

Clay County Community Health Needs Assessment – 2018

Executive Summary

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

The objective of the Clay County CHNA was to determine health needs from the perspective of the community in collaboration with the health providers for the community. This report summarizes the plans for Clay County Medical Center to sustain and develop community benefit programs that address prioritized needs from the 2018 Community Health Needs Assessment (CHNA) conducted by the Clay County Medical Center and the Clay County Health Department. Throughout 2018, the Clay County Health Department and Clay County Medical Center collaborated on the Community Health Needs Assessment.

Public health data was reviewed and interviews conducted. The Clay Center Chamber of Commerce and Clay County Economic Development Group promoted surveys which were made available via Survey Monkey from their website. Surveys were also distributed to social service providers in the county and through local employers including the school district, the county's largest employer. A set of criteria was used to evaluate the list of health needs and priorities identified through the assessment process. The criteria included the number of people affected; availability of community resources and the seriousness of the issue.

Overall Priorities for Clay County

Identifying Needs and Establishing Priorities-

The health issues of concern identified in the Community Needs Health Assessment were:

- 1. Priority – Fighting drug abuse, which was considered the most important health issue as well as the issue having the greatest impact on community health.**
- 2. Priority – Addressing mental health issues, which took a significant jump in priority this year.**
- 3. Significant – Reinforce Clay County as a great place to raise children.**
- 4. Significant – Promote good jobs and a strong economy.**

Specific action plans were developed to address these priorities and yearly updates will be created as Clay County responds to the need as resources allowed.

Public input was solicited from the community and through follow-up interviews. The information gathered through these avenues confirmed the interpretation of the assessment committee's priorities.

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Community Health Needs Assessment Hospital Requirements

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

Specifically:

- All 501(c)3 Hospitals
- Governmental hospitals that have an IRS Determinate (c)3 Letter
- If you have ever applied for and received a letter (for the hospital entity) you have to comply.
- Hospitals must complete Community Needs Assessment at least once every three years; first one must be completed by end of tax year beginning after March 23, 2012.
- Include input from persons who represent the broad interest of the community.
- Include input from persons having public health knowledge or expertise.
- Make assessment widely available to the public
- Adopt a written implementation strategy to address identified community needs.*
- Failure to comply results in excise tax penalty of \$50,000 per year.

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

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

Community Health Needs Assessment Written Report

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

- A description of the community served by the hospital facility and how it was determined.
- A description of the process and methods used to conduct the assessment, including a description of the sources and dates of the data and other information used in the assessment and the analytical methods applied to identify community health needs. The report should also describe information gaps that impact the hospital organization's ability to assess the health needs of the community served by the hospital facility. If a hospital organization collaborates with other organizations in conducting a CHNA, the report should identify all of the organizations with which the hospital organization collaborated.
- If a hospital organization contracts with one or more third parties to assist it in conducting a CHNA, the report should also disclose the identity and qualifications of such third parties.

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Community Health Needs Assessment Written Report (Continued)

- A description of how the hospital organization took into account input from persons who represent the broad interests of the community served by the hospital facility, including a description of when and how the organization consulted with these persons (whether through meetings, focus groups, interviews, surveys, written correspondence, etc.)
- If the hospital organization takes into account input from an organization, the written report should identify the organization and provide the name and title of at least one individual in such organization with whom the hospital organization consulted.
- A prioritized description of all of the community health needs identified through the CHNA, as well as a description of the process and criteria used in prioritizing such health needs.
- A description of the existing health care facilities and other resources within the community available to meet the community health needs identified through the CHNA.

CHNA Written Report needs to be widely available to the public; on hospital website and given to anyone who asks

Implementation Strategy

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

An implementation strategy is a written plan that addresses each of the community health needs identified through a CHNA. An implementation strategy will address a health need identified through a CHNA for a particular hospital facility if the written plan either:

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

An Implementation Strategy needs to be approved by Board of Directors and be widely available to the public.

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Summary of Community Health Assessment

Surveys were distributed at community meetings in early 2018 and through many local employers. They were also distributed to clients of WIC and Family Planning at the Clay County Health Department.

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

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

Data Collection

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

Resident Survey

The survey instrument used to collect information from Clay County citizens was developed with technical assistance from the Kansas Health Institute (KHI). The survey was designed to collect individual opinions and perceptions about health concerns in Clay County. The survey instrument consisted of questions asking, “What are the most important health conditions in our community?; How important is it to address each of these issues to make Clay County a healthier place to live?” and then asking, “Please rate the behaviors that have the greatest impact on our community health.”; and “How important are the barriers that prevent us from solving the health issues?”.

Surveys were collected throughout 2018 by Clay County Health Department and Clay County Medical Center. Potential survey respondents were Clay County residents willing to complete the survey. Attachment 1. Copy of survey

Community Overview

Clay County Kansas is a rural county located in North Central Kansas and has a population of 7,958, according to the latest Census estimates, down from 8,535 in the 2010 Census. The population density is 12.1 people per square mile. Clay Center is the county seat and has a population of 4,334. The racial makeup of the county is 96.8% white. 51.4% of all residents are female. Median household income in the county is \$55,434 compared to the state with \$55,477.

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Population by Races And Gender				Demographic population totals	
	Male	Female	Total	Total population in Clay County	
Total Population	4,225	4,310	8,535	Total Population:	8,535
White	4,107	4,194	8,301	Male Population:	4,225
Hispanic or Latino	84	78	162	Female Population:	4,310
Two or More Races	55	50	105		

Demographic median age by sex	
Median age in Clay County	
Both sexes	43
Male	42
Female	45

Content from 2010 U.S. Census

In the county the population is spread out with 24% under the age of 18 and 19.6% who were 65 years of age or older. The median age is 43 years, which is the same as the last survey.

Figures show 10.6% of the population lives below the poverty line, including 14.6% of children under 18 years of age. School district information shows 40.8% of school children qualified for free or reduced school lunch in the 2018-19 school year, which is down from 42% in the last report.

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

As a rural community, most of the work and recreation is related to agriculture, forestry, hunting and fishing. Other leading occupations are healthcare, construction and educational services. A large source of entertainment comes from school or extracurricular activities where children participate. Clay County has an Arts Council that sponsors cultural events in the community, including dramas and musical productions. A newly renovated movie theater opened downtown in 2018, which also offers other arts events. The local Chamber of Commerce hosts community events that bring the community together throughout the year. Clay County residents place a high priority on family structure and this provides an atmosphere where children can be nurtured.

The school system is excellent and most of the facilities are new or have been recently renovated. The district has been developing a career-readiness effort, which includes several new progressive activities in the community. The youth of Clay Center enjoy various types of sports and activities year round, including baseball, softball, 4-H clubs, scouting, swimming, football, wrestling, soccer and basketball.

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Review of Secondary Data

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

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

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Demographic sex by age for the population in households

Content provided by the US Census bureau from the 2010 Census. <https://suburbanstats.org>

Population in households in Clay County	
Total Population:	8,395
Male Population:	4,160
Under 5 years:	285
5 to 9 years:	266
10 to 14 years:	303
15 to 17 years:	174
18 and 19 years:	95
20 years:	30
21 years:	35
22 to 24 years:	118
25 to 29 years:	230
30 to 34 years:	234
35 to 39 years:	241
40 to 44 years:	240
45 to 49 years:	288
50 to 54 years:	306
55 to 59 years:	308
60 and 61 years:	92
62 to 64 years:	177
65 and 66 years:	95
67 to 69 years:	125
70 to 74 years:	173
75 to 79 years:	121
80 to 84 years:	126
85 years and over:	98

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Female Population:	4,235
Under 5 years:	294
5 to 9 years:	264
10 to 14 years:	256
15 to 17 years:	179
18 and 19 years:	80
20 years:	32
21 years:	35
22 to 24 years:	97
25 to 29 years:	212
30 to 34 years:	244
35 to 39 years:	219
40 to 44 years:	247
45 to 49 years:	280
50 to 54 years:	296
55 to 59 years:	318
60 and 61 years:	104
62 to 64 years:	173
65 and 66 years:	91
67 to 69 years:	127
70 to 74 years:	178
75 to 79 years:	168
80 to 84 years:	163
85 years and over:	178

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Survey Results and Analysis

1. When asked, “*What do you think are the most important health conditions in our community*”, survey respondents ranked conditions that reflect poor lifestyle choices as their top concern.

2018 Rank	2015 Rank	Answer Options	Ranked as Extremely or Very Important
1	3	Drug Abuse	94.95%
2	1	Cancers	93.32%
3	7	Mental Health Problems	90.37%
4	5	Heart Disease/Stroke/Hypertension	90.19%
5	4	Aging Problems (arthritis, hearing/vision loss, etc.)	88.01%
6	2	Child Abuse/Neglect	86.63%
7	6	Diabetes	83.29%
8	10	Respiratory/Lung Disease	78.67%
9	8	Domestic Violence	78.02%
10	12	Suicide	77.42%
11	9	Teenage Pregnancy	69.26%
12	13	Rape/Sexual Assault	66.22%
13	14	Motor Vehicle Crash Injuries	63.96%
14	11	Dental Problems	61.08%
15	17	Sexually-transmitted Diseases	57.37%
16	16	Infant Death	55.98%
17	15	Infectious Diseases (Hepatitis, Measles)	54.50%
18	18	Firearm-related Injuries	38.54%
19	19	Homicide	32.79%

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The local survey data is supported by the tables below taken from the 2018 County Health Rankings and Roadmaps website for Clay County.

Health Behaviors 32 (Rank of 101)	Clay County	Trend	Error Margin	Top U.S.	Kansas
Adult smoking	15%		14-16%	14%	17%
Adult obesity	35%		29-40%	26%	32%
Food environment index	7.9			8.6	7.0
Physical inactivity	32%		26-37%	20%	25%
Access to exercise opportunities	70%			91%	81%
Excessive drinking	16%		15-16%	13%	17%
Alcohol-impaired driving deaths	0%		0-36%	13%	25%
Sexually transmitted infections	192.4			145.1	394.8
Teen births	29		22-38	15	30

The second highest rated health condition concern involved issues often associated with quality of life. In Quality of life, Clay County ranks 34 out of 101.

Quality of Life 49 (Rank of 101)	Clay County	Trend	Error Margin	Top U.S.	Kansas
Poor or fair health	13%		12-14%	12%	15%
Poor physical health days	3.0		2.9-3.2	3.0	3.1
Poor mental health days	3.1		2.9-3.3	3.1	3.3
Low birthweight	8%		6-10%	6%	7%

According to the community survey, availability of medical care was an important issue to those responding.

The Clay County Health Rankings and Roadmaps in 2018 show that Clay County ranked two out of 101 counties in the state for Clinical Care. That is up from 2015 when Clay County ranked ninth out of 100 counties in the state for Clinical Care. This ranking was based on the amount of uninsured residents; the number of physicians working in the community; preventable hospital stays; diabetic and mammography screening rates.

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Clinical Care 2 (Rank of 101)	Clay County	Trend	Error Margin	Top U.S.	Kansas
Uninsured	8%		7-9%	6%	10%
Primary care physicians	830:1			1,030:1	1,320:1
Dentists	2,040:1			1,280:1	1,760:1
Mental health providers	1,630:1			330:1	560:1
Preventable hospital stays	55		42-67	35	51
Diabetic monitoring	93%		79-100%	91%	86%
Mammography screening	70%		55-85%	71%	63%

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

People living in poverty or with very limited incomes are more likely to have poor health outcomes. Having access to affordable, high-quality and timely health care is critical in preventing the spread of disease and insuring good quality of life through all developmental stages. Health care during pregnancy is important in identifying and treating problems to improve the health outcome for newborns.

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

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

There can be additional barriers to access in some populations due to lack of knowledge about preventive care, long wait times to obtain an appointment, low health literacy, and inability to pay the high-deductible of many insurance plans and/or co-pays for receiving treatment. 8% of Clay County residents are uninsured. That number has decreased five percent since the last survey three years ago. The State average is 10%, down four percent from the last survey.

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Premature Death- This indicator is relevant because a measure of premature death can provide a unique and comprehensive look at overall health status. The Clay County Health Rankings and Roadmaps in 2018 reports the following statistics.

Length of Life	Clay County	Trend	Error Margin	Top U.S.	Kansas
Premature death	8,700		6,100-11,300	5,300	6,800

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

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Social & Economic Factors

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

Survey respondents supplied the following data when asked, ***“How important is it to address each of the following items in order to make Clay County a healthier place to live?”***

2018 Rank	2015 Rank	Answer Options	Ranked as Extremely or Very Important
1	5	Good Place to Raise Children	98.13%
2	1	Good Jobs/Strong Economy	98.12%
3	2	Access To Health Care	97.87%
4	3	Low Crime/Safe Neighborhoods	97.34%
5	4	Good Schools	97.07%
6	10	Low Level of Child Abuse	94.92%
7	6	Strong Family Life	94.39%
8	8	Healthy Behaviors and Lifestyles	91.47%
9	7	Clean Environment	90.88%
10	12	Emergency Preparedness	88.56%
11	9	Affordable Housing	88.03%
12	13	Religious or Spiritual Values	85.83%
13	11	Parks and Recreation	82.89%
14	14	Arts and Cultural Events	60.86%

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The Clay County survey results are substantiated by data from 2018 Clay County Health Rankings and Roadmaps below:

Social & Economic Factors 34 (Rank of 101)	Clay County	Trend	Error Margin	Top U.S.	Kansas
High school graduation	93%			95%	86%
Some college	75.1%		63-87%	72%	69%
Unemployment	4.5%			3.2%	4.2%
Children in poverty	15%		10-20%	12%	14%
Income inequality	3.6		2.8-4.4	3.7	4.4
Children in single-parent households	29%		15-42%	20%	29%
Social associations	30			22.1	13.7
Violent crime	223			62	348
Injury deaths	84		58-117	55	70
Physical Environment 57 (Rank of 101)	Clay County	Trend	Error Margin	Top U.S.	Kansas
Air pollution - particulate matter	8.8			6.7	8.5
Drinking water violations	Yes				
Severe housing problems	7%		4-10%	9%	14%
Driving alone to work	78%		73-84%	72%	82%
Long commute - driving alone	25%		19-31%	15%	20%

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

Clay County has a higher rate of children living in poverty than the average found in the State of Kansas or United States as a whole. The trend of single parent families has hindered success - 29% of the children in Clay County live in single-parent households, which are the same as in the 2015 report, but up from before that.

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Teen births- While Kansas had lower teen pregnancy rates than the national targets, the state’s birth rate for females aged 15-19 remained higher than the national rate. While teen birth rates for both Kansas and the U.S. have been declining since 2008, the gap between Kansas and the U.S. rate has narrowed. In 2013, the Kansas rate decreased 13.2%, while the preliminary U.S. rate decreased 9.5%.

In previous surveys, a high priority was placed on children not engaging in premarital sex. Clay County improved from 38 per 1,000 15-19 year old females to 29 teen births over the last three years versus the state average is 30. The county’s Health Behavior ranking went from 50 to 32 in Kansas. In the previous survey, non-use of contraception was rated as the behavior that had the greatest impact, but that dropped from the top rated behavior to 10th in this survey.

Health Behaviors 32 (Rank of 101)	Clay County	Trend	Error Margin	Top U.S.	Kansas
Teen births	29		22-38	15	30

Low Birth Weight -This indicator reports the percentage of total births that were low birth weight (Under 2500g). This data is relevant because low birth weight infants are at high risk for health problems. This information can also highlight the existence of health disparities. The Clay County Health Rankings and Roadmaps in 2015 reports the following statistics.

Quality of Life 49 (Rank of 101)	Clay County	Trend	Error Margin	Top U.S.	Kansas
Low birthweight	8%		6-10%	6%	7%

High School Graduation Rate- Several theories attempt to explain how education affects health outcomes. First, education often results in higher incomes, on average, and more resources than a job that does not require education. Access to health insurance is a particularly important resource that often is linked to jobs requiring a certain level of educational attainment. However, when income and health care insurance are removed from consideration, the magnitude of education’s effect on health outcomes remains substantive and statistically significant.

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

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Third, health literacy can help explain an individual’s health behaviors and lifestyle choices. There is a striking difference between health literacy levels based on education. Adults with less than average health literacy are more likely to report their health status as poor.

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

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

Population with No High School Diploma- Educational attainment is considered a *key driver* of health status. This indicator reports the percentage of the population aged 25 and older without a high school diploma (or equivalency) or higher. Clay County has a 93% high school graduation rate as compared to the state average in Kansas of 86%.

Unemployment Rate

The number one issue reported by survey respondents when asked, “How important is it to address each of the following items in order to make Clay County a healthier place to live?” was adequate job opportunities. Although different from unemployment, the two are inseparable in terms of finding employment.

Social & Economic Factors 34 (Rank of 101)	Clay County	Trend	Error Margin	Top U.S.	Kansas
Unemployment	4.5%			3.2%	4.2%

Locally, there are jobs available but employers report applicants are limited because of job requirements demanding drug free employees. This information is relevant because unemployment creates financial instability and barriers to access including insurance coverage, health services, healthy food, and other necessities that contribute to poor health status. According to the County Health Rankings & Roadmaps in 2018, Clay County’s rankings are higher than the State of Kansas by .3%.

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The Community Needs Survey for Clay County, respondents were asked to rate the behaviors that have the greatest impact on our community health.

The results are as follows:

2018 Rank	2015 Rank	Answer Options	Ranked as Extremely or Very Important
1	2	Drug Abuse	98.40%
2	3	Alcohol Abuse	87.13%
3	6	Being Overweight	86.06%
4	8	Lack of Exercise	81.55%
5	5	Tobacco Use	78.61%
6	7	Poor Eating Habits	76.88%
7	4	Dropping Out of School	74.53%
8	10	Unsafe Sex	71.93%
9	11	Non-use of Seat Belts/Safety Belts	67.91%
10	1	Non-use of Contraception	64.42%
11	9	Lack of Immunizations	63.76%

Poor General Health- This information shows adults age 18 and older who self-report having poor or fair health. This indicator is relevant because it is a measure of general poor health status. The source of this is found in the 2018 Clay County Rankings and Roadmap.

Quality of Life 49 (Rank of 101)	Clay County	Trend	Error Margin	Top U.S.	Kansas
Poor or fair health	13%		12-14%	12%	15%
Poor physical health days	3.0		2.9-3.2	3.0	3.1
Poor mental health days	3.1		2.9-3.3	3.1	3.3

According to the Clay County Health Rankings & Roadmaps in 2015, Adult Obesity was identified as an area of concern with 35% of adults in Clay County being obese, which stayed the same with the 2018 report. Physical inactivity is a contributing factor to the obesity in Clay County. 32% of Clay County residents reported physical inactivity as compared to 25% for the State of Kansas.

The percentage of adults aged 18 and older who self-report that they have a Body Mass Index (BMI) greater than 30.0 (obese) is 35%. This indicator is relevant because excess weight is

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a prevalent problem in the U.S.; it indicates an unhealthy lifestyle and puts individuals at risk for further health issues. Obesity is often the end result of an overall energy imbalance due to poor diet and limited physical activity. Obesity increases the risk for the following heart and health conditions: *Coronary Heart Disease; Hypertension; Stroke; Diabetes and Cancer.*

Health Behaviors 32 (Rank of 101)	Clay County	Trend	Error Margin	Top U.S.	Kansas
Adult obesity	35%		29-40%	26%	32%
Food environment index	7.9			8.6	7.0
Physical inactivity	32%		26-37%	20%	25%
Access to exercise opportunities	70%			91%	81%

Survey respondents identified substance abuse problem as the behavior as the second greatest health concern for Clay County. Alcohol abuse rated third.

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

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

Health Behaviors 32 (Rank of 101)	Clay County	Trend	Error Margin	Top U.S.	Kansas
Adult smoking	15%		14-16%	14%	17%
Excessive drinking	16%		15-16%	13%	17%
Alcohol-impaired driving deaths	0%		0-36%	13%	25%

Tobacco Usage (Adult)-This indicator reports the percentage of adults aged 18 and older who self-report currently smoking cigarettes some days or every day. This is relevant because tobacco use is linked to leading causes of death such as cancer and cardiovascular disease. Tobacco use is one of the most preventable causes of illness and death in America today. Tobacco use causes premature death to almost half a million Americans each year, and it contributes to profound disability and pain in many others. Approximately one-third of all tobacco users in this country will die prematurely because of their dependence on tobacco. Areas with a high smoking prevalence will also have greater exposure to secondhand smoke for non-smokers, which can cause or exacerbate a wide range of adverse health effects, including cancer, heart disease, respiratory infections, and asthma. Three years ago, Clay County residents had an 18 percent smoking average. That has dropped by three percentage points. The state average is 17 percent. The national benchmark is 14 percent.

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Heavy Alcohol Consumption- Binge drinking is an indicator of excessive alcohol use. Binge drinking can be dangerous and may result in vomiting, loss of sensory perception, and blackouts. Additionally, it was found that binge drinkers are 14 times more likely to report alcohol-impaired driving than non-binge drinkers. Alcohol abuse is associated with a variety of negative health and safety outcomes including alcohol-related traffic accidents and other injuries, employment problems, legal difficulties, financial loss, family disputes and other interpersonal problems.

The data is based on the number of adults aged 18 and older who self-report heavy alcohol consumption (defined as more than two drinks per day for men and one drink per day for women). There is a general lack of services available for substance abusers and no detoxification facility in the county, but a plan by Pawnee Mental Health will create a Crisis Stabilization Center in the spring of 2019 in Manhattan.

Motor Vehicle Crash Death- There is a strong association between excessive drinking and alcohol-impaired driving, with approximately 11,000 Americans killed annually in alcohol-related motor vehicle crashes, which are down from 17,000. Clay County statistics dropped to zero with the most recent report.

Barriers to a healthier community

A new survey question this year was to help determine the barriers to improvements in the health of the community. Survey respondents supplied the following data when asked, ***“How important are the barriers that prevent us from solving the health issues?”***

2018 Rank	Answer Options	Ranked as Extremely or Very Important
1	Health Care Providers	90.93%
2	Funding for Health Initiatives	90.08%
3	Openness to Change	89.33%
4	The Economy	89.04%
5	Community Awareness	87.13%
6	Health Experts	85.52%
7	Support from Local Government	83.65%
8	Knowledge of the Best Approach	84.01%
9	Lack of Community Support	78.23%
10	Grass-roots Organizations	65.40%

Clay County Community Health Needs Assessment – 2018

Summary and Conclusions

The Health Services sector of Clay County, Kansas, plays a large role in the area's economy. Health Services represents one of the largest employers in the area and also serves as one of the largest contributors to income. Additionally, the health sector has indirect impacts on the local economy, creating additional jobs and income in other sectors. All of this demonstrates the importance of the health care sector to the local economy.

While the estimates of economic impact are themselves substantial, they are only a partial accounting of the benefits to the county. Health care industries in rural counties help to preserve the population base and have a positive influence on communities and school systems.

Similarly, many hospitals and nursing care facilities have active community outreach programs that enhance community services and the quality of life for community residents. A vigorous and sustainable health care system is essential not only for the health and welfare of community residents, but to enhance economic opportunity as well. The attraction and retention of new business and retirees also depends on access to adequate health care services.

Many rural communities have significant challenges. The economics of health care are rapidly changing. As health care costs escalate and government funding decreases, rural markets may become less attractive to many providers. This will lead to the continued restructuring of rural health care services in many areas.

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

In meeting current and future challenges, health care and community leaders can engage in an ongoing process of strategic health planning. This is continuous effort to maintain and enhance the community's health care situation. The strategic health planning process helps local communities identify their health care needs; examine the social, economic, and political realities affecting the local delivery of health care; determine what is wanted and what realistically can be achieved to meet their identified health care needs; and develop and mobilize an action plan based on their analysis and planning.