Geary County Community Health Needs Assessment 2017

Prepared by Geary Community Hospital
Geary County

Community Health Needs Assessment
Friends,

In September 2017, Geary Community Hospital teamed up with Live Well Geary County, Geary County Health Department, and Blue Cross Blue Shield of Kansas to conduct a health needs survey and finalize the most recent Community Health Needs Assessment (CHNA). The CHNA process and report serves not only as an excellent local data source for agencies and organizations, but also lays the foundation and provides a road map to developing action plans for a healthier Geary County. Throughout this process we discovered the variables related to health in Geary County are countless and nearly every organization has the ability to influence health in ways that ripple far beyond the services they provide.

This document serves as the final report for the assessment and the beginning of a new round of action to promote healthy living in Geary County. The CHNA will serve as a point of reference for agencies to initiate conversations concerning the findings of the assessment and take steps to meet those challenges.

We would like to thank all of the partners involved in the Geary County CHNA process, including agencies and representatives on the committee, those that participated in the various discussions, interview and focus groups, and those members of the community that completed our survey. Without the support and participation of the community at large, this assessment would not have been as reflective, accurate or possible.

We invite you to join us in moving forward as we address the health issues that we face as a community. Use this document as a resource to help your organization or agency with its mission or to decide on a project. Join this community-wide movement to make a healthier Geary County.
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Executive Summary

Background
In 2014, Geary Community Hospital, the Geary County Health Department and Geary County USD 475 conducted a health needs assessment to gain a deeper understanding of the broad health issues in Geary County.

The feedback received was narrowed into three challenges:
1. Lack of available and affordable healthy food options.
2. Few environments that support physical activity.
3. Transportation barriers create poor access to healthcare services.

One of the coalition partners, Geary Community Hospital, researched different ways to help the community gain access to affordable healthy food. In response, the hospital began a weekly farmers market, held during the summer months in the main parking lot of the hospital. Since its beginning in Summer 2014, the market has seen exponential growth in participation by local farm vendors and customers. Electronic Benefit Access (EBT) for Supplemental Nutrition Assistance Program (SNAP) recipients was added in Summer 2015 through a grant awarded to the Geary County Health Department. Local community leaders created Live Well Geary County to expand upon these successful initiatives. Live Well serves as a collaborative hub for healthy living initiatives, information, and resources about wellness in the local area.

In July 2017, Live Well Geary County was selected as one of eight statewide recipients of the Pathways To A Healthy Kansas grant through Blue Cross Blue Shield of Kansas. The three-year program provides $100,000 in initial funding with an additional $400,000 available for each community to address focus areas of healthy eating, active living, and tobacco control. The grant was specifically designed to examine the current health needs of the community, expand upon established initiatives and engage the community to live a healthier lifestyle.

In 2017, Geary Community Hospital, the Geary County Health Department, Live Well Geary County and Blue Cross Blue Shield conducted a health needs assessment to gain a deeper understanding of the broad health issues in Geary County.

This was intended to serve multiple purposes including:

- Gain a deeper understanding of community health issues and the assets available to address those issues;
- A better ability to respond to community health issues and strive toward collective impact;
- Planning implementation of the Pathways To A Healthy Kansas grant;

Various methods were used as a means of identifying convergent themes that represent community health issues experienced by Geary County residents.

Community work sessions and events were held February 2015 through December 2017 to discuss opportunities for improvement and update the current Community Health Improvement Plan as projects and initiatives progressed.
Between September 2017 and December 2017 a concerns survey was completed by 410 community members who rated the importance of and satisfaction with 57 key community health indicators. In addition, 60 discussions with key informants across Geary County were held to gather similar information about community conditions and assets that shape the community’s health.

Key community health status indicators were compiled across domains including clinical care, health behaviors, the physical environment and social and economic factors. Data from each of these assessment methods were analyzed to identify converging themes. Overall, themes fell under three broad categories: 1) strengths and assets; 2) perceived community challenges; and, 3) conditions for promoting health.

Key Findings

Strengths and Assets

- There are motivated local citizens and key supportive leadership focused on making Geary County a healthier community.
- There is a strong support from the community and key organizations to promote smoking cessation in the community.

Perceived Community Challenges

- Lack of available and affordable health food options.
- Few environments that support physical activity.
- Quality of life is perceived as worse for individuals and families with lower incomes.
- Lack of access to healthcare services.
- Transportation has improved but barriers still exist and limit access to healthcare and employment.
- Too much access to alcohol and tobacco.
- Lack of public education about resources and services available in the community.

Conditions for Promoting Health

- There are several examples of community collaboration, but some perceive community partnerships could be stronger.
- Some groups are marginalized due to communication barriers and historical patterns of exclusion.
Key Findings

A brief summary of Geary County, Kansas

Culturally Diverse

Geary County’s most challenging area and greatest asset is: its rich cultural diversity of our community.

Percent identifying as white

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>85%</td>
<td>Identify as white in Kansas</td>
</tr>
<tr>
<td>69%</td>
<td>Identify as white in Geary County</td>
</tr>
</tbody>
</table>

Staggering Statistics

1. Food insecure county in Kansas
2. Tobacco usage-county in Kansas
3. Median age of residents, compared to 36 in Kansas
4. Number of food deserts in Geary County

Numbers Don’t Lie

All of the statistics above indicate gaps in services for under-served populations and a lack of communications, education, time, money and human resources to address the overall scope of our county’s needs.

Figure 1. Infographic published by Live Well Geary County. Data source University of Wisconsin Population Health Institute and Robert Wood Johnson Foundation http://www.countyhealthrankings.org.
Introduction

Assessing a community’s health status is one of public health’s core functions. A comprehensive, quality community health assessment offers many benefits to a community, including:

- A deeper understanding of community health issues of importance – both in terms of community perceptions and epidemiological prevalence – and the assets that a community has available to address those issues.
- A better ability to respond to community health issues.
- Empirical support for identifying and prioritizing programs, policies and environmental or systems change that will help provide improved health in the community.

In completing the assessment, partners were committed to assuring that the work included a social determinant of health perspective. That is, the assessment was intended to identify the assets and contributing causes that are present in Geary County across many socio-ecological levels, as opposed to limiting the scope of the assessment to personal factors experienced by individuals in Geary County. Figure 1 illustrates that different personal and environmental factors impact health.

Geary Community Hospital, Live Well Geary County, Blue Cross Blue Shield, and the Geary County Health Department conducted a multi-method community health assessment. A diverse set of methods including events, interviews, and surveys were chosen to assure that the assessment conducted would be responsive to the requirements of accreditation, and would assure representation of members of the community whose voices are frequently not heard, or are often underrepresented. A series of assessment activities took place between September 2016 and December 2017.

Figure 2. Socio-Ecological Levels Influencing Health. Source: Dahlgren and Whitehead, 1991.
Assessment Methods and Procedures

Figure 3. Invitation to the Food-Education-Agriculture-Solutions-Together community event.

FEAST Event (Food-Education-Agriculture-Solutions-Together)

Purpose: The aim was to gather information from community members in various leadership positions to identify community assets and conditions that contribute to health, as well as community perceptions of strengths, weaknesses and priority health issues.

Method: In October 2016, 40 key informants from Geary County, including residents and leaders from the community, attended an event to develop a plan on how to improve the local food systems. At the event, attendees brainstormed ideas and actions to create better access to healthy, local foods. Notes were analyzed to review top themes. In addition, 300 community members shared their perspectives and thoughts about current assets, gaps, and priorities in the Geary County food system. Results from the survey and FEAST event were later published in a Geary County Food Assessment Report in February 2017.
Assessment Methods and Procedures

**Live Well Geary County Strategic Planning Session**

**Purpose:** Establish a comprehensive, focused, and strategic plan that will enable Live Well Geary County to move forward on improving the health and wellness policies, systems, and environments in Geary County.

**Method:** In March 2017 the work session was led by K-State Research and Extension and used the logic model to establish short and long term community goals to improve community health. Thirty key informants, including residents and leaders from the community, participated in the work session.

See Figure 4 for the Live Well Geary County strategic plan.
Figure 4. Live Well Geary County 2017 strategic plan.

### LiveWell Geary County Logic Model

**Vision/Mission:** Live Well is organized for the purpose of inspiring and advancing policy, systems, and environmental changes that make it easier for Geary County, Kansas residents to live healthy.

**Purpose:**
1. Develop short and long term community goals to improve community health.
2. Align and coordinate member efforts so that they are mutually reinforcing.
3. Inform the public about issues related to the health of the community.
4. Mobilize public support for policy, systems, and environmental changes that support improved community health and wellness.

<table>
<thead>
<tr>
<th>Inputs</th>
<th>Outputs/Activities</th>
<th>Short Term Outcomes</th>
<th>Medium Term Outcomes</th>
<th>Long-Term Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Live Well Geary County Partners (see attached)</td>
<td>Access to Healthy Foods: Stock Healthy/Shop Healthy – Pilot program, Summer Picnic Parties (Summer Feeding Program), Farmers Market Programs, EBT Machine, SNAP-Education Programming, WIC classes; USD 475</td>
<td>Link and leverage informational systems. Educate and advocate to remove barriers to good health. Residents engage in self advocacy for health and wellness needs. Residents increase knowledge about healthy food and healthy food options. Community organizations increase collaboration and are mutually accountable. Residents develop skills that support healthy living. Educate and advocate to remove barriers.</td>
<td>Geary County residents experience improved quality of life. Geary County resonates a “Culture of wellness.”</td>
<td>Geary County Community Health Needs Assessment</td>
</tr>
<tr>
<td>Resources: Staff, partners, Website and technology, Meeting Space, SNAP-Ed support, Volunteers, Curriculum, Evaluation and assessment tools, EBT System, Kansas Food Bank, Fire Department, Farmers Market, Leadership Training (KLI) Interns.</td>
<td>USD 475</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Funding: Kansas Health Foundation, Grants, Private donations, In-kind funding (copies marketing, staff time, equipment), KS Double Up $</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Assumptions:**
- Transient community
- High % young families
- Ethnic and cultural diversity
- USD 475 free/reduced lunch % sustained
- Ongoing agency collaboration and in-kind support

**Barriers:**
- Inadequate infrastructure
- Lack of affordable housing
- #1 Food insecure county in the state
- Inadequate public transportation
- Transient community
- Public misperception of degree of poverty
- No sustainable funding or paid staff for Live Well Geary County
Assessment Methods and Procedures

Health Needs Survey

**Purpose:** The purpose of the concerns survey was to obtain community members’ feedback about the importance of and satisfaction with community health issues.

**Method:** A 57-item survey was disseminated throughout the community that consisted of a number of statements that described community issues. Participants were asked to rate the importance of each issue and their personal satisfaction with how well that issue was being addressed. Ratings were then calculated to identify relative strengths and problems.

Surveys were administered via paper collection and online in three different languages including English, Spanish, and Korean. Outreach was conducted to promote the completion of the survey (paper or online), at such sites as community centers, churches, the Geary County Health Department, Geary Community Hospital, and clinics.

In all, 410 Geary County Residents responded to the survey. Respondents were mainly representative of Geary County residents overall, with the exception of higher representation of women. Detailed information on the demographics of participants and all identified relative strengths and problems for all respondents can be found in Appendix A.
Assessment Methods and Procedures

Community Health Status Indicators

**Purpose:** The purpose of identifying community health status indicators was to describe the health behaviors and health status of Geary County residents.

**Methods:** Data regarding health status and behaviors comes from a variety of sources, including state and national health agencies. Collection of this data is done by reviewing various sources to identify data available for Geary County. Using data from several sources (County Health Rankings, Robert Wood Johnson Foundation, University of Wisconsin Population Health Institute, Kansas Department of Health and Environment, Kansas Hospital Association, U.S. Bureau of Labor and Statistics, Community Commons), indicators were identified using specific criteria:

1. A trend that is improving over time.

2. A trend that is worsening over time.

3. A trend that is staying stable over time but indicates room for improvement.

A detailed table of indicators for Geary County, the State of Kansas, and United States (when available) can be found in Appendix B.
Results and Convergent Themes

Key findings of these assessment activities were synthesized to identify convergent themes which are described below.

Section 1: Strengths and Assets

1. Motivated community members and supportive leadership

Over the last five years, community agencies and organizations have made significant strides to align together to help Geary County become a healthier community.

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Figure 5. Live Well Geary County timeline of major events since 2014 Community Health Improvement Plan.
Section 1: Strengths and Assets

2. **Strong public support to promote smoking cessation in the community**

Geary County residents surveyed in the Community Health Needs Assessment rated their level of support for various tobacco policies in the community.

![Figure 6. Level of support for policies that prohibit tobacco use (i.e. smoking and chewing tobacco) in the following settings:](image)

As of October 2017, three community health agencies – Fetal Infant Mortality Review, Delivering Change: Healthy Moms Healthy Babies, and the Geary County Health Department are collaborating on a holistic smoking cessation program for the community.
Section 1: Strengths and Assets

2. **Strong public support to promote smoking cessation in the community**

An overwhelming 80 percent of the survey respondents indicated they would support a policy that bans smoking in a vehicle with a child under the age of 15.

**Q54: Would you vote for a policy that bans smoking in a vehicle with a child under the age of 15?**

![Bar chart showing support for smoking ban]

**Figure 7. Level of support for banning smoking in a vehicle with a child under the age of 15.**
Section 2: Community Challenges

1. Lack of available, affordable, quality healthy food options

A number of barriers were identified as to why community members are unable to achieve the recommended serving of fruits and vegetables on a daily basis. The barriers are represented by health needs survey answers in the “word cloud” below. Word size correlates with the frequency with which barriers were mentioned by different sources.

Q49 What are some of the barriers to achieving the recommended servings of fruits and vegetables?

Figure 8. Barriers to consuming fruits and vegetables identified from survey results.
Section 2: Community Challenges

1. Lack of available, affordable, quality healthy food options

Health needs survey respondents ranked the level of difficulty to finding fresh and quality healthy foods locally. Approximately half of the respondents believe there are inadequate options available.

Q50: Please rate your level of agreement with the following statements:

<table>
<thead>
<tr>
<th>Statement</th>
<th>STRONGLY DISAGREE</th>
<th>DISAGREE</th>
<th>NEUTRAL</th>
<th>AGREE</th>
<th>STRONGLY AGREE</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>It is easy to find fresh fruits and vegetables in my community.</td>
<td>3.61%</td>
<td>8.12%</td>
<td>20.05%</td>
<td>49.49%</td>
<td>16.33%</td>
<td>354</td>
</tr>
<tr>
<td>The fresh produce in my community is of high quality.</td>
<td>3.98%</td>
<td>16.28%</td>
<td>33.64%</td>
<td>36.64%</td>
<td>6.37%</td>
<td>353</td>
</tr>
<tr>
<td>It is easy to find whole grain products, such as breads, cereals, pasta,</td>
<td>2.32%</td>
<td>4.64%</td>
<td>19.85%</td>
<td>56.06%</td>
<td>16.34%</td>
<td>388</td>
</tr>
<tr>
<td>and snacks, in my community.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>In general, my community has sufficient options for healthy eating.</td>
<td>5.00%</td>
<td>16.41%</td>
<td>27.44%</td>
<td>39.74%</td>
<td>10.31%</td>
<td>350</td>
</tr>
</tbody>
</table>

Figure 9. Survey results from rating the difficulty of finding fresh whole foods locally.
Section 2: Community Challenges

1. Lack of available, affordable, quality healthy food options

Food insecurity is the percentage of the population who do not have reliable access to a source of food. According to County Health Rankings, 19.1 percent of the Geary County population is classified as food insecure making the community the number one food insecure county in the state. Geary County’s food insecure population is significantly higher than the state of Kansas which averages 14.2 percent and the United States 15.4 percent respectively. Lacking consistent access to healthy food is related to negative health outcomes such as weight-gain and premature mortality.

### Overall Food Insecurity Rate

<table>
<thead>
<tr>
<th>Geographic Area</th>
<th>Food Insecure Individuals, Total</th>
<th>Overall Food Insecurity Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Geary County, KS</td>
<td>6,970</td>
<td>19.1%</td>
</tr>
<tr>
<td>Kansas</td>
<td>413,560</td>
<td>14.2%</td>
</tr>
<tr>
<td>United States</td>
<td>48,135,000</td>
<td>15.4%</td>
</tr>
</tbody>
</table>

*Figure 10. Source: Junction City and Geary County, KS Community Food System Assessment, LaClair Consulting Services.*

Although risk for food insecurity is highest among lower-income households, food insecurity is not limited to the very poor. Feeding America estimates suggest that nearly one-third of food-insecure households in Geary County have income levels high enough that they would not be eligible for any government-sponsored food assistance programs: free or reduced-priced school meals, Supplemental Nutrition Assistance Program (SNAP) or the Women, Infants, and Children (WIC) program. These families must rely upon private sector food assistance programs such as food pantries for help when they need it.

### Food Insecurity - Food Insecure Population Ineligible for Assistance

<table>
<thead>
<tr>
<th>Geographic Area</th>
<th>Food-Insecure Population, Total</th>
<th>Percentage of Food-Insecure Population Ineligible for Assistance</th>
<th>Food-Insecure Children, Total</th>
<th>Percentage of Food-Insecure Children Ineligible for Assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Geary County, KS</td>
<td>6,970</td>
<td>32%</td>
<td>2,690</td>
<td>32%</td>
</tr>
<tr>
<td>Kansas</td>
<td>413,560</td>
<td>37%</td>
<td>153,940</td>
<td>34%</td>
</tr>
<tr>
<td>United States</td>
<td>48,135,000</td>
<td>26%</td>
<td>15,323,000</td>
<td>23%</td>
</tr>
</tbody>
</table>

*Figure 11. Source: Junction City and Geary County, KS Community Food System Assessment, LaClair Consulting Services.*
Section 2: Community Challenges

2. Few environments that support physical activity

According to County Health Rankings, physical inactivity is the percentage of adults age 20 and over reporting no leisure-time physical activity. Decreased physical activity is connected to several disease conditions such as Type 2 diabetes, cancer, stroke, high blood pressure, cardiovascular disease, and premature mortality.

In Geary County 27 percent of the population report physical inactivity, higher than the state of Kansas average of 23 percent. (Source: CDC Diabetes Interactive Atlas and County Health Rankings)

Findings from the concerns survey and community work group sessions indicate recreational opportunities and infrastructure to support physical activity are both needed and are of high importance. Responses also indicate that the availability and affordability of a wide range of recreational opportunities suitable for all ages and levels of physical mobility is a relative problem.

A number of barriers were identified as to why community members are unable to take part in exercising/physical activity on a daily basis. The barriers are represented in the “word cloud” below. Word size correlates with the frequency with which reasons were mentioned by different sources.

Q46 What are some of the reasons keeping you from taking part in exercising/physical activity?

Figure 12. Barriers to consuming taking part in daily exercise/physical activity identified from survey results.
Section 2: Community Challenges

2. Few environments that support physical activity

County Health Rankings reported 95 percent of the Geary County population has adequate access to locations for physical activity.

Individuals who are considered to have adequate access to opportunities for physical activity:

- Reside in a census block within a half mile of a park
- Reside in urban census blocks: within 1 mile of a recreational facility
- Reside in rural census blocks: reside within 3 miles of a recreational facility

However, survey respondents ranked their level of agreement with level of access to parks, recreational facilities, and physical activity infrastructure and reported the opposite. Approximately half of the respondents believe there are inadequate options available. In addition, concerns survey responses suggest the infrastructure needed (e.g. sidewalks, lighting, trails) to support safe and easy access to opportunities for physical activity is important, but many residents are unsatisfied with its current status.

Q47: Please rate your level of agreement with the following statements:

Answered: 391  Skipped: 19

<table>
<thead>
<tr>
<th>Statement</th>
<th>STRONGLY DISAGREE</th>
<th>DISAGREE</th>
<th>NEUTRAL</th>
<th>AGREE</th>
<th>STRONGLY AGREE</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>My community has enough sidewalks or bike/walk paths.</td>
<td>20.05%</td>
<td>32.13%</td>
<td>23.65%</td>
<td>20.82%</td>
<td>3.34%</td>
<td>389</td>
</tr>
<tr>
<td>My community has a sufficient number of parks/playgrounds</td>
<td>8.55%</td>
<td>17.10%</td>
<td>28.02%</td>
<td>32.38%</td>
<td>12.95%</td>
<td>386</td>
</tr>
<tr>
<td>For walking at right, my community has adequate street lighting</td>
<td>26.42%</td>
<td>33.42%</td>
<td>25.39%</td>
<td>11.92%</td>
<td>2.85%</td>
<td>386</td>
</tr>
<tr>
<td>In general, my community has sufficient opportunities for physical activity</td>
<td>14.81%</td>
<td>21.56%</td>
<td>29.87%</td>
<td>29.87%</td>
<td>3.90%</td>
<td>385</td>
</tr>
</tbody>
</table>

Figure 13. Survey results from rating the level of access to locations for physical activity.
Section 2: Community Challenges

3. Quality of life is perceived as worse for individuals and families with lower incomes

According to the concerns survey and community work group sessions, quality of life is better for some but individuals and families with low-incomes are likely to experience a poorer quality of life. Community members mentioned a number of reasons for this disparity including limited access to financial resources, healthcare, healthy foods, quality employment, and housing conditions.

Economic and social insecurity are often associated with poor health. Poverty, unemployment, and lack of educational achievement affect access to care and a community’s ability to engage in healthy behaviors. Below is a report generated by Community Commons showing the percentage of the Geary County population with income at or below the 200 percent Federal Poverty Level.

![Figure 14: Percentage of Geary County population with income at or below 200 percent Federal Poverty Level. Source: Community Commons.]](image)

According to County Health Rankings the median household income in Geary County is $45,600 compared to the state of Kansas average of $53,800. Median household income is a well-recognized indicator of income and poverty.
Section 2: Community Challenges

4. Lack of access to healthcare services

Results from the health needs survey and community work group sessions indicate access to healthcare is a challenge, particularly if individuals are limited by transportation, financial resources, and knowledge of services. Additionally, several community health indicators, such as age-adjusted adult mortality, diabetes, and obesity rates remain significantly higher than state levels.

However, on a positive note, responses from the community work group sessions indicate members feel that child immunizations, access to medical services for children, youth, and pregnant women are relative strengths of the community. Furthermore, respondents felt that care for infants during their first year and support for breast-feeding mothers was a strength of the community.

In Figure 15 below, survey respondents report if they have delayed a medical service due to lack of money and/or insurance.

Q25: Have you delayed any of the following due to lack of money and/or insurance?

Figure 15. Health needs survey respondents report on delayed healthcare services due to lack of money and/or insurance
Section 2: Community Challenges

4. Lack of access to healthcare services

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

Rates of morbidity, mortality, and emergency hospitalizations can be reduced if community residents access services such as health screenings, routine tests, and vaccinations.

Figure 16 below shows a current report of number of primary care physicians per 100,000 population. Since 2014 Geary County has improved the ratio of the population to primary care physicians by adding additional providers but the community still remains at a shortage. This indicator is relevant because a shortage of health professionals contributes to access and health status issues.

It should be noted that a significant population of military-connected citizens in Geary County receive their primary medical care from providers at Fort Riley and at the VA Clinic in Junction City. These providers were not included in the number of primary care physicians in Geary County.
Section 2: Community Challenges

4. Lack of access to healthcare services

Figure 17 below shows survey respondents’ most recent preventative care and routine disease screenings. Almost all of the results are below the Healthy People 2020 objective.

Q23: The last time I...

<table>
<thead>
<tr>
<th>Question</th>
<th>Less Than 1 Year Ago</th>
<th>1-2 Years Ago</th>
<th>2-5 Years Ago</th>
<th>5+ Years Ago</th>
<th>Never</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Visited a doctor for a routine checkup was...</td>
<td>68.81%</td>
<td>17.08%</td>
<td>7.87%</td>
<td>4.95%</td>
<td>1.48%</td>
<td>404</td>
</tr>
<tr>
<td>Had a dental exam and/or teeth cleaning was...</td>
<td>62.78%</td>
<td>14.64%</td>
<td>11.66%</td>
<td>7.20%</td>
<td>7.02%</td>
<td>403</td>
</tr>
<tr>
<td>Had a cholesterol screening was...</td>
<td>34.66%</td>
<td>11.91%</td>
<td>4.32%</td>
<td>2.30%</td>
<td>43.65%</td>
<td>277</td>
</tr>
<tr>
<td>Had a colorectal cancer screening was...</td>
<td>17.93%</td>
<td>9.80%</td>
<td>5.06%</td>
<td>2.20%</td>
<td>10.46%</td>
<td>277</td>
</tr>
<tr>
<td>Had a blood pressure screening...</td>
<td>72.73%</td>
<td>10.65%</td>
<td>4.16%</td>
<td>1.30%</td>
<td>11.17%</td>
<td>385</td>
</tr>
<tr>
<td>(if you are male) had a prostate screening was...</td>
<td>31.21%</td>
<td>7.00%</td>
<td>6.38%</td>
<td>8.51%</td>
<td>10.81%</td>
<td>141</td>
</tr>
<tr>
<td>(if you are female) had a breast exam by a healthcare provider was...</td>
<td>50.71%</td>
<td>21.43%</td>
<td>9.04%</td>
<td>3.57%</td>
<td>9.86%</td>
<td>280</td>
</tr>
<tr>
<td>(if you are female) had a mammogram was...</td>
<td>31.54%</td>
<td>14.34%</td>
<td>10.04%</td>
<td>5.38%</td>
<td>38.71%</td>
<td>279</td>
</tr>
<tr>
<td>(if you are female) had a pap smear (a test for cervical cancer) was...</td>
<td>39.05%</td>
<td>21.53%</td>
<td>15.39%</td>
<td>14.60%</td>
<td>9.12%</td>
<td>274</td>
</tr>
</tbody>
</table>

Figure 17. Health needs survey respondents’ summary of most recent preventative care and routine disease screenings.
Section 2: Community Challenges

5. Transportation has improved but barriers still exist and limit access to healthcare and employment

Work group sessions noted that transportation has been a problem but steps were taken to make public transportation more accessible. The aTa Bus system serves the Junction City and Fort Riley area with three fixed routes running Monday – Friday 7:00 a.m. – 7:00 p.m. There is no service on Saturdays and Sundays.

However, community members noted there are still barriers to accessing transportation such as difficulty scheduling 24 hours in advance. For some residents, transportation that is needed with little notice or to places like the grocery store is still perceived as limited or unaffordable.

Below is a map of the aTa Bus fixed routes in Junction City.

Figure 18. aTa Bus fixed routes in Junction City.
Section 2: Community Challenges

6. Too much access to alcohol and tobacco

Work group session participants expressed concerns that the community has a relatively high number of liquor stores, bars, and smoke shops, which they feel leads to more drinking and smoking behavior among community members.

Binge drinking is defined as consuming more than four (women) or five (men) alcoholic beverages on a single occasion in the past 30 days. Heavy drinking is defined as drinking more than one (women) or two (men) drinks per day on average.

According to County Health Rankings, 21 percent of the Geary County population is reported as being binge drinkers. This statistic is relatively higher than the state of Kansas average of 17 percent.

However, responses to the concerns survey and work group sessions suggested that community members view the enforcement of laws against selling or providing cigarettes, smokeless tobacco, and alcohol to minors as a relative strength of the community.

Below is a report from Community Commons on the estimated average of current smokers in Geary County compared to the state of Kansas and the United States. The report shows Geary County has a significantly higher population of smokers than both the state and national averages.

![Figure 19. Average smoker population in Geary County, Kansas and the United States.](image-url)
Section 3: Conditions for Promoting Health

There are several examples of community collaboration, but some perceive community partnerships could be stronger.

A number of responses from the community work group sessions noted there are many ways organizations and community members collaborate to exchange ideas such as Live Well Geary County, Geary Health Council, and Community Connections meetings. However, some noted that even though collaboration has increased, there is still room for improvement.

- “We don’t all play together in the same sandbox. The school, the city, the county, the health department all reach some, but we need to collaborate better. It’s not just a city event or a county event or a school event, we need to coordinate to get the maximum benefit out to the public.”

- “We need collaboration. Although some organizations work together, we need to do a better job of communicating the needs of representative interests to facilitate a better collaboration. Expectations need to be better. It is not clear among the organizations what the visions, missions, and values are of other organizations doing this work.”

Some groups are marginalized due to communication barriers and historical patterns of exclusion.

Community work group participants noted that some groups feel they are marginalized due to communication barriers and historical patterns of exclusion. In some cases, community members felt communication barriers limited others with their ability to engage in public discourse about issues that are important to them. Additionally, others voiced concerns of being stereotyped and treated differently because they live in lower-income areas of town or they are members of a minority racial or ethnic group.

- “I don’t know why, but the translator services in our community just aren’t utilized. Is it a matter of the family not wanting to use the service because they don’t want to be noticed that way, or because they don’t even understand what the service provides to them? Regardless, we need to start using these tools more often so we can take down those barriers.”

- “A lot of Koreans don’t speak good English...sometimes you meet people who are trying to understand and try to listen to you but a lot of the times they are just annoyed and don’t want to hear anything.”
Appendix A: Concerns Survey

Concerns Survey:
A 57-item survey was completed by 410 Geary County residents in order to determine the relative strengths and problems of the community identified by participants. The following figures contain information about the demographics of participants.

Age:

Gender:
It should be noted that the demographics of community members who completed the survey matched the demographics of Geary County residents overall, with the exception of an over-representation of women, particularly with college degrees or higher.
Active duty or retired military within the household:

<table>
<thead>
<tr>
<th>ANSWER CHOICES</th>
<th>RESPONSES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>36.67%</td>
</tr>
<tr>
<td>No</td>
<td>63.33%</td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
</tr>
</tbody>
</table>

Types of health insurance:

<table>
<thead>
<tr>
<th>ANSWER CHOICES</th>
<th>RESPONSES</th>
</tr>
</thead>
<tbody>
<tr>
<td>I do not have health insurance</td>
<td>6.13%</td>
</tr>
<tr>
<td>Insured through my employer or an insurance company</td>
<td>44.85%</td>
</tr>
<tr>
<td>Medicare plus other insurance (Medicaid, Medigap, other)</td>
<td>14.45%</td>
</tr>
<tr>
<td>Medicare only</td>
<td>2.84%</td>
</tr>
<tr>
<td>Medicaid (KanCare)</td>
<td>9.64%</td>
</tr>
<tr>
<td>Veteran's Administration (VA), Tricare, other military</td>
<td>11.33%</td>
</tr>
<tr>
<td>Other (please specify)</td>
<td>8.62%</td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
</tr>
</tbody>
</table>
### Community Health Indicator Table: Clinical Care

<table>
<thead>
<tr>
<th>Community Health Indicator</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>Trend</th>
<th>Kansas (value comparable to 2017)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ratio of population to Primary Care Physicians</td>
<td>2236:1</td>
<td>2880:1</td>
<td>2820:1</td>
<td></td>
<td>1330:1</td>
</tr>
<tr>
<td>Ratio of population to dentists</td>
<td>890:1</td>
<td>760:1</td>
<td>760:1</td>
<td></td>
<td>1800:1</td>
</tr>
<tr>
<td>Preventable hospital stays</td>
<td>57</td>
<td>47</td>
<td>54</td>
<td></td>
<td>52</td>
</tr>
<tr>
<td>Uninsured adults</td>
<td>19%</td>
<td>19%</td>
<td>13%</td>
<td></td>
<td>14%</td>
</tr>
<tr>
<td>Uninsured children</td>
<td>7%</td>
<td>5%</td>
<td>5%</td>
<td></td>
<td>6%</td>
</tr>
<tr>
<td>Diabetes monitoring</td>
<td>84%</td>
<td>85%</td>
<td>86%</td>
<td></td>
<td>86%</td>
</tr>
<tr>
<td>Mammography screening</td>
<td>60.6%</td>
<td>62%</td>
<td>62%</td>
<td></td>
<td>63%</td>
</tr>
<tr>
<td>Healthcare costs</td>
<td>$8,585</td>
<td>$8,183</td>
<td>$8,847</td>
<td></td>
<td>$9,518</td>
</tr>
</tbody>
</table>

*Source: County Health Rankings*

*Healthcare costs are determined by amount of prize-adjusted Medicare reimbursements per enrollee.*
# Community Health Indicator Table: Health Behaviors

<table>
<thead>
<tr>
<th>Community Health Indicator</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>Trend</th>
<th>Kansas (value comparable to 2017)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access to exercise</td>
<td>96%</td>
<td>95%</td>
<td>95%</td>
<td></td>
<td>76%</td>
</tr>
<tr>
<td>opportunities</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adult obesity</td>
<td>33%</td>
<td>31%</td>
<td>33%</td>
<td></td>
<td>31%</td>
</tr>
<tr>
<td>Adult smoking</td>
<td>26%</td>
<td>20%</td>
<td>22%</td>
<td></td>
<td>18%</td>
</tr>
<tr>
<td>Alcohol-impaired</td>
<td>42%</td>
<td>40%</td>
<td>25%</td>
<td></td>
<td>27%</td>
</tr>
<tr>
<td>driving deaths</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Excessive drinking</td>
<td>15%</td>
<td>20%</td>
<td>21%</td>
<td></td>
<td>17%</td>
</tr>
<tr>
<td>Food insecurity</td>
<td>18%</td>
<td>18%</td>
<td>19%</td>
<td></td>
<td>14%</td>
</tr>
<tr>
<td>Insufficient sleep</td>
<td>No data</td>
<td>36%</td>
<td>36%</td>
<td></td>
<td>31%</td>
</tr>
<tr>
<td>Physical inactivity</td>
<td>26%</td>
<td>26%</td>
<td>27%</td>
<td></td>
<td>23%</td>
</tr>
<tr>
<td>Sexually transmitted</td>
<td>702</td>
<td>634</td>
<td>580.5</td>
<td></td>
<td>384.1</td>
</tr>
<tr>
<td>infections</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Teen births</td>
<td>75</td>
<td>74</td>
<td>73</td>
<td></td>
<td>36</td>
</tr>
</tbody>
</table>

Source: County Health Rankings
## Community Health Indicator Table: Health Outcomes

<table>
<thead>
<tr>
<th>Community Health Indicator</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>Trend</th>
<th>Kansas (value comparable to 2017)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes prevalence</td>
<td>8%</td>
<td>7%</td>
<td>8%</td>
<td>↔</td>
<td>10%</td>
</tr>
<tr>
<td>HIV prevalence</td>
<td>137</td>
<td>160</td>
<td>185</td>
<td>↔</td>
<td>118</td>
</tr>
<tr>
<td>Infant mortality</td>
<td>6.4</td>
<td>5.4</td>
<td>No data</td>
<td>↓</td>
<td>7</td>
</tr>
<tr>
<td>Low birthweight</td>
<td>6.2%</td>
<td>6.5%</td>
<td>No data</td>
<td>↔</td>
<td>7%</td>
</tr>
<tr>
<td>Poor mental health days</td>
<td>2.9</td>
<td>3.1</td>
<td>3.2</td>
<td>↔</td>
<td>3.2</td>
</tr>
<tr>
<td>Poor or fair health</td>
<td>17%</td>
<td>15%</td>
<td>19%</td>
<td>↔</td>
<td>15%</td>
</tr>
<tr>
<td>Poor physical health days</td>
<td>3.8</td>
<td>3.2</td>
<td>3.6</td>
<td>↔</td>
<td>3.1</td>
</tr>
<tr>
<td>Premature age-adjusted mortality</td>
<td>408.6</td>
<td>420</td>
<td>420</td>
<td>↑</td>
<td>340</td>
</tr>
</tbody>
</table>

*Source: County Health Rankings and Kansas Department of Health and Environment*
Community Health Indicator Table:
Social and Economic

<table>
<thead>
<tr>
<th>Community Health Indicator</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>Trend</th>
<th>Kansas (value comparable to 2017)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children eligible for free or reduced price lunch</td>
<td>37%</td>
<td>43%</td>
<td>62%</td>
<td>↑</td>
<td>76%</td>
</tr>
<tr>
<td>Children in poverty</td>
<td>24%</td>
<td>20%</td>
<td>20%</td>
<td>↔</td>
<td>31%</td>
</tr>
<tr>
<td>Disconnected youth</td>
<td>No data</td>
<td>No data</td>
<td>14%</td>
<td>↔</td>
<td>18%</td>
</tr>
<tr>
<td>Firearm fatalities</td>
<td>No data</td>
<td>No data</td>
<td>17</td>
<td>↔</td>
<td>27%</td>
</tr>
<tr>
<td>High school graduation</td>
<td>74%</td>
<td>83%</td>
<td>71%</td>
<td>↔</td>
<td>17%</td>
</tr>
<tr>
<td>Homicides</td>
<td>7</td>
<td>7</td>
<td>6</td>
<td>↔</td>
<td>14%</td>
</tr>
</tbody>
</table>

Source: County Health Rankings
# Community Health Indicator Table: Social and Economic

<table>
<thead>
<tr>
<th>Community Health Indicator</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>Trend</th>
<th>Kansas (value comparable to 2017)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income inequality</td>
<td>3.1</td>
<td>3.1</td>
<td>3.2</td>
<td>↑</td>
<td>4.4</td>
</tr>
<tr>
<td>Injury deaths</td>
<td>74</td>
<td>71</td>
<td>57</td>
<td>↓</td>
<td>69</td>
</tr>
<tr>
<td>Median household income</td>
<td>$41,048</td>
<td>41,200</td>
<td>$45,600</td>
<td>↑</td>
<td>$53,800</td>
</tr>
<tr>
<td>Some college</td>
<td>69%</td>
<td>66%</td>
<td>68%</td>
<td>↔</td>
<td>39%</td>
</tr>
<tr>
<td>Unemployment</td>
<td>6.9%</td>
<td>7.1%</td>
<td>6.2%</td>
<td>↔</td>
<td>4.2%</td>
</tr>
<tr>
<td>Violent crime</td>
<td>499</td>
<td>499</td>
<td>452</td>
<td>↔</td>
<td>348</td>
</tr>
</tbody>
</table>

*Source: County Health Rankings*
Sources:

Adams EJ, Grummer-Strawn L, Chavez G. "Food insecurity is associated with increased risk of obesity in California women." The Journal of nutrition 133.4 (2003): 1070-1074


Community Commons. https://www.communitycommons.org/

County Health Rankings. http://www.countyhealthrankings.org/rankings/data

Feeding America, Map the Meal Gap, http://map.feedingamerica.org/


Kansas Health Matters, www.kansashealthmatters.org


