

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



**KINGMAN  
COMMUNITY  
HOSPITAL**

**BKD**  
CPAs & Advisors

## Contents

<b>Consultants' Report</b> .....	<b>1</b>
<b>Introduction</b> .....	<b>2</b>
Summary of Community Health Needs Assessment.....	3
<b>General Description of the Hospital</b> .....	<b>4</b>
Mission Statement .....	4
<b>Evaluation of Prior Implementation Strategy</b> .....	<b>5</b>
<b>Summary of 2019 Needs Assessment Findings</b> .....	<b>6</b>
Identified Community Health Needs .....	6
<b>Community Served by the Hospital</b> .....	<b>7</b>
Defined Community .....	7
<b>Community Detail</b> .....	<b>8</b>
Identification and Description of Geographical Community .....	8
Community Population and Demographics.....	9
<b>Socioeconomic Characteristics of the Community</b> .....	<b>10</b>
Income and Employment.....	10
Unemployment Rate .....	11
Poverty.....	12
Uninsured .....	13
Medicaid.....	13
Education.....	14
<b>Physical Environment of the Community</b> .....	<b>14</b>
Grocery Store Access .....	14
Food Access/Food Deserts .....	15
Recreation and Fitness Access .....	15
<b>Clinical Care of the Community</b> .....	<b>16</b>
Access to Primary Care .....	16
Population Living in a Health Professional Shortage Area.....	17
Preventable Hospital Events.....	17
<b>Health Status of the Community</b> .....	<b>18</b>
<b>Leading Causes of Death</b> .....	<b>19</b>
<b>Health Outcomes and Factors</b> .....	<b>19</b>
Diabetes (Adult) .....	21
High Blood Pressure (Adult).....	22

Obesity.....	22
Poor General Health .....	23
Low Birth Weight.....	23
<b>Key Informant Interviews.....</b>	<b>24</b>
Methodology.....	24
Key Informant Profiles .....	24
Key Informant Interview Results .....	25
Summarized Interview Results.....	25
<b>Health Issues of Vulnerable Population.....</b>	<b>26</b>
<b>Information Gaps.....</b>	<b>26</b>
<b>Prioritization of Identified Health Needs .....</b>	<b>26</b>
Leading Causes of Death.....	26
Health Outcomes and Factors.....	27
Primary Data.....	27
Health Needs of Vulnerable Populations.....	27
Management’s Prioritization Process .....	28
<b>Health Care Resources .....</b>	<b>29</b>
Hospitals and Health Centers .....	29
Other Health Care Facilities and Providers .....	29
<b>Appendices</b>	
Acknowledgements .....	30
Sources .....	31
Analysis of Data .....	32
Key Informant Interview Questions .....	33
Dignity Health CNI Reports .....	34
County Health Rankings.....	35

## Consultants' Report

Ms. Shannan Flach  
Chief Executive Officer  
Ninnescah Valley Health Systems, Inc.

On behalf of Ninnescah Valley Health Systems, Inc. (the "Hospital") we have assisted in conducting a Community Health Needs Assessment (CHNA) consistent with the scope of services outlined in our engagement letter dated April 26, 2018. The purpose of our engagement was to assist the Hospital in meeting the requirements of Internal Revenue Code §501(r)(3) and Regulations thereunder. We also relied on certain information provided by the Hospital, specifically certain utilization data, geographic HPSA information and existing community health care resources.

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

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

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

*BKD, LLP*

January 28, 2019

## Introduction

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

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

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

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

The process involved:

- ✓ An evaluation of the implementation strategy from the previous needs assessment which was adopted by the Hospital's Board of Directors in 2016.
- ✓ Collection and analysis of a large range of data, including demographic, socioeconomic and health statistics, health care resources.
- ✓ Interviews with key informants who represent a) broad interests of the community, b) populations 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 fiscal year April 30, 2019. It will serve as a compliance document as well as a resource until the next assessment cycle. Both the process and document serve as the basis for prioritizing the community's health needs and will aid in planning to meet those needs.

### **Summary of Community Health Needs Assessment**

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

The Hospital engaged **BKD, LLP** to conduct a formal community health needs assessment. **BKD, LLP** is one of the largest CPA and advisory firms in the United States, with approximately 2,600 partners and employees in 38 offices. BKD serves more than 1,000 hospitals and health care systems across the country. The community health needs assessment was conducted during 2019.

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

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

### **General Description of the Hospital**

The Kingman Community Hospital 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 Community Hospital, the Medical Arts Center, Kingman, Cunningham Clinic, and Donley Memorial Clinic. Continued operations has led to expanded services Oncology Department, five exam rooms, a procedure room and a physician workroom.

Administrative offices and Admissions were relocated to the addition, making possible the expansions of Cardiac Rehab, Nuclear Medicine and Dietary Departments.

### **Mission Statement**

*“Kingman Community Hospital is a cornerstone for providing dedicated compassionate healthcare by knowledgeable professionals in a safe and respectful environment.”*



## Evaluation of Prior Implementation Strategy

The implementation strategy for fiscal years ending April 30, 2016 – April 30, 2019, focused on four strategies to address identified health needs. Action plans for each of the strategies are summarized below. Based on the Hospital's evaluation for the fiscal year ending April 30, 2018, the Hospital has either met their goals or is still in the process of meeting their goals for each strategy listed.

PRIORITY 1: Poor Nutrition/Limited Access to Healthy Food Options

PRIORITY 2: Health Behaviors/Lifestyle Choices/Chronic Disease Prevention and Management

PRIORITY 3: Lack of Health Knowledge/Awareness of services

PRIORITY 4: Lack of access to services/Cost of prescription medication

Kingman Community Hospital has made several strides towards improving health behaviors and increasing the health knowledge of the community including coordinated and participated in county-wide health fair, hosted employee wellness fair and presented at the Kingman High School.

Increasing the access of service has been successfully implemented. Several new additions to the Hospital have taken place. A provider from the ER participates the CareNet Clinic that offers free basic medical care to eligible Kingman County residents. A physician was hired to see inpatients and works primarily with the aging community. Additional recruitment efforts have brought us a cardiologist and a Certified Wound Care Specialist who is available on Mondays and Fridays. Our Medical Arts Center has also added a mid-level provider, implemented wellness checks and a walk-in clinic. We have reduced our reliance on locum tenens providers, which increases the consistency and quality of care while also decreasing cost. Finally, the Hospital has also expanded its cardiac rehabilitation center and installed a new CT scanner. The Hospital continues to recruit physicians to fill additional needs and meet the needs of our community.

Some additional enhancements the Hospital has made include the following:

- ✓ Implemented best practices for stroke protocol
- ✓ Created an Antibiotic Stewardship Committee and a Patient Engagement Committee
- ✓ Supported various public transportation initiatives when the opportunity arises
- ✓ Continued to provide discounted secondhand clothing and house wares to the community
- ✓ Updated its financial assistance policy to reach more patients that might be eligible for discounted care

## **Summary of 2019 Needs Assessment Findings**

The following health needs were identified based on the information gathered and analyzed through the community health needs assessment conducted by the Hospital. These needs have been prioritized based on information gathered through the community health needs assessment.

### ***Identified Community Health Needs***

1. Chronic disease prevention and management, such as heart disease, lung disease, etc.
2. Services available to identify and treat mental illness and mental health.
3. Cost of healthcare primarily in regards to prescription medication.
4. Lack of health knowledge and awareness of services.

These identified community health needs are discussed in greater detail later in this report.

## Community Served by the Hospital

Kingman Community Hospital is located in Kingman County, less than an hour west of Wichita, Kansas, and is accessible by interstate and other secondary roads.

### Defined Community

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

Based on the patient origin of acute care discharges from July 1, 2017, through June 30, 2018, management has identified the community to include the corresponding Counties listed in *Exhibit 1*, with discharge percent of total greater than 2 percent.

**Exhibit 1  
Kingman Community Hospital  
Summary of Inpatient Discharges by Zip Code  
7/1/2017 to 6/30/2018**

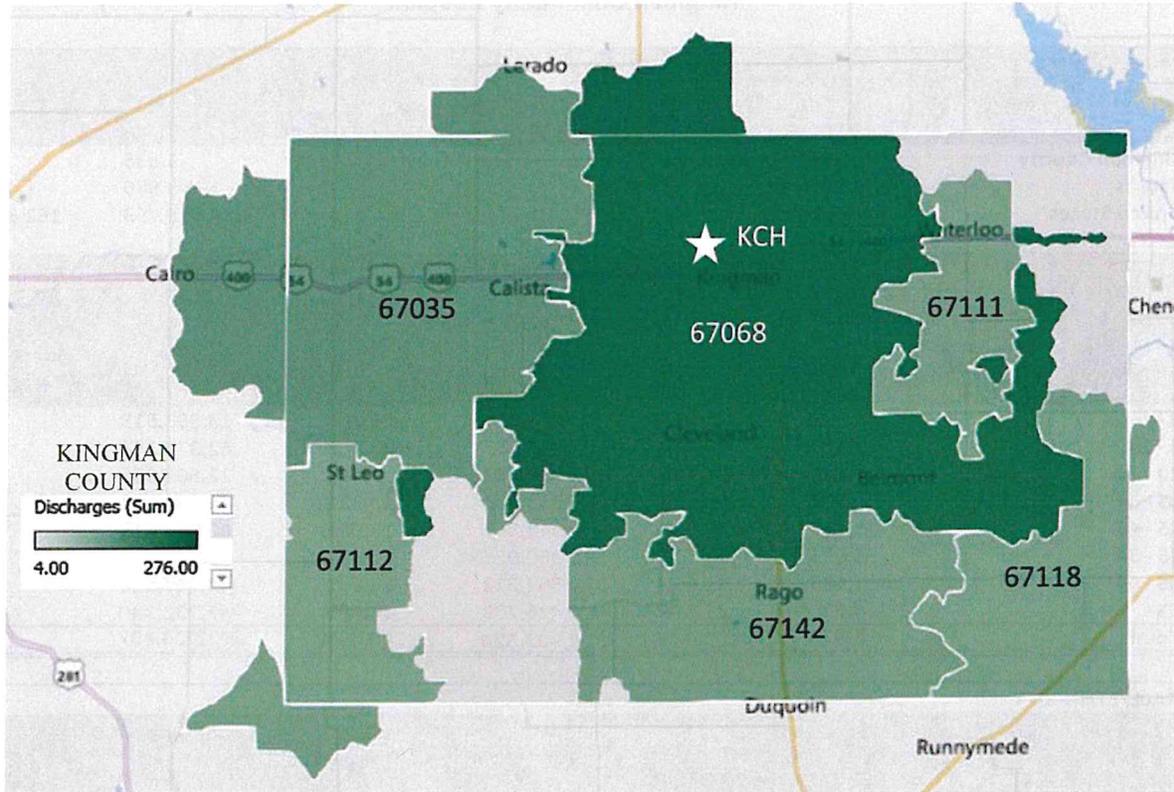
Zip Code	City	Discharges	Percent Discharges
<b>Kingman County:</b>			
67068	Kingman	276	67.0%
67035	Cunningham	36	8.7%
67142	Spivey	12	2.9%
67118	Norwich	7	1.7%
67111	Murdock	6	1.5%
67112	Nashville	4	1.0%
	<b>Total Kingman</b>	<b>341</b>	<b>82.8%</b>
	<b>Total Other Discharges</b>	<b>71</b>	<b>17.2%</b>
	<b>Total</b>	<b>412</b>	<b>100.0%</b>

Source: Kingman Community Hospital FY2018

## Community Details

### Identification and Description of Geographical Community

The following map geographically illustrates the Hospital’s community by showing the community zip codes shaded by number of inpatient discharges. The map below displays the Hospital’s geographic relationship to the community, as well as significant roads and highways.



**Community Population and Demographics**

The U.S. Bureau of Census compiled population and demographic data based on the American Community Survey 2013 – 2017, five year estimates data sets. *Exhibit 2* below shows the total population of the community. It also provides the breakout of the community between male and female population, age, race/ethnicity and Hispanic population.

**Exhibit 2  
Demographic Snapshot  
Kingman Community Hospital**

DEMOGRAPHIC CHARACTERISTICS						
	Total Population			Male		Female
Kingman County	7,576			3,835		3,741
Kansas	2,903,820			1,445,980		1,457,840
United States	321,004,407			158,018,753		162,985,654

POPULATION DISTRIBUTION						
Age Distribution						
Age Group	Kingman	Percent of Total	Kansas	Percent of Total KS	United States	Percent of Total US
0 - 4	393	5.19%	196,826	6.78%	19,853,515	6.18%
5 - 19	1,503	19.84%	602,965	20.76%	62,377,283	19.43%
20 - 24	340	4.49%	217,288	7.48%	22,501,965	7.01%
25 - 34	727	9.60%	383,984	13.22%	44,044,173	13.72%
35 - 44	782	10.32%	348,347	12.00%	40,656,419	12.67%
45 - 54	1,025	13.53%	360,925	12.43%	43,091,143	13.42%
55 - 64	1,186	15.65%	367,212	12.65%	40,747,520	12.69%
65+	1,620	21.38%	426,273	14.68%	47,732,389	14.87%
<b>Total</b>	<b>7,576</b>	<b>100.00%</b>	<b>2,903,820</b>	<b>100.00%</b>	<b>321,004,407</b>	<b>100.00%</b>

RACE/ETHNICITY		
Race/Ethnicity Distribution		
Race/Ethnicity	Kingman County	Percent of Total Community
White Non-Hispanic	7,105	93.78%
Black Non-Hispanic	27	0.36%
Asian and Pacific Island Non-Hispanic	30	0.40%
All Others	414	5.46%
<b>Total</b>	<b>7,576</b>	<b>100.00%</b>

HISPANIC POPULATION						
County	Kingman	Percent of Total Community	Kansas	Percent of Total KS	United States	Percent of Total US
Hispanic	242	3.19%	334,860	11.53%	56,510,571	17.60%
Non-Hispanic	7334	96.81%	2,568,960	88.47%	264,493,836	82.40%
<b>Total</b>	<b>7576</b>	<b>100.00%</b>	<b>2,903,820</b>	<b>100.00%</b>	<b>321,004,407</b>	<b>100.00%</b>

Source: ASC 2013 - 2017 data sets

While the relative age of the 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, American Indian and other. *Exhibit 3* reports the percentage of population living in urban and rural areas. Urban areas are identified using population density, count and size thresholds. Urban areas also include territory with a high degree of impervious surface (development). Rural areas are all areas that are not urban. This table helps to understand how access to care can be limited.

**Exhibit 3**  
**Kingman Community Hospital**  
**Urban/Rural Population**

County	Urban Population	Rural Population	Percent Urban	Percent Rural
Kingman County	2,978	4,880	37.9%	62.1%
Kansas	2,116,961	736,157	74.2%	25.8%
United States	249,253,271	59,492,267	80.7%	19.3%

Data Source: US Census Bureau, Decennial Census. 2010.

\*Populations might not match between Demographic charts due to ACS 5 year data vs. Decennial data

### 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. The economic status of an area may be assessed by examining multiple variables within the community. The following exhibits are a compilation of data that includes 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 Kansas and the United States.

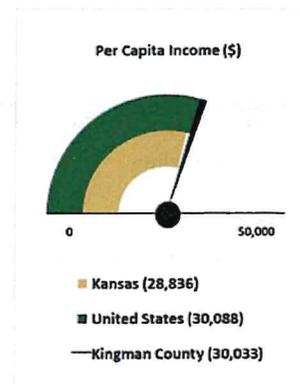
#### Income and Employment

*Exhibit 4* presents the per capita income for the community. This includes all reported income from wages and salaries as well as income from self-employment, interest or dividends, public assistance, retirement and other sources. The per capita income in this exhibit is the average (mean) income computed for every man, woman and child in the specified area. Kingman County has a per capita income above Kansas and below the United States amount.

**Exhibit 4**  
**Kingman Community Hospital**  
**Per Capital Income**

	Total Population	Aggregate Household Income (\$)	Per Capita Income (\$)
Kingman County	7,576	\$ 227,530,100	\$ 30,033
Kansas	2,903,820	\$ 83,734,036,100	\$ 28,836
United States	321,004,407	\$ 9,658,475,311,300	\$ 30,088

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



Kingman County is supported by major industries including healthcare and education. *Exhibit 5* summarizes employment by major industry for the four counties.

**Exhibit 5  
Kingman Community Hospital  
Employment by Major Industry – 2017**

Major Industries	Kingman County		Community Total		US
		%		%	%
<b>Government</b>					
Federal Government	34	1.5%	34	1.5%	1.9%
State Government	24	1.0%	24	1.0%	3.2%
Local Government	532	22.9%	532	22.9%	9.8%
<b>Goods-producing</b>					
Natural resources and mining	114	4.9%	114	4.9%	1.3%
Construction	217	9.3%	217	9.3%	4.8%
Manufacturing	367	15.8%	367	15.8%	8.6%
<b>Service-providing</b>					
Trade, transportation and utilities	317	13.6%	317	13.6%	18.9%
Information	-	0.0%	-	0.0%	1.9%
Financial activities	128	5.5%	128	5.5%	5.6%
Professional and business services	72	3.1%	72	3.1%	14.1%
Education and health services	341	14.7%	341	14.7%	15.4%
Leisure and hospitality	177	7.6%	177	7.6%	11.0%
Other services (& Unclassified)	-	0.0%	-	0.0%	3.3%
<b>Total employment</b>	<b>2,323</b>	<b>100.0%</b>	<b>2,323</b>	<b>100.0%</b>	<b>100.0%</b>

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

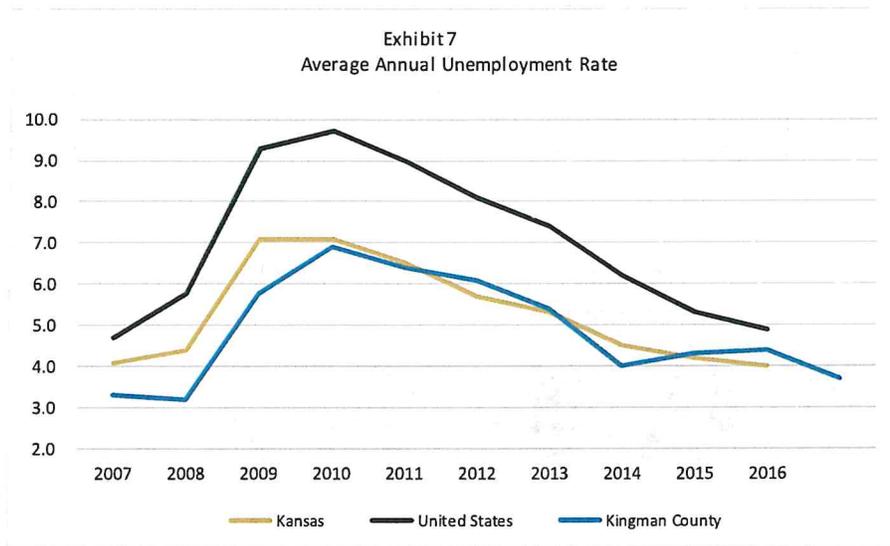
### Unemployment Rate

*Exhibit 6* presents the average annual resident unemployment rates for Kingman County, Kansas and the United States. *Exhibit 7* on the following page illustrates that unemployment rates for the community had risen and peaked in 2010. The following years depicted a decline until recent stability as of 2015.

**Exhibit 6  
Kingman Community Hospital  
Average Annual Unemployment Rate**

	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Kingman County	3.3	3.2	5.8	6.9	6.4	6.1	5.4	4.0	4.3	4.4	3.7
Kansas	4.1	4.4	7.1	7.1	6.5	5.7	5.3	4.5	4.2	4.0	3.6
United States	4.7	5.8	9.3	9.7	9.0	8.1	7.4	6.2	5.3	4.9	4.4

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



**Poverty**

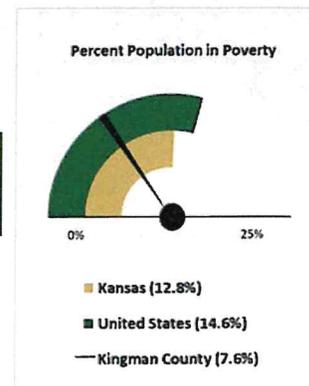
Exhibit 8 presents the percentage of total population below 100 percent FPL (Federal Poverty Level) for Kingman County, Kansas and the United States. Poverty is a key driver of health status and is relevant because poverty creates barriers to access including health services, healthy food and other necessities that contribute to poor health status.

Low-income residents often postpone seeking medical attention until health problems become aggravated, creating a greater demand on a given community’s medical resources. This includes reliance upon emergency room services for otherwise routine primary care. Often uninsured, the low-income demographics’ inability to pay for services further strains the medical network. Low-income residents are also less mobile, requiring medical services in localized population centers, placing additional pressure on those providers already in high demand.

**Exhibit 8**  
**Kingman Community Hospital**  
**Population Below 100% FPL**

	Population (for Whom Poverty Status is Determined)	Population in Poverty	Percent in Poverty
<b>Kingman County</b>	7,433	568	7.6%
<b>Kansas</b>	2,820,265	361,285	12.8%
<b>United States</b>	313,048,563	45,650,345	14.6%

Data Source: US Census Bureau, Small Area Income & Poverty Estimates. 2015



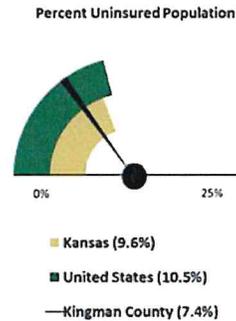
### Uninsured

*Exhibit 9* reports the percentage of the total civilian noninstitutionalized population without health insurance coverage for Kingman County, 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.

**Exhibit 9**  
**Kingman Community Hospital**  
**Health Insurance Coverage Status by Age**

	Population (Civilian Noninstitutionalized)	Total Uninsured	Percent Uninsured
<b>Kingman County</b>	7,445	553	7.4%
<b>Kansas</b>	2,843,739	274,403	9.6%
<b>United States</b>	316,027,641	33,177,146	10.5%

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



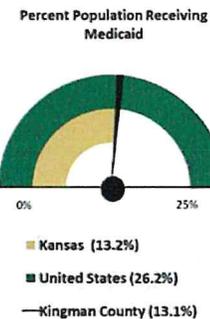
### Medicaid

*Exhibit 10* reports the percentage of the population with insurance enrolled in Medicaid (or other means-tested public health insurance). This is relevant because it assesses vulnerable populations, which are more likely to have multiple health access, health status and social support needs; when combined with poverty data, providers can use this measure to identify gaps in eligibility and enrollment.

**Exhibit 10**  
**Kingman Community Hospital**  
**Health Insurance Coverage Status**

	Total Population	Population with Any Health Insurance	Population Receiving Medicaid	Percent Receiving Medicaid
<b>Kingman County</b>	7,558	6,941	911	13.1%
<b>Kansas</b>	2,839,352	2,541,808	336,419	13.2%
<b>United States</b>	313,576,137	276,875,891	72,675,774	26.2%

*Data Source: US Census Bureau, American Community Survey. 2012-16.*



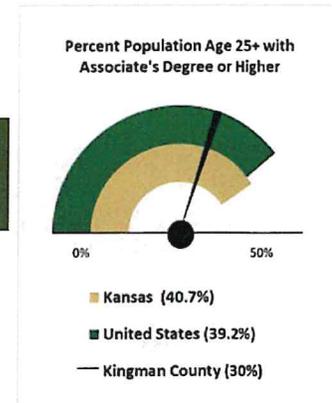
### Education

*Exhibit 11* presents educational attainment with an associate’s level degree or higher for Kingman County, Kansas and the United States. This is relevant because educational attainment has been linked to positive health outcomes.

**Exhibit 11**  
**Kingman Community Hospital**  
**Educational Attainment of Population Age 25 and Older**

	Total Population Age 25 and Older	Population with Associate's Degree or Higher	Percent with Associate's Degree or Higher
<b>Kingman County</b>	5,340	1,604	30.0%
<b>Kansas</b>	1,886,741	766,875	40.7%
<b>United States</b>	216,271,644	84,805,084	39.2%

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



### Physical Environment of the Community

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

#### Grocery Store Access

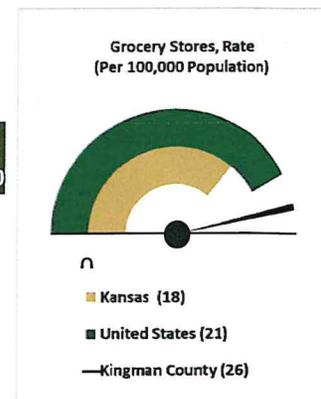
*Exhibit 12* reports the number of grocery stores per 100,000–population. Grocery stores are defined as supermarkets and smaller grocery stores primarily engaged in retailing a general line of food, such as canned and frozen foods; fresh fruits and vegetables; and fresh and prepared meats, fish and poultry. Included are delicatessen-type establishments. Convenience stores and large general merchandise stores that also retail food, such as supercenters and warehouse club stores are excluded. This is relevant because it provides a measure of healthy food access and environmental influences on dietary behaviors.

**Exhibit 12**  
**Kingman Community Hospital**  
**Grocery Store Access**

	Total Population	Number of Establishments	Establishments Rate per 100,000
<b>Kingman County</b>	7,858	2	25.5
<b>Kansas</b>	2,853,118	511	17.9
<b>United States</b>	308,745,538	65,399	21.2

*Data Source: US Census Bureau, County Business Patterns*

*Additional data analysis by CARES. 2016.*



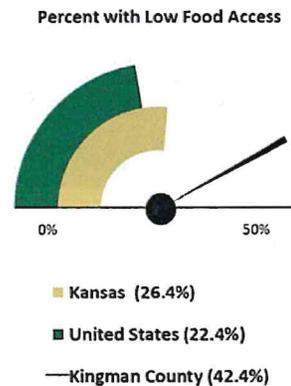
**Food Access/Food Deserts**

*Exhibit 13* 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.

**Exhibit 13**  
**Kingman Community Hospital**  
**Population with Low Food Access**

	Total Population	Population with Low Food Access	Percent with Low Food Access
<b>Kingman County</b>	7,858	3,334	42.4%
<b>Kansas</b>	2,853,118	752,888	26.4%
<b>United States</b>	308,745,538	69,266,771	22.4%

*Data Source: US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas. 2015.*

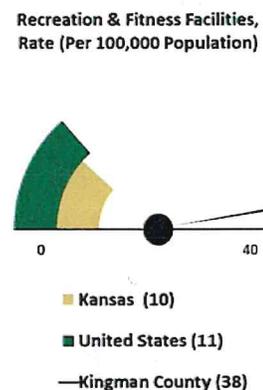

**Recreation and Fitness Access**

*Exhibit 14* reports the number per 100,000-population of recreation and fitness facilities as defined by North American Industry Classification System (NAICS) Code 713940. It is relevant because access to recreation and fitness facilities encourages physical activity and other healthy behaviors.

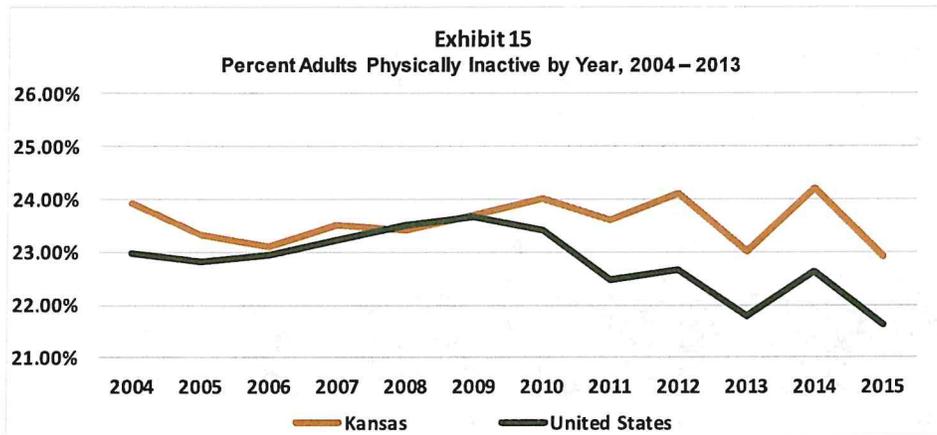
**Exhibit 14**  
**Kingman Community Hospital**  
**Recreation and Fitness Facility Access**

	Total Population	Number of Establishments	Establishments Rate per 100,000
<b>Kingman, County</b>	7,858	3	38.2
<b>Kansas</b>	2,853,118	273	9.6
<b>United States</b>	312,732,537	33,980	11.0

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



The trend graph below (*Exhibit 15*) shows the percent of adults who are physically inactive by year for the State of Kansas compared to the United States. Since 2004, the percentages for both have been trending similarly, with the State of Kansas averaging at a higher percentage of adults physically inactive than the United States.



Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion 2013.

### 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 under insured, financial hardship, transportation barriers, cultural competency and coverage limitations affect access.

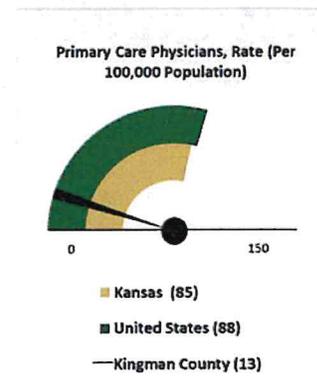
Rates of morbidity, mortality and emergency hospitalizations can be reduced if community residents access services such as health screenings, routine tests and vaccinations. Prevention indicators can call attention to a lack of access or knowledge regarding one or more health issues and can inform program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

### Access to Primary Care

*Exhibit 16* reports the number of primary care physicians per 100,000-population. Doctors classified as “primary care physicians” by the AMA include: General Family Medicine MDs and DOs, General Practice MDs and DOs, General Internal Medicine MDs and General Pediatrics MDs.

**Exhibit 16**  
**Kingman Community Hospital**  
**Access to Primary Care**

	Total Population	Primary Care Physicians	Primary Care Physicians Rate per 100,000
Kingman County	7,698	3	39.0
Kansas	2,904,021	2,457	84.6
United States	318,857,056	279,871	87.8



Data Source: US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File. 2014. Number of primary care physicians in 2019 provided by Kingman Community Hospital.

Physicians age 75 and over and physicians practicing subspecialties within the listed specialties are excluded. This is relevant because a shortage of health professionals contributes to access and health status issues.

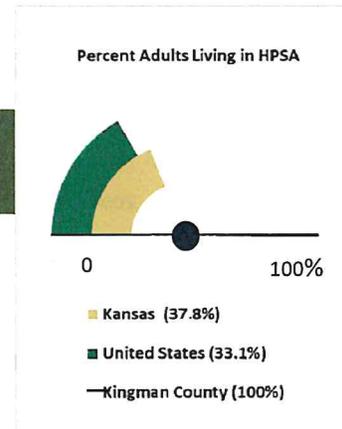
**Population Living in a Health Professional Shortage Area**

Exhibit 17 reports the percentage of the population that is living in a geographic area designated as a “Health Professional Shortage Area” (HPSA), defined as having a shortage of primary medical care, dental or mental health professionals. This is relevant because a shortage of health professionals contributes to access and health status issues.

**Exhibit 17**  
**Kingman Community Hospital**  
**Population Living in a Health Professional Shortage Area**

	Total Population	Population Living in a HPSA	Percent Living in a HPSA
Kingman County	7,858	7,858	100.0%
Kansas	2,853,118	1,927,307	67.6%
United States	308,745,538	102,289,607	33.1%

Data Source: US Department of Health & Human Services, Health Resources and Services Administration, Health Resources and Services Administration. April 2016



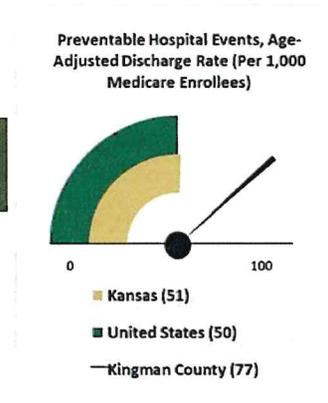
**Preventable Hospital Events**

Exhibit 18 reports the discharge rate (per 1,000 Medicare enrollees) for conditions that are ambulatory care sensitive (ACS). ACS conditions include pneumonia, dehydration, asthma, diabetes and other conditions, which could have been prevented if adequate primary care resources were available and accessed by those patients. This indicator is relevant because analysis of ACS discharges allows demonstrating a possible “return on investment” from interventions that reduce admissions (for example, for uninsured or Medicaid patients) through better access to primary care resources.

**Exhibit 18**  
**Kingman Community Hospital**  
**Preventable Hospital Events**

	Total Medicare Part A Enrollees	Ambulatory Care Sensitive Condition Hospital Discharges	Ambulatory Care Sensitive Condition Discharge Rate
Kingman County	1,055	81	77.0
Kansas	261,763	13,441	51.3
United States	22,488,201	1,112,019	49.4

Data Source: Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care. 2015.



### 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 Factor
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

*Exhibit 19* reflects the leading causes of death of Kingman County residents and compares the rates, per hundred thousand, to Kansas average rates, per hundred thousand.

**Exhibit 19**  
**Kingman Community Hospital**  
**Selected Causes of Resident Deaths: Number and Crude**

	Kingman County		Kansas		United States	
<b>Heart Disease</b>	42	554.4	13,437	462.7	635,260	197.9
<b>Cancer</b>	44	580.8	11,321	389.9	598,038	186.3
<b>Chronic lower respiratory diseases</b>	5	66.0	1,816	62.5	154,596	48.2
<b>Stroke</b>	8	105.6	1,711	58.9	142,142	44.3
<b>Alzheimer's Disease</b>	0	- *	886	30.5	116,103	36.2
<b>Diabetes</b>	3	39.6	864	29.8	80,058	24.9
<b>Influenza and Pneumonia</b>	2	26.4	540	18.6	51,537	16.1
<b>Kindy Disease</b>	1	13.2	531	18.3	50,046	15.6
<b>Suicide</b>	3	39.6	544	18.7	44,965	14.0
<b>Unintentional Injury</b>	13	171.6	3,146	108.3	161,347	50.2

\* Data is suppressed due to insufficient source data

## 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](http://www.countyhealthrankings.org)).

As part of the analysis of the needs assessment for the community, Kingman County will be compared to the relative health status of each county to Kansas as well as to a national benchmark as seen in *Exhibit 20*. 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 following table shows Kingman County’s mortality and morbidity outcomes have mostly remained somewhat consistent with the prior community health needs assessments as mortality measures have declined while some morbidity measures have improved.

**Exhibit 20  
Kingman Community Hospital  
County Health Rankings – Health Outcomes**

	Kingman County 2015	Kingman County 2018	Change	KS 2018	Top US Performers 2018
<b>Mortality</b>	*	46	80		
<b>Premature death</b> - Years of potential life lost before age 75 per 100,000 population (age-adjusted)	7,491	8,700		6,800	5,300
<b>Morbidity</b>	*	41	12		
<b>Poor or fair health</b> - Percent of adults reporting fair or poor health (age-adjusted)	14%	12%		15%	12%
<b>Poor physical health days</b> - Average number of physically unhealthy days reported in past 30 days (age-adjusted)	3.1	2.9		3.1	3.0
<b>Poor mental health days</b> - Average number of mentally unhealthy days reported in past 30 days (age-adjusted)	2.0	3.1		3.3	3.1
<b>Low birth weight</b> - Percent of live births with low birth weight (<2500 grams)	6.5%	6.0%		7.0%	6.0%

\* Rank out of 103 Kansas counties

Source: [Countyhealthrankings.org](http://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. The following summary shows some of the major improvements from the prior community health needs assessment to current year and challenges faced by Kingman County. The improvements/challenges shown below in *Exhibit 21* were determined using a process of comparing the rankings of Kingman County’s health outcomes in the current year to the rankings in the prior community health needs assessment.

**Exhibit 21  
Kingman Community Hospital  
Kingman County Improvements and Challenges**

Improvements	Challenges
Days physically unhealthy – decreased from 3.1 to 2.9	Premature Death – number increased from 7,491 to 8,700
Low Birth Weight – percent decreased from 6.5% to 6.0%	Average days reported mentally unhealthy – increased from 2.0 to 3.1
Adults reporting fair or poor health – decreased from 14% to 12%	

As can be seen from the summarized table above, there are numerous areas that have room for improvement when compared to the state statistics. However, there are also significant improvements made from the prior community health needs assessment.

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

***Diabetes (Adult)***

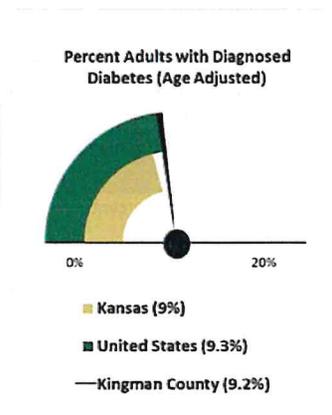
*Exhibit 22* reports the percentage of adults aged 20 and older who have ever been told by a doctor that they have diabetes. This is relevant because diabetes is a prevalent problem in the U.S.; it may indicate an unhealthy lifestyle and puts individuals at risk for further health issues.

**Exhibit 22  
Kingman Community Hospital  
Population with Diagnosed Diabetes**

	Total Population Age 20 and Older	Population with Diagnosed Diabetes	Percent* with Diagnosed Diabetes
<b>Kingman County</b>	5,815	692	9.2%
<b>Kansas</b>	2,107,012	207,387	9.0%
<b>United States</b>	241,492,750	24,722,757	9.3%

\* Age-adjusted Rate

Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2013.



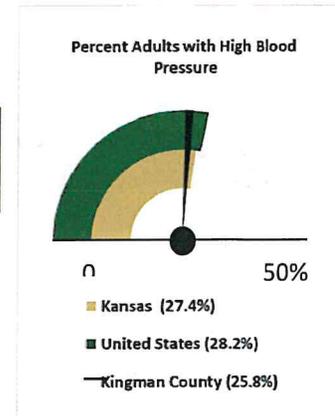
### High Blood Pressure (Adult)

Exhibit 23 reports the percentage of adults aged 18 and older who self-report that they have ever been told by a doctor, nurse or other health professional that they had high blood pressure.

**Exhibit 23**  
**Kingman Community Hospital**  
**Population with High Blood Pressure**

	Total Population Age 18 and Older	Population with High Blood Pressure	Percent with High Blood Pressure
<b>Kingman County</b>	5,980	1,543	25.8%
<b>Kansas</b>	2,112,400	578,798	27.4%
<b>United States</b>	232,556,016	65,476,522	28.2%

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



### Obesity

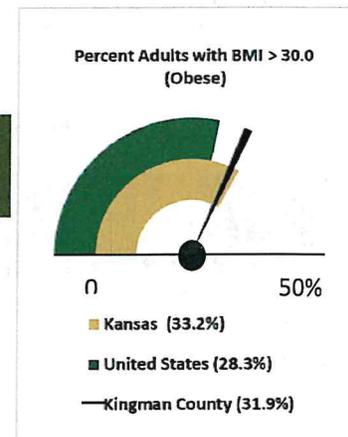
Exhibit 24 reports the percentage of adults aged 20 and older who self-report that they have a Body Mass Index (BMI) greater than 30.0 (obese). Excess weight may indicate an unhealthy lifestyle and puts individuals at risk for further health issues.

**Exhibit 24**  
**Kingman Community Hospital**  
**Population with Obesity**

	Total Population Age 20 and Older	Population with BMI > 30.0 (Obese)	Percent* with BMI > 30.0 (Obese)
<b>Kingman County</b>	5,803	1,834	31.9%
<b>Kansas</b>	2,106,148	699,363	33.2%
<b>United States</b>	238,842,519	67,983,276	28.3%

\* Age-adjusted Rate

Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2013.



**Poor General Health**

*Exhibit 25* reports the percentage of adults aged 18 and older who self-report having poor or fair health in response to the question “Would you say that in general your health is excellent, very good, good, fair or poor?” This is relevant because it is a measure of general poor health status.

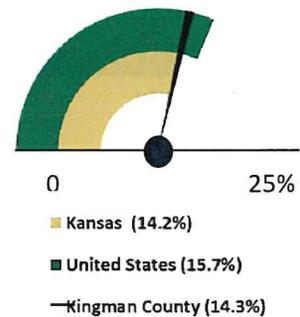
**Exhibit 25  
Kingman Community Hospital  
Population with Poor General Health**

	Total Population Age 18 and Older	Population with Poor General Health	Percent* with Poor General Health
<b>Kingman County</b>	5,980	1,100	14.2%
<b>Kansas</b>	2,112,400	278,837	12.7%
<b>United States</b>	232,556,016	37,766,703	15.7%

\* Age-adjusted Rate

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

**Percent Adults with Poor or Fair Health (Age-Adjusted)**


**Low Birth Weight**

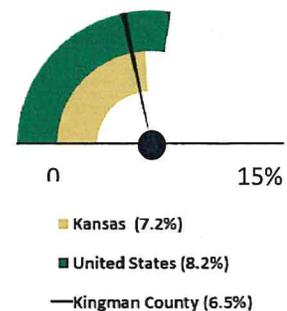
*Exhibit 26* reports the percentage of total births that are low birth weight (Under 2500g). This is relevant because low birth weight infants are at high risk for health problems. This can also highlight the existence of health disparities.

**Exhibit 26  
Kingman Community Hospital  
Births with Low Birth Weight**

	Total Live Births	Low Weight Births (Under 2500g)	Percent Low Weight Births
<b>Kingman County</b>	588	38	6.5%
<b>Kansas</b>	285,236	20,537	7.2%
<b>United States</b>	29,300,495	2,402,641	8.2%

*Data Source: US Department of Health & Human Services, Health Indicators Warehouse. Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2006-12*

**Percent Low Birth Rate Births**



## Key Informant Interviews

Interviewing key informants (community stakeholders) is a technique employed to assess public perceptions of the county's health status and unmet needs. These interviews are intended to ascertain opinions among individuals likely to be knowledgeable about the community and influential over the opinions of others about health concerns in the community.

### *Methodology*

Seven key informants' interviews were conducted. Interviewees were determined based on their a) specialized knowledge or expertise in public health, b) their affiliation with local government, schools and industry or c) their involvement with underserved and minority populations.

A representative from the Hospital contacted all individuals nominated for interviewing. Her knowledge of the community and personal relationships with the interviewees added validity to the data collection process.

All interviews were conducted using a standard questionnaire. A copy of the interview is included in the Appendices. A summary of the opinions is reported without judging the truthfulness or accuracy of their remarks. Leaders provided comments on various issues, including:

- ✓ Health and quality of life for residents of Kingman County
- ✓ Barriers to improving health and quality of life for residents of the primary community
- ✓ Opinions regarding the important health issues that affect Kingman County residents and the types of services that are important for addressing these issues
- ✓ Delineation of the most important health care issues or services discussed and actions necessary for addressing those issues

Themes in the data were identified and representative quotes have been drawn from the data to illustrate the themes. Interviewees were assured that personal identifiers such as name or organizational affiliations would not be connected in any way to the information presented in this report. Therefore, quotes included in the report may have been altered to preserve confidentiality.

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

### *Key Informant Profiles*

Key informants from the community (see the Appendices for a list of key informants) worked for the following types of organizations and agencies:

- ✓ Social service agencies
- ✓ Local school system
- ✓ Local city and county government
- ✓ Churches
- ✓ Medical providers

### **Key Informant Interview Results**

The interview questions for each key informant were identical. The questions on the interview instrument are grouped into four major categories for discussion:

1. General opinions regarding health and quality of life in the community
2. Underserved populations and communities of need
3. Barriers
4. Most important health and quality of life issues

This section of the report summarizes what the key informants said without assessing the credibility of their comments. Paraphrased quotes are included to reflect some commonly held opinions and direct quotes are employed to emphasize strong feelings associated with the statements.

### **Summarized Interview Results**

Key informants were asked whether the health and quality of life had improved, declined or stayed the same since the last assessment. Three key informants noted that health and quality of life had either gotten better or stayed the same, while the remaining four noted the health and quality of life had declined. Several informants noted the local economy had gotten worse and lack of jobs has contributed to decline in quality of life.

Several key informants identified low income/working poor and the poor elderly as having a lower quality of life. Barriers such as income level, cost of living and transportation/access to care were provided related to these groups.

The key informants were asked what could improve the health and quality of life in the area. There were essentially two types of response received; more specialists are needed and no specific improvements as the Hospital is doing great.

Even though the status of health in the area was a mixed response, nearly all key informants noted the Hospital as an asset to the community. Select quotes from the interviews that captured the general feeling of Kingman Community Hospital are noted below.

*"Doctors and nurses always seem to be in good spirits, they know their clientele and provide a personal touch."*

*"Very clean hospital, doing a great job of keeping up"*

*"Excellent care, emergency room staff is top notch"*

*"Well above average, was taken care of immediately on recent visit"*

## Health Issues of Vulnerable Populations

According to Dignity Health’s Community Need Index (see Appendices), the Hospital’s community has a moderate-level of need. The CNI score is an average of five different barrier scores that measure socioeconomic indicators of each community (income, cultural, education, insurance and housing). The zip codes in the community that have the highest need in the community are listed in *Exhibit 27*.

**Exhibit 27**

**Kingman Community Hospital  
Zip Codes with Highest Community Need Index**

Zip Code	CNI Score*	City	County
67068	3.4	Kingman	Kingman
67112	3.0	Nashville	Kingman
67159	3.0	Zenda	Kingman
67142	2.4	Spivey	Kingman
67118	2.2	Norwhich	Kingman
67111	2.2	Murdock	Kingman
67035	2.2	Cunningham	Kingman

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

Source: Dignity Health Community Need Index

## Information Gaps

This assessment was designed to provide a comprehensive and broad picture of the health in the overall community served by the Hospital; however, there may be a number of medical conditions that are not specifically addressed in this report due to various factors, including but not limited to, 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 needs assessment must provide a prioritized description of the community health needs identified through the assessment, and include a description of the process and criteria used in prioritizing the health needs.

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 for the community and the death rates for the leading causes of death for each county within the Hospital’s 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’s community.

### ***Health Outcomes and Factors***

An analysis of the County Health Rankings health outcomes and factors data was prepared for each county within the Hospital's 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. >15% of the community = 5
  - ii. >10% and <15% = 4
  - iii. >5% and <10% = 3
  - iv. >0% and <5% = 2
  - v. 0 = 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 and Primary Data) identified the need.
- 4) **Alignment with Hospital's resources.** The rating for this factor was determined by whether or not 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 four prioritization metrics. As a result, the following summary list of needs was identified:

**Exhibit 28  
Kingman Community Hospital  
Ranking of Community Health Needs**

Health Problem	How many people are affected by the issue?	What are the consequences of not addressing this problem?	Prevalence of common themes	Alignment with Hospital's resources	Total Score (out of possible 20)
Mental Health Providers	5	5	5	5	20
Lung Disease	5	5	5	4	19
Heart Disease	5	5	5	3	18
Adult Obesity	4	5	5	4	18
Cancer	5	5	5	2	17
Stroke	5	5	3	3	16
Physical Inactivity	5	4	3	4	16
Children in Poverty	4	5	3	4	16
Substance Abuse	4	4	3	5	16
Primary Care Physicians	5	5	3	2	15
Lack of Health Knowledge/Education	4	3	3	4	14
Dentists	5	4	3	1	13
Children in Single-Parent Households	4	1	3	5	13
Preventable Hospital Stays	3	3	2	3	11
Sexually Transmitted Infections	3	3	2	2	10
Teen Birth Rate	5	2	1	2	10
Violent Crime Rate	5	2	1	2	10
Adult Smoking	1	3	3	2	9
Excessive Drinking	1	1	3	2	7
Alcohol-Impaired Driving Deaths	1	1	3	2	7

### ***Management's Prioritization Process***

For the health needs prioritization process, the Hospital engaged a leadership team to review the most significant health needs reported on the prior needs assessment, as well as in Exhibit 33 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, the health needs that scored an 18 or more (out of a possible 20) were identified as a priority area that will be addressed through Kingman Community Hospital's Implementation Strategy for fiscal year 2020 through 2022. These include heart disease and adult obesity.

1. Chronic disease prevention and management, such as heart disease, lung disease, etc.
2. Services available to identify and treat mental illness and mental health.
3. Cost of healthcare primarily in regards to prescription medication.
4. Lack of health knowledge and awareness of services.

## Health Care Resources

The availability of health resources is a critical component to the health of a county’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 of Kingman County.

### Hospitals and Health Centers

The Hospital has 25 acute beds and is the only acute care hospital located in Kingman County. Residents of the community also take advantage of services provided by hospitals in neighboring counties.

*Exhibit 29* summarizes acute care hospital services available to the residents of Kingman County:

**Exhibit 29  
Kingman Community Hospital  
Summary of Critical Access Hospitals**

		County	Miles from Kingman	Bed Size*	Facility Type
Ninnescah Valley Health Systems	750 Avenue D West Kingman, KS 67068	Kingman	0.0	25	Critical Access
Harper Hospital Medical Clinic	700 West 13th Street Harper, KS 67058	Harper	32.1	25	Critical Access
Medicine Lodge Memorial Hospital	710 North Walnut Street Medicine Lodge, KS 67104	Barber	37.3	22	Critical Access
Rice County District Hospital	619 South Clark Ave Lyons, KS 67554	Rice	47.7	25	Critical Access

\* Includes subprovider beds, excludes skilled nursing facility beds

Source: Costreportdata.com 2017 data

### Other Health Care Facilities and Providers

Short-term acute care hospital services are not the only health services available to members of the Hospital’s community. *Exhibit 30* provides a listing of community health centers and rural health clinics within the Hospital’s community.

**Exhibit 30  
Kingman Community Hospital  
Summary of Other Health Care Facilities**

Facility	Facility Type	Address	County
Kingman Health Clinic	Rural Health Clinic	701 E A Avenue, Kingman, KS 67068	Kingman
* PrairieStar Health Center	Federally Qualified Health Center	2700 E 30th Ave, Hutchinson, KS 67502	Reno
* Gracemed Dodge Family Clinic	Federally Qualified Health Center	4910 W 1st St N, Wichita, KS 67212	Sedgwick

Source: CMS.gov, Health Resources & Services Administration (HRSA).

Other facilities in the community include home health, hospice, adult day care, ambulatory surgery centers, rehabilitation agencies, psychiatric residential treatment facilities and private duty nursing providers. A complete listing by county can be found at the Kansas Department of Health at <http://sais.health.pa.gov/commonpoc/dohqalocatorcommon.asp>.

## **APPENDICES**

## **Acknowledgements**

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

### ***Key Informants***

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

*Neal Slack*, Retired Educator

*Judy Albright*, Director Kingman County Council on Aging

*Peter Smith*, Pastor

*Andrea Wood*, county Extension Agent

*David Roth*, Kingman County citizen since 2005

*Julie Wollen*, Retired RN

*Amy Wallace*, Middle School Principal

## SOURCES

DATA TYPE	SOURCE	YEAR(S)
Discharges by Zip Code	Kingman Community Hospital	FY 2018
Community Details: Population & Demographics	Community Commons via American Community Survey <a href="http://www.communitycommons.org/">http://www.communitycommons.org/</a>	2012-2016
Community Details: Urban/Rural Population	Community Commons via US Census Bureau <a href="http://www.communitycommons.org/">http://www.communitycommons.org/</a>	2010
Socioeconomic Characteristics: Income	Community Commons via American Community Survey <a href="http://www.communitycommons.org/">http://www.communitycommons.org/</a>	2012-2016
Socioeconomic Characteristics: Employment by Major Industry	US Department of Labor , Bureau of Labor Statistics <a href="http://www.bls.gov/cew/datatoc.htm">http://www.bls.gov/cew/datatoc.htm</a>	2017
Socioeconomic Characteristics: Unemployment	Community Commons via US Department of Labor <a href="http://www.communitycommons.org/">http://www.communitycommons.org/</a>	2006-2016
Socioeconomic Characteristics: Poverty	Community Commons via American Community Survey <a href="http://www.communitycommons.org/">http://www.communitycommons.org/</a>	2012-2016
Socioeconomic Characteristics: Uninsured	Community Commons via American Community Survey <a href="http://www.communitycommons.org/">http://www.communitycommons.org/</a>	2012-2016
Socioeconomic Characteristics: Medicaid	Community Commons via American Community Survey <a href="http://www.communitycommons.org/">http://www.communitycommons.org/</a>	2012-2016
Socioeconomic Characteristics: Education	Community Commons via American Community Survey <a href="http://www.communitycommons.org/">http://www.communitycommons.org/</a>	2012-2016
Physical Environment: Grocery Store Access	Community Commons via US Census Bureau <a href="http://www.communitycommons.org/">http://www.communitycommons.org/</a>	2016
Physical Environment: Food Access/Food Deserts	Community Commons via US Department of Agriculture <a href="http://www.communitycommons.org/">http://www.communitycommons.org/</a>	2015
Physical Environment: Recreation/Fitness Access	Community Commons via US Census Bureau <a href="http://www.communitycommons.org/">http://www.communitycommons.org/</a> googled each town in kingman county and looked for fitness and recreation centers	2016
Clinical Care: Access to Primary Care	Community Commons via US Department of Health & Human Services <a href="http://www.communitycommons.org/">http://www.communitycommons.org/</a>	2014
Clinical Care: Professional Shortage Area	Community Commons via US Department of Health & Human Services <a href="http://www.communitycommons.org/">http://www.communitycommons.org/</a>	2016
Critical Care: Preventable Hospital Events	Community Commons via Dartmouth College Institute for Health Policy <a href="http://www.communitycommons.org/">http://www.communitycommons.org/</a>	2014
Leading Causes of Death	Community Commons via Centers for Disease Control and Prevention <a href="http://www.communitycommons.org/">http://www.communitycommons.org/</a>	2012-2016
Health Outcomes and Factors	County Health Rankings <a href="http://www.countyhealthrankings.org/">http://www.countyhealthrankings.org/</a>	2015 & 2018
Health Outcome Details	Community Commons <a href="http://www.communitycommons.org/">http://www.communitycommons.org/</a>	2006-2013
Health Care Resources: Hospitals	US Hospital Finder <a href="http://www.ushospitalfinder.com/">http://www.ushospitalfinder.com/</a>	2018
Health Care Resources: Hospitals Cost Reports	Cost Report Data <a href="https://www.costreportdata.com/">https://www.costreportdata.com/</a>	2017
Health Care Resources: Community Health Centers	CMS.gov, Health Resources & Services Administration (HRSA)	
Zip Codes with Highest CNI	Dignity Health Community Needs Index <a href="http://cni.chw-interactive.org/">http://cni.chw-interactive.org/</a>	2018

## **ANALYSIS OF DATA**

**Kingman Community Hospital**  
**Analysis of CHNA Data**  
**Analysis of Health Status-Leading Causes of Death**

	(A)		(B)		If (A)>(B), then "Health Need"
	U.S. Crude Rates	Kansas Crude Rates	County Rate	10% Increase of Kansas Crude Rate	
<b>Kingman County:</b>					
Heart Disease	115.3	105.1	204.9	115.6	Health Need
Cancer	185.3	189.5	259.3	208.5	Health Need
Lung Disease	47.0	57.9	103.7	63.6	Health Need
Stroke	36.9	38.7	60.4	42.6	Health Need

The crude rate is shown per 100,000 residents. Please refer to Exhibit 21 for more information

**Analysis of Health Outcomes and Factors**

	(A)		(B)		If (B)>(A), then "Health Need"
	National Benchmark	30% of National Benchmark	County Rate	County Rate Less National Benchmark	
<b>Kingman County:</b>					
Adult Smoking	14.0%	4.2%	15.0%	1.0%	
Adult Obesity	26.0%	7.8%	32.0%	6.0%	
Food Environment Index	8.6	3	7.5	1	
Physical Inactivity	20.0%	6.0%	29.0%	9.0%	Health Need
Access to Exercise Opportunities	91.0%	27.3%	56.0%	35.0%	Health Need
Excessive Drinking	13.0%	3.9%	16.0%	3.0%	
Alcohol-Impaired Driving Deaths	13.0%	3.9%	13.0%	0%	
Sexually Transmitted Infections	145	44	260	115	Health Need
Teen Birth Rate	15	5	23	8	Health Need
Uninsured	6.0%	1.8%	10.0%	4.0%	Health Need
Primary Care Physicians	1030	309	7690	6660	Health Need
Dentists	1280	384	3730	2450	Health Need
Mental Health Providers	330	99	1490	1160	Health Need
Preventable Hospital Stays	35	11	77	42	Health Need
Diabetic Screen Rate	91.0%	27.3%	85.0%	6.0%	
Mammography Screening	71.0%	21.3%	54.0%	17.0%	
Violent Crime Rate	62	19	190	128	Health Need
Children in Poverty	18.0%	5.4%	18.0%	0.0%	
Children in Single-Parent Households	20.0%	6.0%	22.0%	2.0%	

\*countyhealthrankings.com

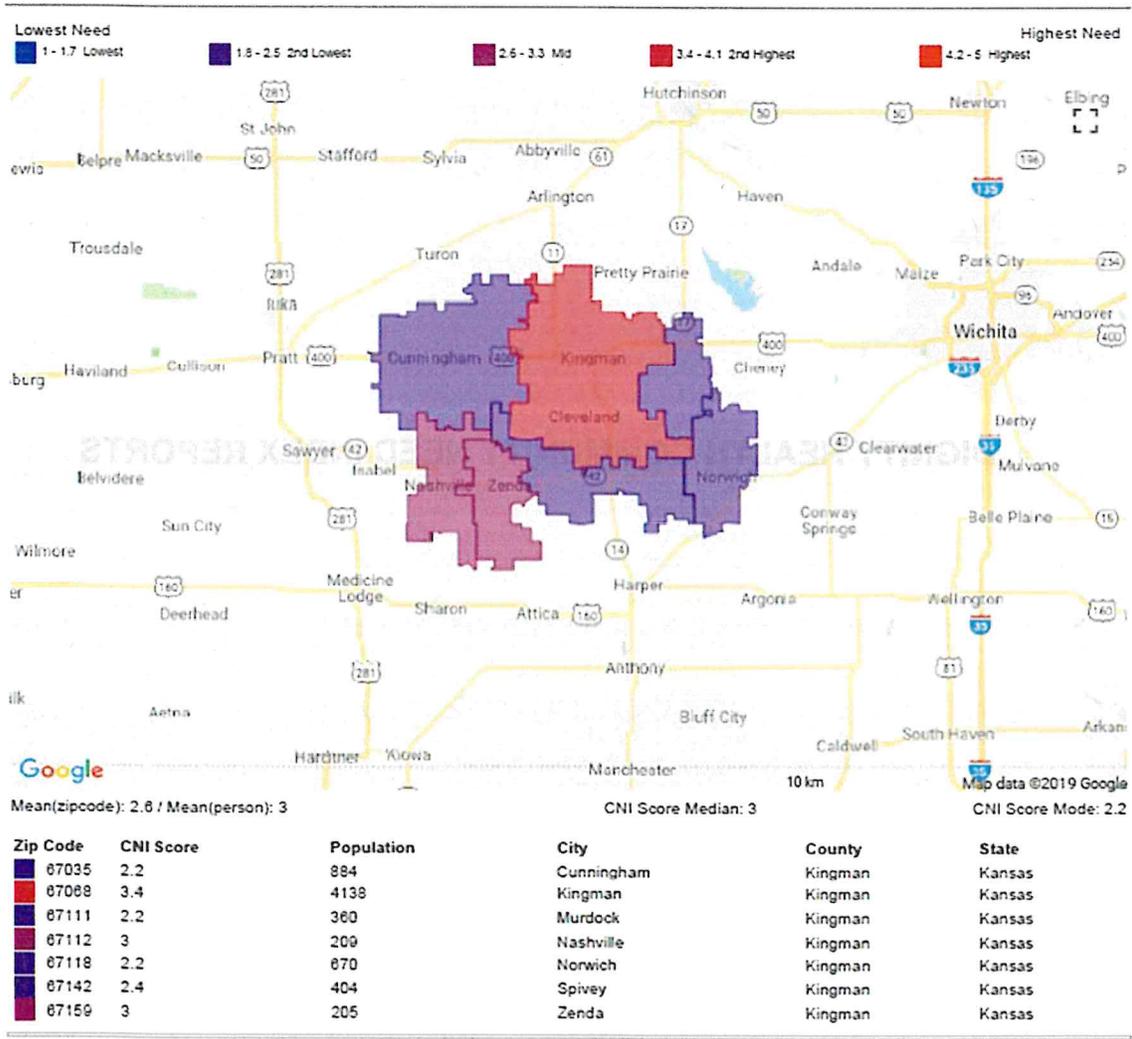
## **KEY INFORMANT INTERVIEW QUESTIONS**

**Kingman Community Hospital  
Health Needs Assessment Key  
Informant Interview Questions**

- 1) Please provide individual background (*i.e.* Occupation – Title and Employer):
- 2) Rank the overall health and quality of life in Kingman County from 1-10 compared to what you would think of as a “10” or perfect health.
- 3) Has health and quality of life in the county improved, stayed the same or declined in the past few years?
- 4) How has overall health in community changed in past three years?
- 5) Please discuss finding from prior assessment, and how these items have changed over the past three years (Poor Nutrition, Health Behaviors, Lack of Health Knowledge, and Uninsured).
- 6) What do you feel are the most critical areas of health in area?  
  
What can be done to address issues?
- 7) Are there any groups with lower health or quality of life?  
  
What are the barriers to improve their health?
- 8) Can you provide any thoughts on Kingman Community Hospital and specifically, how they are addressing the health needs of the community?
- 9) Are there any health services that are not offered locally that are needed services in the community?
- 10) Do you have anything else to add or any additional key informants that should be considered for this assessment?

**DIGNITY HEALTH COMMUNITY NEED INDEX REPORTS**

Map of Community Needs Index Scores for CHNA Community Based on Dignity Health’s Community Need Index (CNI)



KINGMAN COUNTY KINGMAN COMMUNITY HOSPITAL County Health Rankings – Health Factors				
	Kingman County 2015	Kingman County 2018	Kansas 2018	Top US Performers 2018
<b>Health Behaviors*</b>				
	66	60		
<b>Adult smoking</b> - Percent of adults that report smoking at least 100 cigarettes and that they currently smoke	15%	15%	18%	14%
<b>Adult obesity</b> - Percent of adults that report a BMI >= 30	31%	32%	30%	26%
<b>Food environment index</b> <sup>^</sup> - Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best)	7.4	7.5	8.2	8.6
<b>Physical inactivity</b> - Percent of adults aged 20 and over reporting no leisure time physical activity	32%	29%	24%	20%
<b>Access to exercise opportunities</b> <sup>^</sup> - Percentage of population with adequate access to locations for physical activity	46%	56%	68%	91%
<b>Excessive drinking</b> - Percent of adults that report excessive drinking in the past 30 days	10%	16%	21%	13%
<b>Alcohol-impaired driving deaths</b> - % of motor vehicle crash deaths with alcohol involvement	25%	13%	30%	13%
<b>Sexually transmitted infections</b> - Chlamydia rate per 100K population	178.0	260.0	418.1	145.1
<b>Teen births</b> - female population, ages 15-19	30	23	21	15
<b>Clinical Care*</b>				
	62	72		
<b>Uninsured adults</b> - Percent of population under age 65 without health insurance	13%	10%	8%	6%
<b>Primary care physicians</b> - Number of population for every one primary care physician	7,863	7,690	1,230	1,030
<b>Dentists</b> - Number of population for every one dentist	3,922	3,730	1,480	1,280
<b>Mental health providers</b> - Number of population for every one mental health provider	2,615	1,490	560	330
<b>Preventable hospital stays</b> - Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees	81	77	52	35
<b>Diabetic screening</b> <sup>^</sup> - Percent of diabetic Medicare enrollees that receive HbA1c screening	88%	85%	86%	91%
<b>Mammography screening</b> <sup>^</sup> - Percent of female Medicare enrollees that receive mammography screening	54%	54%	65%	71%
<b>Social &amp; Economic Factors*</b>				
	49	71		
<b>High school graduation</b> <sup>^</sup> - Percent of ninth grade cohort that graduates in 4 years	86%	86%	85%	95%
<b>Some college</b> <sup>^</sup> - Percent of adults aged 25-44 years with some post-secondary education	64%	67%	64%	72%
<b>Unemployment</b> - Percent of population age 16+ unemployed but seeking work	4.4%	4.7%	5.4%	3.2%
<b>Children in poverty</b> - Percent of children under age 18 in poverty	18%	18%	18%	12%
<b>Income inequality</b> - Ratio of household income at the 80th percentile to income at the 20th percentile	3.6	3.8	4.8	3.7
<b>Children in single-parent households</b> - Percent of children that live in household headed by single parent	32%	22%	34%	20%
<b>Social associations</b> <sup>^</sup> - Number of membership associations per 10,000 population	22.9	22.1	12.1	22.1
<b>Violent Crime Rate</b> - Violent crime rate per 100,000 population (age-adjusted)	155	190	333	62
<b>Injury deaths</b> - Number of deaths due to injury per 100,000 population	99	130	76	55
<b>Physical Environment*</b>				
	51	79		
<b>Air pollution-particulate matter days</b> -Average daily measure of fine particulate matter in micrograms per cubic meter	10.4	8.7	10.4	6.7
<b>Drinking Water Violations</b> - Percentage of population exposed to water exceeding a violation limit during the past year	10.0%	10.0%	N/A	N/A
<b>Severe housing problems</b> - Percentage of household with at least 1 of 4 housing problems: overcrowding, high housing costs or lack of kitchen or plumbing facilities	11%	11%	15%	9%
<b>Driving alone to work</b> - Percentage of workforce that drives alone to work	77%	79%	76%	72%
<b>Long commute, driving alone</b> - Among workers who commute in their car alone, the percentage that commute more than 30 minutes	40%	41%	36%	15%

\* Rank out of 67 Pennsylvania counties

<sup>^</sup> Opposite Indicator signifying that an increase is a positive outcome and a decrease is a negative.

Note: N/A Indicates Missing Data

Source: Countyhealthrankings.org



