

Saline County Community Health Assessment Community Engagement and Prioritization

2018

Salina Saline County Health Department

Salina Regional Health Center

Central Kansas Foundation

Salina Surgical Hospital

United Way of Salina

North Central KS Area on Aging

DVACK

Central Kansas Mental Health Center

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Report Author



Purpose

The Community Health Assessment forms the foundation for community health improvement. The purpose of the assessment is to provide comprehensive, reliable measures that can be used to direct targeted, evidence based health improvement activities where they are needed; provide a baseline for ongoing evaluation; and guide resource utilization.

Community Health Assessment Core Group

Representatives of Salina Regional Health Center, the Salina Saline County Health Department United Way of Salina, Salina Surgical Hospital, DVACK, North Central KS Area on Aging, Central Kansas Mental Health and the Central Kansas Foundation partnered to conduct an assessment of the health status and needs of our community.

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Central Kansas Mental Health Center

Domestic Violence Association of Central Kansas (DVACK)

Courtney Train, Youth Advocate Mentor

The Community Health Improvement Process

Several tools and frameworks have been developed to guide communities through the CHA process. The framework that was selected by the CHA Core Group is the Institute of Medicine Community Health Improvement Process. An important initial step in the process is the preparation, analysis and interpretation of data describing the community, the Community Profile. The Community Profile describes the factors that contribute to the health and the health status of the community.

Data Sources

There are numerous publicly available sources for valid, reliable data. The Kansas State Department of Health and Environment (KDHE) collects information that includes pregnancy outcomes, births, deaths, cancer incidence, reportable diseases, and more. Kansas community specific data are accessible on the KDHE web site in the form of published reports or as customizable tables .

In 2011 The Kansas Partnership for Improving Community Health (KanPICH) launched the Kansas Health Matters web site to assist communities with the CHA/CHIP process. The web site is a publicly accessible repository for standardized, county specific health indicator data and CHA resources .

The measures compiled in this report come from multiple sources that use scientifically sound data collection and analysis methods. More information about the methods used to produce these data is available from each source.

Data Interpretation

For the purpose of this CHA, the community is Saline County. All of the local measures in this report are based on county of residence. The measures describe the rate at which events occur among the Saline County population, allow comparison to expected values and describe trends over time.

Percentages or other rates (number of events divided by the group of people affected) have been used to standardize and allow comparison to other population groups. For example, the adolescent birth rate is expressed as the number of live births per 1,000 age group female population. Age adjustment of data, such as age adjusted death rates, standardizes the measurement to account for varying age distributions within populations. When the number of annual events or population represented are small multiple years of data may be combined to enable meaningful rate calculation.

Comparison of local values to state or national values provides means to determine an expected number of events given population size. While such comparisons provide additional insight, decisions that are made on the basis of these comparisons should be made with caution, particularly when the population of interest is small or the number of events of interest is small .

Determinants of Health

There are multiple internal and external factors that contribute to the health of a community. Thus, this report includes measures that describe cultural, social, behavioral, economic and environmental factors within the community as well as those that describe health status and behaviors.

Demographics

Saline County Demographics	Saline County	Kansas
Population estimates, July 1, 2017, (V2017)	54,734	2,913,123
Population estimates, July 1, 2016, (V2016)	55,142	2,907,289
Population estimates base, April 1, 2010, (V2017)	55,638	2,853,130
Population estimates base, April 1, 2010, (V2016)	55,606	2,853,129
Population, percent change - April 1, 2010 (estimates base) to July 1, 2017, (V2017)	-1.60%	2.10%
Population, percent change - April 1, 2010 (estimates base) to July 1, 2016, (V2016)	-0.80%	1.90%
Population, Census, April 1, 2010	55,606	2,853,118
Persons under 5 years, percent	6.60%	6.70%
Persons under 18 years, percent	23.90%	24.60%
Persons 65 years and over, percent	16.60%	15.00%
Female persons, percent	50.40%	50.20%
White alone, percent	90.10%	86.60%
Black or African American alone, percent	3.60%	6.20%
American Indian and Alaska Native alone, percent	0.80%	1.20%
Asian alone, percent	2.40%	3.00%
Native Hawaiian and Other Pacific Islander alone, percent	0.10%	0.10%
Two or More Races, percent	3.10%	2.90%
Hispanic or Latino, percent	11.00%	11.60%
White alone, not Hispanic or Latino, percent	80.30%	76.30%
Veterans, 2012-2016	3,831	192,340
Foreign born persons, percent, 2012-2016	5.40%	6.90%
Housing units, July 1, 2017, (V2017)	24,394	1,273,742
Owner-occupied housing unit rate, 2012-2016	66.70%	66.30%
Median value of owner-occupied housing units, 2012-2016	\$123,200	\$135,300
Median selected monthly owner costs -with a mortgage, 2012-2016	\$1,130	\$1,284
Median selected monthly owner costs -without a mortgage, 2012-2016	\$450	\$461
Median gross rent, 2012-2016	\$719	\$775
Building permits, 2017	87	8,984
Households, 2012-2016	22,400	1,115,858
Persons per household, 2012-2016	2.41	2.53
Living in same house 1 year ago, percent of persons age 1 year+, 2012-2016	84.40%	83.50%
Language other than English spoken at home, percent of persons age 5 years+, 2012-2016	9.30%	11.30%
High school graduate or higher, percent of persons age 25 years+, 2012-2016	89.90%	90.30%
Bachelor's degree or higher, percent of persons age 25 years+, 2012-2016	23.80%	31.60%
With a disability, under age 65 years, percent, 2012-2016	8.90%	8.70%
Persons without health insurance, under age 65 years, percent	10.70%	10.10%
In civilian labor force, total, percent of population age 16 years+, 2012-2016	67.80%	66.00%
In civilian labor force, female, percent of population age 16 years+, 2012-2016	63.00%	61.30%
Total accommodation and food services sales, 2012 (\$1,000)	119,552	4,873,411
Total merchant wholesaler sales, 2012 (\$1,000)	996,460	60,226,324
Total retail sales, 2012 (\$1,000)	1,120,383	38,276,461
Total retail sales per capita, 2012	\$20,011	\$13,263
Mean travel time to work (minutes), workers age 16 years+, 2012-2016	14.6	19.2
Median household income (in 2016 dollars), 2012-2016	\$48,497	\$53,571
Per capita income in past 12 months (in 2016 dollars), 2012-2016	\$26,477	\$28,478
Persons in poverty, percent	12.00%	12.10%

Potential Issues

During review and discussion of these measures, the CHA Core Group identified fifteen issues that clearly stood out as concerning. These events occur at a rate that is significantly higher among Saline County residents than is expected, or are leading causes of illness, injury, disability or death. The issues are:

- 1 Aging Population**
- 2 Cancer**
- 3 Depression / Mental Health**
- 4 Diabetes**
- 5 Domestic Violence**
- 6 Drug Poisoning**
- 7 Heart Disease related Indicators**
- 8 Immunizations**
- 9 Overweight/ Obesity Child Obesity**
- 10 Pregnancy Related Indicators**
- 11 Sexually Transmitted Disease Rate**
- 12 Smoking, Percent of Adults Who Currently Smoke Cigarettes**
- 13 Stroke**
- 14 Trauma/Falls**

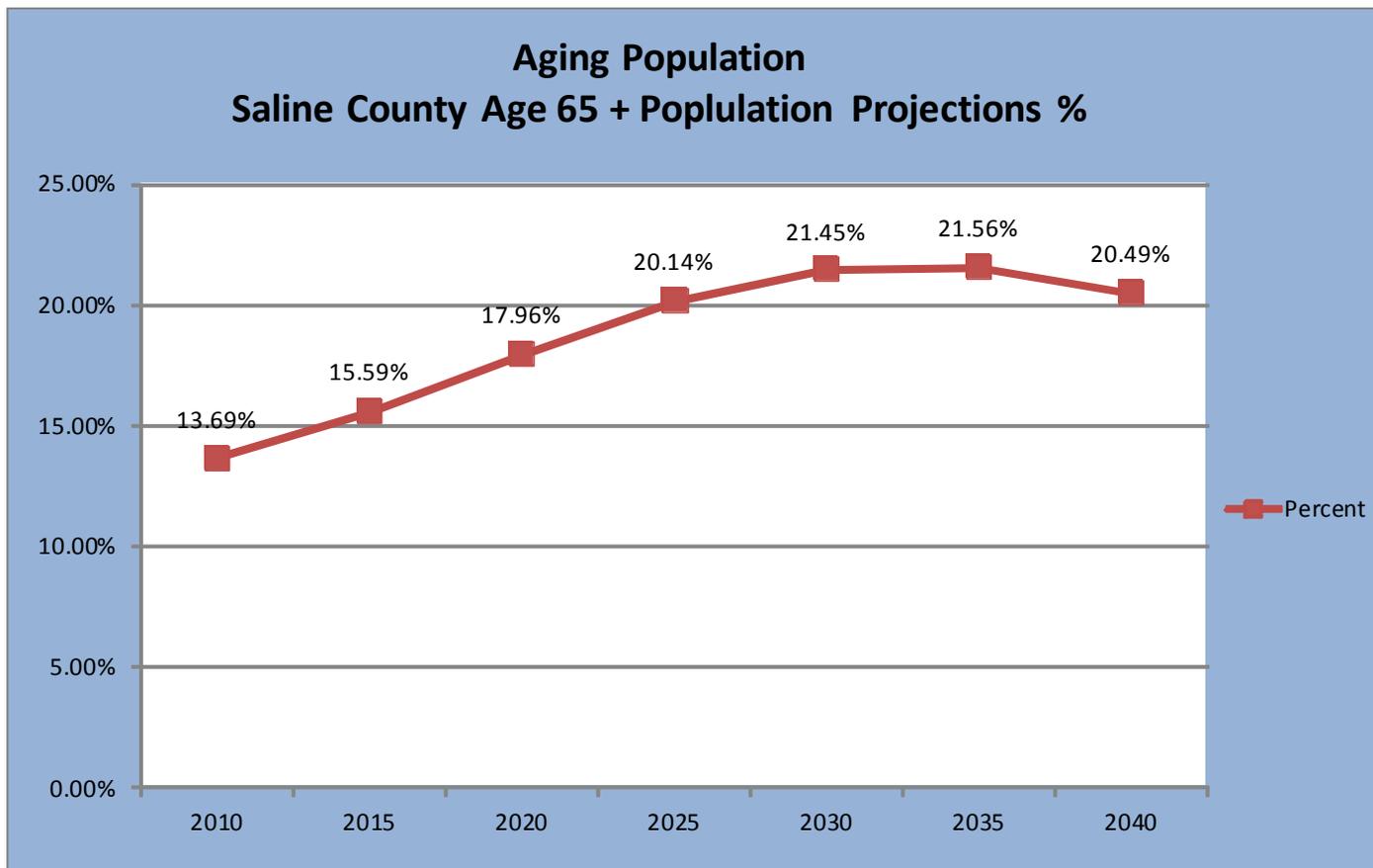
Aging Population

The Challenge of the Aging Population

As members of the baby boom generation get older and reach retirement age, they present an increasing challenge and opportunity for health care. The growth in the number of elderly patients from the boomer generation coupled with a loss of boomer-age providers will pressure an already-stressed health care system. A big unknown is how well Medicare will digest the 75 million baby boomers amid the federal government's attempt to transform how care is provided and paid for in the program.

Saline County is expected to see the 65+ age-group increase from **13.69%** to **21.55%** in the year 2035 before it starts to decline.

Cancer, high cholesterol, COPD, arthritis, Alzheimer's and depression for Medicare aged residents all currently have higher rates than the rest of the state. These indicators coupled with an increase in residents in this age group will be an issue for years to come.



Cancer

Salina Regional Health Center Cancer Registry New Cancer Cases for Saline County Residents

Salina Regional Health Center Cancer Registry
New Cancer Cases for Saline County Residents

2013 cases	2014 cases	2015 cases	2016 cases	2017 cases
234	240	300	260	291
Top 5 sites	Top 5 sites	Top 5 sites	Top 5 sites	Top 5 sites
Prostate	Breast	Breast	Prostate	Breast
Lung	Lung	Prostate	Breast	Lung
Breast	Prostate	Lung	Lung	Prostate
Colon	Colon	Colon	Colon	Colon
Lymphoma	Lymphoma	Head and Neck	Pancreas	Lymphoma/Kidney (Tie)

Cancer

Age-Adjusted Years of Potential Life Lost - Cancer

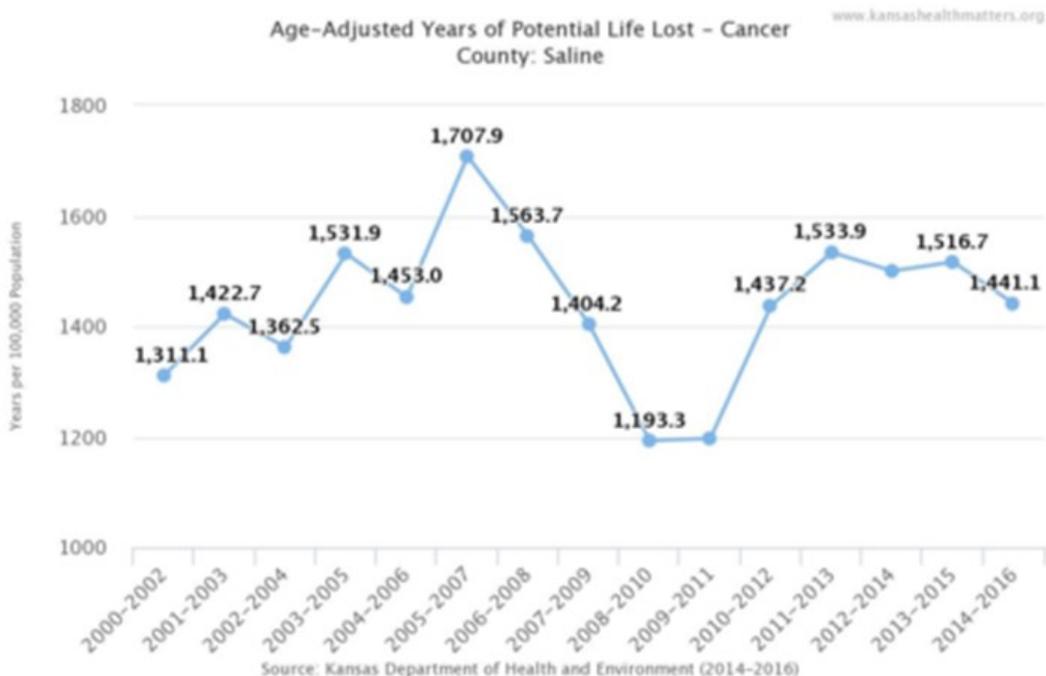
Why is this important?

Years of Potential Life Lost (YPLL) is an estimate of premature mortality. It represents the number of years a person would have lived if he or she had not died before a predetermined age, in this case 75 years. On a population level, the measurement gives more weight to deaths occurring among younger people and therefore YPLL is an alternative measure to death rates.

1250.2 KS Avg.



1441.1 Saline Co. Years per 100,000 Population



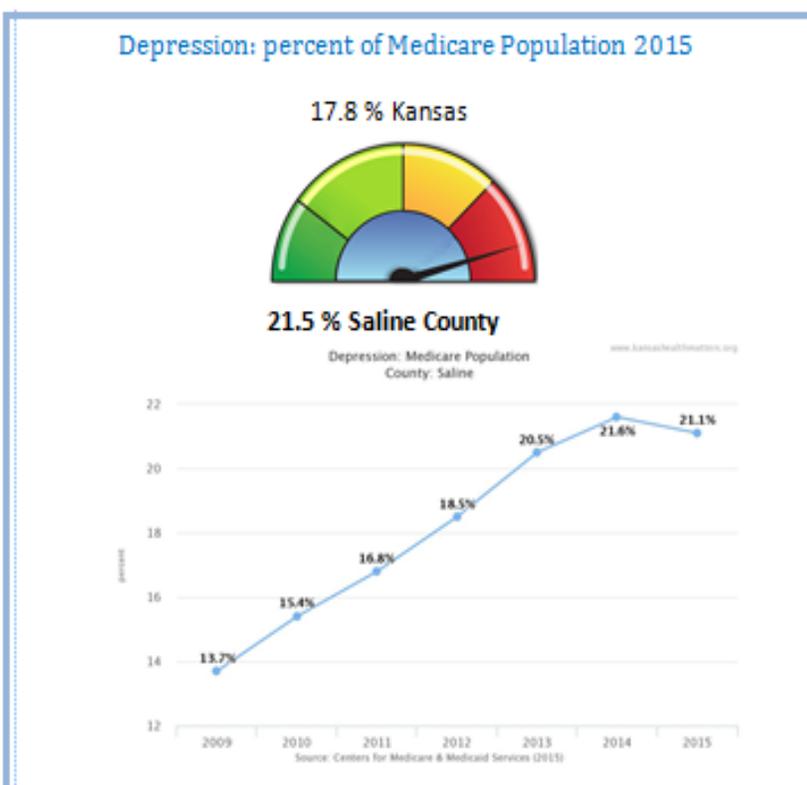
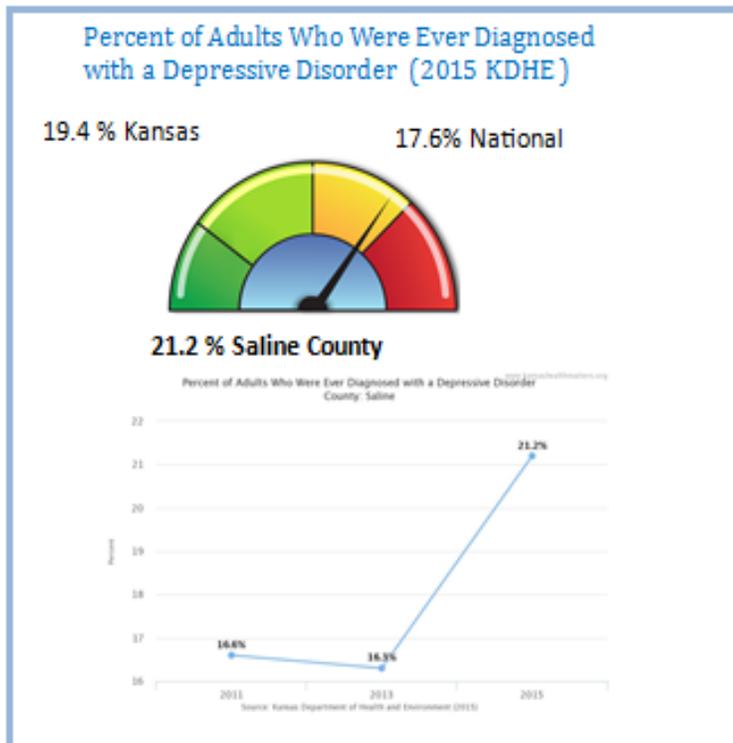
Depression / Mental Health

The Challenge of Depression and Mental Health Diseases

Many people with depression never seek treatment; however, even those with the most severe depression can improve with treatments including medications, psychotherapies, and other methods. According to the National Comorbidity Survey of mental health disorders, people over the age of 60 in Saline Co. show a higher than normal diagnosed depression rate: 21.2% of Medicare population versus a state average of 17.8.

Saline County residents had 21.2 % of adults diagnosed with some form of depressive disorder compared with 19.4% for Kansas and only 17.8% nationwide.

Healthy People 2020 has included Mental Health as one of the ten leading indicators for monitoring health status of the nation and has recommended increasing the proportion of adults with recognized depression who receive treatment.



Domestic Violence

The Challenge of Domestic Violence

Domestic violence is an epidemic that affects all persons regardless of ethnicity, education level, economic status, sexual orientation, immigration status, geographic location, spiritual beliefs, physical or mental ability, or criminal status.

According to the NCADV, the cost of intimate partner violence exceeds \$5.8 billion each year, \$4.1 billion of which is for direct medical and mental health services. Kansas and DVACK's service area are no exception to these statistics proportionately.

There has been a steady increase in domestic violent incidents from 2013.

DVACK statistics	2011	2012	2013	2014	2015	2016
Protection from Stalking court filings	224	189	173	170	199	247
Violations	42	199	122	115	144	182
Protection from Abuse filings	246	286	219	239	272	275
Reported DV Incidents	691	768	631	636	711	754

Sexual Violence in Kansas

- In Kansas, approximately 245,000 women and 40,000 men will be raped in their lifetime and many more Kansans will experience other forms of sexual violence such as human trafficking, sexual harassment, child molestation, and other forms of sexual violence.
- In Kansas, one rape is reported to law enforcement every seven hours.
- In 78 percent of law enforcement reported cases of rape in Kansas, rapists know their victims.
- Sexual violence happens in every community in Kansas.

Drug Overdose/

Substance Abuse

The Challenge of Substance Abuse and Drug Overdose

Drug overdose deaths are the leading cause of injury death in the United States, with over 100 drug overdose deaths occurring every day. The death rate due to drug overdose has been increasing over the last two decades. Poisoning involving drugs that affect a person's mental state (psychotropic) is the leading cause of injury death in the United States. Drugs, both pharmaceutical and illicit, cause the vast majority of poisoning deaths. In 2015, 52,404 deaths involved drug poisoning: 84% of these deaths were unintentional, 10% were suicides, and 6% were of undetermined intent. Pharmaceutical treatment is a critical component of the U.S. health care system, helping to cure and control disease for millions. However, adverse drug events (ADEs), either due to inherent side effects or from inappropriate use, are serious patient safety concerns.

Although Kansas has a lower than National Average for deaths by drug poisoning, Saline County is higher than the Kansas Avg. 13.8 deaths per 100,000 compared to 11.2 for the state.

Death Rate due to Drug Poisoning Deaths/100,00 Population

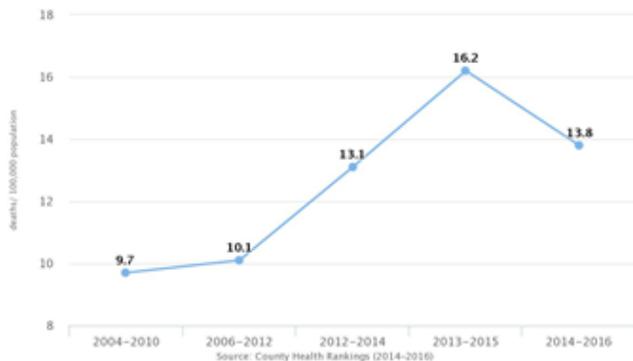
Drug overdose deaths are the leading cause of injury death in the United States, with over 100 drug overdose deaths occurring every day. The death rate due to drug overdose has been increasing over the last few decades. The majority of deaths due to pharmaceutical overdose involve opioid analgesics (prescription painkillers). Those who die from drug overdose are more likely to be male, Caucasian, or between the ages of 45 and 49. Although the majority of drug overdose deaths are accidental, they may also be intentional or of undetermined intent.

11.2 % KS Avg.



13.8 Saline Co. deaths/100,000 population

Death Rate due to Drug Poisoning
County: Saline



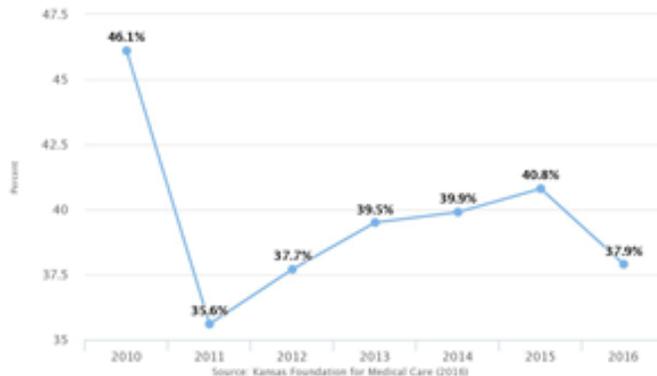
Medicare Part D Beneficiaries having Daily Opioid Dosage

35.7 % KS Avg.



37.9 % Saline Co.

Percent Medicare Part D Beneficiaries Having Daily Opioid Dosage \geq 50 MME
County: Saline



Heart Disease Related Indicators

The Challenge of Heart Disease Related Indicators

Heart disease is the leading cause of death among men and women in the United States. About 600,000 people die of heart disease in the United States every year—that's one in every four deaths. Lowering cholesterol levels lessens the risk for developing heart disease and reduces the chance of having a heart attack. High blood cholesterol is one of the major risk factors for heart disease.

High blood pressure is the number one modifiable risk factor for stroke. In addition to stroke, high blood pressure increases the risk for heart attack, heart failure, kidney failure, and atherosclerosis. In the United States, one in three adults has high blood pressure, and nearly one-third of these people are not aware that they have it. The only way to tell if you have high blood pressure is to have your blood pressure checked. High blood pressure can occur in people of any age or sex; however, it is more common among those over age 35. It is particularly prevalent in African Americans, older adults, individuals who are obese, diabetics, or heavy drinkers. Blood pressure can be controlled through lifestyle changes including eating a heart-healthy diet, limiting alcohol, avoiding tobacco, maintaining a healthy weight, and staying physically active.

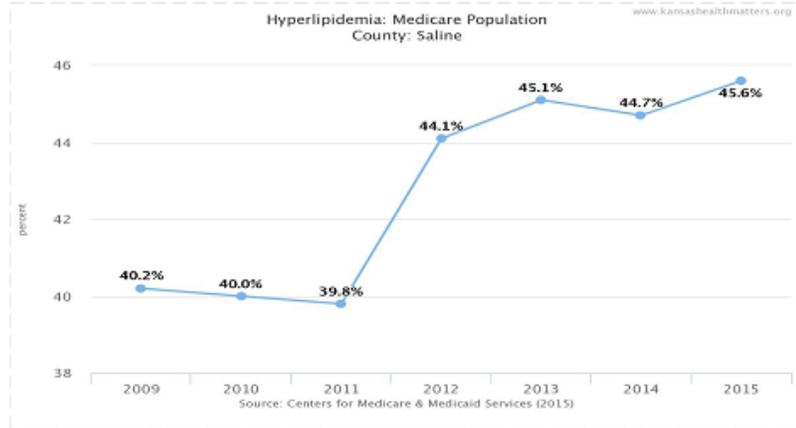
Atrial fibrillation (AFib) is an irregular heartbeat that commonly causes poor blood flow to the body. Symptoms of atrial fibrillation include heart palpitations, shortness of breath and weakness. Although AFib itself is not usually life-threatening, it can lead to blood clots, stroke, heart failure and other heart-related complications that do require emergency treatment. According to the American Heart Association, an estimated 2.7 million Americans are living with AFib and it is the most common "serious" heart rhythm abnormality in people over the age of 65 years.

The Healthy People 2020 national health target is to reduce the proportion of adults aged 20 years and older with high total blood cholesterol levels to 13.5%. Saline County is at 45.6%.

The Healthy People 2020 national health target is to reduce the proportion of adults aged 20 years and older with high blood pressure to 26.9% Saline County is at 32.9%

Heart Disease Related Indicators

Percent of Adults Tested and Diagnosed with High Cholesterol



40.0 % KS Avg.



45.6 % Saline County

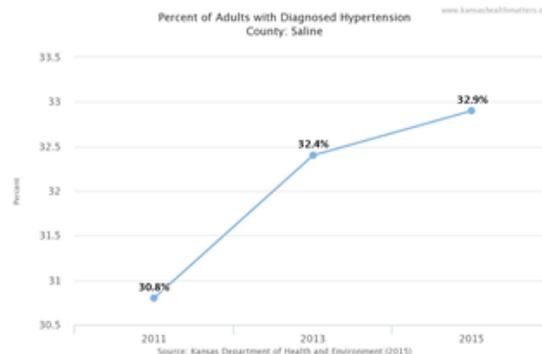
Hyperlipidemia is an increase in the amount of fat (cholesterol and triglycerides) in the blood. Hyperlipidemia by itself has no symptoms; therefore, the only way a doctor can diagnose the condition is through laboratory tests. Hyperlipidemia can lead to atherosclerosis, heart disease and acute pancreatitis. Risk factors for the hyperlipidemia include gender, family history, chronic renal failure, physical inactivity, obesity, and smoking. In many cases, this condition is reversible through healthy eating and regular exercise.

Percent of Adults with High Blood Pressure

31.6 % KS Avg.



32.9 % Saline County



Immunizations

The Challenge of Immunizations

It is estimated that 226,000 people in the U.S. are hospitalized each year due to influenza and 36,000 die – mostly the elderly. The seasonal influenza vaccine can prevent serious illness and death. The Centers for Disease Control and Prevention (CDC) recommends annual vaccinations to prevent the spread of influenza.

Kansas is one of the lower percentage states in immunizations against HPV which has very strong links to cancer later in life.

Infants Fully Immunized at 24 Months in Saline County dropped significantly from **79.8% to 60.6%** between 2012 –2013. **Update: Saline County showed a huge rebound and now is significantly higher than the state average .**

Percent of Infants Fully Immunized at 24 Months

70.5 % KS Avg.



86.5 % Saline Co.

Percent of Infants Fully Immunized at 24 Months
County: Saline



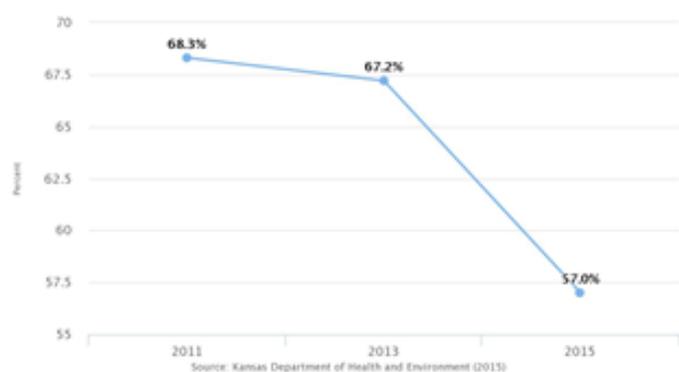
Percent of Adults Ages 65 Years and Older Who Were Immunized Against Influenza During the Past 12 Mo.

61.7 % KS 2013 Avg.



57.0 % Saline Co. 2015

Percent of Adults Ages 65 Years and Older Who Were Immunized Against Influenza During the Past 12 Months
County: Saline



Overweight and Obesity Adult/Child

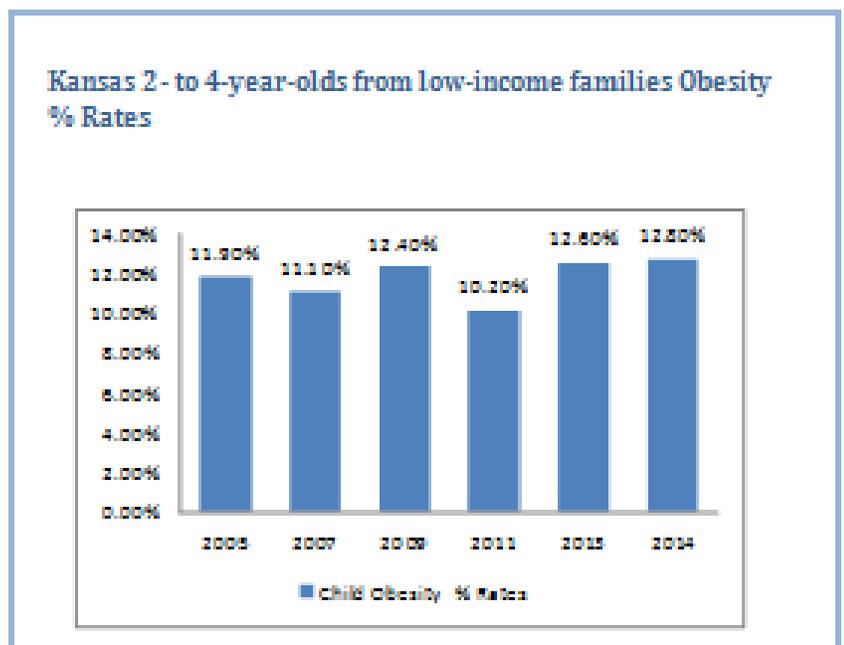
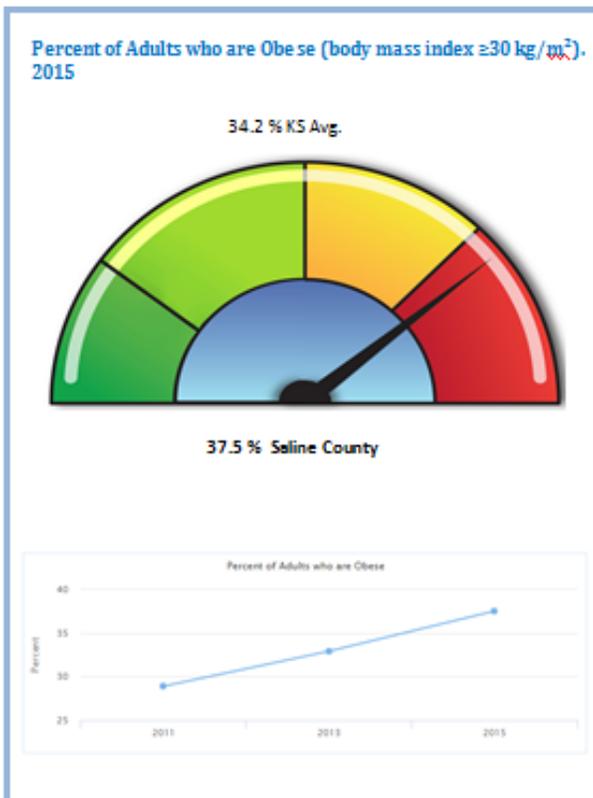
Obesity is one of the biggest drivers of preventable chronic diseases and healthcare costs in the United States. Currently, estimates for these costs range from \$147 billion to nearly \$210 billion per year. In addition, job absenteeism related to obesity costs \$4.3 billion annually.

As obesity rates rise, the risk of developing obesity-related health problems — type 2 diabetes, coronary heart disease and stroke, hypertension, arthritis and obesity-related cancer — increases exponentially. Twenty years ago, only 7.8 million Americans had been diagnosed with diabetes but, today, approximately 25.8 million Americans have the disease. More than 75 percent of hypertension cases can be attributed to obesity. And, approximately one-third of cancer deaths are linked to obesity or lack of physical activity.

The Healthy People 2020 national health target is to reduce the proportion of adults (ages 20 and older) who are obese to 30.6%. Saline County is currently at **37.5 %** and has been growing.

Childhood Obesity in Kansas: It is becoming increasingly difficult to obtain Childhood Obesity data. High Schools quit recording data in 2011. A report released by the Centers for Disease Control on obesity rates among 2- to 4-year-olds from low-income families is the most accurate data to use but it does not give a 100% accurate portrayal among all children. Over that period, Kansas's rate went as low as 10.2% in 2011 to a high measured during the last recorded year 2014 which had a 12.6% obesity rate.

State data is used for child obesity as local data is unavailable.



Pregnancy Related Indicators

The Challenge of Pregnancy Related Indicators (Teen Births, Low Birthweight and Smoking during Pregnancy)

The good news is Saline Co. is doing much better at several of the pregnancy related indicators.

Teen Pregnancy has shown steady declines. However Saline County is still higher than the State avg. 7.1% as compared to 6.3%. During the last decade several programs have been initiated by various agencies in Saline county to address this problem and it looks like their efforts are showing in the decline in teen pregnancy.

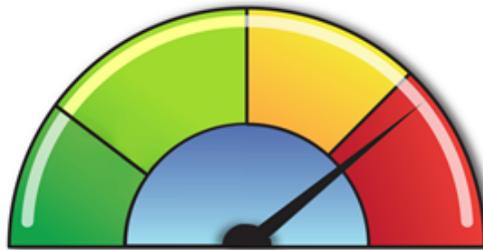
The percent of births where mothers smoked during pregnancy has also shown a decline but is almost **7% higher** than the state average of 11.1%.

On a positive note that displays the commitment many agencies in Saline County have for expectant mothers, the percent of mothers who receive pre-natal care is 81.2% which is higher than the state average and already higher than the goal set for **Healthy People 2020**.

Babies born with a low birth weight numbers are good as well for Saline County 6.7% compared to 7.0 for the State.

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

6.3 % KS Avg.



7.1 % Saline County

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

Percent of all Births Occurring to Teens (15-19)
County: Saline



Percent of births Where Mother Smoked During Pregnancy (KDHE 2016)

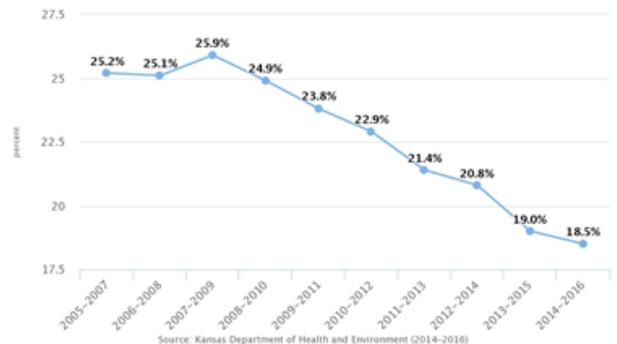
11.1 % KS Avg.

8.5 % US Avg.



18.5% Saline Co.

Percent of births Where Mother Smoked During Pregnancy
County: Saline



Sexually Transmitted Disease

The Challenge of Sexually Transmitted Disease

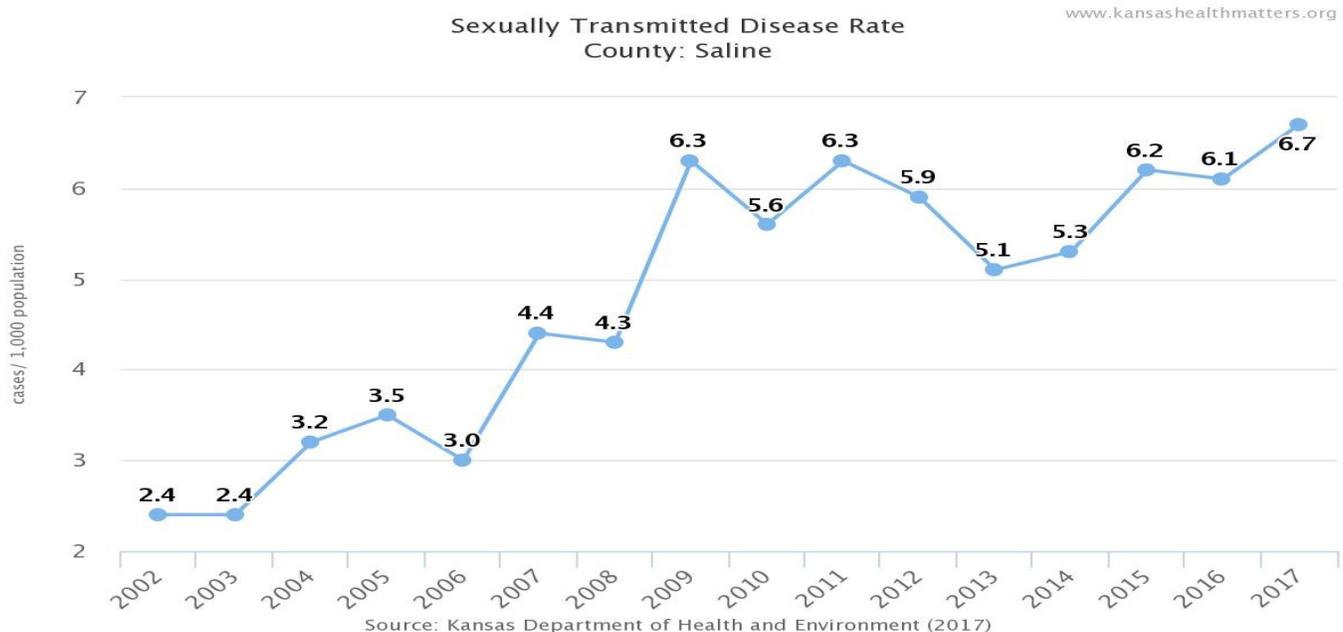
The Centers for Disease Control and Prevention (CDC) estimates that there are approximately 19 million new STD infections each year—almost half of them among young people ages 15 to 24. The cost of STDs to the U.S. health care system is estimated to be as much as \$15.9 billion annually. Because many cases of STDs go undiagnosed—and some common viral infections, such as human papillomavirus (HPV) and genital herpes, are not reported to CDC at all—the reported cases of chlamydia, gonorrhea, and syphilis represent only a fraction of the true burden of STDs in the United States.

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

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

Kansas is one of the lower percentage states in immunizations against HPV which has very strong links to cancer later in life.

The Saline County sexually transmitted disease rate is slightly higher than the state average and the rate has shown a rising trend over the last decade.



Percent of Adults Who Currently Smoke Cigarettes

The Challenge of Tobacco use

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

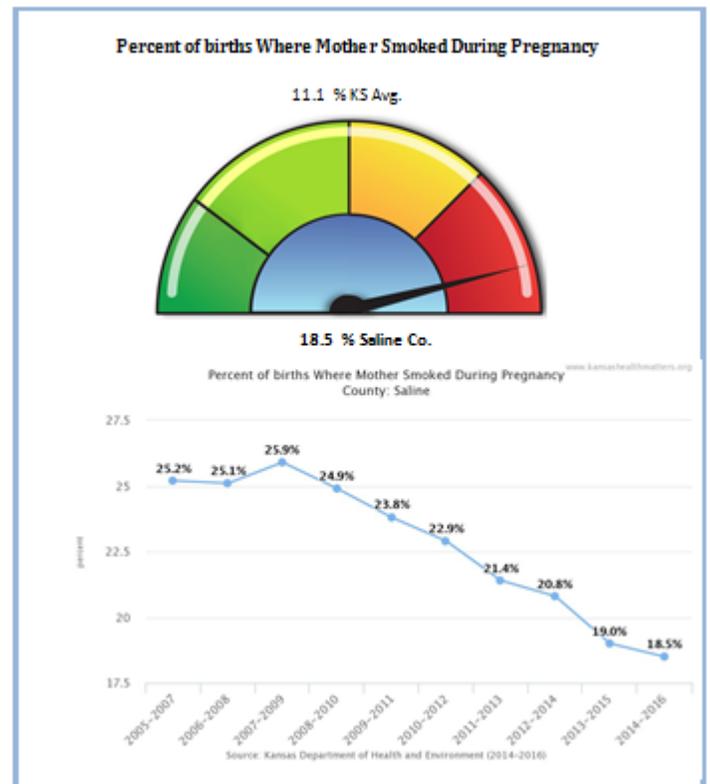
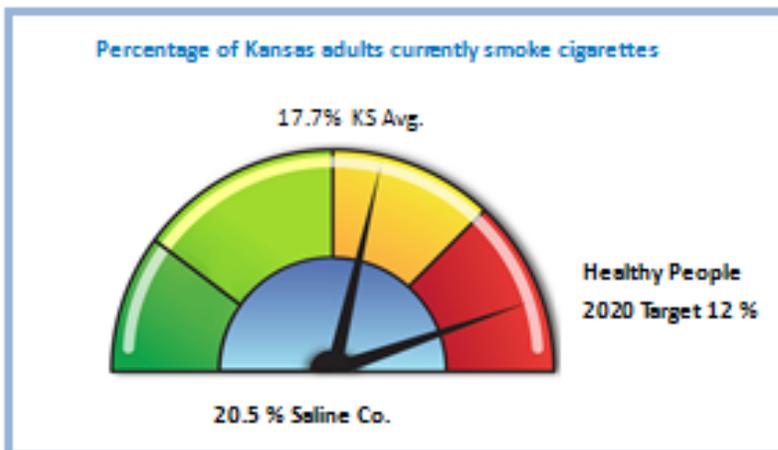
At 18.5% of expectant mothers smoking while pregnant, Saline County is 3% higher than the Kansas percentage.

The Healthy People 2020 national health target is to reduce the proportion of adults aged 18 years and older who smoke cigarettes to 12%.

17.7% of Kansas adults 18 years and older currently smoke cigarettes. Saline County rate is 20.5%.

55.1% of current adult smokers in Kansas stopped smoking for one or more days in the past 12 months because they were trying to quit smoking. Saline County rate is 56.4%.

10.2% (16,300) Kansas High School students smoke.



Trauma / Falls

Community Challenge of Trauma and Falls

Injuries are the leading cause of death for Americans ages 1 to 44, and a leading cause of disability for all ages, regardless of sex, race/ethnicity, or socioeconomic status. More than 180,000 people die from injuries each year, and approximately 1 in 10 sustains a nonfatal injury serious enough to be treated in a hospital emergency department. Beyond their immediate health consequences, injuries and violence have a significant impact on the well-being of Americans by contributing to: premature death, disability, poor mental health, high medical costs and lost productivity. The effects of injuries and violence extend beyond the injured person or victim of violence to family members, friends, coworkers, employers, and communities. Injuries are not tracked systematically unless they result in hospitalization or death. Hospital admission data only represent the most serious injuries.

SRHC in partnership with the North Central-Flint Hills Area on Aging implemented the **Be Well! Stay Well!** program following the 2013 Saline County Health Needs Assessment. This program helps identify individual patients leaving the hospital or as identified by physicians at ComCare and Salina Family Healthcare that may be at risk for falls or medication misuse.

Although the hospital injury related admission rate has shown a decline since 2011, Saline Co. (86.5 per 100,000 population) is much higher than the state average of 76.8, however the mortality rate for unintentional injuries is below the state average 43.4 to 44.2 per 100,000 population.

Injury Hospital Admission Rate

This indicator shows the number of hospital admissions for unintentional and intentional injury per 100,000 population in an area.

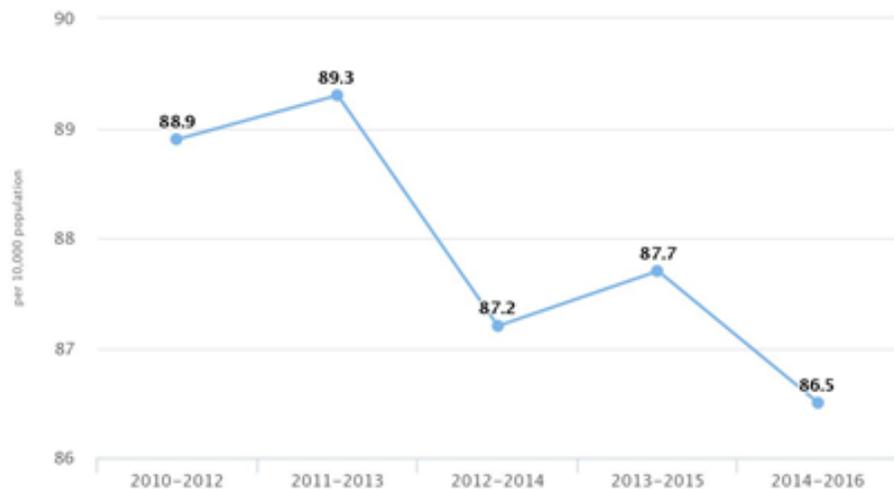
www.kansashealthmatters.org

Injury Hospital Admission Rate
County: Saline

76.8 per 10000 population KS



86.5 per 10000 population Sa-



Source: Kansas Department of Health and Environment (2014-2016)

Stroke

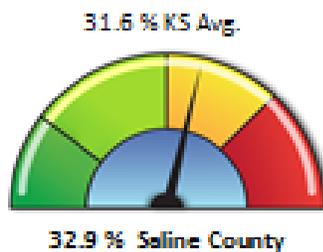
The Challenge of Strokes

Stroke, also known as cerebrovascular disease, is one of two major components of cardiovascular disease, a leading cause of death and major contributor to health care costs in Kansas. Stroke is responsible for about 1 in 16 deaths to Kansas residents.

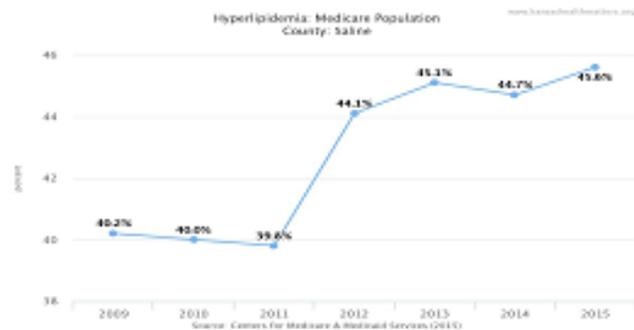
Stroke, or acute cerebrovascular disease, is the fifth leading cause of death in the United States and is a major cause of serious disability for adults. About 795,000 people in the United States have a stroke each year. A growing number of younger U.S. adults are being hospitalized for strokes, at least in part because more of them have risk factors like high blood pressure, obesity and diabetes. Stroke is preventable. It is also the leading cause of serious long-term disability. Risk factors for stroke include inactivity, obesity, high blood pressure, cigarette smoking, high cholesterol, and diabetes. High blood pressure is the number one modifiable risk factor for stroke and Saline CO. has a slightly higher percentage of people with High blood Pressure 32.9 % compared to Kansas 31.6 and National 32.0.

The percent of the Medicare population treated for stroke in Saline County is 4.1%. The state of Kansas average is 3.4% and national average is 4.0%. Saline County has a 40.8 age-adjusted cerebrovascular disease/ stroke mortality rate (deaths per 100,000 population). The Kansas age adjusted mortality rate is 38.7.

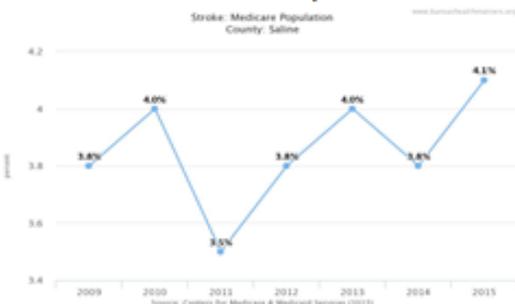
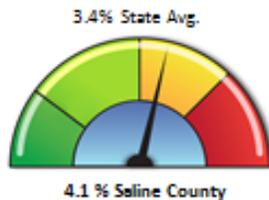
Percent of Adults with High Blood Pressure



Percent of Adults Tested and Diagnosed with High Cholesterol



Percent of Medicare Population Treated for Stroke



Age-adjusted Cerebrovascular Disease Mortality Rate per 100,000 population
County: Saline



Community Partner Organizations

In July, 2018 community organizations were invited to a Key-Informed CHNA prioritization meeting, to review the community measures, discuss the issues and provide input as to the relative importance of each. Saline County community entities invited to participate included but not limited to the following agencies/organizations:

American Red Cross
Catholic Charities
Central KS Foundation
Central KS Mental Health
Chamber of Commerce
Child Advocacy & Parenting Services
City and County Commissioners
ComCare PA
Commission on Aging
Domestic Violence Association of Central KS
Emergency Management
Heartland Programs
Salina Police Department
National Association for the Advancement of Colored People
North Central KS Trauma Council
Occupational Center of Central KS
Parks & Recreation
Salina Area United Way
Salina Community Foundation
Salina Emergency Medical Services
Salina Family Healthcare
Salina Family YMCA
Salina Regional Health Center
Salina Surgical Hospital
Salina Saline County Health Department
Saline County Extension Office
Saline County Human Relations
Saline County Sherriff's Office
USD 305
USD 306
USD 307
Volunteer Connection

Final Prioritization of Issues

All health issues are profoundly important to the people impacted by them. Healthcare providers, agencies and community organizations each have their inherent priorities, goals and missions. However, few communities or community organizations have the resources to effectively address every health issue in their jurisdiction. From a population perspective, each issue must be further assessed with regard to seriousness, impact on the community as a whole, economic burden and the potential for prevention or improvement. To objectively determine an order of priority for the critical health issues the CHA Core Group used these criteria and the results of the Key Informed prioritization meeting to complete prioritization.

The resulting order is as follows:

1. Depression/Mental Health
2. Obesity (Child and Adult)
3. Domestic Violence
4. Aging Population
5. Heart Disease Related Indicators
6. Cancer
7. Death Rate Due to Drug Poisoning
8. Immunizations
9. Stroke
10. Pregnancy Related Indicators
11. Trauma/Falls
12. Diabetes
13. Smoking, % of Adults Who Currently Smoke
14. Sexually Transmitted Disease Rate

Next Step implementation and evaluations

The information provided in this report will hopefully inspire and empower community organizations and individuals to engage in collaborative processes on the way to improving health. There is evidence that communities that form partnerships linking corporations, public health, healthcare, faith based and educational entities increase their capacity for health improvement .

Further assessment of the individual issues for influencing factors is needed to identify the interventions that are most likely to be effective. There is a growing body of evidence based practices available to guide the development and implementation of health improvement activities. Community context also plays an important a role in attaining improved health. An assessment of issue specific community strengths and gaps will enable targeted resource allocation. Multidisciplinary, multi-level systems changes as well as changes in individual behavior will likely be necessary for measurable, sustained health improvement.

One of the unique challenges faced when evaluating population health interventions is the potentially long period of time between intervention implementation and evident changes in the ultimate outcome. Measurable changes in outcomes such as obesity prevalence or cancer incidence may not be apparent for decades. Shorter term goals and measures will be needed to assess progress. Thus, the health improvement process will be ongoing and long term, through what may prove to be numerous cycles of assessment, planning, action and evaluation.

As organizations use this CHNA for determining programs and initiatives we ask they contact Mike Mattek Chairman of the CHNA Core group so these programs can be listed and measured in our evaluation of the implementation process.