

# **Nemaha County Community Health Needs Assessment**

## **Executive Summary**

**July 2015**

The Patient Protection and Affordable Care Act (PPACA) created a IRS Code in 2010 which imposes additional requirements on tax-exempt hospitals. Specifically, hospitals must complete a Community Health Needs Assessment (CHNA) at least once every three years. The CHNA must include input from persons who represent the broad interest of the community with input from persons having public health knowledge or expertise. They then must make the assessment widely available to the public and adopt a written implementation strategy to address identified community needs.

The Public Health Accreditation Board (PHAB) defines public health accreditation as the development of a set of standards, a process to measure health department performance against those standards, and reward or recognition for those health departments who meet the standards. Accreditation also requires a periodic Community Public Health Needs Assessment.

In July, 2015, the Sabetha Community Hospital, and the Nemaha Valley Community Hospital, conducted a Community Health Needs Assessment. A broadly representative group of twenty Nemaha County leaders met for a meeting to identify priorities and devise action strategies. After consideration of a host of information, local health-related priorities were established.

### **Steering Committee Consensus on Overall Priorities for Nemaha County**

Below are the most important issues identified by the Steering Committee following the prioritization process. Specific action plans were developed to address each as Nemaha County moves forward to improve the local health-related situation.

#### **Priority #1:** Promote health, wellness, and chronic disease prevention.

- Emphasize health education with focus on Hypertension, Diabetes, Smoking Cessation and Increased Seatbelt Usage.
- Continue to educate public in other areas as needed.

#### **Priority #2:** Improve access to mental health assistance.

- Emphasize social, emotional, and spiritual wellness in addition to physical wellness. (Continued from 2012)
- Improve personal need recognition, provider response. (Continued from 2012)
- Enhance access to a range of mental health services and providers. (Continued from 2012)
- Focus some of our efforts towards suicide prevention/education.
- Focus specifically on increasing mental health services in our local nursing homes.

## Nemaha County Community Health Needs Assessment

### July 16<sup>th</sup>, 2015

The contents of this file document participation, discussion and information resources developed through the course of the Nemaha County Community Health Needs Assessment. These documents and resources were compiled by the Nemaha Valley Community Hospital as well as the Sabetha Community Hospital.

The Community Engagement Process provides a way in which community members can evaluate their health care system through the analysis of information reports. The process is community-driven with input from health care providers. It helps the community identify, brainstorm, and solve problems related to local health care. As a result, the process leads to the identification of priority local health-related issues and mobilizes the community to improve the relative situation. A major element of the program was the development of action plans to address priority issues.

The full Community Engagement Process consisted of a public meeting. The geographic scope of the program reflects the extent of the local hospital's market area identified based on the residential zip codes of inpatients from the previous calendar year. We invited persons with various backgrounds as well as made the meeting open to the public to attend to ensure we had a good representation of the broad interest of the community we serve. The minority populations, medically underserved, and low income were represented from a variety of persons including those who represented Nemaha County Training Center, the Area Agency on Aging as well as a collection officer.

A broad-based community **Steering Committee** is formed to analyze the information resources included in this packet to determine relevant issues and propose an action plan to improve local circumstances. The Steering Committee then presents their action plan to the whole group for review and possible implementation.

What follows are the work products developed by the Steering Committee through the course of the program. The **Priorities and Action Plans** records participants' thoughts and concerns about local issues and unmet needs. In the first part of the meeting, participants identify all of their thoughts and ideas. Broader themes are identified and validated by the Steering Committee to begin building consensus about priorities. Finally, the Steering Committee develops action plans in response to the priority issues.

The priorities identified and the action plans developed leads this compilation of information resources. The full **Meeting Schedule** follows this introduction.

Examining the composition of the **Meeting Participants** reveals that a priority of the program is to solicit input from a broad cross section of the community, not simply members of the local healthcare sector. The meeting participants refine their ideas about the local priorities going forward through the development of a variety of local information resources that follow.

The **Community Identification** page documents determinants of the geographic scope of the program as shows the service area of both hospitals to be overlapping.

The **Economic Contribution** provides information on demographics as well as census bureau information and the communities educational experience.

The **Data and Information** reports compile a wide variety of published data to show the current situation and trends affecting the local health-related situation. Data reflect conditions related to demographic, economic, social and behavioral, education, traffic, crime , and public health trends. These data represent objective indicators to help validate perceptions of the local situation. Primary data from both hospital's was presented as well as secondary data that was obtained from the Kansas Health Matters website as well as the Census Bureau's website. Information was also taken from the Kansas Hospital Associations website.

The **Community Survey** presents an effort to solicit input from the broader community. Both hospitals have surveys that are sent out to patients to get their input on our services. This gives indications if there are areas where we can make our healthcare services better.

The health **Directory** represents a comprehensive listing of local health providers and services. The broad distribution of the directory helps ensure that community members are aware of full extent of locally-available services. Further, it can help to identify any gaps that may exist in the current local inventory of health services and providers.

The **Presentations** display the information considered during the course of the health needs assessment, and describes the processes used to reach consensus and develop action plans. The report on what has been done with the priorities from the previous assessment can also be found in this section.

Finally, the **CHNA Requirements** summarize the Affordable Care Act's requirements for affected hospitals and the requirements for health department accreditation.

**Nemaha County Rural Health Works  
Community Health Needs Assessment  
July 16th, 2015**

**Sponsors:** Sabetha Community Hospital  
Nemaha Valley Community Hospital

**Local Coordinator (Sabetha)**

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Sabetha Community Hospital  
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**Local Coordinator (Seneca)**

Krista Stallbaumer LBSW Social  
Worker Nemaha Valley Community  
Hospital 1600 Community Dr.  
Seneca KS 66538  
Phone: 785-336-2189 ext. 221  
e-mail: [klstallbaumer@nemvch.org](mailto:klstallbaumer@nemvch.org)



# Meeting Agenda

Thursday July 16<sup>th</sup> 2015

Sabetha Library, 915 Virginia St., Sabetha, KS

- Background and Review of 2012 CHNA priorities
- Review current state data from Kansas Health Matters
- Prioritize health care needs
- Brainstorm CHNA action plan
- Wrap Up

# Community Health Needs Priorities

July 2015

Nemaha Valley Community Hospital along with Sabetha Community Hospital held a community meeting on July 16<sup>th</sup> 2015. The group came up with several areas where they would like to see improvement. The group felt that the priorities that came from the 2012 assessment were still important and that we could add areas of focus to them. Following is the priorities with the additions that came from the meeting.

Priority #1: Promote health, wellness, and chronic disease prevention.

- Emphasize Health education with focus on Hypertension, Diabetes, Smoking Cessation and Increased Seatbelt Usage.
- Continue to educate public in other areas as needed.

Priority #2: Improve access to mental health assistance.

- Emphasize social, emotional, and spiritual wellness in addition to physical wellness. (Continued)
- Improve personal need recognition, provider response. (Continued)
- Enhance access to a range of mental health services and providers. (Continued)
- Focus some of our efforts towards suicide prevention/education.
- Focus specifically on increasing mental health services in our local nursing homes.

## **Identification of Nemaha County Health Needs and Priorities**

The purpose of this meeting for the Community Health Needs Assessment is to identify the overall health-related priorities that would be the focus of future efforts to improve the community health environment. Following a review of the community secondary data, health services directory, and community survey results, Steering Committee participants form small groups for the purpose of discussing local health related needs and issues.

To facilitate the discussion, the groups are asked to consider the following questions:

- ***What is your vision for a healthy community?***
- ***What are the top 3-4 things that need to happen to achieve your vision?***
  - What's right? What could be better?
  - Consider acute needs and chronic conditions
  - Discrete local issues, not global concerns
  - Consider the possible, within local control and resources, something to rally the community
- ***What can the hospital do to help?***

Each group comes to a consensus regarding the top two-four health-related issues they recommend as the focus to the overall Steering Committee. After each group reports, an effort is made to identify the top issues across all of the groups. These, then, become the focus for action planning going forward. Below are the most important issues identified by the Steering Committee following the prioritization process. On the pages that follow are the notes taken by Steering Committee members participating in the small group discussions leading to the overall prioritization.

### **Steering Committee Consensus on Overall Priorities for Nemaha County**

Priority #1: Promote health, wellness, and chronic disease prevention.

- Emphasize Health education with focus on Hypertension, Diabetes, Smoking Cessation and Increased Seatbelt Usage.
- Continue to educate public in other areas as needed.

Priority #2: Improve access to mental health assistance.

- Emphasize social, emotional, and spiritual wellness in addition to physical wellness. (Continued)
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Group #1

# Worksheet 1. Priority Setting

## Step 2: Rank Health Issues

## Step 1: Rate Key Health Issues using Criteria

Instructions: Rate each health issue based on how well it meets each of the criteria provided  
 1=very low, 2=low, 3=medium, 4= high, 5=very high  
 Add your five ratings for each health issue and enter the total in the Total Column.

Key Health Issues (list below):	Selection Criteria					Total Rating
	MAGNITUDE How many people are affected?	SERIOUSNESS To what extent does this issue affect quality of life or economic burden?	CONCERN What do the community and stakeholders think about this issue?	FEASIBILITY Can We do it?	STRATEGIES Is the problem responsive to interventions?	
a. mental Health	5	5	5	3	5	23
b. Underage Drinking	4	5	3	3	4	18
c. Smoking	4	5	4	5	4	22
d. Cancer Prevention	3	5	3	3	4	18
e.						
f.						
g.						
h.						
i.						
j.						

Referring to your Total Rating numbers, rank order each of the Health Issues with "1" being the Health Issue with the highest total score, "2" being the Health Issue with the second highest total score, etc.

In the case of identical totals, use your best judgment to assign a unique rank number to each health issue to break the tie.

Rank Order of Health Issues (use each number only once):

1. mental Health - Gen-Psych  
 2. Smoking  
 3. Underage Drinking  
 4. Cancer

## Participants

Krista Staelbaumer - Local Coordinator

Dr. Kevin Kenally - SCH Physician

Pat McKernan - Principal Nemaha Central High School

Karen Hynek - Quality Services NUCH

Margi Ross - Clinical Director Kanza

✓ Norman Schmitt - SCH Board Member

Dr. Angie Struve - NUCH Physician

Group #2

# Worksheet 1. Priority Setting

## Step 1: Rate Key Health Issues using Criteria

Instructions: Rate each health issue based on how well it meets each of the criteria provided  
1=very low, 2=low, 3=medium, 4= high, 5=very high  
Add your five ratings for each health issue and enter the total in the Total Column.

Selection Criteria					Total Rating
MAGNITUDE How many people are affected?	SERIOUSNESS To what extent does this issue affect quality of life or economic burden?	CONCERN What do the community and stakeholders think about this issue?	FEASIBILITY Can We do it?	STRATEGIES Is the problem responsive to interventions?	
Key Health Issues (list below):					
a. metabolic screening					
b. Seatbelt Use					
c. Immunizations					
d. Smoking Cessation					
e. Exercise					
f. Alcohol Impaired Driving Deaths					
g. Traffic Injury Mortality					
h.					
i.					
j.					

## Step 2: Rank Health Issues

Referring to your Total Rating numbers, rank order each of the Health Issues with "1" being the Health Issue with the highest total score, "2" being the Health Issue with the second highest total score, etc.	
In the case of identical totals, use your best judgment to assign a unique rank number to each health issue to break the tie.	
Rank Order of Health Issues (use each number only once):	
	Blood Pressure
	Seatbelt Use
	Infant + Adult Immunization
	Smoking cessation
	Exercise to meet guidelines
	Alcohol Impaired Driving Deaths

## Group #2

### Participants

James Longabaugh - Physician  
SCH

Shari Eisenberg - Nurse AC  
Home

✓ Patti Remmers - Director  
NCHHH

Gregg Wenger - SCH Physician

Jane Sunderland, RN Admin  
NCC HS

- Alcohol. Impaired Driving, Death
- Seatbelt Use.
- Age-adjusted Traffic Injury Mortality.
- Exercise to meet guidelines.
- Smoking cessation

~~DAA~~

1. Metabolic/BOP Screening

2. (Infant Immunization -  
Adult Immunization -

1) Burn down Labor Max

Group #3

## Step 1: Rate Key Health Issues using Criteria

Instructions: Rate each health issue based on how well it meets each of the criteria provided  
1=very low, 2=low, 3=medium, 4=high, 5=very high  
Add your five ratings for each health issue and enter the total in the Total Column.

Key Health Issues (list below):	Selection Criteria					Total Rating
	MAGNITUDE How many people are affected?	SERIOUSNESS To what extent does this issue affect quality of life or economic burden?	CONCERN What do the community and stakeholders think about this issue?	FEASIBILITY Can We do it?	STRATEGIES Is the problem responsive to interventions?	
a. Alcohol impaired	5	5	2	5	3	20
b. Cancer	5	5	5	5	4	24
c. Infant Mort	2	3	2	5	5	17
d. Suicide	5	5	5	5	5	25
e. Diabetes	5	5	5	5	5	25
f. Hypertension	5	5	5	5	5	25
g. Exercise	5	4	4	5	4	21
h. Health status	2	3	3	4	4	16
i. Seat belt	5	5	4	4	4	22
j.	4	4	5	4	4	21

Children summer activities

## Step 2: Rank Health Issues

Referring to your Total Rating numbers, rank order each of the Health Issues with "1" being the Health Issue with the highest total score, "2" being the Health Issue with the second highest total score, etc.	
In the case of identical totals, use your best judgment to assign a unique rank number to each health issue to break the tie.	
Rank Order of Health Issues (use each number only once):	
	Suicide
	Diabetes
	Hypertension
	Cancer
	Seat belt use
	Exercise
	Children Summer Activities
	Alcohol Impaired Driving Deaths
	Infant mortality
	Health Status

Drop comp



## Participants

✓ Bev - ~~LA~~ Area Agency

Lora Key - SCH Administrator

Courtney Schmelze - Marketing Director NOCH

✓ Alice Lackey - Exec. Dir. NCTC

Cindy Krotzinger - Case Coordinator NCTC

✓ Jim Runnebaum - Board President SCH

✓ Lori Lackey - CFO SCH

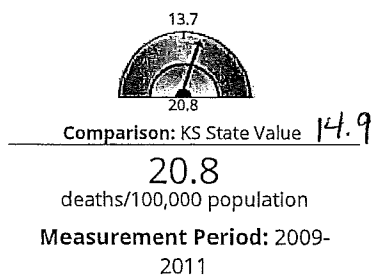
Pick out topics  
to explore

# Age-adjusted Suicide Mortality Rate per 100,000 population

This indicator shows the total age-adjusted death rate per 100,000 population due to suicide.

Value

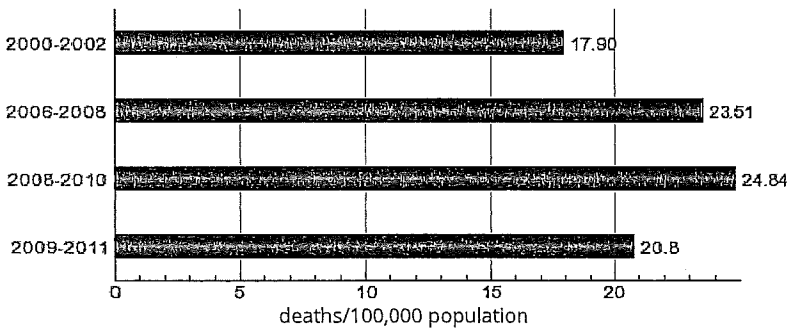
Time Period



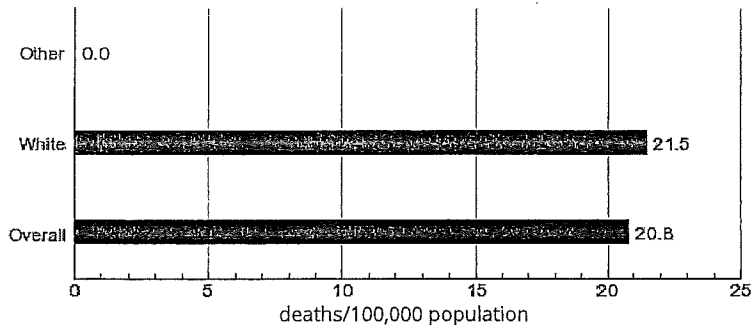
## Why is this important?

Suicide results in the tragic loss of human life as well as agonizing grief, fear, and confusion in families and communities. Its impact is not limited to an individual person or family, but extends across generations and throughout communities. The breadth of the problem and the complexity of its risk factors make suicide prevention well suited to a community-based public health approach that engages multiple systems and reaches all citizens. Depression and suicide are significant public health issues. Depression is one of the most common mental disorders experienced by elders, but fortunately is treatable by a variety of means.

Age-adjusted Suicide Mortality Rate per 100,000 population : Time Series



Age-adjusted Suicide Mortality Rate per 100,000 population by Race/Ethnicity



5

# Percent of Adults with Diagnosed Hypertension

This indicator shows the percentage of adults who have been told they have high blood pressure (140/90 mm Hg or higher).

NOTE: Estimates are not available for the counties with an insufficient sample.

Value Time Period



Comparison: KS State Value **31.3**

**32.8**  
Percent

Measurement Period: 2013

## County: Nemaha

### Located in:

Public Health Preparedness Region: North East Corner Regional Initiative  
State: Kansas

**Data Source:** Kansas Department of Health and Environment [↗](#)

**Categories:** Health / Heart Disease & Stroke

**Technical Note:** The County / Region value is compared to the Kansas State value. Confidence intervals were not taken into account while making this comparison. Due to the addition of cell phones in data collection, the 2011 BRFSS results cannot be compared to results from previous years.

NOTE: Estimates are not available for the counties with an insufficient sample.

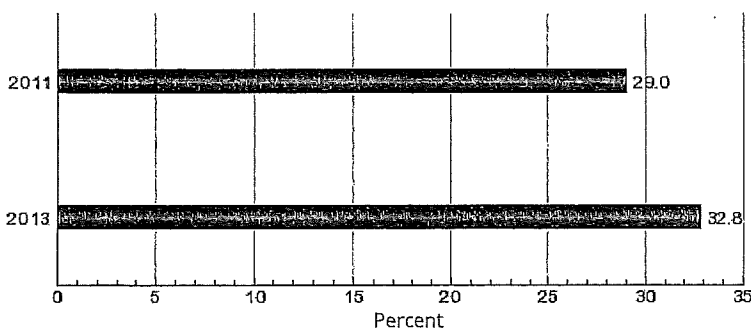
**Maintained By:** Kansas Department of Health and Environment

**Last Updated:** February 2015

## Why is this important?

High blood pressure is the number one modifiable risk factor for stroke. In addition to stroke, high blood pressure increases the risk for heart attack, heart failure, kidney failure, and atherosclerosis. In the United States, one in three adults has high blood pressure, and nearly one-third of these people are not aware that they have it. Because there are no symptoms associated with high blood pressure, it is often called the "silent killer." The only way to tell if you have high blood pressure is to have your blood pressure checked. High blood pressure can occur in people of any age or sex; however, it is more common among those over age 35. It is particularly prevalent in African Americans, older adults, obese people, diabetics, and heavy drinkers. Blood pressure can be controlled through lifestyle changes including eating a heart-healthy diet, limiting alcohol, avoiding tobacco, maintaining a healthy weight, and staying physically active. **The Healthy People 2020 national health target is to reduce the proportion of adults aged 18 years and older with high blood pressure to 26.9%.**

Percent of Adults with Diagnosed Hypertension : Time Series



12

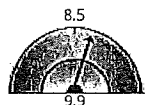
## Indicators by Topic

# Percent of Adults with Diagnosed Diabetes

This indicator shows the percentage of adults that have ever been diagnosed with diabetes. Women who were diagnosed with diabetes only during the course of their pregnancy were not included in this count.

NOTE: Estimates are not available for the counties with an insufficient sample.

Value



Comparison: KS State Value 9.6

9.9  
Percent

Measurement Period: 2011

## County: Nemaha

### Located in:

Public Health Preparedness Region: North East Corner Regional Initiative  
State: Kansas

Data Source: Kansas Department of Health and Environment [↗](#)

Categories: Health / Diabetes

Technical Note: The County / Region value is compared to the Kansas State value. Confidence intervals were not taken into account while making this comparison.

Due to the addition of cell phones in data collection, the 2011 BRFSS results cannot be compared to results from previous years.

NOTE: Estimates are not available for the counties with an insufficient sample.

Maintained By: Kansas Department of Health and Environment

Last Updated: January 2015

## Why is this important?

Diabetes is the seventh leading cause of death in the United States. In 2010, an estimated 25.8 million people or 8.3% of the population had diabetes. Diabetes disproportionately affects minority populations and the elderly and its incidence is likely to increase as minority populations grow and the U.S. population becomes older. **Diabetes can have a harmful effect on most of the organ systems in the human body; it is a frequent cause of end-stage renal disease, non-traumatic lower-extremity amputation, and a leading cause of blindness among working age adults. Persons with diabetes are also at increased risk for ischemic heart disease, neuropathy, and stroke. In economic terms, the direct medical expenditures attributable to diabetes in the U.S. in 2012 was estimated to be \$176 billion.**

## Indicators by Topic

### Health

Access to Health  
Services  
Cancer  
Diabetes  
Exercise, Nutrition, &  
Weight  
Heart Disease &  
Stroke  
Immunizations &  
Infectious Diseases  
Maternal, Fetal &  
Infant Health

Mental Health &  
Mental Disorders  
Mortality Data  
Older Adults &  
Aging  
Oral Health  
Other Chronic  
Diseases  
Prevention &  
Safety  
Respiratory  
Diseases  
Substance Abuse  
Wellness &  
Lifestyle

### Economy

Employment  
Government  
Assistance Programs  
Homeownership  
Housing Affordability  
& Supply  
Income  
Poverty

### Education

Educational  
Attainment in Adult  
Population  
Higher Education  
School Environment  
Student Performance  
K-12

### Environment

Built Environment  
Toxic Chemicals  
Water

### Government & Politics

Elections & Voting

### Public Safety

Crime & Crime  
Prevention

### Social Environment

Demographics  
Neighborhood /  
Community  
Attachment

### Transportation

Commute To Work

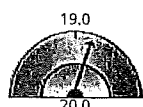
10

# Percent of Adults Who Currently Smoke Cigarettes

This indicator shows the percentage of adults 18 years and older who currently smoke cigarettes.

NOTE: Estimates are not available for the counties with an insufficient sample.

Value Time Period



Comparison: U.S. Value

20.0  
Percent

Measurement Period: 2013

## State: Kansas

Data Source: Kansas Department of Health and Environment [↗](#)

Categories: Health / Substance Abuse

Technical Note: The Kansas State value is compared to the United States value. Confidence intervals were not taken into account while making this comparison. Due to the addition of cell phones in data collection, the 2011 BRFSS results cannot be compared to results from previous years.

NOTE: Estimates are not available for the counties with an insufficient sample.

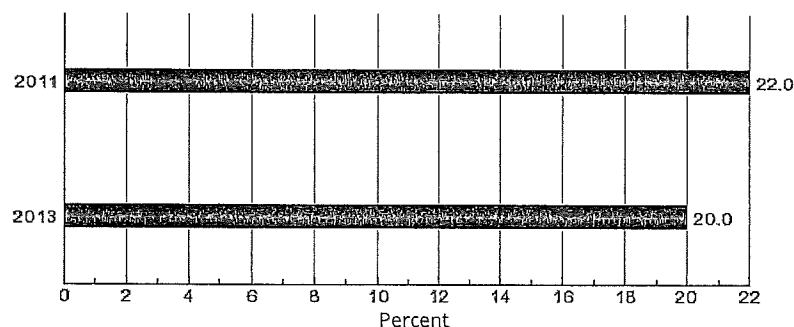
Maintained By: Kansas Department of Health and Environment

Last Updated: February 2015

## Why is this important?

Tobacco use is one of the most preventable causes of illness and death in America today. Tobacco use causes premature death for almost half a million Americans each year, and it contributes to profound disability and pain for many others. Approximately one-third of all tobacco users in this country will die prematurely because of their dependence on tobacco. Areas with a high smoking prevalence will also have greater exposure to secondhand smoke for non-smokers, which can cause or exacerbate a wide range of adverse health effects, including cancer, heart disease, respiratory infections, and asthma. **The Healthy People 2020 national health target is to reduce the proportion of adults aged 18 years and older who smoke cigarettes to 12%.**

## Percent of Adults Who Currently Smoke Cigarettes : Time Series



## Indicators by Topic

### Health

Access to Health Services  
Cancer  
Diabetes  
Exercise, Nutrition, & Weight

Mental Health & Mental Disorders  
Mortality Data  
Older Adults & Aging  
Oral Health  
Other Chronic Diseases

### Economy

Employment  
Government Assistance Programs  
Homeownership  
Housing Affordability & Supply

### Education

Educational Attainment in Adult Population  
Higher Education  
School Environment  
Student Performance

### Environment

Built Environment  
Toxic Chemicals  
Water

### Government & Politics

### Public Safety

Crime & Crime Prevention

### Social

Environment  
Demographics

# Percent of Adults Who Reported That They Always Wear a Seatbelt When They Drive or Ride in a Car

This indicator shows the percentage of adults 18 years and older who reported that they always wear a seatbelt when they drive or ride in a car.

NOTE: Estimates are not available for the counties with an insufficient sample.

Value Time Period



Comparison: HP 2020 Target

70.7  
Percent

Measurement Period: 2013

County: Nemaha

Located in:

Public Health Preparedness Region: North East Corner Regional Initiative  
State: Kansas

Data Source: Kansas Department of Health and Environment

Categories: Health / Wellness & Lifestyle, Public Safety / Transportation Safety

Technical Note: The Kansas State value is compared to the Healthy People 2020 Target (U.S. Value not available for this indicator). Confidence intervals were not taken into account while making this comparison. Due to the addition of cell phones in data collection, the 2011 BRFSS results cannot be compared to results from previous years.

NOTE: Estimates are not available for the counties with an insufficient sample.

Maintained By: Kansas Department of Health and Environment

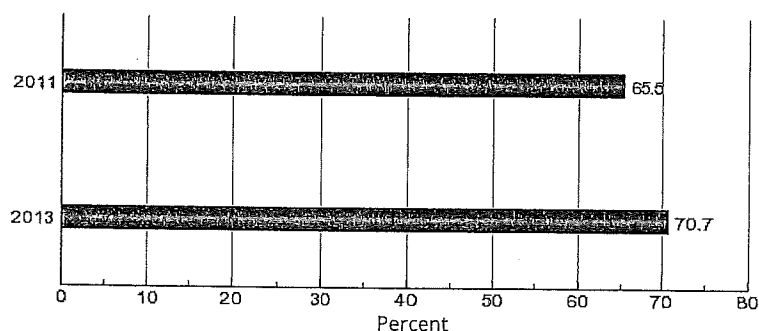
Last Updated: February 2015

## Why is this important?

Motor vehicle crashes are the leading cause of death for people ages 5-34 years in the U.S. and can lead to premature death, disability, high medical cost and lost productivity. The most effective way to reduce injuries and mortality due to crashes is the use of seat belts.

The Healthy People 2020 target is to increase the use of safety belts among motor vehicle drivers and right-front seat passengers to 92%.

Percent of Adults Who Reported That They Always Wear a Seatbelt When They Drive or Ride in a Car : Time Series



## Indicators by Topic

## Nemaha County Community Health Action Plans

The final step in the Rural Health Works Community Health Needs Assessment is to devise action plans to guide future implementation efforts. A primary emphasis of the program is to devise specific, action-oriented plans so the momentum of the community health initiative is not lost following the needs assessment.

To accomplish this, Steering Committee members had small group discussions as well as a discussion as the whole group. Their effort is to apply elements of the **Logic Model** planning process to craft action strategies. Following are the questions workgroup participants considered in drafting action plans. Given time constraints within the formal program setting, the resulting action plans are currently in draft form. It's recognized that crafting a detailed and effective action plan requires time and ongoing commitment. Program participants now have a template and a start in their efforts to create a road map guiding their way forward.

### Community Health Planning Process

#### Getting Started

To start, we need to articulate the change we would like to see take place. To do so, we need to recognize the **existing situation** we believe can be improved. Consideration of the many data and information resources generated through the program can bolster the case for needed action. We can't accomplish everything at once, so we need a **sense of priority** about what we should do now rather than later. Finally, we need to articulate the goal or **intended outcome** we would like to see achieved.

- What's the **Situation** you'd like to see changed? What are the needs or problems to be addressed?
- What should the **Priorities** for attention, effort, and investment be? What are the most important things that need to be done to address the situation?
- What are the **Intended Outcomes** you'd like to see achieved? What will be the situation or condition when the goal has been achieved?

#### Filling in the Plan

- Now that we've established what we would like to achieve, we need to figure out how to do it. We can create an effective action plan by carefully considering what resources we **need to invest** into the effort, what **activities** we need to do to make progress, **who** we need to reach and involve, identify the **milestones** we'll need to see in order to know we're making progress, and, finally, the **ultimate impact** we would like to see achieved.
- What **Resources** are needed to take action? Who's available to work on the problem? How much time will it take? Is money or other resources needed? Who can we partner with to make progress?
- What **Activities** need to take place? Do we need to conduct regular meetings? Do we need to have special public meetings or events? Do products or information resources need to be developed? How should the media be involved? How do we foster needed partnerships and alliances?

- Who needs to **Participate** in order to make progress? Who are we trying to reach and influence? Who are the targets of our effort? Who needs to be involved?
- What are the **Short-Term Results** (6-12 months) you'd like to see? What would we like people to learn? What are the changes in awareness, knowledge, attitudes, or skills we'd like to see people exhibit? How will we measure this?
- What are the **Intermediate-Term Results** (1-2-3 years) you'd like to see? What are the behaviors, actions, decisions, or policies we'd like to see in place? How will we measure this?
- What is the desired **Ultimate Impact** (long-term) on the community? What are the social, economic, or other conditions we'd like to see in place in order to effect the kind of change the would be desired? How will we measure this?



**Nemaha County Community Health Needs Assessment Action Planning**  
**July 16<sup>th</sup>, 2015**

**Priority #1: Promote health, wellness, and chronic disease prevention.**

- Emphasize Health education with focus on Hypertension, Diabetes, Smoking Cessation and Increased Seatbelt Usage.
- Continue to educate public in other areas as needed.

Action Plan

Getting Started Situation

Health and wellness promotion. Specific conditions: Hypertension, Diabetes, Smoking Cessation, and Increased Seatbelt Usage.

Priorities

Education on Hypertension and Diabetes diagnosis as well as better management of the disease. Smoking Cessation as well as education to encourage them not to start smoking. Increased Seatbelt Usage.

Intended Outcomes

Decreased Hypertension and Diabetes diagnosis with better management of the disease.  
Decreased Smoking rates  
Increased Seatbelt Usage.

Filling in the Plan

Resources

Diabetic Educators and Dietitians  
Local SADD groups  
Local Police Departments  
United 4 Youth in Brown County  
Regional Prevention Center  
TAR- program  
Local Doctors Offices

Activities

Social media - newspaper.  
Radio ads for education.  
Partner with Local Doctors offices  
Partner with Prevention Centers  
Partner with schools for smoking education as well as seatbelt usage

Partner with local police for increased seatbelt usage.

#### Participate

Numerous Hospital Employees specifically diabetic educators and dietitians.  
Trying to reach the healthy and unhealthy.

#### Short-Term Results

Plans in place and beginning stages of work being started.

#### Intermediate-Term Results

Plans being implemented and continuation of them.

#### Ultimate Impact

To see a healthier community and more public awareness of a healthy life. These can be measured through the Kansas Health Matters website.

### **Nemaha County Community Health Needs Assessment Action Planning July, 16<sup>th</sup> 2015**

#### **Priority #2: Improve access to mental health assistance.**

- Emphasize social, emotional, and spiritual wellness in addition to physical wellness. (Continued from 2012)
- Improve personal need recognition, provider response. (Continued from 2012)
- Enhance access to a range of mental health services and providers. (Continued from 2012)
- Focus some of our efforts towards suicide prevention/education.
- Focus specifically on increasing mental health services in our local nursing homes.

#### **Action Plan**

##### Getting Started Situation

More options for services for Nemaha County. Decreased Suicide rates.

#### Priorities

Geriatric Psychiatry- specifically for our nursing homes.

Suicide Prevention

### Intended Outcomes

Services available in the nursing home.  
Decreased Suicide Rates

### Filling in the Plan

#### Resources

KANZA Mental Health Center.  
Local doctors.  
Possible Tele Psych  
Regional Prevention Center

#### Activities

Conversations with nursing homes to better define their needs as well as more  
conversations with local doctors on what they view the needs are.

#### Participate

Nursing Homes  
Finance.  
Physicians.  
Mental health staff.  
Social services and counseling.  
Prevention Center

#### Short-Term Results

Some type of psychiatric service set up at the nursing homes. Suicide Prevention efforts  
began.

#### Intermediate-Term Results

Services being utilized in the nursing home and staff feeling as though they are high  
quality services. Suicide Prevention projects still being implemented.

#### Ultimate Impact

More services available for mental health as well as suicide rates decreased.

## Kansas Rural Health Works Action Planning Worksheet

This worksheet is intended to help Rural Health Works program participants build an effective action plan for improving conditions in the community.

### Getting Started

To start, we need to articulate the change we would like to see take place. To do so, we need to recognize the **existing situation** we believe can be improved. Consideration of the many data and information resources generated through the program can bolster the case for needed action. We can't accomplish everything at once, so we need a **sense of priority** about what we should do now rather than later. Finally, we need to articulate the goal or **intended outcome** we would like to see achieved.

What's the **Situation** you'd like to see changed? What are the needs or problems to be addressed?

Promote Health, wellness & Chronic disease prevention.  
Hypertension, Diabetes, Seatbelt Usage & Smoking

What should the **Priorities** for attention, effort, and investment be?

1st: Seatbelt Usage Increased  
2nd: Decreased Smoking  
3rd: Education on Hypertension & Diabetes

What are the **Intended Outcomes** you'd like to see achieved? What will be the situation or condition when the goal has been achieved?

Decreased Hypertension & Diabetes diagnosis with better management of disease. Increased seatbelt usage, Decreased smoking rates.

### Filling in the Plan

Now that we've established what we would like to achieve, we need to figure out how to do it. We can create an effective action plan by carefully considering what resources we **need to invest** into the effort, what **activities** we need to do to make progress, **who** we need to reach and involve, identify the **milestones** we'll need to see in order to know we're making progress, and, finally, the **ultimate impact** we would like to see achieved.

What **Resources** are needed to take action? Who's available to work on the problem? How much time will it take? Is money or other resources needed? Who can we partner with to make progress?

Hospital's Diabetic Educators & Dietitians, Local SADD,  
Police, United 4 Youth, Prevention Center, Doctors

What **Activities** need to take place? Do we need to conduct regular meetings? Do we need to have special public meetings or events? Do products or information resources need to be developed? How should the media be involved? How do we foster needed partnerships and alliances?

Social media, newspapers, radio ads, Schools  
Police

Who needs to **Participate** in order to make progress? Who are we trying to reach and influence? Who are the targets of our effort? Who needs to be involved?

Hospital Employees, target the healthy & unhealthy

What are the **Short-Term Results** (6-12 months) you'd like to see? What would we like people to learn? What are the changes in awareness, knowledge, attitudes, or skills we'd like to see people exhibit? How will we measure this?

Plans in place & beginning stages of work

What are the **Intermediate-Term Results** (1-2-3 years) you'd like to see? What are the behaviors, actions, decisions, or policies we'd like to see in place? How will we measure this?

Plans being implemented & continuation of them.

What is the desired **Ultimate Impact** (long-term) on the community? What are the social, economic, or other conditions we'd like to see in place in order to effect the kind of change the would be desired? How will we measure this?

Healthier community measured through Kansas  
Health matters.

## Kansas Rural Health Works Action Planning Worksheet

This worksheet is intended to help Rural Health Works program participants build an effective action plan for improving conditions in the community.

### Getting Started

To start, we need to articulate the change we would like to see take place. To do so, we need to recognize the **existing situation** we believe can be improved. Consideration of the many data and information resources generated through the program can bolster the case for needed action. We can't accomplish everything at once, so we need a **sense of priority** about what we should do now rather than later. Finally, we need to articulate the goal or **intended outcome** we would like to see achieved.

What's the **Situation** you'd like to see changed? What are the needs or problems to be addressed?

Mental Health - Lack in options for providers.

What should the **Priorities** for attention, effort, and investment be?

1st: Geri - Psych. - Specifically for nursing homes

2nd: Suicide Prevention

3rd: \_\_\_\_\_

What are the **Intended Outcomes** you'd like to see achieved? What will be the situation or condition when the goal has been achieved?

- Services available in the nursing home

- Decreased suicide rates

### Filling in the Plan

Now that we've established what we would like to achieve, we need to figure out how to do it. We can create an effective action plan by carefully considering what resources we **need to invest** into the effort, what **activities** we need to do to make progress, **who** we need to reach and involve, identify the **milestones** we'll need to see in order to know we're making progress, and, finally, the **ultimate impact** we would like to see achieved.

What **Resources** are needed to take action? Who's available to work on the problem? How much time will it take? Is money or other resources needed? Who can we partner with to make progress?

- Partner with local nursing homes & local mental health center to try and come up with a solution.
- Contact Regional prevention center for suicide prevention.

What **Activities** need to take place? Do we need to conduct regular meetings? Do we need to have special public meetings or events? Do products or information resources need to be developed? How should the media be involved? How do we foster needed partnerships and alliances?

- Phone conversations or personal meeting with nursing homes and Kanza mental health.

Who needs to **Participate** in order to make progress? Who are we trying to reach and influence? Who are the targets of our effort? Who needs to be involved?

- Nursing Homes, Physicians, Kanza, Social Services, Prevention Center.

What are the **Short-Term Results** (6-12 months) you'd like to see? What would we like people to learn? What are the changes in awareness, knowledge, attitudes, or skills we'd like to see people exhibit? How will we measure this?

- Some type of psychiatric service set up in nursing homes.

What are the **Intermediate-Term Results** (1-2-3 years) you'd like to see? What are the behaviors, actions, decisions, or policies we'd like to see in place? How will we measure this?

- Plans being implemented & continuation of them.
- Services being utilized in nursing homes.

What is the desired **Ultimate Impact** (long-term) on the community? What are the social, economic, or other conditions we'd like to see in place in order to effect the kind of change the would be desired? How will we measure this?

- Easier access for patients decreased suicide rates







# **Community Needs Assessment**

## **Report from Nemaha County Sheriff**

The Nemaha County Sheriff was invited to attend the community meeting but was out of town for the date the meeting was scheduled. He did have some thoughts about our community needs that he wanted to share. Krista Stallbaumer- Local Coordinator for Nemaha Valley Community Hospital spoke to Rich Vernon- Nemaha County Sheriff over the phone on June the 29<sup>th</sup> 2015. Krista briefly went over some of the statistics that were going to be presented to the group. He expressed that Mental Health is a need in our community despite the progress that has been made over the last few years. He also expressed that teenage drinking is on the rise. He said that when United 4 Youth was still in our community that he saw the numbers decreasing, but the grant that funded that program ran out and he says the numbers have been increasing since then.

## **Invited to meeting:**

Dr. Stueve- Seneca Family Practice Physician

Dr. Bartkoski- Seneca Family Practice Physician

Dr. Lueger- Seneca Family Practice Physician

Sherri Wessel- Seneca Family Practice Physicians Assistant

Lori Lueger- Seneca Family Practice- ARNP

Stan Regehr- CEO Nemaha Valley Community Hospital

Connie Ingwerson- CFO Nemaha Valley Community Hospital

Karen Hynek- Diabetic Educator, Wellness Director Nemaha Valley Community Hospital

Diane Yunghans- Seneca Nutrition Center and Public Transit

Bev Sunderman- Kansas Department of Aging and Disability Resource Center

Jim Runnebaum- Hospital Board President

David Elsbury- Kanza Mental Health

Deb Rethman- Countryplace Senior Living

Larry Kuckelman- United Bank President

Darrel Kohlman- Superintendent of Nemaha Central Schools

Alice Lackey- CEO Nemaha County Training Center

Rosie Sloop- Department of Children and Family Services

Rich Vernon- Nemaha County Sherriff

Douglas Allen- City of Sabetha Administrator

Scott Krebs- EVP COO

Lora Key- CEO Sabetha Community Hospital

John Lehman- Executive Director Apostolic Christian Home

Ed Strahm- Administrator Apostolic Christian Home

Debbie Tangeman- Residential Service Director Lakeside Terrace

Chris Tramp- Physician SCH

Kevin Kennally- Physician SCH

Gregg Wenger- Physician SCH

Patricia Remmers- Director Nemaha County Home Health and Hospice

Shari Eisenbise- RN, Apostolic Christian Home

Diana Bauman- Collection Officer, SCH

Todd Swart- Emergency Manager, Nemaha County

Gay McClain- Retired Teacher

David Key- Meadowlark Extension District, Director and Agent K-State Research and Extension

Betsy Tedman- Dentist

Kerstin Glynn- Physician SCH

James Longabaugh- Physician SCH

Kim Priest- Director of Library

Norm Schmitt

Kurt Saylor

Doug Garrett

# Health needs meeting July 16

The Nemaha Valley Community Hospital and the Sabetha Community Hospital are teaming to conduct a comprehensive county health needs assessment.

The objective of our effort is to identify priority health care needs in Nemaha County, and to develop action strategies to improve local health-related conditions.

The motivation for undertaking the local health needs assessment stems from a 2011 federal health care requirements affecting certain hospitals combined with an effort by public health officials to secure accreditation of state and local health departments. Both require a "Community Health Needs Assessment" and the development of plans to improve local health-related conditions.

This will be accomplished through a public meeting where a group of community leaders come together to discuss local health care needs and strate-

gies. During the meeting we will share a variety of informative resources related to the local health care situation. Using this information, participants will then have an open discussion about some of the unmet health-related needs and opportunities that exist in the Nemaha County area.

Letters of invitation have been sent to numerous community and business leaders, but the meetings are open to any interested person. The meeting will be held at the Sabetha Library on Thursday, July 16, beginning at noon and ending around two. An RSVP is required. RSVP to [klstallbaumer@nemvch.org](mailto:klstallbaumer@nemvch.org) or call 336-6181 and ask for Krista Stallbaumer.



**NEMAHA VALLEY  
COMMUNITY HOSPITAL**  
1600 Community Drive • Seneca, Kansas 66538  
785-336-6181

6/15/15

Dear ,

You are cordially invited to take part in an important upcoming community meeting. Nemaha Valley Community Hospital and the Sabetha Community Hospital are teaming to conduct a local health needs assessment. The objective of the initiative is to identify priority health care needs in Nemaha County, and to develop specific action strategies to improve local health-related conditions.

The motivation for undertaking the local health needs assessment stems from a federal health care requirement affecting certain hospitals. Both hospitals are required to do a "Community Needs Health Assessment" every 3 years. One was conducted jointly in October of 2012.

The assessment will be conducted through one 2 hour meeting where a cross section of community leaders will come together to discuss local health care needs and strategies. We will look at local statistics to see where there are areas of improvement and get input from the group as to what is felt to be needed in Nemaha County. Then we will discuss strategies for meeting those needs. Discussion will also include what has been accomplished since the previous assessment was conducted and ways to further meet those needs if necessary.

The challenge and responsibility for nurturing a high-quality health care environment is ours. It's all of our responsibility to learn about the local situation and to rally together to make Nemaha County the great place we all want it to be.

The meeting will be held Thursday, July 16th at the Sabetha Library, 915 Virginia Street. The meeting will begin at 12:00 and end around 2:00. Lunch will be provided. **Attendees must RSVP** by calling Krista at 336-2189 ext 221, or by emailing me at [klstallbaumer@nemvch.org](mailto:klstallbaumer@nemvch.org) no later than July 13th.

Please come and join us.

Sincerely,

Krista Stallbaumer, LBSW  
Nemaha Valley Community Hospital

Debby Thompson  
Sabetha Community Hospital

**Basis for the Organization of the Nemaha County  
Community Health Needs Assessment**

**Share of Inpatient Discharges from Nemaha County Zip Code, 2014**

Hospital	Zip	City	COUNTY	State	Percentage
Nemaha Valley Community Hospital - Seneca, KS	66538	SENECA	NEMAHA	KS	62.6%
Nemaha Valley Community Hospital - Seneca, KS	66404	BAILEYVILLE	NEMAHA	KS	8.1%
Nemaha Valley Community Hospital - Seneca, KS	66403	AXTELL	MARSHALL	KS	6.6%
Nemaha Valley Community Hospital - Seneca, KS	66415	CENTRALIA	NEMAHA	KS	4.8%
Nemaha Valley Community Hospital - Seneca, KS	66408	BERN	NEMAHA	KS	0%
Nemaha Valley Community Hospital - Seneca, KS	66534	SABETHA	NEMAHA	KS	0%
Nemaha Valley Community Hospital - Seneca, KS	66406	BEATTIE	MARSHALL	KS	0%
Nemaha Valley Community Hospital - Seneca, KS	66417	CORNING	NEMAHA	KS	2.2%
Nemaha Valley Community Hospital - Seneca, KS	66428	GOFF	NEMAHA	KS	2.6%
Nemaha Valley Community Hospital - Seneca, KS		Nebraska		NE	4.4%
Nemaha Valley Community Hospital - Seneca, KS	OTHER				8.8%
					100.0%
<b>Nemaha County Share</b>					%

**Share of Inpatient Discharges from Nemaha County Zip Code, 2014**

Hospital	Zip	City	State	COUNTY	
Sabetha Community Hospital - KS	66534	SABETHA	KS	NEMAHA	62.7%
Sabetha Community Hospital - KS	66538	SENECA	KS	NEMAHA	10.2%
Sabetha Community Hospital - KS	66515	MORRILL	KS	BROWN	5.3%
Sabetha Community Hospital - KS	66434	HIAWATHA	KS	BROWN	5.3%
Sabetha Community Hospital - KS	66425	FAIRVIEW	KS	BROWN	2.6%
Sabetha Community Hospital - KS	66408	BERN	KS	NEMAHA	3.0%
Sabetha Community Hospital - KS	66094	WHITE CLOUD	KS	DONIPHAN	1.7%
Sabetha Community Hospital - KS		NEBRASKS	NE		4.0%
Sabetha Community Hospital - KS	OTHER				5.3%
					100.0%
<b>Nemaha County Share</b>					78.6%

## Community Description

Seneca is a city in and the county seat of Nemaha County located in the northeastern part of Kansas and bordering the state of Nebraska.

Nemaha County ranks 13<sup>th</sup> out of 101 in Health Outcomes based on the findings from the County Health Rankings and Roadmaps.

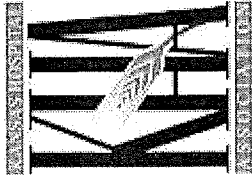
In 2013 the population of Nemaha County was 10,161 according to the 2013 US Census Bureau. Nemaha County covers a land area of 717.43 square miles and the population is classified as rural with 14.2 persons per square mile.

Nemaha County is comprised of 96.9% white alone persons. See Demographics for other population data.

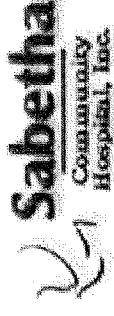
Persons with a high school degree or higher rank 90% according to the Kansas health Matters Website. Which is higher than the state average. The percentage of persons with a bachelor's degree is 19.5%.

Further statistics and demographics are located in sections throughout the assessment.





# **Patient Origin by Hospital - Inpatient** Sabetha Community Hospital - Sabetha, KS Federal Fiscal Year: 2014



ZIP - City	Total Discharges		Pediatric		Adult Medical/Surgical						Psychiatric		Obstetric		Newborn		Surg %		
	Cases	%	Age 0 - 17	%	Age 18 - 44	Cases	%	Age 45 - 64	Cases	%	Age 65 - 74	Cases	%	Age 75+	Cases	%		Cases	%
66534 Sabetha, KS	190	62.7%	0	0.0%	13	6.8%	13	6.8%	22	11.6%	95	50.0%	3	1.6%	22	11.6%	22	11.6%	13.2%
66538 Seneca, KS	31	10.2%	0	0.0%	5	16.1%	0	0.0%	2	6.5%	2	6.5%	1	3.2%	11	35.5%	10	32.3%	16.1%
66434 Hiawatha, KS	16	5.3%	0	0.0%	0	0.0%	2	12.5%	0	0.0%	3	18.8%	1	6.2%	5	31.2%	5	31.2%	25.0%
66515 Morrill, KS	16	5.3%	0	0.0%	1	6.2%	3	18.8%	4	25.0%	2	12.5%	0	0.0%	3	18.8%	3	18.8%	12.5%
NEZZZ Nebraska State Summary	12	4.0%	0	0.0%	0	0.0%	1	8.3%	0	0.0%	3	25.0%	0	0.0%	4	33.3%	4	33.3%	25.0%
66408 Bern, KS	9	3.0%	0	0.0%	1	11.1%	1	11.1%	0	0.0%	3	33.3%	0	0.0%	2	22.2%	2	22.2%	22.2%
66425 Fairview, KS	8	2.6%	0	0.0%	0	0.0%	2	25.0%	1	12.5%	1	12.5%	0	0.0%	2	25.0%	2	25.0%	12.5%
66094 White Cloud, KS	5	1.7%	0	0.0%	0	0.0%	1	20.0%	0	0.0%	0	0.0%	0	0.0%	2	40.0%	2	40.0%	0.0%
Other ZIP Codes	16	5.3%	0	0.0%	0	0.0%	2	12.5%	1	6.2%	5	31.2%	0	0.0%	4	25.0%	4	25.0%	12.5%
Total	303	100.0%	0	0.0%	20	6.6%	25	8.3%	30	9.9%	114	37.6%	5	1.7%	55	18.2%	54	17.8%	14.5%



**Patient Origin by Hospital - Inpatient**  
 Nemaha Valley Community Hospital - Seneca, KS  
 Federal Fiscal Year: 2014



ZIP - City	Total Discharges		Pediatric		Adult Medical/Surgical								Psychiatric		Obstetric		Newborn		Surg %
	Cases	%	Age 0 - 17		Age 18 - 44		Age 45 - 64		Age 65 - 74		Age 75+		Cases	%	Cases	%	Cases	%	
66538 Seneca, KS	171	62.6%	8	4.7%	3	1.8%	17	9.9%	5	2.9%	88	51.5%	0	0.0%	25	14.6%	25	14.6%	9.4%
66404 Baileyville, KS	22	8.1%	2	9.1%	2	9.1%	1	4.5%	0	0.0%	1	4.5%	0	0.0%	8	36.4%	8	36.4%	4.5%
66403 Axtell, KS	18	6.6%	0	0.0%	4	22.2%	4	22.2%	4	22.2%	4	22.2%	0	0.0%	1	5.6%	1	5.6%	16.7%
66415 Centralia, KS	13	4.8%	0	0.0%	0	0.0%	5	38.5%	0	0.0%	4	30.8%	0	0.0%	2	15.4%	2	15.4%	15.4%
NEZZZ Nebraska State Summary	12	4.4%	1	8.3%	0	0.0%	0	0.0%	0	0.0%	1	8.3%	0	0.0%	5	41.7%	5	41.7%	0.0%
66428 Goff, KS	7	2.6%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	14.3%	0	0.0%	3	42.9%	3	42.9%	14.3%
66417 Corning, KS	6	2.2%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	3	50.0%	3	50.0%	33.3%
Other ZIP Codes	24	8.8%	2	8.3%	1	4.2%	6	25.0%	3	12.5%	4	16.7%	0	0.0%	4	16.7%	4	16.7%	16.7%
<b>Total</b>	<b>273</b>	<b>100.0%</b>	<b>13</b>	<b>4.8%</b>	<b>10</b>	<b>3.7%</b>	<b>33</b>	<b>12.1%</b>	<b>12</b>	<b>4.4%</b>	<b>103</b>	<b>37.7%</b>	<b>0</b>	<b>0.0%</b>	<b>51</b>	<b>18.7%</b>	<b>51</b>	<b>18.7%</b>	<b>10.6%</b>

Krusta



**Patient Origin by Hospital - Inpatient**  
 Nemaha Valley Community Hospital - Seneca, KS  
 Federal Fiscal Year: 2012



ZIP - City	Total Discharges		Pediatric		Adult Medical/Surgical										Psychiatric		Obstetric		Newborn		Surg %
	Cases	%	Cases	%	Age 18 - 44	Age 45 - 64	Age 65 - 74	Age 75+							Cases	%	Cases	%	Cases	%	
66538 Seneca, KS	160	60.8%	2	1.2%	4	2.5%	14	8.8%	10	6.2%	82	51.2%		1	0.6%		24	15.0%	23	14.4%	11.9%
66403 Axtell, KS	22	8.4%	0	0.0%	1	4.5%	2	9.1%	5	22.7%	6	27.3%		0	0.0%		4	18.2%	4	18.2%	13.6%
66404 Baileyville, KS	18	6.8%	2	11.1%	0	0.0%	3	16.7%	1	5.6%	6	33.3%		0	0.0%		3	16.7%	3	16.7%	27.8%
66415 Centralia, KS	11	4.2%	0	0.0%	1	9.1%	1	9.1%	0	0.0%	5	45.5%		0	0.0%		2	18.2%	2	18.2%	18.2%
66417 Corning, KS	6	2.3%	0	0.0%	1	16.7%	1	16.7%	0	0.0%	2	33.3%		0	0.0%		1	16.7%	1	16.7%	0.0%
66428 Goff, KS	6	2.3%	1	16.7%	0	0.0%	0	0.0%	0	0.0%	3	50.0%		0	0.0%		1	16.7%	1	16.7%	16.7%
66534 Sabetha, KS	6	2.3%	3	50.0%	0	0.0%	1	16.7%	0	0.0%	0	0.0%		0	0.0%		1	16.7%	1	16.7%	16.7%
66408 Bern, KS	5	1.9%	1	20.0%	1	20.0%	0	0.0%	1	20.0%	0	0.0%		0	0.0%		1	20.0%	1	20.0%	20.0%
NEZZZ Nebraska State Summary	5	1.9%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	20.0%		0	0.0%		2	40.0%	2	40.0%	0.0%
Other ZIP Codes	24	9.1%	1	4.2%	0	0.0%	10	41.7%	3	12.5%	2	8.3%		0	0.0%		4	16.7%	4	16.7%	16.7%
<b>Total</b>	<b>263</b>	<b>100.0%</b>	<b>10</b>	<b>3.8%</b>	<b>8</b>	<b>3.0%</b>	<b>32</b>	<b>12.2%</b>	<b>20</b>	<b>7.6%</b>	<b>107</b>	<b>40.7%</b>		<b>1</b>	<b>0.4%</b>		<b>43</b>	<b>16.3%</b>	<b>42</b>	<b>16.0%</b>	<b>13.7%</b>



**Patient Origin by Hospital - Inpatient**  
 Nemaha Valley Community Hospital - Seneca, KS  
 Federal Fiscal Year: 2013



ZIP - City		Total Discharges		Pediatric Age 0 - 17		Age 18 - 44		Adult Medical/Surgical				Age 75+		Psychiatric		Obstetric		Newborn		Surg %
		Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	
66538	Seneca, KS	179	61.9%	8	4.5%	3	1.7%	18	10.1%	17	9.5%	93	52.0%	0	0.0%	20	11.2%	20	11.2%	9.5%
66415	Centralia, KS	24	8.3%	1	4.2%	0	0.0%	0	0.0%	1	4.2%	3	12.5%	0	0.0%	10	41.7%	9	37.5%	12.5%
66404	Baileyville, KS	18	6.2%	0	0.0%	0	0.0%	1	5.6%	1	5.6%	4	22.2%	0	0.0%	6	33.3%	6	33.3%	33.3%
66403	Axtell, KS	15	5.2%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	7	46.7%	0	0.0%	4	26.7%	4	26.7%	13.3%
66428	Goff, KS	8	2.8%	0	0.0%	0	0.0%	0	0.0%	1	12.5%	3	37.5%	0	0.0%	2	25.0%	2	25.0%	12.5%
66406	Beattie, KS	7	2.4%	0	0.0%	1	14.3%	1	14.3%	2	28.6%	1	14.3%	0	0.0%	1	14.3%	1	14.3%	0.0%
66408	Bern, KS	6	2.1%	0	0.0%	0	0.0%	1	16.7%	0	0.0%	1	16.7%	0	0.0%	2	33.3%	2	33.3%	0.0%
66417	Corning, KS	5	1.7%	0	0.0%	1	20.0%	1	20.0%	0	0.0%	1	20.0%	0	0.0%	1	20.0%	1	20.0%	20.0%
Other ZIP Codes		27	9.3%	3	11.1%	0	0.0%	3	11.1%	2	7.4%	5	18.5%	0	0.0%	7	25.9%	7	25.9%	22.2%
<b>Total</b>		<b>289</b>	<b>100.0%</b>	<b>12</b>	<b>4.2%</b>	<b>5</b>	<b>1.7%</b>	<b>25</b>	<b>8.7%</b>	<b>24</b>	<b>8.3%</b>	<b>118</b>	<b>40.8%</b>	<b>0</b>	<b>0.0%</b>	<b>53</b>	<b>18.3%</b>	<b>52</b>	<b>18.0%</b>	<b>12.5%</b>

# Demographics

 Location Type:  Location: 

## County: Nemaha

	Nemaha	Kansas
<b>People QuickFacts</b>		
Population, 2013 estimate	10,161	2,893,957
Population, 2010 (April 1) estimates base	10,178	2,853,116
Population, percent change - April 1, 2010 to July 1, 2013	-0.2%	1.4%
Population, 2010	10,178	2,853,118
Persons under 5 years, percent, 2013	6.7%	6.9%
Persons under 18 years, percent, 2013	25.5%	25.0%
Persons 65 years and over, percent, 2013	20.2%	14.0%
Female persons, percent, 2013	49.7%	50.2%
White alone, percent, 2013 (a)	96.9%	87.1%
Black or African American alone, percent, 2013 (a)	0.7%	6.2%
American Indian and Alaska Native alone, percent, 2013 (a)	0.7%	1.2%
Asian alone, percent, 2013 (a)	0.3%	2.7%
Native Hawaiian and Other Pacific Islander alone, percent, 2013 (a)	0.1%	0.1%
Two or More Races, percent, 2013	1.4%	2.7%
Hispanic or Latino, percent, 2013 (b)	1.6%	11.2%
White alone, not Hispanic or Latino, percent, 2013	95.8%	77.1%
Living in same house 1 year & over, percent, 2009-2013	90.0%	83.2%
Foreign born persons, percent, 2009-2013	1.0%	6.7%
Language other than English spoken at home, pct age 5+, 2009-2013	1.2%	11.0%
High school graduate or higher, percent of persons age 25+, 2009-2013	90.0%	89.8%
Bachelor's degree or higher, percent of persons age 25+, 2009-2013	19.5%	30.3%
Veterans, 2009-2013	657	211,113
Mean travel time to work (minutes), workers age 16+, 2009-2013	13.9	19.0
Housing units, 2013	4,554	1,239,706
Homeownership rate, 2009-2013	79.2%	67.5%
Housing units in multi-unit structures, percent, 2009-2013	9.2%	17.7%
Median value of owner-occupied housing units, 2009-2013	\$95,200	\$128,400
Households, 2009-2013	4,117	1,110,440
Persons per household, 2009-2013	2.36	2.51
Per capita money income in past 12 months (2013 dollars), 2009-2013	\$24,550	\$26,929
Median household income, 2009-2013	\$47,122	\$51,332
Persons below poverty level, percent, 2009-2013	11.5%	13.7%

## Business QuickFacts

Private nonfarm establishments, 2012	373	73,944 <sup>(1)</sup>
Private nonfarm employment, 2012	4,488	1,134,216 <sup>(1)</sup>
Private nonfarm employment, percent change, 2011-2012	7.7%	1.9% <sup>(1)</sup>
Nonemployer establishments, 2012	733	188,168
Total number of firms, 2007	828	237,040
Black-owned firms, percent, 2007	F	2.4%
American Indian- and Alaska Native-owned firms, percent, 2007	F	0.9%
Asian-owned firms, percent, 2007	F	2.0%
Native Hawaiian- and Other Pacific Islander-owned firms, percent, 2007	F	S
Hispanic-owned firms, percent, 2007	F	2.4%
Women-owned firms, percent, 2007	14.6%	27.5%
Manufacturers shipments, 2007 (\$1,000)	243,056	76,751,828
Merchant wholesaler sales, 2007 (\$1,000)	79,569	45,863,865
Retail sales, 2007 (\$1,000)	106,838	34,538,332
Retail sales per capita, 2007	\$10,528	\$12,444
Accommodation and food services sales, 2007 (\$1,000)	4,229	4,192,347
Building permits, 2012	8	6,252

## Geography QuickFacts

Land area in square miles, 2010	717.43	81,758.72
Population per square mile, 2010	14.2	34.9
FIPS Code	131	20

(1) Includes data not distributed by county.

(a) Includes persons reporting only one race.

(b) Hispanics may be of any race, so also are included in applicable race categories.

D: Suppressed to avoid disclosure of confidential information

F: Fewer than 25 firms

FN: Footnote on this item for this area in place of data

NA: Not available

S: Suppressed; does not meet publication standards

X: Not applicable

Z: Value greater than zero but less than half unit of measure shown

Source U.S. Census Bureau: State and County QuickFacts. Data derived from Population Estimates, American Community Survey, Census of Population and Housing, State and County Housing Unit Estimates, County Business Patterns, Nonemployer Statistics, Economic Census, Survey of Business Owners, Building Permits

Last Revised: Thursday, 04-Dec-2014 14:54:45 EST

## Indicators by Topic

**Health**

Access to Health  
Services  
Cancer  
Diabetes

Mental Health &  
Mental Disorders  
Mortality Data  
Older Adults &  
Aging  
Oral Health

**Economy**

Employment  
Government  
Assistance Programs  
Homeownership

**Education**

Educational  
Attainment in Adult  
Population  
Higher Education

**Environment**

Built Environment  
Toxic Chemicals  
Water

**Public Safety**

Crime & Crime  
Prevention

**Social**

# County Health Rankings & Roadmaps

Building a Culture of Health, County by County

## Nemaha (NM)

	Nemaha County	Error Margin	Top U.S. Performers*	Kansas	Rank (of 101)
<b>Health Outcomes</b>					<b>13</b>
<b>Length of Life</b>					<b>17</b>
Premature death	6,312	5,125-7,693	5,200	6,812	
<b>Quality of Life</b>					<b>19</b>
Poor or fair health	12%	7-19%	10%	13%	
Poor physical health days	2.0	1.3-2.7	2.5	3.0	
Poor mental health days	2.3	1.0-3.5	2.3	2.8	
Low birthweight	6.3%	4.7-7.9%	5.9%	7.2%	
<b>Health Factors</b>					<b>2</b>
<b>Health Behaviors</b>					<b>4</b>
Adult smoking	10%	6-16%	14%	18%	
Adult obesity	32%	27-37%	25%	30%	
Food environment index	8.1		8.4	7.2	
Physical inactivity	25%	21-30%	20%	24%	
Access to exercise opportunities	27%		92%	78%	
Excessive drinking	17%	12-24%	10%	15%	
Alcohol-impaired driving deaths	57%		14%	33%	
Sexually transmitted infections	79		138	386	
Teen births	16	11-22	20	40	
<b>Clinical Care</b>					<b>3</b>
Uninsured	11%	10-13%	11%	14%	
Primary care physicians	1,013:1		1,045:1	1,353:1	
Dentists	1,270:1		1,377:1	1,894:1	
Mental health providers	10,161:1		386:1	581:1	
Preventable hospital stays	52	43-62	41	60	
Diabetic monitoring	87%	71-100%	90%	86%	
Mammography screening	70.6%	54.9-86.4%	70.7%	63.7%	
<b>Social &amp; Economic Factors</b>					<b>10</b>
High school graduation	97%			85%	
Some college	60.5%	52.5-68.5%	71.0%	68.1%	
Unemployment	3.4%		4.0%	5.4%	
Children in poverty	11%	8-14%	13%	18%	
Income inequality	4.1	3.4-4.7	3.7	4.3	
Children in single-parent households	20%	13-26%	20%	29%	
Social associations	15.8		22.0	13.8	
Violent crime	141		59	360	
Injury deaths	87	63-116	50	65	
<b>Physical Environment</b>					<b>1</b>
Air pollution - particulate matter	8.8		9.5	10.9	
Drinking water violations	0%		0%	4%	
Severe housing problems	7%	5-9%	9%	13%	
Driving alone to work	77%	75-79%	71%	82%	
Long commute - driving alone	13%	10-16%	15%	20%	

\* 90th percentile, i.e., only 10% are better.

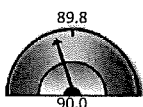
Note: Blank values reflect unreliable or missing data

2015

# People 25+ with a High School Degree or Higher

This indicator shows the percentage of people aged 25 years and over who have completed a high school degree or the equivalent.

Value Time Period



Comparison: KS State Value 89.8

90.0  
percent

Measurement Period: 2009-2013

## County: Nemaha

### Located in:

Public Health Preparedness Region: North East Corner Regional Initiative  
State: Kansas

Data Source: American Community Survey [↗](#)

Categories: Education / Educational Attainment in Adult Population

Technical Note: The regional value is compared to the Kansas state value.

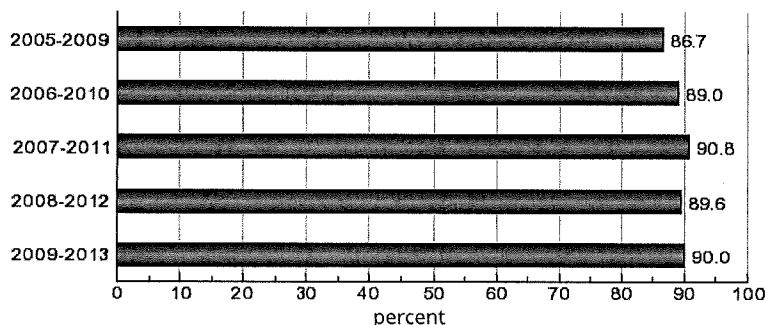
Maintained By: Healthy Communities Institute

Last Updated: January 2015

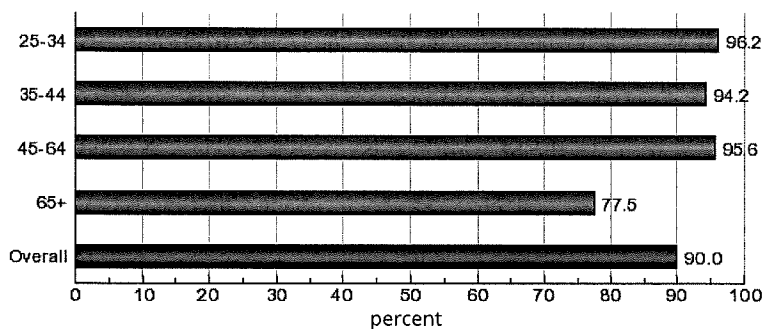
## Why is this important?

Graduating high school is an important personal achievement and is essential for an individual's social and economic advancement. Graduation rates are also an important indicator of the performance of the educational system.

## People 25+ with a High School Degree or Higher : Time Series

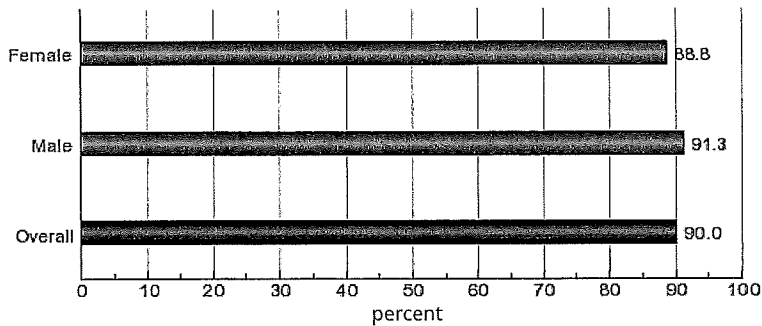


## People 25+ with a High School Degree or Higher by Age

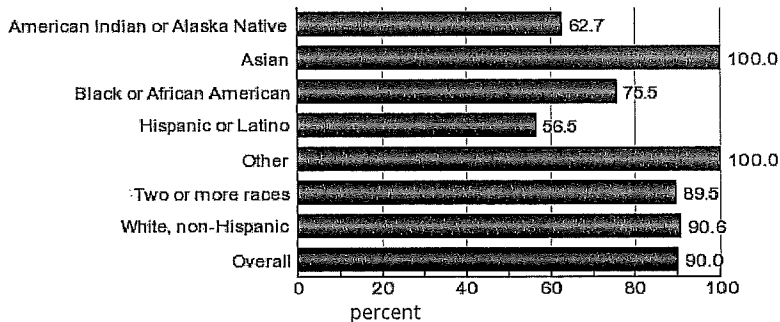


## People 25+ with a High School Degree or Higher by Gender





### People 25+ with a High School Degree or Higher by Race/Ethnicity



## Indicators by Topic

### Health

Access to Health Services  
Cancer  
Diabetes  
Exercise, Nutrition, & Weight  
Heart Disease & Stroke  
Immunizations & Infectious Diseases  
Maternal, Fetal & Infant Health

Mental Health & Mental Disorders  
Mortality Data  
Older Adults & Aging  
Oral Health  
Other Chronic Diseases  
Prevention & Safety  
Respiratory Diseases  
Substance Abuse  
Wellness & Lifestyle

### Economy

Employment  
Government Assistance Programs  
Homeownership  
Housing Affordability & Supply  
Income  
Poverty

### Education

Educational Attainment in Adult Population  
Higher Education  
School Environment  
Student Performance K-12

### Environment

Built Environment  
Toxic Chemicals  
Water

### Government & Politics

Elections & Voting

### Public Safety

Crime & Crime Prevention

### Social Environment

Demographics  
Neighborhood / Community Attachment

### Transportation

Commute To Work

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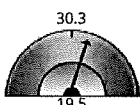
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Kansas Health Matters

# People 25+ with a Bachelor's Degree or Higher

This indicator shows the percentage of people aged 25 years and over who have earned a bachelor's degree or higher.

Value Time Period



Comparison: KS State Value 30.3

19.5  
percent

Measurement Period: 2009-2013

## County: Nemaha

### Located in:

Public Health Preparedness Region: North East Corner Regional Initiative  
State: Kansas

Data Source: American Community Survey [↗](#)

Categories: [Education / Educational Attainment in Adult Population](#),  
[Education / Higher Education](#)

Technical Note: The regional value is compared to the Kansas state value.

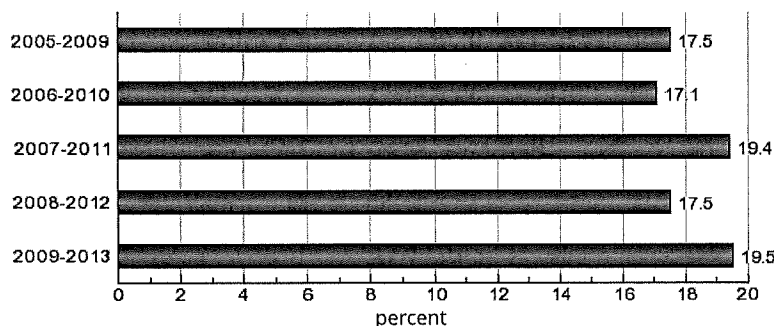
Maintained By: Healthy Communities Institute

Last Updated: January 2015

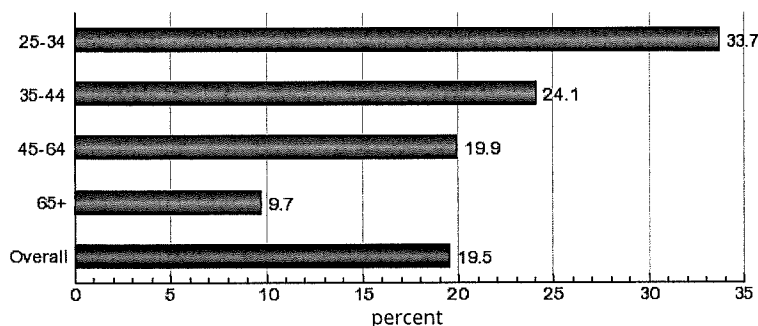
## Why is this important?

For many, having a bachelor's degree is the key to a better life. The college experience develops cognitive skills, and allows learning about a wide range of subjects, people, cultures, and communities. Having a degree also opens up career opportunities in a variety of fields, and is often the prerequisite to a higher-paying job. It is estimated that college graduates earn about \$1 million more per lifetime than their non-graduate peers.

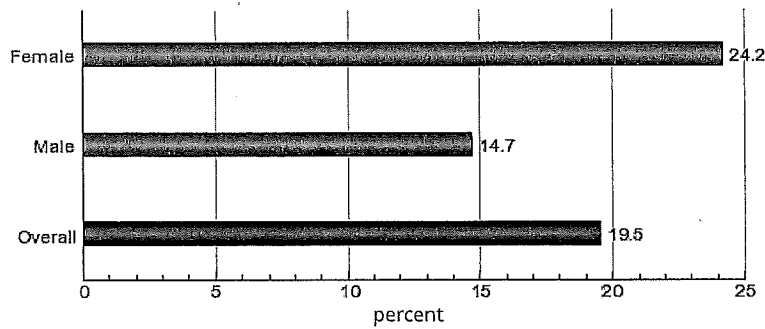
## People 25+ with a Bachelor's Degree or Higher : Time Series



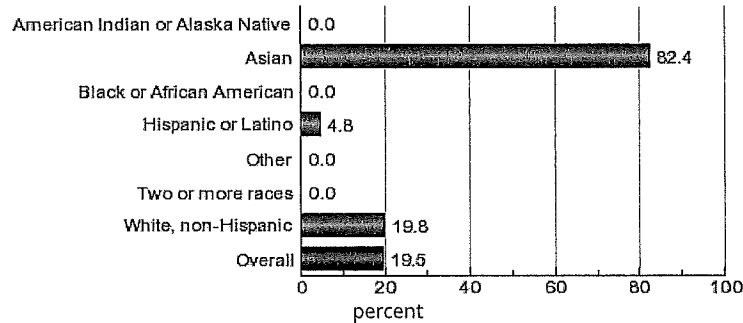
## People 25+ with a Bachelor's Degree or Higher by Age



## People 25+ with a Bachelor's Degree or Higher by Gender



### People 25+ with a Bachelor's Degree or Higher by Race/Ethnicity



## Indicators by Topic

### Health

Access to Health Services  
Cancer  
Diabetes  
Exercise, Nutrition, & Weight  
Heart Disease & Stroke  
Immunizations & Infectious Diseases  
Maternal, Fetal & Infant Health

Mental Health & Mental Disorders  
Mortality Data  
Older Adults & Aging  
Oral Health  
Other Chronic Diseases  
Prevention & Safety  
Respiratory Diseases  
Substance Abuse  
Wellness & Lifestyle

### Economy

Employment  
Government Assistance Programs  
Homeownership  
Housing Affordability & Supply  
Income  
Poverty

### Education

Educational Attainment in Adult Population  
Higher Education  
School Environment  
Student Performance K-12

### Environment

Built Environment  
Toxic Chemicals  
Water

### Government & Politics

Elections & Voting

### Public Safety

Crime & Crime Prevention

### Social Environment

Demographics  
Neighborhood / Community Attachment

### Transportation

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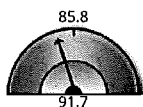
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Kansas Health Matters

# High School Graduation

This indicator shows the percentage of students who graduate high school within four years of their first enrollment in 9th grade.

Value Time Period HP 2020 Target



Comparison: KS State Value

91.7  
percent

Measurement Period: 2013

## County: Nemaha

### Located in:

Public Health Preparedness Region: North East Corner Regional Initiative  
State: Kansas

**Data Source:** Annie E. Casey Foundation [↗](#)

**Categories:** Education / Student Performance K-12, Education / Educational Attainment in Adult Population

**Technical Note:** The regional value is compared to the Kansas state value.

Due to changes in methodology, comparison of 2010 data with earlier data is not recommended.

**Maintained By:** Healthy Communities Institute

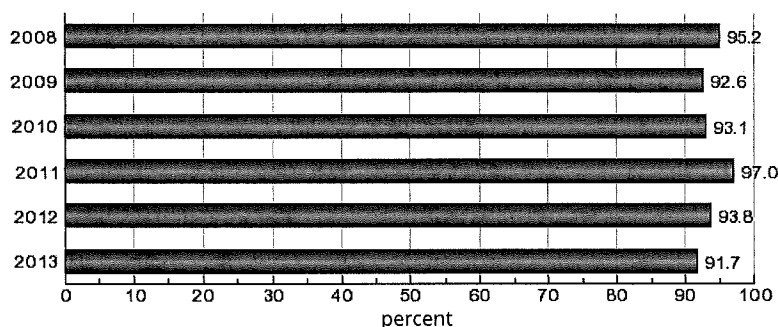
**Last Updated:** February 2015

## Why is this important?

Individuals who do not finish high school are more likely than people who finish high school to lack the basic skills required to function in an increasingly complicated job market and society. Adults with limited education levels are more likely to be unemployed, on government assistance, or involved in crime.

**The Healthy People 2020 national health target is to increase the proportion of students who graduate high school within four years of their first enrollment in 9th grade to 82.4%.**

## High School Graduation : Time Series



## Indicators by Topic

### Health

Access to Health Services  
Cancer  
Diabetes  
Exercise, Nutrition, & Weight  
Heart Disease & Stroke  
Immunizations & Infectious Diseases

Mental Health & Mental Disorders  
Mortality Data  
Older Adults & Aging  
Oral Health  
Other Chronic Diseases  
Prevention & Safety  
Respiratory

### Economy

Employment  
Government Assistance Programs  
Homeownership  
Housing Affordability & Supply  
Income  
Poverty

### Education

Educational Attainment in Adult Population  
Higher Education  
School Environment  
Student Performance K-12

### Environment

Built Environment  
Toxic Chemicals  
Water

### Government & Politics

Elections & Voting

### Public Safety

Crime & Crime Prevention

### Social Environment

Demographics  
Neighborhood / Community Attachment

Maternal, Fetal &  
Infant Health

Diseases  
Substance Abuse  
Wellness &  
Lifestyle

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Kansas Health Matters

# 4th Grade Students Proficient in Reading

This indicator shows the percentage of fourth grade students that are proficient or above in reading.

This value refers to student scores on the Kansas Mathematics Assessment Program.

Time Period



Comparison: Prior Value

85.0  
percent

Measurement Period: 2013

## State: Kansas

**Data Source:** Kansas State Department of Education [↗](#)

**Categories:** Education / Student Performance K-12, Education / Literacy

**Technical Note:** The trend is a comparison between the most recent and previous measurement periods. Confidence intervals were not taken into account in determining the direction of the trend.

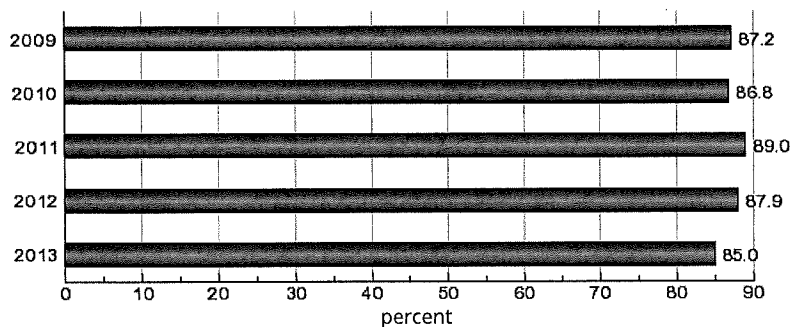
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**Last Updated:** April 2014

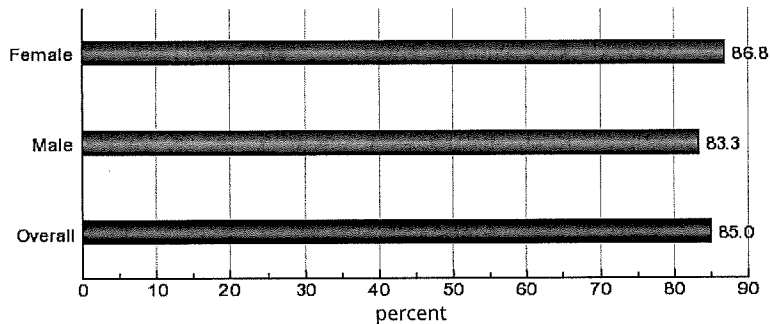
## Why is this important?

The ability to read proficiently is a fundamental skill that affects the learning experiences and school performance of children and adolescents. Students who are competent readers, as measured by their performance on reading tests, are more likely to perform well in other subjects, such as math and science. Reading achievement also predicts one's likelihood of graduating from high school and attending college.

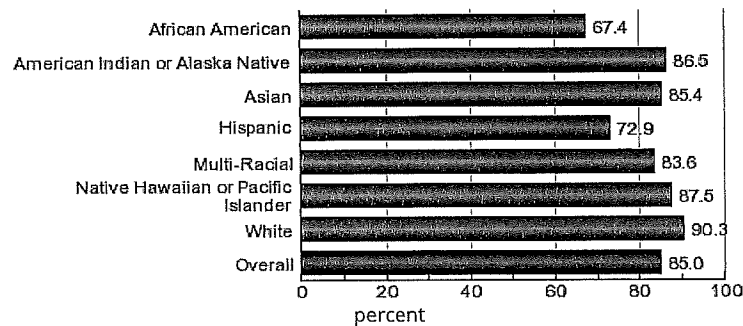
### 4th Grade Students Proficient in Reading : Time Series



### 4th Grade Students Proficient in Reading by Gender



### 4th Grade Students Proficient in Reading by Race/Ethnicity



## Indicators by Topic

### Health

Access to Health Services  
Cancer  
Diabetes  
Exercise, Nutrition, & Weight  
Heart Disease & Stroke  
Immunizations & Infectious Diseases  
Maternal, Fetal & Infant Health

Mental Health & Mental Disorders  
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Poverty

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Higher Education  
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### Environment

Built Environment  
Toxic Chemicals  
Water

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Elections & Voting

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Crime & Crime Prevention

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Kansas Health Matters

**YEARLY TOTALS**  
**DISTRICT HEADCOUNT ENROLLMENT**  
**BY YEAR, RACE AND GENDER**

SCHOOL YEAR	TOTAL		WHITE		BLACK		HISPANIC		AMER. INDIAN OR ALASKA NATIVE		ASIAN		MULTI-ETHNIC		FREE LUNCH		REDUCED-PRICE LUNCH		SPECIAL EDUC.	
	ALL	MALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE
2010-2011	1259	624	635	595	596	<10*	<10*	11	16	<10*	<10*	<10*	12	<10*	147	138	55	45	100	66
2011-2012	1279	637	642	606	590	<10*	<10*	10	14	<10*	<10*	<10*	11	<10*	163	148	63	54	100	56
2012-2013	1179	596	583	559	544	<10*	<10*	17	14	<10*	<10*	<10*	11	<10*	152	144	65	51	105	65
2013-2014	1141	597	544	561	499	<10*	<10*	11	13	<10*	<10*	<10*	14	<10*	136	131	67	54	115	52
2014-2015	1142	618	524	577	476	<10*	<10*	14	13	<10*	<10*	<10*	16	<10*	21	153	131	69	57	123

NOTE: The Multi-ethnic columns were added in 2003.

\* The Family Educational Rights and Privacy Act (FERPA) prevents the disclosure of personally identifiable student information. KSDE has determined that any quantities less than 10 may be personally identifiable.

**YEARLY TOTALS**  
**DISTRICT STUDENTS APPROVED FOR FREE- OR REDUCED-PRICE LUNCHES**  
**BY YEAR**

SCHOOL YEAR	TOTAL STUDENTS	# OF STUDENTS APPROVED FOR FREE- OR REDUCED-PRICE LUNCHES
2010-2011	1259	385
2011-2012	1279	428
2012-2013	1179	412
2013-2014	1141	388
2014-2015	1142	410

\* The Family Educational Rights and Privacy Act (FERPA) prevents the disclosure of personally identifiable student information. KSDE has determined that any quantities less than 10 may be personally identifiable.

**2008-2009**  
**DISTRICT GRADUATION RATE - NCLB FORMULA**  
**BY RACE AND GENDER**

COHORT TYPE	TOTAL		WHITE		BLACK		HISPANIC		AMER. INDIAN OR ALASKA NATIVE		ASIAN		MULTI-RACIAL		FREE- & REDUCED-PRICE LUNCH		FREE LUNCH		REDUCED-PRICE LUNCH		SPECIAL EDUC.		LEP MIGRANT	HOME LESS
	ALL	MALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE		
Graduation Rate	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0

Graduation data prior to 2008-2009 used the National Center for Education Statistics (NCES) formula. 2008-2009 graduation data used the No Child Left Behind (NCLB) formula. 2009-2010 graduation data and beyond will use the Four-Year and Five-Year Adjusted Cohort formulas which are significantly different than the NCES and NCLB formulas. As a result, it is imperative that no comparisons be made between graduation data from 2009 and earlier and graduation data from 2010 and beyond.

The National Center for Education Statistics formula: Number of Graduates ÷ (Number of Graduates + Year 4 Dropouts + Year 3 Dropouts + Year 2 Dropouts + Year 1 Dropouts).

The No Child Left Behind formula: (Number of Graduates minus Retentions) ÷ (Number of Graduates + Year 4 Dropouts + Year 3 Dropouts + Year 2 Dropouts + Year 1 Dropouts).

The Four-Year Adjusted Cohort formula: Number of students who graduate in four years with a regular high school diploma ÷ (Number of students who entered high school four years earlier + students who transferred in - students who transfer out, emigrate, or die during the four years).

The Five-Year Adjusted Cohort formula: Number of students who graduate in five years with a regular high school diploma ÷ (Number of students who entered high school five years earlier + students who transferred in - students who transfer out, emigrate, or die during the five years).

\* The Family Educational Rights and Privacy Act (FERPA) prevents the disclosure of personally identifiable student information. KSDE has determined that any quantities less than 10 may be personally identifiable. Column totals are not provided when there are categories with less than 10. As a result, we are displaying only the graduation rates and not the column totals (regardless of the quantity).



**YEARLY TOTALS**  
**DISTRICT HEADCOUNT ENROLLMENT**  
**BY YEAR, RACE AND GENDER**

	TOTAL		WHITE		BLACK		HISPANIC		AMER. INDIAN OR ALASKA NATIVE		ASIAN		MULTI-ETHNIC		FREE LUNCH		REDUCED-PRICE LUNCH		SPECIAL EDUC.		
SCHOOL YEAR	ALL	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE
2011-2012	619	328	291	316	283	0	0	<10*	<10*	0	0	0	<10*	<10*	0	51	60	24	27	48	30
2012-2013	642	340	302	322	290	0	0	<10*	12	0	0	0	<10*	<10*	0	56	52	31	30	45	29
2013-2014	611	322	289	302	274	0	0	11	15	0	0	0	<10*	<10*	0	46	47	23	22	41	26
2014-2015	630	322	308	299	294	0	0	15	13	0	0	0	<10*	<10*	0	59	57	21	24	42	26

NOTE: The Multi-ethnic columns were added in 2003.

\* The Family Educational Rights and Privacy Act (FERPA) prevents the disclosure of personally identifiable student information. KSDE has determined that any quantities less than 10 may be personally identifiable.

**YEARLY TOTALS**

**DISTRICT STUDENTS APPROVED FOR FREE- OR REDUCED-PRICE LUNCHES**

**BY YEAR**

SCHOOL YEAR	# OF STUDENTS	APPROVED FOR FREE- OR REDUCED-PRICE LUNCHES
2011-2012	619	162
2012-2013	642	169
2013-2014	611	138
2014-2015	630	161

\* The Family Educational Rights and Privacy Act (FERPA) prevents the disclosure of personally identifiable student information. KSDE has determined that any quantities less than 10 may be personally identifiable.

**2012-2013**  
**DISTRICT DROPOUTS**  
**BY GRADE, RACE AND GENDER**

	TOTAL		WHITE		BLACK		HISPANIC		AMER. INDIAN OR ALASKA NATIVE		ASIAN/NATIVE HAWAIIAN/ PACIFIC		MULTI-RACIAL		FREE LUNCH		REDUCED- PRICE LUNCH		SPECIAL EDUC.			
	ALL	MALE	FEMALE	MALE	FEM.	MALE	FEM.	MALE	FEM.	MALE	FEM.	MALE	FEM.	MALE	FEM.	MALE	FEM.	MALE	FEM.	MALE	FEM.	LEP
Dropout Rate	0.8	0.5	1.2	0.5	1.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	5.0	5.6	0.0	0.0	18.2	0.0	

NOTE: The Multi-ethnic columns were added in 2003.

\* The Family Educational Rights and Privacy Act (FERPA) prevents the disclosure of personally identifiable student information. KSDE has determined that any quantities less than 10 may be personally identifiable. As a result, we are displaying only the dropout rates and not the column totals (regardless of the quantity).

## Nemaha County Rural Health Works

**Table 6. Hospital Data for Nemaha County**

	2011	2012	2013	2014
Number of Practicing Physicians (county)	10	10	9	10
Persons per Physician (county)	1,013	1,013	1,129	1,014
<b>Sabetha Community Hospital</b>				
Licensed Acute Beds	25	25	25	25
Licensed Swing Beds	25	25	25	25
Staffed Beds-Hospital	25	25	25	25
Staffed Beds-Nursing Home Unit	-	-	-	-
Admissions-Hospital	270	281	275	250
Admissions-Nursing Home Unit	-	-	-	-
Admissions-Swing Beds	119	121	104	134
Inpatient Days - Hospital	801	718	725	645
Inpatient Days - Nursing Home Unit	-	-	-	-
Inpatient Days - Swing-beds	1,656	1,605	1,207	1,633
Emergency Room Visits	1,293	1,335	1,200	1,473
Outpatient Visits	20,925	20,382	18,772	21,684
Inpatient Surgical Operations	50	43	65	46
Outpatient Surgical Operations	692	636	577	606
Medicare Inpatient Discharges	168	168	158	155
Medicare Inpatient Days	559	506	457	445
Medicaid Inpatient Discharges	22	16	3	1
Medicaid Inpatient Days	55	35	9	2
KanCare Acute Discharges			17	22
KanCare Acute Days			31	44

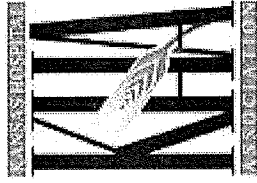
Kansas Hospital Association STAT Report, 2011, 2012, 2013, 2014

This information was prepared by the Office of Local Government, K-State Research and Extension. For questions or other information, call 785-532-2643.

## Nemaha County Rural Health Works

**Table 5. Hospital Data for Nemaha County**

	2010-2011	2011-2012	2012-2013	2013-2014
Number of Practicing Physicians (county)	10	10	9	10
Persons per Physician (county)	1,013	1,013	1,129	1,014
<b>Nemaha Valley Community Hospital</b>				
Licensed Acute Beds	24	24	24	24
Licensed Swing Beds	24	24	24	24
Staffed Beds-Hospital	24	24	24	24
Staffed Beds-Nursing Home Unit	-	-	-	-
Admissions-Hospital	342	309	300	272
Admissions-Nursing Home Unit	-	-	-	-
Admissions-Swing Beds	72	76	55	55
Inpatient Days - Hospital	1,532	1,324	1,118	1,012
Inpatient Days - Nursing Home Unit	-	-	-	-
Inpatient Days - Swing-beds	698	614	495	451
Emergency Room Visits	1,234	1,305	1,293	1,224
Outpatient Visits	18,475	19,914	18,570	18,401
Inpatient Surgical Operations	57	45	52	44
Outpatient Surgical Operations	1,200	1,354	1,079	1,070
Medicare Inpatient Discharges	173	147	148	119
Medicare Inpatient Days	638	518	456	356
Medicaid Inpatient Discharges	10	19	23	5
Medicaid Inpatient Days	64	45	34	6



# **DRG Discharges by Hospital - Inpatient** Sabetha Community Hospital - Sabetha, KS Federal Fiscal Year: 2014

DRG - Description	Total Cases	Average LOS		Age 0 - 17		Age 18 - 44		Age 45 - 64		Age 65 - 74		Age 75+				
		0-64 Total	65+ Total	Cases	ALOS	Cases	ALOS	Cases	ALOS	Cases	ALOS	Cases	ALOS	% Male	% 65+	
795 NORMAL NEWBORN	41	1.9	1.9	0.0	41	1.9	0	0.0	0	0.0	0	0.0	0	0.0	51.2%	0.0%
766 CESAREAN SECTION W/O CC/MCC	25	2.3	2.3	0.0	2	3.5	23	2.2	0	0.0	0	0.0	0	0.0	0.0%	0.0%
775 VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES	25	1.6	1.6	0.0	0	0.0	25	1.6	0	0.0	0	0.0	0	0.0	0.0%	0.0%
392 ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W/O MCC	14	2.9	3.2	2.8	0	0.0	2	3.5	3	3.0	4	2.5	5	3.0	21.4%	64.3%
195 SIMPLE PNEUMONIA & PLEURISY W/O CC/MCC	11	2.6	1.3	3.1	0	0.0	3	1.3	0	0.0	0	0.0	8	3.1	81.8%	72.7%
794 NEONATE W OTHER SIGNIFICANT PROBLEMS	11	1.8	1.8	0.0	11	1.8	0	0.0	0	0.0	0	0.0	0	0.0	54.5%	0.0%
948 SIGNS & SYMPTOMS W/O MCC	8	2.6	0.0	2.6	0	0.0	0	0.0	0	0.0	2	1.5	6	3.0	62.5%	100.0%
194 SIMPLE PNEUMONIA & PLEURISY W CC	7	3.3	3.3	3.2	0	0.0	2	3.5	1	3.0	0	0.0	4	3.2	57.1%	57.1%
189 PULMONARY EDEMA & RESPIRATORY FAILURE	6	3.3	0.0	3.3	0	0.0	0	0.0	0	0.0	3	4.0	3	2.7	50.0%	100.0%
310 CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W/O CC/MCC	6	1.8	0.0	1.8	0	0.0	0	0.0	0	0.0	1	1.0	5	2.0	16.7%	100.0%
312 SYNCOPE & COLLAPSE	5	2.0	1.0	2.2	0	0.0	0	0.0	1	1.0	0	0.0	4	2.2	80.0%	80.0%
690 KIDNEY & URINARY TRACT INFECTIONS W/O MCC	5	2.6	2.5	2.7	0	0.0	2	2.5	0	0.0	0	0.0	3	2.7	40.0%	60.0%
Other DRGs	139	2.9	2.3	3.1	2	1.0	16	2.4	21	2.3	20	3.0	80	3.1	43.9%	71.9%
Total	303	2.5	2.1	3.0	56	1.9	73	2.1	26	2.4	30	2.9	118	3.0	39.3%	48.8%



**DRG Discharges by Hospital - Inpatient\***  
 Nemaha Valley Community Hospital - Seneca, KS  
 Federal Fiscal Year: 2014



DRG - Description	Total Cases	Average LOS			Age 0 - 17		Age 18 - 44		Age 45 - 64		Age 65 - 74		Age 75+		% Male	% 65+
		Total	0-64	65+	Cases	ALOS	Cases	ALOS	Cases	ALOS	Cases	ALOS	Cases	ALOS		
795 NORMAL NEWBORN	40	1.9	1.9	0.0	40	1.9	0	0.0	0	0.0	0	0.0	0	0.0	57.5%	0.0%
775 VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES	27	1.9	1.9	0.0	0	0.0	27	1.9	0	0.0	0	0.0	0	0.0	0.0%	0.0%
194 SIMPLE PNEUMONIA & PLEURISY W CC	19	3.2	2.0	3.8	3	2.0	1	2.0	2	2.0	1	4.0	12	3.8	57.9%	68.4%
766 CESAREAN SECTION W/O CC/MCC	13	2.2	2.2	0.0	0	0.0	13	2.2	0	0.0	0	0.0	0	0.0	0.0%	0.0%
195 SIMPLE PNEUMONIA & PLEURISY W/O CC/MCC	12	2.6	2.4	2.8	4	2.5	2	2.5	1	2.0	1	3.0	4	2.8	25.0%	41.7%
392 ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W/O MCC	9	1.6	1.6	1.5	0	0.0	0	0.0	5	1.6	1	1.0	3	1.7	66.7%	44.4%
690 KIDNEY & URINARY TRACT INFECTIONS W/O MCC	9	3.4	3.0	3.5	1	3.0	0	0.0	0	0.0	0	0.0	8	3.5	11.1%	88.9%
192 CHRONIC OBSTRUCTIVE PULMONARY DISEASE W/O CC/MCC	8	2.5	2.4	2.7	0	0.0	0	0.0	5	2.4	1	3.0	2	2.5	62.5%	37.5%
794 NEONATE W OTHER SIGNIFICANT PROBLEMS	7	1.9	1.9	0.0	7	1.9	0	0.0	0	0.0	0	0.0	0	0.0	71.4%	0.0%
765 CESAREAN SECTION W CC/MCC	6	2.7	2.7	0.0	0	0.0	6	2.7	0	0.0	0	0.0	0	0.0	0.0%	0.0%
641 MISC DISORDERS OF NUTRITION, METABOLISM, FLUIDS/ELECTROLYTES W/O MCC	6	2.3	0.0	2.3	0	0.0	0	0.0	0	0.0	1	2.0	5	2.4	33.3%	100.0%
178 RESPIRATORY INFECTIONS & INFLAMMATIONS W CC	5	3.6	0.0	3.6	0	0.0	0	0.0	0	0.0	0	0.0	5	3.6	80.0%	100.0%
190 CHRONIC OBSTRUCTIVE PULMONARY DISEASE W MCC	4	3.5	2.0	4.0	0	0.0	0	0.0	1	2.0	0	0.0	3	4.0	75.0%	75.0%
202 BRONCHITIS & ASTHMA W CC/MCC	4	1.8	1.8	0.0	4	1.8	0	0.0	0	0.0	0	0.0	0	0.0	75.0%	0.0%
378 G.I. HEMORRHAGE W CC	4	2.8	1.0	3.3	0	0.0	0	0.0	1	1.0	0	0.0	3	3.3	25.0%	75.0%
536 FRACTURES OF HIP & PELVIS W/O MCC	4	3.5	0.0	3.5	0	0.0	0	0.0	0	0.0	0	0.0	4	3.5	0.0%	100.0%
774 VAGINAL DELIVERY W COMPLICATING DIAGNOSES	4	1.5	1.5	0.0	0	0.0	4	1.5	0	0.0	0	0.0	0	0.0	0.0%	0.0%
065 INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W CC	3	3.0	0.0	3.0	0	0.0	0	0.0	0	0.0	0	0.0	3	3.0	66.7%	100.0%
203 BRONCHITIS & ASTHMA W/O CC/MCC	3	1.7	1.7	0.0	1	2.0	1	2.0	1	1.0	0	0.0	0	0.0	0.0%	0.0%
789 NEONATES, DIED OR TRANSFERRED TO ANOTHER ACUTE CARE FACILITY	3	1.0	1.0	0.0	3	1.0	0	0.0	0	0.0	0	0.0	0	0.0	66.7%	0.0%



**DRG Discharges by Hospital - Inpatient\***  
 Nemaha Valley Community Hospital - Seneca, KS  
 Federal Fiscal Year: 2013



DRG - Description	Total Cases	Average LOS			Age 0 - 17		Age 18 - 44		Age 45 - 64		Age 65 - 74		Age 75+		% Male	% 65+
		Total	0-64	65+	Cases	ALOS	Cases	ALOS	Cases	ALOS	Cases	ALOS	Cases	ALOS		
795 NORMAL NEWBORN	36	1.6	1.6	0.0	36	1.6	0	0.0	0	0.0	0	0.0	0	0.0	55.6%	0.0%
194 SIMPLE PNEUMONIA & PLEURISY W CC	27	3.8	2.2	4.1	2	3.0	0	0.0	2	1.5	3	2.0	20	4.4	48.1%	85.2%
775 VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES	22	1.8	1.8	0.0	0	0.0	22	1.8	0	0.0	0	0.0	0	0.0	0.0%	0.0%
766 CESAREAN SECTION W/O CC/MCC	17	2.0	2.0	0.0	0	0.0	17	2.0	0	0.0	0	0.0	0	0.0	0.0%	0.0%
195 SIMPLE PNEUMONIA & PLEURISY W/O CC/MCC	14	3.4	2.5	3.8	2	2.5	0	0.0	2	2.5	2	3.0	8	4.0	50.0%	71.4%
641 MISC DISORDERS OF NUTRITION, METABOLISM, FLUIDS/ELECTROLYTES W/O MCC	10	2.2	2.0	2.3	0	0.0	0	0.0	3	2.0	1	1.0	6	2.5	30.0%	70.0%
794 NEONATE W OTHER SIGNIFICANT PROBLEMS	9	1.9	1.9	0.0	9	1.9	0	0.0	0	0.0	0	0.0	0	0.0	44.4%	0.0%
192 CHRONIC OBSTRUCTIVE PULMONARY DISEASE W/O CC/MCC	8	4.0	4.0	4.0	0	0.0	0	0.0	2	4.0	0	0.0	6	4.0	62.5%	75.0%
065 INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W CC	7	2.9	0.0	2.9	0	0.0	0	0.0	0	0.0	1	5.0	6	2.5	42.9%	100.0%
392 ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W/O MCC	7	1.7	1.2	2.3	0	0.0	1	1.0	3	1.3	1	2.0	2	2.5	28.6%	42.9%
690 KIDNEY & URINARY TRACT INFECTIONS W/O MCC	7	2.6	2.0	2.8	0	0.0	1	3.0	1	1.0	0	0.0	5	2.8	14.3%	71.4%
789 NEONATES, DIED OR TRANSFERRED TO ANOTHER ACUTE CARE FACILITY	7	1.0	1.0	0.0	7	1.0	0	0.0	0	0.0	0	0.0	0	0.0	57.1%	0.0%
470 MAJOR JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W/O MCC	6	4.0	3.0	5.0	0	0.0	0	0.0	3	3.0	0	0.0	3	5.0	33.3%	50.0%
765 CESAREAN SECTION W CC/MCC	6	2.2	2.2	0.0	0	0.0	6	2.2	0	0.0	0	0.0	0	0.0	0.0%	0.0%
203 BRONCHITIS & ASTHMA W/O CC/MCC	6	1.8	1.4	4.0	5	1.4	0	0.0	0	0.0	0	0.0	1	4.0	16.7%	16.7%
774 VAGINAL DELIVERY W COMPLICATING DIAGNOSES	6	1.7	1.7	0.0	0	0.0	6	1.7	0	0.0	0	0.0	0	0.0	0.0%	0.0%
178 RESPIRATORY INFECTIONS & INFLAMMATIONS W CC	5	4.4	0.0	4.4	0	0.0	0	0.0	0	0.0	2	5.0	3	4.0	60.0%	100.0%
312 SYNCOPE & COLLAPSE	5	1.8	1.0	2.0	0	0.0	0	0.0	1	1.0	0	0.0	4	2.0	0.0%	80.0%
191 CHRONIC OBSTRUCTIVE PULMONARY DISEASE W CC	4	2.2	3.0	2.0	0	0.0	0	0.0	1	3.0	0	0.0	3	2.0	100.0%	75.0%
389 G.I. OBSTRUCTION W CC	4	1.0	0.0	1.0	0	0.0	0	0.0	0	0.0	0	0.0	4	1.0	25.0%	100.0%

Krusta



## DRG Discharges by Hospital - Inpatient\*

Nemaha Valley Community Hospital - Seneca, KS  
Federal Fiscal Year: 2012

DRG - Description	Total Cases	Average LOS			Age 0 - 17		Age 18 - 44		Age 45 - 64		Age 65 - 74		Age 75+		% Male	% 65+
		Total	0-64	65+	Cases	ALOS	Cases	ALOS	Cases	ALOS	Cases	ALOS	Cases	ALOS		
795 NORMAL NEWBORN	33	2.1	2.1	0.0	33	2.1	0	0.0	0	0.0	0	0.0	0	0.0	60.6%	0.0%
194 SIMPLE PNEUMONIA & PLEURISY W CC	20	4.0	4.2	3.9	2	4.0	0	0.0	2	4.5	1	3.0	15	3.9	50.0%	80.0%
195 SIMPLE PNEUMONIA & PLEURISY W/O CC/MCC	17	3.9	2.2	4.4	1	1.0	1	2.0	2	3.0	1	3.0	12	4.5	68.8%	76.5%
766 CESAREAN SECTION W/O CC/MCC	16	2.4	2.4	0.0	0	0.0	16	2.4	0	0.0	0	0.0	0	0.0	0.0%	0.0%
775 VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES	15	1.7	1.7	0.0	0	0.0	15	1.7	0	0.0	0	0.0	0	0.0	0.0%	0.0%
392 ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W/O MCC	11	2.8	2.4	3.2	2	2.0	1	3.0	2	2.5	3	3.0	3	3.3	18.2%	54.5%
192 CHRONIC OBSTRUCTIVE PULMONARY DISEASE W/O CC/MCC	10	3.2	2.6	3.8	0	0.0	0	0.0	5	2.6	1	3.0	4	4.0	10.0%	50.0%
765 CESAREAN SECTION W CC/MCC	8	2.4	2.4	0.0	0	0.0	8	2.4	0	0.0	0	0.0	0	0.0	0.0%	0.0%
641 MISC DISORDERS OF NUTRITION, METABOLISM, FLUIDS/ELECTROLYTES W/O MCC	8	2.6	0.0	2.6	0	0.0	0	0.0	0	0.0	0	0.0	8	2.6	50.0%	100.0%
690 KIDNEY & URINARY TRACT INFECTIONS W/O MCC	8	1.6	1.7	1.6	0	0.0	1	1.0	2	2.0	0	0.0	5	1.6	0.0%	62.5%
203 BRONCHITIS & ASTHMA W/O CC/MCC	7	2.3	1.8	3.5	3	1.3	1	3.0	1	2.0	0	0.0	2	3.5	57.1%	28.6%
603 CELLULITIS W/O MCC	6	4.2	2.5	5.0	0	0.0	0	0.0	2	2.5	4	5.0	0	0.0	33.3%	66.7%
066 INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W/O CC/MCC	5	4.2	5.0	4.0	0	0.0	0	0.0	1	5.0	0	0.0	4	4.0	20.0%	80.0%
794 NEONATE W OTHER SIGNIFICANT PROBLEMS	5	2.2	2.2	0.0	5	2.2	0	0.0	0	0.0	0	0.0	0	0.0	60.0%	0.0%
470 MAJOR JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W/O MCC	4	4.5	3.0	5.0	0	0.0	1	3.0	0	0.0	0	0.0	3	5.0	100.0%	75.0%
310 CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W/O CC/MCC	4	1.8	0.0	1.8	0	0.0	0	0.0	0	0.0	2	2.5	2	1.0	50.0%	100.0%
789 NEONATES, DIED OR TRANSFERRED TO ANOTHER ACUTE CARE FACILITY	4	1.0	1.0	0.0	4	1.0	0	0.0	0	0.0	0	0.0	0	0.0	50.0%	0.0%
292 HEART FAILURE & SHOCK W CC	3	4.0	0.0	4.0	0	0.0	0	0.0	0	0.0	0	0.0	3	4.0	66.7%	100.0%
378 G.I. HEMORRHAGE W CC	3	3.3	1.0	4.5	1	1.0	0	0.0	0	0.0	0	0.0	2	4.5	66.7%	66.7%
948 SIGNS & SYMPTOMS W/O MCC	3	3.3	5.0	2.5	0	0.0	1	5.0	0	0.0	1	4.0	1	1.0	66.7%	66.7%

# Community Dashboard

Create your own community dashboard by using all indicators or search for just a few. Using "location type" and "location" you can create dashboards for counties, regions, and the state. By creating the three separate dashboards you can compare your county to the region and the state.

If you want to create a visual comparison report of the geographic areas, select [Create Indicator Comparison Report](#).

Indicators for County: Nemaha

## + Health

### Access to Health Services

Average Monthly WIC Participation per 1,000 population

Comparison: KS State Value



Ratio of Population to Primary Care Physicians

Comparison: KS State Value



Staffed Hospital Bed Ratio **NEW**

Comparison: KS State Value



### Cancer

Cancer: Medicare Population

Comparison: KS State Value



### Diabetes

Diabetes: Medicare Population

Comparison: KS State Value



✕ Percent of Adults with Diagnosed Diabetes

Comparison: KS State Value



### Exercise, Nutrition, & Weight

Child Food Insecurity Rate **NEW**

Comparison: KS State Value



Food Insecurity Rate **NEW**

Comparison: KS State Value



✕ Percent of Adults who are Obese

Comparison: KS State Value



✕ Percent of Adults who are Overweight

Comparison: KS State Value



Percent of Adults Who Reported Consuming Fruit Less than 1 Time Per Day

Comparison: KS State Value



Percent of Adults Who Reported Consuming Vegetables Less than 1 Time Per Day

Comparison: KS State Value



### Heart Disease & Stroke

Atrial Fibrillation: Medicare Population

Comparison: KS State Value



Congestive Heart Failure Hospital Admission Rate **NEW**

Comparison: KS State Value



Heart Disease Hospital Admission Rate **NEW**

Comparison: KS State Value



Heart Failure: Medicare Population

Comparison: KS State Value



Hyperlipidemia: Medicare Population

Comparison: KS State Value







Hypertension: Medicare Population

Comparison: KS State Value















Ischemic Heart Disease: Medicare Population	Comparison: KS State Value	
✕ Percent of Adults Tested and Diagnosed with High Cholesterol	Comparison: KS State Value	
✕ Percent of Adults with Diagnosed Hypertension	Comparison: KS State Value	
Stroke: Medicare Population	Comparison: KS State Value	

## Immunizations & Infectious Diseases

Bacterial Pneumonia Hospital Admission Rate <span>NEW</span>	Comparison: KS State Value	
↓ Percent of Infants Fully Immunized at 24 Months <span>NEW</span>	Comparison: KS State Value	
↓ Sexually Transmitted Disease Rate <span>NEW</span>	Comparison: KS State Value	












## Maternal, Fetal & Infant Health

✕ Infant Mortality Rate	Comparison: KS State Value	
Number of Births per 1,000 Population	Comparison: KS State Value	
✕ Percent of all Births Occurring to Teens (15-19)	Comparison: KS State Value	
Percent of Births Occurring to Unmarried Women	Comparison: KS State Value	
✕ Percent of births Where Mother Smoked During Pregnancy	Comparison: KS State Value	
✕ Percent of Births Where Prenatal Care began in First Trimester	Comparison: KS State Value	
Percent of Births with Inadequate Birth Spacing	Comparison: KS State Value	
✕ Percent of Births with Low Birth Weight	Comparison: KS State Value	
Percent of WIC Mothers Breastfeeding Exclusively	Comparison: KS State Value	
Percentage of Premature Births	Comparison: KS State Value	

## Mental Health & Mental Disorders

Depression: Medicare Population	Comparison: KS State Value	
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## Mortality Data

Age-adjusted Alzheimer's Disease Mortality Rate per 100,000 population	Comparison: KS State Value	
Age-adjusted Cancer Mortality Rate per 100,000 population	Comparison: KS State Value	
Age-adjusted Cerebrovascular Disease Mortality Rate per 100,000 population	Comparison: KS State Value	
Age-adjusted Chronic Lower Respiratory Disease Mortality Rate per 100,000 population	Comparison: KS State Value	
Age-adjusted Diabetes Mortality Rate per 100,000 population	Comparison: KS State Value	
✕ Age-adjusted Heart Disease Mortality Rate per 100,000 population	Comparison: KS State Value	
Age-adjusted Homicide Mortality Rate per 100,000 population	Comparison: KS State Value	
✕ Age-adjusted Mortality Rate per 100,000 population	Comparison: KS State Value	
Age-adjusted Nephritis, Nephrotic Syndrome, Nephrosis Mortality Rate per 100,000 population	Comparison: KS State Value	
✕ Age-adjusted Suicide Mortality Rate per 100,000 population	Comparison: KS State Value	
✕ Age-adjusted Traffic Injury Mortality Rate per 100,000 population	Comparison: KS State Value	

Age-adjusted Unintentional Injuries Mortality Rate per 100,000 population	Comparison: KS State Value	
Age-Adjusted Years of Potential Life Lost - Alzheimers	Comparison: KS State Value	
* Age-Adjusted Years of Potential Life Lost - Cancer	Comparison: KS State Value	
Age-Adjusted Years of Potential Life Lost - Cerebrovascular Disease	Comparison: KS State Value	
Age-Adjusted Years of Potential Life Lost - Chronic Lower Respiratory Disease	Comparison: KS State Value	
Age-Adjusted Years of Potential Life Lost - Diabetes	Comparison: KS State Value	
Age-Adjusted Years of Potential Life Lost - Heart Disease	Comparison: KS State Value	
Age-Adjusted Years of Potential Life Lost - Homicide	Comparison: KS State Value	
Age-Adjusted Years of Potential Life Lost - Nephritis, Nephrotic Syndrome Nephrosis	Comparison: KS State Value	
* Age-Adjusted Years of Potential Life Lost - Suicide	Comparison: KS State Value	
Age-Adjusted Years of Potential Life Lost - Traffic Injury	Comparison: KS State Value	
Age-Adjusted Years of Potential Life Lost - Unintentional Injuries	Comparison: KS State Value	






## Older Adults & Aging

Alzheimer's Disease or Dementia: Medicare Population	Comparison: KS State Value	
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## Oral Health

Percentage of Screened 3-12 Grade Students w No Dental Sealants <b>NEW</b>	Comparison: KS State Value	
Percentage of Screened K-12 Grade Students w Obvious Dental Decay <b>NEW</b>	Comparison: KS State Value	
Ratio of Population to Dentist	Comparison: KS State Value	

## Other Chronic Diseases

Chronic Kidney Disease: Medicare Population	Comparison: KS State Value	
Osteoporosis: Medicare Population	Comparison: KS State Value	
Percent of Adults Who Were Ever Diagnosed with a Depressive Disorder	Comparison: KS State Value	
Percent of Adults with Doctor Diagnosed Arthritis	Comparison: KS State Value	
Rheumatoid Arthritis or Osteoarthritis: Medicare Population	Comparison: KS State Value	

## Prevention & Safety

Injury Hospital Admission Rate <b>NEW</b>	Comparison: KS State Value	
---	----------------------------	---

## Respiratory Diseases

Asthma: Medicare Population	Comparison: KS State Value	
Chronic Obstructive Pulmonary Disease (COPD) Hospital Admission Rate <b>NEW</b>	Comparison: KS State Value	
COPD: Medicare Population	Comparison: KS State Value	

## Wellness & Lifestyle

Life Expectancy for Females

Comparison: KS State Value



Life Expectancy for Males

Comparison: KS State Value



✂ Percent of Adults Who Reported That They Always Wear a Seatbelt When They Drive or Ride in a Car

Comparison: HP 2020 Target



✂ Percent of Adults with Fair or Poor Self-Perceived Health Status

Comparison: KS State Value



## 💰 Economy

### Employment

Unemployed Workers in Civilian Labor Force

Comparison: KS State Value



### Government Assistance Programs

Households with Cash Public Assistance Income

Comparison: KS State Value



Kansas Medical Assistance Programs - Adults per 1000 Population, 20-64 Age-Group

Comparison: KS State Value



Kansas Medical Assistance Programs - Children per 1000 Population, 0-19 Age-Group

Comparison: KS State Value



Students Eligible for the Free Lunch Program

Comparison: U.S. Counties



### Homeownership

Homeowner Vacancy Rate

Comparison: KS State Value



Homeownership

Comparison: KS State Value



### Housing Affordability & Supply

Renters Spending 30% or More of Household Income on Rent

Comparison: KS State Value

Severe Housing Problems **NEW**

Comparison: KS State Value



### Income

Median Household Income

Comparison: KS State Value



Per Capita Income

Comparison: KS State Value



### Poverty

Children Living Below Poverty Level

Comparison: KS State Value



Families Living Below Poverty Level

Comparison: KS State Value



Low-Income Persons who are SNAP Participants

Comparison: U.S. Counties



People 65+ Living Below Poverty Level

Comparison: KS State Value



People Living 200% Above Poverty Level

Comparison: KS State Value



People Living Below Poverty Level

Comparison: KS State Value



Poverty Status by School Enrollment

Comparison: KS State Value

✂ Uninsured Adult Population Rate **NEW**

Comparison: KS State Value



Young Children Living Below Poverty Level

Comparison: KS State Value



## Education

### Educational Attainment in Adult Population

People 25+ with a Bachelor's Degree or Higher

Comparison: KS State Value



People 25+ with a High School Degree or Higher

Comparison: KS State Value



### School Resources

Student-to-Teacher Ratio

Comparison: KS State Value



### Student Performance K-12


High School Graduation

Comparison: KS State Value



## Environment

### Built Environment

 Access to Exercise Opportunities **NEW**

Comparison: KS State Value



Children with Low Access to a Grocery Store

Comparison: U.S. Counties



Farmers Market Density

Comparison: U.S. Value



Fast Food Restaurant Density

Comparison: U.S. Counties



Food Environment Index **NEW**

Comparison: KS State Value



Grocery Store Density

Comparison: U.S. Counties



Households with No Car and Low Access to a Grocery Store

Comparison: U.S. Counties



Liquor Store Density

Comparison: KS State Value



Low-Income and Low Access to a Grocery Store

Comparison: U.S. Counties



People 65+ with Low Access to a Grocery Store

Comparison: U.S. Counties



Recreation and Fitness Facilities

Comparison: U.S. Value



SNAP Certified Stores

Comparison: U.S. Counties



### Toxic Chemicals

Increased Lead Risk in Housing Rate

Comparison: KS State Value



### Water

Public Water Supply - Percent of Population Served Unaffected by SDWA Coliform Violations

Comparison: KS State Value



Public Water Supply - Percent of Population Served Unaffected by SDWA Nitrate Violations

Comparison: KS State Value



## Government & Politics

### Elections & Voting


Voter Turnout

Comparison: KS State Value



## Public Safety


### Crime & Crime Prevention

 Rate of Violent Crime per 1,000 Population **NEW**

Comparison: KS State Value



### Transportation Safety

 Alcohol-Impaired Driving Deaths **NEW**

Comparison: KS State Value



## Social Environment

### Demographics

Ratio of Children to Adults **NEW**

Comparison: KS State Value



Ratio of Elderly Persons and Children to Adults **NEW**

Comparison: KS State Value



Ratio of Elderly Persons to Adults **NEW**

Comparison: KS State Value



### Neighborhood/Community Attachment

People 65+ Living Alone

Comparison: KS State Value



## Transportation

### Commute To Work

Mean Travel Time to Work

Comparison: KS State Value



Solo Drivers with a Long Commute **NEW**

Comparison: KS State Value



Workers Commuting by Public Transportation

Comparison: KS State Value



Workers who Drive Alone to Work

Comparison: KS State Value



Workers who Walk to Work

Comparison: KS State Value



### Personal Vehicle Travel

Households without a Vehicle

Comparison: KS State Value



[Create Indicator Comparison Report](#)

## Indicators by Topic

### Health

Access to Health Services  
Cancer  
Diabetes  
Exercise, Nutrition, & Weight  
Heart Disease &

Mental Health & Mental Disorders  
Mortality Data  
Older Adults & Aging  
Oral Health  
Other Chronic Diseases  
Prevention &

### Economy

Employment  
Government Assistance Programs  
Homeownership  
Housing Affordability & Supply  
Income

### Education

Educational Attainment in Adult Population  
Higher Education  
School Environment  
Student Performance  
K-12

### Environment

Built Environment  
Toxic Chemicals  
Water

### Government & Politics

### Public Safety

Crime & Crime Prevention

### Social Environment

Demographics

Stroke  
Immunizations &  
Infectious Diseases  
Maternal, Fetal &  
Infant Health

Safety  
Respiratory  
Diseases  
Substance Abuse  
Wellness &  
Lifestyle

Poverty

Elections & Voting

Neighborhood /  
Community  
Attachment

**Transportation**

Commute To Work

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Kansas Health Matters

# Age-Adjusted Years of Potential Life Lost - Cancer

This indicator shows the Years of Potential Life Lost before age 75 per 100,000 population.

Value Time Period



Comparison: KS State Value

1523.0

Years per 100,000 Population

Measurement Period: 2011-2013

## County: Nemaha

### Located in:

Public Health Preparedness Region: North East Corner Regional Initiative  
State: Kansas

**Data Source:** Kansas Department of Health and Environment [↗](#)

**Categories:** Health / Mortality Data, Health / Cancer

**Technical Note:** The County / Region values are compared to the Kansas State value.

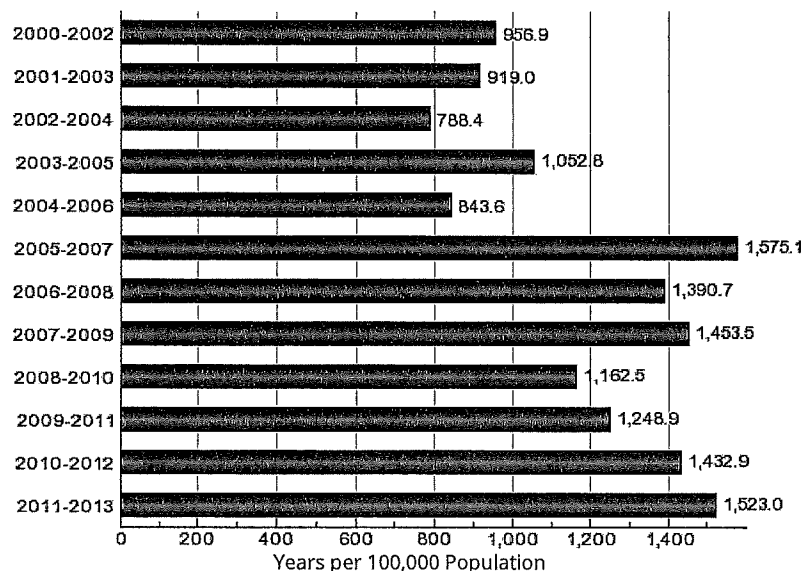
**Maintained By:** Kansas Department of Health and Environment

**Last Updated:** January 2015

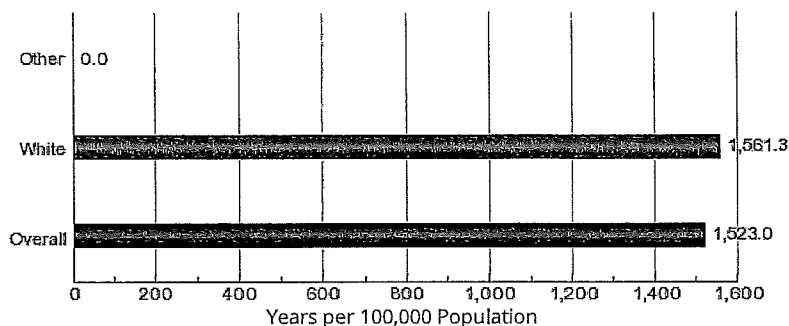
## Why is this important?

Years of Potential Life Lost (YPLL) is an estimate of premature mortality. It represents the number of years a person would have lived if he or she had not died before a predetermined age, in this case 75 years. On a population level, the measurement gives more weight to deaths occurring among younger people and therefore YPLL is an alternative measure to death rates. When applied to different specific causes of death, YPLL can measure of the relative impact of various diseases on the population and can be used to emphasize specific causes of death affecting younger age groups. YPLL is frequently used to quantify the social and economic losses due to premature death.

## Age-Adjusted Years of Potential Life Lost - Cancer : Time Series



## Age-Adjusted Years of Potential Life Lost - Cancer by Race/Ethnicity



## Indicators by Topic

### Health

Access to Health Services  
Cancer  
Diabetes  
Exercise, Nutrition, & Weight  
Heart Disease & Stroke  
Immunizations & Infectious Diseases  
Maternal, Fetal & Infant Health

Mental Health & Mental Disorders  
Mortality Data  
Older Adults & Aging  
Oral Health  
Other Chronic Diseases  
Prevention & Safety  
Respiratory Diseases  
Substance Abuse  
Wellness & Lifestyle

### Economy

Employment  
Government  
Assistance Programs  
Homeownership  
Housing Affordability & Supply  
Income  
Poverty

### Education

Educational Attainment in Adult Population  
Higher Education  
School Environment  
Student Performance K-12

### Environment

Built Environment  
Toxic Chemicals  
Water

### Government & Politics

Elections & Voting

### Public Safety

Crime & Crime Prevention

### Social Environment

Demographics  
Neighborhood / Community Attachment

### Transportation

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Kansas Health Matters



# Alcohol-Impaired Driving Deaths

This indicator measures the percentage of motor vehicle crash deaths with alcohol involvement.

Value Time Period



Comparison: KS State Value **33.3**

**57.1**  
percent

Measurement Period: 2009-2013

## County: Nemaha

### Located in:

Public Health Preparedness Region: North East Corner Regional Initiative  
State: Kansas

Data Source: County Health Rankings [↗](#)

Categories: Public Safety / Transportation Safety, Health / Substance Abuse, Health / Mortality Data

Technical Note: The regional value is compared to the Kansas state value.

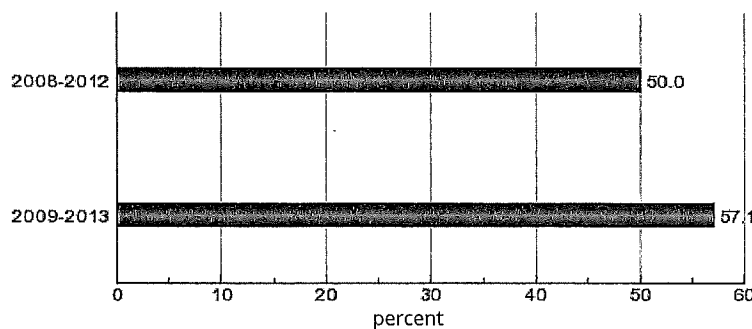
Maintained By: Healthy Communities Institute

Last Updated: April 2015

## Why is this important?

Nearly one-third of all traffic-related deaths in the United States are caused by alcohol-impaired crashes. Alcohol-impaired traffic deaths are more likely to involve young adult drivers. Among drivers involved in fatal crashes in 2010 with blood alcohol concentrations of 0.08% or higher, 34% were between the ages of 21 and 24, 30% were 25 to 34 years of age, and 25% were 35 to 44 years of age. Effective measures to reduce deaths and injuries from alcohol-related crashes include sobriety checkpoints, ignition interlocks for people with a history of impaired driving, and community-based approaches to alcohol control and prevention of impaired driving.

Alcohol-Impaired Driving Deaths : Time Series



## Indicators by Topic

### Health

Access to Health Services  
Cancer  
Diabetes  
Exercise, Nutrition, & Weight  
Heart Disease & Stroke  
Immunizations & Infectious Diseases  
Maternal, Fetal & Infant Health

Mental Health & Mental Disorders  
Mortality Data  
Older Adults & Aging  
Oral Health  
Other Chronic Diseases  
Prevention & Safety  
Respiratory Diseases  
Substance Abuse

### Economy

Employment  
Government Assistance Programs  
Homeownership  
Housing Affordability & Supply  
Income  
Poverty

### Education

Educational Attainment in Adult Population  
Higher Education  
School Environment  
Student Performance K-12

### Environment

Built Environment  
Toxic Chemicals  
Water

### Government & Politics

Elections & Voting

### Public Safety

Crime & Crime Prevention

### Social Environment

Demographics  
Neighborhood / Community Attachment

### Transportation

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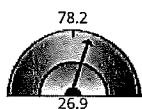
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Kansas Health Matters

# Access to Exercise Opportunities

This indicator measures the percentage of individuals who live reasonably close to a park or recreational facility.

Value Time Period



Comparison: KS State Value

26.9  
percent

Measurement Period: 2015

## County: Nemaha

### Located in:

Public Health Preparedness Region: North East Corner Regional Initiative  
State: Kansas

Data Source: County Health Rankings [↗](#)

Categories: Environment / Built Environment, Health / Exercise, Nutrition, & Weight

Technical Note: The regional value is compared to the Kansas state value.

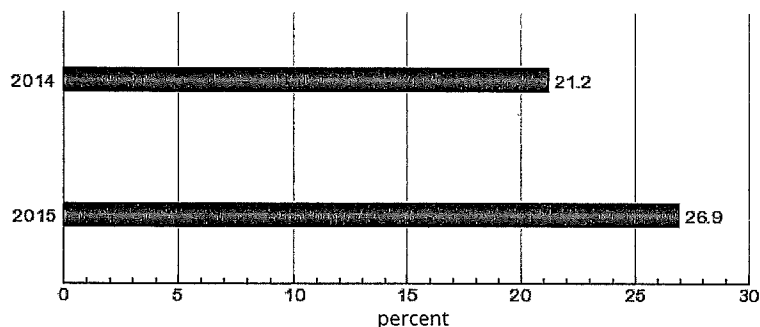
Maintained By: Healthy Communities Institute

Last Updated: April 2015

## Why is this important?

Proximity to exercise opportunities, such as parks and recreation facilities, has been linked to an increase in physical activity among residents. Regular physical activity has a wide array of health benefits including weight control, muscle and bone strengthening, improved mental health and mood, and improved life expectancy. Furthermore, exercise reduces the risk of cardiovascular disease, type 2 diabetes and metabolic syndrome, and some cancers.

Access to Exercise Opportunities : Time Series



## Indicators by Topic

### Health

Access to Health Services  
Cancer  
Diabetes  
Exercise, Nutrition, & Weight  
Heart Disease & Stroke  
Immunizations & Infectious Diseases  
Maternal, Fetal & Infant Health

Mental Health & Mental Disorders  
Mortality Data  
Older Adults & Aging  
Oral Health  
Other Chronic Diseases  
Prevention & Safety  
Respiratory Diseases  
Substance Abuse  
Wellness &

### Economy

Employment  
Government Assistance Programs  
Homeownership  
Housing Affordability & Supply  
Income  
Poverty

### Education

Educational Attainment in Adult Population  
Higher Education  
School Environment  
Student Performance K-12

### Environment

Built Environment  
Toxic Chemicals  
Water

### Government & Politics

Elections & Voting

### Public Safety

Crime & Crime Prevention

### Social Environment

Demographics  
Neighborhood / Community Attachment

### Transportation

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Lifestyle

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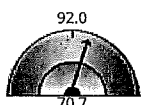
Kansas Health Matters

# Percent of Adults Who Reported That They Always Wear a Seatbelt When They Drive or Ride in a Car

This indicator shows the percentage of adults 18 years and older who reported that they always wear a seatbelt when they drive or ride in a car.

NOTE: Estimates are not available for the counties with an insufficient sample.

Value Time Period



Comparison: HP 2020 Target

83

70.7  
Percent

Measurement Period: 2013

## County: Nemaha

### Located in:

Public Health Preparedness Region: North East Corner Regional Initiative  
State: Kansas

**Data Source:** Kansas Department of Health and Environment

**Categories:** Health / Wellness & Lifestyle, Public Safety / Transportation Safety

**Technical Note:** The Kansas State value is compared to the Healthy People 2020 Target (U.S. Value not available for this indicator). Confidence intervals were not taken into account while making this comparison. Due to the addition of cell phones in data collection, the 2011 BRFSS results cannot be compared to results from previous years.

NOTE: Estimates are not available for the counties with an insufficient sample.

**Maintained By:** Kansas Department of Health and Environment

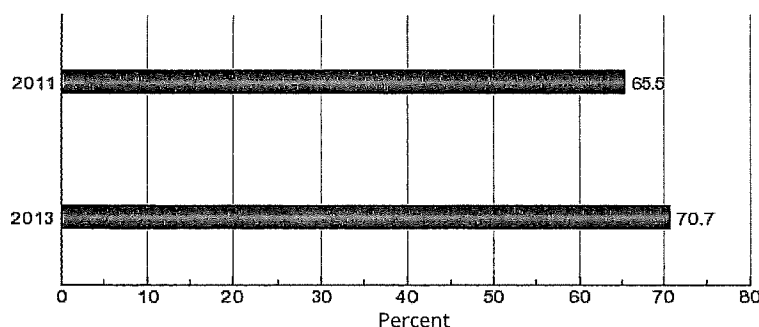
**Last Updated:** February 2015

## Why is this important?

Motor vehicle crashes are the leading cause of death for people ages 5-34 years in the U.S. and can lead to premature death, disability, high medical cost and lost productivity. The most effective way to reduce injuries and mortality due to crashes is the use of seat belts.

**The Healthy People 2020 target is to increase the use of safety belts among motor vehicle drivers and right-front seat passengers to 92%.**

## Percent of Adults Who Reported That They Always Wear a Seatbelt When They Drive or Ride in a Car : Time Series



## Indicators by Topic

## Health

Access to Health Services  
Cancer  
Diabetes  
Exercise, Nutrition, & Weight  
Heart Disease & Stroke  
Immunizations & Infectious Diseases  
Maternal, Fetal & Infant Health

Mental Health & Mental Disorders  
Mortality Data  
Older Adults & Aging  
Oral Health  
Other Chronic Diseases  
Prevention & Safety  
Respiratory Diseases  
Substance Abuse  
Wellness & Lifestyle

## Economy

Employment  
Government Assistance Programs  
Homeownership  
Housing Affordability & Supply  
Income  
Poverty

## Education

Educational Attainment in Adult Population  
Higher Education  
School Environment  
Student Performance K-12

## Environment

Built Environment  
Toxic Chemicals  
Water

## Government & Politics

Elections & Voting

## Public Safety

Crime & Crime Prevention

## Social

## Environment

Demographics  
Neighborhood / Community Attachment

## Transportation

Commute To Work

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Kansas Health Matters

# Age-adjusted Suicide Mortality Rate per 100,000 population

This indicator shows the total age-adjusted death rate per 100,000 population due to suicide.

Value Time Period



Comparison: KS State Value 14.9

20.8

deaths/100,000 population

Measurement Period: 2009-2011

## County: Nemaha

### Located in:

Public Health Preparedness Region: North East Corner Regional Initiative  
State: Kansas

**Data Source:** Kansas Department of Health and Environment [↗](#)

**Categories:** Health / Mortality Data, Health / Mental Health & Mental Disorders

**Technical Note:** The County / Region values are compared to the Kansas State value.

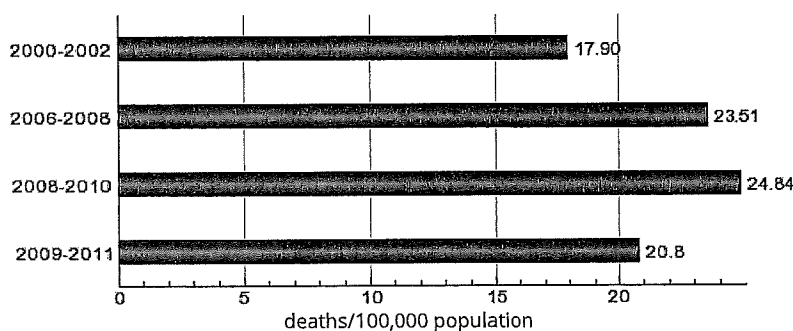
**Maintained By:** Kansas Department of Health and Environment

**Last Updated:** December 2012

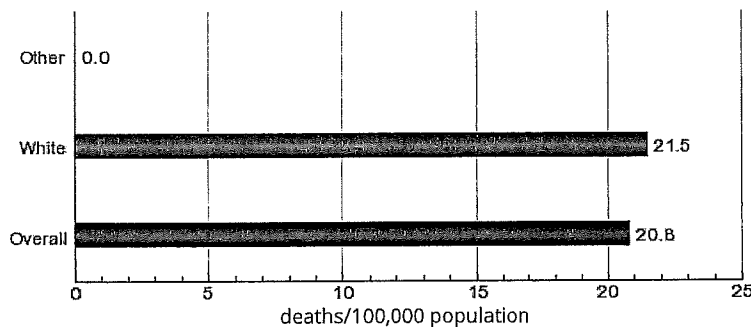
## Why is this important?

Suicide results in the tragic loss of human life as well as agonizing grief, fear, and confusion in families and communities. Its impact is not limited to an individual person or family, but extends across generations and throughout communities. The breadth of the problem and the complexity of its risk factors make suicide prevention well suited to a community-based public health approach that engages multiple systems and reaches all citizens. Depression and suicide are significant public health issues. Depression is one of the most common mental disorders experienced by elders, but fortunately is treatable by a variety of means.

## Age-adjusted Suicide Mortality Rate per 100,000 population : Time Series



## Age-adjusted Suicide Mortality Rate per 100,000 population by Race/Ethnicity



## Indicators by Topic

### Health

Access to Health  
Services  
Cancer  
Diabetes  
Exercise, Nutrition, &  
Weight  
Heart Disease &  
Stroke  
Immunizations &  
Infectious Diseases  
Maternal, Fetal &  
Infant Health

Mental Health &  
Mental Disorders  
Mortality Data  
Older Adults &  
Aging  
Oral Health  
Other Chronic  
Diseases  
Prevention &  
Safety  
Respiratory  
Diseases  
Substance Abuse  
Wellness &  
Lifestyle

### Economy

Employment  
Government  
Assistance Programs  
Homeownership  
Housing Affordability  
& Supply  
Income  
Poverty

### Education

Educational  
Attainment in Adult  
Population  
Higher Education  
School Environment  
Student Performance  
K-12

### Environment

Built Environment  
Toxic Chemicals  
Water

### Government & Politics

Elections & Voting

### Public Safety

Crime & Crime  
Prevention

### Social Environment

Demographics  
Neighborhood /  
Community  
Attachment

### Transportation

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Kansas Health Matters



# Infant Mortality Rate

This indicator shows the rate of infant deaths (prior to one year of age) per 1,000 live births.

Value Time Period HP 2020 Target



Comparison: KS State Value 6.4

10.4

deaths/1,000 live births

Measurement Period: 2009-2013

## County: Nemaha

### Located in:

Public Health Preparedness Region: North East Corner Regional Initiative  
State: Kansas

Data Source: Kansas Department of Health and Environment [↗](#)

Categories: Health / Maternal, Fetal & Infant Health, Health / Mortality Data

Technical Note: The county and regional values are compared to Kansas State value.

Maintained By: Kansas Department of Health and Environment

Last Updated: February 2015

## Why is this important?

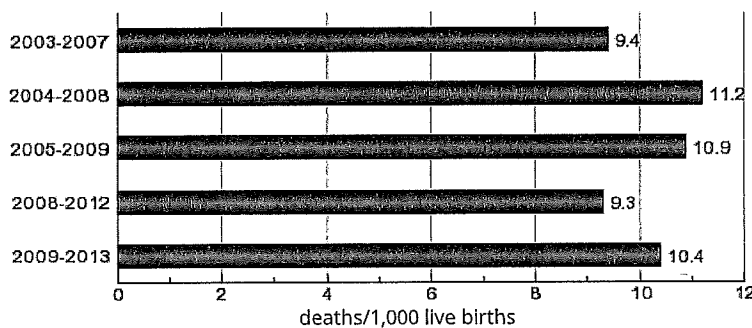
One of the basic indicators of the health of a community or state is infant mortality, the death of an infant before one year of age. The calculated infant mortality rate (IMR), while not a true measure of population health, serves as one proxy indicator of population health since it reflects the apparent association between the causes of infant mortality and other factors that are likely to influence the health status of the whole population such as economic development, general living conditions, social wellbeing where basic needs are met, rates of illness such as diabetes and hypertension, and quality of the environment.

The number of infant deaths to Kansas residents dropped from 290 in 2009 to 253 in 2010. The number of Kansas resident births in 2010 was 40,439. This resulted in an infant mortality rate of 6.28 per 1,000 live births compared to 7.01 in 2009. Although the one year decline was not statistically significant at the 95% confidence level, the number of infant deaths is the lowest in Kansas since recordkeeping began in 1912. The infant mortality rate is the lowest recorded. Over the last 22 years Kansas has experienced a statistically significant declining trend in the annual infant mortality rate (with a lot of ups and downs in between).

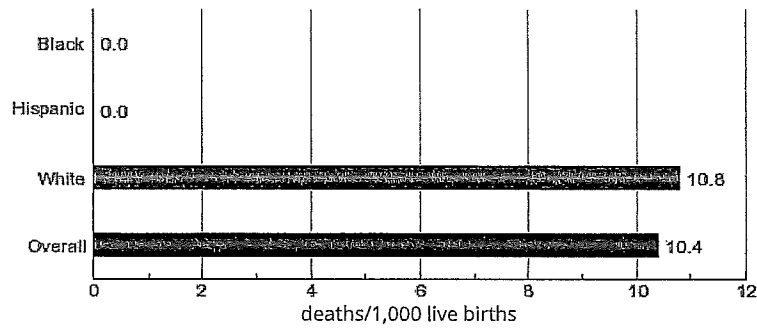
The 2010 infant mortality rate represents a 28.4 percent decrease from the 1989 IMR of 8.77. That change is statistically significant at the 95% confidence level.

The Healthy People 2020 target is 6.0 infant deaths per 1,000 live births. The leading causes of death among infants are birth defects, pre-term delivery, low birth weight, Sudden Infant Death Syndrome (SIDS), and maternal complications during pregnancy.

## Infant Mortality Rate : Time Series



## Infant Mortality Rate by Race/Ethnicity



## Indicators by Topic

### Health

Access to Health Services  
Cancer  
Diabetes  
Exercise, Nutrition, & Weight  
Heart Disease & Stroke  
Immunizations & Infectious Diseases  
Maternal, Fetal & Infant Health

Mental Health & Mental Disorders  
Mortality Data  
Older Adults & Aging  
Oral Health  
Other Chronic Diseases  
Prevention & Safety  
Respiratory Diseases  
Substance Abuse  
Wellness & Lifestyle

### Economy

Employment  
Government Assistance Programs  
Homeownership  
Housing Affordability & Supply  
Income  
Poverty

### Education

Educational Attainment in Adult Population  
Higher Education  
School Environment  
Student Performance K-12

### Environment

Built Environment  
Toxic Chemicals  
Water

### Government & Politics

Elections & Voting

### Public Safety

Crime & Crime Prevention

### Social Environment

Demographics  
Neighborhood / Community Attachment

### Transportation

Commute To Work

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Kansas Health Matters

# Age-adjusted Traffic Injury Mortality Rate per 100,000 population

This indicator shows the death rate per 100,000 population due to on- or off-road accidents involving a motor vehicle. Deaths resulting from boating accidents and airline crashes are not included in this measure.

Value Time Period



Comparison: KS State Value **13.3**

**17.3**

deaths/100,000 population

Measurement Period: 2010-2012

## County: Nemaha

### Located in:

Public Health Preparedness Region: North East Corner Regional Initiative  
State: Kansas

**Data Source:** Kansas Department of Health and Environment [↗](#)

**Categories:** Health / Mortality Data, Public Safety / Transportation Safety

**Technical Note:** The County / Region values are compared to the Kansas State Value.

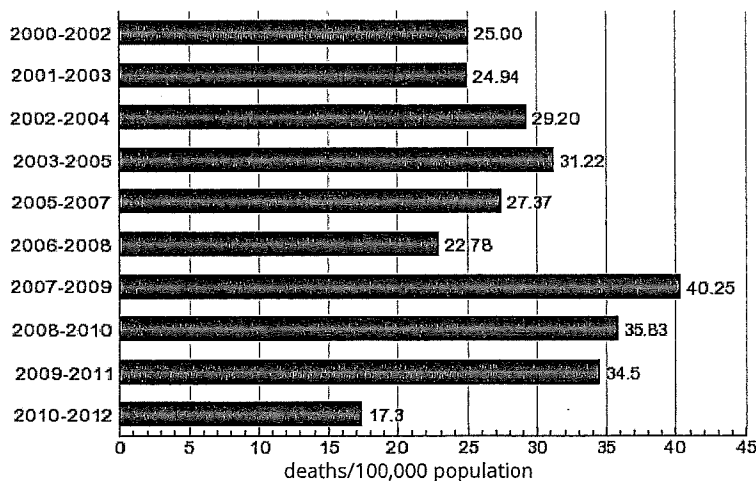
**Maintained By:** Kansas Department of Health and Environment

**Last Updated:** October 2013

## Why is this important?

Motor vehicle-related injuries kill more children and young adults than any other single cause in the United States. More than 41,000 people in the United States die in motor vehicle crashes each year, and crash injuries result in about 500,000 hospitalizations and four million emergency department visits annually. Increased use of safety belts and reductions in driving while impaired are two of the most effective means to reduce the risk of death and serious injury of occupants in motor vehicle crashes.

## Age-adjusted Traffic Injury Mortality Rate per 100,000 population : Time Series



## Indicators by Topic

### Health

Access to Health Services  
Cancer  
Diabetes

Mental Health & Mental Disorders  
Mortality Data  
Older Adults & Aging  
Oral Health

### Economy

Employment  
Government Assistance Programs  
Homeownership

### Education

Educational Attainment in Adult Population  
Higher Education

### Environment

Built Environment  
Toxic Chemicals  
Water

### Public Safety

Crime & Crime Prevention

### Social

5/19/2015

Kansas Health Matters :: Community Dashboard :: Age-adjusted Traffic Injury Mortality Rate per 100,000 population

Exercise, Nutrition, &  
Weight  
Heart Disease &  
Stroke  
Immunizations &  
Infectious Diseases  
Maternal, Fetal &  
Infant Health

Other Chronic  
Diseases  
Prevention &  
Safety  
Respiratory  
Diseases  
Substance Abuse  
Wellness &  
Lifestyle

Housing Affordability  
& Supply  
Income  
Poverty

School Environment  
Student Performance  
K-12

**Government &  
Politics**  
Elections & Voting

**Environment**  
Demographics  
Neighborhood /  
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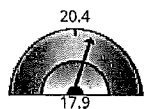
Kansas Health Matters

# Percent of Adults Doing Enough Physical Activity To Meet Both The Aerobic AND Strengthening Exercise

This indicator shows the percentage of adults who engage in aerobic physical activity of at least moderate intensity for at least 150 minutes/week, or 75 minutes/week of vigorous intensity, or an equivalent combination, and perform muscle-strengthening activities on at least 2 days every week.

NOTE: Estimates are not available for the counties with an insufficient sample.

Value Time Period



Comparison: U.S. Value

17.9  
Percent

Measurement Period: 2013

## State: Kansas

**Data Source:** Kansas Department of Health and Environment [↗](#)

**Categories:** Health / Exercise, Nutrition, & Weight

**Technical Note:** The Kansas State value is compared to the United States value. Confidence intervals were not taken into account while making this comparison. Due to the addition of cell phones in data collection, the 2011 BRFSS results cannot be compared to results from previous years.

NOTE: Estimates are not available for the counties with an insufficient sample.

**Maintained By:** Kansas Department of Health and Environment

**Last Updated:** February 2015

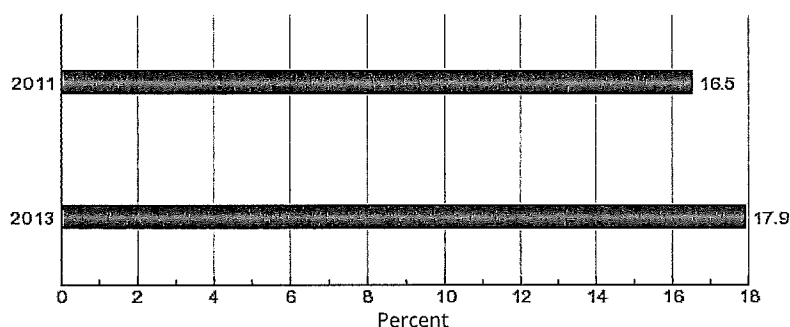
## Why is this important?

Physically active adults reduce their risk of many serious health conditions including obesity, heart disease, diabetes, colon cancer, and high blood pressure. In addition to reducing the risk of multiple chronic diseases, physical activity helps maintain healthy bones, muscles, joints, and helps to control weight, develop lean muscle, and reduce body fat.

Only 1 in 5 adults in the U.S. meets recommendations for both aerobic exercise and muscle strengthening. The Centers for Disease Control and Prevention recommends that adults engage in at least 2 hours and 30 minutes per week of moderate-intensity, or 1 hour and 15 minutes of vigorous-intensity (or any combination thereof) aerobic exercise, and additionally work out all major muscle groups two or more days per week to fully meet physical activity recommendations.

**The Healthy People 2020 national health target is to increase the proportion of adults who meet the objective for aerobic physical activity and for muscle-strengthening activity to 20.1%.**

## Percent of Adults Doing Enough Physical Activity To Meet Both The Aerobic AND Strengthening Exercise : Time Series



## Indicators by Topic

### Health

Access to Health Services  
Cancer  
Diabetes  
Exercise, Nutrition, & Weight  
Heart Disease & Stroke  
Immunizations & Infectious Diseases  
Maternal, Fetal & Infant Health

Mental Health & Mental Disorders  
Mortality Data  
Older Adults & Aging  
Oral Health  
Other Chronic Diseases  
Prevention & Safety  
Respiratory Diseases  
Substance Abuse  
Wellness & Lifestyle

### Economy

Employment  
Government Assistance Programs  
Homeownership  
Housing Affordability & Supply  
Income  
Poverty

### Education

Educational Attainment in Adult Population  
Higher Education  
School Environment  
Student Performance  
K-12

### Environment

Built Environment  
Toxic Chemicals  
Water

### Government & Politics

Elections & Voting

### Public Safety

Crime & Crime Prevention

### Social Environment

Demographics  
Neighborhood / Community Attachment

### Transportation

Commute To Work

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Kansas Health Matters

# Percent of births Where Mother Smoked During Pregnancy

This indicator shows the percentage of births in which the mothers reported smoking during their pregnancy.

Value Time Period



Comparison: KS State Value **13.5**

**14.0**  
percent

Measurement Period: 2011-2013

## County: Nemaha

### Located in:

Public Health Preparedness Region: North East Corner Regional Initiative  
State: Kansas

**Data Source:** Kansas Department of Health and Environment [↗](#)

**Categories:** Health / Maternal, Fetal & Infant Health, Health / Substance Abuse

**Technical Note:** The County / Region value is compared to the Kansas State Value. Total live births excludes births for which the gestational length of the baby was unknown. The trend is a comparison between the most recent and previous measurement periods. Confidence intervals were not taken into account in determining the direction of the trend.

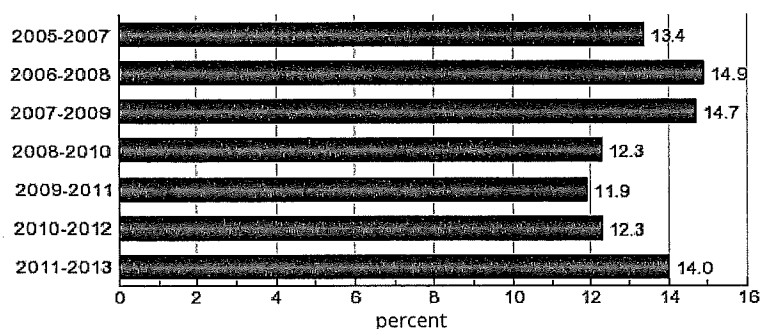
**Maintained By:** Kansas Department of Health and Environment

**Last Updated:** February 2015

## Why is this important?

Smoking is a major public health problem. Smokers face an increased risk of lung cancer, stroke, cardiovascular diseases, and multiple other disorders. Smoking during pregnancy adversely affects the health of both the mother and her baby. Maternal smoking can result in miscarriages, premature delivery, and sudden infant death syndrome. Smoking during pregnancy nearly doubles a woman's risk of having a low birth weight baby, and low birth weight is a key predictor for infant mortality. In addition, smoking also increases the risk of preterm delivery. Low birth weight and premature babies face an increased risk of serious health problems during the infant period, as well as chronic lifelong disabilities such as cerebral palsy, mental retardation, and learning problems

## Percent of births Where Mother Smoked During Pregnancy : Time Series



## Indicators by Topic

### Health

Access to Health Services  
Cancer  
Diabetes

Mental Health & Mental Disorders  
Mortality Data  
Older Adults & Aging

### Economy

Employment  
Government  
Assistance Programs  
Homeownership

### Education

Educational Attainment in Adult Population  
Higher Education

### Environment

Built Environment  
Toxic Chemicals  
Water

### Public Safety

Crime & Crime Prevention

### Social

Exercise, Nutrition, & Weight	Oral Health	Housing Affordability & Supply	School Environment	<b>Government &amp; Politics</b>	<b>Environment</b>
Heart Disease & Stroke	Other Chronic Diseases	Income	Student Performance K-12	Elections & Voting	Demographics
Immunizations & Infectious Diseases	Prevention & Safety	Poverty			Neighborhood / Community Attachment
Maternal, Fetal & Infant Health	Respiratory Diseases				
	Substance Abuse				<b>Transportation</b>
	Wellness & Lifestyle				Commute To Work

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Kansas Health Matters

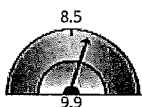


# Percent of Adults with Diagnosed Diabetes

This indicator shows the percentage of adults that have ever been diagnosed with diabetes. Women who were diagnosed with diabetes only during the course of their pregnancy were not included in this count.

NOTE: Estimates are not available for the counties with an insufficient sample.

Value



Comparison: KS State Value 9.6

9.9

Percent

Measurement Period: 2011

## County: Nemaha

### Located in:

Public Health Preparedness Region: North East Corner Regional Initiative  
State: Kansas

**Data Source:** Kansas Department of Health and Environment [↗](#)

**Categories:** Health / Diabetes

**Technical Note:** The County / Region value is compared to the Kansas State value. Confidence intervals were not taken into account while making this comparison.

Due to the addition of cell phones in data collection, the 2011 BRFSS results cannot be compared to results from previous years.

NOTE: Estimates are not available for the counties with an insufficient sample.

**Maintained By:** Kansas Department of Health and Environment

**Last Updated:** January 2015

## Why is this important?

Diabetes is the seventh leading cause of death in the United States. In 2010, an estimated 25.8 million people or 8.3% of the population had diabetes. Diabetes disproportionately affects minority populations and the elderly and its incidence is likely to increase as minority populations grow and the U.S. population becomes older. **Diabetes can have a harmful effect on most of the organ systems in the human body; it is a frequent cause of end-stage renal disease, non-traumatic lower-extremity amputation, and a leading cause of blindness among working age adults. Persons with diabetes are also at increased risk for ischemic heart disease, neuropathy, and stroke. In economic terms, the direct medical expenditures attributable to diabetes in the U.S. in 2012 was estimated to be \$176 billion.**

## Indicators by Topic

### Health

Access to Health Services  
Cancer  
Diabetes  
Exercise, Nutrition, & Weight  
Heart Disease & Stroke  
Immunizations & Infectious Diseases  
Maternal, Fetal & Infant Health

Mental Health & Mental Disorders  
Mortality Data  
Older Adults & Aging  
Oral Health  
Other Chronic Diseases  
Prevention & Safety  
Respiratory Diseases  
Substance Abuse  
Wellness & Lifestyle

### Economy

Employment  
Government Assistance Programs  
Homeownership  
Housing Affordability & Supply  
Income  
Poverty

### Education

Educational Attainment in Adult Population  
Higher Education  
School Environment  
Student Performance  
K-12

### Environment

Built Environment  
Toxic Chemicals  
Water

### Government & Politics

Elections & Voting

### Public Safety

Crime & Crime Prevention

### Social Environment

Demographics  
Neighborhood / Community Attachment

### Transportation

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Kansas Health Matters

# Percent of Adults Who Currently Smoke Cigarettes

This indicator shows the percentage of adults 18 years and older who currently smoke cigarettes.

NOTE: Estimates are not available for the counties with an insufficient sample.

Value Time Period



Comparison: U.S. Value

20.0  
Percent

Measurement Period: 2013

## State: Kansas

**Data Source:** Kansas Department of Health and Environment [↗](#)

**Categories:** Health / Substance Abuse

**Technical Note:** The Kansas State value is compared to the United States value. Confidence intervals were not taken into account while making this comparison. Due to the addition of cell phones in data collection, the 2011 BRFSS results cannot be compared to results from previous years.

NOTE: Estimates are not available for the counties with an insufficient sample.

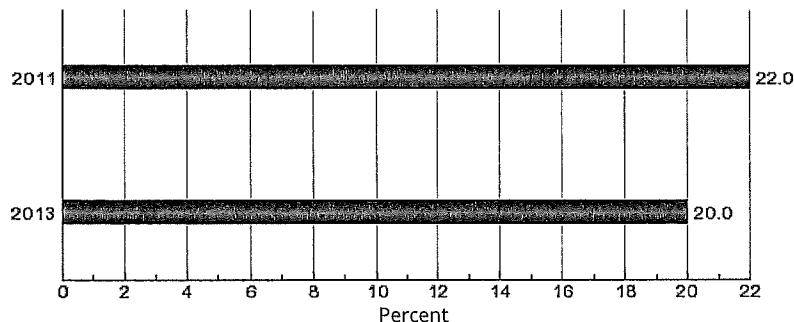
**Maintained By:** Kansas Department of Health and Environment

**Last Updated:** February 2015

## Why is this important?

Tobacco use is one of the most preventable causes of illness and death in America today. Tobacco use causes premature death for almost half a million Americans each year, and it contributes to profound disability and pain for many others. Approximately one-third of all tobacco users in this country will die prematurely because of their dependence on tobacco. Areas with a high smoking prevalence will also have greater exposure to secondhand smoke for non-smokers, which can cause or exacerbate a wide range of adverse health effects, including cancer, heart disease, respiratory infections, and asthma. **The Healthy People 2020 national health target is to reduce the proportion of adults aged 18 years and older who smoke cigarettes to 12%.**

Percent of Adults Who Currently Smoke Cigarettes : Time Series



## Indicators by Topic

### Health

Access to Health Services  
Cancer  
Diabetes  
Exercise, Nutrition, & Weight

Mental Health & Mental Disorders  
Mortality Data  
Older Adults & Aging  
Oral Health  
Other Chronic Diseases

### Economy

Employment  
Government Assistance Programs  
Homeownership  
Housing Affordability & Supply

### Education

Educational Attainment in Adult Population  
Higher Education  
School Environment  
Student Performance

### Environment

Built Environment  
Toxic Chemicals  
Water

### Government & Politics

### Public Safety

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### Social

**Environment**  
Demographics

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Kansas Health Matters

# Percent of Adults with Diagnosed Hypertension

This indicator shows the percentage of adults who have been told they have high blood pressure (140/90 mm Hg or higher).

NOTE: Estimates are not available for the counties with an insufficient sample.

Value Time Period



Comparison: KS State Value **31.3**

**32.8**  
Percent

Measurement Period: 2013

## County: Nemaha

### Located in:

Public Health Preparedness Region: North East Corner Regional Initiative  
State: Kansas

**Data Source:** Kansas Department of Health and Environment [↗](#)

**Categories:** Health / Heart Disease & Stroke

**Technical Note:** The County / Region value is compared to the Kansas State value. Confidence intervals were not taken into account while making this comparison. Due to the addition of cell phones in data collection, the 2011 BRFSS results cannot be compared to results from previous years.

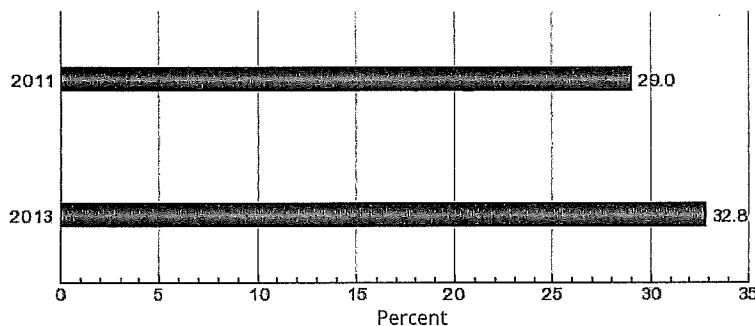
NOTE: Estimates are not available for the counties with an insufficient sample.

**Maintained By:** Kansas Department of Health and Environment  
**Last Updated:** February 2015

## Why is this important?

High blood pressure is the number one modifiable risk factor for stroke. In addition to stroke, high blood pressure increases the risk for heart attack, heart failure, kidney failure, and atherosclerosis. In the United States, one in three adults has high blood pressure, and nearly one-third of these people are not aware that they have it. Because there are no symptoms associated with high blood pressure, it is often called the "silent killer." The only way to tell if you have high blood pressure is to have your blood pressure checked. High blood pressure can occur in people of any age or sex; however, it is more common among those over age 35. It is particularly prevalent in African Americans, older adults, obese people, diabetics, and heavy drinkers. Blood pressure can be controlled through lifestyle changes including eating a heart-healthy diet, limiting alcohol, avoiding tobacco, maintaining a healthy weight, and staying physically active. **The Healthy People 2020 national health target is to reduce the proportion of adults aged 18 years and older with high blood pressure to 26.9%.**

Percent of Adults with Diagnosed Hypertension : Time Series



12

## Indicators by Topic

**Health**

Access to Health  
Services  
Cancer  
Diabetes  
Exercise, Nutrition, &  
Weight  
Heart Disease &  
Stroke  
Immunizations &  
Infectious Diseases  
Maternal, Fetal &  
Infant Health

Mental Health &  
Mental Disorders  
Mortality Data  
Older Adults &  
Aging  
Oral Health  
Other Chronic  
Diseases  
Prevention &  
Safety  
Respiratory  
Diseases  
Substance Abuse  
Wellness &  
Lifestyle

**Economy**

Employment  
Government  
Assistance Programs  
Homeownership  
Housing Affordability  
& Supply  
Income  
Poverty

**Education**

Educational  
Attainment in Adult  
Population  
Higher Education  
School Environment  
Student Performance  
K-12

**Environment**

Built Environment  
Toxic Chemicals  
Water

**Government &  
Politics**

Elections & Voting

**Public Safety**

Crime & Crime  
Prevention

**Social****Environment**

Demographics  
Neighborhood /  
Community  
Attachment

**Transportation**

Commute To Work

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Kansas Health Matters

# Percent of Adults Tested and Diagnosed with High Cholesterol

This indicator shows the percentage of adults who have had their blood cholesterol checked and have been told that it was high.

NOTE: Estimates are not available for the counties with an insufficient sample.

Value Time Period



Comparison: KS State Value 38.1

38.9  
Percent

Measurement Period: 2013

## County: Nemaha

### Located in:

Public Health Preparedness Region: North East Corner Regional Initiative  
State: Kansas

**Data Source:** Kansas Department of Health and Environment [↗](#)

**Categories:** Health / Heart Disease & Stroke

**Technical Note:** The County / Region value is compared to the Kansas State value. Confidence intervals were not taken into account while making this comparison. Due to the addition of cell phones in data collection, the 2011 BRFSS results cannot be compared to results from previous years.

NOTE: Estimates are not available for the counties with an insufficient sample.

**Maintained By:** Kansas Department of Health and Environment

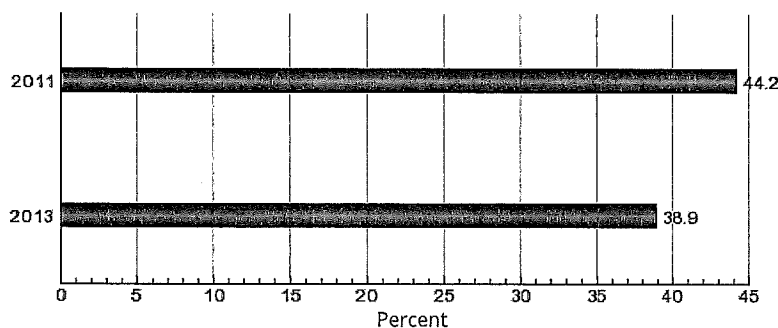
**Last Updated:** February 2015

## Why is this important?

High blood cholesterol is one of the major risk factors for heart disease. Heart disease is the leading cause of death among men and women in the United States. About 600,000 people die of heart disease in the United States every year—that's 1 in every 4 deaths. Every year about 715,000 Americans have a heart attack. Of these, 525,000 are a first heart attack and 190,000 happen in people who have already had a heart attack. Lowering cholesterol levels lessens the risk for developing heart disease and reduces the chance of having a heart attack. Lowering high cholesterol levels is important for people of all ages, both men and women.

**The Healthy People 2020 national health target is to reduce the proportion of adults aged 20 years and older with high total blood cholesterol levels to 13.5%.**

## Percent of Adults Tested and Diagnosed with High Cholesterol : Time Series



13

## Indicators by Topic

Health

Mental Health &

Economy

Education

Environment

Public Safety

Access to Health Services  
Cancer  
Diabetes  
Exercise, Nutrition, & Weight  
Heart Disease & Stroke  
Immunizations & Infectious Diseases  
Maternal, Fetal & Infant Health

Mental Disorders  
Mortality Data  
Older Adults & Aging  
Oral Health  
Other Chronic Diseases  
Prevention & Safety  
Respiratory Diseases  
Substance Abuse  
Wellness & Lifestyle

Employment  
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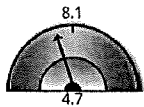
Kansas Health Matters



# Percent of all Births Occurring to Teens (15-19)

This indicator shows the percentage of births in which mothers were 15-19 years of age.

Value Time Period



Comparison: KS State Value

4.7  
percent

Measurement Period: 2011-2013

## County: Nemaha

### Located in:

Public Health Preparedness Region: North East Corner Regional Initiative  
State: Kansas

**Data Source:** Kansas Department of Health and Environment

**Categories:** Health / Maternal, Fetal & Infant Health, Health / Teen & Adolescent Health

**Technical Note:** Births with unknown values are excluded from the denominator for this calculation. The County and Regional values are compared to the Kansas State value. Confidence intervals were not taken into account while making this comparison.

**Maintained By:** Kansas Department of Health and Environment

**Last Updated:** February 2015

## Why is this important?

For many women, a family planning clinic is the entry point into the health care system and one they consider their usual source of care. Each year, publicly funded family planning services prevent 1.94 million unintended pregnancies, including 400,000 teen pregnancies. These services are cost-effective, saving nearly \$4 in Medicaid expenditures for pregnancy-related care for every \$1 spent.

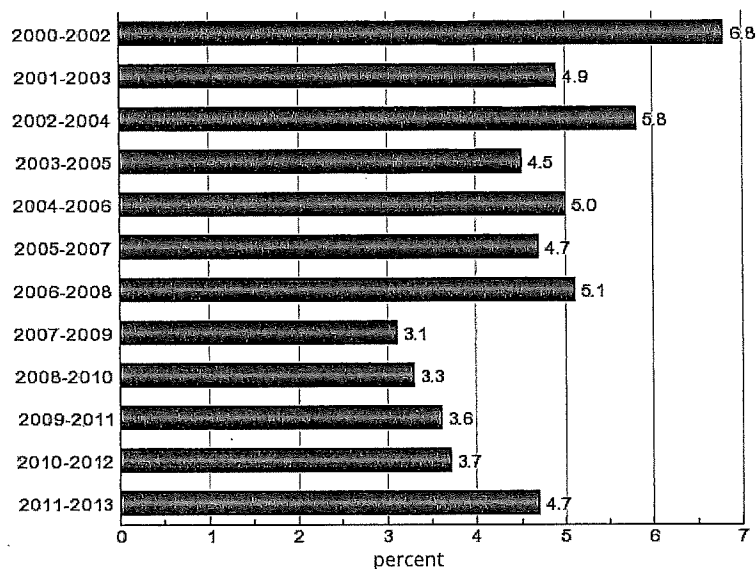
In Kansas, 4,265 births occurred to women 10-19 years of age, representing 10.3 percent of the births in 2009.

Births resulting from unintended pregnancies can have negative consequences including birth defects and low birth weight. Children from unintended pregnancies are more likely to experience poor mental and physical health during childhood, and have lower educational attainment and more behavioral issues in their teen years.

The negative consequences associated with unintended pregnancies are greater for teen parents and their children. Eighty-two percent of pregnancies to mothers ages 15 to 19 are unintended. One in five unintended pregnancies each year is among teens. Teen mothers are less likely to graduate from high school or attain a GED by the time they reach age 30; earn an average of approximately \$3,500 less per year, when compared with those who delay childbearing until their 20s; and receive nearly twice as much Federal aid for nearly twice as long.

Unintended pregnancies are associated with many negative health and economic consequences. Unintended pregnancies include pregnancies that are reported by women as being mistimed or unwanted. Almost half of all pregnancies in the United States are unintended. The public costs of births resulting from unintended pregnancies were \$11 billion in 2006. (This figure includes costs for prenatal care, labor and delivery, post-partum care, and 1 year of infant care).

## Percent of all Births Occurring to Teens (15-19) : Time Series



## Indicators by Topic

### Health

Access to Health Services  
Cancer  
Diabetes  
Exercise, Nutrition, & Weight  
Heart Disease & Stroke  
Immunizations & Infectious Diseases  
Maternal, Fetal & Infant Health

Mental Health & Mental Disorders  
Mortality Data  
Older Adults & Aging  
Oral Health  
Other Chronic Diseases  
Prevention & Safety  
Respiratory Diseases  
Substance Abuse  
Wellness & Lifestyle

### Economy

Employment  
Government Assistance Programs  
Homeownership  
Housing Affordability & Supply  
Income  
Poverty

### Education

Educational Attainment in Adult Population  
Higher Education  
School Environment  
Student Performance K-12

### Environment

Built Environment  
Toxic Chemicals  
Water

### Government & Politics

Elections & Voting

### Public Safety

Crime & Crime Prevention

### Social Environment

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Kansas Health Matters

# Percent of Births Where Prenatal Care began in First Trimester

This indicator shows the percentage of births in which mothers received prenatal care in the first trimester.

Value Time Period



Comparison: KS State Value

82.9  
percent

Measurement Period: 2011-  
2013

## County: Nemaha

### Located in:

Public Health Preparedness Region: North East Corner Regional Initiative  
State: Kansas

**Data Source:** Kansas Department of Health and Environment [↗](#)

**Categories:** Health / Maternal, Fetal & Infant Health

**Technical Note:** The County / Region value is compared to the Kansas State Value. Total live births excludes births for which the gestational length of the baby was unknown. The trend is a comparison between the most recent and previous measurement periods. Confidence intervals were not taken into account in determining the direction of the trend.

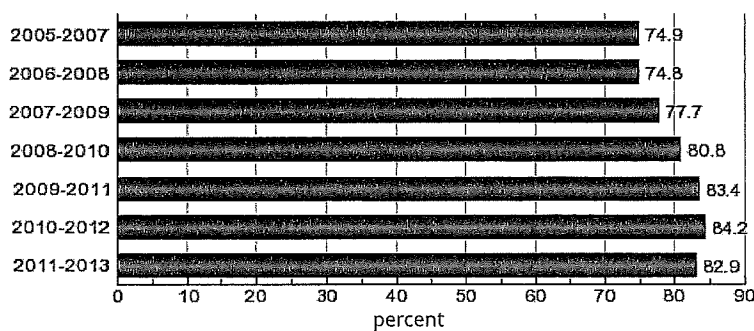
**Maintained By:** Kansas Department of Health and Environment

**Last Updated:** February 2015

## Why is this important?

Babies born to mothers who do not receive prenatal care are three times more likely to have a low birth weight and five times more likely to die than those born to mothers who do get care. Early prenatal care (i.e., care in the first trimester of a pregnancy) allows women and their health care providers to identify and, when possible, treat or correct health problems and health-compromising behaviors that can be particularly damaging during the initial stages of fetal development. Increasing the number of women who receive prenatal care, and who do so early in their pregnancies, can improve birth outcomes and lower health care costs by reducing the likelihood of complications during pregnancy and childbirth.

## Percent of Births Where Prenatal Care began in First Trimester : Time Series



## Indicators by Topic

### Health

Access to Health  
Services  
Cancer  
Diabetes  
Exercise, Nutrition, &  
Weight

Mental Health &  
Mental Disorders  
Mortality Data  
Older Adults &  
Aging  
Oral Health  
Other Chronic

### Economy

Employment  
Government  
Assistance Programs  
Homeownership  
Housing Affordability  
& Supply

### Education

Educational  
Attainment in Adult  
Population  
Higher Education  
School Environment  
Student Performance

### Environment

Built Environment  
Toxic Chemicals  
Water

### Government &

### Public Safety

Crime & Crime  
Prevention

### Social Environment

Heart Disease &  
Stroke  
Immunizations &  
Infectious Diseases  
Maternal, Fetal &  
Infant Health

Diseases  
Prevention &  
Safety  
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Diseases  
Substance Abuse  
Wellness &  
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Income  
Poverty

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**Politics**  
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Kansas Health Matters

# Percent of Births with Low Birth Weight

This indicator shows the percentage of all births in which the newborn weight is less than 2,500 grams (5 pounds, 8 ounces).

Value Time Period



Comparison: KS State Value 7.1

5.9  
percent

Measurement Period: 2011-  
2013

## County: Nemaha

### Located in:

Public Health Preparedness Region: North East Corner Regional Initiative  
State: Kansas

**Data Source:** Kansas Department of Health and Environment [↗](#)

**Categories:** Health / Maternal, Fetal & Infant Health

**Technical Note:** Births with unknown values are excluded from the denominator for this calculation. The county and regional values are compared to the Kansas state value. Confidence intervals were not taken into account while making the comparison with the state.

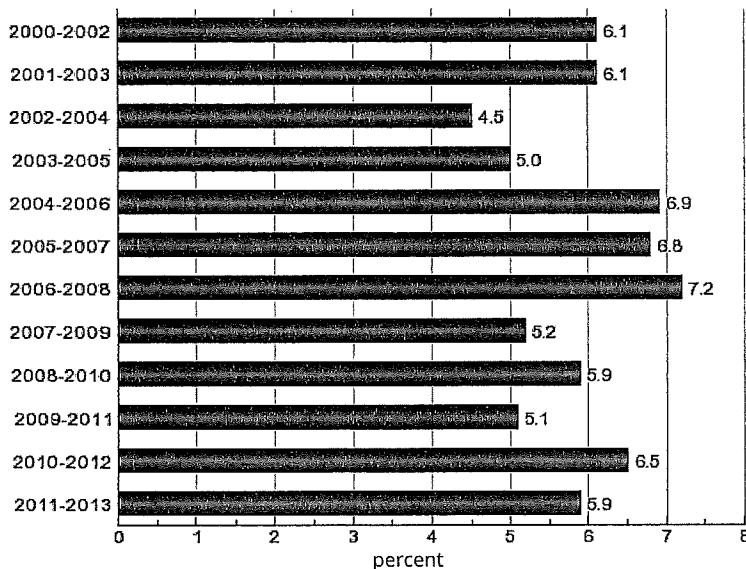
**Maintained By:** Kansas Department of Health and Environment

**Last Updated:** February 2015

## Why is this important?

Babies born with a low birth weight are more likely than babies of normal weight to require specialized medical care, and often must stay in the intensive care unit. Low birth weight is often associated with premature birth. While there have been many medical advances enabling premature infants to survive, there is still risk of infant death or long-term disability. The most important things an expectant mother can do to prevent prematurity and low birth weight are to take prenatal vitamins, stop smoking, stop drinking alcohol and using drugs, and most importantly, get prenatal care.

Percent of Births with Low Birth Weight : Time Series



## Indicators by Topic

### Health

Access to Health  
Services

Mental Health &  
Mental Disorders  
Mortality Data

### Economy

Employment  
Government

### Education

Educational  
Attainment in Adult

### Environment

Built Environment  
Toxic Chemicals

### Public Safety

Crime & Crime  
Prevention

Cancer	Older Adults & Aging	Assistance Programs	Population	Water	
Diabetes	Oral Health	Homeownership	Higher Education	<b>Government &amp; Politics</b>	<b>Social Environment</b>
Exercise, Nutrition, & Weight	Other Chronic Diseases	Housing Affordability & Supply	School Environment	Elections & Voting	Demographics
Heart Disease & Stroke	Prevention & Safety	Income	Student Performance K-12		Neighborhood / Community Attachment
Immunizations & Infectious Diseases	Respiratory Diseases	Poverty			
Maternal, Fetal & Infant Health	Substance Abuse				<b>Transportation</b>
	Wellness & Lifestyle				Commute To Work

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Kansas Health Matters

# Uninsured Adult Population Rate

This indicator shows the estimated percent of persons ages 18-64 who are uninsured

Value Time Period HP 2020 Target



Comparison: KS State Value 17.5

14.0  
percent

Measurement Period: 2013

## County: Nemaha

### Located in:

Public Health Preparedness Region: North East Corner Regional Initiative  
State: Kansas

**Data Source:** U.S. Census Bureau [↗](#)

**Categories:** Economy / Poverty, Economy / Income

**Technical Note:** The county and regional values are compared to the Kansas State value.

**Maintained By:** Kansas Department of Health and Environment

**Last Updated:** April 2015

## Why is this important?

Access to health services encompasses four components: coverage, services, timeliness, and workforce.

Health insurance coverage helps patients get into the health care system. Uninsured people are:

- Less likely to receive medical care
- More likely to die early
- More likely to have poor health status

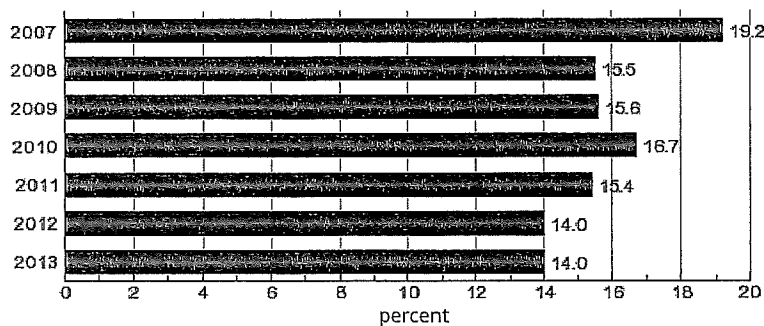
Lack of adequate coverage makes it difficult for people to get the health care they need and, when they do get care, burdens them with large medical bills. Current policy efforts focus on the provision of insurance coverage as the principal means of ensuring access to health care among the general population. Other factors, described below, may be equally important to removing barriers to access and utilization of services.

In 2009-2010, the percentage of Kansans without health insurance rose to 13%, the highest rate of the decade, 2000-2010. This percentage climbed from 11.3% in 2005-2006 and 12.7% in 2008-2009. Approximately 357,500 Kansas residents - children and adults - lacked insurance in 2009-2010, also the highest number in the decade and an increase of about 10,000 people from 347,400 during 2008-2009. The percentage of Kansans (13) who were uninsured in 2009-2010 compared favorably with the United States percentage of 16.5%.

Healthy People 2020 has set a target of 100% coverage for medical insurance. The national baseline for comparison was 83.2 percent of persons had medical insurance in 2008.

A major goal of the Affordable Care Act (ACA), which was passed in 2010, was to expand coverage to millions of Americans who were previously uninsured. The ACA has filled existing gaps in coverage by providing for an expansion of Medicaid for adults with incomes at or below 138% of poverty in states that chose to expand, building on employer-based coverage, and providing premium tax credits to make private insurance more affordable for many with incomes between 100-400% of poverty.<sup>1</sup> Most of the major coverage provisions of the ACA went into effect in 2014, and millions of people have enrolled in coverage under the law.

## Uninsured Adult Population Rate : Time Series



## Indicators by Topic

### Health

Access to Health Services  
Cancer  
Diabetes  
Exercise, Nutrition, & Weight  
Heart Disease & Stroke  
Immunizations & Infectious Diseases  
Maternal, Fetal & Infant Health

Mental Health & Mental Disorders  
Mortality Data  
Older Adults & Aging  
Oral Health  
Other Chronic Diseases  
Prevention & Safety  
Respiratory Diseases  
Substance Abuse  
Wellness & Lifestyle

### Economy

Employment  
Government Assistance Programs  
Homeownership  
Housing Affordability & Supply  
Income  
Poverty

### Education

Educational Attainment in Adult Population  
Higher Education  
School Environment  
Student Performance K-12

### Environment

Built Environment  
Toxic Chemicals  
Water

### Government & Politics

Elections & Voting

### Public Safety

Crime & Crime Prevention

### Social Environment

Demographics  
Neighborhood / Community Attachment

### Transportation

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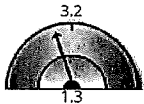
Kansas Health Matters



# Rate of Violent Crime per 1,000 Population

This indicator shows the rate of violent crimes like assault and robbery per 1,000 population.

Value Time Period



Comparison: KS State Value **3.2**

**1.3**

crimes per 1,000 population

Measurement Period: 2013

## County: Nemaha

### Located in:

Public Health Preparedness Region: North East Corner Regional Initiative  
State: Kansas

**Data Source:** Kansas Bureau of Investigation [↗](#)

**Categories:** Public Safety / Crime & Crime Prevention, Health / Prevention & Safety

**Technical Note:** The county and regional values are compared to Kansas State value. Under-reporting of crime by some public safety jurisdictions may result in lower rates.

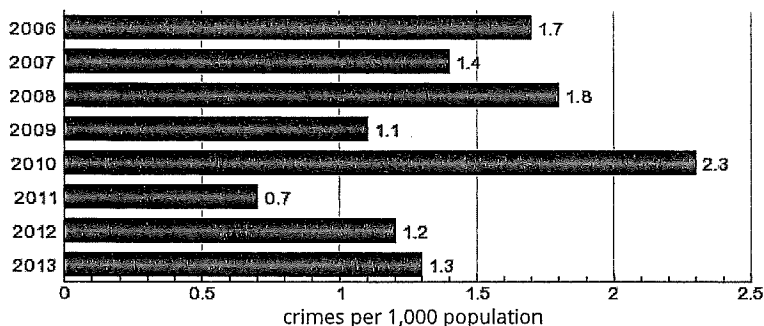
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**Last Updated:** April 2015

## Why is this important?

Measurement of violent crimes for a given area (state, county, etc...) allows its law enforcement to determine where, amount of, and what types of crimes have taken place within their jurisdiction. With this knowledge agencies can determine if the crime has lessened or increased amongst time periods, develop operations to address a particular issue, determine necessary manpower numbers, etc... Public Health Groups view violent crimes as a health issue to any community, too. These measurements can assist such groups in quantifying the impact that crimes have on an area, and help establish crime prevention efforts.

## Rate of Violent Crime per 1,000 Population : Time Series



## Indicators by Topic

### Health

Access to Health Services  
Cancer  
Diabetes  
Exercise, Nutrition, & Weight  
Heart Disease & Stroke  
Immunizations & Infectious Diseases  
Maternal, Fetal &

Mental Health & Mental Disorders  
Mortality Data  
Older Adults & Aging  
Oral Health  
Other Chronic Diseases  
Prevention & Safety  
Respiratory Diseases

### Economy

Employment  
Government Assistance Programs  
Homeownership  
Housing Affordability & Supply  
Income  
Poverty

### Education

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Kansas Health Matters

# Percent of Adults with Fair or Poor Self-Perceived Health Status

This indicator shows the percentage of adults 18 years and older who self-report fair/poor health.

NOTE: Estimates are not available for the counties with an insufficient sample.

Value Time Period



Comparison: KS State Value 15.4

13.4  
Percent

Measurement Period: 2013

## County: Nemaha

### Located in:

Public Health Preparedness Region: North East Corner Regional Initiative  
State: Kansas

**Data Source:** Kansas Department of Health and Environment [↗](#)

**Categories:** Health / Wellness & Lifestyle

**Technical Note:** The County / Region value is compared to the Kansas State value. Confidence intervals were not taken into account while making this comparison. Due to the addition of cell phones in data collection, the 2011 BRFSS results cannot be compared to results from previous years.

NOTE: Estimates are not available for the counties with an insufficient sample.

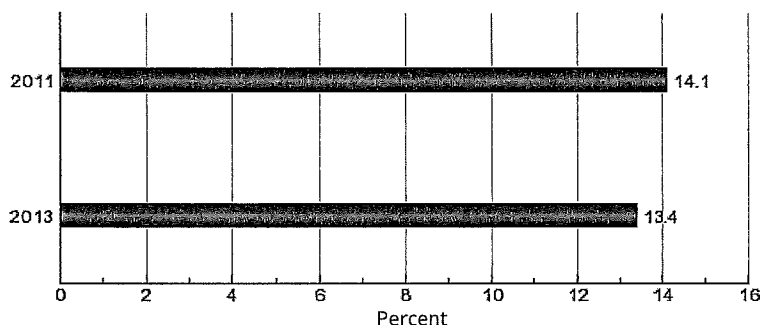
**Maintained By:** Kansas Department of Health and Environment

**Last Updated:** February 2015

## Why is this important?

People's subjective assessment of their health status is important because when people feel healthy they are more likely to feel happy and to participate in their community socially and economically. Areas with unhealthy populations lose productivity due to lost work time. Healthy residents are essential for creating a vibrant and successful community.

## Percent of Adults with Fair or Poor Self-Perceived Health Status : Time Series



## Indicators by Topic

### Health

Access to Health Services  
Cancer  
Diabetes  
Exercise, Nutrition, & Weight  
Heart Disease &

Mental Health & Mental Disorders  
Mortality Data  
Older Adults & Aging  
Oral Health  
Other Chronic Diseases

### Economy

Employment  
Government  
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### Environment

Built Environment  
Toxic Chemicals  
Water

### Government & Politics

### Public Safety

Crime & Crime Prevention

### Social Environment

Demographics

5/19/2015

Kansas Health Matters :: Community Dashboard :: Percent of Adults with Fair or Poor Self-Perceived Health Status

Stroke  
Immunizations &  
Infectious Diseases  
Maternal, Fetal &  
Infant Health

Prevention &  
Safety  
Respiratory  
Diseases  
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Kansas Health Matters

# Age-adjusted Mortality Rate per 100,000 population

This indicator shows the total age-adjusted death rate per 100,000 population due to all causes.

Value Time Period



Comparison: KS State Value 716.6

756.9

deaths/100,000 population

Measurement Period: 2011-2013

## County: Nemaha

### Located in:

Public Health Preparedness Region: North East Corner Regional Initiative  
State: Kansas

**Data Source:** Kansas Department of Health and Environment [↗](#)

**Categories:** Health / Mortality Data

**Technical Note:** The County / Region values are compared to the Kansas State Value.

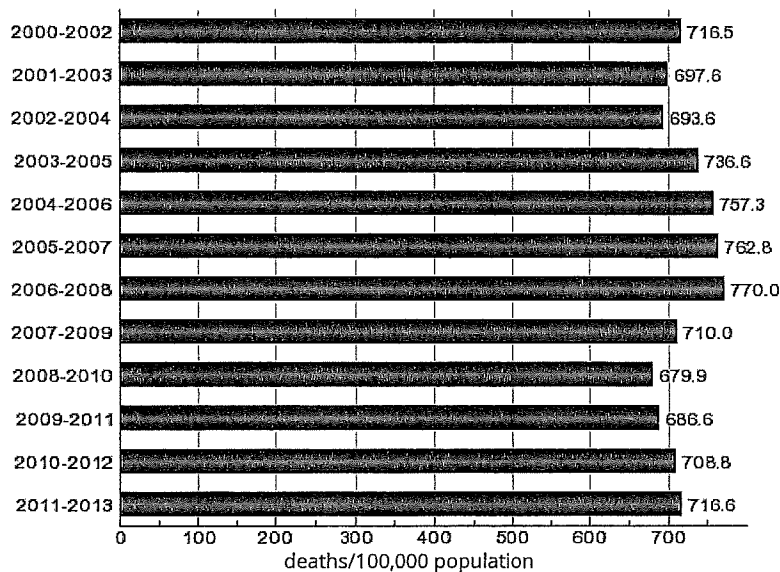
**Maintained By:** Kansas Department of Health and Environment

**Last Updated:** January 2015

## Why is this important?

Mortality or death rates are often used as measures of health status for a population. Many factors affect the risk of death, including age, race, gender, occupation, education, and income. By far the strongest of these factors affecting the risk of death is age. Populations often differ in age composition. A "young" population has a higher proportion of persons in the younger age groups, while an "old" population has a higher proportion in the older age groups. Therefore, it is often important to control for differences among the age distributions of populations when making comparisons among death rates to assess the relative risk of death. Age-adjusted mortality rates are valuable when comparing two different geographic areas, causes or time periods.

## Age-adjusted Mortality Rate per 100,000 population : Time Series



## Indicators by Topic

Health

Mental Health &

Economy

Education

Environment

Public Safety

Access to Health  
Services  
Cancer  
Diabetes  
Exercise, Nutrition, &  
Weight  
Heart Disease &  
Stroke  
Immunizations &  
Infectious Diseases  
Maternal, Fetal &  
Infant Health

Mental Disorders  
Mortality Data  
Older Adults &  
Aging  
Oral Health  
Other Chronic  
Diseases  
Prevention &  
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Kansas Health Matters

# Age-adjusted Heart Disease Mortality Rate per 100,000 population

This indicator shows the total age-adjusted death rate per 100,000 population due to heart disease.

Value Time Period



Comparison: KS State Value 156.2

145.8

deaths/100,000 population

Measurement Period: 2011-2013

County: Nemaha

Located in:

Public Health Preparedness Region: North East Corner Regional Initiative  
State: Kansas

Data Source: Kansas Department of Health and Environment [↗](#)

Categories: Health / Mortality Data, Health / Heart Disease & Stroke

Technical Note: The County / Region values are compared to the Kansas State Value.

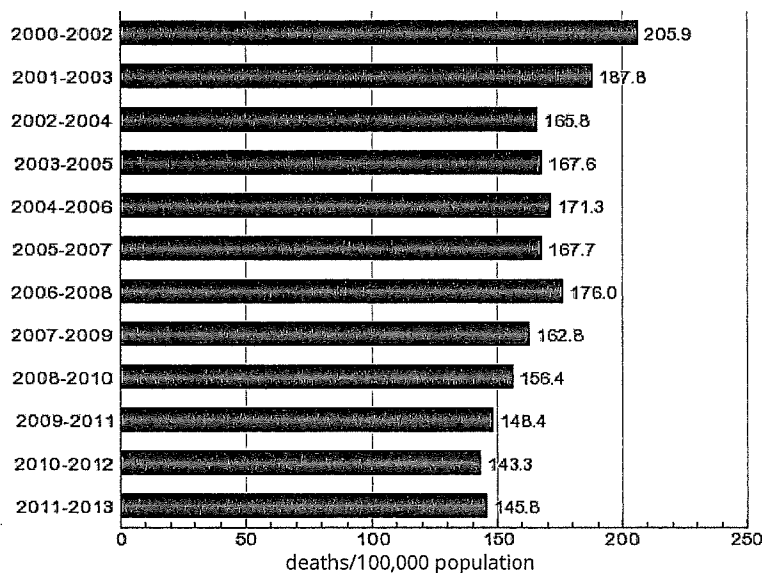
Maintained By: Kansas Department of Health and Environment

Last Updated: January 2015

## Why is this important?

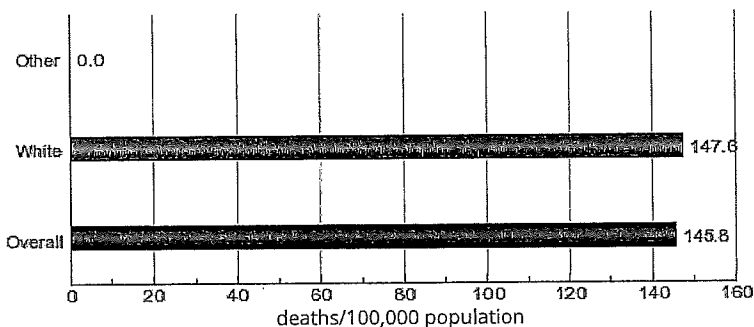
Heart disease is the number one cause of death in the U.S. and Hawaii. Physical inactivity, overweight, and obesity are considered cardiovascular risk determinants. Regular physical activity and a diet low in unhealthy fats and high in fruits and vegetables may help reduce the risk for cardiovascular disease. In 2009, the U.S. spent an estimated \$68.9 billion on costs associated with stroke, including health care, medicine, and lost productivity.

## Age-adjusted Heart Disease Mortality Rate per 100,000 population : Time Series



## Age-adjusted Heart Disease Mortality Rate per 100,000 population by Race/Ethnicity

21



## Indicators by Topic

### Health

Access to Health Services  
Cancer  
Diabetes  
Exercise, Nutrition, & Weight  
Heart Disease & Stroke  
Immunizations & Infectious Diseases  
Maternal, Fetal & Infant Health

Mental Health & Mental Disorders  
Mortality Data  
Older Adults & Aging  
Oral Health  
Other Chronic Diseases  
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Respiratory Diseases  
Substance Abuse  
Wellness & Lifestyle

### Economy

Employment  
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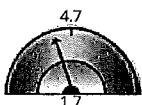
Kansas Health Matters



# Sexually Transmitted Disease Rate

This indicator shows the crude incidence rate per 1,000 population due to sexually transmitted diseases (chlamydia, syphilis and gonorrhea).

Value Time Period



Comparison: KS State Value **4.7**

**1.7**

cases/1,000 population

Measurement Period: 2014

## County: Nemaha

### Located in:

Public Health Preparedness Region: North East Corner Regional Initiative  
State: Kansas

**Data Source:** Kansas Department of Health and Environment [↗](#)

**Categories:** Health / Immunizations & Infectious Diseases

**Technical Note:** The county and regional data is compared to the KS State Value.

**Maintained By:** Kansas Department of Health and Environment

**Last Updated:** April 2015

## Why is this important?

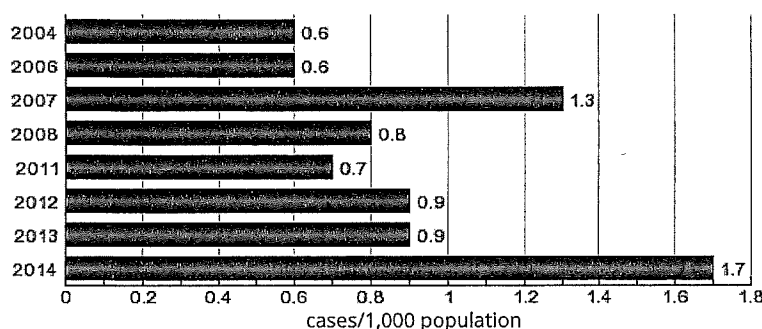
The Centers for Disease Control and Prevention (CDC) estimates that there are approximately 19 million new STD infections each year—almost half of them among young people ages 15 to 24.3 The cost of STDs to the U.S. health care system is estimated to be as much as \$15.9 billion annually. Because many cases of STDs go undiagnosed—and some common viral infections, such as human papillomavirus (HPV) and genital herpes, are not reported to CDC at all—the reported cases of chlamydia, gonorrhea, and syphilis represent only a fraction of the true burden of STDs in the United States.

Untreated STDs can lead to serious long-term health consequences, especially for adolescent girls and young women. CDC estimates that undiagnosed and untreated STDs cause at least 24,000 women in the United States each year to become infertile.

Chlamydia, the most frequently reported bacterial sexually transmitted disease in the United States, is caused by the bacterium, *Chlamydia trachomatis*. Under-reporting of chlamydia is substantial because most people with chlamydia are not aware of their infections and do not seek testing.

Healthy People 2020 has set 18 objectives to reduce STD rates in the United States.

## Sexually Transmitted Disease Rate : Time Series



## Indicators by Topic

### Health

Access to Health Services

Mental Health & Mental Disorders  
Mortality Data

### Economy

Employment  
Government

### Education

Educational  
Attainment in Adult

### Environment

Built Environment  
Toxic Chemicals

### Public Safety

Crime & Crime Prevention

Cancer  
Diabetes  
Exercise, Nutrition, &  
Weight  
Heart Disease &  
Stroke  
Immunizations &  
Infectious Diseases  
Maternal, Fetal &  
Infant Health

Older Adults &  
Aging  
Oral Health  
Other Chronic  
Diseases  
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## **Government & Politics**

Elections & Voting

## **Social Environment**

Demographics  
Neighborhood /  
Community  
Attachment

## **Transportation**

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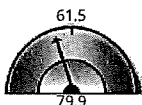
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Kansas Health Matters

# Percent of Infants Fully Immunized at 24 Months

This indicator shows the percent of infants who were immunized with the 4 DTaP, 3 Polio, 1 MMR, 3 Haemophilus influenzae type b,, and 3 Hepatitis B vaccines (the 4:3:1:3:3 series) by 24 months of age.

Value Time Period



Comparison: KS State Value 61.5%

79.9  
percent

Measurement Period: 2012-2013

## County: Nemaha

### Located in:

Public Health Preparedness Region: North East Corner Regional Initiative  
State: Kansas

Data Source: Kansas Department of Health and Environment [↗](#)

Categories: Health / Immunizations & Infectious Diseases, Health / Children's Health, Health / Maternal, Fetal & Infant Health

Technical Note: The county value is compared to the Kansas State value.

Maintained By: Kansas Department of Health and Environment

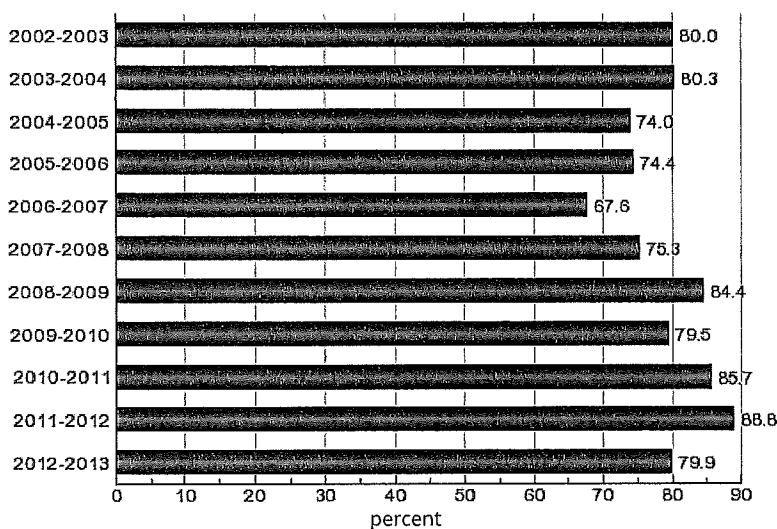
Last Updated: April 2015

## Why is this important?

Vaccine coverage is of great public health importance. By having greater vaccine coverage, there is an increase in herd immunity, which leads to lower disease incidence and an ability to limit the size of disease outbreaks. In 2006, a widespread outbreak of mumps occurred in Kansas and across the United States. Prior to the outbreak, the incidence of mumps was at a historical low, and even with the outbreak, the mumps disease rates were still lower than pre-vaccination era. Due to high vaccination coverage, tens or hundreds of thousands of cases were possibly prevented. However, due to unvaccinated and undervaccinated individuals, the United States has seen a rise in diseases that were previously present at low levels, specifically measles and pertussis.

To learn more about childhood immunization in Kansas, click here to visit the Immunize Kansas Kids page

## Percent of Infants Fully Immunized at 24 Months : Time Series



## Indicators by Topic

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**Health**

Access to Health  
Services  
Cancer  
Diabetes  
Exercise, Nutrition, &  
Weight  
Heart Disease &  
Stroke  
Immunizations &  
Infectious Diseases  
Maternal, Fetal &  
Infant Health

Mental Health &  
Mental Disorders  
Mortality Data  
Older Adults &  
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Substance Abuse  
Wellness &  
Lifestyle

**Economy**

Employment  
Government  
Assistance Programs  
Homeownership  
Housing Affordability  
& Supply  
Income  
Poverty

**Education**

Educational  
Attainment in Adult  
Population  
Higher Education  
School Environment  
Student Performance  
K-12

**Environment**

Built Environment  
Toxic Chemicals  
Water

**Government &  
Politics**

Elections & Voting

**Public Safety**

Crime & Crime  
Prevention

**Social  
Environment**

Demographics  
Neighborhood /  
Community  
Attachment

**Transportation**

Commute To Work

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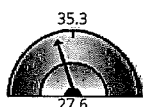
Kansas Health Matters

# Percent of Adults who are Overweight

This indicator shows the percentage of adults 18 years and older who are overweight (body mass index between 25.0-29.9 kg/m<sup>2</sup>).

NOTE: Estimates are not available for the counties with an insufficient sample.

Value Time Period



Comparison: KS State Value **35.3%**

**27.6**  
Percent

Measurement Period: 2013

## County: Nemaha

### Located in:

Public Health Preparedness Region: North East Corner Regional Initiative  
State: Kansas

**Data Source:** Kansas Department of Health and Environment [↗](#)

**Categories:** Health / Exercise, Nutrition, & Weight

**Technical Note:** The County / Region value is compared to the Kansas State value. Confidence intervals were not taken into account while making this comparison. Due to the addition of cell phones in data collection, the 2011 BRFSS results cannot be compared to results from previous years.

NOTE: Estimates are not available for the counties with an insufficient sample.

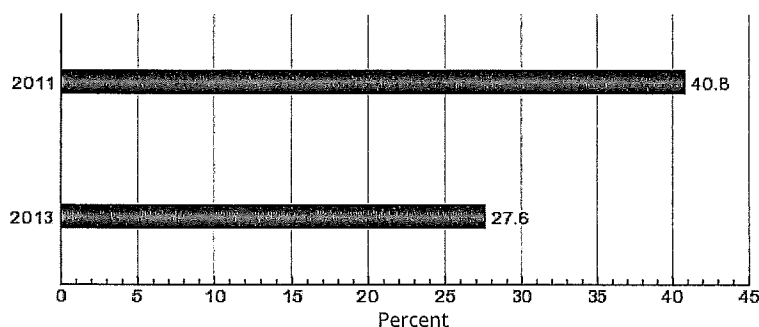
**Maintained By:** Kansas Department of Health and Environment

**Last Updated:** February 2015

## Why is this important?

Being overweight affects quality of life and puts individuals at risk for developing many adverse health conditions, including heart disease, stroke, diabetes, and cancer. Losing weight helps to prevent and control these diseases. Being overweight or obese also carries significant economic costs due to increased healthcare spending and lost earnings.

## Percent of Adults who are Overweight : Time Series



## Indicators by Topic

### Health

Access to Health Services  
Cancer  
Diabetes  
Exercise, Nutrition, & Weight  
Heart Disease & Stroke

Mental Health & Mental Disorders  
Mortality Data  
Older Adults & Aging  
Oral Health  
Other Chronic Diseases  
Prevention &

### Economy

Employment  
Government Assistance Programs  
Homeownership  
Housing Affordability & Supply  
Income  
Poverty

### Education

Educational Attainment in Adult Population  
Higher Education  
School Environment  
Student Performance  
K-12

### Environment

Built Environment  
Toxic Chemicals  
Water

### Government & Politics

Elections & Voting

### Public Safety

Crime & Crime Prevention

### Social Environment

Demographics  
Neighborhood /

Immunizations &  
Infectious Diseases  
Maternal, Fetal &  
Infant Health

Safety  
Respiratory  
Diseases  
Substance Abuse  
Wellness &  
Lifestyle

Community  
Attachment

**Transportation**  
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Kansas Health Matters

## Percent of Adults who are Obese

This indicator shows the percentage of adults 18 years and older who are obese (body mass index  $\geq 30$  kg/m<sup>2</sup>).

NOTE: Estimates are not available for the counties with an insufficient sample.

Value Time Period



Comparison: KS State Value 30%

27.5  
Percent

Measurement Period: 2013

### County: Nemaha

#### Located in:

Public Health Preparedness Region: North East Corner Regional Initiative  
State: Kansas

**Data Source:** Kansas Department of Health and Environment [↗](#)

**Categories:** Health / Exercise, Nutrition, & Weight

**Technical Note:** The County / Region value is compared to the Kansas State value. Confidence intervals were not taken into account while making this comparison. Due to the addition of cell phones in data collection, the 2011 BRFSS results cannot be compared to results from previous years.

NOTE: Estimates are not available for the counties with an insufficient sample.

**Maintained By:** Kansas Department of Health and Environment

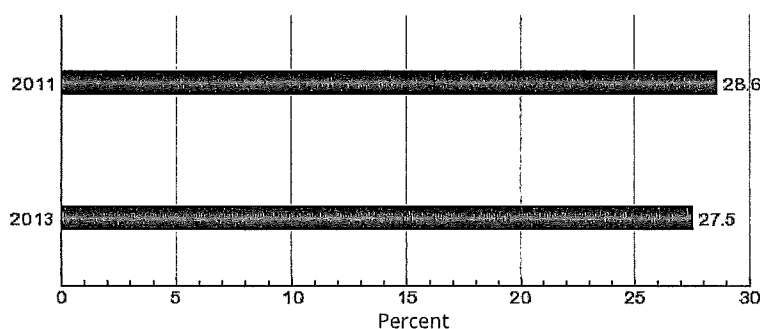
**Last Updated:** February 2015

### Why is this important?

Obesity increases the risk of many diseases and health conditions including heart disease, type 2 diabetes, cancer, hypertension, stroke, liver and gallbladder disease, respiratory problems, and osteoarthritis. Losing weight and maintaining a healthy weight help to prevent and control these diseases. Obesity leads to significant economic costs due to increased healthcare spending and lost earnings.

**The Healthy People 2020 national health target is to reduce the proportion of adults (ages 20 and older) who are obese to 30.6%.**

Percent of Adults who are Obese : Time Series



### Indicators by Topic

#### Health

Access to Health Services  
Cancer  
Diabetes  
Exercise, Nutrition, &

Mental Health & Mental Disorders  
Mortality Data  
Older Adults & Aging  
Oral Health

#### Economy

Employment  
Government  
Assistance Programs  
Homeownership  
Housing Affordability

#### Education

Educational Attainment in Adult Population  
Higher Education  
School Environment

#### Environment

Built Environment  
Toxic Chemicals  
Water

#### Government &

#### Public Safety

Crime & Crime Prevention

#### Social

25

Weight

Heart Disease &  
Stroke

Immunizations &  
Infectious Diseases  
Maternal, Fetal &  
Infant Health

Other Chronic  
Diseases  
Prevention &  
Safety  
Respiratory  
Diseases  
Substance Abuse  
Wellness &  
Lifestyle

& Supply  
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Student Performance  
K-12

**Politics**  
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Kansas Health Matters



# Uninsured Adult Population Rate

This indicator shows the estimated percent of persons ages 18-64 who are uninsured

Value Time Period HP 2020 Target



Comparison: U.S. Value

17.5  
percent

Measurement Period: 2013

## State: Kansas

Data Source: U.S. Census Bureau [↗](#)

Categories: Economy / Poverty, Economy / Income

Technical Note: The Kansas State Value is compared to the US Value.

Maintained By: Kansas Department of Health and Environment

Last Updated: April 2015

### Why is this important?

Access to health services encompasses four components: coverage, services, timeliness, and workforce.

Health insurance coverage helps patients get into the health care system. Uninsured people are:

- Less likely to receive medical care
- More likely to die early
- More likely to have poor health status

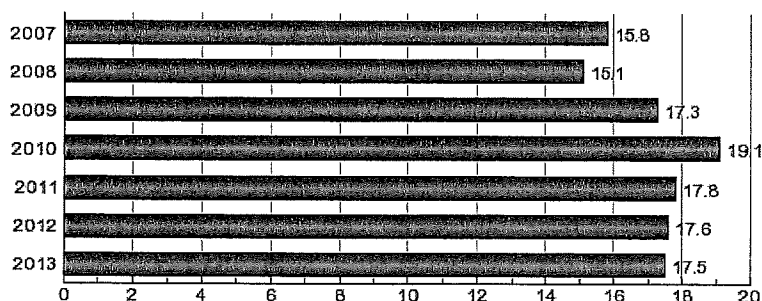
Lack of adequate coverage makes it difficult for people to get the health care they need and, when they do get care, burdens them with large medical bills. Current policy efforts focus on the provision of insurance coverage as the principal means of ensuring access to health care among the general population. Other factors, described below, may be equally important to removing barriers to access and utilization of services.

In 2009-2010, the percentage of Kansans without health insurance rose to 13%, the highest rate of the decade, 2000-2010. This percentage climbed from 11.3% in 2005-2006 and 12.7% in 2008-2009. Approximately 357,500 Kansas residents - children and adults - lacked insurance in 2009-2010, also the highest number in the decade and an increase of about 10,000 people from 347,400 during 2008-2009. The percentage of Kansans (13) who were uninsured in 2009-2010 compared favorably with the United States percentage of 16.5%.

Healthy People 2020 has set a target of 100% coverage for medical insurance. The national baseline for comparison was 83.2 percent of persons had medical insurance in 2008.

A major goal of the Affordable Care Act (ACA), which was passed in 2010, was to expand coverage to millions of Americans who were previously uninsured. The ACA has filled existing gaps in coverage by providing for an expansion of Medicaid for adults with incomes at or below 138% of poverty in states that chose to expand, building on employer-based coverage, and providing premium tax credits to make private insurance more affordable for many with incomes between 100-400% of poverty.<sup>1</sup> Most of the major coverage provisions of the ACA went into effect in 2014, and millions of people have enrolled in coverage under the law.

### Uninsured Adult Population Rate : Time Series



26

percent

## Indicators by Topic

### Health

Access to Health Services  
Cancer  
Diabetes  
Exercise, Nutrition, & Weight  
Heart Disease & Stroke  
Immunizations & Infectious Diseases  
Maternal, Fetal & Infant Health

Mental Health & Mental Disorders  
Mortality Data  
Older Adults & Aging  
Oral Health  
Other Chronic Diseases  
Prevention & Safety  
Respiratory Diseases  
Substance Abuse  
Wellness & Lifestyle

### Economy

Employment  
Government Assistance Programs  
Homeownership  
Housing Affordability & Supply  
Income  
Poverty

### Education

Educational Attainment in Adult Population  
Higher Education  
School Environment  
Student Performance K-12

### Environment

Built Environment  
Toxic Chemicals  
Water

### Government & Politics

Elections & Voting

### Public Safety

Crime & Crime Prevention

### Social Environment

Demographics  
Neighborhood / Community Attachment

### Transportation

Commute To Work

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Kansas Health Matters

# INPATIENT REPORT

## Filter Definition

Filter

Choice(s)

Discharge Date

From 01/01/2014 To 12/31/2014

## Benchmarking Definition

Benchmarking Period

10/01/2014 To 12/31/2014

Benchmarking Group

All Respondents

## CAHPS Options

CMS View applied

# INPATIENT REPORT

## CAHPS Summary Information

### Global DOMAIN

Question	n	%
Global Rating Item		
Rate hospital 0-10		
	0 0	0
	1 0	0
	2 0	0
	3 0	0
	4 0	0
	5 0	0
	6 0	0
	7 2	4.7
	8 4	9.3
	9-10 37	86.0
Total	43	

Global Rating Item		
Recommend the hospital		
Definitely no	0	0
Probably no	0	0
Probably yes	6	14.0
Definitely yes	37	86.0
Total	43	

### COMM W/ NURSES

Never	0
Sometimes	1.6
Usually	19.4
Always	79.1
Total	43

Nurses treat with courtesy/respect		
Never	0	0
Sometimes	1	2.3
Usually	5	11.6
Always	37	86.0
Total	43	

Nurses listen carefully to you		
Never	0	0
Sometimes	0	0
Usually	9	20.9
Always	34	79.1
Total	43	

Nurses expl in way you understand		
Never	0	0
Sometimes	1	2.3
Usually	11	25.6
Always	31	72.1
Total	43	

# INPATIENT REPORT

## CAHPS Summary Information

**Global  
DOMAIN**

Question	n	%
RESPONSE OF HOSP STAFF		
Never		0
Sometimes		1.3
Usually		19.1
Always		79.6
Total	42	

**Screening Item**

Never pressed call button		
Checked	4	9.3
Unchecked	39	90.7
Total	43	

Call button help soon as wanted it		
Never	0	0
Sometimes	1	2.6
Usually	11	28.2
Always	27	69.2
Total	39	

**Screening Item**

Need help bathroom/using bedpan		
Yes	30	69.8
No	13	30.2
Total	43	

Help toileting soon as you wanted		
Never	0	0
Sometimes	0	0
Usually	3	10.0
Always	27	90.0
Total	30	

**COMM W/ DOCTORS**

Never	1.6
Sometimes	0.8
Usually	8.5
Always	89.1
Total	43

Doctors treat with courtesy/respect		
Never	0	0
Sometimes	0	0
Usually	1	2.4
Always	41	97.6
Total	42	



# INPATIENT REPORT

## CAHPS Summary Information

### Global DOMAIN

Question	n	%
Doctors listen carefully to you		
Never	1	2.3
Sometimes	1	2.3
Usually	3	7.0
Always	38	88.4
Total	43	
Doctors expl in way you understand		
Never	1	2.3
Sometimes	0	0
Usually	7	16.3
Always	35	81.4
Total	43	

### HOSPITAL ENVIRONMENT

Never	1.2
Sometimes	9.3
Usually	23.3
Always	66.3
Total	43

#### Cleanliness of hospital environment

Never	2.3
Sometimes	9.3
Usually	14.0
Always	74.4
Total	43

#### Quietness of hospital environment

Never	0
Sometimes	9.3
Usually	32.6
Always	58.1
Total	43

### PAIN MANAGEMENT

Never	0
Sometimes	3.2
Usually	29.6
Always	67.2
Total	31

#### Screening Item

##### Need medicine for pain

Yes	29	70.7
No	12	29.3
Total	41	

# INPATIENT REPORT

## CAHPS Summary Information

### Global DOMAIN

Question	n	%
Pain well controlled		
Never	0	0
Sometimes	2	6.5
Usually	13	41.9
Always	16	51.6
Total	31	
Staff do everything help with pain		
Never	0	0
Sometimes	0	0
Usually	5	17.2
Always	24	82.8
Total	29	

### COMM ABOUT MEDICINES

Never	11.9
Sometimes	14.3
Usually	21.4
Always	52.4
Total	21

### Screening Item

#### Given medicine not taken before

Yes	20	47.6
No	22	52.4
Total	42	

#### Tell you what new medicine was for

Never	1	4.8
Sometimes	1	4.8
Usually	4	19.0
Always	15	71.4
Total	21	

#### Staff describe medicine side effect

Never	4	19.0
Sometimes	5	23.8
Usually	5	23.8
Always	7	33.3
Total	21	

### DISCHARGE INFORMATION

No	13.4
Yes	86.6
Total	38

# INPATIENT REPORT

## CAHPS Summary Information

### Global DOMAIN

Question	n	%
<u>Screening Item</u>		
Left hospital- destination		
Own home	39	90.7
Another home	1	2.3
Another facility	3	7.0
Total	43	
Staff talk about help when you left		
No	8	21.6
Yes	29	78.4
Total	37	
Info re symptoms/prob to look for		
No	2	5.3
Yes	36	94.7
Total	38	

### CARE TRANSITIONS

Strongly disagree		0.8
Disagree		0.8
Agree		39.0
Strongly agree		59.5
Total	43	
Hosp staff took pref into account		
StronglyDisagree	1	2.3
Disagree	1	2.3
Agree	20	46.5
Strongly Agree	21	48.8
Total	43	
Good understanding managing health		
StronglyDisagree	0	0
Disagree	0	0
Agree	18	41.9
Strongly Agree	25	58.1
Total	43	
Understood purpose of taking meds		
StronglyDisagree	0	0
Disagree	0	0
Agree	8	28.6
Strongly Agree	20	71.4
Not given meds	15	
Total	43	



# INPATIENT REPORT

## CAHPS Summary Information

### Global DOMAIN

Question	n	%
About You Item Rate mental or emotional health		
Excellent	11	28.9
Very Good	13	34.2
Good	10	26.3
Fair	1	2.6
Poor	3	7.9
Total	38	
About You Item Rate overall health		
Excellent	7	17.9
Very Good	12	30.8
Good	9	23.1
Fair	6	15.4
Poor	5	12.8
Total	39	
About You Item Highest grade or school completed		
<= 8th grade	1	2.6
Some high school	1	2.6
High school grad	14	35.9
Some college	14	35.9
4-yr coll. grad.	6	15.4
4+ yrs college	3	7.7
Total	39	
About You Item Spanish,Hispanic or Latino		
Yes	0	0
No	0	0
Not Span/Hisp/La	38	100
Puerto Rican	0	0
Mex,Mex Amer,Chi	0	0
Cuban	0	0
Other	0	0
Total	38	
About You Item Race-White		
Yes	39	90.7
No	4	9.3
Total	43	
About You Item Race-Black or African American		
Yes	1	2.3
No	42	97.7
Total	43	

# INPATIENT REPORT

## CAHPS Summary Information

**Global  
DOMAIN**

Question	n	%
About You Item Race-Asian		
Yes	0	0
No	43	100
Total	43	
About You Item Race-Hawaiian or Pacific Islander		
Yes	0	0
No	43	100
Total	43	
About You Item Race-Ameri Indian Alaska Native		
Yes	2	4.7
No	41	95.3
Total	43	
About You Item Language mainly speak at home		
English	40	100
Spanish	0	0
Chinese	0	0
Russian	0	0
Vietnamese	0	0
Portuguese	0	0
Other	0	0
Total	40	
About You Item Admitted through Emergency Room		
Yes	21	52.5
No	19	47.5
Total	40	



# INPATIENT REPORT

## Question Analysis

All Respondents

Overall Section			All PG DB N = 1357	
	Question	Mean    n	Mean    Rank	
<b>Std Overall</b>		91.2    70	86.9 <b>93</b>	
<b>Overall</b>		91.1    70		
<b>Std Admission</b>		90.6    65	87.6 <b>82</b>	
<b>Admission</b>		90.7    65		
	Speed of admission	88.7    64	84.7 <b>83</b>	
	Courtesy of person admitting	93.3    63	90.9 <b>83</b>	
	Pre-admission process <sup>†</sup>	91.1    14	87.2 <b>87</b>	
<b>Std Room</b>		88.1    65	84.0 <b>84</b>	
<b>Room</b>		88.3    65		
	Pleasantness of room decor	88.9    63	82.2 <b>89</b>	
	Room cleanliness	92.2    64	87.1 <b>90</b>	
	Courtesy of person cleaning room	92.3    62	89.4 <b>83</b>	
	Room temperature	83.5    65	81.8 <b>66</b>	
	Noise level in and around room	84.8    64	80.2 <b>79</b>	
	TV call button etc. worked <sup>†</sup>	89.6    24	87.4 <b>70</b>	
<b>Std Meals</b>		87.4    66	82.2 <b>90</b>	
<b>Meals</b>		87.3    66		
	Special/restricted diet explained <sup>†</sup>	82.1    14	79.2 <b>75</b>	
	Temperature of the food	85.4    65	80.6 <b>85</b>	
	Quality of the food	85.8    65	76.9 <b>94</b>	
	Courtesy of person served food	91.0    64	89.6 <b>66</b>	
<b>Std Nurses</b>		92.7    66	90.0 <b>86</b>	
<b>Nurses</b>		92.7    66		
	Friendliness/courtesy of the nurses	94.7    66	93.0 <b>77</b>	
	Promptness response to call	92.1    66	87.3 <b>90</b>	
	Nurses' attitude toward requests	92.3    65	90.5 <b>75</b>	
	Attention to special/personal needs	91.2    65	89.2 <b>75</b>	
	Nurses kept you informed	91.2    65	88.6 <b>82</b>	
	Skill of the nurses	94.9    64	92.1 <b>89</b>	
<b>Std Tests and Treatments</b>		92.3    64	87.7 <b>94</b>	
<b>Tests and Treatments</b>		92.2    64		
	Wait time for test or treatments	87.9    64	83.6 <b>90</b>	
	Concern comfort during T&T <sup>†</sup>	84.4    24	88.3 <b>7</b>	
	Explanations: happen during T&T	92.9    63	87.0 <b>97</b>	
	Skill of person took blood <sup>†</sup>	92.4    23	87.4 <b>99</b>	
	Courtesy of person took blood	95.2    62	90.1 <b>98</b>	
	Skill of person started IV <sup>†</sup>	88.2    19	86.6 <b>69</b>	
	Courtesy of person started IV	92.8    59	90.3 <b>86</b>	
<b>Std Visitors and Family</b>		92.9    65	88.5 <b>91</b>	
<b>Visitors and Family</b>		92.7    65		

Continued...

07/13/2015 15:02:29 EST

For a list of filter and benchmark definitions, click here.

All data including past trended data are benchmarked against the period ending 12/31/2014  
<sup>†</sup> Non-standard question

1-800-232-8032

# INPATIENT REPORT

## Question Analysis

All Respondents

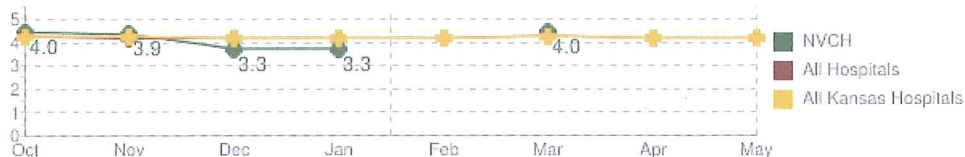
Overall Section			All PG DB N = 1357	
	Question	Mean n	Mean	Rank
	Helpfulness people info desk †	92.0 25	89.3	85
	Accommodations & comfort visitors	93.4 64	86.5	97
	Staff attitude toward visitors	92.7 65	90.7	77
	Info family re:condition/treatment †	92.7 24	88.4	92
<b>Std Physician</b>		92.6 65	87.6	95
<b>Physician</b>		92.6 65		
	Time physician spent with you	88.5 65	83.6	91
	Physician concern questions/worries	92.7 65	87.1	95
	Physician kept you informed	91.2 65	86.4	92
	Friendliness/courtesy of physician	95.8 65	90.2	97
	Skill of physician	95.0 65	91.9	88
<b>Std Discharge</b>		90.3 65	85.5	93
<b>Discharge</b>		90.3 65		
	Extent felt ready discharge	89.2 65	87.2	76
	Speed of discharge process	89.6 65	81.9	96
	Instructions care at home	92.2 64	87.9	93
	Help arranging home care services †	86.8 17	86.8	44
<b>Std Personal Issues</b>		90.1 70	86.9	87
<b>Personal Issues</b>		90.1 70		
	Staff concern for your privacy	91.8 67	88.8	86
	Staff sensitivity to inconvenience †	87.0 25	86.8	44
	How well your pain was controlled	86.2 67	87.3	31
	Staff addressed emotional needs	90.9 66	86.4	92
	Response concerns/complaints	89.8 66	86.2	86
	Staff include decisions re:trtmnt	91.0 67	86.5	91
<b>Std Overall Assessment</b>		96.1 70	90.2	96
<b>Overall Assessment</b>		95.3 70		
	Overall cheerfulness of hospital †	87.0 27	88.9	20
	Staff worked together care for you	95.0 70	90.7	93
	Likelihood recommending hospital	97.5 69	89.3	98
	Overall rating of care given	96.4 69	90.8	95



## Obstetrics

This At-A-Glance Report covers the time period from October 01, 2014 to May 31, 2015 with a Monthly period.

### Nurse Communication



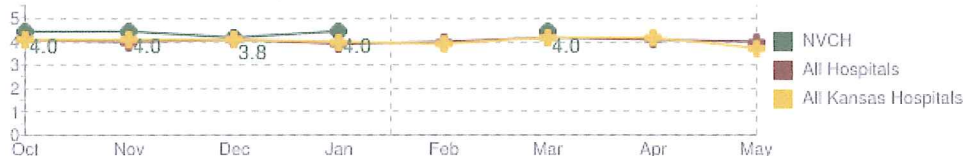
### Doctor Communication



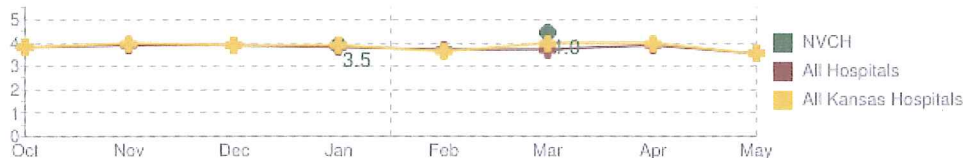
### Responsiveness of Hospital Staff



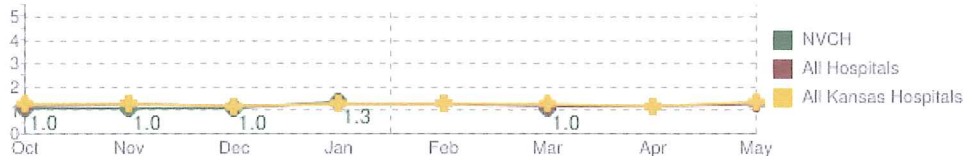
### Pain Management



### Communication about Medication



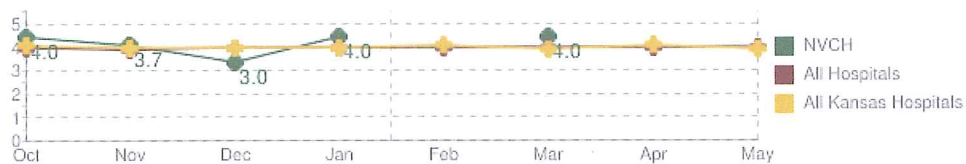
### Discharge Information



### Cleanliness



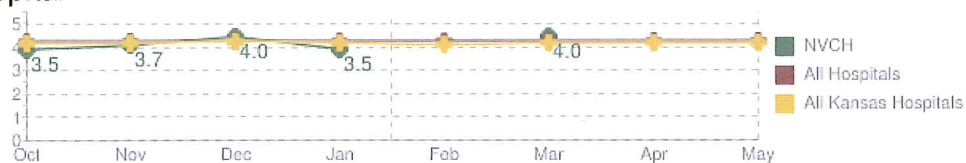
## Quietness



## Overall Hospital Rating



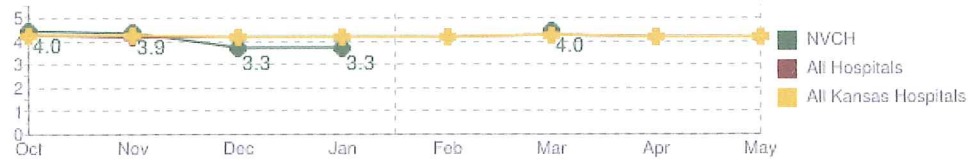
## Recommend the Hospital



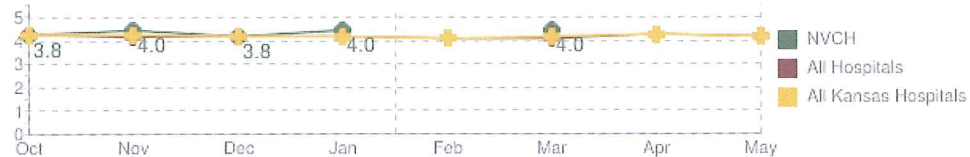
## Surgical Report

This At-A-Glance Report covers the time period from October 01, 2014 to May 31, 2015 with a Monthly period.

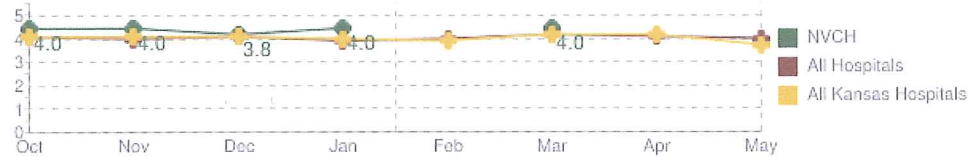
### Nurse Communication



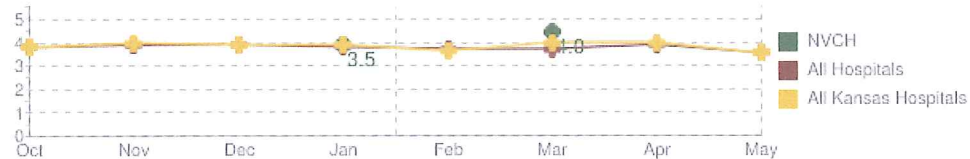
### Doctor Communication



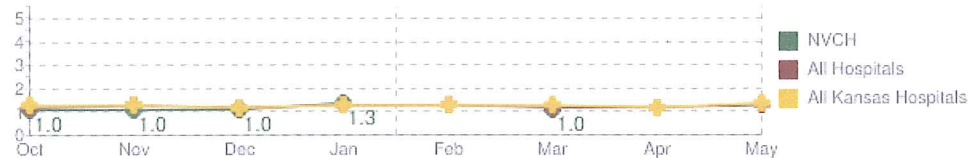
### Pain Management



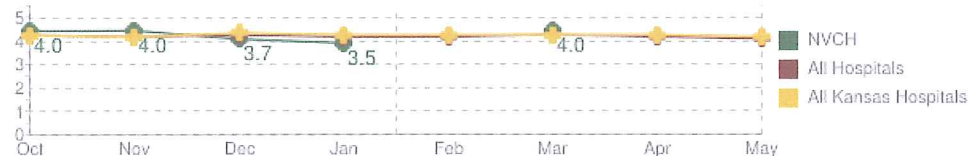
### Communication about Medication



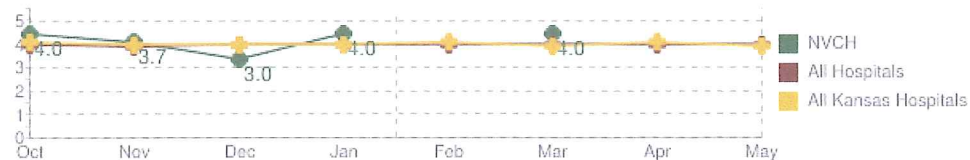
### Discharge Information



### Cleanliness



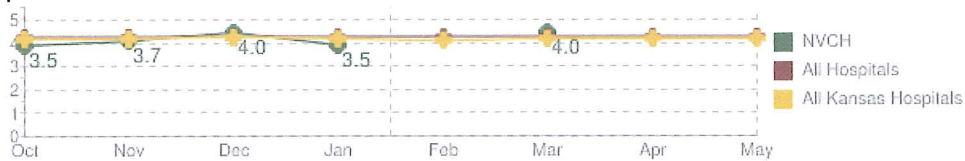
### Quietness



## Overall Hospital Rating



## Recommend the Hospital





# **Nemaha County Health Services Directory**

**Office of Local Government  
Department of Agricultural  
Economics K-State Research  
and Extension**

**May 2012**

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**Updated in July 2015  
by Krista Stallbaumer,  
Nemaha Valley  
Community Hospital  
&  
Debbby Thompson  
Sabetha Community  
Hospital**

## Nemaha County Area Health Services Directory

This directory contains contact information for service providers supporting the local health care system. The directory includes telephone and Internet contact information for many health-related information centers in Kansas and throughout the U.S.

There are two purposes motivating the compilation of this information. The first is to ensure that local residents are aware of the scope of providers and services available in the local health care market. For most rural communities, capturing the greatest share of health care spending is an important source of community economic activity.

The second use of this information is for community health services needs assessment. The ability to review the full inventory of health-related services and providers can help to identify gaps that may exist in the local health care system. This could become the focus of future community efforts to fill the gaps in needed services.

This publication is formatted for printing as a 5.5" x 8.5" booklet. Set your printer to print 2 pages per sheet. In Acrobat, go to Print/Properties/Finishing and select 2 Pages per Sheet.

Funding for this work was provided by the Kansas Health Foundation Professor in Community Health Endowment administered by K-State Research and Extension at Kansas State University.

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To provide updated information or to add new health and medical services to this directory, please contact:

Office of Local Government  
K-State Research and Extension  
10E Umberger  
Manhattan, KS 66506  
Phone: (785)-532-2643  
Fax: (785)-532-3093  
John Leatherman: jleather@K-state.edu  
www.ksu-olq.info/  
www.krhw.net

## DRAFT

## Emergency Numbers

Police/Sheriff	911
Fire	911
Ambulance	911

## Non-Emergency Numbers

Nemaha County Sheriff	785-336-2311
Nemaha County Ambulance	785-284-2158

## Municipal Non-Emergency Numbers

	Police/Sheriff	Fire
Baileyville	785-336-2311	785-866-2260
Bern	785-336-2311	785-336-6135
Centralia	785-336-2311	785-857-3516
Corning	785-336-2311	785-866-2260
Goff	785-336-2311	785-866-2260
Oneida	785-336-2311	785-866-2260
Sabetha	785-284-2158	785-866-2260
Seneca	785-336-6135	785-866-2260
Wetmore	785-336-2311	785-866-2260

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## Other Emergency Numbers

Kansas Child/Adult Abuse and Neglect Hotline  
1-800-922-5330  
[www.srskansas.org/hotlines.html](http://www.srskansas.org/hotlines.html)

Domestic Violence Hotline  
1-800-799-7233  
[www.ndvh.org](http://www.ndvh.org)

Emergency Management (Topeka)  
785-274-1409  
[www.accesskansas.org/kdem](http://www.accesskansas.org/kdem)

Federal Bureau of Investigation  
1-866-483-5137  
[www.fbi.gov/congress/congress01/caruso100301.htm](http://www.fbi.gov/congress/congress01/caruso100301.htm)

Kansas Arson/Crime Hotline  
1-800-KS-CRIME  
800-572-1763  
[www.accesskansas.org/kbi](http://www.accesskansas.org/kbi)

Kansas Bureau of Investigation (Topeka)  
785-296-8200  
[www.accesskansas.org/kbi](http://www.accesskansas.org/kbi)

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Kansas Crisis Hotline (Domestic Violence/Sexual Assault)  
1-888-END-ABUSE  
[www.kcsdv.org](http://www.kcsdv.org)

Kansas Road Conditions  
1-866-511-KDOT 511  
[www.ksdot.org](http://www.ksdot.org)

Poison Control Center  
1-800-222-1222  
[www.aapcc.org](http://www.aapcc.org)

Suicide Prevention Hotline  
1-800-SUICIDE [www.hopeline.com](http://www.hopeline.com) 1-800-273-TALK  
[www.suicidepreventionlifeline.com](http://www.suicidepreventionlifeline.com)

Toxic Chemical and Oil Spills  
1-800-424-8802  
[www.epa.gov/region02/contact.htm](http://www.epa.gov/region02/contact.htm)

**Health Services**

Nemaha Valley Community Hospital  
1600 Community Drive (Seneca)  
785-336-6181  
[www.nemvch.com](http://www.nemvch.com)

Hospitals Nemaha County Hospital Services Include:

- Acute Care
- Emergency Services
- Audiology
- Allergy & Asthma
- Cardiology
- Ear, Nose & Throat
- Gastroenterology
- Labor & Delivery
- Neurology
- Nephrology
- OB/GYN
- Oncology
- Orthopedics
- Ophthalmology
- Urology
- Podiatry
- Wound Clinic
- Dermatology
- VA Clinic

- Dietitian
- Surgery
- Social Services
- Swing bed Skilled Care
- Inpatient Care
- Laboratory Testing
- Physical & Occupational Rehab
- Outpatient Services
- Cardiac Rehab
- Respiratory Therapy
- Pharmacy
- Radiology

Sabetha Community Hospital  
603 North 14<sup>th</sup> Street (Sabetha)  
785-284-2121  
[www.sabethahospital.com](http://www.sabethahospital.com)

Sabetha Community Hospital Services Include:

- Acute Care
- Emergency Room
- Cardiac Rehabilitation
- Home Health Hospice
- Lactation Clinic
- Labor and Delivery
- Laboratory
- Nursing
- Outpatient Clinics
- Radiology/ X-Rays
- Social Services

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Surgery  
Swing Bed Skilled Care Therapy Services Additional  
Services Audiology Blood Bank Isolation Rooms Life  
Star  
Occupational Assessment Services One-Day  
Observation Care Hospital Pharmacy Sabetha Family  
Practice Kansas Dialysis Services

Health Department

Nemaha County Community Health Services  
Sabetha Location  
1004 Main Street (Sabetha)  
785-284-2152  
Seneca Location  
203 North 8<sup>th</sup> Street (Seneca)  
785-336-2330  
[www.ks-nemaha.manatron.com](http://www.ks-nemaha.manatron.com)

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Mental Health

Kanza Mental Health & Guidance Center  
710 Pioneer Street Suite 3 (Seneca) 785-336-3755

Medical Professionals

Chiropractors

Heartland Chiropractic Clinic  
610 North 9<sup>th</sup> Street (Seneca)  
785-336-3384

John Korpi, DC  
610 North 9<sup>th</sup> Street (Seneca)  
785-336-3384

Lukert Chiropractic & Wellness  
1102 South US Old Highway 75 (Sabetha) 785-284-  
0088

Seneca Chiropractic & Wellness Center LLC  
514 Main Street (Seneca)  
785-336-6222

Simpson Chiropractic PA  
914 Main Street (Sabetha)  
785-284-2205

**Clinics****Centralia Medical Clinic**

606 1<sup>st</sup> Street (Centralia)  
785-857-3334

**Goff Medical Clinic**

323 2<sup>nd</sup> Street (Weismore) 785-866-4775

**Sabetha Family Practice**

1115 Main St. (Sabetha)  
785-284-2141

**Seneca Family Practice**

1600 Community Drive (Seneca)  
785-336-6107

**Dentists****D A Bowman Family Dentistry** 713 Main Street

(Seneca) 785-336-6192

**Dental Implant Ctr-Ne Kansas** 1309 South US Old

Highway 75 (Sabetha) 785-284-3911

**Family Dentistry** 502 South Washington Avenue

(Sabetha) 785-284-3010

**Randy Kirwin, DDS** 819 Main St

(Sabetha) 785-284-3368

**Hamilton & Wilson DDS PA**

112 North 9<sup>th</sup> Street (Sabetha) 785-272-3722

**Seneca Dental Clinic Inc** 430

Main Street (Seneca) 785-336-6149

**Jason E Showman DDS**

911 Justiana Street (Seneca) 785-336-9904

**Terry D Whitten DDS** 1309 Acorn

Road (Sabetha) 785-284-3911

**Betsy Tedman, DMD** 112 N 9<sup>th</sup> St.

(Sabetha) 785-284-2323

**Optometrists****Gail H McPeak**

402 Main Street Suite A (Seneca)  
785-336-3535

**Whittaker Eye Associates**

407 Main Street (Seneca) 785-336-3571

**Whittaker Eye Associates**

1002 Main Street (Sabetha) 785-284-2139



Pharmacies

Medical Arts Pharmacy

701 Main Street (Seneca) 785-336-6146

Sabetha Family Pharmacy

1115 Main Street (Sabetha)  
785-284-2141  
www.sabethafasthealth.com

Sabetha Healthmart

934 Main Street (Sabetha)  
785-284-3414

Shopko

1710 North St. (Seneca)  
785-336-3855

Physicians

William A. (Tony) Bartkoski, D.O.

1600 Community Drive (Seneca) 785-336-6181

Heather Cooper, D.O.

1600 Community Drive (Seneca) 785-336-6181

Kerry Glynn, M.D.

1115 Main Street (Sabetha) 785-284-2141

Jared Snyder M.D.

1600 Community Drive (Seneca) 785-336-6181

Kevin Kennally, M.D.

1115 Main Street (Sabetha)  
785-284-2141

James Longabaugh, D.O.

1115 Main Street (Sabetha) 785-284-2141

James J. Lueger, D.O.

1600 Community Drive (Seneca) 785-336-6181

Angela M. Stueve, M.D.

1600 Community Drive (Seneca) 785-336-6181

Christian R. Tramp, M.D.

1115 Main Street (Sabetha) 785-284-2141

Gregg Wenger, M.D.

1115 Main Street (Sabetha) 785-284-2141

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Rehabilitation Services

Crestview Manor Nursing & Residential Living  
808 North 8th Street (Seneca)  
785-336-2156  
[www.crestviewseneca.com](http://www.crestviewseneca.com)

Nemaha County Training Center  
12 South 11th Street (Seneca) 785-336-6116  
329 North 11th Street (Sabetha)  
785-284-3666  
[www.nemahacdc.org](http://www.nemahacdc.org)

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Other Health Care Services

General Health Services

Community Health Care  
6221 5th Street (Corning)  
785-868-2000

Nemaha County Home Health & Hospice  
14th & Oregon (Sabetha)  
785-284-2288

Nemaha County Community Health Services  
Sabetha Location  
1004 Main Street (Sabetha)  
785-284-2152

Seneca Location  
203 North 8th Street (Seneca)  
785-336-2330  
[www.ks-nemaha.manatron.com](http://www.ks-nemaha.manatron.com)

Sabetha Family Practice  
1115 Main Street (Sabetha)  
785-284-2141

Sabetha Nutrition Center  
1116 Main Street (Sabetha)  
785-284-3594

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**Searight Family Practice**

323 2<sup>nd</sup> Street (Wetmore) 785-866-4775

**Seneca Nutrition Center**

504 Edwards (Seneca) 785-336-2714

**Assisted Living/Nursing Homes/TLC**

**Apostolic Christian Home**

511 Paramount St (Sabetha)  
Nursing Home and Assisted Living  
785-284-2499

**Cobble Stone Court of Sabetha Senior Living by**

**Americare**

913 Dakota Street (Sabetha)  
785-284-3418  
www.americareusa.net

**Community Based Home Care**

RR1 Box 127 (Centrailla)  
785-847-3273

**Country Place Senior Living**

1700 Community Drive (Seneca)  
785-336-6868

**Crestview Manor Nursing & Residential Living**

808 North 8<sup>th</sup> Street (Seneca)  
785-336-2156  
www.crestviewseneca.com

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**Lakeside Terrace**

1100 Harrison Street (Sabetha)  
785-284-0005

**Lifecare Center of Seneca**

512 Community Drive (Seneca)  
785-336-3528

**NCTC Group Home**

602 South 8<sup>th</sup> Street (Seneca)  
785-336-6223

**Sabetha Manor of Sabetha Skilled Nursing by**

**Americare**

1441 Oregon Street (Sabetha)  
785-284-3411  
www.americareusa.net

**Diabetes**

**Karen Hynek, MSNAPRN**

Nemaha Valley Community Hospital  
(Seneca) 785-336-6181

**Davita Dialysis**

106 N 12 St (Sabetha)  
785-284-0100

**Arriva Medical**

1-800-375-5137

**Diabetes Care Club**

1-888-395-6009

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**Disability Services**

**American Disability Group**

1-877-790-8899

**Kansas Department on Aging**

1-800-432-3535

[www.aainakansas.org/index.htm](http://www.aainakansas.org/index.htm)

**Domestic/Family Violence**

**Child/Adult Abuse Hotline**

1-800-922-5330

**DOVES Inc.**

913-367-0365

**Family Crisis Center**

(Great Bend)

Hotline: 620-792-1885 Business Line: 620-793-1965

**General Information - Women's Shelters**

[www.WomenShelters.org](http://www.WomenShelters.org)

**Kansas Crisis Hotline**

Manhattan

785-539-7935

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**Sexual Assault/Domestic Violence Center**

(Hutchinson)

Hotline: 1-800-701-3630 Business Line: 620-663-2522

**Educational Training Opportunities**

**Association of Continuing Education**

620-792-3218

**Food Programs**

**Food Pantry of Sabetha**

808 Main (Sabetha)

785-285-8132

**Nemaha County Community Center**

518 Main Street (Seneca) 785-336-3083

**Nemaha County Food Pantry**

3045 Highway 63 (Bern) 785-336-3083

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**Government Healthcare**

**Kansas Department on Aging (KDOA)**

503 South Kansas Avenue (Topeka) 785-296-4986 or 1-800-432-3535  
[www.aainakansas.org/](http://www.aainakansas.org/)

**Kansas Department of Health and Environment (KDHE)**

Curtis State Office Building 1000 South West Jackson (Topeka)  
785-296-1500  
[www.kdheks.gov/contact.html](http://www.kdheks.gov/contact.html)

**MEDICAID**

Kansas Department of Child and Family Services (DCF)  
406 N 3<sup>rd</sup> Street (Maryville)  
785-562-5338

**MEDICARE**

Social Security Administration 112 Hudson Avenue (Manhattan) 1-877-840-5741

**Northeast Area Agency on Aging**

526 Oregon Street (Hiawatha)  
785-742-7152  
1-800-883-2549  
[www.nekaaa.org](http://www.nekaaa.org)

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**Department of Child and Family & Services (DCF)**

406 N 3<sup>rd</sup> Street (Maryville)  
785-562-5338

**Health and Fitness Centers**

**LifeCare Fitness Center**

604 1<sup>st</sup> Street (Centralia) 785-857-3388

**Main Street Fitness**

785-770-0062

**Home Health**

**Nemaha County Home Health & Hospice**

501 North 14<sup>th</sup> Street (Sabetha) 785-284-2288

**Hospice**

**Nemaha County Home Health & Hospice**

501 North 14<sup>th</sup> Street (Sabetha) 785-284-2288

Massage Therapy

Char Mae

910 Main St. (Sabetha)  
785-284-2310

Hiatus Massage

408 Main St. (Seneca)  
785-334-1505

Seneca Chiropractic & Wellness Center LLC

514 Main Street (Seneca)  
785-336-6222

Studio Fusion Salon & Day Spa

1785 Frontage Road (Sabetha)  
785-284-0772  
www.studiofusionsalon.com

Lukert Chiropractic & Wellness

1102 South US Old Highway 75 (Sabetha)  
785-284-0088  
www.lukertchiropractic.com

Medical Equipment and Supplies

American Medical Sales and Repair

1-866-637-6803

School Nurses

Bern Public Schools-USD 488

Bern Elementary School  
416 Jilson Street (Bern)  
785-336-2293  
Bern High School  
416 Jilson Street (Bern)  
785-336-3031  
www.usd488.org

Centralia Public Schools-USD 380

Centralia Elementary School Centralia  
Junior Senior High School 507 Riggins  
Avenue (Centralia) 785-867-3324  
www.centralia.usd380.com

Luther Church Preschool

225 South 2<sup>nd</sup> Street #B (Sabetha) 785-  
284-3570

Nekcap Head Start

16 Main Street #B (Sabetha) 785-284-  
3009

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**Nemaha Central Schools-USD 115**

*Nemaha Central Elementary and Middle School*  
110 North 11<sup>th</sup> Street (Seneca)

785-336-2173

*Nemaha Central High School* 214 North 11<sup>th</sup>  
(Seneca)

785-336-3557

[www.usd442.org](http://www.usd442.org)

**Prairie Hills-USD 113**

Sabetha Elementary School

785-284-3448

Sabetha Middle School

751 Blue Jay Boulevard (Sabetha)

Sabetha High School

1011 Blue Jay Boulevard (Sabetha)

785-284-2155

Wetmore High School

321 6<sup>th</sup> Street (Wetmore)

785-866-2860

[www.usd441.org](http://www.usd441.org)

**Sabetha Community Preschool**

1116 Main Street (Sabetha) 785-284-3515

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**Senior Services**

**Elder Care, Inc.**

PO Box 1364 (Great Bend)

785-792-5942

**Northeast Kansas Area Agency on Aging**

526 Oregon Street (Hiawatha) 785-742-7152

[www.aqindkansas.org/aaa/psa9.htm](http://www.aqindkansas.org/aaa/psa9.htm)

**Veterinary Services**

**Baileyville Animal Clinic**

226 Main Street (Seneca) 785-336-6647

[www.baileyvilleanimalclinic.com](http://www.baileyvilleanimalclinic.com)

**Bern-Sabetha Veterinary Clinic PA**

1014 Main Street (Sabetha)

785-284-2103

216 West Street (Bern)

785-336-6151

**Centralia Animal Clinic**

100 Railroad Avenue (Centralia) 785-857-3366

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Country Side Animal Clinic  
2495 State Highway 9 (Wetmore)  
785-866-4141

Seneca Veterinary Clinic  
609 Industrial (Seneca) 785-336-2456

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**Local Government, Community and  
Social Services**

**Adult Protection**

**Adult Protective Services (SRS)**  
1-800-922-5330  
[www.srskansas.org/SD/ees/adult.htm](http://www.srskansas.org/SD/ees/adult.htm)

**Elder Abuse Hotline**  
1-800-842-0078  
[www.elderabusecenter.org](http://www.elderabusecenter.org)

**Kansas Department of Social and Rehabilitation  
Services West Region Protection Reporting Center**  
1-800-922-5330

**Alcohol and Drug Treatment**

**Alcohol and Drug Abuse Services**  
1-800-586-3690  
<http://www.srskansas.org/services/alco-drug/assess.htm>

**Alcohol Detoxification 24-Hour Helpline**  
1-877-403-3387  
[www.ACenterForRecovery.com](http://www.ACenterForRecovery.com)



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**Center for Recovery**

1-877-403-6236

**Educational Opportunities (Hiawatha)**

785-742-2400

**G&G Addiction Treatment Center**

1-866-439-1807

**Road Less Traveled**

1-866-486-1812

**Seabrook House**

1-800-579-0377

**The Treatment Center**

1-888-433-9869

**Child Protection**

Kansas Department of Social and Rehabilitation  
Services West Region Protection Reporting Center -  
i.e. PROTECTION REPORT CENTER FOR ABUSE  
1-800-922-5330  
Available 24 hours/7 days per week - including holidays

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**Children and Youth**

**Children's Alliance**

627 SW Topeka Boulevard (Topeka)  
785-235-5437  
www.childallv.org

**Kansas Children's Service League**

1-800-332-6378  
www.kcsl.org

**Community Centers**

**Community Building**

106 John Riggins Ave (Centralia) 785-857-  
3302

**Goff Community Center**

1723 State Highway 9 (Goff) 785-939-2027

**Nemaha County Community Center**

1500 Community Drive (Seneca) 785-336-  
2170

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Crime Prevention

City of Sabetha Crime Stoppers

805 Main Street (Sabetha) 785-284-2114

Nemaha County Sheriff

212 North 6<sup>th</sup> Street (Seneca) 785-336-2311

Day Care Providers - Adult

Country Place Senior Living

1700 Community Drive (Seneca) 785-336-6868

NCTC

1306 Quail Drive (Sabetha) 785-284-3666

Day Care Providers - Children

Teddy Bear Child Care

508 Castle Street (Seneca) 785-336-3013

FDC 316 Lincoln St (Sabetha)

785-284-2041

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Extension Office

K-State Research and Extensions

Meadowlark Extension District

1500 Community Drive (Seneca)  
785-336-2184

[www.meadowlarkksu.edu](http://www.meadowlarkksu.edu)

Funeral Homes

Lauer Funeral Home

212 South 4<sup>th</sup> Street (Seneca) 785-336-2101  
[www.lauerfuneralhome.com](http://www.lauerfuneralhome.com)

Popkess Funeral Home- Hayes

801 4<sup>th</sup> Street (Centraia) 785-857-3721  
[www.popkessmortuaries.com](http://www.popkessmortuaries.com)

Popkess Memorial Chapel-Seneca

814 Castle Street (Seneca) 785-336-2155  
[www.popkessmortuaries.com](http://www.popkessmortuaries.com)

Popkess Mortuary- Sabetha

823 Virginia Street (Sabetha) 785-284-2101  
[www.popkessmortuaries.com](http://www.popkessmortuaries.com)

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**Head Start**

**NEK-CAP Head Start**

16 Main Street (Sabetha) 785-284-3009

**Housing**

**Apostolic Christian Assisted Living**

603 Paramount Street (Sabetha)

785-284-2499

[www.apostolicsabetha.com](http://www.apostolicsabetha.com)

**City of Sabetha Housing Authority**

200 North 1<sup>st</sup> Street (Sabetha)

785-284-2841

**City of Seneca Housing Authority**

504 Edward Street (Seneca)

785-336-2144

**Cobble Stone Court of Sabetha Senior Living By**

**Americare**

913 Dakota Street (Sabetha)

785-284-3418

**Community Based Home Care**

RR1 Box 127 (Centralia)

785-857-3273

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**Country Place Senior Living**

1700 Community Drive (Seneca)

785-336-6868

**Crestview Manor Nursing & Residential Living**

808 North 8<sup>th</sup> Street (Seneca)

785-336-2156

[www.crestviewseneca.com](http://www.crestviewseneca.com)

**Lakeside Terrace**

1100 Harrison Street (Sabetha)

785-284-0005

[www.lakesideterrace.org](http://www.lakesideterrace.org)

**Legal Services**

**A-1 Bail Bonds**

408 Nemaha Street (Seneca) 785-336-3316

**Susan L Bowman**

713 Main Street (Seneca) 785-336-3569

**Kansas Legal Services**

203 North 8<sup>th</sup> Street Suite 1 (Seneca) 785-336-6016

[www.kansaslealservices.org](http://www.kansaslealservices.org)

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**Massieon Law**

419 Main Street (Seneca)  
785-336-2161

**O'Keef**

314 Main St. (Seneca)  
785-336-3563

**Gordon Olsen**

824 Main St. (Sabetha) 785-284-3426

**Mishler, Coughlin Law**

821 Main St. (Sabetha)  
785-284-2843

**Judd Herbst**

Sabetha 785-233-4225

**Libraries, Parks and Recreation**

**Centralia Community Library**

520 4<sup>th</sup> Street (Centralia) 785-857-  
3331

**Centralia Swimming Pool**

806 5<sup>th</sup> Street (Centralia) 785-847-  
3988

**Corning City Library**

6611 7<sup>th</sup> Street (Corning) 785-868-  
2755

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**KT Paintball Games**

346 250<sup>th</sup> Street (Sabetha)  
785-285-0075  
785-284-2827

**Seneca City Recreation**

609 Community Drive (Seneca) 785-  
336-6469

**Seneca Library**

606 Main Street (Seneca) 785-336-  
2377

**Seneca Swimming Pool**

1509 Community Drive (Seneca) 785-  
336-2272

**Sycamore Springs Resort**

3126 Bittersweet Road (Sabetha)  
785-284-3088

**Wetmore Public Library**

333 2<sup>nd</sup> Street (Wetmore) 785-868-  
2250

**Pregnancy Services**

**Adoption is a Choice**

1-877-524-5614

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**Adoption Network**

1-888-281-8054

**Adoption Spacebook**

1-866-881-4376

**Graceful Adoptions**

1-888-896-7787

**Kansas Children's Service League**

1-877-530-5275

[www.kcsi.org](http://www.kcsi.org)

**Nemaha County Community Health Services**

**Sabetha**

1004 Main Street (Sabetha)

785-284-2152

**Seneca**

203 North 8<sup>th</sup> Street (Seneca)

785-336-2330

**Public Information**

Sabetha Chamber of Commerce

805 Main Street (Sabetha) 285-2139

Sabetha City Hall

805 Main Street (Sabetha) 284-2158

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**Seneca Chamber of Commerce**

523 Main Street (Seneca) 336-2294

**Rape**

**DOVES (Atchison)**

913-367-0365

**Domestic Violence and Rape Hotline**

1-888-874-1499

**Family Crisis Center**

1806 12<sup>th</sup> Street (Great Bend) 620-793-1885

**Kansas Crisis Hotline**

Manhattan

785-539-7935

1-800-727-2785

**Red Cross**

**American Red Cross**

1221 Southwest 17<sup>th</sup> (Topeka) 234-0568

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Social Security

Social Security Administration

1-800-772-1213

1-800-325-0778

[www.ssa.aov](http://www.ssa.aov)

Transportation

Nemaha County Bus Service

S a bet ha 785-284-3594 Seneca 785-

336-2714

Psc General Public Transportation

Seneca

785-294-4630

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State and National Information, Services,  
Support

Adult Protection

Adult Protection Services

1-800-922-5330

[www.srskansas.org/SD/ees/adult.htm](http://www.srskansas.org/SD/ees/adult.htm)

Domestic Violence and Sexual Assault (DVACK)

1-800-874-1499

[www.dvack.org](http://www.dvack.org)

Elder Abuse Hotline

1-800-842-0078

[www.elderabuscenter.org](http://www.elderabuscenter.org)

Elder and Nursing Home Abuse Legal

[www.resource4nursinghomeabuse.com/index.html](http://www.resource4nursinghomeabuse.com/index.html)

Kansas Coalition Against Sexual and Domestic Violence

1-888-END-ABUSE (363-2287)

[www.kcsdv.org/ksresources.html](http://www.kcsdv.org/ksresources.html)

Kansas Department on Aging Adult Care Complaint  
Program

1-800-842-0078

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National Center on Elder Abuse (Administration on Aging)

[www.ncea.gov/NCEARoot/Main Site?Find Help/Help Hotline.aspx](http://www.ncea.gov/NCEARoot/Main Site?Find Help/Help Hotline.aspx)

National Domestic Violence Hotline

1-800-799-SAFE (799-7233)  
1-800-787-3224 (TTY) [www.ndvh.org](http://www.ndvh.org)

National Sexual Assault Hotline

1-800-994-9662  
1-888-220-5416 (TTY)  
[www.4woman.gov/fag/sexualassault.htm](http://www.4woman.gov/fag/sexualassault.htm)

National Suicide Prevention Lifeline

1-800-273-8255

Poison Center

1-800-222-1222

Sexual Assault and Domestic Violence Crisis Line

1-800-701-3630

Social and Rehabilitation Services (SRS)

1-888-369-4777 (HAYS) [www.srskansas.org](http://www.srskansas.org)

Suicide Prevention Helpline

785-841-2345

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Alcohol and Drug Treatment Programs

A 1 A Detox Treatment

1-800-757-0771

AAAAAH

1-800-993-3869

Abandon A Addiction

1-800-405-4810

Able Detox-Rehab Treatment

1-800-577-2481 (NATIONAL)

Abuse Addiction Agency

1-800-861-1768  
[www.thewatershed.com](http://www.thewatershed.com)

AIC (Assessment Information Classes)

1-888-764-5510

Al-Anon Family Group

1-888-4AL-ANON (425-2666) [www.al-anon.alateen.org](http://www.al-anon.alateen.org)

Alcohol and Drug Abuse Hotline

1-800-ALCOHOL

Alcohol and Drug Abuse Services

1-800-586-3690  
[www.srskansas.org/services/alc-drug assess.htm](http://www.srskansas.org/services/alc-drug assess.htm)

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Alcohol and Drug Addiction Treatment Programs  
1-800-510-9435'

Alcohol and Drug Helpline  
1-800-821-4357

Alcoholism/Drug Addiction Treatment Center  
1-800-477-3447

Kansas Alcohol and Drug Abuse Services Hotline  
1-800-586-3690  
[www.srskansas.org/services/alc-drug assess. htm](http://www.srskansas.org/services/alc-drug%20assess.htm)

Mothers Against Drunk Driving  
1-800-GET-MADD (438-6233) [www.madd.org](http://www.madd.org)  
National Council on Alcoholism and Drug Dependence,  
Inc.  
1-800-NCA-CALL (622-2255) [www.ncadd.org](http://www.ncadd.org)

Recovery Connection  
[www.recovervconnection.org](http://www.recovervconnection.org)

Regional Prevention Centers of Kansas  
1-800-757-2180  
[www.smokvhillfoundation.com/rpc-locate.html](http://www.smokvhillfoundation.com/rpc-locate.html)

Better Business Bureau

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Better Business Bureau  
328 Laura (Wichita)  
316-263-3146  
[www.wichita.bbb.org](http://www.wichita.bbb.org)

Children and Youth

Adoption  
1-800-862-3678  
[www.adopt.org/](http://www.adopt.org/)

Boys and Girls Town National Hotline  
1-800-448-3000  
[www.girlsandboystown.org](http://www.girlsandboystown.org)

Child/Adult Abuse and Neglect Hotline  
1-800-922-5330  
[www.srskansas.org/](http://www.srskansas.org/)

Child Abuse Hotline  
1-800-922-5330

Child Abuse National Hotline  
1-800-422-4453 1-800-222-4453 (TDD)  
[www.childhelpusa.org/home](http://www.childhelpusa.org/home)

Child Abuse National Hotline  
1-800-4-A-CHILD (422-4453)  
[www.childabuse.com](http://www.childabuse.com)



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**Child Find of America**

1-800-426-5678

**Child Help USA National Child Abuse Hotline**

1-800-422-4453

**Child Protective Services**

1-800-922-5330

[www.srskansas.org/services/child\\_protective\\_service\\_s.htm](http://www.srskansas.org/services/child_protective_service_s.htm)

**Health Wave**

P.O. Box 3599 (Topeka) 1-800-792-4884 1-800-

792-4292 (TTY) [www.kansashealthwave.org](http://www.kansashealthwave.org)

**Heartspring (Institute of Logopedics)**

8700 E 29<sup>th</sup> N (Wichita) [www.heartspring.org](http://www.heartspring.org)

**Kansas Big Brothers/Big Sisters**

1-888-KS4-BIGS

[www.ksbbs.org](http://www.ksbbs.org)

**Kansas Children's Service League (Hays)**

785-625-2244

1-877-530-5275

[www.kcsl.org](http://www.kcsl.org)

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**Kansas Department of Health and Environment**

785-296-1500 [www.kdheks.gov](http://www.kdheks.gov) e-mail: [info@kdheks.gov](mailto:info@kdheks.gov)

**Kansas Society for Crippled Children**

106 W Douglas, Suite 900 (Wichita)

1-800-624-4530

316-262-4676

[www.ksociety.org](http://www.ksociety.org)

**National Runaway Switchboard**

1-800-RUNAWAY [www.1800runaway.org/](http://www.1800runaway.org/)

**National Society for Missing and Exploited**

**Children**

1 -800-TH E-LOST (843-5678)

[www.missingkids.com](http://www.missingkids.com)

**Parents Anonymous Help Line**

1-800-345-5044

[www.parentsanonmrous.org/palindex10.html](http://www.parentsanonmrous.org/palindex10.html)

**Runaway Line**

1-800-621-4000 1-800-621-0394 (TDD) [www.](http://www.1800runaway.org/)

[1800runaway.org/](http://1800runaway.org/)

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**Talking Books**

1-800-362-0699  
[www.skyways.lib.ks.us/KSL/talkingq/ksl bph.html](http://www.skyways.lib.ks.us/KSL/talkingq/ksl bph.html)

**Community Action**

**Peace Corps**

1-800-424-8580  
[www.peacecorps.gov](http://www.peacecorps.gov)

**Public Affairs Hotline (Kansas Corporation Commission)**

1-800-662-0027  
[www.kcc.state.ks.us](http://www.kcc.state.ks.us)

**Counseling**

**Care Counseling**

Family counseling services for Kansas and Missouri 1-888-999-2196

**Carl Feril Counseling**

608 N Exchange (St. John)  
620-549-6411

**Castlewood Treatment Center for Eating Disorders**

1-888-822-8938  
[www.castlewoodtc.com](http://www.castlewoodtc.com)

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**Catholic Charities**

1-888-468-6909  
[www.catholiccharitiessalina.org](http://www.catholiccharitiessalina.org)

**Center for Counseling**

5815 W Broadway (Great Bend) 1-800-875-2544

**Central Kansas Mental Health Center**

1-800-794-8281  
Will roll over after hours to a crisis number.

**Consumer Credit Counseling Services**

1-800-279-2227  
[www.kscccs.org/](http://www.kscccs.org/)

**Kansas Problem Gambling Hotline**

1-866-662-3800  
[www.ksmhc.org/Services/gamblingq.htm](http://www.ksmhc.org/Services/gamblingq.htm)

**National Hopeline Network**

1-800-SUICIDE (785-2433) [www.hopeline.com](http://www.hopeline.com)

**National Problem Gambling Hotline**

1-800-552-4700  
[www.npqaw.org](http://www.npqaw.org)

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**Samaritan Counseling Center**

1602 N Main Street (Hutchinson)  
620-662-7835  
<http://cmcc.pdswebpro.com/>

**Self-Help Network of Kansas**

1-800-445-0116  
[www.selfhelpnetwork.wichita.edu](http://www.selfhelpnetwork.wichita.edu)

**Senior Health Insurance Counseling**

1-800-860-5260  
[www.aqindkansas.org](http://www.aqindkansas.org)

**Sunflower Family Services, Inc.**

(adoption, crisis pregnancy, conflict solution center)  
1-877-457-5437  
[www.sunflowerfamily.org](http://www.sunflowerfamily.org)

**Disability Services**

**American Association of People with Disabilities (AAPD)**

[www.aapd.com](http://www.aapd.com)

**American Council for the Blind**

1-800-424-8666  
[www.acb.org](http://www.acb.org)

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**Americans with Disabilities Act Information Hotline**

1-800-514-0301 1-800-514-0383 (TTY) [www.ada.gov](http://www.ada.gov)

**Disability Advocates of Kansas, Incorporated**

1-866-529-3824  
[www.disabilitysecrets.com](http://www.disabilitysecrets.com)

**Disability Group, Incorporated**

1-888-236-3348  
[www.disabilitygroup.com](http://www.disabilitygroup.com)

**Disability Rights Center of Kansas (DRC)**

Formerly Kansas Advocacy & Protective Services  
1-877-776-1541  
1-877-335-3725 (TTY)  
[www.drckansas.org](http://www.drckansas.org)

**Hearing Healthcare Associates**

1-800-448-0215

**Kansas Commission for the Deaf and Hearing Impaired**

1-800-432-0698  
[www.srskansas.org/kcdh](http://www.srskansas.org/kcdh)

**Kansas Relay Center (Hearing Impaired service)**

1-800-766-3777  
[www.kansasrelav.com](http://www.kansasrelav.com)

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**National Center for Learning Disabilities**

1-888-575-7373  
www.ncld.org

**National Library Services for Blind & Physically**

**Handicapped**

www.loc.gov/hls/  
1-800-424-8567

**Parnele Law Firm**

8623 E 32<sup>nd</sup> Street N, Suite 100 (Wichita) 1-877-267-6300

**Environment**

**Environmental Protection Agency**

1-800-223-0425 913-321-9516 (TTY)  
www.epa.gov

**Kansas Department of Health and Environment**

Salina 785-827-9639 Hays 785-625-5663 Topeka 785-296-1500 www.kdheks.gov

**Food and Drug**

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**Center for Food Safety and Applied Nutrition**

1-888-SAFEFOOD (723-3366) www.cfsan.fda.gov/  
www.healthfinder.gov/docs/doc03647.htm

**US Consumer Product Safety Commission**

1-800-638-2772 1-800-638-8270 (TDD) www.cpsc.gov

**USDA Meat and Poultry Hotline**

1-888-674-6854 1-800-256-7072 (TTY)  
www.fsis.usda.gov/

**U.S. Food and Drug Administration**

1-888-INFO-FDA  
1-888-463-6332  
www.fsis.usda.gov/

**Poison Hotline**

1-800-222-1222

**Health Services**

**American Cancer Society**

1-800-227-2345  
www.cancer.org

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**American Diabetes Association**

1-800-DIABETES (342-2383) [www.diabetes.org](http://www.diabetes.org)

**AIDS/HIV Center for Disease Control and Prevention**

1-800-CDC-INFO 1-888-232-6348 (TTY)  
[www.cdc.gov/hiv/](http://www.cdc.gov/hiv/)

**AIDS/STD National Hot Line**

1-800-342-AIDS 1-800-227-8922 (STD line)

**American Health Assistance Foundation**

1-800-437-2423  
[www.ahaf.org](http://www.ahaf.org)

**American Heart Association**

1-800-242-8721  
[www.americanheart.org](http://www.americanheart.org)

**American Lung Association**

1-800-586-4872

**American Stroke Association**

1-888-4-STROKE [www.americanheart.org](http://www.americanheart.org)

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**Center for Disease Control and Prevention**

1-800-CDC-INFO 1-888-232-6348 (TTY)  
[www.cdc.gov/hiv/](http://www.cdc.gov/hiv/)

**Elder Care Helpline**

[www.eldercarelink.com](http://www.eldercarelink.com)

**Eye Care Council**

1-800-960-EYES [www.seetolearn.com](http://www.seetolearn.com)

**Kansas Foundation for Medical Care**

1-800-432-0407  
[www.kfmc.org](http://www.kfmc.org)

**National Health Information Center**

1-800-336-4797  
[www.health.gov/nhic](http://www.health.gov/nhic)

**National Cancer Information Center**

1-800-227-2345 1-866-228-4327 (TTY)  
[www.cancer.org](http://www.cancer.org)

**National Institute on Deafness and Other**

**Communication Disorders Information**

Clearinghouse 1-800-241-1044 1-800-241-1055 (TTY)  
[www.nidcd.nih.gov](http://www.nidcd.nih.gov)

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Hospice

Hospice-Kansas Association

1-800-767-4965

Kansas Hospice and Palliative Care Organization

1-888-202-5433

[www.lifeproject.org/akh.htm](http://www.lifeproject.org/akh.htm)

Nemaha County Home Health and Hospice

14<sup>th</sup> and Oregon (Sabetha)

785-284-2288

Southwind Hospice, Incorporated

[www.southwindhospice.com](http://www.southwindhospice.com)

785-483-3161

Housing

Kansas Housing Resources Corporation

785-296-2065

[www.housingcorp.org](http://www.housingcorp.org)

US Department of Housing and Urban

Development

Kansas Regional Office 913-551-5462

Legal Services

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Kansas Attorney General

1-800-432-2310 (Consumer Protection) 1-800-

828-9745 (Crime Victims' Rights) 1-800-766-3777

(TTY) [www.ksaa.org/](http://www.ksaa.org/)

Kansas Bar Association

785-234-5696

[www.ksbar.org](http://www.ksbar.org)

Kansas Department on Aging

1-800-432-3535

[www.agingkansas.org/index.htm](http://www.agingkansas.org/index.htm)

Kansas Legal Services

1-800-723-6953

[www.kansaslealservices.org](http://www.kansaslealservices.org)

Northeast Kansas Area Agency on Aging

526 Oregon Street (Hiawatha)

785-742-7152

[www.nekaaa.org](http://www.nekaaa.org)

Medicaid Services

First Guard

1-888-828-5698

[www.firstauard.com](http://www.firstauard.com)

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**Kansas Health Wave**

1-800-792-4884 or 1-800-792-4292 (TTY)  
[www.kansashealthwave.org](http://www.kansashealthwave.org)

**Kansas Medical Assistance Program**

Customer Service  
1-800-766-9012  
[www.kmpa-state-ks.us/](http://www.kmpa-state-ks.us/)

**Medicare Information**

1-800-MEDICARE [www.medicare.gov](http://www.medicare.gov)

**U.S. Department of Health and Human Services**

Centers for Medicare and Medicaid Services 1-800-MEDICARE (1-800-633-4227) or 1-877-486-2048 (TTY)  
[www.cms.hhs.gov](http://www.cms.hhs.gov)

**Mental Health Services**

**Alzheimer's Association**

1-800-272-3900 or 1-866-403-3073 (TTY) [www.alz.org](http://www.alz.org)

**Developmental Services of Northwest Kansas**

1-800-637-2229

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**Kansas Alliance for Mentally Ill (Topeka, KS)**

785-233-0755  
[www.namkansas.org](http://www.namkansas.org)

**Make a Difference**

1-800-332-6262

**Mental Health America**

1-800-969-6MHA (969-6642)

**National Alliance for the Mentally Ill Helpline**

1-800-950-NAMI (950-6264) or 703-516-7227 (TTY)  
[www.nami.org](http://www.nami.org)

**National Institute of Mental Health**

1-866-615-6464 or 1-866-415-8051 (TTY) [www.nimh.nih.gov](http://www.nimh.nih.gov)

**National Library Services for Blind and Physically**

**Handicapped**

1-800-424-8567

[www.loc.gov/nls/music/index.html](http://www.loc.gov/nls/music/index.html)

**National Mental Health Association**

1-800-969-6642 1-800-433-5959 (TTY) [www.nmha.org](http://www.nmha.org)

**Pawnee Mental Health**

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**State Mental Health Agency**

KS Department of Social and Rehabilitation Services 915  
SW Harrison Street (Topeka)  
785-296-3959  
[www.srskansas.org](http://www.srskansas.org)

**Suicide Prevention Hotline**

1-800-SUICIDE [784-2433]  
[www.hopeline.com](http://www.hopeline.com)

**Nutrition**

**American Dietetic Association**

1-800-877-1600  
[www.eatright.org](http://www.eatright.org)

**American Dietetic Association Consumer**

**Nutrition Hotline**

1-800-366-1655

**Department of Human Nutrition**

Kansas State University 119 Justin Hall (Manhattan)  
785-532-5500  
[www.humec.k-state.edu/hn/](http://www.humec.k-state.edu/hn/)

**Eating Disorders Awareness and Prevention**

1-800-931-2237  
[www.nationaleatingdisorders.org](http://www.nationaleatingdisorders.org)

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**Food Stamps**

Kansas Department of Social and Rehabilitation Services  
(SRS)  
1-888-369-4777 or Local SRS office  
[www.srskansas.org/SD/ees/food\\_stamps.htm](http://www.srskansas.org/SD/ees/food_stamps.htm)

**Kansas Department of Health and Environment**

1000 SW Jackson, Suite 220 (Topeka) 785-296-1320  
[www.kdheks.gov/news-wic/index.html](http://www.kdheks.gov/news-wic/index.html)

**Road and Weather Conditions**

**Kansas Road Conditions**

1-866-511-KDOT 511  
[www.ksdot.org](http://www.ksdot.org)

**Senior Services**

**Alzheimer's Association**

1-800-487-2585

**American Association of Retired Persons (AARP)**

1-888-OU R-AARP (687-2277) [www.aarp.org](http://www.aarp.org)



**DRAFT****Americans with Disabilities Act Information Line**

1-800-514-0301 or 1-800-514-0383 [TTY]  
[www.usdoj.gov/crt/ada](http://www.usdoj.gov/crt/ada)

**American Association of Retired Persons**

1-888-687-2277  
[www.aarp.org](http://www.aarp.org)

**Area Agency on Aging**

1-800-432-2703

**Eldercare Locator**

1-800-677-1116  
[www.eldercare.gov/eldercare/public/home.asp](http://www.eldercare.gov/eldercare/public/home.asp)

**Home Buddy**

1-866-922-8339  
[www.homebuddy.org](http://www.homebuddy.org)

**Home Health Complaints**

Kansas Department of Social and Rehabilitation Services (SRS)

1-800-842-0078

**Kansas Advocates for Better Care Inc.**

Consumer Information  
 1-800-525-1782  
[www.kabc.org](http://www.kabc.org)

**DRAFT****Kansas Department on Aging**

1-800-432-3535 or 785-291-3167 (TTY)  
[www.agingkansas.org/index.htm](http://www.agingkansas.org/index.htm)

**Kansas Foundation for Medical Care, Inc.**

Medicare Beneficiary Information 1-800-432-0407

**Kansas Tobacco Use Quitline**

1-866-KAN-STOP (526-7867)  
[www.kdheks.gov/tobacco/cessation.html](http://www.kdheks.gov/tobacco/cessation.html)

**Older Kansans Employment Programs (OKEP)**

785-296-7842  
[www.kansascommerce.com](http://www.kansascommerce.com)

**Older Kansans Hotline**

1-800-742-9531

**Older Kansans Information Reference Sources on Aging (OKIRSA)**

1-800-432-3535

**Senior Health Insurance Counseling for Kansas**

1-800-860-5260  
[www.agingkansas.org/SHICK/shick\\_index.html](http://www.agingkansas.org/SHICK/shick_index.html)

**SHICK**

1-800-860-5260  
[www.agingkansas.org/SHICK](http://www.agingkansas.org/SHICK)

DRAFT

Social Security Administration

785-296-3959 or 785-296-1491 (TTY)  
www.srskansas.org

DCF Services Kansas

785-296-3959 785-296-1491 (TTY)  
www.srskansas.org

Suicide Prevention

Suicide Prevention Services

1-800-784-2433  
www.spsfv.org

Veterans

Federal Information Center

1-800-333-4636  
www.FirstGov.gov

U.S. Department of Veterans Affairs

1-800-513-7731  
www.kcva.org

**Education (GI Bill)** 1-888-442-4551

DRAFT

Health Resource Center

1-877-222-8387

Insurance Center

1-800-669-8477

Veteran Special Issue Help Line

Includes Gulf War/Agent Orange Helpline 1-800-749-8387

U.S. Department of Veterans Affairs

Mammography Helpline

1-888-492-7844

Other Benefits

1-800-827-1000

Memorial Program Service [includes status of

headstones and markers]

1-800-697-6947

Telecommunications Device for the

Deaf/Hearing Impaired

1-800-829-4833 (TTY) www.vba.va.gov

Veterans Administration

Veterans Administration Benefits  
1-800-669-8477

DRAFT

Life Insurance 1-800-669-8477 Education (GI Bill)

1-888-442-4551

**Health Care Benefits**

1-877-222-8387

Income Verification and Means Testing 1-800-525-8387

Mammography Helpline

1-888-492-7844

Gulf War/Agent Orange Helpline

1-800-749-8387

Status of Headstones and Markers

1-800-697-6947

Telecommunications Device for the Deaf

1-800-829-4833

[www.vba.va.aov](http://www.vba.va.aov)

DRAFT

Welfare Fraud Hotline

Welfare Fraud Hotline  
1-800-432-3913

Benefits Information and Assistance

1-800-827-1000

Debt Management

1-800-827-0648

Life Insurance Information and Service

1-800-669-8477

## 2015 Community Health Needs Assessment Nemaha County

July 16, 2015  
Lora Key, CEO  
Sabetha Community Hospital

### Coordinators:

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Community Hospital  
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Community Hospital  
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## Agenda

- Background and Review of 2012 CHNA priorities
- Current state data from Kansas Health Matters
- Prioritize health care needs
- Brainstorm CHNA action plan
- Wrap Up

## CHNA Background

- Patient Protection and Affordable Care Act
- 501(c)3 (charitable) hospital every 3 years
  - Community Health Needs Assessment
  - Implementation strategy
  - Demonstrable effort for progress
- Involve outside partners, i.e. Public Health, etc.

## Action Plan: Intended Outcomes

- What will be the situation when you have achieved the goal?
- Examples:
  - Patients experience continuum of care; providers are stronger with fewer leakages.
  - Single Web-based portal for all provider info.

## Action Plan: Resources

- What resources are needed: who must be involved, how much time, money, what partnerships
- Examples:
  - Major provider cooperation.
  - Significant organizational and public relations capacity.
  - IT capacity
  - Financial sponsorships

## Action Plan: Activities

- What meetings, events, public involvement, information resources, media, partnerships are needed?
- Examples:
  - Quarterly provider meetings - private sharing.
  - Event leadership and planning committee, etc.

## Action Plan: Participation

- ✓ Who needs to be involved?
- ✓ Examples:
  - Leadership - who is the right person?
  - Who within this group or outside this group should be involved?

## 2012 CHNA Priorities cont'd

Priority #3: Improve access to information and assistance across multiple needs and populations

- Enhance follow-up case management assistance
- Facilitate elder assistance program access
- Facilitate family assistance program access
- Enhance citizen awareness of existing local programs, providers and services

## Update of NVCH & SCH Priorities

Priority #1: Promote health, wellness and chronic disease prevention.

- Information on website
- Social media - Facebook
- printed monthly educational calendars, health fairs, community educational classes

## Update of NVCH & SCH Priorities cont'd

Priority #2: Improve access to mental health assistance.

- spoke with local community mental health center
- able to add emergent MH eval in ED by televideo
- researched telepsych options
- on NVCH website is a mental health screen
- Mental Health ongoing crisis in KS-solutions still being sought

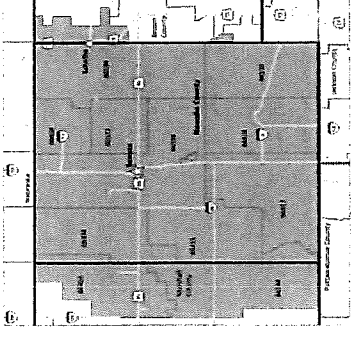
## Update of NVCH & SCH Priorities cont'd

Priority #3: Improve access to information and assistance across multiple needs and populations

- Discussion on county wide smartphone app
- Tabled due to feasibility, overall arching scope of project
- Directory created by KRHW, put on NVCH & SCH websites

## Health Care Market

NVCH = 82%  
SCH = 78.5%  
Of Inpatient  
Discharges in  
2014



- Community Survey was Optional for 2015 CHNA
- Opted to use secondary data reports from KS Health Matters Data

## Kansas Health Matters Data

- ❖ Alcohol-Impaired Driving Deaths
  - Nemaha County 57.1%
  - State of Kansas 33.3%
- ❖ Adults who reported that they always wear a seatbelt
  - Nemaha County 70.7%
  - State of Kansas 92%

## Kansas Health Matters Data

- ❖ Suicide Mortality Rate
  - Nemaha County 20.8%
  - State of Kansas 13.7%
- ❖ Infant Mortality Rate
  - Nemaha County 10.4%
  - State of Kansas 6.4%

## Kansas Health Matters Data

- ❖ Traffic Injury Mortality Rate  
Nemaha County 17.3%  
State of Kansas 14.8%
- ❖ Percent of births where mother smoked during pregnancy  
Nemaha County 14%  
State of Kansas 13.5%

## Brainstorming CHNA Action Plan

- ✓ Stay with current needs
- ✓ Or add additional priorities
- ✓ Break into 3 groups and then come back and brainstorm an action plan

## Action Plan: Situation

- ✓ What is the specific need/problem that you would like to see changed?
- ✓ Example: Enhance communication across providers and with the community  
Providers in “silos” to patient detriment

## Action Plan: Priorities

- ❑ What are the top three things that need to happen to change the existing situation?
- ❑ Examples:  
Major providers meet periodically to exchange information and seek collaborative initiatives.  
Create an annual event to bring community and providers together.



## Community Engagement

### Process

- Community-based, not driven by hospitals, health care providers or outside agency
- Public represented by you - community leaders who are willing to participate
- Process leads to identification of priority local health-related issues
- Mobilizes community to help improve the relative situation

## Community Perceptions

- What are major health-related concerns?
- What needs to be done to improve local health care?
- What should be the over-arching health care goals in the county?
- What are the greatest barriers to achieving those goals?

## 2012 CHNA Priorities

Priority #1: Promote health, wellness and chronic disease prevention.

- Emphasize Health education from cradle to grave
- Focus on healthy lifestyle behaviors that can be carried throughout life. For example, hygiene, nutrition, exercise, etc.
- Help adults achieve a healthier lifestyle, e.g. weight loss, tobacco cessation, responsible alcohol use.

## 2012 CHNA Priorities cont'd

Priority #2: Improve access to mental health assistance

- Emphasize social, emotional and spiritual wellness in addition to physical wellness
- Improve personal need recognition, provider response
- Enhance access to a range of mental health services and providers

### Action Plan: Short-term

- ✓ What has to happen in 6-12 months?
- ✓ Examples:  
Providers buy in, establish a regular meeting schedule, identify meeting coordinator  
Work committees recruited and organized

### Action Plan: Intermediate-term

- ✓ What has to happen in 1-3 years?
- ✓ Examples:  
Providers meeting regularly  
Web-based portal up and updated regularly

### Action Plan: Ultimate Impact

- ✓ What has to happen in the long-term?
- ✓ What are the evaluation target metrics (how will the situation be different)?
- ✓ Examples:  
Community surveys show high local usage and satisfaction with local providers.  
Data health indications are improving.  
Community undertakes new health initiatives

## Wrap Up

Thank you for coming and participating today!

# Report on 2012 Priorities

## Priority #1: Promote health, wellness, and chronic disease prevention.

- Emphasize Health education from cradle to grave
- Focus on healthy lifestyle behaviors that can be carried throughout life. For example hygiene, nutrition, exercise, ect.
- Help adults achieve a healthier lifestyle, e.g. weight loss, tobacco cessation, responsible alcohol use.

Nemaha Valley Community Hospital intends to meet the need of this priority in the following ways:

1. Form an Education Committee that's goal is to educate the community on physical and mental health issues as well as prevention methods from newborn to the elderly.
2. The committee will meet and discuss the current educational pieces that the hospital and clinic already provide and talk about potential ways to enhance them to meet the needs identified.
3. The committee will focus on new methods of reaching citizens by looking at more electronic methods specifically social media.
4. The committee will review the existing and newly developed practices on a yearly basis.

An education committee was formed in 2013. We developed a hospital Facebook page as a way to get education to the public. Hospital departments are assigned certain dates to come up with an educational post and this information is getting posted on a weekly basis. We still have plans to do more education since we know not everyone is on social media. We recently hired a marketing director and she will be working on ways to get more information out to the public. To make people more aware of the services that we offer we developed a running slide show that shows in three of our waiting rooms as well as on the local tv station. It highlights every department and shows what services are available. This priority is still a need and I believe that this will be an ongoing need.

## Priority #2: Improve access to mental health assistance.

- Emphasize social, emotional, and spiritual wellness in addition to physical wellness.
- Improve personal need recognition, provider response.
- Enhance access to a range of mental health services and providers.

The Nemaha Valley Community Hospital intends to meet the need of this priority in the following ways:

1. Focus on educating the public about mental health issues and available resources.  
Education will be provided by the hospital's Education Committee.

2. Look into the possibility and feasibility of finding additional mental health agencies or individuals to provide psychological services in our area.

What we have done to work toward meeting this need:

NVCH has met with Kanza mental health on several occasions since the previous assessment to work on creating a better relationship with them. Our relationship has seemed to improve as well as their provider response time. In August of 2014 we agreed to Kanza's proposal to make the screening process by video rather than in person. Patients have responded well to this and it has cut down the time that the patients had to wait for Kanza personnel to begin the screen. We will continue to foster our relationship with Kanza to ensure that if problems arise we can work them out together.

Our education committee developed a Facebook page and we are posting educational information to the public on mental health issues through this outlet. As well as links and information to available resources.

We have looked into the possibility of hiring a psychologist, but has not been financially feasible for us to do. We have made contact with numerous other mental health agencies to bring in another therapist to our area to use our outpatient clinic, but none have been receptive. Although we are currently looking into a contract with Marrilac Childrens Hospital which could provide psychiatric services and possibly therapy via tele video. We are still in meetings with them to determine the financial feasibility of this.

We have purchased an online screening tool that is linked to our website. This tool allow anyone to take a free online screening for numerous mental disorders. At the end of the test it tells you how likely you are to have the condition that you screened for and what resources are available to help. We have had a fairly good response to this and plan to continue paying for this service as well as to market this more to the community.

We still have a lot of work to do to fully meet this community need.

Priority #3: Improve access to information and assistance across multiple needs and populations.

- Enhance follow-up case management assistance.
- Facilitate elder assistance program access.
- Facilitate family assistance program access.
- Enhance citizen awareness of existing local programs, providers, and services.

The Nemaha Valley Community Hospital is unable to meet the need of this priority due to the following reasons:

1. The scope of this priority is very large and is beyond the resources of the facility.
2. Due to the amount of work that this priority would take it would not be financially feasible nor do we have the staffing available to meet the needs.

## Community Health Needs Assessment

### Hospital Requirements

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

- All 501(c)3 Hospitals
- Governmental hospitals that have an IRS Determinate (c)3 Letter
- If you have ever applied for and received a letter (for the hospital entity) you have to comply.

#### Hospitals must Complete Community Needs Assessment

- At least once every three years; first one must be completed by end of tax year beginning after March 23, 2012.
- Include input from persons who represent the broad interest of the community.
- Include input from persons having public health knowledge or expertise.
- Make assessment widely available to the public
- Adopt a written implementation strategy to address identified community needs.\*
- Failure to comply results in excise tax penalty of \$50,000 per year.

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

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

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

1. A description of the community served by the hospital facility and how it was determined.
2. A description of the process and methods used to conduct the assessment, including a description of the sources and dates of the data and other information used in the assessment and the analytical methods applied to identify community health needs. The report should also describe information gaps that impact the hospital organization's ability to assess the health needs of the community served by the hospital facility. If a hospital organization collaborates with other organizations in conducting a CHNA, the report should identify all of the organizations with which the hospital organization collaborated. If a hospital organization contracts with one or more third parties to assist it in conducting a CHNA, the report should also disclose the identity and qualifications of such third parties.
3. A description of how the hospital organization took into account input from persons who represent the broad interests of the community served by the hospital facility, including a description of when and how the organization consulted with these persons (whether through meetings, focus groups, interviews, surveys, written correspondence, etc.) If the hospital organization takes into account input from an organization, the written report should identify

the organization and provide the name and title of at least one individual in such organization with whom the hospital organization consulted.

4. A prioritized description of all of the community health needs identified through the CHNA, as well as a description of the process and criteria used in prioritizing such health needs.
5. A description of the existing health care facilities and other resources within the community available to meet the community health needs identified through the CHNA.

CHNA Written Report needs to be:

- Widely available to the public
- On hospital website
- Given to anyone who asks

### **Implementation Strategy**

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

An **implementation strategy** is a written plan that addresses each of the community health needs identified through a CHNA.

An implementation strategy will address a health need identified through a CHNA for a particular hospital facility if the written plan either:

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

**An Implementation Strategy needs to be:**

- Approved by Board of Directors
- Attached to 990, and the 990 has to be widely available to the public

This summary was obtained from the *Kansas Health Matters* Website (<http://www.kansashealthmatters.org/>), and can be found here: (<https://www.myctb.org/wst/kansashealthmatters/hospitals/default.aspx>)

## **Community Health Needs Assessment**

### **Health Department Accreditation**

The Public Health Accreditation Board (PHAB) defines public health accreditation as the development of a set of standards, a process to measure health department performance against those standards, and reward or recognition for those health departments who meet the standards.

The PHAB standards were developed through the framework of the 10 Essential Public Health Services:

1. Monitor the health of the community
2. Diagnose and investigate health problems
3. Inform, educate, and empower people
4. Mobilize community partnerships
5. Develop policies
6. Enforce laws and regulations
7. Link to/provide health services
8. Assure a competent workforce
9. Evaluate quality
10. Research for new insights

Accreditation is a mechanism for demonstrating a local health department's capacity for providing the essential services as well as its ability to do so through a culture of continuous quality improvement. The PHAB Standards and Measures Version 1.0 were released in May 2011.

Local health departments may seek accreditation as an individual agency or as a region, using the multi-jurisdictional approach. Accreditation status lasts for 5 years; at the end of the 5 year cycle, the department must seek reaccreditation.

Health departments must complete three prerequisites prior to applying for accreditation within the past 5 years

1. A community health assessment
2. A community health improvement plan
3. An agency strategic plan

The seven steps of the accreditation process are

1. Pre-application
2. Accreditation Readiness Checklist
3. Online Orientation
4. Statement of Intent
5. Application
6. Documentation Selection and Submission
7. Site Visit
8. Accreditation Decision
9. Reports

## 10. Reaccreditation

This summary was obtained from the *Kansas Health Matters* Website (<http://www.kansashealthmatters.org/>), and can be found here:  
(<https://www.myctb.org/wst/kansashealthmatters/healthdepartments/default.aspx>)