Unemployment compensation for Fed. civilian employees (UCFE)</td>
<td>(L)</td>
<td>(L)</td>
<td>(L)</td>
</tr>
<tr>
<td>Unemployment compensation for railroad employees</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Unemployment compensation for veterans (UCX)</td>
<td>(L)</td>
<td>(L)</td>
<td>(L)</td>
</tr>
<tr>
<td>Other unemployment compensation</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Veterans benefits</td>
<td>1,769</td>
<td>1,967</td>
<td>2,158</td>
</tr>
<tr>
<td>Veterans pension and disability benefits</td>
<td>1,647</td>
<td>1,810</td>
<td>1,939</td>
</tr>
<tr>
<td>Veterans readjustment benefits</td>
<td>63</td>
<td>101</td>
<td>168</td>
</tr>
<tr>
<td>Veterans life insurance benefits</td>
<td>59</td>
<td>55</td>
<td>50</td>
</tr>
<tr>
<td>Other assistance to veterans</td>
<td>0</td>
<td>(L)</td>
<td>(L)</td>
</tr>
<tr>
<td>Education and training assistance</td>
<td>536</td>
<td>601</td>
<td>651</td>
</tr>
<tr>
<td>Other transfer receipts of individuals from governments</td>
<td>(L)</td>
<td>1,145</td>
<td>608</td>
</tr>
<tr>
<td>Current transfer receipts of nonprofit institutions</td>
<td>989</td>
<td>1,050</td>
<td>1,094</td>
</tr>
<tr>
<td>Receipts from the Federal government</td>
<td>372</td>
<td>394</td>
<td>407</td>
</tr>
<tr>
<td>Receipts from state and local governments</td>
<td>225</td>
<td>247</td>
<td>259</td>
</tr>
<tr>
<td>Receipts from businesses</td>
<td>392</td>
<td>409</td>
<td>428</td>
</tr>
<tr>
<td>Current transfer receipts of individuals from businesses</td>
<td>771</td>
<td>774</td>
<td>719</td>
</tr>
</tbody>
</table>

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

- All state and local area dollar estimates are in current dollars (not adjusted for inflation).
(L) Less than $50,000, but the estimates for this item are included in the totals.
## Wilson County Rural Health Works

<table>
<thead>
<tr>
<th>Table 11. Employment by Major Industry for Wilson County</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Thousands)</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Farm Employment</td>
</tr>
<tr>
<td>Agricultural Services, Other</td>
</tr>
<tr>
<td>Mining</td>
</tr>
<tr>
<td>Construction</td>
</tr>
<tr>
<td>Manufacturing</td>
</tr>
<tr>
<td>Transport, Comm. &amp; Public Utility</td>
</tr>
<tr>
<td>Wholesale Trade</td>
</tr>
<tr>
<td>Retail Trade</td>
</tr>
<tr>
<td>Finance, Insurance &amp; Real Estate</td>
</tr>
<tr>
<td>Services</td>
</tr>
<tr>
<td>Federal Civilian Government</td>
</tr>
<tr>
<td>Federal Military Government</td>
</tr>
<tr>
<td>State and Local Government</td>
</tr>
</tbody>
</table>

Woods and Poole, Inc., 2012

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

As with most rural areas, the way people in Wilson County earn a living is changing. While employment in traditional industries such as agriculture and manufacturing has been relatively lower in current years, extractive industries has seen a recent increase in 2008 to current years, and a greater proportion of people are earning a living working in service industries. Perhaps consistent with the overall population decline, employment in government also declined. Wilson County has been higher than the state average in terms of the percentage of population living in poverty.

![Figure 6. Unemployment Rate for Wilson County and Kansas, 2002-2011](image)

Kansas Department of Labor, 2011

![Figure 7. Percent of People in Poverty in Wilson County and Kansas, 2001-2010](image)

U.S. Census Bureau, 2010

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

Introduction

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

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

- Over time, the trend in nursing home occupancy may suggest the need to evaluate the need for community-based services.

- The trend in childhood immunization rates is improving. About 20 percent of fetuses had not had adequate prenatal care.

- The rate of youth tobacco use appears remains above the state rate, while the rate of binge drinking is improving.

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

- Recent trends in hospital usage suggest a fairly steady level of demand at both the Wilson Medical Center and Fredonia Regional Hospital.
The number of nursing home beds includes only long-term care nursing facilities in Cowley County. It excludes any nursing care beds that may exist in a hospital nursing unit.

Over time, the total number of beds has declined, while the occupancy rate has fluctuated around 80%. This reflects the preference to community-based alternatives to institutional care.

Table 1. Average Wilson County Occupancy of Nursing Home Beds

<table>
<thead>
<tr>
<th></th>
<th>2001</th>
<th>2002</th>
<th>2003</th>
<th>2004</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average Number of Nursing Beds</td>
<td>139</td>
<td>118</td>
<td>117</td>
<td>137</td>
<td>137</td>
<td>137</td>
<td>137</td>
<td>147</td>
<td>97</td>
<td>97</td>
</tr>
<tr>
<td>Average Nursing Occupancy Rate</td>
<td>84.0%</td>
<td>83.5%</td>
<td>81.6%</td>
<td>75.1%</td>
<td>78.1%</td>
<td>77.4%</td>
<td>81.5%</td>
<td>74.8%</td>
<td>85.4%</td>
<td>82.3%</td>
</tr>
</tbody>
</table>

Kansas Department on Aging, semi-annual reports
Considering available indicators of children’s welfare, a relatively small population base can lead to large percentage changes that must be interpreted cautiously. While available data are limited, the trends related to children receiving necessary immunizations have improved, but about one-quarter of children have not had needed immunizations. Nearly 20 percent of fetuses had not had adequate prenatal care in 2009. The rate of youth tobacco use remains above the state rate, while the rate of binge drinking has improved.

### Table 2. Indicators of Children’s Welfare

<table>
<thead>
<tr>
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<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Immunizations</td>
<td>50.5%</td>
<td>50.0%</td>
<td>66.0%</td>
<td>60.0%</td>
<td>75.0%</td>
<td>-</td>
<td>-</td>
<td></td>
<td>-</td>
<td></td>
<td>-</td>
<td></td>
<td>-</td>
<td></td>
<td>-</td>
<td></td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Prenatal Care</td>
<td>80.2%</td>
<td>79.7%</td>
<td>82.6%</td>
<td>78.2%</td>
<td>82.7%</td>
<td>-</td>
<td>-</td>
<td></td>
<td>-</td>
<td></td>
<td>-</td>
<td></td>
<td>-</td>
<td></td>
<td>-</td>
<td></td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Low Birth Weight Babies</td>
<td>3.5%</td>
<td>7.7%</td>
<td>6.9%</td>
<td>14.7%</td>
<td>12.1%</td>
<td>-</td>
<td>-</td>
<td></td>
<td>-</td>
<td></td>
<td>-</td>
<td></td>
<td>-</td>
<td></td>
<td>-</td>
<td></td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Teen Violent Deaths (per 100,000 15-19 year-olds)</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>-</td>
<td>-</td>
<td></td>
<td>-</td>
<td></td>
<td>-</td>
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<td>-</td>
<td></td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Youth Tobacco Use</td>
<td>-</td>
<td></td>
<td>12.8%</td>
<td>15.4%</td>
<td>16.8%</td>
<td>18.3%</td>
<td>13.8%</td>
<td></td>
<td>-</td>
<td></td>
<td>-</td>
<td></td>
<td>-</td>
<td></td>
<td>-</td>
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<td>-</td>
<td></td>
</tr>
<tr>
<td>Youth Binge Drinking</td>
<td>-</td>
<td></td>
<td>16.1%</td>
<td>15.7%</td>
<td>13.6%</td>
<td>13.2%</td>
<td>11.3%</td>
<td></td>
<td>-</td>
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<td>-</td>
<td></td>
<td>-</td>
<td></td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Asthma (per 1,000)</td>
<td>-</td>
<td>0.4</td>
<td>1.8</td>
<td>0.9</td>
<td>0.9</td>
<td>1.8</td>
<td>-</td>
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</tr>
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<td>Mental Health (per 1,000)</td>
<td>3.0</td>
<td>2.9</td>
<td>2.7</td>
<td>3.4</td>
<td>3.3</td>
<td>3.3</td>
<td>-</td>
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<td>-</td>
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<td></td>
<td>-</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

Kansas KIDSCOUNT, 2011

Table 3 contains information about persons served by state and federally-funded services. Across the service categories reported, there appears to have been increasing need in the major service categories. When taken together, the numbers suggest a fairly high proportion of the local population experiencing economic distress. In particular, the need for family, employment, food and energy assistance has increased recently.
Table 3. Persons Served by Selected Public Assistance Programs in Wilson County

<table>
<thead>
<tr>
<th>Major Services</th>
<th>Persons Served</th>
<th>FY 2009</th>
<th>FY 2010</th>
<th>FY 2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Temporary Assistance for Families</td>
<td>Avg. monthly persons</td>
<td>160</td>
<td>166</td>
<td>195</td>
</tr>
<tr>
<td>TANF Employment Services</td>
<td>Avg. monthly adults</td>
<td>74</td>
<td>81</td>
<td>97</td>
</tr>
<tr>
<td>Child Care Assistance</td>
<td>Avg. monthly children</td>
<td>46</td>
<td>52</td>
<td>54</td>
</tr>
<tr>
<td>Food Assistance</td>
<td>Avg. monthly persons</td>
<td>941</td>
<td>1,143</td>
<td>1,324</td>
</tr>
<tr>
<td>Energy Assistance</td>
<td>Annual persons</td>
<td>658</td>
<td>842</td>
<td>980</td>
</tr>
<tr>
<td>General Assistance</td>
<td>Avg. monthly persons</td>
<td>23</td>
<td>9</td>
<td>6</td>
</tr>
<tr>
<td>Vocational Rehabilitation Services</td>
<td>Avg. monthly persons</td>
<td>34</td>
<td>29</td>
<td>25</td>
</tr>
<tr>
<td>Family Preservation</td>
<td>Annual persons</td>
<td>11</td>
<td>12</td>
<td>9</td>
</tr>
<tr>
<td>Reintegration/Foster Care</td>
<td>Avg. monthly children</td>
<td>13</td>
<td>9</td>
<td>5</td>
</tr>
<tr>
<td>Adoption Support</td>
<td>Avg. monthly children</td>
<td>16</td>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>

Home and Community Based Services

| Physical Disability                                 | Annual consumers | 103     | 89      | 84      |
| Traumatic Brain Injury                              | Annual consumers | 2       | 7       | 6       |
| Developmental Disability                            | Annual consumers | 24      | 24      | 19      |
| Autism                                              | Annual consumers | 0       | 0       | 0       |

Managed Behavioral Health Services

| Substance Abuse (PIHP)                              | Annual consumers | 23      | 31      | 23      |
| Mental Health (PAHP)                                | Annual consumers | 271     | 283     | 301     |

Institutional Services

| Intermediate Care Facility (ICF-MR)                 | Average daily census | 0       | 0       | 10      |
| 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 20 percent of newborns received less than adequate prenatal care. Even a single teenage pregnancy sets a young person on a difficult life path. In 2010, there were 17 out-of-wedlock births to teenage mothers. And, about one-half of all marriages end in dissolution.

In the recent past, usage of both Wilson Medical Hospital and Fredonia Regional Hospital appears to have remained relatively stable (Tables 5-6). This is evident in the number of inpatient and outpatient visits and procedures. Medicare recipients appear to be an important component of the patient base.
### Table 4. Selected Vital Statistics for Wilson County, 2010

<table>
<thead>
<tr>
<th>Table 4. Selected Vital Statistics for Wilson County, 2010</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Live Births by Age-Group of Mother</strong></td>
</tr>
<tr>
<td>----------------</td>
</tr>
<tr>
<td>Total</td>
</tr>
<tr>
<td>Adequacy of Prenatal Care by Number and Percentage</td>
</tr>
<tr>
<td>Adequate Plus</td>
</tr>
<tr>
<td>Out-of-Wedlock Births by Age</td>
</tr>
<tr>
<td>Total</td>
</tr>
<tr>
<td>Teenage Pregnancies by Number and Percentage</td>
</tr>
<tr>
<td>Live Births 10-14 yrs. 15-19 yrs. 10-14 yrs. 15-19 yrs.</td>
</tr>
<tr>
<td>Stillbirths    10-14 yrs. 15-19 yrs. 10-14 yrs. 15-19 yrs.</td>
</tr>
<tr>
<td>Abortions 10-14 yrs. 15-19 yrs. 10-14 yrs. 15-19 yrs.</td>
</tr>
<tr>
<td>Total Pregnancies 10-14 yrs. 15-19 yrs. 10-14 yrs. 15-19 yrs.</td>
</tr>
<tr>
<td>Death by Age Group</td>
</tr>
<tr>
<td>0-4</td>
</tr>
<tr>
<td>11</td>
</tr>
<tr>
<td>Marriages by Number and Rate per 1,000 Population</td>
</tr>
<tr>
<td>2006</td>
</tr>
<tr>
<td>2007</td>
</tr>
<tr>
<td>Marriages Dissolutions by Number and Rate per 1,000 Population</td>
</tr>
<tr>
<td>2006</td>
</tr>
<tr>
<td>2007</td>
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</table>

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

<table>
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<tr>
<th></th>
<th>2006-07</th>
<th>2007-08</th>
<th>2008-09</th>
<th>2009-10</th>
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<tbody>
<tr>
<td>Number of Practicing Physicians (county)</td>
<td>15</td>
<td>13</td>
<td>11</td>
<td>10</td>
</tr>
<tr>
<td>Persons per Physician (county)</td>
<td>652</td>
<td>738</td>
<td>861</td>
<td>941</td>
</tr>
<tr>
<td><strong>Wilson Medical Center</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Licensed Acute Beds</td>
<td>18</td>
<td>15</td>
<td>15</td>
<td>15</td>
</tr>
<tr>
<td>Licensed Swing Beds</td>
<td>18</td>
<td>15</td>
<td>15</td>
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</tr>
<tr>
<td>Staffed Beds-Hospital</td>
<td>18</td>
<td>15</td>
<td>15</td>
<td>15</td>
</tr>
<tr>
<td>Staffed Beds-Nursing Home Unit</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Admissions-Hospital</td>
<td>304</td>
<td>331</td>
<td>415</td>
<td>348</td>
</tr>
<tr>
<td>Admissions-Nursing Home Unit</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Admissions-Swing Beds</td>
<td>91</td>
<td>116</td>
<td>107</td>
<td>90</td>
</tr>
<tr>
<td>Inpatient Days - Hospital</td>
<td>1,040</td>
<td>1,076</td>
<td>3,080</td>
<td>2,468</td>
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<tr>
<td>Inpatient Days - Nursing Home Unit</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Inpatient Days - Swing-beds</td>
<td>1,299</td>
<td>1,628</td>
<td>2,020</td>
<td>1,566</td>
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<tr>
<td>Emergency Room Visits</td>
<td>2,124</td>
<td>2,030</td>
<td>2,174</td>
<td>2,167</td>
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<tr>
<td>Outpatient Visits</td>
<td>11,441</td>
<td>11,710</td>
<td>11,555</td>
<td>11,997</td>
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<tr>
<td>Inpatient Surgical Operations</td>
<td>83</td>
<td>93</td>
<td>94</td>
<td>85</td>
</tr>
<tr>
<td>Outpatient Surgical Operations</td>
<td>297</td>
<td>347</td>
<td>426</td>
<td>356</td>
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<tr>
<td>Medicare Inpatient Discharges</td>
<td>274</td>
<td>315</td>
<td>300</td>
<td>244</td>
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<tr>
<td>Medicare Inpatient Days</td>
<td>1,930</td>
<td>2,270</td>
<td>2,588</td>
<td>2,044</td>
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<tr>
<td>Medicaid Inpatient Discharges</td>
<td>25</td>
<td>22</td>
<td>21</td>
<td>12</td>
</tr>
<tr>
<td>Medicaid Inpatient Days</td>
<td>98</td>
<td>56</td>
<td>58</td>
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</table>

Kansas Statistical Abstract, 2010
### Table 6. Hospital Data for Fredonia and Wilson County

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Practicing Physicians (county)</td>
<td>15</td>
<td>13</td>
<td>11</td>
<td>10</td>
</tr>
<tr>
<td>Persons per Physician (county)</td>
<td>652</td>
<td>738</td>
<td>861</td>
<td>941</td>
</tr>
<tr>
<td><strong>Fredonia Regional Hospital</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Licensed Acute Beds</td>
<td>25</td>
<td>25</td>
<td>25</td>
<td>25</td>
</tr>
<tr>
<td>Licensed Swing Beds</td>
<td>25</td>
<td>25</td>
<td>25</td>
<td>25</td>
</tr>
<tr>
<td>Staffed Beds-Hospital</td>
<td>25</td>
<td>25</td>
<td>25</td>
<td>25</td>
</tr>
<tr>
<td>Staffed Beds-Nursing Home Unit</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Admissions-Hospital</td>
<td>1,026</td>
<td>956</td>
<td>1,031</td>
<td>585</td>
</tr>
<tr>
<td>Admissions-Nursing Home Unit</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Admissions-Swing Beds</td>
<td>194</td>
<td>181</td>
<td>152</td>
<td>152</td>
</tr>
<tr>
<td>Inpatient Days - Hospital</td>
<td>3,703</td>
<td>3,615</td>
<td>5,217</td>
<td>2,061</td>
</tr>
<tr>
<td>Inpatient Days - Nursing Home Unit</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Inpatient Days - Swing-beds</td>
<td>1,673</td>
<td>1,412</td>
<td>1,095</td>
<td>1,049</td>
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<tr>
<td>Emergency Room Visits</td>
<td>2,293</td>
<td>2,062</td>
<td>2,158</td>
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<tr>
<td>Outpatient Visits</td>
<td>14,751</td>
<td>13,945</td>
<td>16,471</td>
<td>16,817</td>
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<tr>
<td>Inpatient Surgical Operations</td>
<td>55</td>
<td>48</td>
<td>33</td>
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<tr>
<td>Outpatient Surgical Operations</td>
<td>161</td>
<td>177</td>
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<tr>
<td>Medicare Inpatient Discharges</td>
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<td>Medicare Inpatient Days</td>
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<td>Medicaid Inpatient Discharges</td>
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<tr>
<td>Medicaid Inpatient Days</td>
<td>549</td>
<td>400</td>
<td>329</td>
<td>318</td>
</tr>
</tbody>
</table>

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

*Kansas Statistical Abstract, 2010*

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

Introduction

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

Education Data Summary

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

- Total student enrollment in Wilson County K-12 school districts has steadily declined since 2000.

- As the student population has declined, the student-to-teacher ratio also has declined.

- The trend in the student dropout rate has been variable in Wilson County over the past decade.

- The trend in student-on-student violence has been decreasing over time, along with the student-on-faculty violence.

ZIP codes within the Wilson County Health Market Area.
Source: Claritas, Inc. 2012.
Total student enrollment in Wilson County K-12 school districts has steadily declined since 2000. Enrollment was 1,639 in the 2011-2012 school year, down from 2,084 in 2000-2001.

As the student population has declined, the student-to-teacher ratio also has declined. This generally means that as the school-age population has declined, the district has retained staffing. The ratio of about 14 students per teacher permits fairly close attention for each of the students.
The trend in the student dropout rate has been variable in Wilson County over the past decade.

Violence in the school is extremely disruptive to learning. The trend in student-on-student violence has been decreasing over time, similar to the student-on-faculty violence.
Wilson County Rural Health Works

Figure 4. Incidents of Student-on-Student Violence

<table>
<thead>
<tr>
<th>School Year</th>
<th>Number of Incidents</th>
</tr>
</thead>
<tbody>
<tr>
<td>1996-1997</td>
<td>60</td>
</tr>
<tr>
<td>1997-1998</td>
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<tr>
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<td>2005-2006</td>
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</tr>
<tr>
<td>2006-2007</td>
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</tr>
</tbody>
</table>

Kansas Department of Education, 2012

Figure 5. Incidents of Student-on-Faculty Violence

<table>
<thead>
<tr>
<th>School Year</th>
<th>Number of Incidents</th>
</tr>
</thead>
<tbody>
<tr>
<td>1996-1997</td>
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</tr>
<tr>
<td>2006-2007</td>
<td></td>
</tr>
</tbody>
</table>

Kansas Department of Education, 2012

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Introduction

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

Crime Data Summary

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

- The incidence of crime in Wilson County has been decreasing, consistent with the state average from 2008 to 2010.

- Property crime decreased in 2010 from 2008, while violent crime increased slightly.

- The number of both adult and juvenile arrests has remained fairly stable in Wilson County.

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

- Overall crime data submitted to the Kansas Bureau of Investigation are often incomplete.

Wilson County Primary Health Market Area

ZIP codes within the Wilson County Health Market Area.
Source: Claritas, Inc. 2012.
The incidence of crime in Wilson County has been decreasing, consistent with the state average in from 2008 to 2011. The incidence of property crime decreased in 2010 from 2008. However, the incidence of violent crime has increased.

Table 1. Crime Statistics for Wilson County and Kansas

<table>
<thead>
<tr>
<th></th>
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</thead>
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<td>Violent Crime</td>
<td>Property Crime</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Number</td>
<td>Rate per 1,000</td>
<td>Number</td>
<td>Rate per 1,000</td>
</tr>
<tr>
<td>Wilson</td>
<td>222</td>
<td>22.7</td>
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<td>1.7</td>
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<td>93,996</td>
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</thead>
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<td>Violent Crime</td>
<td>Property Crime</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Number</td>
<td>Rate per 1,000</td>
<td>Number</td>
<td>Rate per 1,000</td>
</tr>
<tr>
<td>Wilson</td>
<td>185</td>
<td>18.9</td>
<td>17</td>
<td>1.7</td>
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<td>Kansas</td>
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<table>
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</tr>
</thead>
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<tr>
<td></td>
<td>Crime Index Offenses</td>
<td>Violent Crime</td>
<td>Property Crime</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Number</td>
<td>Rate per 1,000</td>
<td>Number</td>
<td>Rate per 1,000</td>
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<td>10,428</td>
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<td></td>
<td>Crime Index Offenses</td>
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<td>Property Crime</td>
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<td></td>
<td>Number</td>
<td>Rate per 1,000</td>
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</table>

Kansas Bureau of Investigation, 2012

Index crimes include violent crimes (murder, rape, robbery, and aggravated assault/battery) plus property crime (burglary, theft, and motor vehicle theft).
Index crimes include violent crimes (murder, rape, robbery, and aggravated assault/battery) plus property crime (burglary, theft, and motor vehicle theft).
The number of full-time law enforcement officials per 1,000 persons in Wilson County has been consistently above the state rate.

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

Introduction

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

Kansas Health Matters

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

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

Data Summary

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

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

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

Access to Health Services

Average Monthly WIC Participation

Value: 37.7 average cases per 1,000 population
Measurement Period: 2010
Location: County : Wilson
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.
Wilson 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: 1,197 population per physician
Measurement Period: 2010
Location: County: Wilson
Comparison: KS State Value
Categories: Health / Access to Health Services
What is this Indicator?
This indicator shows the ratio of population to one primary care physician FTE.

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

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

Staffed Hospital Bed Ratio

Value: 5.2 beds per 1,000 population
Measurement Period: 2009
Location: County: Wilson
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 is the average complement of beds fully staffed during the year, or those beds that are set-up, staffed, and equipped, and in all respects, ready for use by patients remaining in the hospital overnight.

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

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

Children's Health

Percent of WIC Mothers Breastfeeding Exclusively

Value: 1.0 percent
Measurement Period: 2010
Location: County: Wilson
Comparison: KS State Value
Categories: Health / Children's Health; Health / Access to Health Services

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

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

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

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

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

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

Exercise, Nutrition & Weight

Percentage of Adults Participating in Recommended Level of Physical Activity

Value: 48.5 percent
Measurement Period: 2009
Location: County : Wilson
Comparison: KS State Value
Categories: Health / Exercise, Nutrition, & Weight

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

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

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

Source: Kansas Department of Health and Environment
URL of Source:  http://www.kdheks.gov/

**Percentage of Adults Who are Obese**

**Value:** 34.3 percent  
**Measurement Period:** 2009  
**Location:** County: Wilson  
**Comparison:** KS State Value  
**Categories:** Health / Exercise, Nutrition, & Weight

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

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

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

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

Heart Disease and Stroke

Congestive Heart Failure Hospital Admission Rate

Value: 307.85 per 100,000 population
Location: County : Wilson
Comparison: KS State Value
Categories: Health / Heart Disease & Stroke; Health / Access to Health Services; Health / Wellness & Lifestyle

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

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

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

Technical Note: The county and regional values are compared to Kansas State value / US value.
Heart Disease Hospital Admission Rate

Value: 291.93 per 100,000 population
Location: County : Wilson
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/
Wilson County Rural Health Works

Immunizations & Infectious Diseases

Bacterial Pneumonia Hospital Admission Rate

Value: 901.23 per 100,000 population
Location: County: Wilson
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/
Wilson County Rural Health Works

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

Percent of Infants Fully Immunized at 24 Months

Value: 78.8 percent  
Measurement Period: 2010-2011  
Location: County : Wilson  
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/
Percentage of Adults Ages 18 Years and Older Who Received A Flu Shot During the Past 12 Months

Value: 34.0 percent  
Measurement Period: 2009-2010  
Location: County: Wilson  
Comparison: KS State Value  
Categories: Health / Immunizations & Infectious Diseases

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

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

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

Source: Kansas Department of Health and Environment  
URL of Source: http://www.kdheks.gov/  
Sexually Transmitted Disease Rate

Value: 2.0 cases/10,000 population
Measurement Period: 2010
Location: County : Wilson
Comparison: KS State Value
Categories: Health / Immunizations & Infectious Diseases

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

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

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

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

Chlamydia, the most frequently reported bacterial sexually transmitted disease in the United
States, is caused by the bacterium, Chlamydia trachomatis. Under-reporting of chlamydia is
substantial because most people with chlamydia are not aware of their infections and do not
seek testing.
Healthy People 2020 has set 18 objectives to reduce STD rates in the United States.

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

Source: Kansas Department of Health and Environment
URL of Source: http://www.kdheks.gov/
URL of Data: http://www.kdheks.gov/std/std_reports.html
Wilson County Rural Health Works

Maternal, Fetal & Infant Health

Infant Mortality Rate

Value: 9.16 deaths/1,000 population
Location: County : Wilson
Comparison: KS State Value
Categories: Health / Maternal, Fetal & Infant Health; Health / Mortality Data

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

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

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

The 2010 infant mortality rate represents a 28.4 percent decrease from the 1989 IMR of 8.77. That change is statistically significant at the 95% confidence level.
Wilson County Rural Health Works

The Healthy People 2020 target is 6.0 infant deaths per 1,000 live births. The leading causes of death among infants are birth defects, pre-term delivery, low birth weight, Sudden Infant Death Syndrome (SIDS), and maternal complications during pregnancy.

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

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

*Value:* 13.3 births/1,000 population  
*Measurement Period:* 2008-2010  
*Location:* County: Wilson  
*Comparison:* KS State Value  
*Categories:* Health / Maternal, Fetal & Infant Health

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

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

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

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

Value: 14.5 percent  
Measurement Period: 2008-2010  
Location: County: Wilson  
Comparison: KS State Value  
Categories: Health / Maternal, Fetal & Infant Health; Health / Teen & Adolescent Health

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

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

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

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

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

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

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

**Percent of Births Occurring to Unmarried Women**

**Value:** 42.9 percent  
**Measurement Period:** 2008-2010  
**Location:** County : Wilson  
**Comparison:** KS State Value  
**Categories:** Health / Maternal, Fetal & Infant Health; Health / Family Planning

What is this Indicator?  
This indicator shows the percentage of all births to mothers who reported not being married.
Why this is important: Non-marital births reflect the number of children born to unmarried women and includes both planned and unplanned pregnancies as well as women who were living with a partner at the time of birth. In previous decades, the term was often used to describe births to teen mothers; however, in recent decades, the average age of unmarried women having children has increased and less than one quarter of non-marital births were to teenaged women. Despite the older age of unmarried mothers, health concerns remain for the children of unmarried women. Studies have found that infants born to non-married women are at greater risk of being born preterm, having a low birth weight, dying in infancy and living in poverty than babies born to married women. In 2007, nearly 4 in 10 births in the U.S. were to unmarried women, according to CDC.

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

Percent of Births where Mother Smoked During Pregnancy

Value: 31.5 percent
Measurement Period: 2008-2010
Location: County : Wilson
Comparison: KS State Value
Categories: Health / Maternal, Fetal & Infant Health; Health / Other Chronic Diseases

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

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

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

Percent of Births Where Prenatal Care began in First Trimester

Value: 76.1 percent
Measurement Period: 2008-2010
Location: County : Wilson
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.
Wilson County Rural Health Works

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

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

Source: Kansas Department of Health and Environment

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

Percent of Births with Inadequate Birth Spacing

Value: 15.7 percent
Measurement Period: 2008-2010
Location: County : Wilson
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 21/2 years to 3 years apart there is less risk of infant and child death. There is also lower risk of the baby being underweight. Short intervals between births can also be bad for mother’s health. There is a greater risk of bleeding in pregnancy, premature rupture of the bag of waters and increased risk of maternal death. A time interval of six months or more after finishing breastfeeding is also recommended before becoming pregnant again for the mother to be able to rebuild her nutritional stores.

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

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

Percent of Births with Low Birth Weight

Value: 10.6 percent
Measurement Period: 2008-2010
Location: County : Wilson
Comparison: KS State Value
Categories: Health / Maternal, Fetal & Infant Health

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

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

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

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

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

Value: 14.1 deaths/100,000 population
Measurement Period: 2008-2010
Location: County: Wilson
Comparison: KS State Value
Categories: Health / Mortality Data; Health / Older Adults & Aging

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

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

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

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

People living with dementia are at greater risk for general disability and experience frequent injury from falls. Older adults with dementia are 3 times more likely to have preventable...
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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: 2002-2004
Location: County : Wilson
Comparison: KS State Value
Categories: Health / Mortality Data; Health / Other Chronic Diseases

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

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

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

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

**Age-adjusted Cancer Mortality Rate per 100,000 Population**

**Value:** 185.9 deaths/100,000 population  
**Measurement Period:** 2008-2010  
**Location:** County : Wilson  
**Comparison:** KS State Value  
**Categories:** Health / Mortality Data

![Graph showing age-adjusted cancer mortality rate per 100,000 population over time for Wilson County and Kansas]

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

**Why this is important:** Cancer has been the second leading cause of death in the United States. In Kansas 5,304 persons died of cancer in 2009. With an age-adjusted mortality rate of 173.3 deaths per 100,000 population, Cancer temporarily bumped heart disease from the number one cause of death in Kansas.
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Technical Note: The County / Region values are compared to the Kansas State value.
Source: Kansas Department of Health and Environment
URL of Source: http://www.kdheks.gov/
URL of Data: http://kic.kdhe.state.ks.us/kic/index.html

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

Value: 42.28 deaths/100,000 population
Measurement Period: 2008-2010
Location: County : Wilson
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
Wilson County Rural Health Works

**Value:** 60.2 deaths/100,000 population  
**Measurement Period:** 2008-2010  
**Location:** County : Wilson  
**Comparison:** KS State Value  
**Categories:** Health / Mortality Data

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

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

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

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

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

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

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

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

Age-adjusted Diabetes Mortality Rate per 100,000 Population

Value: 50.51 deaths/100,000 population
Measurement Period: 2008-2010
Location: County : Wilson
Comparison: KS State Value
Categories: Health / Mortality Data

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

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

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

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

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

Value: 252.96 deaths/100,000 population
Measurement Period: 2008-2010
Location: County : Wilson
Comparison: KS State Value
Categories: Health / Mortality Data

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

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

Technical Note: The County / Region values are compared to the Kansas State value.
Source: Kansas Department of Health and Environment
Wilson County Rural Health Works

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

Age-adjusted Homicide Mortality Rate per 100,000 Population

Value: 0 deaths/100,000 population  
Measurement Period: 2006-2008  
Location: County : Wilson  
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: 874.19 deaths/100,000 population
**Wilson County Rural Health Works**

**Measurement Period:** 2008-2010  
**Location:** County: Wilson  
**Comparison:** KS State Value  
**Categories:** Health / Mortality Data

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

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

**Value:** 17.87 deaths/100,000 population  
**Measurement Period:** 2008-2010
What is this Indicator?
This indicator shows the total age-adjusted death rate per 100,000 population due to nephritis, nephrotic syndrome, nephrosis.

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

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

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

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

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

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

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

Age-adjusted Suicide Mortality Rate per 100,000 Population

Value: 19.69 deaths/100,000 population
Location: County : Wilson
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
Wilson County Rural Health Works

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

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

Value: 22.88 deaths/100,000 population
Measurement Period: 2008-2010
Location: County: Wilson
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
Wilson County Rural Health Works

Value: 59.3 deaths/100,000 population
Measurement Period: 2008-2010
Location: County : Wilson
Comparison: KS State Value
Categories: Health / Mortality Data

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

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

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

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

Injury Hospital Admission Rate

**Value:** 1,131.12 Per 100,000 population  
**Measurement Period:** 2007-2009  
**Location:** County : Wilson  
**Comparison:** KS State Value  
**Categories:** Health/Prevention & Safety

![Graph showing the Injury Hospital Admission Rate per 100,000 Population from 2000-2002 to 2007-2009 for Wilson County and Kansas State.]

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/](http://www.kdheks.gov/)  
**URL of Data:** [http://kic.kdhe.state.ks.us/kic/index.html](http://kic.kdhe.state.ks.us/kic/index.html)
Wilson County Rural Health Works

Respiratory Diseases

Chronic Obstructive Pulmonary Disease (COPD) Hospital Admission Rate

Value: 323.4 Per 100,000 population
Location: County : Wilson
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 Data: [http://kic.kdhe.state.ks.us/kic/index.html](http://kic.kdhe.state.ks.us/kic/index.html)
Wilson County Rural Health Works

Substance Abuse

Percentage of Adults Who are Binge Drinkers

Value: 13.2 percent
Measurement Period: 2009
Location: Public Health Preparedness Region: Lower 8 of South East Kansas
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
Wilson County Rural Health Works

Percentage of Adults Who Currently Smoke Cigarettes

Value: 17.8 percent  
Measurement Period: 2009  
Location: County : Wilson  
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/
Percentage of Adults with Fair or Poor Self-Perceived Health Status

**Value:** 23.9 percent  
**Measurement Period:** 2009  
**Location:** County: Wilson  
**Comparison:** KS State Value  
**Categories:** Health/Wellness & Lifestyle

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

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

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

Value: 19.0 Percent  
Measurement Period: 2009  
Location: County : Wilson  
Comparison: KS State Value  
Categories: Economy/Poverty

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

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

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

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

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

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

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

The percentage of Kansans (13) who were uninsured in 2009-2010 compared favorably with the United States percentage of 16.5%.

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

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

Unemployed Workers in Civilian Labor Force

Value: 9.8 percent
Measurement Period: 2012, Jan
Location: County : Wilson
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
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Government Assistance Programs

Household with Public Assistance

Value: 1.9 percent
Measurement Period: 2006-2010
Location: County : Wilson
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/
What is this Indicator?
This indicator shows the percentage of mortgages that ended in foreclosure.

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

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

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

Value: 0.8 Percent  
Measurement Period: 2006-2010  
Location: County: Wilson  
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
Wilson County Rural Health Works

Value: 62.0 Percent
Measurement Period: 2006-2010
Location: County: Wilson
Comparison: U.S. Counties
Categories: Economy/Homeownership

What is this Indicator?
This indicator shows the percentage of housing units that are occupied by homeowners.

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

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

**Value:** 33.4 Percent  
**Measurement Period:** 2006-2010  
**Location:** County: Wilson  
**Comparison:** U.S. Counties  
**Categories:** Economy/Housing Affordability & Supply

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

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

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

**Value:** 39,301 Dollars  
**Measurement Period:** 2006-2010  
**Location:** County : Wilson  
**Comparison:** U.S. Counties  
**Categories:** Economy/Income

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

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

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

**Per Capita Income**
Wilson County Rural Health Works

Value: 18,708 Dollars  
Measurement Period: 2006-2010  
Location: County: Wilson  
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/
Children Living Below Poverty Level

**Value:** 18.2 Percent  
**Measurement Period:** 2006-2010  
**Location:** County: Wilson  
**Comparison:** U.S. Counties  
**Categories:** Economy/Poverty

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

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

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

Families Living Below Poverty Level

**Value:** 8.8 Percent
What is this Indicator?
This indicator shows the percentage of families living below the federal poverty level.

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

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

Source: American Community Survey
URL of Source: [http://www.census.gov/acs/www/](http://www.census.gov/acs/www/)
URL of Data: [http://factfinder2.census.gov/](http://factfinder2.census.gov/)

Low-Income Persons who are SNAP Participants

Value: 25.3 Percent
Measurement Period: 2007
Location: County : Wilson
Comparison: U.S. Counties
Categories: Economy/Poverty
Wilson 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

People 65+ Living Below Poverty Level

Value: 12.1 percent
Measurement Period: 2006-2010
Location: County : Wilson
Comparison: U.S. Counties
Categories: Economy/Poverty
What is this Indicator?
This indicator shows the percentage of people aged 65 and over living below the federal poverty level.

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

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

People Living 200% Above Poverty Level

Value: 58.3 percent
Measurement Period: 2006-2010
Location: County: Wilson
Comparison: U.S. Counties
Categories: Economy/Poverty
Wilson 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/](http://www.census.gov/acs/www/)
URL of Data: [http://factfinder2.census.gov/](http://factfinder2.census.gov/)

People Living Below Poverty Level

Value: 15.0 Percent
Measurement Period: 2006-2010
Location: County: Wilson
Comparison: U.S. Counties
Categories: Economy/Poverty
Wilson 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: 11.8 Percent
Measurement Period: 2006-2010
Location: County : Wilson
Comparison: KS State Value
Categories: Economy/Poverty
What is this Indicator?
This indicator shows the percentage of school-aged children, aged 5 to 19, who are living below the federal poverty level and enrolled in school.

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

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

Students Eligible for the Free Lunch Program

Value: 40.2 percent
Measurement Period: 2009
Location: County : Wilson
Comparison: U.S. Counties
Categories: Economy/Poverty
What is this Indicator?
This indicator shows the percentage of students eligible to participate in the Free Lunch Program under the National School Lunch Program.

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

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

Uninsured Adult Population Rate

Value: 19.0 Percent
Measurement Period: 2009
Location: County: Wilson
Comparison: KS State Value
Categories: Economy/Poverty
What is this Indicator?
This indicator shows the estimated percent of persons ages 18-64 who are uninsured.

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

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

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

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

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

In 2009-2010, the percentage of Kansans without health insurance rose to 13%, the highest rate of the decade, 2000-2010. This percentage climbed from 11.3% in 2005-2006 and 12.7% in 2008-2009. Approximately 357,500 Kansas residents - children and adults - lacked insurance in 2009-2010, also the highest number in the decade and an increase of about 10,000 people from 347,400 during 2008-2009. The percentage of Kansans (13) who were uninsured in 2009-2010 compared favorably with the United States percentage of 16.5%.
Wilson 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: 16.3 percent
Measurement Period: 2006-2010
Location: County: Wilson
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.
Wilson County Rural Health Works

Educational Attainment in Adult Population

High School Graduation

Value: 85.0 Percent
Measurement Period: 2010
Location: County: Wilson
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/
Wilson County Rural Health Works

People 25+ with a High School Degree or Higher

Value: 82.3 Percent  
Measurement Period: 2006-2010  
Location: County: Wilson  
Comparison: U.S. Counties  
Categories: Education/Educational Attainment in Adult Population

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

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

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

Higher Education

People 25+ with a Bachelor's Degree or Higher

Value: 10.7 Percent
Measurement Period: 2006-2010
Location: County: Wilson
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/
Wilson County Rural Health Works

School Environment

Student-to-Teacher Ratio

**Value:** 12.0 students/teacher  
**Measurement Period:** 2009-2010  
**Location:** County : Wilson  
**Comparison:** U.S. Counties  
**Categories:** Education/School Environment

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**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/](http://nces.ed.gov/)  
**URL of Data:** [http://nces.ed.gov/ccd/bat/](http://nces.ed.gov/ccd/bat/)
Wilson County Rural Health Works

Built Environment

Farmers Market Density

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

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

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

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

Fast Food Restaurant Density
Wilson County Rural Health Works

Value: 0.63 restaurants/1,000 population
Measurement Period: 2009
Location: County : Wilson
Comparison: U.S. Counties
Categories: Environment/Build Environment

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

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

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

Grocery Store Density

Value: 0.21 stores/1,000 population
Measurement Period: 2009
Wilson County Rural Health Works

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

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

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

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

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

Value: 1.8 Percent
Measurement Period: 2006
What is this Indicator?
This indicator shows the percentage of housing units that are more than one mile from a supermarket or large grocery store and do not have a car.

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

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

Liquor Store Density

Value: 21.3 stores/100,000 population
Measurement Period: 2010
**Wilson County Rural Health Works**

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

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**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](http://www.census.gov/econ/cbp/index.html)  
**URL of Data:** [http://factfinder2.census.gov/main.html](http://factfinder2.census.gov/main.html)

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

**Value:** 23.8 Percent  
**Measurement Period:** 2006
What is this Indicator?
This indicator shows the percentage of the total population in a county that is low income and living more than one mile from a supermarket or large grocery store.

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

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

Recreation and Fitness Facilities

Value: 0 facilities/1,000 population
Measurement Period: 2009
Location: County: Wilson
Comparison: U.S. Value
Wilson County Rural Health Works

Categories: Environment/Build Environment

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

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

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

SNAP Certified Stores

Value: 1.4 stores/1,000 facilities
Measurement Period: 2010
Location: County: Wilson
Comparison: U.S. Counties
Categories: Environment/Build Environment
Wilson 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
Wilson County Rural Health Works

Toxic Chemicals

Increased Lead Risk in Housing Rate

Value: 47.11 Percent
Measurement Period: 2000
Location: County: Wilson
Comparison: KS State Value
Categories: Environment/Toxic Chemicals

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

Why this is important: Lead poisoning is a preventable pediatric health problem affecting Kansas' children. Lead is a toxic metal that produces many adverse health effects. It is persistent and cumulative. Childhood lead poisoning occurs in all population groups and income brackets. There is no safe level of lead. Early identification and treatment of lead poisoning reduces the risk that children will suffer permanent damage. A blood lead test is the only way to tell if a child has an elevated blood level. Lead-based paint can be found in most homes built before 1950 and many homes built before 1978. Lead can also be found on walls, woodwork, floors, windowsills, eating and playing surfaces or in the dirt outside the home. In addition, renovation or maintenance projects that disturb lead-based paint can create a lead dust hazard that can be inhaled or can settle on toys, walls, floors, tables, carpets or fingers. Parents whose hobby or occupation involves working with or around lead can unknowingly bring lead dust home. Individuals should avoid "take-home" exposures by utilizing personal protection and hygiene after leaving the workplace. Wash your hands after working in the yard. Wash children's hands and faces after playing outside. Wash all fruits and vegetables before consuming them. Remove shoes before entering your home, and clean dust and tracked-in soil.
Lead poisoning can be difficult to recognize and can damage a child's central nervous system,
Wilson County Rural Health Works

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 bloodstream 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
Wilson County Rural Health Works

Elections & Voting

Voter Turnout

Value: 73.5 Percent
Measurement Period: 2008
Location: County : Wilson
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
Wilson County Rural Health Works

Crime & Crime Prevention

Rate of Violent Crime per 1,000 population

Value: 1.7 per 1,000 population
Measurement Period: 2009
Location: County: Wilson
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
Wilson County Rural Health Works

Demographics

Ratio of Children to Adults

**Value:** 30.9 children per 100 adults  
**Measurement Period:** 2009  
**Location:** County: Wilson  
**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/](http://www.census.gov/)  

**Ratio of Elderly Persons and Children to Adults**

**Value:** 61.5 elderly & children per 100 adults  
**Measurement Period:** 2009
**Wilson County Rural Health Works**

**Location:** County : Wilson  
**Comparison:** KS State Value  
**Categories:** Social Environment/Demographics

![Graph showing the ratio of elderly persons to adults per 100 adults from 2001 to 2009. The graph compares Wilson County and Kansas State values.]

**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/](http://www.census.gov/)  

**Ratio of Elderly Persons to Adults**

**Value:** 30.7 elderly per 100 adults  
**Measurement Period:** 2009  
**Location:** County : Wilson  
**Comparison:** KS State Value  
**Categories:** Social Environment/Demographics
**Wilson 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/](http://www.census.gov/)
Wilson County Rural Health Works

Neighborhood/Community Attachment

People 65+ Living Alone

Value: 25.1 Percent
Measurement Period: 2006-2010
Location: County : Wilson
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/
Wilson County Rural Health Works

Commute to Work

Mean Travel Time to Work

Value: 16.1 Minutes
Measurement Period: 2006-2010
Location: County : Wilson
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/](http://www.census.gov/acs/www/)
URL of Data: [http://factfinder2.census.gov/](http://factfinder2.census.gov/)

Workers who Drive Alone to Work

Value: 79.4 percent
Measurement Period: 2006-2010
What is this Indicator?
This indicator shows the percentage of workers 16 years of age and older who get to work by driving alone in a car, truck, or van.

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

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

Workers who Walk to Work

Value: 4.4 Percent
Measurement Period: 2006-2010
Location: County : Wilson
Comparison: US Counties
Categories: Transportation/Commute to Work
What is this Indicator?
This indicator shows the percentage of workers 16 years of age and older who get to work by walking.

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

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

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

Personal Vehicle Travel

Households without a Vehicle

Value: 6.4 percent  
Measurement Period: 2006-2010  
Location: County : Wilson  
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/
Wilson County Rural Health Works

Public Transportation

Workers Commuting by Public Transportation

Value: 0.1 Percent
Measurement Period: 2006-2010
Location: County : Wilson
Comparison: US Counties
Categories: Transportation/Public Transportation

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

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

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

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

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

Survey Highlights

• 325 responses
• Important to remember – non-representative
• Most important factors for healthy community
  – Good jobs/healthy economy (14.5%)
  – Good schools (14.2%)
  – Access to health care services (13.3%)
  – Good place to raise children (11.8%)
  – Low crime/safe neighborhoods (10.8%)
• Most important health problems
  – Obesity (16.6%)
  – Cancers (15.8%)
  – Aging problems (13.4%)
  – Heart disease and stroke (10.0%)
  – Diabetes (9.2%)
• Most important risky behaviors
  – Drug abuse (22.3%)
  – Alcohol abuse (19.4%)
  – Being overweight (15.0%)
  – Tobacco use (10.2%)
  – Poor eating habits (9.1%)
• Rating overall health of community
  – Somewhat healthy (62.9%)
  – Unhealthy (22.3%)
• Rating personal health
  – Healthy (44.3%)
  – Somewhat healthy (35.8%)
• Hours volunteering
  – 1-5 hours (40.8%)
  – None (29.9%)
• Overall satisfaction rated 4-5
  – Community quality of life (50.6%)
  – Community health care (54.3%)
  – Raise children (65.3%)
  – Place to grow old (57.5%)
  – Economic opportunity (15.3%)
  – Safe place to live (71.1%)
• Overall satisfaction rated 4-5
  – Individual/family support networks (49.9%)
  – Opportunities to contribute to Quality of Life (46.6%)
  – Positive community attitudes (22.0%)
- Variety of health services (41.6%)
- Number health/social service (32.2%)
- Increasing trust & respect (28.8%)
- Sense of civic responsibility (26.4%)

- Comments suggest some unmet needs and challenges
  - Physician succession
  - Underinsured, uninsured, access, cost
  - Medicaid population resentment
  - Confidentiality, customer service issues
  - Affordable clinic access
  - Economic opportunity; transportation; elder care; drug abuse
Wilson County Community Survey  
Preliminary Results

1. Home Zip Code

<table>
<thead>
<tr>
<th>Zip Code</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>66710</td>
<td>20</td>
<td>6.2%</td>
</tr>
<tr>
<td>66714</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>66717</td>
<td>6</td>
<td>1.8%</td>
</tr>
<tr>
<td>66720</td>
<td>4</td>
<td>1.2%</td>
</tr>
<tr>
<td>66736</td>
<td>172</td>
<td>52.9%</td>
</tr>
<tr>
<td>66757</td>
<td>116</td>
<td>35.7%</td>
</tr>
<tr>
<td>66759</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>66776</td>
<td>4</td>
<td>1.2%</td>
</tr>
<tr>
<td>66777</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>67047</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>67137</td>
<td>1</td>
<td>0.3%</td>
</tr>
<tr>
<td>67301</td>
<td>2</td>
<td>0.6%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>325</strong></td>
<td><strong>100.0%</strong></td>
</tr>
</tbody>
</table>

2. Three Most Important Factors for Healthy Community

<table>
<thead>
<tr>
<th>Factor</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Good place to raise children</td>
<td>118</td>
<td>11.8%</td>
</tr>
<tr>
<td>Low crime/safe neighborhoods</td>
<td>108</td>
<td>10.8%</td>
</tr>
<tr>
<td>Low level of child abuse</td>
<td>14</td>
<td>1.4%</td>
</tr>
<tr>
<td>Good schools</td>
<td>142</td>
<td>14.2%</td>
</tr>
<tr>
<td>Access to health care services</td>
<td>133</td>
<td>13.3%</td>
</tr>
<tr>
<td>Parks and recreation</td>
<td>19</td>
<td>1.9%</td>
</tr>
<tr>
<td>Clean environment</td>
<td>50</td>
<td>5.0%</td>
</tr>
<tr>
<td>Affordable housing</td>
<td>42</td>
<td>4.2%</td>
</tr>
<tr>
<td>Affordable childcare</td>
<td>11</td>
<td>1.1%</td>
</tr>
<tr>
<td>Arts and cultural events</td>
<td>7</td>
<td>0.7%</td>
</tr>
<tr>
<td>Excellent race/ethnic relations</td>
<td>6</td>
<td>0.6%</td>
</tr>
<tr>
<td>Good jobs and healthy economy</td>
<td>145</td>
<td>14.5%</td>
</tr>
<tr>
<td>Strong family life</td>
<td>43</td>
<td>4.3%</td>
</tr>
<tr>
<td>Healthy behaviors and lifestyles</td>
<td>56</td>
<td>5.6%</td>
</tr>
<tr>
<td>Low adult death and disease rates</td>
<td>7</td>
<td>0.7%</td>
</tr>
<tr>
<td>Low infant deaths</td>
<td>3</td>
<td>0.3%</td>
</tr>
<tr>
<td>Religious or spiritual values</td>
<td>65</td>
<td>6.5%</td>
</tr>
<tr>
<td>Emergency preparedness</td>
<td>16</td>
<td>1.6%</td>
</tr>
<tr>
<td>Healthy food environment</td>
<td>14</td>
<td>1.4%</td>
</tr>
<tr>
<td>Other (see below)</td>
<td>2</td>
<td>0.2%</td>
</tr>
<tr>
<td>Activities for students/youth</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Water supply</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1001</strong></td>
<td><strong>100.0%</strong></td>
</tr>
</tbody>
</table>
### 3. Three Most Important Health Problems

<table>
<thead>
<tr>
<th>Problem</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aging problems (e.g. arthritis, hearing/vision loss, etc.)</td>
<td>133</td>
<td>13.4%</td>
</tr>
<tr>
<td>Cancers</td>
<td>157</td>
<td>15.8%</td>
</tr>
<tr>
<td>Child abuse/neglect</td>
<td>45</td>
<td>4.5%</td>
</tr>
<tr>
<td>Dental problems</td>
<td>17</td>
<td>1.7%</td>
</tr>
<tr>
<td>Diabetes</td>
<td>91</td>
<td>9.2%</td>
</tr>
<tr>
<td>Domestic violence</td>
<td>19</td>
<td>1.9%</td>
</tr>
<tr>
<td>Firearm-related injuries</td>
<td>2</td>
<td>0.2%</td>
</tr>
<tr>
<td>Heart disease and stroke</td>
<td>99</td>
<td>10.0%</td>
</tr>
<tr>
<td>High blood pressure</td>
<td>54</td>
<td>5.4%</td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Homocide</td>
<td>1</td>
<td>0.1%</td>
</tr>
<tr>
<td>Infant death</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Infectious disease (e.g. hepatitis, TB, etc.)</td>
<td>8</td>
<td>0.8%</td>
</tr>
<tr>
<td>Mental health problems</td>
<td>75</td>
<td>7.5%</td>
</tr>
<tr>
<td>Motor vehicle crash injuries</td>
<td>7</td>
<td>0.7%</td>
</tr>
<tr>
<td>Obesity</td>
<td>165</td>
<td>16.6%</td>
</tr>
<tr>
<td>Rape/sexual assault</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Respiratory/lung disease</td>
<td>35</td>
<td>3.5%</td>
</tr>
<tr>
<td>Sexually Transmitted Diseases (STDs)</td>
<td>7</td>
<td>0.7%</td>
</tr>
<tr>
<td>Suicide</td>
<td>2</td>
<td>0.2%</td>
</tr>
<tr>
<td>Teenage pregnancy</td>
<td>60</td>
<td>6.0%</td>
</tr>
<tr>
<td>Terrorist activities</td>
<td>1</td>
<td>0.1%</td>
</tr>
<tr>
<td>Other (see below)</td>
<td>16</td>
<td>1.6%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other Problems</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Drug/Alcohol Abuse</td>
<td>7</td>
</tr>
<tr>
<td>Multiple Sclerosis</td>
<td>2</td>
</tr>
<tr>
<td>Air Pollution</td>
<td>1</td>
</tr>
<tr>
<td>Apathy towards improving health</td>
<td>1</td>
</tr>
<tr>
<td>Bad Water</td>
<td>1</td>
</tr>
<tr>
<td>Child Abuse</td>
<td>1</td>
</tr>
<tr>
<td>Depression</td>
<td>1</td>
</tr>
<tr>
<td>Environmental Hazards - pollution</td>
<td>1</td>
</tr>
<tr>
<td>Lack of motivation or own responsibility</td>
<td>1</td>
</tr>
<tr>
<td>Low Socioeconomic</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>994</td>
</tr>
</tbody>
</table>
### 4. Three Most Important Risky Behaviors

<table>
<thead>
<tr>
<th>Risky Behavior</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol abuse</td>
<td>191</td>
<td>19.4%</td>
</tr>
<tr>
<td>Being overweight</td>
<td>148</td>
<td>15.0%</td>
</tr>
<tr>
<td>Dropping out of school</td>
<td>39</td>
<td>4.0%</td>
</tr>
<tr>
<td>Drug abuse</td>
<td>220</td>
<td>22.3%</td>
</tr>
<tr>
<td>Lack of exercise</td>
<td>59</td>
<td>6.0%</td>
</tr>
<tr>
<td>Lack of maternity care</td>
<td>8</td>
<td>0.8%</td>
</tr>
<tr>
<td>Poor eating habits</td>
<td>90</td>
<td>9.1%</td>
</tr>
<tr>
<td>Not getting &quot;shots&quot; to prevent disease</td>
<td>13</td>
<td>1.3%</td>
</tr>
<tr>
<td>Racism</td>
<td>6</td>
<td>0.6%</td>
</tr>
<tr>
<td>Tobacco use</td>
<td>101</td>
<td>10.2%</td>
</tr>
<tr>
<td>Not using birth control</td>
<td>37</td>
<td>3.8%</td>
</tr>
<tr>
<td>Not using seatbelts/child safety seats</td>
<td>24</td>
<td>2.4%</td>
</tr>
<tr>
<td>Unsafe sex</td>
<td>43</td>
<td>4.4%</td>
</tr>
<tr>
<td>Unsecured firearms</td>
<td>3</td>
<td>0.3%</td>
</tr>
<tr>
<td>Other (see below)</td>
<td>4</td>
<td>0.4%</td>
</tr>
<tr>
<td>Childcare</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Gossip</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Lack of Transportation</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Not using turn signal</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>986</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

### 5. Rating of Overall Health of Community

<table>
<thead>
<tr>
<th>Health Status</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very unhealthy</td>
<td>9</td>
<td>2.8%</td>
</tr>
<tr>
<td>Unhealthy</td>
<td>71</td>
<td>22.3%</td>
</tr>
<tr>
<td>Somewhat healthy</td>
<td>200</td>
<td>62.9%</td>
</tr>
<tr>
<td>Healthy</td>
<td>36</td>
<td>11.3%</td>
</tr>
<tr>
<td>Very healthy</td>
<td>2</td>
<td>0.6%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>318</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

### 6. Rating of Personal Health

<table>
<thead>
<tr>
<th>Health Status</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very unhealthy</td>
<td>2</td>
<td>0.6%</td>
</tr>
<tr>
<td>Unhealthy</td>
<td>23</td>
<td>7.2%</td>
</tr>
<tr>
<td>Somewhat healthy</td>
<td>114</td>
<td>35.8%</td>
</tr>
<tr>
<td>Healthy</td>
<td>141</td>
<td>44.3%</td>
</tr>
<tr>
<td>Very healthy</td>
<td>38</td>
<td>11.9%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>318</td>
<td>100.0%</td>
</tr>
</tbody>
</table>
7. Hours Spent Volunteering for Community Services

<table>
<thead>
<tr>
<th>Hours Spent</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>96</td>
<td>29.9%</td>
</tr>
<tr>
<td>1-5 hours</td>
<td>131</td>
<td>40.8%</td>
</tr>
<tr>
<td>6-10 hours</td>
<td>49</td>
<td>15.3%</td>
</tr>
<tr>
<td>Over 10 hours</td>
<td>45</td>
<td>14.0%</td>
</tr>
<tr>
<td>Total</td>
<td>321</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

8. Satisfaction with Quality of Life in Community

<table>
<thead>
<tr>
<th>Quality Level</th>
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<tbody>
<tr>
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<td>12</td>
<td>3.7%</td>
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<td>11.3%</td>
</tr>
<tr>
<td>Total</td>
<td>326</td>
<td>100.0%</td>
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</table>

9. Satisfaction with Health Care System in Community

<table>
<thead>
<tr>
<th>Health Care Level</th>
<th>Number</th>
<th>Percent</th>
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<tbody>
<tr>
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<tr>
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<td>3</td>
<td>90</td>
<td>27.4%</td>
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<tr>
<td>4</td>
<td>136</td>
<td>41.5%</td>
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<tr>
<td>5 (YES)</td>
<td>42</td>
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<tr>
<td>Total</td>
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<td>100.0%</td>
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</table>

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

<table>
<thead>
<tr>
<th>Good Place Level</th>
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</thead>
<tbody>
<tr>
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<tr>
<td>Total</td>
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</table>
11. Is this community a good place to grow old?

<table>
<thead>
<tr>
<th>Number</th>
<th>Percent</th>
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</thead>
<tbody>
<tr>
<td>1 (NO)</td>
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<td>10.3%</td>
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<tr>
<td>3</td>
<td>28.0%</td>
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<tr>
<td>4</td>
<td>42.9%</td>
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<tr>
<td>5 (YES)</td>
<td>14.6%</td>
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<tr>
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12. Is there economic opportunity in this community?

<table>
<thead>
<tr>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
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<td>34.3%</td>
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<tr>
<td>4</td>
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<tr>
<td>5 (YES)</td>
<td>1.8%</td>
</tr>
<tr>
<td>Total</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

13. Is this community a safe place to live?

<table>
<thead>
<tr>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 (NO)</td>
<td>0.6%</td>
</tr>
<tr>
<td>2</td>
<td>4.3%</td>
</tr>
<tr>
<td>3</td>
<td>24.1%</td>
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<tr>
<td>4</td>
<td>54.3%</td>
</tr>
<tr>
<td>5 (YES)</td>
<td>16.8%</td>
</tr>
<tr>
<td>Total</td>
<td>100.0%</td>
</tr>
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</table>

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

<table>
<thead>
<tr>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 (NO)</td>
<td>3.6%</td>
</tr>
<tr>
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<td>11.0%</td>
</tr>
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<td>40.3%</td>
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<tr>
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15. Opportunity for Contribution to Community’s Quality of Life

<table>
<thead>
<tr>
<th>Number</th>
<th>Percent</th>
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<tbody>
<tr>
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<tr>
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</tr>
<tr>
<td>3</td>
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</tr>
<tr>
<td>4</td>
<td>117 36.1%</td>
</tr>
<tr>
<td>5 (YES)</td>
<td>34 10.5%</td>
</tr>
<tr>
<td>Total</td>
<td>324 100.0%</td>
</tr>
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16. Do residents believe they can make the community better?

<table>
<thead>
<tr>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 (NO)</td>
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<tr>
<td>2</td>
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<tr>
<td>3</td>
<td>148 45.1%</td>
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<tr>
<td>4</td>
<td>61 18.6%</td>
</tr>
<tr>
<td>5 (YES)</td>
<td>11 3.4%</td>
</tr>
<tr>
<td>Total</td>
<td>328 100.0%</td>
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</tbody>
</table>

17. Broad Variety of Health Services

<table>
<thead>
<tr>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 (NO)</td>
<td>13 4.0%</td>
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<tr>
<td>2</td>
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<tr>
<td>3</td>
<td>126 38.5%</td>
</tr>
<tr>
<td>4</td>
<td>109 33.3%</td>
</tr>
<tr>
<td>5 (YES)</td>
<td>27 8.3%</td>
</tr>
<tr>
<td>Total</td>
<td>327 100.0%</td>
</tr>
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</table>

18. Sufficient Number of Health and Social Services

<table>
<thead>
<tr>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
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<td>18 5.6%</td>
</tr>
<tr>
<td>2</td>
<td>65 20.1%</td>
</tr>
<tr>
<td>3</td>
<td>136 42.1%</td>
</tr>
<tr>
<td>4</td>
<td>84 26.0%</td>
</tr>
<tr>
<td>5 (YES)</td>
<td>20 6.2%</td>
</tr>
<tr>
<td>Total</td>
<td>323 100.0%</td>
</tr>
</tbody>
</table>
19. Increasing Trust & Respect Among Community Partners

<table>
<thead>
<tr>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 (NO)</td>
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</tr>
<tr>
<td>2</td>
<td>50</td>
</tr>
<tr>
<td>3</td>
<td>164</td>
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<tr>
<td>4</td>
<td>80</td>
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<tr>
<td>5 (YES)</td>
<td>12</td>
</tr>
<tr>
<td>Total</td>
<td>320</td>
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</table>

20. Active Sense of Civic Responsibility

<table>
<thead>
<tr>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
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<td>4</td>
<td>69</td>
</tr>
<tr>
<td>5 (YES)</td>
<td>16</td>
</tr>
<tr>
<td>Total</td>
<td>322</td>
</tr>
</tbody>
</table>


1. Need a free clinic and better payment options for the uninsured.
2. Flu shot times at County Health Department are not convenient and close too early.
3. Most physicians are getting close to retirement with not succession plan.
4. The county health department does not come to Neodesha, they make the residents travel to them.
5. We need access to more qualified physicians and specialists.
6. Transportation for residents to medical appointments.
7. Follow up for elderly residents after hospital stay to assure compliance with discharge recommendations and appointments.
8. Young families that cannot afford health care.
9. Obesity-school and everyone.
10. Both facilities need additional medical staff (doctors) either full time or even part time.
11. I see the schools more concerned about children’s health than a lot of parents. Even though it has failed in the past, it would be a vast improvement if the two hospitals could work together more. This is a start.
12. Unemployed, etc. with “free” medical overuse system, food stamps abused and can cause unhealthy lifestyles. Need to be only for food basics.
13. Work together more.
15. 3 biggest concerns that are preventable:
   a. Access to healthy foods.
   b. No smoking.
   c. Active/physical activity (30 min/day)
16. Our doctors are getting older, so can we attract younger doctors to come to our community? With Obamacare, we have no certainty of future care or its cost.
17. Need for younger doctors to someday replace our aging doctors.
18. Overutilization by Medicaid population, underutilization by working insured or uninsured population.
19. Transportation to providers.
20. Keep healthcare as local as possible.
21. Being able to pay for services.
22. Need more options for parents with small children.
23. Environmental pollution is my biggest concern, but drug abuse is also a concern. Housing is also a problem.
24. Two of our doctors are over retirement age.
25. I think our hospital is an expensive place and charges too much. When your insurance denies your claim for a flu shot because they charge too much.
26. I like our fitness center that is a definite plus.
27. Lack of doctors on duty in ER at all times.
28. I think there should be something done about trashy and cluttered yards in Neodesha.
29. I’m concerned that people do not take personal responsibility for their health. They rely on meds and the ER too much. There is a lot of ER abuse and Medicaid/disability abuse.
30. Many people are unaware of the services provided.
31. What is being done in our school systems with nutrition and exercise?
32. Most people are not aware of services available-resources available.
33. Cancer rate is high, lung disease.
34. There are no services for uninsured adults and very few immunization options in the county.
35. People have to travel at least an hour for adult services and there is little or no public transportation available.
36. Community needs more education regarding health lifestyle, exercise options, especially for our industry employees.
37. Transportation for elderly or handicapped to and from medical appointments locally and any distance to a specialist.
38. Age of 2 active doctors and age of our dentists. Increased healthcare costs and uncertainty of Medicare and socialized medicine.
39. We still have to travel to Wichita for some doctors.
40. I think Wilson County has pretty good healthcare overall. Fredonia is lucky to have such great doctors in such a small community. The health department provides a lot of services and help throughout the county.
41. As a parent of two young children, my main concern is the drugs in Fredonia/Wilson County. I feel that it has gotten worse as the years go and growing up here I see things going downhill. I think it’s a shame how bad the drugs (meth) have gotten in this town and how we fear that our children grow up around these people/drugs.
42. We need younger doctors in the community.
43. Will Medicare, US Government, Congress continue to support the Critical Access Hospital reimbursement program to keep our hospitals here. If not one or both
hospitals could close, greatly impacting access to care and the economics and growth of our communities.
44. None, great resources. Good health programs in elementary schools (dental cleaning/treatment, vaccines, area health fairs, good transportation services).
45. Need more doctors.
46. The chemicals they use in the water are proven to cause cancer. This new grass comp in town will pollute the ground just as the oil comp in Neodesha.
47. Things for kids to do.
48. Could stand a lot of improvement.
49. Needs to be more focused on the patient at times than the bottom dollar.
50. Our water seems to be an issue all the time.
51. Safe sex needs to be addressed in schools/community more. Resources for safe sex need to be accessible; kids should be informed and protected.
52. Healthcare services here are untrustworthy when it comes to privacy. Employees in hospitals, offices, pharmacies know your business and spread it around. A lot of people go out of town because they feel their privacy is protected.
53. Make the residents in this city clean up their yards instead of leaving old tires and trash piled up in yards. It breeds insects. Residents should be made to get the proper trash container. Also, they should be made to fence their year if you have hot tub or pool.
54. We are charged a lot for utilities in this city...make it worth the cost.
55. For as many empty buildings we have in this town why is there no place for young people to go and have fun. No movie house, no bowling alley, nothing.
56. If you live a block out of city limits, the elderly can’t get Meals on Wheels.
57. I feel the hospitals in Neodesha and Fredonia could work together more.
58. Zero law enforcement on drugs in county, I hope this will change now.
59. We need more doctors. Two of our doctors will retire soon.
60. More compassion for elderly. They are not disposable.
61. No affordable clinic or place to go when you’re sick with no insurance. No affordable birth agency for new mothers and babies that need more than WIC.
62. No affordable health clinics for those that have no insurance.
63. We need more services and outreach for mental health and recovering addicts.
64. Not enough health care options.
65. Health care in Wilson is not reliable with what is stated on what is available for health care and what is actually done.
66. It is hard for low income families to afford health care. Doctors are all out for the money only not the patients.
67. High costs of medical treatments. Affordable costs for the elderly, so many cannot seek treatment. Need a Geriatric Specialist.
68. Being charged way too much for health care. Also, if you make payments they want more money when you pay the bill a month.
69. Children and elderly being able to afford healthy foods, transportation, Medicaid. What our government might or already has taken away from our elderly, my town no longer has Meals on Wheels, Senior Citizen Center for meals no transportation, one church that
has a food bank, affordable housing (none), no school programs, or summer food programs. We did have, but was taken away due to funding.

70. Aging doctors.
71. Would like to see more weekend “clinic” services or low cost services in lieu of using insurance.
72. We need something to encourage group activity with all ages.
73. I am concerned about the healthcare for the elderly.
74. People don’t know where they can go to get help and how to do it.
75. We need more and younger doctors.
76. Transportation for elderly and low income to services.
77. We are fortunate to have 2 hospitals in the county. Healthcare is available, but the economic situation for many is detrimental for seeking care. We are in a poverty area with high unemployment, so many do not get the care they need.
78. Too many drugs readily available in this county especially that is including alcohol and four county mental health facilities.
79. Drug and alcohol abuse, child neglect, low income families, not enough jobs close to the area, lack of concern for others, children, healthcare and community.
80. Hospitals will close in near future. No specialists.
81. The cancer rate has always concerned people here.
82. I am worried about the older members of our community and what Medicare might do to their health conditions.
83. Health care providers should discount rates for self-pay patients.
84. Patients who pay for care at time of service should not pay more than individuals whose insurance pays a discounted rate at a later date.
85. Transportation for special health needs.
86. The cost to put family on insurance is very costly.
87. No babies delivered.
88. Awareness of new diseases and potential problems.
89. We have a need for doctors and dentists to replace those of retirement age and that is a lot.
90. Healthcare in Wilson County is very good. We have two hospitals and other specialists that come into the county monthly. We have several doctors that are very efficient.
91. Too many residents with cancer.
92. No jobs available to support a family.
93. No incentive for business to come to this community.
94. Need more and better paying jobs.
95. Meth use, meth houses, meth trafficking.
96. Children come to school hungry every day.
97. As a nation we are getting fatter by the minute, junk food contributes to this.
98. This is not a good place to live.
99. Paying for a new hospital, no matter if you are sick or not, they want your money.
100. Costs too much.
101. I am concerned about public transportation. Those in wheelchairs must go by ambulance.
102. Job rate being low may limit some people in securing needed healthcare.
103. Cost of healthcare.
104. Wilson County does not want to attract industry to keep young families here. All they are worried about is what’s coming out of their pockets and wonder why small town America is dwindling away.
105. We need to encourage those on assistance to make changes for the better. It should not be about lifestyle, but a bridge.
106. Awareness of new diseases and potential problems.
107. I think Fredonia hospital is a bandaged shop.
108. We need better healthcare altogether.
109. Healthcare is available, but results of tests take way too long.
110. Somehow more drug awareness needs to be promoted.
111. Health clinic.
112. Doctors need to spend more time with their patients.
113. Transportation.
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 their community. The ability to review the full inventory of health-related services and providers can help identify gaps that may exist in the local health care system. This could become the focus of future community efforts to fill the gaps in needed services.

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

The directory 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.
### Domestic Violence Information and Treatment Centers

- Page 18

### Health and Fitness Centers

- Page 18

### Government Healthcare

- Page 19

### Home Health

- Page 20

### Hospice

- Page 20

### Massage Therapists

- Page 21

### Medical Equipment and Supplies

- Page 21

### Mental Health

- Page 21

### Nutrition Counseling

- Page 22

### Physical Therapy

- Page 22

### School Nurse

- Page 22

### Senior Services

- Page 23

### Veterinarian Services

- Page 24

### Local Government, Community and Social Services

- Page 25

### Adult Protection

- Page 25

### Alcohol and Drug Treatment

- Page 25

### Business

- Page 26

### Children and Youth

- Page 26

### Community Action/Head Start

- Page 27

### Community Development

- Page 27

### Counseling

- Page 28

### Diabetes

- Page 28

### Environment

- Page 28

### Extension Office

- Page 29

### Funeral Homes

- Page 29

### Homeless Coalition

- Page 30

### Housing

- Page 30

### Home Health

- Page 30

### Legal Services

- Page 30

### Libraries, Parks and Recreation

- Page 32

### Public Information

- Page 32

### Support Groups

- Page 37

### Suicide Prevention

- Page 37

### Social Security

- Page 36

### Red Cross

- Page 36

### Food and Drug

- Page 36

### R.E.A.P.

- Page 36

### Emergency Information

- Page 34

### Legal Services

- Page 34

### Draft
VETERANS ADMINISTRATION ..................................... 65
WELFARE FRAUD HOTLINE ....................................... 66

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

K-State Research and Extension
10E Umberger
Manhattan, KS 66506
Phone: (785) 532-2643
Fax: (785) 532-3093
John Leatherman: Jleather@K-state.edu
www.ksu-olg.info/
www.krhw.net

Municipal Non-Emergency Numbers

Wilson County Ambulance
620-378-3622

Wilson County Sheriff
620-378-2121

Non-Emergency Numbers

911 Ambulance
911 Fire
911 Police/Sheriff

Emergency Numbers

DRAFT
Wilson Medical Center services include:

- Inpatient and Skilled Care
- Acute, Skilled Care and Outpatient Physical Therapy
- Endoscopy
- Pacemaker
- General Surgery
- Vascular
- Acute, Skilled Care and Outpatient Physical Therapy
- Physical Therapy
- Laparoscopic
- Bronchoscopy
- General CT
- General Ultrasound
- Bone Density
- MRI
- CT
- Routine Diagnostic Imaging
- Radiology
- Laboratory Services
- 24 Hour Emergency Department
- Inpatient and Skilled Care

Wilson Medical Center Services Include:

- 620-325-2611
- 2600 Ottawa Road (Neodesha)

Health Services
800-766-3777
For TDD Customers
Kansas Relay Center
www.galichia.com
620-378-3341
1525 Madison Street Suite 1 (Fredonia)
Caliche Medical Group

Healing
620-378-2885
617 Monroe Street (Fredonia)
Robert E. Lacy D.D.S.

620-378-2250
623 Main Street (Neodesha)
Lloyd G. Baumgart, D.D.S.

620-378-2001
628 N. 7th Street (Fredonia)
Guy R. Cleverley, D.D.S.

Dentists
Cherie Starbuck, D.C.
620-378-8448
432 N. 7th Street (Fredonia)
Starbuck Family Chiropractic

Chiropractors
Doyle Nickell, D.C.
432 N. 7th Street (Fredonia)
620-378-8448

Dentists
Doreen DeLaurentis, D.M.D.
428 N. 7th Street (Freo)
Physicians and Health Care Providers

Physicians

Optometrists

10

11

Optometry

Broker Drug Store

Freudonia Health Mart Pharmacy

Porter Drug Store

Pharmacies

Freudonia Health Mart Pharmacy

Porter Drug Store

Freudonia Health Mart Pharmacy

Pharmacies

Freudonia Health Mart Pharmacy

Porter Drug Store
25

620-325-2141
802 Indiana Street (Neodesha)
Neodesha Outreach Office
Four County Mental Health Center
620-378-2400
437 N. 6th Street (Fredonia)
Four County Mental Health Center

Alcohol and Drug Treatment
620-325-2411
802 Indiana Street (Neodesha)
Neodesha Outreach Office

Kansa Elder Abuse Hotline
1-800-922-5530

Adult Protective Services
Adult Protection

and Social Services
Local Government, Community

DRAFT

24

Charles E. Fox, D.V.M.
620-378-2332
310 W. Madison Street (Fredonia)
Wilco Veterinary Clinic

Loren Dickens, D.V.M.
620-325-3180
1030 Main Street (Neodesha)
Neodesha Animal Care Clinic

Veterinary Services
620-378-2000
431 N. 6th Street (Fredonia)
Thams Program Drop-in Center
620-378-2000
439 N. 7th Street (Fredonia)
Fredonia Senior Center

Phone Out of Service
412 Main Street (Buffalo)
Buffalo Senior Citizen
620-568-3780
721 Main (Altoona)
Altoona Over 50 Center

DRAFT
Community Development

620-325-2813
1103 N. 6th Street (Neodesha)

Head Start Early Childhood Development

620-325-2813
1103 N. 6th Street (Neodesha)

Community Action/Head Start

620-325-3117
912 ½ Wisconsin Street (Neodesha)
Twin Rivers Daycare

620-325-3378
1009 Church Street (Neodesha)
Selena Miller Daycare Center

620-378-3702
113 N. 11th Street (Neodesha)

Mary's Daycare

620-378-4737
417 Quincy Street (Fredonia)

Karla Shay

620-325-2713
1103 N. 6th Street (Neodesha)

Head Start Early Childhood Development

620-325-3378
1009 Church Street (Neodesha)
Selena Miller Daycare Center

620-378-4490
1316 Madison Street (Fredonia)

Children's Nutrition Services

www.wichita.bbb.org
316-263-3146
345 N. Riverview Street, Suite 720 (Wichita)

Better Business Bureau

Business

DRAFT
1407 N. 8th Street (Neodesha)
W A Rankin Memorial Library
620-325-2828
Neodesha City Clerk
100 S. 1st Street (Neodesha)
Neodesha Chamber of Commerce
620-325-2055

100 N. 15th Street (Fredonia)
W. A. Rankin Memorial Library
620-378-3965
Wilson County Historical Society
620-378-3221

100 N. 15th Street (Buffalo)
620-537-8788
Orange Park
106 S. 1st Street (Neodesha)
Norman #1 Museum
620-568-6645

602 Indiana Street (Neodesha)
620-325-3275
V. A. Rankin Memorial Library
620-325-3275

502 Indiana Street (Neodesha)
620-325-3275
V. A. Rankin Memorial Library
620-325-3275

420 N. 7th Street (Fredonia)
620-378-2863
Buffalo City Hall Clerk
620-378-7888

402 N. 7th Street (Fredonia)
620-378-2863
Buffalo City Hall Clerk
620-378-7888

402 N. 7th Street (Fredonia)
620-378-2863
Buffalo City Hall Clerk
620-378-7888

400 Block of Tank (Neodesha)
620-325-5316
Altoona Public Library
502 Indiana Street (Neodesha)
620-325-3275

400 Block North 5th Street
620-325-2828
Skate Park

400 Block of North 5th Street
620-325-2828
Rodney Park

400 Block of North 5th Street
620-325-2828
Rodney Park

500 Block of Tank (Neodesha)
620-325-5316
1-888-764-5510

AC (Assessment Information Classes)

www.leeerias.com
1-800-861-1768

Abuse Addiction Agency

1-800-677-2481 (NATIONAL)

Able Detox-Rehab Treatment

1-800-405-4810

Abandon A Addiction

1-800-993-3869

AAANH

1-800-757-0771

Alcohol and Drug Treatment Programs

785-641-2345

Suicide Prevention Helpline

www.riskfactors.org
1-888-369-4777 (HAYFS)

Social and Rehabilitation Services (SRS)

Draft

1-800-701-3630

Sexual Assault and Domestic Violence Crisis

1-800-222-1222

Poison Center

1-800-233-8255

National Suicide Prevention Lifeline

www.counseling.org
1-888-220-5416 (TTY)
1-800-994-9662

National Sexual Assault Hotline

www.adhv.org
1-800-787-3224 (TTY)
1-800-994-9662

National Domestic Violence Hotline

Help Line: 723-222 (TTY)
1-800-799-SAFE (723-2223)
1-800-861-8278

National Center on Elder Abuse (Administration on Aging)

Kansan Department on Aging

Draft
<no text extracted>
Kansas Rural Health Works
Community Health Needs Assessment

Wilson County

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

Agenda

• CHNA overview
• Economic contribution of local health care
• Preliminary list of community concerns
• Health service area
• Local data reports
• Community health services directory
• Community health care survey
• Proposed schedule of meetings
• Focus group questions
• Next meeting
Local Health Needs Assessment

• Patient Protection and Affordable Care Act
• 501(c)3 (charitable) hospital every 3 years
  – Community Health Needs Assessment
  – Implementation strategy
  – Demonstrable effort for progress
• Public Health Accreditation every 5 years
  – Community Public Health Needs Assessment
  – Public health action planning
  – Strategic plan

KRHW CHNA Objectives

• KRHW Community Engagement Process since 2005
  – Help foster healthy communities
  – Help foster sustainable rural community health care system
  – Identify priority health care needs
  – Mobilize/organize the community
  – Develop specific action strategies with measurable goals
Community-driven Process

- Community-based, not driven by hospital, health care provider, or outside agency
- Local people solving local problems
- Community provides energy and commitment, with input from health care providers
- Public represented by you - community leaders who care enough to participate
- I make no recommendations

Steering Committee Meetings

- 3 two-hour working meetings over 3 weeks
- Examine information resources
  - Economic contribution of health care; health services directory; community health care survey; data and information reports
- Identify priority health-related needs
  - Revisit information; small group discussion; group prioritization; form action teams
- Develop action strategies for priority needs
  - Leadership, measurable goals
Keys to Success

• Our process has a beginning and an end
• Your participation is critical
• Your preparation allows effective participation
• Every community has needs and the capacity to improve its relative situation
• Your ongoing commitment and initiative will determine whether that’s true here
• We’ll provide discussion forum and tools
• The rest is up to you
Importance of Health Care Sector

- Health services and rural development
  - Major U.S. Growth Sector
    • Health services employment up 70% from 1990-08
    • 10%-15% employment in many rural counties
- Business location concern
  • Quality of life; productive workforce; ‘tie-breaker’ location factor
- Retiree location factor
  • 60% called quality health care “must have”

Health Services in Wilson County

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

<table>
<thead>
<tr>
<th>Health Sectors</th>
<th>Direct Employment</th>
<th>Economic Multiplier</th>
<th>Total Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health and Personal Care Stores</td>
<td>45</td>
<td>1.12</td>
<td>51</td>
</tr>
<tr>
<td>Veterinary Services</td>
<td>9</td>
<td>1.14</td>
<td>10</td>
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<tr>
<td>Home Health Care Services</td>
<td>34</td>
<td>1.13</td>
<td>38</td>
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<tr>
<td>Doctors and Dentists</td>
<td>110</td>
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<tr>
<td>Other Ambulatory Health Care</td>
<td>0</td>
<td>0.00</td>
<td>0</td>
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<tr>
<td>Hospitals</td>
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<tr>
<td>Nursing and Residential Care Facilities</td>
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<td>1.08</td>
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<td>Total</td>
<td>532</td>
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<td>643</td>
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</table>

## Health Care Impact ($000)

<table>
<thead>
<tr>
<th>Health Sectors</th>
<th>Direct Income</th>
<th>Economic Multiplier</th>
<th>Total Impact</th>
</tr>
</thead>
<tbody>
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<td>Health and Personal Care Stores</td>
<td>$822</td>
<td>1.13</td>
<td>$931</td>
</tr>
<tr>
<td>Veterinary Services</td>
<td>$205</td>
<td>1.17</td>
<td>$240</td>
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<tr>
<td>Home Health Care Services</td>
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<td>$2,383</td>
</tr>
<tr>
<td>Doctors and Dentists</td>
<td>$3,426</td>
<td>1.13</td>
<td>$3,881</td>
</tr>
<tr>
<td>Other Ambulatory Health Care</td>
<td>$0</td>
<td>0.00</td>
<td>$0</td>
</tr>
<tr>
<td>Hospitals</td>
<td>$22,378</td>
<td>1.13</td>
<td>$25,376</td>
</tr>
<tr>
<td>Nursing/Residential Care Facilities</td>
<td>$2,096</td>
<td>1.07</td>
<td>$2,253</td>
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<tr>
<td>Total</td>
<td>$31,074</td>
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<td>$35,064</td>
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### Health Care Impact ($000)

<table>
<thead>
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<th>Health Sectors</th>
<th>Total Impact</th>
<th>Retail Sales</th>
<th>County Sales Tax Collection</th>
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</thead>
<tbody>
<tr>
<td>Health and Personal Care Stores</td>
<td>$931</td>
<td>$252</td>
<td>$3</td>
</tr>
<tr>
<td>Veterinary Services</td>
<td>$240</td>
<td>$65</td>
<td>$1</td>
</tr>
<tr>
<td>Home Health Care Services</td>
<td>$2,383</td>
<td>$644</td>
<td>$6</td>
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<tr>
<td>Doctors and Dentists</td>
<td>$3,881</td>
<td>$1,049</td>
<td>$10</td>
</tr>
<tr>
<td>Other Ambulatory Health Care</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Hospitals</td>
<td>$25,376</td>
<td>$6,860</td>
<td>$69</td>
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<tr>
<td>Nursing/Residential Care Facilities</td>
<td>$2,253</td>
<td>$609</td>
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<tr>
<td>Total</td>
<td>$35,064</td>
<td>$9,478</td>
<td>$95</td>
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### Summary and Conclusions

- Trends and indicators show health care’s economic importance
- Health services among the fastest growing sectors – demographic trends suggest growth will continue
- Attracting/retaining businesses & retirees depends on adequate health care services
- Sustainable health care system essential for local health and economic opportunity
Summary and Conclusions

- Economics of health care rapidly changing
- Maintaining a sustainable local health care system is a community-wide challenge
- Strategic health care planning must be ongoing and inclusive

Initial Community Perceptions

- What are major health-related concerns?
- What needs to be done to improve local health care?
- What should be the over-arching health care goals in the county?
- What are the greatest barriers to achieving those goals?
Wilson Co. Health Care Market

WMC = 68.8%
FRH = 63.7%
of Inpatient Discharges in 2011

Data Fact Sheets
Data Fact Sheets

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

Data Fact Sheets

• Seeking issues/needs in secondary data
• Economic & demographic data
  – Declining population ~ 6% since 1990 & decline
  – Aging population ~ 20% 65+ & stable
  – 32% of population without spouse
  – 18% of HH live on <$15,000, 34% <$25,000
  – Transfer income > importance (>82m, 28%)
  – 13% live in poverty (20% of children)
• Health & behavioral data
  – LTC capacity: community-based alternatives?
  – Youth tobacco use ~14+%, > KS & improving
  – Youth binge drinking ~11+, < KS & improving
  – Child immunizations ~ 75%, > KS & stable
  – 20% newborns < than adequate prenatal care (small numbers)
  – Government family/food assistance increasing
  – Hospitals short-term trends stable

• Crime data
  – Crime 2/3 state rates (incomplete data)
  – # Arrests stable

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

• Traffic data
  – 21% of crashes w. injury/death, no seatbelt
  – Positive overall trends
Data Fact Sheets

• Health Matters (random impressions)
  – Variability due to sampling
  – Obesity, diabetes, hypertension > KS
  – 15% teen, 44% unmarried births rising, > KS
  – 32% of pregnant women smoke, > KS
  – Prenatal outcomes generally problematic

• Health Matters (random impressions)
  – Cancer, diabetes, heart disease, mortality, suicide > KS
  – Poor perception of health, mental health > KS
  – Uninsured population high
  – Indications of economic distress
  – Poverty indicators range: “concern” 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 – lifestyle and chronic conditions

You look. You decide.
Community Directory

- Comprehensive listing of health and related providers and services
- If they know it’s available locally, they can choose to buy it at home
- Extended description of hospital, county health department, others as justified
- You ensure completeness and accuracy
- Consider the “gaps” that may exist
- Updatable, reproducible
Community Health Care Survey

• Community health services
  – Healthy people/community/Quality of Life
  – Any general concerns
• Non-random, non-representative
• “Lots” of input - You + 5
• 5 minutes – answer on the spot
• Deadline is Thursday noon. Five drop off locations
Public Meeting Schedule

• Subject to weather
• January 14 – Overview, economic impact report, community concerns, data reports, draft health services directory, survey
• January 28 – Review data & information; group discussion; issue prioritization; team formation
• February 4 – Action planning
• After? That’s up to you

Next Meeting

• Introduction and Review
• Review of Data & survey results
• Service Gap Analysis
• Focus group formation and charge
• Group Summaries
• Prioritization
• Next meeting date
Next Meeting

- Homework: review the information, consider the questions
- Focus Group questions
  - What is your vision for a healthy community?
  - What are the top 3-4 things that need to happen to achieve your vision?
  - What can the hospital do to help?
  - What can the health department do to help?

www.krhw.net
Contact information:
John Leatherman

785-532-4492/2643
jleather@k-state.edu

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

Wilson County

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

Agenda

• CHNA overview and review
• Preliminary list of community concerns
• Local data reports
• Community health services gap analysis
• Community health care survey results
• Small group discussion
• Group prioritization
• Next meeting
Local Health Needs Assessment

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

KRHW CHNA Objectives

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

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

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

Initial Community Perceptions

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

- Health, wellness, chronic disease prevention
- Cost, access, low cost clinic/urgent care
- Communication/collaboration
- Physician recruitment/succession
- Specialty services
- Drug abuse
- Transportation, esp. seniors

Data Fact Sheets
Data Fact Sheets

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

Overall Conclusions from Data

• Population trends and income levels are creating challenges
• Accessing state/federal assistance is essential
• Community-based services for elderly, alone
• Mental health
• Room for improvement in preventable problems – neonatal care, tobacco/alcohol use, immunization
Your Analysis

• What did you see that you liked?
• What do you see that was troubling?
• What do you think could be improved?
• What do you think is in your collective capacity to make better?
Community Directory

- Comprehensive listing of health and related providers and services
- If they know it’s available locally, they can choose to buy it at home
- You ensure completeness and accuracy
- Consider the “gaps” that may exist
- What was missing that you would like to see?
Community Health Care Survey

- 325 responses
- Important to remember – non-representative
- Most important factors for healthy community
  - Good jobs/healthy economy (14.5%)
  - Good schools (14.2%)
  - Access to health care services (13.3%)
  - Good place to raise children (11.8%)
  - Low crime/safe neighborhoods (10.8%)

Community Health Care Survey

- Most important health problems
  - Obesity (16.6%)
  - Cancers (15.8%)
  - Aging problems (13.4%)
  - Heart disease and stroke (10.0%)
  - Diabetes (9.2%)
Community Health Care Survey

• Most important risky behaviors
  – Drug abuse (22.3%)
  – Alcohol abuse (19.4%)
  – Being overweight (15.0%)
  – Tobacco use (10.2%)
  – Poor eating habits (9.1%)

Community Health Care Survey

• Rating overall health of community
  – Somewhat healthy (62.9%)
  – Unhealthy (22.3%)

• Rating personal health
  – Healthy (44.3%)
  – Somewhat healthy (35.8%)

• Hours volunteering
  – 1-5 hours (40.8%)
  – None (29.9%)
Community Health Care Survey

• Overall satisfaction rated 4-5
  – Community quality of life (50.6%)
  – Community health care (54.3%)
  – Raise children (65.3%)
  – Place to grow old (57.5%)
  – Economic opportunity (15.3%)
  – Safe place to live (71.1%)

Community Health Care Survey

• Overall satisfaction rated 4-5
  – Individual/family support networks (49.9%)
  – Opportunities to contribute to QoL (46.6%)
  – Positive community attitudes (22.0%)
  – Variety of health services (41.6%)
  – Number health/social service (32.2%)
  – Increasing trust & respect (28.8%)
  – Sense of civic responsibility (26.4%)
Community Health Care Survey

- Comments suggest some unmet needs and challenges
  - Physician succession
  - Underinsured, uninsured, access, cost
  - Medicaid population resentment
  - Confidentiality, customer service issues
  - Affordable clinic access
  - Econ. opportunity; transp.; elder care; drugs
- Your observations?

Small Group Discussion

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

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

Issue Prioritization

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

- Introduction and Review
- Review of priorities
- Work groups
- Work group reports
- Action group formation and leadership
- Action group meetings
- One-year follow up meeting
- Summary and evaluation

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

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Community Health Needs Assessment

Wilson County

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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
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Community-driven Process

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

- Health, wellness, chronic disease prevention
- Cost, access, low cost clinic/urgent care
- Communication/collaboration
- Physician recruitment/succession
- Specialty services
- Drug abuse
- Transportation, especially handicapped and seniors

Data Fact Sheets
Overall Conclusions from Data

- Population trends and income levels are creating challenges
- Accessing state/federal assistance is essential
- Community-based services for elderly, alone
- Mental health
- Room for improvement in preventable problems – neonatal care, tobacco/alcohol use, immunization
Wilson County Survey

- 325 – non-representative
- Healthy communities: economic opportunity
- Health problems: obesity
- Risky behaviors: drugs/alcohol
- Overall satisfaction: generally high, but some social negativity
- General health concerns
  - Physician succession; access/cost; Medicaid resentment; confidentiality, customer service issues; affordable clinic access; economic opportunity; transportation; elder care; drugs

Issue Prioritization #1

- Health, wellness, chronic disease prevention
  - Emphasize health education
  - Focus on lifestyle behaviors that can be carried throughout life
  - Help adults achieve healthier lifestyle
  - Focus on youth through healthy start and youthful family education
  - Recruit student "ambassadors" to relay healthy messages to peers.
Issue Prioritization #2

- Improve communication and collaboration
  - Enhance communication and collaboration to ensure more complete case management
  - Providers planning strategically to support spectrum of services
  - Enhance access through information/assistance
  - Support options for access to care for the medically underserved

Issue Prioritization #3

- Public transportation assistance
  - Accessible, affordable, and for handicapped
  - Consider the needs of the elderly
  - Consider funding mechanisms
Issue Prioritization #4

• Housing
  – Improve unhealthy living conditions
  – Expand the stock of affordable housing
  – Focus on youthful population, young families, middle income, and needs relating to the recruitment of new health care providers

Action Planning

• This ain’t easy
• This is only the start
• Once you begin, you’ll see more is needed
• If this is important and if you are committed, you’ll know how!
• The rest is up to you. It always has been.
Action Plan: Situation

- What is the existing situation you would like to see changed?
- What is the specific need/problem that you would like to see changed?
- Example: Enhance communication across providers and with the community
  - Providers in “silos” to patient detriment
  - Hospital board is insular

Action Plan: Priorities

- What are the top three things that need to happen to change the existing situation?
- Example:
  - Major providers meet periodically to exchange information and seek collaborative initiatives
  - Create a common public access point for information
  - Create an annual event to bring community and providers together
Action Plan: Intended Outcomes

• What will be the situation when you have achieved the goal?
• Example:
  – Patients experience continuum of care; providers are stronger with fewer leakages
  – Single Web-based portal for all provider info
  – Annual county health fair to learn about personal health, provider services, healthy choices, meet providers personally

Action Plan: Resources

• What resources are needed: who must be involved, how much time, money, what partnerships
• Example:
  – Major provider cooperation
  – Significant organizational and public relations capacity
  – IT capacity
  – Financial sponsorships
Action Plan: Activities

- What meetings, events, public involvement, information resources, media, partnerships are needed?
- Examples:
  - Quarterly provider meetings – private sharing
  - Event leadership and planning committee
  - Solicit financial sponsorship
  - Media collaboration
  - State/regional provider involvement
  - Schedule of events

Action Plan: Participation

- Who needs to be involved?
- Examples:
  - Leadership – who is the right person?
  - Who within this group will start?
  - Who outside this group should be involved?
  - Business, education, religious, social, public, customers and the underserved
Action Plan: Short-term

• What has to happen in 6-12 months?
• What are the evaluation target metrics (awareness, knowledge, attitudes)?
• Examples:
  – Providers buy in, establish a regular meeting schedule, identify meeting coordinator
  – Public relations to announce initiatives
  – Work committees recruited and organized
  – Sponsors secured
  – Plans and designs solidified/finalized

Action Plan: Intermediate-term

• What has to happen in 1-3 years?
• What are the evaluation target metrics (behaviors, decisions, actions, policies)?
• Examples:
  – Providers meeting regularly
  – Web-based portal up and updated regularly
  – Annual health fair with broad community participation
  – Expanded community “buy-in” for initiatives
Action Plan: Ultimate Impact

• What has to happen in the long-term?
• What are the evaluation target metrics (how will the situation be different)?
• Examples:
  – Community surveys show high local usage and satisfaction with local providers
  – Data health indicators are improving
  – Annual health fair growth, business outreach and participation, multiple community events
  – Community undertakes new health initiatives

Health Priorities

• Priority #1: Health, wellness, and chronic disease prevention
• Priority #2: Communication/collaboration
• Priority #3: Public transportation
• Priority #4: Housing
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

www.krhw.net
Contact information:
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785-532-4492/2643
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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)
Community Health Needs Assessment

Hospital Requirements

The Patient Protection and Affordable Care Act (PPACA) created a new IRS Code Section 501(r) which imposes additional requirements on tax-exempt hospitals. Specifically:

- All 501(c)3 Hospitals
- Governmental hospitals that have an IRS Determinate (c)3 Letter
- If you have ever applied for and received a letter (for the hospital entity) you have to comply.

Hospitals must Complete Community Needs Assessment

- At least once every three years; first one must be completed by end of tax year beginning after March 23, 2012.
- Include input from persons who represent the broad interest of the community.
- Include input from persons having public health knowledge or expertise.
- Make assessment widely available to the public
- Adopt a written implementation strategy to address identified community needs.*
- Failure to comply results in excise tax penalty of $50,000 per year.

Patient Protection and Affordable Care Act (Health Care Reform Law March, 2010)

* Notice 2011-52 – must be approved by authorized governing body (board of directors)

Community Health Needs Assessment Written Report Treasury and the IRS intend to require a hospital organization to document a Community Health Needs Assessment for a hospital facility in a written report that includes the following information:

1. A description of the community served by the hospital facility and how it was determined.
2. A description of the process and methods used to conduct the assessment, including a description of the sources and dates of the data and other information used in the assessment and the analytical methods applied to identify community health needs. The report should also describe information gaps that impact the hospital organization’s ability to assess the health needs of the community served by the hospital facility. If a hospital organization collaborates with other organizations in conducting a CHNA, the report should identify all of the organizations with which the hospital organization collaborated. If a hospital organization contracts with one or more third parties to assist it in conducting a CHNA, the report should also disclose the identity and qualifications of such third parties.
3. A description of how the hospital organization took into account input from persons who represent the broad interests of the community served by the hospital facility, including a description of when and how the organization consulted with these persons (whether through meetings, focus groups, interviews, surveys, written correspondence, etc.) If the hospital organization takes into account input from an organization, the written report should identify
the organization and provide the name and title of at least one individual in such organization with whom the hospital organization consulted.
4. A prioritized description of all of the community health needs identified through the CHNA, as well as a description of the process and criteria used in prioritizing such health needs.
5. A description of the existing health care facilities and other resources within the community available to meet the community health needs identified through the CHNA.

CHNA Written Report needs to be:

- Widely available to the public
- On hospital website
- Given to anyone who asks

**Implementation Strategy**

Treasury and the IRS intend to require a hospital organization to specifically address each of the community health needs identified through a CHNA for a hospital facility in an implementation strategy, rather than in the written report documenting the hospital facility’s CHNA.

An implementation strategy is a written plan that addresses each of the community health needs identified through a CHNA.

An implementation strategy will address a health need identified through a CHNA for a particular hospital facility if the written plan either:

1. describes how the hospital facility plans to meet the health need; or
2. identifies the health need as one the hospital facility does not intend to meet and explains why the hospital facility does not intend to meet the health need.

**An Implementation Strategy needs to be:**

- Approved by Board of Directors
- Attached to 990, and the 990 has to be widely available to the public

This summary was obtained from the *Kansas Health Matters* Website (http://www.kansashealthmatters.org/), and can be found here: (https://www.mycrb.org/wst/kansashealthmatters/hospitals/default.aspx)
COMMUNITY HEALTH
NEEDS ASSESSMENT
TOOLKIT

Prepared by:

National Center for Rural Health Works
Oklahoma State University

and

Center for Rural Health and
Oklahoma Office of Rural Health

Prepared with Input and Advice from:

Community Health Needs Assessment National Advisory Team

May 2012
XI. Reporting

Each hospital facility is required to make the community health needs assessment widely available to community members. To accomplish this, the hospital needs to prepare a summary report of the community health needs assessment process and share the results with the community. This could be shared through newspaper articles, articles in the hospital newsletter, at local group meetings, website, etc.

The hospital board will utilize the community health needs assessment report (Example included in Appendix P) to determine the action plan, including the resulting community needs to be addressed, the implementation strategy for each community need, and the responsible person(s) or agency(ies). The hospital will address every need identified by the community. If the hospital is unable to address a particular need, this should also be indicated in the action plan. The hospital’s action plan must also be made available to the community. This could be shared through newspaper articles, articles in the hospital newsletter, at local group meetings, website, etc. The hospital may want to share this report with the community advisory committee through an additional meeting or a report sent to them.

The hospital will also have to submit documentation or proof to the Internal Revenue Service (IRS) that a community health needs assessment process was completed. For convenience, a suggested outline of a final summary report is presented in the table below to assist in completing the IRS reporting forms. This report outline is also included in Appendix Q. The final report needs to include information pertaining to:

- Community Members;
- Medical Service Area;
- Community Meetings;
Summary Report Outline

Community Health Needs Assessment

Community Members Involved

Need to include name, organization and contact information for:

Hospital Administrator

Steering Committee or Leadership Group

Facilitator

Community Advisory Committee Members

Medical Service Area

Describe by county or zip code areas

Include populations and projected populations of medical service area

Include demographics of population of medical service area

Community Meetings #1, #2, and #3 (also any additional meetings)

Date

Agenda

List reports presented with short summary of each

Community Needs and Implementation Strategies

Include community needs and implementation strategies with responsibilities from community group

Hospital Final Implementation Plan

Include which needs hospital can address and the implementation strategies

Include which needs hospital cannot address and reason(s) why

Community Awareness of Assessment

Describe methodology for making assessment widely available to the community

Have Community Advisory Committee Report available to public

Have Hospital Action Plan with each health need addressed available to public
• Community Needs and Implementation Strategies;
• Hospital Final Implementation Plan; and
• Community Awareness of Assessment

The report is intended to include crucial data and not be all inclusive. If the IRS desires more data, they can request documents that were included in the community health needs assessment process, such the demographic and economic data report, community input summary report, etc.

The summary report will list all community members involved in the assessment, including the hospital administrator, the steering committee or leadership group, the facilitator, and the community advisory committee members. The medical service area of the hospital has been identified and is readily available, as well as population and demographic information of the medical service area and/or county. A summary of the date, agenda, and reports prepared and presented for all community meetings will be summarized. A short summary of each report presented at the community meetings would be beneficial. A summary report of the community needs and suggested implementation strategies from the Community Advisory Committee needs to be prepared; either utilizing the table provided in this document or a similar summary report. The hospital final implementation plan adopted by the hospital should also be included. This report should indicate which community needs the hospital will address and the implementation strategy planned for each. If all identified community needs or issues are not addressed, then the reason why an identified need/issue is not being addressed must be included in the report (e.g., lack of finances or human resources). Each hospital facility is required to make the assessment widely available to the community members. Newspaper reporters are usually available to write articles to share the community health needs assessment with the general public.
IRS Reporting Forms

The hospital is required through the new legislation to disclose any community health needs assessment activities in its annual information report to the Internal Revenue Service (IRS). **IRS Form 990** is required to be completed by all organizations exempt from income tax. When completing **IRS Form 990**, additional schedules may be required. Hospitals are required to complete Schedule H. See page 3 of **IRS Form 990, Part IV, Checklist of Required Schedules**, Question 20a, ‘Did the organization operate one or more hospitals? If “Yes,” complete Schedule H.’

Attached in **Appendix Q** are both of these IRS reporting forms (**Form 990** and **SCHEDULE H**).

**IRS SCHEDULE H (Form 990)** is required to be completed by any tax-exempt organization that operates one or more hospitals. **SCHEDULE H** is broken into six major parts with subsections for **Part V**:

- **PART I** - Financial Assistance and Certain Other Community Benefits at Cost
- **PART II** - Community Building Activities
- **PART III** - Bad Debt, Medicare, & Collection Practices
- **PART IV** - Management Companies and Joint Ventures
- **PART V - Facility Information**
  - **Section A. Hospital Facilities**
  - **Section B. Facility Policies and Procedures** *(Complete a separate Part V, Section B, for each of the hospital facilities listed in Part V, Section A.)*
Community Health Needs Assessment (Optional for 2010)

Financial Assistance Policy

Billing and Collections

Policy Relating to Emergency Medical Cater

Charges for Medical Care

Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

PART VI - Supplemental Information

SCHEDULE H, Part V (Sections A and B) and Part VI address the community health needs assessment process. Part V, Section A, requires a listing of all hospital facilities in order of size from largest to smallest, measured by total revenue per facility.

Part V, Section B, is required to be completed for each facility listed in Section A. Section B is divided into four subsections. The first subsection, Community Health Needs Assessment, is the section that deals with community health needs assessment.
There are seven questions relating to Community Health Needs Assessment shown below. Some questions may require additional information; i.e., Questions 1j, 3, 4, 5c, 6i, and 7.

<table>
<thead>
<tr>
<th>Question</th>
<th>Description</th>
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<tbody>
<tr>
<td>1</td>
<td>During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment (Needs Assessment)? If “No,” skip to line 8.</td>
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<td></td>
<td>If “Yes,” indicate what the Needs Assessment describes (check all that apply):</td>
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<tr>
<td>a</td>
<td>A definition of the community served by the hospital facility</td>
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<td>b</td>
<td>Demographics of the community</td>
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<td>c</td>
<td>Existing health care facilities and resources within the community that are available to respond to the health needs of the community</td>
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<td>d</td>
<td>How data was obtained</td>
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<td>e</td>
<td>The health needs of the community</td>
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<td>f</td>
<td>Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups</td>
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<td>g</td>
<td>The process for identifying and prioritizing community health needs and services to meet the community health needs</td>
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<td>h</td>
<td>The process for consulting with persons representing the community’s interests</td>
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<td>i</td>
<td>Information gaps that limit the hospital facility’s ability to address the community’s health needs</td>
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<td>j</td>
<td>Other (describe in Part VI)</td>
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<td>2</td>
<td>Indicate the tax year the hospital facility last conducted a Needs Assessment: 20__</td>
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<td>3</td>
<td>In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If “Yes,” describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted.</td>
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<td>4</td>
<td>Was the hospital facility’s Needs Assessment conducted with one or more other hospital facilities? If “Yes,” list the other hospital facilities in Part VI.</td>
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<td>5</td>
<td>Did the hospital facility make its Needs Assessment widely available to the public?</td>
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<td>If “Yes,” indicate how the Needs Assessment was made widely available (check all that apply):</td>
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<td>a</td>
<td>Hospital facility’s website</td>
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<td>b</td>
<td>Available upon request from the hospital facility</td>
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<td>c</td>
<td>Other (describe in Part VI)</td>
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<td>6</td>
<td>If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply):</td>
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<tr>
<td>a</td>
<td>Adoption of an implementation strategy to address the health needs of the hospital facility’s community</td>
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<td>b</td>
<td>Execution of the implementation strategy</td>
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<td>c</td>
<td>Participation in the development of a community-wide community benefit plan</td>
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<tr>
<td>d</td>
<td>Participation in the execution of a community-wide community benefit plan</td>
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<td>e</td>
<td>Inclusion of a community benefit section in operational plans</td>
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<td>f</td>
<td>Adoption of a budget for provision of services that address the needs identified in the Needs Assessment</td>
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<td>g</td>
<td>Prioritization of health needs in its community</td>
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<td>h</td>
<td>Prioritization of services that the hospital facility will undertake to meet health needs in its community</td>
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<td>i</td>
<td>Other (describe in Part VI)</td>
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<td>7</td>
<td>Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If “No,” explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs.</td>
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The supplemental information for these questions (for each separate facility) will need to be included in Part VI, Supplemental Information, Question 1, Required descriptions.
Part VI, Supplemental Information, has six additional questions that must be answered. Most of these questions are related to community health needs assessment:

- **Question 2.** Needs assessment.
- **Question 4.** Community information.
- **Question 5.** Promotion of community health.
- **Question 6.** Affiliated health care system.
- **Question 7.** State filing of community benefit report.

The other questions will need answered but may not directly pertain to community health needs assessment.

For additional information on IRS reporting requirements, consult your tax professional.
Appendix P

Example of Summary Community Health Needs
<table>
<thead>
<tr>
<th>Community Need</th>
<th>Implementation Strategy</th>
<th>Responsible Org. or Person</th>
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<td>Community Need</td>
<td>Implementation Strategy</td>
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Labette Health Center  
Parsons, KS  
Community Needs Assessment Recommendations  
March 25, 2011

- **Cost of Health Care**  
  - Market the Community Clinic – Supported by Labette Health  
  - Market availability of services and cost comparisons vs. larger communities  
  - Education regarding affordable health screening tools  
    - Review target of educational tools  
    - Education regarding risk factors  
    - Build on successful examples  
  - Create a Culture of Health  
  - Market quality of care vs. stereotyping of rural providers/facilities

- **Smoking/tobacco use** is seen as a significant health issue for the Labette Health Center community  
  - Focus on education regarding the effects of tobacco use on health  
  - Market Smoking Cessation classes

- **Cardiovascular heart disease and stroke** are seen as significant health problems for the Labette Health Center community  
  - Focus education on the benefits of screening and early detection  
  - Focus education efforts on behavioral changes proven to help  
    - Smoking cessation programs  
    - Healthy eating and weight reduction  
    - Exercise programs

- **Diabetes** is seen as a significant health problem for the Labette Health Center community  
  - Build on success of the Rector Center  
  - Market services of the Rector Center

- **Educational programs**  
  - Review who we are trying to educate and how we are trying to reach them  
  - Focus on improving what we currently have:  
    - Hospital newsletter  
    - Hospital website  
  - Focus on new methods of contacting citizens:  
    - Look for more electronic methods of informing citizens  
    - Look for more focused communication, i.e.: Facebook, Twitter, text messaging to reach local people
• Teen Pregnancy is seen as a significant issue in the community Labette Health Center serves.
  o Provide leadership to engage community factors to discuss and work on this issue including:
    ▪ Faith Community
    ▪ Parents groups
    ▪ Community civic leadership
    ▪ Social service agencies
  o Discuss parental responsibility and ways to enhance it

Note: This is not a problem that Labette Health Center can solve. This is a problem where Labette Health Center can provide leadership to engage various community groups to understand the problem and engage it as their own.

There was good discussion about the Labette Health Center community and the health problems facing them. The consensus of the group was that Labette Health Center was ‘community conscious’ regarding health issues facing the community. Labette Health Center has a unique opportunity to become more focused in their educational programs as it celebrates fifty years of service to the community. These efforts can become more successful by focusing on the community they are trying to reach and then reviewing different methods to reach them. This can include upgrading current efforts including newsletters and websites and employing other communication methods such as Twitter, Facebook, and e-news for example.
Appendix Q

Example CHNA Reporting
Summary Report Outline
Community Health Needs Assessment

Community Members Involved

Need to include name, organization and contact information for:

Hospital Administrator
Steering Committee or Leadership Group
Facilitator
Community Advisory Committee Members

Medical Service Area

Describe by county or zip code areas
Include populations and projected populations of medical service area
Include demographics of population of medical service area

Community Meetings #1, #2, and #3 (also any additional meetings)

Date
Agenda
List reports presented with short summary of each

Community Needs and Implementation Strategies

Include community needs and implementation strategies with responsibilities from community group

Hospital Final Implementation Plan

Include which needs hospital can address and the implementation strategies
Include which needs hospital cannot address and reason(s) why

Community Awareness of Assessment

Describe methodology for making assessment widely available to the community
Have Community Advisory Committee Report available to public
Have Hospital Action Plan with each health need addressed available to public
Community Engagement and Needs Assessment Process and Report
Guadalupe County Hospital
Santa Rosa, New Mexico
May 7, 2012

Process:

The hospital CEO, representatives from HealthInsight, the New Mexico Office of Rural and Primary Care and consultants conducted three meetings; a variety of community members were invited and in attendance. The group was diverse and represented all segments of the community. Meetings were approximately an hour and a half in length. Consultants prepared and conducted a survey of community attitudes and issues regarding health and health care in the county. Initially, with the hospital staff and with input from HealthInsight staff members, consultants determined the primary service area of Guadalupe County Hospital. Community members from this entire service area participated in these meetings. For example, participants included consumers, community leaders, public health officials, health care officials and experts, economic and community development specialists, education leaders and law enforcement. The meetings were conducted on February 29, March 13, and April 10, 2012.

Economic Impact:

Consultants conducted an economic impact study to indicate the value of health care and specifically the hospital to the community’s economic environment and viability.

In 2011, Guadalupe County Hospital had 50 full and part time employees from hospital operations with a payroll of $2.9 million (wages, salaries and benefits). The hospital also spent $3.4 million on capital improvements for a total of 86 jobs and a $3.4 million payroll. The secondary multiplier for hospital employment was 1.34 meaning that for every job in the hospital an additional 0.34 job or 17 additional jobs were created in the county for a total employment impact from operations of 67 jobs. The construction multiplier was 1.23 creating an additional 20 jobs for a total of 106 jobs. The grand total for employment impact was 173 jobs.

The income multipliers for hospital operations and hospital construction were 1.18 and 1.16 respectively. That resulted in an additional $523,694 from operations and $554,540 from construction activities for a total of $3.4 million from operations and $4.0 million from construction for a grand total income impact of $7.4 million. While construction varies from year to year, the hospital provides a huge economic impact for Guadalupe County.

Health Indicators/Health Outcomes:
Data compiled by the State of New Mexico and various national databases\(^1\) indicated the following information for discussion at the second community meeting:

- Accessibility/availability of primary care physicians (PCPs), county 69 PCPs per 100,000 population
- Births to women under 18, county rate 9.2, peer counties range 4.6-11.0
- A high percentage (77.8% county vs. 57.6% for New Mexico) of pregnant women receive prenatal care in first trimester
- Heart disease #1 leading cause of death, county rate 190.6, state rate 176.0
- Cancer #2 leading cause of death, county rate 174.9, state rate 173.2
- Stroke (cerebrovascular disease) #5 leading cause of death, county rate 90.4, state rate 41.8
- Diabetes #6 leading cause of death high, county rate 36.6, state rate 32.2
- Female breast cancer deaths high, county rate 62, state rate 22.1
- Substantiated child abuse allegations high, county rate 39.4, state rate 18.5
- Youth report caring and supportive family at a very high level, county rate 72.7, state rate 54.1
- Alcohol-related deaths high, county rate 101.8, state rate 52.9
- Uninsured adults high, county rate 30.6, state rate 22.9
- Low birth weight high, county rate 12.7, state rate 8.5
- Adolescent obesity high, county rate 18.7, state rate 13.5
- Motor vehicle traffic crash deaths high, county rate 31.0, state rate 18.3

**Economic and Demographic Data and Information:**

Economic and demographic data and information were compiled from a variety of data sources\(^2\):

- Population flat from 2000 – 2010 (county 0.1% increase)

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\(^1\) Health Indicators/Health Outcomes data sources include County Health Rankings from University of Wisconsin Population Health Institute and Robert Wood Johnson Foundation; Community Health Status Indicators from U. S. Department of Health and Human Services; New Mexico Selected Health Statistics Annual Report from the New Mexico Department of Health; New Mexico Death Certificate Database, Office of Vital Records and Health Statistics from the New Mexico Department of Health; and New Mexico’s Indicator-Based Information System from the New Mexico Department of Health.

\(^2\) Economic and Demographic data and information sources include population data, County Business Patterns, and poverty data from U. S. Census Bureau; employment, earnings, and transfer receipt reports from the U. S. Department of Commerce, Regional Economic Information System, Bureau of Economic Analysis; and employment and unemployment data from the U. S. Department of Labor, Bureau of Labor Statistics.
Population growing in 45+ age group (absolute and percentage), county 2000, 35.7% and 2010, 44.1%, state 2000, 33.9% and 2010, 39.9%
State demographers predicted 27.2% growth for next decade; cannot explain projected growth from the local perspective
Health sector is very important to economy, represents 12.2% of total county employment and 19.5% of total county earnings
Transfer receipts as a percent of total personal income high, county 42.4%, state 21.5%; this indicates a high percentage of income comes from federal and state programs.
High unemployment, county 10%, state 7.1%
Poverty all people high, county 23.7%, state 19.8%
Poverty under age 18 high, county 30.5%, state 28.5%

Potential solutions or approaches to the problems and the information gained from the local survey were discussed at the third community meeting.

Breast cancer education and screening was seen as a solution to the high death rate for breast cancer. Education must be culturally sensitive and timely presented to local women. Guadalupe County Hospital has received some grant monies in the past for these programs and will consider seeking additional grant funding to expand this program.
The hospital will assist the community to apply for grant programs to provide grant funding for programs to educate the population regarding
- Decreasing obesity in all population groups
- Nutrition education to decrease reliance on fatty, high caloric and high cholesterol foods and food preparation
- Educational programs must be:
  - Age specific
  - Culturally sensitive
  - Provide options, i.e.; classes, webinars
  - Catered to specific target groups, i.e., Diabetes education, stroke and heart disease education, education regarding prenatal care and childcare, etc.

Guadalupe County Hospital is and will continue to pursue a variety of positive changes for health care and access to health care in the Guadalupe County service area. These include:
- Website development with contact list for updates and e-Newsletters
- Telemedicine services
- Care flight – dedicated helicopter
- Physical therapy/ occupational therapy
- Optometrist
- Chiropractor
- New doctors moving to the area
- Scholarships for nursing and allied health personnel
• Mini health fairs
• Outreach to surrounding communities
• Share patient satisfaction scores on a regular basis

While the hospital has and will continue to provide dynamic leadership for the Guadalupe County community, many health and health related issues involve behavioral choices. The ability to change these issues will of necessity involve the entire community including the hospital.

**Conclusion:**

It should be noted that the population base of the Guadalupe County service area precludes offering a variety of services on site. For instance, a population base of 10,000 to 12,000 people is required as a minimum for a general surgeon. However, Guadalupe County Hospital will continue to work with the community and the hospital board to maximize the array of services available to local consumers. The CEO and the board have already built a new facility that incorporates the county public health office in the same building. They have a state of the art facility that was carefully planned and laid out. They have installed electronic health records systems and have qualified for federal Meaningful Use incentives. The CEO and the board have demonstrated that simply being rural does not mean second-class care or services. By maximizing the service potential of a variety of health and human services, the CEO has demonstrated her connection with and her commitment to this community.