



CLOUD COUNTY HEALTH NEEDS ASSESSMENT: 2013

Community Health Assessment Committee

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1. EXECUTIVE SUMMARY

The Cloud County Health Center and the Cloud County Health Department formed a Community Health Assessment Committee to develop a Community Health Needs Assessment. The purpose of this group was to develop a Community Health Needs Assessment. The federal Patient Protection and Affordable Care Act (PPACA) requires that tax-exempt hospitals complete this assessment once every three years.

The Community Health Assessment Committee (CHAC) met four times between November 2012 and September 2013. It reviewed CHNA regulations, area demographic and economic information, traffic and crime data, and all available health status and health outcome indicators from various health data sets including Kansas Health Matters and County Health Rankings plus others such as Kansas Kids Count. The committee also reviewed results of a Community Leader Focus Group held in Concordia, Kansas (the capital of Cloud County) as well as a Health Needs Assessment Survey of a selection of area individuals.

Based on all of this information, the committee prioritized 4 need areas where the committee believed it could have a measureable impact in Cloud County, the focus of this report. The group felt that particular emphasis should be placed on targeting children and young people in order to establish healthy behaviors early in life.

Four priority health indicators/problems were to be the focus of the Community Health Needs Assessment effort over the next 3 years:

1. Lower the percentage of children, who are overweight. The latest indicators show that the adult percentage is currently 37% but no statistic for children in the county was available. The federal government estimates that, in 2011, 12.7% of Kansas pre-schoolers (age 2-4) were obese. This problem was considered a family issue and targeting children would have a long run impact.
2. Lower the percentage of adults (and pregnant women) who smoke, focusing on young persons and young women. This would particularly target the percentage of mothers who smoke since the "% births to smoking mothers" is relatively high in the county. It was felt that more educational efforts could be directed to children and "young moms" on the dangers and impacts of smoking
3. Lower the % adults who have high cholesterol. This level is currently 42.5% in the county compared to 38.6% in Kansas. The national goal (HP 2020) is 13.5%.
4. Lower the % adults with hypertension. The county level is 32.4% compared to the state's 28.7%. The national goal is 26.9%. The committee felt hypertension was also linked to other factors such as obesity and smoking (other priorities above). The group indicated that an overall awareness effort surrounding heart disease and fitness might be important.

2. INTRODUCTION

In late 2012, the Cloud County Health Center and the Cloud County Health Department formed a Community Health Assessment Committee to develop a Community Health Needs Assessment. This group, initially with ten individuals and later expanded to 13, represented a broad spectrum of community health providers, educators, and leaders.

The purpose of this group was to develop a Community Health Needs Assessment and a follow-up Implementation Strategy (or as called in this effort a Community Health Implementation Plan). The federal Patient Protection and Affordable Care Act (PPACA) requires that tax-exempt hospitals complete this assessment (CHNA) once every three years and then adopt a written strategy (CHIP). County Health Departments also are required to use the CHNA in their program planning efforts.

The specific objectives of this CHNA are:

1. Describe the process and methods used to develop the assessment.
2. Identify organizations that collaborated in the assessment.
3. Describe how community input was obtained.
4. Develop major community health needs and then prioritize them.
5. Describe current community health services and resources available to meet needs.
6. Make the CHNA widely available to the public.
7. Develop a written 3-year CHIP (strategy) to meet the priority needs.

The CCHC (Cloud County Health Center) is required to formally adopt the CHIP within the current tax year that the CHNA was completed. It is then expected to monitor this plan and develop an annual report on its progress.

3. BACKGROUND

The Community Health Assessment Committee (CHAC) met four times between November 2012 and September 2013. The first three meetings lead to the development of the CHNA and the final meeting lead to the development of the CHIP. Meetings were held in the Cloud County Health Center cafeteria meeting room. Minutes and meeting summaries can be found in the Appendices of this report.

With the use of a facilitator at each meeting, the committee reviewed CHNA regulations, area demographic and economic information, traffic and crime data, and all available health status and health outcome indicators from various health data sets including Kansas Health Matters and County Health Rankings plus others such as Kansas Kids Count. The committee also reviewed

results of a Community Leader Focus Group held in Concordia, Kansas (the county seat of Cloud County) as well as a Health Needs Assessment Survey of a selection of area individuals.

Based on all of this information, the committee identified 8 major health care needs in the county. This list was condensed and prioritized down to 4 priority needs where the committee believed it could have a measurable impact. These are described in the following section.

4. METHODOLOGY

The methodology outlines the tasks completed and information necessary to develop a comprehensive health needs assessment: Community Served, Demographic Trends, Community Input, Major Community Health Needs, and Priority Need Areas.

A. Community Served: Cloud County

It was determined that the "community served" by the hospital (CCHC) is Cloud County (Figure 1). A review of hospital patient origin statistics from the Kansas Hospital Association indicates that over 92% of all patients come from Cloud County. In fact, over 80% come from the City of Concordia. No other surrounding county contributed more than 2% of CCHC's patients.

Within the county, CCHC had an inpatient market share of almost 41% in FY 2012. Another 24% were served by Salina Regional Medical Center. The remaining 35% of all hospitalized patients went to some other surrounding or larger, tertiary hospital (see Appendices).

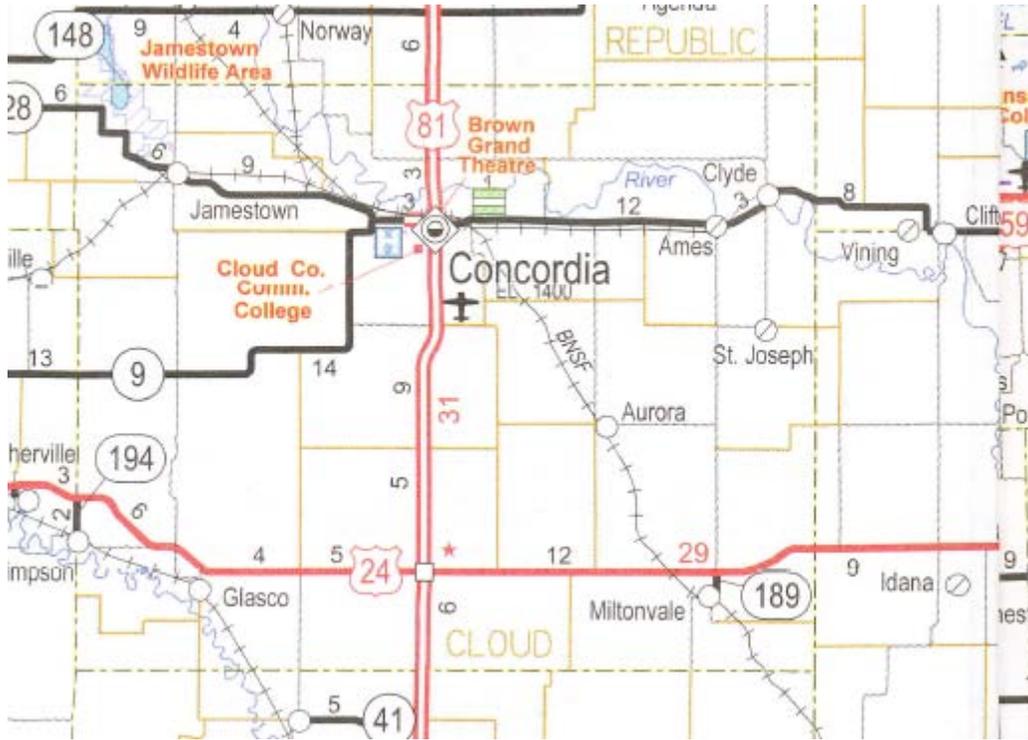
This data indicate that CCHC primarily serves the area around Concordia and other nearby portions of Cloud County. At the same time, other area and regional hospitals are also serving some populations and areas within the county.

B. Demographic Trends

Cloud County has lost population since the Year 2000 (Table 1). Between 2000 and 2010, it lost 7.2%. It lost another 3.9% between 2010 and 2013 to an estimated 9,159 persons. Over the last 13 years, the county has lost over 1,100 persons. It is projected to lose another 450 persons by 2018. These losses have put pressure on local organizational and governmental budgets.

Of the 2013 estimated population, 95.6% are "White alone", .6% are "Black or African-American", .3% are "American Indian", and .2% are "Asian alone". For the U.S. population, 71.5% are "White alone" and 12.7% are "Black or African American". The estimated "Hispanic or Latino" population in Cloud County is 3.5% compared to the U.S. estimate of 17.3%.

Figure 1
Cloud County, Kansas



The county's population is also aging with a loss of children and young adults. The very oldest segments of the population (75+) have also declined in numbers while "baby boom" cohorts have grown. This indicates a short-term decline in demand for senior services and senior housing but a looming large increase in the long term.

Table 1
Population Trends in Cloud County

<u>2000</u>	<u>2010</u>	<u>% Change</u>	<u>2013</u>	<u>% Change</u>	<u>2018</u>	<u>% Change</u>
10,268	9,533	-7.2	9,159	-3.9	8,707	-4.9

Source: U.S. Census Bureau, 2000; The Nielsen Company, 2013, 2018.

Table 2
Age Trends in Cloud County

<u>Age Group</u>	<u>2010</u>	<u>2013</u>	<u>% Change</u>
0-17	2,137	2,068	-3.2
18-24	1,578	980	-37.9
25-44	1,916	1,827	-4.6
45-64	1,954	2,318	18.6
65-74	868	915	5.4
75-84	689	662	-3.9
85+	391	389	-.5
65+	1,948	1,966	.9
<u>18+</u>	<u>7,396</u>	<u>7,091</u>	<u>-4.1</u>
Total	9,533	9,159	-3.9

Source: U.S. Census Bureau, 2010; The Nielsen Company, 2013

Those age 65 and older now account for almost 22% of the county's population. As the oldest "baby boomers" move into this age category, the 65-74 group will begin to grow rapidly while the older age categories (75+) will continue to decline for another decade. The county has a relatively high ratio of "elderly persons and children to adults" according to the U.S. Census. It is 63 per 100 adults compared to the Kansas average of 51.3. The higher the ratio the more individuals that are "dependent" on working adults aged 15-64.

The county has an estimated 3,746 households. This is a loss of 417 households since the Year 2000. "Family" households account for almost two-thirds (65%) of all households. Of all "family" households, 55% have no children present, 10% are single-parent families, and 27% are married-couples with children. When looking at all households, 74% have no persons under age 18 living in them.

Of all families, almost 14% were estimated to be living in poverty in 2013. According to the U.S.

Census, over 16% of all "persons" are living in poverty in the county. These percentages are somewhat higher than the average for all U.S. counties. Even more concerning is that almost 25% of all children (under age 18) are living in poverty, also somewhat higher than the mean for all counties.

The median household income in Cloud County in 2013 is estimated at \$35,626. However, almost 37% of all households have incomes under \$25,000. Those self-described as "Hispanic or Latino" have an estimated median annual household income of \$22,821 while "Black or African American" income is \$14,999 (Nielson Company).

Over 5% of all households do not have a vehicle. Almost 28% are "renter" households.

It is estimated that almost 11% of persons over age 25 in the county, do not have a high school diploma while 15% have at least a Bachelor's degree. This high school graduation (including GED) rate is slightly lower than for all Kansas counties.

See Appendices for more demographic information.

C. Community Input

During the three Community Health Assessment Committee meetings, lengthy discussions were held regarding the current status of the Cloud County health system and the needs of those it serves. Meeting summaries can be found in the Appendices.

In addition, a focus group of community leaders was held as well as a survey of area citizens. Each is summarized below.

1. Focus Group of Community Leaders

A focus group of community leaders was conducted on June 18th, 2013 in Concordia, Kansas. There were 25 invitees and 7 participants.

The group included representatives from health care and long term care organizations, local government and religious organizations. The group discussion lasted about ninety minutes. A more detailed summary of this discussion can be found in the Appendices.

Participants were asked to describe a healthy community, to discuss "the most important characteristics of a healthy community". A variety of major themes emerged:

1. Jobs and job opportunities for its citizens.
2. Good schools.
3. A good hospital, good physicians and good health care staff and providers.

4. Cultural opportunities such as the arts and theater.
5. A "progressive" community where "civility" prevails. This would include "up to date technology and a "good, clean community".
6. Recreational opportunities such as walking trails.
7. Safety and low crime.
8. Medical specialties available and accessible, including to those "who can't afford it."

There would be healthy citizens with low obesity and diabetes rates. In fact, an overall spirit of "wellness" would prevail.

Participants were asked to discuss the "most important health issues or problems facing Cloud County right now." A number of issues and problems were raised.

1. Aging health care facilities.
2. Lack of facilities for recreation and exercise.
3. The cost of the EMS which runs a deficit and the lack of a county-wide service.
4. The difficulty in retaining and attracting younger physicians, allied health professionals and other health care workers.
5. Poor health behaviors related to poor nutrition, obesity and smoking. There is a lack of access to affordable nutritional foods.
6. Drug and alcohol use.
7. Increasing allergy rates partly due to exposure to agricultural chemicals and activities.
8. Lack of a local safety-net clinic for the uninsured who now use the hospital ER. This population has poor access to primary physician care.
9. Access to dental care is lacking, especially for those with lower incomes.
10. There are not enough mental health care providers to meet the need.
11. The high number of births to unmarried mothers.
12. Lack of transportation from outlying areas to medical services in Concordia.
13. The isolation of older seniors limits their access to a variety of services.

Participants were asked to discuss "the biggest challenges" or health problems the county would face " in the near future". What emerging problems did they see?

Most of the discussion centered around the challenges caused by a declining population. This decline would make it increasingly difficult to generate the necessary revenue to support community services, including health care and health services. Yet, there was some optimism in the group that the community could face this challenge.

The aging of the population was seen as a future challenge as more county citizens would be retiring yet needing more health care services.

Participants were asked to identify "barriers" to solving the issues or problems previously identified. Four major themes emerged.

1. Most of the discussion centered around the "mixed support for CCHC [Cloud County Health Center-the local hospital]." This was in reference to the failure of the recent election to raise funds to build a new hospital.
2. Another barrier was tied to poor personal health behaviors. Youth smoking was cited as a problem. This increases health care costs in the long run.
3. The level of poverty in the county was said to be high. Thus, many could not pay for needed health care services.
4. Finally, the greatest barrier to change was the nature of the health care system itself. This system is disjointed and uncoordinated.

Group members were asked to identify any current efforts in the county to address the problems or issues they had previously discussed.

Regarding health care efforts, a number of efforts were cited:

1. The hospital has been recruiting new physicians while also retaining some longer term physicians who are also active in the community.
2. A future walking trail is in the City of Concordia's long range plan as part of flood control efforts.
3. There is a summer children's meal program offered at city parks.
4. The Sisters of St. Joseph have a "Hands Across" program the mentors families in poverty.
5. The Sisters also have a "Neighbor to Neighbor" program that helps "moms with kids".
6. The county Health Department offers a number of health programs.
7. A system for "long distance" ambulance trips has been working well.
8. The Cloud County Community College (CCCC) has a number of health training programs and is interested in expanding health services/education.

Participants were asked for additional ideas to address problems or issues discussed in the sessions. It was noted that the Sisters of St. Joseph hold ongoing "open forums" to discuss local and area issues, including health related issues.

A number of organizations provide transportation to various target groups that need access to services.

Participants were asked to identify their top priority problem or issue to focus on or to solve if they could.

Participants focused on the need for community wellness which would include an actual Wellness Center with programs. They said it would have to be determined how to support this center in terms of facilities, staffing, medical professionals and processes.

Other priorities included:

- Expanding remote access to health services and health education through ties with the University of Kansas Medical Center, including telemedicine. Sunset Home (a nursing facility) in Concordia already links to the KU Medical School for educational offerings.
- Developing the "medical home" concept at the Concordia physicians' clinic
- Expanding "day care" options and programs for working families.

2. Survey

The 13 committee members completed a detailed Health Needs Survey and also distributed this survey to 4 additional persons. The response rate for these 65 questionnaires was almost 50% (N=31). This is essentially a "qualitative" survey as it was not truly "random" but it does provide additional insight into problems and issues facing the county. Questions were based on previous committee meetings, other surveys in rural Kansas, and a facilitating consultant's experience.

When asked to rate the "overall quality of care in county", 71% said "very good" or "good" while 26% said "fair" or "poor".

Respondents were asked to rate seventeen different health-related services in terms of "satisfaction":

- The top 5 services were: Pharmacy, Eye Care, Primary Care Physicians, Hospital ER, and Ambulance system (94% to 68% "very good" or "good")
- Services with the highest "fair" or "poor" ratings were: mental health, nursing home, dental care, specialists, hospital/health center: (32% to 52%)
- Respondents had trouble rating a number of services: hospice, home health, child care, assisted-living, chiropractic care. This is primarily due to low awareness levels.

Respondents were asked if a member of their household had received health care services outside of Cloud County during the past two years. Some 74% said they had left the county for health services. When asked to specify the services used and their location, the top responses were for OB/Gyn physician specialists, dental care, heart care, and general specialty care (primarily dermatology or orthopedics). Most said they went to Salina followed by Beloit, Clay Center, Manhattan, Belleville, Kansas City, Topeka, Wichita, and Hutchinson.

When asked if there were "healthcare services in Cloud County" that needed improvement, 65% identified a service. Top responses included:

- Poor facilities, especially at the hospital (CCHC)
- Poor mental health care coverage and inconsistent care
- A need for more specialists, especially heart, pulmonology, allergy, dermatology, ob/gyn,

and pediatrics. This included offering more specialty clinics at the hospital.

- There is a need for more primary care physicians in the area.

Respondents were asked "how much a problem" were a list of 13 issues or causes of disease or disability in the county. The issues were chosen based on the Community Health Assessment Committee's research of health status and outcomes data for the county.

Six issues had relatively high percentages for "a major problem":

- Drugs and alcohol: 58%
- Obesity: 52%
- Cancer: 48%
- Adult smoking: 48%
- Lack of exercise: 45%
- Mental health: 45%

A high lack of awareness (with over 25% "don't know") was found for diabetes, heart disease, cholesterol, stroke, and youth suicide.

Seventy-four percent said that the county needed additional health care providers. The most often mentioned category was "primary care doctors", almost 48% of respondents. The next highest response was for "specialists" in general at 22%. Five other specific specialties has response rates of over 10%: surgeon, pediatrician, internist, oncologist, and dermatologist.

Finally, respondents were asked, "What areas needed additional education or attention in the community?" Eight topics had response percentages greater than 10%: cancer screening (19%), obesity (19%), preventative health care (18%), teen and/or unmarried mom pregnancy (18%), mental illness (16%), alcohol-drugs (14%), smoking (13%), and poverty (12%).

Three topics had percentages of less than 5%: Vaccinations, suicide, and infant mortality.

A complete tabulation of all survey question results can be found in the Appendices of this report.

D. Major Community Health Needs

Based on all of the information reviewed above, the Community Health Assessment Committee chose to review some 100 health status indicators contained within the Kansas Health Matters Community Dashboard database that compared Cloud County to the State of Kansas or other areas (see Appendices for list of Cloud County indicators). For some indicators, Healthy People 2020 goals were also available. This dataset was also chosen because it is updated annually and can be tracked over time.

Of these 100 health and social indicators, 20 have been identified as the most prevalent throughout Kansas. The Kansas Partnership for Improving Community Health (KanPICH) recommends these measures to be part of every health assessment and improvement discussion and at least reviewed.

After careful analysis, it was determined that on 8 of these 20 indicators Cloud County compared unfavorably to the indicator for Kansas or other relevant area (see Appendices). These eight were areas of concern either because of their high rate compared to Kansas or to National goals or levels:

1. Percentage of adults who are overweight
2. Infant mortality rate
3. Percent of births where mother smoked during pregnancy
4. Percent of births with low birth weights
5. Percentage of adults who currently smoke cigarettes
6. Percentage of adults with high cholesterol
7. Percentage of adults with hypertension
8. Uninsured adult population

Table 3
Eight Health Indicator Areas of Concern

<u>Indicator</u>	<u>Cloud Co.</u>	<u>Kansas</u>	<u>National Goal or Level</u>
% adults overweight	37.0	35.8	25.0
% adults high cholesterol	42.5	38.6	13.5
% adults hypertension	32.4	28.7	26.9
% adults who smoke	17.7	17.8	12.0
Infant mortality rate	16.1	7.0	6.0
% births - low birth weight	7.2	7.2	6.0
% births to smoking mothers	25.5	14.9	Unknown
% uninsured adults	21.0	19.1	16.8

Source: Kansas Health Matters database, 2013. See Appendices for data definitions.

E. Priority Need Areas

After a second review of the 8 major health problems and an additional review of community input, a number of the needs were determined to be interconnected or caused by other factors. It was felt some should be condensed. One problem, the number of uninsured, was dropped from

the list as the committee felt it could not be addressed by local efforts and would also be reduced by national health reform efforts.

The end result were 4 Priority Need Areas tied together by an overall effort to improve the community's health through wellness and prevention efforts. The group felt that particular emphasis should be placed on targeting children and young people in order to establish healthy behaviors early in life.

Four priority health indicators/problems were to be the focus of the Community Health Needs Assessment effort over the next 3 years:

1. Lower the percentage of children, who are overweight. The latest indicators show that the adult percentage is currently 37% but no statistic for children in the county was available. The federal government estimates that in Kansas, in 2011, that 12.7% of all children age 2-4 were obese. This problem was considered a family issue and targeting children would have a long run impact.

2. Lower the percentage of adults (and pregnant women) who smoke, focusing on young persons and young women. This would particularly target the percentage of mothers who smoke since the "% births to smoking mothers" is relatively high in the county. It was felt that more educational efforts could be directed to children and "young moms" on the dangers and impacts of smoking

3. Lower the % adults who have high cholesterol. This level is currently 42.5% in the county compared to 38.6% in Kansas. The national goal (HP 2020) is 13.5%.

4. Lower the % adults with hypertension. The county level is 32.4% compared to the state's 28.7%. The national goal is 26.9%. The committee felt hypertension was also linked to other factors such as obesity and smoking (other priorities above). The group indicated that an overall awareness effort surrounding heart disease and fitness might be important.

5. COMMUNITY RESOURCES

Cloud County has a wide variety of health-related resources available to its citizens. These include health and human service providers and their programs. Resources are also provided through local, county and state government. The Cloud County Health Center (the local hospital in Concordia), the Cloud County Health Department, the Sisters of Saint Joseph, Cloud County Community College, and many other organizations provide numerous services.

A thorough inventory of County resources was compiled in May, 2012 by the Office of Local Government, Department of Agricultural Economics, K-State Research and Extension, Kansas

State University. This document can be found in the Appendices. It is available to all local citizens for review and/or printing in this report and on the Kansas Health Matters web site (kansashealthmatters.org).

6. NEXT STEPS: COMMUNITY HEALTH IMPLEMENTATION PLAN (CHIP)

This Community Health Needs Assessment will be made widely available to the public on various organizations' web sites (such as Kansas Health Matters, the Cloud County Health Center, and others) as well as by other means such as contacting CCHC and the County Health Department.

In a separate document, the Community Health Assessment Committee had developed an Implementation Plan (CHIP) to address the 4 Priority Need Areas identified above. This Plan covers the next three years until a new or revised CHNA is developed as required. It details specific tasks to be completed, how these tasks will be measured, who will be responsible for completing the identified tasks, and target dates for completion of each task.

This Implementation Plan will be monitored by an identified person or organization who will also develop an annual update report on its progress.

APPENDICES

A. Community Health Assessment Committee and Meeting Summaries

B. Community Served: hospital patient origin information

C. Demographics

D. Focus Group Report

E. Survey Tabulations

F. Cloud County Health Indicators: see www.kansashealthmatters.org for Cloud County

G. KanPICH 20 Health Status Indicators

H. Eight Major Community Health Problems

I. Community Resources Inventory

A. Community Health Assessment Committee and Meeting Summaries

Original members:

Janet Eubanks, Director of Auxiliary Services, Cloud County Community College
Larry Eubanks, Cloud County Emergency Manager
Robyn Burwell, APRN-C, Family Care Center, Concordia, Kansas
Rose Koerber, Director of Social Services, Cloud County Health Center
Jayme Peterson, RN, USD #333 District School Nurse
Dana Gering, RN, Administrator, Cloud County Health Department
Mishele Longfellow, Child Care Surveyor, Cloud County
Margaret Garst, RN, Employee, Cloud County Health Center
Gary Caspers, Cloud County Commissioner
Cameron Thurner, Outreach Specialist, DVACK (left that organization and committee)

Additional Members (added after first two meetings):

Lori Lowell, Director of Obstetrics, Cloud County Health Center
Kathy Bissett, Director of Education, Cloud County Health Center
Pam Campbell, Administrative Assistant, Cloud County Health Center
Pastor Tina Barrett, Ministerial Alliance, Cloud County