

*Community Health Needs Assessment
Fiscal Year Ending June 30, 2019*



KVC[®] Hospitals

Children's Psychiatric Treatment

people matter



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Consultants' Report

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On behalf of KVC Hospitals Hays (Hospital), we have assisted in conducting a Community Health Needs Assessment (CHNA) consistent with the scope of services outlined in our engagement letter dated March 19, 2019. The purpose of our engagement was to assist the Hospital in meeting the requirements of Internal Revenue Code §501(r)(3) and Regulations thereunder. We also relied on certain information provided by the Hospital, specifically certain utilization data, geographic HPSA information and existing community health care resources.

Based upon the assessment procedures performed, it appears the Hospital is in compliance with the provisions of §501(r)(3). Please note that we were not engaged to, and did not, conduct an examination, the objective of which would be the expression of an opinion on compliance with the specified requirements. Accordingly, we do not express such an opinion.

We used and relied upon information furnished by the Hospital, its employees and representatives and on information available from generally recognized public sources. We are not responsible for the accuracy and completeness of the information and are not responsible to investigate or verify it.

These findings and recommendations are based on the facts as stated and existing laws and regulations as of the date of this report. Our assessment could change as a result of changes in the applicable laws and regulations. We are under no obligation to update this report if such changes occur. Regulatory authorities may interpret circumstances differently than we do. Our services do not include interpretation of legal matters.

BKD, LLP

June 27, 2019

Introduction

Internal Revenue Code (IRC) Section 501(r) requires health care organizations to assess the health needs of their communities and adopt implementation strategies to address identified needs. Per IRC Section 501(r), a byproduct of the *Affordable Care Act*, to comply with federal tax-exemption requirements, a tax-exempt hospital facility must:

- ✓ Conduct a community health needs assessment every three years.
- ✓ Adopt an implementation strategy to meet the community health needs identified through the assessment.
- ✓ Report how it is addressing the needs identified in the community health needs assessment and a description of needs that are not being addressed with the reasons why such needs are not being addressed.

The community health needs assessment must take into account input from persons who represent the broad interest of the community served by the hospital, including those with special knowledge of or expertise in public health. The hospital must make the community health needs assessment widely available to the public.

This community health needs assessment, which describes both a process and a document, is intended to document KVC Hospitals Hays (Hospital) compliance with IRC Section 501(r). Health needs of the community have been identified and prioritized so that the Hospital may adopt an implementation strategy to address specific needs of the community.

The process involved:

- ✓ An evaluation of the implementation strategy from the previous needs assessment which was adopted by the Hospital Board of Directors in 2016.
- ✓ Collection and analysis of a large range of data, including demographic, socioeconomic, health statistics and health care resources.
- ✓ A survey of persons who represent a) the community served by KVC Hospitals Hays b) populations of need or c) persons with specialized knowledge in children's behavioral health issues.

This document is a summary of all the available evidence collected during community health needs assessments conducted in fiscal year June 30, 2019. It will serve as a compliance document as well as a resource until the next assessment cycle. Both the process and document serve as the basis for prioritizing the community's health needs and will aid in planning to meet those needs.

Summary of Community Health Needs Assessment

The purpose of the community health needs assessment is to understand the unique health needs of the community served by the Hospital and to document compliance with new federal laws outlined above.

The Hospital engaged **BKD, LLP** to conduct a formal community health needs assessment. **BKD, LLP** is one of the largest CPA and advisory firms in the United States, with approximately 2,700 partners and employees in 40 offices. BKD serves more than 1,000 hospitals and health care systems across the country. The community health needs assessment was conducted during 2019.

Based on current literature and other guidance from the treasury and the IRS, the following steps were conducted as part of the Hospital's community health needs assessment:

- ✓ An evaluation of the impact of actions taken to address the significant health needs identified in the fiscal year June 30, 2016, community health needs assessment was completed and an implementation strategy scorecard was prepared to understand the effectiveness of the Hospital's current strategies and programs.
- ✓ The "community" served by the Hospital was defined by utilizing inpatient and outpatient data regarding patient origin. This process is further described in *Community Served by the Hospital*.
- ✓ Population demographics and socioeconomic characteristics of the community were gathered and reported utilizing various third parties (see references in *Appendices*). The health status of the community was then reviewed. Information on the leading causes of death and morbidity information was analyzed in conjunction with health outcomes and factors reported for the community by countyhealthrankings.org. Health factors with significant opportunity for improvement were noted.
- ✓ Community input was provided through a questionnaire distributed to key stakeholders. Results and findings are described in the *Key Stakeholder Survey* section of this report.
- ✓ Information gathered in the steps above was analyzed and reviewed to identify health issues of uninsured persons, low-income persons and minority groups and the community as a whole. Health needs were ranked utilizing a weighting method that weighs: 1) the size of the problem (How many people are affected by the issue), 2) the seriousness of the problem (What are the consequences of not addressing the issue), 3) the prevalence of common themes and 4) the alignment with the Hospital's Resources.
- ✓ An inventory of health care facilities and other community resources potentially available to address the significant health needs identified through the CHNA was prepared and collaborative efforts were identified.

General Description of Hospital

KVC Hospitals Hays is owned by KVC Hospitals, Inc. and offers Psychiatric Residential Treatment Facility (PRTF) Services designed to provide active treatment in a structured therapeutic environment for children and adolescents with severe emotional disturbances, substance abuse, or mental illness. KVC Hospitals Hays also serves as the state hospital alternative for children with psychiatric needs in Kansas, and serves children that other area hospitals cannot serve, will not serve, or those children whose treatment has been unsuccessful at other facilities. In this capacity KVC serves as the state wide safety-net for the most acute and at-risk population of children and adolescents. Based on its agency-wide history of accepting children with high-risk needs, KVC Hospitals Hays operates with a no-eject no-reject philosophy for admitting children. No child is turned away due to the complexity and depth of his/her needs. KVC services are provided with safety and treatment as priority focuses to help clients develop the skills to succeed in less restrictive, permanent settings. The Hospital's treatment program offers a behavioral management component in a safe environment and all services are delineated to meet the individual needs of the clients referred. KVC Hospitals Hays provides 24-hour admission, 7 days a week.

Youth admitted to KVC Hospitals Hays typically have attempted, or threatened, to harm themselves or others. These safety threats require intensive treatment, supervision, and care in a safe and secure setting. Youth are generally in an acute state of crisis and often also present with behaviors and special needs which negatively impact their home and school life, such as violence, psychosis and/or an inability to care for themselves. In addition to psychiatric diagnoses, KVC treats youth with concurrent medical conditions such as epilepsy, diabetes, multiple sclerosis, and physical limitations including speech and hearing impairments. It is common for children and youth to also present with significant chronic medical health needs. KVC assists in accessing necessary medical treatment services and blends the physical and mental health treatment plans to meet these special needs wherever possible.

Our mission is to enrich and enhance the quality of life of individuals, families and communities by providing comprehensive and compassionate trauma-focused behavioral and mental healthcare, education and medical services.

The Hospital's specialized treatment teams include psychiatrists, primary health physicians, therapists, managers, nurses and behavioral healthcare technicians. When children come into the care of the Hospital, they receive:

- ✓ Nursing assessment within eight hours
- ✓ Psychiatric evaluation within 24 hours
- ✓ Medical assessment within 24 hours
- ✓ Psychosocial assessment within 72 hours
- ✓ Lab work as needed
- ✓ Nutritional assessment as needed

The treatment team meets regularly to review the plan and the child's progress and provide extensive services including:

- ✓ Psychiatric evaluations
- ✓ Psychological testing
- ✓ Medication management
- ✓ Recreational activities
- ✓ Individual, family and group therapies

KVC Hospital's treatment teams collaborate with clients, their families and community members to guarantee safe and healthy discharge. We have established relationships with numerous hospital liaisons and community mental health centers, and we welcome the continued development of these partnerships to facilitate smooth community transitions for youth in our care. We are also committed to identifying continuing aftercare services to foster successful reintegration of youth into their homes and the long-term wellness of the family system.

KVC's psychiatric hospitals embrace family-centered practice in which parents or guardians drive all aspects of the treatment plans, including therapy, the development of the discharge plan and aftercare planning. KVC Hospital's staff support and encourage input and participation from family throughout the entire course of treatment.

KVC Hospital's Residential Treatment Programs serve vulnerable and at-risk youth, many of whom struggle with Major Depressive Disorder, Bipolar Mood Disorder, Post-traumatic Stress Disorder, ADHD and other psychotic disorders. The Residential Treatment Programs provide children and adolescents the opportunity to receive intensive clinical services in a structured environment while attending an accredited educational center and living within the Hospital's residential program. The residential setting allows children and adolescents to engage in treatment and learn new skills through individual and family therapy in a safe and supportive environment. The Residential Treatment Programs offer psychiatric services including assessment, development and implementation of treatment plans, and monitoring of psychotropic medication.

Recreation and leisure activities include an indoor gym and outdoor recreation areas.

Group therapies cover a wide range of issues, including topics such as anger management, boundaries, resilience, and grief and loss, among others.

In addition, Milieu groups focus on the activities of daily living, and every activity is structured with the intent of the client learning. Milieu groups include:

- ✓ Emotion regulation training
- ✓ Community meetings
- ✓ Goals group and review
- ✓ Current events
- ✓ Social skills

KVC Hospitals, Inc., a subsidiary of KVC Health Systems is a private, not-for-profit organization providing a continuum of medical and behavioral healthcare, education, and social services to children and families. KVC Health Systems is the most comprehensive behavioral healthcare network in Kansas, providing one of the most extensive continuums of care for at-risk children. KVC Health Systems began in 1970 as Wyandotte House a single group home for boys and it has grown into an organization that touches the lives of more than 63,000 children and families per year. KVC's success in improving the lives of children and families stems from the philosophies of innovation, adaptability and creativity. When KVC sees a need for children, we work toward a solution.

Evaluation of Prior Implementation Strategy

The Hospital made progress in each of the priority areas during the last three years. Goals and strategies for each priority area are summarized below.

PRIORITY 1: Lack of trauma-informed assessment and intervention strategies

KVC Hospitals Hays and KVC Hospitals Kansas City have partnered with the KVC Institute of Health Systems Innovations (KVC Institute) to conduct Trauma-Informed Research and Development to provide outreach education and training opportunities for the community KVC serves. The staff of KVC Hospitals Hays and KVC Hospitals Kansas City has continued to collaborate with staff of the KVC Institute to research and provide helpful information and tools to educate and support Trauma Informed Practices and Care. Since July of 2016, staff members from both KVC Hospitals Kansas City and KVC Hospitals Hays have presented or trained at numerous events, conferences and forums in the identified areas of need in Kansas.

PRIORITY 2: Access to services

Goal: Focus on first maintaining services to those who have limited access due to costs and acuity. Then add other creative ways through technology for better access for parents to engage more in their child's treatment.

Strategies:

- ✓ Maintain the ongoing state hospital alternative grant to serve those without fiscal means and who have been turned away by other providers in the region.
- ✓ Continue to enhance tele-psychiatry options to provide ease of access for parents/guardians to participate in treatment with their child, especially in central and western Kansas.
- ✓ Prioritize expansion into programs which have been identified as having shortages and difficult to access.

Actions on Strategies:

- ✓ KVC Hospitals has maintained the state hospital alternative programs at KVC Hospitals Kansas City and KVC Hospitals Hays that are coordinated with the Kansas Department of Aging and Disabilities (KDADS) with a "No Reject, No Eject" philosophy to provide a safety net for all of Kansas. This can be accessed on our website to review at <https://hospitals.kvc.org/how-we-help/services/state-hospital-alternative-program/>.
- ✓ In 2018, tele psychiatry and tele medicine equipment was added to provide additional services as needed at both KVC Hospitals, Inc. Hays & Kansas City.
- ✓ KVC Hospitals identified shortages of children psychiatric beds in Wichita, Kansas, "the most populated city of Kansas," and shortage of support service program placements such as Psychiatric Residential Treatment Facilities (PRTF). To meet these needs the following actions have been taken or are in process:
 - In 2018 KVC opened a Youth Residential Center (YRC) in Kansas City, KS within six miles of KVC Hospitals Kansas City.
 - Expansion of KVC Hospitals Hays to add six additional hospital and 20 PRTF beds projected to be completed by August 2019.
 - The projected opening of a children's psychiatric hospital in Wichita, Kansas with 54 acute beds projected for July 2019.

PRIORITY 3: Need for increased integration of families into treatment and education of families, schools and others who interact with the client post-discharge

Goal 1: Enhance processes to better integrate families and other support systems into the treatment pre and post discharge.

Strategies:

- ✓ Implement a “Hospital to Home” process for hospital staff to integrate families and community supports in the treatment pre and post discharge.
- ✓ Continue to work closely with designated providers like Foster Care Contractors, and Community Mental Health Center to educate and coordinate appropriate treatment.

Actions on Strategies:

- ✓ KVC Hospitals has presented the “Hospital to Home” model to various funders to support this underfunded service and have not had any progress. But the new state KanCare Request for Proposals (RFPs) with Managed Care Organizations (MCOs) have something similar to this with new purposed health home requirements which will assist with coordinated care transition.
- ✓ The staff of KVC Hospitals Kansas City has worked closely with the KVC– Kansas (Eastern Kansas Foster Care Contractor), Wyandotte, Inc. (Wyandotte County), Johnson County Community Mental Health Center (Johnson County), ComCare (Sedgwick County) and other Community Mental Health Centers (CMHCs) in Eastern, Southeast and Central Kansas to educate on treatment and coordinate transition of patients back into the community after their hospital stay. KVC Hospitals Hays staff members have worked closely with Saint Francis Community Services (Western Kansas Foster Care Contractor), High Plains Mental Health Center (Ellis County), ComCare (Sedgwick County) and other CMHCs in Central, Western and Southwest Kansas to educate on treatment and coordinate transition of patients back into the community patient after their hospital stay.

Goal 2: Provide educational treatment resources for families, schools and other community supports to access post discharge.

Strategies:

- ✓ Educate parents to connect to the patient electronic health record portal to access their child’s treatment history post discharge.
- ✓ Connect to a health information exchange (HIE) to better coordinate and move over care plans to an integrated care network of community providers.
- ✓ Provide treatment educational resources on KVC Hospitals and Health Systems website to support providers post discharge.

Actions on Strategies:

- ✓ KVC Hospitals Kansas City and KVC Hospitals Hays have staff that created a patient portal MyHealthPointe for parents and/or guardians to access care information from their hospital stay.
- ✓ The Kansas KHIN statewide network has been set up to connect all hospitals to be able to exchange approved health information. This network is currently primarily set up to share primary/medical health information. Mental health provider's connectivity is still limited. In 2016, KVC Hospitals had an administrative staff member who has elected to serve on the Governors Behavioral Health Planning Council Childrens' Subcommittee. One of these subcommittee's initiatives is to research and recommend integrated health Information databases to the Kansas State Mental Health Council that would serve as statewide health information exchange for all Kansas health providers (primary and mental health).
- ✓ Since 2016, Both KVC Hospitals Kansas City and KVC Hospitals Hays staff have added resources and tools on both of their websites to support parents and their children on post discharge. This can be accessed at our website at <https://hospitals.kvc.org/resourcelibrary/>.

Community Served by the Hospital

KVC Hospitals Hays is located at 205 East 7th Street, Hays, KS 67601, in Ellis County. Hays is the largest city in northwestern Kansas and is the county seat of Ellis County. In fiscal year 2018 clients were admitted from 78 counties with the majority of clients originating from Reno, Ellis, Harvey, Sedgwick, Barton, and Saline counties in Kansas.

Defined Community

A Community is defined as the geographic area from which a significant number of the patients utilizing hospital services reside. While the community health needs assessment considers other types of health care providers, the Hospital is the single largest provider of pediatric psychiatric services. For this reason, the utilization of hospital services provides the clearest definition of the Community.

Based on the client origin of discharge from fiscal year 2018, management has identified the primary community to include the counties listed in *Exhibit 1*. As reported in *Exhibit 1*, the primary CHNA community represents 54.2% of the total discharges. The remaining 45.8% of client discharges originate in other counties in Kansas as well as other states. *Exhibit 1* presents the Hospital's client origin for each of the counties in its community which have over 30 discharges.

Exhibit 1
KVC Hospitals Hays
Summary of Inpatient Discharges by County
July 1, 2017 – June 30, 2018

County	Discharges	Percent of Total
Barton	40	4.9%
Ellis	98	12.1%
Harvey	80	9.9%
Reno	111	13.7%
Saline	34	4.2%
Sedgwick	76	9.4%
Total Community	439	54.2%
All others outside community	371	45.8%
Total	810	100.0%

Source: KVC Wheatland Hospital

Community Details

Identification and Description of Geographical Community

KVC Hospitals Hays is located in Hays, Kansas in Ellis County. Hays, Kansas is the largest city in northwestern Kansas and is the county seat of Ellis County. Hays, Kansas is accessible from I-70 and US-183.

Community Population and Demographics

The U.S. Bureau of Census compiled population and demographic data based on the American Community Survey 2013 – 2017, 5 year estimates data sets. *Exhibit 2* below shows the total population of the community as well as a breakout of the community population between male and female.

Exhibit 2 Demographic Characteristics (as of 2017) KVC Hospitals Hays				
Total Population		Population by Gender		
County	Population	County	Male	Female
Barton	27,067	Barton	13,445	13,622
Ellis	28,877	Ellis	14,469	14,408
Harvey	34,683	Harvey	17,016	17,667
Reno	63,360	Reno	31,944	31,416
Saline	55,334	Saline	27,331	28,003
Sedgwick	510,484	Sedgwick	252,399	258,085
Total Community	719,805	Total Community	356,604	363,201
Kansas	2,903,820	Kansas	1,445,980	1,457,840
United States	321,004,407	United States	158,018,753	162,985,654

Data Source: US Census Bureau, American Community Survey. 2013-17.

Exhibit 2.1 below also provides the breakout of the community by age. The percentage of people in the community ages 0-19 make up approximately 28% of the total population in the CHNA community.

Exhibit 2.1								
Demographic Characteristics (as of 2017)								
KVC Hospitals Hays								
Age Distribution by County								
Age Group	Barton	% of Total	Ellis	% of Total	Harvey	% of Total	Reno	% of Total
0 - 4	1,741	6.4%	1,886	6.5%	2,252	6.5%	3,617	5.7%
5 - 19	5,436	20.1%	5,509	19.1%	7,461	21.5%	12,577	19.9%
20 - 24	1,637	6.0%	4,261	14.8%	2,160	6.2%	3,929	6.2%
25 - 34	3,346	12.4%	3,881	13.4%	4,023	11.6%	7,756	12.2%
35 - 44	2,972	11.0%	2,808	9.7%	3,822	11.0%	7,071	11.2%
45 - 54	3,150	11.6%	3,016	10.4%	4,039	11.6%	7,924	12.5%
55 - 64	3,965	14.6%	3,414	11.8%	4,552	13.1%	8,816	13.9%
65+	4,820	17.8%	4,102	14.2%	6,374	18.4%	11,670	18.4%
Total	27,067	100.0%	28,877	100.0%	34,683	100.0%	63,360	100.0%
Age Distribution by County								
Age Group	Saline	% of Total	Sedgwick	% of Total	Total CHNA Community	% of Total	Kansas	United States
0 - 4	3,697	6.7%	37,650	7.4%	50,843	7.1%	196,826	19,853,515
5 - 19	10,884	19.7%	108,869	21.3%	150,736	20.9%	602,965	62,377,283
20 - 24	3,684	6.7%	35,644	7.0%	51,315	7.1%	217,288	22,501,965
25 - 34	6,872	12.4%	72,978	14.3%	98,856	13.7%	383,984	44,044,173
35 - 44	6,729	12.2%	61,512	12.0%	84,914	11.8%	348,347	40,656,419
45 - 54	6,973	12.6%	62,841	12.3%	87,943	12.2%	360,925	43,091,143
55 - 64	7,536	13.6%	63,473	12.4%	91,756	12.7%	367,212	40,747,520
65+	8,959	16.2%	67,517	13.2%	103,442	14.4%	426,273	47,732,389
Total	55,334	100.0%	510,484	100.0%	719,805	100.0%	2,903,820	321,004,407
Data Source: US Census Bureau, American Community Survey. 2013-17. * May not total due to rounding								

While the relative age of the community population can impact community health needs, so can the ethnicity and race of a population. *Exhibit 2.2* shows the population of the CHNA community by race and illustrates different categories of race such as, White, African American, Asian, American Indian, Hispanic and all other races. Whites makes up approximately 73% of the community while Hispanics make up approximately 13% of the CHNA community.

Exhibit 2.2 Demographic Snapshot KVC Hospitals Hays DEMOGRAPHIC CHARACTERISTICS (as of 2017)							
Race/Ethnicity							
County	White	Black	Asian	American Indian & Alaska Native	All Other	Total Non- Hispanic	Hispanic
Barton	22,199	285	38	91	539	23,152	3,915
Ellis	26,041	269	404	53	501	27,268	1,609
Harvey	28,874	638	211	94	814	30,631	4,052
Reno	53,681	1,696	343	314	1,590	57,624	5,736
Saline	44,556	1,711	1,325	192	1,512	49,296	6,038
Sedgwick	350,354	44,871	22,051	3,151	17,977	438,404	72,080
Total Community	525,705	49,470	24,372	3,895	22,933	626,375	93,430
Percentage	83.9%	7.9%	3.9%	0.6%	3.7%	100.0%	14.9%
Kansas	2,220,256	163,490	80,142	19,241	85,831	2,568,960	334,860
Percentage	86.4%	6.4%	3.1%	0.7%	3.3%	100.0%	13.0%
United States	197,277,789	39,445,495	16,989,540	2,098,763	8,682,249	264,493,836	56,510,571
% of Community	74.6%	14.9%	6.4%	0.8%	3.3%	100.0%	21.4%

Data Source: US Census Bureau, American Community Survey. 2013-17.

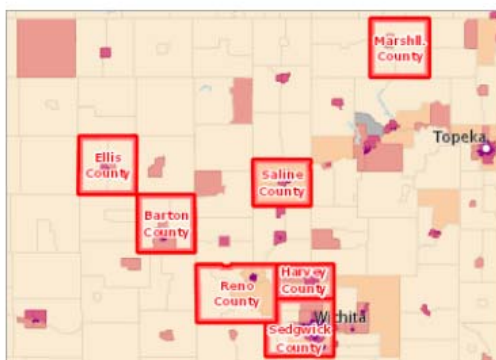
* May not total due to rounding

While the relative age, ethnicity and race of the community population can influence community health needs, so can the access to care. *Exhibit 2.3* illustrates the percentage of population living in urban and rural areas. Urban areas are identified using population density, count and size thresholds. Urban areas also include territory with a high degree of impervious surface (development). Rural areas are all areas that are not urban. This table could help to understand why transportation, although not a high need, may be considered a need within the community, especially within the rural and outlying populations.

Exhibit 2.3
KVC Hospitals Hays
Urban/Rural Population

County	Urban Population	Rural Population	Percent Urban	Percent Rural
Barton	18,886	8,788	68.2%	31.8%
Ellis	21,180	7,272	74.4%	25.6%
Harvey	23,960	10,724	69.1%	30.9%
Reno	44,320	20,191	68.7%	31.3%
Saline	47,493	8,113	85.4%	14.6%
Sedgwick	460,197	38,168	92.3%	7.7%
Total Community	616,036	93,256	86.9%	13.1%
Kansas	2,116,961	736,157	74.2%	25.8%
United States	249,253,271	59,492,267	80.7%	19.3%

Data Source: US Census Bureau, Decennial Census. 2010.
**Populations might not match between Demographic charts due to ACS 5 year data vs. Decennial data*



Urban Population, Percent by Tract, US Census 2010

- 100% Rural Population
- 90.1 - 99.9%
- 50.1 - 90.0%
- Under 50.1%
- No Rural Population
- No Data or Data Suppressed
- Report Location

Socioeconomic Characteristics of the Community

The socioeconomic characteristics of a geographic area influence the way clients access health care services and perceive the need for health care services within society. The economic status of an area may be assessed by examining multiple variables within the community. The following exhibits are a compilation of data that includes economic indicators, employment rates, insured status and educational attainment for the community served by the Hospital. These standard measures will be used to compare the socioeconomic status of the county internally as well as to the state.

Per Capita Income

Exhibit 3 presents the per capita income for the community. This includes all reported income from wages and salaries as well as income from self-employment, interest or dividends, public assistance, retirement and other sources. The per capita income in this exhibit is the average (mean) income computed for every man, woman and child in the specified area. None of the counties have a per capita income above Kansas and United States amounts.

Exhibit 3
KVC Hospitals Hays
Per Capital Income

County	Total Population	Aggregate Household Income	Per Capita Income (\$)
Barton	27,067	\$ 702,169,600	\$ 26,264
Ellis	28,877	816,315,600	29,339
Harvey	34,683	899,501,800	26,587
Reno	63,360	1,554,615,700	25,267
Saline	55,334	1,487,238,200	27,951
Sedgwick	510,484	13,674,692,500	27,583
Total Community	719,805	\$ 19,134,533,400	\$ 27,165
Kansas	2,903,820	\$ 83,734,036,100	\$ 29,600
United States	321,004,407	\$ 9,658,475,311,300	\$ 31,177

Source: US Census Bureau, American Community Survey (2013-2017)

Unemployment Rate

Exhibit 4 and *4.1* present the average annual unemployment rates for the selected counties in Kansas, and compares the county rates to the respective states and the United States. The unemployment rate in a community is a key factor in overall health, including mental health, as generally higher unemployment rates have a negative impact on the overall community. As both exhibits illustrate, unemployment rates peaked in 2010 and have been improving in recent years. As illustrated in *Exhibit 4* Harvey, Reno and Sedgwick counties' unemployment rates are consistently higher than the state of Kansas rate.

Exhibit 4
KVC Hospitals Hays

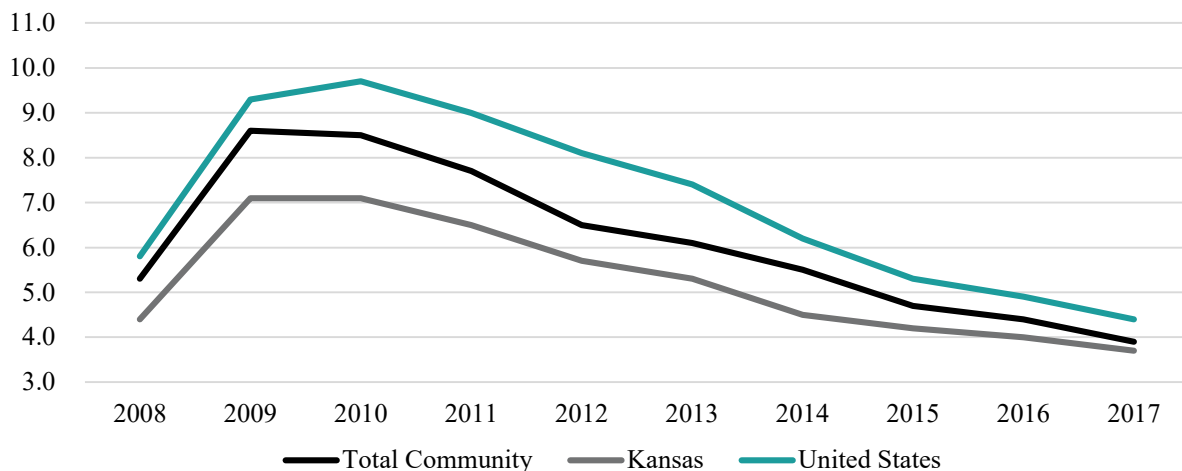
Average Annual Unemployment Rate

County	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Barton	3.2	5.9	6.0	5.2	4.5	4.1	3.6	4.2	4.5	3.6
Ellis	2.9	4.1	3.9	3.5	3.4	3.1	2.8	3.0	3.1	2.5
Harvey	3.7	7.3	7.2	6.1	5.4	4.9	4.3	3.9	4.2	4.0
Reno	3.9	6.4	6.4	6.0	5.5	5.2	4.4	4.3	4.4	3.9
Saline	3.7	5.7	6.2	6.1	5.8	5.0	4.2	3.8	3.7	3.2
Sedgwick	4.3	8.7	8.8	8.0	6.9	6.1	5.4	4.8	4.6	4.2
Total Community	5.3	8.6	8.5	7.7	6.5	6.1	5.5	4.7	4.4	3.9
Kansas	4.4	7.1	7.1	6.5	5.7	5.3	4.5	4.2	4.0	3.7
United States	5.8	9.3	9.7	9.0	8.1	7.4	6.2	5.3	4.9	4.4

Data Source: US Department of Labor, Bureau of Labor Statistics. 2018 - March

Exhibit 4.1

Average Annual Unemployment Rate



Employment by Major Industry

Exhibit 5 presents the employment by major industry for the six counties in Kansas, and compares the county rates to the respective states and the United States. As illustrated in *Exhibit 5* all counties within the CHNA community are supported by major education and healthcare services industries.

Exhibit 5 KVC Hospitals Hays Employment by Major Industry – 2017									
Major Industries	Barton County	%	Ellis County	%	Harvey County	%	Community Total	%	US %
Government									
Federal Government	67	0.5%	131	0.9%	68	0.5%	5,093	1.5%	2.0%
State Government	138	1.1%	1,280	8.5%	67	0.5%	7,011	2.0%	3.2%
Local Government	2,036	16.5%	1,464	9.7%	1,884	13.6%	33,285	9.6%	9.8%
Goods-producing									
Natural resources and mining	838	6.8%	549	3.6%	90	0.6%	2,778	0.8%	1.3%
Construction	634	5.1%	593	3.9%	715	5.1%	17,383	5.0%	4.8%
Manufacturing	1,504	12.2%	914	6.1%	3,736	26.9%	58,650	17.0%	8.6%
Service-providing									
Trade, transportation and utilities	2,416	19.6%	3,053	20.2%	1,901	13.7%	62,679	18.2%	18.9%
Information	76	0.6%	388	2.6%	29	0.2%	5,196	1.5%	1.9%
Financial activities	795	6.4%	548	3.6%	425	3.1%	13,873	4.0%	5.6%
Professional and business services	723	5.9%	969	6.4%	555	4.0%	39,021	11.3%	14.1%
Education and health services	1,975	16.0%	3,071	20.3%	3,164	22.8%	54,257	15.7%	15.4%
Leisure and hospitality	905	7.3%	1,765	11.7%	1,008	7.3%	37,573	10.9%	11.1%
Other services (& Unclassified)	246	2.0%	373	2.5%	256	1.8%	8,526	2.5%	3.2%
Total employment	12,353	100.0%	15,098	100.0%	13,898	100.0%	345,325	100.0%	100.0%
Source: U.S. Department of Labor, Bureau of Labor Statistics									

Exhibit 5
KVC Hospitals Hays
Employment by Major Industry – 2017 (continued)

Major Industries	Reno County	%	Saline County	%	Sedgwick County	%	Community Total	%	US %
Government									
Federal Government	163	0.6%	227	0.8%	4,437	1.8%	5,093	1.5%	2.0%
State Government	862	3.2%	698	2.3%	3,966	1.6%	7,011	2.0%	3.2%
Local Government	4,132	15.5%	3,251	10.8%	20,518	8.3%	33,285	9.6%	9.8%
Goods-producing									
Natural resources and mining	415	1.6%	57	0.2%	829	0.3%	2,778	0.8%	1.3%
Construction	1,125	4.2%	1,155	3.8%	13,161	5.3%	17,383	5.0%	4.8%
Manufacturing	3,102	11.6%	4,872	16.1%	44,522	18.0%	58,650	17.0%	8.6%
Service-providing									
Trade, transportation and utilities	5,123	19.2%	5,775	19.1%	44,411	18.0%	62,679	18.2%	18.9%
Information	403	1.5%	146	0.5%	4,154	1.7%	5,196	1.5%	1.9%
Financial activities	1,121	4.2%	909	3.0%	10,075	4.1%	13,873	4.0%	5.6%
Professional and business services	2,923	11.0%	2,972	9.8%	30,879	12.5%	39,021	11.3%	14.1%
Education and health services	3,807	14.3%	6,370	21.1%	35,870	14.5%	54,257	15.7%	15.4%
Leisure and hospitality	2,940	11.0%	2,960	9.8%	27,995	11.3%	37,573	10.9%	11.1%
Other services (& Unclassified)	532	2.0%	821	2.7%	6,298	2.5%	8,526	2.5%	3.2%
Total employment	26,648	100.0%	30,213	100.0%	247,115	100.0%	345,325	100.0%	100.0%

Source: U.S. Department of Labor, Bureau of Labor Statistics

Poverty

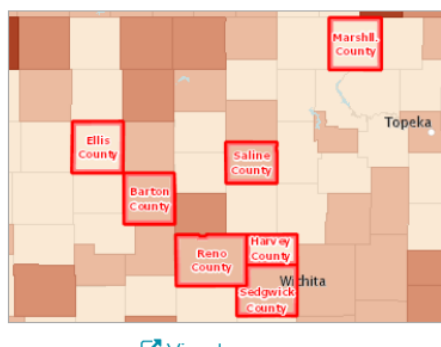
Low-income residents often postpone seeking mental health treatment until health problems become aggravated, creating a greater demand on a given community's medical resources. This includes reliance upon emergency room services for otherwise routine care. Often uninsured, the low-income demographics' inability to pay for services further strains the medical network. Low-income residents are also less mobile, requiring mental health services in localized population centers, placing additional pressure on those providers already in high demand. According to U.S. National Library of Medicine – National Institutes of Health, low levels of household income are associated with several lifetime mental disorders and suicide attempts. In addition, a reduction of household income is associated with increased risk for incident mental disorders.

Exhibit 6 presents the percentage of total population below 100 percent of the Federal Poverty Level (FPL) for the counties in the community, Kansas, and the United States. As described above, poverty is a key driver of health status, including mental health, and is relevant because poverty creates barriers to access including health services, healthy food and other necessities that contribute to poor health status. In addition, *Exhibit 6* presents the percentage of children under 18 years old in poverty for the respective areas.

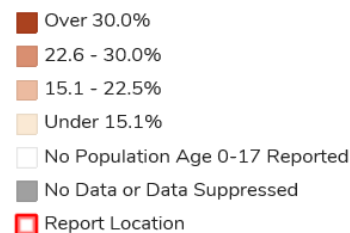
Exhibit 6
KVC Hospitals Hays
Population Below 100% FPL

County	Population (for Whom Poverty Status is Determined)	Population in Poverty	Percent in Poverty	# of Children under 18 in Poverty	Percent of Children under 18 in Poverty
Barton	26,535	4,154	15.7%	1,386	12.8%
Ellis	27,699	4,631	16.7%	825	12.8%
Harvey	33,322	3,746	11.2%	1,233	6.5%
Reno	60,494	8,470	14.0%	2,887	20.5%
Saline	53,810	6,799	12.6%	2,210	17.0%
Sedgwick	503,490	73,900	14.7%	27,074	31.0%
Total Community	705,350	101,700	14.4%	35,615	16.8%
Kansas	2,820,265	361,285	12.8%	116,136	16.4%
United States	313,048,563	45,650,345	14.6%	14,710,485	20.3%

Source: US Census Bureau, American Community Survey (2013-2017)



Population Below the Poverty Level, Children (Age 0-17), Percent by County, ACS 2013-17



Uninsured Children

Exhibit 7 reports the percentage of children under the age of 19 without health insurance coverage for the counties in the community, Kansas and the United States. Lack of health insurance is considered a key factor in the health status for a community. Lack of insurance is a major barrier to healthcare access for regular primary care, specialty care, mental health and other health services. As illustrated in *Exhibit 7*, Barton, Harvey, and Sedgwick have a higher percent of children under age 19 without medical insurance than the state of Kansas and the United States.

Exhibit 7
KVC Hospitals Hays
Uninsured Children

County	Total Population Under Age 19	Children Under Age 19 Without Medical Insurance	Percent of Children Under Age 19 Without Medical Insurance
Barton	6,891	537	7.8%
Ellis	6,717	102	1.5%
Harvey	9,141	568	6.2%
Reno	15,374	741	4.8%
Saline	13,814	578	4.2%
Sedgwick	140,383	8,124	5.8%
Total Community	192,320	10,650	5.5%
Kansas	757,801	41,203	5.4%
United States	77,884,552	4,434,876	5.7%

Source: US Census Bureau, American Community Survey (2013-2017)

Education

Exhibit 8 presents the percentage of population over the age of 25 with a high school diploma or higher and the percentage with less than 9th grade education for the counties in the community, Kansas and the United States. This is relevant because educational attainment has been linked to positive health outcomes, including mental health. All counties have a greater percentage of population with a high school diploma or higher than the United States average; however, Barton, Reno and Sedgwick Counties are below the Kansas average.

Exhibit 8
KVC Hospitals Hays
Educational Attainment of Population Age 25 and Older

County	Total Population Age 25 and Older	Percent With High School Diploma or Higher	Percent With Less Than 9th Grade
Barton	18,253	87.6%	4.5%
Ellis	17,221	93.2%	2.3%
Harvey	22,810	91.2%	3.6%
Reno	43,237	87.7%	4.1%
Saline	37,069	90.1%	3.7%
Sedgwick	328,321	89.1%	3.9%
Total Community	466,911	89.8%	3.7%
Kansas	1,886,741	90.5%	3.7%
United States	216,271,644	87.3%	5.4%

Source: US Census Bureau, American Community Survey (2013-2017)

Physical Environment of the Community

A community's health also is affected by the physical environment. A safe, clean environment that provides access to healthy food and recreational opportunities is important to maintaining and improving community health. This section will touch on a few of the elements that relate to some needs mentioned throughout the report.

Grocery Store Access

Exhibit 9 reports the number of grocery stores per 100,000-population. Grocery stores are defined as supermarkets and smaller grocery stores primarily engaged in retailing a general line of food, such as canned and frozen foods; fresh fruits and vegetables; and fresh and prepared meats, fish and poultry. Included are delicatessen-type establishments. Convenience stores and large general merchandise stores that also retail food, such as supercenters and warehouse club stores are excluded. This is relevant because it provides a measure of healthy food access and environmental influences on dietary behaviors which is shown to correlate with mental health.

Exhibit 9
KVC Hospitals Hays
Grocery Store Access

County	Total Population	Number of Establishments	Establishments Rate per 100,000
Barton	27,674	4	14.5
Ellis	28,452	4	14.1
Harvey	34,684	6	17.3
Reno	64,511	10	15.5
Saline	55,606	6	10.8
Sedgwick	498,365	74	14.8
Total Community	709,292	104	14.7
Kansas	2,853,118	511	17.9
United States	308,745,538	65,399	21.2

Data Source: US Census Bureau, County Business Patterns Additional data analysis by CARES. 2016.

Recreation and Fitness Access

Exhibit 10 reports the number per 100,000-population of recreation and fitness facilities as defined by North American Industry Classification System (NAICS) Code 713940. It is relevant because access to recreation and fitness facilities encourages physical activity and other healthy behaviors.

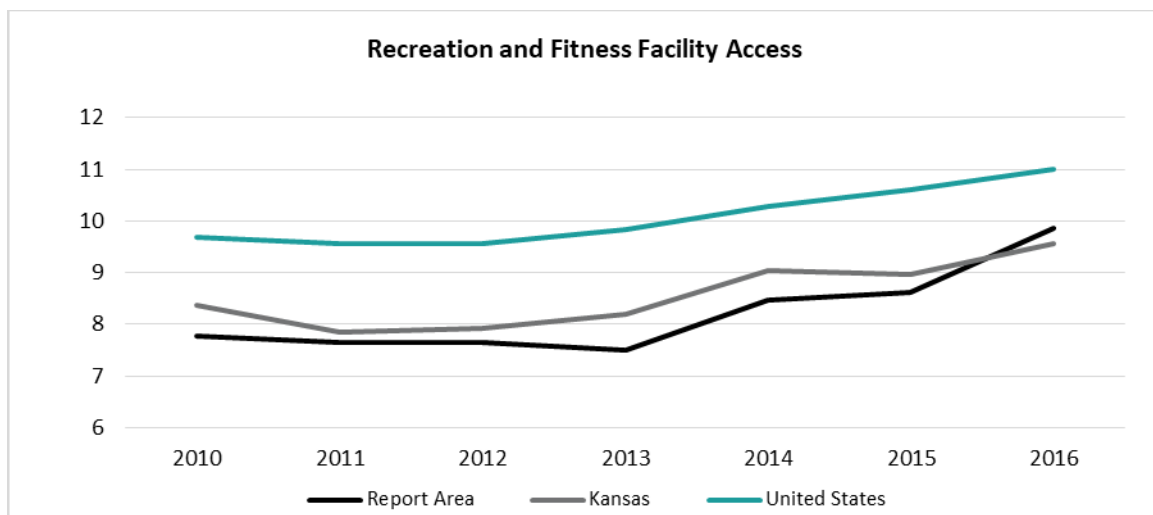
Exhibit 10
KVC Hospitals Hays
Recreation and Fitness Facility Access

	Total Population	Number of Establishments	Establishments Rate per 100,000
Barton	27,674	4	14.5
Ellis	28,452	3	10.5
Harvey	34,684	3	8.6
Reno	64,511	5	7.8
Saline	55,606	8	14.4
Sedgwick	498,365	47	9.4
Total Community	709,292	70	9.9
Kansas	2,853,118	273	9.6
United States	308,745,538	33,980	11.0

Data Source: US Census Bureau, County Business Patterns Additional data analysis by CARES. 2016.

The trend graph below (*Exhibit 10.1*) shows number per 100,000-population of recreation and fitness facilities by year (2010 – 2016) for the community and compared to the Kansas and the United States. Since 2010, the community has had a lower rate of recreations and fitness facilities compared to Kansas and the United States. The rate in the community surpassed the rest of Kansas in 2016.

Exhibit 10.1



Data Source: US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2016

Clinical Care of the Community

A lack of access to care presents barriers to good health. The supply and accessibility of facilities and physicians, the rate of uninsurance, financial hardship, transportation barriers, cultural competency and coverage limitations affect access.

Rates of morbidity, mortality and emergency hospitalizations can be reduced if community residents access services such as health screenings, routine tests and vaccinations. Prevention indicators can call attention to a lack of access or knowledge regarding one or more health issues and can inform program interventions.

Access to Primary Care

Exhibit 11 reports the number of primary care physicians per 100,000-population. Doctors classified as “primary care physicians” by the AMA include: General Family Medicine MDs and DOs, General Practice MDs and DOs, General Internal Medicine MDs and General Pediatrics MDs. Physicians age 75 and over and physicians practicing subspecialties within the listed specialties are excluded. This is relevant because a shortage of health professionals contributes to access and health status issues, including mental health.

Exhibit 11
KVC Hospitals Hays
Access to Primary Care

County	Total Population	Primary Care Physicians	Primary Care Physicians Rate per 100,000
Barton	27,385	16	58.4
Ellis	29,013	19	65.5
Harvey	34,820	31	89.0
Reno	63,794	39	61.1
Saline	55,755	57	102.2
Sedgwick	508,803	557	109.5
Total Community	719,570	719	99.9
Kansas	2,904,021	2,457	84.6
United States	318,857,056	279,871	87.8

Source: US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File. 2014.

As illustrated above in *Exhibit 11*, Barton, Ellis, and Reno have a shortage of health professionals compared to Kansas and the United States.

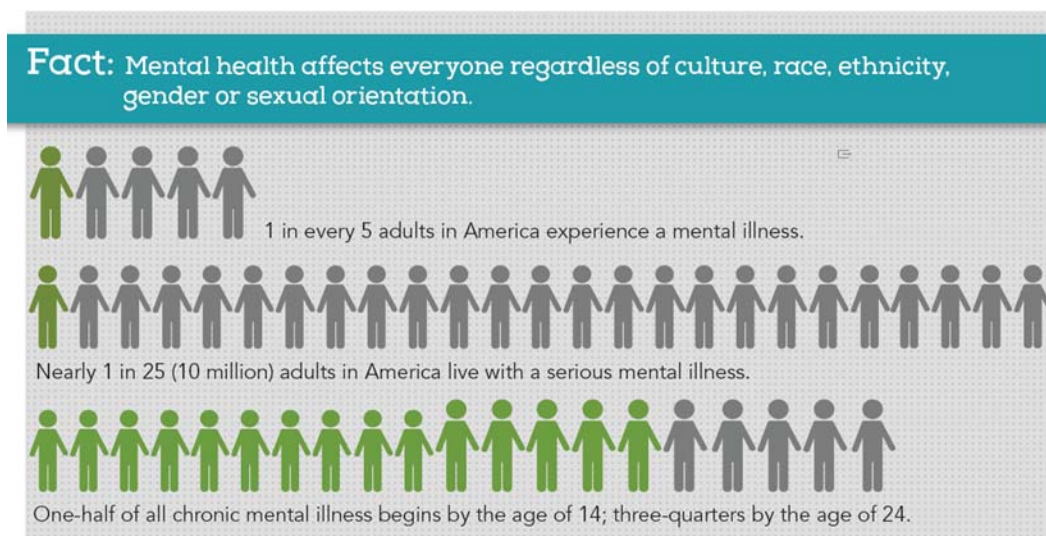
Health Outcomes and Factors

Mental Health Statistics

This section of the assessment reviews the mental health status of Kansas residents who utilize KVC Hospitals Hays's services. As in the previous section, comparisons are provided with the state of Kansas and the United States.

According to the National Institute of Mental Health (NIMH), in 2017 nearly one in five U.S. adults lived with a mental illness. Further, as seen from *Exhibit 12* below, one-half of all chronic mental illness begins by the age of 14; three quarters by the age of 24.

Exhibit 12



Source: National Institute of Mental Health, National Alliance on Mental Illness

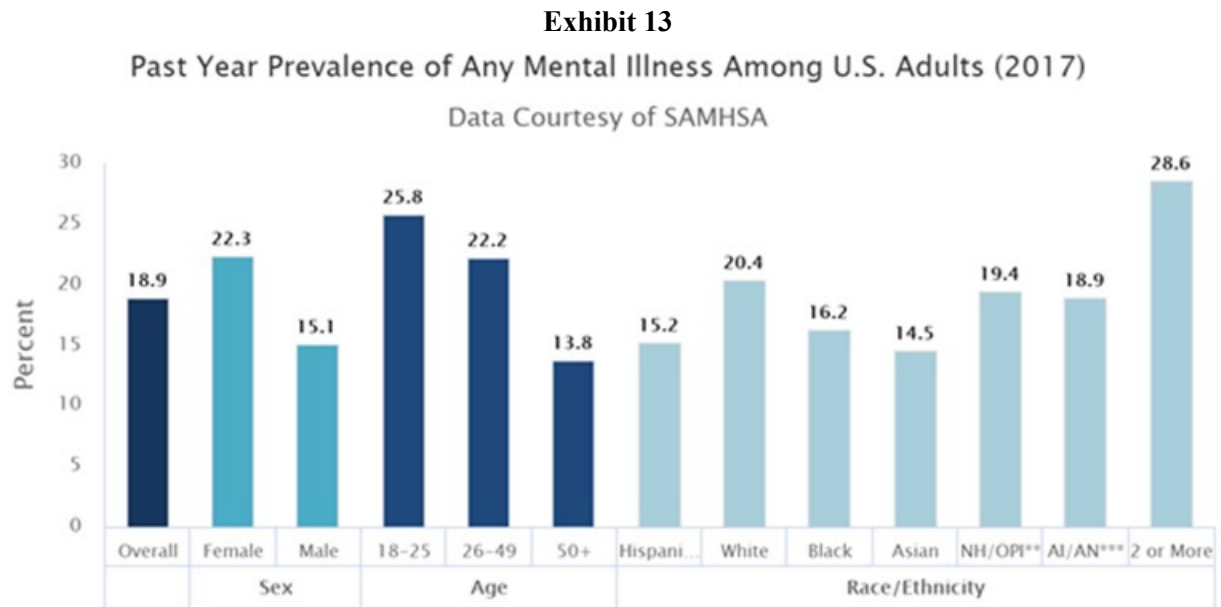
Good mental health can be defined as a state of successful performance of mental function. This includes fulfilling relationships with people, ability to adapt to change and contributing in a positive manner to the community. According to Healthy People 2020, the national health objectives released by the U.S. Department of Health and Human Services, individual health is closely linked to community health. Community health, which includes both the physical and social environment in which individuals live, work, and play, is profoundly affected by the collective behaviors, attitudes and beliefs of everyone who lives in the community. Healthy people are among a community's most essential resources.

Numerous factors have a significant impact on an individual's mental health status. According to Healthy People 2020, mental health and physical health are closely related. Good mental health allows individuals to maintain good physical health. However, problems with physical health can have a direct impact on one's mental health and ability to participate in healthy behaviors. Young children, adolescents, and adults are all affected by mental distress as a result of poor mental health.

The interrelationship among lifestyle/behavior, personal health attitude, and poor health status is gaining recognition and understanding by both the general public and health care providers. The prevention of mental, emotional, and behavioral disorders can come from a variety of strategies and can decrease the development of chronic diseases due to poor mental health.

Mental health is important to overall health. Mental disorders can be chronic health conditions that continue through the lifespan. Mental disorders in children that go undiagnosed can lead to problems at home, school, and social life.

The National Institute of Mental Health reports the prevalence of any mental illness (AMI) among the population. In 2017, there were an estimated 46.6 million adults aged 18 or older in the United states with AMI. *Exhibit 13* below shows the percentage of prevalence per the population.



Data source: National Institute of Mental Health

The National Institute of Mental Health also provides that an estimated 49.5% of adolescents have any mental disorder. Of the adolescents that have an AMI, an estimated 22.2% have a severe impairment.

Mental Health America (MHA), formerly known as the National Mental Health Association was founded in 1909 and has been dedicated to helping all Americans achieve wellness by living mentally healthier lives. An analysis of various health outcomes and factors for a particular community can, if improved, help make the community a healthier place to live, learn, work and play. And a better understanding of the factors that affect the mental health of the community will assist in developing strategies to improve the community's habits, culture, and environment.

The State of Mental Health in America 2018 report collected data from all 50 states and the District of Columbia. The goal was to provide a snapshot of the mental health status for adults and youth across the nation. In *Exhibit 14*, a summary is provided to explain the report findings.

Exhibit 14

ENCOURAGING DECREASES

in the amount of American adults who have mental health and substance use problems.



ALARMING INCREASES

in adult suicidal ideation and major depressive episodes in youth.



Since the release of last year's State of Mental Health in America report:

The difference between youth experiencing a major depressive episode is

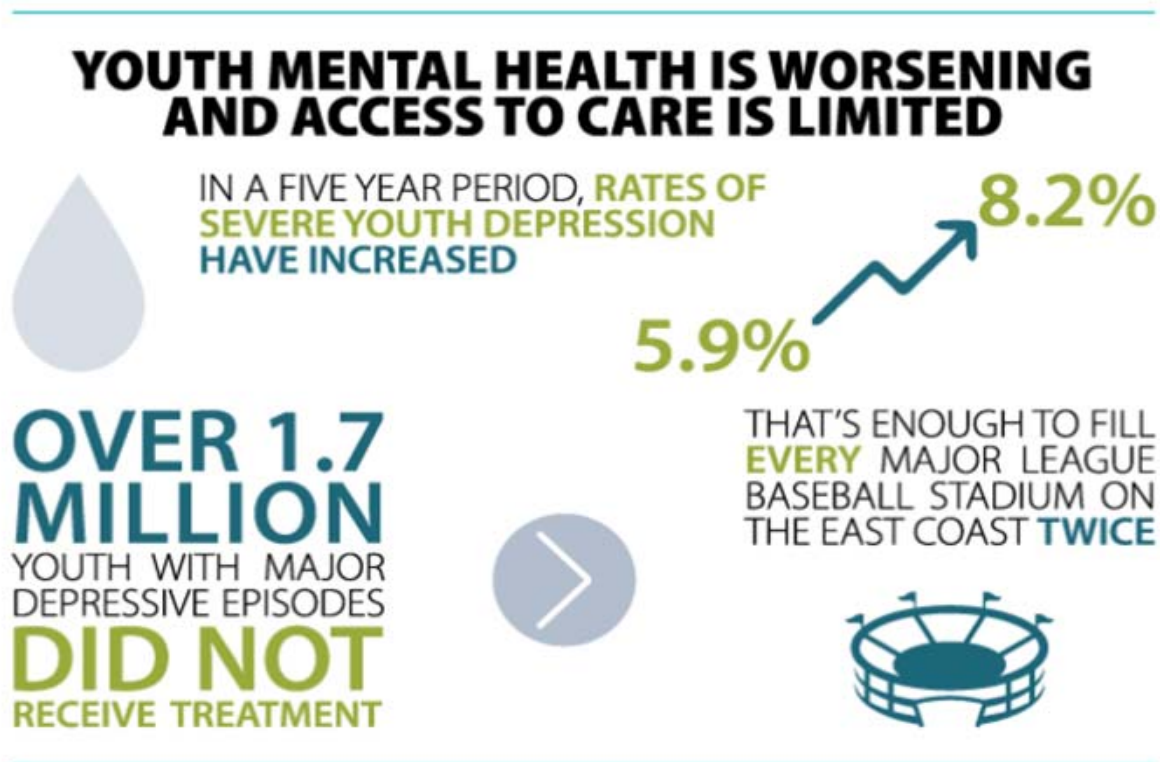


becoming more pronounced between the highest and lowest ranked states.

Data source: National Institute of Mental Health

In addition, according to The State of Mental Health in America 2018 report, youth mental health is worsening and access to care is limited.

Exhibit 15



Data source: National Institute of Mental Health

Key findings from the MHA report include the following:

- ✓ Over 44 million American adults have a mental health condition
- ✓ 1 in 5, or 9 million, adults have an unmet need
- ✓ Nearly half have a co-occurring substance abuse disorder
- ✓ In a five year period, rates of severe youth depression have increased
- ✓ Over 1.7 million youth with major depressive issues do not receive treatment
- ✓ Kansas was ranked 13th overall for prevalence of mental illness and access to care*

*States that rank 1-10 have lower rates of mental health and substance use problems compared to states that ranked 42-51

According to Healthy People 2020, nearly one in five children in the United States live with a mental illness. In addition, people, including children and adolescents, with untreated mental health disorders are at high risk for many unhealthy and unsafe behaviors, including alcohol or drug abuse, violent or self-destructive behavior, and suicide—the 11th leading cause of death in the United States for all age groups and the second leading cause of death among people age 25 to 34.

Health problems should be examined in terms of morbidity as well as mortality. Morbidity is defined as the incidence of illness or injury and mortality is defined as the incidence of death. However, law does not require reporting the incidence of a particular disease, except when the public health is potentially endangered. Due to limited morbidity data, this health status report relies heavily on death and death rate statistics for leading causes in death in the community, along with the state of Kansas. Such information provides useful indicators of health status trends and permits an assessment of the impact of changes in health services on a resident population during an established period of time. Community attention and health care resources may then be directed to those areas of greatest impact and concern.

Leading Causes of Death

Exhibit 16 reflects the leading causes of death for counties in the community and compares the rates, per hundred thousand, to Kansas and United States averages. As illustrated in *Exhibit 16*, Barton, Ellis, Reno, Saline and Sedgwick have higher rates of suicide than the national average. Barton County's suicide rate is significantly higher than both the state of Kansas and national average. In addition, drug overdose rates for Reno, Saline and Sedgwick counties are higher than the Kansas average.

Exhibit 16
KVC Hospitals Hays
Selected Causes of Resident Deaths: Crude Death Rate (Per 100,000 Population)

Case of Death	Barton	Ellis	Harvey	Reno	Saline	Sedgwick	Kansas	United States
Cancer	236.2	181.3	219.6	231.1	222.1	176.6	189.5	185.3
Coronary Heart Disease	145.2	101.3	146.8	125.3	106.3	99.1	105.1	115.3
Drug Overdose	N/A	N/A	10.9	14.7	13.7	15.2	11.2	15.6
Homicide	N/A	N/A	N/A	N/A	4.0	5.5	4.2	5.4
Lung Disease	72.6	54.5	61.4	98.3	64.0	57.3	57.9	47.0
Motor Vehicle Accident	16.9	15.9	12.0	15.7	14.4	10.9	13.8	11.6
Stroke	49.9	39.3	69.4	56.7	48.9	41.4	46.6	42.2
Suicide	22.7	14.5	10.9	16.3	17.3	16.8	16.4	13.4
Unintentional Injury	54.3	47.6	71.7	71.1	51.4	50.6	48.1	44.1

* N/A - No Data or data is suppressed due to insufficient source data

Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2012-16.

County Health Rankings

This portion of the community health needs assessment utilizes information from County Health Rankings, a key component of the Mobilizing Action Toward Community Health (MATCH) project, a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute.

The County Health Rankings model is grounded in the belief that programs and policies implemented at the local, state and federal levels have an impact on the variety of factors that, in turn, determine the health outcomes for communities across the nation. The model provides a ranking method that ranks all 50 states and the counties within each state, based on the measurement of two types of health outcomes for each county: how long people live (mortality) and how healthy people feel (morbidity). These outcomes are the result of a collection of health factors and are influenced by programs and policies at the local, state and federal levels.

Counties in each of the 50 states are ranked according to summaries of a variety of health measures. Those having high ranks, *e.g.* 1 or 2, are considered to be the “healthiest.” Counties are ranked relative to the health of other counties in the same state on the following summary measures:

- Health Outcomes – rankings are based on an equal weighting of one length of life (mortality) measure and four quality of life (morbidity) measures.
- Health Factors – rankings are based on weighted scores of four types of factors:
 - Health behaviors (six measures)
 - Clinical care (five measures)
 - Social and economic (seven measures)
 - Physical environment (four measures)

A more detailed discussion about the ranking system, data sources and measures, data quality and calculating scores and ranks can be found at the website for County Health Rankings (www.countyhealthrankings.org).

As part of the analysis of the needs assessment for the community, the four counties that comprise the community will be used to compare the relative health status of each county to Kansas as well as to a national benchmark as seen in *Exhibits 17*. The current year information is compared to the health outcomes reported on the prior community health needs assessment and the change in measures is indicated. A better understanding of the factors that affect the health of the community will assist with how to improve the community’s habits, culture and environment.

Health Outcomes – rankings are based on an equal weighting of one length of life (mortality) measure and four quality of life (morbidity) measures. Additional county health rankings are included in the *Appendices*.

Exhibit 17
KVC Hospitals Hays
County Health Rankings – Health Outcomes

		Barton County 2015	Barton County 2018		KS 2018	Top US Performers 2018
<i>Mortality</i>	*	83	33	↓		
Alcohol-impaired driving deaths – Percent of motor vehicle crash deaths with alcohol involvement		22%	19%	↓	25%	13%
<i>Morbidity</i>	*	79	85	↑		
Poor or fair health – Percent of adults reporting fair or poor health (age-adjusted)		16%	17%	↑	15%	12%
Poor physical health days – Average number of physically unhealthy days reported in past 30 days (age-adjusted)		3.8	3.5	↓	3.1	3.0
Poor mental health days – Average number of mentally unhealthy days reported in past 30 days (age-adjusted)		3.1	3.5	↑	3.3	3.1
Severe housing problems – Percentage of household with at least 1 of 4 housing problems: overcrowding, high housing costs or lack of kitchen or plumbing facilities		10.0%	12.0%	↑	14.0%	9.0%
* Rank out of 101 Kansas Counties in 2015 and 103 Kansas counties in 2018.						
Source: Countyhealthrankings.org						

Exhibit 17a
KVC Hospitals Hays
County Health Rankings – Health Outcomes

		Ellis County 2015	Ellis County 2018		KS 2018	Top US Performers 2018
<i>Mortality</i>	*	11	13	↑		
Premature death – Years of potential life lost before age 75 per 100,000 population (age-adjusted)		5,690	6,100	↑	6,800	5,300
<i>Morbidity</i>	*	18	18	—		
Mental health providers – Number of population for every one mental health provider		415	380	↓	560	330
Poor physical health days – Average number of physically unhealthy days reported in past 30 days (age-adjusted)		2.9	3.2	↑	3.1	3.0
Poor mental health days – Average number of mentally unhealthy days reported in past 30 days (age-adjusted)		2.0	3.1	↑	3.3	3.1
Children in single-parent households – Percent of children that live in household headed by single parent		24.0%	34.0%	↑	29.0%	20.0%

* Rank out of 101 Kansas Counties in 2015 and 103 Kansas counties in 2018.
 Source: Countyhealthrankings.org

Exhibit 17b
KVC Hospitals Hays
County Health Rankings – Health Outcomes

		Harvey County 2015	Harvey County 2018		KS 2018	Top US Performers 2018
<i>Mortality</i>	*	28	16	↓		
Premature death – Years of potential life lost before age 75 per 100,000 population (age-adjusted)		6,688	6,300	↓	6,800	5,300
<i>Morbidity</i>	*	25	48	↑		
Some college ^ – Percent of adults aged 25-44 years with some post-secondary education		62%	66%	↑	69%	72%
Poor physical health days – Average number of physically unhealthy days reported in past 30 days (age-adjusted)		2.5	3.0	↑	3.1	3.0
Poor mental health days – Average number of mentally unhealthy days reported in past 30 days (age-adjusted)		2.3	3.2	↑	3.3	3.1
Adult obesity – Percent of adults that report a BMI >= 30		34.0%	31.0%	↓	32.0%	26.0%

^ - Opposite indicator signifying that an increase is a positive outcome and a decrease is a negative.
 * Rank out of 101 Kansas Counties in 2015 and 103 Kansas counties in 2018.
 Source: Countyhealthrankings.org

Exhibit 17c
KVC Hospitals Hays
County Health Rankings – Health Outcomes

		Reno County 2015	Reno County 2018		KS 2018	Top US Performers 2018
<i>Mortality</i>	*	64	75	↑		
Alcohol-impaired driving deaths – Percent of motor vehicle crash deaths with alcohol involvement		20%	16%	↓	25%	13%
<i>Morbidity</i>	*	55	80	↑		
Physical inactivity – Percent of adults aged 20 and over reporting no leisure time physical activity		24%	28%	↑	25%	20%
Adult obesity – Percent of adults that report a BMI >= 30		33%	36%	↑	32%	26%
Poor mental health days – Average number of mentally unhealthy days reported in past 30 days (age-adjusted)		3.1	3.5	↑	3.3	3.1
Access to exercise opportunities [^] – Percentage of population with adequate access to locations for physical activity		67.0%	52.0%	↑	81.0%	91.0%
[^] - Opposite indicator signifying that an increase is a positive outcome and a decrease is a negative. * Rank out of 101 Kansas Counties in 2015 and 103 Kansas counties in 2018. Source: Countyhealthrankings.org						

Exhibit 17d
KVC Hospitals Hays
County Health Rankings – Health Outcomes

		Saline County 2015	Saline County 2018		KS 2018	Top US Performers 2018
<i>Mortality</i>	*	47	24	↓		
Alcohol-impaired driving deaths – Percent of motor vehicle crash deaths with alcohol involvement		31%	24%	↓	25%	13%
<i>Morbidity</i>	*	84	50	↓		
Uninsured adults – Percent of population under age 65 without health insurance		15%	11%	↓	10%	6%
High school graduation [^] – Percent of ninth grade cohort that graduates in 4 years		83%	88%	↓	86%	95%
Poor mental health days – Average number of mentally unhealthy days reported in past 30 days (age-adjusted)		3.4	3.1	↓	3.3	3.1
Children in poverty – Percent of children under age 18 in poverty		20.0%	15.0%	↓	14.0%	12.0%
[^] - Opposite indicator signifying that an increase is a positive outcome and a decrease is a negative. * Rank out of 101 Kansas Counties in 2015 and 103 Kansas counties in 2018. Source: Countyhealthrankings.org						

Exhibit 17e
KVC Hospitals Hays
County Health Rankings – Health Outcomes

		Sedgwick County 2015	Sedgwick County 2018		KS 2018	Top US Performers 2018
<i>Mortality</i>	*	45	43	↓		
Alcohol-impaired driving deaths – Percent of motor vehicle crash deaths with alcohol involvement		35%	22%	↓	25%	13%
<i>Morbidity</i>	*	81	82	↑		
Poor or fair health – Percent of adults reporting fair or poor health (age-adjusted)		13%	15%	↑	15%	12%
Poor physical health days – Average number of physically unhealthy days reported in past 30 days (age-adjusted)		3.2	3.2	—	3.1	3.0
Poor mental health days – Average number of mentally unhealthy days reported in past 30 days (age-adjusted)		3.2	3.5	↑	3.3	3.1
Adult obesity – Percent of adults that report a BMI >= 30		29.0%	34.0%	↑	32.0%	26.0%

* Rank out of 101 Kansas Counties in 2015 and 103 Kansas counties in 2018.
 Source: Countyhealthrankings.org

The following exhibits show a more detailed view of certain health outcomes and factors for the community, Kansas and the United States.

Diabetes (Adult)

Exhibit 18 reports the percentage of adults aged 20 and older who have ever been told by a doctor that they have diabetes. This 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, including mental health.

Exhibit 18
KVC Hospitals Hays
Population with Diagnosed Diabetes

County	Total Population Age 20 and Older	Population with Diagnosed Diabetes	Percent* with Diagnosed Diabetes
Barton	19,882	2,207	9.3%
Ellis	21,567	1,596	7.1%
Harvey	25,126	2,588	8.6%
Reno	47,186	5,568	10.0%
Saline	40,613	4,102	8.7%
Sedgwick	362,838	38,098	9.8%
Total Community	517,212	54,159	9.5%
Kansas	2,107,012	207,387	9.0%
United States	241,492,750	24,722,757	9.3%

* Age-adjusted Rate
 Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2015.

Heart Disease (Adult)

Exhibit 19 reports the percentage of adults aged 18 and older who self-report that they have ever been told by a doctor, nurse or other health professional that they have coronary heart disease or angina. This 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. Poor physical health can lead to poor mental health.

Exhibit 19
KVC Hospitals Hays
Population with Heart Disease

County	Survey Population Age 18 and Older	Population with Heart Disease	Percent with Heart Disease
Barton	19,597	1,487	7.6%
Ellis	16,992	913	5.4%
Harvey	25,168	1,582	6.3%
Reno	47,755	1,933	4.1%
Saline	36,649	1,891	5.2%
Sedgwick	362,348	17,362	4.8%
Total Community	508,509	25,168	5.0%
Kansas	2,127,276	96,196	4.5%
United States	236,406,904	10,407,185	4.4%

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2011-12.

High Blood Pressure (Adult)

Exhibit 20 reports the percentage of adults aged 18 and older who self-report that they have ever been told by a doctor, nurse or other health professional that they had high blood pressure.

Exhibit 20
KVC Hospitals Hays
Population with High Blood Pressure

County	Total Population Age 18 and Older	Population with High Blood Pressure	Percent with High Blood Pressure
Barton	20,860	6,216	29.8%
Ellis	22,426	5,562	24.8%
Harvey	25,679	5,393	21.0%
Reno	49,109	14,487	29.5%
Saline	41,505	13,531	32.6%
Sedgwick	358,342	98,186	27.4%
Total Community	517,921	143,375	27.7%
Kansas	2,112,400	578,798	27.4%
United States	232,556,016	65,476,522	28.2%

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2006-12.

Obesity

Exhibit 21 reports the percentage of adults aged 20 and older who self-report that they have a Body Mass Index (BMI) greater than 30.0 (obese). Excess weight may indicate an unhealthy lifestyle and puts individuals at risk for potential mental health issues.

Exhibit 21
KVC Hospitals Hays
Population with Obesity

County	Total Population Age 20 and Older	Population with BMI > 30.0 (Obese)	Percent* with BMI > 30.0 (Obese)
Barton	19,787	7,717	39.0%
Ellis	21,596	6,846	31.7%
Harvey	25,112	8,287	33.2%
Reno	47,309	18,214	38.7%
Saline	40,668	14,844	36.3%
Sedgwick	364,095	121,972	33.4%
Total Community	518,567	177,880	34.3%
Kansas	2,106,148	699,363	33.2%
United States	238,842,519	67,983,276	28.3%

* Age-adjusted Rate

Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 2015.

Poor General Health

Exhibit 22 reports the percentage of adults aged 18 and older who self-report having poor or fair health in response to the question “Would you say that in general your health is excellent, very good, good, fair or poor?” This is relevant because it is a measure of general poor health status which can correlate to an individual’s mental health status.

Exhibit 22
KVC Hospitals Hays
Population with Poor General Health

County	Total Population Age 18 and Older	Population with Poor General Health	Percent* with Poor General Health
Barton	20,860	3,943	16.0%
Ellis	22,426	2,422	9.2%
Harvey	25,679	3,390	11.8%
Reno	49,109	6,728	12.3%
Saline	41,505	6,101	14.4%
Sedgwick	358,342	47,659	13.2%
Total Community	517,921	70,243	13.1%
Kansas	2,112,400	278,837	12.7%
United States	232,556,016	37,766,703	15.7%

* Age-adjusted Rate

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. U.S. Department of Health & Human Services, Health Indicators Warehouse, 2006-12

Health Care Resources

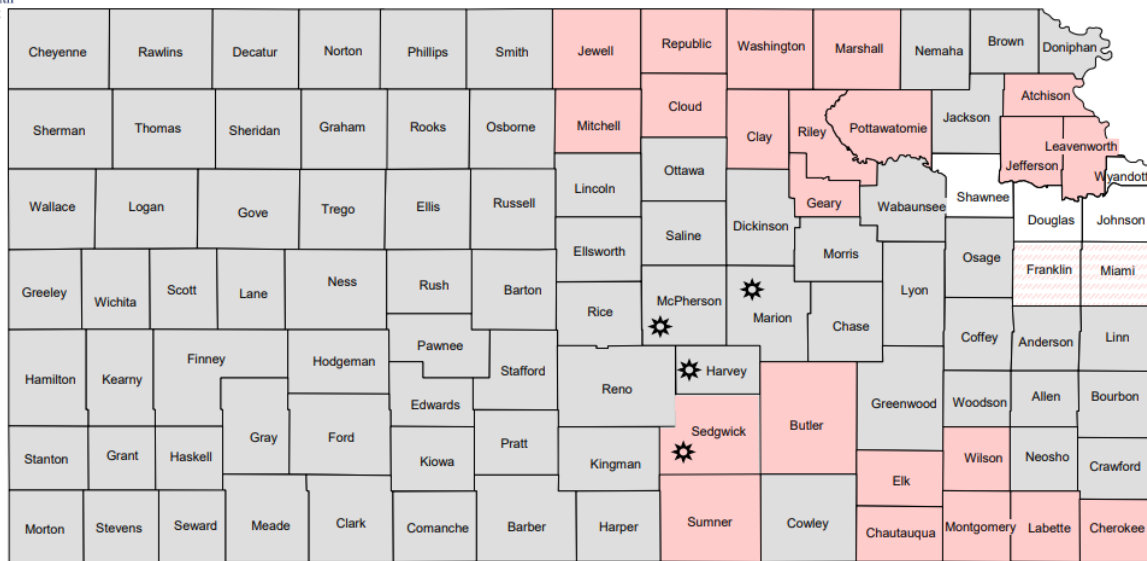
The availability of health resources is a critical component to the health of a community's clients and a measure of the soundness of the area's health care delivery system. An adequate number of health care facilities and health care providers are vital for sustaining a community's health status. Fewer health care facilities and health care providers can impact the timely delivery of services. This section will address the availability of mental health care resources to the clients of the Hospital's community.

Nearly every county in Kansas is designated as a Health Provider Shortage Area (HPSA) for mental health. Below in *Exhibit 23* is a snapshot of the Mental Health HPSAs in the state as of September 2018.

Exhibit 23



Mental Health Professional Shortage Areas September 2018



- Counties with Mental Health HPSA Score of 15 or higher
- Counties with Mental Health HPSA Score of 14 or lower
- Counties Submitted for Score Update, Pending HRSA Approval
- Counties not eligible for Mental Health HPSA Designation
- Counties with Population Mental Health HPSA Designation

Data Source: Health Resources & Services Administration Data Warehouse, September 2018

Data Note: HPSA scores shown are listed in Data Warehouse as of September 2018. Updates to HPSAs made after this date are not reflected.

Acute Care Hospitals

Exhibit 24 lists the inpatient facilities available to the residents of Kansas.

Exhibit 24
KVC Hospitals Hays
Summary of Acute Care Hospitals

Facility Name	Facility Address	County	Miles from Hays, KS	Bed Size*	Facility Type
Hays Medical Center	2220 Canterbury Dr Hays, KS 67601	Ellis	1.5	149	Short Term/Acute
Rush County Memorial Hospital	801 Locust St La Crosse, KS 67548	Rush	24.1	16	Critical Access
Rooks County Health Center	304 South Colorado Ave. Plainville, KS 67663	Rooks	24.5	16	Critical Access
Russell Regional Hospital	200 South Main St., Russell, KS 67665	Russell	25.2	20	Critical Access
Trego County-Lemke Memorial Hospital	320 North 13th St., Wakeeney, KS 67672	Trego	31.0	25	Critical Access
Clara Barton Hospital	250 West Ninth St., Hoisington, KS 67544	Barton	38.5	17	Critical Access

* Includes subprovider beds, excludes skilled nursing facility beds
 Source: Costreportdata.com, U.S. Hospital Finder

Inpatient Treatment Facilities

Exhibit 24.1 lists inpatient facilities available to the residents of Kansas and Missouri.

Exhibit 24.1
KVC Hospitals Hays
Inpatient Treatment Facilities

Name	Type of Facility	Patients Served	State
Cottonwood Springs	Inpatient Psychiatric Hospital	Adults	Kansas
Crittenton	Inpatient Psychiatric Hospital	Children and Adolescents	Missouri
Heartland Hospital	Inpatient Psychiatric Hospital	Children and Adolescents	Missouri
KVC Hospitals, Inc. Hays	Inpatient Psychiatric Hospital	Children and Adolescents	Kansas
KVC Hospitals, Inc. Kansas City	Inpatient Psychiatric Hospital	Children and Adolescents	Kansas
University of Kansas Health System, Marillac Campus	Inpatient Psychiatric Hospital	Children and Adolescents	Kansas
Research Psychiatric Center	Inpatient Psychiatric Hospital	Adolescents and Adults	Missouri
Stormont Vail Behavioral Health Center	Inpatient Psychiatric Hospital	Children, Adolescents and Adults	Kansas

Federally Qualified Health Centers

Exhibit 25 lists the federally qualified health centers available to the residents of Kansas.

Exhibit 25
KVC Hospitals Hays
Summary of Federally Qualified Health Centers

Facility Name	Address	County	Miles from Hays, KS
First Care Clinic, Inc.	105 W 13th St Hays, KS 67601	Ellis	0.41
First Care Clinic, Inc.	208 Marc Wagner Dr Victoria, KS 67671	Ellis	9.85

Source: Health Resources & Services Administration

Key Stakeholder Survey

Surveying key stakeholders is a technique employed to assess perceptions of the community's health status and unmet needs. These surveys are intended to ascertain opinions among individuals likely to be knowledgeable about the community and influential over the opinions of others about the behavioral health concerns in the community.

Methodology

Surveys with four key stakeholders were conducted between May 15th and June 15th. Stakeholders were determined based on their a) specialized knowledge or expertise in behavioral health, b) their affiliation with local government, schools and industry or c) their involvement with underserved and minority populations.

A representative from KVC Hospitals Hays contacted all individuals selected to participate in the survey. Their knowledge of the community and the personal relationships held with the potential interviewees added validity to the data collection process. If the respective key stakeholder agreed to participate in the survey, a web-based survey was sent to gather their input.

A standard questionnaire was used. A copy of the survey instrument is included in the *Appendices*. A summary of their opinions is reported without judging the truthfulness or accuracy of their remarks.

Community leaders provided comments on the following issues:

- Opinions regarding the important mental/behavioral health issues that affect clients of the primary community and the types of services that are important for addressing these issues, including vulnerable populations
- Barriers to improving mental health/behavioral health for clients of the primary community
- Delineation of the most important mental/behavioral health care issues or services discussed and actions necessary for addressing those issues

A web-based survey tool, Survey Monkey, was utilized to conduct an electronic survey. Themes in the data were identified and representative quotes have been drawn from the data to illustrate the themes. Key Stakeholders were assured that personal identifiers such as name or organizational affiliations would not be connected in any way to the information presented in this report. Therefore, quotes included in the report may have been altered slightly to preserve confidentiality.

This technique does not provide a quantitative analysis of the leaders' opinions but reveals some of the factors affecting the views and sentiments about overall health and quality of life within the community.

Key Stakeholder Profiles

Key stakeholders from the community worked for the following types of organizations and agencies:

- Local public school system
- Medical providers

These health care and non-health care professionals provided insight into the mental and behavioral health needs of the CHNA Community through an 11-question survey (refer to *Appendices*).

Key Stakeholder Survey Results

As stated earlier, the survey questions for each key stakeholder were identical. The questions on the interview instrument are grouped into four major categories for discussion:

1. General opinions regarding mental/behavioral health
2. Underserved populations and communities of need
3. Barriers to improving mental/health for children and youth
4. Most critical mental/behavioral health issues for children and families

The following is a summary of the stakeholders' responses by each of these categories. Paraphrased quotes are included to reflect some commonly held opinions and direct quotes are used to emphasize strong feelings associated with the statements. This section of the report summarizes what the key stakeholders said without assessing the credibility of their comments.

1. General opinions regarding mental and behavioral health

The key stakeholders were asked to provide their opinion whether the mental health and behavioral health needs of the community increased, decreased or stayed the same over the past few years. They were also asked to provide support for their answers.

All of the key stakeholders thought the mental and behavioral health needs have increased over the past several years. Stakeholders believed several factors contributed to the increased need for mental and behavioral health services. These factors included increased stress on children, rising suicide rates in youths, more young people in crisis and longer wait times for hospitalization.

"We have seen our service provision rise steadily over the past several years."

"Increased stress on children related to parent engagement, resources and ability."

2. Underserved populations and communities of need

Key stakeholders were asked to provide their opinions regarding specific populations or groups of people whose mental and/or behavioral health was not as good as others. We also asked the key informants to provide their opinions as to why they thought these populations were underserved or in need. Responses to this question varied.

Respondents indicated that the following persons in the following groups are likely to have increased and/or more severe mental and behavioral health needs:

- Children in foster care
- Persons who have significant trauma or abusive histories
- Uninsured adults
- Juvenile offenders
- Persons with low socioeconomic status
- Children from single parent homes

Key stakeholders felt that these populations need more assistance than others because of things such as: lack of resources, lack of experience navigating the health care system, inadequate local hospital beds for young people and too few psychiatrists in the area that treat young people.

“The protective factors that lessen the impact of trauma is less for these groups.”

3. Barriers

The key stakeholders were asked what barriers, if any, exist to improving mental and behavioral health services for children and youth. Responses from key stakeholders included a shortage of qualified providers and lack of funding and unstable future of funding.

Lack of funding was noted by several key stakeholders. High needs children require experienced therapists who can manage dual diagnosis and multiple medications. In addition, increased education and collaboration with all systems working with children and their families is needed. Without the funding for these types of services the mental health in youth will continue to decline.

“Families must have access to the appropriate resources and the appropriate type of services.”

4. Most critical mental and behavioral health issues

Key stakeholders were asked to provide their opinion as to the most critical mental and behavioral health issues for children and the families of children requiring treatment by KVC Hospitals. The issues identified most frequently were:

1. Access to medication services
2. Access to hospitalization resources
3. Educating, stabilizing, and supporting families in the home environment

Recommendations on ways to address the issues identified above included increasing engagement with family members in the treatment process including providing more specific instructions and guidance on discharge reports. Other recommendations included a partnership with the University of Kansas to increase providers and services, incentives to retain psychiatrists and to pursue legislative changes if needed to declare Wichita an underserved area.

Health Issues of Vulnerable Populations

According to Dignity Health's Community Need Index (see *Appendices*), the Hospital's community has a moderate-level of need. The CNI score is an average of five different barrier scores that measure socioeconomic indicators of each community (income, cultural, education, insurance and housing). The zip codes in the community that have the highest need in the community are listed in *Exhibit 26*.

Exhibit 26

KVC Hospitals Hays

Zip Codes with Highest Community Need Index

Zip Code	CNI Score*	City	County
67202	4.2	Wichita	Sedgwick
67203	4.2	Wichita	Sedgwick
67204	4.6	Wichita	Sedgwick
67207	4.0	Wichita	Sedgwick
67208	4.0	Wichita	Sedgwick
67210	4.8	Wichita	Sedgwick
67211	5.0	Wichita	Sedgwick
67213	4.6	Wichita	Sedgwick
67214	5.0	Wichita	Sedgwick
67216	4.8	Wichita	Sedgwick
67217	4.2	Wichita	Sedgwick
67218	4.6	Wichita	Sedgwick
67219	4.2	Wichita	Sedgwick
67220	3.8	Wichita	Sedgwick
67221	4.2	McConnell Afb	Sedgwick
67401	3.8	Salina	Saline
67501	4.4	Hutchinson	Reno
67514	3.8	Arlington	Reno
67114	3.8	Newton	Harvey
67530	3.8	Great Bend	Barton

* Scale of 1 (Lowest Need) to 5 (Highest Need)

Source: Dignity Health Community Need Index

Information Gaps

This assessment was designed to provide a comprehensive and broad picture of the health in the overall community served by the Hospital; however, there may be a number of medical conditions that are not specifically addressed in this report due to various factors, including but not limited to, publically available information or limited community input.

In addition, certain population groups might not be identifiable or might not be represented in numbers sufficient for independent analysis. Examples include homeless, institutionalized persons, undocumented residents and members of certain ethnic groups who do not speak English or Spanish. Efforts were made to obtain input from these specific populations through key stakeholder interviews.

Prioritization of Identified Health Needs

Priority setting is a required step in the community benefit planning process. The IRS regulations indicate that the needs assessment must provide a prioritized description of the community health needs identified through the assessment, and include a description of the process and criteria used in prioritizing the health needs.

The mental health needs of children and adolescents are increasing in Kansas. Addressing these needs is important to the communities. Based on the data from our assessment, the following community mental/behavioral health needs for children and adolescents were identified:

Secondary Data

- ✓ Poor mental health days (morbidity)
- ✓ Deaths of despair rate
- ✓ Poor physical health

Primary Data

Health needs identified through key stakeholder surveys were included as health needs. Needs for vulnerable populations were separately reported in the analysis in order to facilitate the prioritization process.

- ✓ Increased stress on children
- ✓ Increase in hospitalization wait times
- ✓ Lack of trauma-informed assessment and intervention strategies
- ✓ Lack of funding for mental health services and preventive programs*
- ✓ Coordination with other systems of care (e.g. school)
- ✓ Access to services (cost)*
- ✓ Increase in children who self-harm or harm others
- ✓ Need for increased integration between primary care and mental health services
- ✓ Need for increased integration of families into treatment and education of families, schools and others who interact with the client post-discharge

**Impacts vulnerable populations*

To facilitate prioritization of identified health needs, KVC Hospitals' management prioritized the needs identified above based on the following four factors.

1. How many people are affected by the issue or size of the issue
2. What are the consequences of not addressing this problem
3. The impact of the issue on vulnerable populations
4. Whether or not the Hospital has existing programs to respond to the identified need

As a result, the top three mental and/or behavioral health needs for the KVC Hospitals Hays CHNA Community were determined.

1. Lack of trauma-informed assessment and intervention strategies
2. Access to services (cost)
3. Access to services (availability of acute & PRTF beds in the community)
4. Coordination with other systems of care

While the priorities above were also included in the Hospital's 2016 CHNA report, as described previously in the *Evaluation of Prior Implementation Strategy*, progress has been made; however, the needs of the community remain.

The Hospitals' next steps include developing an implementation strategy to address these priority areas.

APPENDICES

ACKNOWLEDGEMENTS

Acknowledgements

The project Steering Committee was the convening body for this project. Many other individuals including community residents, key informants and community-based organizations contributed to this community health needs assessment.

Project Steering Committee

Special thanks to all of the following committee members for their time and commitment to this project:

Key Stakeholders

Thank you to the following individuals who participated in our key informant interview process:

David Anderson

Chris Hipp

Jason Scheck

Joan Tammany

SOURCES

DATA TYPE	SOURCE	YEAR(S)
Discharges by Zip Code	Eric Marley KVC Hospital	FY 2018
Community Details: Population & Demographics	American FactFinder via American Community Survey https://factfinder.census.gov/	2013-2017
Community Details: Urban/Rural Population	American FactFinder via American Community Survey https://factfinder.census.gov/	2010
Socioeconomic Characteristics: Income	American FactFinder via American Community Survey https://factfinder.census.gov/	2013-2017
Socioeconomic Characteristics: Employment by Major Industry	US Department of Labor , Bureau of Labor Statistics http://www.bls.gov/cew/datatoc.htm	2017
Socioeconomic Characteristics: Unemployment	Cares Engagement Network via US Department of Labor https://engagementnetwork.org/	2006-2017
Socioeconomic Characteristics: Poverty	American FactFinder via American Community Survey https://factfinder.census.gov/	2013-2017
Socioeconomic Characteristics: Uninsured	American FactFinder via American Community Survey https://factfinder.census.gov/	2013-2017
Socioeconomic Characteristics: Education	American FactFinder via American Community Survey https://factfinder.census.gov/	2013-2017
Physical Environment: Grocery Store Access	Cares Engagement Network via US Census Bureau https://engagementnetwork.org/	2016
Physical Environment: Food Access/Food Deserts	Cares Engagement Network via US Department of Agriculture https://engagementnetwork.org/	2015
Physical Environment: Recreation/Fitness Access	Cares Engagement Network via US Census Bureau https://engagementnetwork.org/	2010-2016
Clinical Care: Access to Primary Care	Cares Engagement Network via US Department of Health & Human Services https://engagementnetwork.org/	2014
Critical Care: Preventable Hospital Events	Cares Engagement Network via Dartmouth College Institute for Health Policy https://engagementnetwork.org/	2015
Leading Causes of Death	Cares Engagement Network via Centers for Disease Control and Prevention https://engagementnetwork.org/	2012-2016
Health Outcomes and Factors	County Health Rankings http://www.countyhealthrankings.org/	2015 & 2018
Zip Codes with Highest CNI	Dignity Health Community Needs Index http://cni.chw-interactive.org/	2018
Office of Disease Prevention and Health Promotion	https://www.healthypeople.gov/2020/topics-objectives	
US National Library of Medicine – National Institutes of Health	https://www.ncbi.nlm.nih.gov/pubmed/21464366	
National Institute of Mental Health	Mental Health Information Statistics https://www.nimh.nih.gov/health/statistics/mental-illness.shtml	2001-2017
Mental Health America	Mental Health in America – Youth Data http://www.mentalhealthamerica.net/issues/mental-health-america-youth-data	2014-2016
National Alliance on Mental Health	Mental Health By The Numbers https://www.nami.org/learn-more/mental-health-by-the-numbers	2001-2017

KEY STAKEHOLDER SURVEY QUESTIONS

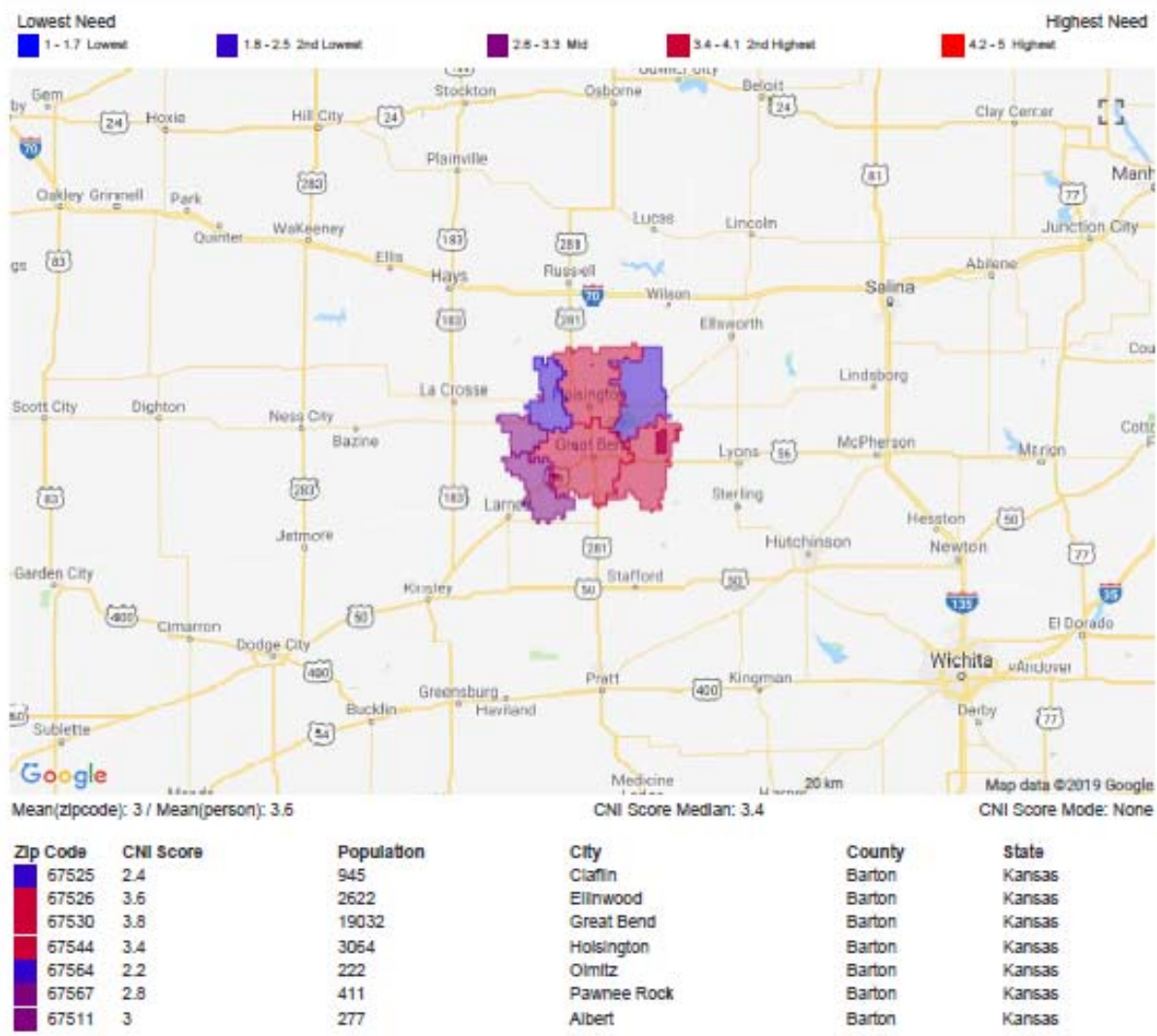
**KVC Hospitals Hays
Community Health Needs Assessment
Key Stakeholder Survey Questions**

KVC Hospitals are generating data as part of developing a plan to improve health and quality of life in the community it serves. Community input is essential to the process. Some of the following questions are open-ended. In these instances, we are trying to gather your thoughts and opinions. There are no right or wrong answers.

1. Please provide your name and email address
 - a. Name
 - b. Company
 - c. Email Address
2. Please select which hospital or hospitals you are providing input for.
 - a. KVC Prairie Ridge (Kansas City)
 - b. KVC Wheatland (Hays)
 - c. Both KVC Prairie Ridge and KVC Wheatland
3. In general, how would you rate the mental and behavioral health needs of the community served by the KVC Hospital(s) for which you are providing input? On the sliding scale, a 10 would represent perfect health.
4. In your opinion, have the mental health and behavioral health needs increased, decreased, or stayed the same over the past 3 – 5 years?
 - a. Increased
 - b. Decreased
 - c. Stayed the same
5. Please describe what factors influence your answers on questions 3 and 4 above.
6. Are there populations of people whose mental and/or behavioral health needs may be more than others? Populations identified in the previous assessment were children in foster care, persons with significant trauma or abusive histories, uninsured adults, and juvenile offenders.

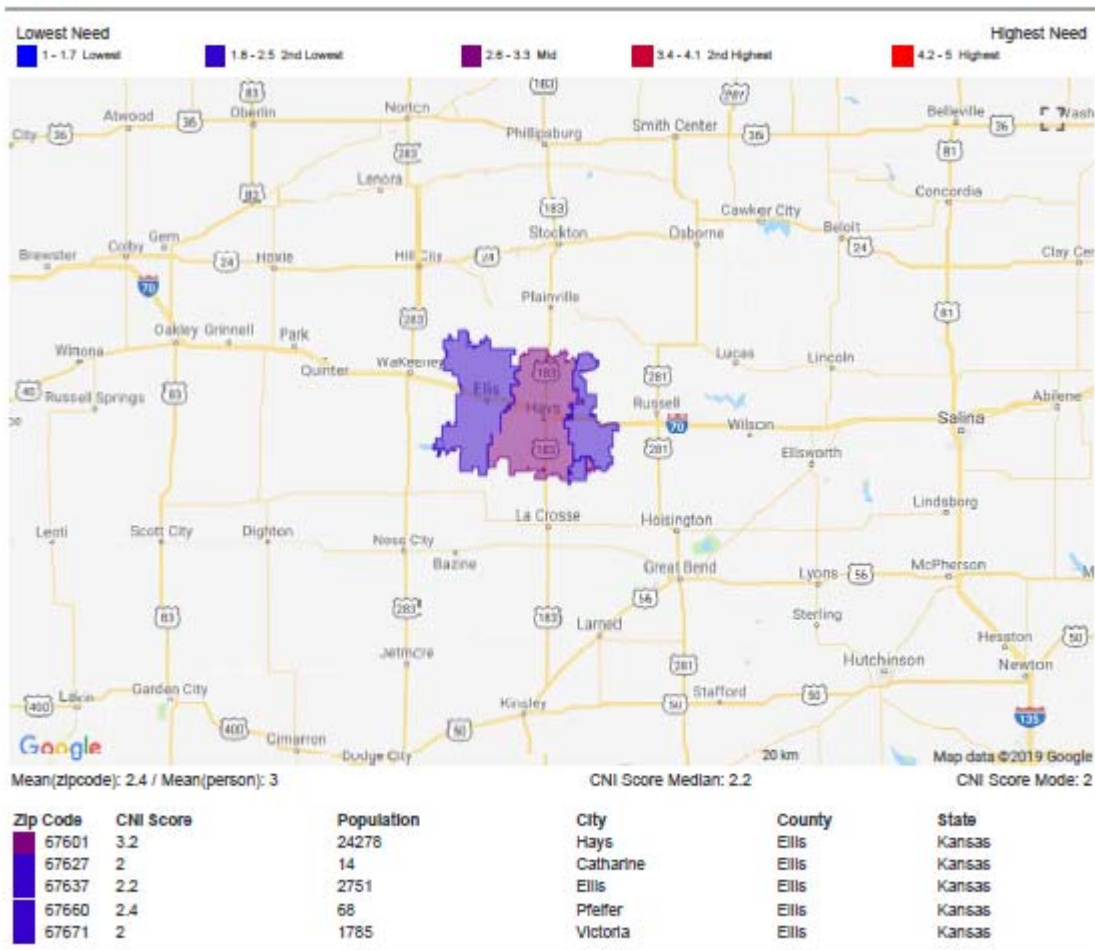
7. Please explain why the population that you identified in question 6 has greater health needs than others.
8. What barriers, if any, exist to improving mental and behavioral health services for children and youth?
 - Shortage of providers
 - Lack of funding
 - Lack of education of available services among parents and schools
 - Other (please specify)
 - Stigma associated with obtaining these services
 - Transportation
 - Lack of insurance
9. In your opinion, what are the most critical mental/behavioral health issues for children and families of children requiring treatment?
10. What do you feel should be done to address the issues identified in the previous question?
11. Please provide any additional input regarding treatment of children's mental and behavioral health needs at KVC Hospital.

DIGNITY HEALTH COMMUNITY NEED INDEX REPORTS



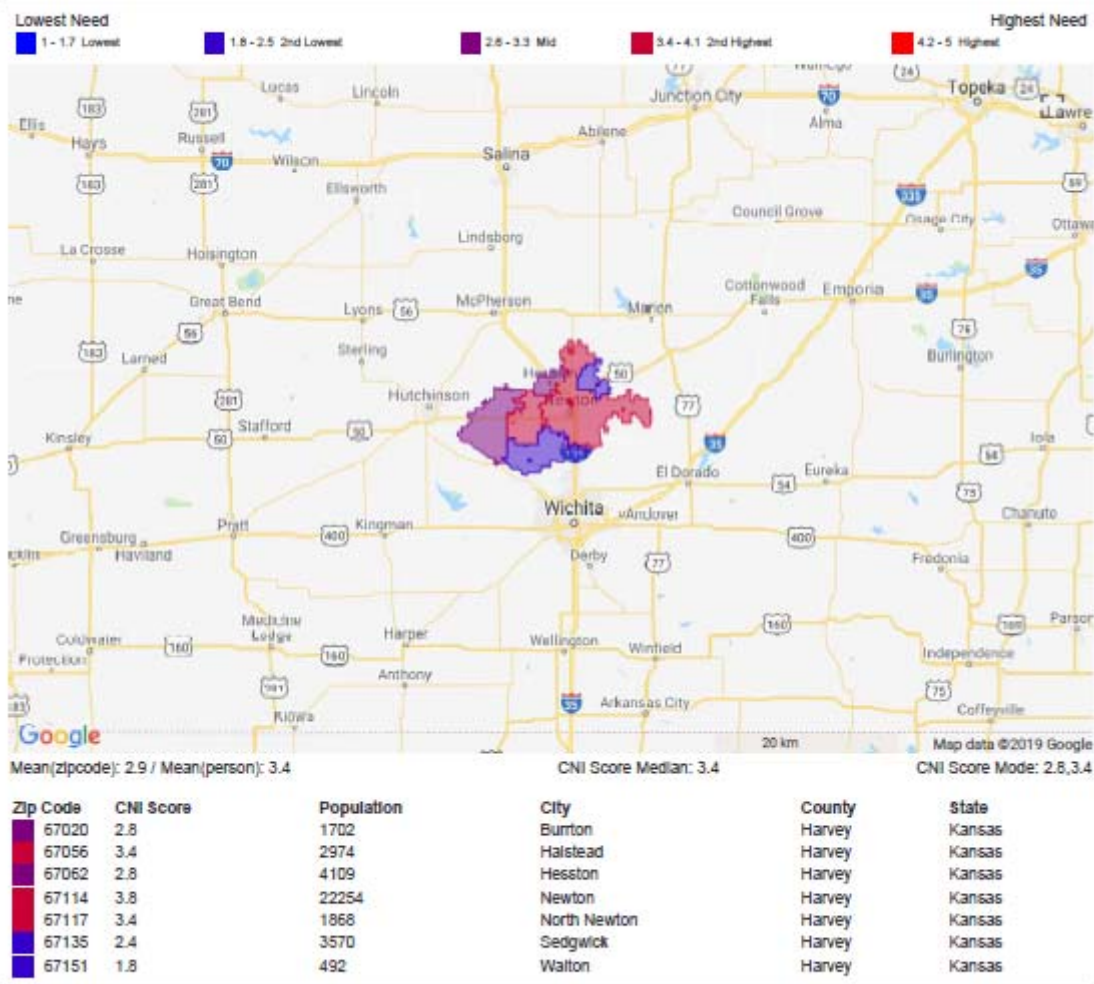


Dignity Health



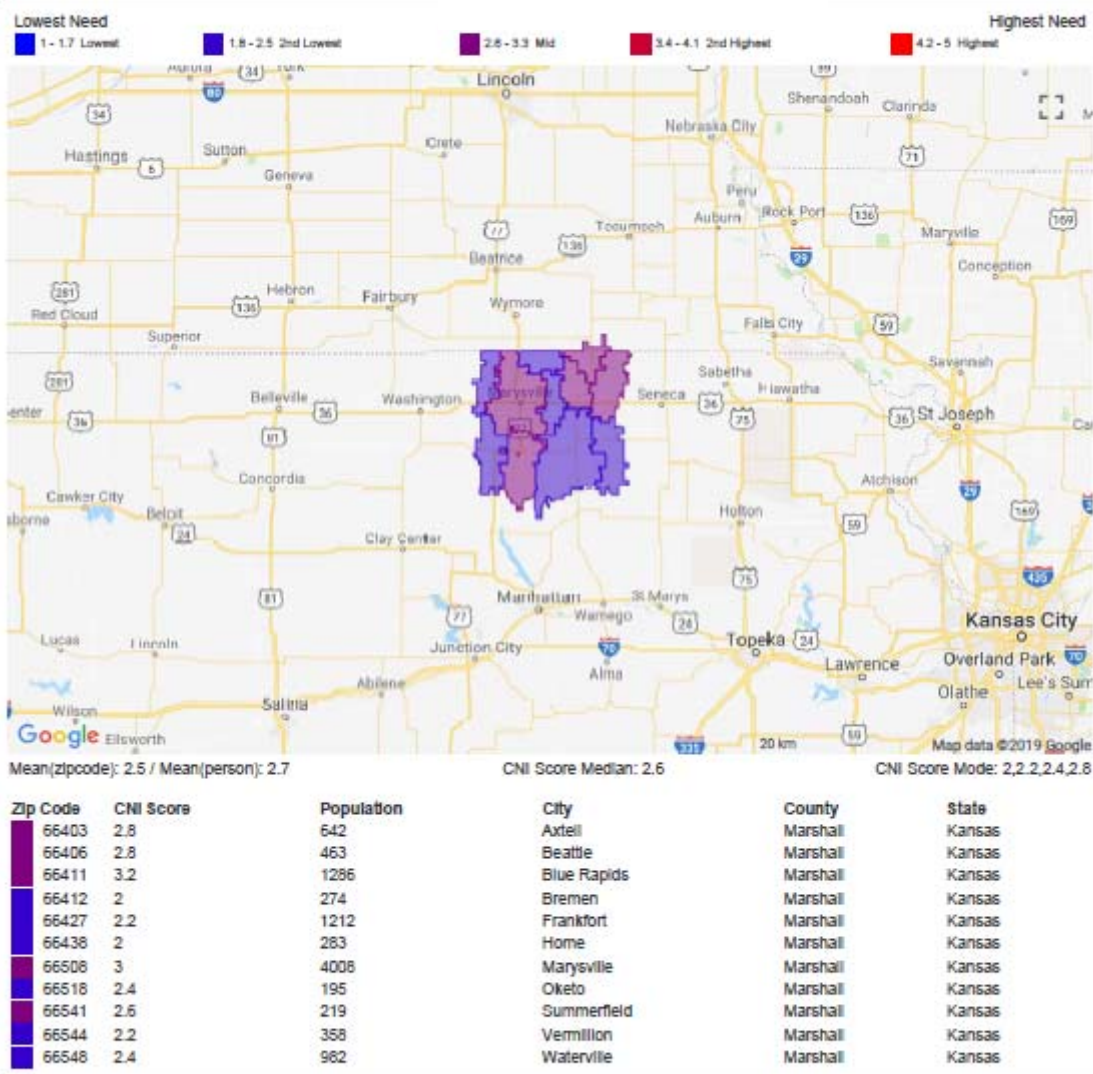
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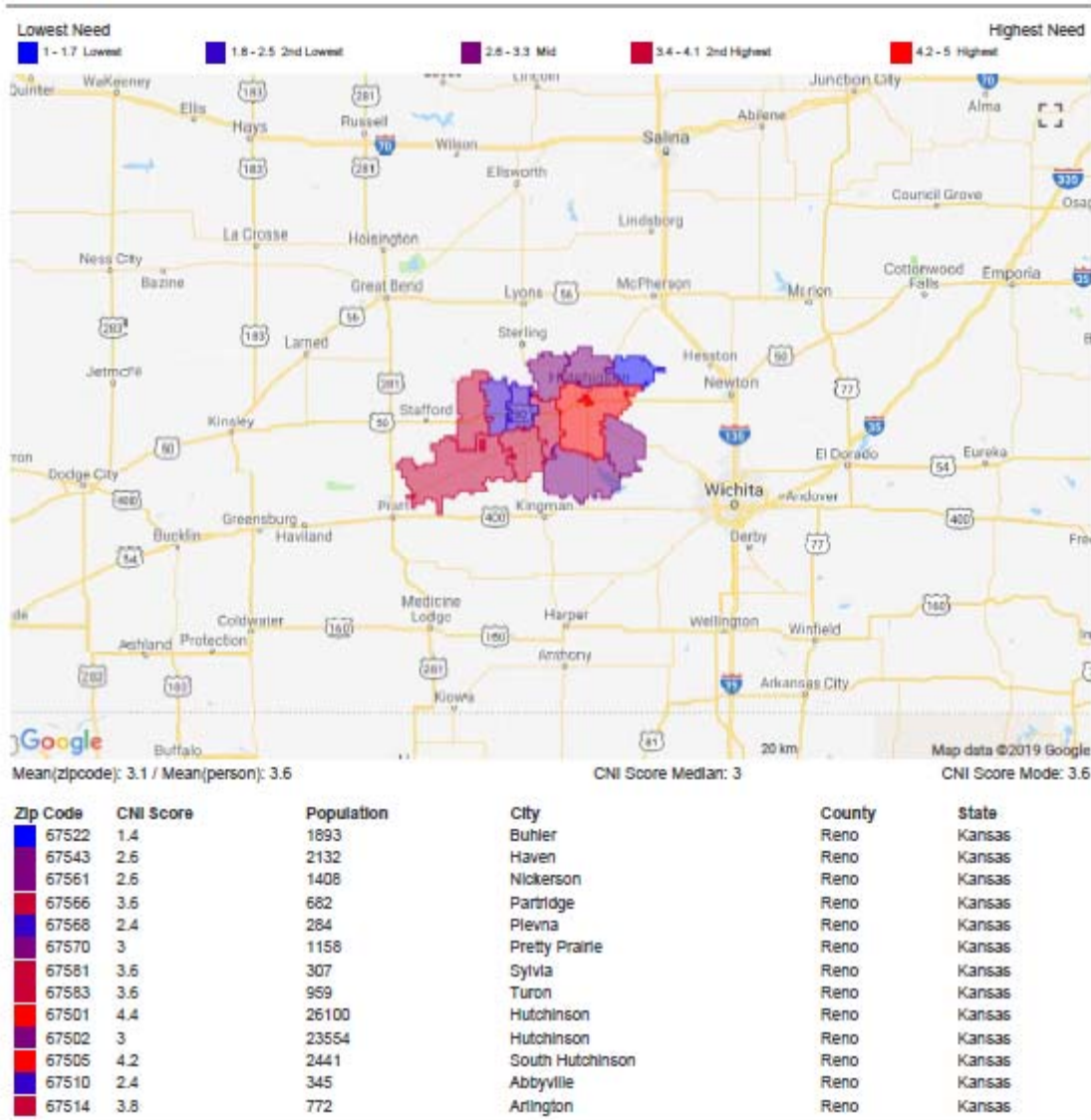






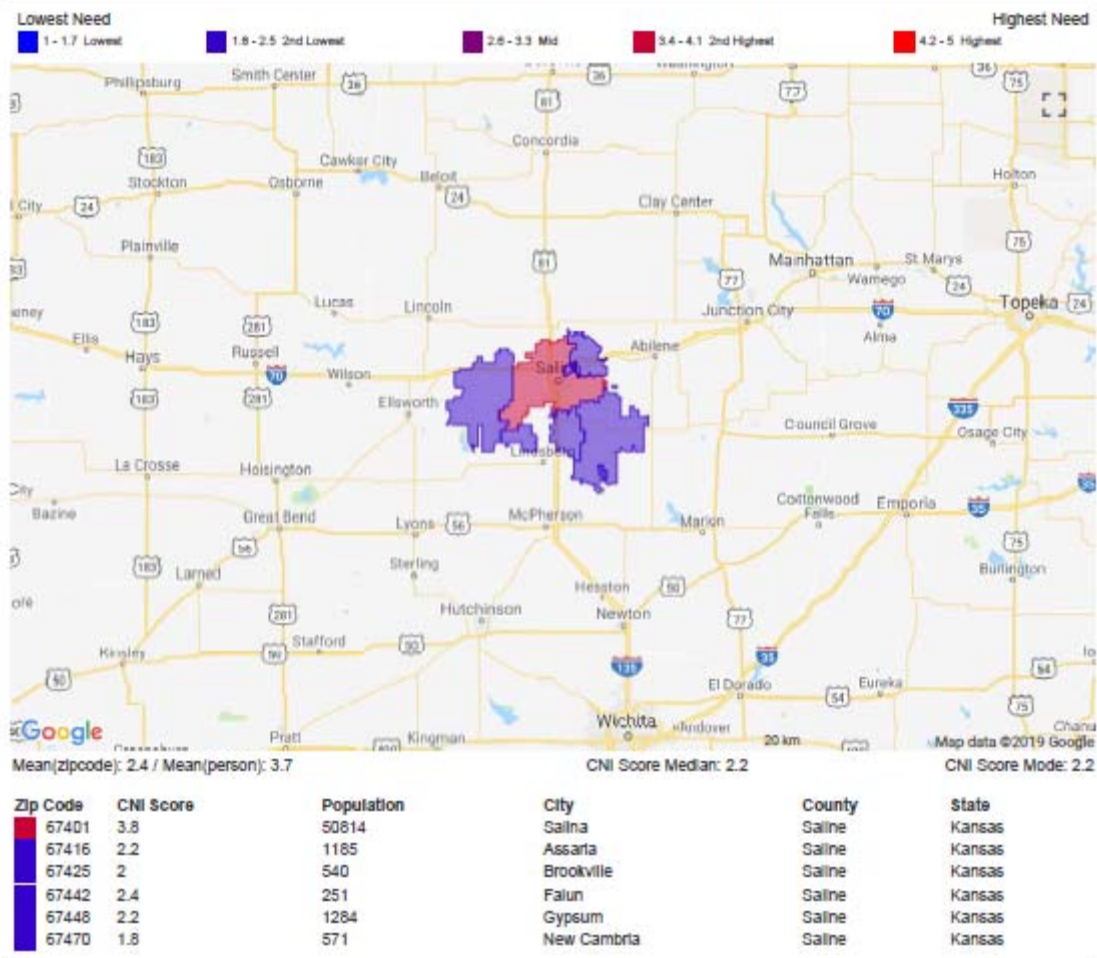
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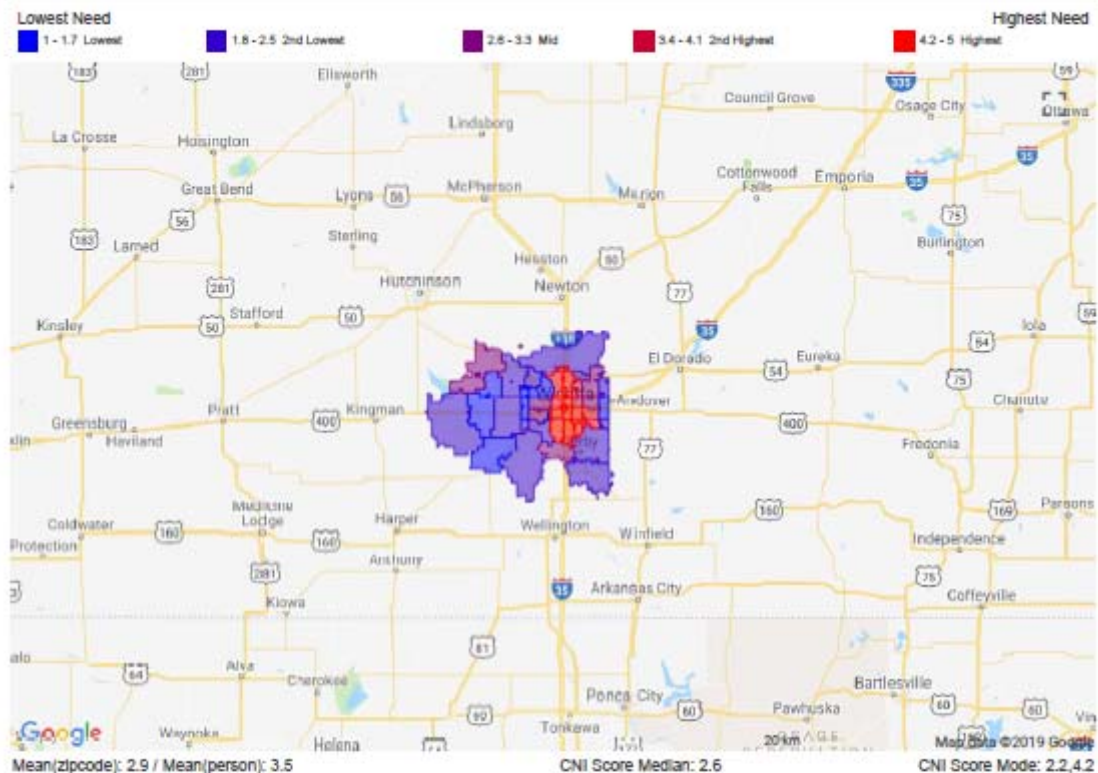


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Zip Code	CNI Score	Population	City	County	State
67001	1.2	1866	Andale	Sedgwick	Kansas
67016	3	572	Bentley	Sedgwick	Kansas
67025	2	3950	Cheney	Sedgwick	Kansas
67026	2.4	5228	Clearwater	Sedgwick	Kansas
67030	1.8	2759	Colwich	Sedgwick	Kansas
67037	2.4	28201	Derby	Sedgwick	Kansas
67050	1.6	1873	Garden Plain	Sedgwick	Kansas
67052	2.2	9767	Goddard	Sedgwick	Kansas
67055	1.8	80	Greenwich	Sedgwick	Kansas
67060	2.8	14126	Haysville	Sedgwick	Kansas
67067	1.8	1926	Kechi	Sedgwick	Kansas
67101	2.2	4197	Maize	Sedgwick	Kansas
67108	3	1573	Mount Hope	Sedgwick	Kansas
67110	2	8592	Mulvane	Sedgwick	Kansas
67147	2	10483	Valley Center	Sedgwick	Kansas
67149	1.6	1033	Viola	Sedgwick	Kansas
67202	4.2	1970	Wichita	Sedgwick	Kansas
67203	4.2	31107	Wichita	Sedgwick	Kansas
67204	4.6	20736	Wichita	Sedgwick	Kansas
67205	1.4	19730	Wichita	Sedgwick	Kansas
67206	3.2	17054	Wichita	Sedgwick	Kansas
67207	4	28261	Wichita	Sedgwick	Kansas
67208	4	17741	Wichita	Sedgwick	Kansas
67209	2.6	14338	Wichita	Sedgwick	Kansas

COUNTY HEALTH RANKINGS

BARTON COUNTY
KVC Hospitals Hays
County Health Rankings – Health Factors

	Barton County 2015	Barton County 2018		Kansas 2018	Top US Performers 2018
Health Behaviors	*	60	84		
Adult smoking - Percent of adults that report smoking at least 100 cigarettes and that they currently smoke	17.0%	17.0%	—	17.0%	14.0%
Adult obesity - Percent of adults that report a BMI \geq 30	36.0%	36.0%	—	32.0%	26.0%
Food environment index [^] - Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best)	7.6	7.6	—	7.0	8.6
Physical inactivity - Percent of adults aged 20 and over reporting no leisure time physical activity	29.0%	26.0%	↓	25.0%	20.0%
Access to exercise opportunities [^] - Percentage of population with adequate access to locations for physical activity	71.0%	69.0%	↓	81.0%	91.0%
Excessive drinking - Percent of adults that report excessive drinking in the past 30 days	14.0%	16.0%	↑	17.0%	13.0%
Alcohol-impaired driving deaths - Percent of motor vehicle crash deaths with alcohol involvement	22.0%	19.0%	↓	25.0%	13.0%
Sexually transmitted infections - Chlamydia rate per 100K population	410.0	398.0	↓	394.8	145.1
Teen births - Female population, ages 15-19	48.0	39.0	↓	30.0	15.0
Clinical Care	*	44	43		
Uninsured adults - Percent of population under age 65 without health insurance	17.0%	13.0%	↓	10.0%	6.0%
Primary care physicians - Number of population for every one primary care physician	1,621	1,810	↑	1,320	1,030
Dentists - Number of population for every one dentist	2,116	2,230	↑	1,760	1,280
Mental health providers - Number of population for every one mental health provider	724	510	↓	560	330
Preventable hospital stays - Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees	65.0	55.0	↓	51.0	35.0
Diabetic screening [^] - Percent of diabetic Medicare enrollees that receive HbA1c screening	86.0%	88.0%	↑	86.0%	91.0%
Mammography screening [^] - Percent of female Medicare enrollees that receive mammography screening	66.9%	65.0%	↓	63.0%	71.0%
Social & Economic Factors	*	64	85		
High school graduation [^] - Percent of ninth grade cohort that graduates in 4 years	85.0%	84.0%	↓	86.0%	95.0%
Some college [^] - Percent of adults aged 25-44 years with some post-secondary education	56.2%	55.0%	↓	69.0%	72.0%
Unemployment - Percent of population age 16+ unemployed but seeking work	3.8%	4.7%	↑	4.2%	3.2%
Children in poverty - Percent of children under age 18 in poverty	20.0%	19.0%	↓	14.0%	12.0%
Income inequality - Ratio of household income at the 80th percentile to income at the 20th percentile	3.9	4.1	↑	4.4	3.7
Children in single-parent households - Percent of children that live in household headed by single parent	24.0%	33.0%	↑	29.0%	20.0%

BARTON COUNTY
KVC Hospitals Hays
County Health Rankings – Health Factors (continued)

	Barton County 2015	Barton County 2018		Kansas 2018	Top US Performers 2018
Social associations [^] - Number of membership associations per 10,000 population	20.3	21.8	↑	13.7	22.1
Violent Crime Rate - Violent crime rate per 100,000 population (age-adjusted)	411.0	386.0	↓	348.0	62.0
Injury deaths - Number of deaths due to injury per 100,000 population	82.0	81.0	↓	70.0	55.0
Physical Environment *	69	68	↓		
Air pollution-particulate matter days - Average daily measure of fine particulate matter in micrograms per cubic meter	11.5	8.2	↓	8.5	6.7
Severe housing problems - Percentage of household with at least 1 of 4 housing problems: overcrowding, high housing costs or lack of kitchen or plumbing facilities	10.0%	12.0%	↑	14.0%	9.0%
Driving alone to work - Percentage of the workforce that drives alone to work	82.0%	82.0%	—	82.0%	12.0%
Long commute, driving alone - Among workers who commute in their car alone, the percentage that commute more than 30 minutes	13.0%	13.0%	—	20.0%	15.0%

* Rank out of 101 Kansas counties for 2015 and 103 Kansas counties in 2018

[^] Opposite Indicator signifying that an increase is a positive outcome and a decrease is a negative.

Note: N/A indicates unreliable or missing data

Source: Countyhealthrankings.org

ELLIS COUNTY
KVC Hospitals Hays
County Health Rankings – Health Factors

	Ellis County 2015	Ellis County 2018		Kansas 2018	Top US Performers 2018
Health Behaviors	*	23	67		
Adult smoking - Percent of adults that report smoking at least 100 cigarettes and that they currently smoke	15.0%	16.0%	↑	17.0%	14.0%
Adult obesity - Percent of adults that report a BMI >= 30	30.0%	32.0%	↑	32.0%	26.0%
Food environment index [^] - Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best)	7.6	7.6	—	7.0	8.6
Physical inactivity - Percent of adults aged 20 and over reporting no leisure time physical activity	26.0%	24.0%	↓	25.0%	20.0%
Access to exercise opportunities [^] - Percentage of population with adequate access to locations for physical activity	72.0%	83.0%	↑	81.0%	91.0%
Excessive drinking - Percent of adults that report excessive drinking in the past 30 days	19.0%	19.0%	—	17.0%	13.0%
Alcohol-impaired driving deaths - Percent of motor vehicle crash deaths with alcohol involvement	45.0%	40.0%	↓	25.0%	13.0%
Sexually transmitted infections - Chlamydia rate per 100K population	375.0	565.3	↑	394.8	145.1
Teen births - Female population, ages 15-19	24.0	21.0	↓	30.0	15.0
Clinical Care	*	24	18		
Uninsured adults - Percent of population under age 65 without health insurance	13.0%	9.0%	↓	10.0%	6.0%
Primary care physicians - Number of population for every one primary care physician	1,709	1,610	↓	1,320	1,030
Dentists - Number of population for every one dentist	1,264	1,030	↓	1,760	1,280
Mental health providers - Number of population for every one mental health provider	415	380	↓	560	330
Preventable hospital stays - Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees	73.0	57.0	↓	51.0	35.0
Diabetic screening [^] - Percent of diabetic Medicare enrollees that receive HbA1c screening	77.0%	78.0%	↑	86.0%	91.0%
Mammography screening [^] - Percent of female Medicare enrollees that receive mammography screening	75.0%	74.0%	↓	63.0%	71.0%
Social & Economic Factors	*	13	23		
High school graduation [^] - Percent of ninth grade cohort that graduates in 4 years	86.0%	87.0%	↑	86.0%	95.0%
Some college [^] - Percent of adults aged 25-44 years with some post-secondary education	74.9%	78.0%	↑	69.0%	72.0%
Unemployment - Percent of population age 16+ unemployed but seeking work	2.8%	3.2%	↑	4.2%	3.2%
Children in poverty - Percent of children under age 18 in poverty	14.0%	12.0%	↓	14.0%	12.0%
Income inequality - Ratio of household income at the 80th percentile to income at the 20th percentile	4.7	4.8	↑	4.4	3.7
Children in single-parent households - Percent of children that live in household headed by single parent	24.0%	34.0%	↑	29.0%	20.0%
Social associations [^] - Number of membership associations per 10,000 population	13	13	—	14	22

ELLIS COUNTY
KVC Hospitals Hays
County Health Rankings – Health Factors (continued)

	Ellis County 2015	Ellis County 2018		Kansas 2018	Top US Performers 2018
Violent Crime Rate - Violent crime rate per 100,000 population (age-adjusted)	334.0	335.0	↑	348.0	62.0
Injury deaths - Number of deaths due to injury per 100,000 population	62.0	65.0	↑	70.0	55.0
Physical Environment *	85	70	↓		
Air pollution-particulate matter days - Average daily measure of fine particulate matter in micrograms per cubic meter	12.3	7.9	↓	8.5	6.7
Severe housing problems - Percentage of household with at least 1 of 4 housing problems: overcrowding, high housing costs or lack of kitchen or plumbing facilities	11.0%	15.0%	↑	14.0%	9.0%
Driving alone to work - Percentage of the workforce that drives alone to work	84.0%	85.0%	↑	82.0%	72.0%
Long commute, driving alone - Among workers who commute in their car alone, the percentage that commute more than 30 minutes	7.0%	6.0%	↓	20.0%	15.0%

* Rank out of 101 Kansas counties for 2015 and 103 Kansas counties in 2018

^ Opposite Indicator signifying that an increase is a positive outcome and a decrease is a negative.

Note: N/A indicates unreliable or missing data

Source: Countyhealthrankings.org

HARVEY COUNTY
KVC Hospitals Hays
County Health Rankings – Health Factors

	Harvey County 2015	Harvey County 2018		Kansas 2018	Top US Performers 2018
Health Behaviors	*	6	5		
Adult smoking - Percent of adults that report smoking at least 100 cigarettes and that they currently smoke	10.0%	15.0%	↓	17.0%	14.0%
Adult obesity - Percent of adults that report a BMI >= 30	34.0%	31.0%	↓	32.0%	26.0%
Food environment index ^ - Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best)	7.7	8.2	↑	7.0	8.6
Physical inactivity - Percent of adults aged 20 and over reporting no leisure time physical activity	27.0%	25.0%	↓	25.0%	20.0%
Access to exercise opportunities ^ - Percentage of population with adequate access to locations for physical activity	77.0%	86.0%	↑	81.0%	91.0%
Excessive drinking - Percent of adults that report excessive drinking in the past 30 days	10.0%	14.0%	↑	17.0%	13.0%
Alcohol-impaired driving deaths - Percent of motor vehicle crash deaths with alcohol involvement	23.0%	12.0%	↓	25.0%	13.0%
Sexually transmitted infections - Chlamydia rate per 100K population	261.0	281.4	↑	394.8	145.1
Teen births - Female population, ages 15-19	36.0	31.0	↓	30.0	15.0
Clinical Care	*	2	3		
Uninsured adults - Percent of population under age 65 without health insurance	13.0%	10.0%	↓	10.0%	6.0%
Primary care physicians - Number of population for every one primary care physician	1,162	1,130	↓	1,320	1,030
Dentists - Number of population for every one dentist	1,737	1,660	↓	1,760	1,280
Mental health providers - Number of population for every one mental health provider	347	290	↓	560	330
Preventable hospital stays - Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees	38.0	32.0	↓	51.0	35.0
Diabetic screening ^ - Percent of diabetic Medicare enrollees that receive HbA1c screening	90.0%	85.0%	↓	86.0%	91.0%
Mammography screening ^ - Percent of female Medicare enrollees that receive mammography screening	67.6%	67.0%	↓	63.0%	71.0%
Social & Economic Factors	*	59	45		
High school graduation ^ - Percent of ninth grade cohort that graduates in 4 years	87.0%	91.0%	↑	86.0%	95.0%
Some college ^ - Percent of adults aged 25-44 years with some post-secondary education	62.3%	66.0%	↑	69.0%	72.0%
Unemployment - Percent of population age 16+ unemployed but seeking work	5.1%	4.4%	↓	4.2%	3.2%
Children in poverty - Percent of children under age 18 in poverty	15.0%	13.0%	↓	14.0%	12.0%
Income inequality - Ratio of household income at the 80th percentile to income at the 20th percentile	4.3	4.1	↓	4.4	3.7
Children in single-parent households - Percent of children that live in household headed by single parent	22.0%	23.0%	↑	29.0%	20.0%
Social associations ^ - Number of membership associations per 10,000 population	19.8	19.4	↓	13.7	22.1

HARVEY COUNTY
KVC Hospitals Hays
County Health Rankings – Health Factors

	Harvey County 2015	Harvey County 2018		Kansas 2018	Top US Performers 2018
Violent Crime Rate - Violent crime rate per 100,000 population (age-adjusted)	360.0	399.0	↑	348.0	62.0
Injury deaths - Number of deaths due to injury per 100,000 population	80.0	87.0	↑	70.0	55.0
<i>Physical Environment</i> *	34	60	↑		
Air pollution-particulate matter days - Average daily measure of fine particulate matter in micrograms per cubic meter	9.9	9.2	↓	8.5	6.7
Severe housing problems - Percentage of household with at least 1 of 4 housing problems: overcrowding, high housing costs or lack of kitchen or plumbing facilities	11.0%	12.0%	↑	14.0%	9.0%
Driving alone to work - Percentage of the workforce that drives alone to work	79.0%	80.0%	↑	82.0%	72.0%
Long commute, driving alone - Among workers who commute in their car alone, the percentage that commute more than 30 minutes	24.0%	27.0%	↑	20.0%	15.0%

* Rank out of 101 Kansas counties for 2015 and 103 Kansas counties in 2018

^ Opposite Indicator signifying that an increase is a positive outcome and a decrease is a negative.

Note: N/A indicates unreliable or missing data

Source: Countyhealthrankings.org

RENO COUNTY
KVC Hospitals Hays
County Health Rankings – Health Factors

	Reno County 2015	Reno County 2018		Kansas 2018	Top US Performers 2018
Health Behaviors	*	39	81		
Adult smoking - Percent of adults that report smoking at least 100 cigarettes and that they currently smoke	19.0%	17.0%	↓	17.0%	14.0%
Adult obesity - Percent of adults that report a BMI >= 30	33.0%	36.0%	↑	32.0%	26.0%
Food environment index [^] - Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best)	7.3	7.7	↑	7.0	8.6
Physical inactivity - Percent of adults aged 20 and over reporting no leisure time physical activity	24.0%	28.0%	↑	25.0%	20.0%
Access to exercise opportunities [^] - Percentage of population with adequate access to locations for physical activity	67.0%	52.0%	↓	81.0%	91.0%
Excessive drinking - Percent of adults that report excessive drinking in the past 30 days	13.0%	14.0%	↑	17.0%	13.0%
Alcohol-impaired driving deaths - Percent of motor vehicle crash deaths with alcohol involvement	20.0%	16.0%	↓	25.0%	13.0%
Sexually transmitted infections - Chlamydia rate per 100K population	286.0	380.9	↓	394.8	145.1
Teen births - Female population, ages 15-19	42.0	32.0	↓	30.0	15.0
Clinical Care	*	14	14		
Uninsured adults - Percent of population under age 65 without health insurance	15.0%	10.0%	↓	10.0%	6.0%
Primary care physicians - Number of population for every one primary care physician	1,652	1,680	↑	1,320	1,030
Dentists - Number of population for every one dentist	2,140	1,860	↓	1,760	1,280
Mental health providers - Number of population for every one mental health provider	892	670	↓	560	330
Preventable hospital stays - Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees	52.0	45.0	↓	51.0	35.0
Diabetic screening [^] - Percent of diabetic Medicare enrollees that receive HbA1c screening	90.0%	91.0%	↑	86.0%	91.0%
Mammography screening [^] - Percent of female Medicare enrollees that receive mammography screening	69.3%	69.0%	↓	63.0%	71.0%
Social & Economic Factors	*	74	82		
High school graduation [^] - Percent of ninth grade cohort that graduates in 4 years	85.0%	87.0%	↑	86.0%	95.0%
Some college [^] - Percent of adults aged 25-44 years with some post-secondary education	62.0%	59.0%	↓	69.0%	72.0%
Unemployment - Percent of population age 16+ unemployed but seeking work	5.2%	4.6%	↓	4.2%	3.2%
Children in poverty - Percent of children under age 18 in poverty	20.0%	18.0%	↓	14.0%	12.0%
Income inequality - Ratio of household income at the 80th percentile to income at the 20th percentile	3.9	3.9	—	4.4	3.7

RENO COUNTY

KVC Hospitals Hays

County Health Rankings – Health Factors

	Reno County 2015	Reno County 2018		Kansas 2018	Top US Performers 2018
Children in single-parent households - Percent of children that live in household headed by single parent	31.0%	32.0%	↑	29.0%	20.0%
Social associations [^] - Number of membership associations per 10,000 population	15.2	15.4	↑	13.7	22.1
Violent Crime Rate - Violent crime rate per 100,000 population (age-adjusted)	440.0	438.0	↓	348.0	62.0
Injury deaths - Number of deaths due to injury per 100,000 population	85.0	90.0	↑	70.0	55.0
<i>Physical Environment</i>	*	67	81	↑	
Air pollution-particulate matter days - Average daily measure of fine particulate matter in micrograms per cubic meter	10.5	9.0	↓	8.5	6.7
Severe housing problems - Percentage of household with at least 1 of 4 housing problems: overcrowding, high housing costs or lack of kitchen or plumbing facilities	12.0%	12.0%	—	14.0%	9.0%
Driving alone to work - Percentage of the workforce that drives alone to work	82.0%	81.0%	↓	82.0%	72.0%
Long commute, driving alone - Among workers who commute in their car alone, the percentage that commute more than 30 minutes	16.0%	15.0%	↓	20.0%	15.0%

* Rank out of 101 Kansas counties for 2015 and 103 Kansas counties in 2018

[^] Opposite Indicator signifying that an increase is a positive outcome and a decrease is a negative.

Note: N/A indicates unreliable or missing data

Source: Countyhealthrankings.org

SALINE COUNTY
KVC Hospitals Hays
County Health Rankings – Health Factors

	Saline County 2015	Saline County 2018		Kansas 2018	Top US Performers 2018
Health Behaviors	*	44	79		
Adult smoking - Percent of adults that report smoking at least 100 cigarettes and that they currently smoke	18.0%	16.0%	↓	17.0%	14.0%
Adult obesity - Percent of adults that report a BMI ≥ 30	32.0%	36.0%	↑	32.0%	26.0%
Food environment index [^] - Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best)	7.5	7.8	↑	7.0	8.6
Physical inactivity - Percent of adults aged 20 and over reporting no leisure time physical activity	24.0%	29.0%	↑	25.0%	20.0%
Access to exercise opportunities [^] - Percentage of population with adequate access to locations for physical activity	80.0%	87.0%	↑	81.0%	91.0%
Excessive drinking - Percent of adults that report excessive drinking in the past 30 days	15.0%	16.0%	↑	17.0%	13.0%
Alcohol-impaired driving deaths - Percent of motor vehicle crash deaths with alcohol involvement	31.0%	24.0%	↓	25.0%	13.0%
Sexually transmitted infections - Chlamydia rate per 100K population	500.0	525.5	↑	394.8	145.1
Teen births - Female population, ages 15-19	55.0	39.0	↓	30.0	15.0
Clinical Care	*	7	8		
Uninsured adults - Percent of population under age 65 without health insurance	15.0%	11.0%	↓	10.0%	6.0%
Primary care physicians - Number of population for every one primary care physician	1,166	1,270	↑	1,320	1,030
Dentists - Number of population for every one dentist	1,742	1,530	↓	1,760	1,280
Mental health providers - Number of population for every one mental health provider	364	320	↓	560	330
Preventable hospital stays - Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees	45.0	39.0	↓	51.0	35.0
Diabetic screening [^] - Percent of diabetic Medicare enrollees that receive HbA1c screening	87.0%	88.0%	↑	86.0%	91.0%
Mammography screening [^] - Percent of female Medicare enrollees that receive mammography screening	73.3%	73.0%	↓	63.0%	71.0%
Social & Economic Factors	*	76	60		
High school graduation [^] - Percent of ninth grade cohort that graduates in 4 years	83.0%	88.0%	↑	86.0%	95.0%
Some college [^] - Percent of adults aged 25-44 years with some post-secondary education	59.9%	60.0%	↑	69.0%	72.0%
Unemployment - Percent of population age 16+ unemployed but seeking work	5.2%	3.8%	↓	4.2%	3.2%
Children in poverty - Percent of children under age 18 in poverty	20.0%	15.0%	↓	14.0%	12.0%
Income inequality - Ratio of household income at the 80th percentile to income at the 20th percentile	3.9	4.0	↑	4.4	3.7

SALINE COUNTY
KVC Hospitals Hays
County Health Rankings – Health Factors

	Saline County 2015	Saline County 2018		Kansas 2018	Top US Performers 2018
Children in single-parent households - Percent of children that live in household headed by single parent	38.0%	36.0%	↓	29.0%	20.0%
Social associations [^] - Number of membership associations per 10,000 population	15.7	15.4	↓	13.7	22.1
Violent Crime Rate - Violent crime rate per 100,000 population (age-adjusted)	365.0	344.0	↓	348.0	62.0
Injury deaths - Number of deaths due to injury per 100,000 population	67.0	76.0	↑	70.0	55.0
<i>Physical Environment</i>	*	71	90	↑	
Air pollution-particulate matter days - Average daily measure of fine particulate matter in micrograms per cubic meter	10.5	9.0	↓	8.5	6.7
Severe housing problems - Percentage of household with at least 1 of 4 housing problems: overcrowding, high housing costs or lack of kitchen or plumbing facilities	13.0%	15.0%	↑	14.0%	9.0%
Driving alone to work - Percentage of the workforce that drives alone to work	83.0%	83.0%	—	82.0%	72.0%
Long commute, driving alone - Among workers who commute in their car alone, the percentage that commute more than 30 minutes	8.0%	8.0%	—	20.0%	15.0%

* Rank out of 101 Kansas counties for 2015 and 103 Kansas counties in 2018

[^] Opposite Indicator signifying that an increase is a positive outcome and a decrease is a negative.

Note: N/A indicates unreliable or missing data

Source: Countyhealthrankings.org

SEDGWICK COUNTY
KVC Hospitals Hays
County Health Rankings – Health Factors

	Sedgwick County 2015	Sedgwick County 2018		Kansas 2018	Top US Performers 2018
Health Behaviors	*	46	90		
Adult smoking - Percent of adults that report smoking at least 100 cigarettes and that they currently smoke	19.0%	19.0%	—	17.0%	14.0%
Adult obesity - Percent of adults that report a BMI >= 30	29.0%	34.0%	↑	32.0%	26.0%
Food environment index [^] - Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best)	6.8	7.2	↑	7.0	8.6
Physical inactivity - Percent of adults aged 20 and over reporting no leisure time physical activity	25.0%	24.0%	↓	25.0%	20.0%
Access to exercise opportunities [^] - Percentage of population with adequate access to locations for physical activity	81.0%	89.0%	↑	81.0%	91.0%
Excessive drinking - Percent of adults that report excessive drinking in the past 30 days	15.0%	16.0%	↑	17.0%	13.0%
Alcohol-impaired driving deaths - Percent of motor vehicle crash deaths with alcohol involvement	35.0%	22.0%	↓	25.0%	13.0%
Sexually transmitted infections - Chlamydia rate per 100K population	654.0	520.2	↓	394.8	145.1
Teen births - Female population, ages 15-19	52.0	40.0	↓	30.0	15.0
Clinical Care	*	18	23		
Uninsured adults - Percent of population under age 65 without health insurance	16.0%	14.0%	↓	10.0%	6.0%
Primary care physicians - Number of population for every one primary care physician	1,175	1,150	↓	1,320	1,030
Dentists - Number of population for every one dentist	1,818	1,700	↓	1,760	1,280
Mental health providers - Number of population for every one mental health provider	576	510	↓	560	330
Preventable hospital stays - Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees	42.0	34.0	↓	51.0	35.0
Diabetic screening [^] - Percent of diabetic Medicare enrollees that receive HbA1c screening	85.0%	87.0%	↑	86.0%	91.0%
Mammography screening [^] - Percent of female Medicare enrollees that receive mammography screening	63.9%	61.0%	↓	63.0%	71.0%
Social & Economic Factors	*	94	88		
High school graduation [^] - Percent of ninth grade cohort that graduates in 4 years	81.0%	82.0%	↑	86.0%	95.0%
Some college [^] - Percent of adults aged 25-44 years with some post-secondary education	66.3%	67.0%	↑	69.0%	72.0%
Unemployment - Percent of population age 16+ unemployed but seeking work	6.4%	4.8%	↓	4.2%	3.2%
Children in poverty - Percent of children under age 18 in poverty	22.0%	18.0%	↓	14.0%	12.0%
Income inequality - Ratio of household income at the 80th percentile to income at the 20th percentile	4.5	4.6	↑	4.4	3.7

SEDGWICK COUNTY

KVC Hospitals Hays

County Health Rankings – Health Factors

	Sedgwick County 2015	Sedgwick County 2018		Kansas 2018	Top US Performers 2018
Children in single-parent households - Percent of children that live in household headed by single parent	34.0%	35.0%	↑	29.0%	20.0%
Social associations [^] - Number of membership associations per 10,000 population	9.8	10.0	↑	13.7	22.1
Violent Crime Rate - Violent crime rate per 100,000 population (age-adjusted)	648.0	622.0	↓	348.0	62.0
Injury deaths - Number of deaths due to injury per 100,000 population	65.0	74.0	↑	70.0	55.0
<i>Physical Environment</i>	*	86	↓		
Air pollution-particulate matter days - Average daily measure of fine particulate matter in micrograms per cubic meter	9.8	9.9	↑	8.5	6.7
Severe housing problems - Percentage of household with at least 1 of 4 housing problems: overcrowding, high housing costs or lack of kitchen or plumbing facilities	14.0%	14.0%	—	14.0%	9.0%
Driving alone to work - Percentage of the workforce that drives alone to work	86.0%	85.0%	↓	82.0%	72.0%
Long commute, driving alone - Among workers who commute in their car alone, the percentage that commute more than 30 minutes	15.0%	15.0%	—	20.0%	15.0%

* Rank out of 101 Kansas counties for 2015 and 103 Kansas counties in 2018

[^] Opposite Indicator signifying that an increase is a positive outcome and a decrease is a negative.

Note: N/A indicates unreliable or missing data

Source: Countyhealthrankings.org