

Clay County Community Health Needs Assessment – 2012

Executive Summary

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

The objective of the Clay County CHNA was to determine health needs from the perspective of the community in collaboration with the health providers for the community. This report summarizes the plans for Clay County Medical Center to sustain and develop community benefit programs that address prioritized needs from the 2012-2013 Community Health Needs Assessment (CHNA) conducted by the Clay County Medical Center and the Clay County Health Department. In March, April, May 2012, the Clay County Health Department and Clay County Medical Center collaborated on the Community Health Needs Assessment.

Overall Priorities for Clay County

Identifying Needs and Establishing Priorities-

Below are the most important issues identified in the Community Needs Health Assessment. Specific action plans were developed to address these as Clay County moves forward to improve the local health-related situation.

Members of the assessment team reviewed public health data, conducted interviews and distributed surveys to city and county residents and public health officials. This assessment resulted in a list of four health needs, which were discussed. The assessment team members developed a set of criteria used to evaluate the list of health needs and priorities identified through the assessment process. The criteria included the number of people affected; availability of community resources and the seriousness of the issue.

Four issues were identified as priorities for the community-

1. Availability and Affordability of Mental Health Care/Access to Health Care

- a. Two of the most important health concerns in Clay County identified by survey respondents were availability and affordability treatment facilities for mental health care and lack of affordable health insurance. Survey respondents were only somewhat satisfied with the community's efforts in this area.
- b. According to the community survey, availability of medical care was an important issue to those responding. The survey results showed satisfaction with the community's effort.

Clay County Community Health Needs Assessment – 2012

Four issues were identified as priorities for the community (cont.)-

2. Healthy Lifestyle Choices/Drug and Alcohol Limitations

- a. Kids not having access to drugs and alcohol was very important to the survey respondents.
- b. Respondents indicated they placed a high priority on children not engaging in premarital sex. Respondents were only somewhat satisfied with the community's efforts in this area.

3. Education/Health Literacy

- a. Educational attainment is considered a key driver of health status.
- b. Emphasize health education from cradle to grave.
- c. Improve communication and collaboration between health care providers, between providers and the community, and within the community.
- d. Focus on healthy lifestyle behaviors that can be carried throughout life. e.g. hygiene, nutrition, exercise, etc.
- e. Help adults achieve healthier lifestyle, e.g. weight loss, tobacco cessation, responsible alcohol use.

4. Job Opportunities

- a. Survey respondents report adequate job opportunities are an important issue. Although different from unemployment, the two are inseparable in terms of finding employment. Survey respondents were only somewhat satisfied with our community's efforts.

Public input was solicited through community forums, chamber coffees, electronic comment and follow- up interviews. The information gathered through these avenues confirmed the interpretation of the assessment committee's priorities.

Clay County Community Health Needs Assessment – 2012

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:

- A description of the community served by the hospital facility and how it was determined.
- 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.
- 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

Clay County Community Health Needs Assessment – 2012

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.

- 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.
- 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 and 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:

- describes how the hospital facility plans to meet the health need; or
- 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.

Clay County Community Health Needs Assessment – 2012

Summary of Community Health Assessment

Surveys were distributed at community meetings throughout March, April, May & August of 2012. They were also distributed to clients of WIC and Family Planning at the Clay County Health Department.

The community health status assessment was based on two specific components:

- A convenience survey of county residents
- A review of existing data already available in the community, region and state

Data Collection

The key findings of this assessment focused on opinions and perceptions of those individuals willing to participate in the process.

Resident Survey

The survey instrument used to collect information from Clay County citizens was adapted from the North Carolina Department of Health and Human Services Community Health Assessment Guide Book. The survey was designed to collect an individual's opinions and perceptions about health concerns in Clay County. The survey instrument consisted of fourteen questions asking, "How important is this issue to you?" and then asking, "How satisfied are you with the community's efforts in this area?"

Surveys were collected in the Spring of 2012 by Clay County Health Department and Clay County Medical Center. Potential survey respondents were Clay County residents willing to complete the survey. Attachment 1.

Community Overview

Clay County Kansas is a rural county located in North Central Kansas and has a population of 8,535 people. Population density is 13 people per square mile. Clay Center is the county seat and has a population of 4,334. The racial makeup of the county is 98% white. 50% of all residents are female. Median household income in the county is \$39,978, and the median family is \$41,103. About 7% of families and 10% of the population are below the poverty line, including 15% of those under age 18 and 9% of those aged 65 or over. 39.69% of school children qualify for free or reduced school lunch.

USD 379 is the only public school system in the county. Clay County supports 27 churches which include Protestant, Catholic, and Jehovah Witness.

In the county the population is spread out with 25% under the age of 18, 6% from 18 to 24, 24% from 25 to 44, 24% from 45 to 64, and 21% who were 65 years of age or older. The median age is 41 years.

As a rural community, most of the work and recreation is related to agriculture, forestry, hunting and fishing. Other leading occupations are healthcare, construction and educational services. A large source of entertainment comes from school or extracurricular activities where children participate. Clay County has an Arts Council that sponsors cultural events in the community, including dramas and musical productions. The local Chamber of Commerce hosts

Clay County Community Health Needs Assessment – 2012

community events that bring the community together throughout the year. Clay County residents place a high priority on family structure and this provides an atmosphere where children can be nurtured.

The school system is excellent and most of the facilities are new or have been recently renovated. The youth of Clay Center enjoy various types of sports and activities year round, including baseball, softball, 4-H clubs, scouting, swimming, football, wrestling, soccer and basketball.

Review of Secondary Data

This report relies on data compiled from primary and secondary sources. Data was compiled from local, regional, state and national sources. These sources are documented in the report and/or contained in the attachments. The key findings were based on the data obtained from the public surveys and the relevant data available at the local, regional, state and national levels. The identification of the key findings of the data is subjective and the reader may reach other conclusions about the findings after reviewing the data.

Clay County, Kansas has a population of 8,531 that covers 645.30 square miles. Population density is 13 people per sq. mi. Kansas’s population density is 34 people/sq. mi and the United States density is 86.

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, recreation 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.

The largest age group for Clay County is 65 and older. 21% of Clay County’s population is age 65 and older. Clay County has a higher rate of this age group than the State (13%) and the United States (13%). The next largest age population is the 5-17 year old group (16%). This age range is slightly less than the State (18%) and U.S. (18%).

Report Area	Age 0-4	Age 5-17	Age 18-24	Age 25-34	Age 35-44	Age 45-54	Age 55-64	Age 65
Clay County, Kansas	6.47%	16.33%	6.86%	10.37%	11.66%	13.84%	13.46%	21.01%
Kansas	7.09%	18.38%	10.35%	12.84%	12.73%	14.49%	11.03%	13.09%
United States	6.62%	17.73%	9.94%	13.22%	13.89%	14.57%	11.28%	12.75%

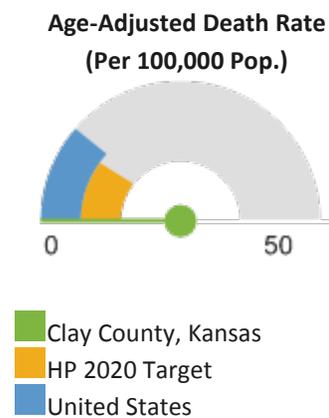
Clay County Community Health Needs Assessment – 2012

Access to Health Care

Two of the most important health concerns in Clay County identified by survey respondents were availability and affordability treatment facilities for mental health care and lack of affordable health insurance. In addition, survey respondents were only somewhat satisfied with the community's efforts in this area.

Suicide-This indicator reports the rate of death due to intentional self-harm per 100,000 population, age-adjusted to year 2000 standard. This indicator is relevant because suicide is an indicator of poor mental health. Even though no data is shown for Clay County, anecdotally, we know there have been suicides and unintentional deaths due to self-medication in our community.

Report Area	Total Population, 2006-2010 Average	Annual Deaths, 2006-2010 Average	Crude Death Rate (Per 100,000 Pop.)	Age-Adjusted Death Rate (Per 100,000 Pop.)
Clay County, Kansas	no data	no data	no data	no data
Kansas	2,808,123	376	13.40	13.47
United States	303,844,430	35,841	11.80	11.57
HP 2020 Target				<= 10.2

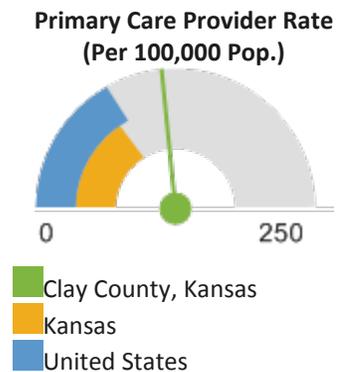


Note: This indicator is compared with the Healthy People 2020 Target. Data Source: Centers for Disease Control and Prevention, National Center for Health Statistics, Underlying Cause of Death, 2006-2010. . Accessed through CDC WONDER. Source geography: County.

According to the community survey, availability of medical care was an important issue to those responding. The survey results showed satisfaction with the community's effort in this area.

Clay County Community Health Needs Assessment – 2012

Report Area	Total Population	Total Primary Care Providers	Primary Care Provider Rate (Per 100,000 Pop.)
Clay County, Kansas	8,535	10	117.10
Kansas	2,853,118	2,254	79
United States	312,471,327	264,897	84.70



Note: This indicator is compared with the state average. No breakout data available. Data Source: [U.S. Health Resources and Services Administration Area Resource File, 2011](#). Source geography: County.

The Clay County Health Rankings and Roadmaps in 2012 show that Clay County ranked second out of 100 counties in the state for Clinical Care. This ranking was based on the amount of uninsured residents; the number of physicians working in the community; preventable hospital stays; diabetic and mammography screening rates.

Access to health care is an important public health measurement and is one of the 10 National Leading Health Indicators (LHI). These indicators are used to guide national policy priorities to improve public health.

The cost of health care, particularly for individuals without insurance, is the most frequently cited barrier. People living in poverty or with very limited incomes are more likely to have poor health outcomes. Individuals, including those with health insurance, who avoided obtaining health care or prescription drugs because of cost, had a higher risk of re-hospitalization following an event.

Having access to affordable, high-quality and timely health care is critical in preventing the spread of disease and insuring good quality of life through all developmental stages. Health care during pregnancy is important in identifying and treating problems to improve the health outcome for newborns.

Many adults struggle to pay for basic medical services. What could have been a simple prevention problem can lead to serious outcomes such early detection of colon polyps versus full blown colon cancer.

Access to health care measures accessibility to needed primary care, health care specialists, and emergency treatment. This indicator reports the number of primary care physicians per 100,000 of population. This indicator is relevant because a shortage of health professionals contributes to access and health status issues.

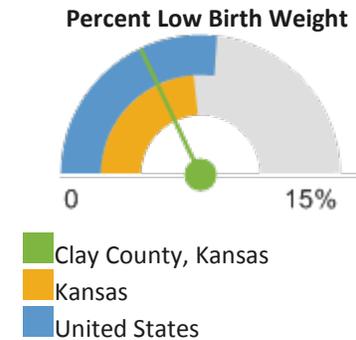
While having health insurance is a crucial step toward accessing the different aspects of the health care system, health insurance by itself does not ensure access. It is also necessary to have comprehensive coverage, providers that accept the individual's health insurance, relatively close proximity of providers to patients, and primary care providers in the community.

Clay County Community Health Needs Assessment – 2012

There can be additional barriers to access in some populations due to lack of knowledge about preventive care, long waits to get an appointment, low health literacy, and inability to pay the high-deductible of many insurance plans and/or co-pays for receiving treatment. 15% of Clay County residents are uninsured. The State average is 15% and the National Benchmark is 11%. Other counties in Kansas are struggling with the same issues.

Low Birth Weight -This indicator reports the percentage of total births that were low birth weight (Under 2500g). This indicator is relevant because low birth weight infants are at high risk for health problems. This indicator can also highlight the existence of health disparities.

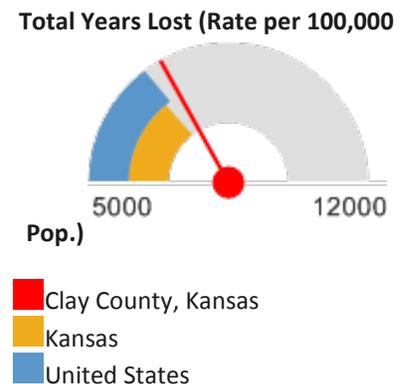
Report Area	Total Births	Number Low Birth Weight (< 2500g)	Percent Low Birth Weight
Clay County, Kansas	707	38	5.37%
Kansas	277,846	20,016	7.20%
United States	29,126,451	2,359,843	8.10%



Note: This indicator is compared with the state average. No breakout data available. Data Source: [Centers for Disease Control and Prevention, National Vital Statistics Systems, 2003-2009](#). Accessed through the [Health Indicators Warehouse](#). Source geography: County.

Premature Death-This indicator reports Years of Potential Life Lost (YPLL) before age 75 per 100,000 population for all causes of death, age-adjusted to the 2000 standard. YPLL measures premature death and is calculated by subtracting the age of death from the 75 year benchmark. This indicator is relevant because a measure of premature death can provide a unique and comprehensive look at overall health status.

Report Area	Total Population (2009 Estimate)	Number Premature Deaths	Total Years Lost (Rate per 100,000 Pop.)
Clay County, Kansas	1,207	89	7,373
Kansas	392,684	27,535	7,012
United States	44,872,844	3,178,324	7,083



Note: This indicator is compared with the state average. No breakout data available. Data Source: [Centers for Disease Control and Prevention, National Vital Statistics System, 2008-2010 \(As Reported in the 2012 County Health Rankings\)](#). Source geography: County.

Clay County Community Health Needs Assessment – 2012

Measuring morbidity and mortality rates allows assessing linkages between social determinants of health and outcomes. By comparing, for example, the prevalence of certain chronic diseases to indicators in other categories (e.g., poor diet and exercise) with outcomes (e.g., high rates of obesity and diabetes), various causal relationship may emerge, allowing a better understanding of how certain community health needs may be addressed.

Social & Economic Factors

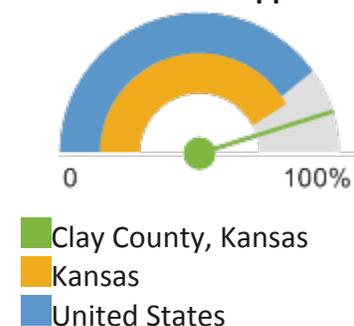
According to the community survey, schools, churches and community organizations providing appropriate social support is an important issue to those responding. The survey results showed satisfaction with the community's effort in this area.

Economic and social insecurity often are associated with poor health. Poverty, unemployment, and lack of educational achievement affect access to care and a community's ability to engage in healthy behaviors. Without a network of support and a safe community, families cannot thrive. Ensuring access to social and economic resources provides a foundation for a healthy community.

The following table reflects where the indicator reports the percentage of adults aged 18 and older who self-report receiving sufficient social and emotional support all or most of the time. This indicator is relevant because social and emotional support is critical for navigating the challenges of daily life as well as for good mental health. Social and emotional support is also linked to educational achievement and economic stability.

Report Area	Population (Age 18)	Adults Reporting Adequate Social or Emotional Support	Percent Adults Reporting Adequate Social or Emotional Support
Clay County, Kansas	275	248	90.18%
Kansas	69,164	58,098	84.00%
United States	2,744,636	2,204,749	80.33%

Percent Adults Reporting Adequate Social or Emotional Support



Note: This indicator is compared with the state average. No breakout data available.

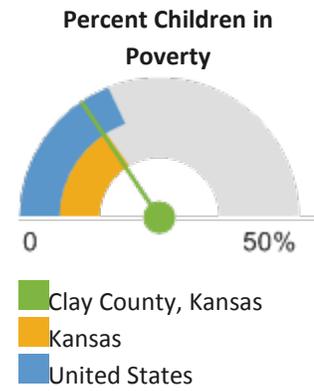
Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2006-2010.

Source geography: County.

Clay County Community Health Needs Assessment – 2012

Children in Poverty- This indicator reports the percentage of children aged 0-17 living under 100% of the Federal Poverty Level (FPL). This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

Report Area	Total Population (For Whom Poverty Status is Determined)	Children in Poverty	Percent Children in Poverty
Clay County, Kansas	1,933	299	15.47%
Kansas	703,054	114,079	16.23%
United States	72,850,296	13,980,497	19.19%



Note: This indicator is compared with the state average. Data Source: U.S. Census Bureau, 2006-2010 American Community Survey 5-Year Estimates. Source geography: Tract.

Although there are fewer children living in poverty in Clay County than the average found in the State of Kansas or United States as a whole, the Clay County Health Rankings for 2012 show the national benchmark at 13%. The upward trend of single parent families has hindered success.

In 2010, 37.7% of all births in Kansas were to unmarried parents, compared to 12.2% of all births in 1980. This represents a 209% increase in the percent of Kansas babies born to unmarried parents.

However, as they have nationwide, divorce rates in Kansas have decreased from their peak in the early 1980s, but have leveled off and have remained steady since the mid-1990s.

Several indicators have evidenced significant decreases, including a 53% decrease in the high school dropout rate since 1995, a 64% decrease in the infant mortality rate since 1970 and a 32% decrease in the teen pregnancy rate since 1996. The dropout rate in Clay County is 7%, much better than the state average of 20%.

High School Graduation Rate- This indicator reports the average freshman graduate rate, which measures the percentage of students receiving their high school diploma within four years. This indicator is relevant because low levels of education are often linked to poverty and poor health. Several theories attempt to explain how education affects health outcomes. First, education often results in higher incomes, on average, and more resources than a job that does not require education. Access to health care is a particularly important resource that often is linked to jobs requiring a certain level of educational attainment. However, when income and health care insurance are removed from consideration, the magnitude of education’s effect on health outcomes remains substantive and statistically significant.

Clay County Community Health Needs Assessment – 2012

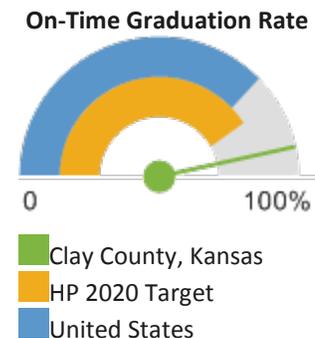
The labor market environment is also thought to contribute to health outcomes. People with lower educational attainment are more likely to be affected by variations in the job market. Unemployment rates are highest for individuals without a high school diploma (7%) compared with college graduates (2%). Evidence shows that the unemployed population experiences worse health and higher mortality rates than the employed population.

Third, health literacy can help explain an individual’s health behaviors and lifestyle choices. There is a striking difference between health literacy levels based on education. Only 3% of college graduates have below basic health literacy skills, while 15% of high school graduates and 49% of adults who have not completed high school have below basic health literacy skills. Adults with less than average health literacy are more likely to report their health status as poor.

Not only does education level affect health; education can have multigenerational implications that make it an important measure for the health of future generations. Evidence links maternal education with the health of offspring. The education of parents affects their children’s health directly through resources available to the children, and also indirectly through the quality of schools that the children attend.

Finally, education influences a variety of social and psychological factors. Evidence shows that the more education an individual has, the greater his or her sense of personal control. This is important to health because people who view themselves as possessing a high degree of personal control also report better health status and are at lower risk for chronic disease and physical impairment. In addition, more education improves an individual’s self-perception of his or her social standing, which also predicts higher self-reported health status.

Report Area	Average Freshman Base Enrollment	Estimated Number of Diplomas Issued	On-Time Graduation Rate
Clay County, Kansas	133	124	93.30
Kansas	37,847	30,368	80.20
United States	4,024,345	3,039,015	75.50
<u>HP 2020 Target</u>			>82.4



*Note: This indicator is compared with the Healthy People 2020 Target. No breakout data available.
 Data Source: The University of Wisconsin, Population Health Institute, County Health Rankings, 2012 and the U.S. Department of Education, National Center for Education Statistics (NCES), Common Core of Data, Public School Universe Survey Data, 2005-06, 2006-07 and 2007-08. Source geography: County.*

Clay County Community Health Needs Assessment – 2012

Population with No High School Diploma- Educational attainment is considered a *key driver* of health status. This indicator reports the percentage of the population aged 25 and older without a high school diploma (or equivalency) or higher. This indicator is relevant because low levels of education are often linked to poverty and poor health.

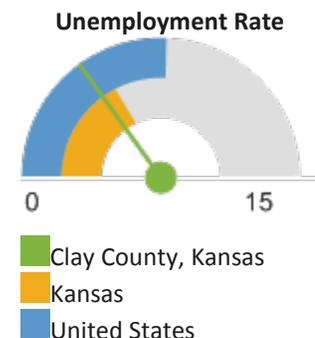
Unemployment Rate

Survey respondents report adequate job opportunities are an important issue. Although different from unemployment, the two are inseparable in terms of finding employment. Survey respondents were only somewhat satisfied with our community's efforts.

Locally, there are jobs available but employers report applicants are limited because of job requirements demanding drug free employees. The following indicator reports the percentage of the civilian non-institutionalized population age 16 and older that is unemployed (non-seasonally adjusted).

This indicator is relevant because unemployment creates financial instability and barriers to access including insurance coverage, health services, healthy food, and other necessities that contribute to poor health status. According to the graph below, Clay County's rankings are better than the State of Kansas as well as the nation. According to the Clay County Health Rankings & Roadmaps in 2012, Clay County surpassed the national benchmark of 5.4%.

Report Area	Total Labor Force	Number Unemployed	Unemployment Rate
Clay County, Kansas	4,722	215	4.55
Kansas	1,488,296	78,270	5.30
United States	156,178,459	12,014,747	7.70



Note: This indicator is compared with the state average. No breakout data available. Data Source: [U.S. Bureau of Labor Statistics, July, 2012 Local Area Unemployment Statistics](#). Source geography: County.

The Community Needs Survey for Clay County, respondents indicated they placed a high priority on children not engaging in premarital sex. Respondents were only somewhat satisfied with the community's efforts in this area. Even though survey respondents were only somewhat satisfied with community efforts in this area, the teen birth rate in Clay County is 32 per 1,000 15-19 year-old females versus the state average of 43 pregnancies per 1,000 females of the same age group.

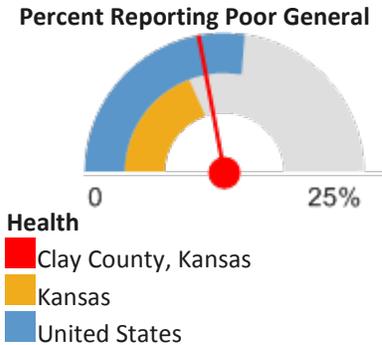
Health Behaviors Health behaviors which contribute to poor health status include:

- **Poor Diet**
- **Lack of Exercise**
- **Substance Abuse**

Clay County Community Health Needs Assessment – 2012

Poor General Health- This indicator reports the percentage of adults age 18 and older who self-report having poor or fair health. This indicator is relevant because it is a measure of general poor health status. The source of this indicator is the Centers for Disease Control and Prevention, Behavioral Risk Factors Surveillance System (BRFSS) 2010.

Report Area	Total Population (Age 18)	Number Reporting Poor General Health	Percent Reporting Poor General Health
Clay County, Kansas	6,719	739.09	11%
Kansas	2,079,386	202,151	9.72%
United States	227,267,677	31,239,526	13.75%

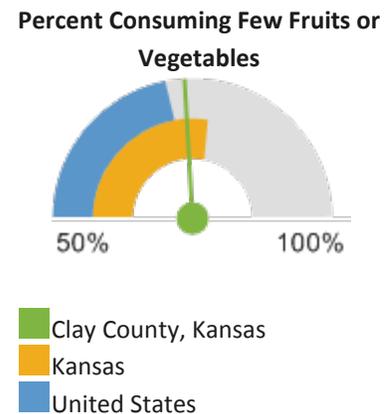


Note: This indicator is compared with the state average. No breakout data available. Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2004-2010. Source geography: County

- Poor Diet (Health Behavior)**

Inadequate Fruit/Vegetable Consumption (Adult)- This indicator reports the percentage of adults aged 18 and older who self-report consuming less than 5 servings of fruits and vegetables each day. This indicator is relevant because current behaviors are determinants of future health, and because unhealthy eating habits may illustrate a cause of significant health issues, such as obesity and diabetes.

Report Area	Total Population (Age 18)	Population Consuming Few Fruits or Vegetables	Percent Consuming Few Fruits or Vegetables
Clay County, Kansas	6,719	4,978.78	74.10%
Kansas	2,079,386	1,615,205.30	77.68%
United States	227,267,677	163,541,452.90	71.96%



Note: This indicator is compared with the state average. No breakout data available. Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2003-2009. Source geography: County

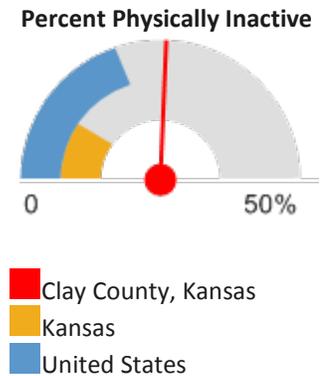
- Lack of Exercise (Health Behavior)**

Physical Inactivity (Adult)- This indicator reports the percentage of adults aged 18 and older who self-report no leisure time for activity, based on the question: "During the past

Clay County Community Health Needs Assessment – 2012

month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?". This indicator is relevant because current behaviors are determinants of future health and this indicator may illustrate a cause of significant health issues, such as obesity and poor cardiovascular health.

Report Area	Total Population (Age 18)	Number Physically Inactive	Percent Physically Inactive
Clay County, Kansas	6,719	1,720.06	25.60%
Kansas	2,079,386	202,496.30	9.74%
United States	227,267,677	45,203,030.05	19.89%

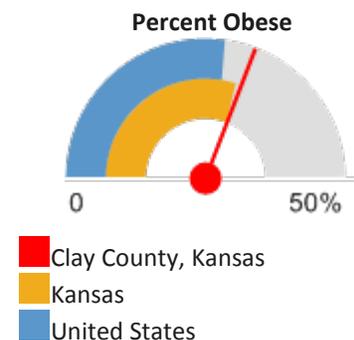


Note: This indicator is compared with the state average. No breakout data available. Data Source: [Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2004-2010](#). Source geography: County.

According to the Clay County Health Rankings & Roadmaps in 2012, Adult Obesity was identified as an area of concern. 30% of adults in Kansas are obese. The national benchmark is 25% and Clay County sits at 31%. Physical inactivity is a contributing factor to the obesity in Clay County. 29% of Clay County residents reported physical inactivity as compared to 24% for the State of Kansas. The national benchmark is 21%.

Obesity (Adult)- This indicator reports the percentage of adults aged 18 and older who self-report that they have a Body Mass Index (BMI) greater than 30.0 (obese). This indicator is relevant because excess weight is a prevalent problem in the U.S.; it indicates an unhealthy lifestyle and puts individuals at risk for further health issues.

Report Area	Total Population (Age 20)	Number Obese	Percent Obese
Clay County, Kansas	6,359.22	1,965	30.90%
Kansas	2,036,236.20	613,711	30.14%
United States	224,690,904.71	61,460,308	27.35%



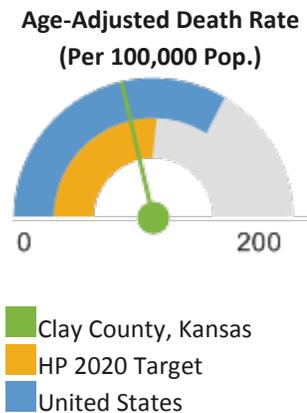
Note: This indicator is compared with the state average. Data Source: [Centers for Disease Control and Prevention, National Diabetes Surveillance System, 2009](#). Source geography: County.

Clay County Community Health Needs Assessment – 2012

Obesity is often the end result of an overall energy imbalance due to poor diet and limited physical activity. Obesity increases the risk for the following heart and health conditions: **Coronary Heart Disease; Hypertension; Stroke; Diabetes and Cancer.**

Heart Disease Mortality- This indicator reports the rate of death due to coronary heart disease per 100,000 population, age-adjusted to the 2000 standard. This indicator is relevant because heart disease is a leading cause of death in the U.S.

Report Area	Total Population, 2006-2010 Average	Annual Deaths, 2006-2010 Average	Crude Death Rate (Per 100,000 Pop.)	Age-Adjusted Death Rate (Per 100,000 Pop.)
Clay County, Kansas	8,528	12	140.72	84.98
Kansas	2,808,123	3,430	122.15	107.64
United States	303,844,430	432,552	142.36	134.65
HP 2020 Target				<= 100.8



Note: This indicator is compared with the Healthy People 2020 Target. Data Source: Centers for Disease Control and Prevention, National Center for Health Statistics, Underlying Cause of Death, 2006-2010. . Accessed through CDC WONDER. Source geography: County.

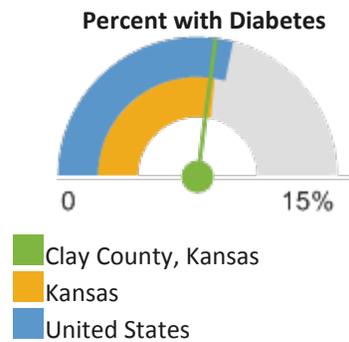
Heart Disease Prevalence- This indicator reports the percentage of adults aged 18 and older who have ever been told by a doctor that they have coronary heart disease or angina. This indicator is relevant because coronary heart disease is a leading cause of death in the U.S. and is also related to high blood pressure, high cholesterol, and heart attacks.

- **Type 2 Diabetes**

Diabetes Prevalence- This indicator reports the percentage of adults aged 20 and older who have ever been told by a doctor that they have diabetes. This indicator is relevant because diabetes is a prevalent problem in the U.S.; it may indicate an unhealthy lifestyle and puts individuals at risk for further health issues.

Clay County Community Health Needs Assessment – 2012

Report Area	Total Population (Age 20)	Population with Diabetes	Percent with Diabetes
Clay County, Kansas	8,024.69	650	8.10%
Kansas	2,165,895.72	181,992	8.40%
United States	239,583,791.97	21,015,523	8.77%

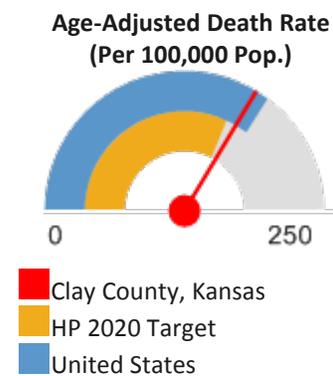


Note: This indicator is compared with the state average. Data Source: Centers for Disease Control and Prevention, National Diabetes Surveillance System, 2009. Source geography: County.

- **Cancer**

Cancer Mortality- This indicator reports the rate of death due to cancer per 100,000 population, age-adjusted to year 2000 standard. This indicator is relevant because cancer is a leading cause of death in the U.S.

Report Area	Total Population, 2006-2010 Average	Annual Deaths, 2006-2010 Average	Crude Death Rate (Per 100,000 Pop.)	Age-Adjusted Death Rate (Per 100,000 Pop.)
Clay County, Kansas	8,528	24	283.78	168.47
Kansas	2,808,123	5,348	190.44	175.09
United States	303,844,430	566,121	186.32	176.66
HP 2020 Target				<= 160.6



Note: This indicator is compared with the Healthy People 2020 Target.

Data Source: Centers for Disease Control and Prevention, National Center for Health Statistics, Underlying Cause of Death, 2006-2010. Accessed through CDC WONDER. Source geography: County.

- **Substance Abuse (Health Behavior)**

Survey respondents identified substance abuse problem as a health concern for Clay County. Kids not having access to drugs and alcohol was very important to the survey respondents. The respondents were somewhat satisfied with the community efforts but felt like there was room for improvement.

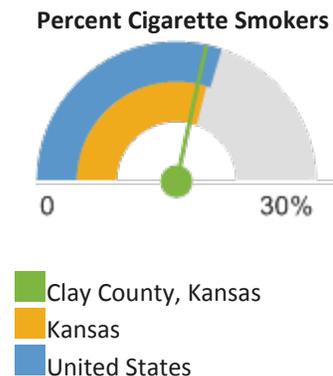
As the research continues on the effects of substance abuse on the individual, the family and the community, there is an increased awareness of the consequences of substance abuse.

Clay County Community Health Needs Assessment – 2012

It is recognized that smoking contributes to many health diseases; that alcohol and drug abuse may affect brain development in the adolescent and young adult; and that the younger an individual is when he or she starts to drink, the higher the chances are he or she will have alcohol-related problems later in life.

Tobacco Usage (Adult)-This indicator reports the percentage of adults aged 18 and older who self-report currently smoking cigarettes some days or every day. This indicator is relevant because tobacco use is linked to leading causes of death such as cancer and cardiovascular disease. Tobacco use is one of the most preventable causes of illness and death in America today.

Report Area	Total Population (Age 18)	Number Cigarette Smokers	Percent Cigarette Smokers
Clay County, Kansas	6,719	1,142	17.00%
Kansas	2,079,386	375,064	18.04%
United States	227,267,677	41,378,420	18.21%



Note: This indicator is compared with the state average. No breakout data available. Data Source: [Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2004-2010](#). Source geography: County.

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. Over the last two years Clay County residents have decreased their smoking incidence from 19 percent of adults smoking to 17 percent. The state average is 18 percent. The national benchmark is 14 percent.

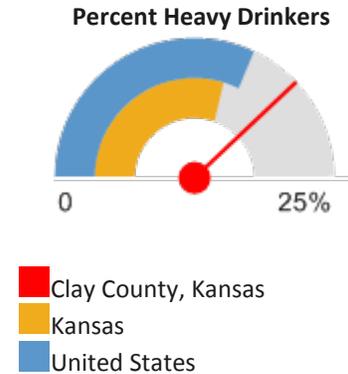
Heavy Alcohol Consumption- Binge drinking is an indicator of excessive alcohol use. Binge drinking can be dangerous and may result in vomiting, loss of sensory perception, and blackouts. Additionally, it was found that binge drinkers are 14 times more likely to report alcohol-impaired driving than non-binge 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.

A strong association has also been demonstrated between excessive drinking and alcohol-impaired driving, with approximately 17,000 Americans killed annually in alcohol-related motor vehicle crashes.

Clay County Community Health Needs Assessment – 2012

The indicator below is the percentage of adults aged 18 and older who self-report heavy alcohol consumption (defined as more than two drinks per day for men and one drink per day for women). There is a general lack of services available for substance abusers and no detoxification facility in the county.

Report Area	Total Population (Age 18)	Number Heavy Drinkers	Percent Heavy Drinkers
Clay County, Kansas	6,719	1,276.61	19%
Kansas	2,079,386	311,181.93	14.97%
United States	227,267,677	36,484,631.53	16.05%

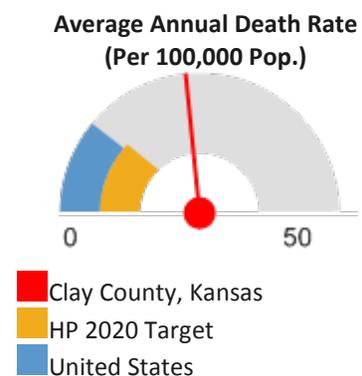


Note: This indicator is compared with the state average. No breakout data available. Data Source: [Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2004-2010](#). Source geography: County.

Motor vehicle crash deaths are measured as the crude mortality rate per 100,000 of population due to on or off-road accidents involving a motor vehicle. Motor vehicle deaths includes traffic and non-traffic accidents involving motorcycles and 3-wheel motor vehicles; cars; vans; trucks; buses; street cars; ATVs; industrial, agricultural, and construction vehicles; and bikes & pedestrians when colliding with any of the vehicles mentioned. Deaths due to boating accidents and airline crashes are not included in this measure.

Motor Vehicle Crash Death- This indicator reports the rate of death due to motor vehicle crashes per 100,000 population, which include collisions with another motor vehicle, a nonmotorist, a fixed object, and a non-fixed object, an overturn, and any other non-collision. This indicator is relevant because motor vehicle crash deaths are a preventable cause of premature death.

Report Area	Total Deaths, 2008-2010	Average Annual Deaths, 2008-2010	Average Annual Death Rate (Per 100,000 Pop.)
Clay County, Kansas	6	2	23.43
Kansas	1,174	391	13.70
United States	103,048	34,349	11.13
<u>HP 2020 Target</u>			<= 12.4



Note: This indicator is compared with the Healthy People 2020 Target. No breakout data available. Data Source: [National Highway Traffic Safety Administration, Fatality Analysis Reporting System, 2008-2010](#). Source geography: County.

Clay County Community Health Needs Assessment – 2012

Summary and Conclusions

The Health Services sector of Clay 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. 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 and have a positive influence on 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. 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.