



Community Health Needs Assessment

Rawlins County, KS

Revised 2018

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

Sponsored by:

Rawlins County Health Department

Rawlins County Health Department

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In cooperation with:

Office of
Local Government
K-State Research and Extension


K-STATE
Research and Extension

Rawlins County Community Health Needs Assessment

Executive Summary

K 201

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

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

In August, 2012, the Rawlins County Health Center and the Rawlins 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 forty-seven Rawlins 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 Rawlins 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 Rawlins County moves forward to improve the local health-related situation.

Priority #1: Physician/patient recruitment and retention

- Prioritize services to become a competitive medical provider

Priority #2: Housing and facilities

- Make more (affordable) housing available for purchase or rent
- Focus for young people and families, assisted living, medical providers, middle income

Priority #3: Promote health and wellness, and chronic disease prevention

- Community engagement in basic health care and services
- Obesity and other health concerns, healthy start and youthful family education

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Rawlins County Community Health Needs Assessment

August 1-August 22, 2012

The contents of this file document participation, discussion and information resources developed through the course of the Rawlins 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 and analyze the information resources included in this packet to determine relevant issues and propose an action plan to improve local circumstances. The Steering Committee then presents their action plan to the community for review and possible implementation.

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

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

The **Community Identification** page documents determinants of the geographic scope of the program.

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

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

The **Community Survey** presents an effort to solicit input from the broader community. While the initiative is informal and non-representative, it does contribute considerable input from the broader community. The survey typically queries respondent's health-related needs and behaviors. This provides both an indication of local demand for health services and the level of satisfaction with the services received. At the end, an open-ended question queries respondents' views about local health-related issues and concerns.

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

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

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

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

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

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

**Rawlins County Rural Health Works
Community Health Needs Assessment
August 1st - 22nd, 2012**

Sponsors: Rawlins County Health Center
 Rawlins County Health Department

Additional financial support by: The Rawlins County Hospital Foundations and Kastens, Inc.

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Meeting Schedule

Meeting 1: Local Data Wednesday, August 1, 2012
Redeemer Lutheran Church, 801 S. First Street in Atwood

Agenda

11:30 a.m.	Introduction and Purpose
11:40 a.m.	Economic Contribution Report
11:55 a.m.	Preliminary Needs Identification
	• Issue Identification Cards
	• Discussion
12:15 p.m.	Secondary Data Reports
12:35 p.m.	Group Discussion
12:45 p.m.	Community Survey
	• Participant Survey
	• Community Outreach
1:00 p.m.	Gathering Community Input
1:05 p.m.	Preparation for Prioritization
1:15 p.m.	Discussion
1:30 p.m.	Adjourn

Meeting 2: Issue Prioritization Wednesday, August 15, 2012
Redeemer Lutheran Church, 801 S. First Street in Atwood

Agenda

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

Meeting 3: Action Planning Wednesday, August 22, 2012
Redeemer Lutheran Church, 801 S. First Street in Atwood

Agenda

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



Identification of Rawlins 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 review of community secondary data, conducting a health asset gap analysis, and community survey results, Steering Committee Participants for small groups for the purpose of discussing local health-related needs and issues.

To facilitate discussion, the groups are asked to consider the following 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?

Each group comes to a consensus regarding the top two to four health-related issues they recommend to the Steering Committee as becoming the focus of future community initiative. After each group reports, the task is to achieve an overall consensus on the top two to four issues across all of the groups. These, then, become the focus of 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 and reports from the small groups leading to the overall prioritization.

Steering Committee Consensus on Overall Priorities for Rawlins County

Priority #1: Physician/patient recruitment and retention

- Prioritize services to become a competitive medical provider

Priority #2: Housing and facilities

- Make more (affordable) housing available for purchase or rent
- Focus for young people and families, assisted living, medical providers, middle income

Priority #3: Promote health and wellness, and chronic disease prevention

- Community engagement in basic health care and services
- Obesity and other health concerns, healthy start and youthful family education

Focus Group 1
August 15, 2012

Discussion Questions

What is your vision for a healthy community?

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

What can the hospital do to help?

What can the health department do to help?

Response

Vision for a healthy community:

- Networking all area hospitals.
- Develop transportation for NWKS Region.
- Psychiatric unit/Oncology services.
- Communication/ education to supplement this collaboration – resources.
- Transportation.
- HCBS.
- Prevention.

What could be better:

- Diabetes seems O.K.
- Dementia/autoimmune disorders seem biggest.
- Obesity.
- Adult day care.
- Assist living.
- Home health.
- Preventative care issues.
- OB/GYN doctor.
- Clients get established than continue to go out of town.

How can the hospital/health department help?

- Providers meet quarterly to discuss what they offer- what they're dealing with – publish in paper.

Focus Group 2
August 15, 2012

Discussion Questions

What is your vision for a healthy community?

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

What can the hospital do to help?

What can the health department do to help?

Response

Vision for a healthy community:

- Preventative diet and exercise/ communication.
- Communication- know what services are available.
- Communication and prevention.
- Home based services?- transportation.
- Health Department-check into what can be done in the process.
- Lead an initiative to get the information.
- Newsletter going out- giving information on services available.
- What communication areas or processes will be effective.
- Central information or awareness of services to access things that can be done locally.
- Not afraid of other counties and "competition" and use them as a resource- a partner, not a threat.

What could be better:

- Exercise and diet are primary for good health prevention for diabetes and obesity- keep moving, not freeze up.
- Only 26% of population is 65 or up so aging population is going to increase and concerned with good doctor and preventative care, living a healthy lifestyle and education. Receiving preventative doctor care- do specialty care.
- Collaboration with OB and to keep families taking their children to the hospital in Atwood.
- Need to know the needs to know what needs to be started, elder care for alone older residents.
- Home health is lacking in this area to support our elderly. Good Samaritan is possibly working on this.
- Need to have more follow up and ability to identify who needs help. Lack of services for HCBS wavier individuals.
- Transportation for the elderly or chronically ill- not just the elderly.

- Harder to help those that need it because in current times more people work.
- Need some county effort for transportation support to meet the needs.
- Hospital does a good job in supporting but not well communicated to community. Services are available but community not aware of how to get services.
- No point of contact in finding needed services.
- Perhaps a single point of entry to help people get in contact or find where they can get help.
- Miscommunication on who can use equipment or services in regards to P.T. treadmill and such-how can we make things.

Top Issues

1. Discrete local health concern
2. Chronic local health issues
3. Top issues to address over the next 3-5 years
4. Which is the primary focus

Focus Group 3
August 15, 2012

Discussion Questions

What is your vision for a healthy community?

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

What can the hospital do to help?

What can the health department do to help?

Response

What is right?

Get along with everyone at hospital

-more specialty doctors- going to Oberlin.

OBGYN available for kids coming back

-have babies or clinical visits.

-birthing facility not necessary but have physicians available.

Pediatrician, Dermatology, Urology, Rheumatology, Allergist.

Develop more specialty clinics.

Aging issues and transportation- coordinate for appointments, physical therapy, etc.

-affordable.

-car going to pick up family.

Specialty doctors.

High turnover, doctors, PAs, nurses

-business background has issues.

-personal issues.

-lack of experience in nurses.

-balance of experienced nurse and new nurses.

Look at what Colby, Oberlin, St. Francis, Goodland, McCook... what is being provided and what is not being provided. 60 mile range bring them here. Area networking.

What could be better:

1. Network with area hospitals – specialty clinic

-Colby, Goodland, McCook, St. Francis, Oberlin.

They refer to us, we refer to them. Psychiatric care and visits.

Radiation therapy- oncology services.

Develop transportation/ technology.

Communication and educational.

2. Diabetes- appears okay.
Alcohol and drug- prevention board- moderate drinking.
Acute.
Dementia- Adult Care.
Autoimmune disorders.
Assisted living.
Home health.

Focus Group 4
August 15, 2012

Discussion Questions

What is your vision for a healthy community?

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

What can the hospital do to help?

What can the health department do to help?

Response

What is right:

- People are active.
- Productive members of society- take care of the community.
- People that contribute.
- Basic needs are being met
 - housing, food, essentials are met, this translates into the other items.
- Good lifestyle (healthy) choices.

What could be better:

- Alcohol use at different events for adults prompts kid use... it was ok when I was a kid, so my kids can do it.
- Change parent attitudes, change the perceptions.
- Don't change through the kids, but with the adults. Focus on educating the youth.
- Assisted living facilities are a big need.
- Get a flow of life throughout the community.
 1. House.
 2. Prairie Plaza.
 3. Assisted Living.
 4. Death.
- Emergency Medical Service- volunteers and immediate need getting met.

What can the health department/hospital do to help:

- School educating over youth on the options.
- Provide training classes- opportunities for learners.
- Recruitment in all positions.
 - How do we fill positions with quality and keep them.
- All entities working together to communicate.

- CPR instruction within the school.
- Housing, communication, and education are our 3 main issues.
- Continue to get the information and message out to the community.

Rawlins County Community Health Action Plans

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

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

Community Health Planning Process

Getting Started

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

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

Filling in the Plan

- Now that we've established what we would like to achieve, we need to figure out how to do it. We can create an effective action plan by carefully considering what resources we **need to invest** into the effort, what **activities** we need to do to make progress, **who** we need to reach and involve, identify the **milestones** we'll need to see in order to know we're making progress, and, finally, the **ultimate impact** we would like to see achieved.
- What **Resources** are needed to take action? Who's available to work on the problem? How much time will it take? Is money or other resources needed? Who can we partner with to make progress?
- What **Activities** need to take place? Do we need to conduct regular meetings? Do we need to have special public meetings or events? Do products or information resources need to be developed? How should the media be involved? How do we foster needed partnerships and alliances?

- Who needs to **Participate** in order to make progress? Who are we trying to reach and influence? Who are the targets of our effort? Who needs to be involved?
- What are the **Short-Term Results** (6-12 months) you'd like to see? What would we like people to learn? What are the changes in awareness, knowledge, attitudes, or skills we'd like to see people exhibit? How will we measure this?
- What are the **Intermediate-Term Results** (1-2-3 years) you'd like to see? What are the behaviors, actions, decisions, or policies we'd like to see in place? How will we measure this?
- What is the desired **Ultimate Impact** (long-term) on the community? What are the social, economic, or other conditions we'd like to see in place in order to effect the kind of change the would be desired? How will we measure this?

Rawlins County Community Health Needs Assessment Action Planning
August 22, 2012

Priority #1: Physician/patient recruitment and retention

- Prioritize services to become a competitive medical provider

Action Committee Members

To be Determined.

Action Plan

Getting Started

Situation:

- The turnover of providers (including nursing staff) is too high.
- Look at health care throughout a 60 mile area and see what other facilities are offering and offer something that isn't being offered. (i.e. Rheumatology, endocrinology).
 - Regional care
- Can we bring autoimmune and RA specialists.
- Geriatric psych.

Priorities:

1. Figuring out why turnover rate is high among providers.
2. Finding revenue streams that are not tied to Medicare/ Medicaid.
3. Finding young medical providers from NWKS.
4. Services that each community provide.
5. Services we absolutely have to have.
6. How to get patients back.

Intended Outcomes:

- A stable network of providers within a 60 mile range. Becoming a leader in rural healthcare that reduces health care costs without diminishing health.
- Keep patients here.
 - Better resources in area 60 miles.
 - Available.
 - Return and bring back.
- Consistent.

Filling in the Plan

Resources:

- Mainly people- we need a continued attitude adjustment of "we can't do", we can and we will. We've remodeled the hospital, how do we stabilize providers.

- Telemedicine.
- Capital campaigns.
- Nursing home resources.

Activities:

- Administration outlines what we currently provide in services working with front line providers to see what other areas of health care that could be provided.
Marketing plans, get County Commissioners on board.
- Providers needed.

Participate:

- Frontline providers working with administration on containing costs (PT. OT. Nursing, lab techs, pharmacy, chiropractic, massages) and ironing out other revenue streams.
- Hospital
 - Nursing home.
 - Community members (patient).
 - Pharmacy.
 - Health Department.
 - Auxiliary health providers.

Short-term Results:

- Total change in altitude- providers happy enough to stay and progress into other areas of health.

Intermediate-term Results:

- New services in healthcare that not only care for Rawlins County residents but for other county residents to start.

Ultimate Impact:

- Providing healthcare services that not only service the rural county but consistently attracts residents from 60 mile away working with other hospitals to provide services we don't provide so we go to them and they come to us.

Rawlins County Community Health Needs Assessment Action Planning
August 22, 2012

Priority #2: Housing and facilities

- Make more (affordable) housing available for purchase or rent
- Focus for young people and families, assisted living, medical providers, middle income

Action Committee Members

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Action Plan

Getting Started

Situation:

More housing available- affordable housing- homes that can be purchased or rented by young people/ families.

Need rentals, low, middle and high end housing. Need an assisted living facility. Need housing for medical providers. Need housing for middle income.

Priorities:

1. Housing.
2. Physician recruitment.
3. Daycare.... child/adult.
4. Communication/collaboration.
5. Lots/ water sewer.
6. Investors.
7. Builders/ a time line/ buyers of customers.
8. Build moderate- high income housing and rentals and assisted living.

9. Atwood property development needs to go onto Phase 2. Have secured a contractor out of Goodland.
10. Further develop LLC housing project with more investors. Develop a model home.

Intended Outcomes:

- There will be affordable housing options will in turn allow the community to grow in a positive fashion.
- Use oil land and lease money- future investors.
- Housing is available for all income levels.

Filling in the Plan

Resources:

- City contractors, financing, local outside grants, affordability.
- Lots/dollars, community members, time 2 years, partners- community and outside builders/ local vendors.
- Rawlins Co. Economic Development with assistance from others. Community members i.e. health care, Chamber, City of Atwood, etc.

Activities:

- Proven price per square feet, public meeting, add to current committee, free land offers?
- Communication.
- Economic Development board meets monthly.
- Input is available.
- Atwood property development- needs to network with economic development.
- Have meetings every 6 month to note progress.

Participate:

- Community, housing committee, city.
- City council, economic development committee.
- Community leaders and potential investors.

Short-term Results

- Investors secured, 2-3 plans, Triplex, Duplex, invest in housing, sound investment apartments.
- Housing is being discussed, the likelihood of houses being built is high, people accepting on new construction and the progress that comes with it.
- Track Progress of housing LLC.
- Rawlins County Economic Development.
- Develop industrial park; free land development.
- Atwood property development.

Intermediate-term Results

- At least 6 new units- continued investment in NEW housing for all income levels. Rental housing and home ownership.
- Homes and housing built- that can/will attract young families to our community
- Construction should be completed on at least one if not two homes.
- Progress on the establishment of an assisted living entity.

Ultimate Impact

- New places/homes for new people, population growth in Rawlins County, higher tax base, new doctors- 2-3 new doctors, young professionals, "Come Home"
- The community will grow, enhancing it with people, kids, businesses and jobs.
- Available rentals and housing for all income levels.

**Rawlins County Community Health Needs Assessment Action Planning
August 22, 2012**

Priority #3: Promote health and wellness, and chronic disease prevention

- Community engagement in basic health care and services
- Obesity and other health concerns, healthy start and youthful family education

Action Committee Members

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Action Plan

Getting Started

Intended Outcome:

- Get the community engaged in basic health care and services - Healthier Community and Pets.

Filling in the Plan

Resources:

Coordinate with School System- Health Department- Good Samaritan- EMS- Health Center (Rawlins County Extension) to provide education on first aid and CPR- CNA- Babysitting class

Health Center (Rawlins County Extension) will coordinate efforts to implement KOHP (Kansas Optimizing Health Program) into our community by July 2013.

Activities:

We plan to meet within the first 2 month that school starts to create a plan to be implemented and started by April 2013.

Start walks with your dog program- coordinate with Melody Bearely- start in 1 week – Sundays 2:30pm

***Support KOHP**

KOHP: 6-week, interactive workshop where people learn self-management for chronic conditions (arthritis, health disease, asthma, diabetes, and lung disease). Sessions are held once a week (for 2.5 hours each) in community settings and are facilitated by two trained leaders. Topics covered: Techniques to deal with frustration, pain and fatigue; how to exercise safely; medications; communication techniques; nutrition, and making informed treatment decisions.

Why Implement It

As an evidence-based program, participant outcomes include: an increase in physical exercise; a decrease in health distress; improvement in self-care; a beneficial effect on confidence in dealing with illness and its effect; and some studies suggest fewer days in the hospital, fewer outpatient and ER visits.

What is required of an organization as an implementation site?

Workshop locations should have meeting space for up to 20 people in a square at tables, convenient parking and/or access to public transportation. Sites can be a community center, health care facility, church, etc. Workshops at this site can be facilitated by an existing workforce of trained leaders from the area or new leaders the organization chooses to attend the required leader training. The organization may “sponsor” workshop sessions by providing snacks for breaks, financial support for supplies, and help in marketing.

What are the requirements for becoming a KOHP leader?

KOHP is designed to be led by a team of leaders one of whom is living successfully with a chronic disease and/or health professional who have completed leader training.

What is involved in KOHP Leader Trainings?

Free Leader trainings are offered on a regular basis across the state. Each training is 4 full days. Travel associated expenses are reimbursable.

Kansas Rural Health Works Action Planning Worksheet

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

Getting Started

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

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

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

1st:

2nd:

3rd:

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

Filling in the Plan

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

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

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

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

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

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

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

Rawlins County Rural Health Works Program

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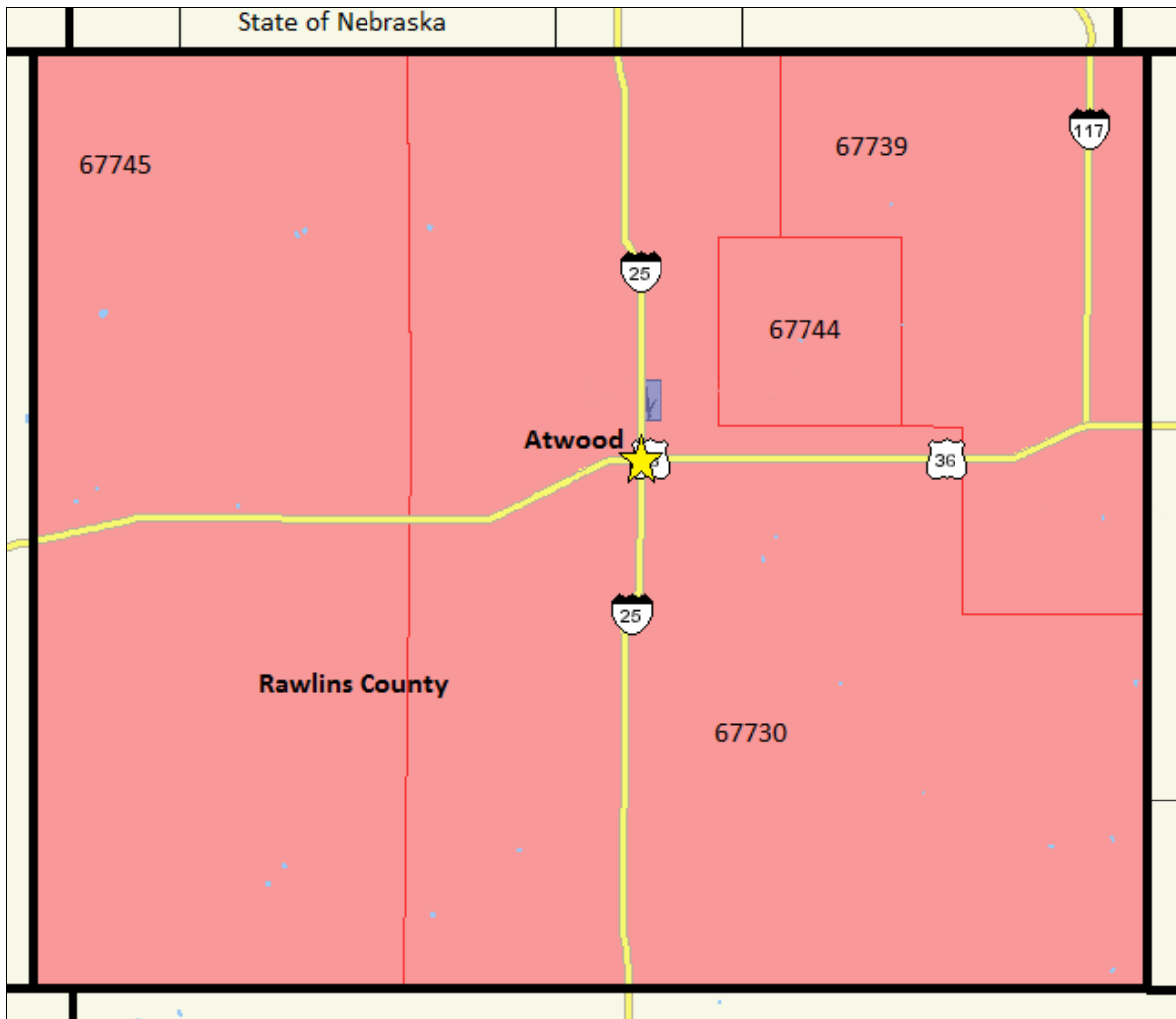
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Basis for the Organization of the Rawlins County Community Health Needs Assessment

Share of Inpatient Discharges from Rawlins County Zip Code, 2011

Hospital	Zip	City	State	Percentages
Rawlins County Health Center - Atwood, KS	67730	ATWOOD	KS	68.55%
Rawlins County Health Center - Atwood, KS	67745	MC DONALD	KS	9.27%
Rawlins County Health Center - Atwood, KS	67739	HERNDON	KS	4.84%
Rawlins County Health Center - Atwood, KS	67748	OAKLEY	KS	4.03%
Rawlins County Health Center - Atwood, KS	67744	LUDELL	KS	2.82%
Rawlins County Health Center - Atwood, KS	OTHER			10.48%
				100.00%
Rawlins County Shares				85.48%



Rawlins County CHNA Preliminary Issues List
8/1/2012

Themes

Recruitment of family practice doctors
Retention of quality providers
Transportation assistance
Chronic conditions and management
Financial - cost, access, reimbursement, local support
Community attitudes/divisiveness

What are the major health-related concerns in Rawlins County?

Access for uninsured
Transportation assistance (7)
Women's health services, Obstetrics (3)
Accessing specialty services (4)
Alcohol/substance abuse (3)
Mental health services (2)
Emergency services
Lack of assisted living
Recreation/fitness facilities
Wellness clinics for the uninsured
Comprehensive health services
Home health care services (3)
Physician recruitment/retention (14)
Minimizing health spending leakages
Community perceptions and attitudes
More out-patient services
Professionalism of providers
Elder/geriatric care (2)
Teaching youth healthy choices
Mental health services (2)
Affordable hospital/clinic/LTC services
Need for assisted living
Alzheimer's facilities and treatment
Quality of health care services (3)
Chronic conditions (3)
Pediatric mental health services
Sustaining existing services and facilities
Retention of health professionals (4)
Need more female providers
Resources to sustain quality facilities and providers
Unpaid medical bills
Need more specialty services (2)
Insurance coverage required non-local use
Accessing non-local specialty services
Accessing existing services
Adolescent behavior choices

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

Transportation assistance
Physician and health professionals recruitment/retention (15)
Tracking/follow up with patients
Expanded range of services/specialty services (5)
Reduce health care spending leakages
Community/home-based services/assistance
Minimize health spending leakages (2)
Doctor/patient relationships/professionalism (3)
Community attitudes/perceptions (4)
Improved information about local service availability
Improve cost/efficiency of service providers (2)
Greater collaboration between providers (2)
Greater collaboration between business/institutions/providers (2)
Improve quality of care
Improve communication between hospital and community (3)
Nothing (2)
Develop long-range health care plan, including capital improvements
Collaboration between all health service providers (2)
Recruit former residents who are health care professionals (2)
Retention of health professionals (2)
Obstetrics
Fewer prescriptions given/adiction
Improve work ethic
Hospital billing process
Improved elder care
Improve emergency services (2)
Don't know
Greater emphasis on prevention
Improve recognition/treatment of dementia

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

Accessing services for those lacking resources
Improved elder care
Community/home-based services/assistance
Elder care (2)
Pediatric care
Chronic illnesses
Access to quality care for everyone (5)
Minimize health spending leakages (2)
Affordable quality health care (3)
Greater collaboration between providers
Healthy choices/lifestyle
Community support
Expand emergency assistance (2)
Access to transportation assistance (2)
Expand local health services (2)
Assisted living facilities
Expanded mental health services
Alzheimer's facilities and treatment
Improved communication between community and hospital
Concerns over quality of care
Recruit physician/health service providers (4)
Expand specialty service to attract non-local spending (2)
Retention of health service providers (2)
Attracting young families
Progressive community attitudes (2)
Comprehensive health care services (2)
Sustain the hospital and local services (2)
Obstetrics
Teach people to be responsible
Improve labor quality
Education/resources dedicated to substance abuse
Regional collaboration between facilities and providers
Unite community factions

What are the greatest barriers to achieving health care goals?

Financial resources (16)
Reimbursement levels (2)
Community indifference
Regional collaboration
Minimizing health spending leakages (2)
Perceptions relating to local quality of care
More preventive/chronic education in the community
Federal health care legislation (2)
Knowledge of existing specialty services
Community perceptions and attitudes (6)
Regional competition
Remote rural location (7)
Attracting and retaining quality providers (5)
Turn-over of quality providers
Declining population base (3)
Recruitment/retention of health service providers
Staffing shortages
More emphasis on procuring grants and external funding
Transportation to specialty services
Community leadership (3)
Expanded local service availability
Local pay scale
Lack of self-sufficiency
Quality of labor force
Housing
Unwillingness to embrace change
Government regulation
Very happy with the Health Center
Taxpayer spending limits



The Importance of the Health Care Sector to the Economy of Rawlins County

Kansas Rural Health Options Project
December 2010

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The Economics of Rural Health Care

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

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

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

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

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

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The Economic Contribution of the Health Care Sector In Rawlins 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 Rawlins 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 Rawlins 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

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

Centers for Medicare & Medicaid Services; data are inflation adjusted to 2008 dollars

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

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

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

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

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

On the positive side, urban-based specialists may set up periodic office hours in rural clinics, health centers and hospitals; an urgent care center may open; and air medivac helicopters and other emergency medical services may be strategically located in a rural community. These services, while provided by many urban health systems, are convenient for rural residents, and otherwise would not be available to rural communities.

On the negative side, ties with financially strong urban health care providers can be detrimental to rural providers if the rural providers lose decision-making ability. Rural providers may also find themselves aligned with an organization that does not share their mission and values, or the rural provider may be unable to meet the expectations of the larger provider.

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

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

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

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

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

Health Services and Rural Development

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

Health Services and Community Industry

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

Health Services and Retirees

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

Health Services and Job Growth

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

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

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

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

Rawlins County Demographic Data

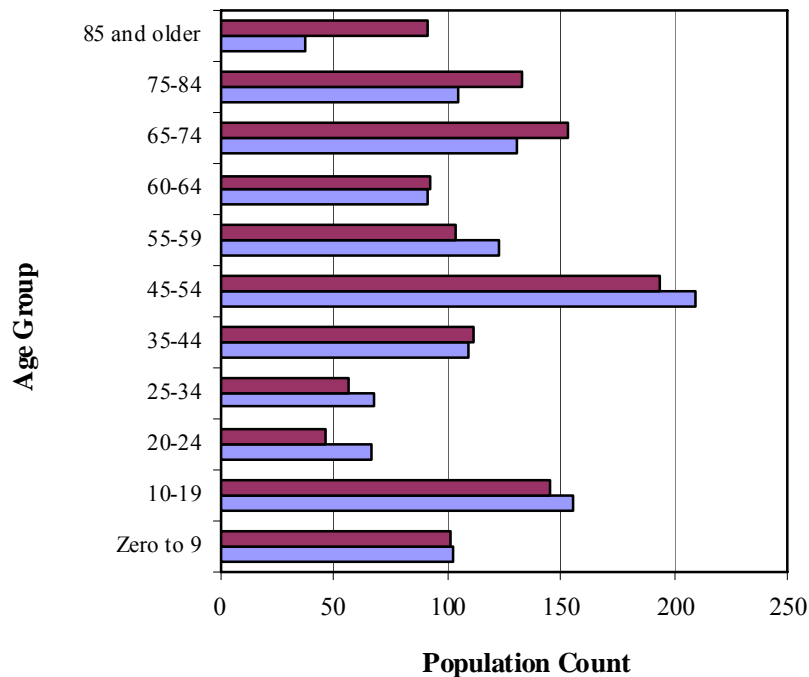
Table 2 presents population trends for Rawlins County. In 2010, an estimated 2,502 people live in the county. Between 1990 and 2010, the population decreased 26.0 percent and also decreased 15.5 percent between 2000 and 2010. Population projections indicate that 2,502 people will live in the county by 2015. The state of Kansas population increased 8.5 percent between 1990 and 2000 and an additional 5.5 percent through 2010.

Table 2. Current Population, Population Change and Projections

Current Population		Percent Change in Population			Population Projections	
Year	Count	Years	County	State	Year	Count
1990	3,383	1990-2000	-12.5	8.5	2015	2,502
2000	2,960	2000-2010	-15.5	5.5	2020	2,507
2010	2,502	1990-2010	-26.0	14.5	2025	2,514

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

Figure 1. Population by Age and Gender

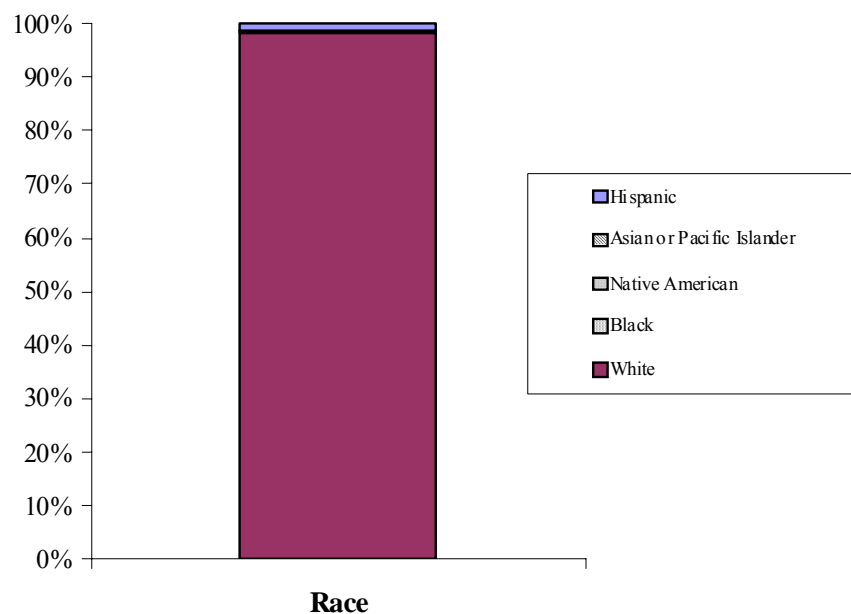


U.S. Census Bureau

Figure 1 shows a breakdown of the population by age and by gender. Here, people aged 65 and older made up the largest portion of the population, with 26.8 percent. Of those 65 and older, 41.9 percent were male and 58.1 percent were female. Age range can indicate the future health care needs of a county's population. A growing population of older adults has a different set of health care needs than a population with more young people.

Race can also play a role in assessing the health needs of the community. In the case of Hispanic immigrants, lack of English speaking skills may prevent them from using health care services within the county or from using health care services at all. Figure 2 shows the racial and ethnic composition of the county. Whites made up 98.1 percent of the county's population, while Native Americans represented 0.3 percent, African Americans made up 0.4 percent, Asians were 0.0 percent and Hispanics were 1.2 percent of the population. In Kansas, whites make up 80.5 percent of the population, Native Americans represent one percent, African Americans 6.3 percent, Asians 2.5 percent and Hispanics 9.6 percent.

Figure 2. Population by Race (2010)

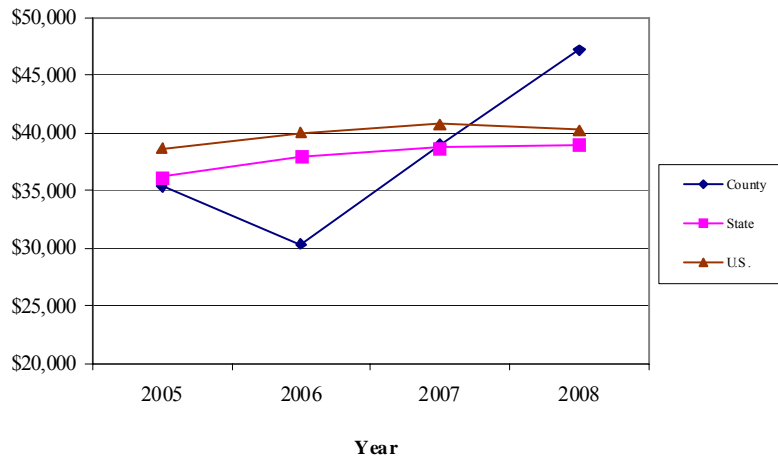


Woods and Poole Economics, Inc. Native American includes American Indians and Alaska Natives; Asian or Pacific Islander includes Asian Americans, Native Hawaiians, Pacific Islanders; Hispanic population is persons of Hispanic origin regardless of race.

Economic Indicators

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

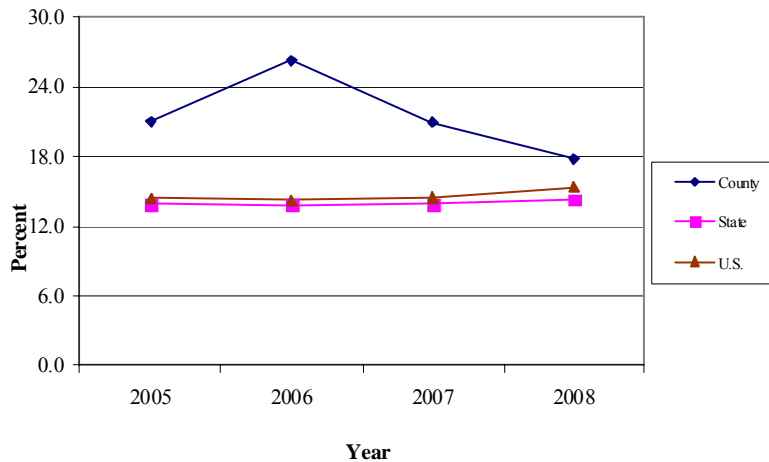
Figure 3. Total Per Capita Personal Income (2008\$)



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 Rawlins County, personal income has increased from \$35,350 in 2005 to \$47,163 in 2008.

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



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

Figure 4 shows how the relative proportion of transfer income to total income has changed during the same four years. In the U.S., transfer payments have increased as a percentage of total income by 6.6 percent, while transfer payments in Kansas have increased by 2.5 percent. In the county, the proportion of income stemming from transfer payments has decreased from 21.0 percent in 2005 to 17.8 in 2008.

Table 3 shows personal income data by source for Rawlins County, Kansas and the nation. Within the county, 32.2 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 44.0 percent of transfer payments in the county, with another 46.4 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

Source	County Total	County Per Capita	County Percent	State Percent	U.S. Percent
Earnings					
Wages and Salaries	\$26,130,000	\$10,439	32.2	69.4	71.6
Other Labor Income	\$6,889,000	\$2,752	8.5	17.0	16.3
Proprietor's Income	\$48,175,000	\$19,247	59.3	13.6	12.1
Total Earnings	\$81,194,000	\$32,439	100.0	100.0	100.0
Transfer Payments					
Retirement and Disability	\$9,221,000	\$3,684	44.0	39.0	34.2
Medical Payments	\$9,722,000	\$3,884	46.4	42.2	44.0
Other	\$2,026,000	\$809	9.7	18.7	21.9
Total Transfer Payments	\$20,969,000	\$8,378	100.0	100.0	100.0
Personal Income					
Earnings by Place of Residence	\$77,959,000	\$31,146	67.0	68.8	66.6
Dividends, Interest, and Rent	\$17,377,000	\$6,942	14.9	17.0	18.0
Transfer Payments	\$20,969,000	\$8,378	18.0	14.3	15.3
Total Personal Income	\$116,305,000	\$46,466	100.0	100.0	100.0

Bureau of Economic Analysis

Per capita estimates based on 2009 Woods and Poole Economics, Inc. estimates.

Due to rounding error, numbers may not sum to match total.

Health Indicators and Health Sector Statistics

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

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

	County Number	County Percent/Rate	State Percent/Rate
Hospitals (2009)			
Number ¹	1	0.4	0.1
Number of beds ¹	25	10.3	4.1
Admissions per bed ¹	16	6.5	0.0
Adult Care Homes (2009)			
Number ²	1	1.5	0.8
Number of beds ²	45	69.3	56.2
Assisted Living Facilities (2009)			
Number ²	0	0.0	0.7
Number of beds ²	0	0.0	29.6
Medicare (2007)			
Eligibles ^{3,4}	742	29.0	14.8
Medicaid Funded Programs			
Food Stamp Beneficiaries (2009) ⁴	89	3.7	7.4
Temporary Assistance for Families (FY 2009) ⁴	1	0.0	1.1

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 Rawlins County as well as usage of some health care-related government programs. The county has 25 available hospital beds, with a rate of 6.5 admissions per bed per 1,000 people. Additionally, the county has 45 adult care home beds, or 69.3 beds per 1,000 older adults, and 0 assisted living beds. Medicare users make up 29.0 percent of the county's total population and 3.7 percent of the county's population receive food stamp benefits.

Table 5. Maternity and Children's Health Statistics

	County Number	County Percent/Rate	State Percent/Rate
Poverty (2008)			
Total Persons in Poverty ¹	311	12.7	11.3
Children in Poverty ²	91	21.7	14.6
Total Births ³ (2008)	22	8.8	14.9
Births to Mothers without High-School Diploma ⁴ (2007)	N/A	18.2	18.2
Births with Adequate Prenatal Care ³ (2008)	18	81.9	77.6
Low Weight Births ⁵ (2007)	N/A	4.6	7.1
Immunization ⁶ (2007)	N/A	38.0	58.0
Infant Mortality ⁷ (2008)	1	9.4	7.4
Child Deaths ⁸ (2008)	1	2.0	1.7
Child Care Subsidies ⁹ (2008)	11	N/A	N/A

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, 21.7 percent of children live in poverty, while 14.6 percent of children statewide live in poverty. Births to school age mothers occurred at a rate of 18.2 births per thousand teenage females, while school age mothers gave birth at a rate of 18.2 births per thousand teens statewide. Low weight births occurred in 4.6 percent of all live births in the county, while statewide low weight births occurred in 7.1 percent of all live births.

The Economic Impact of the Health Care Sector

An Overview of the Rawlins County Economy, Highlighting Health Care

Table 6 presents employment, income and sales data for Rawlins 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)

Sector	Employment	Labor Income	Total Income	Total Sales
Agriculture	611	\$7,020	\$48,124	\$103,785
Mining	91	\$7,810	\$21,029	\$37,762
Construction	88	\$2,574	\$2,808	\$9,526
Manufacturing	20	\$810	\$1,219	\$6,533
Transportation, Information, Public Utilities	37	\$1,762	\$3,106	\$7,788
Trade	286	\$9,026	\$15,339	\$23,588
Services	741	\$20,505	\$38,474	\$66,421
Health Services ¹	159	\$5,885	\$8,862	\$13,732
Health and Personal Care Stores	14	\$297	\$463	\$636
Veterinary Services	5	\$76	\$83	\$253
Home Health Care Services	0	\$0	\$0	\$0
Doctors and Dentists	3	\$257	\$293	\$425
Other Ambulatory Health Care	0	\$0	\$0	\$0
Hospitals	70	\$3,571	\$6,278	\$9,967
Nursing/Residential Care Facilities	67	\$1,684	\$1,745	\$2,451
Government	361	\$12,470	\$14,301	\$17,036
Total	2,236	\$61,976	\$144,400	\$272,439
Health Services as a Percent of Total				
County	7.1	9.5	6.1	5.0
State	8.7	8.1	6.0	4.4
Nation	8.1	8.4	6.4	5.3

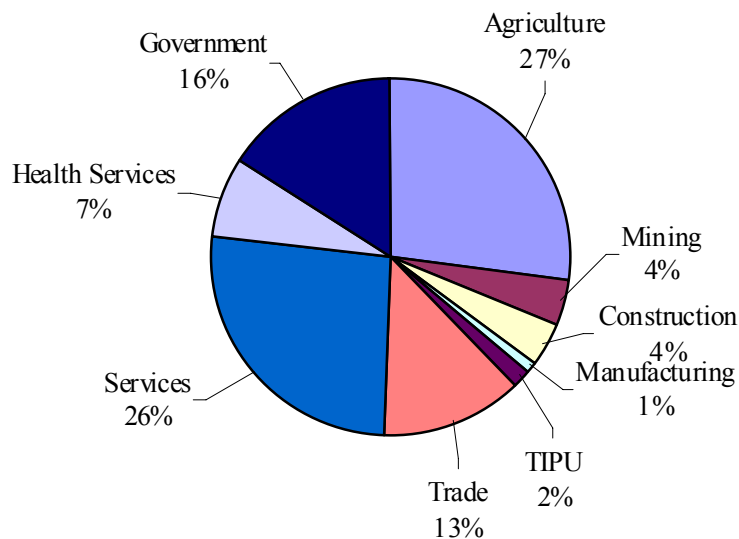
Minnesota IMPLAN Group; Due to rounding error, numbers may not sum to match total.

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.

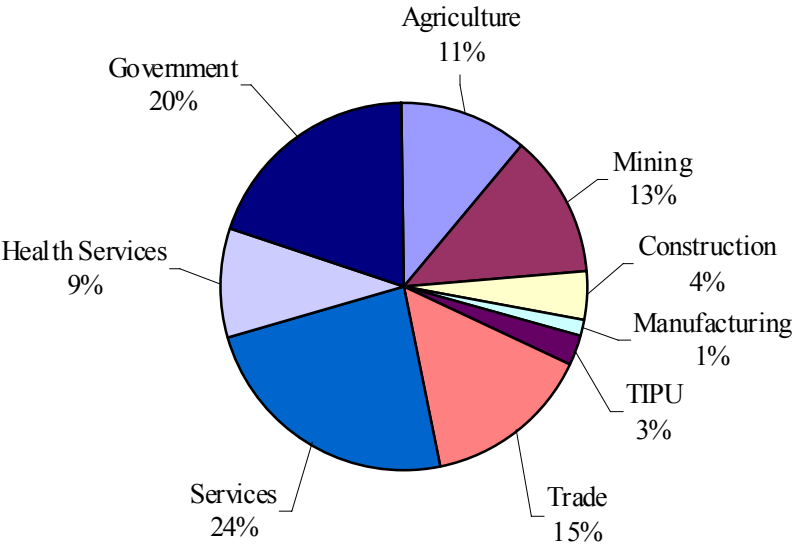
Health Services employs 159 people, 7.1 percent of all job holders in the county. Health Services for the state of Kansas employs 8.7 percent of all job holders, while 8.1 percent of all job holders in the United States work in Health Services. Health Services in the county has a number 5 ranking in terms of employment (Figure 5). Health Services is number 6 among payers of wages to employees (Figure 6) and number 6 in terms of total income (Figure 7). As with most rural areas, the health sector plays an important role in the economy.

Figure 5. Employment by Sector (2008)



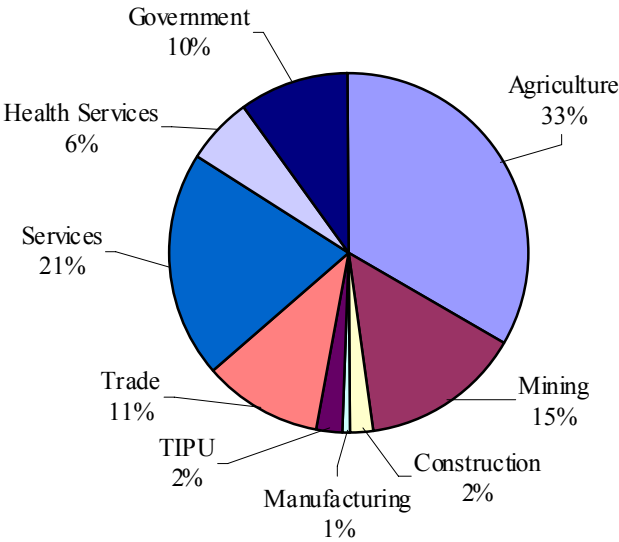
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Figure 6. Labor Income by Sector (2008)



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Figure 7. Total Income by Sector (2008)



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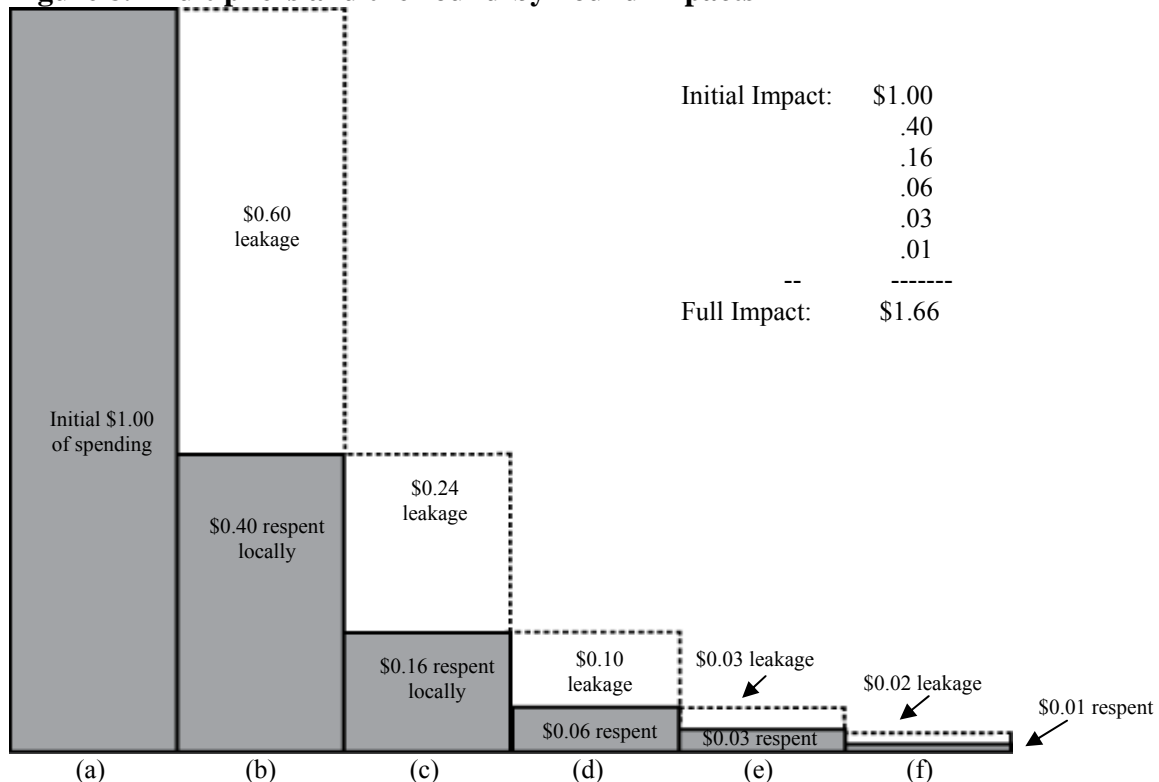
Health Sector Impact and Economic Multipliers

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

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

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

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



Tables 7 and 8 illustrate the ripple effect in the county. As an example, Table 7 shows that the hospital sector employs 70 people and has an employment multiplier of 1.17. This means that for each job created in the hospital sector, another 0.17 jobs are created in other businesses and industries in the county's economy. The direct impact of the 70 hospital employees results in an indirect impact of 11 jobs ($70 \times 0.17 = 11$) throughout all businesses and industries in the market area. Thus, the hospital sector employment had a total impact on area employment of 81 jobs ($70 \times 1.17 = 81$).

Table 7. Health Sector Impact on Employment, 2008

Health Sectors	Direct Employment	Economic Multiplier	Total Impact
Health and Personal Care Stores	14	1.07	15
Veterinary Services	5	1.08	5
Home Health Care Services	0	0.00	0
Doctors and Dentists	3	1.23	4
Other Ambulatory Health Care	0	0.00	0
Hospitals	70	1.17	81
Nursing and Residential Care Facilities	67	1.07	72
Total	159		178

Note: Most data obtained from secondary sources; some data unavailable or extrapolated
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Similarly, multiplier analysis can estimate the total impact of the estimated \$6,278,000 direct income for hospital employees shown in Table 8. The hospital sector had an income multiplier of 1.08, which indicates that for every one dollar of income generated in the hospital sector, another \$0.08 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 \$6,797,000 ($\$6,278,000 \times 1.08 = \$6,797,000$).

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

Health Sectors	Direct Income	Economic Multiplier	Total Impact	Retail Sales
Health and Personal Care Stores	\$463	1.08	\$500	\$83
Veterinary Services	\$83	1.13	\$95	\$16
Home Health Care Services	\$0	0.00	\$0	\$0
Doctors and Dentists	\$293	1.07	\$315	\$52
Other Ambulatory Health Care	\$0	0.00	\$0	\$0
Hospitals	\$6,278	1.08	\$6,797	\$1,126
Nursing/Residential Care Facilities	\$1,745	1.07	\$1,871	\$310
Total	\$8,862		\$9,577	\$1,586

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 178 jobs in the local economy. In Table 8, the total income impact of health services results in an estimated \$9,577,000 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). Rawlins County had retail sales of \$19,258,249 and \$116,305,000 in total personal income. Thus, the estimated retail sales capture ratio equals 16.6 percent. Using this as the retail sales capture ratio for the county, this says that people spent 16.6 percent of their income on retail goods and services within the market. By taking all the household income associated with health sector activities and multiplying by the retail sales capture ratio, we can estimate the impacts of the health sector on area retail sales. Thus, the total retail sales generated by the retail sector equals \$1,586,000 ($\$9,577,000 \times 16.6\% = \$1,586,000$). 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 Rawlins 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

- Chirilos, Thomas N. and Gilbert Nostel (1985). "Further Evidence on the Economic Effects of Poor Health." *Review of Economics and Statistics*. 67(1), 61-69.
- Deller, Steven (2004). "Basics of Input-Output Modeling." Department of Applied and Agricultural Economics, University of Wisconsin-Madison.
- Doeksen, Gerald A., Tom Johnson, Diane Biard-Holmes and Val Schott (1988). "A Healthy Health Sector is Crucial for Community Economic Development." *Journal of Rural Health*. Vol. 14, No. 1, pp. 66-72.
- Lyne, Jack (1988). "Quality-of-Life Factors Dominate Many Facility Location Decision." *Site Selection Handbook*. (33), 868-870.
- Lyne, Jack (1990). "Health Care and Education: Important QOL Factors, But Who's Accurately Measuring Them?" *Site Selection Handbook*. 35(5), 832-838.
- McGuire T. (1986). *On the Relationship Between Infrastructure and Economic Development*. Stoney Brook: State University of New York.
- Reginer, V. and L.E. Gelwicks (1981). "Preferred Supportive Services for Middle to Higher Income Retirement Housing." *The Gerontologist*. 21(1), 54-58.
- Scott, Loren C., Lewis H. Smith, and Brian Rungeling (1997). "Labor Force Participation in Southern Rural Labor Markets." *American Journal of Agricultural Economics*. 59(2), 266-274.
- Toseland, R., and J. Rasch (1978). "Factors Contributing to Older Persons' Satisfaction with Their Communities." *The Gerontologist*. 18(4), 395-402.

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).

Rawlins County Rural Health Works



Communities Building Affordable & Sustainable Healthcare Systems

Demographic, Economic and Health Indicator Data

Introduction

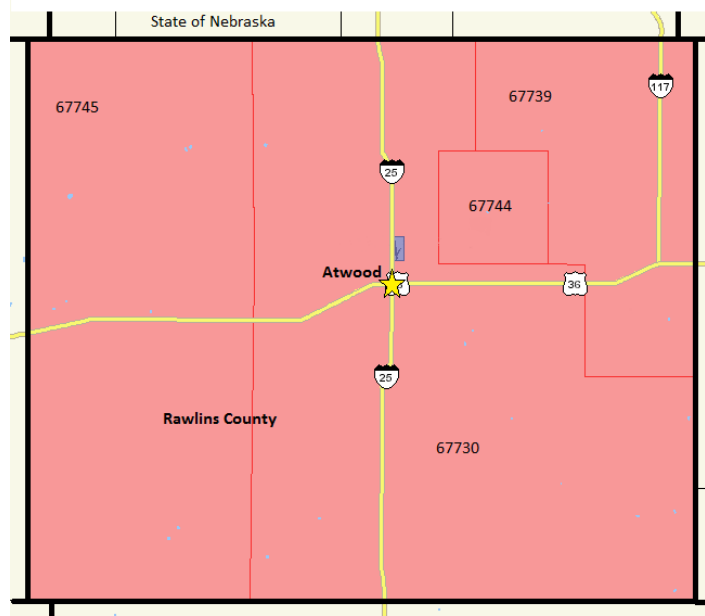
Kansas Rural Health Works (KRW) is dedicated to helping rural communities build affordable and sustainable local health care systems. The Office of Local Government at K-State Research and Extension is supporting Community Health Needs Assessments. These needs assessments bring a broad-based group of 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 Rawlins 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 Rawlins County boundaries.

- Between 1990 and 2010, the population decreased 26.0 percent in Rawlins County, but is projected to remain fairly stable at about 2,502.
- People aged 65 and older made up the largest portion of the population, with 26.8 percent.
- In general, the county has less per capita personal income than the state and nation, and is more dependent of transfer income such as Social Security and other retirement benefits, disability, medical payments like Medicare and Medicaid, unemployment insurance, and veterans' benefits.
- Medicare users make up 29.0 percent of the county's total population and 3.7 percent of the county's population receive food stamp benefits.
- Within the county, 21.7 percent of children live in poverty, while 14.6 percent of children statewide live in poverty.

Rawlins County Primary Health Market Area



ZIP codes within the Rawlins County Health Market Area.

Source: Claritas, Inc. 2012.

Rawlins County Rural Health Works

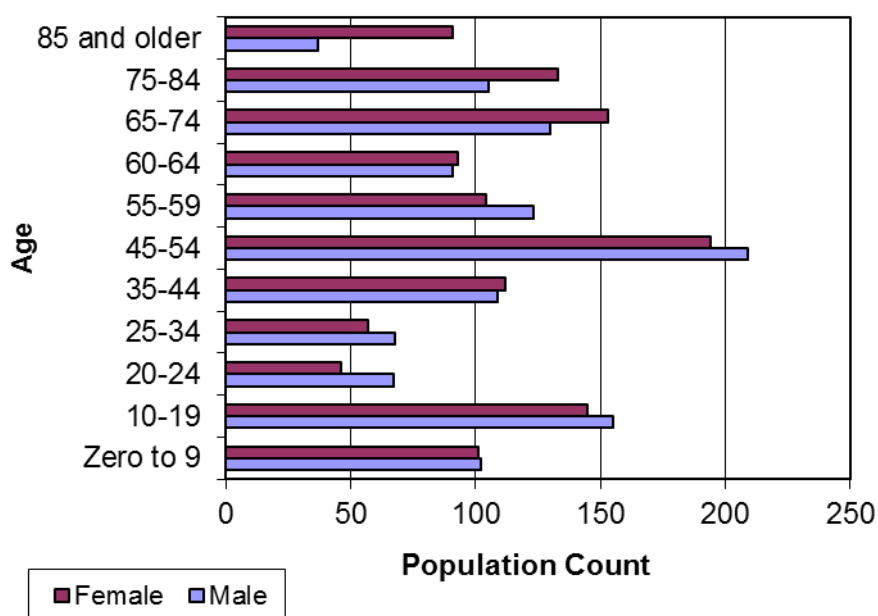
Table 1 presents population trends for Rawlins County. In 2010, an estimated 2,502 people live in the county. Between 1990 and 2010, the population decreased 26.0 percent and also decreased 15.5 percent between 2000 and 2010. Population projections indicate that 2,502 people will live in the county by 2015. The state of Kansas population increased 8.5 percent between 1990 and 2000 and an additional 5.5 percent through 2010.

Table 1. Current Population, Population Change and Projections

Current Population		Percent Change in Population			Population Projections	
Year	Count	Years	County	State	Year	Count
1990	3,383	1990-2000	-12.5	8.5	2015	2,502
2000	2,960	2000-2010	-15.5	5.5	2020	2,507
2010	2,502	1990-2010	-26.0	14.5	2025	2,514

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

Figure 1. Population by Age and Gender (2009)

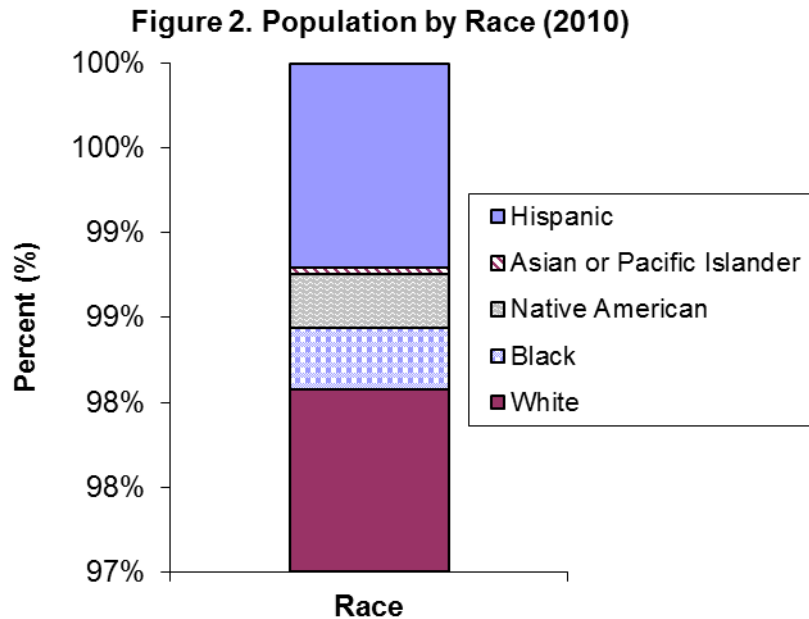


U.S. Census Bureau, 2010

Figure 1 shows a breakdown of the population by age and by gender. Here, people aged 65 and older made up the largest portion of the population, with 26.8 percent. Of those 65 and older, 41.9 percent were male and 58.1 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.

Rawlins County Rural Health Works

Race can also play a role in assessing the health needs of the community. In the case of Hispanic immigrants, lack of English speaking skills may prevent them from using health care services within the county or from using health care services at all. Figure 2 shows the racial and ethnic composition of the county. Whites made up 98.1 percent of the county's population, while Native Americans represented 0.3 percent, African Americans made up 0.4 percent, Asians were 0.0 percent and Hispanics were 1.2 percent of the population. In Kansas, whites make up 80.5 percent of the population, Native Americans represent one percent, African Americans 6.3 percent, Asians 2.5 percent and Hispanics 9.6 percent.



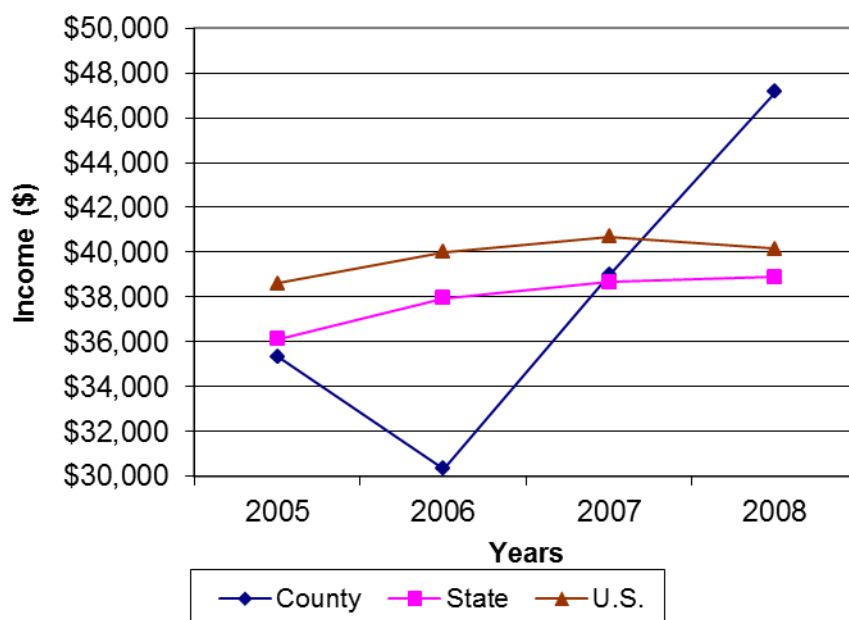
Woods and Poole Economics, Inc. Native American includes American Indians and Alaska Natives; Asian or Pacific Islander includes Asian Americans, Native Hawaiians, Pacific Islanders; Hispanic population is persons of Hispanic origin regardless of race.

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.

Rawlins County Rural Health Works

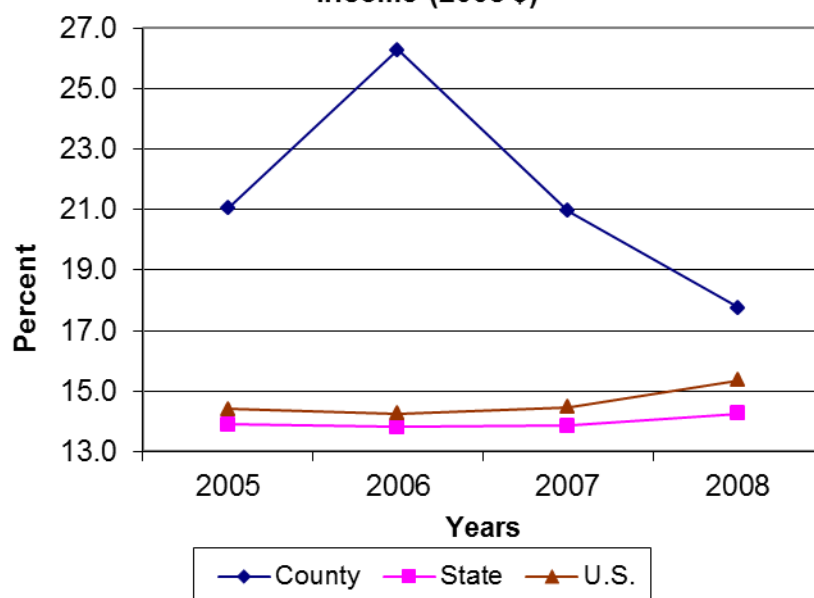
Figure 3. Total Per Capita Personal Income (2008 \$)



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

Figure 3 shows the change in total per capita personal income, adjusted for inflation from 2005 through 2008. Per capita personal income has increased in Kansas and the United States. In Rawlins County, personal income has increased from \$35,350 in 2005 to \$47,163 in 2008.

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



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

Figure 4 shows how the relative proportion of transfer income to total income has changed during the same four years. In the U.S., transfer payments have increased as a percentage of total income by 6.6 percent, while transfer payments in Kansas have increased by 2.5 percent. In the county, the proportion of income stemming from transfer payments has decreased from 21.0 percent in 2005 to 17.8 in 2008.

Table 2 shows personal income data by source for Rawlins County, Kansas and the nation. Within the county, 32.2 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 44.0 percent of transfer payments in the county, with another 46.4 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 2. 2008 Personal Income Data

Source	County Total	County Per Capita	County Percent	State Percent	U.S. Percent
Earnings					
Wages and Salaries	\$26,130,000	\$10,439	32.2	69.4	71.6
Other Labor Income	\$6,889,000	\$2,752	8.5	17.0	16.3
Proprietor's Income	\$48,175,000	\$19,247	59.3	13.6	12.1
Total Earnings	\$81,194,000	\$32,439	100.0	100.0	100.0
Transfer Payments					
Retirement and Disability	\$9,221,000	\$3,684	44.0	39.0	34.2
Medical Payments	\$9,722,000	\$3,884	46.4	42.2	44.0
Other	\$2,026,000	\$809	9.7	18.7	21.9
Total Transfer Payments	\$20,969,000	\$8,378	100.0	100.0	100.0
Personal Income					
Earnings by Place of Residence	\$77,959,000	\$31,146	67.0	68.8	66.6
Dividends, Interest, and Rent	\$17,377,000	\$6,942	14.9	17.0	18.0
Transfer Payments	\$20,969,000	\$8,378	18.0	14.3	15.3
Total Personal Income	\$116,305,000	\$46,466	100.0	100.0	100.0

Bureau of Economic Analysis

Per capita estimates based on 2009 Woods and Poole Economics, Inc. estimates.

Due to rounding error, numbers may not sum to match total.

Rawlins County Rural Health Works

Health Indicators and Health Sector Statistics

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

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

	County Number	County Percent/Rate	State Percent/Rate
Hospitals (2009)			
Number ¹	1	0.4	0.1
Number of beds ¹	25	10.3	4.1
Admissions per bed ¹	16	6.5	0.01
Adult Care Homes (2009)			
Number ²	1	1.5	0.8
Number of beds ²	45	69.3	56.2
Assisted Living Facilities (2009)			
Number ²	0	0.0	0.7
Number of beds ²	0	0.0	29.6
Medicare (2007)			
Eligibles ^{3,4}	742	29.0	14.8
Medicaid Funded Programs			
Food Stamp Beneficiaries (2009) ⁴	89	3.7	7.4
Temporary Assistance for Families (FY 2009) ⁴	1	0.0	1.1

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

¹Rate per 1,000 population.

²Number of beds per 1,000 people 65 years and older.

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

⁴Percent of total 2007 estimated population.

Table 3 shows the availability of certain types of health services in Rawlins County as well as usage of some health care-related government programs. The county has 25 available hospital beds, with a rate of 6.5 admissions per bed per 1,000 people. Additionally, the county has 45 adult care home beds, or 69.3 beds per 1,000 older adults, and 0 assisted living beds. Medicare users make up 29.0 percent of the county's total population and 3.7 percent of the county's population receive food stamp benefits.

Rawlins County Rural Health Works

Table 4. Maternity and Children's Health Statistics

	County Number	County Percent/Rate	State Percent/Rate
Poverty (2008)			
Total Persons in Poverty ¹	311	12.7	11.3
Children in Poverty ²	91	21.7	14.6
Total Births ³ (2008)	22	8.8	14.9
Births to Mothers without High-School Diploma ⁴ (2007)	N/A	18.2	18.2
Births with Adequate Prenatal Care ³ (2008)	18	81.9	77.6
Low Weight Births ⁵ (2007)	N/A	4.6	7.1
Immunization ⁶ (2007)	N/A	38.0	58.0
Infant Mortality ⁷ (2008)	1	9.4	7.4
Child Deaths ⁸ (2008)	1	2.00	1.7
Child Care Subsidies ⁹ (2008)	11	N/A	N/A

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, 21.7 percent of children live in poverty, while 14.6 percent of children statewide live in poverty. Births to mothers without a high-school diploma occurred at a rate of 18.2 births per thousand teenage females, similar to mother's without a high-school diploma who gave birth at a rate of 18.2 births per thousand teens statewide. Low weight births occurred in 4.6 percent of all live births in the county, while statewide low weight births occurred in 7.1 percent of all live births.

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

Rawlins County Rural Health Works



Communities Building Affordable & Sustainable Healthcare Systems

Economic & Demographic Data

Introduction

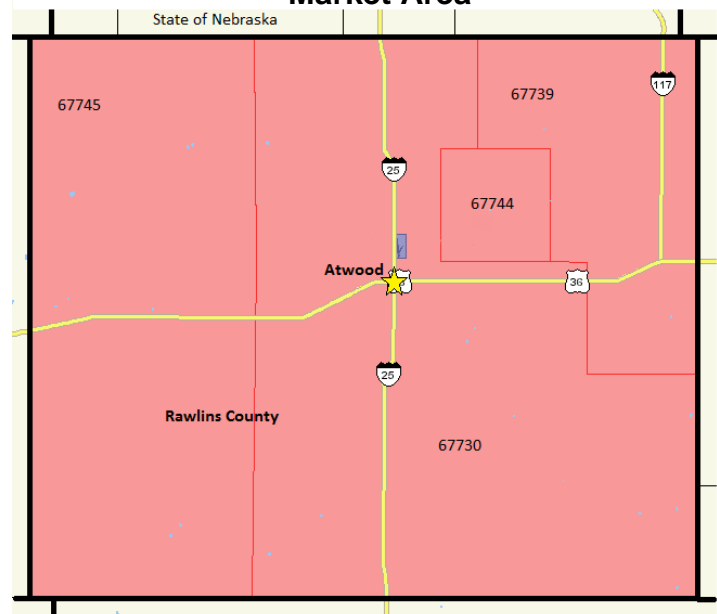
Kansas Rural Health Works (KRHW) is dedicated to helping rural communities build affordable and sustainable local health care systems. The Office of Local Government at K-State Research and Extension is supporting Community Health Needs Assessments. These needs assessments bring a broad-based group of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

Economic Data Summary

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

- Continuing a long-term trend, the total population of Rawlins County is estimated to have declined by about 10% since 2000.
- The proportion of the population over 65 years is not growing, but the female population 65 to 85 years is growing fastest among the elderly group.
- Over 18% of households live on less than \$15,000 income per year.
- Transfer income to persons is among the fastest growing sources of income. In 2012, over \$21 million in transfer income was paid to county residents, about 20% of total personal income.
- Within transfer income, government assistance such as Medicare, income maintenance, and veterans pension and disability benefits are growing most strongly.
- The county poverty rate increased according to the most recent available data. The unemployment rate has generally increased as well.

Rawlins County Primary Health Market Area

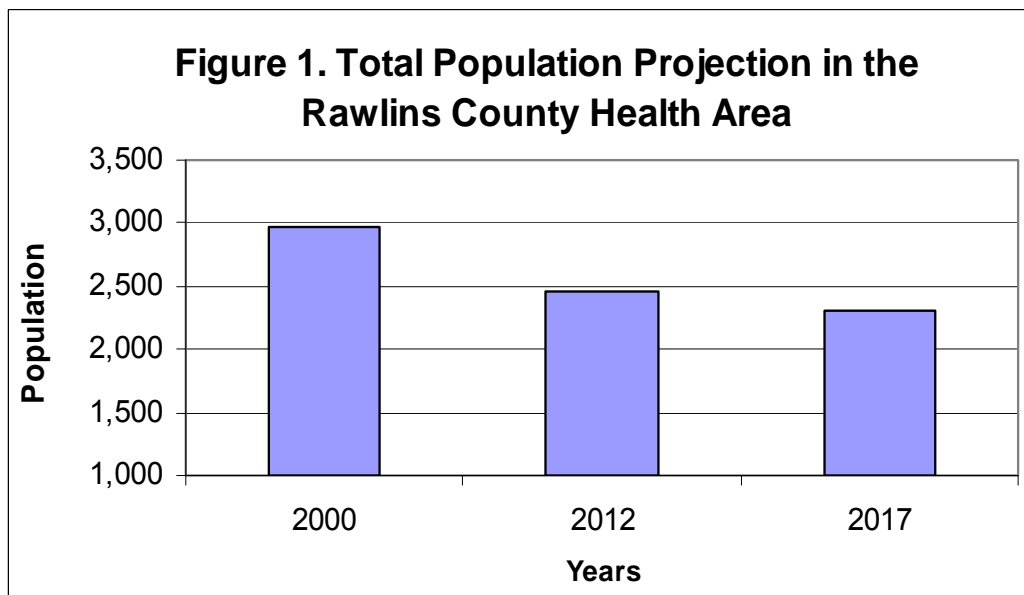


ZIP codes within the Rawlins County Health Market Area.

Source: Claritas, Inc. 2012.

Rawlins County Rural Health Works

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



Claritas, Inc., 2012

The proportion of the population 65 years and older is not 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.

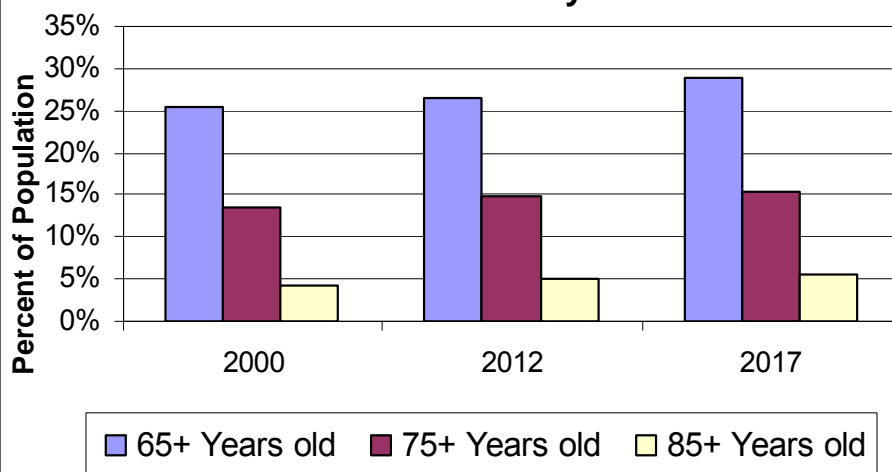
Table 1. Percent of Aging Population in the Rawlins Health Area

	<u>2000</u>		<u>2012</u>		<u>2017</u>	
	Percent	Population	Percent	Population	Percent	Population
65+ Years old	25.6%	758	26.6%	654	29.0%	667
75+ Years old	13.5%	400	14.9%	366	15.5%	355
85+ Years old	4.2%	123	5.1%	126	5.5%	126

Claritas, Inc., 2012

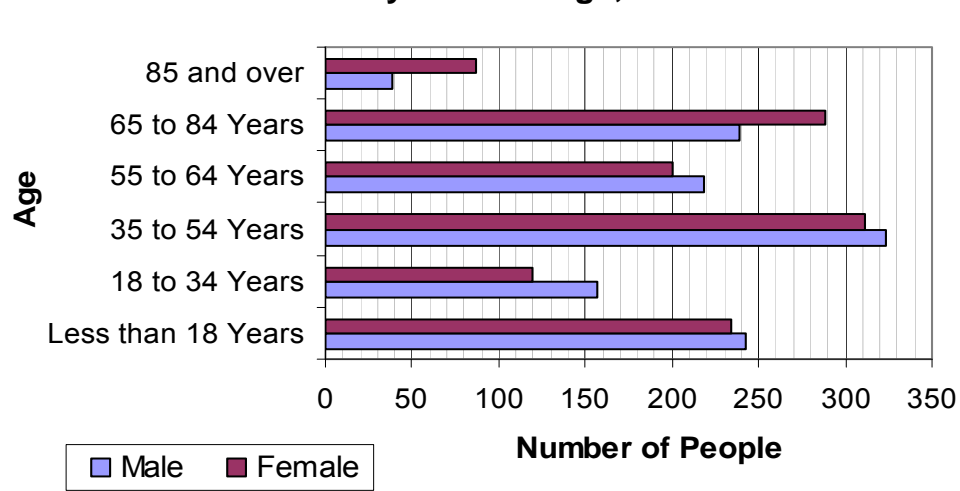
Rawlins County Rural Health Works

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



Claritas, Inc., 2012

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



Claritas, Inc., 2012

Rawlins County Rural Health Works

The racial composition of Rawlins County is relatively homogenous, similar to many rural Kansas counties. Whites make up 97 percent of the population. Seventy-three persons in Rawlins 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. In the context of overall population decline, the proportion of Hispanics is projected to grow.

Table 2. 2012 Estimated Population by Single Race Classification

	Population	Percent
White Alone	2,386	97.0%
Black or African American Alone	7	0.3%
American Indian and Alaska Native Alone	5	0.2%
Asian Alone	5	0.2%
Native Hawaiian and Other Pacific Islander Alone	0	0.0%
Some Other Race Alone	34	1.4%
Two or More Races	22	0.9%
Total	2,459	100.0%

Claritas, Inc., 2012

Table 3. 2012 Estimated Population Hispanic or Latino by Origin

	Population	Percent
Hispanic or Latino	88	3.6%
Not Hispanic or Latino	2,371	96.4%
Total	2,459	100.0%

Claritas, Inc., 2012

Table 4. Rawlins Health Area Hispanic and Latino Population Projection

	2000	2012	2017
Total Population	1,269	1,159	1,097
Hispanic and Latino Population	24	88	107
Percentage of Population	1.9%	7.6%	9.8%

Claritas, Inc., 2012

Rawlins County Rural Health Works

A relatively large proportion of the population 15 years and older is unmarried. About 60 percent of the adult population reported living as a married individual with a spouse present. Conversely, about 21 percent reported no longer being married or their spouse was absent. Over 11 percent are widowed. Many of these individuals probably live in some other cohabitation arrangement. Still, it raises a question about the number of people living alone. Within the context of community health care needs, people living alone face sometimes tremendous challenges should illness arise or injury occur. Most often, there are only informal support structures in place to assist such individuals in times of need.

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

	Count	Percent
Total, Never Married	406	19.2%
Married, Spouse present	1,258	59.5%
Married, Spouse absent	71	3.4%
Widowed	239	11.3%
Divorced	142	6.7%
Males, Never Married	291	13.8%
Previously Married	120	5.7%
Females, Never Married	115	5.4%
Previously Married	261	12.3%
Claritas, Inc., 2012		

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

	Count	Percent
Less than 9th grade	82	4.5%
Some High School, no diploma	120	6.6%
High School Graduate (or GED)	598	32.6%
Some College, no degree	506	27.6%
Associate Degree	167	9.1%
Bachelor's Degree	300	16.4%
Master's Degree	31	1.7%
Professional School Degree	18	1.0%
Doctorate Degree	10	0.6%
Claritas, Inc., 2012		

Rawlins County Rural Health Works

The income and wealth resources of many Rawlins County residents are relatively modest. Almost 34 percent of households report an annual income of less than \$25,000, and more than half of that group lives on less than \$15,000 per year. As represented by housing values, the wealth resources of many individuals and households also is relatively modest. About 34 percent of the housing stock is valued at less than \$40,000. The implications of such income and wealth characteristics in the context of increasing longevity and rising health care costs raises questions as to whether all who need it can afford health insurance and health care services.

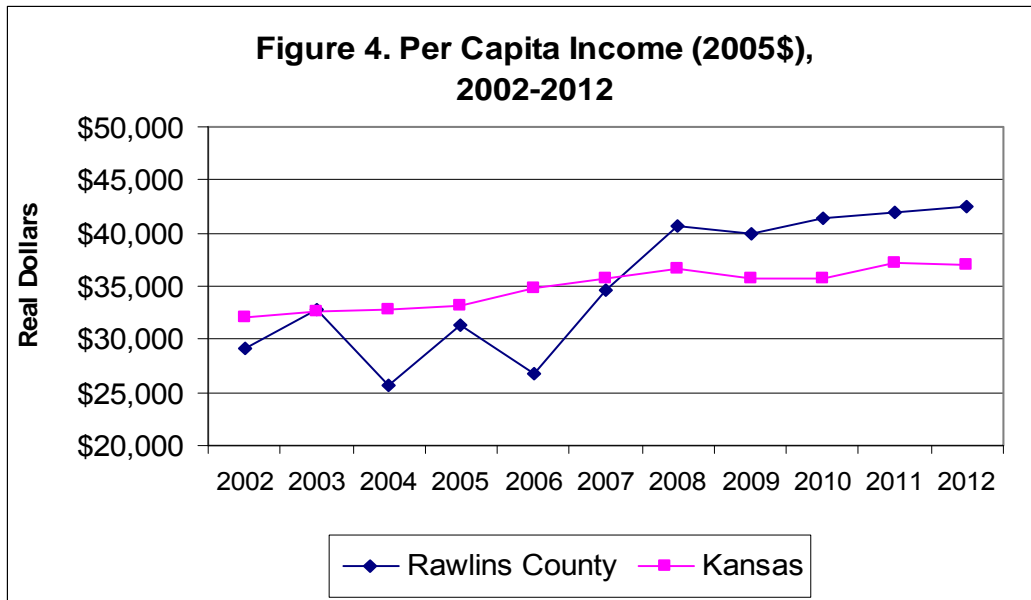
Table 7. 2012 Estimated Households by Household Income

	Count	Percent
Income Less than \$15,000	214	18.5%
Income \$15,000 - \$24,999	177	15.3%
Income \$25,000 - \$34,999	161	13.9%
Income \$35,000 - \$49,999	208	18.0%
Income \$50,000 - \$74,999	220	19.0%
Income \$75,000 - \$99,999	85	7.3%
Income \$100,000 - \$149,999	74	6.4%
Income \$150,000 - \$199,999	12	1.0%
Income \$200,000 - \$499,999	7	0.6%
Income \$500,000 or more	1	0.1%
Total Estimated Households	1,159	100.0%
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Estimated Average Household Income		\$45,794
Estimated Median Household Income		\$36,983
Estimated Per Capita Income		\$21,782
Claritas, Inc., 2012		

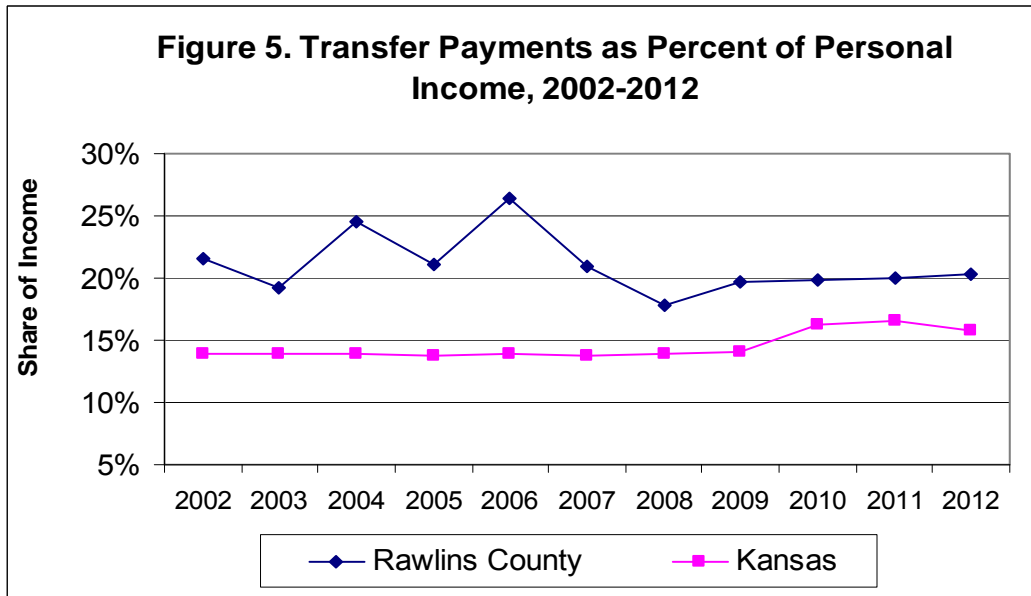
Table 8. 2012 Estimated All Owner-Occupied Housing Values

	Count	Percent
Value Less than \$20,000	164	19.4%
Value \$20,000 - \$39,999	120	14.2%
Value \$40,000 - \$59,999	144	17.1%
Value \$60,000 - \$79,999	107	12.7%
Value \$80,000 - \$99,999	77	9.1%
Value \$100,000 - \$149,999	146	17.3%
Value \$150,000 - \$199,999	58	6.9%
Value \$200,000 - \$299,999	20	2.4%
Value \$300,000 - \$399,999	7	0.8%
Value \$400,000 - \$499,999	1	0.1%
Value \$500,000 - \$749,999	0	0.0%
Value \$750,000 - \$999,999	0	0.0%
Value \$1,000,000 or more	0	0.0%
Total	844	100.0%
Claritas, Inc., 2012		

Rawlins County Rural Health Works



Woods and Poole, Inc., 2012



Woods and Poole, Inc., 2012

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

Rawlins County Rural Health Works

Table 9. Rawlins County Personal Income by Major Source

	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Total Earnings (Millions 2005\$)	\$47.50	\$60.21	\$40.28	\$55.07	\$39.94	\$56.99	\$70.04	\$66.01	\$66.45	\$66.90	\$67.34
Farm Earnings	\$5.96	\$16.78	-\$3.81	\$10.14	-\$5.26	\$13.14	\$25.99	\$21.81	\$21.48	\$21.16	\$20.84
Agricultural Services, Other	\$0.26	\$0.32	\$0.44	\$0.48	\$0.45	\$0.53	\$0.46	\$0.46	\$0.47	\$0.48	\$0.49
Mining	\$0.36	\$0.39	\$0.52	\$0.65	\$0.74	\$0.80	\$0.96	\$0.80	\$0.79	\$0.79	\$0.79
Construction	\$2.37	\$2.40	\$2.44	\$2.38	\$2.67	\$2.59	\$2.49	\$2.15	\$2.16	\$2.16	\$2.17
Manufacturing	\$0.85	\$0.92	\$0.85	\$0.88	\$0.72	\$0.67	\$0.64	\$0.87	\$0.89	\$0.91	\$0.93
Transport, Comm. & Public Utility	\$2.75	\$3.31	\$4.39	\$4.52	\$4.35	\$4.27	\$4.62	\$4.14	\$4.18	\$4.23	\$4.28
Wholesale Trade	\$4.07	\$3.59	\$3.70	\$4.40	\$4.48	\$4.48	\$5.75	\$5.80	\$5.95	\$6.10	\$6.25
Retail Trade	\$2.50	\$2.85	\$2.99	\$3.18	\$3.28	\$2.96	\$2.56	\$2.51	\$2.52	\$2.52	\$2.53
Finance, Insurance & Real Estate	\$3.44	\$3.75	\$4.38	\$4.54	\$5.07	\$3.78	\$4.14	\$3.39	\$3.45	\$3.51	\$3.56
Services	\$8.22	\$9.64	\$8.05	\$8.50	\$8.11	\$8.49	\$7.37	\$8.52	\$8.81	\$9.10	\$9.39
Federal Civilian Government	\$1.10	\$1.27	\$1.31	\$1.29	\$1.26	\$1.25	\$1.24	\$1.23	\$1.25	\$1.27	\$1.29
Federal Military Government	\$0.31	\$0.42	\$0.43	\$0.48	\$0.45	\$0.42	\$0.42	\$0.46	\$0.46	\$0.47	\$0.48
State and Local Government	\$10.68	\$11.08	\$10.94	\$10.04	\$10.16	\$10.18	\$9.95	\$10.18	\$10.14	\$10.11	\$10.07
Personal Income (Millions 2005\$)	\$84.51	\$93.21	\$71.12	\$84.33	\$71.18	\$91.82	\$105.53	\$102.32	\$103.57	\$104.83	\$106.08
Wages and Salaries	\$22.44	\$22.31	\$22.17	\$22.06	\$22.76	\$23.40	\$24.42	\$24.58	\$24.86	\$25.14	\$25.42
Other Labor Income	\$5.60	\$6.44	\$6.38	\$6.24	\$6.35	\$6.11	\$6.45	\$6.76	\$6.83	\$6.89	\$6.96
Proprietors Income	\$19.45	\$31.46	\$11.73	\$26.77	\$10.83	\$27.49	\$39.16	\$34.67	\$34.77	\$34.87	\$34.97
Dividends, Interest & Rent	\$21.34	\$17.68	\$15.92	\$14.30	\$15.36	\$18.55	\$19.81	\$19.16	\$19.61	\$20.07	\$20.53
Transfer Payments To Persons	\$18.21	\$17.92	\$17.50	\$17.75	\$18.80	\$19.28	\$18.73	\$20.10	\$20.56	\$21.02	\$21.48
Less Social Insurance Contributions	\$4.37	\$4.42	\$4.41	\$4.54	\$4.60	\$4.77	\$4.97	\$4.97	\$5.08	\$5.19	\$5.30
Residence Adjustment	\$1.85	\$1.83	\$1.83	\$1.76	\$1.69	\$1.76	\$1.93	\$2.03	\$2.03	\$2.03	\$2.03

Woods and Poole, Inc., 2012

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

Rawlins County Rural Health Works

Table 10. Personal Current Transfer Receipts for Rawlins County

(thousands of dollars)	2008	2009	2010
Personal current transfer receipts (\$000)	20,430	22,289	22,643
Current transfer receipts of individuals from governments	19,955	21,797	22,159
Retirement and disability insurance benefits	9,202	9,780	9,787
Old-age, survivors, and disability insurance (OASDI) benefits	9,075	9,649	9,653
Railroad retirement and disability benefits	101	107	109
Workers' compensation	(L)	(L)	(L)
Other government retirement and disability insurance benefits \1	(L)	(L)	(L)
Medical benefits	9,314	10,183	10,491
Medicare benefits	6,599	6,984	7,348
Public assistance medical care benefits \2	2,670	3,141	3,077
Medicaid \3	2,572	3,048	2,988
Other medical care benefits \4	98	93	89
Military medical insurance benefits \5	(L)	58	66
Income maintenance benefits	1,041	1,044	1,211
Supplemental security income (SSI) benefits	151	198	144
Family assistance \6	(L)	(L)	(L)
Supplemental Nutrition Assistance Program (SNAP)	89	135	169
Other income maintenance benefits \7	776	688	875
Unemployment insurance compensation	(L)	145	164
State unemployment insurance compensation	(L)	143	162
Unemployment compensation for Fed. civilian employees (UCFE)	(L)	(L)	(L)
Unemployment compensation for railroad employees	0	0	0
Unemployment compensation for veterans (UCX)	0	0	0
Other unemployment compensation \8	0	0	0
Veterans benefits	210	238	268
Veterans pension and disability benefits	193	212	227
Veterans readjustment benefits \9	(L)	(L)	(L)
Veterans life insurance benefits	(L)	(L)	(L)
Other assistance to veterans \10	0	0	0
Education and training assistance \11	145	162	173
Other transfer receipts of individuals from governments \12	(L)	245	65
Current transfer receipts of nonprofit institutions	267	283	292
Receipts from the Federal government	100	106	109
Receipts from state and local governments	61	67	69
Receipts from businesses	106	110	114
Current transfer receipts of individuals from businesses \13	208	209	192

Bureau of Economic Analysis, 2012

Rawlins County Rural Health Works

Notes for Table 10:

1. Consists largely of temporary disability payments and black lung payments.
 2. Consists of medicaid and other medical vendor payments.
 3. Consists of payments made under the TriCare Management Program (formerly called CHAMPUS) for the medical care of dependents of active duty military personnel and of retired military personnel and their dependents at nonmilitary medical facilities.
 4. Through 1995, consists of emergency assistance and aid to families with dependent children. For 1998 forward, consists of benefits-- generally known as temporary assistance for needy families-- provided under the Personal Responsibility and Work Opportunity Reconciliation Act of 1996. For 1996-97, consists of payments under all three of these programs.
 5. Consists largely of general assistance, refugee assistance, foster home care and adoption assistance, earned income tax credits, and energy assistance.
 6. Consists of trade readjustment allowance payments, Redwood Park benefit payments, public service employment benefit payments, and transitional benefit payments.
 7. Consists largely of veterans readjustment benefit payments, educational assistance to spouses and children of disabled or deceased veterans, payments to paraplegics, and payments for autos and conveyances for disabled veterans.
 8. Consists of State and local government payments to veterans.
 9. Consists largely of federal fellowship payments (National Science Foundation fellowships and traineeships, subsistence payments to State maritime academy cadets, and other federal fellowships), interest subsidy on higher education loans, basic educational opportunity grants, and Job Corps payments.
 10. Consists largely of Bureau of Indian Affairs payments, education exchange payments, Alaska Permanent Fund dividend payments, compensation of survivors of public safety officers, compensation of victims of crime, disaster relief payments, compensation for Japanese internment, and other special payments to individuals.
 11. Consists of State and local government educational assistance payments to nonprofit institutions, and other State and local government payments to nonprofit institutions.
 12. Consists largely of personal injury payments to individuals other than employees and other business transfer payments.
- All state and local area dollar estimates are in current dollars (not adjusted for inflation).
- (L) Less than \$50,000, but the estimates for this item are included in the totals.

Rawlins County Rural Health Works

Table 11. Employment by Major Industry for Rawlins County

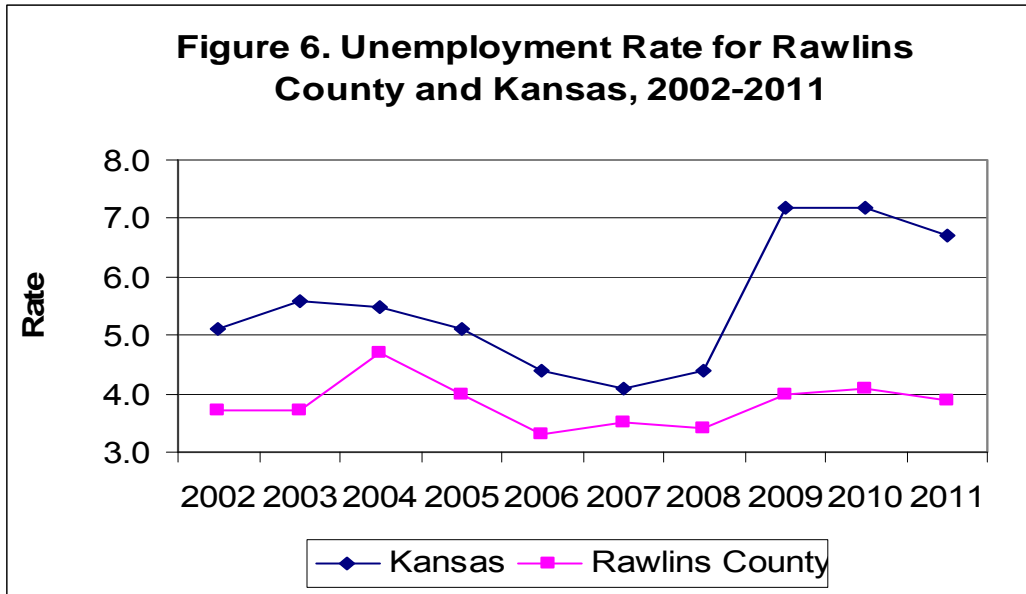
(Thousands)	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Total Employment	2.662	2.583	2.600	2.626	2.648	2.664	2.693	2.743	2.774	2.782	2.785
Farm Employment	0.429	0.400	0.385	0.369	0.349	0.343	0.334	0.330	0.324	0.314	0.309
Agricultural Services, Other	0.019	0.018	0.018	0.021	0.021	0.026	0.029	0.027	0.027	0.024	0.024
Mining	0.041	0.050	0.043	0.052	0.061	0.070	0.090	0.090	0.092	0.092	0.092
Construction	0.154	0.160	0.166	0.176	0.182	0.181	0.177	0.177	0.185	0.189	0.188
Manufacturing	0.037	0.034	0.037	0.044	0.037	0.039	0.039	0.046	0.049	0.054	0.054
Transport, Comm. & Public Utility	0.116	0.110	0.130	0.133	0.138	0.151	0.167	0.152	0.144	0.142	0.144
Wholesale Trade	0.083	0.077	0.080	0.090	0.098	0.098	0.115	0.111	0.109	0.104	0.104
Retail Trade	0.288	0.267	0.263	0.233	0.214	0.191	0.187	0.179	0.177	0.173	0.174
Finance, Insurance & Real Estate	0.270	0.108	0.294	0.316	0.334	0.337	0.384	0.365	0.348	0.331	0.333
Services	0.482	0.506	0.501	0.515	0.527	0.563	0.501	0.581	0.629	0.681	0.688
Federal Civilian Government	0.021	0.026	0.024	0.024	0.023	0.022	0.023	0.022	0.022	0.021	0.021
Federal Military Government	0.014	0.013	0.012	0.012	0.013	0.012	0.011	0.010	0.010	0.009	0.009
State and Local Government	0.357	0.362	0.360	0.351	0.356	0.332	0.337	0.339	0.332	0.321	0.318

Woods and Poole, Inc., 2012

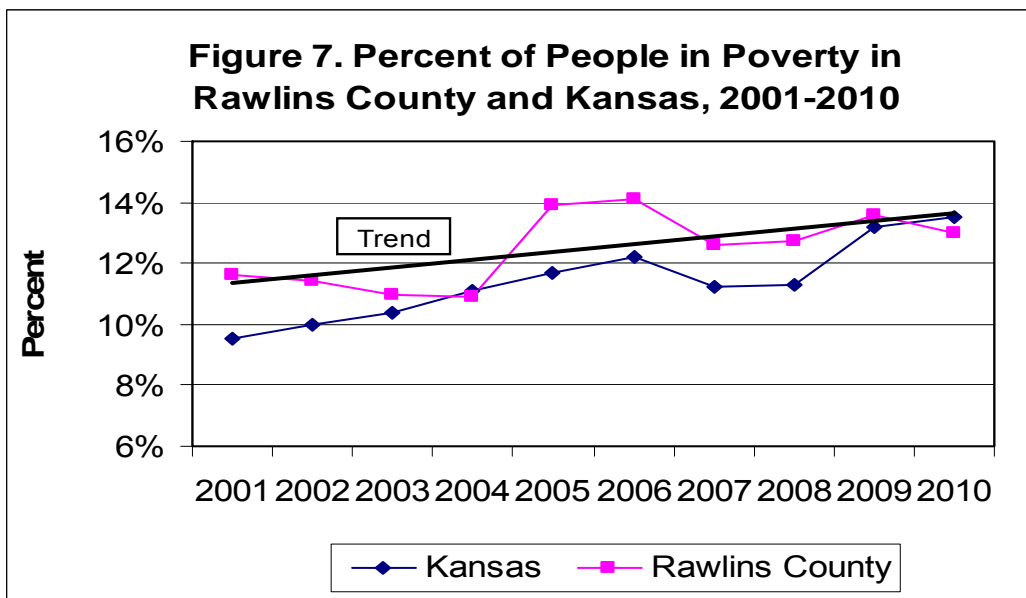
Note: Employment in number of jobs includes proprietors and part-time jobs.

Rawlins County Rural Health Works

As with most rural areas, the way people in Rawlins County earn a living is changing. While employment in traditional industries such as agriculture, extractive industries and manufacturing has been slightly increasing, a great proportion of people are earning a living working in service industries. Perhaps consistent with recessionary trends, employment in government also declined modestly. Rawlins County has been slightly above the state average in terms of the percentage of population living in poverty.



Kansas Department of Labor, 2011



U.S. Census Bureau, 2010

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

Rawlins County Rural Health Works



Communities Building Affordable & Sustainable Healthcare Systems

Health and Behavioral Data

Introduction

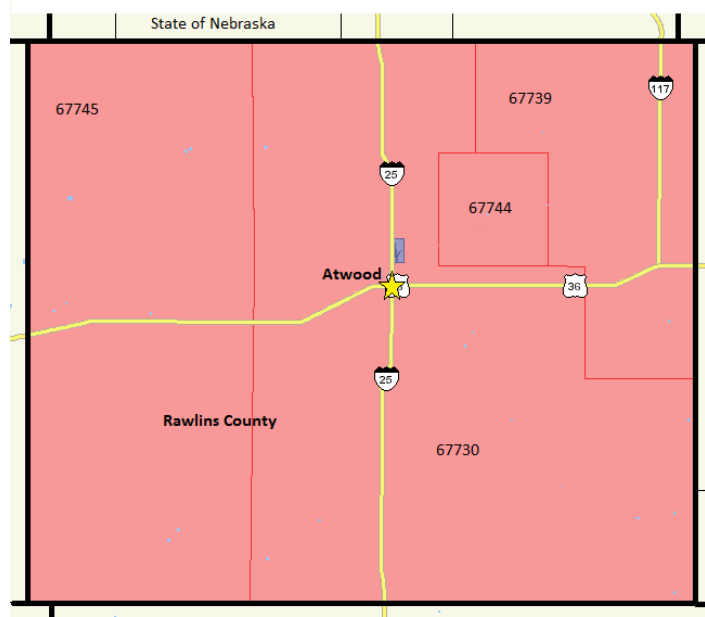
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Health and Behavioral Data Summary

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

- Over time, occupancy of long-term nursing care beds began to decline and the number of beds have been reduced.
- Nearly 30 percent of fetuses had not had adequate prenatal care. About the same percentage of children do not receive needed vaccinations.
- The rates of youth tobacco use and binge drinking are nearly 20 percent.
- Indicators related to food and energy assistance suggest a portion of the population is experiencing economic distress.
- Usage of the Rawlins County Health Center has trended downward in the recent past. The leakage of local spending for hospital services represents a significant economic loss to the community.

Rawlins County Primary Health Market Area



ZIP codes within the Rawlins County Health Market Area.

Source: Claritas, Inc. 2012

Rawlins County Rural Health Works

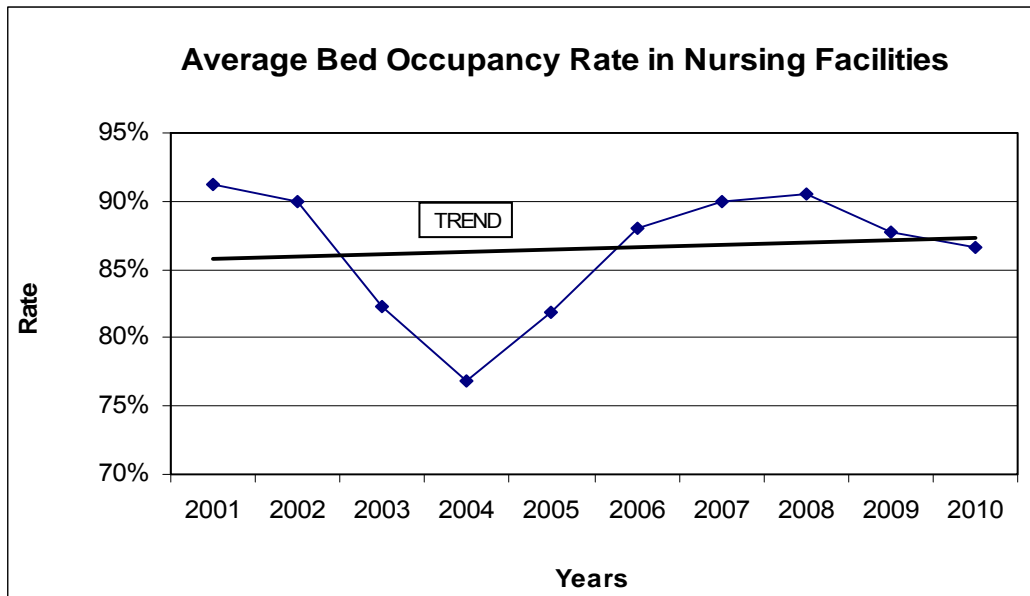
The number of nursing home beds includes only long-term care nursing facilities in Rawlins County. It excludes any nursing care beds that may exist in a hospital nursing unit.

Over time, occupancy of long-term nursing care beds began to decline and the number of beds have been reduced.

Table 1. Average Rawlins County Occupancy of Nursing Home Beds

	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Average Number of Nursing Beds	50	50	50	50	46	46	46	46	46	45
Average Nursing Occupancy Rate	91.3%	90.0%	82.3%	76.8%	81.9%	88.1%	90.0%	90.6%	87.8%	86.7%

Kansas Department for Aging and Disability Services, semi-annual reports



Rawlins County Rural Health Works

Considering available indicators of children's welfare, a relatively small population base can lead to large percentage and rate changes that must be interpreted cautiously. While available data are limited, nearly 30 percent of fetuses had not had adequate prenatal care. About the same percentage of children do not receive needed vaccinations. The rates of youth tobacco use and binge drinking are nearly 20 percent.

Table 2. Indicators of Children's Welfare

Health Indicators		Trend Data						
		2005	2006	2007	2008	2009	2010	2011
Immunizations	Rawlins	47.1%	64.3%	38.0%	53.0%	75.0%		
	KS	57.9%	51.1%	58.0%	63.0%	70.0%	-	-
Prenatal Care	Rawlins	81.0%	73.9%	75.0%	81.8%	66.7%	-	-
	KS	79.1%	78.4%	77.4%	77.5%	79.0%	-	-
Low Birth Weight Babies	Rawlins	0.0%	4.2%	4.6%	0.0%	0.0%	-	-
	KS	7.2%	7.2%	7.1%	7.2%	7.3%	-	-
Teen Violent Deaths (per 100,000 15-19 year-olds)	Rawlins	0.0	0.0	0.0	0.0	0.0	-	-
	KS	46.0	40.5	47.1	38.5	36.4	-	-
Youth Tobacco Use	Rawlins	-	-	10.6%	12.5%	16.4%	16.5%	17.3%
	KS	15.6%	14.9%	13.5%	13.0%	12.6%	12.7%	11.8%
Youth Binge Drinking	Rawlins	-	-	17.3%	11.4%	23.3%	13.1%	17.8%
	KS	16.5%	16.7%	15.6%	15.2%	14.7%	13.7%	12.7%
Asthma (per 1,000)	Rawlins	-	7.9	8.8	7.1	0.0	0.0	-
	KS	1.6	1.7	1.9	1.5	1.4	1.4	-
Mental Health (per 1,000)	Rawlins	-	0.0	2.2	0.0	0.0	0.0	-
	KS	3.0	2.9	2.7	3.4	3.3	3.3	-

Kansas KIDSCOUNT, 2011

Table 3 contains information about persons served by state and federally-funded social services. Across the service categories reported, most appear to have remained fairly consistent. Indicators related to food and energy assistance suggest a portion of the population is experiencing economic distress.

Rawlins County Rural Health Works

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

		Persons Served		
		FY 2009	FY 2010	FY 2011
Major Services				
Temporary Assistance for Families	Avg. monthly persons	1	6	3
TANF Employment Services	Avg. monthly adults	1	2	1
Child Care Assistance	Avg. monthly children	8	5	2
Food Assistance	Avg. monthly persons	89	95	116
Energy Assistance	Annual persons	77	113	106
General Assistance	Avg. monthly persons	1	1	1
Vocational Rehabilitation Services	Avg. monthly persons	23	14	15
Family Preservation	Annual persons	2	3	3
Reintegration/Foster Care	Avg. monthly children	3	2	1
Adoption Support	Avg. monthly children	4	2	2
Home and Community Based Services				
Physical Disability	Annual consumers	5	4	2
Traumatic Brain Injury	Annual consumers	0	1	0
Developmental Disability	Annual consumers	28	14	29
Autism	Annual consumers	0	0	0
Managed Behavioral Health Services				
Substance Abuse (PIHP)	Annual consumers	0	1	0
Mental Health (PAHP)	Annual consumers	31	29	35
Institutional Services				
Intermediate Care Facility (ICF-MR)	Average daily census	0	0	0
State Hospital - Developmental Disability	Average daily census	0	0	0
State Hospital - Mental Health	Average daily census	0	0	0
Nursing Facility - Mental Health	Average daily census	0	0	0

Kansas Department for Children and Families, 2012

In considering the selected vital statistics in Table 4, among those that stand out are that about 15 percent of newborns received less than adequate prenatal care. Even a single teenage pregnancy sets a young person on a difficult life path.

In the recent past, usage of Rawlins County Health Center appears to have trended downward (Table 5). This is evident in the number of inpatient visits and procedures. This would be consistent with the general trends of population decline over the past several decades. Both Medicare recipients appear to be an important component of the patient base. The leakage of local spending for hospital services represents a significant economic loss to the community.

Rawlins County Rural Health Works

Table 4. Selected Vital Statistics for Rawlins County, 2010

	<u>Total</u>	<u>10-14</u>	<u>15-19</u>	<u>20-24</u>	<u>25-29</u>	<u>30-34</u>	<u>35-39</u>	<u>40-44</u>	<u>45 & Over</u>
Live Births by Age-Group of Mother	23	0	2	4	9	6	1	1	0
Adequacy of Prenatal Care by Number and Percentage	<u>Adequate Plus</u> 10	<u>50.0%</u>	<u>Adequate</u> 7	<u>35.0%</u>	<u>Intermediate</u> 2	<u>10.0%</u>	<u>Inadequate</u> 1	<u>5.0%</u>	
	<u>Total</u>	<u>10-14</u>	<u>15-19</u>	<u>20-24</u>	<u>25-29</u>	<u>30-34</u>	<u>35-39</u>	<u>40-44</u>	<u>45 & Over</u>
Out-of-Wedlock Births by Age	5	0	0	2	1	1	1	0	0
	<u>Live Births</u>	<u>Stillbirths</u>	<u>Abortions</u>	<u>Total Pregnancies</u>					
	<u>10-14 yrs.</u>	<u>15-19 yrs.</u>	<u>10-14 yrs.</u>	<u>15-19 yrs.</u>	<u>10-14 yrs.</u>	<u>15-19 yrs.</u>	<u>10-14 yrs.</u>	<u>15-19 yrs.</u>	
Teenage Pregnancies	0	2	0	0	0	0	0	2	
	<u>0-4</u>	<u>5-14</u>	<u>15-24</u>	<u>25-34</u>	<u>35-44</u>	<u>45-54</u>	<u>55-64</u>	<u>65-84</u>	<u>85 & Over</u>
Deaths by Age Group	1	0	0	0	0	0	4	19	11
Marriages	<u>2,006</u>	<u>2,007</u>	<u>2,008</u>	<u>2,009</u>	<u>2,010</u>				
by Number and Rate per 1,000 Population	12	4.5	15	5.9	13	5.2	12	4.9	13
Marriages Dissolutions	<u>2,006</u>	<u>2,007</u>	<u>2,008</u>	<u>2,009</u>	<u>2,010</u>				
by Number and Rate per 1,000 Population	6	2.3	16	6.3	8	3.2	8	3.3	1

Kansas Department of Health and Environment, 2010

Rawlins County Rural Health Works

Table 5. Hospital Data for Rawlins County Health Center and Rawlins County

	2006-07	2007-08	2008-09	2009-10
Number of Practicing Physicians (county)	2	1	1	1
Persons per Physician (county)	1,268	2,466	2,525	2,381
Rawlins County Health Center				
Licensed Acute Beds	25	25	24	24
Licensed Swing Beds	25	24	24	24
Staffed Beds-Hospital	24	25	24	24
Staffed Beds-Nursing Home Unit	-	-	-	-
Admissions-Hospital	304	395	207	210
Admissions-Nursing Home Unit	-	-	-	-
Admissions-Swing Beds	71	92	57	66
Inpatient Days - Hospital	808	1,537	620	586
Inpatient Days - Nursing Home Unit	-	-	-	-
Inpatient Days - Swing-beds	635	697	704	703
Emergency Room Visits	565	601	608	653
Outpatient Visits	17,370	18,080	16,183	13,876
Inpatient Surgical Operations	73	-	3	-
Outpatient Surgical Operations	565	601	53	51
Medicare Inpatient Discharges	286	326	208	208
Medicare Inpatient Days	1,263	1,349	1,185	1,100
Medicaid Inpatient Discharges	27	19	10	18
Medicaid Inpatient Days	68	75	37	57
Kansas Hospital Association STAT Report, 2008-11				
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.

Rawlins County Rural Health Works



Communities Building Affordable & Sustainable Healthcare Systems

Education Data

Introduction

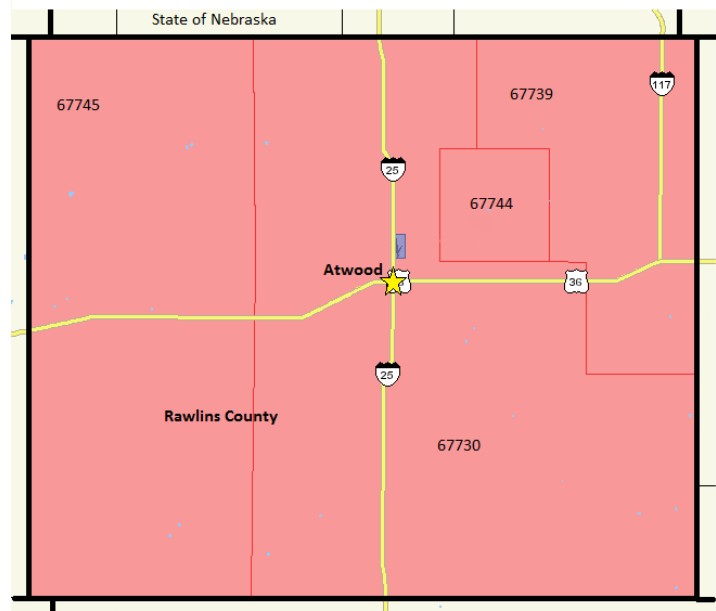
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Education Data Summary

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

- Total student enrollment in Rawlins County K-12 school districts has steadily declined since 2000, but seems to have stabilized in the past several years.
- The ratio of about 11 students per teacher permits fairly close attention for each of the students.
- The trend in the student dropout rate has generally increased in Rawlins County over the past decade.
- The trend in student-on-student violence has been increasing over time. Student-on-faculty violence has not been a problem during the period considered.

Rawlins County Primary Health Market Area



ZIP codes within the Rawlins County Health Market Area.

Source: Claritas, Inc. 2012.

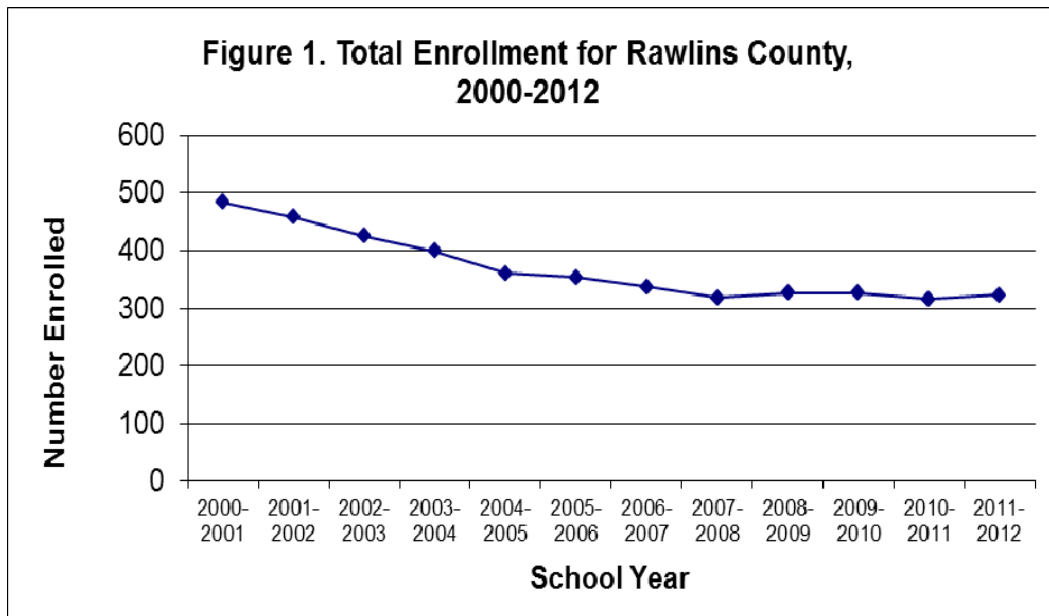
Rawlins County Rural Health Works

Rawlins County School Districts

USD 105 Rawlins County

Kansas Department of Education, 2011

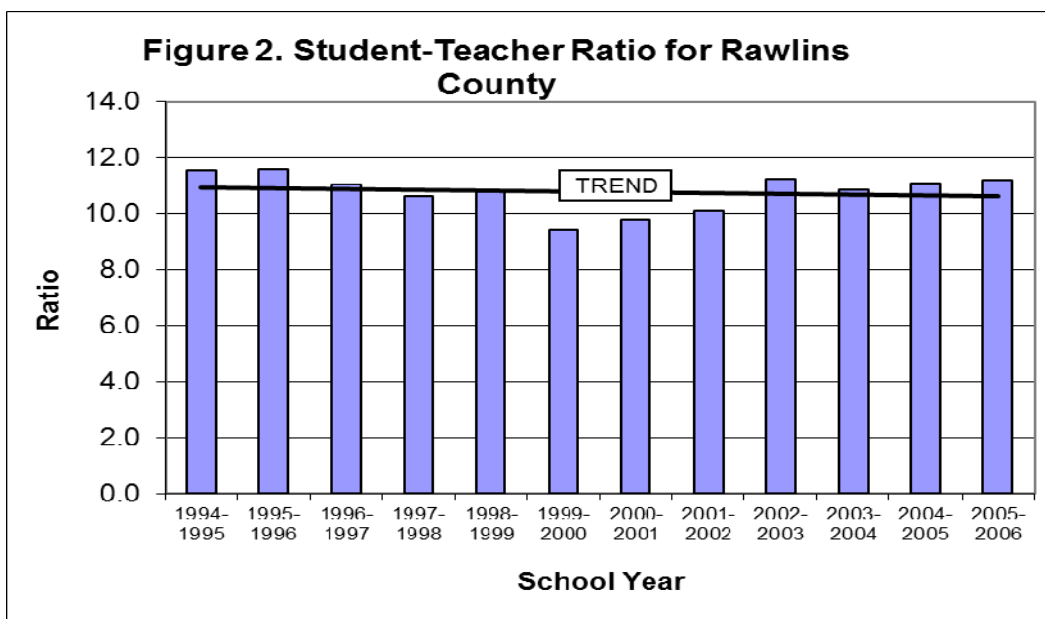
Total student enrollment in Rawlins County K-12 school districts has been steadily declining since 2000, but seems to have stabilized in the past few years. Enrollment was 323 in the 2011-2012 school year, down from 484 in 2000-2001.



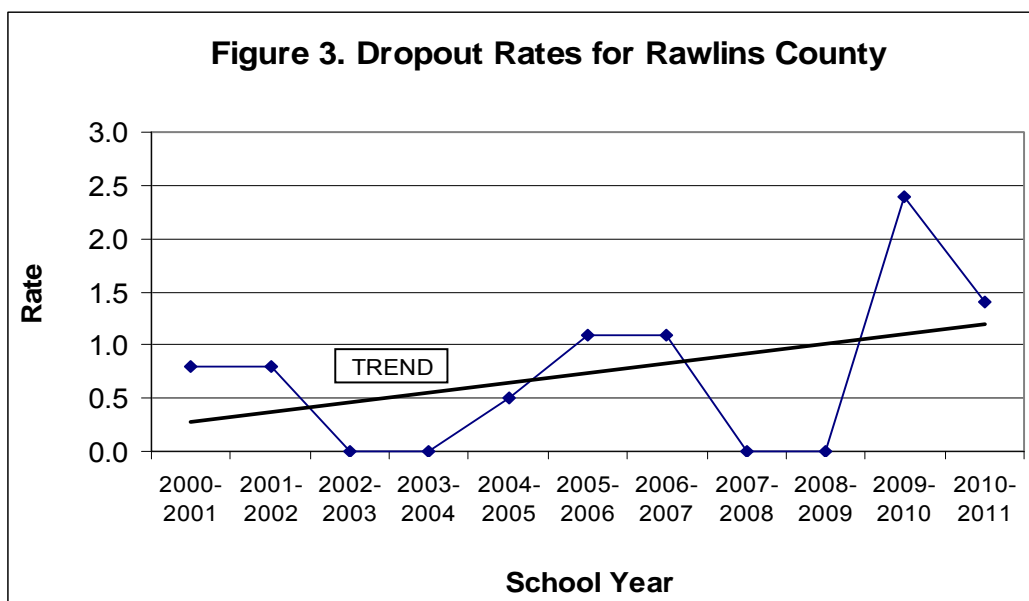
Kansas Department of Education, 2012

As the student population has declined, the student-to-teacher ratio has remained constant. This generally means that as the school-age population has declined, the district has lost staffing as well. The ratio of about 11 students per teacher permits fairly close attention for each of the students.

Rawlins County Rural Health Works



Kansas Department of Education, 2012

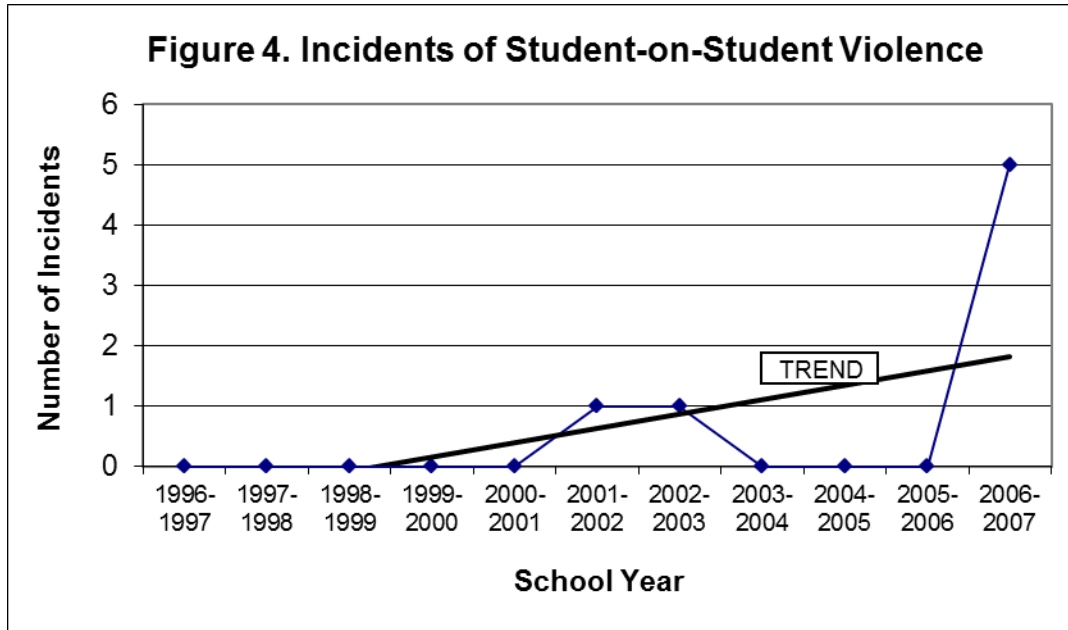


Kansas Department of Education, 2012

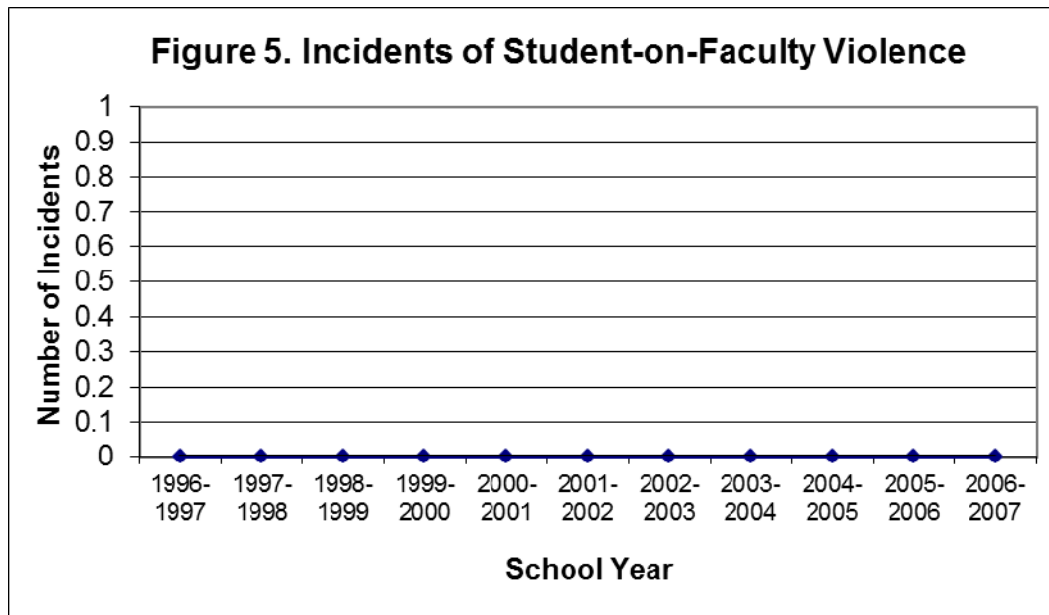
The trend in the student dropout rate has generally been slowly increasing in Rawlins County over the past decade. This may be due, in part, to the declining enrollment.

Rawlins County Rural Health Works

Violence in the school is extremely disruptive to learning. The trend in student-on-student violence has been increasing over time. Student-on-faculty violence has occurred during the period considered.



Kansas Department of Education, 2012



Kansas Department of Education, 2012

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

Rawlins County Rural Health Works



Communities Building Affordable & Sustainable Healthcare Systems

Crime Data

Introduction

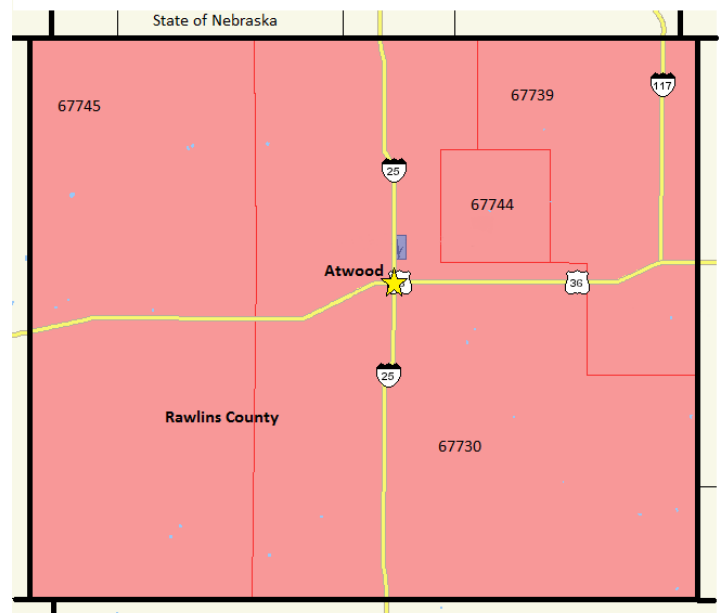
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Crime Data Summary

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

- The incidence of crime in Rawlins County has been consistently below the state rates from 2008 to 2011.
- Rawlins County trends over the past few years have been very positive.
- In 2011, 37 adults and 6 juveniles were arrested in Rawlins County.
- The number of full-time law enforcement officials per 1,000 population in Rawlins County has been consistently below the state rate.

Rawlins County Primary Health Market Area



ZIP codes within the Rawlins County Health Market Area.

Source: Claritas, Inc. 2012.

Rawlins County Rural Health Works

The incidence of crime in Rawlins County has been consistently below the state rates from 2008 to 2011. Rawlins County trends over the past few years have been very positive. It should be noted that county-level crime statistics are often partial or may be missing in a given year.

Table 1. Crime Statistics for Rawlins County and Kansas

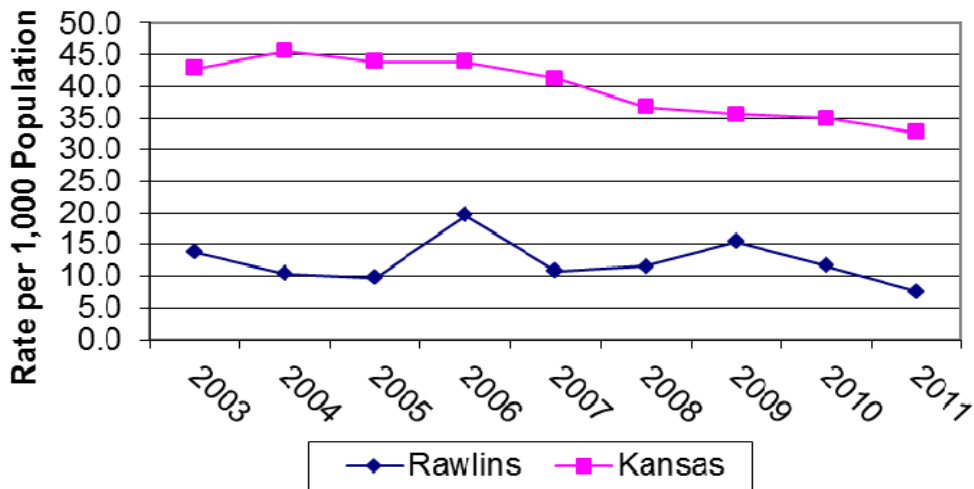
2008						
	<u>Crime Index Offenses</u>		<u>Violent Crime</u>		<u>Property Crime</u>	
	Number	Rate per 1,000	Number	Rate per 1,000	Number	Rate per 1,000
Rawlins	29	11.5	4	1.6	25	9.9
Kansas	93,996	37.5	10,032	4.0	83,964	33.5
2009						
	<u>Crime Index Offenses</u>		<u>Violent Crime</u>		<u>Property Crime</u>	
	Number	Rate per 1,000	Number	Rate per 1,000	Number	Rate per 1,000
Rawlins	39	15.5	0	0.0	39	15.5
Kansas	98,757	35.6	11,099	4	87,658	31.6
2010						
	<u>Crime Index Offenses</u>		<u>Violent Crime</u>		<u>Property Crime</u>	
	Number	Rate per 1,000	Number	Rate per 1,000	Number	Rate per 1,000
Rawlins	28	11.7	1	0.4	27	11.3
Kansas	98,354	34.9	10,428	3.7	87,926	31.2
2011						
	<u>Crime Index Offenses</u>		<u>Violent Crime</u>		<u>Property Crime</u>	
	Number	Rate per 1,000	Number	Rate per 1,000	Number	Rate per 1,000
Rawlins	19	7.5	2	0.8	17	6.7
Kansas	96,596	32.8	10,091	3.4	86,505	29.3

Kansas Bureau of Investigation, 2012

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

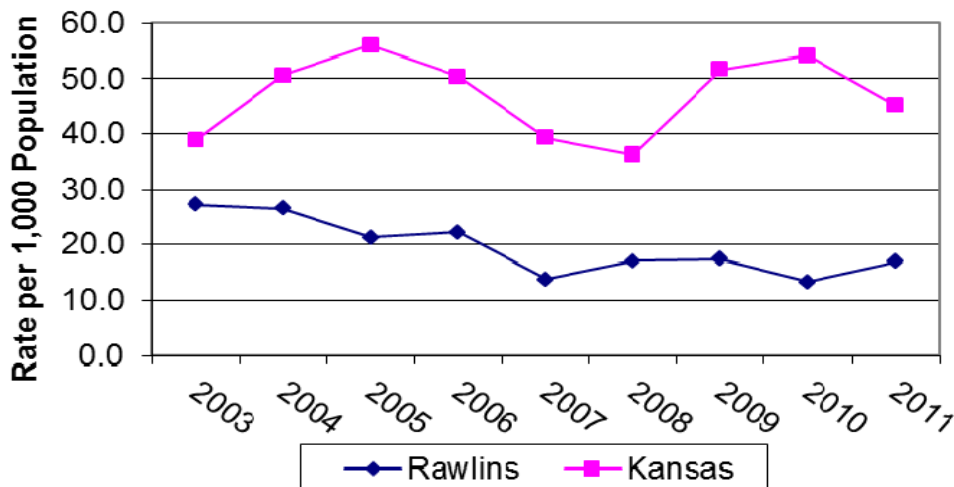
Rawlins County Rural Health Works

Figure 1. Crime Index Offenses for Rawlins County and Kansas



KS Bureau of Investigation, 2012

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



KS Bureau of Investigation, 2012

*2007 arrests missing 1 month data for Sheriff's Department and 3 months data for Atwood Police Department

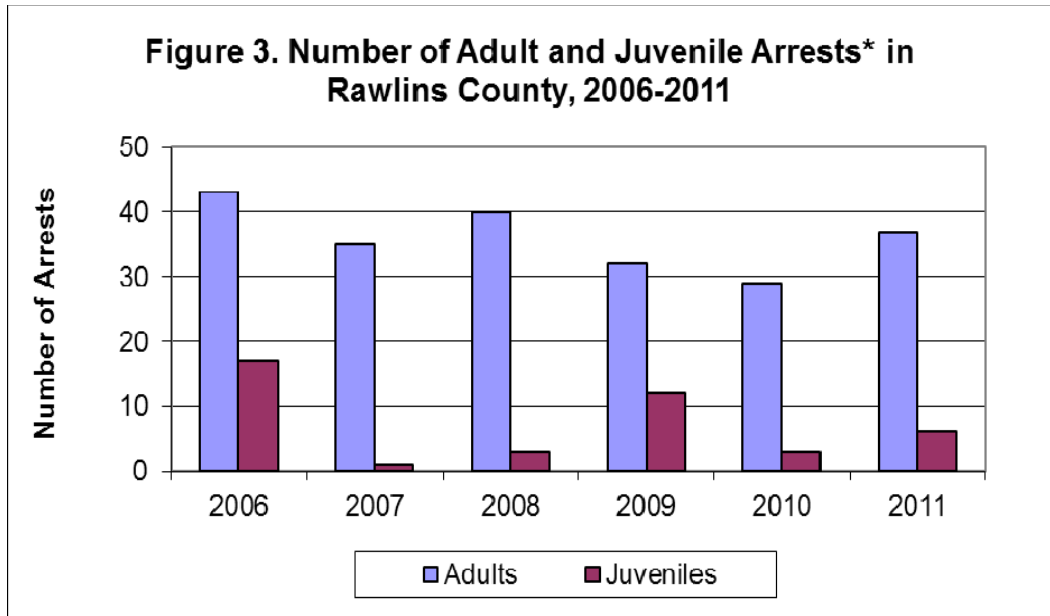
*2009 arrests missing 4 months data for Sheriff's Department and Atwood Police Department

*2010 arrests missing 4 months data for Sheriff's Department and 1 month data for Atwood Police Department

*2011 arrests missing 2 months data for Sheriff's Department and 3 months data for Atwood Police Department

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

Rawlins County Rural Health Works



KS Bureau of Investigation, 2012

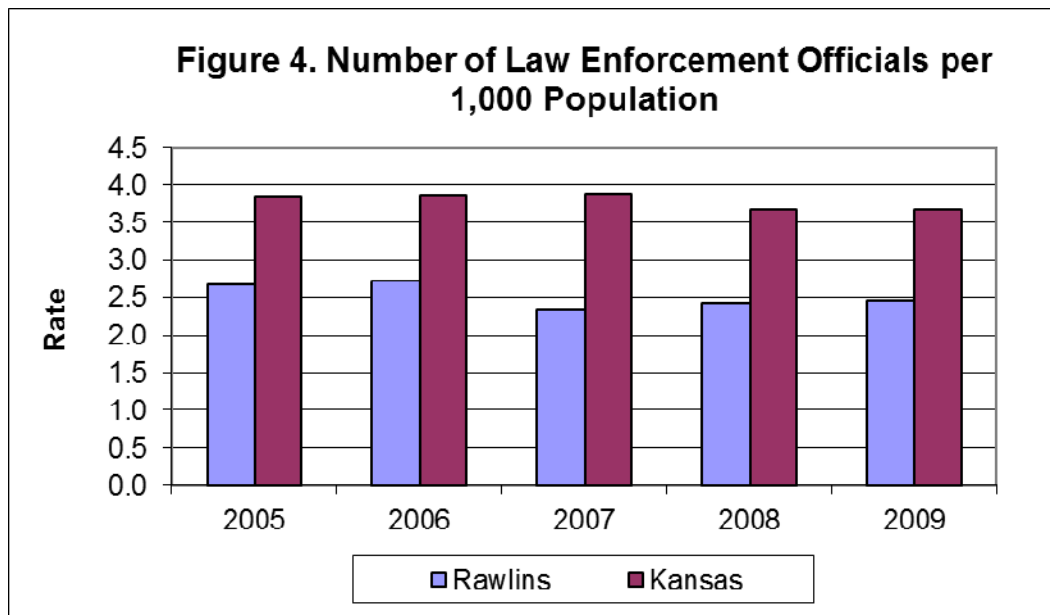
*2007 arrests missing 1 month data for Sheriff's Department and 3 months data for Atwood Police Department

*2009 arrests missing 4 months data for Sheriff's Department and Atwood Police Department

*2010 arrests missing 4 months data for Sheriff's Department and 1 month data for Atwood Police Department

*2011 arrests missing 2 months data for Sheriff's Department and 3 months data for Atwood Police Department

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



Kansas Statistical Abstract, 2010

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

Rawlins County Rural Health Works



Communities Building Affordable & Sustainable Healthcare Systems

Traffic Data

Introduction

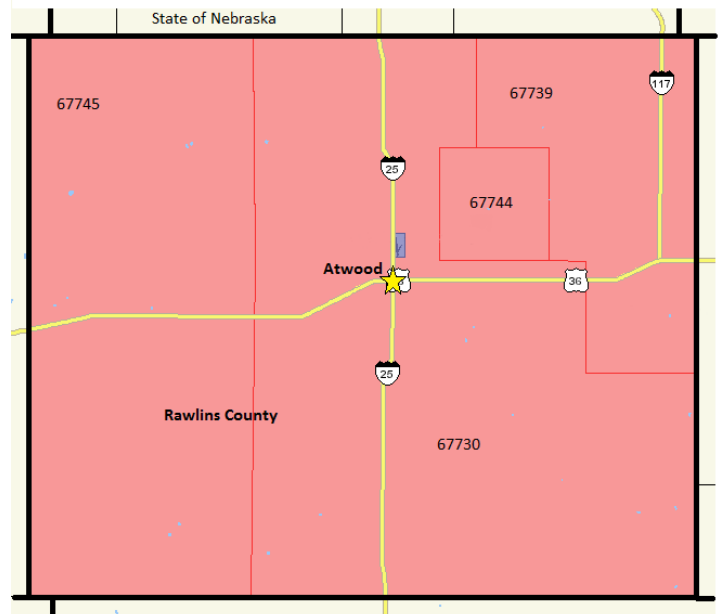
Kansas Rural Health Works (KRHW) is dedicated to helping rural communities build affordable and sustainable local health care systems. Health care is important to seniors, young families and companies. But rural health care systems are facing many challenges: hospitals are closing; services have been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

Traffic Data Summary

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

- The rate of traffic accidents in Rawlins County is similar to the rate for the state as a whole, with deer-involved accidents accounting for many of the accidents.
- In 2008, there were 62 total vehicle crashes in Rawlins County. The declining trend is positive, but must be considered in the context of declining population.
- In 2008, the most recent year for which data were available, there were 11 accidents involving injury but no fatalities.

Rawlins County Primary Health Market Area



ZIP codes within the Rawlins County Health Market Area.

Source: Claritas, Inc. 2012.

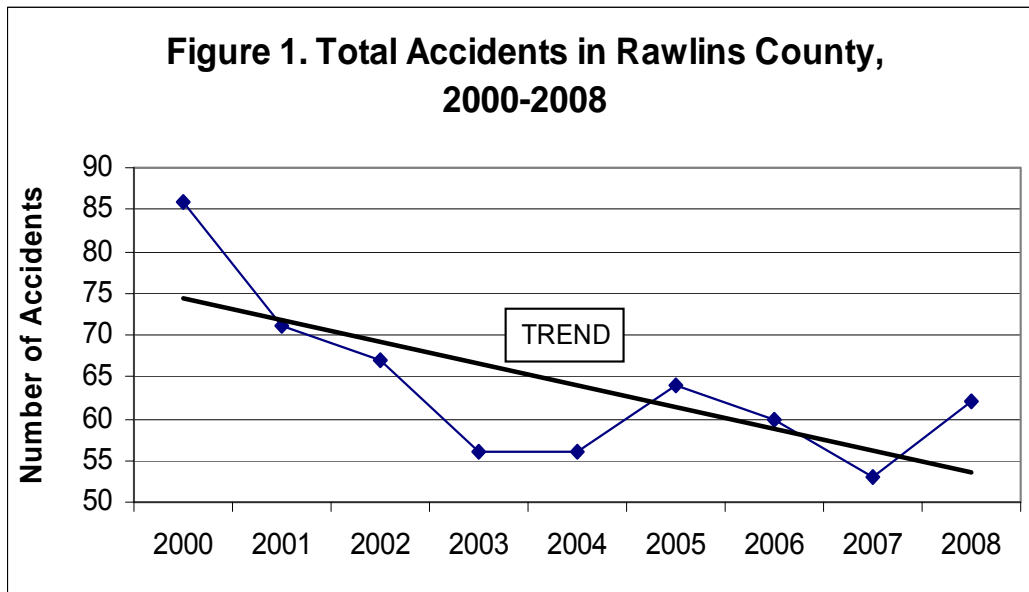
Rawlins County Rural Health Works

The rate of traffic accidents in Rawlins County is similar to the rate for the state as a whole, with deer-collisions accounting for many of the accidents. In 2008, there were 62 total vehicle crashes in Rawlins County. The declining trend is positive, but must be considered in the context of declining population. In 2008, the most recent year for which data were available, there were 11 accidents involving injury but no fatalities.

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

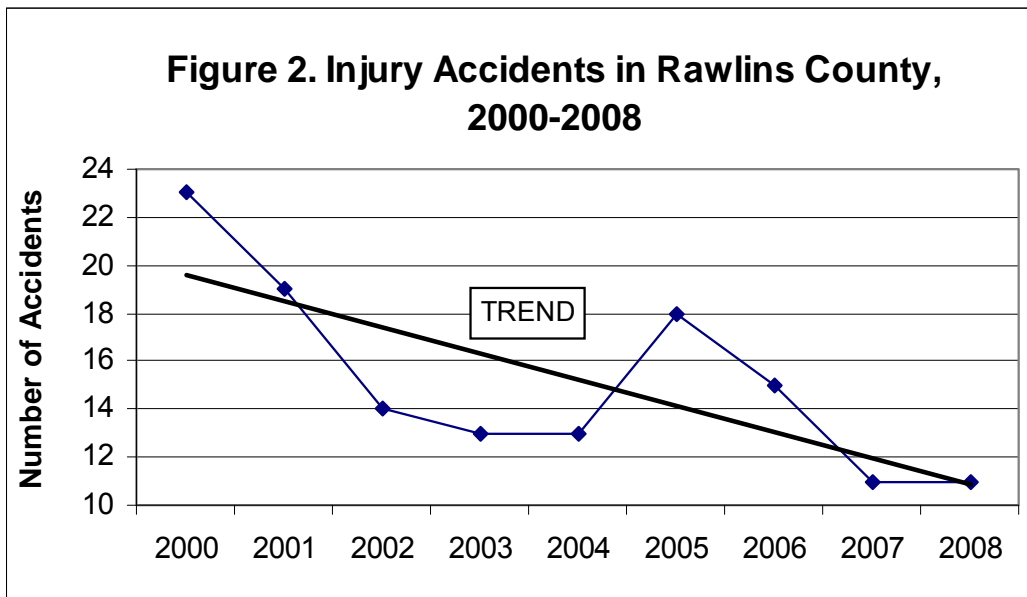
Accidents	Rawlins	Kansas	Rate per 1,000 Population	
			Rawlins	Kansas
Total	62	65,858	23.9	23.5
Fatal Accidents	0	348	0.0	0.1
Injury Accidents	11	14,866	4.2	5.3
Property Damage Only	51	50,644	19.7	18.0
Deer Involved	20	9,371	7.7	3.3
Speed Related	1	7,917	0.4	2.8
Alcohol Related	5	3,366	1.9	1.2
People				
Deaths	0	385	0.0	0.1
Injuries	13	21,058	2.3	7.5
Restraint Use	78.2%	80.9%	80.4%	80.9%

Kansas Traffic Accident Facts, 2012

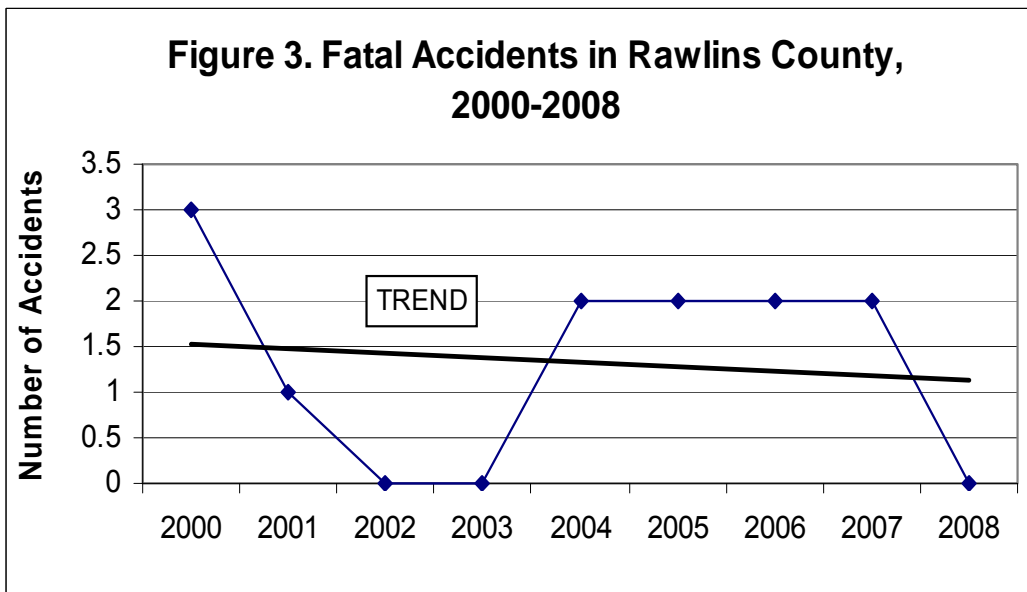


Kansas Department of Transportation, 2012

Rawlins County Rural Health Works



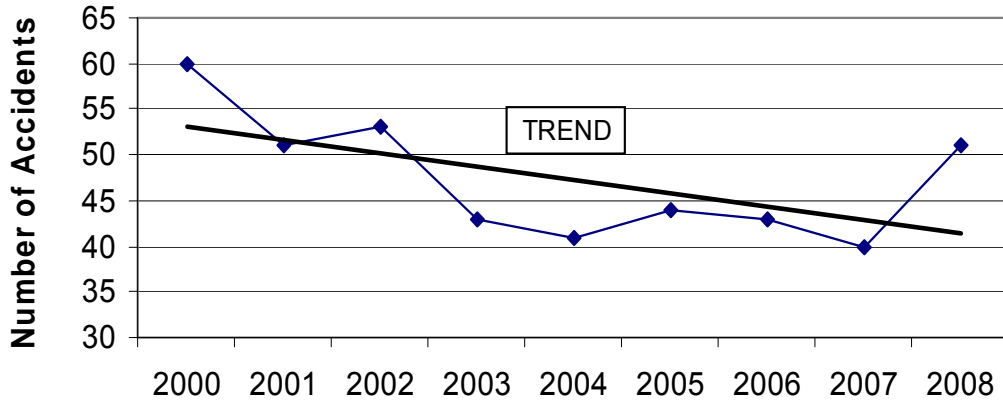
Kansas Department of Transportation, 2012



Kansas Department of Transportation, 2012

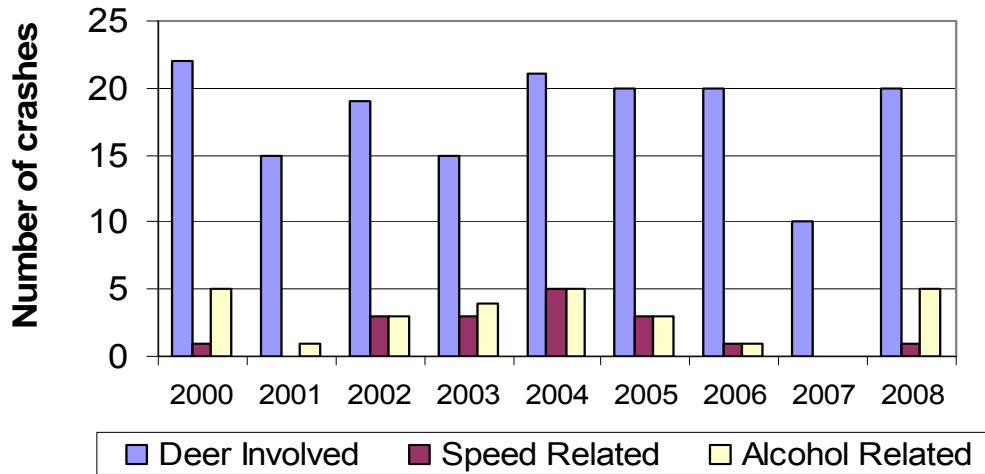
Rawlins County Rural Health Works

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



Kansas Department of Transportation, 2012

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



Kansas Department of Transportation, 2012

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

Rawlins County Rural Health Works



KANSAS RURAL
HEALTH WORKS



Communities Building Affordable & Sustainable Healthcare Systems

Kansas Health Matters Data Compilation

Introduction

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

Kansas Health Matters

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

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

Data Summary

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

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

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

Rawlins County Rural Health Works

Access to Health Services

Average Monthly WIC Participation

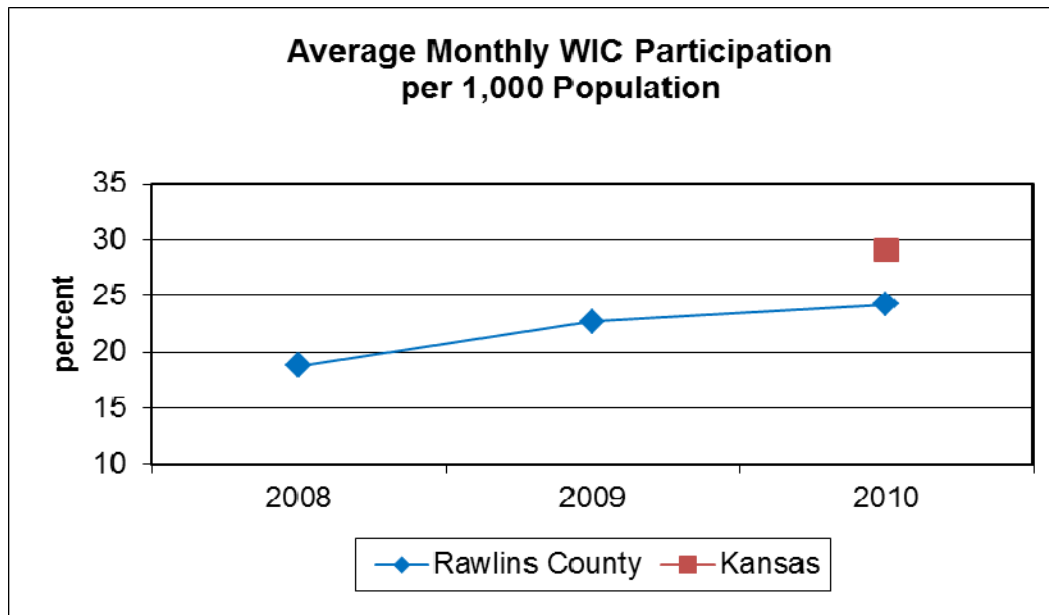
Value: 24.2 average cases per 1,000 population

Measurement Period: 2010

Location: County : Rawlins

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.

Rawlins County Rural Health Works

- 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.
- 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: 2,743 population per physician

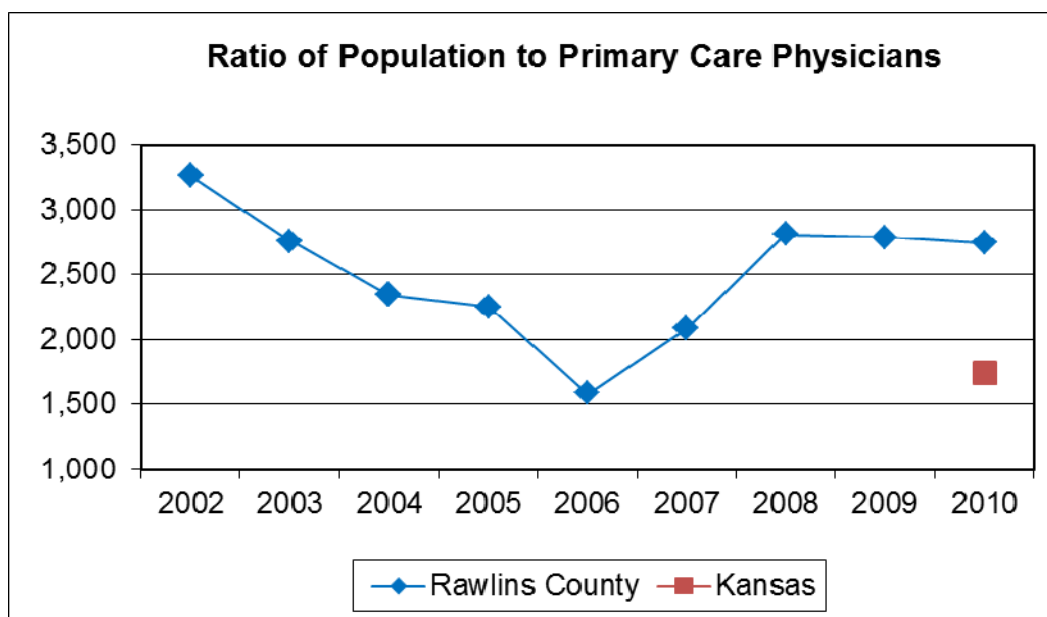
Measurement Period: 2010

Location: County : Rawlins

Comparison: KS State Value

Categories: Health / Access to Health Services

Rawlins County Rural Health Works



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: 9.9 beds per 1,000 population

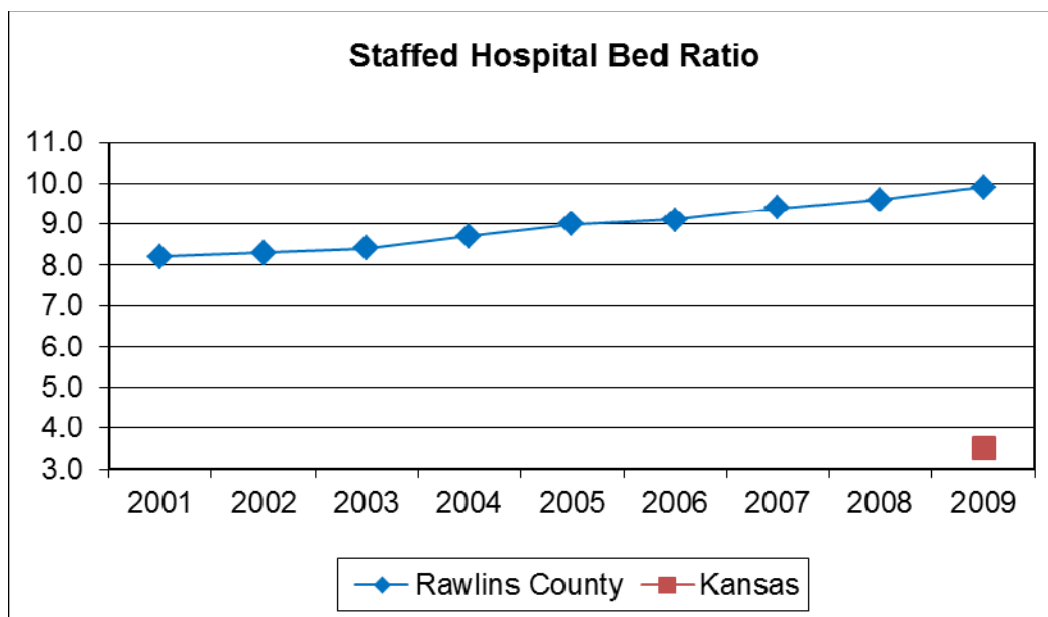
Measurement Period: 2009

Location: County : Rawlins

Comparison: KS State Value

Categories: Health / Access to Health Services

Rawlins County Rural Health Works



What is this Indicator?

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

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

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

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

Source: Kansas Hospital Association

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

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

Rawlins County Rural Health Works

Children's Health

Percent of WIC Mothers Breastfeeding Exclusively

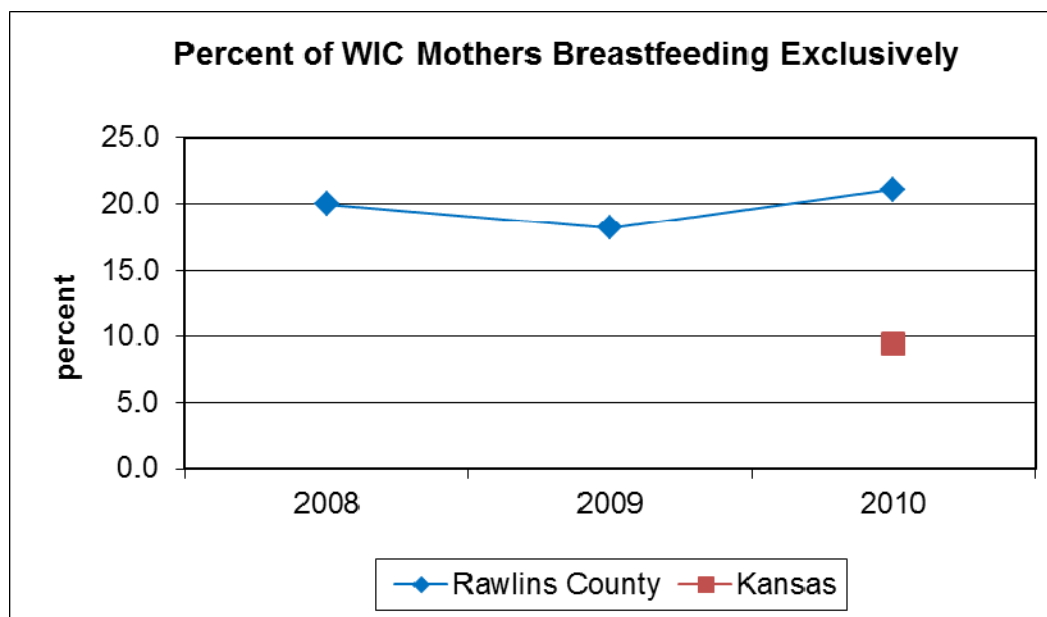
Value: 21.1 percent

Measurement Period: 2010

Location: County : Rawlins

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

Rawlins 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/>

Rawlins County Rural Health Works

Diabetes

Percentage of Adults with Diagnosed Diabetes

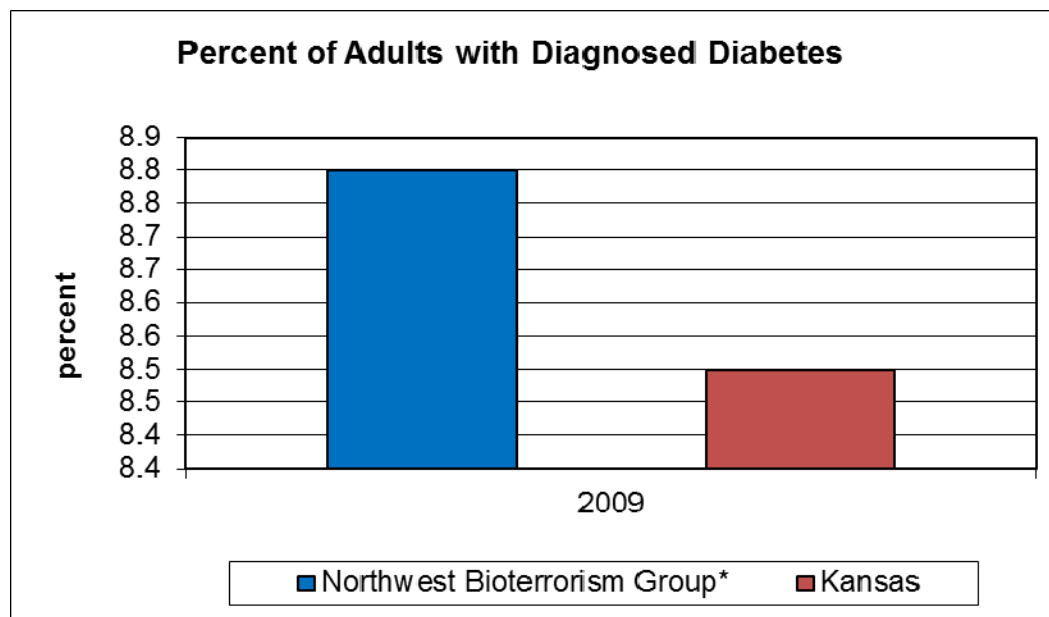
Value: 8.8 percent

Measurement Period: 2009

Location: Public Health Preparedness Region: Northwest Bioterrorism Group

Comparison: KS State Value

Categories: Health/ Diabetes



*County data was unavailable; Regional value was reported

What is this Indicator?

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

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

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

Source: Kansas Department of Health and Environment

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

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

Rawlins County Rural Health Works

Maintained By: Kansas Department of Health and Environment

Rawlins County Rural Health Works

Exercise, Nutrition & Weight

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

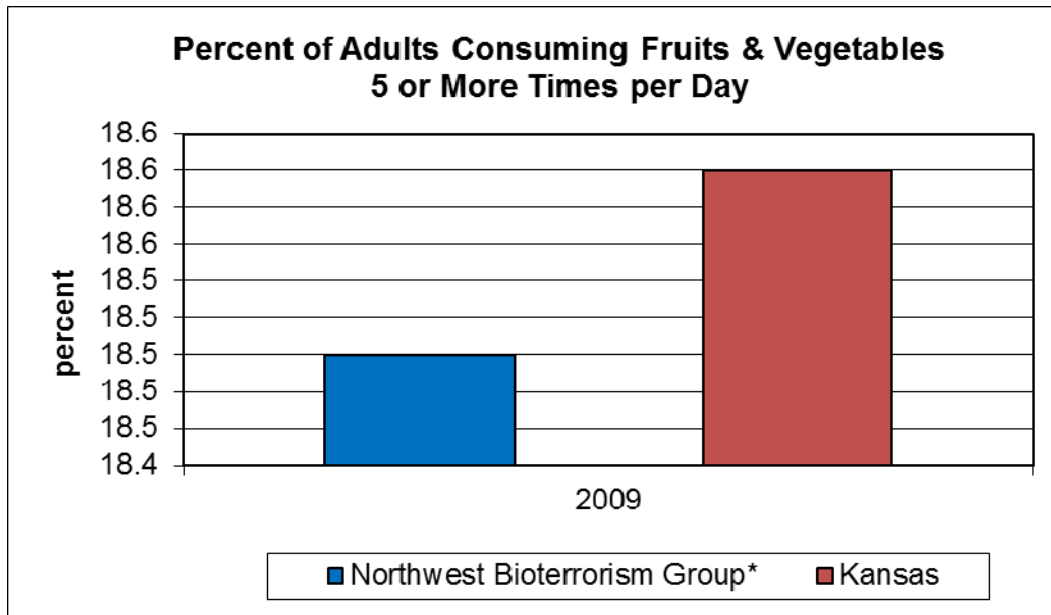
Value: 18.5 percent

Measurement Period: 2009

Location: Public Health Preparedness Region: Northwest Bioterrorism Group

Comparison: KS State Value

Categories: Health/ Exercise, Nutrition, & Weight



*County data was unavailable; Regional value was reported

What is this Indicator?

This indicator shows the percentage of adults who consume fruits and vegetables five or more times per day.

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

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

Source: Kansas Department of Health and Environment

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

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

Rawlins County Rural Health Works

Maintained By: Kansas Department of Health and Environment

Percentage of Adults Participating in Recommended Level of Physical Activity

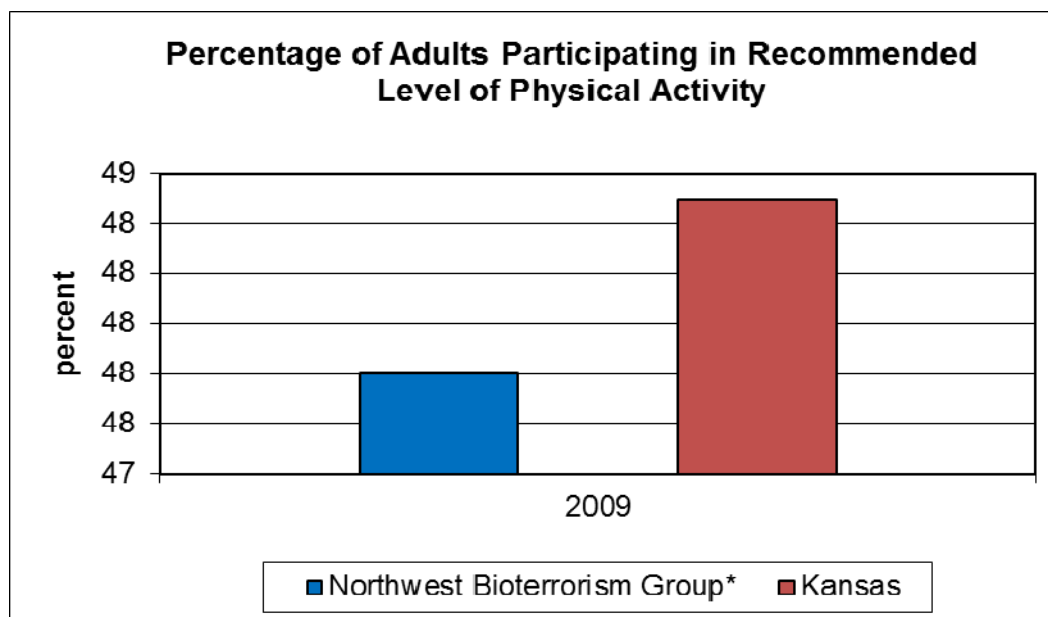
Value: 47.8 percent

Measurement Period: 2009

Location: Public Health Preparedness Region: Northwest Bioterrorism Group

Comparison: KS State Value

Categories: Health / Exercise, Nutrition, & Weight



*County data was unavailable; Regional value was reported

What is this Indicator?

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

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

Rawlins County Rural Health Works

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

Source: Kansas Department of Health and Environment

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

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

Percentage of Adults Who are Obese

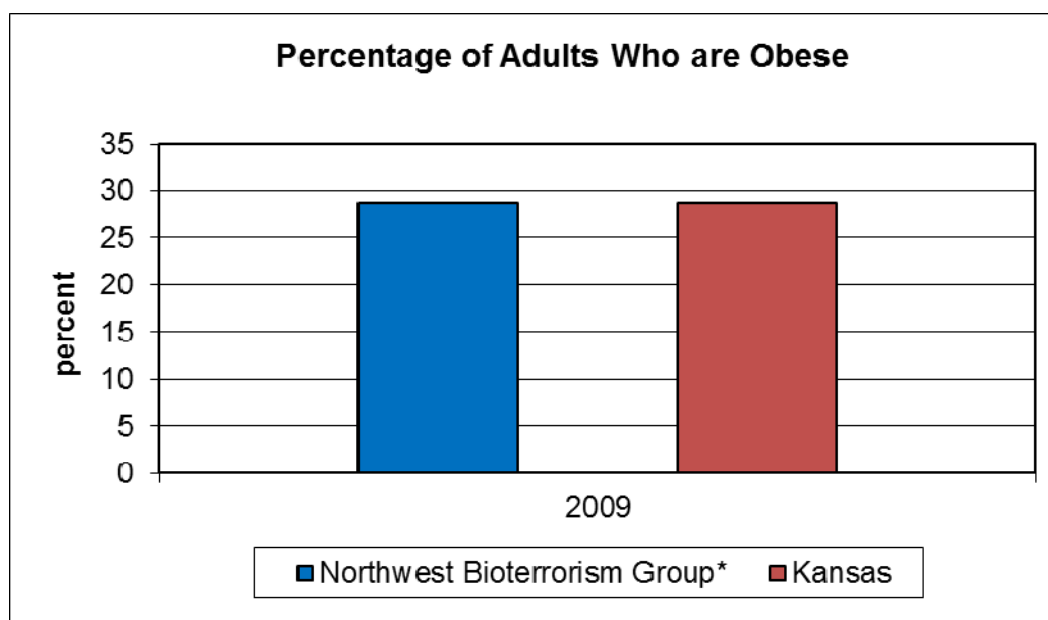
Value: 28.8 percent

Measurement Period: 2009

Location: Public Health Preparedness Region: Northwest Bioterrorism Group

Comparison: KS State Value

Categories: Health / Exercise, Nutrition, & Weight



*County data was unavailable; Regional value was reported

What is this Indicator?

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

Rawlins County Rural Health Works

Source: Kansas Department of Health and Environment

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

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

Percentage of Adults Who are Overweight

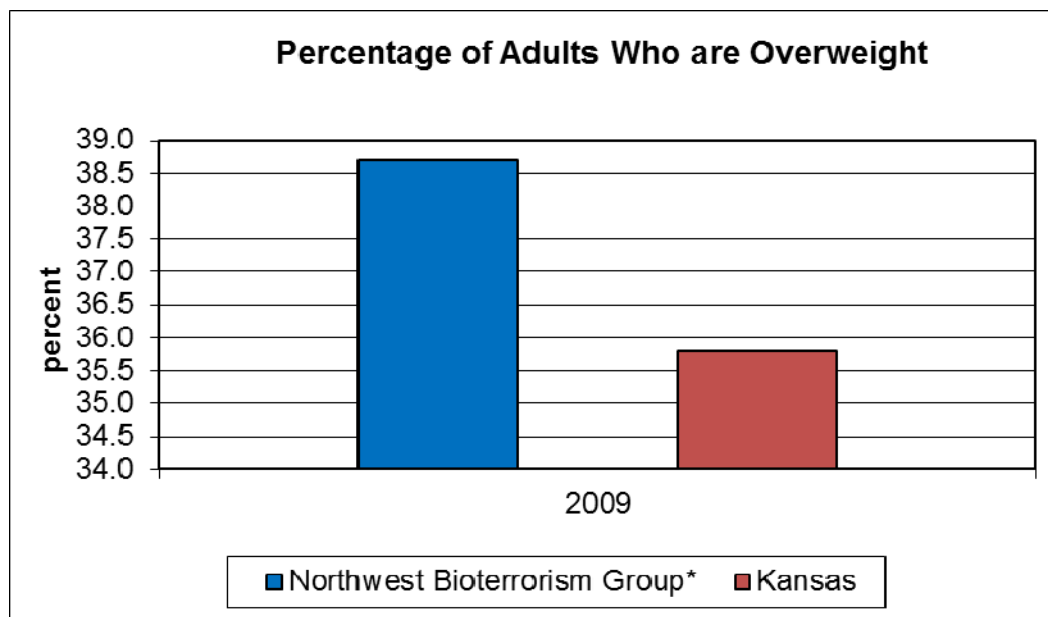
Value: 38.7 percent

Measurement Period: 2009

Location: Public Health Preparedness Region: Northwest Bioterrorism Group

Comparison: KS State Value

Categories: Health / Exercise, Nutrition, & Weight



*County data was unavailable; Regional value was reported

What is this Indicator?

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

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

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

Source: Kansas Department of Health and Environment

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

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

Maintained By: Kansas Department of Health and Environment

Rawlins County Rural Health Works

Heart Disease and Stroke

Congestive Heart Failure Hospital Admission Rate

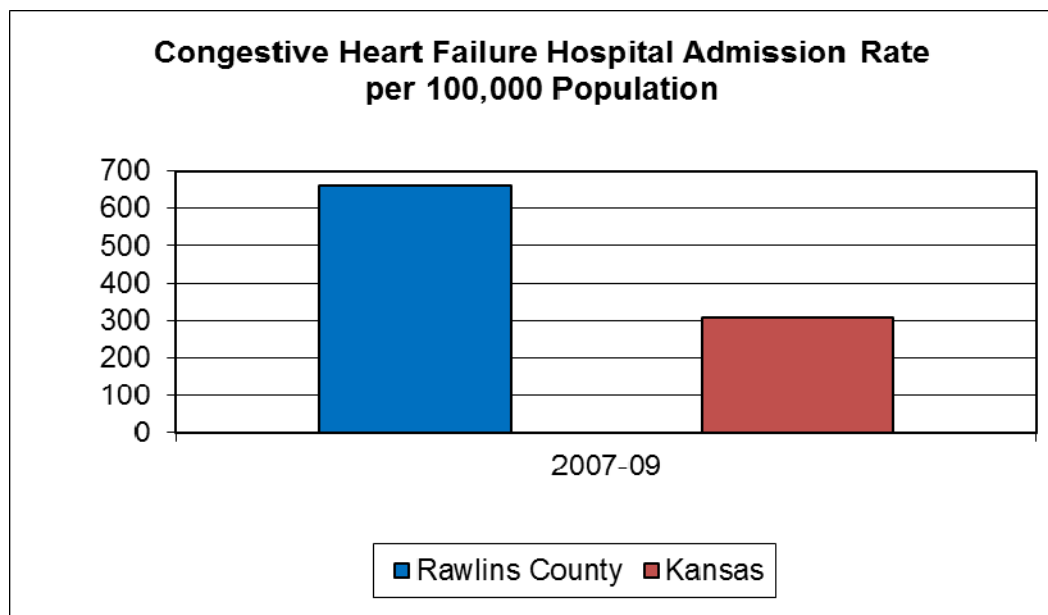
Value: 299.05 per 100,000 population

Measurement Period: 2007-2009

Location: County : Rawlins

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.

Rawlins County Rural Health Works

Source: Kansas Department of Health and Environment

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

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

Heart Disease Hospital Admission Rate

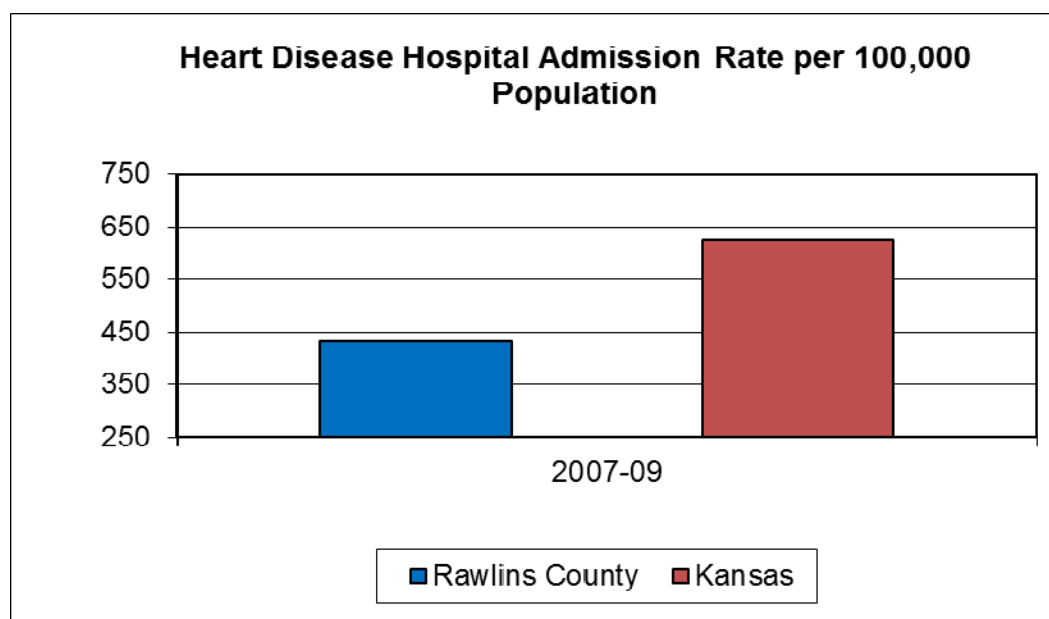
Value: 431.22 per 100,000 population

Measurement Period: 2007-2009

Location: County : Rawlins

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/>

Rawlins County Rural Health Works

Percentage of Adults with Hypertension

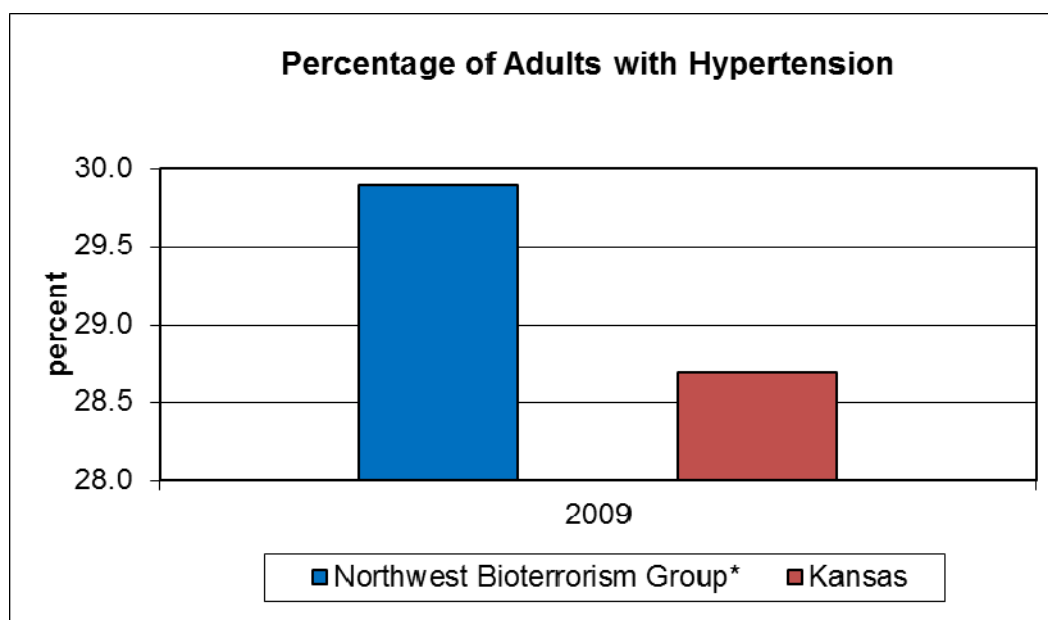
Value: 29.9 percent

Measurement Period: 2009

Location: Public Health Preparedness Region: Northwest Bioterrorism Group

Comparison: KS State Value

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



*County data was unavailable; Regional value was reported

What is this Indicator?

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

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

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

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

Rawlins County Rural Health Works

Source: Kansas Department of Health and Environment

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

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

Maintained By: Kansas Department of Health and Environment

Rawlins County Rural Health Works

Immunizations & Infectious Diseases

Bacterial Pneumonia Hospital Admission Rate

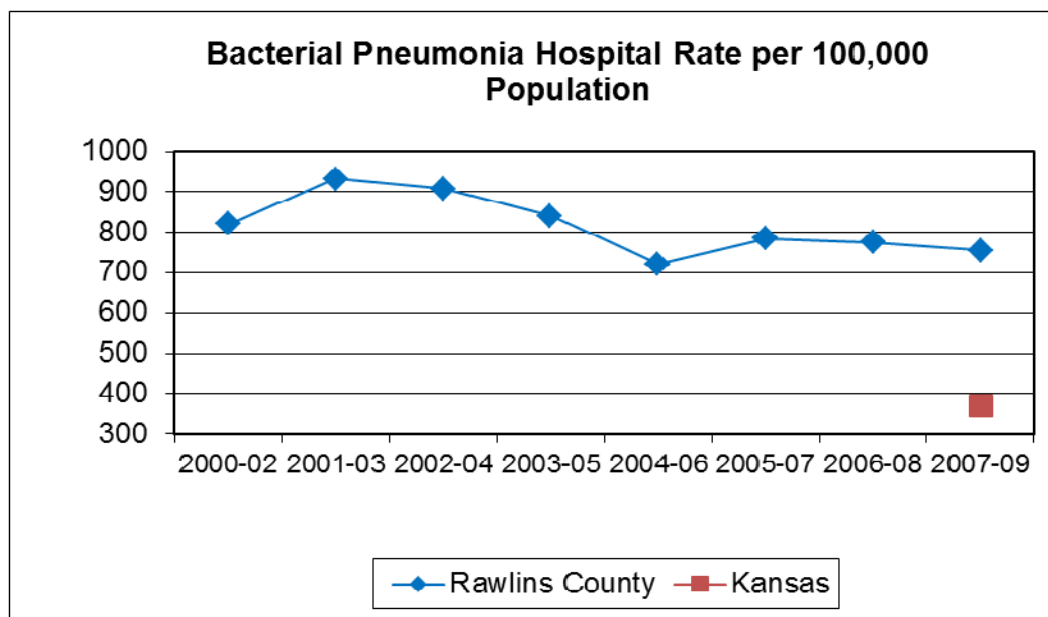
Value: 755.99 per 100,000 population

Measurement Period: 2007-2009

Location: County : Rawlins

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

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

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

Percent of Infants Fully Immunized at 24 Months

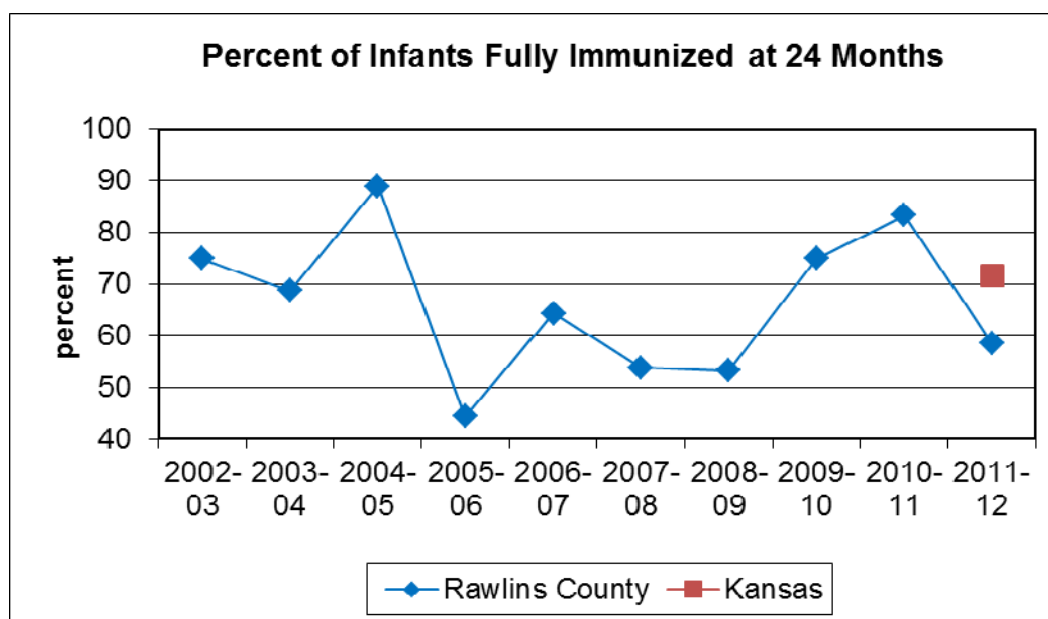
Value: 83.3 percent

Measurement Period: 2010-2011

Location: County : Rawlins

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

Rawlins County Rural Health Works

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

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

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

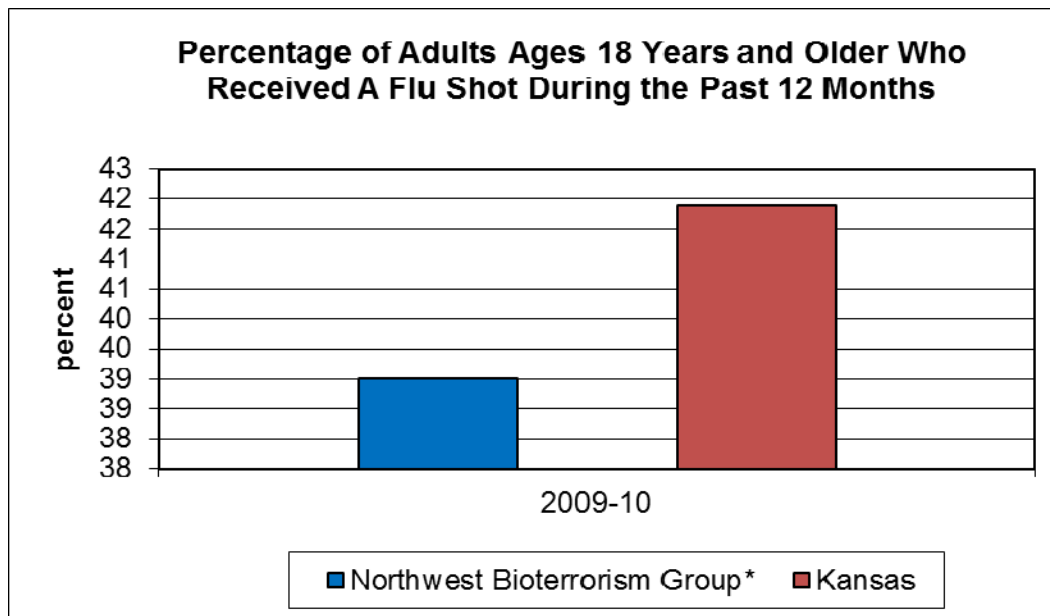
Value: 39

Measurement Period: 2009-10

Location: Public Health Preparedness Region: Northwest Bioterrorism Group

Comparison: KS State Value

Categories: Health / Immunizations & Infectious Diseases



*County data was unavailable; Regional value was reported

What is this Indicator?

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

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

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

Source: Kansas Department of Health and Environment

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

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

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Sexually Transmitted Disease Rate

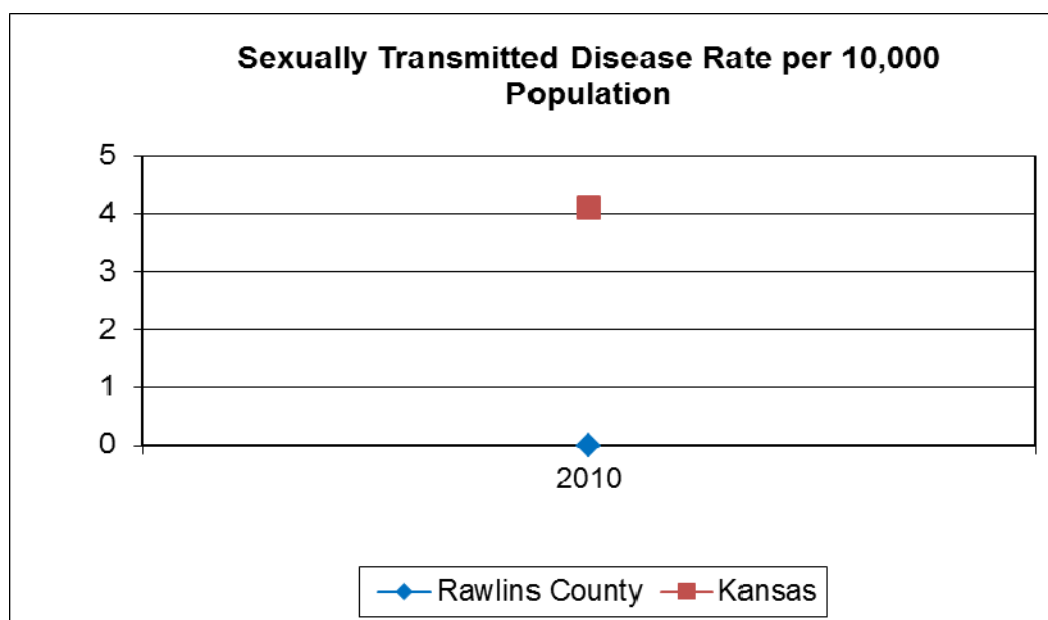
Value: 0 cases/10,000 population

Measurement Period: 2010

Location: County : Rawlins

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

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substantial because most people with chlamydia are not aware of their infections and do not seek testing.

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

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

Source: Kansas Department of Health and Environment

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

URL of Data: http://www.kdheks.gov/std/std_reports.html

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Maternal, Fetal & Infant Health

Infant Mortality Rate

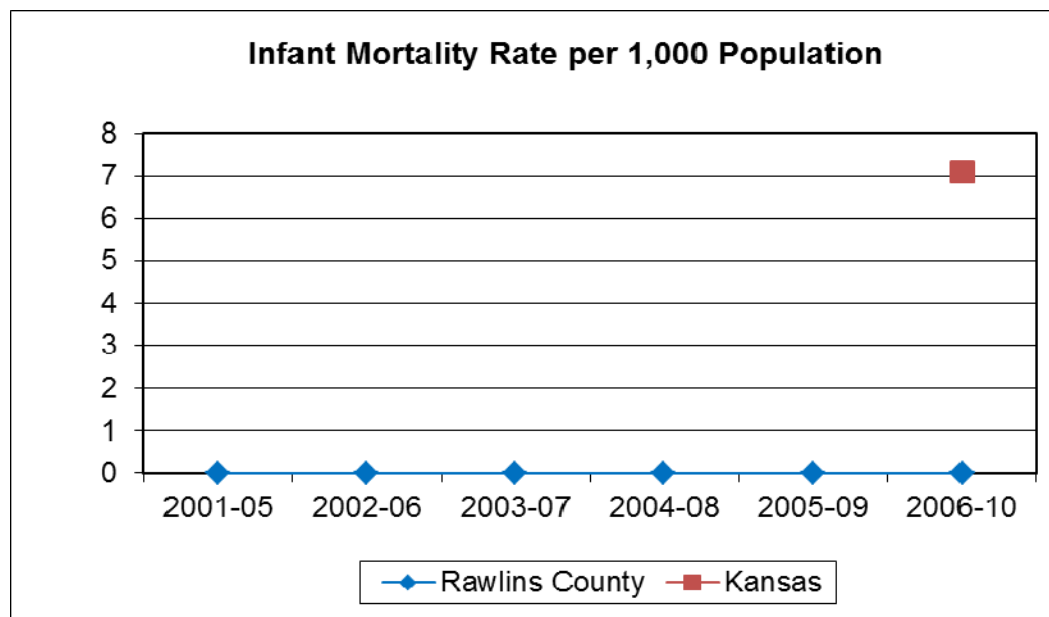
Value: 0 deaths/1,000 population

Measurement Period: 2006-2010

Location: County : Rawlins

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.

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

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

Source: Kansas Department of Health and Environment

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

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

Number of Births per 1,000 Population

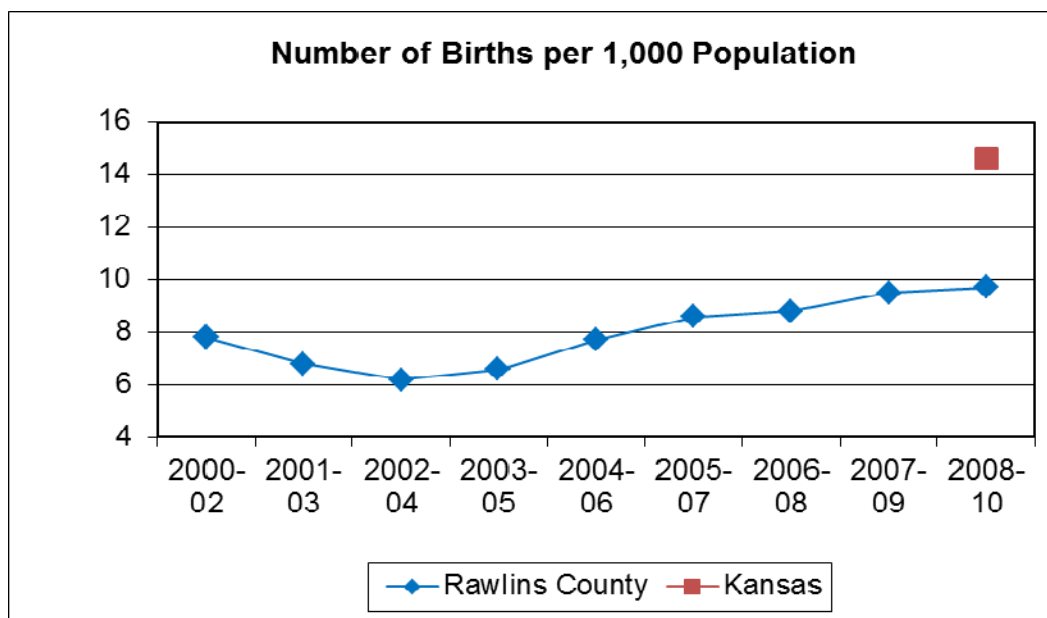
Value: 9.7 births/1,000 population

Measurement Period: 2008-2010

Location: County : Rawlins

Comparison: KS State Value

Categories: Health / Maternal, Fetal & Infant Health



What is this Indicator?

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

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

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

Source: Kansas Department of Health and Environment

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

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

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

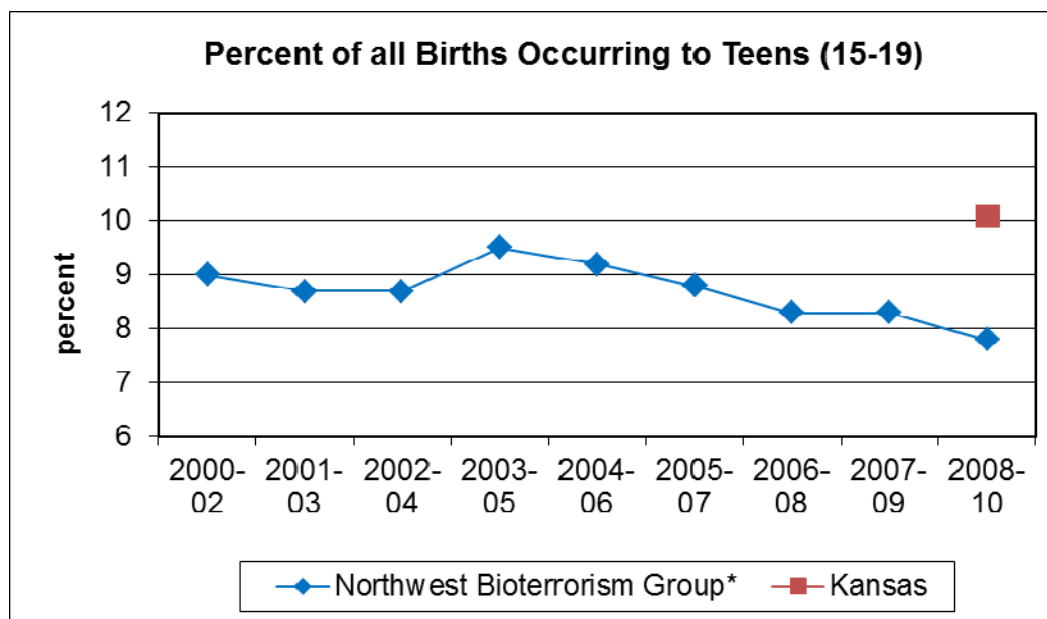
Value: 7.8 percent

Measurement Period: 2008-2010

Location: County : Rawlins

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

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average of approximately \$3,500 less per year, when compared with those who delay childbearing until their 20s; and receive nearly twice as much Federal aid for nearly twice as long.

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

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

Source: Kansas Department of Health and Environment

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

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

Percent of Births Occurring to Unmarried Women

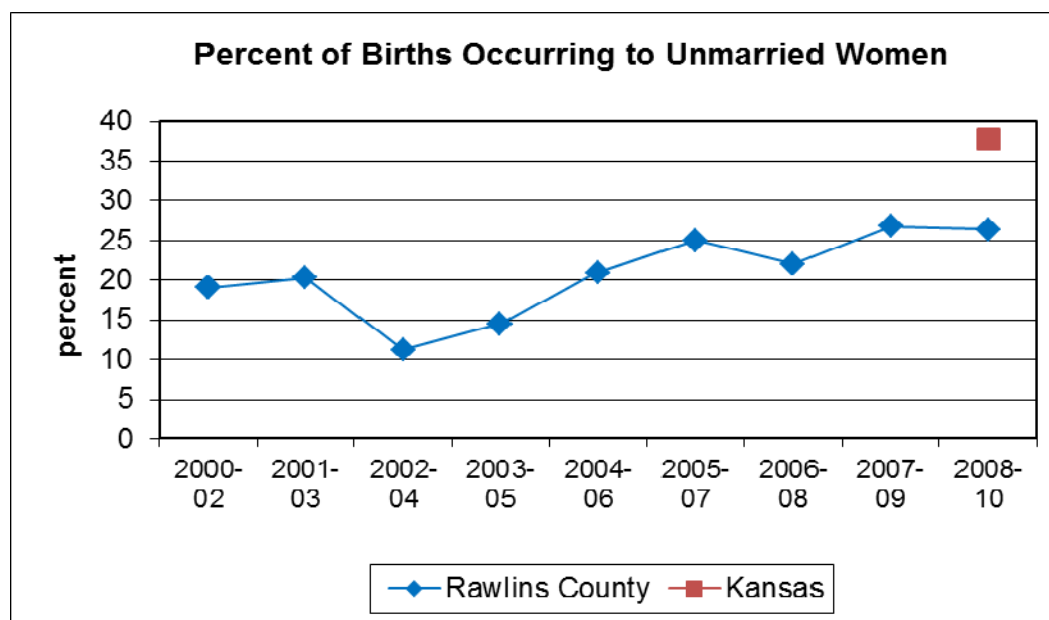
Value: 26.4 percent

Measurement Period: 2008-2010

Location: County : Rawlins

Comparison: KS State Value

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



What is this Indicator?

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

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

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

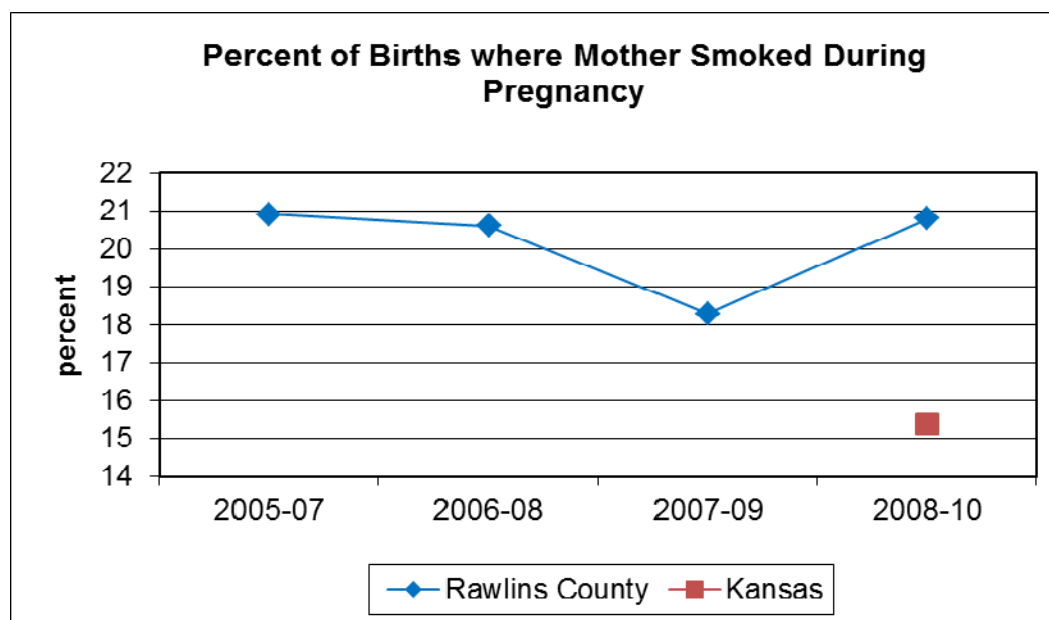
Value: 20.8 percent

Measurement Period: 2008-2010

Location: County : Rawlins

Comparison: KS State Value

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



What is this Indicator?

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

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

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

Source: Kansas Department of Health and Environment

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

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

Percent of Births Where Prenatal Care began in First Trimester

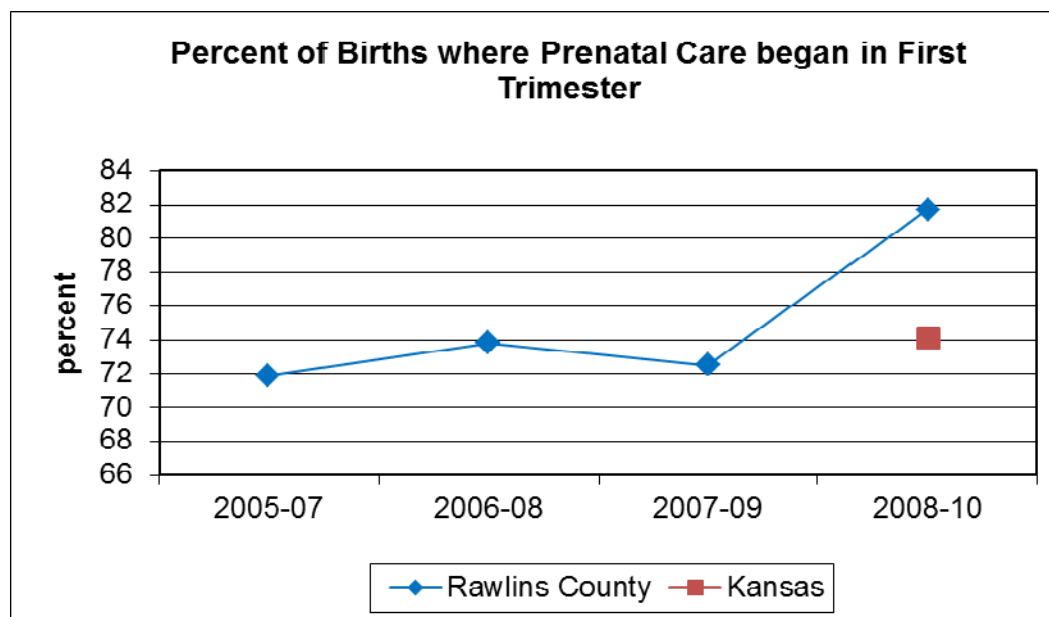
Value: 81.7 percent

Measurement Period: 2008-2010

Location: County : Rawlins

Comparison: KS State Value

Categories: Health / Maternal, Fetal & Infant Health



What is this Indicator?

This indicator shows the percentage of births in which mothers received prenatal care in the first trimester.

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

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

Source: Kansas Department of Health and Environment

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

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

Percent of Births with Inadequate Birth Spacing

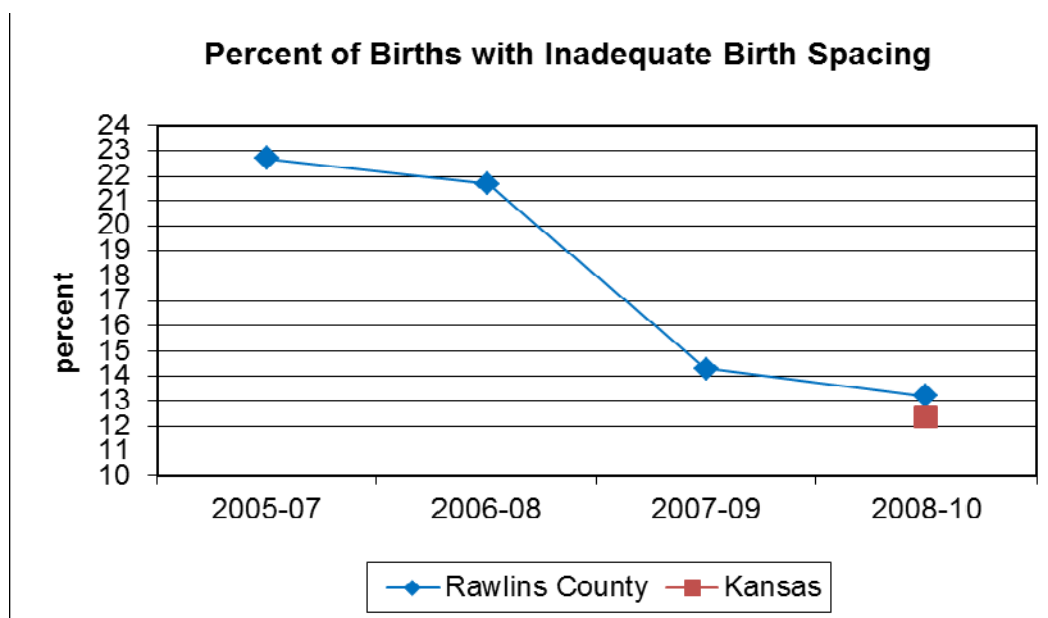
Value: 13.2 percent

Measurement Period: 2008-2010

Location: County : Rawlins

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

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time interval between pregnancies. However, researchers agree that 2 ½ years to 3 years between births is usually best for the well being of the mother and her children. When births are spaced 2 ½ years to 3 years apart there is less risk of infant and child death. There is also lower risk of the baby being underweight. Short intervals between births can also be bad for mother's health. There is a greater risk of bleeding in pregnancy, premature rupture of the bag of waters and increased risk of maternal death. A time interval of six months or more after finishing breastfeeding is also recommended before becoming pregnant again for the mother to be able to rebuild her nutritional stores.

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

Source: Kansas Department of Health and Environment

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

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

Percent of Births with Low Birth Weight

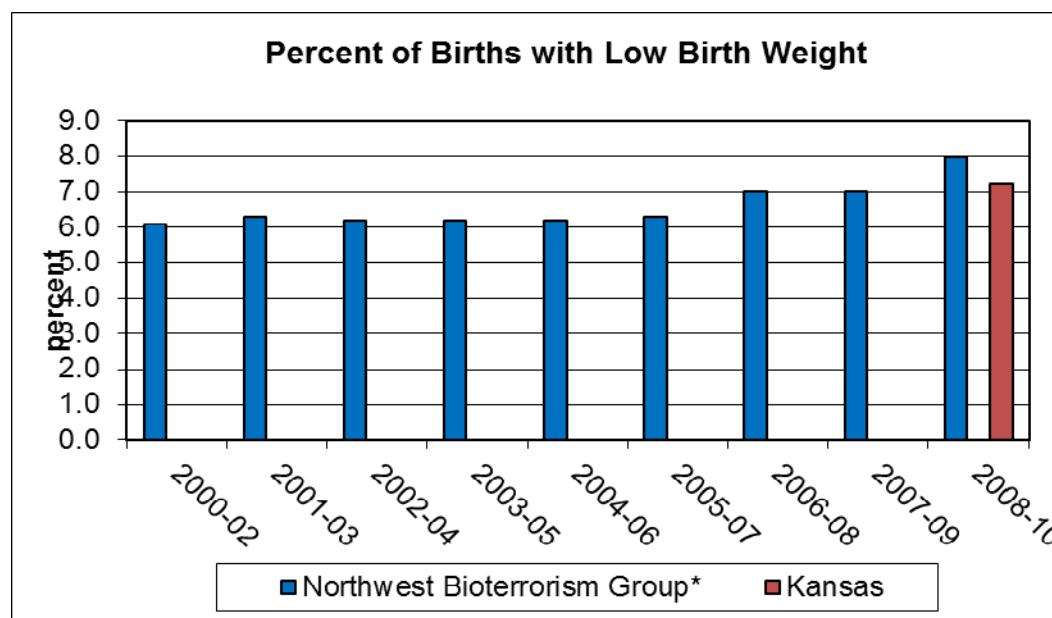
Value: 8 percent

Measurement Period: 2008-2010

Location: Public Health Preparedness Region: Northwest Bioterrorism Group

Comparison: KS State Value

Categories: Health / Maternal, Fetal & Infant Health



*County data was unavailable; Regional value was reported

What is this Indicator?

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

Why this is important: Babies born with a low birth weight are more likely than babies of normal weight to require specialized medical care, and often must stay in the intensive care unit.

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Low birth weight is often associated with premature birth. While there have been many medical advances enabling premature infants to survive, there is still risk of infant death or long-term disability. The most important things an expectant mother can do to prevent prematurity and low birth weight are to take prenatal vitamins, stop smoking, stop drinking alcohol and using drugs, and most importantly, get prenatal care.

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

Source: Kansas Department of Health and Environment

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

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

Percent of Premature Births

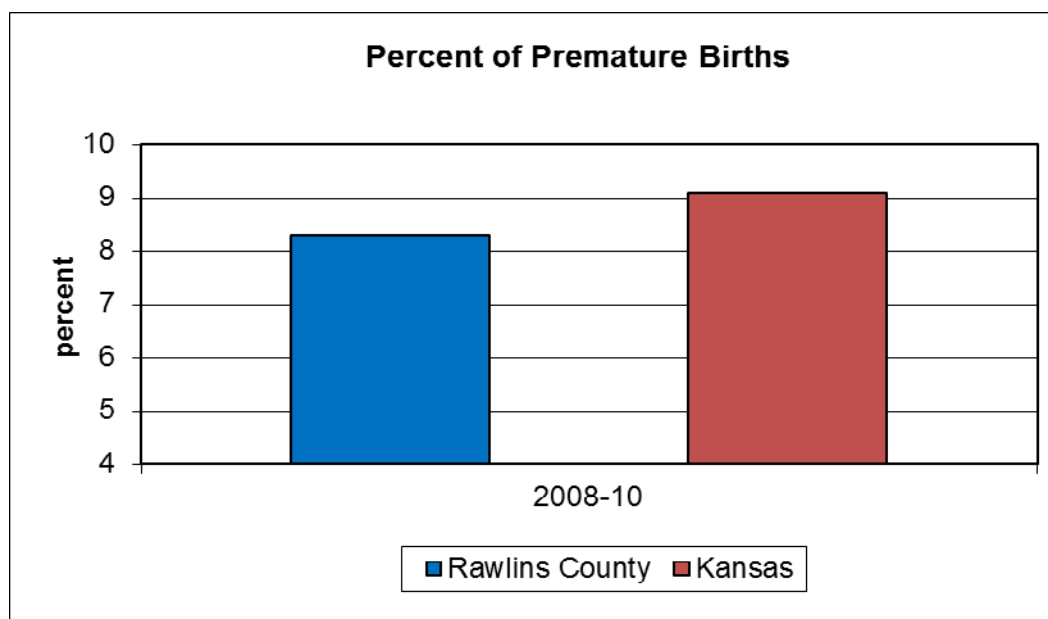
Value: 8.3 percent

Measurement Period: 2008-2010

Location: County : Rawlins

Comparison: KS State Value

Categories: Health / Maternal, Fetal & Infant Health



What is this indicator?

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

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

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

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

Source: Kansas Department of Health and Environment

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

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

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Mental Health & Mental Disorders

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

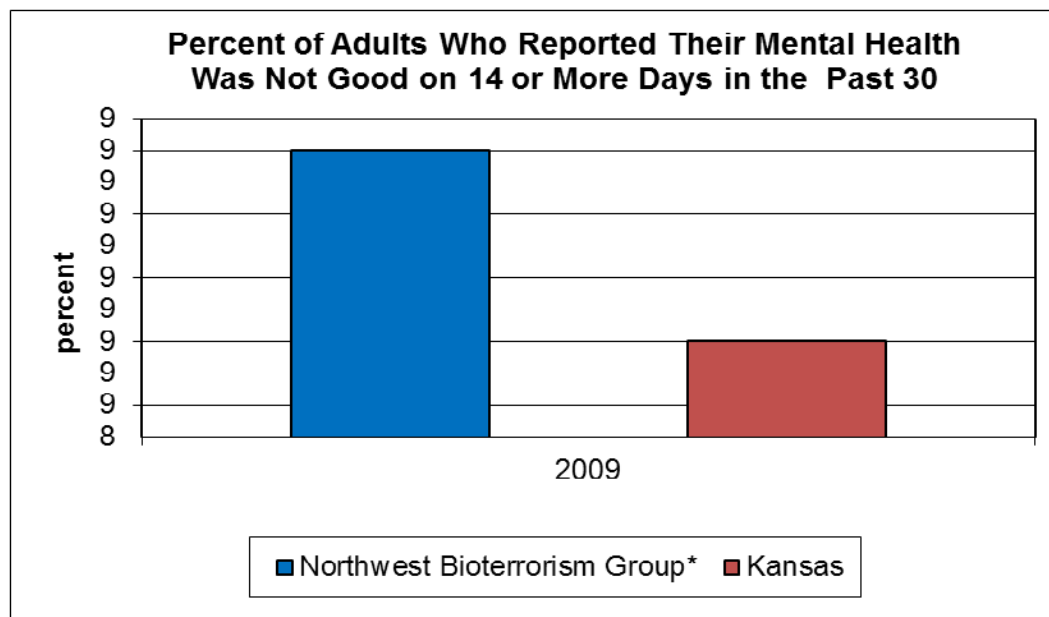
Value: 8.9

Measurement Period: 2009

Location: Public Health Preparedness Region: West Central Public Health Initiative

Comparison: KS State Value

Categories: Health / Mental Health & Mental Disorders



*County data was unavailable; Regional value was reported

What is this Indicator?

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

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

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

Source: Kansas Department of Health and Environment

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

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

Maintained By: Kansas Department of Health and Environment

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Mortality Data

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

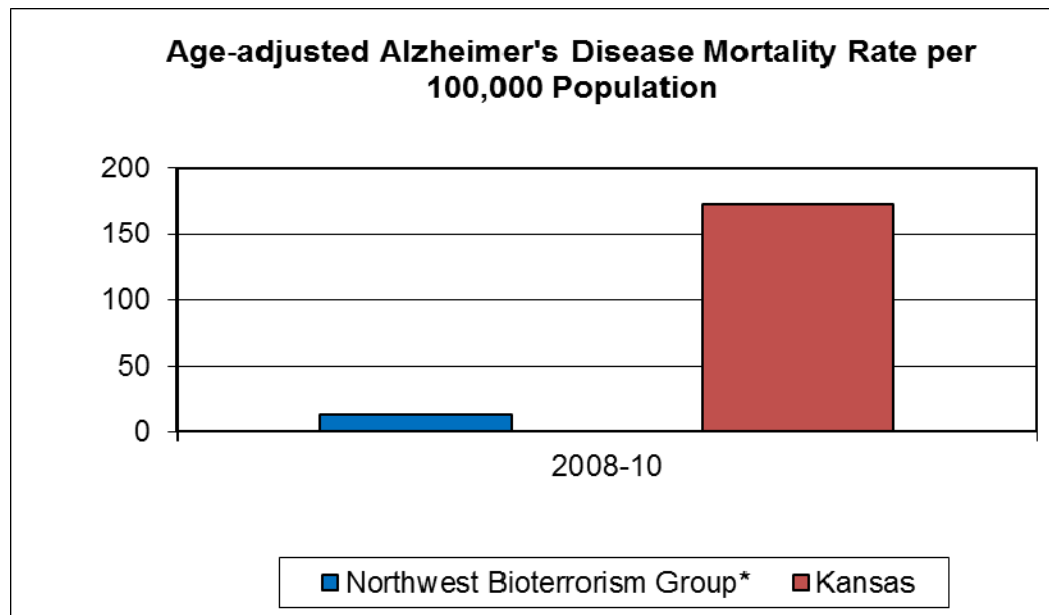
Value: 13.4

Measurement Period: 2008-2010

Location: Public Health Preparedness Region: West Central Public Health Initiative

Comparison: KS State Value

Categories: Health / Mortality Data; Health / Older Adults & Aging



*County data was unavailable; Regional value was reported

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

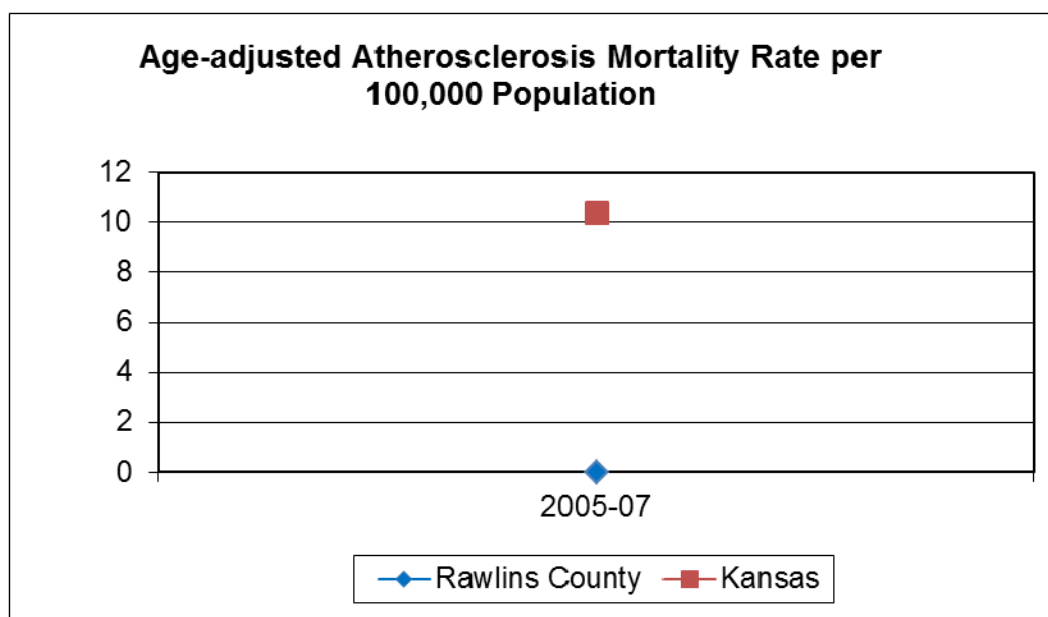
Value: 0 deaths/100,000 population

Measurement Period: 2005-2007

Location: County : Rawlins

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

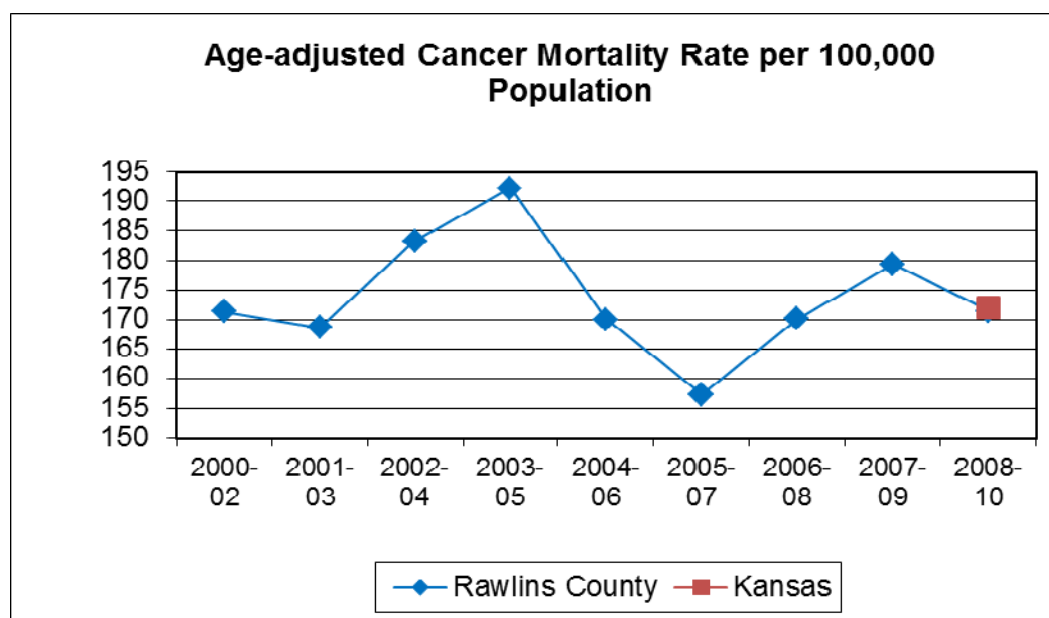
Value: 171.5 deaths/100,000 population

Measurement Period: 2008-2010

Location: County : Rawlins

Comparison: KS State Value

Categories: Health / Mortality Data



What is this Indicator?

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

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

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

Source: Kansas Department of Health and Environment

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

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

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

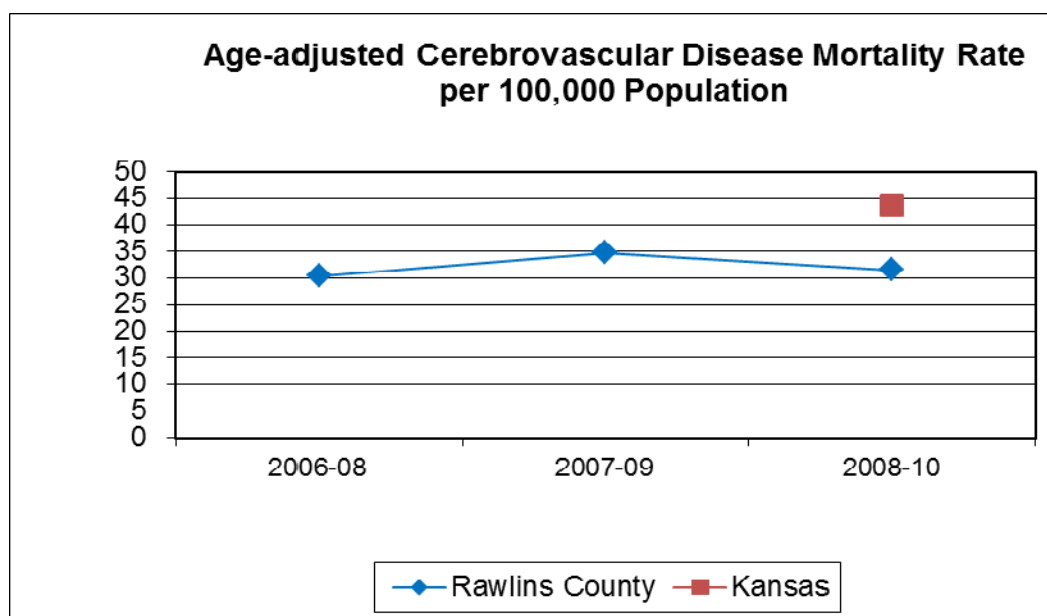
Value: 31.61 deaths/100,000 population

Measurement Period: 2008-2010

Location: County : Rawlins

Comparison: KS State Value

Categories: Health / Mortality Data



What is this Indicator?

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

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

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

Source: Kansas Department of Health and Environment

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

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

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

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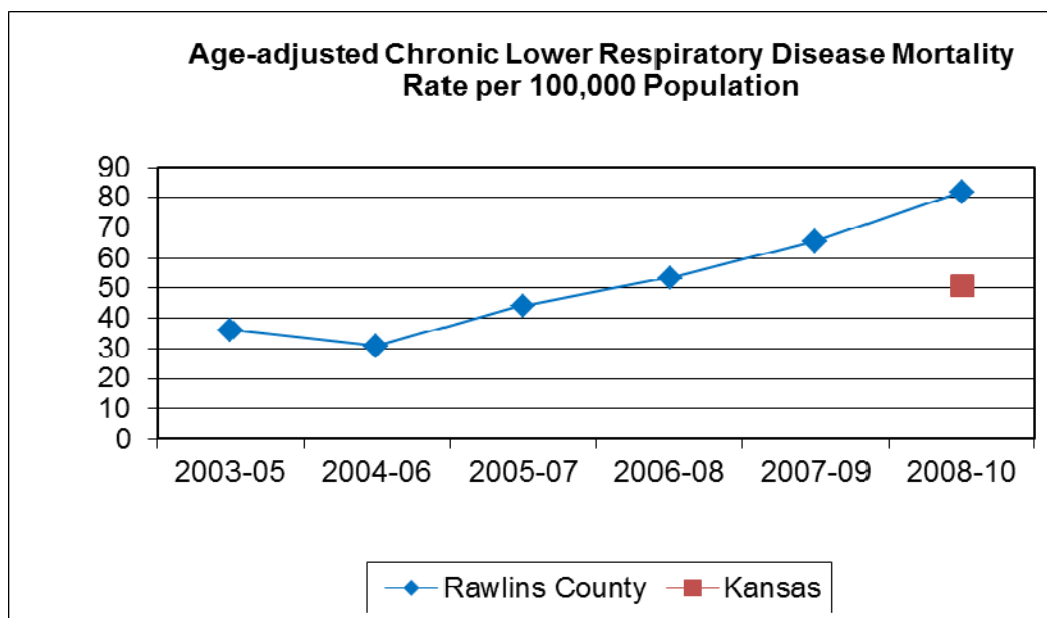
Value: 81.8 deaths/100,000 population

Measurement Period: 2008-2010

Location: County : Rawlins

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 is 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

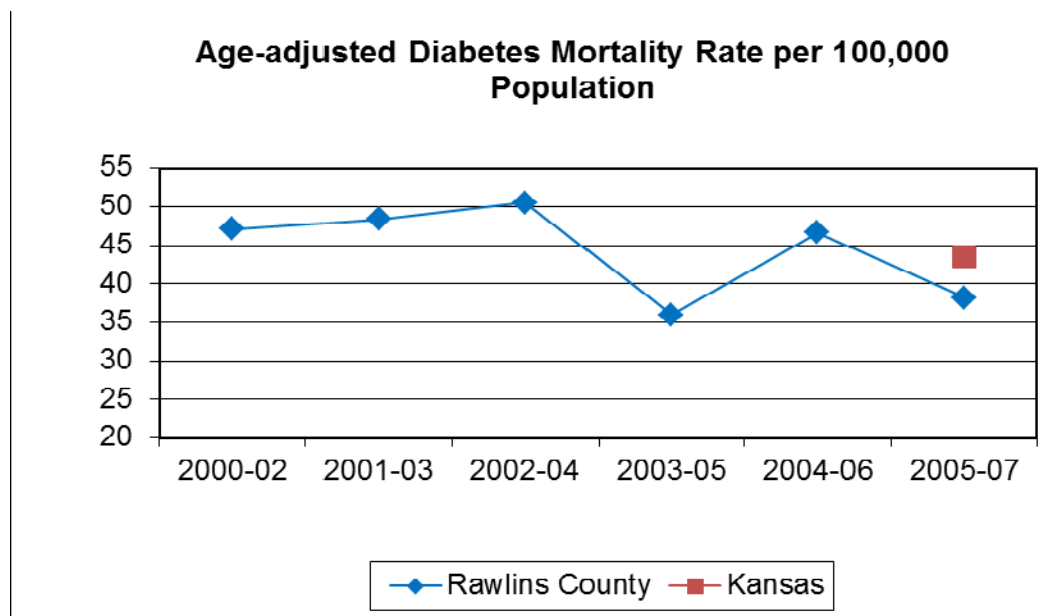
Value: 38.21 deaths/100,000 population

Measurement Period: 2005-2007

Location: County : Rawlins

Comparison: KS State Value

Categories: Health / Mortality Data



What is this Indicator?

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

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

Diabetes can have a harmful effect on most of the organ systems in the human body; it is a frequent cause of end-stage renal disease, non-traumatic lower-extremity amputation, and a leading cause of blindness among working age adults. Persons with diabetes are also at

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increased risk for ischemic heart disease, neuropathy, and stroke. In economic terms, the direct medical expenditure attributable to diabetes in 2007 was estimated to be \$116 billion.

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

Source: Kansas Department of Health and Environment

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

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

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

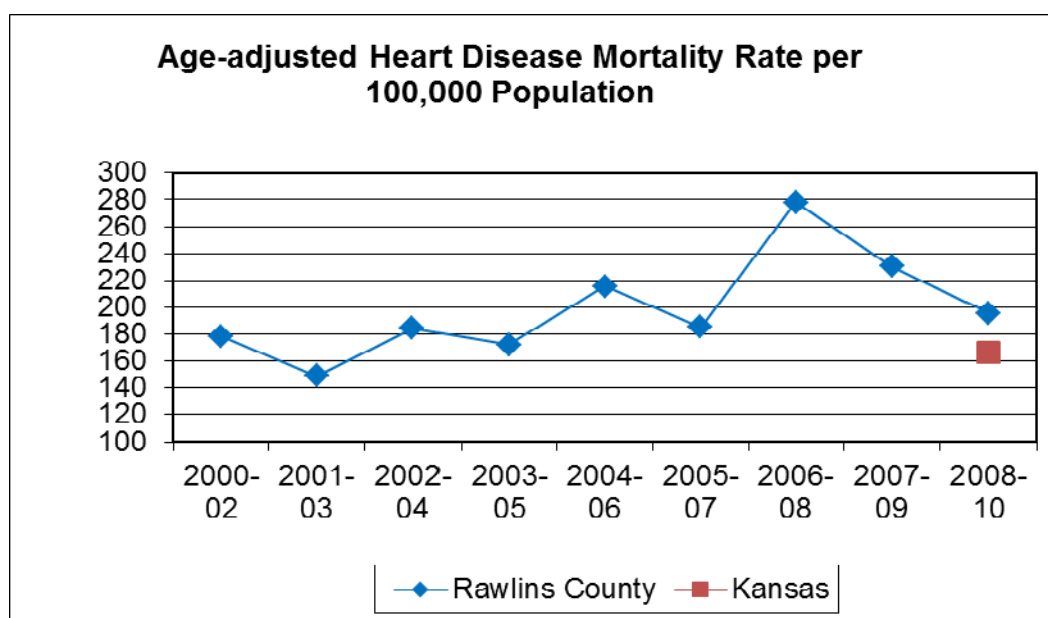
Value: 195.65 deaths/100,000 population

Measurement Period: 2008-2010

Location: County : Rawlins

Comparison: KS State Value

Categories: Health / Mortality Data



What is this Indicator?

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

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

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

Source: Kansas Department of Health and Environment

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

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

Age-adjusted Homicide Mortality Rate per 100,000 Population

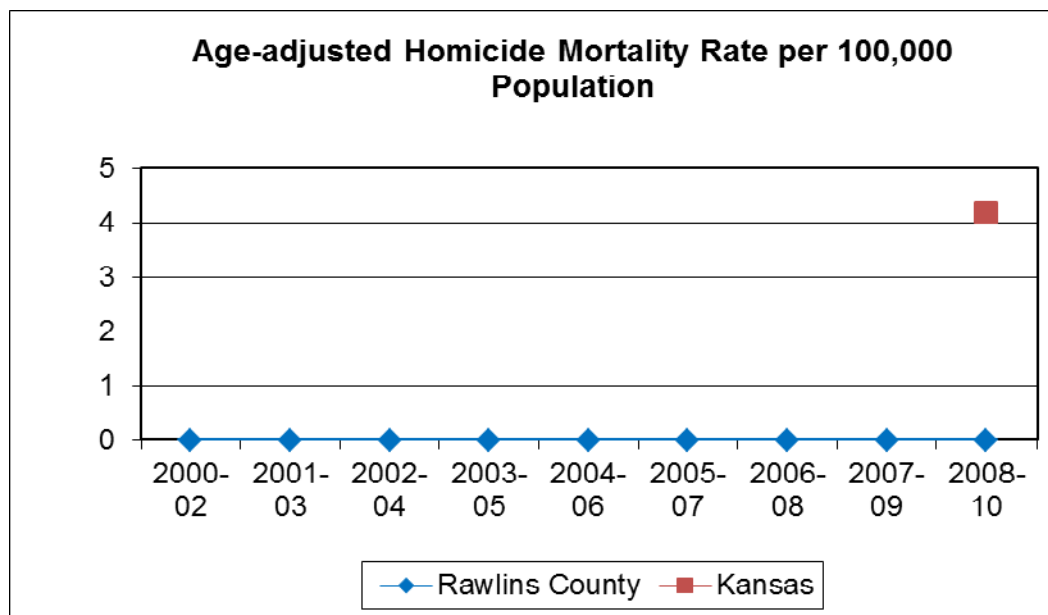
Value: 0 deaths/100,000 population

Measurement Period: 2008-2010

Location: County : Rawlins

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: 780.74 deaths/100,000 population

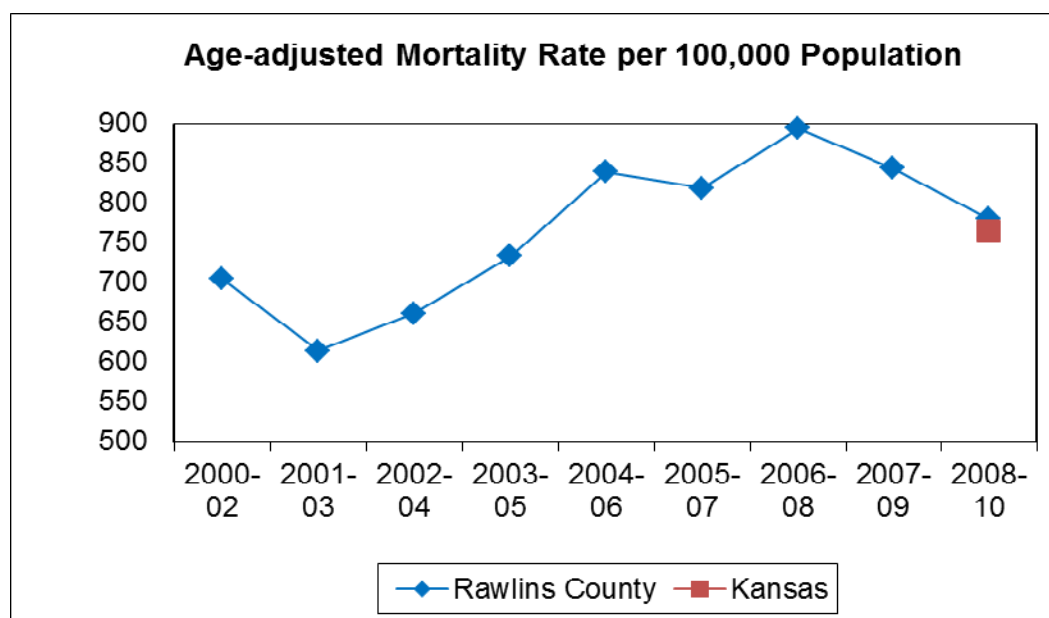
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Measurement Period: 2008-2010

Location: County : Rawlins

Comparison: KS State Value

Categories: Health / Mortality Data



What is this Indicator?

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

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

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

Source: Kansas Department of Health and Environment

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

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

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

Value: 23.46 deaths/100,000 population

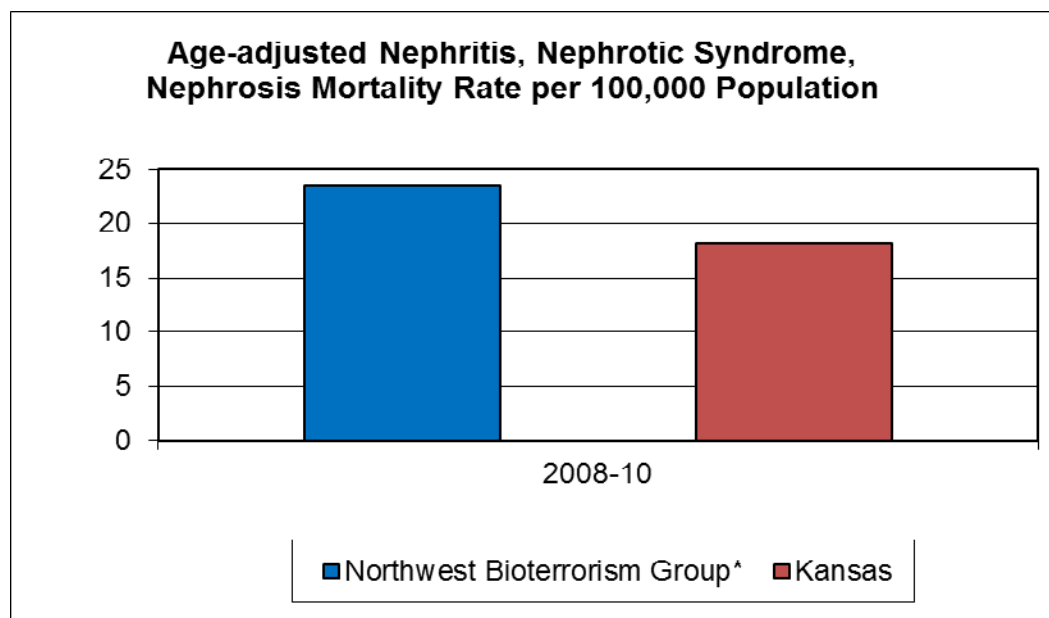
Measurement Period: 2008-2010

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Location: Public Health Preparedness Region: West Central Public Health Initiative

Comparison: KS State Value

Categories: Health / Mortality Data



*County data was unavailable; Regional value was reported

What is this Indicator?

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

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

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

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

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

CKD and end-stage renal disease (ESRD) are significant public health problems in the United States and a major source of suffering and poor quality of life for those afflicted. They are

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responsible for premature death and exact a high economic price from both the private and public sectors. CKD and ESRD are very costly to treat. Nearly 25 percent of the Medicare budget is used to treat people with CKD and ESRD

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

Source: Kansas Department of Health and Environment

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

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

Age-adjusted Suicide Mortality Rate per 100,000 Population

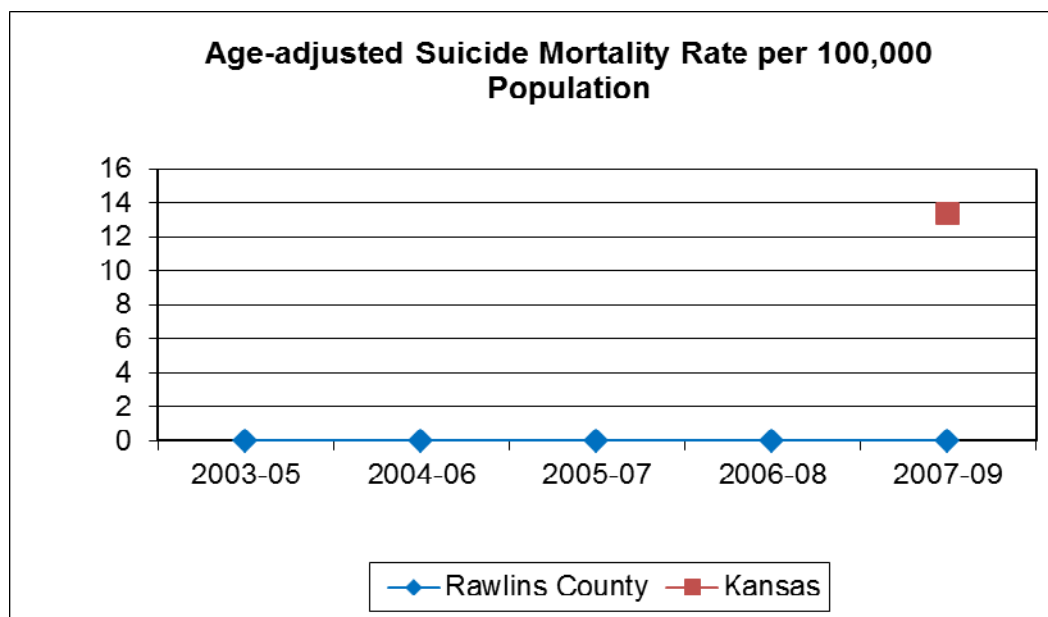
Value: 0 deaths/100,000 population

Measurement Period: 2007-2009

Location: County : Rawlins

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.

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Source: Kansas Department of Health and Environment

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

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

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

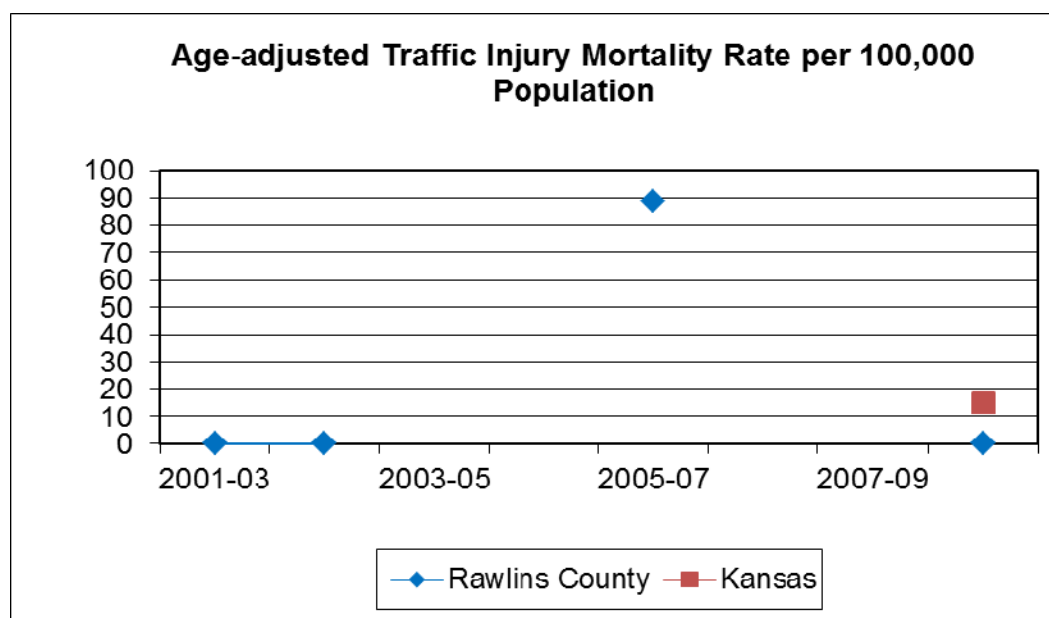
Value: 0 deaths/100,000 population

Measurement Period: 2008-2010

Location: County : Rawlins

Comparison: KS State Value

Categories: Health / Mortality Data



What is this Indicator?

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

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

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

Source: Kansas Department of Health and Environment

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

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

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

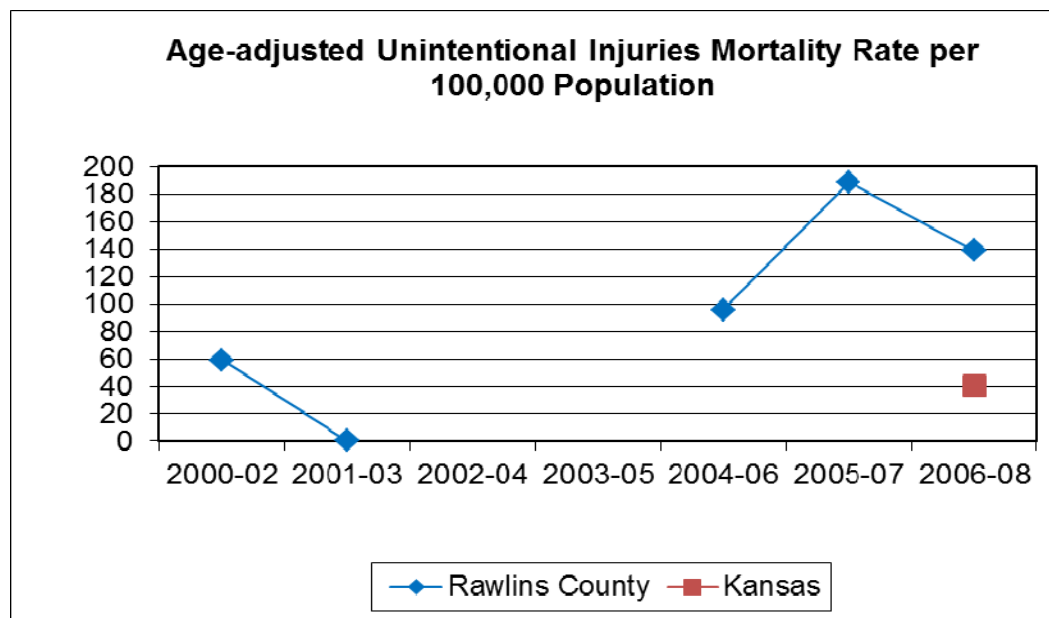
Value: 138.8 deaths/100,000 population

Measurement Period: 2006-2008

Location: County : Rawlins

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 drowning.

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>

Rawlins County Rural Health Works

Oral Health

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

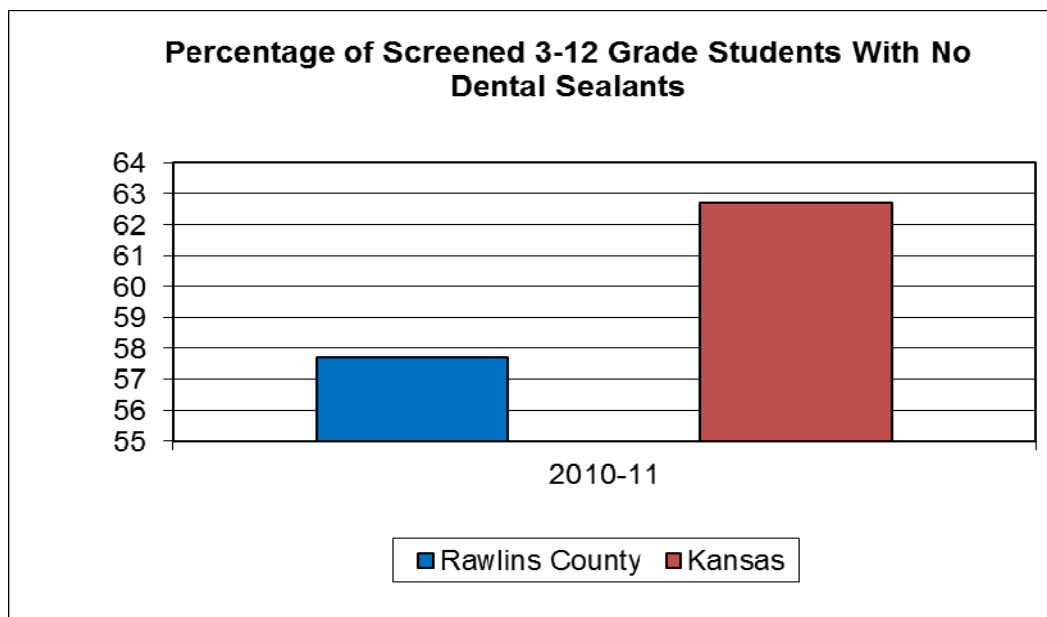
Value: 57.7 Per 100,000 population

Measurement Period: 2010-2011

Location: County : Rawlins

Comparison: KS State Value

Categories: Oral Health



What is this Indicator?

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

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

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

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

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

Source: KDHE Bureau of Oral Health

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

URL of Data: http://www.kdheks.gov/ohi/screening_program.htm

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

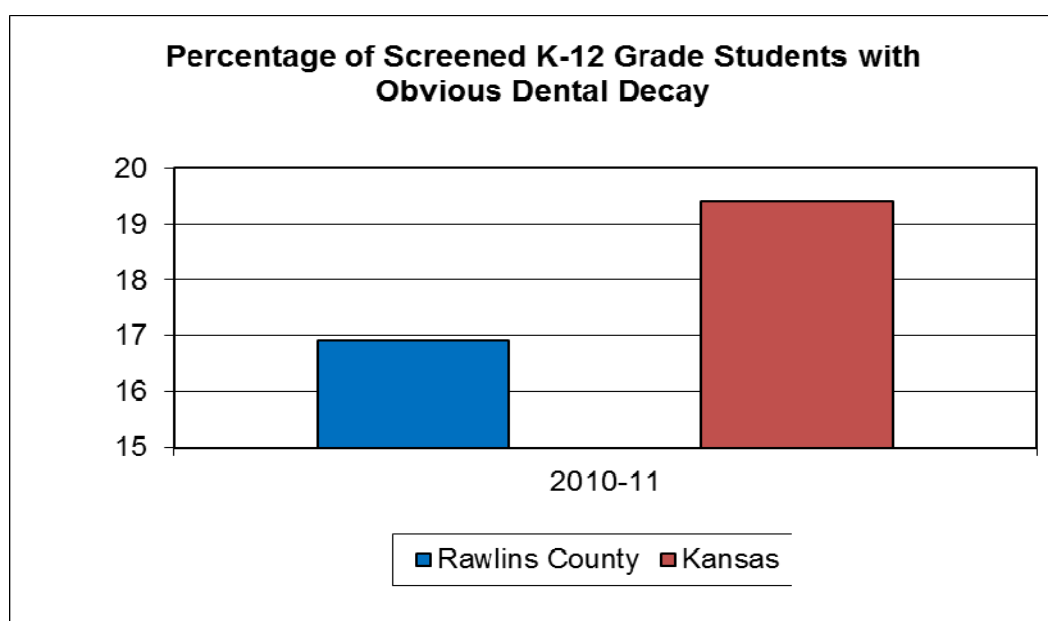
Value: 16.9 Per 100,000 population

Measurement Period: 2010-2011

Location: County : Rawlins

Comparison: KS State Value

Categories: Oral Health



What is this Indicator?

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

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

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Regarding a US Value comparison and a HP2020 target, there is no direct comparison that can

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be made to Kansas 'Obvious Dental Decay' data. The national and HP2020 values are from a survey of age groups 6 to 9 and 13 to 15 years of age based on the National Health & Nutrition Examination Survey (NHANES), CDC, and NCHS criteria. The Kansas criteria for its data are school grade levels K -12.

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

Source: KDHE Bureau of Oral Health

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

URL of Data: http://www.kdheks.gov/ohi/screening_program.htm

Rawlins County Rural Health Works

Prevention & Safety

Injury Hospital Admission Rate

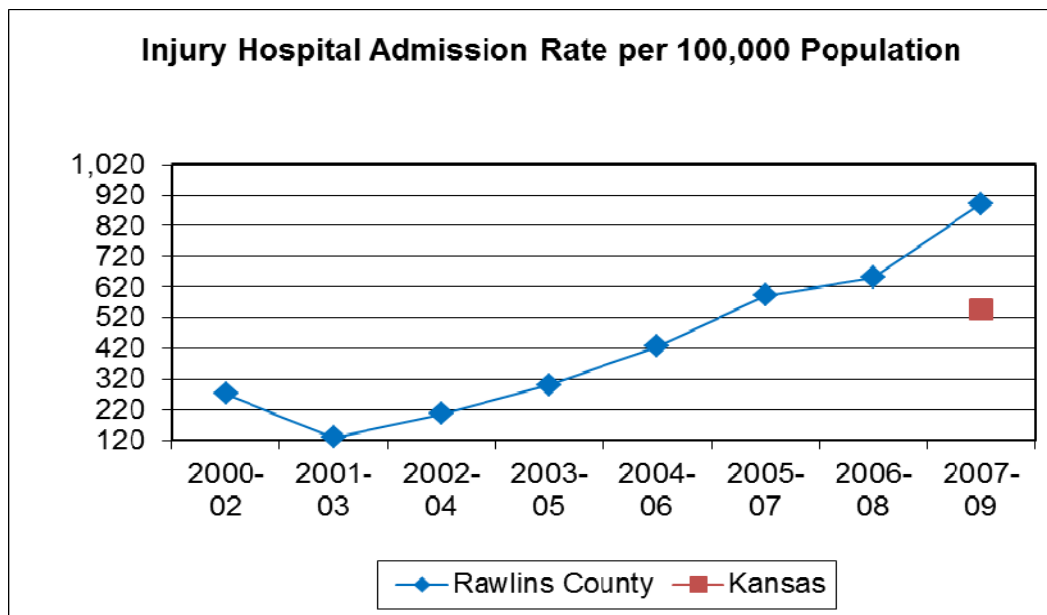
Value: 893.37 Per 100,000 population

Measurement Period: 2007-2009

Location: County : Rawlins

Comparison: KS State Value

Categories: Health/Prevention & Safety



What is this Indicator?

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

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

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

Source: Kansas Department of Health and Environment

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

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

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Respiratory Diseases

Chronic Obstructive Pulmonary Disease (COPD) Hospital Admission Rate

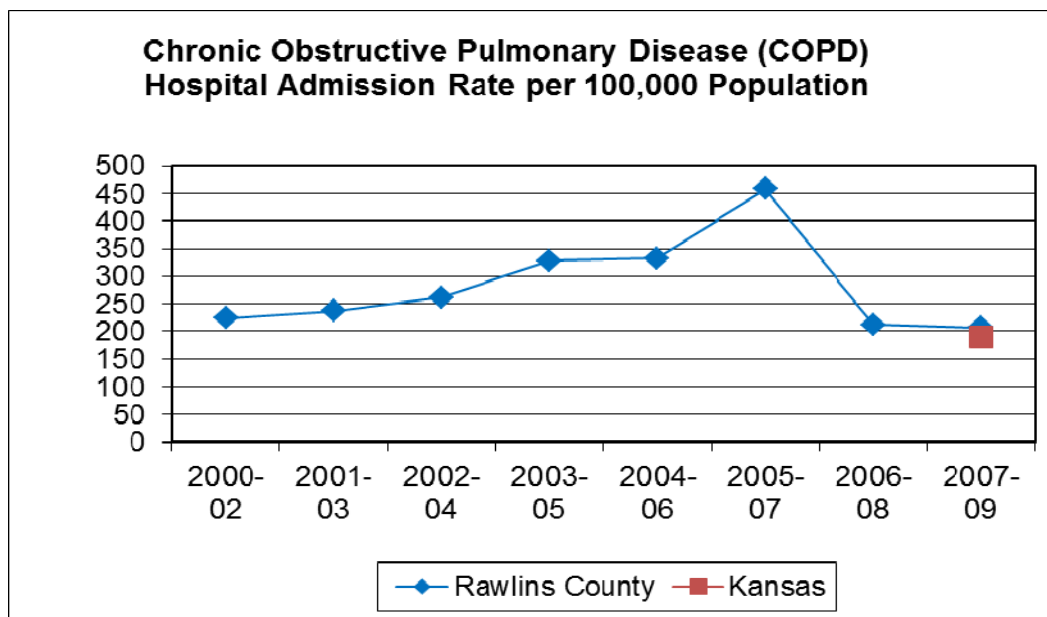
Value: 206.93 Per 100,000 population

Measurement Period: 2007-2009

Location: County : Rawlins

Comparison: KS State Value

Categories: Health/Respiratory Diseases



What is this Indicator?

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

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

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

Source: Kansas Department of Health and Environment

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

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

Rawlins County Rural Health Works

Substance Abuse

Percentage of Adults Who are Binge Drinkers

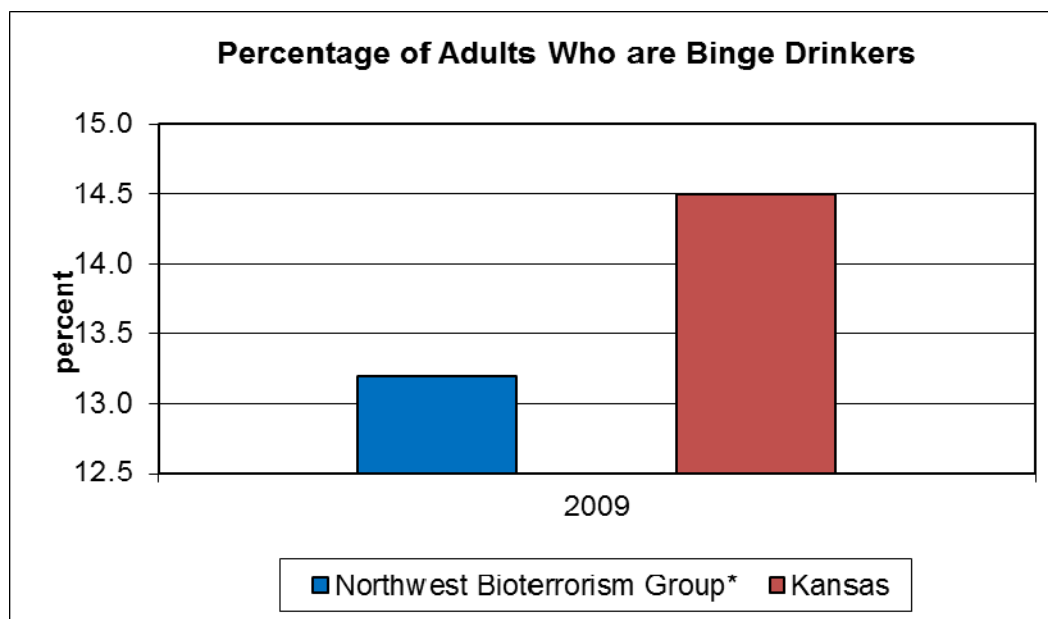
Value: 13.2 percent

Measurement Period: 2009

Location: Public Health Preparedness Region: West Central Public Health Initiative

Comparison: KS State Value

Categories: Health/Substance Abuse



*County data was unavailable; Regional value was reported

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>

Rawlins County Rural Health Works

Percentage of Adults Who Currently Smoke Cigarettes

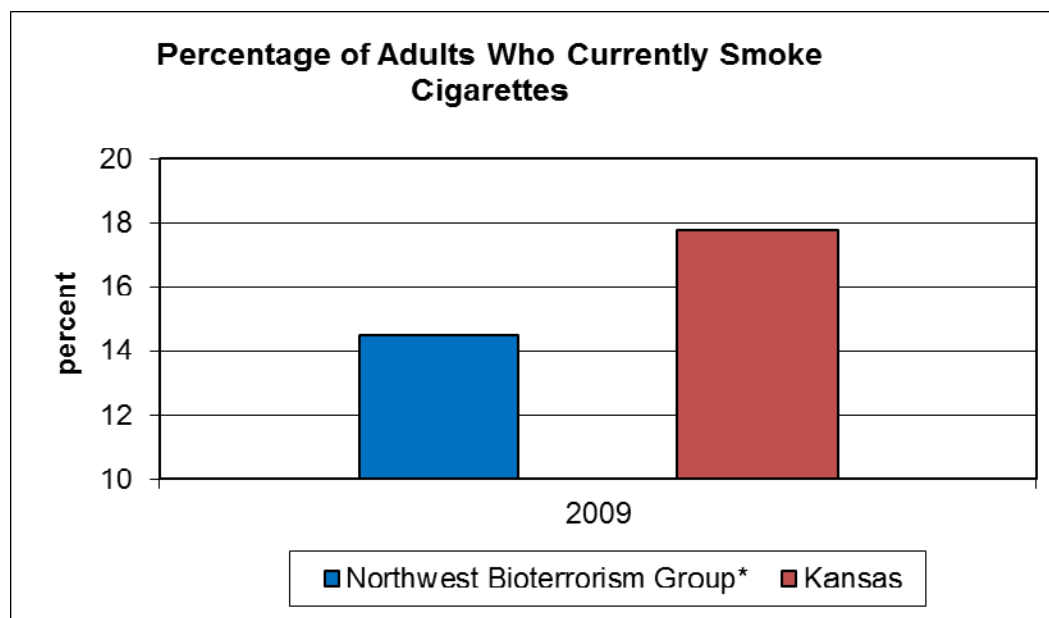
Value: 14.5 percent

Measurement Period: 2009

Location: Public Health Preparedness Region: West Central Public Health Initiative

Comparison: KS State Value

Categories: Health/Substance Abuse



*County data was unavailable; Regional value was reported

What is this Indicator?

This indicator shows the percentage of adults 18 years and older who currently smoke cigarettes.

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

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

Source: Kansas Department of Health and Environment

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

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

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Wellness & Lifestyle

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

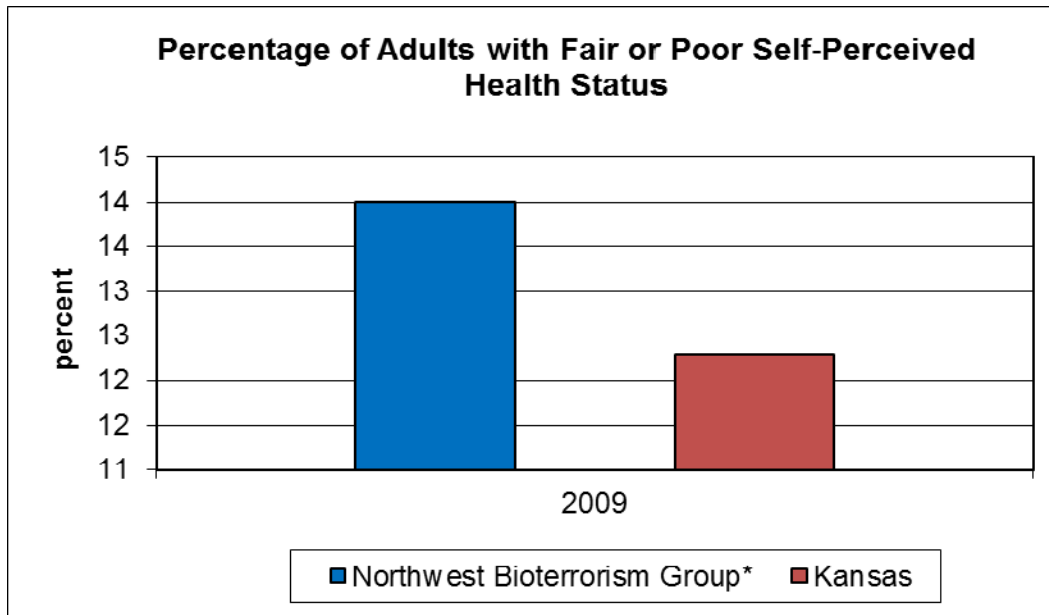
Value: 14 percent

Measurement Period: 2009

Location: Public Health Preparedness Region: West Central Public Health Initiative

Comparison: KS State Value

Categories: Health/Wellness & Lifestyle



*County data was unavailable; Regional value was reported

What is this Indicator?

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

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

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

Source: Kansas Department of Health and Environment

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

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

Rawlins County Rural Health Works

Economic Climate

Uninsured Adult Population Rate

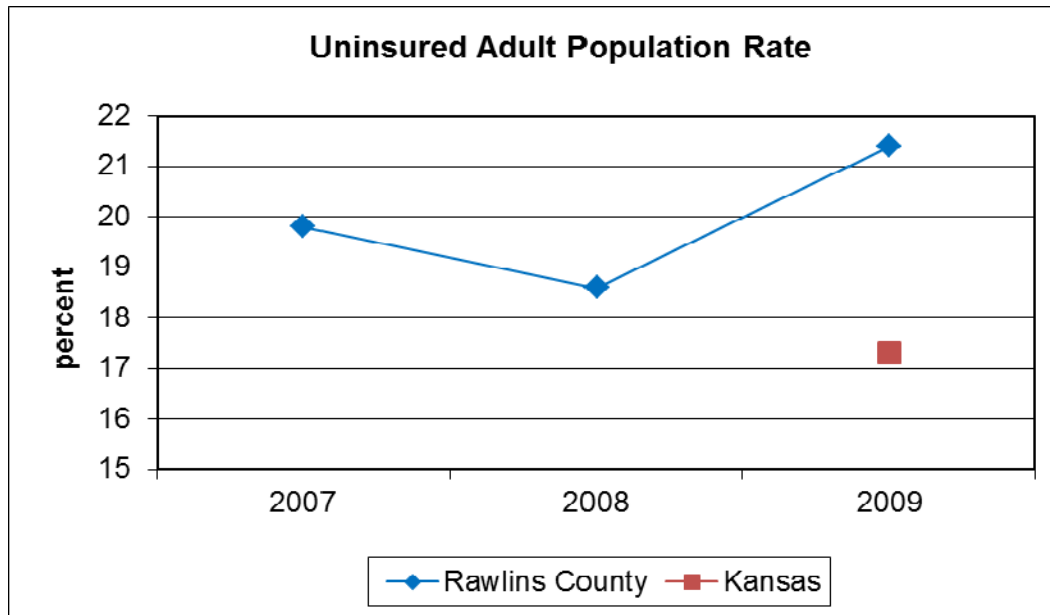
Value: 21.4 Percent

Measurement Period: 2009

Location: County : Rawlins

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

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of the decade, 2000-2010. This percentage climbed from 11.3% in 2005-2006 and 12.7% in 2008-2009. Approximately 357,500 Kansas residents - children and adults - lacked insurance in 2009-2010, also the highest number in the decade and an increase of about 10,000 people from 347,400 during 2008-2009. The percentage of Kansans (13) who were uninsured in 2009-2010 compared favorably with the United States percentage of 16.5%.

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

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

Source: U.S. Census Bureau

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

URL of Data: <http://www.census.gov/did/www/sahie/>

Unemployed Workers in Civilian Labor Force

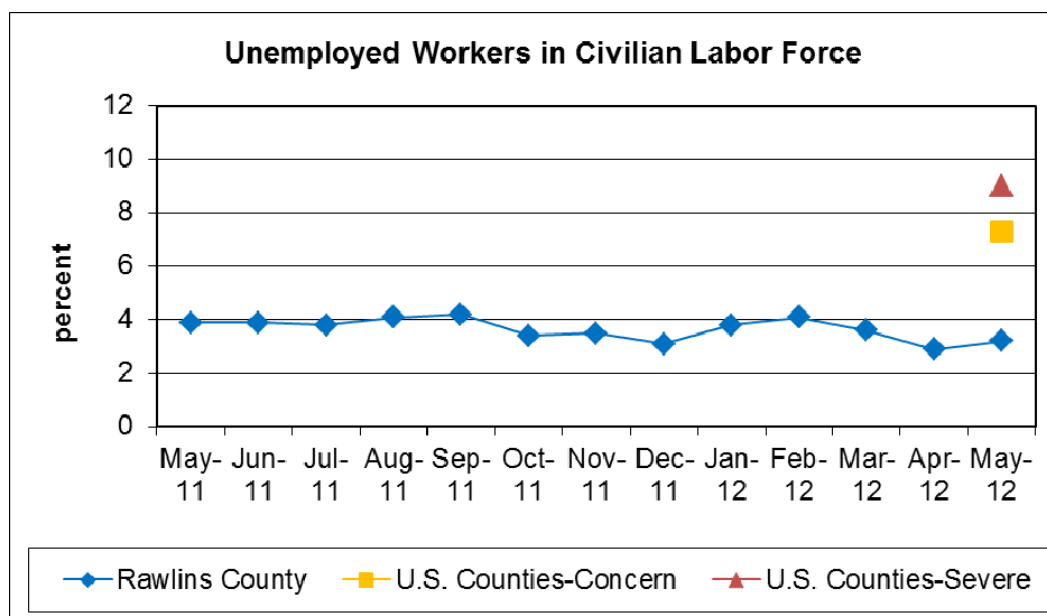
Value: 4.1 Percent

Measurement Period: 2012, February

Location: County : Rawlins

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

Rawlins County Rural Health Works

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

Technical Note: The distribution is based on non-seasonally adjusted data from 3,141 U.S. counties and county equivalents.

Source: U.S. Bureau of Labor Statistics

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

URL of Data: <http://data.bls.gov/PDQ/outside.jsp?survey=la>

Rawlins County Rural Health Works

Government Assistance Programs

Household with Public Assistance

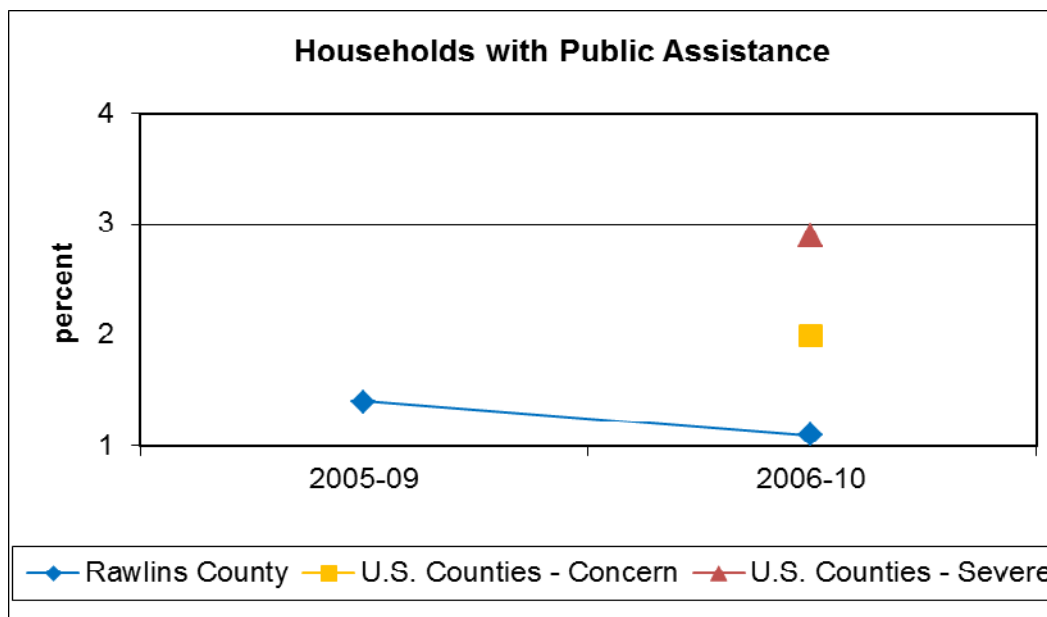
Value: 1.1 Percent

Measurement Period: 2006-2010

Location: County : Rawlins

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/>

Home Ownership

Foreclosure Rate

Value: 7.1 Percent

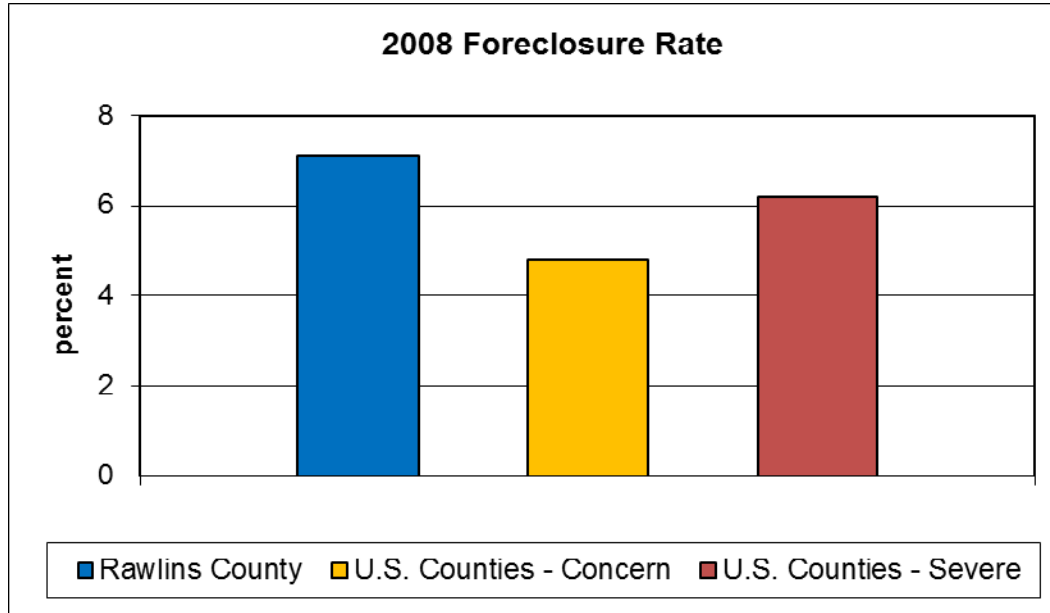
Rawlins County Rural Health Works

Measurement Period: 2008

Location: County : Rawlins

Comparison: U.S. Counties

Categories: Economy/Home Ownership



What is this Indicator?

This indicator shows the percentage of mortgages that ended in foreclosure.

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

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

Technical Note: The distribution is based on data from 3,137 U.S. counties.

Source: U.S. Department of Housing and Urban Development

URL of Source: <http://www.huduser.org/portal/>

URL of Data: http://www.huduser.org/portal/datasets/nsp_foreclosure_data.html

Homeowner Vacancy Rate

Rawlins County Rural Health Works

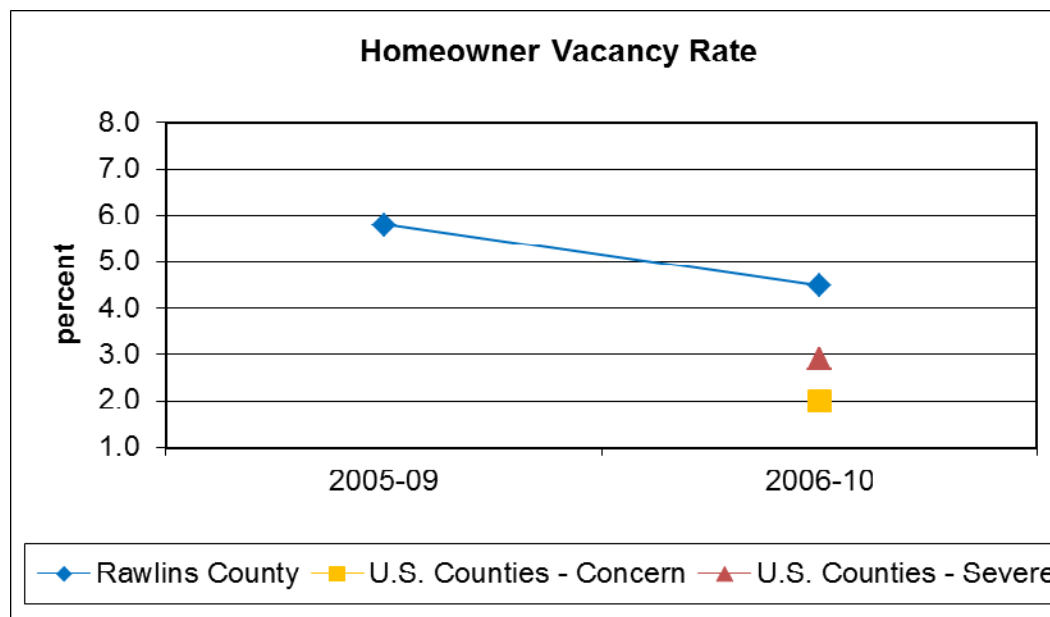
Value: 4.5 Percent

Measurement Period: 2006-2010

Location: County : Rawlins

Comparison: U.S. Counties

Categories: Economy/Homeownership



What is this Indicator?

This indicator shows the percentage of vacant home property.

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

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

Source: American Community Survey

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

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

Homeownership

Value: 59.6 Percent

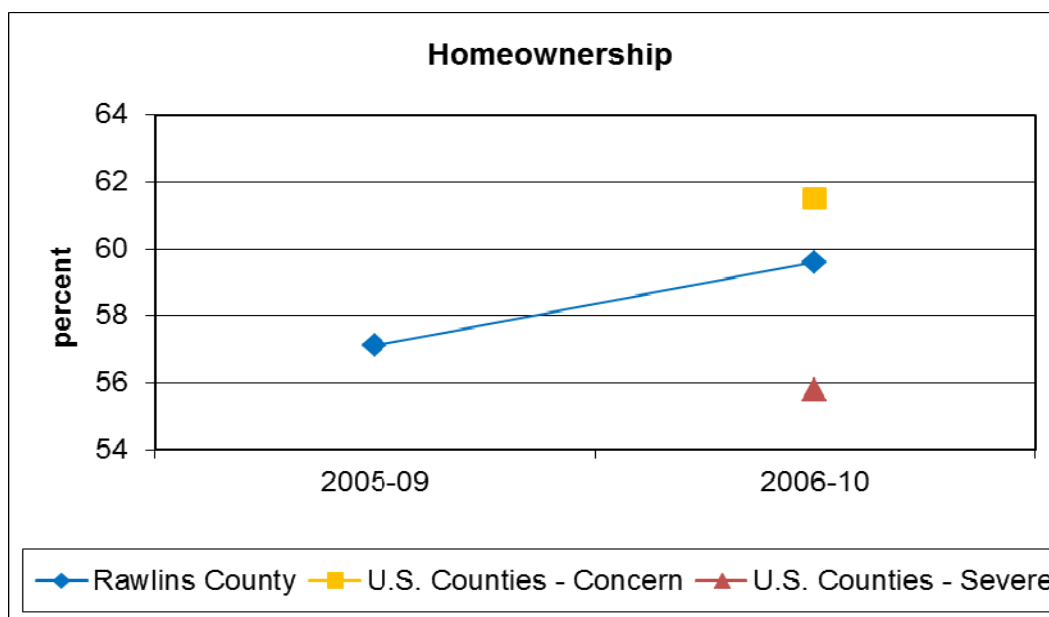
Measurement Period: 2006-2010

Location: County : Rawlins

Comparison: U.S. Counties

Categories: Economy/Homeownership

Rawlins County Rural Health Works



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/>

Rawlins County Rural Health Works

Housing Affordability & Supply

Renters Spending 30% or More of Household Income on Rent

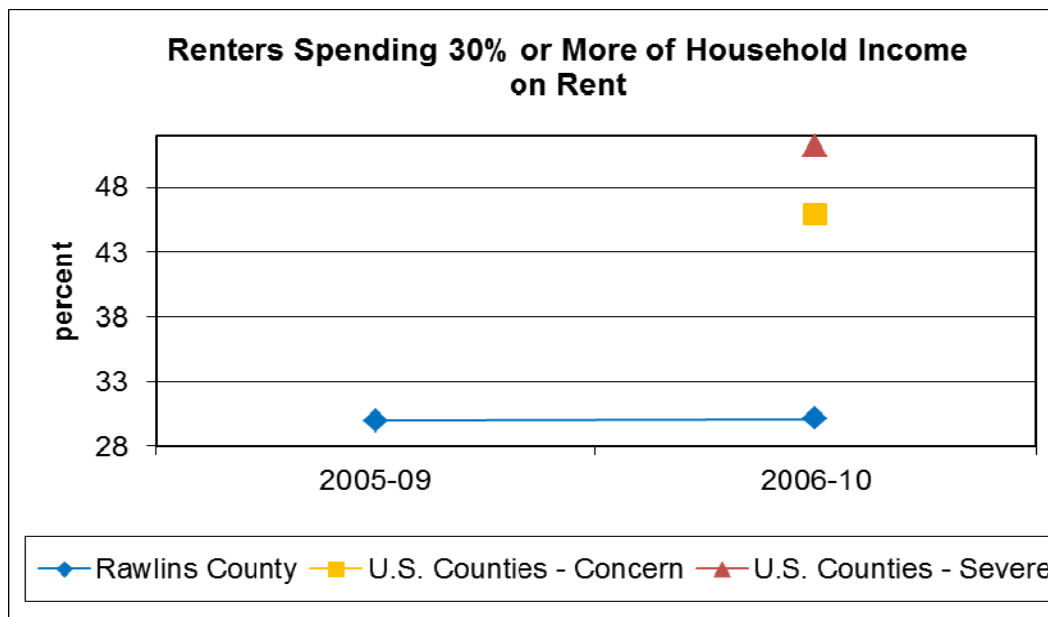
Value: 30.1 Percent

Measurement Period: 2006-2010

Location: County : Rawlins

Comparison: U.S. Counties

Categories: Economy/Housing Affordability & Supply



What is this Indicator?

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

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

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

Source: American Community Survey

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

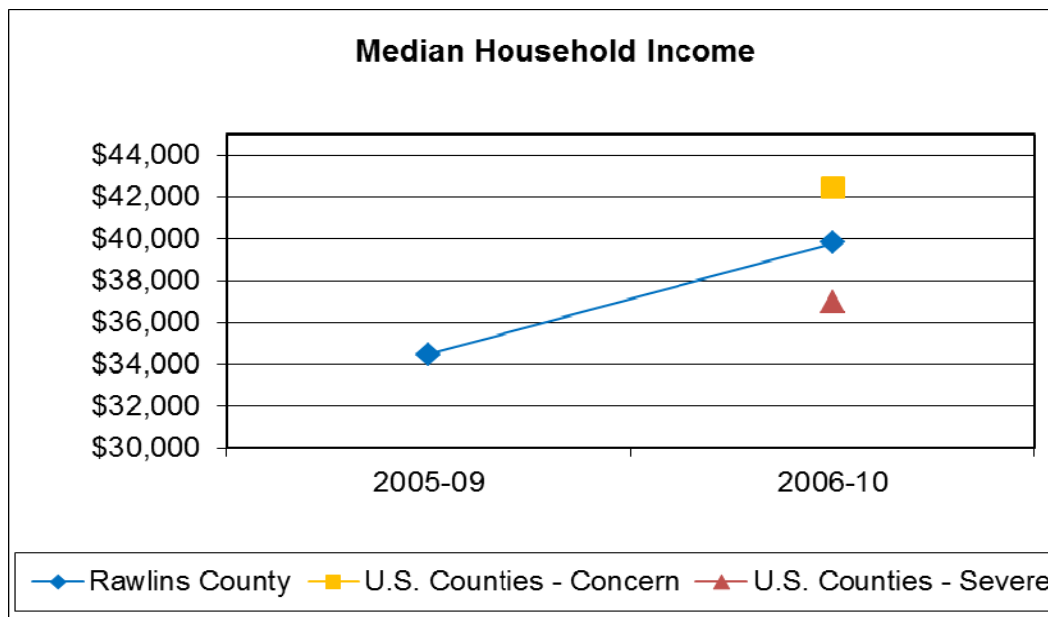
URL of Data: <http://factfinder2.census.gov/>

Rawlins County Rural Health Works

Income

Median Household Income

Value: 39,797 Dollars
Measurement Period: 2006-2010
Location: County : Rawlins
Comparison: U.S. Counties
Categories: Economy/Income



What is this Indicator?

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

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

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

Source: American Community Survey

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

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

Per Capita Income

Rawlins County Rural Health Works

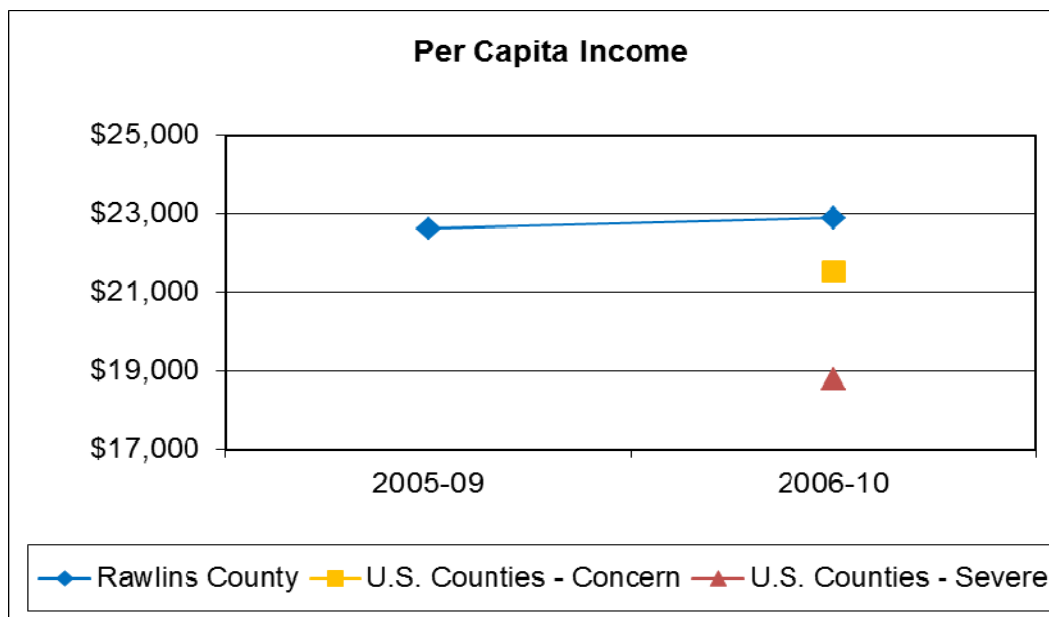
Value: 22,895 Dollars

Measurement Period: 2006-2010

Location: County : Rawlins

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/>

Rawlins County Rural Health Works

Poverty

Children Living Below Poverty Level

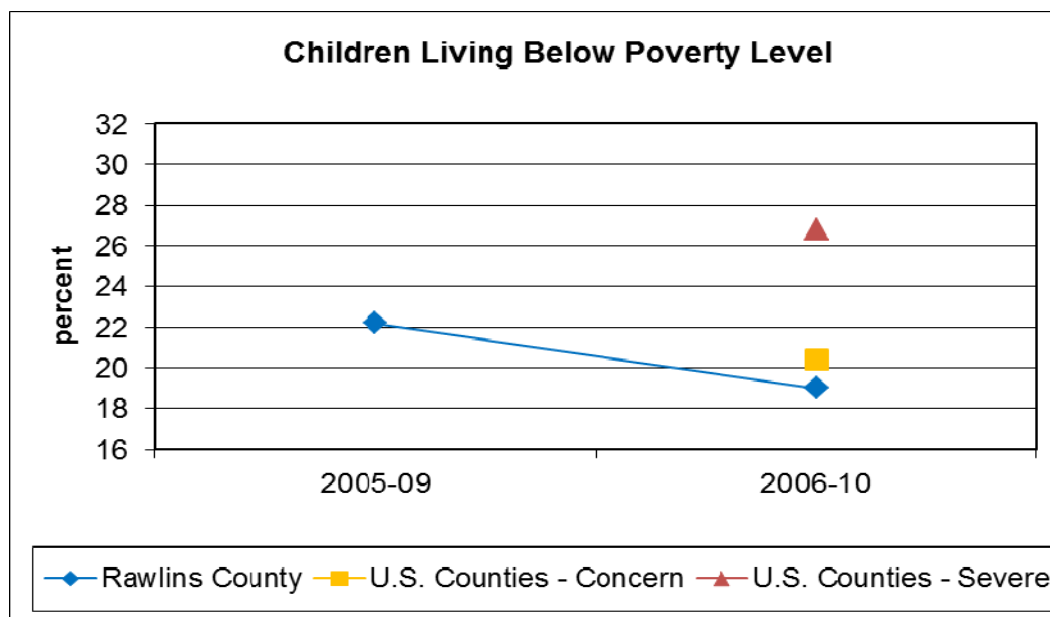
Value: 19 Percent

Measurement Period: 2006-2010

Location: County : Rawlins

Comparison: U.S. Counties

Categories: Economy/Poverty



What is this Indicator?

This indicator shows the percentage of people under the age of 18 who are living below the federal poverty level.

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

Technical Note: The distribution is based on data from 3,142 U.S. counties and county equivalents.

Source: American Community Survey

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

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

Families Living Below Poverty Level

Value: 7.8 Percent

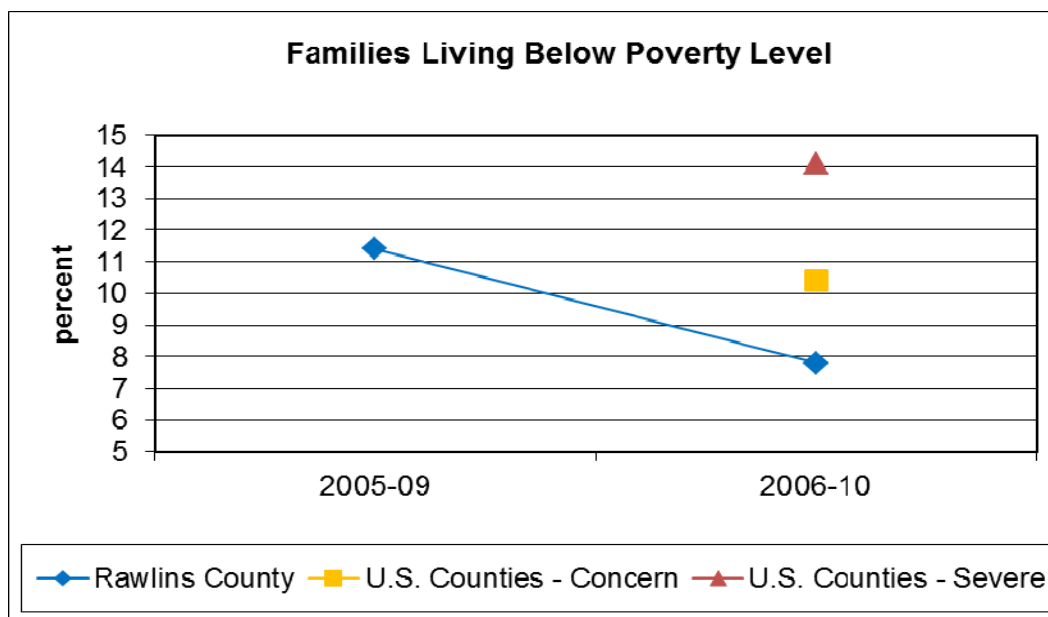
Rawlins County Rural Health Works

Measurement Period: 2006-2010

Location: County : Rawlins

Comparison: U.S. Counties

Categories: Economy/Poverty



What is this Indicator?

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

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

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

Source: American Community Survey

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

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

Rawlins County Rural Health Works

Low-Income Persons who are SNAP Participants

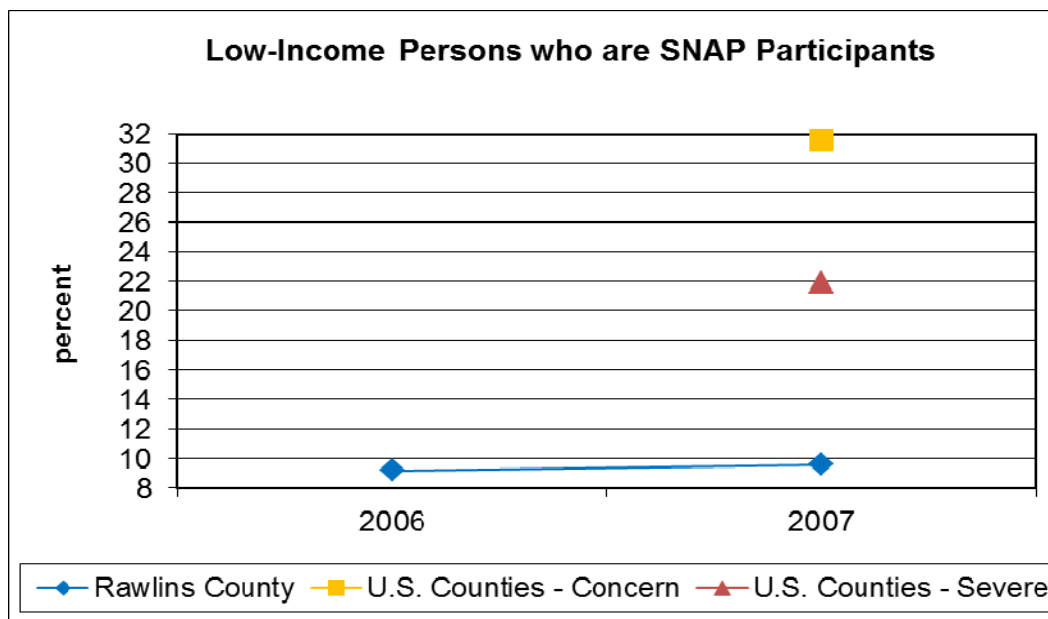
Value: 9.6 Percent

Measurement Period: 2007

Location: County : Rawlins

Comparison: U.S. Counties

Categories: Economy/Poverty



What is this Indicator?

This indicator shows the percentage of low-income persons who participate in the Supplemental Nutrition Assistance Program (SNAP). Low-income persons are defined as people living in a household with an income at or below 200 percent of the federal poverty level.

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

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

Technical Note: The distribution is based on data from 3,141 U.S. counties and county equivalents.

Source: U.S. Department of Agriculture - Food Environment Atlas

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

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

Rawlins County Rural Health Works

People 65+ Living Below Poverty Level

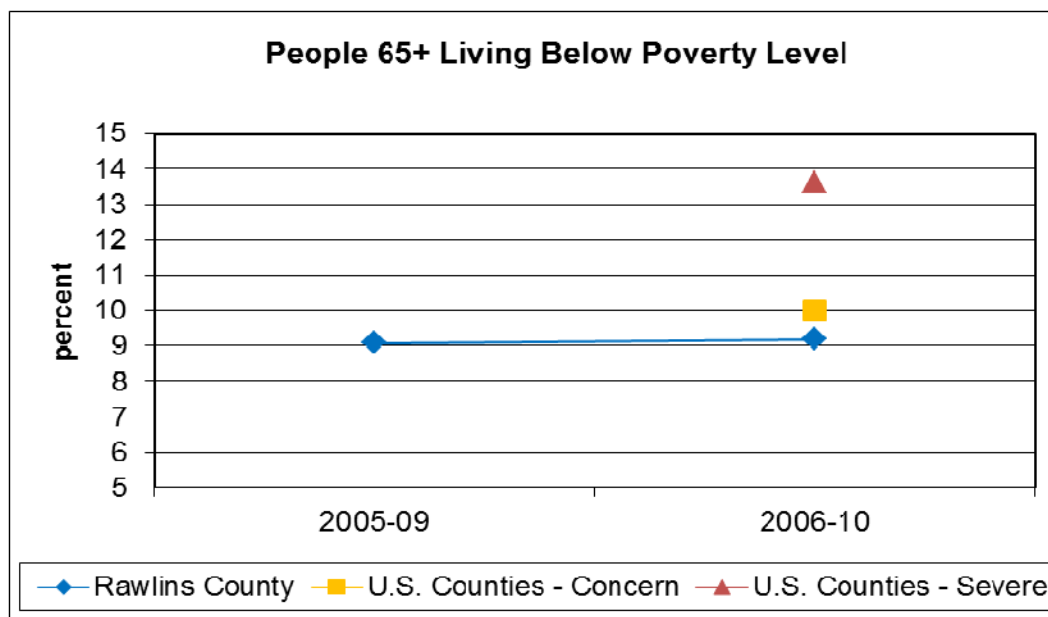
Value: 9.2 Percent

Measurement Period: 2006-2010

Location: County : Rawlins

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

Rawlins County Rural Health Works

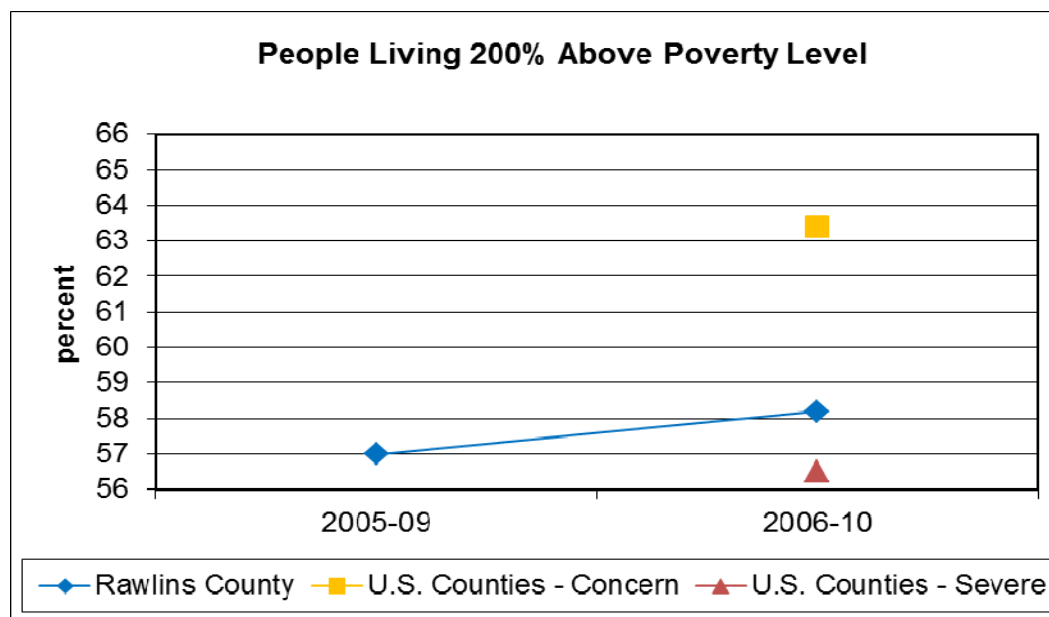
Value: 58.2 Percent

Measurement Period: 2006-2010

Location: County : Rawlins

Comparison: U.S. Counties

Categories: Economy/Poverty



What is this Indicator?

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

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

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

Source: American Community Survey

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

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

People Living Below Poverty Level

Value: 12.3 Percent

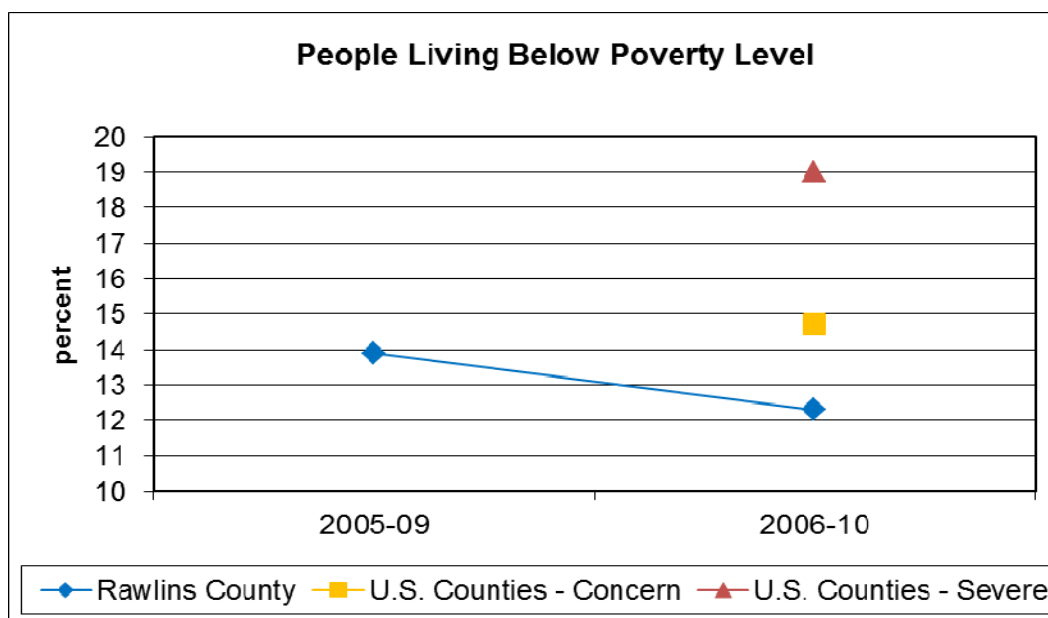
Measurement Period: 2006-2010

Rawlins County Rural Health Works

Location: County : Rawlins

Comparison: U.S. Counties

Categories: Economy/Poverty



What is this Indicator?

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

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

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

Source: American Community Survey

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

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

Rawlins County Rural Health Works

Poverty Status by School Enrollment

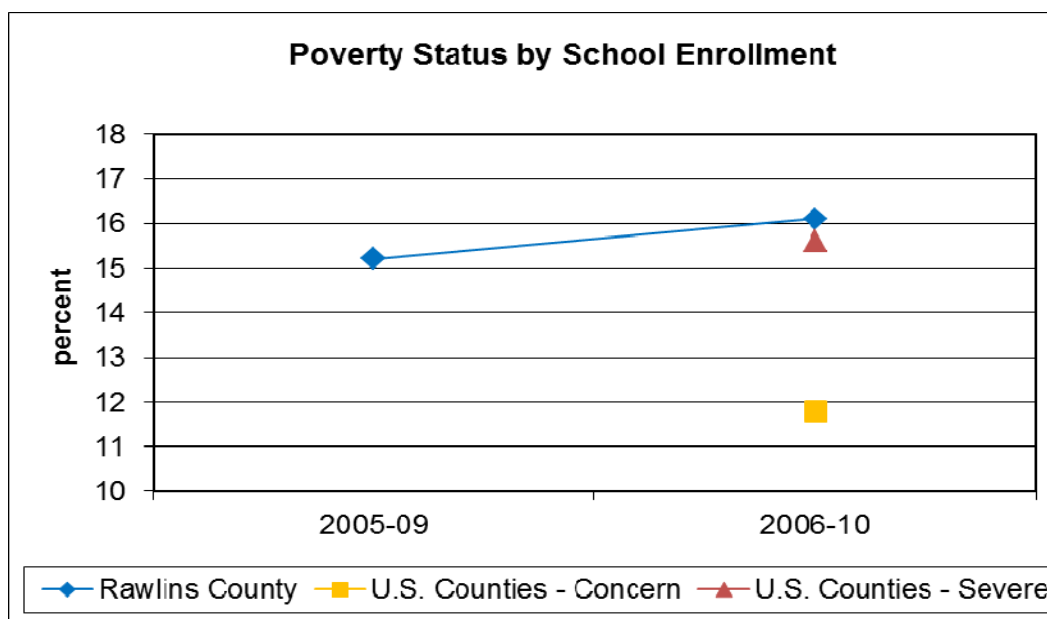
Value: 16.1 Percent

Measurement Period: 2006-2010

Location: County : Rawlins

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/>

Rawlins County Rural Health Works

Students Eligible for the Free Lunch Program

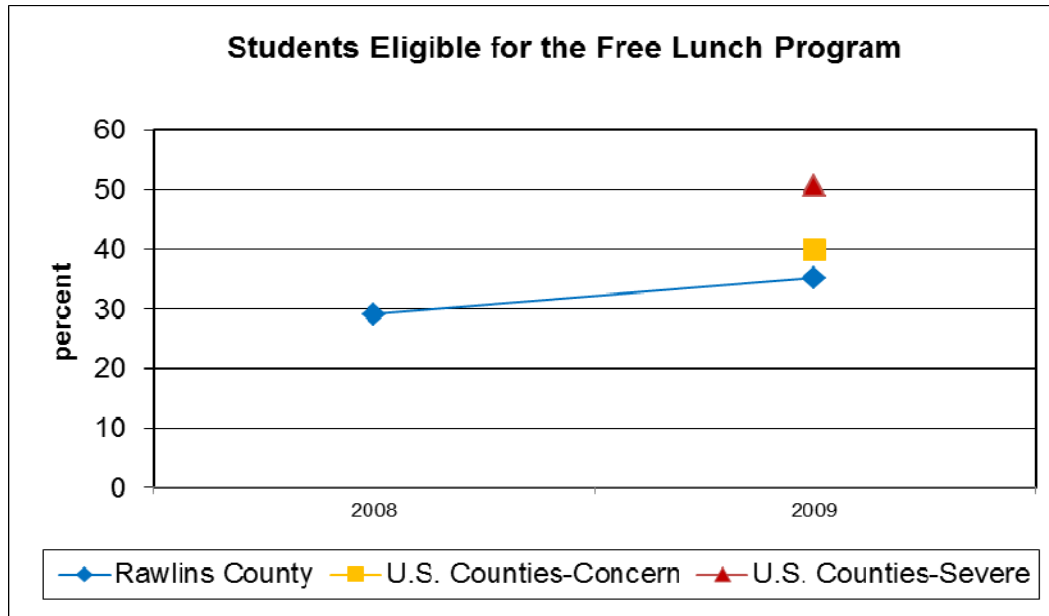
Value: 29.1 Percent

Measurement Period: 2008

Location: County : Rawlins

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

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

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

Uninsured Adult Population Rate

Rawlins County Rural Health Works

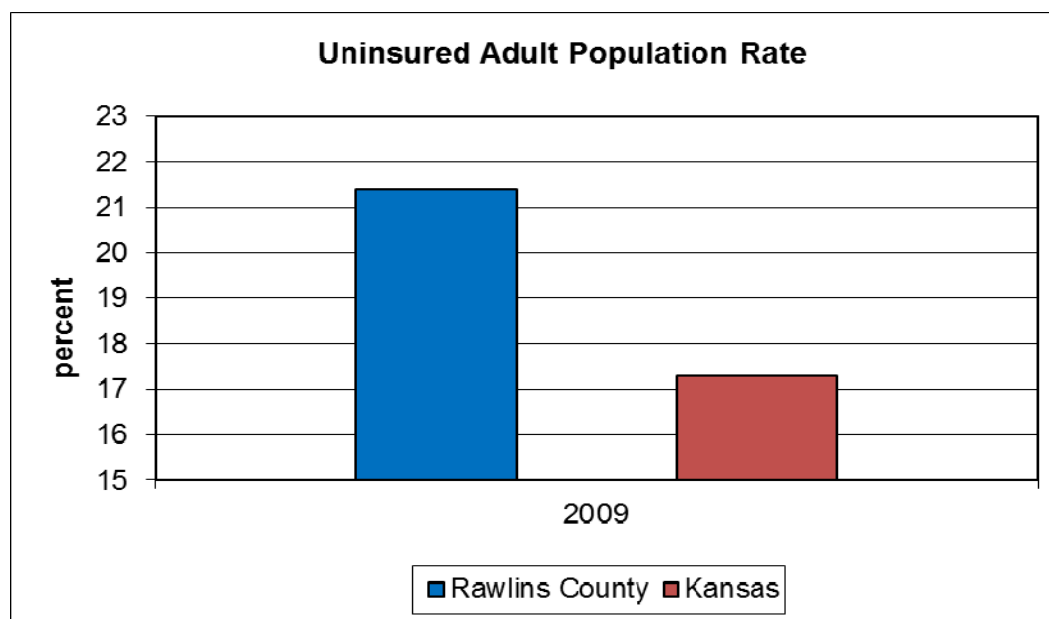
Value: 21.4 Percent

Measurement Period: 2009

Location: County : Rawlins

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.

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

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

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

Source: U.S. Census Bureau

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

URL of Data: <http://www.census.gov/did/www/sahie/>

Young Children Living Below Poverty Level

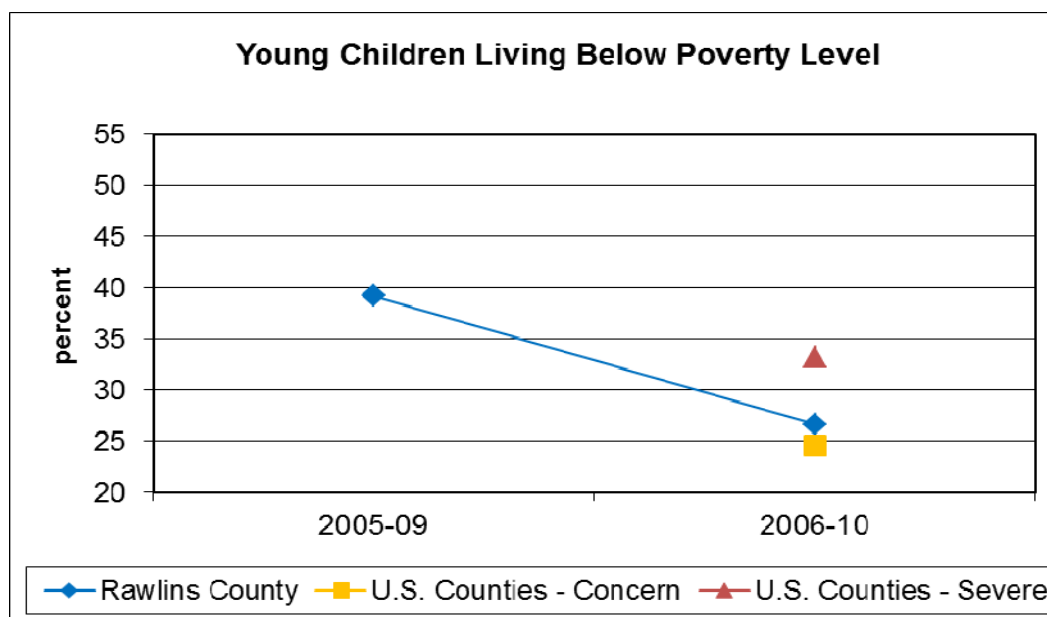
Value: 26.6 Percent

Measurement Period: 2006-2010

Location: County : Rawlins

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.

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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.

Source: American Community Survey

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

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

Educational Attainment in Adult Population

High School Graduation

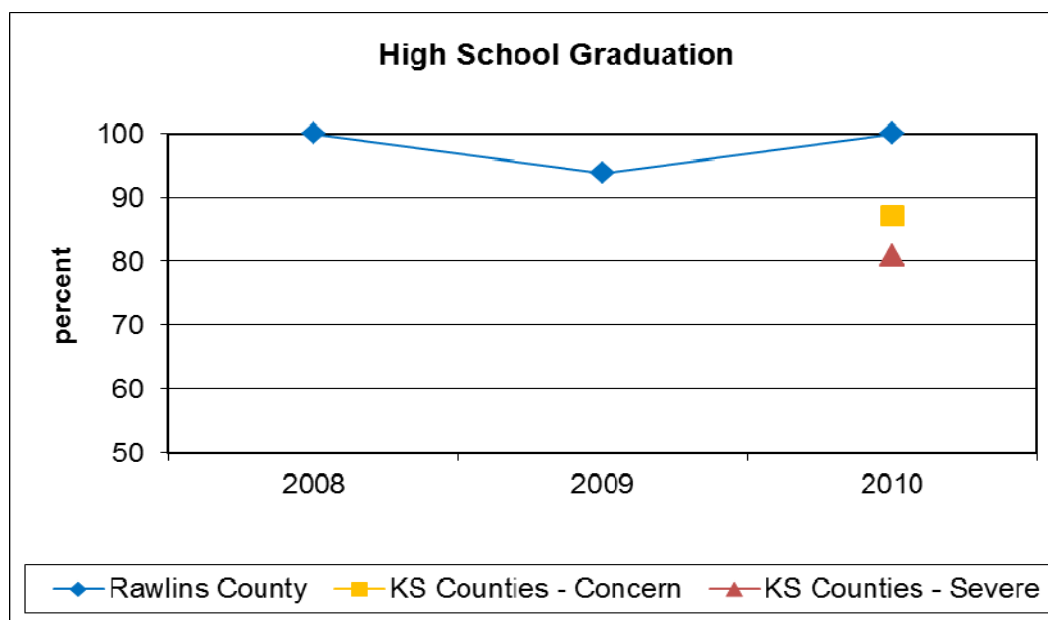
Value: 100 Percent

Measurement Period: 2010

Location: County : Rawlins

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,

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on government assistance, or involved in crime.

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

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

Source: The Annie E. Casey Foundation

URL of Source: <http://datacenter.kidscount.org/>

URL of Data:

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

People 25+ with a High School Degree or Higher

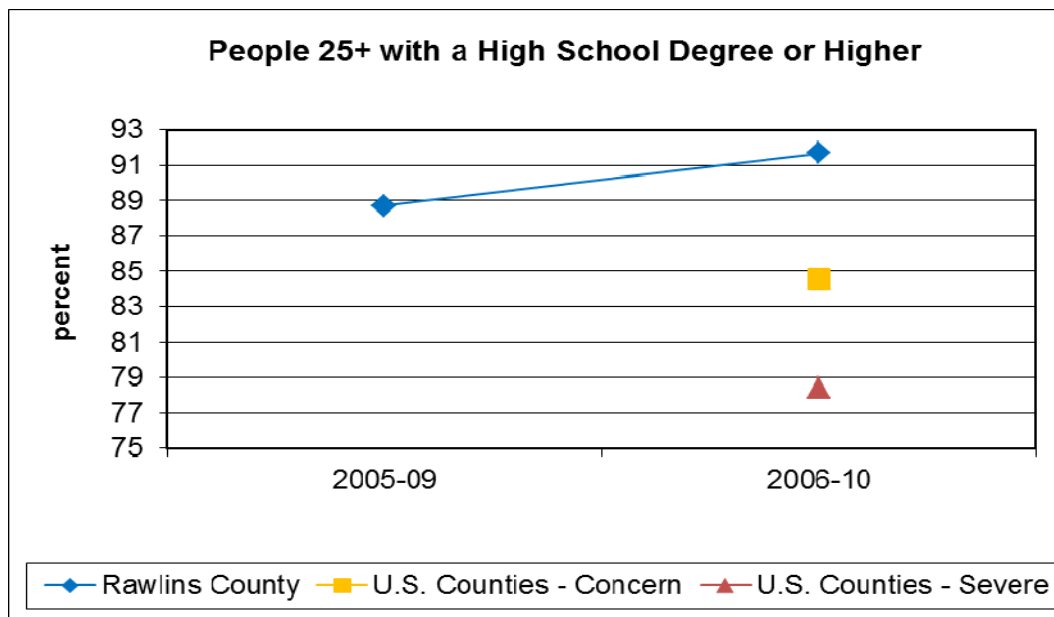
Value: 91.7 Percent

Measurement Period: 2006-2010

Location: County : Rawlins

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.

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

Source: American Community Survey

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

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

Higher Education

People 25+ with a Bachelor's Degree or Higher

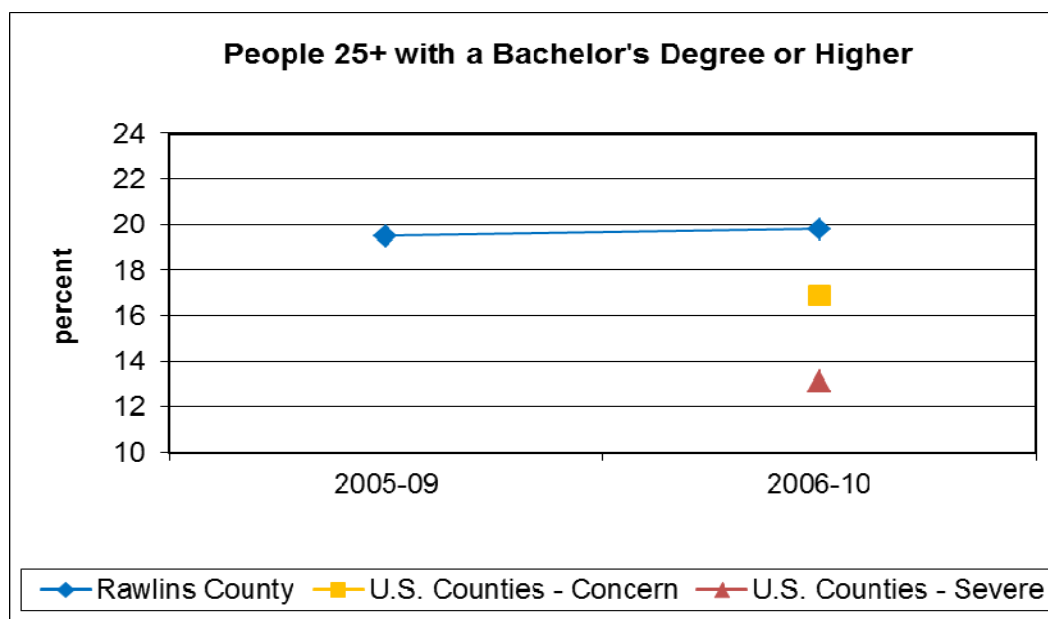
Value: 19.8 Percent

Measurement Period: 2006-2010

Location: County : Rawlins

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

Rawlins County Rural Health Works

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

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

Rawlins County Rural Health Works

School Environment

Student-to-Teacher Ratio

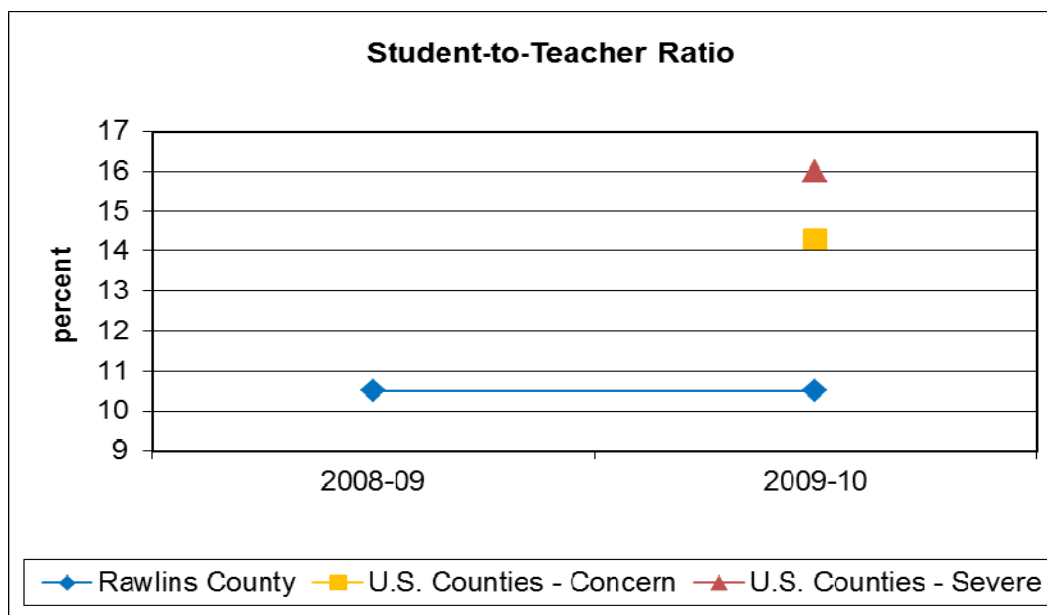
Value: 10.5 students/teacher

Measurement Period: 2009-2010

Location: County : Rawlins

Comparison: U.S. Counties

Categories: Education/School Environment



What is this Indicator?

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

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

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

Source: National Center for Education Statistics

URL of Source: <http://nces.ed.gov/>

URL of Data: <http://nces.ed.gov/ccd/bat/>

Rawlins County Rural Health Works

Built Environment

Farmers Market Density

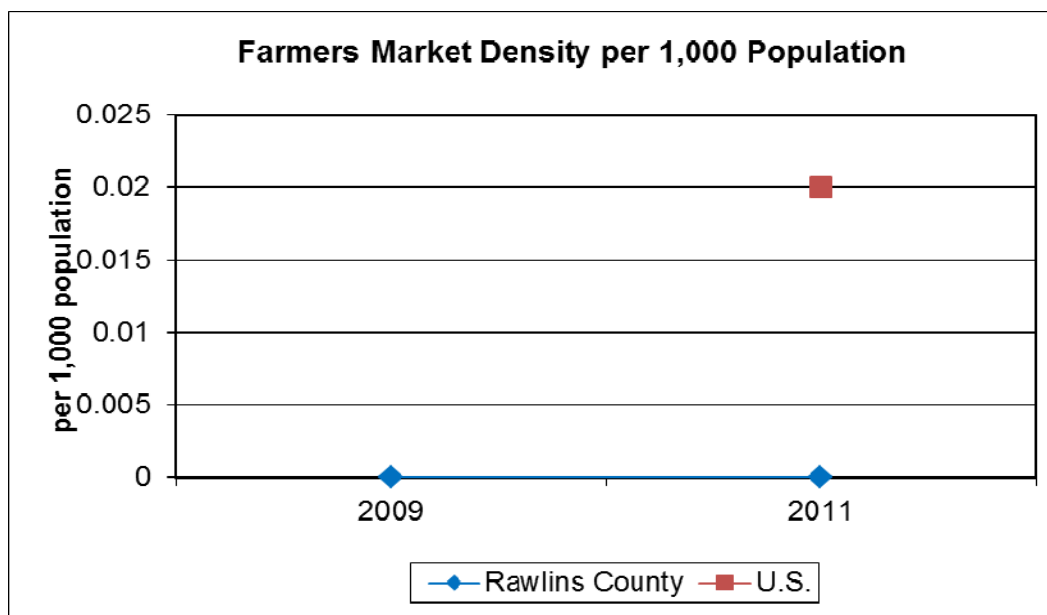
Value: 0 markets/1,000 population

Measurement Period: 2009

Location: County : Rawlins

Comparison: U.S. Value

Categories: Environment/Build Environment



What is this Indicator?

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

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

Technical Note: The regional value is compared to the median value of 3,141 U.S. counties.

Market data is from 2009 and the population estimates are from 2008.

Source: U.S. Department of Agriculture - Food Environment Atlas

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

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

Fast Food Restaurant Density

Rawlins County Rural Health Works

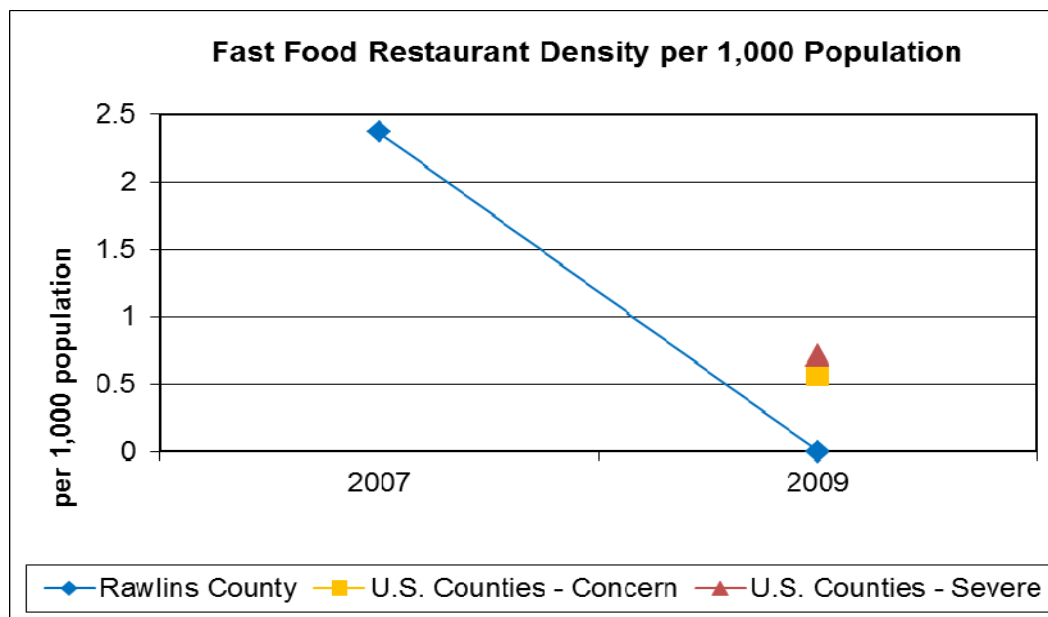
Value: 1.22 restaurants/1,000 population

Measurement Period: 2008

Location: County : Rawlins

Comparison: U.S. Counties

Categories: Environment/Build Environment



What is this Indicator?

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

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

Technical Note: The distribution is based on data from 3,141 U.S. counties.

Source: U.S. Department of Agriculture - Food Environment Atlas

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

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

Grocery Store Density

Value: 0.81 stores/1,000 population

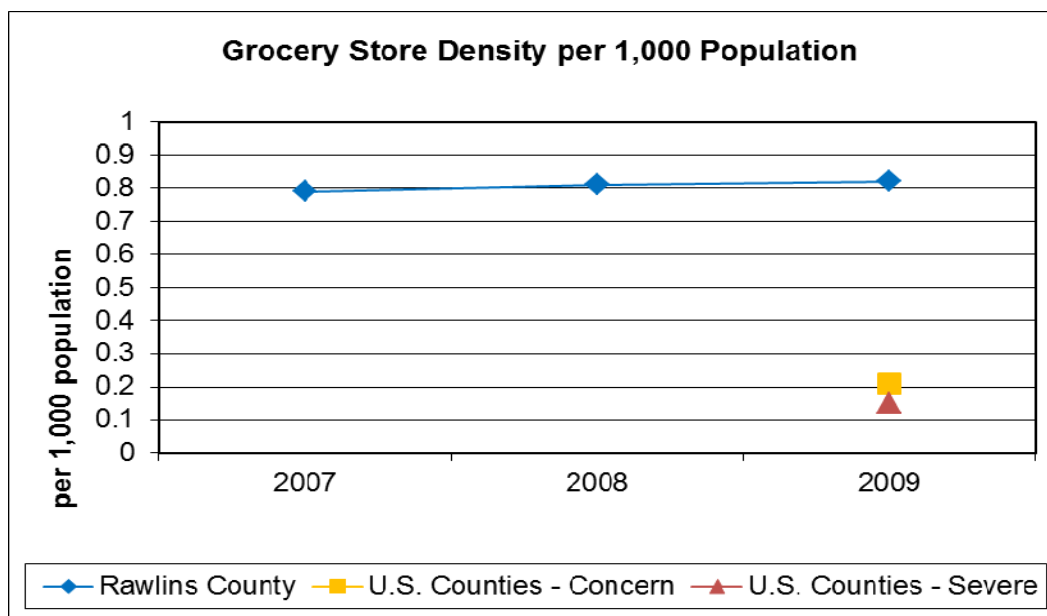
Measurement Period: 2008

Rawlins County Rural Health Works

Location: County : Rawlins

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

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

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

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

Value: 1.5 Percent

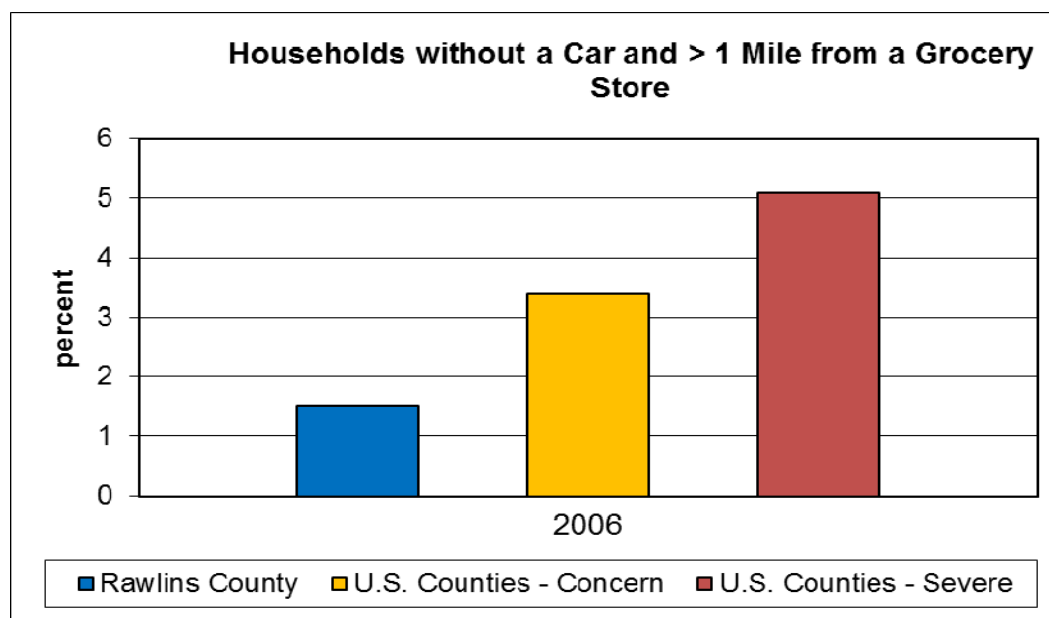
Measurement Period: 2006

Rawlins County Rural Health Works

Location: County : Rawlins

Comparison: U.S. Counties

Categories: Environment/Build Environment



What is this Indicator?

This indicator shows the percentage of housing units that are more than one mile from a supermarket or large grocery store and do not have a car.

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

Technical Note: The distribution is based on data from 3,109 U.S. counties. Store data are from 2006 and household data are from 2000.

Source: U.S. Department of Agriculture - Food Environment Atlas

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

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

Liquor Store Density

Value: 41.2 stores/100,000 population

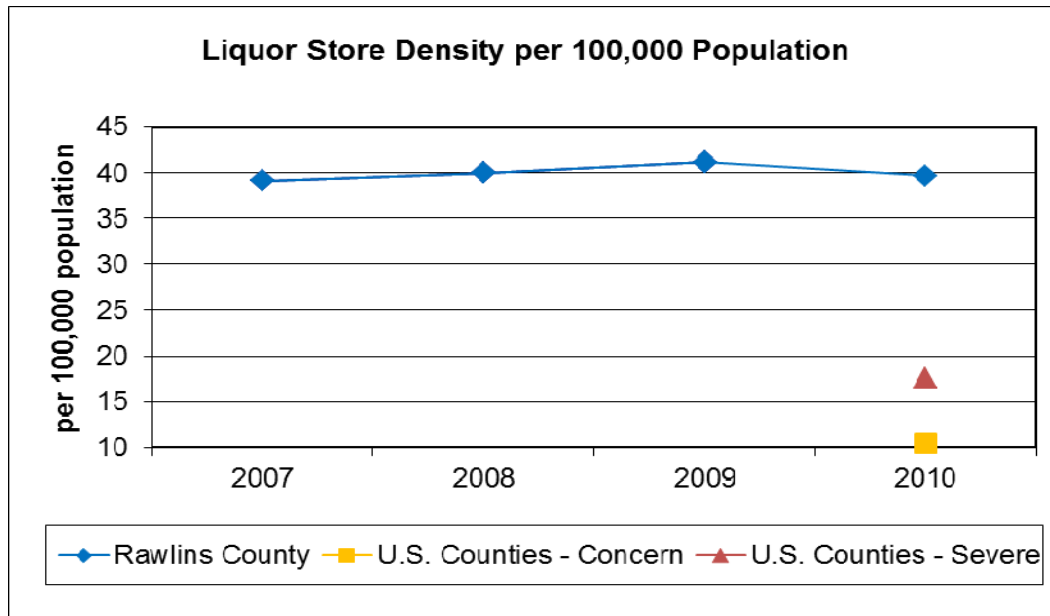
Measurement Period: 2009

Rawlins County Rural Health Works

Location: County : Rawlins

Comparison: U.S. Counties

Categories: Environment/Build Environment



What is this Indicator?

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

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

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

Source: U.S. Census - County Business Patterns

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

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

Low-Income and >1 Mile from a Grocery Store

Value: 20.9 Percent

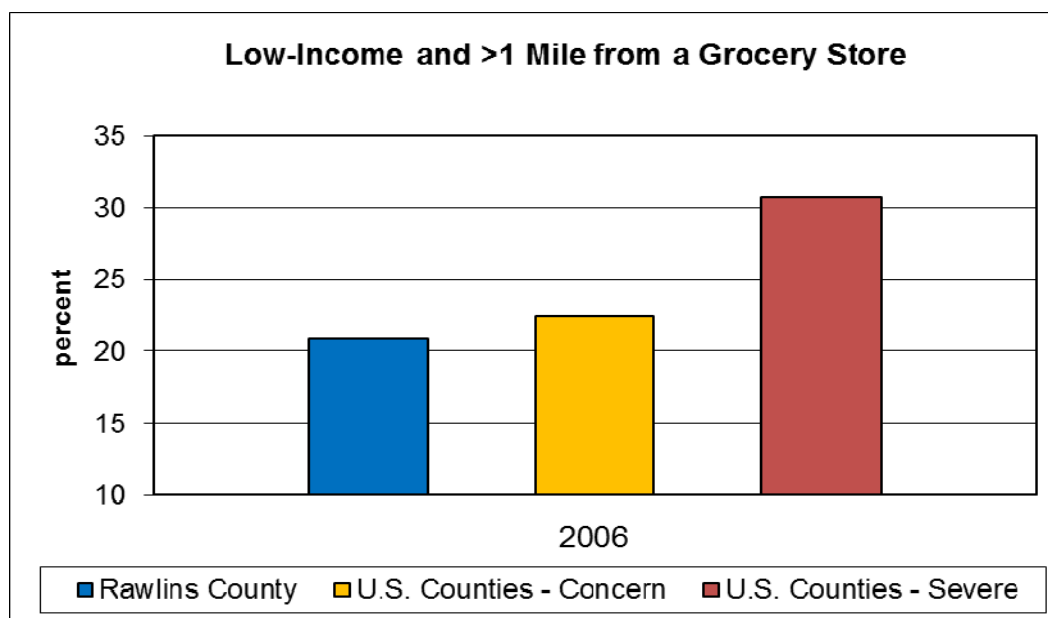
Measurement Period: 2006

Rawlins County Rural Health Works

Location: County : Rawlins

Comparison: U.S. Counties

Categories: Environment/Build Environment



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

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

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

Recreation and Fitness Facilities

Value: 0 facilities/1,000 population

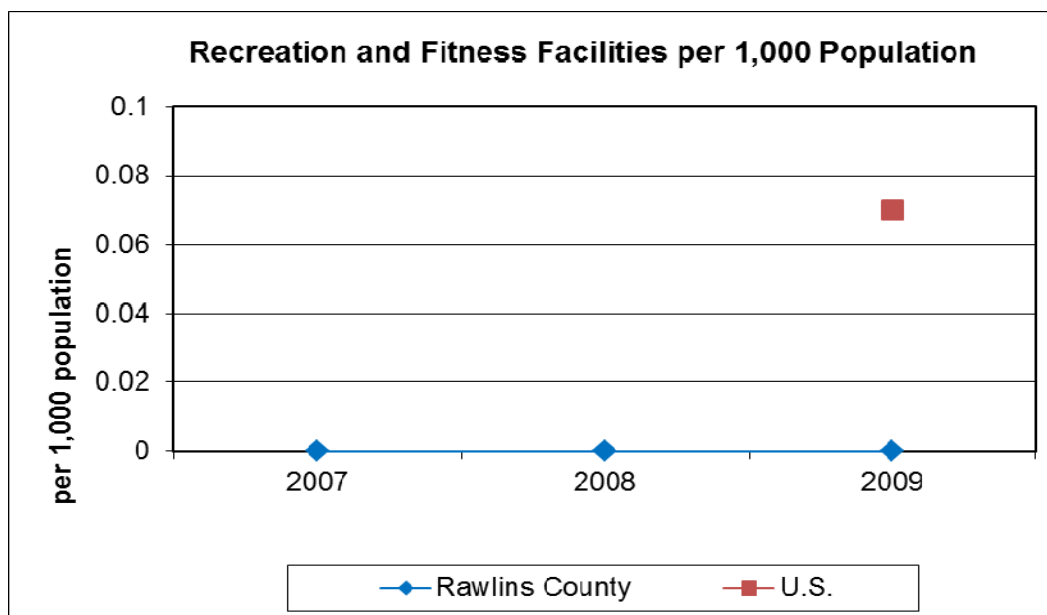
Measurement Period: 2008

Location: County : Rawlins

Comparison: U.S. Value

Rawlins 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

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

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

SNAP Certified Stores

Value: 0.8 stores/1,000 facilities

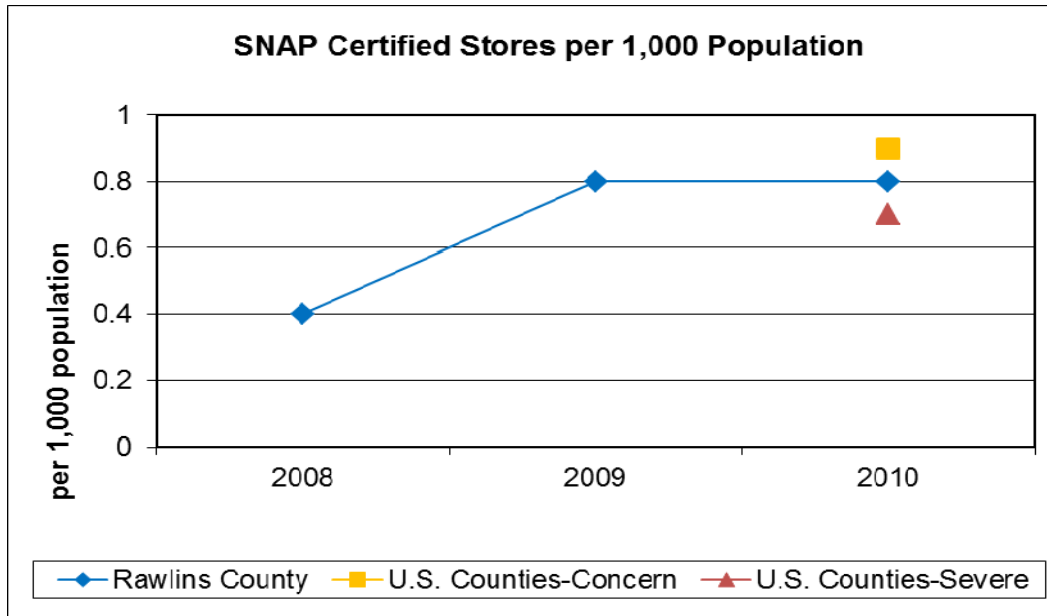
Measurement Period: 2009

Location: County : Rawlins

Comparison: U.S. Counties

Categories: Environment/Build Environment

Rawlins County Rural Health Works



What is this Indicator?

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

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

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

Technical Note: The distribution is based on data from 3,137 U.S. counties.

Source: U.S. Department of Agriculture - Food Environment Atlas

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

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

Toxic Chemicals

Increased Lead Risk in Housing Rate

Value: 58.79 Percent

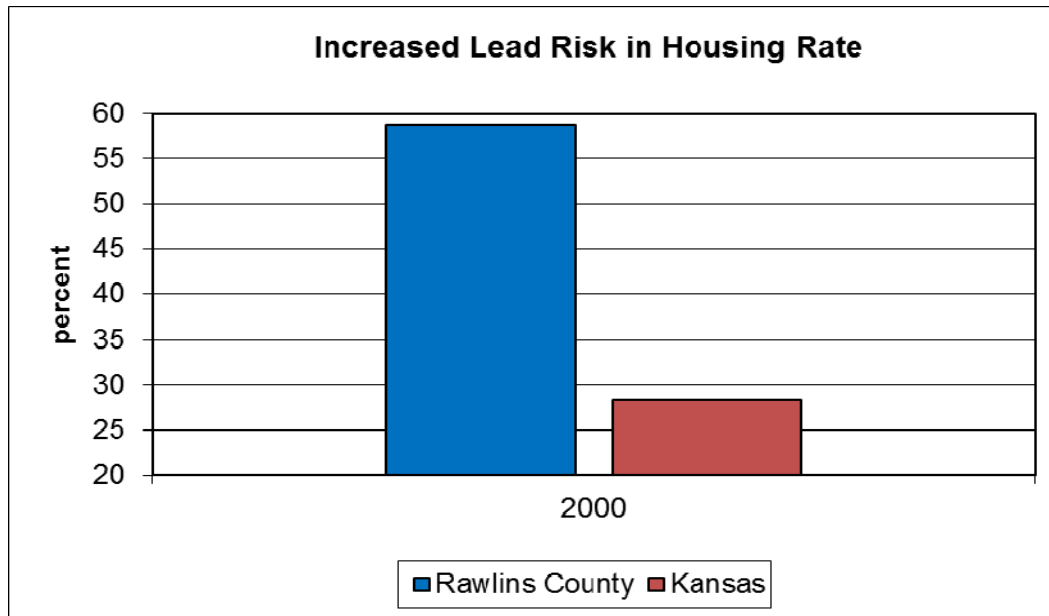
Measurement Period: 2000

Rawlins County Rural Health Works

Location: County : Rawlins

Comparison: KS State Value

Categories: Environment/Toxic Chemicals



What is this Indicator?

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

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

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

Lead poisoning can be difficult to recognize and can damage a child's central nervous system, brain, kidneys, and reproductive system. When lead is present in the blood it travels through every organ in the body. Lead interferes with the development of the brain. When lead enters the blood stream it collects in soft tissues of the body and it also settles in the bones and teeth, where it is stored for many years.

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

Rawlins County Rural Health Works

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>

Rawlins County Rural Health Works

Elections & Voting

Voter Turnout

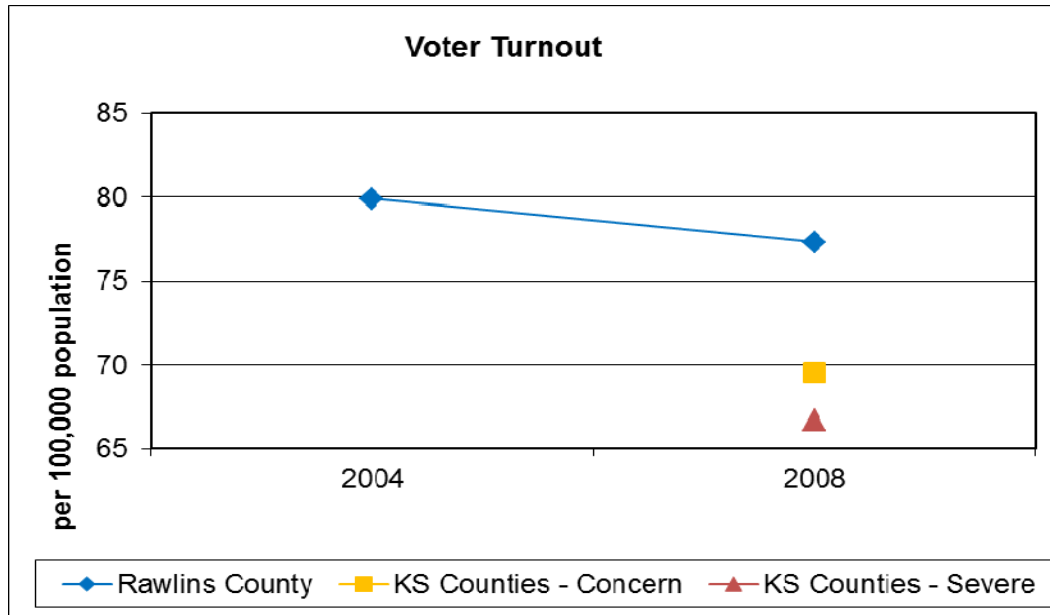
Value: 77.3 Percent

Measurement Period: 2008

Location: County : Rawlins

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

Rawlins County Rural Health Works

Crime & Crime Prevention

Rate of Violent Crime per 1,000 population

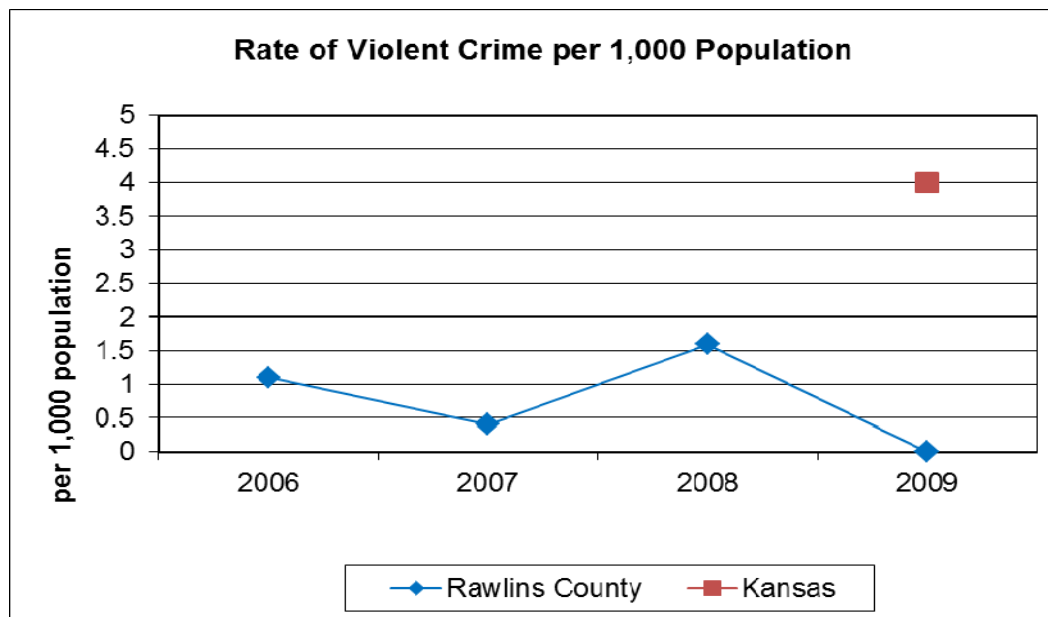
Value: 0 per 1,000 population

Measurement Period: 2009

Location: County : Rawlins

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

Rawlins County Rural Health Works

Demographics

Ratio of Children to Adults

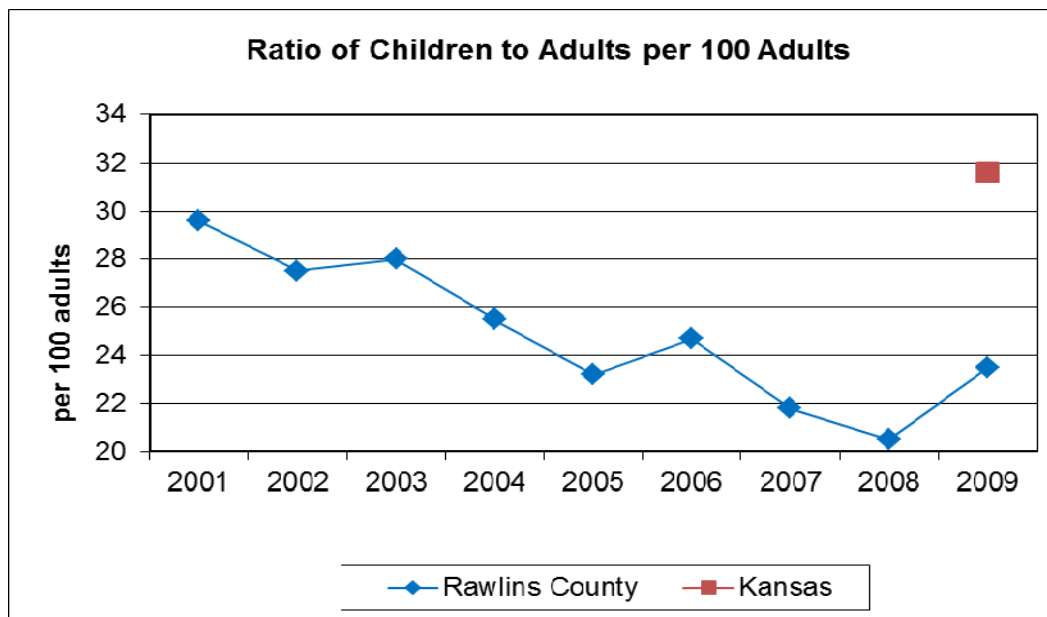
Value: 23.5 children per 100 adults

Measurement Period: 2009

Location: County : Rawlins

Comparison: KS State Value

Categories: Social Environment/Demographics



What is this Indicator?

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

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

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

Source: U.S. Census Bureau

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

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

Ratio of Elderly Persons and Children to Adults

Value: 68.6 elderly & children per 100 adults

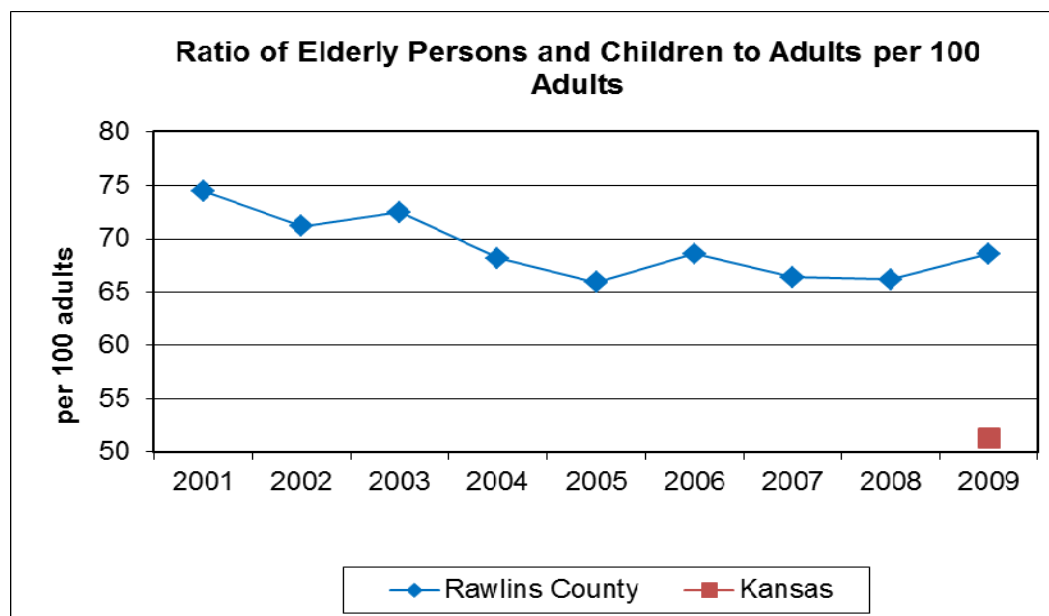
Measurement Period: 2009

Rawlins County Rural Health Works

Location: County : Rawlins

Comparison: KS State Value

Categories: Social Environment/Demographics



What is this Indicator?

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

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

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

Source: U.S. Census Bureau

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

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

Ratio of Elderly Persons to Adults

Value: 45.1 elderly per 100 adults

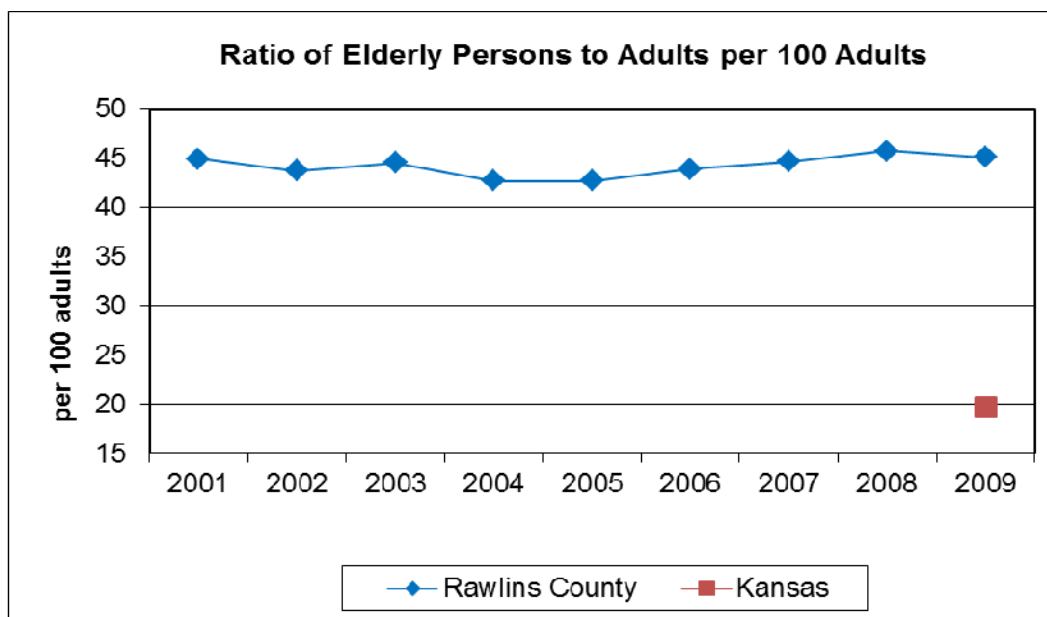
Measurement Period: 2009

Location: County : Rawlins

Comparison: KS State Value

Categories: Social Environment/Demographics

Rawlins County Rural Health Works



What is this Indicator?

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

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

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

Source: U.S. Census Bureau

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

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

Rawlins County Rural Health Works

Neighborhood/Community Attachment

People 65+ Living Alone

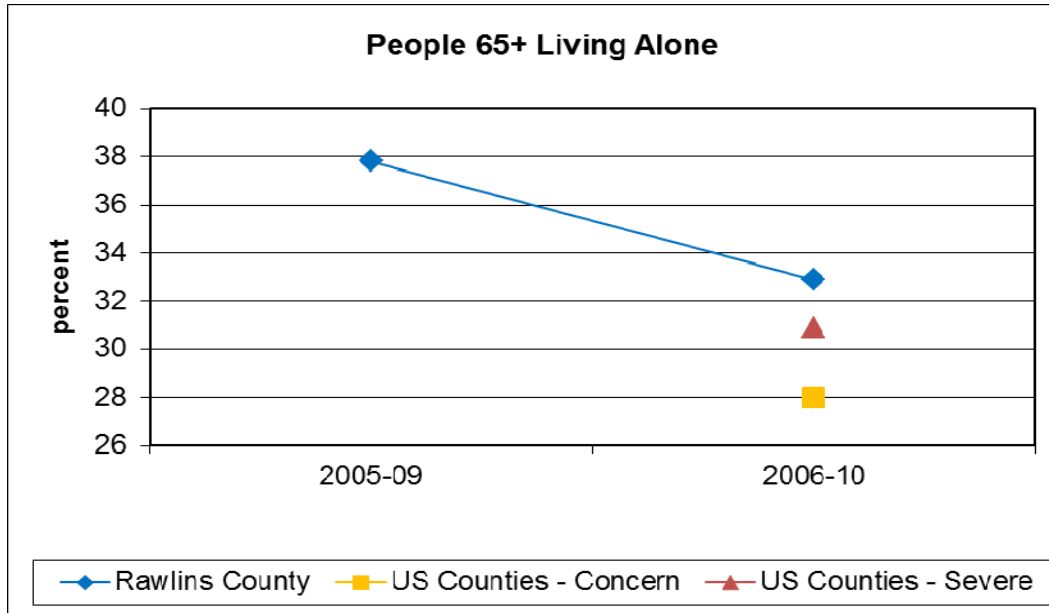
Value: 32.9 Percent

Measurement Period: 2006-2010

Location: County : Rawlins

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/>

Rawlins County Rural Health Works

Commute to Work

Mean Travel Time to Work

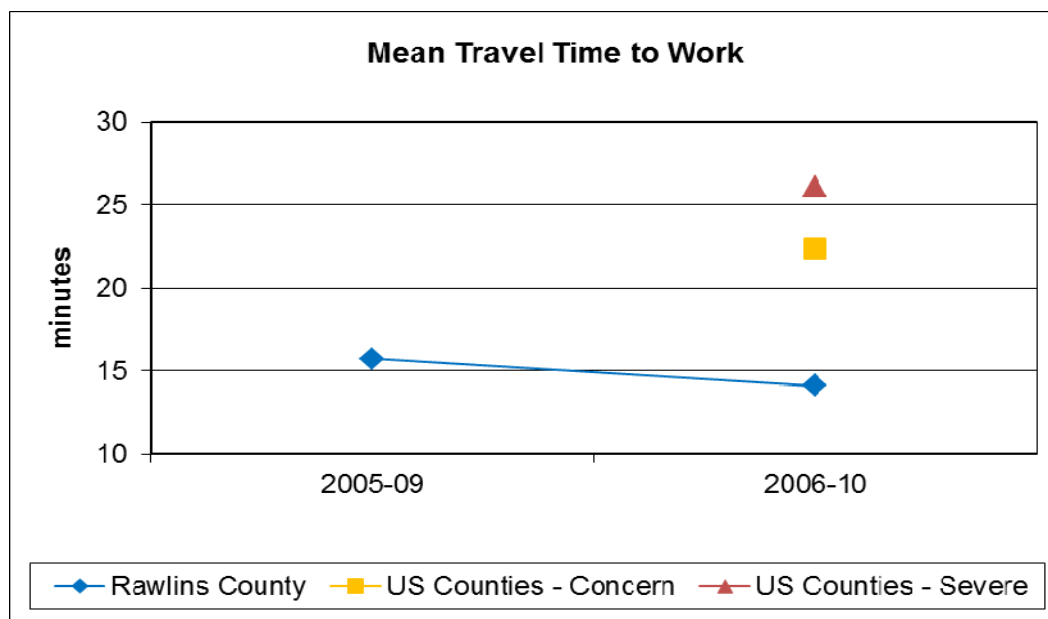
Value: 14.1 Percent

Measurement Period: 2006-2010

Location: County : Rawlins

Comparison: US Counties

Categories: Transportation/Commute to Work



What is this Indicator?

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

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

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

Source: American Community Survey

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

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

Rawlins County Rural Health Works

Workers who Drive Alone to Work

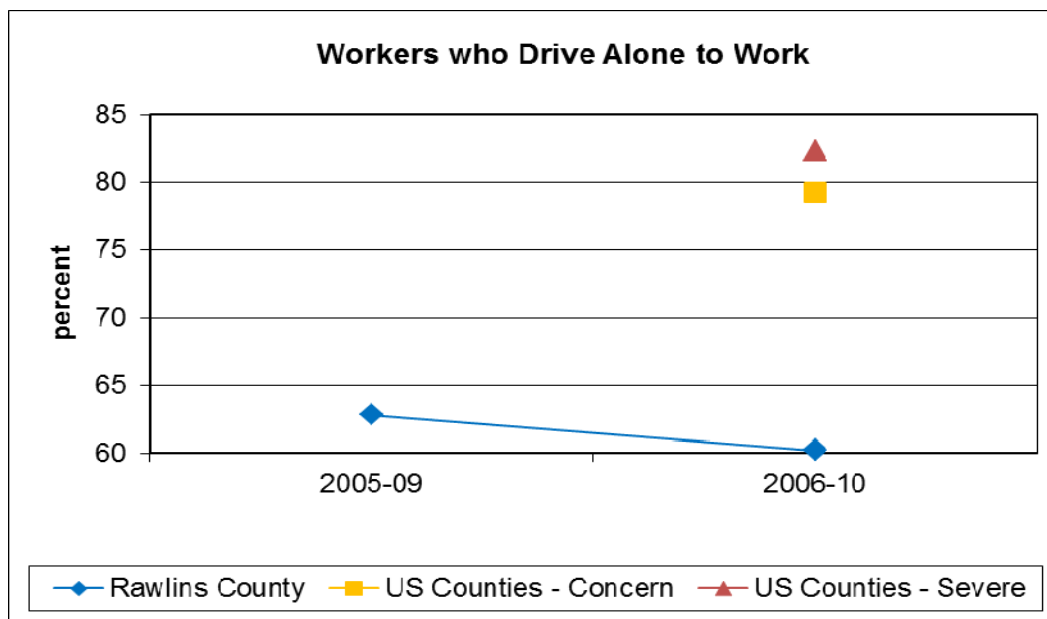
Value: 60.2 Percent

Measurement Period: 2006-2010

Location: County : Rawlins

Comparison: US Counties

Categories: Transportation/Commute to Work



What is this Indicator?

This indicator shows the percentage of workers 16 years of age and older who get to work by driving alone in a car, truck, or van.

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

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

Source: American Community Survey

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

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

Rawlins County Rural Health Works

Workers who Walk to Work

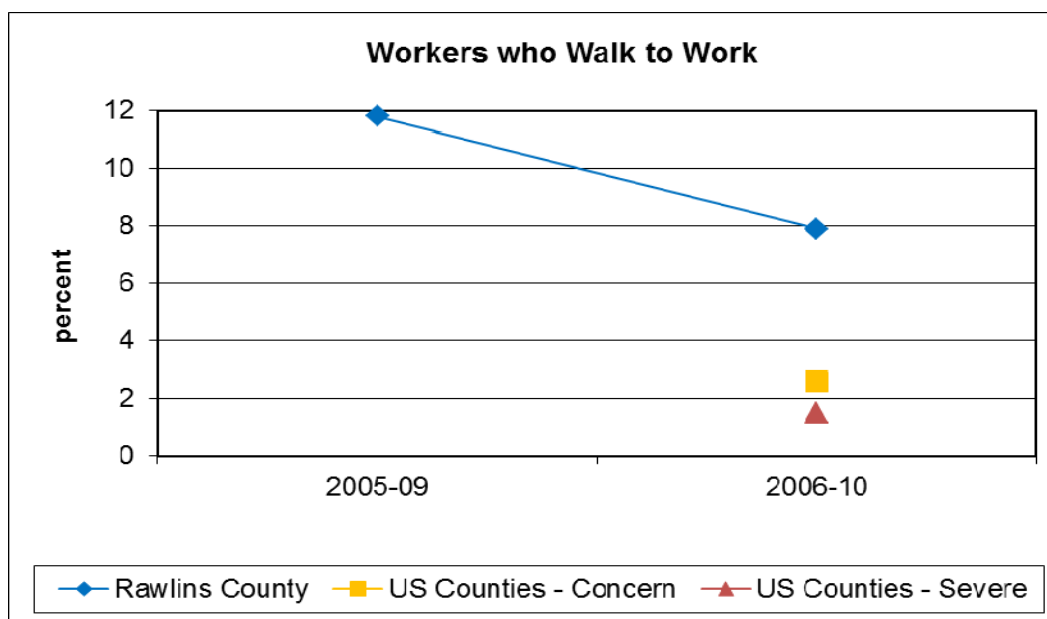
Value: 7.9 Percent

Measurement Period: 2006-2010

Location: County : Rawlins

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/>

Rawlins County Rural Health Works

Personal Vehicle Travel

Households without a Vehicle

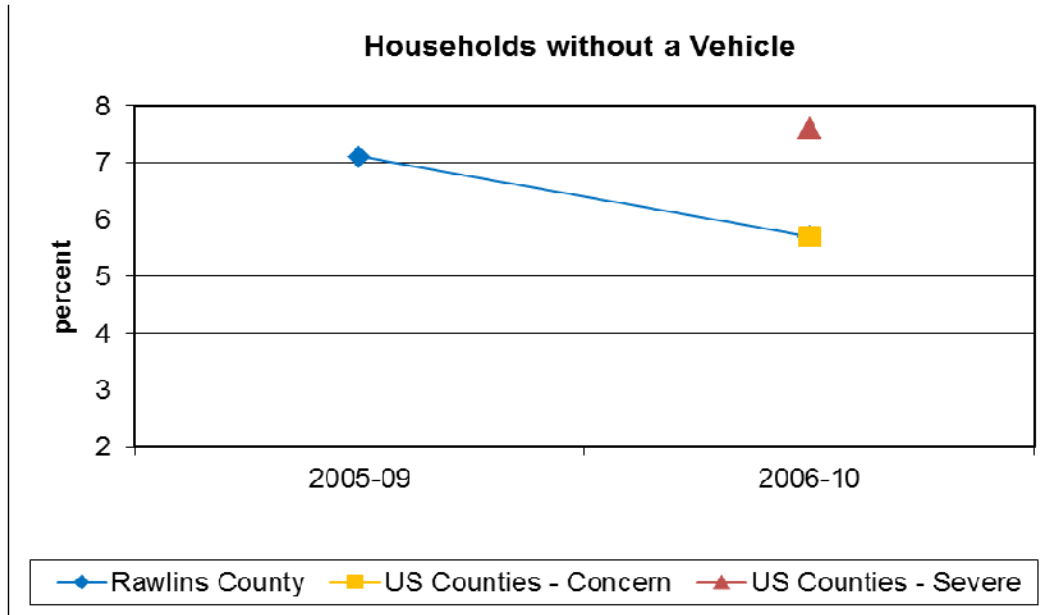
Value: 5.7 Percent

Measurement Period: 2006-2010

Location: County : Rawlins

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/>

Rawlins County Rural Health Works

Public Transportation

Workers Commuting by Public Transportation

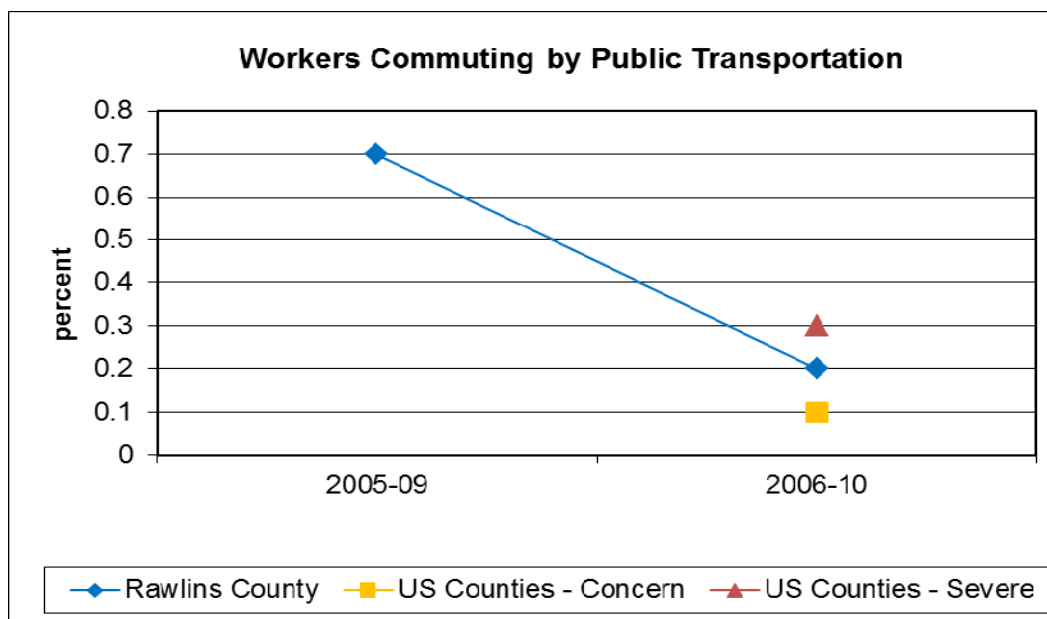
Value: 0.2 Percent

Measurement Period: 2006-2010

Location: County : Rawlins

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/>

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

ATOD USE BY RAWLINS COUNTY YOUTH IN 2012

Kansas Communities That Care - student use survey results

* yellow below KS
* red above KS

AGE OF INITIATION

How old were you when you first:	2008	2009	2010	2011	2012	
Smoked a cigarette, even just a puff	11.82	12.85	13.69	13.29	13.04	12.88
Had more than a sip or two of alcohol	12.43	13.05	13.31	12.83	12.7	KS 13.09
Smoked Marijuana	14.67	14.4	14.57	14.57	14.5	13.90

LIFETIME PREVALENCE

Have you ever:	2008	2009	2010	2011	2012	
Used Smokeless Tobacco	17.0%	18.1%	26.7%	26.7%	28.9%	12.74
Smoked Cigarettes	25.0%	26.4%	27.9%	23.0%	23.3%	KS 21
Drank Alcohol	54.5%	63.9%	62.8%	46.6%	62.8%	42.10
Smoked Marijuana	11.5%	13.9%	9.4%	10.8%	13.34	17.66

PAST 30 DAY USAGE

How frequently, in the past 30 days, have you:	2008	2009	2010	2011	2012	
Used Smokeless Tobacco	5.7%	6.8%	11.6%	17.3%	15.7%	5.52
Smoked Cigarettes	8.0%	9.6%	5.8%	6.7%	5.6%	KS 8.15
Drank Alcohol	30.7%	40.3%	37.4%	27.4%	45.4%	23.75
Smoked Marijuana	4.6%	6.9%	3.5%	5.4%	1.1%	9.06

FAVORABLE ATTITUDES TOWARD ANTISOCIAL BEHAVIOR

How wrong do you think it is for someone your age to:	2008	2009	2010	2011	2012	
Smoke Cigarettes	5.7%	13.5%	6.6%	7.7%	3.3%	6.62
Drink Alcohol	13.8%	16.7%	12.0%	10.3%	7.8%	KS 9.32
Smoke Marijuana	5.0%	5.5%	1.3%	6.5%	2.2%	7.85

LAWS AND NORMS FAVORABLE TO DRUG USE

You would not be caught by police if you:	2008	2009	2010	2011	2012	
Smoke Cigarettes	69.8%	68.8%	72.5%	52.9%	61.9%	61.47
Drank Alcohol	80.2%	63.6%	66.7%	56.2%	64.7%	KS 63.09
Smoked Marijuana	53.5%	57.6%	59.3%	47.3%	46.0%	54.18

PERCEIVED AVAILABILITY OF DRUGS

It would be easy for you to get the following substances:	2008	2009	2010	2011	2012	
Cigarettes	20.7%	31.3%	33.8%	29.6%	30.9%	25.64
Alcohol	14.5%	16.2%	20.0%	18.9%	23.8%	KS 21.45
Marijuana	13.6%	12.5%	9.0%	12.9%	7.2%	21.10

REWARDS FOR ANTISOCIAL INVOLVEMENT

What are the chances you would be seen as cool if you:	2008	2009	2010	2011	2012	
Smoked Cigarettes		1.4%	2.4%	0.0%	1.1%	1.79
Drank Alcohol	14.3%	14.3%	13.1%	12.3%	5.6%	above KS 4.30
Smoked Marijuana	1.2%	2.9%	2.4%	1.4%	1.1%	1.12

BINGE DRINKING

	2008	2009	2010	2011	2012	
5 or more Alcoholic Drinks in a Row	11.4%	23.3%	13.1%	17.8%	23.6%	KS 12.45

The Regional Prevention Center
Smoky Hill Foundation
209 E. 7th St.
Hays, KS 67601

Jodi Sprout
785-225-5521
rpejodi@media-net.net



Welcome Rawlins County to your data navigation tool

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Select domain below:

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- [Family](#)
- [School](#)
- [Community](#)
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- [School tbl](#)
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- [alcohol tbl](#)
- [2012 RPC tbl](#)

[Create New Worksheet >>](#)**2012 participation rate for Rawlins County**

- Total Participation Rate: 89.4%
- 6th Grade Participation Rate: 95.7%
- 8th Grade Participation Rate: 85.7%
- 10th Grade Participation Rate: 90.9%
- 12th Grade Participation Rate: 85.2%

<<< To begin accessing your data:

- (1) Select domain you would like to navigate data for
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P.O. Box 189
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Girard, KS 66743
(620) 724-6281

Worksheet 2012 RPC

CTC Survey Data

Data Type: Survey data

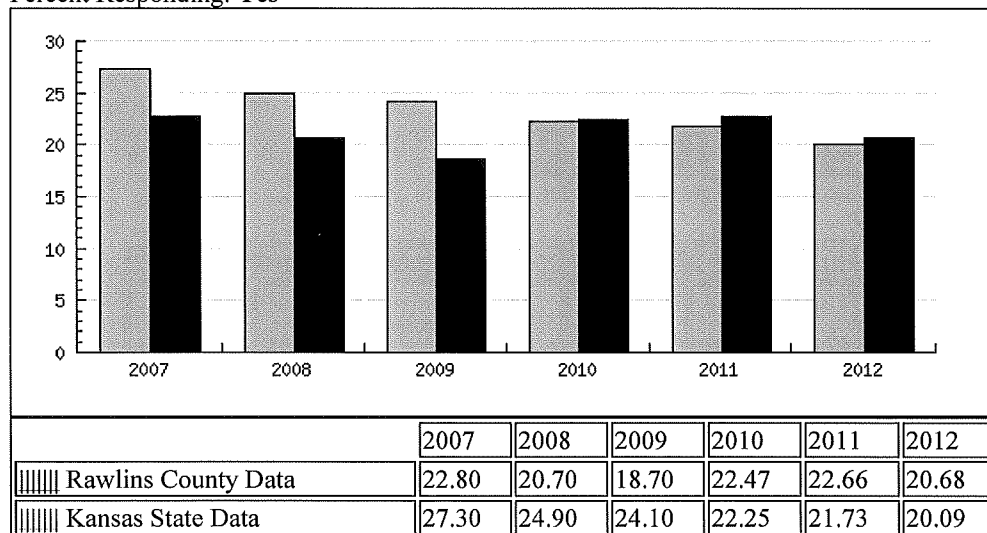
Domain: Peer Individual

Scale: Additional Questions

Question: In the past year, have you gambled for money or anything of value?

Population: Total

Percent Responding: Yes



Data Type: Survey data

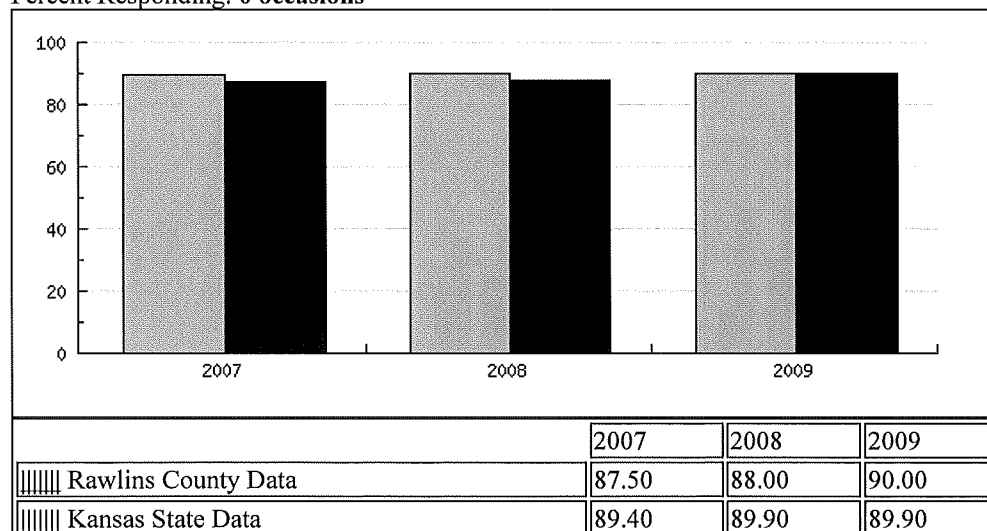
Domain: Problem Behaviors

Scale: Lifetime Use

Question: On how many occasions (if any) have you used prescription drugs (for example, Xanax, Valium, OxyContin, Ritalin, Vicodin, etc.) not prescribed for you by a doctor in your lifetime?

Population: Total

Percent Responding: 0 occasions



Data Type: Survey data

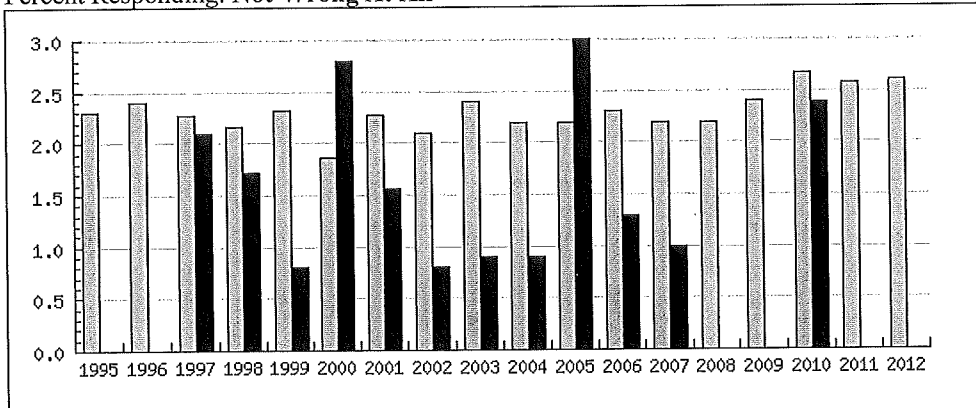
Domain: Community

Scale: Laws and Norms Favorable to Drug Use

Question: How wrong would most adults in your neighborhood, or the area around which you live, think it is for kids your age: to use marijuana.

Population: Total

Percent Responding: Not Wrong At All



	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Rawlins County Data			2.10	1.72	0.80	2.79	1.57	0.80	0.90	0.90	3.00	1.30	1.00			2.38	0.00	0.00
Kansas State Data	2.30	2.40	2.27	2.16	2.32	1.86	2.27	2.10	2.40	2.20	2.20	2.30	2.20	2.20	2.40	2.67	2.58	2.61

Data Type: Survey data

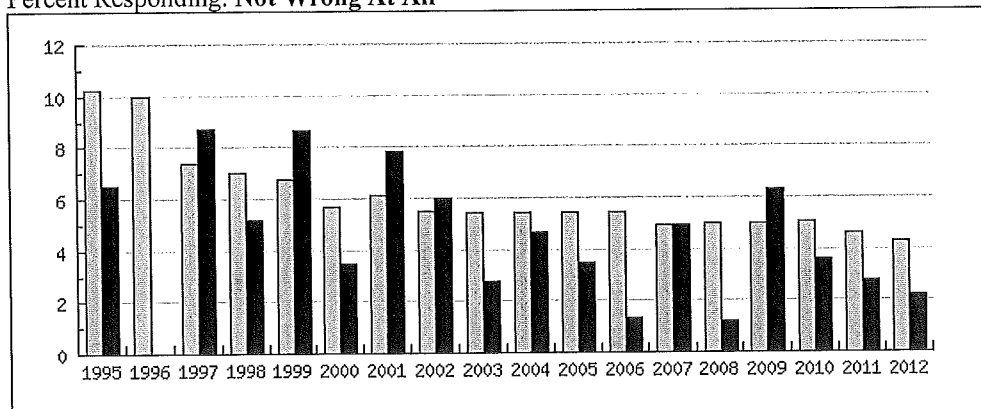
Domain: Community

Scale: Laws and Norms Favorable to Drug Use

Question: How wrong would most adults in your neighborhood, or the area around which you live, think it is for kids your age: to smoke cigarettes.

Population: Total

Percent Responding: Not Wrong At All



	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Rawlins County Data	6.50		8.70	5.17	8.66	3.49	7.81	6.00	2.80	4.70	3.50	1.30	4.90	1.20	6.30	3.61	2.77	2.22

 Kansas State Data	10.20	10.00	7.36	7.04	6.77	5.71	6.12	5.50	5.40	5.40	5.40	5.40	4.90	5.00	5.00	5.07	4.60	4.30
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Data Type: Survey data

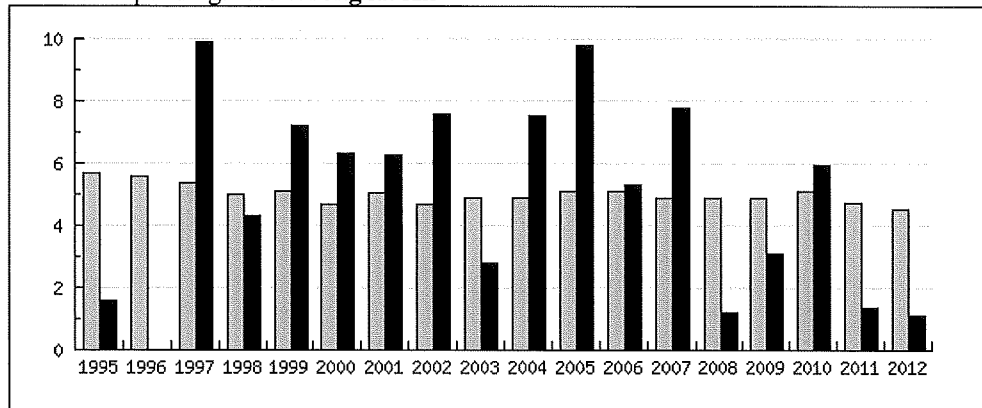
Domain: Community

Scale: Laws and Norms Favorable to Drug Use

Question: How wrong would most adults in your neighborhood, or the area around which you live, think it is for kids your age: to drink alcohol.

Population: Total

Percent Responding: Not Wrong At All



	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
 Rawlins County Data	1.60		9.90	4.31	7.20	6.29	6.25	7.60	2.80	7.50	9.80	5.30	7.80	1.20	3.10	5.95	1.38	1.12
 Kansas State Data	5.70	5.60	5.37	5.02	5.10	4.69	5.04	4.70	4.90	4.90	5.10	5.10	4.90	4.90	4.90	5.13	4.72	4.53

Data Type: Survey data

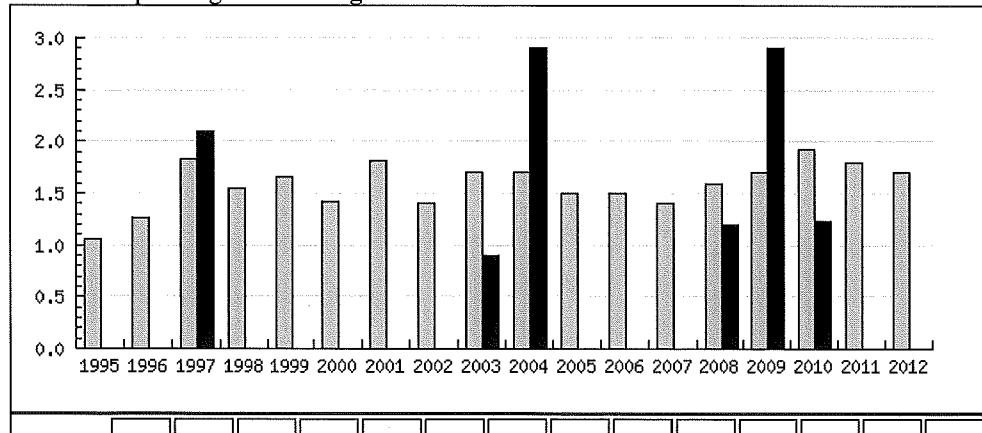
Domain: Family

Scale: Parental Attitudes Favorable Toward Drug Use

Question: How wrong do your parents feel it would be for you to: smoke marijuana?

Population: Total

Percent Responding: Not Wrong At All



	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Rawlins County Data			2.10						0.90	2.90				1.20	2.90	1.23	0.00	0.00
Kansas State Data	1.05	1.27	1.83	1.54	1.65	1.42	1.82	1.40	1.70	1.70	1.50	1.50	1.40	1.60	1.70	1.92	1.80	1.70

Data Type: Survey data

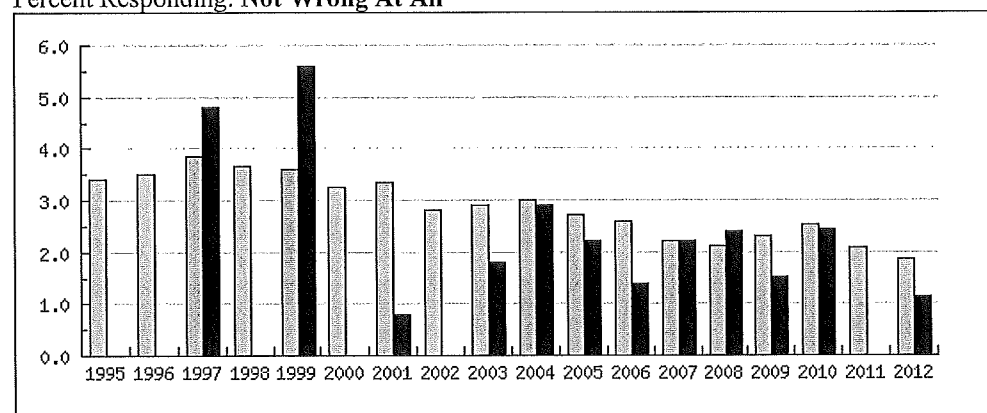
Domain: Family

Scale: Parental Attitudes Favorable Toward Drug Use

Question: How wrong do your parents feel it would be for you to: smoke cigarettes?

Population: Total

Percent Responding: Not Wrong At All



	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Rawlins County Data			4.80		5.60		0.79		1.80	2.90	2.20	1.40	2.20	2.40	1.50	2.44	0.00	1.13
Kansas State Data	3.40	3.50	3.84	3.66	3.59	3.26	3.34	2.80	2.90	3.00	2.70	2.60	2.20	2.10	2.30	2.54	2.08	1.85

Data Type: Survey data

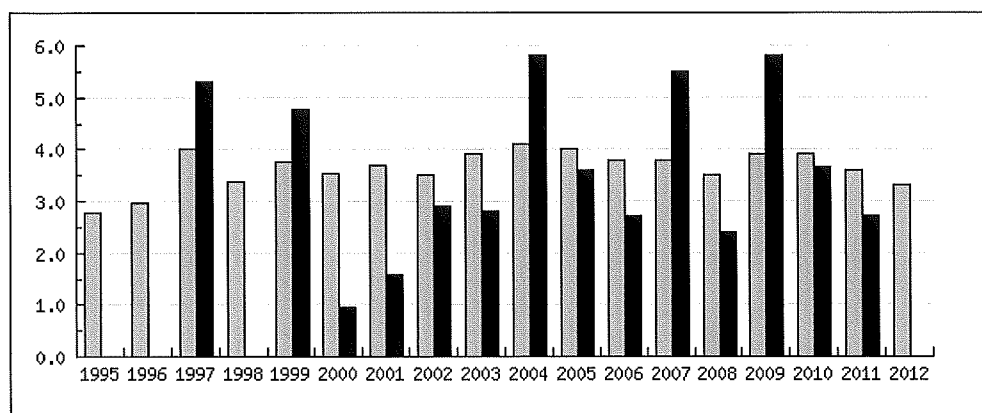
Domain: Family

Scale: Parental Attitudes Favorable Toward Drug Use

Question: How wrong do your parents feel it would be for you to: drink beer, wine or hard liquor (for example, vodka, whiskey or gin) regularly (at least once or twice a month)?

Population: Total

Percent Responding: Not Wrong At All



	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Rawlins County Data			5.30		4.76	0.94	1.58	2.90	2.80	5.80	3.60	2.70	5.50	2.40	5.80	3.66	2.73	0.00
Kansas State Data	2.79	2.96	4.02	3.39	3.76	3.54	3.68	3.50	3.90	4.10	4.00	3.80	3.80	3.50	3.90	3.93	3.60	3.31

Data Type: Survey data

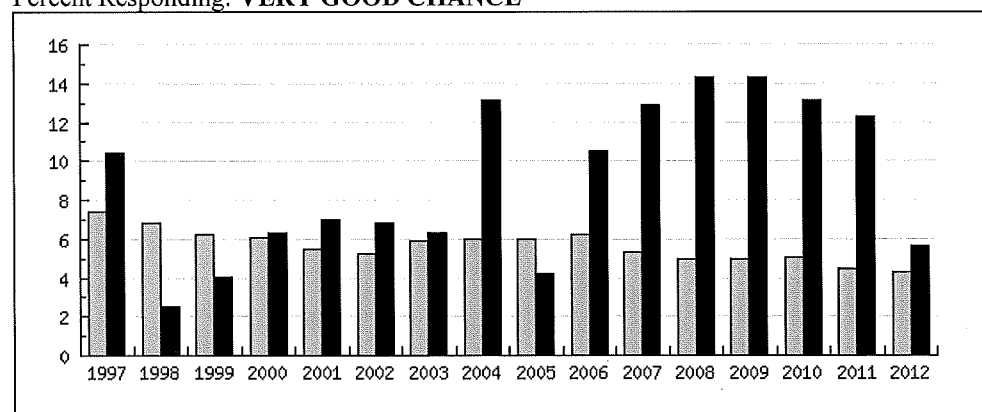
Domain: Peer Individual

Scale: Rewards for Antisocial Involvement

Question: What are the chances you would be seen as cool if you: began drinking alcoholic beverages regularly, at least once or twice a month?

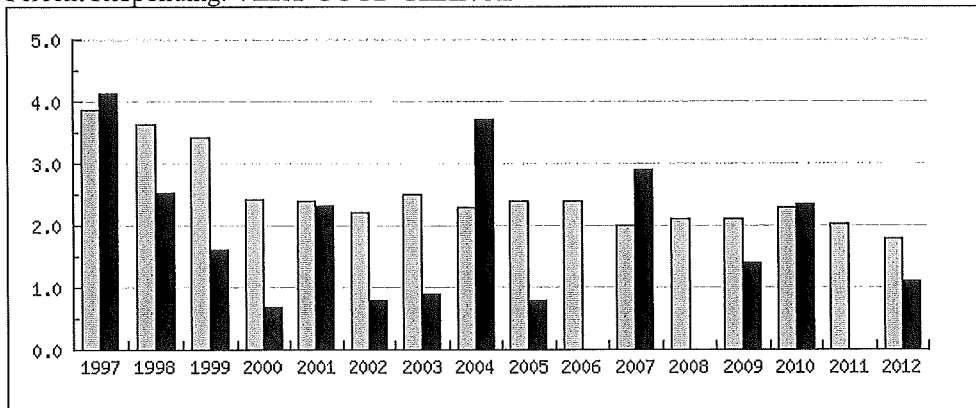
Population: Total

Percent Responding: VERY GOOD CHANCE

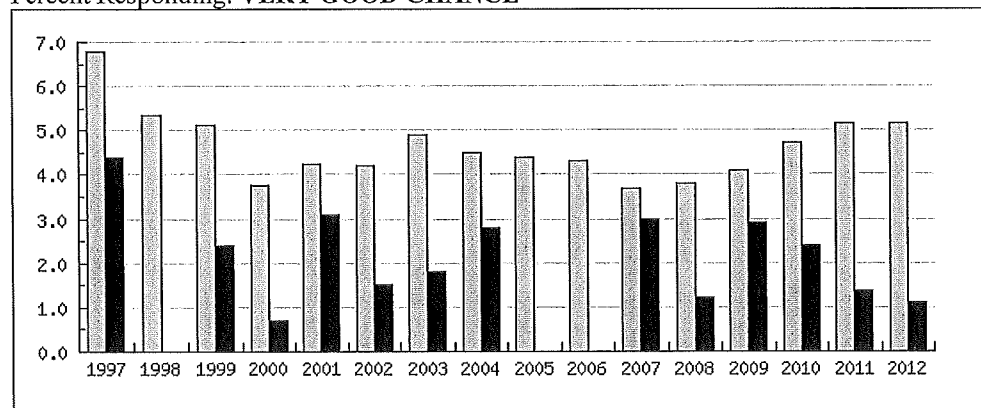


	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Rawlins County Data	10.42	2.50	4.06	6.29	6.97	6.80	6.30	13.10	4.20	10.50	12.90	14.30	14.30	13.10	12.32	5.61
Kansas State Data	7.39	6.78	6.26	6.03	5.49	5.20	5.90	6.00	6.00	6.20	5.30	5.00	5.00	5.08	4.48	4.30

Data Type: Survey data

Domain: **Peer Individual**Scale: **Rewards for Antisocial Involvement**Question: **What are the chances you would be seen as cool if you: smoked cigarettes?**Population: **Total**Percent Responding: **VERY GOOD CHANCE**

	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Rawlins County Data	4.14	2.52	1.61	0.69	2.32	0.80	0.90	3.70	0.80		2.90		1.40	2.35	0.00	1.11
Kansas State Data	3.86	3.62	3.42	2.43	2.40	2.20	2.50	2.30	2.40	2.40	2.00	2.10	2.10	2.29	2.02	1.79

Data Type: **Survey data**Domain: **Peer Individual**Scale: **Rewards for Antisocial Involvement**Question: **What are the chances you would be seen as cool if you: smoked marijuana?**Population: **Total**Percent Responding: **VERY GOOD CHANCE**

	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Rawlins County Data	4.38		2.41	0.69	3.10	1.50	1.80	2.80			3.00	1.20	2.90	2.38	1.35	1.12
Kansas State Data	6.78	5.33	5.11	3.75	4.25	4.20	4.90	4.50	4.40	4.30	3.70	3.80	4.10	4.73	5.15	5.17

Data Type: Survey data

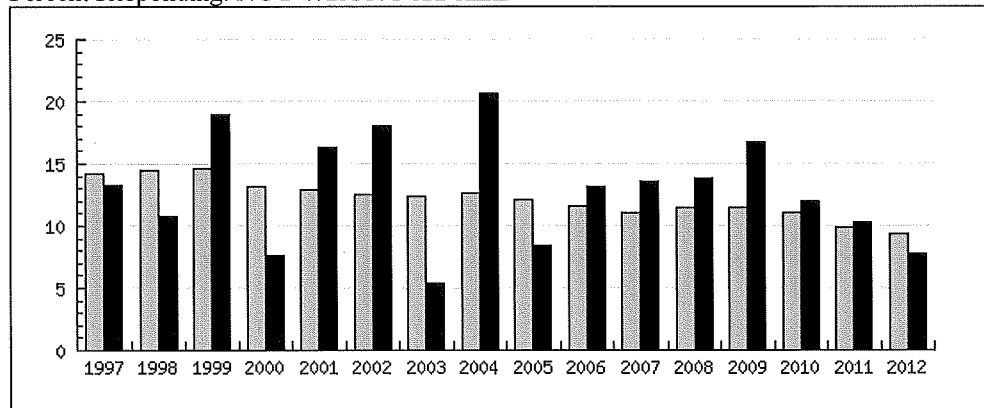
Domain: Peer Individual

Scale: Favorable Attitudes Towards Drug Use

Question: How wrong do you think it is for someone your age to: drink, wine, or hard liquor (for example, vodka, whiskey, or gin) regularly?

Population: Total

Percent Responding: NOT WRONG AT ALL



	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Rawlins County Data	13.25	10.83	18.89	7.69	16.27	18.00	5.40	20.60	8.40	13.20	13.50	13.80	16.70	12.00	10.25	7.77
Kansas State Data	14.19	14.51	14.56	13.18	12.90	12.50	12.40	12.60	12.10	11.60	11.00	11.40	11.50	11.07	9.87	9.32

Data Type: Survey data

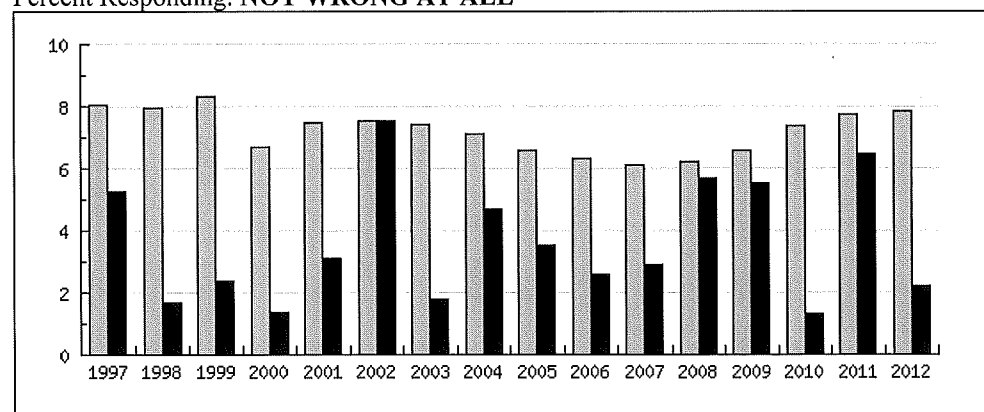
Domain: Peer Individual

Scale: Favorable Attitudes Towards Drug Use

Question: How wrong do you think it is for someone your age to: smoke marijuana?

Population: Total

Percent Responding: NOT WRONG AT ALL



	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Rawlins County	5.26	1.66	2.36	1.39	3.10	7.50	1.80	4.70	3.50	2.60	2.90	5.70	5.50	1.32	6.49	2.19

Data																
 Kansas State Data	8.03	7.97	8.29	6.68	7.49	7.50	7.40	7.10	6.60	6.30	6.10	6.20	6.60	7.37	7.76	7.85

Data Type: Survey data

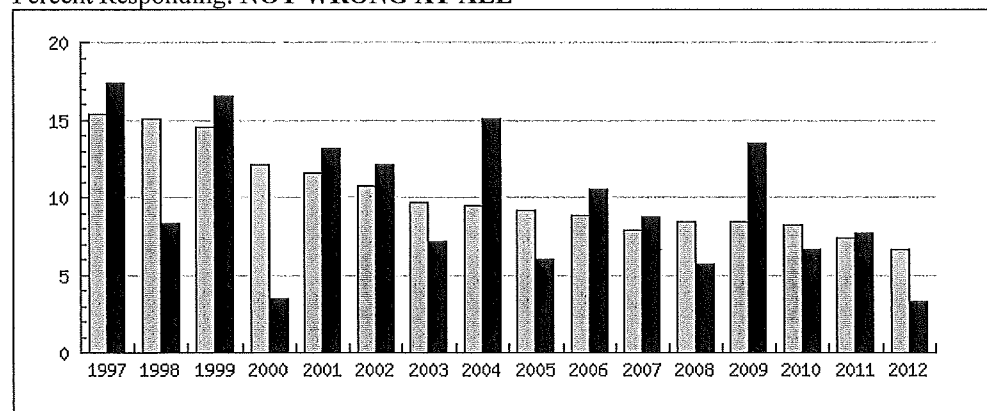
Domain: Peer Individual

Scale: Favorable Attitudes Towards Drug Use

Question: How wrong do you think it is for someone your age to: smoke cigarettes?

Population: Total

Percent Responding: NOT WRONG AT ALL



	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
 Rawlins County Data	17.39	8.33	16.53	3.49	13.17	12.10	7.20	15.10	6.00	10.50	8.70	5.70	13.50	6.58	7.69	3.29
 Kansas State Data	15.40	15.06	14.51	12.14	11.56	10.70	9.70	9.50	9.20	8.80	7.90	8.40	8.40	8.24	7.34	6.62

Data Type: Survey data

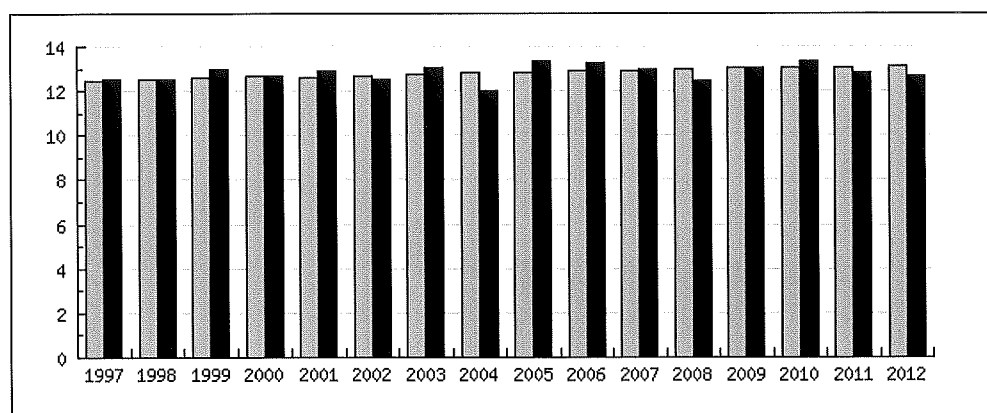
Domain: Peer Individual

Scale: Early Initiation of Drug Use

Question: How old were you when you first: had more than a sip or two of beer, wine or hard liquor for example, vodka, whiskey, or gin)?

Population: Total

Percent Responding: Average Age



	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Rawlins County Data	12.51	12.50	13.00	12.64	12.91	12.56	13.03	12.02	13.33	13.26	13.00	12.43	13.05	13.31	12.83	12.70
Kansas State Data	12.47	12.52	12.57	12.68	12.59	12.71	12.72	12.80	12.85	12.91	12.90	12.99	13.01	13.07	13.06	13.09

Data Type: Survey data

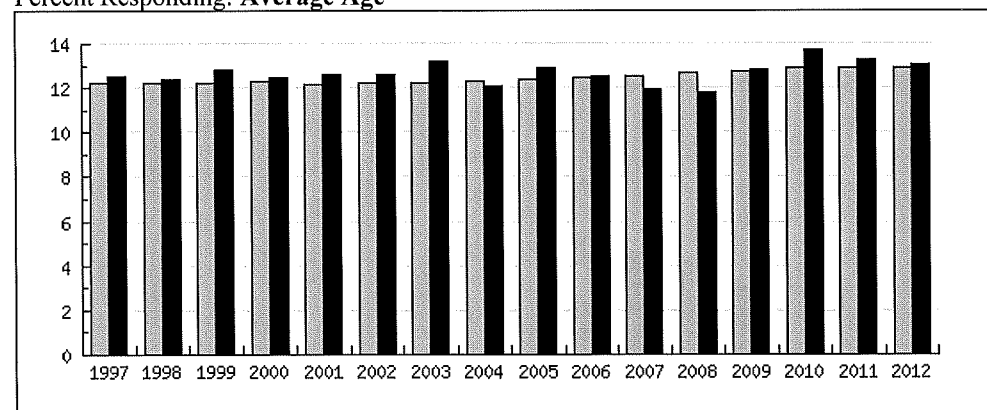
Domain: Peer Individual

Scale: Early Initiation of Drug Use

Question: How old were you when you first: smoked a cigarette, even just a puff?

Population: Total

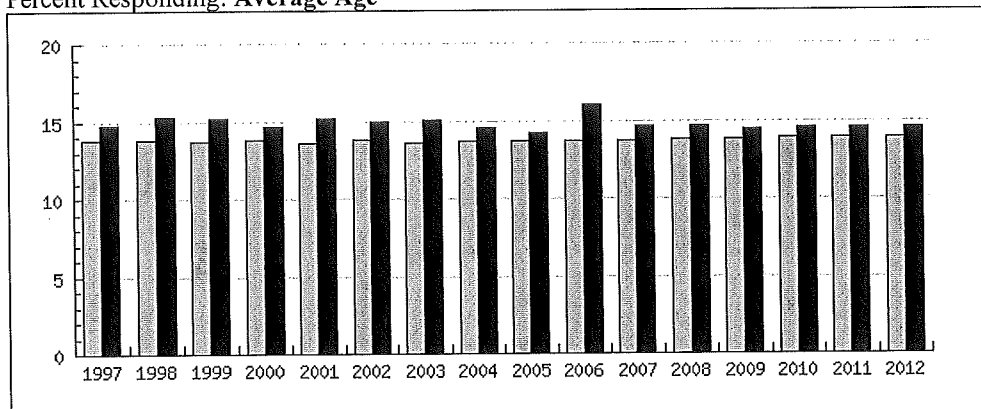
Percent Responding: Average Age



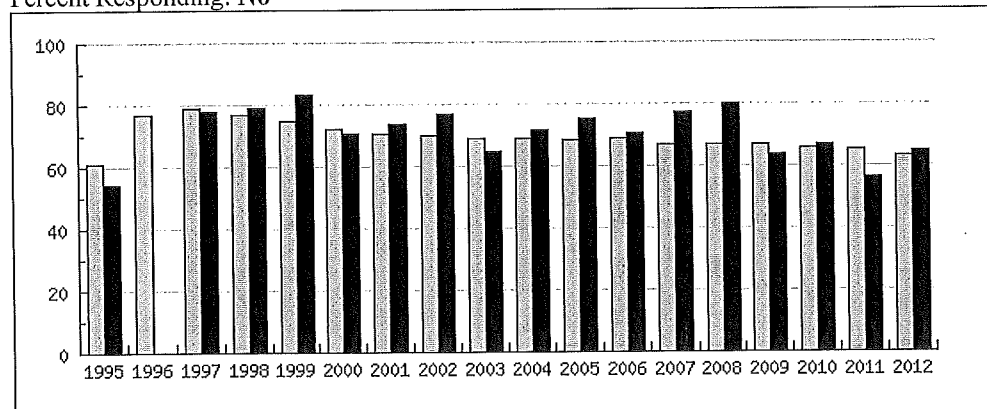
	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Rawlins County Data	12.51	12.35	12.85	12.44	12.57	12.61	13.17	12.07	12.87	12.53	11.90	11.82	12.85	13.69	13.29	13.04
Kansas State Data	12.20	12.23	12.23	12.33	12.18	12.26	12.21	12.32	12.38	12.46	12.50	12.68	12.78	12.87	12.87	12.88

Data Type: Survey data

Domain: Peer Individual

Scale: **Early Initiation of Drug Use**Question: **How old were you when you first: smoked marijuana?**Population: **Total**Percent Responding: **Average Age**

	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Rawlins County Data	14.73	15.28	15.21	14.58	15.12	14.97	15.00	14.50	14.20	16.00	14.60	14.67	14.40	14.57	14.57	14.50
Kansas State Data	13.81	13.83	13.65	13.79	13.59	13.75	13.61	13.67	13.70	13.70	13.70	13.79	13.83	13.94	13.89	13.90

Data Type: **Survey data**Domain: **Community**Scale: **Laws and Norms Favorable to Drug Use**Question: **If a kid drank some beer, wine or hard liquor for example, vodka, whiskey, or gin in your neighborhood, or the area around which you live, would he or she be caught by the police?**Population: **Total**Percent Responding: **No**

	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Rawlins County Data	54.00		78.10	79.13	83.33	70.42	73.43	76.70	64.80	71.70	75.20	70.30	77.20	80.20	63.60	66.67	56.16	64.70
Kansas State Data	61.30	77.00	78.85	76.91	74.57	72.10	70.64	69.90	69.00	69.10	68.60	69.00	67.10	66.90	66.60	65.80	65.20	63.09

Data Type: Survey data

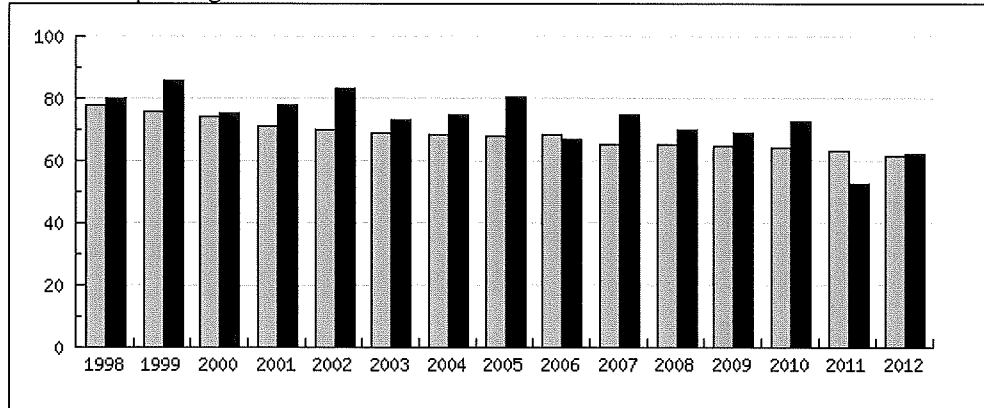
Domain: Community

Scale: Laws and Norms Favorable to Drug Use

Question: If a kid smoked cigarettes in your neighborhood, or the area around which you live, would he or she be caught by the police?

Population: Total

Percent Responding: No



	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Rawlins County Data	80.00	86.00	75.00	78.00	83.00	73.00	74.50	80.70	67.10	74.70	69.80	68.80	72.50	52.85	61.90
Kansas State Data	78.00	76.00	74.00	71.00	70.00	69.00	68.60	68.10	68.30	65.50	65.00	64.50	64.02	63.31	61.47

Data Type: Survey data

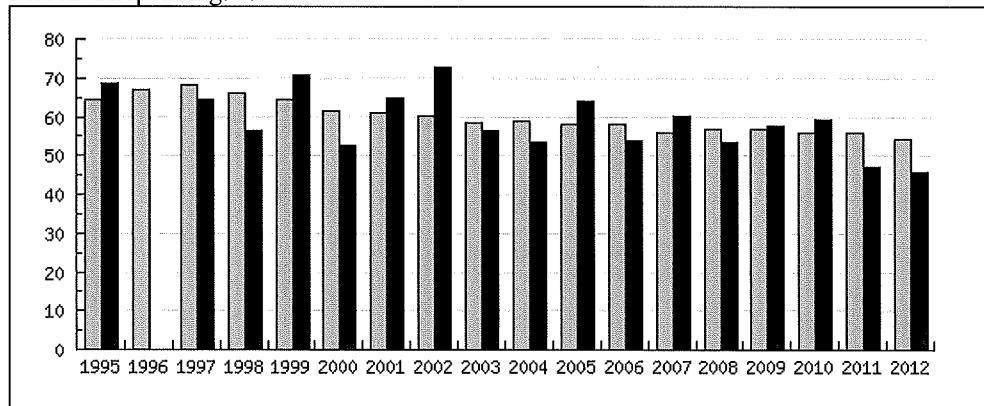
Domain: Community

Scale: Laws and Norms Favorable to Drug Use

Question: If a kid smokes marijuana in your neighborhood, or the area around which you live, would he or she be caught by the police?

Population: Total

Percent Responding: No



	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Rawlins	68.80		64.50	56.41	70.63	52.81	64.84	72.90	56.40	53.30	63.90	54.10	60.00	53.50	57.60	59.26	47.29	45.97

County Data																		
 Kansas State Data	64.30	67.10	68.19	66.04	64.43	61.66	61.04	60.20	58.50	58.80	58.20	58.30	55.80	56.90	56.90	55.86	55.92	54.18

Data Type: Survey data

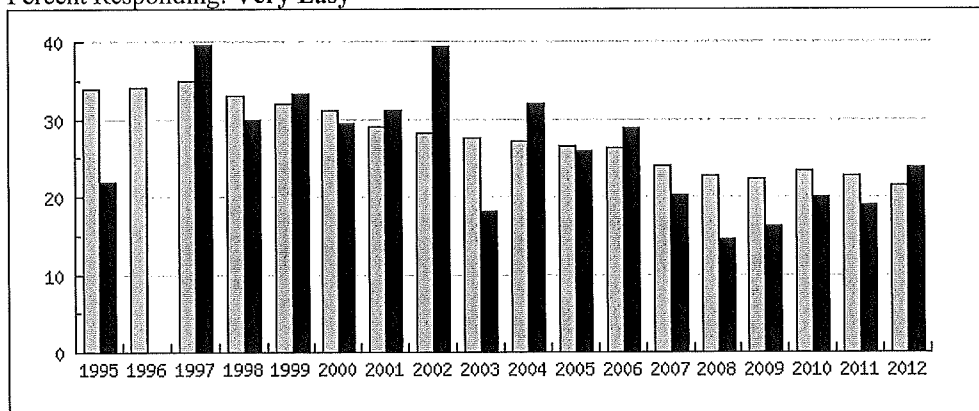
Domain: Community

Scale: Perceived Availability of Drugs

Question: If you wanted to get some beer, wine or hard liquor for example, vodka, whiskey, or gin, how easy would it be for you to get some?

Population: Total

Percent Responding: Very Easy



	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
 Rawlins County Data	21.90		39.60	29.91	33.33	29.37	31.25	39.40	18.20	32.10	25.80	28.90	20.20	14.50	16.20	20.00	18.91	23.80
 Kansas State Data	33.80	34.10	34.88	33.03	31.91	31.20	29.00	28.30	27.50	27.20	26.50	26.30	23.90	22.80	22.40	23.30	22.77	21.45

Data Type: Survey data

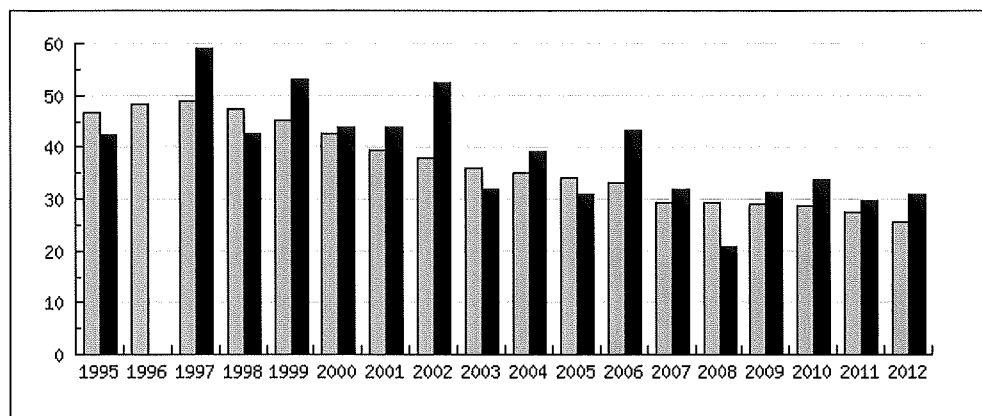
Domain: Community

Scale: Perceived Availability of Drugs

Question: If you wanted to get some cigarettes, how easy would it be for you to get some?

Population: Total

Percent Responding: Very Easy



	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Rawlins County Data	42.20		58.90	42.73	53.17	44.05	43.75	52.30	31.80	39.30	31.10	43.40	32.00	20.70	31.30	33.75	29.57	30.86
Kansas State Data	46.70	48.40	49.05	47.46	45.01	42.65	39.33	38.00	36.10	35.10	34.00	33.30	29.50	29.40	29.00	28.76	27.55	25.64

Data Type: Survey data

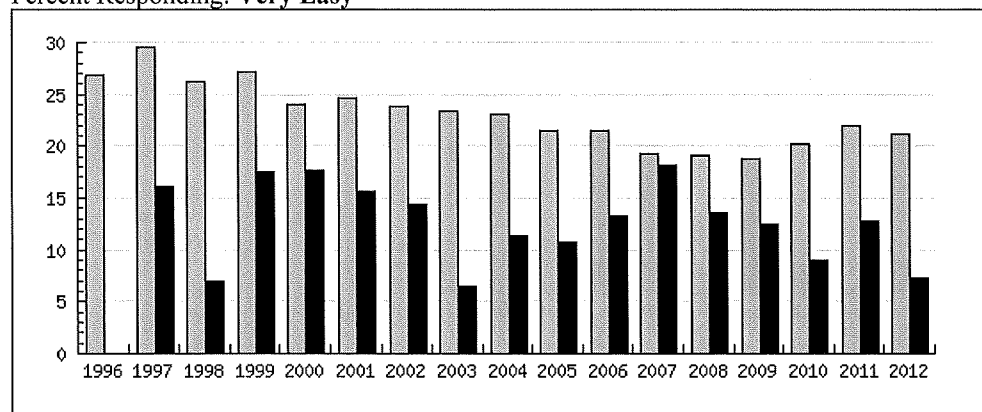
Domain: Community

Scale: Perceived Availability of Drugs

Question: If you wanted to get some marijuana, how easy would it be for you to get some?

Population: Total

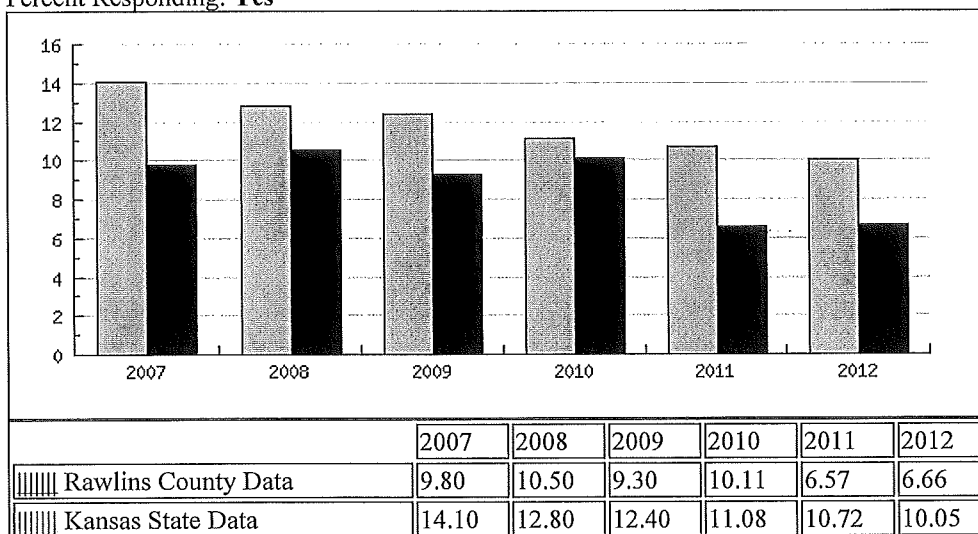
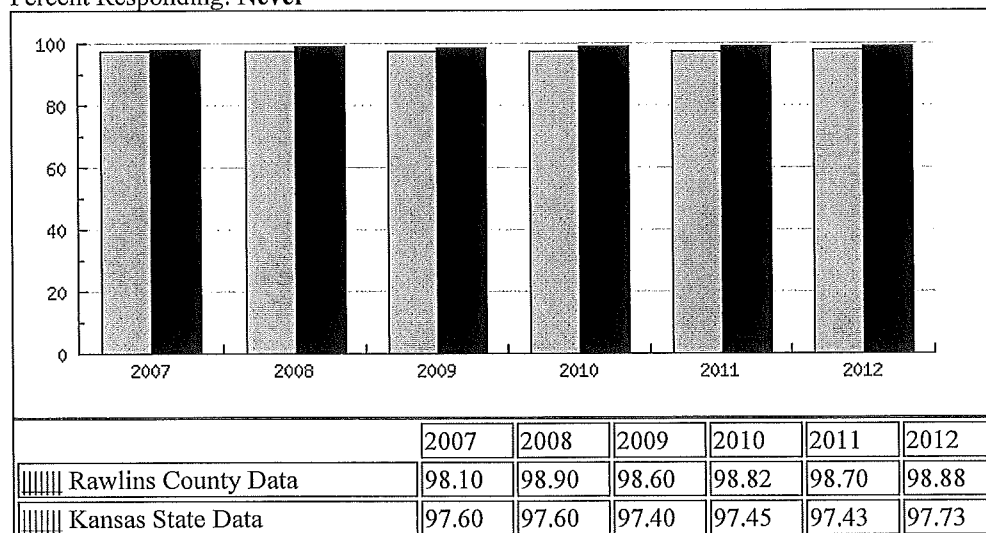
Percent Responding: Very Easy

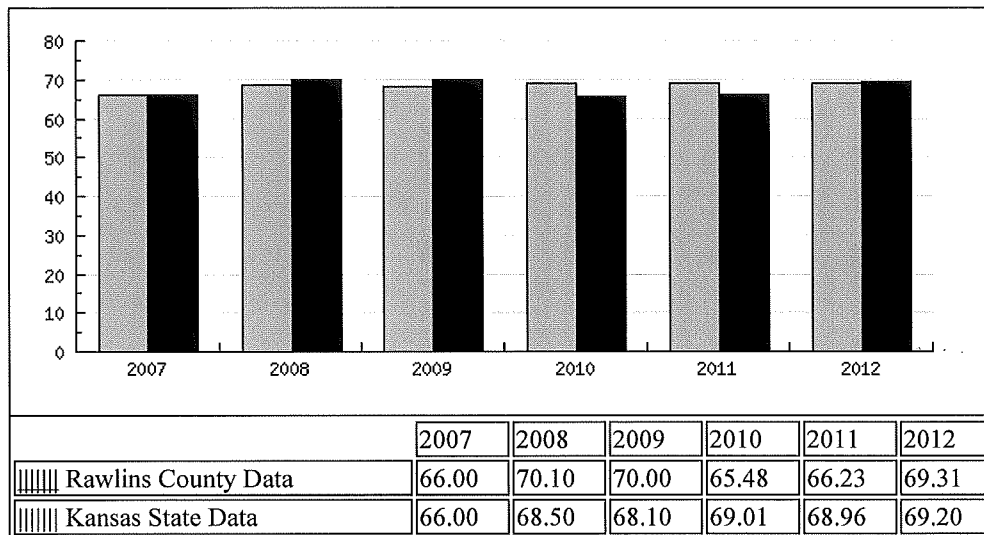


	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Rawlins County Data		16.10	6.95	17.46	17.73	15.62	14.40	6.40	11.40	10.70	13.30	18.20	13.60	12.50	8.97	12.85	7.22
Kansas State Data	26.90	29.59	26.28	27.20	24.07	24.57	23.80	23.40	23.00	21.50	21.40	19.30	19.10	18.80	20.19	21.89	21.10

Data Type: Survey data

Domain: Peer Individual

Scale: **Additional Questions**Question: **In the last 30 days, have you gambled for money or anything of value?**Population: **Total**Percent Responding: **Yes**Data Type: **Survey data**Domain: **Peer Individual**Scale: **Additional Questions**Question: **In the past year, how many times (if any) have you: gambled at a casino**Population: **Total**Percent Responding: **Never**Data Type: **Survey data**Domain: **Peer Individual**Scale: **Additional Questions**Question: **In the past year, how many times (if any) have you: played the lottery or scratch-off tickets**Population: **Total**Percent Responding: **Never**



Data Type: Survey data

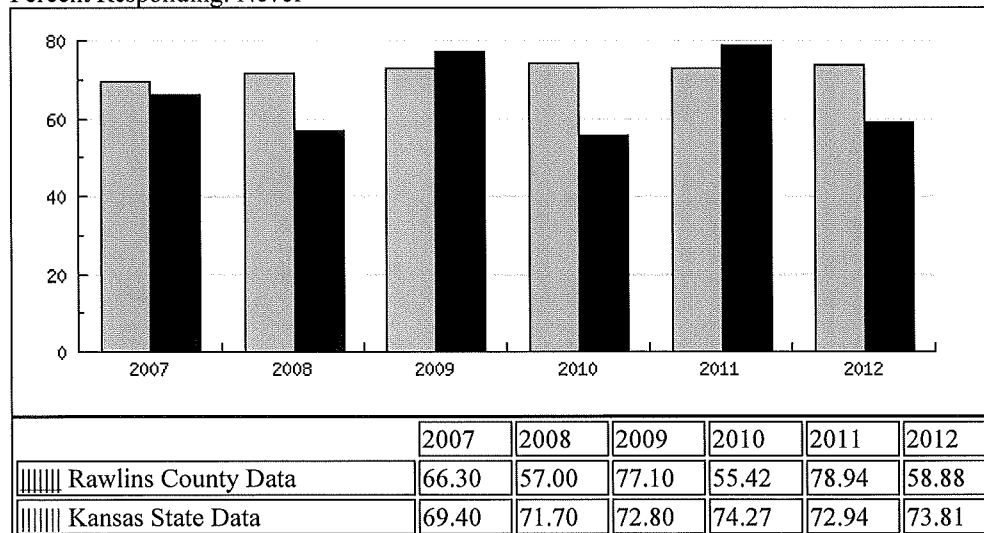
Domain: Peer Individual

Scale: Additional Questions

Question: In the past year, how many times (if any) have you: bet on team sports

Population: Total

Percent Responding: Never



Data Type: Survey data

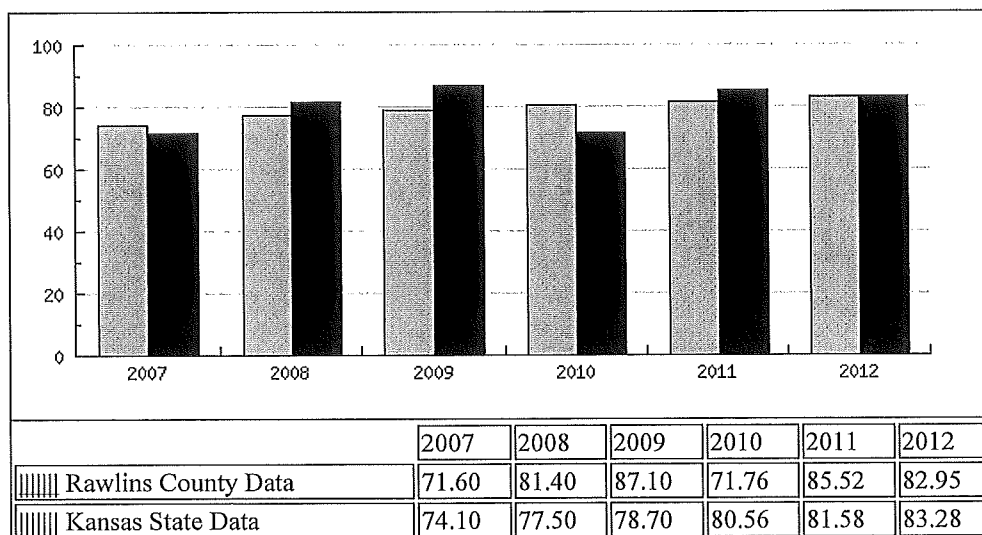
Domain: Peer Individual

Scale: Additional Questions

Question: In the past year, how many times (if any) have you: played cards for money

Population: Total

Percent Responding: Never



Data Type: Survey data

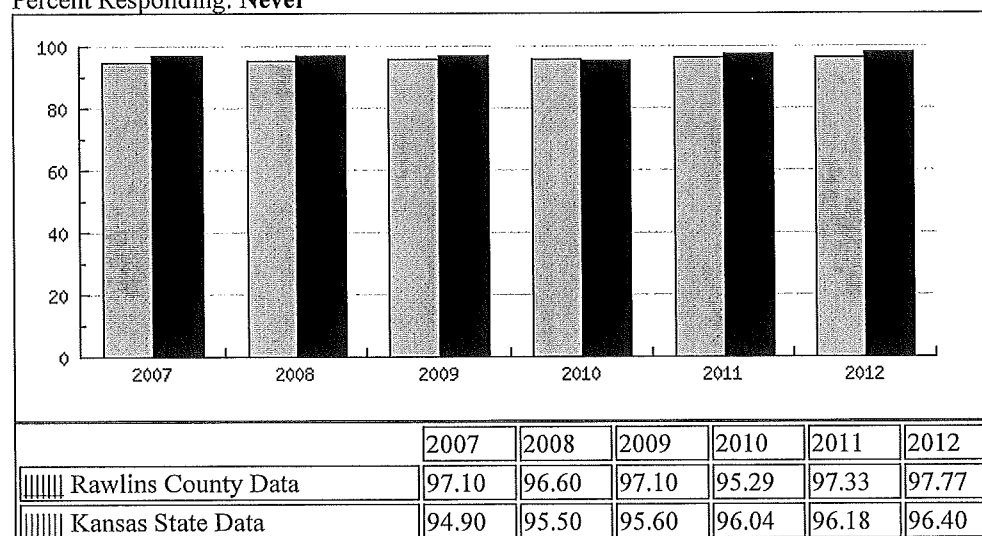
Domain: Peer Individual

Scale: Additional Questions

Question: In the past year, how many times (if any) have you: bet money on horse races

Population: Total

Percent Responding: Never



Data Type: Survey data

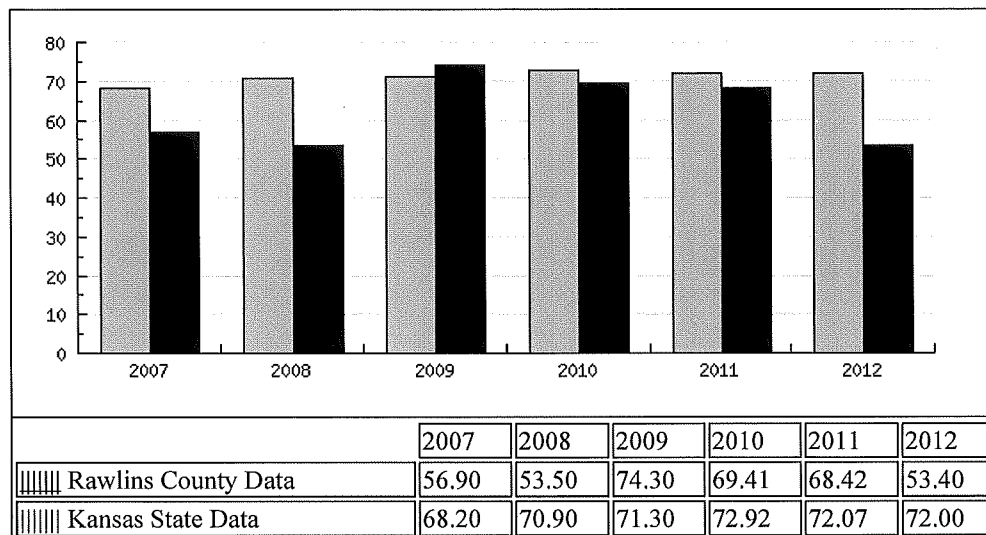
Domain: Peer Individual

Scale: Additional Questions

Question: In the past year, how many times (if any) have you: played bingo for money or prizes

Population: Total

Percent Responding: Never



Data Type: Survey data

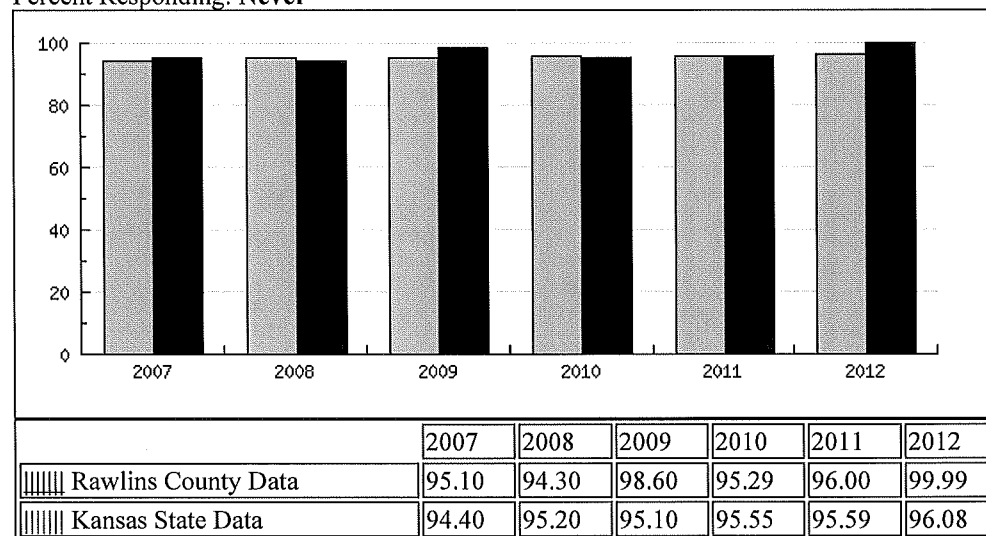
Domain: Peer Individual

Scale: Additional Questions

Question: In the past year, how many times (if any) have you: gambled on the Internet

Population: Total

Percent Responding: Never



Data Type: Survey data

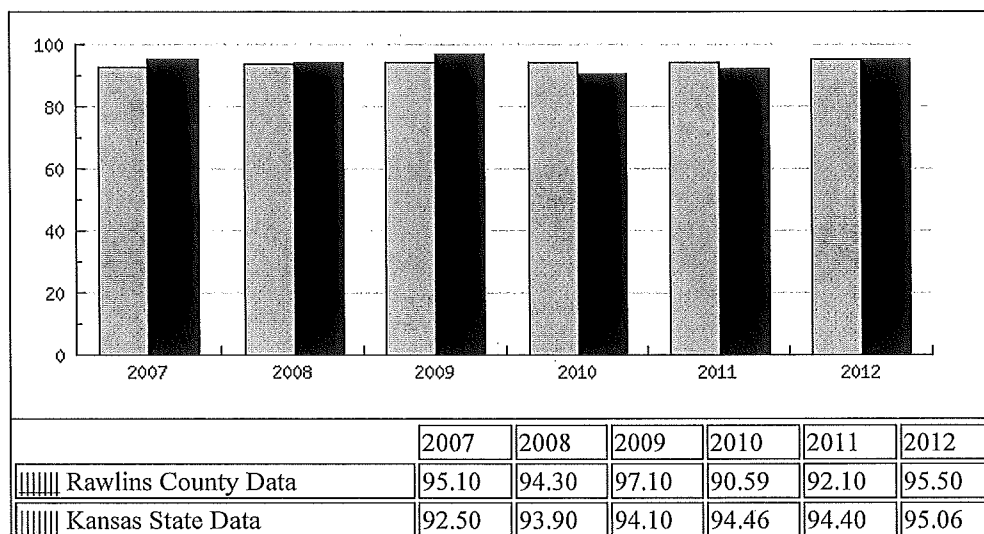
Domain: Peer Individual

Scale: Additional Questions

Question: In the past year, how many times (if any) have you: bet on dice games (such as craps)

Population: Total

Percent Responding: Never



Data Type: Survey data

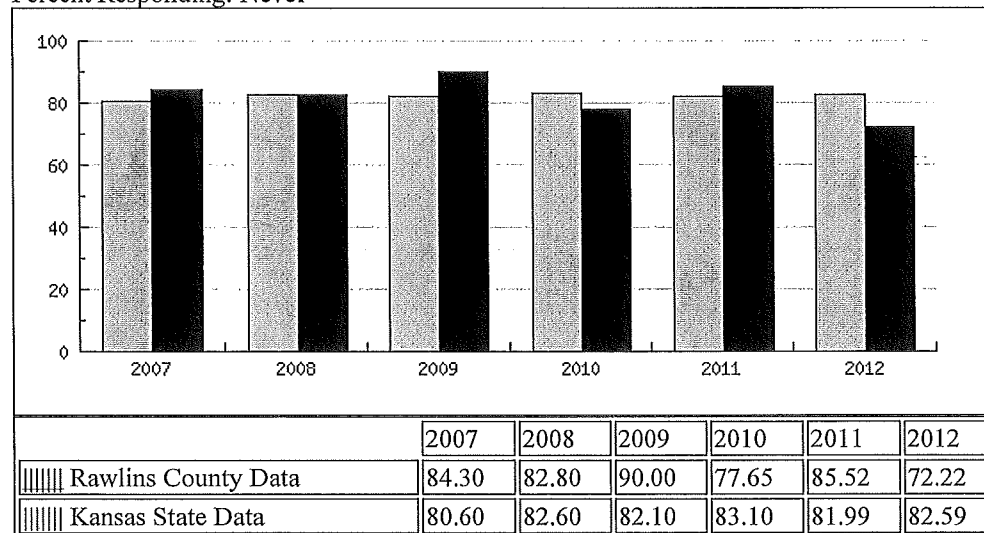
Domain: Peer Individual

Scale: Additional Questions

Question: In the past year, how many times (if any) have you: bet on games of personal skill

Population: Total

Percent Responding: Never



Data Type: Survey data

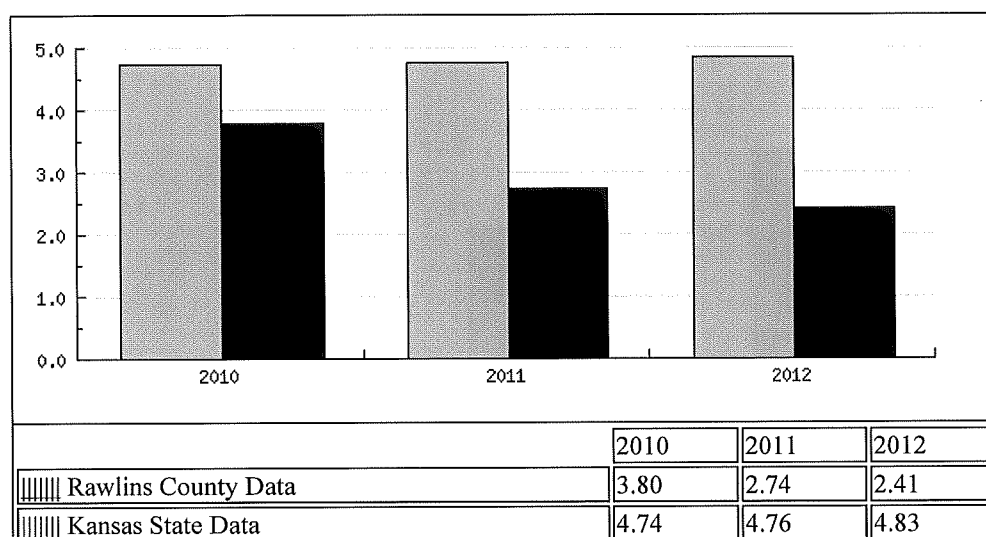
Domain: Problem Behaviors

Scale: Lifetime Use

Question: On how many occasions (if any) have you used prescription stimulants, such as Ritalin, Adderall, or Concerta, not prescribed for you by a doctor in your lifetime?

Population: Total

Percent Responding: At least once



Data Type: Survey data

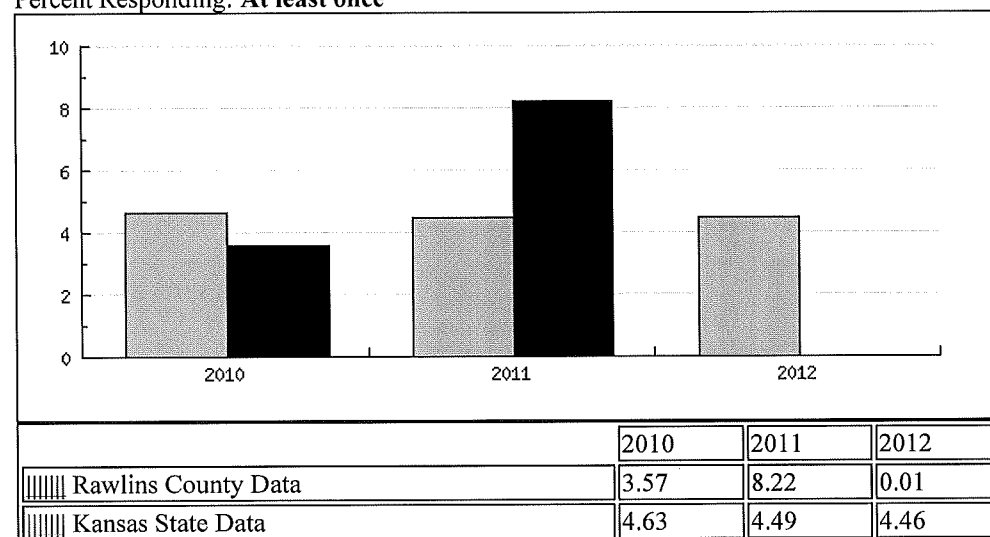
Domain: Problem Behaviors

Scale: Lifetime Use

Question: On how many occasions (if any) have you used prescription tranquilizers, such as Xanax, Valium, or Ambien, not prescribed for you by a doctor in your lifetime?

Population: Total

Percent Responding: At least once



Data Type: Survey data

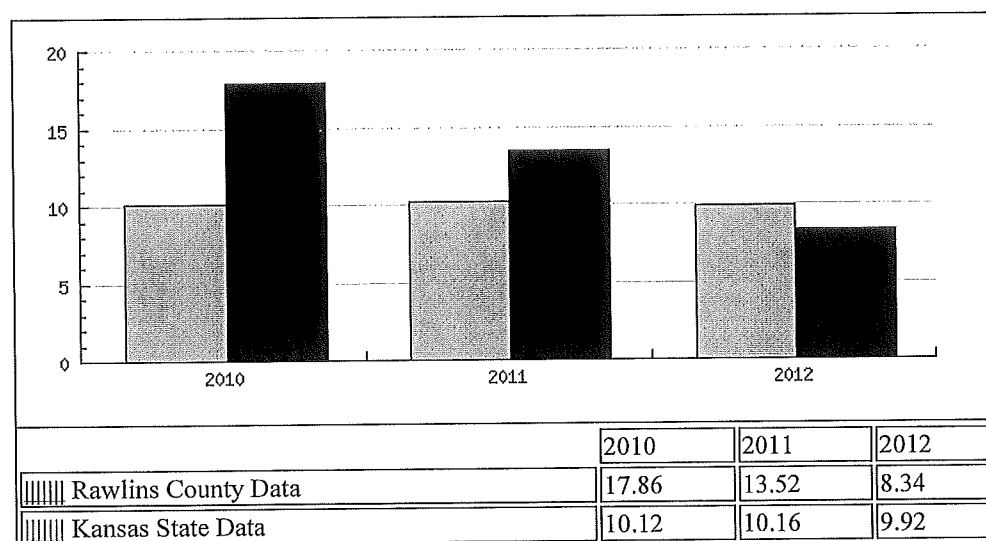
Domain: Problem Behaviors

Scale: Lifetime Use

Question: On how many occasions (if any) have you used prescription pain relievers, such as Vicodin, OxyContin, or Tylox, not prescribed for you by a doctor in your lifetime?

Population: Total

Percent Responding: At least once



Data Type: Survey data

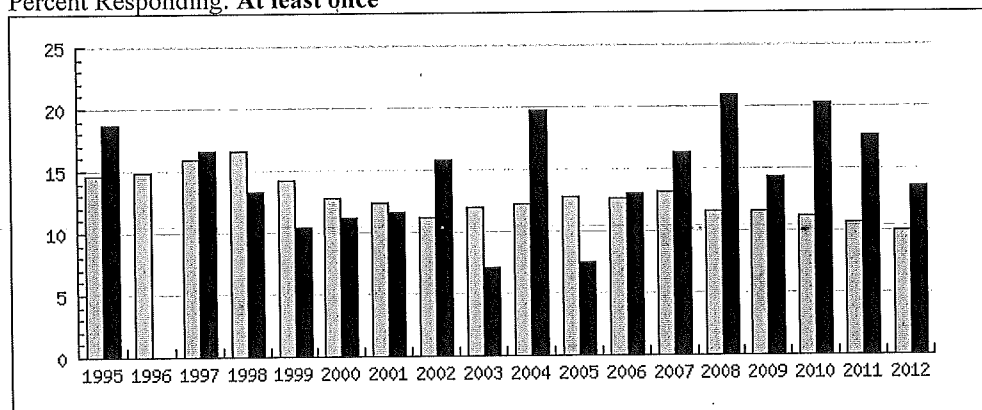
Domain: Problem Behaviors

Scale: Lifetime Use

Question: On how many occasions (if any) have you sniffed glue, breathed the contents of an aerosol spray can, or inhaled other gases or sprays, in order to get high in your lifetime?

Population: Total

Percent Responding: At least once



	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Rawlins County Data	18.70		16.56	13.23	10.40	11.19	11.63	15.80	7.10	19.80	7.50	13.00	16.30	20.90	14.30	20.24	17.57	13.49
Kansas State Data	14.60	14.90	15.98	16.60	14.27	12.76	12.43	11.20	12.00	12.30	12.80	12.60	13.20	11.60	11.60	11.24	10.69	9.98

Data Type: Survey data

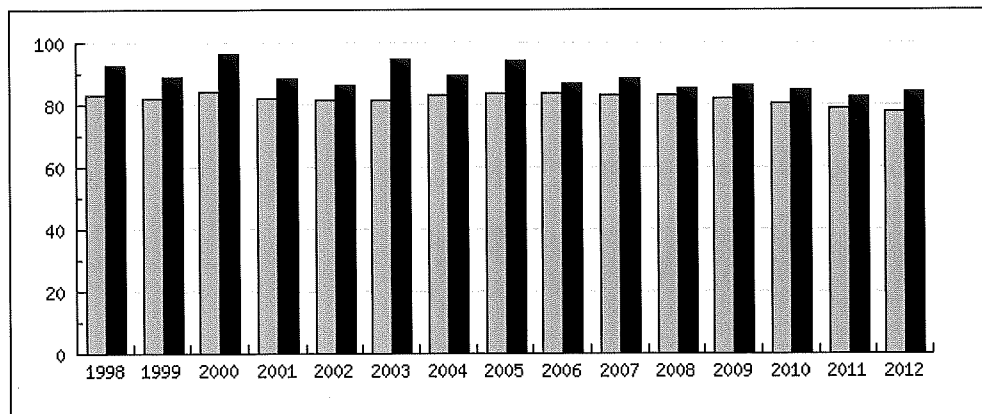
Domain: Peer Individual

Scale: Perceived Risks of Drug Use

Question: How much do you think people risk harming themselves (physically or in other ways) if they: try marijuana once or twice?

Population: Total

Percent Responding: SLIGHT RISK , MODERATE RISK, OR GREAT RISK



	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Rawlins County Data	92.44	88.89	96.48	88.38	86.50	94.70	89.50	94.00	86.80	88.20	85.10	86.10	84.52	82.44	84.10
Kansas State Data	83.41	82.10	84.07	82.08	81.80	81.60	82.90	83.50	83.50	83.20	83.20	81.90	80.39	79.00	77.72

Data Type: Survey data

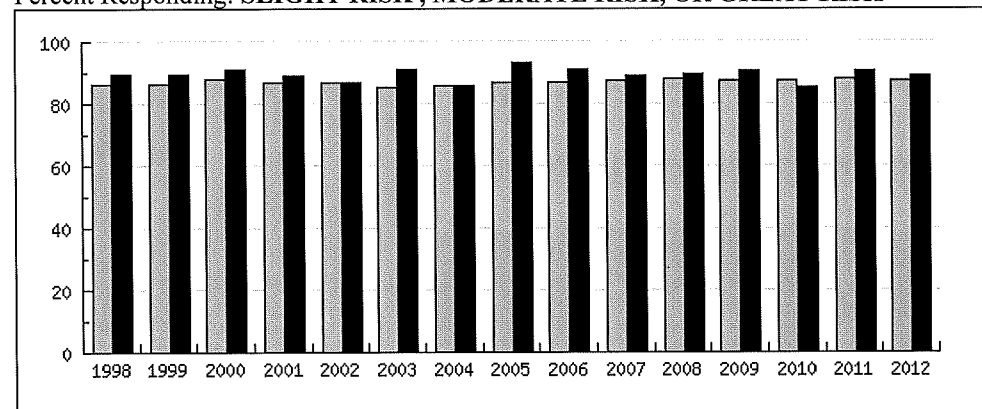
Domain: Peer Individual

Scale: Perceived Risks of Drug Use

Question: How much do you think people risk harming themselves (physically or in other ways) if they: take one or two drinks of an alcohol beverage (beer, wine, liquor) nearly every day?

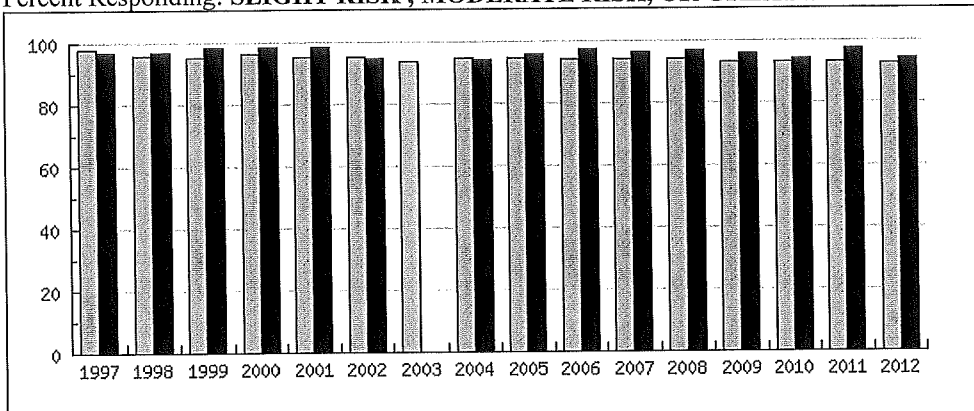
Population: Total

Percent Responding: SLIGHT RISK , MODERATE RISK, OR GREAT RISK

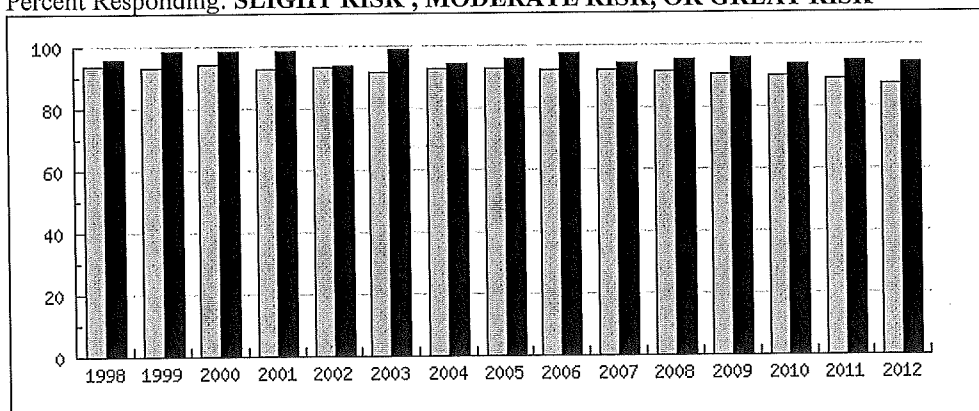


	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Rawlins County Data	89.66	89.69	90.79	89.07	87.10	91.10	85.80	93.10	90.80	89.10	89.50	90.30	85.37	90.55	88.89
Kansas State Data	86.31	86.07	87.71	86.83	86.90	85.10	85.80	86.80	86.90	87.20	87.80	87.30	87.43	87.70	87.57

Data Type: Survey data

Domain: **Peer Individual**Scale: **Perceived Risks of Drug Use**Question: **How much do you think people risk harming themselves (physically or in other ways) if they: smoke one or more packs of cigarettes per day?**Population: **Total**Percent Responding: **SLIGHT RISK , MODERATE RISK, OR GREAT RISK**

	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Rawlins County Data	96.82	96.67	98.42	98.61	98.44	94.70		94.40	95.80	97.40	96.10	96.60	95.80	94.12	97.30	94.45
Kansas State Data	97.95	95.89	95.25	96.29	95.10	95.40	93.90	94.60	94.50	94.10	94.10	94.00	93.30	93.38	93.19	92.70

Data Type: **Survey data**Domain: **Peer Individual**Scale: **Perceived Risks of Drug Use**Question: **How much do you think people risk harming themselves (physically or in other ways) if they: Smoke marijuana regularly?**Population: **Total**Percent Responding: **SLIGHT RISK , MODERATE RISK, OR GREAT RISK**

	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Rawlins County Data	95.73	98.42	98.57	98.43	93.80	99.10	94.30	95.70	97.30	94.00	95.30	95.80	93.83	94.53	94.32
Kansas State Data															

State Data	93.91	93.18	94.47	92.79	93.00	91.50	92.60	92.50	92.10	91.90	91.80	90.50	89.80	88.77	87.55
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Data Type: Survey data

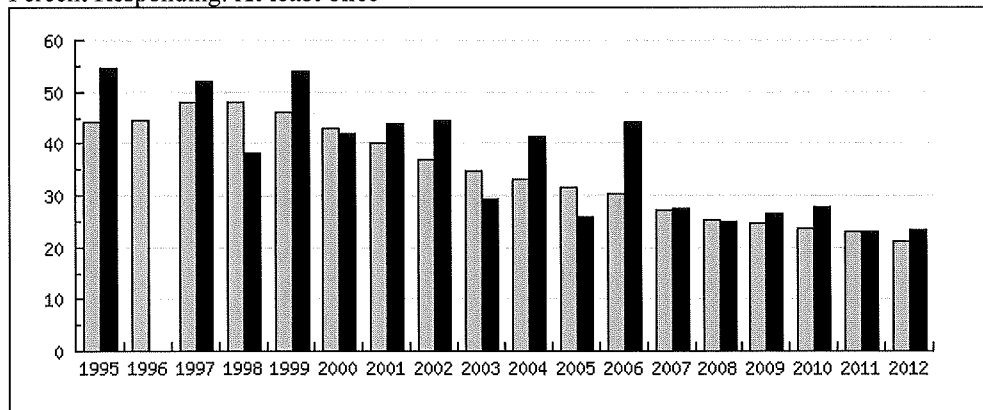
Domain: Problem Behaviors

Scale: Lifetime Use

Question: Have you ever smoked cigarettes?

Population: Total

Percent Responding: At least once



	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Rawlins County Data	54.70		52.05	38.34	53.97	41.96	43.75	44.40	29.50	41.50	26.00	44.20	27.60	25.00	26.40	27.91	22.98	23.34
Kansas State Data	44.10	44.50	47.98	48.09	46.04	43.01	40.16	37.10	34.70	33.00	31.60	30.20	27.30	25.20	24.50	23.78	23.06	21.00

Data Type: Survey data

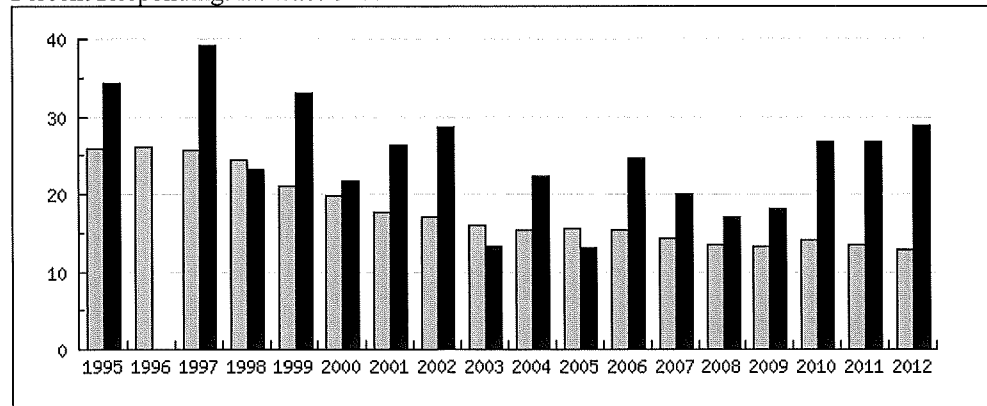
Domain: Problem Behaviors

Scale: Lifetime Use

Question: Have you ever used smokeless tobacco chew, snuff, plug, dipping tobacco, or chewing tobacco ?

Population: Total

Percent Responding: At least once



	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Rawlins																		

County Data	34.40		39.22	23.15	33.08	21.68	26.36	28.60	13.30	22.40	13.10	24.70	20.00	17.00	18.10	26.74	26.67	28.89
Kansas State Data	25.90	26.10	25.69	24.40	21.09	19.80	17.69	17.10	16.10	15.30	15.60	15.40	14.30	13.50	13.30	14.20	13.54	12.74

Data Type: Survey data

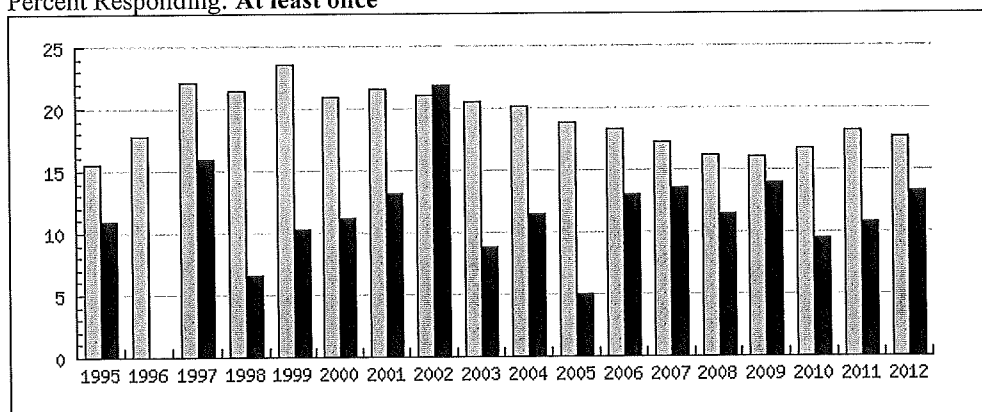
Domain: Problem Behaviors

Scale: Lifetime Use

Question: On how many occasions (if any) have you used marijuana in your lifetime?

Population: Total

Percent Responding: At least once



	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Rawlins County Data	10.90		15.92	6.62	10.32	11.19	13.18	21.80	8.80	11.50	5.00	13.00	13.50	11.50	13.90	9.41	10.82	13.34
Kansas State Data	15.50	17.80	22.15	21.49	23.52	20.89	21.58	21.10	20.50	20.10	18.80	18.30	17.20	16.20	16.00	16.77	18.17	17.66

Data Type: Survey data

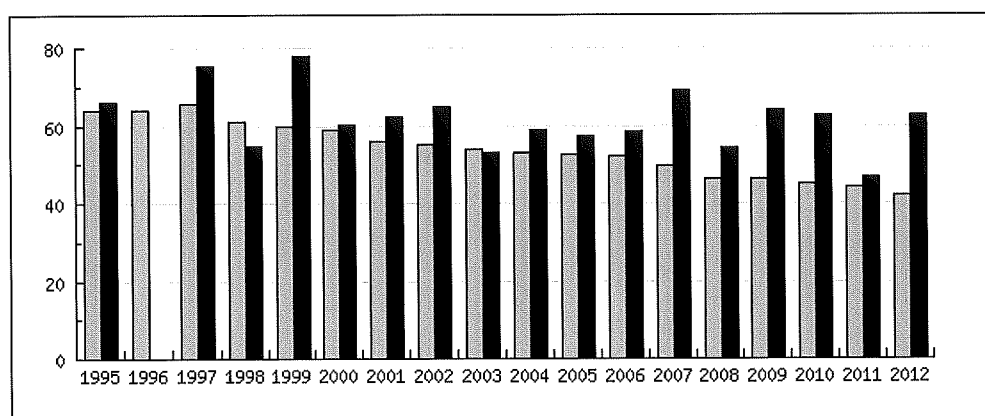
Domain: Problem Behaviors

Scale: Lifetime Use

Question: On how many occasions have you had beer, wine or hard liquor to drink in your lifetime more than just a few sips?

Population: Total

Percent Responding: At least once



	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Rawlins County Data	66.20		75.32	54.55	77.78	60.14	62.50	64.70	53.10	59.00	57.40	58.40	69.20	54.50	63.90	62.79	46.58	62.80
Kansas State Data	64.20	63.80	65.65	61.16	59.69	59.00	56.10	55.10	53.90	53.20	52.50	52.20	49.50	46.50	46.40	45.20	44.17	42.10

Data Type: Survey data

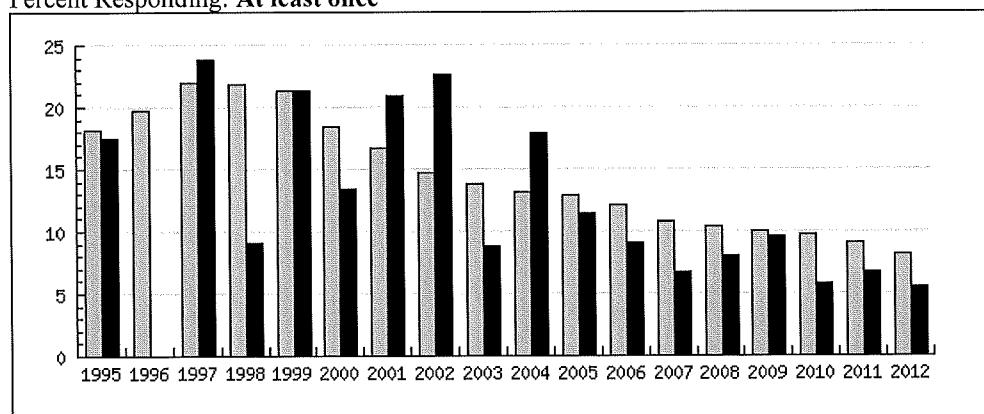
Domain: Problem Behaviors

Scale: 30 Day Prevalence

Question: How frequently have you smoked cigarettes during the past 30 days?

Population: Total

Percent Responding: At least once



	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Rawlins County Data	17.50		23.87	9.10	21.26	13.39	20.94	22.60	8.80	17.90	11.50	9.10	6.70	8.00	9.60	5.81	6.67	5.56
Kansas State Data	18.10	19.80	21.99	21.82	21.29	18.48	16.65	14.80	13.80	13.20	12.90	12.10	10.80	10.40	10.00	9.79	9.08	8.15

Data Type: Survey data

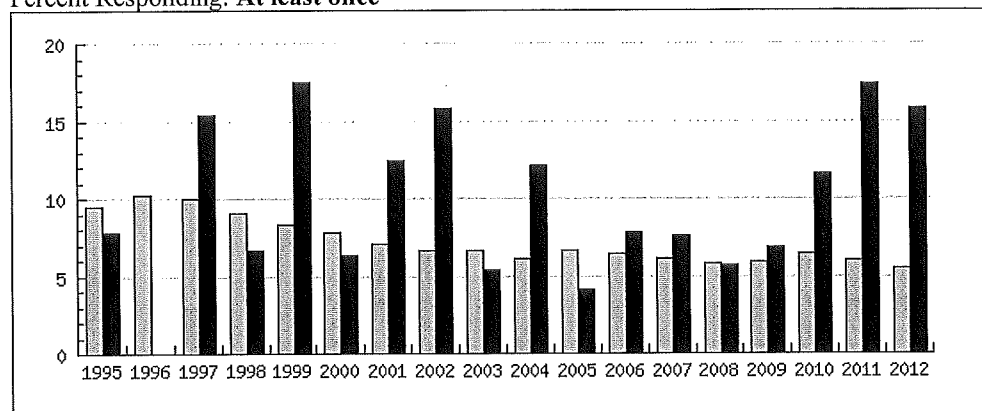
Domain: Problem Behaviors

Scale: 30 Day Prevalence

Question: How frequently have you used smokeless tobacco during the past 30 days?

Population: Total

Percent Responding: At least once



	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Rawlins County Data	7.80		15.33	6.62	17.47	6.34	12.41	15.80	5.40	12.10	4.10	7.80	7.60	5.70	6.80	11.63	17.34	15.74
Kansas State Data	9.50	10.20	9.98	9.01	8.29	7.81	7.01	6.60	6.60	6.10	6.60	6.40	6.10	5.80	5.90	6.39	5.95	5.52

Data Type: Survey data

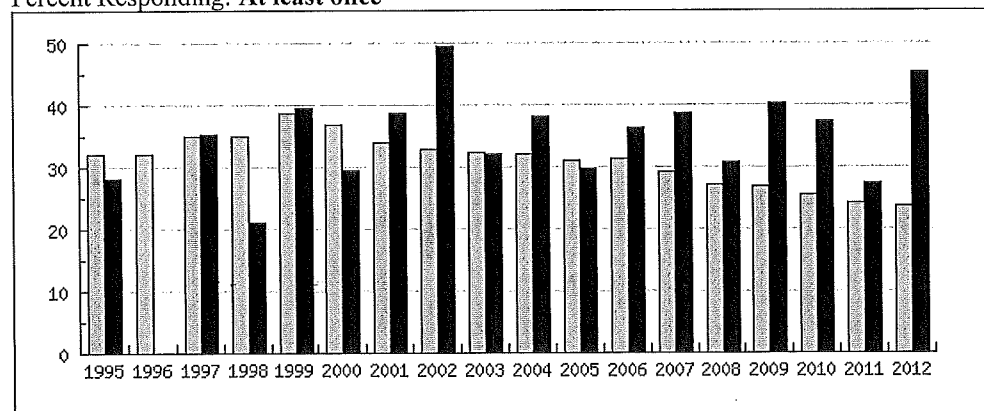
Domain: Problem Behaviors

Scale: 30 Day Prevalence

Question: On how many occasions (if any) have you had beer, wine or hard liquor during the past 30 days?

Population: Total

Percent Responding: At least once



	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Rawlins County Data	28.10		35.26	21.01	39.38	29.58	38.76	49.60	32.10	38.10	29.80	36.40	38.80	30.70	40.30	37.35	27.40	45.35
Kansas State Data	32.20	32.00	35.13	34.99	38.58	36.78	33.96	32.90	32.40	32.20	31.00	31.30	29.10	27.20	26.90	25.63	24.19	23.75

Data Type: Survey data

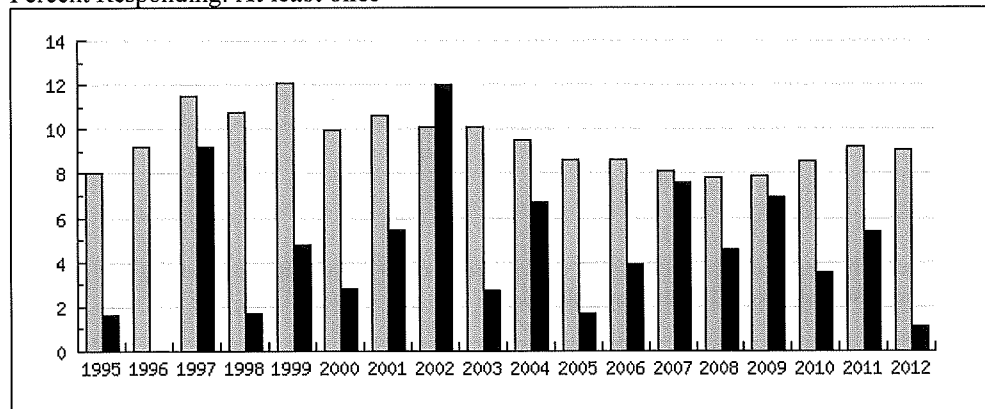
Domain: Problem Behaviors

Scale: 30 Day Prevalence

Question: On how many occasions (if any) have you used marijuana during the past 30 days?

Population: Total

Percent Responding: At least once



	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Rawlins County Data	1.60		9.21	1.66	4.77	2.82	5.43	12.00	2.70	6.70	1.70	3.90	7.60	4.60	6.90	3.53	5.41	1.14
Kansas State Data	8.00	9.20	11.46	10.76	12.06	9.97	10.59	10.10	10.10	9.50	8.60	8.60	8.10	7.80	7.90	8.53	9.22	9.06

Data Type: Survey data

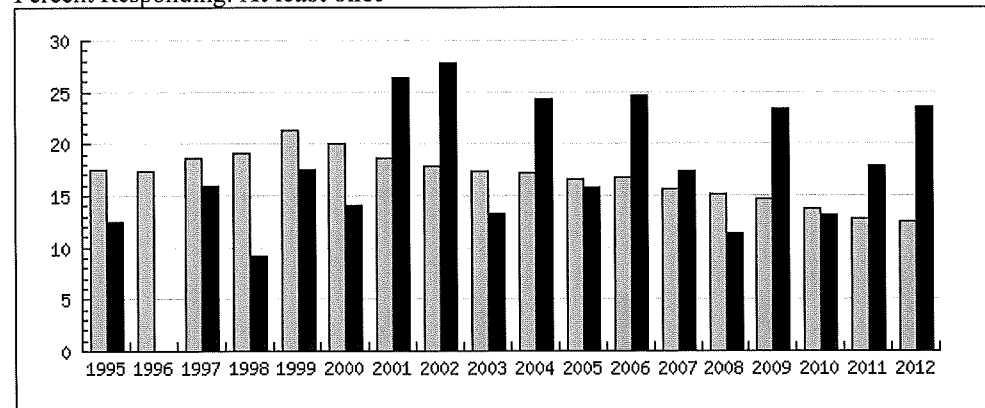
Domain: Problem Behaviors

Scale: Binge Drinking

Question: Think back over the last two weeks. How many times have you had five or more alcoholic drinks in a row?

Population: Total

Percent Responding: At least once



	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Rawlins County Data	12.50		15.92	9.17	17.47	14.09	26.36	27.80	13.30	24.30	15.80	24.70	17.30	11.40	23.30	13.10	17.81	23.60

Kansas State Data	17.50	17.40	18.62	19.12	21.27	20.01	18.68	17.90	17.40	17.20	16.50	16.70	15.60	15.20	14.70	13.77	12.73	12.45
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CTC Archival Data

Data Type: **Archival data**

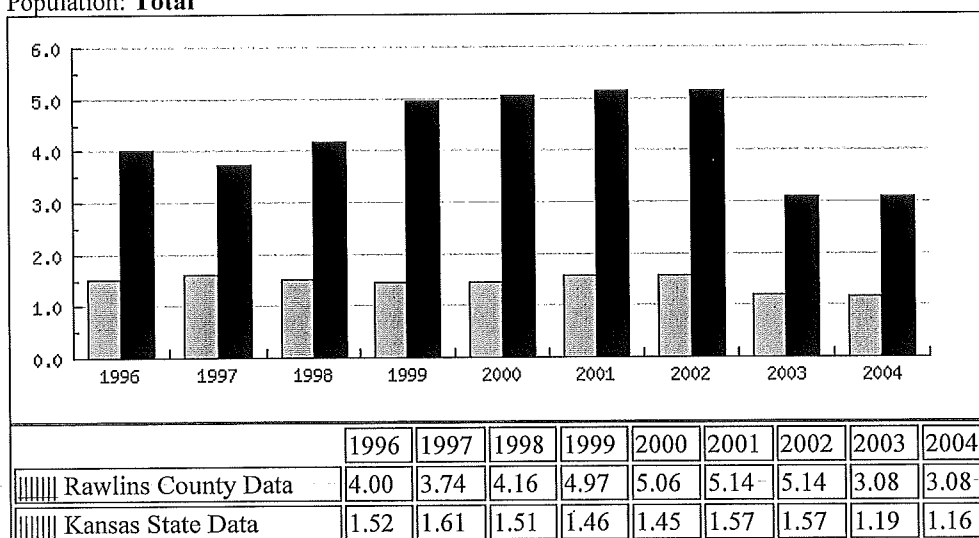
Domain: **Problem Behaviors**

Scale: **Perceived Availability of Drugs**

Indicator: **Tobacco Sales Outlets**

Archival Definition: **The average yearly number of retail tobacco sales outlets on record in relationship to the total population. Reported as the number of alcohol sales per 100,000 population.**

Population: **Total**



Data Type: **Archival data**

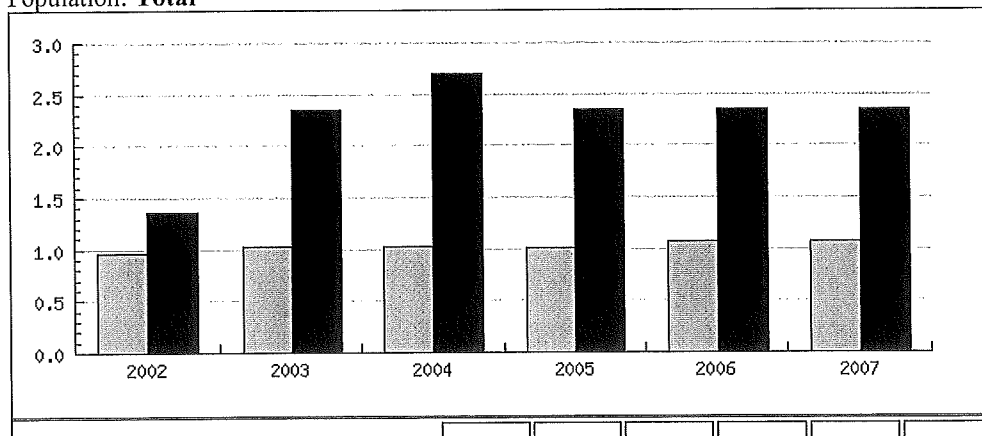
Domain: **Problem Behaviors**

Scale: **Perceived Availability of Drugs**

Indicator: **Alcohol Sales Outlets**

Archival Definition: **The average yearly number of retail alcohol sales outlets on record in relationship to the total population. Reported as the number of alcohol sales per 100,000 population.**

Population: **Total**



	2002	2003	2004	2005	2006	2007
Rawlins County Data	1.35	2.36	2.70	2.36	2.36	2.36
Kansas State Data	0.97	1.02	1.02	1.01	1.07	1.08



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Community Survey Results

Rawlins County Community Health Care Survey

Survey Highlights

- 124 total responses
- Important to remember – non-representative
- 93% see a doctor
 - 90% use local provider
- 92% were satisfied/somewhat satisfied
- 72% used a hospital in the past 2 years;
 - Rawlins County Health Center captured 82%
- 92% had prior Rawlins County Health Center experience
 - 89% were satisfied/somewhat satisfied
- 87% used Rawlins Clinic/Atwood
- 25% used Rawlins Clinic/McDonald
 - generally high levels of customer satisfaction for both
- 62% used Rawlins County Health Department
 - 99% satisfied
- Nursing home renovation
 - 62% Yes; 8% No; 30% Don't Know
- Public support for nursing home
 - 46% Yes; 24% No; 30% Don't Know
- Contribute to fund-raising for nursing home
 - 52% Yes; 17% No; 30% Don't Know
- Need for assisted living
 - 82% Yes; 5% No; 13% Don't Know
- Comments suggest some unmet needs and challenges – primary care physicians, lack of services, specialty assistance, elderly/ community-based services, transportation

**Rawlins County Community Survey
Preliminary Results**

1. Home Zip Code

	Number	Percent
67701	0	0.0%
67730	91	73.4%
67732	0	0.0%
67734	0	0.0%
67739	14	11.3%
67743	0	0.0%
67744	7	5.6%
67745	11	8.9%
67749	1	0.8%
67753	0	0.0%
Sum	124	100.0%

2. Family Doctor

	Number	Percent
Yes	113	93.4%
No	7	5.8%
Don't Know	1	0.8%
Sum	121	100.0%

3. Medical Provider for Routine Health Care

	Number	Percent
Community Health Center	5	
Rural Health Clinic	1	
Health Department	0	
Specialist	4	
Emergency Room/Hospital	1	
None, don't see anyone	3	

4. Family Doctor in Rawlins County Service Area

	Number	Percent
Yes	110	90.2%
No	12	9.8%
Don't Know	0	0.0%
Sum	122	100.0%

5. Satisfaction with Quality of Care

	Number	Percent
Satisfied	80	72.7%
Somewhat Satisfied	21	19.1%
Somewhat Dissatisfied	6	5.5%
Dissatisfied	3	2.7%
Sum	110	100.0%

6. Why were you satisfied/dissatisfied?

Satisfied Responses:

1. Very thorough
2. Seem to want to solve the problem
3. Needs were met.
4. They took their time and as a patient, I didn't feel rushed
5. Treated well
6. Very thorough and courteous
7. Care was good. Provider took time to discuss problem.
8. They know me and my family.
9. Prompt
10. Compassionate, focused, fast
11. Received good care
12. They pursued the problem to the finish.
13. Local people know your needs
14. Met needs for ER, med/surg, Rx and referral to appropriate specialists
15. Friendly provider, caring, took time to listen, personable
16. Long wait
17. Had what we needed, efficient services
18. Knowledgeable care, good bedside manner
19. Friendly, fast – good practitioners
20. One provider good, one OK (Glad to have them)
21. The doctor is caring and comes up with different solutions for my medical problems.
22. Polite and kind and friendly
23. Time was taken and it helped.
24. They give good explanations about what they're doing.
25. She was a female PA which helped make my daughter feel comfortable.
26. Great doctors and personnel
27. The services I needed were taken care of efficiently.
28. They know my medical history.
29. This P.A. was genuinely concerned which led to finding and curing a cancer
30. Because they try to help me
31. Dara is super knowledgeable and takes time with me.
32. Caring attitude, attentive to our concerns
33. P.A. is fantastic!

34. Addressed my concerns and discussed things to do going forward
35. Quality of clinic appointment
36. Prompt and courteous, very pleased
37. Quality care
38. Doctor was knowledgeable, patient. Facilities updated and clean
39. Took lots of time and all questions were answered
40. I was diagnosed correctly and treated well.
41. They are there when needed.
42. My needs were met.
43. The doctor is likeable and knows his medicine.
44. The doctor seemed knowledgeable and was very friendly and helpful.
45. They care, they know me
46. The care was excellent, was seen in emergency room immediately
47. Needs were met
48. Polite staff, nice facility
49. Caring and concerned provider
50. Pleasant, efficient, knowledgeable, solved our issue
51. Quality care by conscientious care givers
52. Friendly and competent

Dissatisfied Responses:

1. Wait time too long, clarity lacking on needed follow-up
2. I did not feel there was any real concern for my condition. Thirty miles down the road I was diagnosed with kidney stones.
3. Too many nurses doing nothing in ER room
4. The provider forgot that I was in the room for 2 hours.
5. Wish we had more equipment (MRI permanent)
6. Had to wait too long for results (blood test). They thought they could of well died.
7. Why aren't there more doctors? Why just assistants?
8. Office waits were long with no communication. Follow-up communication was slow. Otherwise OK
9. I was satisfied with the physician but not the facility.
10. The doctor is getting elderly and pretty stubborn in his thinking.
11. Can't get same day appointment when sick
12. Long wait time, even longer in exam room, no concrete treatment plan
13. Don't usually get to see a doctor, it's usually a P.A. We need more doctors.
14. Ended up needing 3 physicals before colonoscopy due to requirement to have physical within 1 day of colonoscopy. Hospital cancelled colonoscopy once.
15. They are really bad with following up with patients or getting culled several months later with wrong diagnosis codes.
16. The staff overbook the doctors all the time. Get more providers.
17. Never know who will be there to see you – never the same one.
18. Have to see a different one each time – Wait ½ the day at the office.

19. I go in weekly for allergy shots, and last time it took an hour in and out. We need more consistency in practitioners and a way to get weekly services quickly.

Neutral Responses:

1. Some great, some not so much
2. Doctor was fine. Clinic personnel rude
3. Dana provides great care. The staff is a different story.
4. People were nice and friendly but did not know their medicine.

7. Used Services of a Hospital in Past 24 Months

	Number	Percent
Yes	87	72.5%
No	33	27.5%
Don't Know	0	0.0%
Sum	120	100.0%

8. Hospitals Services Received

	Number
Rawlins County Health Center	71
Other - City	
Hays	10
Colby	13
Kearney	3
Garden City	2
St. Francis	2
Denver	2

9. Used Services of the Rawlins County Health Center

	Number	Percent
Yes	112	91.8%
No	10	8.2%
Don't Know	0	0.0%
Sum	122	100.0%

10. Most Recent Service Obtained at Rawlins County Health Center

	Number	Percent
Inpatient	27	20.1%
Outpatient	73	54.5%
Emergency	34	25.4%
Sum	134	100.0%

11. Satisfaction with Last Rawlins County Health Center Experience

	Number	Percent
Satisfied	82	73.9%
Somewhat Satisfied	17	15.3%
Somewhat Dissatisfied	8	7.2%
Dissatisfied	4	3.6%
Sum	111	100.0%

12. Why were you satisfied/dissatisfied?

Satisfied Responses:

1. People skills could be improves with support staff.
2. Provider gave very personal care, was thorough
3. Fixed problem
4. Met needs and referred as necessary
5. Took care of my need
6. Quality care of providers, friendly faces
7. Needs met
8. Always have been very pleased with the way I was treated
9. Late at night and everyone there when we got there – doctors, nurses, etc.
10. Great people at PT department
11. Staff is friendly and helpful.
12. Very competent, professional and thorough
13. They knew our family so we are in and we are out, consistent health care!
14. Concerned staff – follow-up
15. Fast, immediate CT scan ordered, called by doctor after hours for results
16. They pursued the problem to the finish
17. Received very good care
18. Local people who know your needs
19. Quick care and concerned action
20. Lab work was prompt and courteous.
21. Went in for illness, was treated fast and appropriately
22. Caring and attentive to my needs
23. The doctor is caring and comes up with different solutions for my medical problems.
24. Great service
25. The doctor was good and very helpful and took care of the physical problem. I appreciated that. I did not have a long wait. Everything went smoothly. I was pleased. I had a colonoscopy last year. I appreciated the doctor and RCHC staff. All went well.
26. Great care while in hospital
27. Wonderful staff
28. Great doctors and personnel

29. The issues I needed were addressed
30. Care given promptly
31. Radiology – personnel very helpful and pleasant
32. They got the job done.
33. They cared.
34. Problem taken care of quickly
35. I was in a car wreck, was taken great care of.
36. All staff at RCHC is very friendly and efficient.
37. Took care of problems
38. Professional service
39. Everyone was very “caring”.
40. Good care – good outcome
41. Took lots of time and all questions were answered
42. Good service
43. The care was wonderful and the staff was helpful and the new facilities are beautiful.
44. Helpful and knowledgeable
45. They care – they know me
46. Listened and did their job
47. Great service
48. Excellent care, very thorough
49. Good nursing care
50. Great staff
51. Pleasant, efficient, knowledgeable, solved our issue
52. Quality care by conscientious care givers
53. Friendly and competent

Dissatisfied Responses:

1. I liked the ER physician – didn’t have for the ER nursing staff; they were rude and inefficient. They were not trained for ER service and didn’t know what to do without asking the doctor.
2. No real effort to determine what the problem was – was dismissed as bad or worse than when I came in for treatment
3. Nursing staff worried about gossip on emergency radio. It was loud. Staff was loud and laughing. Not professional, not held accountable for actions
4. Long wait time for scheduled appointments
5. Staff is very rude and unpleasant to talk with. They all have ego issues and I am very disappointed with the way they welcome guests!
6. Wish we had more services instead of having to go to another hospital.
7. Confused about new layout, which door to use, where X-ray department is. No one there
8. Didn’t have all that we needed, had to wait for more
9. Lack of professionalism
10. Can we get a tech of our own, not a traveling one?

11. Lack of professionalism
12. It was our decision to get further opinions.
13. The doctor was a bit obtuse.
14. Some unprofessionalism/some wait time
15. Staff being unprofessional with comments
16. Dissatisfied with ER visit, satisfied with physical therapy
17. They did not use gloves when starting my IV.
18. They don't have good staff and they ask for too much money from us all the time. Enough is enough.
19. Clinic staff (excluding provider) were rude and slow. Hospital front office staff was very snotty to my family and I.
20. I had to wait 45 minutes in lobby, then 20 minutes in room.
21. Never knew when a doctor would make rounds. Never was informed of what was going on with me. Did not know my test results but they sure wanted their money and did not care of the crap services.
22. Acted like they did not care, did not keep me informed of what they were doing
23. Orders were not ready – staff rude and unprofessional
24. I had surgery on my knee 4 weeks ago and I need to use the exercise bike during PT, but I have to schedule my PT appointments around all these elderly people in a cardiac program just to use the bike. This is after renovations; I think it's ridiculous.

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

Type Specialist	City	Count
Allergist	Topeka, Hays	(2)
Audiologist	Kearney	
Bone Density	Atwood	(2)
Cardiologist	McCook, Atwood	(9), Denver, Hays (2), St. Francis
Colonoscopy	Atwood	
Dentist	Atwood	(2)
Dermatologist	Kearney	(3), Hays, Colby
Ear, Nose & Throat	Omaha, Kearney, Kansas City, McCook, Hays	(3)
Endocrinologist	Denver	(2), North Platt
Eye	Denver	
Gastroenterologist	Omaha	(2), Colby
Hematologist	Atwood	(2)
Internist	Kearney	(2), Garden City
MRI	Atwood	(2)
Neurologist	Denver	(2), Kearney, Hays, North Platt (2), Kansas City
Nuclear Medicine	Colby	
OBGYN	Cambridge, NE, North Platt, Kansas City, Hays	(4)
OBGYN	Salina, Colby	(2), McCook
Oncologist	Denver, Atwood, North Platt, Hays, Littleton, CO	
Ophthalmologist	Garden City	(4), North Platt
Optometrist	Colby	(2)
Orthopedist	Kearney	(4), Hays (3), Colorado Springs,
Orthopedist	Fort Collins, Colby	(2), Denver (5), North Platt
Pain Specialist	Kearney	
Plastic Surgeon	Hays	
Podiatrist	McCook, Hays	
Psychiatry	Garden City	
Pulmonologist	Kearney, Denver, Colby	(2)
Radiologist	Atwood	(2),
Rheumatologist	North Platt, Denver, Kansas City	
Sleep	Colby	
Spine	Kearney, Denver, Colby	
Surgeon	Omaha, McCook, Atwood	(3), Colby, Denver (2), Hays
Trauma ER	St. Francis; Denver	
Toxicologist	Denver	
Urologist	Garden City, Denver, Manhattan, Colby	
Wound Care	Colby	

14. Used Services of the Rawlins Clinic/Atwood

	Number	Percent
Yes	104	87.4%
No	15	12.6%
Don't Know	0	0.0%
Sum	119	100.0%

15 If yes, what type of service was obtained?

1. Regular visits – allergy shots
2. Routine check-up (11)
3. General medical – physicals and emergencies
4. Allergy shots, cold treatment, sinus infections
5. Follow-up, X-ray, physical therapy
6. Annual physical, sports physical, sick children
7. Clinic appointment
8. Clinic services
9. Clinic visit for sudden illness
11. Seeing a doctor for issues
12. Health issues
13. Allergy shot, grout refill
18. Wart removal, kidney exam
19. Several check-up throughout the years
20. Miscellaneous (3)
21. Checking of sore knee
22. Office calls – lab and x-ray services, blood pressure checks
23. Physicals (9)
25. Lab work and x-ray
26. Office visit (8)
27. Physicals and sickness
28. Office calls, blood pressure checks, allergy, yearly exams
29. Cardiologist from Hays
30. Check-up for a cold
33. Short term illness, follow-up after ER visit, routine physicals
34. Same day acute care
35. Common sickness/physicals
40. Check blood sugars and plans to address it
42. Routine and illness related appointments
43. General illness – strep, ear infection
44. Variety of services
45. For my headache
46. Doctor's visit (3)
49. Medical
50. Lab (3)

53. Annual exams, illness, muscle spasms
 55. Routine med
 56. Clinic visit
 57. Rehab
 58. Appointment with P.A.
 59. We go to RCHC for regular check-ups
 61. X-rays, medications
 62. Pulled muscle
 65. Lump
 68. Check-ups, illness
 70. Minor medical issues
 72. Consultation for back injury
 73. Diabetes education
 75. Acute illness
 76. P.A., for cold, blood tests, bone scan
 77. Exam, sinus, tonsil, infections
 78. Regular physicals, cold/flu, some infections
 79. Sports physicals, children sick (ear, strep, etc)
 81. Inpatient, emergency, annual mammogram, physical
 83. Mom had shingles
 84. Screenings
 85. Physical check-ups
 86. Clinic visits, MRI, x-ray, lab work
 87. Lesion removal, routine visits, cold/flu
 88. School physicals, illness
 89. Doctor's appointment, yearly, burn, GI problems
 91. General family practice
 92. Inpatient
 94. Skin rash, sore muscles, joints
 96. Sick child, sick myself, sports physicals

16. Satisfaction with Rawlins Clinic/Atwood Experience

	Number	Percent
Satisfied	79	73.8%
Somewhat Satisfied	13	12.1%
Somewhat Dissatisfied	13	12.1%
Dissatisfied	2	1.9%
Sum	107	100.0%

17. Why were you satisfied/dissatisfied?

Satisfied Responses:

1. Friendly and competent
2. Quality care by conscientious care givers
3. Pleasant, efficient, knowledgeable, solved our issue

4. Provider service was great
5. Good services, nice staff
6. It was great service!
7. Convenient – great to have local clinic
8. They care – they know me.
9. Satisfied because of knowledgeable staff
10. Things were done carefully and complete and we were very much satisfied.
11. Prompt service
12. They are helpful.
13. Professional and friendly
14. Diagnosed correctly and treatment went well
15. Took lots of time and all questions were answered
16. Great staff, nice facility
17. Good care
18. Very thorough
19. Professional
20. Because the problems were addressed
21. PA and her nurse are fantastic
22. Very pleasant staff
23. Dana has gotten to know my complex medical staff, she knows how to help me.
24. They got the job done
25. PA was professional and caring.
26. The doctors take time to listen to me.
27. My issues were addressed.
28. Great with our kids
29. Meeting on a one-on-one basis
30. The doctor listened, cared, and did what needed to be done. We appreciated that.
31. Very knowledgeable and caring
32. Feel they meet my satisfaction in my needs
33. Caring and attentive to my needs
34. Local people know your needs
35. Good care
36. Doctor called me personally after hours with result.
37. Diane was very professional and knew her topic well.
38. Caring, efficient doctor
39. Care was good. Provider took time to discuss problem.
40. Very pleased with care given
41. Needs were met
42. Quality providers
43. Satisfied that they are sending me to get tests to figure out what is wrong
44. Great welcome staff at clinic only!
45. Met needs
46. Met needs, caring, kind, knowledgeable
47. Looked, listened, treated

48. Very thorough and complete

Dissatisfied Responses:

1. I go in weekly for allergy shots and last time it took an hour in and out. We need more consistency in practitioners and a way to get weekly services quickly.
2. Long wait without knowing why
3. Depends on the day. Some days the staff (except providers) are horrible people.
4. Rude staff, not including the providers
5. Desk help is not very knowledgeable and getting test scheduled, etc – you have to do it yourself.
6. Too many doctors' visits required
7. The wait is too long.
8. Long wait time, even longer in exam rooms, no treatment planning or follow-through
9. Employees making inappropriate comments
10. Clinic personnel rude
11. I was in waiting over an hour. Had to call the hospital to get test results several weeks after the visit
12. No follow-up, no remedy of issue
13. Waiting in the room, waiting for doctor. Got called to EK and no one came and told me it was going to be a while
14. Didn't see ARNP for even 5 minutes. There was no follow-up on scan.
15. Nice provider but not knowledgeable of current practices
16. Long wait
17. Long wait time for appointments
18. Wait too long to see provider, unprofessional reception staff

Neutral Responses:

1. Nice place, people rude and unprofessional
2. I was satisfied with the physician but not the facility.
3. Long waits, otherwise fine
4. Satisfied because they know me, wait time seems to be longer though
5. Some great experiences, some sub-par

18. Used Services of the Rawlins Clinic/McDonald

	Number	Percent
Yes	10	8.4%
No	106	89.1%
Don't Know	3	2.5%
Sum	119	100.0%

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

1. P.A., exam for cold
2. See doctor or P.A.

3. Various (2)
4. General check-ups
5. Clinic visits
6. Medication for ear infections
7. P.A., colds, flu, etc.

20. Satisfaction with Rawlins Clinic/McDonald Experience

	Number	Percent
Satisfaction	9	100.0%
Somewhat Satisfied	0	0.0%
Somewhat Dissatisfied	0	0.0%
Dissatisfied	0	0.0%
Sum	9	100.0%

21. Why were you satisfied/dissatisfied?

Satisfied Responses:

1. Because it's there in services and it need it in town.
2. I had to go there as they refused to get me in at Atwood.
3. Prompt, friendly, smart
4. One-on-one care

22. Used Services of the Rawlins County Health Department

	Number	Percent
Yes	75	62.5%
No	44	36.7%
Don't Know	1	0.8%
Sum	120	100.0%

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

1. Flu shot, blood testing, shots for out of country travel
2. Flu shot (10)
3. Shots (5)
4. Immunizations for children
5. Immunizations (14)
7. Lab draws and flu shot and blood pressure checks
9. TB test reading (3)
13. Flu and pneumonia shots, my kids' immunizations
14. Vaccinations (7)
15. Prostate screening several years ago
17. Shots and special clinic offered
18. Shots – immunizations
19. Variety – family practice
23. Blood pressure check
24. Lab work and shots

- 26. Blood pressure checks, flu shots
- 30. Screening
- 36. Health fair
- 38. Mammogram and DEXA scan
- 39. Shots for our kids
- 40. Blood work and Health Fair
- 41. Blood work, shot
- 43. Check blood pressure
- 46. Trim toenails and work on ingrown toenails
- 47. For health fairs, to ask a health question
- 48. Fasting lab, flu shots, tetanus shot
- 49. Interpretation of lab results
- 50. Vaccination and blood work
- 51. Blood pressure checks
- 52. Immunization and blood tests (2)
- 53. Long time ago – children's immunization shots
- 56. Fecal testing, blood workup, flu shots
- 60. Lab work, health fair
- 62. Blood work
- 64. Stroke
- 65. Immunizations, flu shots
- 68. Tetanus shot

24. Satisfaction with County Health Department Experience

	Number	Percent
Satisfied	73	96.1%
Somewhat Satisfied	2	2.6%
Somewhat Dissatisfied	1	1.3%
Dissatisfied	0	0.0%
Sum	76	100.0%

25. Why were you satisfied/dissatisfied?

Satisfied Responses:

- 1. Pleasant, efficient, knowledgeable, solved our issue
- 2. Quality care by conscientious care givers
- 3. Friendly and competent
- 4. They don't overbook, you can get faster service.
- 5. Great RN there
- 6. Knowledgeable staff
- 7. Friendly staff
- 8. Friendly staff and professional and helpful
- 9. Professional, easy to get into, helpful, no wait
- 10. Quick, pleasant, and answered all my questions
- 11. Very pleasant, quick service

12. They are a great group of people. Very friendly and willing to help find information for us on a wide variety of needs. They are very knowledgeable.
13. Friendly and helpful
14. Friendly service
15. Friendly, fast service
16. Got the flu shot and was satisfied with the staff
17. Quick and no cost or little cost to me
18. They were very polite and were patient with me and my children
19. Friendly staff
20. Quick and friendly
21. Because I received the service I sought
22. Excellent service
23. Quick! In and out!
24. People cared
25. Convenience
26. Great with our kids
27. Prompt results and excellent service
28. Easy to deal with
29. Everything was great and caring.
30. I like the participation at health fairs and opportunity to get flu shots, etc.
Very friendly and took care of all my needs
31. They did their job.
32. Very professional discussion
33. Prompt, pleasant, good follow-up
34. Professional nurse and friendly office staff
35. They know me and my family.
36. Good with kids
37. Excellent service
38. Friendly, low cost
39. Good care
40. Great staff
41. Very thorough
42. Personal service
43. Got what I needed
44. Received care very rapidly with pleasant personnel
45. Met needs
46. Great care
47. Very helpful, accommodating, informative

Dissatisfied Responses:

1. Insurance did not cover vaccinations through there – had to start going to Colby for vaccines because Rawlins County Clinic doesn't do vaccines.
2. It was handy and quick but had to call to get results and doctor didn't get results until week later. Was billed incorrectly

26. Atwood Good Samaritan Nursing Home Facility Renovated and Upgraded

	Number	Percent
Yes	73	62.4%
No	9	7.7%
Don't Know	35	29.9%
Sum	117	100.0%

27. Local Government Public Financial Support for Upgrading Nursing Home

	Number	Percent
Yes	44	45.8%
No	23	24.0%
Don't Know	29	30.2%
Sum	96	100.0%

28. Contribute to a Private Fundraising Campaign to Upgrade Nursing Home

	Number	Percent
Yes	48	52.2%
No	16	17.4%
Don't Know	28	30.4%
Sum	92	100.0%

29. Need for Assisted Living Housing in Rawlins County

	Number	Percent
Yes	95	81.9%
No	6	5.2%
Don't Know	15	12.9%
Sum	116	100.0%

30. Any Other General Concerns

1. Concern is that it wasn't considered to be important to include dental access in this. Concern with turnover at hospital and administration.
2. Bring in young, competent providers & retention of those providers. Bring in professional, energetic staff – nurses, receptionists, aids and retain them.
3. Not enough special need providers.
4. Need full-time MD or two to help out consistently.
5. We need more doctors. No more PA's or ARNPs.
6. Very pleased with current situation.
7. Need productive people in community, not encourage those not willing to work to move here. Too many pain pills handed out when requested by patient.
8. No aging services. No home health. No public transportation.
9. Home health. Hospice. Transportation. Mental health. File of Life.
10. Need young doctor and more specialty doctors.

11. Areas needing addressed: Need more community-based services. Physician stabilization. Assisted Living. Housing. Transportation.
 12. New more general doctors. What we have we work to death.
 13. Need good health care providers.
 14. Nursing home needs to have more staff and fewer administrators when providing staff training. Care seems to be lacking for the elderly at times.
 15. Need for recruiting doctor.
 16. Long-term consistent physician. Home health care needed or assisted living. Don't want to go out of town for health care, but sometimes have to.
 17. Getting good doctors that will stay.
 18. Affordability - availability.
 19. We need doctors. More EMTs. Health care staff supporting our local economy.
 20. Lack of home health for elderly. As citizens age, healthcare becomes more needed and is a very important role in local economy.
 21. I think we need to recruit younger physician.
- I would like to see our doctors and PA's be more of a team and support each other - not so many lone rangers. Come together for the good of the patient.
22. Also need assisted living at home, too.
 23. To keep providers. Cardiac rehab is awesome!
 24. The billing system needs work. May not receive a bill until several months after services were rendered.
 25. Would like to see more specialists come to Atwood so we wouldn't have to travel as much.
 26. Need another M.D.
 27. Privacy - HIPPA violations.
 28. Privacy - HIPPA concerns.
 29. We need more qualified physicians at the hospital and clinic.
 30. Lack of public transportation for medical appointments. Facilities desperately need renovation and expansion. Need to offer more complete services for a full lifespan.
 31. My main concern is the lack of specialty care in this area. The care is great if you need a physical completed or have a basic cold but if you need to see a specialist it could take months to get in and many times you will have to travel several hours away to be seen. This causes a lot of hardship on people but especially the elderly and mentally impaired that I worked with as many times we would take them 2 hours to an appointment and have to go back in a few weeks and it really draws out the process and causes lots of stress on everyone. We also had individuals that were diagnosed with cancer and needed radiation, they were forced to move 2 hours away for the duration of the treatment. It is scary enough going through cancer especially when you are away from family and friends.

The other area that is very concerning is the mental health field. There are hardly any options in this area and many PA's are forced to handle this issue and they do not have the expertise needed. My family has had issues with this as well and has gone to Garden City and Salina to see Psychiatrists because that is the closest people available. I

know there are many people that go untreated because it is simply not possible due to transportation and financial barriers. I have seen firsthand how much the Dental Clinic has helped Rawlins County and the surrounding communities, many more people are getting treatment that never had before. I just think it is sad that if you have cancer or bipolar or any other specialty disease that you are forced to move or have to travel so much. I know there are not simple solutions and that some travel will always be required in this area but I look at the dental clinic and I think why can't a traveling radiation center come to each community every so often. The medical field needs to become more mobile to help treat an aging population. Hopefully this input will help in finding some solutions.

32. Need to be open to more collaboration with all areas of medical or health needs/providers.

33. They need to work on HIPPA.

34. At age, we might need assisted living services.

35. We need more doctors.

36. Need more doctors.

37. Need another doctor.

38. Doctor recruitment and retention.

39. Need a doctor.

40. It seems people want good health care and a facility with the ability to provide health care but they don't want to pay for the expenses necessary to support a facility they want to have available when they need it.

41. No doctors under the age of 70.

42. Small need for assisted living as there is such a short time between independent living and total care. Maybe more home health care. Big need for another physician. Hard to justify major Good Samaritan renovations with Medicare cuts that are coming up. Need to really promote follow up - physical therapy and cardiac rehab - as that is very good here where more critical care needs outsourced. Nice that most testing can be done here now. I am not so concerned about Atwood having fancy places as much as I want them to have pleasant, functioning places.

43. I do have concerns about the facilities and staff at the Good Samaritan, but wonder how that can change and who is responsible for financing that. I was disappointed with the care my family got there and am alarmed at who they hire (as far as the CNAs go).

44. The cost. The need for assisted living house.

45. Our community need more daycare and living options.

46. We want to keep the good RCHC clinic and hospital and the Atwood Rest Home and the county health clinic. All are important to our community. It is good they are in Atwood and we do not have to go out of town for medical help. We appreciate the staff and RCHC. Thank you! Keep up the good work!

47. Communication between health care entities. The need for physicians.

48. Not enough doctors or specialists are brought in. Have to travel to see specialists.

49. Hiring young people is a good thing, but having no experience in the health field or just having some PR experience would be a plus for our great facility. Greatly lacks in that area all around. Need doctors not just PA's!

50. Doctor recruitment - would be nice if clinic offered vaccines so we wouldn't have to take bus to Colby.
51. Why are there no questions about the dentist or eye doctor on here? Hospital is getting too much money from this community. They need to get their stuff together and stop asking for more tax money and all the other money they ask for. There are grants out there.
52. People in this county are sick of handing \$ over to the hospital all of the time. They get enough of our \$ through the taxes we pay. Why is the dental clinic, eye doctor and chiropractor not listed on this form? Aren't they part of health care?? This isn't a needs assessment that is really going to tell us anything useful. All medical entities should have survey questions on here. Not just mainly the hospital and clinic.
53. Our community need a doctor and professional staff.
54. Chiropractic is good. Hospital should improve relations with chiropractic.
55. The hospital does not work with other services and businesses. We need a doctor and staff who know what they are doing.
56. Dental care in Atwood was a good thing.
57. Need daycare services for children and elders. Improved assisted/elder care in home for elderly. Transportation services for elderly disabled.
58. Having trouble with recruiting a physician. Need new young providers. EMS is a big concern.
59. Need for additional physician.
60. We have a wonderful facility, but we need more experienced providers! We need enough equipment for PT and the patients who need that - otherwise we'll go somewhere else. We have for wonderful physical therapist. It would be nice to have a good gynecologist in Atwood. We need feedback survey online for specialists, nurses, doctors, etc. and public education about the difference in services the health department, hospital and clinic provide. We need to have a method and make it easy to get allergy shots every week.

Rawlins County Community Health Needs Assessment Survey



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

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

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

1. First, what is your home zip code? _____
2. Do you use a family doctor (physician, nurse practitioner, physician's assistant) for most of your routine health care?

☐ Yes (Skip to Q4)

☐ No

☐ Don't Know
3. If no, then what kind of medical provider do you use for routine health care?

☐ Community Health Center

☐ Rural Health Clinic

☐ Health Department

☐ Specialist

☐ Emergency Room/Hospital

☐ None, don't see anyone

☐ Other (specify): _____
4. Have you or someone else in your household been to a family doctor (physician, nurse practitioner, physician's assistant) in the Rawlins County service area?

☐ Yes

☐ No (Skip to Q7)

☐ Don't Know (Skip to Q7)
5. If yes, how would you describe your satisfaction with the quality of care provided by that doctor? Were you...

☐ Satisfied

☐ Somewhat Satisfied

☐ Somewhat Dissatisfied

☐ Dissatisfied
6. Why were you satisfied/dissatisfied?

7. Have you or someone in your household used the services of a hospital in the past 24 months?

☐ Yes

☐ No (Skip to Q9)

☐ Don't Know (Skip to Q9)
8. At which hospital(s) were services received?

☐ Rawlins County Health Center (Skip to Q10)

☐ Other (please specify Hospital(s) and City)

Hospital

City

9. Have you or any members of your household ever used the services of the Rawlins County Health Center?

☐ Yes

☐ No (skip to Q13)

☐ Don't Know (skip to Q13)
10. Recalling the most recent visit to the Rawlins County Health Center, what type of service was obtained? (check all that apply)

☐ Inpatient

☐ Outpatient

☐ Emergency

☐ Other (please specify)

11. How would you describe your satisfaction with your last Rawlins County Health Center experience? Were you....

☐ Satisfied

☐ Somewhat Satisfied

☐ Somewhat Dissatisfied

☐ Dissatisfied
12. Why were you satisfied/dissatisfied?

Rawlins County Community Health Needs Assessment Survey

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

Type of Specialist	City
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

14. Have you or any members of your household ever used the services of the Rawlins Clinic/Atwood?

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

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

16. How would you describe your satisfaction with your Rawlins Clinic/Atwood experience? Were you....

☐ Satisfied ☐ Somewhat Satisfied ☐ Somewhat Dissatisfied ☐ Dissatisfied

17. Why were you satisfied/dissatisfied?

18. Have you or any members of your household ever used the services of the Rawlins Clinic/McDonald?

☐ Yes ☐ No (skip to Q22) ☐ Don't Know (skip to Q22)

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

20. How would you describe your satisfaction with your Rawlins Clinic/McDonald experience? Were you....

☐ Satisfied ☐ Somewhat Satisfied ☐ Somewhat Dissatisfied ☐ Dissatisfied

21. Why were you satisfied/dissatisfied?

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

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

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

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

☐ Satisfied ☐ Somewhat Satisfied ☐ Somewhat Dissatisfied ☐ Dissatisfied

25. Why were you satisfied/dissatisfied?

26. Do you believe the Atwood Good Samaritan Nursing Home facility needs to be renovated and upgraded?

☐ Yes ☐ No (skip to Q29) ☐ Don't Know (skip to Q29)

27. Do you believe there should be local government public financial support for upgrading the nursing home, even if it meant raising local taxes?

☐ Yes ☐ No ☐ Don't Know

28. Would you contribute to a private fundraising campaign to upgrade the nursing home?

☐ Yes ☐ No ☐ Don't Know

29. Do your believe there is a need for Assisted Living housing in Rawlins County?

☐ Yes ☐ No ☐ Don't Know

30. Please indicate any general concerns you have about health care in Rawlins County:

Thank your for your assistance. Please drop your completed survey off at the Rawlins County Health Center, 707 Grant Street in Atwood from 8:00 a.m.-5:00 p.m. no later than the end of the day, Friday, August 3.



Rawlins County Health Services Directory

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

May 2012

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

Office of
Local Government
K-State Research and Extension


K-STATE
Research and Extension

Rawlins County Area Health Services Directory

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

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

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

This publication is formatted for printing as a 5.5" x 8.5" booklet. Set your printer to print 2 pages per sheet. In Acrobat, go to Print/Properties/Finishing and select 2 Pages per Sheet.

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

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

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Emergency Numbers

Police/Sheriff	911
Fire	911
Ambulance	911

Non-Emergency Numbers

Rawlins County Sheriff	785-626-3865
Rawlins County Ambulance	785-626-8052

Municipal Non-Emergency Numbers

	<u>Police</u>	<u>Fire</u>
Atwood	785-626-3833	785-626-3208
Herrndon	785-626-3865	785-626-0393
Ludell	785-626-3865	785-626-0393
Mc Donald	785-626-3865	785-538-2222

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Other Emergency Numbers

Kansas Child/Adult Abuse and Neglect Hotline
1-800-922-5330

www.srskansas.org/hotlines.html

Domestic Violence Hotline
1-800-799-7233

www.ndvh.org

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

Federal Bureau of Investigation
1-866-483-5137
www.fbi.gov/congress/congress01/caruso100301.htm

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

Kansas Bureau of Investigation (Topeka)
785-296-8200
www.accesskansas.org/kbi

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Kansas Crisis Hotline (Domestic Violence/Sexual Assault)

1-888-END-ABUSE

www.kcsdv.org

Kansas Road Conditions

1-866-511-KDOT

511

www.ksdot.org

Poison Control Center

1-800-222-1222

www.aapcc.org

Suicide Prevention Hotline

1-800-SUICIDE

www.hopeline.com

1-800-273-TALK

www.suicidepreventionlifeline.com

Toxic Chemical and Oil Spills

1-800-424-8802

www.epa.gov/region02/contact.htm

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Health Services

Hospitals

Rawlins County Health Center

707 Grant Street (Atwood)

785-626-3211

www.rchc.us

Rawlins County Health Center Services Include:

24 Hour Emergency Room Coverage

Cardiac Rehab

Diabetic Care

Full Service Acute Care

Laboratory Services

Mobil Mammography

MRI

Nuclear Medicine

Outpatient Surgery

Physical Therapy

Prairie Plaza Retirement Community

Rural Health Clinics

Specialty Clinic Physicians

Ultrasound

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Health Department

Rawlins County Health Department
216 S Fourth Street (Atwood)
785-626-3241

Mental Health

High Plains Mental Health Center Colby Branch
750 South Range Avenue (Colby)
785-462-6774
www.highplainsmentalhealth.com

Medical Professionals

Chiropractors

Active Balance Chiropractic
418 Main Street (Atwood)
785-626-3274
www.activebalancechiro.com

House of Health
312 State Street (Atwood)
785-626-9344

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Clinics

Rawlins Clinic
707 Grant (Atwood)
785-626-3241
504 Ottawa Street (Mc Donald)
785-538-2559
www.rchc.us

Dentist

Rawlins County Dental Clinic
515 State Street (Atwood)
785-626-8289

Optometrist

Larry L. Washburn
414 Main Street (Atwood)
785-626-3102

Pharmacies

Currier's Health Mart
416 State Street (Atwood)
785-626-3214

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Williams Brothers Grocery Store

106 North 4th Street (Atwood)

785-626-3220

www.williamsbrothers.us

Physicians and Health Care Providers

Rawlins Clinic

707 Grant Street (Atwood)

785-626-3241

504 Ottawa Street (McDonald)

785-538-2559

www.rchc.com

Rehabilitation Services

Prairie Developmental Center

208 South 4th Street (Atwood)

785-626-3688

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Other Health Services

Assisted Living/Nursing Homes/TLC

Good Samaritan Society-Atwood

650 Lake Road (Atwood)

785-626-9015

www.good-sam.com

Prairie Plaza Club Room

P.O. Box 47 (Atwood)

785-626-3211

www.rchc.us

Diabetes

Arriva Medical

1-800-375-5137

Diabetes Care Club

1-888-395-6009

Rawlins County Health Center Specialty Clinic

707 Grant Street (Atwood)

785-626-3211

www.rchc.us

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Disability Services

American Disability Group

1-877-790-8899

Kansas Department on Aging

1-800-432-3535

www.agingkanssas.org/index.htm

Domestic/Family Violence

Child/Adult Abuse Hotline

1-800-922-5330

www.srskansas.org/services/child_protective_service_s.htm

Family Crisis Center

(Great Bend)

Hotline: 620-792-1885

Business Line: 620-793-1965

General Information – Women’s Shelters

www.WomenShelters.org

Kansas Crisis Hotline

Manhattan

785-539-7935

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Sexual Assault/Domestic Violence Center

(Hutchinson)

Hotline: 1-800-701-3630

Business Line: 620-663-2522

Educational Training Opportunities

Association of Continuing Education

620-792-3218

Food Programs

Kansas Food 4 Life

4 NW 25th Road (Great Bend)

620-793-7100

Kansas Food Bank

1919 E Douglas (Wichita)

316-265-4421

www.kansasfoodbank.org

Rawlins County Ministerial Alliance

32132 Road P (Herndon)

785-322-7010

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Government Healthcare

Kansas Department on Aging (KDOA)

503 South Kansas Avenue (Topeka)
785-296-4986 or 1-800-432-3535
www.agingkansas.org/

Kansas Department of Health and Environment (KDHE)

Curtis State Office Building
1000 South West Jackson (Topeka)
785-296-1500
www.kdheks.gov/contact.html

MEDICAID

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

MEDICARE

Social Security Administration
1212 East 27th Street (Hays)
785-625-3496

Social & Rehabilitation Services (SRS)

3000 Broadway (Hays)
785-628-1066

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Social Security Administration

1212 East 27th Street (Hays)
785-625-3496

Immunizations

Rawlins Clinic

707 Grant Street (Atwood)
785-626-3241

Rawlins County Health Department

216 S Fourth Street (Atwood)
785-626-3968

Medical Equipment and Supplies

American Medical Sales and Repair

1-866-637-6803

Currier Health Mart

416 State Street (Atwood)
785-626-3214

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School Nurses

Rawlins County USD 105

Elementary School
205 North 4th Street (Atwood)
785-626-3217
High School/Jr. High
100 8th Street (Atwood)
785-626-3289
www.usd105.org

Senior Services

Senior Citizens Center

105 South 5th Street (Atwood)
785-626-3341

Veterinary Services

Bearley Veterinary Service

21414 Road X (Ludell)
785-626-2303

Tri-State Veterinary Service

11951 Highway 25 (Atwood)
785-626-3316

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**Local Government, Community and
Social Services**

Adult Protection

Adult Protective Services (SRS)

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

Elder Abuse Hotline

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

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

1-800-922-5330

Alcohol and Drug Treatment

Alcohol and Drug Abuse Services

1-800-586-3690
[http://www.srskansas.org/services/alc-
drug_assess.htm](http://www.srskansas.org/services/alc-drug_assess.htm)

Alcohol Detoxification 24-Hour Helpline

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

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Center for Recovery

1-877-403-6236

G&G Addiction Treatment Center

1-866-439-1807

Road Less Traveled

1-866-486-1812

Seabrook House

1-800-579-0377

The Treatment Center

1-888-433-9869

Child Protection

**Kansas Department of Social and Rehabilitation
Services West Region Protection Reporting
Center – i.e. PROTECTION REPORT CENTER FOR
ABUSE**

1-800-922-5330

Available 24 hours/7 days per week – including
holidays

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Children and Youth

Children's Alliance

627 SW Topeka Boulevard (Topeka)
785-235-5437

www.childaily.org

Kansas Children's Service League

1-800-332-6378

www.kcsl.org

Community Centers

Atwood Bowl and Fun Center

100 Main Street (Atwood)
785-626-3373

Day Care Providers-Adult

Good Samaritan Society

650 Lake Road (Atwood)
785-626-9015

www.good-sam.com

Prairie Plaza Club Room

P.O. Box 47 (Atwood)
785-626-3211

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Senior Citizens Center

105 South 5th Street (Atwood)
785-626-3341

Day Care Providers-Children

Main Corner Day Care

400 Logan Street (Atwood)
785-626-3799

Melissa's Little Red Caboose Day Care

311 South 5th Street (Atwood)
785-626-3066

Rawlins County Headstart

205 North 4th Street (Atwood)
785-626-3236

Extension Office

Rawlins County Extension Office

406 State Street (Atwood)
785-626-3192

Fitness Centers

Atwood Fitness Center

402 Vine Street (Atwood)
785-626-9400

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Funeral Home

Williams Funeral Home

109 North 2nd Street (Atwood)
785-626-3895

Head Start

Rawlins County Head Start

205 North 4th Street (Atwood)
785-626-3236

Homeless Services

Good Samaritan Society

650 Lake Road (Atwood)
785-626-9015

www.good-sam.com

Prairie Developmental Center

208 South 4th Street (Atwood)
785-626-9015

www.dsnwk.org

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Housing

Atwood Housing Authority

801 South 3rd Street (Atwood)
785-626-9572

Corp Housing Equity

14482 W 118th Terrace (Olathe)
913-261-8067

Herndon Housing Authority

647 Palermo Avenue (Herndon)
785-322-5320

Legal Services

Brown Creighton & Peckham

308 Main Street (Atwood)
785-626-3295

Lewis Beims & Holste

509 Main Street (Atwood)
785-626-3221

Libraries, Parks and Recreation

Atwood Public Library

102 South 6th Street (Atwood)
785-626-3805

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Massage Therapy

Massage Therapy

410 S 7th Street (Atwood)
785-626-8025

Gary Fisher, CMT

Reflections of Your time- Henningsen Massage

114 S 3rd Street (Atwood)
785-626-3051

Whispering Winds Therapeutic Massage and Yoga

402 Vine Street, Suite B (Atwood)
785-626-5105

Pregnancy Services

Adoption is a Choice

1-877-524-5614

Adoption Network

1-888-281-8054

Adoption Spacebook

1-866-881-4376

Graceful Adoptions

1-888-896-7787

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Kansas Children's Service League
1-877-530-5275
www.kcsl.org

Public Information

Atwood Public Library
102 South 6th Street (Atwood)
785-626-3805

County Courthouse
607 Main Street (Atwood)
785-626-9625

Rape

Domestic Violence and Rape Hotline
1-888-874-1499

Family Crisis Center
1806 12th Street (Great Bend)
620-793-1885

Kansas Crisis Hotline
Manhattan
785-539-7935
1-800-727-2785

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Red Cross

Red Cross
350 South Range Avenue Suite 8 (Atwood)
785-462-7161

Social Security

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

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State and National Information, Services, Support

Adult Protection

Adult Protection Services

1-800-922-5330

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

Domestic Violence and Sexual Assault (DVACK)

1-800-874-1499

www.dvack.org

Elder Abuse Hotline

1-800-842-0078

www.elderabusecenter.org

Elder and Nursing Home Abuse Legal

www.resource4nursinghomeabuse.com/index.html

Kansas Coalition Against Sexual and Domestic Violence

1-888-END-ABUSE (363-2287)

www.kcsdv.org/ksresources.html

Kansas Department on Aging Adult Care Complaint Program

1-800-842-0078

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National Center on Elder Abuse (Administration on Aging)

www.ncea.gov/NCEARoot/Main_Site?Find_Help/Help_Hotline.aspx

National Domestic Violence Hotline

1-800-799-SAFE (799-7233)

1-800-787-3224 (TTY)

www.ndvh.org

National Sexual Assault Hotline

1-800-994-9662

1-888-220-5416 (TTY)

www.4woman.gov/faq/sexualassault.htm

National Suicide Prevention Lifeline

1-800-273-8255

Poison Center

1-800-222-1222

Sexual Assault and Domestic Violence Crisis Line

1-800-701-3630

Social and Rehabilitation Services (SRS)

1-888-369-4777 (HAYS)

www.srskansas.org

Suicide Prevention Helpline

785-841-2345

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Alcohol and Drug Treatment Programs

A 1 A Detox Treatment

1-800-757-0771

AAAAAH

1-800-993-3869

Abandon A Addiction

1-800-405-4810

Able Detox-Rehab Treatment
1-800-577-2481 (NATIONAL)

Abuse Addiction Agency

1-800-861-1768

www.thewatershed.com

AIC (Assessment Information Classes)

1-888-764-5510

Al-Anon Family Group

1-888-4AL-ANON (425-2666)

www.al-anon.alateen.org

Alcohol and Drug Abuse Hotline

1-800-ALCOHOL

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Alcohol and Drug Abuse Services

1-800-586-3690

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

Alcohol and Drug Addiction Treatment Programs

1-800-510-9435

Alcohol and Drug Helpline

1-800-821-4357

Alcoholism/Drug Addiction Treatment Center

1-800-477-3447

Kansas Alcohol and Drug Abuse Services Hotline

1-800-586-3690

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

Mothers Against Drunk Driving

1-800-GET-MADD (438-6233)

www.madd.org

**National Council on Alcoholism and Drug
Dependence, Inc.**

1-800-NCA-CALL (622-2255)

www.ncadd.org

Recovery Connection

www.recoveryconnection.org

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Regional Prevention Centers of Kansas

1-800-757-2180

www.smokyhillfoundation.com/rpc-locate.html

Better Business Bureau

Better Business Bureau

328 Laura (Wichita)

316-263-3146

www.wichita.bbb.org

Children and Youth

Adoption

1-800-862-3678

www.adopt.org/

Boys and Girls Town National Hotline

1-800-448-3000

www.girlsandboystown.org

Child/Adult Abuse and Neglect Hotline

1-800-922-5330

www.srskansas.org/

Child Abuse Hotline

1-800-922-5330

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Child Abuse National Hotline

1-800-422-4453

1-800-222-4453 (TDD)

www.childhelpusa.org/home

Child Abuse National Hotline

1-800-4-A-CHILD (422-4453)

www.childabuse.com

Child Find of America

1-800-426-5678

Child Help USA National Child Abuse Hotline

1-800-422-4453

Child Protective Services

1-800-922-5330

www.srskansas.org/services/child_protective_service_s.htm

Health Wave

P.O. Box 3599 (Topeka)

1-800-792-4884

1-800-792-4292 (TTY)

www.kansashealthwave.org

Heartspring (Institute of Logopedics)

8700 E. 29TH N (Wichita)

www.heartspring.org

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Kansas Big Brothers/Big Sisters

1-888-KS4-BIGS
www.ksbbbs.org

Kansas Children's Service League (Hays)

785-625-2244
1-877-530-5275
www.kcsl.org

Kansas Department of Health and Environment

785-296-1500
www.kdheks.gov
e-mail: info@kdheks.gov

Kansas Society for Crippled Children

106 W. Douglas, Suite 900 (Wichita)
1-800-624-4530
316-262-4676
www.ksociety.org

National Runaway Switchboard

1-800-RUNAWAY
www.1800runaway.org/

National Society for Missing and Exploited

Children
1-800-THE-LOST (843-5678)
www.missingkids.com

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Parents Anonymous Help Line

1-800-345-5044
www.parentsanonymous.org/palindex10.html

Runaway Line

1-800-621-4000
1-800-621-0394 (TDD)
www.1800runaway.org/

Talking Books

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

Community Action

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

Public Affairs Hotline (Kansas Corporation Commission)

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

Counseling

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

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Carl Feril Counseling
608 N Exchange (St. John)
620-549-6411

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

Catholic Charities
1-888-468-6909
www.catholiccharitiessalina.org

Center for Counseling
5815 W Broadway (Great Bend)
1-800-875-2544

Central Kansas Mental Health Center
1-800-794-8281
Will roll over after hours to a crisis number.

Consumer Credit Counseling Services
1-800-279-2227
www.kscccs.org/

Kansas Problem Gambling Hotline
1-866-662-3800
www.ksmhc.org/Services/gambling.htm

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National Hopeline Network
1-800-SUICIDE (785-2433)
www.hopeline.com

National Problem Gambling Hotline
1-800-552-4700
www.npgaw.org

Samaritan Counseling Center
1602 N. Main Street (Hutchinson)
620-662-7835
cmc.pdswebpro.com/

Self-Help Network of Kansas
1-800-445-0116
www.selfhelpnetwork.wichita.edu

Senior Health Insurance Counseling
1-800-860-5260
www.agingkanssas.org

Sunflower Family Services, Inc.
(adoption, crisis pregnancy, conflict solution center)
1-877-457-5437
www.sunflowerfamily.org

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Disability Services

American Association of People with Disabilities (AAPD)

www.aapd.com

American Council for the Blind

1-800-424-8666

www.acb.org

Americans with Disabilities Act Information

Hotline

1-800-514-0301

1-800-514-0383 (TTY)

www.ada.gov

Disability Advocates of Kansas, Incorporated

1-866-529-3824

www.disabilitysecrets.com

Disability Group, Incorporated

1-888-236-3348

www.disabilitygroup.com

Disability Rights Center of Kansas (DRC)

Formerly Kansas Advocacy & Protective Services

1-877-776-1541

1-877-335-3725 (TTY)

www.drckansas.org

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Hearing Healthcare Associates
1-800-448-0215

Kansas Commission for the Deaf and Hearing Impaired

1-800-432-0698

www.srskansas.org/kcdhn

Kansas Relay Center (Hearing Impaired service)

1-800-766-3777

www.kansasrelay.com

National Center for Learning Disabilities

1-888-575-7373

www.ncld.org

National Library Services for Blind & Physically Handicapped

www.loc.gov/nls/

1-800-424-8567

Parmele Law Firm

8623 E 32nd Street N, Suite 100 (Wichita)

1-877-267-6300

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Environment

Environmental Protection Agency

1-800-223-0425
913-321-9516 (TTY)
www.epa.gov

Kansas Department of Health and Environment

Salina 785-827-9639
Hays 785-625-5663
Topeka 785-296-1500
www.kdheks.gov

Food and Drug

Center for Food Safety and Applied Nutrition

1-888-SAFEFOOD (723-3366)
www.cfsan.fda.gov/
www.healthfinder.gov/docs/doc03647.htm

US Consumer Product Safety Commission

1-800-638-2772
1-800-638-8270 (TDD)
www.cpsc.gov

USDA Meat and Poultry Hotline

1-888-674-6854
1-800-256-7072 (TTY)
www.fsis.usda.gov/

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U.S. Food and Drug Administration

1-888-INFO-FDA
1-888-463-6332
www.fsis.usda.gov/

Poison Hotline

1-800-222-1222

Health Services

American Cancer Society

1-800-227-2345
www.cancer.org

American Diabetes Association

1-800-DIABETES (342-2383)
www.diabetes.org

AIDS/HIV Center for Disease Control and Prevention

1-800-CDC-INFO
1-888-232-6348 (TTY)
www.cdc.gov/hiv/

AIDS/STD National Hot Line

1-800-342-AIDS
1-800-227-8922 (STD line)

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American Health Assistance Foundation
1-800-437-2423
www.ahaf.org

American Heart Association
1-800-242-8721
www.americanheart.org

American Lung Association
1-800-586-4872
American Stroke Association
1-888-4-STROKE
www.americanheart.org

Center for Disease Control and Prevention
1-800-CDC-INFO
1-888-232-6348 (TTY)
www.cdc.gov/hiv/

Elder Care Helpline
www.eldercarelink.com

Eye Care Council
1-800-960-EYES
www.seetolearn.com

Kansas Foundation for Medical Care
1-800-432-0407
www.kfmc.org

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National Health Information Center
1-800-336-4797
www.health.gov/nhic

National Cancer Information Center
1-800-227-2345
1-866-228-4327 (TTY)
www.cancer.org

**National Institute on Deafness and Other
Communication Disorders Information
Clearinghouse**
1-800-241-1044
1-800-241-1055 (TTY)
www.nidcd.nih.gov

Hospice

Hospice-Kansas Association
1-800-767-4965

Kansas Hospice and Palliative Care Organization
1-888-202-5433
www.lifeproject.org/akh.htm

Rawlins County Health Center Palliative Care
707 Grant Street (Atwood)
785-626-3211
www.rchc.us

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Southwind Hospice, Incorporated
www.southwindhospice.com
785-483-3161

Housing

Kansas Housing Resources Corporation
785-296-2065
www.housingcorp.org

US Department of Housing and Urban Development
Kansas Regional Office
913-551-5462

Legal Services

Kansas Attorney General
1-800-432-2310 (Consumer Protection)
1-800-828-9745 (Crime Victims' Rights)
1-800-766-3777 (TTY)
www.ksag.org/

Kansas Bar Association
785-234-5696
www.ksbar.org

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Kansas Department on Aging
1-800-432-3535
www.agingkansas.org/index.htm

Kansas Legal Services
1-800-723-6953
www.kansaslegalservices.org

Northwest Kansas Area Agency on Aging
510 W 29th Street, Suite B (Hays)
785-628-8204
1-800-432-7422
www.nwkaaa.com

Medicaid Services

First Guard
1-888-828-5698
www.firstguard.com

Kansas Health Wave
1-800-792-4884 or 1-800-792-4292 (TTY)
www.kansashealthwave.org

Kansas Medical Assistance Program
Customer Service
1-800-766-9012
www.kmpa-state-ks.us/

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Medicare Information

1-800-MEDICARE
www.medicare.gov

U.S. Department of Health and Human Services

Centers for Medicare and Medicaid Services
1-800-MEDICARE (1-800-633-4227) or
1-877-486-2048 (TTY)
www.cms.hhs.gov

Mental Health Services

Alzheimer's Association

1-800-272-3900 or 1-866-403-3073 (TTY)
www.alz.org

Developmental Services of Northwest Kansas

1-800-637-2229

Kansas Alliance for Mentally Ill (Topeka, KS)

785-233-0755
www.namikansas.org

Make a Difference

1-800-332-6262

Mental Health America

1-800-969-6MHA (969-6642)

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National Alliance for the Mentally Ill Helpline

1-800-950-NAMI (950-6264) or 703-516-7227 (TTY)
www.nami.org

National Institute of Mental Health

1-866-615-6464 or 1-866-415-8051 (TTY)
www.nimh.nih.gov

National Library Services for Blind and Physically Handicapped

1-800-424-8567
www.loc.gov/nls/music/index.html

National Mental Health Association

1-800-969-6642
1-800-433-5959 (TTY)
www.nmha.org

Pawnee Mental Health

State Mental Health Agency

KS Department of Social and Rehabilitation Services
915 SW Harrison Street (Topeka)
785-296-3959
www.srskansas.org

Suicide Prevention Hotline

1-800-SUICIDE [784-2433]
www.hopeline.com

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Nutrition

American Dietetic Association

1-800-877-1600

www.eatright.org

American Dietetic Association Consumer

Nutrition Hotline

1-800-366-1655

Department of Human Nutrition

Kansas State University

119 Justin Hall (Manhattan)

785-532-5500

www.humec.k-state.edu/hn/

Eating Disorders Awareness and Prevention

1-800-931-2237

www.nationaleatingdisorders.org

Food Stamps

Kansas Department of Social and Rehabilitation
Services (SRS)

1-888-369-4777 or Local SRS office

www.srskansas.org/SD/ees/food_stamps.htm

Kansas Department of Health and Environment

1000 SW Jackson, Suite 220 (Topeka)

785-296-1320

www.kdheks.gov/news-wic/index.html

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Road and Weather Conditions

Kansas Road Conditions

1-866-511-KDOT

511

www.ksdot.org

Senior Services

Alzheimer's Association

1-800-487-2585

American Association of Retired Persons (AARP)

1-888-OUR-AARP (687-2277)

www.aarp.org

Americans with Disabilities Act Information Line

1-800-514-0301 or 1-800-514-0383 [TTY]

www.usdoj.gov/crt/ada

American Association of Retired Persons

1-888-687-2277

www.aarp.org

Area Agency on Aging

1-800-432-2703

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Eldercare Locator

1-800-677-1116

www.eldercare.gov/eldercare/public/home.asp

Home Buddy

1-866-922-8339

www.homebuddy.org

Home Health Complaints

Kansas Department of Social and Rehabilitation Services (SRS)

1-800-842-0078

Kansas Advocates for Better Care Inc.

Consumer Information

1-800-525-1782

www.kabc.org

Kansas Department on Aging

1-800-432-3535 or 785-291-3167 (TTY)

www.agingkansas.org/index.htm

Kansas Foundation for Medical Care, Inc.

Medicare Beneficiary Information

1-800-432-0407

Kansas Tobacco Use Quitline

1-866-KAN-STOP (526-7867)

www.kdheks.gov/tobacco/cessation.html

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Older Kansans Employment Programs (OKEP)

785-296-7842

www.kansascommerce.com

Older Kansans Hotline

1-800-742-9531

Older Kansans Information Reference Sources on Aging (OKIRSA)

1-800-432-3535

Senior Health Insurance Counseling for Kansas

1-800-860-5260

www.agingkansas.org/SHICK/shick_index.html

SHICK

1-800-860-5260

www.agingkansas.org/SHICK

Social Security Administration

785-296-3959 or 785-296-1491 (TTY)

www.srskansas.org

SRS Rehabilitation Services Kansas

785-296-3959

785-296-1491 (TTY)

www.srskansas.org

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Suicide Prevention

Suicide Prevention Services

1-800-784-2433

www.spsftv.org

Veterans

Federal Information Center

1-800-333-4636

www.FirstGov.gov

U.S. Department of Veterans Affairs

1-800-513-7731

www.kcva.org

Education (GI Bill)

1-888-442-4551

Health Resource Center

1-877-222-8387

Insurance Center

1-800-669-8477

Veteran Special Issue Help Line

Includes Gulf War/Agent Orange Helpline

1-800-749-8387

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U.S. Department of Veterans Affairs

Mammography Helpline

1-888-492-7844

Other Benefits

1-800-827-1000

Memorial Program Service [includes status of headstones and markers]

1-800-697-6947

Telecommunications Device for the Deaf/Hearing Impaired

1-800-829-4833 (TTY)

www.vba.va.gov

Veterans Administration

Veterans Administration Benefits

1-800-669-8477

Life Insurance

1-800-669-8477

Education (GI Bill)

1-888-442-4551

Health Care Benefits

1-877-222-8387

Income Verification and Means Testing

1-800-929-8387

DRAFT

Mammography Helpline

1-888-492-7844

Gulf War/Agent Orange Helpline

1-800-749-8387

Status of Headstones and Markers

1-800-697-6947

Telecommunications Device for the Deaf

1-800-829-4833

www.vba.va.gov

Benefits Information and Assistance

1-800-827-1000

Debt Management

1-800-827-0648

Life Insurance Information and Service

1-800-669-8477

Welfare Fraud Hotline

Welfare Fraud Hotline

1-800-432-3913

Kansas State University Agricultural Experiment Station and Cooperative Extension Service,
Manhattan, Kansas.

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Kansas Rural Health Works Community Health Needs Assessment

Rawlins County

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

Agenda

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

Local Health Needs Assessment

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

KRHW CHNA Objectives

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

Community-driven Process

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

Steering Committee Meetings

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

Keys to Success

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



The Importance of the Health Care Sector to the Economy of Rawlins County

Kansas Rural Health Options Project
December 2010

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



Funding for this report
provided by Health
Resources and Services
Administration

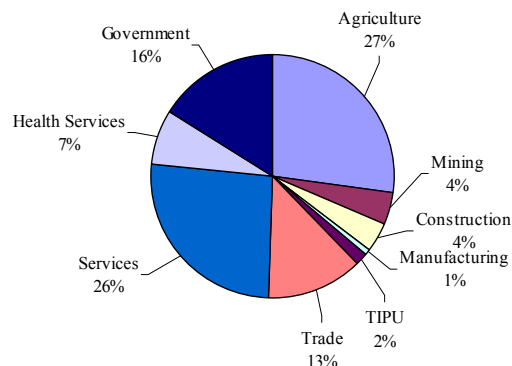
In cooperation with:
*Office of
Local Government*
and  **KSTATE**
Research and Extension

Importance of Health Care Sector

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

Health Services in Rawlins County

Figure 5. Employment by Sector (2008)



Total Health Care Impact

Health Sectors	Direct Employment	Economic Multiplier	Total Impact
Health and Personal Care Stores	14	1.07	15
Veterinary Services	5	1.08	5
Home Health Care Services	0	0.00	0
Doctors and Dentists	3	1.23	4
Other Ambulatory Health Care	0	0.00	0
Hospitals	70	1.17	81
Nursing and Residential Care Facilities	67	1.07	72
Total	159		178

Health Care Impact (\$000)

Health Sectors	Direct Income	Economic Multiplier	Total Impact
Health and Personal Care Stores	\$463	1.08	\$500
Veterinary Services	\$83	1.13	\$95
Home Health Care Services	\$0	0.00	\$0
Doctors and Dentists	\$293	1.07	\$315
Other Ambulatory Health Care	\$0	0.00	\$0
Hospitals	\$6,278	1.08	\$6,797
Nursing/Residential Care Facilities	\$1,745	1.07	\$1,871
Total	\$8,862		\$9,577

Health Care Impact (\$000)

Health Sectors	Total Impact	Retail Sales	County Sales Tax Collection
Health and Personal Care Stores	\$500	\$83	\$1
Veterinary Services	\$95	\$16	\$0
Home Health Care Services	\$0	\$0	\$0
Doctors and Dentists	\$315	\$52	\$1
Other Ambulatory Health Care	\$0	\$0	\$0
Hospitals	\$6,797	\$1,126	\$11
Nursing/Residential Care Facilities	\$1,871	\$310	\$3
Total	\$9,577	\$1,586	\$16

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



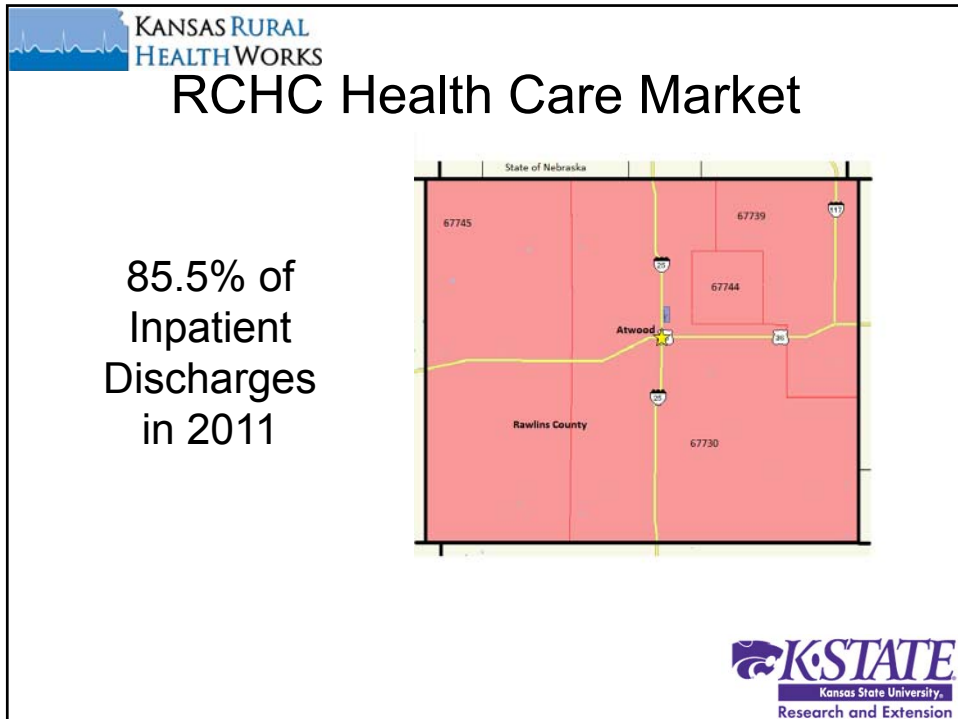
Summary and Conclusions

- 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?



KANSAS RURAL HEALTHWORKS

Data Fact Sheets

- Seeking issues/needs in secondary data
- Economic & demographic data
 - Declining total population ~ 26% since 1990
 - Aging population ~ 27% 65+ and growing
 - 40% of population without spouse
 - 18% of HH live on <\$15,000, 29% <\$25,000
 - Transfer income > importance (>\$21m, 20%)
 - 13% live in poverty (22% of children)

KSTATE
Kansas State University
Research and Extension

Data Fact Sheets

- Health & behavioral data
 - LTC capacity: community-based alternatives?
 - Youth tobacco use 17%, above KS & worsening
 - Youth binge drinking 18%, above KS & stable
 - Child immunizations ~ 70%-75%, same as KS
 - 30% newborns < than adequate prenatal care (small numbers)
 - Government family/food assistance increasing
 - Hospital short-term trends stable

Data Fact Sheets

- Crime data
 - Crime ½ state rates (incomplete data)
 - Trends stable/improving
- Education data
 - Long-term enrollment decline (faster than pop.)
 - Dropout rate up (low numbers)
- Traffic data
 - 22% of crashes w. injury/death, no seatbelt
 - Positive overall trends

Data Fact Sheets

- Health Matters (random impressions)
 - Missing data/small numbers due to sampling
 - Heart failure above KS
 - 21% of pregnant women smoke
 - Percent uninsured above KS
 - Injuries are high vs. KS
 - Elderly, child poverty a concern vs. U.S.
 - More elderly/fewer children
 - Very high lead risk

Overall Conclusions from Data

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

Reactions, discussion?
You look. You decide.



Rawlins County Health Services Directory

Office of Local Government
Department of Agricultural Economics
K-State Research and Extension
May 2012

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

Community Directory

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

Community Health Care Survey

- Community health services
 - Residents' health usage of doctors, hospital, clinics, and Health Department
 - Any general concerns
- Non-random, non-representative
- "Lots" of input - You + 5
- 5 minutes – answer on the spot
- Deadline is Friday. Drop off at Rawlins County Health Center

Public Meeting Schedule

- August 1 – Overview, economic impact report, community concerns, data reports, draft health services directory, survey
- August 15 – Review data & information; group discussion; issue prioritization; team formation
- August 22 – Action planning
- After? That's up to you

Next Meeting

- Introduction and Review
- Review of Data
- Service Gap Analysis
- Survey Results
- Focus group formation and charge
- Group Summaries
- Prioritization
- Next meeting date

Next Meeting

- Homework: review the information, consider the questions
- Focus Group questions
 - *What is your vision for a healthy community?*
 - *What is your perception of the hospital overall and of specific programs and services?*
 - *What is your perception of the county health department overall and of specific programs and services?*

www.krhw.net



KANSAS RURAL
HEALTHWORKS

Communities Building Affordable & Sustainable Healthcare Systems

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- [Home](#)
- [Rural Health Works](#)
- [Kansas Rural Health Works Options](#)
- [County Impact Reports](#)
- [Resource Links](#)

Welcome to Kansas Rural Health Works, a resource dedicated to helping rural communities build affordable and sustainable local health care systems.

The organization and delivery of health care services have undergone rapid evolution in recent years. For many Americans, the cost of services and access to care are important issues. This certainly is true in many rural areas where communities have struggled to maintain affordable, quality health care systems. As economic forces and technical advances continue to change health care, it is more important than ever for rural community leaders and health care providers to work together to ensure affordable, sustainable health care systems. In an effort to provide useful information resources to rural community and health care leaders, the Kansas Rural Health Options Project (KRHOP) has teamed with the Office of Local Government, a unit of the Department of Agricultural Economics and K-State Research and Extension.






Funding for Kansas Rural Health Works is provided by the Office of Rural Health Policy, Health Resources and Services Administration

Office of Local Government
K-State Research and Extension

Office of Local Government
Department of Agricultural Economics
Kansas State University
Phone: (785) 832-2643
Fax: (785) 832-3058
olg@agreson.ksu.edu
http://www.ornet.ksu.edu/olg



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

Rawlins County

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

Agenda

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

Local Health Needs Assessment

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

KRHW CHNA Objectives

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

Community-driven Process

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



The Importance of the Health Care Sector to the Economy of Rawlins County

Kansas Rural Health Options Project
December 2010

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John Leatherman, Director



Funding for this report
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In cooperation with:
Office of
Local Government
and
 K-STATE
Research and Extension

Summary and Conclusions

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

Initial Community Perceptions

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

Collective Themes

- Recruitment of family practice doctors
- Retention of quality providers
- Transportation assistance
- Chronic conditions and management
- Financial - cost, access, reimbursement, local support
- Community attitudes/divisiveness
- Your conclusions?

Data Fact Sheets

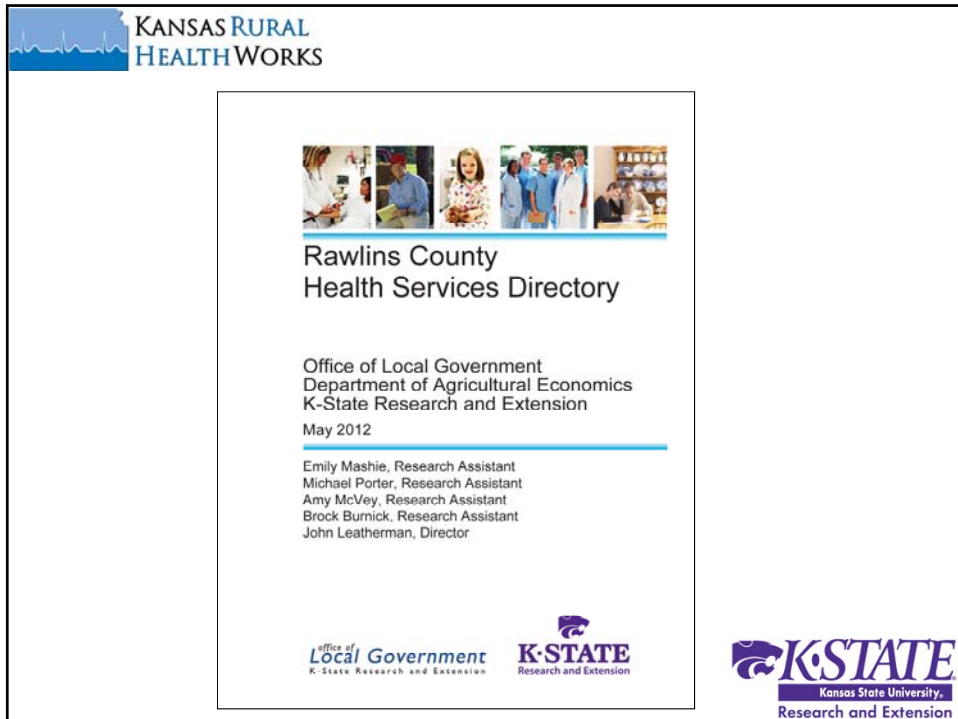
- Seeking issues/needs in secondary data, i.e. that which is missing, a challenge, or could be improved
- Looking at the negative doesn't mean there isn't much that is good
- Data are indicators that require interpretation
- You decide what's important


Overall Conclusions from Data

- Population trends and income levels are creating challenges
- Accessing state/federal assistance is essential
- Community-based services for those elderly, alone
- 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

- 124 total responses
- Important to remember – non-representative
- 93% see a doctor; 90% use local provider
- 92% were satisfied/somewhat satisfied
- 72% used a hospital in the past 2 years; RCHC captured 82%
- 92% had prior LCH experience; 89% were satisfied/somewhat satisfied

Community Health Care Survey

- 87% used Rawlins Clinic/Atwood; 25% used Rawlins Clinic/McDonald with generally high levels of customer satisfaction
- 62% used County Health; 99% satisfied
- Nursing home renovation
 - 62% Yes; 8% No; 30% Don't Know
- Public support for nursing home
 - 46% Yes; 24% No; 30% Don't Know

Community Health Care Survey

- Contribute to fund-raising for nursing home
 - 52% Yes; 17% No; 30% Don't Know
- Need for assisted living
 - 82% Yes; 5% No; 13% Don't Know
- Comments suggest some unmet needs and challenges – primary care physicians, lack of services, specialty assistance, elderly/ community-based services, transportation
- Your observations?

Small Group Discussion

- Discussion leader and note taker
- Everyone contributes
- Time is critical – 10 minutes/question
- Consider the question
 - 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's right? What could be better?
 - Consider acute needs and chronic conditions
 - Discrete local issues, not global concerns
 - Consider the possible, within local control and resources, something to rally the community
- *What can the hospital do to help?*
- *What can the health department do to help?*

Issue Prioritization

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

Next Meeting

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

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Communities Building Affordable & Sustainable Healthcare Systems

Welcome to Kansas Rural Health Works, a resource dedicated to helping rural communities build affordable and sustainable local health care systems.

The organization and delivery of health care services have undergone rapid evolution in recent years. For many Americans, the cost of services and access to care are important issues. This certainly is true in many rural areas where communities have struggled to maintain affordable, quality health care systems. As economic forces and technical advances continue to change health care, it is more important than ever for rural community leaders and health care providers to work together to ensure affordable, sustainable health care systems. In an effort to provide useful information resources to rural community and health care leaders, the Kansas Rural Health Options Project (KRHOP) has teamed with the Office of Local Government, a unit of the Department of Agricultural Economics and K-State Research and Extension.






Funding for Kansas Rural Health Works is provided by the Office of Rural Health Policy, Health Resources and Services Administration

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Kansas Rural Health Works Community Health Needs Assessment

Rawlins County

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

Agenda

- CHNA overview and review
- Priority community health issues
- Work group formation and instructions
- Action plan development
- Group review
- Next steps
- Evaluation

Local Health Needs Assessment

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

KRHW CHNA Objectives

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

Community-driven Process

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



The Importance of the Health Care Sector to the Economy of Rawlins County

Kansas Rural Health Options Project
December 2010

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



Funding for this report
provided by Health
Resources and Services
Administration

In cooperation with:
Office of
Local Government
and
 K-STATE
Research and Extension

Initial Perceptions: Themes

- Recruitment of family practice doctors
- Retention of quality providers
- Transportation assistance
- Chronic conditions and management
- Financial - cost, access, reimbursement, local support
- Community attitudes/divisiveness

Rawlins County Rural Health Works

Demographic, Economic and Health Indicator Data

Introduction

Rawlins County Health Works (RCHW) is dedicated to helping rural communities that are underserved and underserved rural health care systems. The Office of Rural Extension at K-State Research and Extension is supporting Community Health Needs Assessments. These needs assessments bring a cross-section of community leaders together to assess local needs, identify problems, and develop strategic action plans to improve the local health situation. This is an opportunity for the community to help together to address high-priority needs and to make the community a better place to live, work, and raise a family. It is an opportunity for all citizens to be heard. The mission statement has helped 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 Rawlins County that may have implications related to local health care needs. Most of the data are available at a county scale and reflects the Rawlins County boundaries.

Rawlins County Primary Health Market Area

Between 1990 and 2010, the population decreased 20.3 percent in Rawlins County, but at a much slower rate than the state population, which decreased 12.3 percent.

People aged 65 and older make up 14.4 percent of the population, which is 2.3 percent above the state average.

In 2010, the county has one of the highest percentages of the population aged 65 and older in the state, with 14.4 percent, compared to the state average of 12.3 percent.

Median income is \$19,200, which is 1.1 percent below the state average of \$19,300.

Below the state, 21.7 percent of the population is in poverty, which is 1.4 percent above the state average of 20.3 percent.

Rawlins County Rural Health Works

Crime Data

Introduction

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Crime Data Summary

Following are a variety of data and statistics about criminal activity in Rawlins County that may have implications related to local health care needs. Most of the data are available at a county scale and reflects the Rawlins County boundaries.

Rawlins County Primary Health Market Area

The incidence of crime in Rawlins County has been consistently higher than state rates from 2008 to 2010.

Rawlins County ranks over the state in years have been very positive.

About 30 adults and 7 juveniles are arrested each year in Rawlins County.

The number of full-time law enforcement officers per 1,000 population in Rawlins County is 1.0, which is 0.1 above the state rate.

Law enforcement is the state rate.

237 crimes within the Rawlins County Health Market Area.

Source: Claritas, Inc. (2012)

Rawlins County Rural Health Works

Economic & Demographic Data

Introduction

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Economic Data Summary

Following are a variety of data and statistics about the economic and demographic characteristics of Rawlins County that may have implications related to local health care needs. Some of the data are available at a county scale and reflects the Rawlins County boundaries.

Rawlins County Primary Health Market Area

Continuing to bring down the rate of population in Rawlins County is 10.3 percent, which is 1.1 percent below the state average of 11.4 percent.

The proportion of the population aged 65 and older in Rawlins County is 14.4 percent, which is 2.3 percent above the state average of 12.3 percent.

Over 100 percent of households are on the state rate of \$19,300 income per year.

Transfer income to persons is among the highest in the state, with 1.1 percent in 2012, and 1.1 percent in 2010.

Median income is \$19,200, which is 1.1 percent below the state average of \$19,300.

Below the state, 21.7 percent of the population is in poverty, which is 1.4 percent above the state average of 20.3 percent.

237 crimes within the Rawlins County Health Market Area.

Source: Claritas, Inc. (2012)

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Overall Conclusions from Data


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



Rawlins County Health Services Directory



Office of Local Government
Department of Agricultural Economics
K-State Research and Extension
May 2012

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



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Rawlins County Community Health Needs Assessment Survey

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

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

Participation in this survey is voluntary. You may choose to refuse to answer any or all of the questions on this survey. If you have any questions, please feel free to contact Dr. John Luehrman, (785) 552-4462, jpluehrm@ksu.edu.

1. First, what is your home zip code? _____
2. Do you use a family doctor (physician, nurse practitioner, physician's assistant) for most of your routine health care?

☐ Yes (Skip to Q4)
☐ No
☐ Don't Know
3. If no, then what kind of medical provider do you use for routine health care?

☐ Community Health Center
☐ Rural Health Clinic

☐ Health Department
☐ Specialist

☐ Emergency Room/Hospital
☐ None, don't see anyone

☐ Other (specify): _____
4. Have you or someone else in your household been to a family doctor (physician, nurse practitioner, physician's assistant) in the Rawlins County service area?

☐ Yes
☐ No (Skip to Q7)
☐ Don't Know (Skip to Q7)
5. If yes, how would you describe your satisfaction with the quality of care provided by that doctor? Where you...

☐ Satisfied
☐ Somewhat Satisfied
☐ Somewhat Dissatisfied
☐ Dissatisfied
6. Why were you satisfied/dissatisfied? _____
7. Have you or someone in your household used the services of a hospital in the past 24 months?

☐ Yes
☐ No (Skip to Q9)
☐ Don't Know (Skip to Q9)
8. At which hospital(s) were services received?


☐ Rawlins County Health Center (Skip to Q10)

☐ Other (please specify hospital(s) and City): _____
9. Have you or any members of your household ever used the services of the Rawlins County Health Center?


☐ Yes
☐ No (Skip to Q13)
☐ Don't Know (Skip to Q13)
10. Recalling the most recent visit to the Rawlins County Health Center, what type of service was obtained? (check all that apply)

☐ Inpatient
☐ Outpatient
☐ Emergency
☐ Other (please specify): _____
11. How would you describe your satisfaction with your last Rawlins County Health Center experience? Where you...

☐ Satisfied
☐ Somewhat Satisfied
☐ Somewhat Dissatisfied
☐ Dissatisfied
12. Why were you satisfied/dissatisfied? _____




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Community Health Care Survey

- 124 total responses
- Important to remember – non-representative
- Use and satisfaction with local providers
- LTC and assisted living
- Comments suggest some unmet needs and challenges – primary care physicians, lack of services, specialty assistance, elderly/ community-based services, transportation



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Small Group Discussion

- *What is your vision for a healthy community?*
- *What can the hospital do to help?*
- *What can the health department do to help?*

Issue Prioritization #1

- Health provider collaboration and communication
 - Regional perspective to support and bolster all NW KS providers
 - Include consideration of related transportation needs
 - Between major providers to improve collaborative efforts for best health care outcomes

Issue Prioritization #2

- Housing
 - Directly related to health professional recruitment and retention
 - General constraint across all local employers
 - Support, partner, and bolster existing efforts

Issue Prioritization #3

- Chronic disease prevention and management
 - Geriatric conditions, including dementia
 - Obesity and related health concerns
 - Healthy start and youthful family education



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 with broad community participation
 - Community “buy-in” for expanded initiatives

Next Meeting

- Yes, there is a next meeting (sorry)
- Overall leadership and monitoring
- Work group leadership and meeting schedule
- Communicating with the community
- One-year follow up meeting open to the community
- Summary and evaluation

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Community Health Needs Assessment

Hospital Requirements

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

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

Hospitals must Complete Community Needs Assessment

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

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

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

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

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

- the organization and provide the name and title of at least one individual in such organization with whom the hospital organization consulted.
4. A prioritized description of all of the community health needs identified through the CHNA, as well as a description of the process and criteria used in prioritizing such health needs.
 5. A description of the existing health care facilities and other resources within the community available to meet the community health needs identified through the CHNA.

CHNA Written Report needs to be:

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

Implementation Strategy

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

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

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

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

An Implementation Strategy needs to be:

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

This summary was obtained from the *Kansas Health Matters* Website (<http://www.kansashealthmatters.org/>), and can be found here: (<https://www.myctb.org/wst/kansashealthmatters/hospitals/default.aspx>)

Community Health Needs Assessment

Health Department Accreditation

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

The PHAB standards were developed through the framework of the 10 Essential Public Health Services:

1. Monitor the health of the community
2. Diagnose and investigate health problems
3. Inform, educate, and empower people
4. Mobilize community partnerships
5. Develop policies
6. Enforce laws and regulations
7. Link to/provide health services
8. Assure a competent workforce
9. Evaluate quality
10. Research for new insights

Accreditation is a mechanism for demonstrating a local health department's capacity for providing the essential services as well as its ability to do so through a culture of continuous quality improvement. The [PHAB Standards and Measures Version 1.0](#) were released in May 2011.

Local health departments may seek accreditation as an individual agency or as a region, using the multi-jurisdictional approach. Accreditation status lasts for 5 years; at the end of the 5 year cycle, the department must seek reaccreditation.

Health departments must complete three prerequisites prior to applying for accreditation within the past 5 years

1. A community health assessment
2. A community health improvement plan
3. An agency strategic plan

The seven steps of the accreditation process are

1. Pre-application
2. [Accreditation Readiness Checklist](#)
3. [Online Orientation](#)
4. Statement of Intent
5. Application
6. Documentation Selection and Submission
7. Site Visit
8. Accreditation Decision
9. Reports

10. Reaccreditation

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