Saline County Community Health Assessment Community Engagement and Prioritization 2022

Salina Regional Health Center

Mike Mattek, Salina Regional Health Center

Report Author

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.

Fact Saline County Kansal United States Population estimates, July 1, 2019 54,224 2,913,314 328,239,523 Population estimates base, April 1, 2010 55,604 2,853,123 308,758,105 Population, % change - 2010 (estimates) to 2019 -2.50% 2.10% 6.30% Population, Census, April 1, 2010 55,606 2,853,118 308,745,538 Persons under 5 years, percent 6.30% 6.40% 6.00% Persons under 18 years, percent 23.30% 24.00% 22.30% Persons 65 years and over, percent 18.30% 16.30% 16.50% Female persons, percent 50.40% 50.20% 50.80% White alone, percent 90.10% 86.30% 76.30% Black or African American alone, percent 3.60% 6.10% 1.30% Asian alone, percent 2.30% 3.20% 5.90% Native Hawaiian and Other Pacific Islander alone, % 0.10% 0.10% 0.20% Native Hawaiian and Other Pacific Islander alone, % 3.10% 3.10% 2.80% Hispanic or Latin
Population estimates base, April 1, 201055,6042,853,123308,758,105Population, % change - 2010 (estimates) to 2019-2.50%2.10%6.30%Population, Census, April 1, 201055,6062,853,118308,745,538Persons under 5 years, percent6.30%6.40%6.00%Persons under 18 years, percent23.30%24.00%22.30%Persons 65 years and over, percent18.30%16.30%16.50%Female persons, percent50.40%50.20%50.80%White alone, percent90.10%86.30%76.30%Black or African American alone, percent3.60%6.10%13.40%American Indian and Alaska Native alone, %0.80%1.20%5.90%Native Hawaiian and Other Pacific Islander alone, %0.10%0.10%0.20%Two or More Races, percent3.10%3.10%2.80%Hispanic or Latino, percent11.80%12.20%18.50%
Population, % change - 2010 (estimates) to 2019-2.50%2.10%6.30%Population, Census, April 1, 201055,6062,853,118308,745,538Persons under 5 years, percent6.30%6.40%6.00%Persons under 18 years, percent23.30%24.00%22.30%Persons 65 years and over, percent18.30%16.30%16.50%Female persons, percent50.40%50.20%50.80%White alone, percent90.10%86.30%76.30%Black or African American alone, percent3.60%6.10%13.40%American Indian and Alaska Native alone, %0.80%1.20%1.30%Native Hawaiian and Other Pacific Islander alone, %0.10%0.10%0.20%Two or More Races, percent3.10%3.10%2.80%Hispanic or Latino, percent11.80%12.20%18.50%
Population, Census, April 1, 201055,6062,853,118308,745,538Persons under 5 years, percent6.30%6.40%6.00%Persons under 18 years, percent23.30%24.00%22.30%Persons 65 years and over, percent18.30%16.30%16.50%Female persons, percent50.40%50.20%50.80%White alone, percent90.10%86.30%76.30%Black or African American alone, percent3.60%6.10%13.40%American Indian and Alaska Native alone, %0.80%1.20%1.30%Asian alone, percent2.30%3.20%5.90%Native Hawaiian and Other Pacific Islander alone, %0.10%0.10%0.20%Two or More Races, percent3.10%3.10%2.80%Hispanic or Latino, percent11.80%12.20%18.50%
Persons under 5 years, percent6.30%6.40%6.00%Persons under 18 years, percent23.30%24.00%22.30%Persons 65 years and over, percent18.30%16.30%16.50%Female persons, percent50.40%50.20%50.80%White alone, percent90.10%86.30%76.30%Black or African American alone, percent3.60%6.10%13.40%American Indian and Alaska Native alone, %0.80%1.20%1.30%Asian alone, percent2.30%3.20%5.90%Native Hawaiian and Other Pacific Islander alone, %0.10%0.10%0.20%Two or More Races, percent3.10%3.10%2.80%Hispanic or Latino, percent11.80%12.20%18.50%
Persons under 18 years, percent23.30%24.00%22.30%Persons 65 years and over, percent18.30%16.30%16.50%Female persons, percent50.40%50.20%50.80%White alone, percent90.10%86.30%76.30%Black or African American alone, percent3.60%6.10%13.40%American Indian and Alaska Native alone, %0.80%1.20%1.30%Asian alone, percent2.30%3.20%5.90%Native Hawaiian and Other Pacific Islander alone, %0.10%0.10%0.20%Two or More Races, percent3.10%3.10%2.80%Hispanic or Latino, percent11.80%12.20%18.50%
Persons 65 years and over, percent 18.30% 16.30% 16.50% Female persons, percent 50.40% 50.20% 50.80% White alone, percent 90.10% 86.30% 76.30% Black or African American alone, percent 3.60% 6.10% 13.40% American Indian and Alaska Native alone, % 0.80% 1.20% 1.30% Asian alone, percent 2.30% 3.20% 5.90% Native Hawaiian and Other Pacific Islander alone, % 0.10% 0.10% 0.20% Two or More Races, percent 3.10% 3.10% 2.80% Hispanic or Latino, percent 11.80% 12.20% 18.50%
Female persons, percent 50.40% 50.20% 50.80% White alone, percent 90.10% 86.30% 76.30% Black or African American alone, percent 3.60% 6.10% 13.40% American Indian and Alaska Native alone, % 0.80% 1.20% 1.30% Asian alone, percent 2.30% 3.20% 5.90% Native Hawaiian and Other Pacific Islander alone, % 0.10% 0.10% 0.20% Two or More Races, percent 3.10% 3.10% 2.80% Hispanic or Latino, percent 11.80% 12.20% 18.50%
White alone, percent90.10%86.30%76.30%Black or African American alone, percent3.60%6.10%13.40%American Indian and Alaska Native alone, %0.80%1.20%1.30%Asian alone, percent2.30%3.20%5.90%Native Hawaiian and Other Pacific Islander alone, %0.10%0.10%0.20%Two or More Races, percent3.10%3.10%2.80%Hispanic or Latino, percent11.80%12.20%18.50%
Black or African American alone, percent3.60%6.10%13.40%American Indian and Alaska Native alone, %0.80%1.20%1.30%Asian alone, percent2.30%3.20%5.90%Native Hawaiian and Other Pacific Islander alone, %0.10%0.10%0.20%Two or More Races, percent3.10%3.10%2.80%Hispanic or Latino, percent11.80%12.20%18.50%
American Indian and Alaska Native alone, %0.80%1.20%1.30%Asian alone, percent2.30%3.20%5.90%Native Hawaiian and Other Pacific Islander alone, %0.10%0.10%0.20%Two or More Races, percent3.10%3.10%2.80%Hispanic or Latino, percent11.80%12.20%18.50%
Asian alone, percent 2.30% 3.20% 5.90% Native Hawaiian and Other Pacific Islander alone, % 0.10% 0.10% 0.20% Two or More Races, percent 3.10% 3.10% 2.80% Hispanic or Latino, percent 11.80% 12.20% 18.50%
Native Hawaiian and Other Pacific Islander alone, % 0.10% 0.10% 0.20% Two or More Races, percent 3.10% 3.10% 2.80% Hispanic or Latino, percent 11.80% 12.20% 18.50%
Two or More Races, percent 3.10% 3.10% 2.80% Hispanic or Latino, percent 11.80% 12.20% 18.50%
Hispanic or Latino, percent 11.80% 12.20% 18.50%
White alone, not Hispanic or Latino, percent79.60%75.40%60.10%
Veterans, 2015-2019 3,799 176,444 18,230,322
Foreign born persons, percent, 2015-2019 5.90% 7.10% 13.60%
Housing units, July 1, 2019, (V2019) 24,425 1,288,401 139,684,244
Owner-occupied housing unit rate, 2015-2019 66.70% 66.30% 64.00%
Median value of owner-occupied housing , 2015-2019 \$136,800 \$151,900 \$217,500
Median gross rent, 2015-2019 \$761 \$850 \$1,062
Building permits, 2019 50 7,961 1,386,048
Households, 2015-2019 21,959 1,129,227 120,756,048
Persons per household, 2015-2019 2.42 2.51 2.62
Language other than English , % of persons age 5 yrs+, 2015-2019 9.90% 11.90% 21.60%
Households with a computer, percent, 2015-2019 87.80% 90.00% 90.30%
Households with a broadband Internet s, percent, 2015-2019 80.40% 81.80% 82.70%
High school grad. or higher, % of persons age 25 years+, 2015-2019 91.50% 91.00% 88.00%
Bachelor's degree or higher, % of persons age 25 years+, 2015-2019 27.30% 33.40% 32.10%
With a disability, under age 65 years, percent, 2015-2019 10.90% 9.00% 8.60%
Persons without health insurance, under age 65 years, percent9.60%10.90%9.50%
Median household income (in 2019 dollars), 2015-2019 \$52,200 \$59,597 \$62,843
Per capita income in past 12 mo. (in 2019 dollars), 2015-2019 \$28,813 \$31,814 \$34,103
Persons in poverty, percent 12.30% 11.40% 10.50%
Total employer establishments, 2018 1,485 74,559 7,912,405
Total employment, 2018 26,893 1,203,434 130,881,471
Total annual payroll, 2018 (\$1,000)1,005,97555,087,4607,097,310,272
Total employment, percent change, 2017-2018 -4.00% 0.40% 1.80%
Total nonemployer establishments, 2018 3,446 202,389 26,485,532
All firms, 20124,376239,11827,626,360
Population per square mile, 2010 77.2 34.9 87.4
Land area in square miles, 2010720.2381,758.723,531,905.43

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 Covid-19
- 4 Depression / Mental Health
- 5 Diabetes
- 6 Domestic Violence
- 7 Drug Poisoning
- 8 Heart Disease related Indicators
- 9 Immunizations
- 10 Overweight/ Obesity Child Obesity
- 11 Pregnancy Related Indicators
- 12 Sexually Transmitted Disease Rate
- 13 Smoking, Percent of Adults Who Currently Smoke Cigarettes
- 14 Stroke
- 15 Trauma/Falls



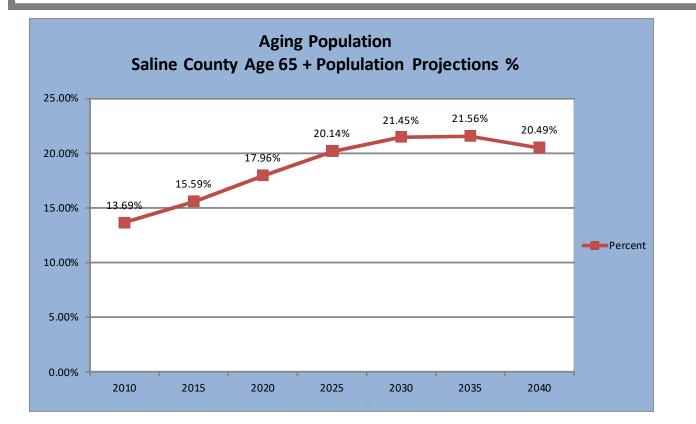
The Challenge of the Aging Population

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 alreadystressed 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.

Some of the medical areas of concern for Saline County older population is the percentage of Medicare beneficiaries who were treated for Alzheimer's disease or dementia which is 11.3% compared to 10.9% for the rest of the state.

Particularly alarming is percentage of Medicare beneficiaries who were treated for depression 22.6 % compared to 19.8% for Kansas and 18.4 % nationally. (see Depression: Medicare Population Chart) This could very well be a product of Saline county having a significantly higher mental health provider rate, 361 per 100,000 population versus 205 for Kansas and 229 for the nation.



County: Saline

11.3%

Source: Centers for Medicare & Medicaid Services C Measurement period: 2018 Maintained by: Conduent Healthy Communities Institute Last update: March 2021 Filter(s) for this location: Public Health Preparedness Region: Central Kansas

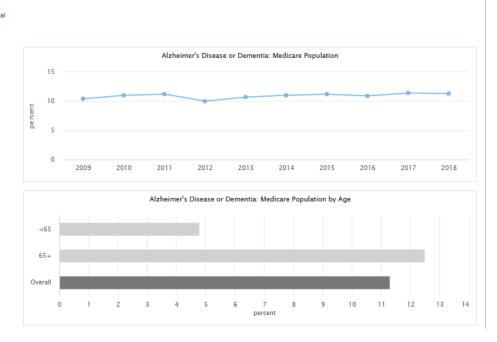
Graph Selections

INDICATOR VALUES

Change over Time

VIEW BY SUBGROUP

Age



US Valu

(10.8%)

 ∇

Prior Value

(11.4%)

Depression: Medicare Population

County: Saline 🛛 🔻

COMPARED TO

KS Counties

U.S. Counties

KS Value

(10.9%)

Measurement Period: 2018 🔍

Filter: none (all Counties)

More

This indicator shows the percentage of Medicare beneficiaries who were treated for depression.

Medicare is the federal health insurance program for persons aged 65 years or older, persons under age 65 years with certain disabilities, and persons of any age with end-stage renal disease (ESRD).

Why is this important?

A

Depression is a chronic disease that negatively affects a person's feelings, behaviors and thought processes. Depression has a variety of symptoms, the most common being a feeling of sadness, fatigue, and a marked loss of interest in activities that used to be pleasurable. 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.

X **County: Saline** COMPARED TO 22.6% Δ KS Value US Value Prior Value KS Counties U.S. Counties Source: Centers for Medicare & Medicaid Services (19.8%) (18.4%) (20.9%) Measurement period: 2018 Maintained by: Conduent Healthy Communities Institute Last update: March 2021 Filter(s) for this location: Public Health Preparedness Region: Central Kansas Graph Selections Depression: Medicare Population \equiv 30 INDICATOR VALUES Change over Time 20 percent 10 0

2010

2011

2012

2013

2014

2015

2016

2017

2018

2009

Health / Older Adults

	VALUE	COMPARED T	O:			
Adults 65+ who Received Recommended Preventive Services: Females	35.6% (2018)	KS Counties	U.S. Counties	US Value (28.4%)		
Adults 65+ who Received Recommended Preventive Services: Males	32.1% (2018)	KS Counties	U.S. Counties	US Value (32.4%)		
Adults 65+ with a Disability	39.9% (2016-2020)	KS Value (34.6%)	US Value (34.1%)	Prior Value (37.2%)	Trend	
Adults 65+ with a Hearing Difficulty	17.5% (2016-2020)	KS Value (15.9%)	US Value (14.1%)	Prior Value (15.6%)	Irend	
Adults 65+ with a Self-Care Difficulty	8.2% (2016-2020)	KS Value (6.3%)	US Value (7.7%)	Prior Value (6.8%)	Trend	
Adults 65+ with a Vision Difficulty	6.9% (2016-2020)	KS Value (6.0%)	US Value (6.2%)	Flint City Value (8.0%)	Prior Value (7.8%)	Irend
Adults 65+ with an Independent Living Difficulty	15.1% (2016-2020)	KS Value (12.2%)	US Value (14.0%)	Prior Value (14.0%)	Trend	
Adults with Arthritis	25.9% (2019)	KS Counties	U.S. Counties	US Value (25.1%)	Prior Value (27.3%)	
Alzheimer's Disease or Dementia: Medicare Population	11.3% (2018)	KS Counties	U.S. Counties	KS Value (10.9%)	US Value (10.8%)	Prior Value (11.4%)
Consumer Expenditures: Eldercare	\$19.5 Average dollar amount per consumer unit (2021)	Trend KS Counties	U.S. Counties	KS Value (\$20.5)	US Value (\$34.3)	Prior Value (\$41.5)

Cancer

The National Cancer Institute (NCI) defines cancer as a term used to describe diseases in which abnormal cells divide without control and are able to invade other tissues. According to the NCI there are over 100 different types of cancer, but breast, colon, lung, pancreatic, prostate, and rectal cancer lead to the greatest number of annual deaths. Risk factors of cancer include but are not limited to: age, alcohol use, tobacco use, a poor diet, certain hormones, and sun exposure. Although some of these risk factors cannot be avoided--such as age--limiting exposure to avoidable risk factors may lower risk of developing certain cancers.

Two areas that show higher rates than Kansas levels are in Colon Cancer and Lung Cancer. (see Colorectal Cancer rates and Lung and Bronchus Cancer rate charts.)

Colon Cancer nationally has shown a trend of younger (under 50) cases than in the past. Since the 1990s, the rate of colorectal cancer has been rising steadily among adults younger than 50. Not only that, but more younger people are dying from the disease. Source: National Cancer Institute-Why Is Colorectal Cancer Rising Rapidly among Young Adults-November 5, 2020

Salina Regional Health Center Cancer Registry

New Cancer Cases for Saline County Residents

2013 cases	013 cases 2014 cases 2015		2016 cases	5 cases 2017 cases		2019 cases
234	240	300	260	291	321	301
Top 5 types	Top 5 types	Top 5 types	Top 5 types	Top 5 types	Top 5 types	Top 5 types
Pr ostate	Breast	Breast	Prostate	Breast	Breast	Breast
Lung	Lung	Prostate	Breast	Lung	Lung	Lung
Breast	Prostate	Lung	Lung	Prostate	Prostate	Prostate
<mark>Co</mark> lon	Colon Colon		Colon	Colon	Lymphoma	Lymphoma
				Lymphoma/Kidney		
Lymphoma	Lymphoma	Head and Neck	Pancreas	Tie	Colon	Kidney



Health / Cancer

	VALUE	COMPARED T	ю:			
Adults with Cancer	7.4% (2019)	KS Counties	U.S. Counties	US Value (7.1%)	Prior Value (7.7%)	
Cancer: Medicare Population	7.9% (2018)	KS Counties	U.S. Counties	KS Value (8.2%)	US Value (8.4%)	Prior Value (8.2%)
Cervical Cancer Screening: 21-65	83.2% (2018)	Trend KS Counties	U.S. Counties	US Value (84.7%)	HP 2030 Target (84.3%)	
Colon Cancer Screening	61.3% (2018)	KS Counties	U.S. Counties	US Value (66.4%)	HP 2020 Target (70.5%)	HP 2030 Target (74.4%)
Colorectal Cancer Rate	42.4 Per 100,000 population (2014-2018)	KS Value (39.2)	Prior Value (42.0)	= Trend		
Female Breast Cancer Rate	127.6 Per 100,000 female population (2014-2018)	KS Value (129.0)	Prior Value (130.9)	Trend		
Lung & Bronchus Cancer Rate	55.5 Per 100,000 population (2014-2018)	KS Value (54.0)	Prior Value (57.0)	Trend		
Male Prostate Cancer Rate	86.0 Per 100,000 male population (2014-2018)	KS Value (109.8)	Prior Value (141.0)	Trend		
Mammogram in Past 2 Years: 50-74	73.6% (2018)	KS Counties	U.S. Counties	US Value (74.8%)	HP 2020 Target (81.1%)	HP 2030 Target (77.1%)

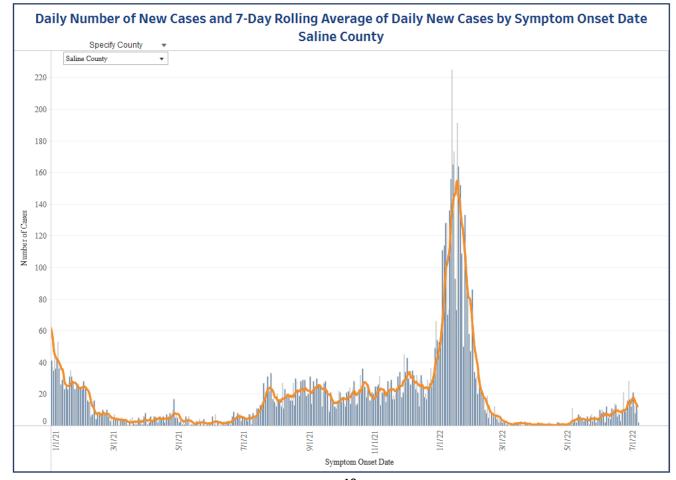
COVID-19

Coronavirus disease 2019 (COVID-19) is a contagious disease caused by a virus, the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). The first known case was identified in Wuhan, China, in December 2019. The disease quickly spread worldwide, resulting in the COVID-19 pandemic.

The first case of Covid-19 in Saline County was on 03/29/20. Saline County has seen 14,562 confirmed cases with 215 deaths. As of CHNA release there are 181 active cases. For Kansas per KDHE as of July 6: Total Deaths: 8,961

The first vaccine for COVID-19 in Saline County given on December 17th, 2020. A 5 phase vaccination plan was implemented at that time starting with healthcare workers, workers critical to pandemic response continuity and residents in long term care facilities. To date 56.1% of the counties population or 30,404 Saline county residents have received at least one dose, 50.9% of the counties population or 27,576 Saline county residents are fully vaccinated.

Sources: https://www.coronavirus.kdheks.gov/160/COVID-19-in-Kansas, and https://www.saline.org/Coronavirus, cdc.gov



https://www.coronavirus.kdheks.gov/160/COVID-19-in-Kansas¹⁰

Sourc

COVID-19 Dashboard Saline County,KS Community Transmission Level: HIGH Cases by Gender Cases by Age/Status 2.6k 2.4k 2.2k 2k 1.8k FEMALE 7.6k Null 292 1.6k 1.4k 1.2k 1k 800 600 MALE 6.4k 400 200 0 10-19 20-29 40-49 50-59 60-69 70-79 80-89 Unk. 0-9 30-39 90-99 100+ 🛑 Recovered 🛛 🛑 Deceased 🔵 Isolated Number of Hospitalized As Reported by SRHC 30 Q Show all 25 20 15 10 5 0

Jan 18

Jan 23

Jan 28

Feb

Jan 13

Feb 7

Feb 12

Feb 17

Feb 22

Feb 27

Mar

Mar 9

Vaccinations in Saline County, Kansas

People Vaccinated	At Least One Dose	Fully Vaccinated
Total	30,404	27,576
% of Total Population	56.1%	50.9%
Population ≥ 5 Years of Age	30,398	27,576
% of Population ≥ 5 Years of Age	59.8%	54.3%
Population ≥ 12 Years of Age	29,408	26,703
% of Population ≥ 12 Years of Age	64%	58.1%
Population ≥ 18 Years of Age	27,429	24,922
% of Population ≥ 18 Years of Age	65.9%	59.9%
Population ≥ 65 Years of Age	7,755	7,238
% of Population ≥ 65 Years of Age	78%	72.8%

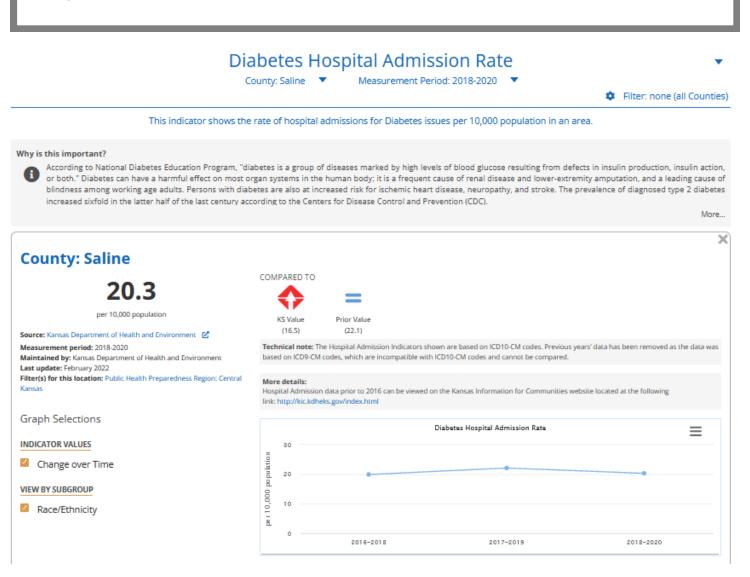
https://covid.cdc.gov/covid-data-tracker/#county-view?list_select_state=Kansas&data-type=CommunityLevels&list_select_county=20169&null=CommunityLevels

Diabetes

According to National Diabetes Education Program, "diabetes is a group of diseases marked by high levels of blood glucose resulting from defects in insulin production, insulin action, or both." Diabetes can have a harmful effect on most organ systems in the human body; it is a frequent cause of renal disease and lower-extremity amputation, and a leading cause of blindness among working age adults. Persons with diabetes are also at increased risk for ischemic heart disease, neuropathy, and stroke. The prevalence of diagnosed type 2 diabetes increased six fold in the latter half of the last century according to the Centers for Disease Control and Prevention (CDC).

Diabetes indicators that show Saline counties areas needing improvement are Diabetes Hospital Admission Rate 20.3 per 10,000 population versus 16.5 for rest of the state of Kansas. (see Diabetes Hospital Admission Rate)

More alarming is age adjusted Diabetes Mortality rate (see attached chart) which is 37.3 deaths per 100,00 population vs only 21.5 for Kansas. This data indicates that Saline county has a younger population being affected by diabetes.



Measurement Period: 2018

This indicator shows the percentage of Medicare beneficiaries who were treated for diabetes.

Medicare is the federal health insurance program for persons aged 65 years or older, persons under age 65 years with certain disabilities, and persons of any age with end-stage renal disease (ESRD).

Why is this important?

Diabetes is a leading cause of death in the United States. According to the Centers for Disease Prevention and Control and Prevention (CDC), more than 25 million people have diabetes, including both diagnosed and undiagnosed cases. This disease can have a harmful effect on most of the organ systems in the human body; it is a frequent cause of end-stage renal disease, non-traumatic lower-extremity amputation, and a leading cause of blindness among working age adults. Persons with diabetes are also at increased risk for ischemic heart disease, neuropathy, and stroke. In economic terms, the direct medical expenditures attributable to diabetes is over \$116 billion (CDC). Diabetes disproportionately affects

More...



Age-adjusted Diabetes Mortality Rate per 100,000 population Measurement Period: 2018-2020

County: Saline

.

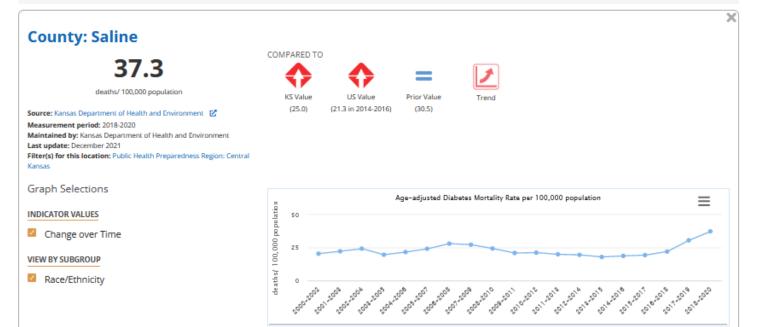
Filter: none (all Counties)

This indicator shows the total age-adjusted death rate per 100,000 population due to Diabetes.

Why is this important?

Diabetes is a group of diseases marked by high levels of blood glucose, also called blood sugar, resulting from defects in insulin production, insulin action, or both. Diabetes is a leading cause of death in Kansas and the United States. According to the Centers for Disease Control and Prevention (CDC), more than 25 million people have diabetes, including both diagnosed and undiagnosed cases. The prevalence of diagnosed type 2 diabetes increased sixfold in the latter half of the last century. Diabetes risk factors such as obesity and physical inactivity have played a major role in this dramatic increase. Age, race, and ethnicity are also important risk factors. Diabetes disproportionately affects minority populations and the

More...



Age-Adjusted Years of Potential Life Lost - Diabetes

County: Saline 🔹 Measurement Period: 2018-2020 💌

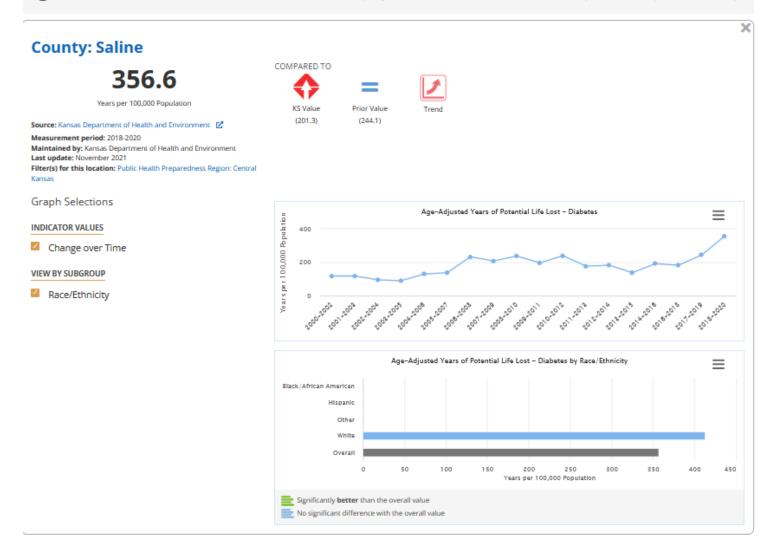
Filter: none (all Counties)

This indicator shows the Years of Potential Life Lost before age 75 per 100,000 population.

Why is this important?

A

Years of Potential Life Lost (YPLL) is a widely used measure of the rate and distribution of premature mortality. Measuring premature mortality, rather than overall mortality, focuses attention on deaths that could have been prevented. YPLL emphasizes deaths of younger persons, whereas statistics that include all mortality are dominated by deaths of the elderly.



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: 22.6% of Medicare population versus a state average of 19.8. (see Depression: Medicare Population chart)

Saline County residents had 19.4 % of adults diagnosed with some form of depressive disorder compared with 18.7% for Kansas and only 18.8% nationwide.

Health / Mental Health & Mental Disorders

	VALUE	COMPARED T	O:			
Adults Ever Diagnosed with Depression	19.4% (2019)	KS Counties	U.S. Counties	US Value (18.8%)		
Depression: Medicare Population	22.6% (2018)	KS Counties	U.S. Counties	KS Value (19.8%)	US Value (18.4%)	Prior Value (20.9%)
		Trend				
Frequent Mental Distress	13.5% (2018)	KS Counties	C.S. Counties	KS Value (12.6%)	US Value (13.0%)	
Mental Behavior Hospital Admissions Rate	108.4 Per 10,000 population (2018-2020)	KS Value (70.6)	Prior Value (125.1)			
Mental Health Provider Rate	361 Providers per 100,000 population (2020)	KS Counties	U.S. Counties	KS Value (205)	US Value (229 in 2018)	Prior Value (349)
Poor Mental Health: 14+ Days	13.6% (2019)	KS Counties	U.S. Counties	US Value (13.6%)	Prior Value (12.9%)	



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.

In the State of Kansas:

One Domestic Violence Murder was reported every 10 Days, 17 Hours, 38 Minutes, 50 Seconds

One Domestic Violence Incident was reported every 22 Minutes, 43 Seconds Law Enforcement Made

One Domestic Violence Arrest every 47 Minutes, 5 Seconds

One Stalking was reported every 13 Hours, 54 Minutes

One Rape was reported every 7 Hours, 56 Minutes, 5 Seconds

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Protection	224	189	173	170	199	247	196	190	161	127
from Stalking										
court filings										
Violations	42	199	122	115	144	182	193	152	160	224
Protection	246	286	219	239	272	275	260	222	244	186
from Abuse										
filings										
Reported DV	691	768	631	636	711	754	718	678	774	829
Incidents										

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 (US rate is 21.0 per 100,000 population), Saline County is higher than the Kansas Avg. 20.8 deaths per 100,000 compared to 12.4 for the state.

Among those at risk in the opioid crisis are persons 65 & older, many of which use the Medicare Part D drug plan. Medicare reports show about 1 in 9 Medicare Part D beneficiaries who are at serious risk of opioid misuse or overdose experienced an overdose or adverse effect in a past year. About 1 out of 3 beneficiaries received an opioid prescription. About 1 in 10 beneficiaries nationwide received opioids on a regular basis. Saline County Medicare Part D are similar to the national 1 in 3 national number as they come in at 35.7 %. (see Percent of Medicare Part D beneficiaries Receiving Opioid or Benzodiazepine Dosage >=50 MME chart) The good news is the higher and longer doses over 90 MME and over 10-day for Saline county has lower than average numbers.

Health / Alcohol & Drug Use

	VALUE	VALUE COMPARED TO:					
Adults who Binge Drink	16.6% (2019)	KS Counties	U.S. Counties	US Value (16.7%)	Prior Value (15.3%)	HP 2020 Target (24.2%)	
Consumer Expenditures: Alcoholic Beverages	\$583.9 Average dollar amount per consumer unit (2021)	KS Counties	U.S. Counties	KS Value (\$663.5)	US Value (\$701.9)	Prior Value (\$582.4)	
Death Rate due to Drug Poisoning	20.8 Deaths per 100,000 population (2017-2019)	U.S. Counties	KS Value (12.4)	US Value (21.0)	Prior Value (19.5)	Trend	
Percent Medicare Part D Beneficiaries Having Daily Opioid Dosage >= 50 MME	35.7% (2017)	KS Value (33.3%)	Prior Value (37.9%)	Trend			
Percent Medicare Part D Beneficiaries Having Daily Opioid Dosage >= 90 MME	16.3% (2017)	KS Value (16.6%)	Prior Value (17.2%)	Trend			
Percent Medicare Part D Beneficiaries Receiving Both Long & Short Acting Opioids	8.8% (2017)	KS Value (7.6%)	Prior Value (8.7%)	= Trend			
Percent Medicare Part D Beneficiaries Receiving Opioid & Benzodiazepine Prescriptions	15.0% (2017)	KS Value (15.1%)	Prior Value (17.8%)	✓ Trend			
Percent of Medicare Part D Beneficiaries Receiving Opioids Supply Greater Than 10-Days	35.2% (2017)	KS Value (37.8%)	Prior Value (41.2%)	T rend			
Percent of Medicare Part D Claims With Opioid Prescriptions Written For More Than 10-Day Supply	67.9% (2017)	KS Value (71.0%)	Prior Value (66.4%)	I rend			

- -

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 heartrelated 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.

Adults who Experienced Coronary Heart Disease measurement of 6.3 % is very close to the national average of 6.2%. However our Medicare populations cholesterol levels and prevalence of high blood pressure are alarming as 48.2 % have high cholesterol levels (see Hyperlipidemia: Medicare Population chart) and high blood pressure among the Medicare population in Saline county is 58.6% (see Hypertension: Medicare Population chart) both of these figures are above the state and national averages.

Hyperlipidemia: Medicare Population

County: Saline 🔹 Measurement Period: 2018 💌

Filter: none (all Counties)

This indicator shows the percentage of Medicare beneficiaries who were treated for hyperlipidemia.

Medicare is the federal health insurance program for persons aged 65 years or older, persons under age 65 years with certain disabilities, and persons of any age with end-stage renal disease (ESRD).

Why is this important?

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.



Hypertension: Medicare Population

Measurement Period: 2018

County: Saline 🛛 🔻

Filter: none (all Counties)

More...

This indicator shows the percentage of Medicare beneficiaries who were treated for hypertension.

Medicare is the federal health insurance program for persons aged 65 years or older, persons under age 65 years with certain disabilities, and persons of any age with end-stage renal disease (ESRD).

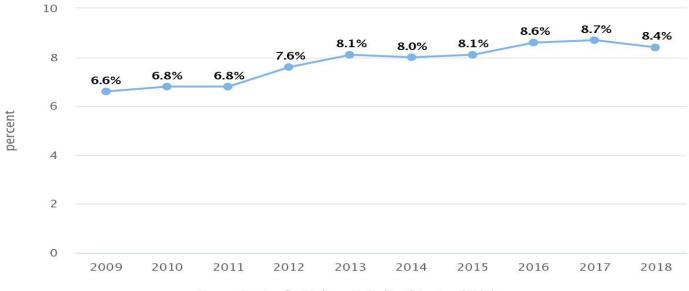
Why is this important?

Hypertension, also known as high blood pressure, is a significant increase in blood pressure in the arteries. Many people with hypertension may not experience symptoms, even if their blood pressure is dangerously high. However, a few might experience severe headaches, dizziness, irregular heartbeats, and other symptoms. Hypertension is the leading cause of stroke and a major cause of heart attacks, and if left untreated can lead to damage of the blood vessels and kidneys, vision loss, and angina. Many factors affect blood pressure, including salt intake, kidney health, and hormone levels. The risk for high blood pressure increases with obesity, diabetes, high salt intake, high stress levels, high alcohol intake, and

County: Saline 58.6%	COMI	PARED TO		~	~	٨			
Source: Centers for Medicare & Medicaid Services C Measurement period: 2018 Maintained by: Conduent Healthy Communities Institute Last update: March 2021 Filter(s) for this location: Public Health Preparedness: Region: Central Kansas	KS	Counties	U.S. Counties	KS Value (55.9%)	US Value (57.2%)	Prior Value (57.4%)	e Trend		
Graph Selections				н	ypertension: Med	icare Population			≡
INDICATOR VALUES Change over Time	pe rce nt	75 50 25	••	•	• •			•	•
		0							



Atrial Fibrillation: Medicare Population County: Saline



Source: Centers for Medicare & Medicaid Services (2018)

Adults who Experienced Coronary Heart Disease	6.3% (2019)	KS Counties	U.S. Counties	US Value (6.2%)	Prior Value (7.3%)	
Adults who Have Taken Medications for High Blood Pressure	76.3% (2019)	KS Counties	U.S. Counties	US Value (76.2%)	V Prior Value (78.7%)	
Age-Adjusted Death Rate due to Heart Attack	90.7 Deaths per 100,000 population 35+ years (2017)	KS Counties (2016)	KS Value (48.3)	Prior Value (46.6)	Trend	
Age-Adjusted Hospitalization Rate due to Heart Attack	25.1 Hospitalizations per 10,000 population 35+ years (2015)	KS Counties	KS Value (25.6)	Prior Value (24.9)		
Atrial Fibrillation: Medicare Population	8.4% (2018)	KS Counties	U.S. Counties	KS Value (8.9%)	US Value (8.4%)	Prior Value (8.7%)
Cholesterol Test History	84.6% (2019)	KS Counties	U.S. Counties	US Value (87.6%)	Prior Value (74.4%)	HP 2020 Target (82.1%)
Congestive Heart Failure Hospital Admission Rate	17.8 Per 10,000 population (2018-2020)	KS Value (24.1)	Prior Value (18.6)			
Heart Disease Hospital Admission Rate	102.5 Per 10,000 population (2018-2020)	KS Value (111.9)	Prior Value (109.0)			

Heart Failure: Medicare Population	11.1% (2018)	KS Counties	U.S. Counties	KS Value (13.5%)	US Value (14.0%)	Prior Value (10.7%)
High Blood Pressure Prevalence	32.8% (2019)	KS Counties KS Counties HP 2030 Target (27.7%)	C.S. Counties	US Value (32.6%)	Prior Value (34.4%)	HP 2020 Target (26.9%)
High Cholesterol Prevalence: Adults 18+	32.9% (2019)	KS Counties	U.S. Counties	US Value (33.6%)	Prior Value (36.0%)	
Hyperlipidemia: Medicare Population	48.2% (2018)	KS Counties	U.S. Counties	KS Value (43.9%)	US Value (47.7%)	Prior Value (39.6%)
Hypertension: Medicare Population	58.6% (2018)	KS Counties	U.S. Counties	KS Value (55.9%)	US Value (57.2%)	Prior Value (57.4%)
Ischemic Heart Disease: Medicare Population	21.3% (2018)	KS Counties	U.S. Counties	KS Value (26.6%)	US Value (26.8%)	Prior Value (21.0%)
Percent of Adults with Diagnosed Hypertension	32.1% (2017)	KS Value (32.8%) (23.8%) (23.0 Target (27.7%)	US Value (32.3%)	Prior Value (32.9%)	Trend	HP 2020 Target (26.9%)



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 has steadily climbed since a very low number of 60.6% in 2012 to our current rate of 80% (see Percent of Infants Fully Immunized at 24 Months chart)

One area needing improvement is our flu immunizations among the 65 and over population 45.6% compared to Kansas percentage of 56% and nationwide 60.3% . (see chart below)

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

County: Saline 🔹 Measurement Period: 2017 🗨

Filter: none (all Counties)

This indicator shows the percentage of adults 65 years and older who received the influenza vaccination (flu shot or flu spray) in the past year.

NOTE: Estimates are not available for the counties with an insufficient sample.

Why is this important?

Influenza is a contagious disease caused by the influenza virus. The flu can cause severe illness and life-threatening complications particularly in older people, young children, pregnant women, and people with certain health conditions. It can lead to pneumonia and can be dangerous for people with heart or breathing conditions. While flu seasons can vary in severity, during most seasons, people 65 years and older bear the greatest burden of severe flu disease and have the highest flu-related mortality. The seasonal influenza vaccine can prevent serious illness and death. The CDC recommends annual vaccinations to prevent the spread of influenza.

County: Saline							
45.6%		ото	=				
Source: Kansas Department of Health and Environment	KS Val (56.09		Prior Value (57.0%)	Trend			
Maintained by: Kansas Department of Health and Environment Last update: October 2021 Filter(s) for this location: Public Health Preparedness Region: Central Kansas	Technical	note: NOTE: Estimates are	not available for the o	counties with an in	sufficient sample.		
araph Selections		Percent of Adults Age	s 65 Years and Older	r Who Were Immur	nized Against Influenza During th	e Past 12 Months 💻	
INDICATOR VALUES Change over Time	75	•		•		=	
	Rercent 20					•	
	는 관 25						
	0	2011		2018	2015	2017	

Percent of Infants Fully Immunized at 24 Months

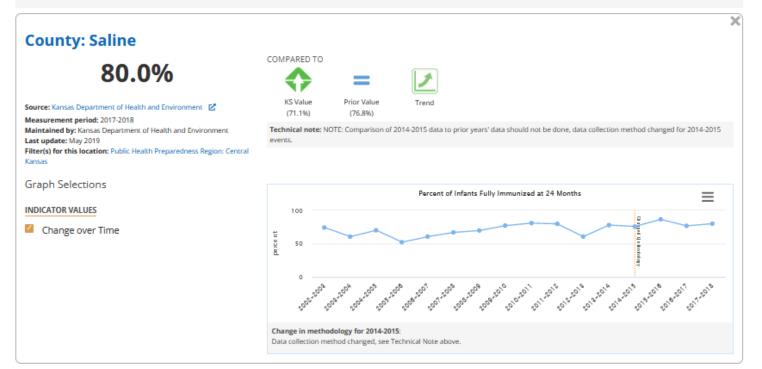
County: Saline 🔍 🔻

Measurement Period: 2017-2018

This indicator shows the percent of infants who were immunized with the 4 DTaP, 3 Polio, 1 MMR, 3 Haemophilus influenzae type b, and 3 Hepatitis B vaccines (the 4:3:1:3:3 series) by 24 months of age.

Why is this important?

Timely immunizations protect children from contracting and spreading communicable diseases such as measles, mumps, and whooping cough. These diseases can result in extended school absences, hospitalizations, and death. Childhood illnesses also have a significant financial impact on parents including costly medical bills and loss of work time. The immunization schedule changes frequently. For more information and the most up-to-date immunization schedule, refer to the Centers for Disease Control and Prevention's website on vaccines.



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.

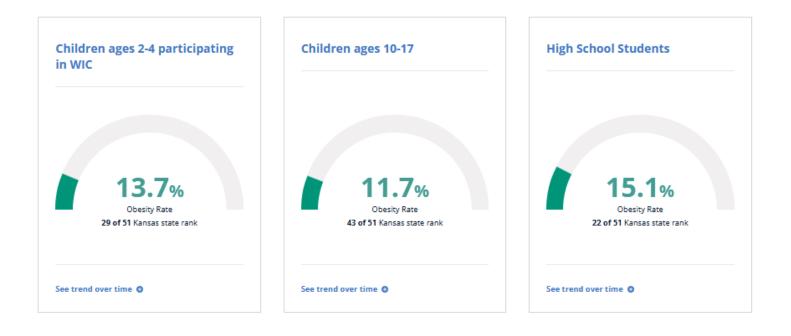
The Healthy People 2020 national health target is to reduce the proportion of adults (ages 20 and older) who are obese to 30.6%. Saline County is currently at **37.5** % and has been growing.

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.

The National Health and Nutrition Examination Survey (NHANES) is conducted every two years by the National Center for Health Statistics and funded by the Centers for Disease Control and Prevention. The survey measures obesity rates among people ages 2 and older.

The NHANES data shows 13.7% of Kansas children being obese (Kansas ranks 29th) and 35.3% of adults fall into the obese category (Kansas ranks 15th)

Saline county also ranks better than the state average on adults who are overweight 32.9% with a Kansas percentage at 34.8% and a national percentage of 35.3. The National Health and Nutrition Examination Survey (NHANES) is conducted every two years by the National Center for Health Statistics and funded by the Centers for Disease Control and Prevention. The survey measures obesity rates among people ages 2 and older.



Percent of Adults who are Overweight

County: Saline 🔍 💌

Measurement Period: 2017

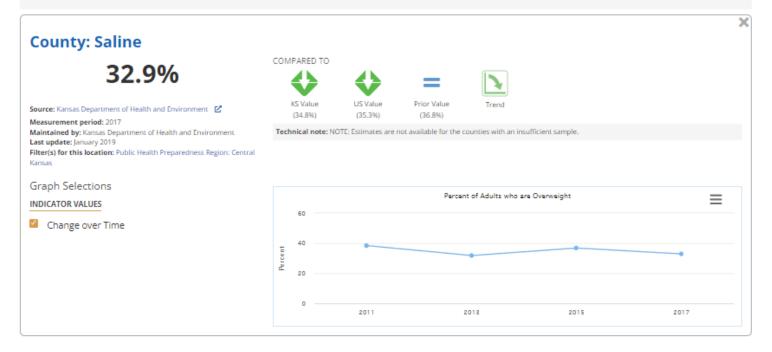
Filter: none (all Counties)

This indicator shows the percentage of adults 18 years and older who are overweight (body mass index between 25.0-29.9 kg/m²).

NOTE: Estimates are not available for the counties with an insufficient sample.

Why is this important?

Being overweight affects quality of life and puts individuals at risk for developing many adverse health conditions, including heart disease, stroke, diabetes, and cancer. Losing weight helps to prevent and control these diseases. Being overweight or obese also carries significant economic costs due to increased healthcare spending and lost earnings.



Health / Nutrition & Healthy Eating

	VALUE	COMPARED T	0:			
Consumer Expenditures: Fast Food Restaurants	\$1,333.5 Average dollar amount per consumer unit (2021)	KS Counties	U.S. Counties	KS Value (\$1,497.9)	US Value (\$1,638.9)	
Consumer Expenditures: Fruits and Vegetables	\$811.1 Average dollar amount per consumer unit (2021)	KS Counties	U.S. Counties	KS Value (\$885.1)	US Value (\$1,002.1)	Prior Value (\$769.4)
Consumer Expenditures: High Sugar Beverages	\$305.3 Average dollar amount per consumer unit (2021)	KS Counties	U.S. Counties	KS Value (\$327.0)	US Value (\$357.0)	Prior Value (\$305.7)
Consumer Expenditures: High Sugar Foods	\$490.9 Average dollar amount per consumer unit (2021)	KS Counties	U.S. Counties	KS Value (\$527.4)	US Value (\$530.2)	Prior Value (\$476.2)
Percent of Adults Who Reported Consuming Fruit Less than 1 Time Per Day	42.9% (2015)	KS Value (43.7%)	US Value (40.1%)	Prior Value (42.0%)		
Percent of Adults Who Reported Consuming Vegetables Less than 1 Time Per Day	22.3% (2015)	KS Value (22.3%)	US Value (22.3%)	Prior Value (24.4%)		



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

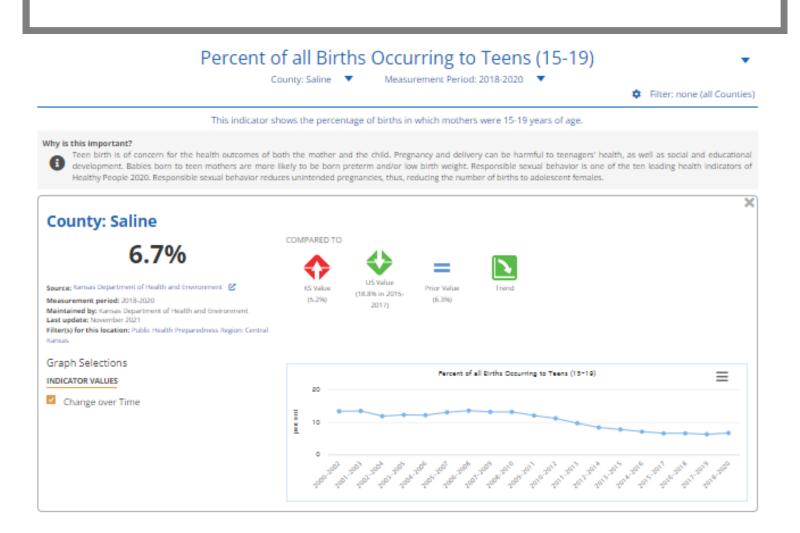
The good news is Saline Co. is doing much better at several of the pregnancy related indicators.

Teen Pregnancy has shown steady declines. However Saline County is still higher than the State avg. 6.7% for Saline Co. as compared to 5.2% for the state. 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. (see Percent of all Births Occurring to Teens (15-19) chart)

The percent of births where mothers smoked during pregnancy has also shown a decline but is much higher than the state average, Saline 14.7% and Kansas data at 8.2%.

Saline County continues to show great care for expectant mothers, the percent of mothers who receive prenatal care is 84% which is higher than the state level at 81%. (see Percent of Births Where Prenatal Care began in First Trimester chart)

Babies born with a low birth weight numbers are better than the state norm as well for Saline County 6.5% compared to 7.4 for the State.



Health / Maternal, Fetal & Infant Health

Infant Mortality Rate	VALUE	COMPARED T	-			~
nfant Mortality Rate	6.4	- ◆	\Rightarrow	=	\mathbf{r}	$\overline{\mathbf{x}}$
	Deaths per 1,000 live births (2016-2020)	KS Value (6.0)	US Value (5.9 in 2012- 2016)	Prior Value (5.9)	Trend	HP 2020 Target (6.0)
			2010			
		HP 2030 Target (5.0)				
lumber of Births per 1,000 Population		(110)	•			
tember of birdis per 1,000 r operation	11.9	KS Value	\diamond	=	\mathbf{r}	
	Births per 1,000 population (2018-2020)	(12.1)	US Value (11.8 in 2015- 2017)	Prior Value (12.4)	Trend	
ercent of all Births Occurring to Teens (15-19)		•	4			
ercent of an birth's occurring to reens (15-15)	6.7%	\Rightarrow	$\mathbf{\hat{v}}$	=	$\mathbf{\Sigma}$	
	(2018-2020)	KS Value (5.2%)	US Value (18.8% in 2015- 2017)	Prior Value (6.3%)	Trend	
Percent of Births Occurring to Unmarried Vomen	46.5%	٥	٥	=		
	(2018-2020)	KS Value (36.5%)	US Value (39.8% in 2015-	Prior Value (46.0%)	Trend	
			2017)			
Percent of births Where Mother Smoked During Pregnancy	14.7%	•	♦	=	$\mathbf{\Sigma}$	
	(2018-2020)	KS Value (8.7%)	US Value (6.9% in 2015-	Prior Value (16.1%)	Trend	HP 2020 Targe (1.4%)
			2017)			
Percent of Births Where Prenatal Care began in First Trimester	84.0%	\diamond	\diamond	=	1	
	(2018-2020)	KS Value (81.0%)	US Value (77.3% in 2015-	Prior Value (83.9%)	Trend	HP 2020 Target (77.9%)
			2017)			
		HP 2030 Target				
		(80.5%)				
Percent of Births with Inadequate Birth Spacing	11.7%	♦	\diamond	=	\mathbf{N}	
	(2018-2020)	KS Value	US Value (11.8% in 2015-	Prior Value	Trend	
		(10.1%)	2017)	(11.6%)		
Percent of Births with Low Birth Weight	6.5%	4		=		
	(2018-2020)	KS Value	US Value	Prior Value	Trend	HP 2020 Target
		(7.4%)	(8.3% in 2015- 2017)	(7.3%)		(7.8%)
Percent of WIC Mothers Breastfeeding	14.2%	Δ	V			
Exclusively	(2020)	KS Value	Prior Value	Trend		
		(13.6%)	(17.8%)			
Percentage of Premature Births	9.8%	•	�	=	1	\bigcirc
	(2018-2020)	KS Value	US Value (9.9% in 2015-	Prior Value (10.3%)	Trend	HP 2020 Target
		(9.8%)	2017)	(10.2.0)		(11.4%)
		(\mathbf{x})				
		HP 2030 Target (9.4%)				

Sexually Transmitted Disease

The Challenge of Sexually Transmitted Disease

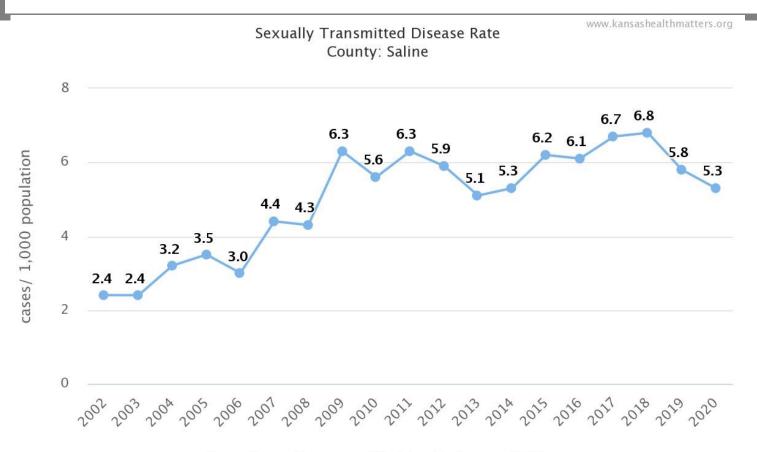
The Centers for Disease Control and Prevention (CDC) estimates that there are approximately 19 million new STD infections each year—almost half of them among young people ages 15 to 24. The cost of STDs to the U.S. health care system is estimated to be as much as \$15.9 billion annually. Because many 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 5.3 /1000 is now lower than the state average 7.1 /1000 and the rate had shown a rising trend over the last 15 years prior to starting a downward trend in 2018.



Source: Kansas Department of Health and Environment (2020)

Percent of Adults Who Currently Smoke Cigarettes

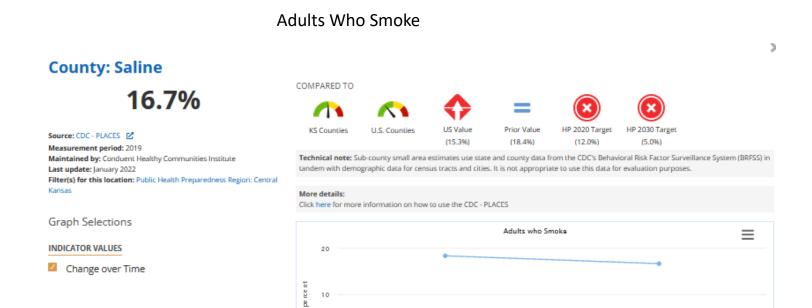
The Challenge of Tobacco use

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.

16.9% of Kansas adults 18 years and older currently smoke cigarettes. Saline County rate is 16.7%.

Saline County has shown a decline, however the target of 12% for the healthy people 2020 mark was not met and the HP2030 percentage goal has been set at 5%.



2018

2019

Consumer Expenditures: Tobacco and Legal Marijuana

County: Saline 🔹 Measurement Period: 2021 💌

-

This indicator shows the dollar amount spent on tobacco products. This includes cigarettes, cigars, pipe tobacco, and other tobacco products. This indicator excludes accessories for smoking (e.g. pipes, lighters).

Why is this important?

Tobacco is the agent most responsible for avoidable illness and death in America today. According to the Centers for Disease Control and Prevention, tobacco use brings premature death to almost half a million Americans each year, and it contributes to profound disability and pain in many others. The World Health Organization states that 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, respiratory infections, and asthma.

÷	COMPA	ARED TO						
\$489.9		7			\bullet	Δ		
average dollar amount per consumer unit	KS C	ounties	U.S. Counties	KS Value	US Value	Prior Value		
rce: Claritas Consumer Buying Power 🛛 🗹			consumer unit is a ho	(\$490.1)	(\$422.4)	(\$449.9)		
intained by: Conduent Healthy Communities Institute st update: November 2021 ter(s) for this location: Public Health Preparedness Region: Central Isas								
aph Selections				Consumer Exp	penditures: Tobacc	o and Legal Marijuana		=
ICATOR VALUES	-	750						_
Change over Time	arrount per er unit							
5		500	•			•		
	rage dollar a consume	250						
	alle o	2.50						
	ave	0 -						
			2019			2020	2021	



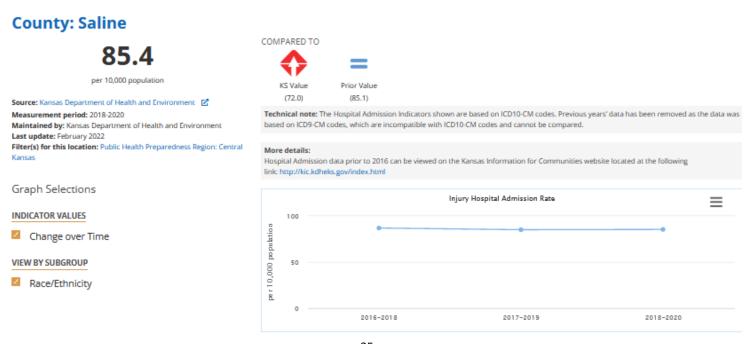
Community Challenge of Trauma and Falls

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 had shown a decline since 2011, Saline Co. (85.4 per 100,000 population) is much higher than the state average of 72.0 and 2018-2020 is slightly up from 2017-2018. 85.4 to 85.1.

Injury Hospital Admission Rate



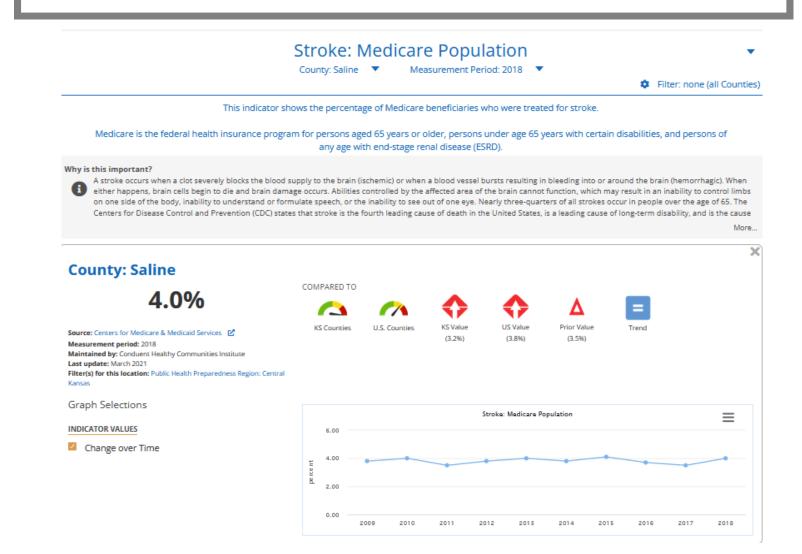


The Challenge of Strokes

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. As noted in the Heart Related Indicators Module cholesterol , high blood pressure and individuals overweight and with obesity is an issue among Saline County population.

The percent of the Medicare population treated for stroke in Saline County is 4.0%. The state of Kansas average is 3.2% and national average is 3.8. (see Stroke: Medicare Population chart below) Saline County has a 240.5 ageadjusted potential life lost -cerebrovascular disease/stroke mortality rate, this indicator shows the Years of Potential Life Lost before age 75 per 100,000 population Kansas value is only 149.9, meaning our stroke patients may be getting younger.



Acute Cerebrovascular (Stroke) Disease Hospital Admission Rate

County: Saline 🛛 🔻

Measurement Period: 2018-2020

Filter: none (all Counties)

×

This indicator shows the number of admissions for acute cerebrovascular (stroke) disease per 10,000 population in an area.

Why is this important?

Stroke, or acute cerebrovascular disease, is a leading cause of death in Kansas and the United States and is a major cause of serious disability for adults. About 5,000 Kansas residents are treated for stroke in an inpatient setting annually according to the Kansas Hospital Assocition. The number of seen for stroke 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.

County: Saline

Measurement period: 2018-2020

Graph Selections

Change over Time

INDICATOR VALUES

VIEW BY SUBGROUP

Race/Ethnicity



COMPARED TO KS Value (11.6) (14.1)

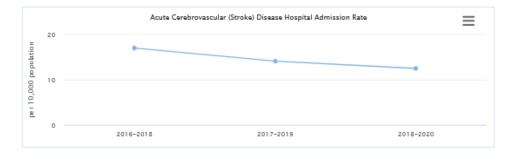
Technical note: The Hospital Admission Indicators shown are based on ICD10-CM codes. Previous years' data has been removed as the data was based on ICD9-CM codes, which are incompatible with ICD10-CM codes and cannot be compared.

Maintained by: Kansas Department of Health and Environment Last update: February 2022 Filter(s) for this location: Public Health Preparedness Region: Central Kansas

Source: Kansas Department of Health and Environment

More details:

Hospital Admission data prior to 2016 can be viewed on the Kansas Information for Communities website located at the following link: http://kic.kdheks.gov/index.html



Age-Adjusted Years of Potential Life Lost - Cerebrovascular Disease

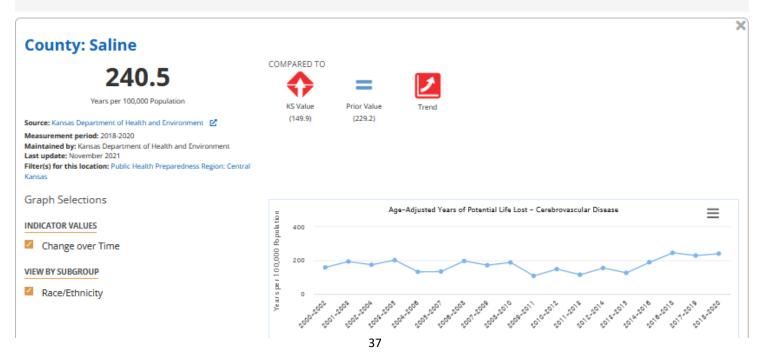
County: Saline 🔻 Measurement Period: 2018-2020 💌

Filter: none (all Counties)

This indicator shows the Years of Potential Life Lost before age 75 per 100,000 population.

Why is this important?

Years of Potential Life Lost (YPLL) is a widely used measure of the rate and distribution of premature mortality. Measuring premature mortality, rather than overall mortality, focuses attention on deaths that could have been prevented. YPLL emphasizes deaths of younger persons, whereas statistics that include all mortality are dominated by deaths of the elderly.



Final Prioritization of Issues 2019

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

Prioritizing Potential Issues

A group of Key individuals in government, medical, education, business, and non profits throughout the area were given this CHNA and asked to list their three most important/critical issues.

Below are the rankings of the 15 items based on responses back from these key informed individuals.

Health Indicator	Rank
Depression / Mental Health	1
Heart Disease related Indicators	2
Aging Population	3
Cancer	4
Drug Poisoning	5
Smoking, Percent of Adults Smoke Cigarettes	6
Stroke	7
Covid 19	8
Diabetes	9
Domestic Violence	10
Immunizations	11
Overweight/ Obesity Child Obesity	12
Trauma/Falls	13
Sexually Transmitted Disease Rate	14
Pregnancy Related Indicators	15

Final Prioritization of Issues 2022

Health Indicator	Rank
Depression / Mental Health	1
Heart Disease related Indicators	2
Aging Population	3
Cancer	4
Drug Poisoning	5
Smoking, Percent of Adults Smoke Cigarettes	6
Stroke	7
Covid 19	8
Diabetes	9
Domestic Violence	10
Immunizations	11
Overweight/ Obesity Child Obesity	12
Trauma/Falls	13
Sexually Transmitted Disease Rate	14
Pregnancy Related Indicators	15