

Dickinson County Community Health Assessment

2013

Introduction

Dickinson County, like all counties in Kansas, has residents who want to live where there are safe environments for recreation, access to medical and dental care, good jobs, good education for their children, healthy foods to eat, clean air to breathe and clean water to drink.

How healthy is Dickinson County?

During the last 100 years we have seen significant improvements in the health and safety of Dickinson County residents. We have improved the ability to control infectious diseases and sanitation has been modernized to prevent disease. Residents are no longer exposed to unhealthy behaviors like smoking because they are not part of the workplace or restaurant atmosphere. Complicated medical procedures and new discoveries have led to health care providers who can offer an increasing array of options to help our residents live longer lives. Despite these improvements, today we face an abundance of significant health care challenges. The percent of the Dickinson County population who are 65 years of age and older is 17.9% compared to the State of Kansas which is 13.7 percent. This percentage is important because older adults have more chronic health conditions such as, cardiovascular disease, cancer, diabetes and more of the problems associated with those diseases. In addition, in the United States obesity has become an epidemic. Unfortunately, Dickinson County has followed the national trend and 38.9% of adults in Dickinson County are obese compared to the State of Kansas percentage of 28.9 (kansashealthmatters.org).

Community Health Assessment

In March of 2013 Dickinson County began the process of updating the Community Health Assessment. Memorial Health Systems, Herington Municipal Hospital, and Dickinson County Health Department, along with a group of approximately 23 county representatives, gathered to begin the work of Community Health Assessment (CHA). Community Health Assessment is collaborative work that is done to improve the health of Dickinson County residents through policy development and/or change with effective resource utilization. The first step in CHA is to gain a deep understanding of important community health issues in order to establish priorities. Once

priorities are established, the committee matches community resources with identified priorities to address health issues that have been identified.

At the first meeting, Doug Lindahl, the facilitator introduced the work to the committee. He reminded the committee that Community Health Assessment is about creating a vision for a healthy Dickinson County. The previous community health assessment was reviewed and information was gathered from the committee regarding their vision for a healthy Dickinson County. At subsequent meetings a survey was developed and then sent out in June/July of 2013. The survey was sent to a randomized sample of 1500 Dickinson County residents. The survey was returned by 29.4% of the residents who received it. Residents returning the sample were predominantly 65 years of age or older (71%). Once the surveys had been returned it was decided to analyze the information as a whole and then a second time by extracting the information from the 39 years and younger residents who returned the survey. This was done because there was such a large percentage of the returns who were 65 years of age and older. The committee did not want the 65 years of age and older residents who returned the survey to dominant the results due to numbers. Once the data was analyzed the committee made the decision to hold town hall meetings to give residents a chance to see the results and talk about any other concerns. Town hall meetings were held in October, 2013 in both Herington and Abilene. Neither meeting was well attended but excellent discussion took place by those who did attend. The CHA committee then met on November 6th to determine the issues that reflect priorities of Dickinson County residents. This was done by: 1) looking at the survey information, 2) identifying root causes of each issue, and 3) reviewing the Healthy People 2020 Objectives (www.healthypeople2020.org).

Improving the Health of Dickinson County

From the beginning the goal of the Community Health Assessment Committee was to identify a manageable set of priorities. At the CHA meeting on November 6th of 2013 the CHA committee identified many issues that were important. Issues were eliminated that were being addressed elsewhere or had a root cause that was the same as another priority. Care was taken not to duplicate the work of Quality of Life and the Early Childhood Coalition. The CHA committee made a decision to support and collaborate with other organizations so that our resources can be used most efficiently. The issues given priority for Dickinson County were:

- Older Resident Health (starting with fall prevention)
- Unplanned Pregnancy and STI services
- Integration of Mental and Physical Health

Once the priorities were chosen committee members self selected to the 3 priority issue committees. A meeting for February of 2014 to review progress has been scheduled. At the

February 2014 meeting committees will report on specific goals, objectives, and strategies for the 3 priority issues which will help to identify opportunities for policy development and/or change and effective resource utilization that can affect the health of Dickinson County residents.

Priority Issue	Goal	Objectives
Older Adult Health	Improve the health, function, and quality of life of older adults	Promote coordination of care for the older adult Help the older adult manage their own care through health education Promote training for those who care for and provide education to the older adult Increase the proportion of older adults who receive preventative services
Unplanned Pregnancy/Sexually Transmitted Infection Services	Improve pregnancy planning and spacing, and prevent unintended pregnancy.	Increase the proportion of pregnancies in Dickinson County that are planned Promote health education in Dickinson County regarding healthy sexual behaviors and preventing sexually transmitted infections and their complications Increase the proportion of sexually experienced persons who received reproductive health services Development of strategies to increase awareness of unplanned pregnancy/Sexually Transmitted infection services in Dickinson County
Integration of Mental and Physical Health Services	To create a health care atmosphere where mental and physical health are interconnected	Increase the accessibility of mental health services Increase the awareness of mental health as part of overall health assessment Increase the awareness of need for depression screening in identified populations

How will this help us improve County Health?

The plan in and of itself has started the dialogue for change. This is an important step in change for the health of our county. We now have a vision that is shared not only by Memorial Health Systems, Herington Municipal Hospital, and Dickinson County Health Department, but also by representatives who served on the committee, the people who answered our survey, and those who attended the town hall meetings or read about our work in the newspaper. Community Health Assessment is about creating a shared vision for a healthier Dickinson County. It is about adopting ways to measure and report our progress, and it is about collaboration so that resources are used appropriately to bring about meaningful change.

Dickinson County Community Health Plan

Memorial Health Systems, Herington Municipal Hospital and the Dickinson County Health Department, along with a group of approximately 23 county representatives (please see appendix A for members) met between March 2013 and November 2013 to develop the Community Health Needs Assessment/Plan for Dickinson County. Doug Lindahl facilitated the group work, reminded the committee that Community Health Assessment is about creating a vision for a healthy Dickinson County, and encouraged the group to review work done in the past as a way to begin.

Vision: A Healthy Dickinson County

Mission: Collaboratively improve the health of Dickinson County residents through policy development and/or change and effective resource utilization.

The following table lists the priority issue along with the goal objectives and strategies identified by community work groups. Each section is devoted to one of the three priority issues.

John Hultgren	Health and Emergency Services Administrator
Mark A. Miller	CEO Memorial Health System Abilene
Kristine Meyer	Community Foundation of Dickinson County
Katie Allen	Executive Director Quality of Life Coalition
LaVeda Montgomery	Deputy Director of Health Dickinson County
Kathy Kershner	DON Herington Municipal Hospital, Nurse
Brian Holmes	MD Heartland Healthcare Clinic,
Greg Chamberlin	Dickinson County Commissioner
Chelsi Myers	Dickinson County Extension
Laci Sell	Superintendent of Schools USD 473
Jenni Wilkins	Big Brothers Big Sisters
Brenda Bowers	Dickinson County Area on Aging
Pat Kinnaird	Central Kansas Mental Health
Doug Lindahl	Facilitator
Justin Clark	Healthcare professional Memorial Health System
Brad Homman	Dickinson County Administrator, Solomon School Board, Solomon Recreation Board
Renaë Riedy	Community Member, Dickinson County Child Care Licensing
Jill Nusbaum	Community Member, Nurse
Jeanne Schantz	Dickinson County EMS, Paramedic
Michael J. Ryan	CEO Herington Municipal Hospital
Trish Berns	DON Abilene Memorial Hospital
Raelynn Swisher	Impact Sports & Fitness
Tina Price	Community Member, PSC Salina

Older Adult Health

The age of a population is important in planning for the future of our county, particularly for schools, community centers, health care, and child care. A youthful population will have greater education and child care needs, while an older population may have greater health care needs. The percentage of people in Dickinson County who are 65 years of age or older is 17.9%. The State of Kansas older population is 13.7%.

According to information found on Kansas Health Matters 12.9% of people 65 years of age and over in Dickinson County live in poverty. Older adults who live in poverty are especially vulnerable due to increased physical limitations, medical needs, and social isolation. If the income the older adult is living on is insufficient in the face of increasing prescription costs and other costs of living, older adults have no way to supplement their income.

Older adults are among the fastest growing segment of our population. The first “baby boomers” (adults born between 1946 and 1964) turned 65 in 2011. By the year 2030 more than 37 million older adults (60% of older adults) will be diagnosed with more than 1 chronic condition (HealthyPeople2020).

Older adults are at high risk for developing chronic illnesses and related disabilities which lead to hospitalizations, nursing home admissions, and the possibility of fragmented or low quality care. Older adults are also at high risk of losing their ability to live independently at home due to complications of chronic illness. Chronic conditions are the leading cause of death among older adults.

Goal: Improve the health, function, and quality of life of older adults
Objectives Promote coordination of care for the older adult Help the older adult manage their own care through health education Promote training for those who care for and provide education to the older adult Increase the proportion of older adults who receive preventative services

Objective 1: Promote coordination of care for the older adult

Opportunities for Action

Use of Social Worker at Memorial Health System for older adults with complex medical problems who are high utilizers of health care

Establish health coaching and navigation services

Create and implement effective marketing campaign for use of coordination services

Objective 2: Help the older adult manage their own care through health education

Opportunities for action

Develop a community wide campaign to educate the elderly about managing their own care

Establish collaboration and communication between health care providers in the county identify older adults in need of care

Establish and provide ongoing collaborative health education on fall prevention

Objective 3: Promote training for those who care for and provide education to the older adult

Opportunities for action

Develop a county wide campaign to increase awareness of the emerging needs of the older adult

Seek out opportunities to bring experts to Dickinson County to provide education for those who care for the older adult

Recruit champions to advocate for implementation of active living activities for older adults

Assure public recreation facilities include considerations for the older adults in our county

Objective 4: Increase the proportion of older adults who receive preventative services

Opportunities for action

Train providers and community health workers to use correct teaching methods for older adults

Explore ways to encourage the older adult to adhere to treatment regimens and engage in appropriate healthy behaviors

Develop a county wide campaign to educate the elderly about utilization of preventive health services

Establish a peer support group to promote utilization of preventive health services

Unplanned Pregnancy/Sexually Transmitted Infection Services

In Dickinson County 31.5 % of the births occur to unmarried women. This percentage includes both planned and unplanned pregnancies as well as women who were living with a partner at the time of birth. In recent decades, the average age of unmarried women having children has increased and less than one quarter of these births were to teenaged women. Although the age of unmarried mothers has increased, health concerns remain for these children. Research suggests that infants born to non-married women are at greater risk of being born preterm, having a low birth weight, dying in infancy and living in poverty than babies born to married women.

For many women, a family planning clinic is the entry point into a health care system and the usual or only source of care. Unplanned pregnancies and or closely spaced pregnancies are associated with many negative health and economic consequences for women and their children. Family planning services help individuals to achieve desired birth spacing, family size, and contributes to improved health outcomes for infants, children, women, and families.

Family Planning is important because unplanned pregnancy is associated with negative outcomes for women such as delays in prenatal care, decreased likelihood of breastfeeding, maternal depression, and increased risk of physical violence during pregnancy. The children from unplanned pregnancies are more likely to have poor mental and physical health during childhood, have lower educational attainment and more behavioral issues in their teen years. Negative consequences of unintended pregnancies are greater for teen parents and their children. Teen parents are less likely to graduate from high school or attain a GED by the time they reach age 30. Teen parents earn an approximately \$3,500 less per year and receive nearly twice as much Federal aid for nearly twice as long. The children of teen parents are more likely to have lower cognitive attainment and display more behavior problems.

Goal: Improve pregnancy planning and spacing, and prevent unintended pregnancy, sexually transmitted infections and their complications

Objectives

Increase the proportion of pregnancies that are intended
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Increase the proportion of sexually experienced persons who received reproductive health services

Development of strategies to increase awareness of unplanned pregnancy/Sexually Transmitted infection services in Dickinson County
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Objective 1: Increase the proportion of pregnancies that are intended

Opportunities for action

Ensure a location in Dickinson County where services are provided

Establish Pregnancy Services Center as part of services available in Dickinson County

Promote awareness of locations where services are provided through a comprehensive media component

Objective 2: Increase the proportion of sexually experienced persons who received reproductive health services

Opportunities for action

Promote health education in Dickinson County regarding healthy sexual behaviors and preventing sexually transmitted infections and their complications

Decrease the number of sexually active persons with no primary care physician

Increase the number of Dickinson County residents who receive materials and information about establishing care at a medical home

Objective 3: Development of strategies to increase awareness of unplanned pregnancy/Sexually Transmitted infection services in Dickinson County

Opportunities for action

Develop a medical resource and referral system in Dickinson County appropriate for residents with an unplanned pregnancy or sexually transmitted infection

Ensure that the medical resource and referral system in Dickinson County is appropriate for multicultural individuals living in Dickinson County

Integration of Mental and Physical Health Services

Mental disorders are among the most common causes of disability. The disease burden that results from mental illness is among the highest of all diseases. According to the National Institute of Mental Health (NIMH), in any given year, an estimated 13 million American adults (approximately 1 in 17) have serious debilitating mental illness (HealthyPeople 2020, www.healthypeople.gov).

Mental health disorders are the leading cause of disability in the United States and Canada, and account for 25 percent of years of life lost to disability and premature mortality. Suicide is the 11th leading cause of death in the United States, accounting for the deaths of approximately 30,000 Americans each year. Mental health and physical health are closely connected. Mental health plays a major role in a person's ability to maintain good physical health. Mental illnesses, like depression and anxiety, affect a person's ability to participate in health-promoting behaviors. In addition, problems with physical health, such as chronic diseases, can have a serious impact on mental health and decrease a person's ability to participate in treatment and/or recovery (HealthyPeople 2020, www.healthypeople.gov).

Mental Illness in Dickinson County

Information from Kansas Health Matters, www.kansashealthmatters.org shows that in Dickinson County 11.5% of Medicare beneficiaries were treated for depression in 2011. Depression is a chronic disease that will negatively affect a person's feelings, behaviors and thought processes. Depression has a variety of symptoms which may include sadness, fatigue, and a marked loss of interest in activities that used to be pleasurable.

Goal: To create a health care atmosphere where mental and physical health are interconnected
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Objectives

Increase the accessibility of mental health services
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Increase the awareness of mental health as part of overall health assessment
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Increase the awareness of need for depression screening in identified populations

Objective 1: Increase the accessibility of mental health services
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Establish a social worker as part of the integrated patient care for patients seen at

Comprehensive Pain Solutions ensure resource utilization especially mental health services
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Addition of a social worker to coordinate patient resources for patients seen within Memorial Health System

Relocation of the Central Kansas Mental Health office to the Memorial Hospital Building to increase visibility and accessibility to mental health services
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Exploring the possibility of placing a Central KS Mental Health practitioner/employee in the doctor's clinic for consultations
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Objective 2: Increase the awareness of mental health as part of overall health assessment

Continue to develop strategies to reduce the stigma of seeking mental health services by increasing the awareness of mental health in all aspects of care
Retrain staff at Heartland Healthcare Clinic on use of the mental health screening tool
Increase the use of this program by integrating the mental health screening tool into the patient health record.

Objective 3: Increase the awareness of need for depression screening in identified populations

Collaborative work between Primary Care Physicians, Obstetrics, and other agencies in the county to increase recognition of prenatal and postpartum depression (up to 6 months postpartum) through use of the Edinburgh Postnatal Depression Screening Tool
(This tool is specific to this type of patient and research has shown that 13% of pregnant/postnatal women show signs of depression)
Promote early intervention for mental disorders thru Mental Health First Aid training focus on children and youth (evidenced-based approach) helps reduce stigma and equips public with key skills to help individuals who are developing a mental health problem or experiencing a mental health crisis