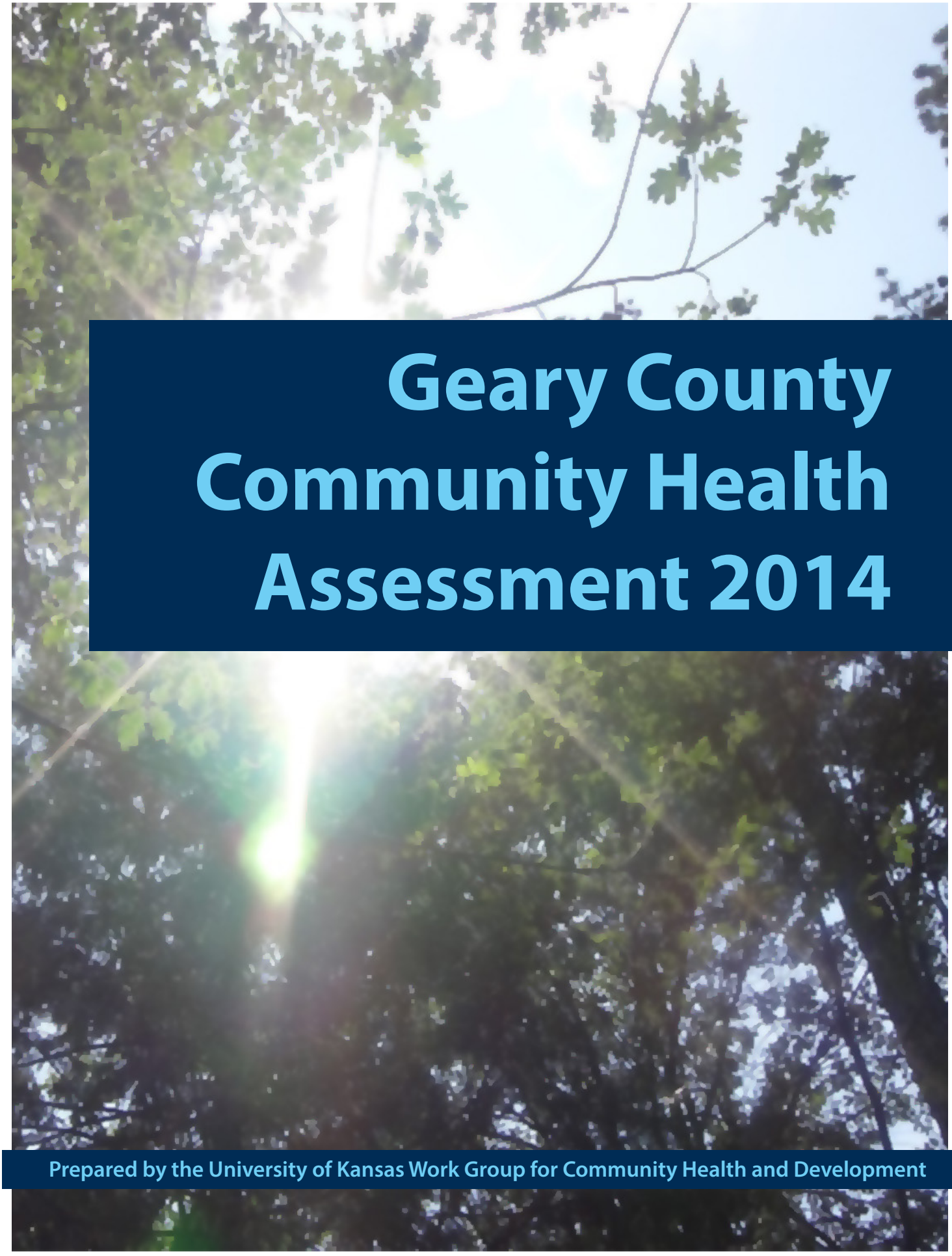


Geary County Community Health Assessment 2014

Prepared by the University of Kansas Work Group for Community Health and Development

Community Health Assessment

Public Health
Prevent. Promote. Protect.
Geary County

Geary
Community
Hospital

USD 475

Contents

Friends,

Beginning in 2012, Geary Community Hospital, the Geary County Health Department, and Geary County USD 475 embarked on a journey to gain a deeper understanding of the broad health issues in Geary County. Over the past two years we have listened to a diverse cross section of our community while discussing the many aspects that affect our health. The outcome of those conversations has culminated in this community health needs assessment report.

This Community Health Assessment (CHA) process and report will serve as not only an excellent local data source for agencies and organizations, but it is our hope that it will spur conversations about health improvement in Geary County. Throughout the process we have 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 might provide.

This document serves as the final report for the assessment, but the process does not stop here. Using the CHA as a point of reference, the participating agencies will initiate conversations concerning the findings of the assessment and what steps can be taken to meet the challenges in our community across all agencies and organizations. The Geary County Health Department will now focus on a Community Health Improvement Plan as they look to provide empirical support in identifying and prioritizing programs or system change to improve the community's health. Geary Community Hospital will use this report to improve their programs and offerings as they seek to support the health and wellness of the community, and Geary County USD 475 will use the results to target programs that benefit their student population.

The Geary County CHA was spearheaded by Geary County USD 475, the Geary County Health Department, and Geary Community Hospital. The assessment and final report were facilitated by the University of Kansas Work Group for Community Health and Development, an integral part of the process and a valuable member of our team.

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

We invite you to now 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. We invite you to find a way to contribute and make Geary County a better place to live healthy.

Executive Summary

Background

In 2012, the Geary County Health Department, Geary Community Hospital, and Geary County Schools – USD 475 began an effort to conduct a comprehensive community health assessment. This was intended to serve multiple purposes, including:

- A deeper understanding of community health issues of importance and the assets available to address those issues;
- A better ability to respond to community health issues and strive toward collective impact;
- Empirical support for identifying and prioritizing programs, policies and environmental or systems change that will help support improved health in the community.

Multiple methods were used as a means of identifying convergent themes that represent community health issues experienced by Geary County residents. Between October 2013 and February 2014, a number of data collection methods were implemented. A concerns survey was completed by 591 community members who rated the importance of and satisfaction with 37 key community health indicators. A series of focus groups took place comprised of 33 people across five sites in Geary County aimed at collecting qualitative information about quality of life experienced by participants, assets for community health, and conditions that contribute to health or illness. In addition, 11 interviews of key informants across Geary County were held to gather similar information about community conditions and assets that shape the community's health.

A Local Public Health System Assessment was conducted to obtain community appraisal of the performance of Geary County's public health system in fulfilling the 10 Essential Public Health Services. More than 60 community leaders and members participated in the assessment. Key community health status indicators were compiled across domains including clinical care, health behaviors, the physical environment, and social and economic factors. A Photovoice project was conducted with teens, affiliated with Junction City High School, who photographed community conditions that promoted or prevented health. Overall, more than 710 people participated in the community health assessment for Geary County. Data from each of these assessment methods were analyzed to identify to 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

- Education and services delivered by the Geary County Health Department, Konza Prairie Community Health Center, Police Department, and Geary Community Hospital are an asset for the community.
- There are motivated community members and supportive leadership.

Perceived Community Challenges

- There is a lack of available and affordable health food options.
- There are few environments that support physical activity.
- Quality of life is perceived as worse for individuals and families with lower incomes.
- Access to healthcare has improved but barriers and limited use of preventative health services persist.
- There is inadequate access to dental health services.
- There are a lack of mental health services.
- There has been some job growth but more quality jobs are needed.
- Transportation has improved but barriers still exist limiting access to healthcare and employment.
- Some community members perceive safety as a concern.
- Regulation of alcohol and tobacco is perceived as a relative strength while others perceive too much access to alcohol and tobacco in the community is an ongoing challenge.
- High quality affordable housing is limited for those with low-incomes.

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.

Introduction

Assessment of 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:

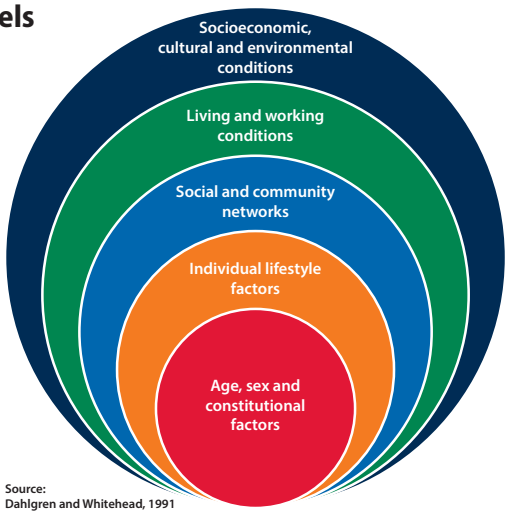
- A deeper understanding of community health issues of importance — both in terms of community perceptions and epidemiological prevalence — and the assets that a community has available to address those issues.
- A better ability to respond to community health issues.
- Empirical support for identifying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

Aware of these benefits, Geary County Schools – USD 475, Geary Community Hospital, and the Geary County Health Department embarked on an effort to conduct a comprehensive community health assessment.

In completing the assessment, partners were committed to assuring that the work included a social determinants 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.

On behalf of the Geary Community Hospital, Geary County Health Department, and Geary County Schools – USD 475, the University of Kansas Work Group for Community Health and Development conducted a multi-method community health assessment. A diverse set of methods including focus groups, interviews, surveys, and Photovoice 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 October 2013 and February 2014.

Figure 1. Socio-Ecological Levels Influencing Health



Source:
Dahlgren and Whitehead, 1991

Description of assessment methods and procedures

Concerns Survey

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

Method: A 37-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. Outreach was conducted to promote completion of the survey (paper or online), at such sites as community centers, the Geary County Health Department, the Geary Community Hospital, Geary County Schools. Additionally, a mailing to more than 6,000 households was completed.

In all, 591 Geary County residents responded to the survey. Respondents were mainly representative of the Geary County residents overall, with the exception of higher representation of women. Additional analysis was conducted with and without two sub-groups of people: 1) those informally affiliated with the military (e.g., unmarried significant others); and, 2) women of child-bearing age to determine if responses from those groups dramatically changed which issues were perceived as relative strengths and problems. Relative strengths and problems identified by all respondents were not substantially different from responses from the sub-group and are included in the summary of convergent themes. Detailed information on the demographics of participants and all identified relative strengths and problems for all respondents and sub-groups can be found in Appendix A.

Focus Groups

Purpose: The focus groups aimed to engage community members, including those who experience health disparities, in identifying community assets and conditions that contribute to health, as well as community perceptions of strengths, weaknesses, and priority health issues.

Method: 33 people participated in five focus groups held in Junction City. Each focus group contained between four and ten participants. Focus groups were held at locations selected to promote inclusion of voices typically under-represented in community health assessments. These population groups included lower-income residents, young adults, and members of racial and ethnic minorities. The focus groups were promoted among multiple sectors of the community, including people receiving services and those experiencing health disparities, by extending focus group invitations through key connectors. Notes and audio recordings were reviewed to analyze top themes.

Description of assessment methods and procedures

Key Informant Interviews

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.

Methods: Eleven key informants from Geary County were interviewed using snowball survey methodology, including community members and leaders from the community. Notes and audio recordings were analyzed to review top themes.

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 (including the Kansas Department of Health and Environment, Kansas Hospital Association, Kansas Bureau of Investigation, American Community Survey, and U.S. Bureau of Labor Statistics), indicators were identified using specific criteria: 1) a trend that is improving over time; 2) a trend that is worsening over time; or 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 Healthy People 2020 objectives (when available) can be found in Appendix B.

Local Public Health System Assessment

Purpose: The aim of the Local Public Health System Assessment was to develop a baseline set of information about the performance of the local public health system in fulfilling Public Health's 10 Essential Services.

Method: More than 60 community members representing the many sectors of the Local Public Health System, including health care, education, law enforcement, neighborhoods and many others, assembled for a one-day assessment event in Geary County. University of Kansas Work Group for Community Health and Development staff guided 10 break-out sessions through an administration of the National Public Health Performance Standards Program (NPHPSP) Instrument. The NPHPSP Instrument consists of several indicators which reflect ideal performance of the 10 Essential Public Health Services. Results from the assessment that corroborate or contradict themes identified from other sources are highlighted below. A full description of findings can be found in Appendix C.

Description of assessment methods and procedures

Photovoice

Purpose: Photovoice was used as a method for obtaining a youth perspective of the conditions that contribute to or detract from health in Geary County.

Method: To implement Photovoice, staff from Junction City High School and the Boys and Girls Club engaged several youth in taking photographs expressing their perceptions of health in Geary County. About 10 youth between ages of 14 and 18 were given the assignment to take photos related to two key questions: 1) What conditions in Geary County keep us healthy?; and, 2) What conditions in Geary County prevent us from being healthy? The teens were given cameras and instructed to take pictures answering these questions for one week. From all of the photos selected, the teens were then asked to select those that most effectively answered those questions. The teens created captions to explain how the picture represented health in Geary County. Pictures and quotes from students are incorporated throughout the report as they converge with related themes.

Results and Convergent Themes

Key findings of these assessment activities were synthesized to identify convergent themes which are described below. Additional detailed findings from these assessments can be found in the appendices.

Section 1: Strengths and Assets

A number of organizations were identified as **community assets** during focus groups and through key informant interviews, and are represented in the "word cloud" below. Size correlates with the frequency with which assets were mentioned by different sources.

Figure 2. Assets identified by key informants and focus group participants.

Education and services delivered by the Geary County Health Department, Konza Prairie Community Health Center, Police Department, and Geary Community Hospital are an asset for the community.

Community members identified health education classes delivered by the health department and the hospital as important assets of the community. Additionally, residents stated the health department is good at disseminating important health information, educating community members, and collaborating with other community agencies. Some community members also felt the free clinic for children and pregnant women was an asset, and the concern survey suggested healthcare for these groups was a relative strength. Findings from the Local Public Health System Assessment indicated that educating and empowering community members was a relatively high priority (7.7/10) and was assigned a moderate performance score of 44.4 (i.e. 44% of activities related to this service are implemented).

- The Health Department does a good job of getting information out to people.
- We have a great school district, great programs, a great Head Start program, the health dept. collaborates well with all those agencies and we collaborate well with all those agencies
- The Geary Co Health department partnership is the only one that cares
- Most proud of the hospital, they are changing the hospital.
- The hospital has health education programs (nutrition, physical activity) available to all community members.

Lastly, community members noted the police department was seen as an asset due to their partnerships with other law enforcement, their presence in the community, and responsiveness to community needs.

- Junction City/Geary County have a strong police force and they have great relationships with the Ft. Riley police force.
- The police patrol is good. I always see 2-3 police. If I am walking at night they'll stop and make sure I'm okay. The police will come and check our house if we go out of town.

There are motivated community members and supportive leadership.

Key informants and focus group members identified motivated community members and supportive leadership as a strength of the Geary County community. Community members reported that leadership at the highest levels, such as city and county commissioners, and providers of essential services are dedicated to supporting the well-being of community members. Further, youth participating in the Photovoice project identified the 12th Street Community Center as an asset for health as indicated by the photo and quote above. Additionally, community members reported that civic and faith groups understand the needs of families and are willing to provide extra support.

- There's increased community involvement and community pride. Everyone is involved in making their community a better place by having services available for people, things to do for families. When you get a lot of community involvement in wanting to continuously improve the community I think that is a big characteristic of social wellbeing.
- There is great support from city and county commissioners. There are a lot dedicated leaders within different social systems, knowledgeable about the issues that need addressed. We have all of the right players at the table, we just need a great strategic plan to make it all happen.
- People who have history of drug abuse, alcohol abuse, now they want to give back and help educate others because "such was me."
- Schools and churches are sensitive to needs of these families. Those who seek help can get the help.

Figure 3. Photo taken by youth Photovoice participant: "Good out of the bad."

Section 2: Community Challenges

A lack of available and affordable healthy food options.

Some community health indicators suggest Geary County residents exhibit healthy behaviors regarding nutrition. For example, a slightly greater percent of Geary County residents consume more than one serving of fruits (61.7%) and vegetables (78.4%) per day compared to consumption of fruits (58.6%) and vegetables (77.7%) of Kansas residents overall. Further, 25% of Geary County residents are obese, which meets the Healthy People 2020 objective (≤ 30.5%) and is lower than the overall state average (29.6%).

However, information from other sources suggest that there is a lack of available and affordable healthy food options. Some focus group participants stated the following:

- All of the food that is affordable is the food they tell you to stay away from. Even food at food pantry is not always healthy and healthy food is always expired.
- We have a lot of farmers around here for our little farmer's market. Manhattan has a bigger one over there. Something to help out with fruit and vegetables to help us all be healthier.

Additionally, the responses to the concern survey indicate that availability and affordability of healthy foods for all community members is perceived as a relative problem. Finally, youth involved in the Photovoice project indicated that there are healthy choices but they received mixed messages about the importance of healthy eating because there is a lot of access to unhealthy foods.

Figure 4. Photo taken by youth Photovoice participant: "We can't resist it - there's access to unhealthy foods, but messages about the importance of healthy eating - mixed messages, and unhealthy foods is what's accessible."

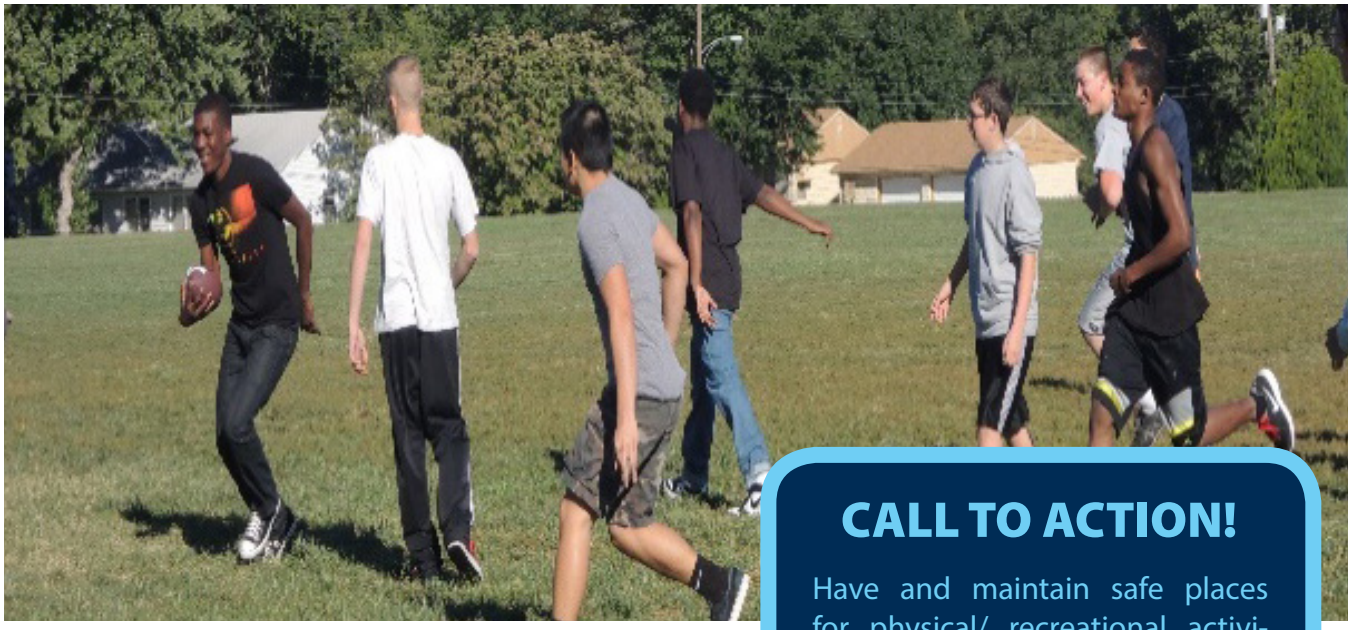
Figure 5. Photo taken by youth Photovoice Participant: "You have a choice to eat healthy."

Figure 6. Photo taken by youth Photovoice participant: "They're giving away junk food, but it's a fundraiser."

Few environments that support physical activity.

Although a sizable proportion of Geary County residents meet recommendations for aerobic and strengthening exercise, creating environments that promote physical activity for all community members is important to many Geary County residents. In 2011, 25.9% of Geary county residents reported doing enough physical activity to meet both the aerobic (i.e. 150 minutes of moderate-intensity aerobic activity per week such as brisk walking) and strengthening exercise (i.e. activities on 2 or more days/week that work major muscle groups) recommendations. This exceeds the Healthy People objective (20.1%) and is higher than the overall proportion of adults in the state (16.5%). Additionally, in 2011, the percent of Geary County adults with no leisure time exercise in the past 30 days was 25.3%, which was slightly better than the state average of 26.8%. Youth participating in the Photovoice project indicated that there are opportunities to connect with others around physical activity that can be fun.

Figure 7. Photo taken by youth Photovoice participant: "It can be fun - if you do things with other people, it is fun."



CALL TO ACTION!

Have and maintain safe places for physical/ recreational activities (sound sidewalks, safe trails, crime-free). Have some physical activity events for kids, need more for adults. Need free access to physical activities.

– Focus group participant

However, findings from the concerns survey, key informant interviews, and focus groups indicate that recreational opportunities and infrastructure to support physical activity are both needed and important. Responses from the concerns survey 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. 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. Further, key informant interviews and focus groups findings suggest that the creation of environments that promote physical activity may be needed even more in areas of town with a higher proportion of residents who are low-income.

- In some areas, there are no sidewalks for people to walk on, or if there are sidewalks, they are in very poor condition. And this is in the poorest parts of town, where people really need them the most.
- We need sidewalks in [this neighborhood]. They don't care about us here. We need lighting.
- They need more places to be physically active. You want us to be physically active. The summertime it smells because it is across from the [sewage treatment plant]. That is really all there is for kids to do. It is bad to have the sewage treatment plant right across the way. It smells so bad. That is not healthy. It depends on the day and the wind blowing. I used to live in Cottonwood and you never smelled it.

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

According to key informant interviews and focus groups, 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.

- I think it's like anywhere, quality of life is for some people good, for probably half to three-fourths of the population quality of life is good but then there are those that do not have as good a quality of life for whatever reason, whether it's personal decisions they've made, whether it's a continued run of bad luck, whatever the case may be.
- I think your lower-income people, people with larger families and people that may have lost their jobs, people with large families and a lot of mouths to feed, they're trying to decide between getting kids their necessary health care or putting food on the table. People who have lost jobs, lost loved ones. Obviously in every city there are economic differences and income differences that are going to lead people to have better quality of life than others.
- [Quality of life is worse for people with] poor finances, poor access to health. No money to get medicine/treatment. No time to take off work. Can't afford to lose income by taking off from work to get healthcare or heal from illness.

In Geary County, people living below poverty has steadily declined from 12% in 2010 to 10.8% in 2012 which is less than the proportion of all Kansans (13.2%) in 2012. Children living below poverty also decreased from 15.2% in 2010 to 14.2% in 2012 and is less than the proportion of all Kansas children (17.9%) in 2012.

The median household income has improved from $45,559 in 2010 to $47,879 in 2012 but was still slightly lower than the median income for Kansas overall ($51,273) in 2012. Households receiving cash public assistance remained steady between 2010 and 2012 with 2.4% of households receiving this assistance in 2012, similar to the state (2.3%). However, the average monthly WIC participation rate per 1,000 population was 39.2 in 2009 and increased to 41.8 in 2011 which was almost twice that of the state (26.2 per 1,000 population) in 2011.

Access to healthcare has improved but barriers and limited use of preventive health services persist.

Results from several sources point to relative strengths in accessing healthcare and quality of health services in Geary County. For example, between 2009 and 2011, Geary County increased the number of local primary care physicians. Further, some services, such as healthcare for women and children, are perceived as high quality and a relative strength for the community. However, some community members reported that accessing healthcare is still a challenge, particularly if individuals are limited in transportation, financial resources, and knowledge of services. Additionally, the Local Public Health System Assessment identified "assuring linkage to health services" as an important area for improve-

ment and a high priority for the public health system. Finally, some community health indicators, such as age-adjusted adult and infant mortality rates, remain higher than state levels.

Geary County has improved the ratio of the population to primary care physicians from 4,191:1 to 2,701.9:1 between 2009 and 2011, but it is still greater than the state ratio of (1,723.8:1). Community members acknowledge there are many good providers in the community.

- The hospital, the health department, the rural health clinic in the hospital, Konza, and in town the private dentists, the mental health providers…There are a lot of quality health providers around the area.

However, key informant interviews, focus groups, and responses to the concerns survey suggest that access to health care for all members of the community is a relative problem. Responses of key informants and focus group participants highlight the complexity of the factors contributing to perceptions that access to health services is a problem, including awareness of available services, affordability, and trust in local providers.

CALL TO ACTION!

[We] need avenues to ensure that all residents have access to medical care and prescription drugs. Need to connect impoverished individuals to health coverage. Children also need to have medical coverage, and should be taught at a young age to make healthy choices.

– Key Informant

- I think we've got the health facilities here, but I think our biggest problem is that people don't know what is available. There's a lot of people who don't realize they can use [Konza Prairie Health Clinic, the FQHC], and that it's based on their income, and that [it's for them] if they don't have insurance and all these things.
- Lack of ability to pay. Lack of knowledge to know what's available. The first thing they think about when they get sick is, "how much is this gonna cost." Some people are like, "I'm gonna just wait." Sometimes when we wait, it gets more expensive because our illness has gotten worse.
- Medically you cannot afford to go to the doctor unless you are disabled or you have children under a certain age.

Sixty-two percent of adults have had their cholesterol checked in the past 5 years which is similar to state levels (62.9%) but much less than the Healthy People 2020 objective of ≥82.1%. Almost 13% of adults in Geary County report fair to poor health, just slightly less than the state overall (15%). Additionally, the age-adjusted mortality rate increased from 794.7 per 100,000 residents in 2010 to 821.8 in 2012, exceeding the state rate of 761.9 in 2012. (See Appendix A for additional data on health outcomes).

Responses from the concerns survey also indicate that community 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 breastfeeding mothers was a strength of the community. However, community level data suggests that key indicators of infant health are still slightly worse than state levels. For example, the percent of live births where prenatal care began in the first trimester improved between 2010 and 2012, from

68.9% to 74.3%. However, this was still below the overall proportion of Kansas residents (77.1%) in 2012 who received prenatal care and does not meet the Healthy People 2020 objective (≥77.9%). Additionally, the infant mortality rate improved from 10.4, in 2010, to 8.9 infant deaths per 1,000 births in 2012, but is still higher than the state rate of 6.6 and falls short of the Healthy People 2020 objective of ≤6.0.

Inadequate access to dental health services.

Several sources of information indicated that access to needed dental health services is a challenge for many community members. Community members and community health data suggest that there has been an increase in the number of dentists:

- The FQHC – providing more medical and dental services that were not available in the past. We were very lacking in dental services for everybody because many of our dentists were full up and were not taking on new patients. Now, we have more dentists.

Additionally, the ratio of population to dentist improved from 1,095:1 to 996:1, in 2014. Nonetheless, the presence of dental health decay reflects an ongoing challenge. The percent of screened K-12 grade students with obvious dental decay slightly increased to 15.6% in 2013, but still fell below the state level of 16.2%. Lastly, for community members responding to the concerns survey who had informal military ties or were not women of child-bearing age, "dental care and preventative screenings are available for all" arose as a top problem.

A lack of mental health services.

Key informant interviewees noted that there is a lack of mental health services, particularly for people affected by Post-Traumatic Stress Disorder (PTSD) and their families.

- I hear continuously we don't have enough capacity for mental health services. With the additional strain of Fort Riley, we don't have enough services, so that's not good.
- One of the areas we are probably the weakest is Mental Health, and providers for Mental Health. There are not enough providers for mental health. We have Fort Riley and there is not enough help. That's one of our weaker places right now, is mental health. We have cutbacks at the state level affecting Pawnee Mental Health, and they've had to trim back, and it makes it difficult for them to offer the services they used to offer. And there's a lot of guys coming back from overseas with PTSD and those types of things.

Additionally, the percent of people who report their own mental health is not good and the hospital discharge rate for mental health issues are both higher in Geary County compared to the state average. The percentage of adults who reported their mental health was not good on 14 or more days in the past 30 days was 17% in Geary County, compared to 10% in Kansas in 2011. Further, the hospital discharge rate for mental health disorders increased between 2009 and 2011 from 58 to 64 per 10,000 population. However, the discharge rate for ages 15 to 24 increased even more during the same time period, from 68.8 to 92.7 per 10,000 population, and is much higher than the rate of discharge for the state (74.4 per 10,000).

There has been some job growth but more quality jobs are needed.

Some key informant interviews indicated that businesses and opportunities for employment have grown in Geary County.

- There has been a lot of growth in this area between construction and Fort Riley, so there's more job opportunity.
- With the hospital growth, Konza's growth, Ft. Riley's growth, and additional businesses coming into town, they're even talking about a casino too, there is the opportunity for many jobs in town. We have a large Foot Locker plant, we have a large Armour Eckrich plant, so there are some big businesses around here that have a lot of jobs.

However, other key informant interviewees and focus group participants suggested that available jobs often pay low wages and do not offer important benefits like health insurance. Additionally, transportation and worker skill development may be some barriers to gaining employment.

- There might be a problem with skills development – may need to address by looking at what skills employers need and then looking at what schools and vo-techs train. We need more employment [opportunities].
- Need more industry/jobs in order for families to live better, many jobs don't offer health insurance, high out-of pocket health costs.
- We need better jobs like manufacturing—solid and stable jobs that people can stay a long time and accumulate wealth.
- It's hard for anyone to get a job, education and transportation are barriers. I have to go way out of town to get a job, because I can't get one here.

Between 2011 and 2013, the unemployment rate for workers in the civilian labor force decreased from 7.1% to 5.6%. However, the unemployment rate in Geary County remains higher than the unemployment rate for the state (4.4%).

CALL TO ACTION!

Better-paying jobs with benefits are necessary, employers dedicated to healthy living and healthy environments; also promote healthy practices among employees.

– Focus group participant

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

Key informant interviews noted that transportation has been a problem but steps were taken to make public transportation more accessible.

- Transportation has always been an issue, but that's getting solved. We now have 2 busses, and they're running to the limit, there's such demand. I think we might set up regular routes (instead of people having to call to set up the transportation). It will improve over the next few years. Some even ride the bus to K-State.

However, focus group members noted there are still barriers to accessing transportation such as difficulty with 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.

- The public transportation we have is not conducive to the people who need to get to the clinic today, who have a sick child today—you have to set up the appointment in advance.
- …for people who don't have transportation to [the] grocery store. You have to walk or ride bike. They aren't building up this end of the city. They don't have very good transportation; it costs twenty to go across town and twenty to go back
- You have to call a day ahead of time. We have a lot of public transportation it is just inconvenient. There is no set route for buses and you have to set it a day ahead of time. Only one taxi service for all of Junction City.

Some community members perceive safety as a concern.

Findings from the concern survey indicated that community members identified feeling safe in the community and being free from physical or verbal abuse from their spouses or partners as relative problems for Geary County. In 2012, the rate of violent crime in Geary County was 5.3 (per 1,000 population), only slightly lower than the rate of 5.6 in 2010. Further, the rate of violent crime in Geary County is still higher than the state rate of 3.5 (per 1,000 population). Additionally, the rate of property crime offenses increased between 2010 and 2012 from 18.8 to 20.1 (per 1,000 population), but was still lower than the state rate (30 per 1,000 population) in 2012.

Regulation of alcohol and tobacco is perceived as a relative strength while others perceive too much access to alcohol and tobacco in the community is an ongoing challenge.

Focus group 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.

- There is a liquor store and smoke shop within walking distance of every bar. They don't care, as long as they are making their money. Access to these items are too high.

- We have more liquor stores and bars than I can count…High drug and alcohol for state of Kansas. We could use less. Seven bars and 2 liquors just on Grant Avenue. They are all over. There's just too many bars…Most of our troops are coming in for the bars. Drunk driving accidents and children could get hurt. Public posting in paper and I would say 70% arrested are driving under the influence.

In 2011, the percent of adults reporting binge drinking in Geary County was 22.5% which was higher than the proportion in the state (17%) in the same year. Additionally, in 2011, the percent of adults who smoked was 26.9%, which is greater than the Healthy People 2020 objective (≤ 12.0%) and higher than the proportion of adults in the state (22%). However, responses to the concerns survey suggested that community members view the enforcement of laws against selling or providing cigarettes, smokeless tobacco, & alcohol to minors as a relative strength of the community.

High quality affordable housing is limited for those with low-incomes.

Some community members noted that housing, in Geary County, has improved for families with middle to lower-incomes.

- In the county there are a lot of nice homes. We went through a large building-expansion years ago and there are nice, well-built, reasonably-priced homes in nice new areas that in some cases are very affordable for people. And I think there's a lot of quality… [some people that] I knew lived in some low-income housing that was very nice. So I think [we should] add and continue some low-income housing.

However, other community members cited the need to improve the quality, affordability, and safety of lower-income homes and neighborhoods, as those areas of town experience more crime and are still unaffordable for some.

- We need more options of low income housing, all we have are just a few places for us to live. They keep us in one area. There should be more than one place for us to choose from.
- They charge so much to live anywhere. This trailer park doesn't overcharge. A lot overcharge because the military can afford it but I can't afford it on minimum wage. Housing is a challenge.
- But if you don't have a lot of money, it is not a good town because it is out of range for low-income families

Additionally, youth participating in the Photovoice project took photos that elicited questions suggesting that where you live matters for health.

Finally, findings from the concerns survey indicate that availability of safe and affordable housing is a relative problem. Home ownership decreased between 2010 and 2012 from 41.8% to 39.9% and is much lower than the proportion or home ownership across the state (61.4%).

Figure 8. Photo taken by youth Photovoice participant: "Why do some people have to live near this?"

Figure 9. Photo taken by youth Photovoice participant: "Why?"

Section 3: Conditions for Promoting Health

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

A number of key informants noted there are many ways organizations and community members collaborate to exchange ideas such as 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 communicating the needs of representative interests to facilitate a better collaboration. Expectations need to be better. It is not clear among organizations what the visions, missions, and values of other organizations doing this work.

Additionally, the Local Public Health System Assessment identified mobilization of partnerships as an area of high priority but low performance among public health officials in Geary County.

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

Some focus group participants and key informant interviewees 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 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.

- A lot of them don't give us respect because we live in low income apartments. The city doesn't care about us.
- Well, the Latino community is marginalized. Many people from our community don't speak English and because of this, they cannot participate within the dominant society. We need social programs to help our people, our population. We need advocates.
- But a lot of Koreans don't speak good English …sometimes you meet people who are trying to be understand and try to listen to you but a lot of the times they are just annoyed and just don't even want to hear anything from us.

Conclusions: Convergent Community Health Issues

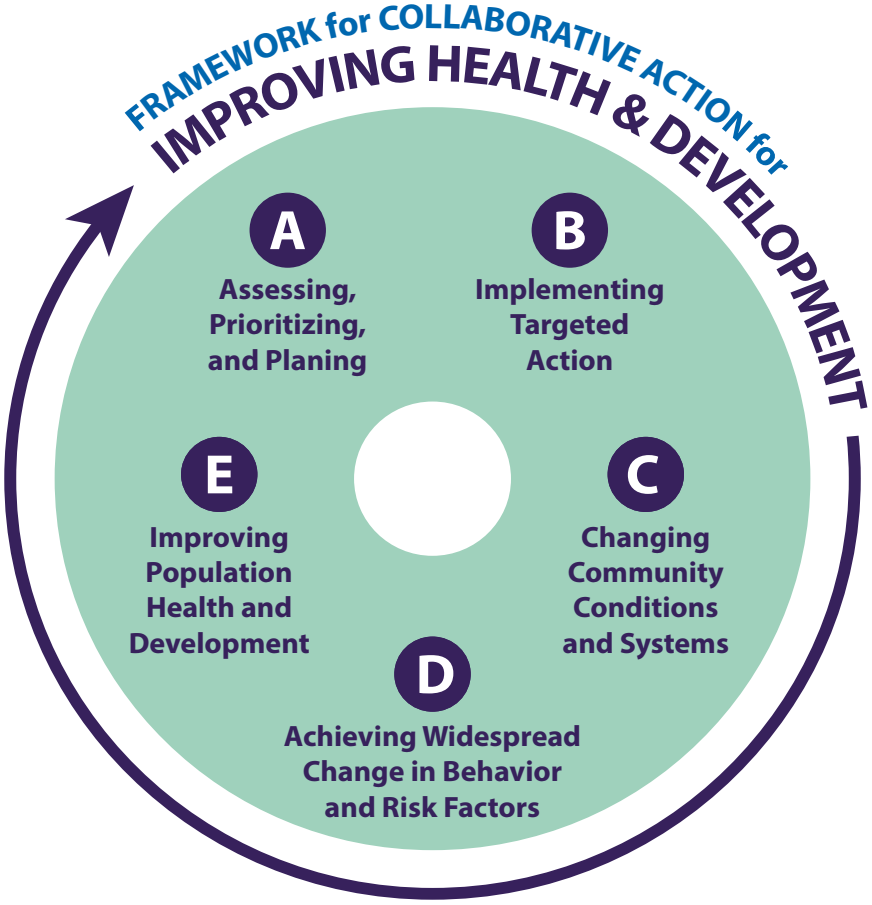
The benefit of using diverse data collection methods is that each method is uniquely able to reach different segments of the population and results in different types of complimentary data. To identify community health issues that may reflect the priorities of Geary County residents, the findings of each method were reviewed for convergence. Although a number of issues were identified by each method, 13 community issues were identified based on data across multiple methods. Table 1 displays these community health issues and the community health assessment methods in which they were identified.

Table 1: Convergent Community Health Issues

Community Health Issue	Concerns Survey	Focus Groups	Key Informant Interview	Health Status Indicators	LPHSA	Photovoice
Lack of available and affordable health food options	X	X				X
Few environments that support physical activity	X	X	X	X		X
Quality of life is perceived as worse for individuals with low-incomes		X	X	X		
Barriers to access to health services and limited use of preventive health services	X	X	X	X	X	
Inadequate access to dental services	X	X		X		
Lack of mental health services			X	X		
More quality jobs needed		X	X	X		
Barriers to transportation		X	X			
Lack of safety	X	X		X		
Too much availability of alcohol and tobacco	X	X		X		
Quality/ affordable housing is limited for low-income residents	X	X	X			X
Community collaboration could be stronger			X		X	
Groups marginalized due to communication and historical patterns of exclusion		X	X			

The Geary County community health assessment highlights strengths, resources, challenges, and community conditions that contribute to trends in community-level health outcomes. Figure 10 depicts a framework for collaborative action for improving health and development that illustrates how results from an assessment can eventually lead to the improvement of population health. For example, issues identified in an assessment can be prioritized based on their level of importance to community members. Once issues are prioritized, planning and targeted action can take place that can lead to community and systems changes resulting in widespread behavior change and improvements in population health and development.

Figure 10. Framework for Collaborative Action for Improving Health and Development



Source: Adapted from the Institute of Medicine's framework for collaborative public health action in communities (2003).

Conducting a needs assessment that incorporates information from multiple and varied sources, throughout the community, is the first step for understanding the broader community context that contributes to healthy behaviors. From here, Geary County residents can use the information in this report to prioritize issues and plan for targeted action, thus setting the course for a healthier Geary County.

Appendix A: Concerns Survey

A 37-item was completed by 591 Geary County residents in order to determine the relative strengths and problems of the community identified by participants. The following table contains information about the demographics of participants.

Racial and Ethnic group	White	57.7
	Black/ African American	20.1
	Latino	11.0
	Asian	1.4
	Native American	1.2
	Multiple races	2.7
	Other	2.5
	Unknown	3.4

Gender	Female	73.1
	Male	23.2
	Unknown	3.7

Military Affiliation	No military affiliation at all in household	48.1
	I am an active duty military member.	4.4
	I am a dependent of an active duty military member.	11.5
	I am a retired member (or dependent of) military member.	17.8
	Someone in my household is an active military member, but I am not a dependent.	3.6
	I do not have a military affiliation, but someone in my household is connected to the military, and is not receiving military benefits.	8.0
	Unknown	6.8

Education Level	8th grade or less	0.5
	Some high school	4.9
	High school grad/ GED	20.8
	Some college	26.7
	College grad	21.0
	Vocational/ technical training	7.6
	Advanced degrees	13.5
	Unknown	4.9

Income	< $5,000	6.6
	$5,000-14,999	9.8
	$15,000- 24,999	17.8
	$25,000-49,999	24.4
	$50,000-75,000	17.1
	> $75,000	15.6
	Unknown	8.8

Insurance status	Insured	80.7
	Uninsured	14.7
	Unknown	4.6

It should be noted that the demographics of those community members who completed the survey matched the demographics of Geary County residents overall, with the exception of an overrepresentation of women, particularly women of childbearing age. To determine the impact this might have had on the results, an analysis excluding women of child-bearing age was conducted and compared to the results overall.

An additional analysis was conducted to examine how responses from military affiliated individuals may be different from the overall group of respondents, as this was perceived to be an under-represented "voice" in community efforts and initiatives. Issues identified as top strengths and problems for both groups were quite similar to the responses to the group overall. A few differences were noted. For example, when listed in order, the indicator "Pregnant women access early prenatal care" was listed third on the top list of strengths for the group overall, fifth on the list for those informally affiliated with the military, and second when responses from women of child-bearing were excluded from the analysis. In one instance, people informally affiliated with the military considered the indicator, "People have opportunities to receive education or skills training", to be a relative strength, whereas the other analyses did not list this indicator as a top community strength. Additionally, access to dental services and preventive care services increased in rank as a relative problem for those with informal military affiliation and the group that excluded women of child-bearing age.

Reponses from the survey about perceptions of importance and satisfaction with the issues were used to determine the relative strengths and problems. When an issue was rated as very important and people indicated satisfaction with the community's efforts to address the issue, that issue was identified as a relative strength. Conversely, when an issue was rated as very important and people were unsatisfied with the community's efforts to address the issue, the issue was identified as a relative problem.

Relative Strengths

Items with indicated higher importance & higher satisfaction

Identified by the overall population

24. Children & youth are up to date on their immunizations.

4. Children & youth have access to basic medical services.

26. Pregnant women access early prenatal care.

34. Babies & infants thrive during their first year.

6. Laws against selling or providing cigarettes, smokeless tobacco, & alcohol to minors are strictly enforced.

7. Victims of rape & sexual assault get the help they need.

35. Breastfeeding is encouraged & supported.

2. Local air, water, & soil is free from pollutants.

5. Individuals are aware of & know how to access health care services.

15. Pregnant women & new mothers adopt healthy behaviors (e.g., avoid smoking or using alcohol or drugs, eat healthy foods).

Identified by sub-groups

Informal Military Affiliation
24. Children & youth are up to date on their immunizations.
4. Children & youth have access to basic medical services.
6. Laws against selling or providing cigarettes, smokeless tobacco, & alcohol to minors are strictly enforced.
34. Babies & infants thrive during their first year.
26. Pregnant women access early prenatal care.
2. Local air, water, & soil is free from pollutants.
30. People have opportunities to receive education or skills training.
5. Individuals are aware of & know how to access health care services.
15. Pregnant women & new mothers adopt healthy behaviors (e.g., avoid smoking or using alcohol or drugs, eat healthy foods).
7. Victims of rape & sexual assault get the help they need.

Without women of childbearing age
24. Children & youth are up to date on their immunizations.
26. Pregnant women access early prenatal care.
4. Children & youth have access to basic medical services.
6. Laws against selling or providing cigarettes, smokeless tobacco, & alcohol to minors are strictly enforced.
34. Babies & infants thrive during their first year.
7. Victims of rape & sexual assault get the help they need.
2. Local air, water, & soil is free from pollutants.
1. Home-based & hospice services are available in the county.
17. There are resources to help people manage diabetes, cardiovascular disease, & arthritis.
37. Residents feel safe in their community.

Relative Problems

Items indicated with higher importance & lower satisfaction

Identified by the overall population

28. The infrastructure (for example sidewalks, lighting, trails) in our community makes it easy & safe to be physically active.

29. Safe & affordable housing is available.

16. Healthy foods are available & affordable for all.

11. Children & youth are free from abuse.

27. Adults in our community have the necessary life skills (e.g., how to interview for jobs, balance checkbook) to be successful.

37. Residents feel safe in their community.

18. Health care is available for all.

23. Dental care & preventative screenings are available for all.

20. Individuals are free from physical or verbal abuse from their spouses or partners.

Identified by sub-groups

Informal Military Affiliation
28. The infrastructure (for example sidewalks, lighting, trails) in our community makes it easy & safe to be physically active.
29. Safe & affordable housing is available.
16. Healthy foods are available & affordable for all.
11. Children & youth are free from abuse.
23. Dental care & preventative screenings are available for all.
27. Adults in our community have the necessary life skills (e.g., how to interview for jobs, balance checkbook) to be successful.
18. Health care is available for all.
37. Residents feel safe in their community.
22. Parents know how to talk with their children about healthy behaviors (including drugs & alcohol use, obesity, reckless driving, & seatbelt use).
21. Work places support their employees' efforts in living healthy lifestyles.

Without women of childbearing age
11. Children & youth are free from abuse.
16. Healthy foods are available & affordable for all.
28. The infrastructure (for example sidewalks, lighting, trails) in our community makes it easy & safe to be physically active.
29. Safe & affordable housing is available.
27. Adults in our community have the necessary life skills (e.g., how to interview for jobs, balance checkbook) to be successful.
23. Dental care & preventative screenings are available for all.
37. Residents feel safe in their community.
18. Health care is available for all.
36. Quality long-term care is available.
20. Individuals are free from physical or verbal abuse from their spouses or partners.

Appendix B: Community Health Indicator Table

The following tables contain a number of community health indicators used to better understand health status and behaviors of Geary County residents. Data was compiled from a number of sources (noted throughout). For all data, attempts were made to identify three years of local data, characterize a trend, and provide a comparable state of Kansas data value. In addition, when available, data from the National Healthy People 2020 objectives were listed. The data from Healthy People 2020 provide benchmarks for all communities to achieve.

Table 2: Community health indicators among Geary County residents.

Important Note: BRFSS data should not be compared between years 2009 and 2011 due to changes in sampling and weighting methodologies.

* Denotes instances in which the inverse value of the stated Healthy People 2020 objective was used.

Reflects an improving trend. Reflects a worsening trend.

Reflects an instance when no clear trend is indicated.

Clinical Care

Community Health Indicator	Period	Year 1	Year 2	Year 3	Trend	HP 2020 objective	Kansas (value comparable to Year 3)
Ratio of population to Primary Care Physicians[1]	2009-2011	4,191.1:1	4,217.9:1	2,701.9:1	↑		1,723.8:1
Ratio of population to dentists[2]	2013-2014	Unavailable	1,095:1	996:1	↑		1,995:1
Ratio of staffed hospital beds rate per 1,000 population[3]	2010-2012	1.9	1.8	1.7	↓		3.4
Percent of adults who could not see a doctor in the past 12 months due to cost[4]	2009-2011	5.1%	Unavailable	8.7%			14.3%
Percent of live births where prenatal care began in the first trimester[5] (2yr. rolling avg.)	2010-2012	68.9%	71.9%	74.3%	↑	≥77.9	77.1%
Percent of children 24 months of age fully immunized (4:3:1:3:3 series)[6]	2010-2012	66%	63.1%	67.3%	↔	≥80%	71.7%
Percent of adults who have had cholesterol checked within 5 years[4]	2009-2011	64.7%	Unavailable	62.1%		≥82.1%	62.9%

Health Behaviors

Community Health Indicator	Period	Year 1	Year 2	Year 3	Trend	HP 2020 objective	Kansas (value comparable to Year 3)
Percent of adults reporting binge drinking[4]	2009-2011	20.1%	Unavailable	22.5%		≤ 24.3%	17%
Percent of adults current smoker[4]	2009-2011	32.9%	Unavailable	26.9%		≤ 12.0%	22%
Percent of women smoking during pregnancy[5]* (2yr. rolling average)	2010-2012	18.6%	18.3%	16.3%	↑	≤15%	14.4%
Percent of adults consuming ≥ 5 daily servings of fruits and vegetables[4]	2009	21.5%	Unavailable	Unavailable			18.6%
Percent of adults consuming fruit 1 or more times per day[4]	2011	Unavailable	Unavailable	61.7%			58.6%
Percent of adults who reported consuming vegetables 1 or more times per day[4]	2011	Unavailable	Unavailable	78.4%			77.7%
Percent of adults participating in recommended level of physical activity[4]	2009	42.5%	Unavailable	Unavailable		≥47.9%	48.5%
Percent of adults doing enough physical activity to meet both the aerobic and strengthening exercise recommendations[4]	2011	Unavailable	Unavailable	25.9%		≥20.1%	16.5%
Percent of adults no leisure time exercise in past 30 days[4]	2009-2011	31.3%	Unavailable	25.3%			26.8%
Percent obese[4] BMI≥30	2009-2011	19.7%	Unavailable	25.1%		≤30.5	29.6%
Percent of all births occurring to teens ages 15-19 (2 yr. rolling avg.)[5]	2010-2012	9.5%	8.6%	7.7%	↑		8.8%
Percent of births occurring to unmarried women[5] (2 yr. rolling avg.)	2010-2012	23.8%	23.6%	20.6%	↑		37.2%
Sexually Transmitted Disease Rate[7] rate per 1,000 population	2010-2012	9.0	9.9	9.1	↔		4.7

Health Outcomes

Community Health Indicator	Period	Year 1	Year 2	Year 3	Trend	HP 2020 objective	Kansas (value comparable to Year 3)
Number of live births per 1,000 population[5] (2 yr. rolling avg.)	2010-2012	28.2	28.3	28.2	⇔		14
Infant mortality - infant deaths per 1,000 births[5] (4 yr. rolling avg.)	2010-2012	10.4	9.9	8.9	↑	≤6.0	6.6
Low birth weight percentage[5] (2 yr. rolling avg.)	2010-2012	7.7%	7.9%	7.3%	⇔	≤7.8%	7.2%
Percent of Premature Births[5] (2 yr. rolling avg.)	2010-2012	9.6%	10.1%	9.9%	⇔		8.9%
Percent of screened K-12 grade students with obvious dental decay[8]	2011-2013	14.5%	12.6%	15.6%	↓		16.2%
Percent of adults reporting fair or poor health[4]	2009-2011	14%	Unavailable	12.9%			15%
Percent with hypertension[4]	2009-2011	23.6%	Unavailable	29.4%		≤26.9%	30.8%
Percent adults diagnosed with diabetes[4]	2009-2011	6.4%	Unavailable	6.6%			9.5%
Percent adults who currently have asthma[4]	2009-2011	10.5%	Unavailable	Unavailable			8.8%
Percent with high cholesterol[4]	2009-2011	20.1%	Unavailable	27.7%		≤13.5%	38.4%
Age-adjusted mortality rate rate per 100,000[5]	2010-2012	794.7	818.0	821.8	↓		761.9
Age-adjusted unintentional injury mortality rate per 100,000 (2 yr. rolling avg.)[5]	2010-2012	51.7	50.7	43.4	↑	≤36.0	40.9
Percent of adults who are limited in any activities because of physical, mental, or emotional problems[4]	2009-2011	19.2%	Unavailable	20.6%			23%
Age-adjusted suicide mortality rate rate per 100,000 pop. (2 yr. rolling avg.)[5]	2010-2012	21.1	22.2	17.8	↑	≤ 10.2	15.1
Percentage of adults who reported their mental health was not good on 14 or more days in the past 30 days[4]	2009-2011	6.1%	Unavailable	17%			10.2%
Hospital discharge rate for mental health disorders rate per 10,000[5]	2009-2011	58	64.6	64	↓		61.2
Hospital discharge rate for mental health ages 15-24 per 10,000[5]	2009-2011	68.8	91.8	92.7	↓		74.4
Rate of violent crime per 1,000 population[9]	2010-2012	5.6	4.3	5.3	⇔		3.5
Rate of property crime offenses per 1,000 population[9]	2010-2012	18.8	19.5	20.1	↓		30.0

Social and Economic

Community Health Indicator	Period	Year 1	Year 2	Year 3	Trend	HP 2020 objective	Kansas (value comparable to Year 3)
Percent of students who graduate high school within 4 years of enrollment in 9th grade[10]	2011-2013	72.5%	74.3%	82.5%	↑	≥82.4%	86%
Percent with bachelor's degree or higher (ages 25+, 4 yr. rolling avg.)[11]	2010-2012	19.4%	19.9%	19.9%	↔		30.0%
Median household income (4 yr. rolling avg.)[11]	2010-2012	45,559	45,649	47,879	↑		51,273
People living below poverty level (4 yr. rolling avg.)[11]	2010-2012	12%	12.5%	10.8%	↑		13.2%
Children living below poverty (4yr. rolling avg.)[11]	2010-2012	15.2%	16.9%	14.2%	↑		17.9%
Homeownership (4 yrs. rolling avg.)[11]	2010-2012	41.8%	41.3%	39.9%	↓		61.4%
Households with cash public assistance income (4 yr rolling avg.)[11]	2010-2012	2.1%	1.6%	2.4%	↔		2.3%
Percent of adults with no health insurance coverage[12]	2008-2010	17.7%	18.6%	18.0%	↔	0%	19.1%
Average monthly WIC participation per 1,000 population[13]	2009-2011	39.2	43.9	41.8	↔		26.2
Unemployed workers in civilian labor force[14] (percent reported from the last month of each year)	2011-2013	7.1%	6.3%	5.6%	↑		4.4%

1. Kansas Department of Health and Environment. www.kdheks.gov
2. County Health Rankings. http://www.countyhealthrankings.org/rankings/data
3. Kansas Hospital Association. http://www.kha-net.org/dataproductsandservices/stat/hospitalutilization/hospitals/default.aspx
4. Kansas Behavior Risk Factor and Surveillance System. http://www.kdheks.gov/brfss/index.html
5. KDHE Kansas Information for Communities. http://kic.kdhe.state.ks.us/kic/index.html
6. KDHE Retrospective Immunization Study. http://www.kdheks.gov/immunize/retro_survey.html
7. Kansas Department of Health and Environment. KS STD Statistics. http://www.kdheks.gov/std/std_reports.html
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9. Kansas Bureau of Investigation. Kansas Crime Index. http://www.accesskansas.org/kbi/stats/stats.shtml
10. Kansas State Department of Education. Kansas K-12 Reports. http://svapp15586.ksde.org/k12/k12.aspx
11. American Community Survey. http://factfinder2.census.gov/
12. U.S. Census Bureau. http://www.census.gov/did/www/sahie/
13. Kansas Department of Health and Environment. Kansas WIC Program. http://www.kdheks.gov/nws-wic/
14. U.S. Bureau of Labor Statistics. http://data.bls.gov/pdq/querytool.jsp?survey=la

Appendix C: LPHS

An all-day event was conducted, inviting a broad array of representatives from agencies and organizations working in and around Geary County. The meeting began by providing a general overview and informational aspects of health of the county. Participants then divided into smaller cluster groups to discuss in detail and rate the public health system's Ten Essential Public Health Services (ES) and related model standards. Model standards are specific activities that comprise each essential service. For example, the essential service of monitoring health status to identify community health problems is comprised of activities or products such as a population-based community health profile and maintenance of population health registries.

During an all-day event, we used the National Public Health Performance Standard Program (NPHPS) Model Instrument which used full discussions, question and answer sessions, and input from field experts in attendance to clarify possible grey areas. After discussing and reviewing each standard, participants scored them to determine their optimal or minimal performance. The compilation of ratings then was sent electronically to the NPHPS to provide analysis and generate a report specifically for the Geary County Local Public Health System Assessment. Portions of the analysis from NPHPS are provided in this report. These results indicate which model standard or ES is performing at optimal or minimal level. The levels of performance used to score the service in this report are described in the following table.

Table 3. Level of performance

No Activity	0% or absolutely no activity.
Minimal Activity	Greater than zero, but no more than 25% of the activity described within the question is met.
Moderate Activity	Greater than 25%, but no more than 50% of the activity described within the question is met.
Significant Activity	Greater than 50%, but no more than 75% of the activity described within the question is met.
Optimal Activity	Greater than 75% of the activity described within the question is met.

Results

The level of performance for each ES is shown in Figure 12. Each ES score is a composite valued determined by the scores given to those activities that contribute to each Essential Service. These scores range from a minimum of 0% (no activity is performed pursuant to the model standards) to a maximum of 100% (all activities associated with the standards are performed at an optimal level). The Essential Service score is average of the model standard scores within that service.

Results indicate that *Significant Activity* occurred in ES 2 (Diagnose and Investigate Health Problems and Health Hazards); ES 6 (Enforce Laws and Regulations that Protect Health and Ensure Safety); ES 10 (Research for New Insights and Innovation Solutions to Health Problems) and ES 8 (Assure a Competent Public and Personal Health Care Workforce). Although these ES are being performed well, however, attention to key issues is important to assure the approximation to the optimal level.

ES 9 (Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services); ES 5 (Develop Policies and Plans that Support Individual and Community Health Efforts); ES 3 (Inform, Educate, and Empower People about Health Issues); ES 1 (Monitor Health Status to Identify Community Health Problems); and ES 7 (Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable), showed *Moderate* Activity levels, suggesting a greater concern for the county and needing concentrated development efforts. This might require attracting new resources or preventing the redistribution of resources that might affect performance of these activities. Lastly, ES 4 (Mobilize Community Partnerships to Identify and Solve Health Problems) was rated having Minimal Activity. This essential service activity needs significant attention to improve performance. The average score for all ES was at the *Moderate Activity* level (44%).

Figure 12. Summary of average of Essential Service Performance Score

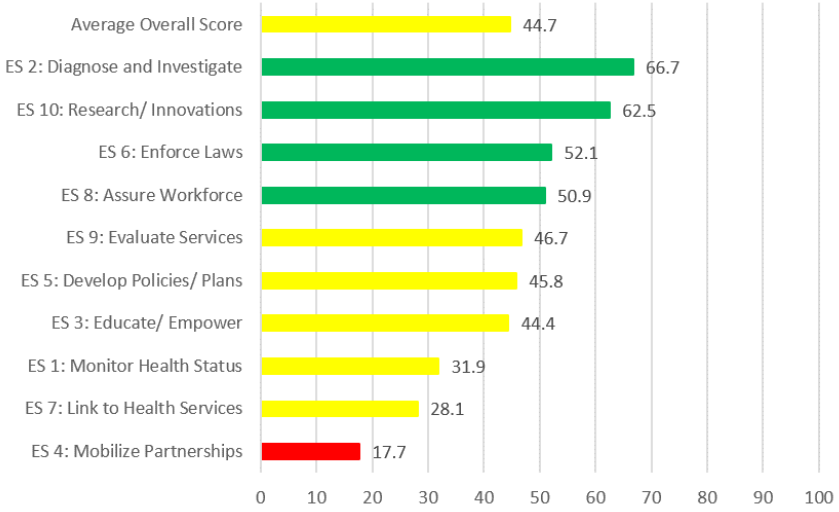

Table 4 shows scores for each ES by model standard. This table pinpoints specific performance activities within each ES that may be performing at optimal levels or may be an area where improvement is needed. Note the colors on the score identify the performance range from optimal to no activity, showing sub-areas' scores for each model standard.

Table 4. Average percent rating for each model standard included in the NPHPSP Instrument.

ESSENTIAL SERVICE 1: Monitor Health Status to Identify Community Health Problems		
1.1	Model Standard: Population-Based Community Health Assessment (CHA)	
1.1.1	Conduct regular community health assessments?	25
1.1.2	Continuously update the community health assessment with current information?	0
1.1.3	Promote the use of the community health assessment among community members and partners?	0
1.2	Model Standard: Current Technology to Manage and Communicate Population Health Data At what level does the local public health system:	
1.2.1	Use the best available technology and methods to display data on the public's health?	25
1.2.2	Analyze health data, including geographic information, to see where health problems exist?	25
1.2.3	Use computer software to create charts, graphs, and maps to display complex public health data (trends over time, sub-population analyses, etc.)?	25
1.3	Model Standard: Maintenance of Population Health Registries At what level does the local public health system:	
1.3.1	Collect data on specific health concerns to provide the data to population health registries in a timely manner, consistent with current standards?	75
1.3.2	Use information from population health registries in community health assessments or other analyses?	50
ESSENTIAL SERVICE 2: Diagnose and Investigate Health Problems and Health Hazards		
2.1	Model Standard: Identification and Surveillance of Health Threats At what level does the local public health system:	
2.1.1	Participate in a comprehensive surveillance system with national, state and local partners to identify, monitor, share information, and understand emerging health problems and threats?	50
2.1.2	Provide and collect timely and complete information on reportable diseases and potential disasters, emergencies and emerging threats (natural and manmade)?	50
2.1.3	Assure that the best available resources are used to support surveillance systems and activities, including information technology, communication systems, and professional expertise?	50
2.2	Model Standard: Investigation and Response to Public Health Threats and Emergencies At what level does the local public health system:	
2.2.1	Maintain written instructions on how to handle communicable disease outbreaks and toxic exposure incidents, including details about case finding, contact tracing, and source identification and containment?	75
2.2.2	Develop written rules to follow in the immediate investigation of public health threats and emergencies, including natural and intentional disasters?	75
2.2.3	Designate a jurisdictional Emergency Response Coordinator?	75
2.2.4	Prepare to rapidly respond to public health emergencies according to emergency operations coordination guidelines?	75
2.2.5	Identify personnel with the technical expertise to rapidly respond to possible biological, chemical, or and nuclear public health emergencies?	75
2.2.6	Evaluate incidents for effectiveness and opportunities for improvement?	75
2.3	Model Standard: Laboratory Support for Investigation of Health Threats At what level does the local public health system:	
2.3.1	Have ready access to laboratories that can meet routine public health needs for finding out what health problems are occurring?	75
2.3.2	Maintain constant (24/7) access to laboratories that can meet public health needs during emergencies, threats, and other hazards?	75
2.3.3	Use only licensed or credentialed laboratories?	75
2.3.4	Maintain a written list of rules related to laboratories, for handling samples (collecting, labeling, storing, transporting, and delivering), for determining who is in charge of the samples at what point, and for reporting the results?	75

ESSENTIAL SERVICE 3: Inform, Educate, and Empower People about Health Issues		
3.1	Model Standard: Health Education and Promotion At what level does the local public health system:	
3.1.1	Provide policymakers, stakeholders, and the public with ongoing analyses of community health status and related recommendations for health promotion policies?	50
3.1.2	Coordinate health promotion and health education activities to reach individual, interpersonal, community, and societal levels?	25
3.1.3	Engage the community throughout the process of setting priorities, developing plans and implementing health education and health promotion activities?	25
3.2	Model Standard: Health Communication At what level does the local public health system:	
3.2.1	Develop health communication plans for relating to media and the public and for sharing information among LPHS organizations?	25
3.2.2	Use relationships with different media providers (e.g. print, radio, television, and the internet) to share health information, matching the message with the target audience?	25
3.2.3	Identify and train spokespersons on public health issues?	50
3.3	Model Standard: Risk Communication At what level does the local public health system:	
3.3.1	Develop an emergency communications plan for each stage of an emergency to allow for the effective dissemination of information?	75
3.3.2	Make sure resources are available for a rapid emergency communication response?	75
3.3.3	Provide risk communication training for employees and volunteers?	50
ESSENTIAL SERVICE 4: Mobilize Community Partnerships to Identify and Solve Health Problems		
4.1	Model Standard: Constituency Development At what level does the local public health system:	
4.1.1	Maintain a complete and current directory of community organizations?	25
4.1.2	Follow an established process for identifying key constituents related to overall public health interests and particular health concerns?	0
4.1.3	Encourage constituents to participate in activities to improve community health?	25
4.1.4	Create forums for communication of public health issues?	25
4.2	Model Standard: Community Partnerships At what level does the local public health system:	
4.2.1	Establish community partnerships and strategic alliances to provide a comprehensive approach to improving health in the community?	25
4.2.2	Establish a broad-based community health improvement committee?	25
4.2.3	Assess how well community partnerships and strategic alliances are working to improve community health?	0

ESSENTIAL SERVICE 5: Develop Policies and Plans that Support Individual and Community Health Efforts		
5.1	Model Standard: Governmental Presence at the Local Level At what level does the local public health system:	
5.1.1	Support the work of a local health department dedicated to the public health to make sure the essential public health services are provided?	75
5.1.2	See that the local health department is accredited through the national voluntary accreditation program?	50
5.1.3	Assure that the local health department has enough resources to do its part in providing essential public health services?	25
5.2	Model Standard: Public Health Policy Development At what level does the local public health system:	
5.2.1	Contribute to public health policies by engaging in activities that inform the policy development process?	25
5.2.2	Alert policymakers and the community of the possible public health impacts (both intended and unintended) from current and/or proposed policies?	25
5.2.3	Review existing policies at least every three to five years?	25
5.3	Model Standard: Community Health Improvement Process and Strategic Planning At what level does the local public health system:	
5.3.1	Establish a community health improvement process, with broad- based diverse participation, that uses information from both the community health assessment and the perceptions of community members?	25
5.3.2	Develop strategies to achieve community health improvement objectives, including a description of organizations accountable for specific steps?	25
5.3.3	Connect organizational strategic plans with the Community Health Improvement Plan?	25
5.4	Model Standard: Plan for Public Health Emergencies At what level does the local public health system:	
5.4.1	Support a workgroup to develop and maintain preparedness and response plans?	75
5.4.2	Develop a plan that defines when it would be used, who would do what tasks, what standard operating procedures would be put in place, and what alert and evacuation protocols would be followed?	75
5.4.3	Test the plan through regular drills and revise the plan as needed, at least every two years?	50
ESSENTIAL SERVICE 6: Enforce Laws and Regulations that Protect Health and Ensure Safety		
6.1	Model Standard: Review and Evaluation of Laws, Regulations, and Ordinances At what level does the local public health system:	
6.1.1	Identify public health issues that can be addressed through laws, regulations, or ordinances?	50
6.1.2	Stay up-to-date with current laws, regulations, and ordinances that prevent, promote, or protect public health on the federal, state, and local levels?	50
6.1.3	Review existing public health laws, regulations, and ordinances at least once every five years?	50
6.1.4	Have access to legal counsel for technical assistance when reviewing laws, regulations, or ordinances?	75
6.2	Model Standard: Involvement in the Improvement of Laws, Regulations, and Ordinances At what level does the local public health system:	
6.2.1	Identify local public health issues that are inadequately addressed in existing laws, regulations, and ordinances?	50
6.2.2	Participate in changing existing laws, regulations, and ordinances, and/or creating new laws, regulations, and ordinances to protect and promote the public health?	50
6.2.3	Provide technical assistance in drafting the language for proposed changes or new laws, regulations, and ordinances?	50
6.3	Model Standard: Enforcement of Laws, Regulations, and Ordinances At what level does the local public health system:	
6.3.1	Identify organizations that have the authority to enforce public health laws, regulations, and ordinances?	75
6.3.2	Assure that a local health department (or other governmental public health entity) has the authority to act in public health emergencies?	50
6.3.3	Assure that all enforcement activities related to public health codes are done within the law?	25
6.3.4	Educate individuals and organizations about relevant laws, regulations, and ordinances?	50
6.3.5	Evaluate how well local organizations comply with public health laws?	50

ESSENTIAL SERVICE 7: Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable		
7.1	Model Standard: Identification of Personal Health Service Needs of Populations At what level does the local public health system:	
7.1.1	Identify groups of people in the community who have trouble accessing or connecting to personal health services?	50
7.1.2	Identify all personal health service needs and unmet needs throughout the community?	25
7.1.3	Defines partner roles and responsibilities to respond to the unmet needs of the community?	25
7.1.4	Understand the reasons that people do not get the care they need?	50
7.2	Model Standard: Assuring the Linkage of People to Personal Health Services At what level does the local public health system:	
7.2.1	Connect (or link) people to organizations that can provide the personal health services they may need?	25
7.2.2	Help people access personal health services, in a way that takes into account the unique needs of different populations?	25
7.2.3	Help people sign up for public benefits that are available to them (e.g., Medicaid or medical and prescription assistance programs)?	25
7.2.4	Coordinate the delivery of personal health and social services so that everyone has access to the care they need?	0
ESSENTIAL SERVICE 8: Assure a Competent Public and Personal Health Care Workforce		
8.1	Model Standard: Workforce Assessment, Planning, and Development At what level does the local public health system:	
8.1.1	Set up a process and a schedule to track the numbers and types of LPHS jobs and the knowledge, skills, and abilities that they require whether those jobs are in the public or private sector?	25
8.1.2	Review the information from the workforce assessment and use it to find and address gaps in the local public health workforce?	25
8.1.3	Provide information from the workforce assessment to other community organizations and groups, including governing bodies and public and private agencies, for use in their organizational planning?	0
8.2	Model Standard: Public Health Workforce Standards At what level does the local public health system:	
8.2.1	Make sure that all members of the public health workforce have the required certificates, licenses, and education needed to fulfill their job duties and meet the law?	100
8.2.2	Develop and maintain job standards and position descriptions based in the core knowledge, skills, and abilities needed to provide the essential public health services?	75
8.2.3	Base the hiring and performance review of members of the public health workforce in public health competencies?	75
8.3	Model Standard: Life-Long Learning through Continuing Education, Training, and Mentoring At what level does the local public health system:	
8.3.1	Identify education and training needs and encourage the workforce to participate in available education and training?	75
8.3.2	Provide ways for workers to develop core skills related to essential public health services?	75
8.3.3	Develop incentives for workforce training, such as tuition reimbursement, time off for class, and pay increases?	75
8.3.4	Create and support collaborations between organizations within the public health system for training and education?	50
8.3.5	Continually train the public health workforce to deliver services in a cultural competent manner and understand social determinants of health?	25
8.4	Model Standard: Public Health Leadership Development At what level does the local public health system:	
8.4.1	Provide access to formal and informal leadership development opportunities for employees at all organizational levels?	25
8.4.2	Create a shared vision of community health and the public health system, welcoming all leaders and community members to work together?	75
8.4.3	Ensure that organizations and individuals have opportunities to provide leadership in areas where they have knowledge, skills, or access to resources?	50
8.4.4	Provide opportunities for the development of leaders representative of the diversity within the community?	25

ESSENTIAL SERVICE 9: Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services		
9.1	Model Standard: Evaluation of Population-Based Health Services At what level does the local public health system:	
9.1.1	Evaluate how well population-based health services are working, including whether the goals that were set for programs were achieved?	50
9.1.2	Assess whether community members, including those with a higher risk of having a health problem, are satisfied with the approaches to preventing disease, illness, and injury?	25
9.1.3	Identify gaps in the provision of population-based health services?	50
9.1.4	Use evaluation findings to improve plans and services?	50
9.2	Model Standard: Evaluation of Personal Health Services At what level does the local public health system:	
9.2.1	Evaluate the accessibility, quality, and effectiveness of personal health services?	25
9.2.2	Compare the quality of personal health services to established guidelines?	50
9.2.3	Measure satisfaction with personal health services?	50
9.2.4	Use technology, like the internet or electronic health records, to improve quality of care?	25
9.2.5	Use evaluation findings to improve services and program delivery?	50
9.3	Model Standard: Evaluation of the Local Public Health System At what level does the local public health system:	
9.3.1	Identify all public, private, and voluntary organizations that provide essential public health services?	75
9.3.2	Evaluate how well LPHS activities meet the needs of the community at least every five years, using guidelines that describe a model LPHS and involving all entities contributing to essential public health services?	25
9.3.3	Assess how well the organizations in the LPHS are communicating, connecting, and coordinating services?	50
9.3.4	Use results from the evaluation process to improve the LPHS?	75
ESSENTIAL SERVICE 10: Research for New Insights and Innovative Solutions to Health Problems		
10.1	Model Standard: Fostering Innovation At what level does the local public health system:	
10.1.1	Provide staff with the time and resources to pilot test or conduct studies to test new solutions to public health problems and see how well they actually work?	25
10.1.2	Suggest ideas about what currently needs to be studied in public health to organizations that do research?	50
10.1.3	Keep up with information from other agencies and organizations at the local, state, and national levels about current best practices in public health?	75
10.1.4	Encourage community participation in research, including deciding what will be studied, conducting research, and in sharing results?	75
10.2	Model Standard: Linkage with Institutions of Higher Learning and/or Research At what level does the local public health system:	
10.2.1	Develop relationships with colleges, universities, or other research organizations, with a free flow of information, to create formal and informal arrangements to work together?	75
10.2.2	Partner with colleges, universities, or other research organizations to do public health research, including community-based participatory research?	75
10.2.3	Encourage colleges, universities, and other research organizations to work together with LPHS organizations to develop projects, including field training and continuing education?	75
10.3	Model Standard: Capacity to Initiate or Participate in Research At what level does the local public health system:	
10.3.1	Collaborate with researchers who offer the knowledge and skills to design and conduct health-related studies?	50
10.3.2	Support research with the necessary infrastructure and resources, including facilities, equipment, databases, information technology, funding, and other resources?	50
10.3.3	Share findings with public health colleagues and the community broadly, through journals, websites, community meetings, etc?	75
10.3.4	Evaluate public health systems research efforts throughout all stages of work from planning to impact on local public health practice?	50

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