

Community Health Needs Assessment



Kingman Healthcare Center

Fiscal Year Ending April 30, 2025



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INTRODUCTION

In 2010 the *Patient Protection and Affordable Care Act* (PPACA) passed legislation and became a reporting requirement for tax-exempt health care organizations. Per IRC Section 501(r), private, nonprofit hospitals must:

- Conduct a community health needs assessment (CHNA) at least once every three years on a facility-by-facility basis.
- Identify action plans and strategies to address community needs identified in the assessment and report needs not being address (with reasons why such needs are not being addressed).
- Report CHNA results to the public.

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

The CHNA process involved:

- An evaluation of the Implementation Strategy for the needs assessment completed in 2022.
- Collection and analysis of a large range of data, including demographic, socioeconomic and health statistics, and health care resources.
- Interviews with key informants who represent a) broad interests of the community, b) population of need, or c) persons with specialized knowledge in public health.

This document is a summary of all the available evidence collected during community health needs assessments conducted in tax year 2024. It will serve as a compliance document as well as a resource until the next assessment cycle. Both the process and document serve as prioritizing the community's health needs and will aid in planning to meet those needs.

SUMMARY OF FINDINGS AND NEEDS IN CURRENT YEAR

Community health improvement efforts are most successful when they are grounded in collective impact, where structured collaborative efforts yield substantial impact on a large-scale social problem. Collective impact focuses on cooperation, collaboration, and partnership to help achieve common priorities and inform partners' investment strategies.

Hospital facilities must take into account input from people who represent the broad interests of its community, including those with special knowledge of or expertise in public health.

Kingman Healthcare Center engaged Forvis Mazars to conduct a formal community health needs assessment (CHNA). Forvis Mazars is a global professional services firm with more than 7,700 employees, with 70 offices in 28 states as well as offices in more than 100 countries and territories throughout the world. Forvis Mazars serves more than 1,000 hospitals and health care systems in the United States.

This CHNA was conducted from March to April 2025.

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 prior 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 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. 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 key informant interviews. Results and findings are described in the Key Informant section of this report.
- Information gathered in the steps above was analyzed and reviewed to identify health issues of uninsured persons, low-income persons, minority groups, and the community as a whole. Health needs were ranked utilizing a method that weighs: 1) the size of the problem, 2) the seriousness of the problem, 3) the prevalence of the problems, and 4) Alignment of the problem with the Hospital's goals and resources (The Hospital's ability to address the issues).
- An inventory of health care facilities and other community resources potentially available to significant health needs identified through the CHNA was prepared and collaborative efforts were identified.

General Description of Hospital

Kingman Healthcare Center (hereby referred to as the Hospital or KHC) is a 25-bed, Critical Access hospital, located on a four-acre site in Kingman, Kansas. A seven-member board of directors governs the Hospital and ensures that medical services are available to the residents of Kingman County and surrounding areas.

In 1998 the corporation, Kingman Community Hospital, Inc. changed its name to Ninnescah Valley Health Systems, Inc. The corporation includes Kingman Healthcare Center, KHC Family Clinic, Kingman, and Cunningham Clinic.

Kingman Healthcare Center offers an array of services in addition to the two Rural Health Clinics mentioned above. Services include a Radiology department that offers CT, X-ray, Nuclear Medicine, MRI, and Ultrasound. KHC offers inpatient acute services as well as swing bed services. KHC offers Lab, Oncology, Respiratory Therapy, Cardiopulmonary Rehab, Nutrition Consulting, Surgery, IV Therapy, Wound Care, Senior Mental Health, Physical Therapy, Occupational Therapy, and an Emergency Department. Outpatient clinics are also made available for specialty providers to see patients at KHC for Cardiology, Pain Management, Urology, Nephrology, and Oncology.

The organization's mission, vision, and values statements all share the same phrase:

Exceptional Care. Every Time.

PRIOR HEALTH NEEDS IDENTIFIED

At the completion of the 2022 CHNA, three major health needs were identified. These represented the areas where focus was most needed to improve the health of the community served by the hospital.

1. Mental Health and Mental Health Providers.
2. Primary Care Physicians.
3. Disease Prevention & Management: Adult Obesity, Heart Disease, Cancer.



UPDATES ON STRATEGIES AND ACCOMPLISHMENTS

The following demonstrates the measures of success that Kingman Healthcare Center (KHC) has reached in addressing the four identified community health needs.

Priority 1: Mental Health and Mental Health Providers

Goal 1: Expand mental health services available at KHC.

Strategies:

- 1) An Advanced Practice Provider in the Family Clinic will complete formal training and certification in psych/mental health. Upon completion, KHC will proactively increase access to mental health services in the primary care setting.

Jessica Blackwill indicates interest in psych/mental health certification; however, no formal plan developed.

- 2) KHC has partnered with Senior Life Solutions to bring geriatric psychiatric clinical therapy services, provided in the outpatient setting.

Program remains very successful. Currently a waiting list. Leadership has included this in the strategic planning/analysis process to determine pros/cons of expanding the program.

- 3) A Licensed Social Worker has joined the KHC team. She has developed a Caregiver Support group, aimed at providing mental and emotional support to those caring for a loved one suffering from debilitating illness (such as Alzheimer's).

A Social Worker, Melinda, has taken an active role in addressing mental health. She is the primary leader of the newly developed, multidisciplinary, Kingman County Health Coalition. She is also a team leader for the annual suicide awareness 5k.

- 4) Sports Physicals for school-aged children have been expanded into comprehensive annual wellness visits. This encounter evaluates mental well-being through targeted risk factors such as social media, alcohol/tobacco use, peer interaction, etc.

The comprehensive wellness visits have been successful. Collaboration between school staff, athletic trainer, and marketing aims to make this process more proactive.

Goal 2: Increase community awareness.

Strategies:

- 1) While mental health provider availability locally is of vital importance, KHC also believes awareness is equally important. To that end, KHC continues to offer Mental Health First Aid courses. These are being made available to educators, medical providers, and the general community-at-large. These have concluded, as training goals have been fulfilled.

- 2) KHC, in partnership with the Kingman Healthcare Center Foundation, is sponsoring a 5k color-run dedicated to suicide awareness.

Priority: **Primary Care Physicians**

Goal 1: Recruit two primary care physicians to join the KHC medical staff.

Strategies:

- 1) Additional primary care providers have been employed.
 - a. Tyler Antenen, PA
 - b. Dennis Kalmar, PA

While the recruitment of both advanced practice providers has proven exceptionally beneficial, the need for physicians (MD or DO) remained. KHC has successfully recruited two physicians to join the medical provider team.

- a. Joe Gerber, MD - June 2023
- b. Jeremy Lickteig, MD - June 2024

Dr. Jeremy Lickteig has been accepted into a one-year sports medicine fellowship. His formal start date has been extended to September 2025.

Priority: **Disease Prevention & Management: Adult Obesity, Heart Disease, Cancer**

Goal 1: Implement dedicated Chronic Care Management program in both Rural Health Clinics.

Strategies:

- 1) Medicare and other commercial insurance companies now recognize and promote dedicated chronic care management programs. KHC will work with patients to develop a comprehensive care plan, person-centered support for managing chronic conditions, and a designated care team. Chronic Care Management Services Summary:

- Initiating visit to assess medical, functional, and psychosocial needs.
- Coordinate timely recommended preventive services.
- Oversee medication self-management.
- Manage care transitions between and among providers and settings.

An internal feasibility study will initiate this strategy to determine capacity among existing care teams versus partnering with a third party to assist in program oversight.

Partnering with KU Care Collaborative to provide the Chronic Care Management Program. KHC does not bill for this program. It is a free service for the patients and many of the patients qualify for the in-home monitoring. Monitors vital signs as needed for the patients and sends results to the program.

Goal 2: Hold three wellness campaigns/events each year.

Strategies:

- 1) This goal was identified in the 2019 CHNA implementation strategy; however, progress was minimal because of the COVID-19 pandemic. KHC will re-energize this important opportunity through community outreach in community groups such as Lyons Club, churches, Rotary Club, Senior Center, and CORE.

KHC has actively participated in these and other groups. Topics included Medicare Advantage, Emergency Medicine, and Swingbed.

- 2) Using the Kansas Hospital Association health observances calendar, promote one awareness campaign monthly (i.e., Breast Cancer Awareness Month).

Awareness campaigns have occurred every month via Facebook and the local newspaper.

Goal 3: Partner with school system.

Strategies:

- 1) KHC believes that disease prevention can and should start at an early age. To that end, a feasibility study will be completed for placing an advanced practice provider in the schools on a regular rotating basis.

This has been studied extensively, as there are many regulatory barriers. The initiative remains a priority and Dr. Lickteig’s advanced training in sports medicine will be impactful.



Community Served by the Hospital

DEFINITION OF 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 acute care services. The utilization of Kingman Healthcare Center services provides the clearest definition of the community.

Based on the patient origin of acute care discharges from May 31, 2023, through April 30, 2024, management has identified the community to include the corresponding regions listed in the exhibit below, with discharge percent of total greater than two percent.

The table below shows the total discharges by zip code. Kingman County comprises more than 86 percent of all discharges. The remaining discharges (13.7%) are distributed among other counties in the surrounding areas.

**Kingman Healthcare Center
Summary of Inpatient Discharges by Zip Code
5/1/2023 to 4/30/2024**

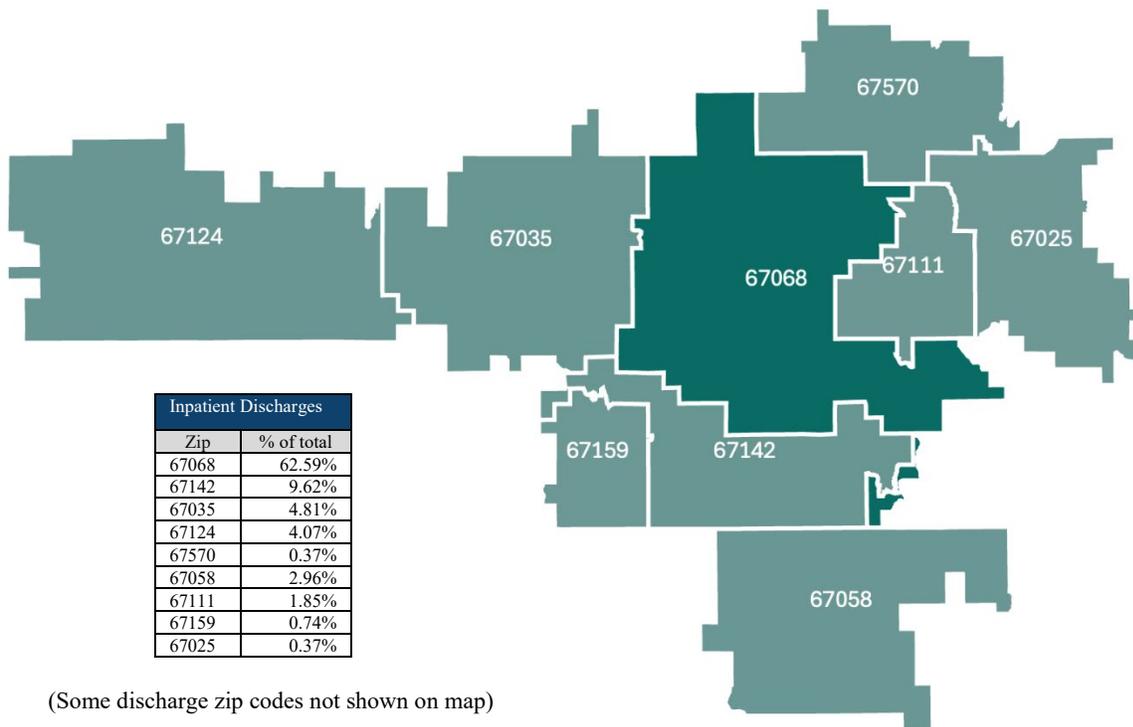
Kingman County Zip Codes	City	Discharges Total	Discharges Percent
67068	Kingman	169	62.59
67035	Cunningham	13	4.81
67142	Rago	13	4.81
67142	Spivey	13	4.81
67570	Pretty Prairie	11	4.07
67111	Murdock	6	2.22
67159	Zenda	5	1.85
67118	Norwich	2	0.74
67112	Nashville	1	0.37
Kingman County Total		233	86.30
Other discharges Total		37	13.70
TOTAL		270	100.00

Source: Kingman Healthcare Center



COMMUNITY DETAILS

The following map geographically illustrates the Hospital's community by showing the community zip codes and the number of inpatient discharges displayed in the legend. The map reflects the Hospital's geographic relationship to the community. The community health needs assessment will utilize this for statistical and data purposes.



Community Population and Demographics

The U.S. Census Bureau has compiled population and demographic data based on the 2023 American Community Survey, 5-year data estimates. The tables on the following pages show the total population of the community, breakout of the community between male and female population, age, race/ethnicity, and Hispanic population.

The age category that utilizes health care services the most, 65 years and over, is an estimated 19.7 percent of the population in the Kingman County Community. This total is higher than the same age category for the state of Kansas (16.5 percent) and the United States (16.8 percent).

The number of persons 65 years or older is relevant because this population has unique health needs, which should be considered separately from other age groups.

Demographic Snapshot: Kingman Healthcare Center

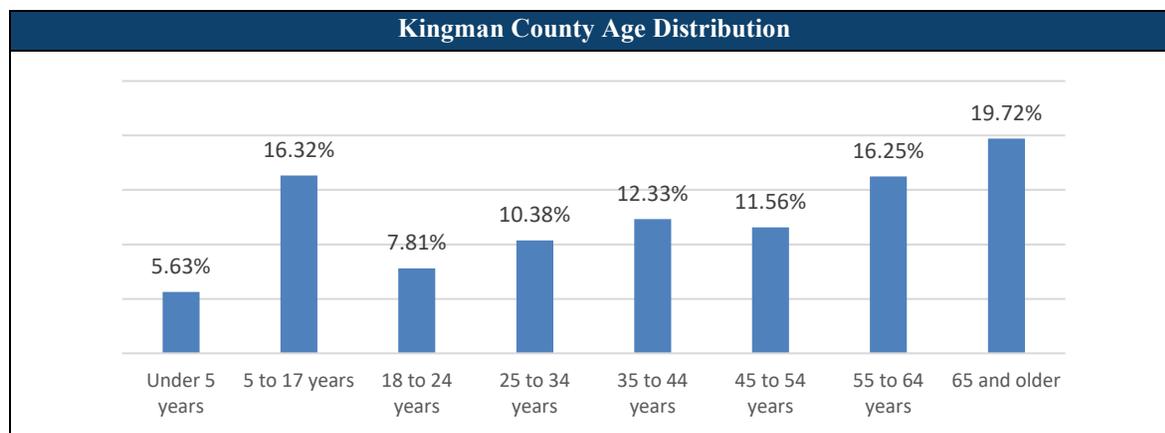
Demographic Characteristics				
Total Population		Population by Gender		
Area	Population	Area	Male	Female
Kingman County	7,284	Kingman County	50.83%	49.17%
Kansas	2,937,569	Kansas	49.77%	50.23%
United States	333,387,540	United States	49.08%	50.92%

Source: U.S. Census Bureau (2023). American Community Survey 5-year estimates

Approximately half (47.53%) of Kingman County’s population is 45 years or older. The two largest age groups are 65 years and older (19.72%) and 5-17 years old (16.32%).

Age Distribution			
Age Group	Kingman County % of Total	Kansas % of Total	United States % of Total
Under 5 years	5.63	6.11	5.70
5 to 17 years	16.32	17.88	16.46
18 to 24 years	7.81	10.19	9.12
25 to 34 years	10.38	12.80	13.69
35 to 44 years	12.33	12.79	13.08
45 to 54 years	11.56	11.23	12.29
55 to 64 years	16.25	12.42	12.82
65 and older	19.72	16.58	16.84

Source: U.S. Census Bureau (2023). American Community Survey 5-year estimates



Just as the relative age of a community population can influence community health needs, so can the ethnicity and race of a population. The population of the community by race and ethnicity illustrates different categories such as White, Black, Asian, Hispanic, and others.

The tables below provide insights into total populations by races and ethnicities.

Race Alone Population							
	White Alone	Black Alone	Asian	American Indian or Alaska Native	Native Hawaiian or Pacific Islander	Some other Race	Two or more Races
Kingman County %	93.05	0.26	0.01	0.58	0.00	1.25	4.85
Kansas %	77.92	5.44	2.93	0.75	0.09	3.91	8.95
United States %	63.44	12.36	5.82	0.88	0.19	6.60	10.71

Source: US Census Bureau, American Community Survey. 2019-2023

Ethnicity Alone Population					
	Total Population	Hispanic or Latino Population	Hispanic or Latino Population Percent	Non-Hispanic Population	Non-Hispanic Population Percent
Kingman County	7,284	289	3.97	6,995	96.03
Kansas	2,937,569	389,514	13.26	2,548,055	86.74
United States	332,387,540	63,131,589	18.99	269,255,951	81.01

Source: US Census Bureau, American Community Survey. 2019-2023

Race and Ethnicity Combined Population								
	Non-Hispanic White	Non-Hispanic Black	Non-Hispanic Asian	Non-Hispanic NAAN	Non-Hispanic NPI	Non-Hispanic Other Race	Non-Hispanic Multiple Races	Hispanic or Latino
Kingman County %	90.62	0.26	0.01	0.12	0.00	1.25	3.76	3.97
Kansas %	73.37	5.27	2.88	0.43	0.08	0.38	4.34	13.26
United States %	58.17	12.03	5.75	0.53	0.17	0.50	3.87	18.99

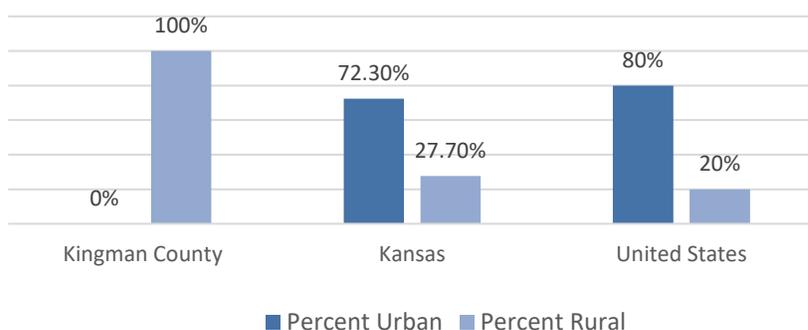
Source: US Census Bureau, American Community Survey. 2019-23



The following table and graph show the percentage of individuals that live in rural and urban areas. Urban is defined as densely developed territories that encompass residential, commercial, and other non-residential land uses with a high degree of impervious surface. Rural areas are all areas that are not classified as urban. This information helps explain how access to care can sometimes be limited for those living in rural areas.

Urban vs. Rural Population		
	Percent Urban	Percent Rural
Kingman County	0.00	100.00
Kansas	72.30	27.70
United States	80.00	20.00

Source: US Census Bureau, Decennial Census, 2020. Source geography: Tract



Language

Language barriers contribute to patient and provider communication and can result in poor health outcomes. A national study in the *Journal of General Internal Medicine* showed that individuals with Limited-English Proficiency (LEP) who don't receive additional services (such as an interpreter) were less likely to be aware of medical implications and were less satisfied overall about their medical care.

The table below reports the percentage of the population aged 5 and older who speak a language other than English at home and speak English less than "very well" by race alone in the report area.

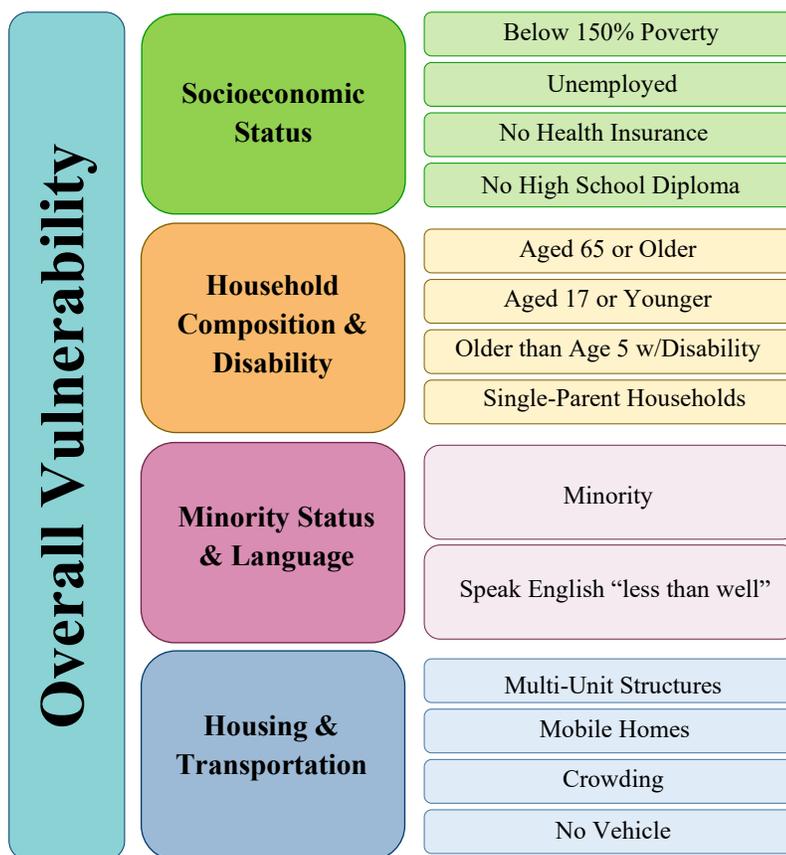
Limited English Proficiency by Race							
	White	Black or African American	Native American or Alaska Native	Asian	Native Hawaiian or Pacific Islander	Some Other Race	Multiple Races
Kingman County	0.00%	0.00%	38.10%	0.00%	No data	0.00%	17.76%
Kansas	1.48%	4.19%	11.90%	32.53%	21.84%	33.00%	10.96%
United States	3.13%	3.11%	14.39%	30.47%	12.50%	33.93%	18.06%

Source: US Census Bureau, American Community Survey, 2019-23.

SOCIOECONOMIC CHARACTERISTICS OF THE COMMUNITY

The socioeconomic characteristics of a geographic area influence the way residents access health care services and perceive the need for health care services within society. Vulnerable populations often experience high rates of chronic illness and poor health outcomes, leading to health disparities between various demographic groups.

The CDC has developed the Social Vulnerability Index (SVI). The helps public health officials identify and meet the needs of socially vulnerable populations. The index uses variables grouped into four major themes that cover major areas of vulnerability.



The Social Vulnerability Index (SVI) was created by the Centers for Disease Control. The tool uses U.S. Census data to determine the social vulnerability of every county and tract, based on 15 social factors, including poverty, lack of vehicle access, and crowded housing. Possible scores range from 0 (lowest vulnerability) to 1 (highest vulnerability).

The following table displays the SVI scores for Kingman County and nearby counties. Kingman County has the lowest level of vulnerability when compared to the level of surrounding counties.

County/Region	SVI Score	Level of Vulnerability
Kingman County	0.1079	Low level of vulnerability
Sumner County	0.3322	Low level of vulnerability
Barber County	0.5107	Medium to High level of vulnerability
Pratt County	0.3341	Low level of vulnerability
Sedgwick County	0.7292	Medium to High level of vulnerability
Reno County	0.5011	Medium to High level of vulnerability

Source: <https://www.atsdr.cdc.gov/place-health/php/svi/svi-interactive-map.html>

The SVI instrument identifies critical health issues, however, some of the factors are not used in the remainder of this assessment because they are designed for emergency planners and are not applicable to general health and quality of life. The Composition & Disability measure is not examined in this report.

The following information and exhibits include important factors such as household per capita income, employment rates, uninsured population, poverty, and educational attainment for the community. These standard measures will be used to compare the socioeconomic status of the community to the state of Kansas and the United States.

Income

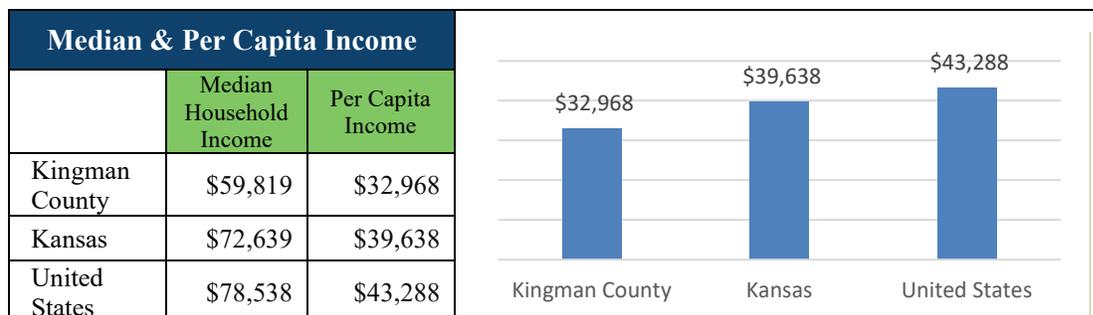
The table below displays the Median and Per Capita Income for the community. This includes all reported income from wages and salaries as well as income from self-employment, interest or dividends, public assistance, retirement, and other sources.

Per Capita Income is an important determinant in an individual’s health. People with above-average income typically have health insurance, reliable transportation, and the financial means to pay out-of-pocket expenses. In addition, those with higher income are more likely to practice healthy lifestyle choices such as exercising, eating nutritional foods, and abstaining from tobacco use.

Source: <https://www.cdc.gov/socialdeterminants/>



The Per Capita Income in the following exhibits show the average (mean) income computed for every man, woman, and child in the specified area. Kingman County’s per capita income is more than 20% lower than the state average and 31% lower than the national per capita income.



Source: US Census Bureau, American Community Survey. 2019-2023

Employment

From 2022 to 2023, employment in Kingman County, KS grew at a rate of 1.67%, from about 3.54k employees to 3.6k employees.

The most common job groups, by number of people living in Kingman County, are Management Occupations (599 people), Office & Administrative Support Occupations (335 people), and Production Occupations (327 people).

This table illustrates the breakdown of the primary jobs held by residents of Kingman County, KS.

Most Common Occupations		
Sector (2023 4 th Quarter)	# Employees	% Employees
Management Occupations	599	16.6%
Office & Administrative Support Occupations	335	9.31%
Production Occupations	327	9.09%
Sales & Related Occupations	303	8.42%
Education Instruction & Library Occupations	293	8.14%
Food Preparation & Serving Occupations	224	6.22%
Construction & Extraction Occupations	197	5.47%
Health Diagnosing & Treating Practitioners	179	4.97%
Installation, Maintenance & Repair Occupations	174	4.83%
Building & Grounds Cleaning & Maintenance	170	4.72%
Healthcare Support Occupations	89	2.47%
Personal Care & Service Occupations	86	2.39%
Computer & Mathematical Occupations	67	1.86%
Health Technologists & Technicians	58	1.61%
Business & Financial Operations Occupations	45	1.25%
Various Unclassified	—	12.64%

Source: <https://datausa.io/profile/geo/kingman-county-ks>. 2023



The most common employment sectors for those who live in Kingman County are Retail Trade (518 people), Educational Services (438 people), and Health Care & Social Assistance (422 people). This table shows the breakdown of the primary industries for residents of Kingman County, though some of these residents may live in Kingman County and work somewhere else. Census data is tagged to a residential address, not a work address.

Employment by Industries		
Sector (2023 4 th Quarter)	# Employees	% Employees
Retail Trade	518	14.4%
Educational Services	438	12.2%
Health Care & Social Assistance	422	11.7%
Manufacturing	384	10.7%
Agriculture, Forestry, Fishing & Hunting	339	9.42%
Construction	256	7.11%
Accommodation & Food Services	221	6.14%
Other Services except Public Administration	204	5.67%
Public Administration	155	4.31%
Transportation & Warehousing	104	2.89%
Professional, Scientific & Technical Services	69	1.92%
Wholesale Trade	68	1.89%
Waste Management Services	57	1.58%
Utilities	48	1.33%

Source: <https://datausa.io/profile/geo/kingman-county-ks>. 2023

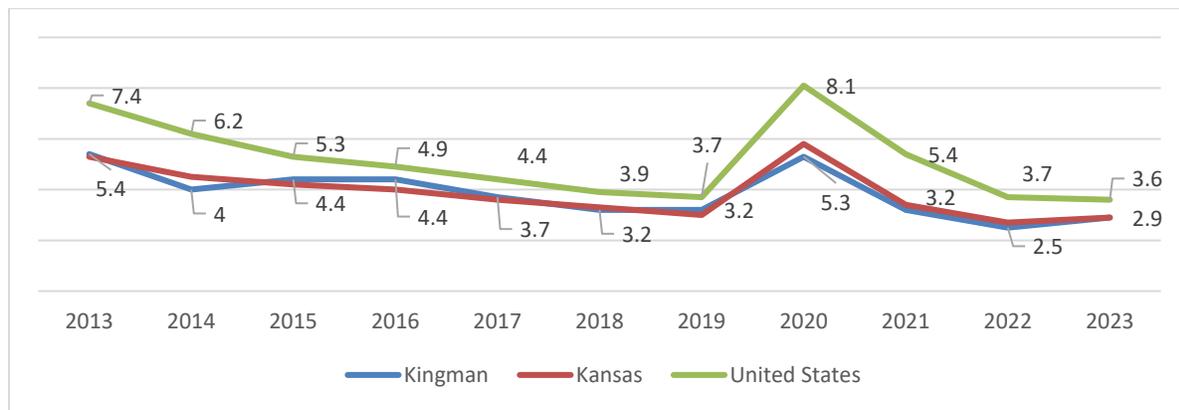
Unemployment Rate

The table below displays the average annual resident unemployment rates for the counties in the community, Kansas, and the United States.

Average Annual Unemployment Rate (%)											
	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Kingman County	5.4	4.0	4.4	4.4	3.7	3.2	3.2	5.3	3.2	2.5	2.9
Kansas	5.3	4.5	4.2	4.0	3.6	3.3	3.2	5.8	3.4	2.7	2.9
United States	7.4	6.2	5.3	4.9	4.4	3.9	3.7	8.1	5.4	3.7	3.6

Source: US Census Bureau, American Community Survey. 2025 - January.

The following chart illustrates how unemployment rates for the county declined from 2013 through 2023, then rose significantly when the global pandemic began in 2019. The 10-year unemployment rate for the county has been similar to the state of Kansas and lower than the national rate.



Source: US Census Bureau, American Community Survey. 2025 - January.



Poverty

The following tables display the percentage of total population 100 percent below and 200 percent below the Federal Poverty Level (FPL) for Kingman County, the state of Kansas, and the United States. The FPL is a measurement of the minimum amount of income that is needed for individuals and families to pay for essentials. The guidelines are used to establish eligibility for Medicaid and other federal programs.

Poverty is a key driver of health status and is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

People living in chronic poverty have elevated health risks that can lead to unsafe conditions and diseases. Conditions might include drinking contaminated water or living in unsanitary housing with poor ventilation.

Low-income residents may delay or avoid pursuing medical attention until issues reach a critical stage, creating a greater demand on the community’s medical resources. This may include dependence on emergency rooms for what should be routine primary care. In addition, uninsured or low-income individuals’ inability to pay for services places strain on the community’s medical system. These individuals have limited transportation options and lack the ability to travel outside their local community for medical services.

Population below 100% FPL (Federal Poverty Line)		
	Populations below FPL	Percent in Poverty
Kingman County	828	11.90%
Kansas	319,815	11.20%
United States	40,763,043	12.50%

Population below 200% FPL (Federal Poverty Line)		
	Populations below FPL	Percent in Poverty
Kingman County	2,330	32.61%
Kansas	799,053	28.03%
United States	92,357,008	28.46%

Source: U.S. Census Bureau (2019-2023).

Insurance

The table on the following page reports the percentage of the total civilian non-institutionalized population without health insurance coverage for the community, Kansas, and the United States. This indicator is relevant because lack of insurance is a primary barrier to health care access including regular primary care, specialty care and other health services that contributes to poor health status. The lack of health insurance is considered a key driver of health status.

Health insurance is a major factor in personal health status. Uninsured adults have limited access to preventive services and specialty care, may receive poorer quality of care, and often experience worse health outcomes than those with insurance.

Kingman County has 8.3% of the total civilian non-institutionalized population without health insurance. This rate is below the state average (8.86%) and the national average (8.55%).

Uninsured Population					
	Population for whom Insurance Status is Determined	Uninsured Population Percent	Uninsured Under Age 18 Percent	Uninsured Age 18-64 Percent	Uninsured Age 65 or older Percent
Kingman County	7,146	8.30	2.08	13.40	0.00
Kansas	2,8752,799	8.86	5.26	12.83	0.55
United States	327,425,278	8.55	5.39	11.98	0.83

Source: US Census Bureau, American Community Survey. 2019-2023.

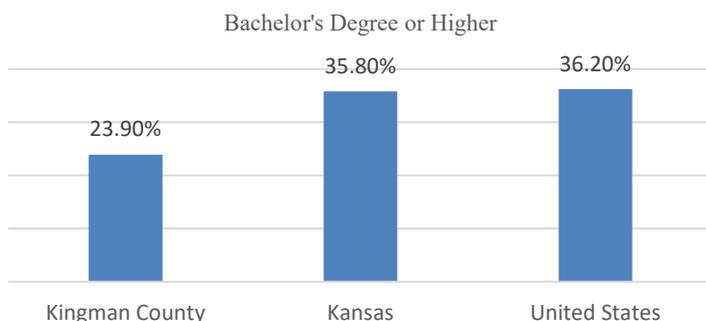
Education

The following table shows educational attainment for Kingman County, the state of Kansas, and the United States. This is relevant because educational attainment has been linked to positive health outcomes.

For Kingman County, nearly one-fourth (23.9%) have a bachelor’s degree or higher, while just under 10 percent stopped their formal education before completing a high school diploma.

Educational Attainment – Population Age 25 and Older					
	Percent with No High School Diploma	Percent with High School Graduate	Percent with Some College, no Degree	Percent with Associates’ Degree	Percent with Bachelor’s Degree or Higher
Kingman County	9.4	28.9	26.9	11.0	23.9
Kansas	8.1	25.1	21.5	9.3	35.8
United States	10.6	25.9	18.9	8.8	36.2

Source: US Census Bureau, American Community Survey. 2023 ACS 1-Year Estimates



Commuter Travel Patterns

The percentage of the population that commutes to work on a daily basis is an important indicator. It demonstrates how vital a transportation network can be to a person’s daily routine. It also offers insight into the efficiency of a public transportation network and the availability of carpool opportunities.

The percentage of Kingman County commuters who travel alone in a car is 8.7% higher than the average for the state of Kansas and 18.8% higher than the rate for the United States.

Commuter Patterns			
	Population Age 16+	Population Commuting to Work Alone	Percentage Commuting to Work Alone
Kingman County	3,558	2,969	83.45%
Kansas	1,448,523	1,111,725	76.75%
United States	157,645,183	110,653,318	70.19%

Source: US Census Bureau, American Community Survey. 2019-23.

FOOD ENVIRONMENT OF THE COMMUNITY

A community’s health is affected greatly by its 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 examine some of the elements that relate to various needs mentioned throughout the report.

Food Access/Food Deserts

The table below reports the percentage of the population living in census tracts designated as food deserts. A food desert is defined as a low-income census tract where a substantial number or share of residents has low access to a supermarket or large grocery store. This is relevant because it highlights populations and geographies facing food insecurity.

Food Desert Census Tracts				
	Food Desert Census Tracts	Other Census Tracts	Food Desert Population	Other Population
Kingman County	0	3	0	7,858
Kansas	139	627	491,894	2,361,224
United States	308,745,538	9,293	39,074,971	269,670,564

Data Source: US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas. 2019.

SNAP Food Stores

Certain food stores are authorized by SNAP (Supplemental Nutrition Assistance Program). These include grocery stores as well as supercenters, specialty food stores, and convenience stores that are authorized to accept SNAP benefits. Kingman County has 6.8% retailers per 10,000 population, which is below the state and federal rate.

SNAP Authorized Food Stores		
	Total SNAP- Authorized Retailers	SNAP-Authorized Retailers Rate per 10,000 population
Kingman County	5	6.86
Kansas	2,135	7.27
United States	264,826	7.89

Data Source: US Department of Agriculture, Economic Research Service, USDA - SNAP Retailer Location 2025

The Supplemental Nutrition Assistance Program, or SNAP, is a federal program that provides nutrition benefits to low-income individuals and families that are used at stores to purchase food. This indicator reports the average percentage of the population receiving SNAP benefits during the month of July during the most recent report year. Kingman County has a lower percent of population receiving SNAP than the state of Kansas and the United States.

Population Receiving SNAP		
	Population Receiving SNAP Benefits	Percent Receiving SNAP Benefits
Kingman County	379	5.1
Kansas	188,166	6.4
United States	41,975,381	12.7

Data Source: US Census Bureau, Small Area Income and Poverty Estimates. 2022

Grocery Stores

Healthy dietary behaviors are supported by access to healthy foods, and Grocery Stores are a major provider of these foods. There are 3 grocery establishments in the report area, a rate of 40.16 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. Delicatessen-type establishments are also included. Convenience stores and large general merchandise stores that also retail food, such as supercenters and warehouse club stores, are excluded.

SNAP Authorized Food Stores		
	Total Establishments	Establishments per 100,000 population
Kingman County	3	40.16
Kansas	485	16.51
United States	62,647	18.90

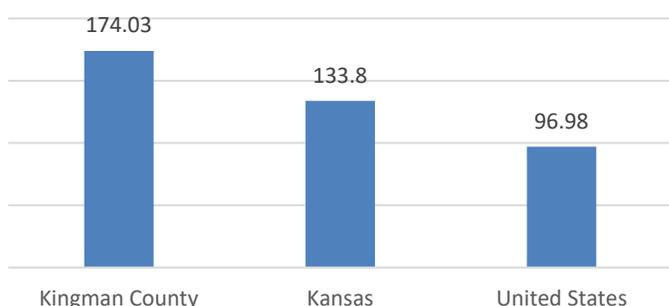
Data Source: US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2022

PHYSICAL ENVIRONMENT OF THE COMMUNITY

Physical Environment

A community’s health is greatly 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.

The following indicator shows the number of social associations per 100,000 population. Associations include membership organizations such as golf and tennis clubs, bowling centers, sports organizations, political organizations, labor organizations, fitness centers, civic groups and professional organizations.



Data Source: US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2022

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 un-insurance, 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.

Preventable Hospital Events

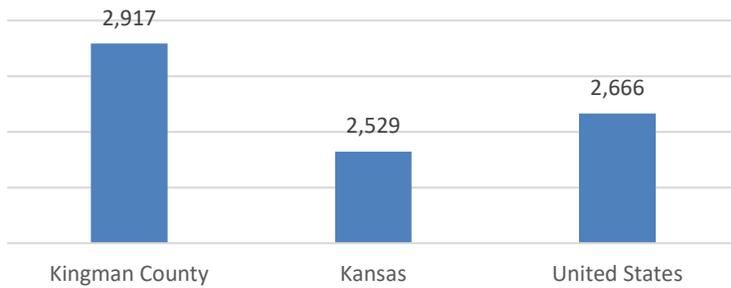
The data below reports the preventable hospital rate of Medicare beneficiaries. Preventable hospital stays include admission for these conditions: diabetes with short-term and long-term complications, uncontrolled diabetes without complications, diabetes with lower-extremity amputation, chronic obstructive pulmonary disease, asthma, hypertension, heart failure, bacterial pneumonia, or urinary tract infection. These represent conditions where hospitalization could have been prevented if adequate primary care resources were available and accessed by those patients.

This indicator is relevant because analysis of preventable discharges demonstrates a possible “return on investment” from interventions that reduce admissions (for example, uninsured or Medicaid patients) through better access to primary care resources.

The table below shows that Kingman County’s rate of preventable hospitalizations is 15.3% higher than the rate for the state of Kansas, and 9.4% higher than the rate for the United States.

Preventable Hospital Events		
	Total Medicare Beneficiaries	Preventable Hospitalizations, Rate per 100,000
Kingman County	1,599	2,917
Kansas	378,126	2,529
United States	30,900,366	2,666

Data Source: Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool. 2022.



HEALTH STATUS OF THE COMMUNITY

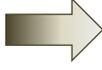
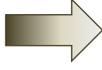
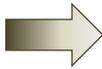
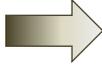
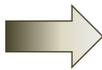
This section of the assessment reviews the health status of the Community with comparisons to the State of Kansas. This in-depth assessment of the mortality and morbidity data, health outcomes, health factors and mental health indicators of the county residents that make up the community will enable the Hospital to identify priority health issues related to the health status of its residents.

Good health can be defined as a state of physical, mental, and social well-being, rather than the absence of disease or infirmity. 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 health status: lifestyle and behavior, human biology, environmental and socioeconomic conditions, as well as access to adequate and appropriate health care and medical services.

The interrelationship among lifestyle/behavior, personal health attitude and poor health status is gaining recognition and acceptance by both the general public and health care providers.

Some examples of lifestyle/behavior and related health care problems include the following:

Lifestyle		Primary Disease Factors
Smoking		Lung cancer Cardiovascular disease Emphysema Chronic Bronchitis
Alcohol/drug abuse		Cirrhosis of Liver Motor vehicle crashes Unintentional injuries Malnutrition Suicide Homicide Mental Illness
Poor Nutrition		Obesity Digestive disease Depression
Driving at excessive speeds		Trauma Motor vehicle crashes
Lack of exercise		Cardiovascular disease Depression
Overstressed		Mental illness Alcohol/drug abuse Cardiovascular disease

Studies by the American Society of Internal Medicine conclude that up to 70 percent of an individual’s health status is directly attributable to personal lifestyle decisions and attitudes. Persons who do not smoke, who drink in moderation (if at all), use automobile seat belts (car seats for infants and small children), maintain a nutritious low-fat, high-fiber diet, reduce excess stress in daily living and exercise regularly have a significantly greater potential of avoiding debilitating diseases, infirmities, and premature death.

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. More than 50 infectious diseases in Kansas must be reported to county health departments. Except for Acquired Immune Deficiency Syndrome (AIDS), most of these reportable diseases currently result in comparatively few deaths.

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

The following table reflects the top five causes of death for the community and compares the mortality rates to the state of Kansas and US average rates, per 100,000 population. Figures represent a 2019-2023 five-year average.

Leading Causes of Death: Crude Mortality Rate			
	Kingman County	Kansas	United States
	Rate	Rate	Rate
Diseases of the heart	550.63	214.20	207.22
Malignant neoplasms (cancer)	545.04	189.15	182.70
COVID-19	223.61	64.93	60.57
Cerebrovascular diseases (stroke)	176.09	--	48.33
Chronic lower respiratory diseases (lung)	139.75	55.84	44.92

Data Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2019-2023

Health Outcomes and Factors

An analysis of various health outcomes and factors for a particular community can, if improved, help make that community a healthier place to live, learn, work and play. 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. 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, data from Kingman County will be used to compare the relative health status of the county to the state of Kansas as well as to a national benchmark. 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. The tables on the following page show how changes in the counties included in the community’s mortality and morbidity outcomes have mostly increased from the prior community health needs assessment.

County Health Rankings - Health Outcomes					
	Kingman County 2021	Kingman County 2024	Increase/Decrease	Kansas 2024	U.S. 2024
Mortality*					
Premature death - Years of potential life lost before age 75 per 100,000 population (age-adjusted)	15,500	27,600	↑	8,600	8,400
Morbidity*					
Poor or fair health - Percent of adults reporting fair or poor health (age-adjusted)	14%	17%	↑	15%	17%
Poor physical health days - Average number of physically unhealthy days reported in past 30 days (age-adjusted)	3.5	3.7	↑	3.7	3.9
Poor mental health days - Average number of mentally unhealthy days reported in past 30 days (Age Adjusted)	4.0	5.4	↑	5.2	5.1
Low birth weight - Percent of live births with low birth weight (<2500 grams)	6.0%	8.0%	↑	7.0%	8.0%

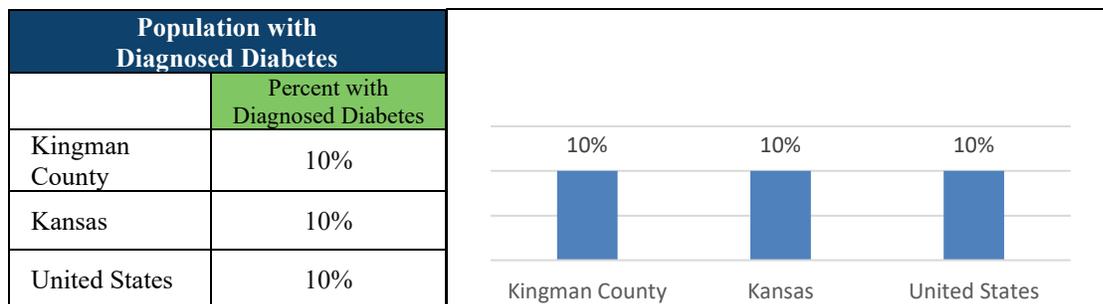
** Data should not be compared with prior years Source: *Countyhealthrankings.org*

A number of different health factors shape a community’s health outcomes. The County Health Rankings model includes four types of health factors: health behaviors, clinical care, social and economic and the physical environment. (See County Health Rankings section of Appendix.)

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

Diabetes

The following table and chart display the percentage of adults aged 18 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.

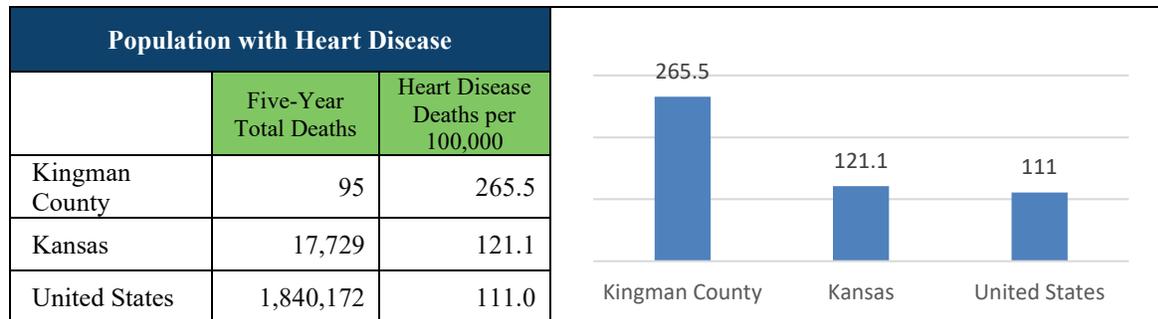


<https://www.countyhealthrankings.org/health-data/kansas/kingman?year=2025>

Heart Disease (Adult)

The following table displays deaths due to coronary heart disease per 100,000 population. Figures are reported as crude rates and as age-adjusted. 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.

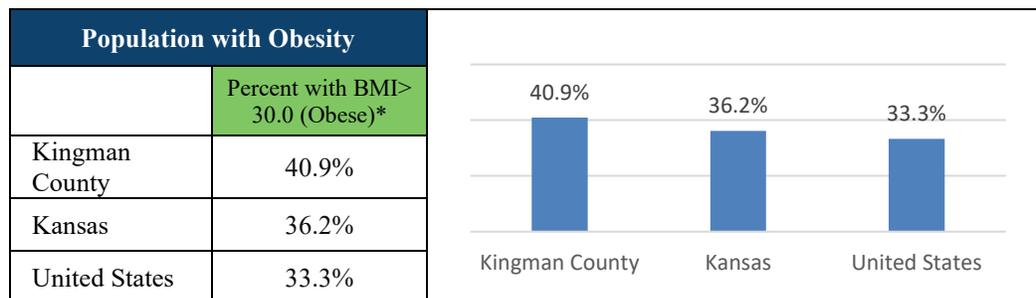
In Kingman County, the age-adjusted death rate of 265.5 per 100,000 total population is significantly higher than the state and national rates.



Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2019-2023.

Obesity

The following table and chart display the percentage of adults aged 18 and older having a Body Mass Index (BMI) greater than 30.0 (obese), calculated from self-reported weight and height. Excess weight may indicate an unhealthy lifestyle and puts individuals at risk for further health issues. Kingman County’s percent of obese individuals is higher than the rate for the state of Kansas and the United States.



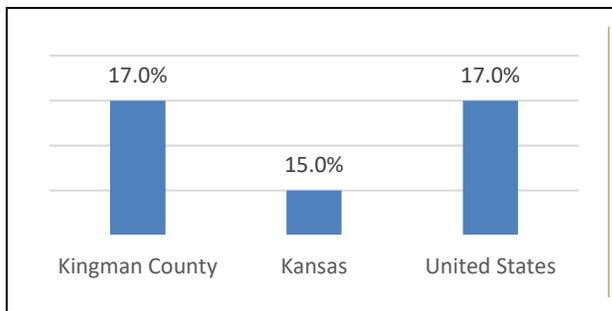
Data Source: <https://www.countyhealthrankings.org/health-data/kansas/kingman?year=2025>

Poor General Health

The table and chart on the following page display the percentage of adults aged 18 and older 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.

Kingman County is similar to the United States’ percent of population with poor health.

Population with Poor General Health	
	Percent with Poor or Fair General Health
Kingman County	17.0%
Kansas	15.0%
U.S.	17.0%



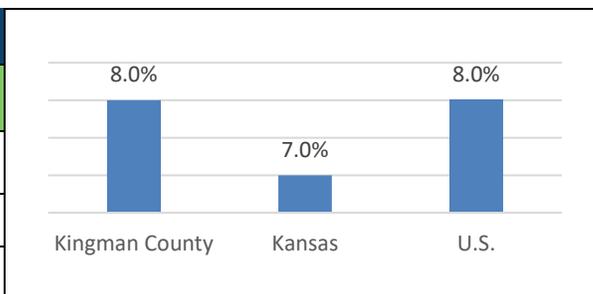
Data Source: <https://www.countyhealthrankings.org/health-data/kansas/kingman?year=2025#population-health>

Low Birth Weight

The table and chart below display the percentage of total births that are low birth weight (Under 2500g). Low births are live births where the infant weighed less than 2,500 grams (approximately 5 lbs.)

This is relevant because low birth weight infants are at high risk for health problems. This can also highlight the existence of health disparities.

Low Birth Rate	
	Percent with Low Weight Births
Kingman County	8.0%
Kansas	7.0%
U.S.	8.0%



Source: <https://www.countyhealthrankings.org/health-data/kansas/kingman?year=2025#population-health>

KEY INFORMANT INTERVIEWS

In the Patient Protection and Affordable Care Act (PPACA) passed in March 2010, nonprofit hospitals were mandated to conduct a community-based needs assessment every three years. As a part of the process, each hospital is required to solicit input from those who represent the broad interests of the community served by the hospital as well as those who have special knowledge or expertise around public health and underserved populations.

For this assessment, interviews were held with various professionals representing a cross-section of industries and organizations within the community's population. Participants included:

- Zach Bieghler, City Clerk, city of Kingman
- Susan Graber, community volunteer
- Sharon James, community activist
- Julie Lyon, Commissioner, Kingman County
- Faye Martin, advisory board member, Kingman Healthcare Center
- Ellen McDonald, Nurse practitioner, Kingman County Health Department
- Mary Schwartz, Director, Kingman County Health Department
- Loretta Voran, community volunteer
- Tina Watts, local business owner

The primary purpose of the interviews was to receive feedback on community health and wellness attributes, strengths, and challenges. Topics included questions about 1) Health and quality of life, 2) Underserved and underrepresented populations, 3) Barriers, and 4) Recommendations for improvement.

Major needs identified in the previous community assessment will remain high priorities as health and wellness factors.

A lack of resources (poverty), a shortage of affordable housing, and mental health issues were cited most often as critical health concerns. Substance abuse and mental health received frequent mentions as ongoing issues to be confronted.

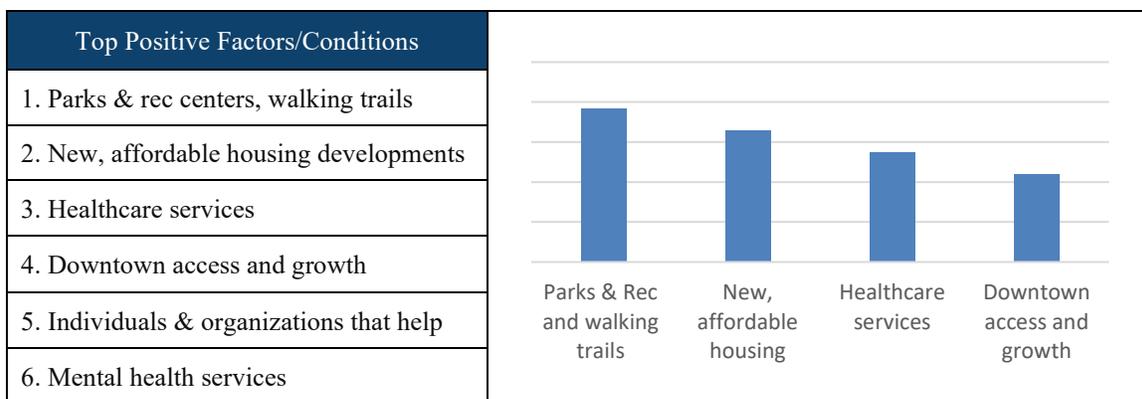
Assessment participants widely recognized achievement and success in the areas of parks and recreation, city walkability, business development, and collaborations among organizations and individuals.

Key Informant general observations and comments

Positive Factors and Conditions

Respondents were asked to list specific factors and conditions that are positive about the community’s health and quality of life. The top positive factors were similar to the 2022 report, with the exception of housing developments, which is a new entry to the list.

The city’s investment into parks and recreation and the downtown area were widely acknowledged as assets to the community’s quality of life. Varied healthcare services (physical and mental) were also recognized.



Other frequent mentions:

Parent/teacher organizations	Elderly exercise programs
Great schools	Theatre
Excellent police force (city and sheriff)	CORE

Interview comments:

“There are new buildings that have rentals, helping fill the rental gap (caused by apartment fires)”

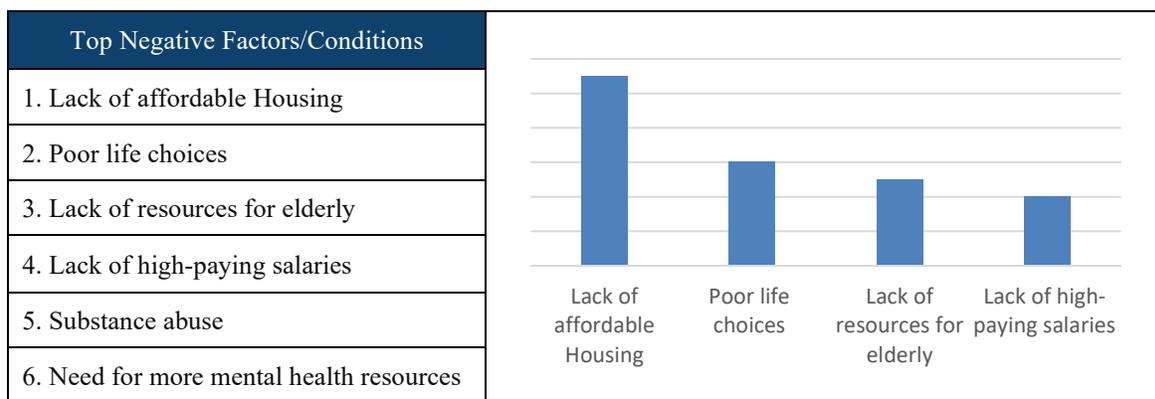
“We are community-minded, with a focus to expand our small businesses.”

“We have a good mental health facility in town, which has been very beneficial. Most towns our size don’t have such resources.”

Negative Factors and Conditions

Respondents were asked to list specific factors and conditions that adversely affect the community’s health and quality of life.

Though the development of affordable housing was cited as a positive community factor, the current shortage of such housing was determined to be the most pressing negative factor.



Other frequent mentions:

Expensive utilities	Non-competitive grocery store prices
Prevalence of obesity	Depression due to economy/inflation
High divorce rate	Dwindling church attendance

Interview comments:

“Our population is older and we’re not attracting younger families to our city.”

“There are conflicts between the county and city leaders and officials; they won’t work together.”

“Our local vaccination rates at school are too low, which poses a danger for illnesses like Measles.”

“We have a lot of low-income and assistance-families who don’t make good choices.”

Underserved Populations

Key Informants were asked to describe how or if there are certain demographic or racial/ethnic groups within the community that may face barriers or lack access to affordable health care services and essential resources.

Low-income families, sometimes referred to as the “working poor,” were identified as the group most frequently lacking access to health care services. Those within this group may work low paying jobs that do not provide health benefits (or the benefits may be too expensive for some employees).

These individuals can get caught in what is called a “benefits cliff.” This occurs when those receiving government assistance (SNAP, Medicaid, housing) experience a sudden and significant loss of those benefits when their income rises, even by a small amount.

Senior citizens often lack access as well. In addition to limited financial resources, some elderly don’t have transportation, live in poor housing, and don’t understand how to access the help they need. As one person described, “Some of our elderly lack affordable quality housing and are stuck living in housing with mold issues.”

Respondents explained how Kingman’s population is becoming more diverse, and non-English speakers require language interpreters to understand and access community resources.

Because the community does not have a full-time OBGYN, another group that may lack access to essential services is young women. As one respondent explained, “Ladies have to go to other counties to have babies. Some babies are delivered here in emergency situations but then have to be transferred to other facilities.”

Comments:

“There are so many resources available to families, most people just don't know where to look or who to ask.”

“The lack of affordable housing is a concern in the county. If you do not have a decent and safe permanent residence it impacts every aspect of your life.”

Recommendations for Improvement

As a result of the interviews, the following suggestions were provided to help improve the community’s health and quality.

- Encourage preventive care, helping to avoid serious, long-term illnesses.
- Start a women’s treatment center addressing drug and alcohol addiction
- Open the high school gym after hours and on weekends to the public, partnering with the rec department and other local organizations.
- Provide a place for senior citizens to walk when they can’t be outside due to inclement weather.
- Provide an affordable gym that has modern exercise equipment.
- Build a public pool that is accessible to all ages.
- Increase education and awareness to motivate individuals to proactively address their health.

Feedback on Kingman Health Center

Respondents were asked what they felt were the most important issues that the hospital should address in the next 3-5 years.

- Continue to collaborate on community initiatives and schools. Outreaches are helpful.
- Need more services to low-income individuals and families.
- Focus on mental health, expand resources, partner with other organizations and entities.
- Continue working on the retention of hospital employees.
- We need a permanent MRI, not just one on a truck.
- They should continue partnering with the Health Department and other local organizations.
- We need more specialists coming here so people don't have to drive so far away.
- Our community needs a men's drug treatment.
- Start a program to offer an "open door" clinic to the poor for a flat fee.
- The hospital should start a program to encourage exercise for seniors.
- Update the hospital's ER so that it protects confidentiality of patients.
- Be prepared for immigration, influx of non-Caucasian residents.
- Focus on serving younger populations.

Key Informants provided feedback on the Hospital's community outreach programs and efforts to address community health concerns. Responses showed that the hospital has achieved a very positive public perception and is considered essential to the community's overall well-being.

"We are fortunate to have Kingman Health in our community."

"The Hospital CEO is doing a great job!"

"They need to keep doing what they are doing!"

"We have an excellent healthcare system that stays up on current needs, stays up to date on technology with good equipment."

"The hospital staff are all-stars; I give them an A+!"

"I can't say enough good things about Kingman Health!"

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 several medical conditions that are not specifically addressed in this report due to various factors, including but not limited to, publicly 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 Community Health Needs Assessment must provide a prioritized description of the community health needs identified through the CHNA, and include a description of the process and criteria used in prioritizing the health needs.

Using findings obtained through the collection of primary and secondary data, the Hospital completed an analysis of these to identify community health needs. The following data was analyzed to identify health needs for the community:

Leading Causes of Death

Leading causes of death and death rates for the community were compared to U.S. adjusted death rates. Causes of death in which the county rate compared unfavorably to the U.S. adjusted death rate resulted in a health need for the Hospital.

Health Outcomes and Factors

An analysis of the County Health Rankings health outcomes and factors data was prepared for each county within the Hospital community. County rates and measurements for health behaviors, clinical care, social and economic factors, and the physical environment were compared to state benchmarks. County rankings in which the county rate compared unfavorably (by greater than 30 percent of the national benchmark) resulted in an identified health need.

Primary Data

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

Health Needs of Vulnerable Populations

Health needs of vulnerable populations were included for ranking purposes.

To facilitate prioritization of identified health needs, a ranking process was used. Health needs were ranked based on the following four factors. Each factor received a score between 0 and 5, with a total maximum score of 20 (indicating the greatest health need).

- 1) **How many people are affected by the issue or size of the issue?** For this factor, ratings were based on the percentage of the community who are impacted by the identified need. The following scale was utilized.
 - i. >25% of the community = 5
 - ii. >15% and <25% = 4
 - iii. >10% and <15% = 3
 - iv. >5% and <10% = 2
 - v. <5% = 1
- 2) **What are the consequences of not addressing this problem?** Identified health needs, which have a high death rate or have a high impact on chronic diseases, received a higher rating.
- 3) **Prevalence of common themes.** The rating for this factor was determined by how many sources of data (Leading Causes of Death, Primary Causes for Inpatient Hospitalization, Health Outcomes and Factors, Primary Data, Interviews) identified the need.
- 4) **Alignment with Hospital goals and resources.** The rating for this factor was determined by whether the need fits within the Hospital's strategic plan, as well as the Hospital's ability to address the need. Rating of one (least) through five (greatest) was given to the need, based on management assessment.

Each need was ranked based on the prioritization metrics. As a result, the following summary of needs is identified in the table below.

Health Problem or Issue	How many people are affected by the issue?	What are the consequences of not addressing this problem?	Prevalence of Common Themes	Alignment with the Hospital’s goals and resources	Total Score
Adult Obesity	5	5	5	4	19
Primary Care Physicians	5	5	4	5	19
Mental Health Providers	5	5	4	4	18
Heart Disease	5	5	4	3	17
Cancer	5	5	2	5	17
Lack of Health Knowledge/Education	5	5	2	4	16
Lung Disease	4	4	5	3	16
Dentists	5	4	4	1	14
Physical Inactivity	4	4	3	2	13
Alcohol-Impaired Driving Deaths	4	4	3	2	13
Children in Poverty	4	3	3	1	11
Adult Smoking	2	3	3	2	10
Stroke	3	4	1	2	10
Substance Abuse	2	2	3	2	9
Transportation	2	2	2	2	8
Children in Single-Parent Households	4	2	2	0	8
Violent Crime/Domestic Violence	2	2	1	1	6
Sexually Transmitted Infections	1	1	1	2	5
Excessive Drinking	1	1	1	2	5
Teen Birth Rate	1	1	0	2	4

Management’s Prioritization Process

For the health needs prioritization process, the Hospital engaged a hospital leadership team to review the most significant health needs reported on the prior CHNA using the following criteria:

- Current area of hospital focus.
- Established relationships with community partners to address the health need.
- Organizational capacity and existing infrastructure to address the health need.

Based on the criteria outlined above, any health need that scored a 15 or more (out of a possible 20) was identified as a priority area that will be addressed through Kingman Healthcare Center’s Implementation Strategy for fiscal year 2025-2027. Those priority areas included:

1. Adult obesity
2. Primary care physicians
3. Mental Health/Mental Health Providers
4. Heart disease
5. Cancer

HEALTH CARE RESOURCES

The availability of health resources is a critical component to the health of a community’s residents 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 is vital for sustaining a community’s health status. Fewer health care facilities and health care providers can impact the timely delivery of services.

A limited supply of health resources, especially providers, results in the limited capacity of the health care delivery system to absorb charity and indigent care as there are fewer providers upon which to distribute the burden of indigent care. This section addresses the availability of health care resources to the residents in the community.

Hospitals and Health Centers

The Hospital has 25 beds and is one of three critical access hospitals located in the community. Residents of the community also take advantage of services provided by hospitals in neighboring counties.

The table below summarizes hospital services available to the residents of Kingman County:

Summary of Acute Care Hospitals					
Facility	Address	County	Miles from Kingman, KS	Beds*	Facility Type
Kingman Healthcare Center	750 West D Ave. Kingman, KS	Kingman	0.0	25	Critical Access
Patterson Health Center	485 KS-2 Anthony, KS	Harper	25.3	25	Critical Access
Hutchison Regional Medical Center	1701 East 23rd Ave. Hutchinson, KS	Reno	32.2	209	General Medical and Surgery
Stafford County Hospital	502 South Buckeye St. Stafford, KS	Stafford	34.0	25	Acute and General
Ascension Via Christi St. Teresa	14800 St. Teresa St. Wichita, KS	Sedgwick	38.0		Acute Care Hospital

Other Health Care Facilities and Providers

Critical access hospital services are not the only health services available to members of the Hospital’s community. The following table provides a listing of community health centers and medical facilities:

Summary of Other Health Care Facilities				
Facility	Address	County	Miles from Kingman, KS	Facility Type
Patterson Health Center	485 KS-2 Anthony, KS	Harper	25.3	Critical Access
Pratt Regional Medical Center	200 Commodore St. Pratt, KS	Pratt	33.0	Acute Care Hospital
Hutchinson Regional Medical Center	1701 E. 23 rd Ave. Hutchinson, KS	Reno	40.6	Acute Care Hospital
PrairieStar Health Ctr	2700 E. 30 th Ave. Hutchison, KS	Reno	42.3	Federally Qualified Health Center
Ascension Via Christi St. Teresa	14800 St. Teresa St. Wichita, KS	Sedgwick	38.0	Acute Care Hospital

The Kingman County Health Department (KCHD) was established and operates under the premise that all people are entitled to adequate health care; that they have a right to maintain a healthy independence and to have access to information concerning their health and prevention of illness.

The Health Department provides the following health services to residents of Kingman County:

- Disease investigation
- Early intervention health screening
- Family planning and well-woman information and services
- Immunizations
- Information and education in caring for infants and children
- Licensure of day care providers
- Nutritional information and/or assistance
- Travel health recommendations
- Well-person health assessments

More information on the Kingman County Health Department's services may be obtained by visiting www.kingmancoks.org.

APPENDICES

Analysis of Data

Analysis of Health Status: Leading Causes of Death (2024)					
	U.S. Crude Rates	Kansas Crude Rates	(A) County Crude Rates	(B) 10% Increase of Kansas Crude Rates	If County Rate Greater than 10% over Kansas Rate, (A)>(B), then “Health Need”
Kingman County					
Diseases of the heart	207.22	214.20	550.63	+157.06%	Health Need
Malignant neoplasm (cancer)	182.70	189.15	545.04	+188.15%	Health Need
Chronic lower respiratory (lung)	44.92	55.84	139.75	+150.26%	Health Need
Cerebrovascular disease (stroke)	48.33	n/a	176.09	n/a	Health Need

Crude rate is shown per 100,000 residents. Refer to “Leading Causes of Resident Death” table for more information.

Analysis of Health Outcomes and Factors (2024)					
	U.S. Crude Rates	Kansas Crude Rates	(A) County Crude Rates	(B) Percent of Kansas Crude Rates	If County Rate Greater or more severe than 10% over Kansas Rate, (A)>(B), then “Health Need”
Kingman County					
Adult Smoking	13%	15%	18%	+20.0%	Health Need
Adult Obesity	34%	37%	41%	+10.8%	Health Need
Food Insecurity	14%	13%	12%	-7.69%	
Physical Inactivity	19.5%	19.4%	23.9%	+23.19%	Health Need
Access to Exercise Opportunities	84.14%	79.93%	53.37%	-33.22%	Health Need
Excessive Drinking	19%	19%	19%	—	
Alcohol-Impaired Driving Deaths	26%	21%	29%	+38.00%	Health Need
Sexually Transmitted Infections	495.0	474.4	111.2	-76.55%	
Teen Birth Rate	16	18	12	-33.3%	
Uninsured Adults	11%	12%	12%	—	
Primary Care Physicians	1,330:1	1,280:1	3,700:1	+189.0%	Health Need
Dentists	1,360:1	1,580:1	7,190:1	+355.0%	Health Need
Mental Health Providers	300:1	400:1	1,010:1	+152.5%	Health Need
Preventable Hospital Stays	2,666	2,529	2,917	+15.34%	Health Need

	U.S. Crude Rates	Kansas Crude Rates	(A) County Crude Rates	(B) Percent of Kansas Crude Rates	If County Rate Greater or more severe than 10% over Kansas Rate, (A)>(B), then “Health Need”
Mammography Screening	49%	49%	48%	-2.04%	
Children in Poverty	16%	13%	15%	+15.38%	Health Need
Children in Single-Parent Households	24.83%	21.23%	10.51%	-50.49%	
Violent Crime Rate (per 100K)	261.20	261.60	172.00	-34.25%	

Opposite indicator signifying that an increase is a positive outcome, and a decrease is a negative outcome.

Key Informant Interview Questions/Topics

1. Please provide your background and current occupation.
2. Describe specific factors and conditions that are positive about your community’s health and quality of life.
3. Describe specific factors and conditions that negatively impact the community’s health and quality of life.
4. Describe how or if there are certain demographic or racial/ethnic groups within the community that may face barriers or lack access to affordable health care services and essential resources.
5. Provide recommendations or suggestions that might help improve your community’s health and quality.
5. Describe what you believe to be the most important issues that the Hospital should address in the next 3 to 5 years?
8. Please provide feedback on the Hospital’s community outreach programs and efforts to address community health concerns.

County Health Rankings

Health Behaviors*	Kingman County 2021	Kingman County 2024		Kansas 2024	Top US Performers 2024
Adult smoking - Percent of adults that report smoking at least 100 cigarettes and that they currently smoke	18%	18%	—	15%	13%
Adult obesity - Percent of adults that report a BMI >= 30	34.0%	41%	↑	37%	34%
Food environment index [^] - Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best)	7.8	7.7	↓	7.1	7.7
Physical inactivity - Percent of adults aged 20 and over reporting no leisure time physical activity	33%	23.9%	↑	19.4%	19.5%
Access to exercise opportunities [^] - Percentage of population with adequate access to locations for physical activity	53.7%	53.7%	—	79.9%	84.1%
Excessive drinking - Percent of adults that report excessive drinking in the past 30 days	19%	19%	—	20%	18%
Alcohol-impaired driving deaths - % of motor vehicle crash deaths with alcohol involvement	0%	29%	↑	21%	26%
Sexually transmitted infections - Chlamydia rate per 100K population	244.6	111.2	↓	474.4	495.5
Teen births - female population, ages 15-19	16	12	↓	18	16

Clinical Care*	Kingman County 2021	Kingman County 2024		Kansas 2024	Top US Performers 2024
Uninsured adults - Percent of population under age 65 without health insurance	11%	10%	↓	11%	10%
Primary care physicians - Number of population for every one primary care physician	3,660	3,700	↑	1,280	1,330
Dentists - Number of population for every one dentist	3,580	7,190	↑	1,580	1,360
Mental health providers - Number of population for every one mental health provider	1,190	1,030	↓	420	320
Mammography screening [^] - Percent of female Medicare enrollees that receive mammography screening	41%	48%	↑	49%	44%

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Social and Economic Factors*	Kingman County 2021	Kingman County 2024		Kansas 2024	Top US Performers 2024
High school completion [^] - Percent of ninth grade cohort that graduates in 4 years	94%	91%	↓	92%	89%
Some college [^] - Percent of adults aged 25-44 years with some post-secondary education	71%	64%	↓	71%	68%
Unemployment - Percent of population age 16+ unemployed but seeking work	3.2%	2.4%	↓	2.7%	3.7%
Children in poverty - Percent of children under age 18 in poverty	17%	17%	—	14%	16%
Income inequality - Ratio of household income at the 80th percentile to income at the 20th percentile	3.9	3.5	↓	4.4	4.9
Children in single-parent households - Percent of children that live in household headed by single parent	17%	11%	↓	21%	25%
Social associations [^] - Number of membership associations per 10,000 population	23.3	21.6	↓	13.2	9.1
Injury deaths - Number of deaths due to injury per 100,000 population	111	113	↑	82	80

Physical Environment*	Kingman County 2021	Kingman County 2024		Kansas 2024	Top US Performers 2024
Air pollution - particulate matter days -Average daily measure of fine particulate matter in micrograms per cubic meter	7.0	7.2	↑	6.7	7.4
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	7%	8%	↑	12%	17%
Driving alone to work - Percentage of workforce that drives alone to work	83%	84%	↑	78%	72%
Long commute, driving alone - Among workers who commute in their car alone, the percentage that commute more than 30 minutes	40%	38%	↓	22%	36%

* Data should not be compared with prior years.

Source: <https://www.countyhealthrankings.org/health-data/kansas/kingman?year=2024>