



# Geary County Community Health Needs Assessment 2017



*Prepared by Geary Community Hospital*

# Geary County

## Community Health Needs Assessment



PATHWAYS to a  
HEALTHY  
KANSAS



**BlueCross  
BlueShield  
of Kansas**



**Public Health**  
Prevent. Promote. Protect.

Geary County Health Department

**LIVE WELL**  
Geary County

## 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.

# Contents

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<b><u>I. Executive Summary</u></b> .....	5
<u>Background</u> .....	5
<u>Key Findings</u> .....	6
<b><u>II. Introduction</u></b> .....	8
<b><u>III. Assessment Methods and Procedures</u></b> .....	9
<u>FEAST (Food-Education-Agriculture-Solutions-Together) Event</u> .....	9
<u>Live Well Geary County Strategic Planning Session</u> .....	10
<u>Health Needs Survey</u> .....	12
<u>Community Health Status Indicators</u> .....	13
<b><u>IV. Results and Convergent Themes</u></b> .....	14
<u>Section 1: Strengths and Assets</u> .....	14
<u>Section 2: Community Challenges</u> .....	17
<u>Section 3: Conditions for Promoting Health</u> .....	28
<b><u>V. Appendix A: Concerns Survey</u></b> .....	29
<b><u>VI. Appendix B: Community Health Indicator Table</u></b> .....	32
<b><u>VII. Sources</u></b> .....	33

## Executive Summary

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### 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

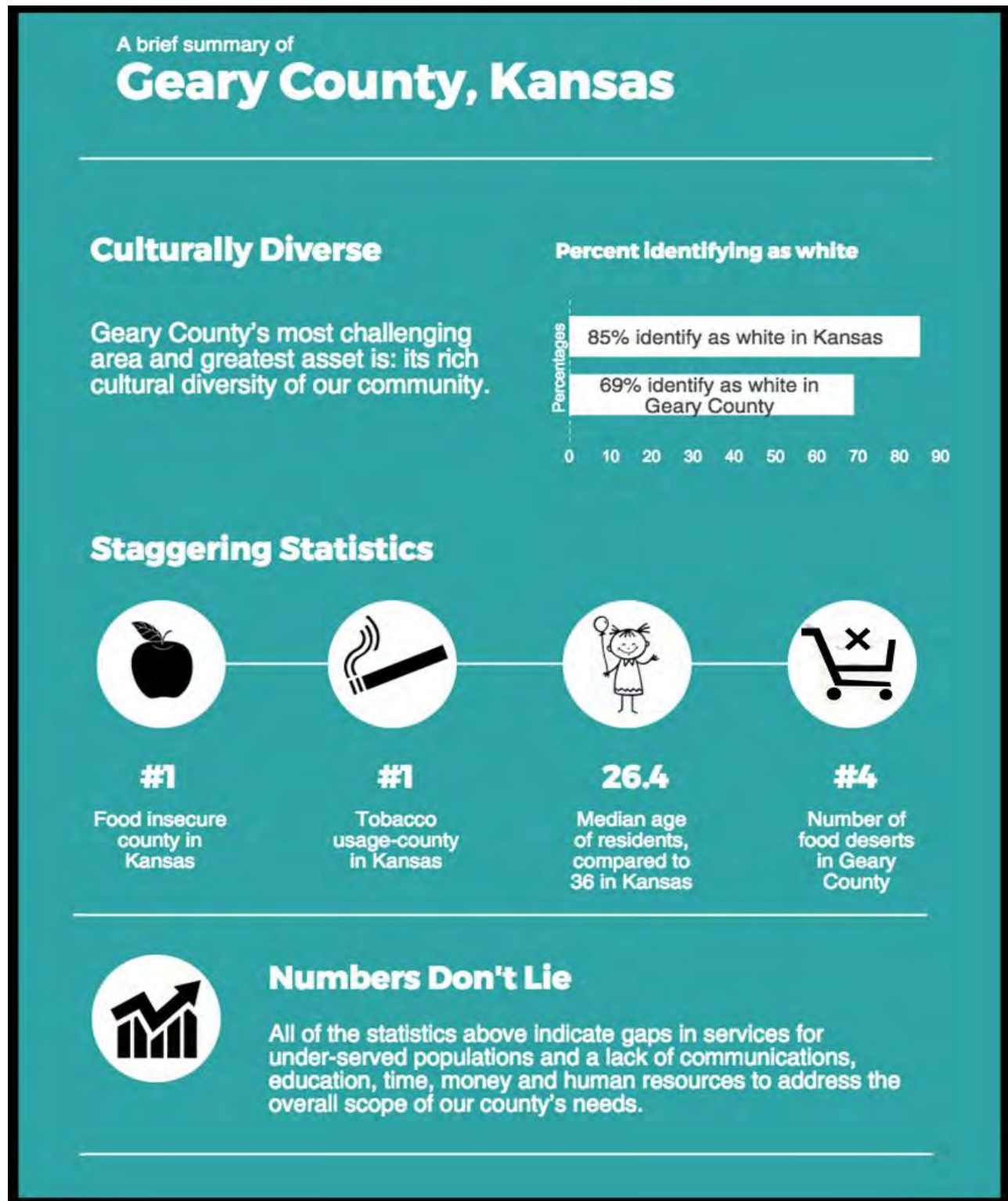


Figure 1. Infographic published by Live Well Geary County. Data source University of Wisconsin Population Health Institute and Robert Wood Johnson Foundation <http://www.countyhealthrankings.org>.

## 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.

## LiveWell Geary County Logic Model

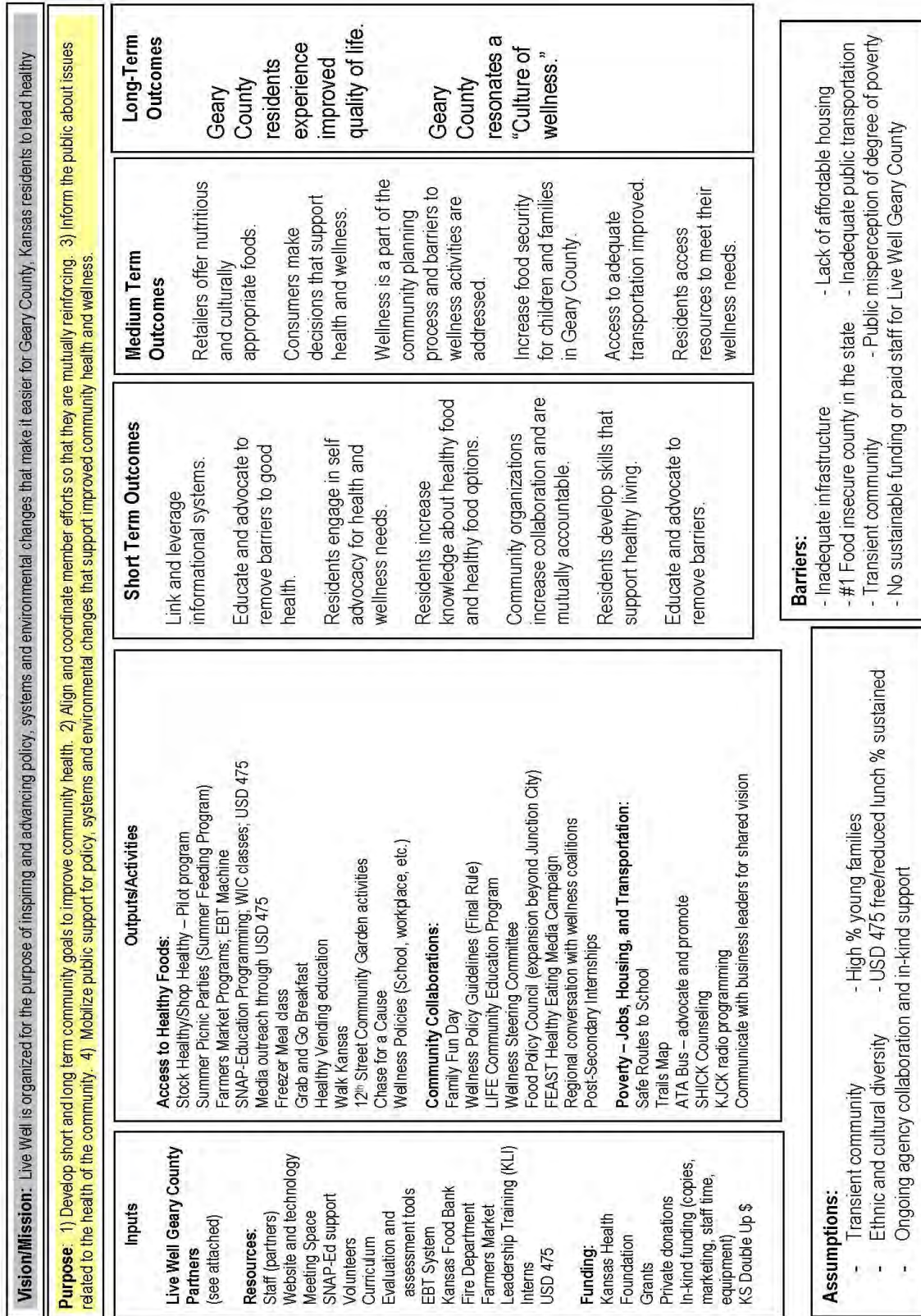


Figure 4. Live Well Geary County 2017 strategic plan.

## Assessment Methods and Procedures

# Geary County Community Perception Survey and Health Needs Assessment



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### 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.



*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.

**Q53: Please rate your level of support for policies that prohibit tobacco use (i.e. smoking and chewing tobacco) in the following settings:**

Answered: 390 Skipped: 20

	DEFINITELY NOT SUPPORTIVE	NOT SUPPORTIVE	NEUTRAL	SUPPORTIVE	VERY SUPPORTIVE	TOTAL
Local parks	5.96% 23	7.77% 30	15.80% 61	19.17% 74	51.30% 198	386
School grounds	4.94% 19	1.56% 6	7.01% 27	18.18% 70	68.31% 263	385
Hospital grounds	5.18% 20	3.37% 13	7.77% 30	17.62% 68	66.06% 255	386
Work sites	6.17% 24	6.68% 26	15.94% 62	20.57% 80	50.64% 197	389

**Figure 6. Level of support for policies that prohibit tobacco use from survey.**

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

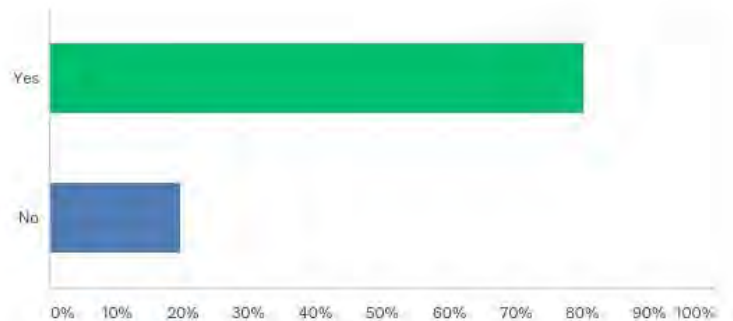
### 2. Strong public support to promote smoking cessation in the community

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?

Answered: 385 Skipped: 25

ANSWER CHOICES	RESPONSES	
Yes	80.26%	309
No	19.74%	76
TOTAL		385



**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:

Answered: 395 Skipped: 15

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL
It is easy to find fresh fruits and vegetables in my community.	3.81% 15	8.12% 32	20.05% 79	49.49% 195	18.53% 73	394
The fresh produce in my community is of high quality.	3.56% 14	16.28% 64	33.84% 133	36.64% 144	9.57% 38	393
It is easy to find whole grain products, such as breads, cereals, pasta and snacks, in my community.	2.32% 9	4.64% 18	19.85% 77	56.96% 221	16.24% 63	388
In general, my community has sufficient options for healthy eating.	5.90% 23	16.41% 64	27.44% 107	39.74% 155	10.51% 41	390

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

Geographic Area	Food Insecure Individuals, Total	Overall Food Insecurity Rate
Geary County, KS	6,970	19.1%
Kansas	413,560	14.2%
United States	48,135,000	15.4%

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

Geographic Area	Food-Insecure Population, Total	Percentage of Food-Insecure Population Ineligible for Assistance	Food-Insecure Children, Total	Percentage of Food-Insecure Children Ineligible for Assistance
Geary County, KS	6,970	32%	2,690	32%
Kansas	413,560	37%	153,940	34%
United States	48,135,000	26%	15,323,000	21%

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

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL
My community has enough sidewalks or bike/walk paths.	20.05% 78	32.13% 125	23.65% 92	20.82% 81	3.34% 13	389
My community has a sufficient number of parks/playgrounds	8.55% 33	17.10% 66	29.02% 112	32.38% 125	12.95% 50	386
For walking at night, my community has adequate street lighting	26.42% 102	33.42% 129	25.39% 98	11.92% 46	2.85% 11	386
In general, my community has sufficient opportunities for physical activity	14.81% 57	21.56% 83	29.87% 115	29.87% 115	3.90% 15	385

**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.

#### Poverty - Population Below 200% FPL

In the report area 38.85% or 13,975 individuals are living in households with income below 200% of the Federal Poverty Level (FPL). This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

Report Area	Total Population	Population with Income at or Below 200% FPL	Percent Population with Income at or Below 200% FPL
Geary County, KS	35,972	13,975	<b>38.85%</b>
Kansas	2,810,222	909,266	32.36%
United States	308,619,550	105,726,604	34.26%

Note: This indicator is compared with the state average.

Data Source: US Census Bureau, [American Community Survey](#), 2011-15. Source geography: Tract

**Percent Population with Income at or Below 200% FPL**



■ Geary County, KS (38.85%)  
 ■ Kansas (32.36%)  
 ■ United States (34.26%)

**Figure 14: Percentage of Geary County population with income at or below 200 percent Federal Poverty Level. Source: Community Commons.**

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

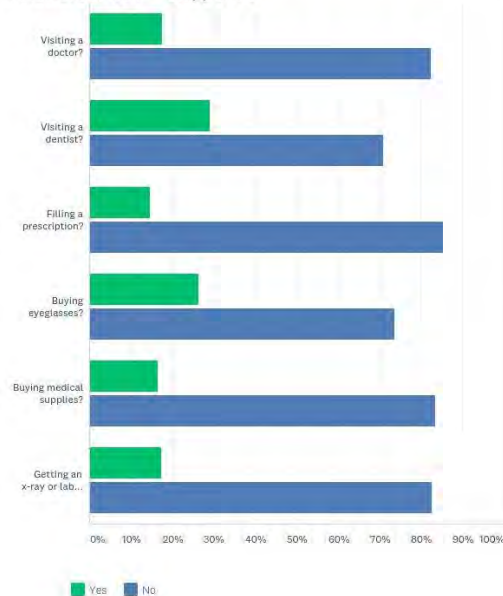
Results from the health needs survey and community work group sessions indicate access to healthcare is a challenge, particularly if individuals are limited by transportation, financial resources, and knowledge of services. Additionally, several community health indicators, such as age-adjusted adult 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?

Answered: 401 Skipped: 9



	YES	NO	TOTAL
Visiting a doctor?	17.68% 70	82.32% 326	396
Visiting a dentist?	29.15% 116	70.85% 282	398
Filling a prescription?	14.68% 58	85.32% 337	395
Buying eyeglasses?	26.26% 104	73.74% 292	396
Buying medical supplies?	16.54% 65	83.46% 328	393
Getting an x-ray or lab test?	17.35% 68	82.65% 324	392

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

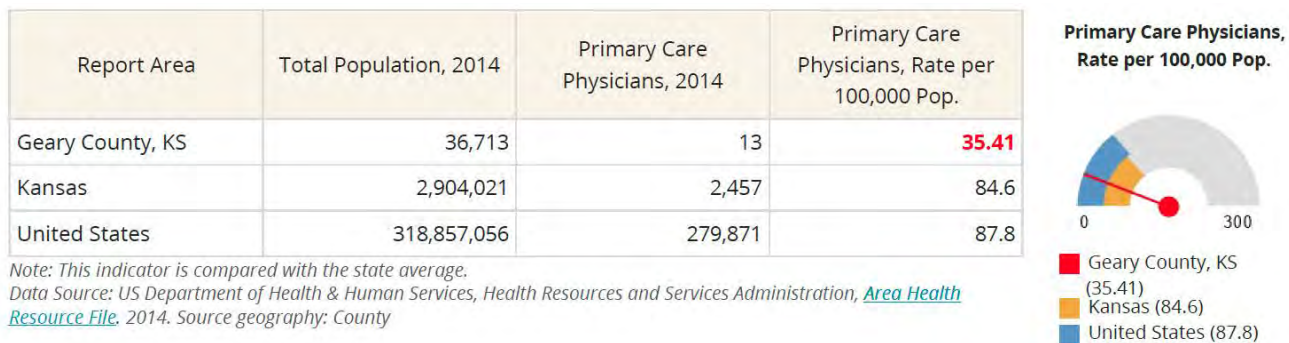
## Section 2: Community Challenges

### 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.



**Figure 16. Primary care physicians per 100,000 population. Source: Community Commons.**

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...

Answered: 407 Skipped: 3

	LESS THAN 1 YEAR AGO	1-2 YEARS AGO	2-5 YEARS AGO	5+ YEARS AGO	NEVER	TOTAL
Visited a doctor for a routine checkup was...	68.81% 278	17.08% 69	7.67% 31	4.95% 20	1.49% 6	404
Had a dental exam and/or teeth cleaning was...	62.78% 253	14.64% 59	11.66% 47	7.20% 29	3.72% 15	403
Had a cholesterol screening was...	34.66% 96	11.91% 33	4.33% 12	3.25% 9	45.85% 127	277
Had a colorectal cancer screening was...	17.93% 64	9.80% 35	8.96% 32	9.24% 33	54.06% 193	357
Had a blood pressure screening...	72.73% 280	10.65% 41	4.16% 16	1.30% 5	11.17% 43	385
(if you are male) had a prostate screening was...	31.21% 44	7.09% 10	6.38% 9	8.51% 12	46.81% 66	141
(if you are female) had a breast exam by a healthcare provider was...	50.71% 142	21.43% 60	9.64% 27	8.57% 24	9.64% 27	280
(if you are female) had a mammogram was...	31.54% 88	14.34% 40	10.04% 28	5.38% 15	38.71% 108	279
(if you are female) had a pap smear (a test for cervical cancer) was...	39.05% 107	21.53% 59	15.69% 43	14.60% 40	9.12% 25	274

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.

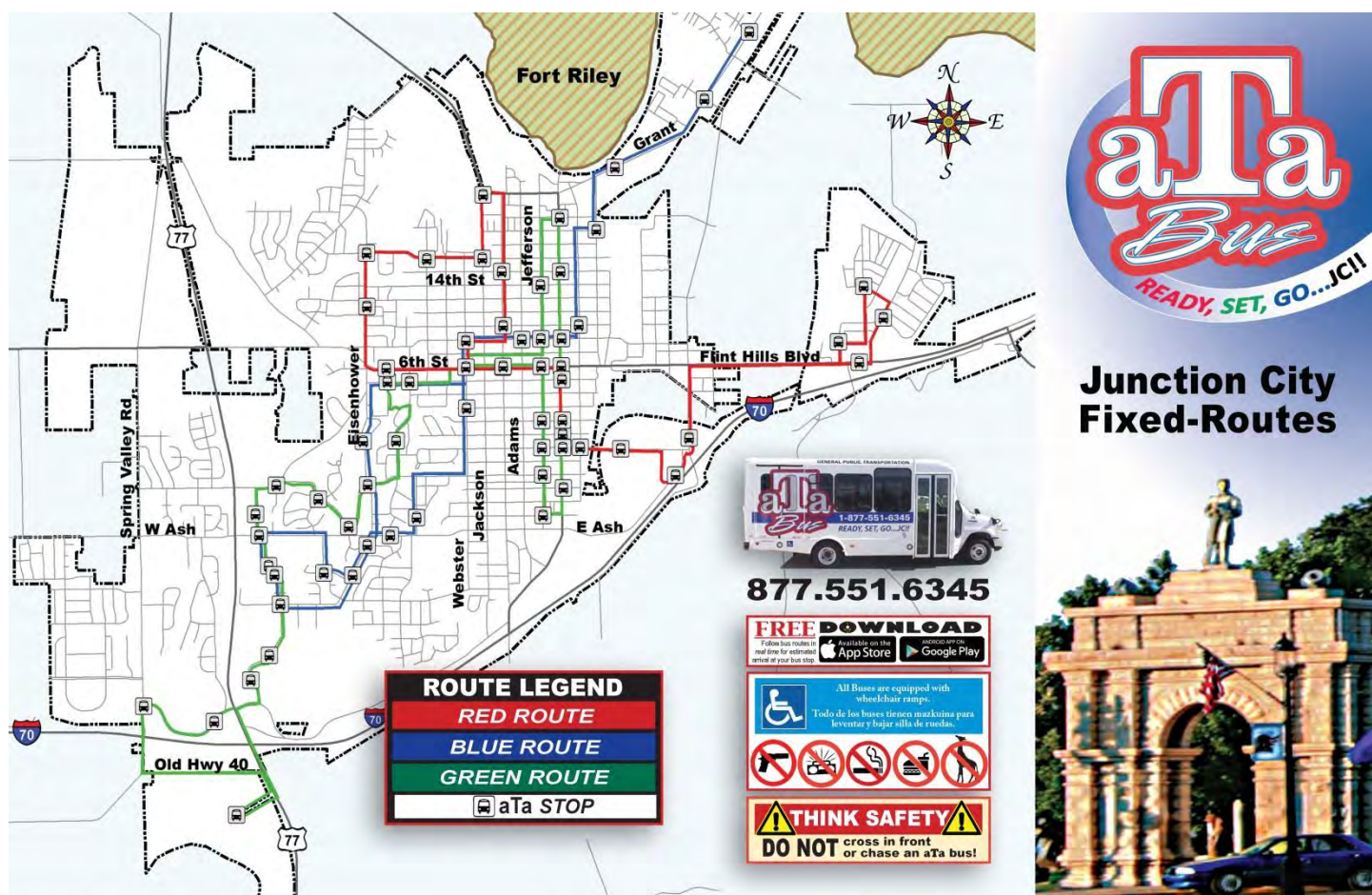


Figure 18. aTa Bus fixed routes in Junction City.

## 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.

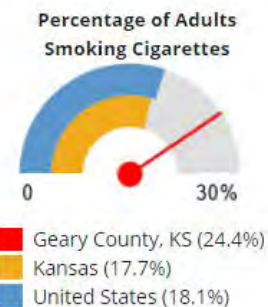
According to County Health Rankings, **21 percent of the Geary County population is reported as being binge drinkers.** This statistic is relatively higher than the state of Kansas average of 17 percent.

**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.

[Download Data](#)

Report Area	Total Population Age 18+	Total Adults Regularly Smoking Cigarettes	Percent Population Smoking Cigarettes (Crude)	Percent Population Smoking Cigarettes (Age-Adjusted)
Geary County, KS	22,384	5,708	25.5%	<b>24.4%</b>
Kansas	2,112,400	369,670	17.5%	17.7%
United States	232,556,016	41,491,223	17.8%	18.1%



*Note: This indicator is compared with the state average.*

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

**Figure 19. Average smoker population in Geary County, Kansas and the United States.**

## 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.

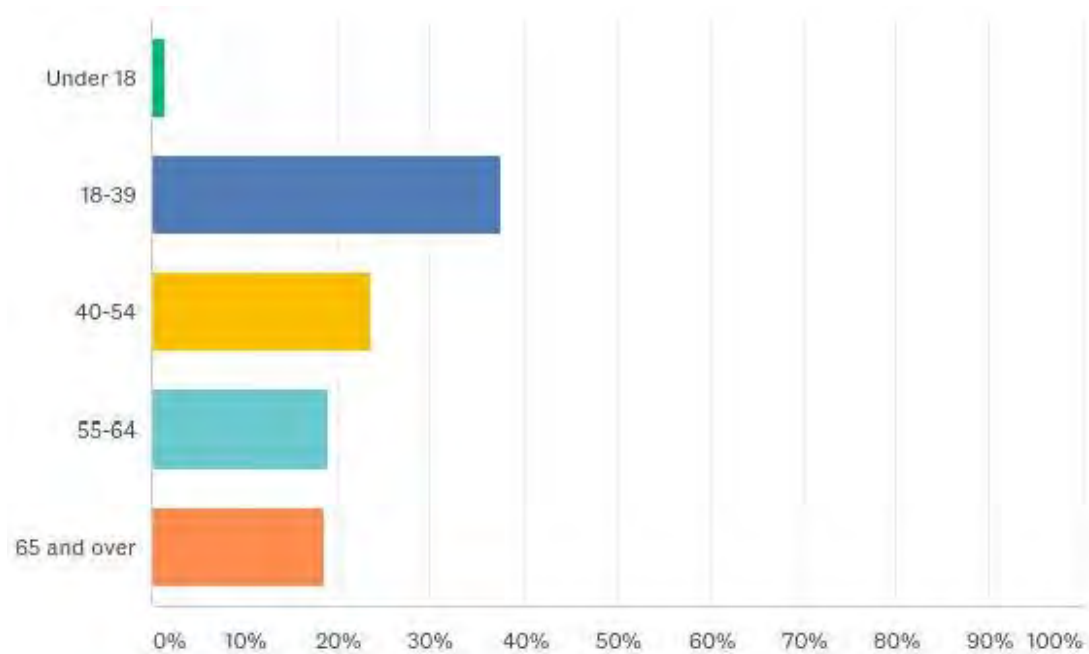
- “I don’t know why, but the translator services in our community just aren’t utilized. Is it a matter of the family not wanting to use the service because they don’t want to be noticed that way, or because they don’t even understand what the service provides to them? Regardless, we need to start using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

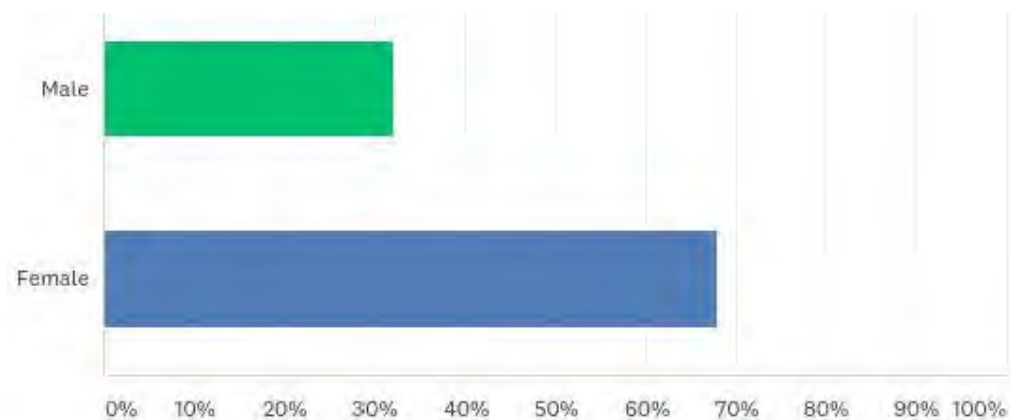
## Concerns Survey:

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:

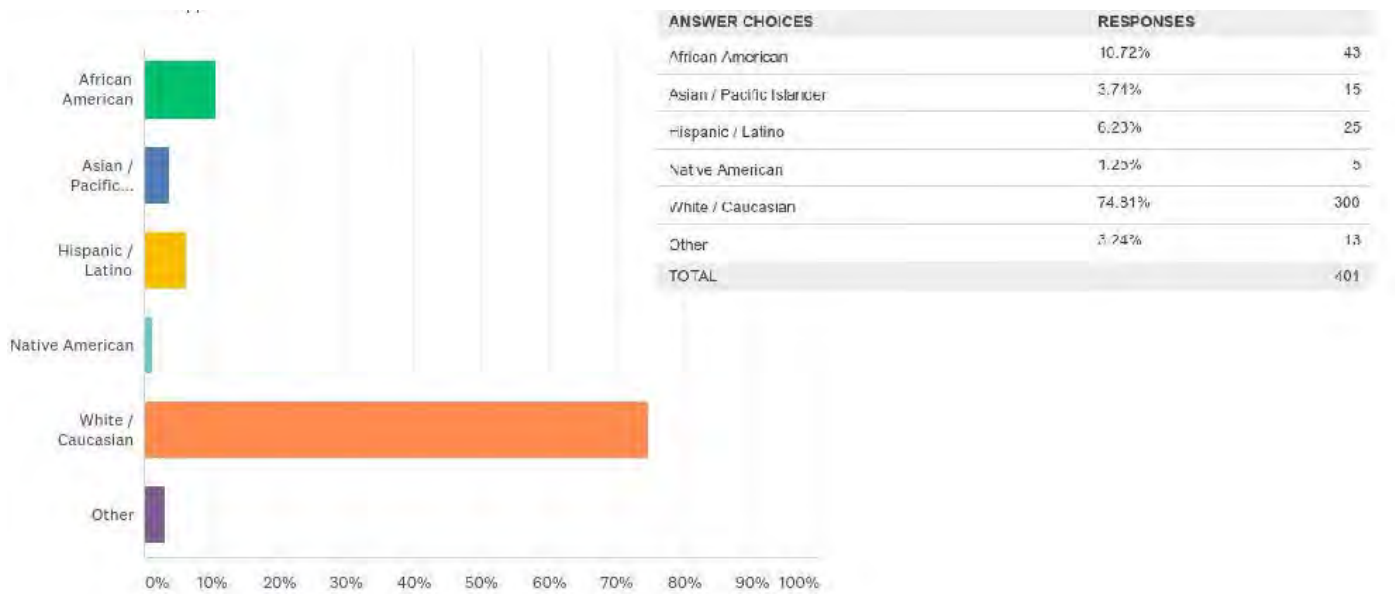


### Gender:

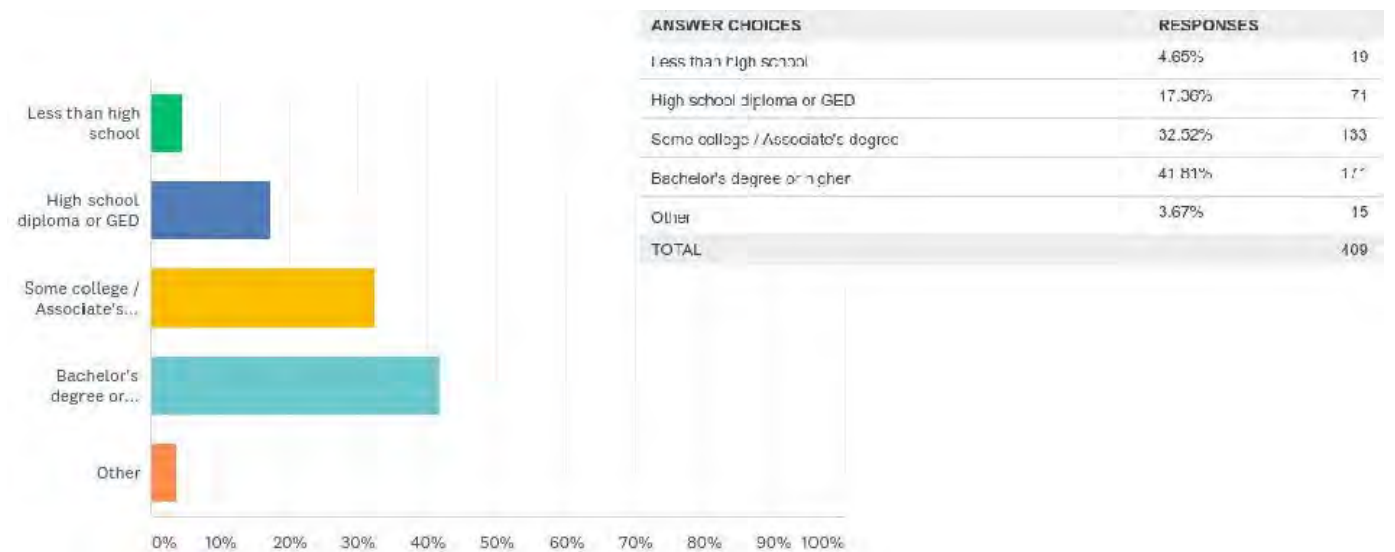


# Geary County Community Health Needs Assessment

## Culture:



## Education level:



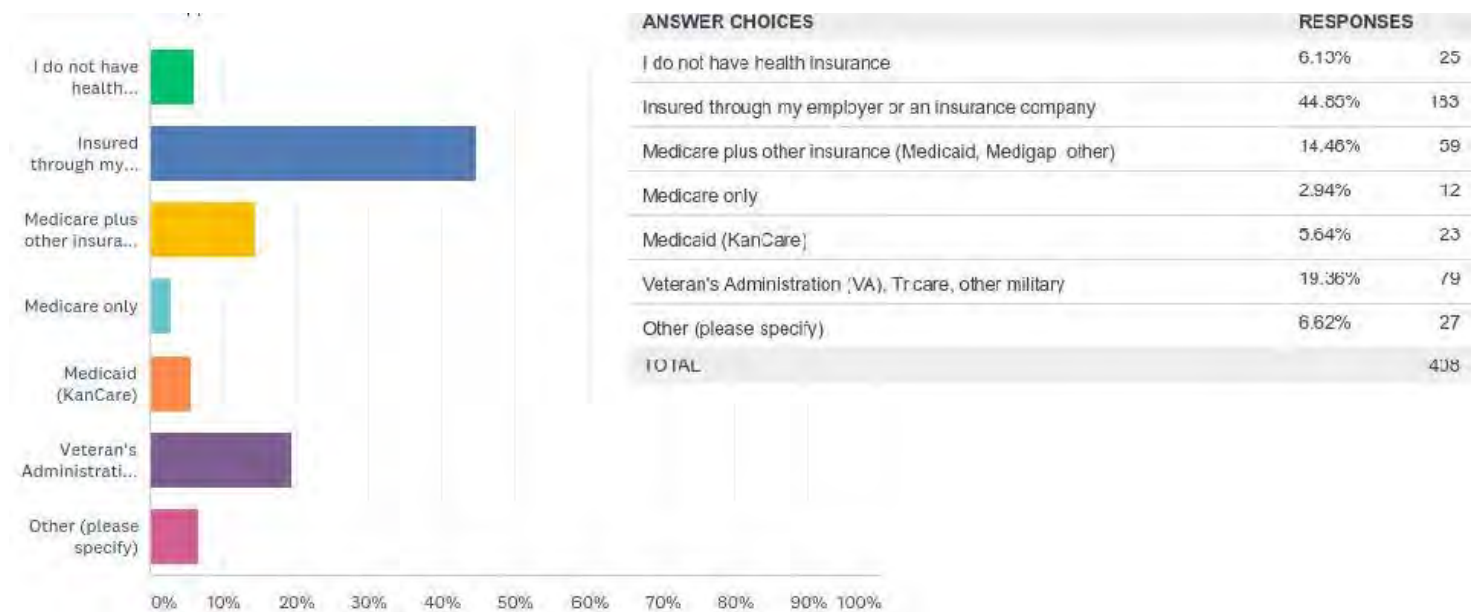
It should be noted that the demographics of community members who completed the survey matched the demographics of Geary County residents overall, with the exception of an over-representation of women, particularly with college degrees or higher.

# Geary County Community Health Needs Assessment

## Active duty or retired military within the household:



## Types of health insurance:



# Appendix B: Community Health Indicator Table

## Community Health Indicator Table: Clinical Care

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

Source: County Health Rankings

\*Healthcare costs are determined by amount of prize-adjusted Medicare reimbursements per enrollee.

# Community Health Indicator Table: Health Behaviors

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

Source: County Health Rankings

## Community Health Indicator Table: Health Outcomes

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

Source: County Health Rankings and Kansas Department of Health and Environment

## Community Health Indicator Table:

### Social and Economic

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

Source: County Health Rankings

## Community Health Indicator Table: Social and Economic

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

Source: County Health Rankings

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