

Health Assessment

Manhattan-Wamego

Kansas Market

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Executive Summary with Recommendations Manhattan, KS

Interview Process (Page 8, Attachment A – Interviewee List & B - Questions)

In total 41 interviews were completed with individuals representing businesses, healthcare providers, government agencies, school districts, faith communities and other not-for-profits in Manhattan, Wamego, Ogden and Junction City.

Community Description (Page 9)

According to the US Census Bureau's projections for 2008, there are approximately 71,069 individuals living in Riley County, 19,695 in Pottawatomie County and 31,171 in Geary County. Geary County is the most diverse population in racial composition as the Caucasian breakout by county is 72.9% for Geary, 96.0% for Pottawatomie and 86.7% for Riley Counties.

The median household income for Gary and Riley Counties were below the median household income for the State of Kansas which was \$50,174 in 2008. Pottawatomie County reported a higher median household income of \$54,341 for the same time period.

Crime & Related Issues (Page 24)

Incidences of crime for 2009 fell almost eight percent compared to 2008 levels, according to Riley County Police Department figures. Violent crime in the county fell 9.7% and property crime fell 7.7%. The largest decreases came in robbery, down 26.7%.

Health Care and Mental Health (Page 25)

A recent study of the Robert Wood Johnson Foundation ranked Riley County as the second healthiest among the 99 Kansas counties that were assessed. Pottawatomie County ranked eighth but Geary County ranked 91st.

Mental health care in Kansas has taken an economic lashing. Pawnee Mental Health Clinic, who provides the bulk of mental health services for the area, once had a workforce of 350 employees but with the drastic reductions in funding from the state, the agency now has 270.

Robin Cole, PMHC Director, told top local officials and the Riley County Commission that the staff reductions made at her agency will most likely shift the cost of mental health care to area law enforcement agencies and the court system.

RECOMMENDATION: There is an inadequate amount of in-patient beds available for mental health patients and for those needing treatment for drug/alcohol abuse.

Health Coverage Overview (Page 32)

The top commercial insurance company for the Manhattan area is Blue Cross Blue Shield of Kansas. BBBS covers the lion's share of the Kansas market as they maintain health care coverage in 103 of the 105 Kansas counties.

In 2008, for the State of Kansas, the average monthly premium for an individual health plan in a small group was \$318 while the average monthly premium for a family of four was \$739. (Note: national average for an individual was \$346 and \$913 for family.)

In 2008, Medicaid covered more than 250,000 Kansans at a cost of over \$2.4 billion. The State's Children's Health Insurance Program (Healthwave) has grown by 13.1% over the last five years for Geary County; 5.3% for Pottawatomie County and 8.7% for Riley County.

Infrastructure (Page 35)

Manhattan had a community coalition, Community Health Council that focused on health care issues dating back to 1992. The coalition obtained its first grant in 1997 which allowed the hiring of its first director. In 2004, the coalition's grant money ran out and the director's position was eliminated, resulting in the group voting to disband in 2008. This decision was raised by several interviewees as a continuing concern as no other group focuses directly on health issues.

RECOMMENDATION: Review current coalitions to see if it would be feasible to start a new group that would focus only on health access issues or find an existing coalition where attention to improving the health status of the community's poor and vulnerable could be a priority. Ensure that representatives addressing the body, the spirit and the mind are all invited to participate in a new uninsured focused health group.

According to most interviewees, there are currently no shared medical records coalitions within the Manhattan area. There are pockets of interest but to date there are no groups whose medical records tie together.

RECOMMENDATION: Address the need for shared electronic medical record data within Mercy Regional Health Center (MRHC) and others in the community who might benefit from using shared health care information. The State of Kansas does have a group of health care workers discussing this topic and it appears that stimulus money may be made available to pursue this effort. Local providers may want to stay informed of this effort so that when the time is right, Geary, Pottawatomie and Riley Counties will be ready to jump on the bandwagon should this be seen as a community priority.

In February 2010, the State of Kansas was informed that it will receive over \$24 million in financial relief to assist with the costs of prescription drugs for residents eligible for both Medicare and Medicaid. The State will not realize any additional monies for prescription drugs

but the savings will be deducted from what states would have owed back in so-called “Clawback payments.” That is a payment that states pay the federal government as required by the Medicare Prescription Drug Improvement and Modernization Act of 2003.

RECOMMENDATION: More funding sources are looking to fund community partnerships in addressing health care need, including prescription assistance. While some groups may be better at writing and receiving start-up funds, long-term it might be better for the community to work in collaboration to ensure new monies will produce programs that are sustainable when the grant money is no longer available. Chasing grants for the sake of replacing lost funding is a band-aid approach that is short-lived and not ideal for community strategic planning objectives.

In the discussion of health care access, many interviewees talked about the wonderful services provided by the Flint Hills Community Clinic (FHCC). FHCC provides free routine, non-emergency medical services to uninsured persons in the Manhattan area. Services are provided through volunteer physicians, pharmacists, nurses, technicians, social workers, dieticians and others.

FHCC is heralded for the great work they do but several interviewees wondered if they are having much impact on the need in the community. The clinic itself suggests that their demand has grown from the family members of international students as well as from the community at large. While they acknowledge they are serving as many as they can given their resources, they also reported that growing into a FQHC was not a strategic goal for them at the present time. The closest FQHC is in Junction City although they have expanded a dental clinic within the Public Health Department in Manhattan.

RECOMMENDATION: MRHC, as a sponsor of Flint Hills Community Clinic (FHCC), may want to start a discussion with Kansas State University (KSU) regarding health care coverage for international student families. While all Kansas State Regent Schools operate the same way when it comes to international students, there are other universities which have policies that are more stringent so that family members are not dependent on available community resources when they fall ill. A partnership between KSU’s student clinic and the community seems a viable way to address this important gap in health coverage for our international population.

RECOMMENDATION: MRHC may want to hold discussions with area health care clinics to measure their interests in expanding hours of services to meet the growing demands. The waiting times for dental, mental and non-emergent medical appointments are weeks and are putting strain on current providers and patients who must wait long periods of time to get assistance.

After-hour care is available through K+STAT but payment is required at the time of service. K+STAT is a convenient alternative for those needing medical attention but not an ED however, upfront payment may make access unavailable to those without insurance and/or resources.

RECOMMENDATION: It may be beneficial to conduct research on the area's ED traffic to see how many people are accessing the hospitals for non-emergency illnesses and/or injuries. If excessive, the community may want to discuss the feasibility of adding a not-for-profit community clinic which would have expanded coverage in terms of hours of operation compared to what is currently available for the uninsured and low-income population.

Other issues identified during the interviewing process centered on themes outlined below.

RECOMMENDATION: There is growing concern about the lack of primary care physicians who are available to meet the growing demands of the increasing population and as a result, many of the PCP's are cutting back on appointments available for Medicaid, Medicare and uninsured clients. With PCPs having growing practices and a health clinic that is open for a few hours a week, increasing demands may result in more ED traffic.

RECOMMENDATION: Public transportation was found to be non-existent during the initial interviewing time period. However, since the field study has been completed, a new transit plan has been put into place that is regional in scope. The community needs to keep a watchful eye on this new service to make sure it is able to meet the needs of those folks having to access health care services.

RECOMMENDATION: There seems to be some confusion of people knowing where to turn for available services when it comes to health care. Hosting more outreach programs in public places may increase the awareness as well as provide a more robust prevention strategy.

Summary of All Recommendations – Not in Priority Ranking Wamego, KS

Community Health Ministries (CHM) was identified as making a huge contribution to the health and wellness of Wamego residents as this ministry is perceived to be a major collaborator in the area. Several interviewees suggested that the ministry's ability to reach out and provide help to so many people in need is both its strength and weakness.

Funding comes from the State of Kansas, churches in the area, grants, private individuals and fundraisers. CHM operates a medical clinic with seven full-time paid staff members and 23 volunteers including five doctors and dentists. However, staff reported that it would make their job a little easier if they had access to more specialists practicing in the areas of pediatrics, OB/GYN, internists and mental health.

RECOMMENDATION: Concern was voiced about the Community Health Ministry's ability to be all things to all people without burning out the staff. Recognize that they do a marvelous job for Wamego area but their services have expanded beyond health ministry and there is concern about the agency's ability to sustain the growth.

RECOMMENDATION: There is a need for more collaboration with specialists in the area, especially pediatricians, OB/GYNs and internists. It is difficult to get appointments for any specialists but when patients lack insurance, it is extremely difficult.

RECOMMENDATION: There is a need to get tele-mental health services up and running in the Wamego area. Having access to an inpatient mental health unit would be helpful in times when people are in crisis.

Several interviewees felt that neither MRHC nor WCH was promoting the positive affiliation they have with each other and/or with Via Christi Health and thought, it was in their best interest to advertise this great partnership between the various ministries. Several interviewees thought both MRHC and WCH should do more outreach in their respective communities given they both represent large employers within their geographic locations.

RECOMMENDATION: MRHC and WCH needs to promote what it is already doing in their respective communities and they should promote their affiliation with Via Christi Health which is seen to be a positive "brand" by medical practitioners and consumers alike.

RECOMMENDATION: WCH should seek out ways to assist the school district with health access related issues due to budget cuts reducing the school nursing programs.

Overall, all interviewees' reported positive feelings regarding the level of support provided to the Manhattan and Wamego areas from MRHC and WCH. Several felt that both hospitals fail to "blow their own horn," and as a result the community doesn't realize how much they are actually doing in the community. Some came right out and suggested more money should be given for marketing purposes. While many interviewees felt that some in the community may be knowledgeable about the Via Christi Health connection, these same interviewees were quick to point out that they doubt the majority of people realized that affiliation and felt that relationship should be made stronger.

No interviewee suggested that either MRHC or WCH failed to uphold their organization's mission as all interviewed thought the hospitals were providing a great deal of care to the poor and vulnerable. Many are concerned about how this will continue to play out under the new federal health reform legislation.

Community Health Assessment Report

Overview

Access to health care is an important public health measurement and is one of the 10 national Leading Health Indicators (LHI).¹ These indicators are used to guide national policy priorities to improve public health. Improving access to health care is also a priority for Mercy Regional Health Center (MRHC). There are numerous barriers to accessing health care services in Riley, Geary and Pottawatomie Counties – MRHC’s primary service areas. The cost of health care, particularly for individuals without insurance, is the most frequently cited barrier. Another barrier cited by interviewees is lack of public transportation, while others suggest there are not enough clinic appointments available in the area’s low-income clinics to take care of Manhattan’s growing population.

By far, the most common barrier to accessing health care services is related to income. People living in poverty or who are living on very limited incomes are more likely to have poor health outcomes. One research study which observed individuals, including those with health insurance, who avoided obtaining health care or prescription drugs because of cost, had a higher risk of re-hospitalization following a heart attack.²

Having access to affordable, high-quality and timely health care is critical in preventing the spread of disease and insuring good quality of life through all developmental stages. Health care during pregnancy is important in identifying and treating problems to improve the health outcome for newborns. Many adults struggle to pay for basic medical services and what could have been a simple prevention problem can lead to serious outcomes (e.g. early detection of colon polyps to prevent colon cancer).

This report will be used by MRHC’s leadership to develop a plan to address access to health care for uninsured and underinsured persons who live within and around the Manhattan, Kansas area. This plan will guide MRHC’s activities as it moves toward its vision of bold leadership in the transformation of health care to enhance the lives of individuals and communities it serves.

Interview Process

Interviews with a wide range of stakeholders within MRHC’s primary service areas were conducted in April and May 2010. Attachment A lists the names and organizations of those participating in approximately one hour interviews. In total, 41 interviews were completed. This report documents the themes from these interviews, includes information provided in hard copy by those who participated in the process, summarizes results of research conducted by others and reviews articles that were found to be relevant published in *The Manhattan Mercury*.

Community Description

Manhattan is a city located in the northeastern part of Kansas at the junction of the Kansas and Big Blue Rivers. Manhattan while primarily located in Riley County also extends into Pottawatomie County. As of July 2008, the census estimated Manhattan's population to be 52,284 making it the eight largest city in Kansas.³ The Metropolitan Statistical Area (MSA) of Manhattan had an estimated population of 113,629 making it the fourth largest metropolitan area in the state.⁴

In 2007, Cable News Network (CNN) and *Money* magazine rated Manhattan as one of the 10 best places in America to retire young.⁵ Manhattan was named an All-American City in 1952, becoming the first city in Kansas to win the award. According to the United States Census Bureau, the city has a total area of 15.0 square miles and 0.07 percent of it is water.⁶

Government entities make up a large portion of the area employers. Kansas State University (KSU) is the largest employer followed by the city's school district (USD #383). Other large employers in the area include MRHC, Farm Bureau and Fort Riley. In 2009, it was announced that the National Bio and Agro-Defense Facility was going to be built in Manhattan. It is projected that this new facility will employ between 250 and 350 people.⁷

The United States Census estimates that there were 71,069 people living in Riley County in 2008. Table 1 shows the population growth patterns for Geary, Pottawatomie and Riley Counties for the last three decades, as well as the State of Kansas.

Table 1 Population and Population Change in Geary, Pottawatomie & Riley Counties, Kansas

Location	1980	1990	2000	Percent Change 1980-2000	2008	Percent Change 2000-2008
Geary Co	29,852	30,453	27,947	-6.4%	31,171	11.5%
Pottawatomie Co	14,782	16,128	18,209	23.2%	19,695	8.2%
Riley Co	63,505	67,139	62,852	-1.0%	71,069	12.9%
State of Kansas	2,364,236	2,477,588	2,688,824	13.7%	2,802,134	4.1%

Between 2000 and 2008, the State of Kansas population increased by 4.1 percent while Riley County's population grew by 12.9 percent and Geary County's population increased by 11.5 percent during the same time period. Pottawatomie County also experienced growth during this time period but not quite as much as the other two aforementioned counties but more than for the State of Kansas as a whole.

The racial/ethnic composition for both Geary and Riley Counties is more diverse than is the State of Kansas. The diversity is most likely attributable to the location of Fort Riley Military Base and Kansas State University which brings in young and diverse populations while serving their country and attending school. However, Pottawatomie County's is less diverse than the population for the State of Kansas as a whole. For specific racial/ethnic breakouts, see Table 2.

Table 2: Racial/Ethnic Composition for MRHC's Primary Service Areas in 2000⁸

Population Variable	Kansas	Geary County	Pottawatomie County	Riley County
White	88.7%	72.9%	96.0%	86.7%
Black	6.2%	17.8%	1.2%	7.0%
Asian	2.2%	3.3%	0.5%	3.5%
American Indian & Alaska Native	1.0%	1.0%	0.7%	0.7%
All Other	1.9%	5.0%	1.6%	2.1%
Hispanic/Latino Origin	9.1%	8.3%	2.9%	5.1%
White, not Hispanic	80.3%	67.3%	93.5%	82.3%

The population density for Riley County in 2000 was 103.0 persons per square mile compared to 21.6 for Pottawatomie, 72.6 for Geary and 32.9 for Kansas as a whole.⁹ On average, the number of persons per household is comparable for Census year 2000 as Riley County reported 2.42 persons, Pottawatomie reported 2.65, Geary reported 2.61 compared to 2.51 for Kansas.¹⁰

Pottawatomie County is the largest of all three counties as its land area covers 844 square miles compared to Riley County which covers 609.5 and Geary County which expands over 385 square miles.¹¹ Agriculture, which is a decreasing industry in many counties throughout Kansas, is losing ground in this area as well. In 2007, farms made up 60.3 percent of all land mass in Geary County, compared to 79.6 percent in Pottawatomie and 59.5 percent in Riley. In 2007, 88.6 percent of all Kansas land was still reported as farm land. So, the Manhattan area while still a beacon for agriculture and farming research is losing farm land to accommodate the increasing population.

The population breakout in Table 3 reveals some interesting characteristics as both Geary and Riley Counties are showing the average age of their populations younger than the State of Kansas. This phenomenon also corresponds to the fact that Fort Riley, as an Army base and Manhattan, a major university town, has a large young adult population. For both the 2000 and 2008 Census, two of the three counties studied report an average age less than the State of Kansas.

Pottawatomie County reports the largest elderly population for Census 2000 for this study's area. However, the percentage changes when looking at the estimated 2008 Census. It will be interesting to see if this trend continues once the 2010 Census is completed. It is possible that given the price increase in housing in Riley County that younger people are moving into Pottawatomie County to increase their chances for affordable housing. While the average age for Pottawatomie has stayed the same for the last eight years, there has been an increase in proportion to the number of children under the age of five, as well as others who are of child-bearing age.

Table 3: U.S. Census Bureau Population by Age Groupings¹²

Age	2000 Census					2008 Census Estimate			
	Kansas	Geary	Pottawatomie	Riley		Kansas	Geary	Pottawatomie	Riley
<5	7.0%	9.4%	7.4%	5.7%		7.1%	10.2%	8.3%	6.9%
5 - 17	19.5%	20.2%	22.0%	13.1%		18.0%	20.7%	19.0%	13.7%
18 - 21	6.2%	7.4%	4.6%	22.2%		5.9%	5.0%	4.7%	19.7%
22 - 39	24.6%	28.9%	22.7%	32.9%		23.8%	27.3%	23.7%	32.2%
40 - 64	29.4%	24.6%	29.8%	18.6%		32.1%	26.5%	32.3%	19.6%
65 - 74	6.5%	5.2%	6.6%	3.6%		6.3%	5.2%	5.9%	3.7%
75+	6.7%	4.3%	6.8%	3.9%		6.7%	5.0%	6.2%	4.1%
Avg. Age (Yrs)	35.2	29.1	35.9	23.9		36.7	32.7	35.9	30.6

However, the population in the Manhattan area is expected to increase dramatically by 2011 due to the realignment of several Department of Defense's initiatives that will be relocating to Fort Riley in Geary County. Fort Riley is expecting a 30 percent population increase by October 2011 according to latest figures. According to Col. Kevin Brown, the post's commander, he expects that 11,300 families will be living on base compared to the current 8,000 at this time. This tumultuous growth calls for infrastructure expansion in housing, health care providers, schools, child care, social services and transportation.¹³

It is estimated in the Flint Hills Regional Growth Plan that the population age under 15 years old will grow by over 60 percent (15,000 persons) from 2006 to 2012 and those ranging in age 15 to 24 will increase by an additional 30 percent (7,200 persons).¹⁴

Table 4 shows the estimated median value of a houses or condos in 2000 and 2008. The value of housing has increased dramatically across much of the United States but in Riley County, it has outpaced the rest of the area. With the national recognition that Manhattan is getting as being one of the "Best Places to Live," the housing values should continue to increase.

While this is great news for current homeowners, it makes it particular difficult for a “homeowner want-to-be” to buy an affordable house especially in a challenging economy. With the increasing cost of living, the affordability of preventative health care may take a backseat for young adults and families getting started who may elect not to purchase health care outside what may be provided by their employers.

The Flint Hills Regional Council approved Fort Riley’s proposal to restore 450 homes on base to accommodate families who will be moving into the area. Fort Riley’s commander, Col. Kevin Brown, reminded the council members that a minimum of 2,000 new families would be seeking off-post housing with the upcoming build-up on base.¹⁵

As the demand for housing begins to increase, most people expect an increase in rent and/or sales prices to follow but for now the real estate market reports an inventory of unsold homes which may keep the prices lower until the demand for single-family houses increases sometime between 2011 - 2012. Apartments however, are reporting very low vacancy rates and in some cases, waiting lists have developed.

Table 4: Estimated Value of House or Condo¹⁶

Year	Kansas	Geary	Pottawatomie	Riley
2000	\$83,500	\$65,700	\$80,400	\$89,100
2008	\$125,700	\$101,061	\$126,340	\$165,200
% Change	50.5%	53.8%	57.1%	85.4%

Fort Riley is undergoing significant construction in preparation for the troop increase with more than \$600 million in approved projects, including housing, new hospital and a child development center. The growth of Fort Riley will be discussed later in this research project.

Unemployment

The unemployment rate in Kansas remained relatively steady at the end of 2009. According to December 2009 estimates, Kansas businesses lost 60,000 jobs during the year, a 4.3 percent decrease in number of employees. The manufacturing industry lost 26,100 jobs in 2009, a 14 percent decrease in jobs. The majority of losses were in aerospace production.

Manhattan’s jobless rate was 2.7 percent during November 2009, up slightly from October but down from 2.9 percent for November 2008, according to the Kansas Department of Labor.¹⁷ According to the *Manhattan Mercury* article, the Manhattan’s jobless rate was the lowest among 15 cities that is separately tracked by the state. The next lowest was Dodge City at 3.9 percent. The article went on to say that the Riley County’s jobless rate for November 2009 was 2.8 percent with 45,117 employed and 1,316 seeking work.¹⁸

However, times changed quickly and in January 2010, Manhattan’s unemployment rate rose to 4.9 percent. According to the Kansas Department of Labor and quoted in the *Manhattan Mercury*, Kansas businesses lost 34,200 jobs in January 2010 as the state’s unemployment rate rose from 6.3 percent to 7.1 percent. Unemployment rates for Riley County also increased from 4.0 to 5.1 percent and the rate for the Manhattan Metropolitan Statistical Area (MSA) increased to 6.1 percent.¹⁹

Geary County reported the largest unemployment rate in the area at the end of the calendar year of 2009. This past May, they are still reporting the highest unemployment rate for the area but not the highest in the state. While some individuals are cautiously optimistic that the worst is over, others are not sure but conceded that the unemployment percentages were at least moving in the right direction. See Table 5 for specific breakouts of Kansas, Geary, Pottawatomie and Riley Counties.

Table 5: Unemployment Rates by Location²⁰

Location	2005	2006	2007	2008	2009	2010 ²¹
Kansas	5.1%	4.4%	4.1%	4.4%	6.7%	6.3%
Geary Co	6.0%	5.2%	4.2%	4.5%	7.1%	6.8%
Pottawatomie Co	4.1%	3.3%	3.1%	3.4%	5.5%	4.6%
Riley Co	3.8%	3.3%	3.0%	3.4%	4.3%	4.6%

Figures available from the Kansas Department of Labor report that the state’s unemployment rate remained at 6.3 percent in May 2010. Although a few people at the State’s level reported, they see modest signs the state is emerging from the economic recession others are not yet convinced and are being cautiously optimistic.

One of the reasons cited for optimism was the fact that Kansas has gained 11,300 jobs from April to May 2010. But in looking at what sector was doing the hiring, the bulk of the new jobs, 7,400 of them, resulted from government hiring – many of them associated with the once-a-decade federal census.²²

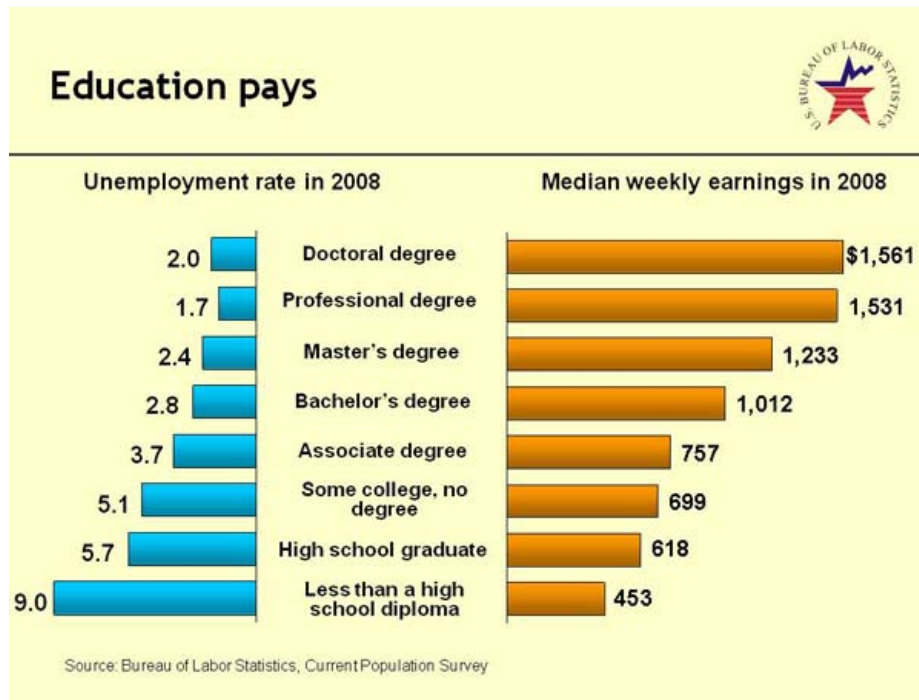
Both Manhattan and Riley County saw a decrease in their unemployment rates in June 2010 despite a statewide increase. Manhattan’s unemployment rate fell from 4.6 percent in May to 4.4 percent in June. Riley County’s rate fell from 4.7 percent to 4.5 percent during the same time period. According to Ron Fehr, city manager, he stated that the increased construction in the summer generally helps the area unemployment rates.²³

Optimism regarding the recession’s turn-around may be short-lived as the Alorica Call Center in Manhattan announced in July they will close their doors in September leaving more than 150 employees without jobs. Alorica, a Chino, California based company, provides customer service management for companies and was the seventh largest employer in the city.²⁴

Education

Research has shown that there is no particular level of educational attainment that has proven to be unemployment-proof in today's economy. What does seem to be apparent is an inverse relationship, as the level of education increases, the chances of unemployment decreases. On average, those holding bachelor's degrees in the USA experienced an unemployment rate of 3.3 percent nationwide in 2008. See Chart 1 for specifics.

Chart 1: Education Pays



In 2009 – 2010, total school enrollment for students in kindergarten through 12th grade in Geary County was 7,293; in Pottawatomie County, it was 3,042 and in Riley County, it was 6,905. Children from families with incomes at or below 130 percent of the poverty level are eligible for free meals. Children from household incomes between 130 and 185 percent of the poverty level are eligible for reduced-priced meals. In 2009 - 2010, 53.0 percent of the total school enrollment in Geary County, 33.4 percent in Pottawatomie County and 31.8 percent in Riley County were enrolled in the free and/or reduced lunch programs. In Kansas, 42.7 percent of all school enrollees were eligible for these programs.²⁵

Reduction in education funding from the state may challenge future educational attainment as more school districts prepare for drastic funding cuts to help offset the State's deficits. Riley County's Unified School District 378 (USD #378) needed to cut between \$450 - \$880 thousand from its 2010-2011 budget.²⁶ Originally, USD #383 thought they would have to eliminate \$4

million from their \$35 million budget but a one-cent sales tax passed by the legislature in May has assisted in maintaining the \$4,012 per pupil funding for the 2010 - 2011 school year.²⁷

In 2005, Kansas ranked 16th out of 50 states in the percentage of its adults aged 25 to 64 years old with at least a high school diploma (90.7%). Kansas ranks 15th for the percentage of adults who report having a bachelor’s degree or higher (30.5%). The State ranks 19th in the percentage of adults who have earned a graduate level or higher degree (10.1%).²⁸

Educational attainment for the tri-county area indicates a higher percentage of people living in Riley County with graduate and professional degrees than Geary and Pottawatomie Counties, as well as the State of Kansas. This concentration of degreed individuals is most likely due to the professionals employed by Kansas State University, the school district, MRHC and others living in the Manhattan area. See Table 6 for a specific breakout.

**Table 6: Educational Attainment in 2006 – 2008 American Community Survey
Persons 25 Years and Older²⁹**

Education Attainment Level	Kansas	Geary County	Pottawatomie County³⁰	Riley County
Less than 9 th Grade	4.1%	3.3%	3.4%	1.2%
9 – 12 Grade (No Diploma)	6.9%	5.6%	10.3%	4.8%
High School Graduate	29.5%	32.3%	38.1%	21.7%
Some College (No Degree)	23.3%	30.4%	23.0%	24.5%
Associate Degree	7.2%	9.1%	4.8%	6.0%
Bachelors Degree	19.1%	12.2%	13.6%	23.1%
Graduate/Professional Degree	9.9%	7.1%	6.8%	18.7%

Kansas State University (KSU), besides reporting a record enrollment of 21,570 for the spring 2010 semester, makes a huge impact on the health and wellness of the area and with the addition of the Bio-security Research Institute; it will continue to enhance the research literature as well as the economic viability in Manhattan. “People will come from around the world to be trained in the diagnostic and treatment of animals that are subjected to foreign animal diseases,” said Ron Trewyn, vice president for research at KSU.^{31 32}

Students from around the world are already coming to KSU. There were 1,717 international students from 102 countries attending KSU in the fall 2009 semester. Students from China comprised the largest group with 718 students. The number of international students has increased by 20 percent in 2009 with the addition of 427 new international students. R. Michael Philson, associate provost for international programs, stated that one of his personal goals is to eventually have 10 percent of the student body at KSU be comprised of international students.³³

According to an article in the *Manhattan Mercury*, the international students are studying in about every field available at KSU. Business has the highest number of students with 298 followed by information technology with 118.³⁴

State Assistance

The State of Kansas through the Department of Social and Rehabilitation Services (SRS) provides temporary assistance for individuals and their families. This research focuses on several SRS programs to assess the level of poverty in the Manhattan area. SRS programs accessed for this research effort include Temporary Assistance for Families, Child Care Assistance, Food Assistance, Vocational Rehabilitation Services, Health Care Assistance and Medicaid. It was estimated that in year 2008, 9.9 percent of all Kansans had incomes below the poverty level. The percent of residents with incomes below the poverty level by county included 12.1 percent in Geary, 9.7 percent in Pottawatomie and 20.6 percent in Riley.³⁵

The Temporary Assistance for Families (TAF) program, which must comply with federal mandates, assists welfare recipients in their transition from cash assistance to gainful employment. Kansas requires that TAF recipients search for work or enroll in programs designed to prepare them for a job while receiving financial assistance. As can be seen from Table 7, the average number of families being served by this program continued to decrease from 2005 levels but in 2009 started showing small increases as the rate of unemployment increased throughout the State. Kansas, like many other states, is reducing the amount of assistance earmarked for this program because the State is running out of money. For Fiscal Year (FY) 2009, SRS spent \$45.2 million for this program alone. While that is significant, it represents an \$11.5 million dollar reduction from FY 2007.

Table 7: Temporary Assistance for Families – Average Persons Served per Month³⁶

SRS Fiscal Year	Kansas	Geary County	Pottawatomie County	Riley County
2005	44,681	267	91	359
2006	44,592	274	94	392
2007	39,226	229	69	308
2008	32,773	200	63	277
2009	31,828	254	74	300

Administered through SRS, the Child Care Assistance program helps pay for child care costs for families who receive TAF benefits. These families are low-income, working families, teen parents completing high school or a GED, as well as some families who are participating in job training activities. The family’s income must meet program standards and children must be under the age of 13 or unable to take care of themselves should they be older.

Child care is an important community need in the Manhattan area. Research on early childhood education and stable child care shows that investment on the pre-school side reaps rewards on each child’s educational and social development. Population growth associated with Fort Riley will increase the demand for child care programs as will the rising trend in families to have both parents working and/or the increase of single-parent families.

The total expenditure for Child Care Assistance for the State of Kansas in FY 2009 was \$76.8 million. This amount represents a decrease of \$140,000 from FY 2008. See Table 8 for county breakout of the average number of children served per month.

Table 8: Child Care Assistance – Average Number of Children Served per Month³⁷

SRS Fiscal Year	Kansas	Geary County	Pottawatomie County	Riley County
2005	18,721	245	56	203
2006	19,526	222	35	185
2007	21,025	216	40	184
2008	21,211	223	34	164
2009	20,964	190	37	161

This program reveals that while more children were helped statewide from FY 2005 – 2008, FY 2009 saw an overall decrease in Kansas. While some fluctuations did occur within these counties in terms of people served per month, all three counties reported helping fewer people in 2009 than the number of people helped in 2005.

The number of children served per month through the Child Care Assistance program will most likely continue to decrease as subsidy grants that are awarded to the Riley County Health Department will be reduced again in 2010 from 50 to 33 percent making the parents’ pick-up a larger percentage of the cost of child care.³⁸

The Food Stamp Program administered through SRS is a nutrition assistance program which allows eligible persons to buy food from local grocery stores. Any individual or household group whose annual household income meet certain basic requirements may qualify. The amount of food stamps distributed is dependent on family size. In FY 2009, Kansas SRS annual expenditure for Food Stamp assistance was \$263.1 million. That amount represented a 50.5 percent increase in what was expended in FY 2005.

Table 9 shows the average number of persons served monthly by this program over a five year period. The increase in people served in 2009 correlates with the rising number of families impacted by layoffs during the economic recession.

Table 10 shows the estimated percentage of children younger than 18 years of age who live in families with incomes below 100% of the U.S. poverty threshold as defined by the U.S. Office of Management and Budget. Data is based on the Census Bureau’s Small Area Income and Poverty Estimates.

Table 9: Food Assistance – Average Number of Persons Served per Month³⁹

SRS Fiscal Year	Kansas	Geary County	Pottawatomie County	Riley County
2005	175,710	2,310	839	1,882
2006	182,821	2,316	770	2,047
2007	184,036	1,958	777	1,897
2008	187,375	1,923	751	1,945
2009	208,007	2,140	854	2,145

Geary County is the only county out of the three within this report that consistently shows more of their children living in poverty than either Pottawatomie and Riley Counties or the State of Kansas as a whole. Many of these children may live in non-commissioned military families whose resources are limited, or in families whose level of education is primarily high school graduates and/or some college training or whose primary breadwinners are young.

Table 10: Estimated Percentage of Children Living in Families of Poverty⁴⁰

SRS Fiscal Year	Kansas	Geary County	Pottawatomie County	Riley County
2003	13.8%	16.6%	12.7%	12.7%
2004	14.6%	17.6%	13.0%	13.8%
2005	15.2%	17.5%	12.2%	16.0%
2006	15.3%	15.7%	12.8%	15.0%
2007	14.6%	18.1%	11.1%	13.5%

Because of poverty in and around Geary County, over half of the children living there qualified for the Free and Reduced Price Lunch Program since 2005. Data are provided for each county by the Kansas State Department of Education and can be seen in Table 11.

According to SRS of Kansas, the Vocational Rehabilitation Program is designed to assess and provide services to eligible individuals with disabilities, consistent with their strengths, resources, abilities, capabilities, interests and informed choices. To be eligible for vocational rehabilitation services, an individual must have a disability (e.g. physical or mental impairment) and require services to gain employment. Table 12 shows Kansas annual expenditures for the Vocational Rehabilitation Services.

Table 11: Children Approved for Free and Reduced Lunches at School⁴¹

SRS Fiscal Year	Kansas	Geary County	Pottawatomie County	Riley County
2005	38.6%	54.3%	28.4%	30.8%
2006	38.9%	53.5%	29.0%	30.8%
2007	39.0%	51.4%	30.4%	30.7%
2008	39.8%	51.7%	29.9%	28.8%
2009	42.7%	53.2%	31.0%	32.1%

Table 12: Annual Expenditures by the State for Vocational Rehabilitation Services⁴²

SRS Fiscal Year	Kansas	Geary County	Pottawatomie County	Riley County
2005	\$19,624,000	\$177,797	\$161,209	\$374,094
2006	\$19,585,840	\$215,078	\$117,271	\$581,260
2007	\$19,878,956	\$192,067	\$126,164	\$455,013
2008	\$18,599,784	\$372,521	\$156,910	\$452,522
2009	\$17,937,301	\$199,112	\$160,455	\$423,487

Geary County experienced a major decrease in State funding for vocational rehabilitation services in 2009 while Riley Counties saw a much smaller reduction, however neither county showed fewer people being served per month as a direct result of this financial cut. See Table 13 for average number of people served. Whether or not services have to be cut in the future will need monitoring as most of the State's programs took major hits in the FY2011 budget proposals.

Table 13: Average Number Served Monthly by Vocational Rehabilitation Services⁴³

SRS Fiscal Year	Kansas	Geary County	Pottawatomie County	Riley County
2005	8,546	102	74	197
2006	8,404	92	68	223
2007	8,261	79	64	207
2008	9,168	109	75	212
2009	9,828	110	72	219

Household Income

According to the U.S. Census Bureau's projections for 2008, the annual, median household income for Pottawatomie County was \$54,341. This amount represents a median household income higher than what is reported for the State as well as both neighboring counties.

Both Geary and Riley Counties were below the median household income for the State of Kansas which was \$50,174.

As can be seen from Table 14, Riley County has more of their population living below poverty level than the State of Kansas. In 2008, Riley County had 19.8 percent of their residents living below poverty level compared to 11.3 percent for all of Kansas.

However, a recent report from *USA Today* suggested that per capita income for the Manhattan area has risen 48 percent since 2000. This makes the Manhattan MSA area the third highest growth area in the country. The only faster-rising incomes were Jacksonville, N.C. and Houma-Bayou Kane-Thibodaux, Louisiana. All three areas are affiliated with military bases.⁴⁴

Table 14: Median Household Income and Percent of Persons Living Below Poverty by County⁴⁵

SRS Fiscal Year	Kansas	Geary County	Pottawatomie County	Riley County
Median Household Income (2008)	\$50,174	\$43,528	\$54,341	\$43,801
Living Below Poverty (2008)				
- All People	11.3%	10.5%	8.0%	19.8%
- Children 0 – 17	14.6%	13.8%	11.3%	16.5%

Table 15 looks at relevant data collected from other research studies conducted on the topic of health care.⁴⁶ Geary County reports the highest numbers of adult smokers, more children living in poverty, more likely for people to report they are living in poor or fair health and more recorded low birth weights than either Pottawatomie or Riley Counties. There does seem to be some discrepancy on the number of children in poverty between resources cited in Table 14 and 15. Part of that discrepancy may be due to estimates that are used to get to the numbers shared in Table 14 whereas, Table 15 data comes from self-reports.

Table 15: Health Related Variables

SRS Fiscal Year	Kansas	Geary County	Pottawatomie County	Riley County
Adults who smoke	19%	25%	19%	15%
Adult obesity	28%	28%	28%	26%
Children in poverty	15%	18%	11%	14%
Self-reports of “ <i>in poor or fair health</i> ”	13%	16%	11%	8%
Low birth weights	7.1%	8.8%	6.3%	5.4%

Out of 105 counties, Riley and Pottawatomie Counties rank in the top 15 communities in Kansas on health outcomes. However, Geary County ranks 87 in health outcomes.⁴⁷

Alcohol and Drug Use

Risk and protective factors provide a necessary focus and structure for prevention. Risk-focused drug abuse prevention is based on the work of researchers at the University of Washington. The researchers found that interrelationship exists between adolescent drug abuse, delinquency, school dropout rates, teen pregnancy and violence. These same researchers also found that some children exposed to multiple risk factors manage to avoid behavior problems later even though they were exposed to the same risks as children who developed behavioral problems.

Communities That Care (CTC) is a prevention model based on the risk-focused framework and provides structure in making informed decisions concerning prevention services through annual assessments. The Kansas CTC school survey is undertaken annually by the Kansas Department of Social and Rehabilitation Services/Addiction and Prevention Services and is used by state agencies, counties, schools and communities to monitor the incidence and prevalence of adolescent problem behaviors and the environmental factors that put children at risk or protect them from developing those behaviors.

Table 16 shows the 2010 survey participation rates by grade level for Geary, Pottawatomie and Riley Counties, as well as the State of Kansas. Participation rates, while voluntary, show that more surveys are completed by lower grade students. Nearly two-thirds of all students completed the survey, although Geary County’s tenth graders and seniors were less likely than any other group to participate.

Table 16: Participation Rates in the *Kansas Communities That Care* 2010 Survey

Participation Rate by Grade Level	Kansas	Geary County	Pottawatomie County	Riley County
Total	65.2%	62.1%	63.1%	67.3%
6 th Grade	70.7%	80.2%	67.8%	77.2%
8 th Grade	70.6%	67.1%	67.0%	75.0%
10 th Grade	64.6%	48.0%	64.3%	65.2%
12 th Grade	54.3%	43.4%	53.8%	55.3%

Caution is advised when using this CTC data as only rates are known, not actual counts of participating students. Parents must sign a consent form prior to their children taking this survey. Children in grades six, eighth, tenth and twelfth are solicited for this annual survey. Analyzing this data can be done over time as most of the variables have been tracked annually since 1995 and cross-tabulation can be done so that responses are tallied for each individual grade.

Most problem behaviors increase with age of the respondent. For example smoking cigarettes is more prevalent with high school seniors than with sixth graders. For purposes of this research project, cross-tabulation was not done but a more longitudinal analysis was conducted to see if patterns of all students have changed over a 14 year period. See Table 17 for comparison between counties.

It appears progress is being made as fewer children report trying to smoke as well as fewer are smoking on a regular basis. Children in the Flint Hills area are less likely to report that they have tried smoking cigarettes at least once or have smoked in the past 30 days when compared to other children in Kansas. This trend is the same when looking at children’s use of smokeless tobacco with the exception of Pottawatomie County. Those children have increased trying and using smokeless tobacco than the other two counties or other children in the State.

**Table 17: Kansas Communities That Care - 2009 Survey
Comparative Analysis of Participation Rates from 1995, 2005 & 2009**

Problem Behavior	Kansas (%)			Geary Co (%)			Pottawatomie Co (%)			Riley Co (%)		
	'95	'05	'10	'95	'05	'10	'95	'05	'10	'95	'06	'10
Smoked cigarettes (at least once – 1X)	44.1	31.6	23.8	37.9	29.3	21.7	44.8	29.6	20.9	42.7	27.0	20.6
Smoked cigarettes in past 30 days	18.1	12.9	9.8	12.7	9.8	8.0	19.8	11.2	9.1	19.7	10.0	9.8
Used smokeless tobacco (1X)	25.9	15.6	14.2	11.5	9.3	8.9	27.9	12.8	18.7	20.5	8.1	11.0
Used smokeless tobacco in past 30 days	9.5	6.6	6.4	3.2	3.8	3.2	12.1	3.3	7.9	8.3	3.3	5.2
Took methamphetamines (1X) ('95 data not available, used '97)	5.7	2.9	2.2	2.2	1.7	2.0	5.3	2.2	0.9	NA	2.7	2.1
Took methamphetamines in past 30 days ('95 data not available, used '97)	2.4	1.2	1.1	1.1	1.0	1.1	2.9	0.7	0.2	NA	1.2	1.1
Used marijuana (1X)	15.5	18.8	16.8	17.1	16.2	13.5	10.6	15.3	11.2	18.0	16.2	15.3
Used marijuana in past 30 days	8.0	8.6	8.5	9.7	7.2	6.5	5.1	6.8	5.4	8.9	8.0	8.4
Sniffed glue/gases (1X)	14.6	12.8	11.2	16.4	18.5	12.3	14.4	13.1	12.1	12.4	10.3	9.7

Table 17: Kansas Communities That Care – 2009 Survey (continued)

Problem Behavior	Kansas (%)			Geary Co (%)			Pottawatomie Co (%)			Riley Co (%)		
	'95	'05	'10	'95	'05	'10	'95	'05	'10	'95	'06	'10
Sniffed glue/gases to get high in past 30 days	6.2	4.8	4.3	7.9	8.5	4.5	5.7	5.2	5.1	4.8	3.6	3.9
Used crack/cocaine (1X)	3.1	4.1	3.3	3.7	3.2	2.4	2.0	1.8	2.0	2.2	3.1	3.1
Used crack/cocaine in past 30 days	1.2	1.7	1.5	1.2	1.3	0.9	1.0	0.7	0.4	0.8	1.6	1.9
Used LSD/ psychedelics (1X)	3.8	3.8	3.6	3.4	3.3	2.3	2.7	2.9	2.4	4.4	4.1	3.8
Used LSD/ psychedelics in past 30 days	1.5	1.7	1.7	2.1	1.7	1.2	1.2	1.5	0.6	1.6	1.8	2.4
Drink beer/wine /liquor (more than just a few sips)	64.2	52.5	45.2	60.3	46.8	38.4	68.4	62.6	47.9	67.5	47.1	42.5
Drink beer/wine /liquor in past 30 days	32.2	31.0	26.9	27.7	21.8	15.7	35.8	37.1	27.4	33.4	29.4	24.5
Was drunk/high at school (last 12 months)	10.1	10.5	8.6	9.8	10.2	8.5	9.8	10.8	4.8	10.2	9.9	8.9
Suspended from school (last 12 months)	8.7	10.3	8.4	18.1	18.1	14.6	10.2	6.0	5.0	6.9	6.9	6.8
Been arrested (last 12 months)	6.1	6.6	5.6	9.0	6.6	7.3	5.4	4.6	2.2	8.0	5.3	4.9
Sold illegal drugs (at least once/last 12 mo)	4.3	4.0	3.9	4.8	3.7	2.8	4.0	2.4	2.3	5.5	4.1	3.0
Attacked someone with the idea of seriously hurting them (at least once/last 12 months)	13.5	12.7	10.7	16.6	16.1	15.6	11.8	8.4	8.6	12.5	10.1	10.7

Children in the Flint Hills area are a little less likely, than children from other Kansas counties, to report having tried methamphetamines. Use of methamphetamines in the last 30 days has also declined in the last four years in Kansas and in the Flint Hills area. There are also fewer children reporting they have ever tried using methamphetamines once when compared to those taking this self-report survey in 1997. Greatest improvement in methamphetamines use has been in Pottawatomie County.

According to national statistics, more than 100 people die every day on America’s roads. In 2008, vehicular accidents were responsible for claiming the lives of 37,261 individuals. Most of the traffic fatalities can be attributed to excessive speed, alcohol-impairment or failure to wear

seat belts. Scripps Howard News Service conducted a study on the number of deaths on every road in America. Using data provided by the U.S. Department of Transportation, Scripps analyzed 562,712 fatal accidents from 1994 to 2008 that claimed 627,433 lives. During this time period, Geary County recorded 78, Pottawatomie County had 56 and Riley County had 79 fatal accidents. See Table 18 for specific breakout of the causes of the fatalities.⁴⁸

Table 18: Fatal Accidents from 1994 to 2008 by County – Scripps Howard Research

	Geary Co	Pottawatomie Co	Riley Co
Number of Fatal Accidents	78	56	79
Number of Deaths	86	61	83
Alcohol Involvement	29.5%	28.6%	31.6%
Failure to Use Seat Belts	64.0%	57.4%	67.5%

Drinking alcohol and acting irresponsibly led to nearly 300 young adults being arrested in Manhattan during March 1 through May 31, 2010. These arrests of people between 18 and 23 years of age had the common recurring themes of alcohol, anger and general irresponsibility.⁴⁹ Recently discussions have been going on in the community around the celebration of Fake Paddy’s Day, an annual holiday noted for its drinking and partying through the Manhattan area, although primarily centered in Aggieville. Emergency officials logged 462 calls for service during this single event which was the busiest 24 hours in recent history.⁵⁰ Approximately 133 criminal reports were filed, 37 arrests made and 89 notices to appear in court were written, primarily for alcohol.⁵¹

Crime and Safety Related Issues

Incidences of crime for 2009 fell almost eight percent compared to 2008 levels, according to Riley County Police Department (RCPD) figures. According to data submitted by the RCPD, violent crime in the county fell 9.7 percent and property crime fell 7.7 percent. The largest decreases came in robbery, down 26.7 percent from 2008, burglary, down 17.9 percent and aggravated assault, down 14.1 percent.⁵²

According to the *Manhattan Mercury* article on crime statistics, the police spokesman identified increases in two areas. There were four more rapes in 2009 when compared to 2008 and the number of murders increased from two in 2008 to five in 2009. MRHC Emergency Department’s Sexual Assault Response Team performed 59 exams in FY2009 and 88 exams in FY2010, representing a 49 percent increase in one fiscal year cycle.

In Manhattan, more than one-quarter of young adult age (18 – 23) arrests involved crimes of violence, typically disorderly conduct, obstruction of the legal process and battery. Another 25 percent involved alcohol as a major component including DUI’s, furnishing alcohol to minors and/or underage consumption.⁵³

Overcrowding in the Riley County Jail has led to new challenges for the Riley County Police Department in 2010. The financial challenge that is plaguing many state/counties departments is also hitting Riley County as a new jail pod has been built but there is no money to hire guards to open it until January 2011. As a result, the pods that are open are filled to capacity and busting at the seams. The jail is designed to handle approximately 125 inmates and many times the number is more likely to be into the 140s making a bad situation worse.⁵⁴ In 2000, the actual average daily population was 46 inmates in 2010 that number exceeded 100.⁵⁵

The new jail wing consists of three pods and 21 surveillance cameras with cells for four medical, four special-needs and 12 maximum-security inmates. Medical inmates are quarantined from the rest of the prison population to prevent the spread of illness. The special-needs inmates are those who pose a threat to themselves and others and must be under constant surveillance.⁵⁶

Health Care and Mental Health

Health care and mental health were topics researched and discussed by the Flint Hills Regional Growth Plan Committees. In their final document, a number of recommendations were made in 2008 that are still relevant and not yet fully realized at the time of this assessment.⁵⁷ Specific recommendations made by the FHRGPC included:

- Flint Hills should establish a Regional Health Care Council. This organization should consist of representatives from local hospitals, the military post, mental and behavioral health centers, private practitioners and county public health departments and its purposes should be to:
 - Collect and disseminate regional health care data (e.g. inventory of services, utilization data, benchmark data against other comparable localities);
 - Identify opportunities for regional collaboration in recruiting physicians, specialists, nurses and other health care workers to the Flint Hills region;
 - Establish a consistent and on-going discussion between Irwin Army Medical Center and the regional hospitals to ensure that adequate health care resources are available to military personnel and their families.
- In order to be successful, the Regional Health Care Council must meet regularly and involve key decision-makers from local provider groups.
- The local structure for providing mental and behavioral health services must be supported sufficiently to adapt to the substantial increases in patient volumes that are to be expected with a growing population.
- The scope of health care services provided by Irwin Army Medical Center and the community providers should be coordinated. The Regional Health Care Council could be used as the medium in which the coordination could occur.

Several people interviewed for this assessment again reiterated the need for such a group. One interviewee reviewed the need by sharing the history of the now defunct Community Health Council. She stated that the ideal behind the CHC was one of communication and collaboration but there wasn't a designated leader so when the grant ran out for the CHC, the momentum for the organization fell by the wayside. She thought there might be a lot of interest to reorganize this group, especially since state funds have been reduced to maximize the community's resources and if an organization would step-up and become the designated leader.

A recent study of the Robert Wood Johnson Foundation (RWJF), ranked Riley County as the second healthiest among the 99 Kansas counties that were assessed. That ranking was assigned based on an analysis created by RWJF using five indicators to measure "health outcomes" and four indicators to measure "health factors." Those five health outcome indicators were the rate of people dying before age 75, the percentage of people who reported being in fair or poor health, the number of days people reported being in poor physical health, the number of days people reported being in poor mental health and the rate of low birth-weight infants. The four health factors indicators were health behaviors, use of clinical care, socio-demographic and economic factors and the environment.

Riley County ranked eighth in consideration of "health factors." The county placed eighth in health behaviors, 51st in clinical care, second in social and economic factors, and 98th in physical environment. Pottawatomie County ranked eight but Geary County ranked 91st.⁵⁸

Mental health care in Kansas has taken a beating. In Manhattan, the story is no different. Pawnee Mental Health Clinic, who provides the bulk of mental health services for the area, once had a workforce of 350 employees but with the drastic reductions in funding from the state, the agency now has 270. Robin Cole, PMHC Director, told top local officials and the Riley County Commission that the staff reductions made at her agency will most likely shift the cost of mental health care to local law enforcement agencies and the court system.⁵⁹

PMHC's funding, in state grants, has gone from more than \$2 million in 2004 to nearly \$850 thousand in 2010, which is equal to 58 percent loss in annual funding.⁶⁰ PMHC has lost \$3.9 million in grants, \$3.1 million in MediKan eligibility and \$560,000 in its community medication fund. In addition, they expect to lose another \$19.9 million in funding through 2010. The agency has trimmed the budget to its bare bones and is now looking for creative ways to make up for lost funding and as a result has had to adjust its sliding fee scale so that patients are paying more for their services. Clients who may have qualified for free services may now have to pay a partial fee, albeit a reduced fee, but they will not be allowed to schedule additional sessions if their payment history is in arrears.

Therapy alternatives are also in the works based on clients needs. Where prior to the cuts, clients may have had one-on-one counseling sessions with a therapist, they may be encouraged to participate in group therapy sessions for extra sessions. Several interviewees were not pleased with this arrangement as many of the PMHC's clients are low-income, working poor or

may be homeless and paying for mental health services may not be realistic or possible. With a higher caseload for remaining therapists, keeping experienced counselors is becoming more challenging as they look for more suitable employment opportunities with better benefits and periodic merit raises. In this kind of situation, no one wins, including the community.

One piece of good news that PMHC received from The State of Kansas, Department of Social and Rehabilitation Services (SRS) was that their Projects for Assistance in Transition from Homelessness grant has been renewed for the next two years for \$37,708 a year. This award will fund one full-time outreach case manager for homeless individuals with mental illness served in Riley, Clay, Geary, Pottawatomie and Marshall Counties.

SRS also recently renewed the Interim Housing grant for \$20,513 to assist mentally ill person's transition from homelessness to independent living. This award will fund one two-bedroom apartment and one three-bedroom apartment for 2011. National research estimates that 40-50 percent of the homeless population may have a mental illness.⁶¹

Area Hospitals

Geary Community Hospital - Junction City, KS <http://www.gchks.org/>

GCH is a licensed 92-bed not-for-profit hospital, with more than 50 physicians on staff, which recently completed an 110,000 square foot expansion. The hospital offers an emergency department, a new intensive care unit, a medical/surgical unit, surgical center and a newly remodeled diagnostic imaging unit.

GCH's mission is to provide accessible, professional, cost-effective primary and secondary health care to Geary County and surrounding communities. Originally founded by Dr. W.A. Carr in 1913, GCH was formerly known as Junction City's City Hospital. Fifty years later, the hospital's ownership was transferred from the Carr family to Geary County; hence, the name change.

In 1997, GCH opened the Martha K. Hoover Women's Health Center. This center includes six labor-delivery-recovery-post partum rooms with educational facilities. Shortly after opening the women's center, the Fred C. Bramlage inpatient rehabilitation unit was constructed. This unit allows recovering patients that require rehabilitation to continue to make progress toward independent living while remaining in the hospital under less acute conditions.

GCH is also the home of the Senior Health Center, which is a geriatric psychiatric unit that treats seniors who suffer from mental disorders. This geriatric-psychiatric unit is the only one available in the 10 county area served by Pawnee Mental Health.

The GCH's Home Health department provides home care services that range from simple assistance in the activities of daily living to high-tech medical procedures. And the Home

Medical Equipment is a store that features medical equipment and supplies for the community and staff.

In July 2002, the hospital opened a family practice clinic in the nearby town of Chapman. The Chapman Clinic is a way to better serve Geary Community Hospital's rural patients. The clinic is managed by the Director of Geary Community Hospital's Practice Management, and care is provided by two physicians. Clinic hours are available on Tuesday and Friday afternoons and Thursday mornings.

In 2004, the Medical Arts II was completed. This building houses the hospital's administration, accounting, public relations, information management departments as well as Flint Hills Surgical Clinic, Innovative Weight Loss Solutions and Flint Hills Obstetrics/Gynecology Services.

The latest addition, the fourth floor Family Practice Clinics, was part of a larger \$34 million expansion and remodeling project which converted all patients' rooms to private and included a new surgery center, medical/surgical unit and a remodeled Rago radiology department.

The hospital is accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO.) It is a member of the American and Kansas Hospital Associations.

Irwin Army Community Hospital (IACH) – Fort Riley, KS

<http://iach.amedd.army.mil>

The Army has made a significant investment of \$1.4 billion in Fort Riley in terms of a construction of a new \$404 million hospital, expansion of some of its therapy programs, the opening of a new child care center, the opening of a new medical clinic, the construction of a new \$50 million Warrior Transition Battalion barracks, expansion of the Manhattan Regional Airport to better accommodate troop deployments and a more “comprehensive power projection platform” and the development of plans to build as many as 450 additional houses on post.⁶²

According to news reports, Fort Riley is expected to grow to more than 19,000 soldiers within five years. Its annual economic impact is estimated at more than \$1.8 billion. All three of the post's brigades are expected to return in 2012 and 2013. Placement of these troops will have a \$4 to \$7 million impact on the local communities.⁶³

On October 23, 2009, Fort Riley broke ground on the new IACH. At the groundbreaking ceremony, Commanding General Maj. Gen. Vincent K. Brooks stated that, “We’re going from the Army’s oldest functioning hospital to the Army’s newest hospital.” The current IACH was built in 1958 and is named after Brig. Gen. Bernard John Dowling Irwin, “The Fighting Doctor,” who won the Congressional Medal of Honor for his actions during an engagement with Chiricahua Indians in Arizona in 1861.⁶⁴

The new hospital will be a 550,000 square-foot facility and have 44 inpatient beds, 20 surgical beds, eight psychiatric beds, 13 labor and delivery beds and 3 postpartum beds for a total of 80 beds. It will also have four operating rooms, 21 emergency rooms with urgent care capability, CAT and MRI facilities, a refractive eye center and a traumatic brain injury center. The new hospital is scheduled to open sometime in late 2012 or early 2013.⁶⁵

The occupational therapy program at IACH has expanded to 10 employees. These employees help soldiers transition from being a patient with an injury or disability to return to their current job or change to a new one. If the soldier is transitioning out of the military than the occupational therapists help them to acquire new job skills and behaviors that will help them be successful and independent.

Soldiers, both current and retired, as well as their dependents, come to the occupational therapy clinic after gaining a referral from their primary care physician, orthopedic doctor or case manager. The clinic is open from 7:30 a.m. to 4:30 p.m. on Monday through Friday. The occupational therapy will most likely expand more once the new hospital is completed to meet the demand for services.⁶⁶

Fort Riley has opened a new child care center making it the sixth such facility at the Kansas Army post. It has space for 232 children from age 6 weeks to 5 years old. Given the projected rate of growth for this post, the army plans to open three additional child centers by October 1, 2010.⁶⁷

The new Warrior Transition Battalion barracks cost the Army approximately \$50 million. The facility, the first of its kind for the Army, is primarily to benefit soldiers needing at least six months rehabilitation from wounds or injuries. Shortly after the barracks opened, about 100 WTB members moved into the 101,000 square-foot building which can accommodate 156 patients.⁶⁸

Numerous attempts were made to interview a post leader for this research but no one responded. Hence, all information shared in this section of the report has been downloaded from the Army's website and/or published in the *Manhattan Mercury* over the last year.

Mercy Regional Health Center – Manhattan, KS

http://www.via-christi.org/body_mercy.cfm?id=76

Mercy Regional Health Center (MRHC) is an acute care facility licensed to operate 150 beds in two facilities. This private, not-for-profit organization was created in 1996 by combining The Saint Mary Hospital and Memorial Hospital. The Saint Mary Hospital was originally sponsored by the Sisters of St Joseph of Concordia. In 1996 when the Sister's of St Joseph and Sisters of the Sorrowful Mother formed Via Christi Health System, MRHC became a part of Via Christi Health.

The primary mission of MRHC is to promote community health by providing quality, compassionate healthcare services that embrace their values of quality, human dignity and community.

More than 140 physicians, approximately 200 volunteers and more than 1,000 employees serve the people of Manhattan and the surrounding areas with a wide range of quality health and wellness services on a daily basis. Services which are provided by MRHC include: emergency medicine, cancer services and outreach, the Heart Institute, critical care services, the Diabetes Center, inpatient rehabilitation, Flint Hills Kidney Services, laboratory services, the nutrition clinic, obstetrics through the Birth and Women's Center, occupational health, behavioral health outpatient services, orthopedics, Pain Management Center, pediatrics, pharmacy, radiology, rehabilitation, respiratory, Stroke Center, Mercy LIGHT – weight management program and the sleep lab.

Mercy Regional Health Center is accredited by the Healthcare Facilities Accreditation Program, which reviews medical facilities and is recognized nationally by the federal government, state governments, insurance carriers and managed care organizations. MRHC's efforts to provide the best patient care possible have led to several recognitions:

- **HealthGrades Awards** - In 2009, MRHC was ranked among the top 15 percent of hospitals nationwide for exemplary service to patients, according to a study released by [HealthGrades](#), the nation's leading independent healthcare ratings company. Other top HealthGrades accolades include:
 - Ranked #2 in Kansas for Joint Replacement
 - Ranked Among the Top 10% in the Nation for Joint Replacement — Four Years in a Row (2008-2011)
 - Ranked Among the Top 5 in Kansas for Joint Replacement (2009 – 2011)
 - Five-Star Rated for Joint Replacement — Four Years in a Row (2008 - 2011)
 - Five-Star Rated for Total Knee Replacement — Four Years in a Row (2008 - 2011)
 - Five-Star Rated for Total Hip Replacement (2009 – 2011)
- **100 Top Hospitals Award** - MRHC was named one of the 100 Top Hospitals: Performance Improvement Leaders of 2007. This honor placed Mercy Regional in the top 3.5 percent of hospitals studied throughout the United States. The annual study, released in August 2008 by news and information company [Thomson Reuters](#), identifies hospitals that demonstrated the fastest and most consistent rate of improvement over five consecutive years.
- **Outstanding HCAHPS Results.** In 2008, the [Hospital Consumer Assessment of Healthcare Providers and Systems \(HCAHPS\)](#) released the survey results of patients who

had overnight hospital stays. MRHC scored very well, with questions covering critical issues such as staff-patient communication, response time, pain control, and overall satisfaction. [See the results.](#)

- **Breast Imaging Center of Excellence Designation.** In 2007, the Women’s Imaging Center of MRHC was designated a Breast Imaging Center of Excellence by the [American College of Radiology](#), making it one of the only centers in the state with that designation. [Read more.](#)

In 2009, MRHC provided over \$6.5 million in charity care, unpaid cost of Medicaid and programs for the community’s benefit. These programs included community health education activities, community based clinical services for major events held in the area, health care support services, health professions educational opportunities, subsidized health services, financial and in-kind contributions and community building activities. Table 19 breaks out the community benefit contributions for both MRHC and WCH for 2009. Both MRHC and WCH track community benefit as outlined in the Catholic Health Association’s *Guide*.⁶⁹

MRHC and WCH both have policies for community benefit, financial assistance, billing and collection which support its concern for those most vulnerable and their commitment to treat all people with dignity and respect.

Table 19: Community Benefit Contributions to Manhattan and Wamego in 2009 as Reported by MRHC and WCH

Activity Category	Consolidated	Mercy Regional Health Center	Wamego City Hospital
Charity Care	\$3,934,464	\$3,861,159	\$73,305
Unpaid Cost of Medicaid	\$2,364,235	\$2,127,079	\$237,156
Other Programs for the Community	\$625,526	\$569,431	\$366,556
Total	\$6,924,225	\$6,557,669	\$366,556

Wamego City Hospital (WCH) – Wamego, KS
<http://www.via-christi.org/body2.cfm?id=2704>

Serving the community since 1915, WCH is a 25-bed, critical access hospital. Access to quality healthcare is essential, and WCH provides that care for Pottawatomie and surrounding counties. With highly qualified physicians, on-call, WCH Emergency Department provides care 24/7. Housing its own laboratory, radiology, physical/occupational therapy departments along with CT and MRI services, WCH offers a full range of services. In the fall of 2008, the ribbon was

cut on their newly renovated patient rooms, dining room, kitchen and state-of-the-art CT scanner. In partnership with the City of Wamego and Mercy Regional Health Center, WCH is a member of the Via Christi Health ministries.

Health Coverage Overview

According to the latest Kansas Health Institute's (KHI) report *Annual Insurance Update 2010: Health Insurance in Kansas*, nearly 88 percent of Kansans are insured. Of those insured, approximately 72 percent have private insurance which is a decrease of four percent from the previous study conducted in 2005-2006.⁷⁰ The 12 percent who are uninsured is less than what was reported for the neighboring states of Missouri, Nebraska, Colorado and Oklahoma.

Of the Kansas adults that are uninsured, 60 percent work full-time. The percentage of Kansas children under the age of 18 without health insurance has increased by 1.8 percent to 9.6 percent. This increase is not a good sign for Kansas kids as this represents a trend that is going against what is happening in the other United States during the same period.

The percent of nonelderly population (under age 65) who were uninsured in Kansas counties in 2006 (latest year available by county) includes 15.7 percent in Geary, 12.9 percent in Pottawatomie and 22.8 percent in Riley Counties. That number has surely increased given the layoffs which have occurred as a result of the economic recession. The people most likely to be uninsured are young adults between the ages of 18 and 39.

Commercial Insurance

Sources vary on the exact market penetration of the insurance products in the Manhattan area. However, regardless of the source, it appears that Blue Cross Blue Shield of Kansas (BCBS) covers the lion's share of the market. BCBS maintains health care coverage in 103 of the 105 Kansas counties.

Kansas Small Group Business (2 – 50 employees) Health Insurance

In 2008, for the State of Kansas, the average monthly premium for an individual health plan in a small group was \$318, while the average monthly premium for a family of four was \$739. (Note: national average for an individual was \$346; \$913 for family.⁷¹)

Kansas allows medical underwriting to vary by 25 percent above or below the indexed rate. The indexed rate is based on the health status of the group being underwritten. For preexisting condition requirements, the carrier may look back six months at a patient's medical history and impose a three month exclusionary period for those not having prior medical coverage.

It is unclear at this point in time how the new health care reform legislation will impact small businesses and insurance coverage for their employees. There are several small businesses that

are hiring consultants to research this very issue. Their question concerns the tax credit versus the compliance penalty for not offering employees health care insurance. Some smaller businesses have suggested that the new law may cause them to rethink how much health insurance they may provide as they learn about all of the complicated details.

Kansas COBRA Individual Health Coverage

Companies with 20 or more employees offering health insurance are currently required to offer employees and their dependents continuation of group health coverage that otherwise might be terminated due to job loss, reduction in hours worked, divorce, or death. The federal economic stimulus plan also provides assistance with COBRA payments for laid-off workers.

Kansas Health Insurance Association (KHIA)

Individuals can either be medically or federally eligible for this current high risk pool coverage. Medical eligibility is limited to individuals who meet certain criteria (e.g. Must be a Kansas resident for at least six months and must also fall into one of the following health coverage categories):

- Denied health coverage by at least two carriers,
- Allowed health coverage with exclusions,
- Allowed coverage only at a rate higher than the Pool, or
- Lost health coverage due to something other than failure to pay premiums.

Additionally, individuals must not be eligible for other insurance, including Medicare or Medicaid. To be federally eligible, the person must have had at least 18 months of credible coverage or more with a group plan, be ineligible for Medicare or Medicaid, not be covered by any other insurance, not have lost their last coverage due to failure to pay premiums or fraud and must have exhausted COBRA options. Premiums are set at no more than 150% of commercial premiums.

Medicaid in Kansas

Medicaid is a state/federal program which pays for medical and long-term care services for low-income adults, pregnant women, children, certain people on Medicare, disabled individuals and nursing home residents. In order to be covered, these individuals must meet certain income guidelines. Kansas has lower income thresholds for eligibility than other surrounding states.⁷² Income requirements based on the Federal Poverty Level (FPL) in Kansas are:

- Children – Ages 1 to 5: 133% of the FPL
Ages 6 – 19: 100% of the FPL
- Pregnant Women and Infants
Pregnant Women: 150% of the FPL

- Infants (Ages 0 – 1): 150% of the FPL
- Parents – Non-Working: 31% of the FPL
Working: 38% of the FPL
- Other Populations
 - Medically Needed Individual: 66% of the FPL
 - Medically Needy Couple: 59% of the FPL
 - Supplemental Security Income Recipients: 74% of the FPL

It is estimated that in 2008, Medicaid covered more than 250,000 Kansans at a cost of over \$2.4 billion.⁷³ The aged and disabled make up about a quarter of the Kansas Medicaid population, but the cost for their services account for about 70% of Medicaid expenditures. This population also includes persons who have dual eligibility for both Medicaid and Medicare.⁷⁴

Table 20 shows the enrollment trend in Medicaid for Geary, Pottawatomie and Riley Counties for the last five fiscal years. In FY09, the numbers were slightly higher than FY08 for Geary and Riley Counties. It is interesting to note that while Geary and Pottawatomie Counties had their highest enrollments in FY06; Riley County peaked in FY2009 during the economic recession.

Table 20: Number of Medicaid Enrollees by County⁷⁵

County	FY05	FY06	FY07	FY08	FY09
Geary	3,121	3,149	2,904	2,753	2,866
Pottawatomie	1,282	1,362	1,349	1,236	1,234
Riley	2,813	2,921	2,819	2,845	3,008

State Children’s Health Insurance Program (SCHIP) – HealthWave

Kansas offers HealthWave 21 for children under the age of 19 in households with an income of up to 200% of the Federal Poverty Level (FPL) who are residents of Kansas.⁷⁶ SCHIP enrollment has grown by 13.1 percent over the last five years for Geary County; 5.3 percent for Pottawatomie County and 8.7 percent for Riley County. Table 21 shows the number of enrollees by fiscal year.

Table 21: Number of SCHIP Enrollees by County⁷⁷

County	FY05	FY06	FY07	FY08	FY09
Geary	550	562	585	597	622
Pottawatomie	530	589	558	538	558
Riley	599	623	622	638	651

MediKan

This is a program for people who have applied and are in the process of qualifying for Social Security disability benefits. Those who qualify also receive General Assistance cash payments. MediKan provides coverage for limited medical services and is generally considered interim coverage. MediKan is funded by the State General Fund (SGF) dollars with no federal matching funds. The eligibility period for this program was reduced from 24 months to 18 months effective July 1, 2009 to accommodate the State's declining resources.

So, who are the uninsured in Kansas? According to the Kansas Health Institute, in 2007-2008, 12.4 percent of Kansans were uninsured, which was not statistically different from either the 12.5 percent who were uninsured in 2006-2007 or the 11.3 percent in 2005-2006 but greater than the 10.5 percent who were uninsured in 2004-2005.⁷⁸ These statistics, which are disturbing, are still lower than the 15.3 percent which represents the national uninsured population. For specifics on uninsured Kansans, see Table 22.

Table 22: Percent of Uninsured Kansans by Age – Kansas Health Institute Research⁷⁹

Uninsured Category	2007-2008	2008-2009
Children < 19 Years	17%	21%
Young Adults 19 – 34 Years	41%	40%
Other Adults 35 – 64 Years	40%	38%
Seniors 65> Years	1%	1%

Infrastructure – Leadership Coalition

Manhattan had a community coalition, Community Health Council that focused on health care issues dating back to 1992. The coalition obtained its first grant in 1997 which allowed the hiring of its first director. In 2004, the coalition's grant money ran out and the director's position was eliminated, resulting in the group voting to disband in 2008. Interviewees mentioned the need for this group to be reorganized but felt that it would not succeed unless an organization volunteered to be the leader from the onset.

The interviewees thought MRHC would be in the best position to call a meeting together of providers, Riley County Health Department, Pawnee Mental Health Services, insurance carriers, social service agencies, law enforcement representatives, local physicians and others who frequently work with the uninsured. They felt that MRHC was in the best position to champion the plight of the uninsured, as well as having the necessary resources to staff and lead this group.

Several issues came up during the interviewing process which could be agenda items for such a newly reorganized coalition (e.g. expansion of free clinic hours or the possibility of establishing another clinic interested in becoming a Federally Qualified Health Clinic in Riley County; better coordination between various health care providers; dental and eye care; etc).

Section Summary

The Manhattan area has several key groups, identified by interviewees, as community leaders when it comes to health care access. Specifically, Flint Hills Community Clinic, and MRHC were identified as the top two primary leaders in the Manhattan area and Community Health Ministries and Wamego City Hospital in Wamego. Other organizations mentioned included: Riley County Health Department, Pawnee Mental Health Services, KSU's LaFene Health Center, United Way and KONZA Dental.

RECOMMENDATION: Review current coalitions to see if it would be feasible to start a new group that would focus only on health access issues or find an existing coalition where attention to this priority could improve the health status of the community's poor and vulnerable. Ensure that representatives addressing the body, the spirit and the mind are all invited to participate in a new uninsured focused health group.

Infrastructure – Information Systems

According to most interviewees, there are currently no shared medical records coalitions within the Manhattan area. There are pockets of interest in establishing medical records within agencies (e.g. KONZA Prairie Community Health Center and between KSU's LaFene Health Center and Student Counseling Center) but to date there are no groups whose medical records tie together. However, it should be noted that there are several groups that get together to share relevant data for joint grant writing endeavors.

RECOMMENDATION: Address the need for shared electronic medical record data within MRHC and others in the community who might benefit from using shared health care information. The State of Kansas does have a group of health care workers discussing this topic and it appears that stimulus money may be made available to pursue this effort. Local providers may want to stay informed of this state-led effort so that when the time is right, Geary, Pottawatomie and Riley Counties will be ready to jump on the bandwagon should this be seen as a community priority.

Infrastructure – Catalyst Funding

In February 2010, the State of Kansas was informed that it will receive over \$24 million in financial relief to assist with the costs of prescription drugs for residents eligible for both Medicare and Medicaid. This award comes as part of the American Recovery and Reinvestment Act of 2009. The State will not realize any additional monies for prescription drugs but the

savings, which are retroactive to October 2008, will be deducted from what states would have owed back in so-called “Clawback payments.” That is a payment that states pay the federal government as required by the Medicare Prescription Drug Improvement and Modernization Act of 2003. Prior to this new stimulus money, Kansas would have owed \$113.5 million in clawback payments, but under the new formula, that amount is reduced to \$89.2 million.⁸⁰

RECOMMENDATION: More funding sources are looking to fund community partnerships in addressing health care needs. While some groups may be better at writing and receiving start-up funds, long-term it might be better for the community to work in collaboration to ensure new monies will produce programs that are sustainable when the grant money is no longer available. Chasing grants for the sake of replacing lost funding is a band-aid approach that is short-lived and not ideal for community strategic planning objectives.

Providers

The Health Care and Mental Health Section Summary of the *Flint Hills Regional Growth Plan* authored in 2008 states: “Regional population growth of 32 percent over the next five to six years will strain the current health care infrastructure if communities do not add resources to address increased volumes. The current shortfall in physicians will become more acute, inpatient beds at one to two facilities will approach capacity and current wait times of one to two weeks for mental health care will lengthen.”⁸¹

According to *Dartmouth Atlas*, the Manhattan market has the physician profile noted in Table 23 below. For comparison purposes, included in this table is information on other VCH markets in addition to the national average.

A ratio greater or equal to 3,000:1 indicates serious provider shortages and between 2,000:1 and 2,999:1 indicates moderate provider shortages and is often associated with increased emergency department use for primary care and decreases in the number of physicians accepting new Medicaid and/or Medicare patients.⁸²

According to the data above, the Manhattan market shows some major shortages, when compared to national averages, especially for total physicians, internists, obstetrician/gynecologists, pediatricians, specialists and psychiatrists. With a growing population base, that is young due in part to students at KSU and the military at Fort Riley, the shortage of OB/GYNs and pediatricians is a concern.

Recent research accessed from 3d Health Physician Resource, a Chicago-based consulting firm specializing in outpatient medical center strategies and development, indicates that the Manhattan area has a need to recruit physicians in the specialty areas of cardiology-medical, endocrinology, rheumatology, internal medicine, gastroenterology, cardiology-electrophysiology, cardiology-interventional, allergy and immunology, neurology, otolaryngology, general and family medicine and psychiatry.

The 3d research uses the Physician Resource Model that is a population based actuarial used to project physician surplus or deficit of physicians. The PRM is based on service area definitions, age and gender specific demographics, physician demand by specialty, full-time equivalents supply of physicians by specialty, projected physician retirements and annual physician office capacity benchmarks.

Table 23: Physicians’ Ratios per 100,000 Residents (2006)

Type of Physician	National Average	Manhattan KS	Pittsburg KS	Salina KS	Wichita KS
Total Physicians	201.98	147.9	176.26	142.83	147.48
Family Practice	28.66	30.0	38.91	40.57	38.24
Internal Medicine	28.41	17.8	24.01	8.33	15.05
Total Primary Care Physicians	71.93	57.7	70.57	54.60	60.80
Obstetrician/Gynecologists	55.86	27.0	58.64	31.75	24.22
Pediatricians	14.86	9.3	7.28	5.94	7.87
Total Specialists	127.5	88.1	102.65	85.99	83.73
Psychiatrists	11.42	6.8	4.54	5.60	5.17

Several interviewees suggested that accessing specialists, internists, OB/GYNs, pediatricians and psychiatrists, is extremely difficult in Manhattan. Accessing dental care and ophthalmology services was also brought up as a challenge in the Manhattan area, especially for older people who don’t see well enough to drive to other neighboring cities. With the passage of health care reform, many interviewees are concerned that the shortages may become more severe as more people will want to access the limited resources already available.

Not only are physicians in short-supply but so are other medical personnel, for example two organizations had openings and funds for ARNPs but both were experiencing issues in filling the positions due to a shortage of these advanced nurse practitioners.

While kudos were widely given for the Flint Hills Community Clinic in Manhattan and the Community Health Ministries in Wamego for their great service, interviewees stated that neither clinic is able to keep up with the demand. Some suggested additional clinics in the area, some suggested longer hours of operation and others suggested the need for a walk-in clinic that would have 24/7 availability and be somewhat near the hospital to cut down on transportation issues.

It should be noted that there are other clinics available but one is restricted for students enrolled at KSU and the other is a for-profit clinic that requires a fee of \$80 up-front to access medical services. As a result, these clinics, while recognized as good resources for those who qualify or can afford the fee, are not reasonable alternatives for low-income or uninsured people. So, if medical attention is desirable, often times these folks access health care by going to the emergency departments at MRHC, WCH or other nearby hospitals.

RECOMMENDATION: MRHC may want to lead a community discussion about the possibility of recruiting a clinic that is interested in establishing itself as a Federally Qualified Health Clinic (FQHC) as money has been promised with the passage of national legislation to accommodate the influx of patients expected due to health care reform. Some FQHC's are also good at finding resources available for prescription assistance which was identified by several interviewees as being needed. One interviewee suggested that having a second clinic in closer proximity to MRHC may assist with limiting unnecessary trips to the emergency department.

MRHC may also be in the best position to work with Fort Riley's new Irwin Hospital to recruit new specialists to relocate in the Manhattan area. With Manhattan being recognized nationally as a good place to live and retire, and with the cost of living being less when compared to many coastal regions, Manhattan may be a prime area for those who are looking for a change in lifestyle with a promise of long-term provider relationships.

Safety Net Providers

Community Health Ministries (CHM) - Wamego, KS
www.wamegocommunityhealthministry.org

CHM is located in a small building, donated by the Presbyterian Church, in Wamego, Kansas but serves the people of Pottawatomie and Wabaunsee Counties as well as area churches. CHM provides a medical and dental clinic, prescription medical assistance and family counseling on an appointment basis. CHM also provides in-home care and operates a satellite clinic in St. George. The ministry also collects and distributes nonperishable food items through their food pantry and provides transportation for county residents for appointments through their volunteer mission mobile program. Interviewees identified CHM as making a huge contribution to the health and wellness of Wamego residents as this ministry is perceived to be a major collaborator in the area. Several interviewees suggested that the ministry's ability to reach out and provide help to so many people in need is both its strength and weakness.

The strength of this ministry is obvious but some suggests that they worry about the ministry's long-term plans should the current staff become burned out from the daily grind of trying to be all things to all people. For example, the webpage states that they serve the people of Pottawatomie and Wabaunsee Counties but during an interview, it was reported that in the past year, clients have come from 13 counties, 35 communities and two foreign countries.

In 2009, CHM helped 5,000 people and it expects a 34 percent increase in requests in 2010. See Table 24 for a breakout of the assistance given out in the Wamego area for 2009.

Funding comes from the State, churches, grants, private individuals and fundraisers. CHM operates a medical clinic with seven full-time paid staff members and 23 volunteers including the five doctors and dentists.⁸³

While bigger is not necessarily better, significant concern has been raised regarding the long-term demand and financial sustainability of the local low-income clinics. Some are strongly suggesting the need for program expansion especially if state and/or federal dollars become available to “grow” this type of service in the Wamego and Manhattan areas. One cannot help but get excited when interviewing CHM’s staff as they are certainly passionate about what they do and how hard they work to coordinate available resources. But one interviewee asked the question could this ministry’s good intention and passionate concern for people be limiting the possibilities of other resources coming in and offering additional resources to the area?

One thing for sure, CHM is carrying out its mission to care for the mind, body and spirit of their clients. No one interviewed doubted this ministry’s ability in making a difference for the families it serves. One of the great partnerships mentioned during an interview was CHM’s relationship with Wamego City Hospital which provides some lab, x-ray and other services for this ministry.

Farrelly Health Clinic (FHC) – Fort Riley, KS

http://www.1divpost.com/newsdetail.asp?article_id=4262

On June 10, 2010, Fort Riley hosted a ribbon-cutting ceremony at the new Farrelly Health Clinic. The clinic cost the Army \$26 million and is a 52,000 square foot facility. FHC will provide outpatient health care to soldiers and their families assigned to the 1st Heavy Brigade Combat Team, 4th Infantry Brigade Combat Team, 1st Engineer Battalion, 1st Infantry Division Headquarters and Headquarters Battalion.

This new clinic introduces a patient-center medical home model to Fort Riley by treating their military personnel, along with their family members, under one roof. When all of the medical home teams are located in the same facility, the military personnel, along with their families, will be assigned to a specific medical home team and clinic. This will help build a better relationship between the soldiers’ and their health care provider team. Under the patient-centered medical home model, this team includes a primary care physician, nurse practitioner, pediatrician and physician’s assistant assigned to a particular brigade.

Services which are available in the new clinic include radiology, physical therapy, occupational therapy, behavioral health, optometry, pharmacy and laboratory, in addition to primary health care. Chiropractic health care will be accessible but only to active-duty service members. Hours of operation are 7 a.m. to 6 p.m. Monday through Friday.

Table 24: Services Provided by Community Health Ministries in 2009⁸⁴

Assistance	Target Population	Numbers Served
Food		419
Commodities		513
Families Served		932
Food Vouchers		22
Dental – Hygienists	<1 - 3 years	65
	4 – 17	161
	Pregnant women	25
	Adults	64
	Nursing home patients	63
Dental – Dentists	Children	55
	Adults	248
Total Dental Visits	All Ages	681
Nurse Visits		671
Foot Clinic		175
Home Visits		267
Prescription Assistance Program		27
Prescription Purchases		54
Doctor Appointments		221
Counseling Appointments		140
Total Medical Visits		1,555

Flint Hills Community Clinic (FHCC) www.fccmanhattan.org

The Flint Hills Community Clinic is a Volunteer’s in Medicine (VIM) medical clinic established in July 2005 to provide free routine, non-emergency, medical services to uninsured persons in the Manhattan area. Volunteer physicians, pharmacists, nurses, technicians, social workers, dieticians and others provide services at the FHCC.

The mission of FHCC is to understand and serve the health and wellness needs of the medically underserved in the Manhattan area by providing quality, compassionate and personalized care. The goal of the FHCC is to offer medical services at no charge to patients to aid in their recovery and return to the workforce.

Services offered by FHCC include care for acute illnesses, minor injuries, treatment for chronic diseases, preventive services and patient education and referrals for specialized services. The clinic is opened three nights a week for a total of 5.5 hours a week for scheduled appointments.

Patients eligible to be seen at the FHCC include those who are uninsured, live in the city of Manhattan or Riley County and whose household income is at or below 200 percent of the FPL guideline. There is no charge for basic clinic services but donations are welcomed.

It has been estimated that approximately 8,000 individuals living in Riley County are financially eligible to be seen at FHCC. These folks, who represent the working poor, are grateful that the FHCC is available but find that getting an appointment is not easy given the demand and the few hours each week that the clinic is open. FHCC sees approximately 1,600 – 1,700 clients a year and on average schedule about 145 appointments a month.

Illegal aliens, nor international student families, are eligible for services provided by many organizations for Medicaid or Healthwave. Over 18 percent of FHCC's appointments are now taken up by foreign students' families and they expect that number will continue to increase as more foreign students are recruited by KSU. Unfortunately, none of Lafene Health Center physicians currently volunteer to serve at FHCC although one does volunteer periodically at CHM in Wamego.

Like CHM, FHCC is well known throughout the area of providing great services, if you are lucky enough to be able to get an appointment but several interviewees stated that the needs are so great that the few hours the clinic is opened each week is barely scratching the surface. At the time of this research, FHCC's waiting list was over two weeks.

Part of the issue is availability of staff as well. FHCC, at the time of this research study, had an advanced nurse practitioner position open but was having problems recruiting one. Riley County's Health Department also experienced the same issue with their ARNP position. This area is also short of primary care practitioners so trying to recruit volunteers to spend their time at a free clinic when they are booked already is extremely difficult if not impossible. Other services which are in high demand but which are very limited include OB/GYN and dental services.

FHCC was started by several local ministers, doctors and MRHC wanting to establish a free clinic. MRHC's focus was to limit unnecessary emergency department visits. It took a few years to get organized but MRHC continues to provide a portion of salary and benefits for two staff positions; they also donate the majority of laboratory and radiology tests, therapies and educational opportunities for chronic diseases among other services.

Pharmaceutical samples received by FHCC's volunteer doctors are made available to FHCC's clients. In addition, clients are assisted by FHCC in enrolling in patient assistance programs for

whatever assistance they may be eligible for and which is coordinated by two very dedicated volunteers.

Kansas State University's Student Health Center – Lafene Health Center (LHC)
<http://www.k-state.edu/lafene/>

Health services for students have been provided at KSU since 1913. According to KSU's website, the Lafene Health Center employs over 70 staff including six full-time physicians and support staff. On average, over 300 students access the student clinic each weekday during the fall and spring semesters. Last year, there were 70,000 visits to LHC and 65 percent of the student body had visited the health center at least once.

LHC is accredited as an outpatient healthcare facility by the Accreditation Association for Ambulatory Health Care. The clinic is funded entirely by KSU students through a mandatory, per student, per credit hour support fee included in the student's tuition and through fee for service charges for ancillary services. The general medical clinic is open Monday through Friday, 8:30 a.m. to 6:30 p.m. and on Saturdays from 10:00 a.m. to 1:30 p.m.⁸⁵ LHC offers audio/visual testing, labs, general outpatient care, health promotion activities, nutrition counseling, prescription services, physical therapy, radiology, sports medicine, triage services and a women's wellness clinic.

Several interviewees brought up the success that KSU is having with recruiting international students. In the last year, the foreign student population has increased by 20 percent. In 1997, when active recruitment efforts began, KSU had 870 international students. Last fall, KSU recorded 1,717 international students from 102 countries.⁸⁶

While this recruitment process has been successful, foreign students are adding to the number of uninsured living in the community needing assistance. Students are required to have health insurance for themselves but not for their spouses and/or family members who may live with them. As a result, area free clinics have seen an increase in this population requesting discounted and/or free services.

RECOMMENDATION: MRHC, as a sponsor of FHCC, may want to start a discussion with KSU regarding health care coverage for international students. While all Kansas State Regent Schools operate the same way when it comes to international students, there are other state universities which have more stringent policies when it comes to required health insurance for families of international students. For example, Baylor University requires all international students and accompanying dependents to have \$200,000 in medical insurance coverage. Oklahoma State University's website state that all J-1 visa holders must carry health insurance for themselves and dependents for the full duration of their program as an approved exchange visitor. If they fail to do so, the visitor and all dependents will have to depart the USA before completing the program and the sponsor would need to report their program termination and program violation.

Of the 12 universities researched for this project, Baylor and OSU were the most stringent in their international students' insurance requirements regarding dependents. Having said that, it may be beneficial to have KSU research other universities to see how they are addressing the needs of international student dependents so that they may ensure health care access is available for this target population without adding undue pressure on limited community resources.

KONZA Prairie Community Health & Dental Center (KONZA) - Junction City, KS
www.konzaprairiechc.com

KONZA Prairie Community Health Center saw its first patient on June 1, 1995 and as a Federal Qualified Health Center (FQHC), its primary objective is to provide for the unmet health care needs of people living in Junction City/Geary County area.

KONZA has all of their patients' information on a web-based electronic medical record so that they are easily accessible for any of their practitioners. Currently, KONZA's patients are 50 percent uninsured. In 2009, they had 9,800 patients served through over 17,000 visits. Their patient load is heavily dependent on Medicaid.

KONZA turns no patient away. They see on average 11 new patients each week and they have no geographic limitations for providing medical services. It is not unusual for them to see people living in and around the Manhattan area.

KONZA has expanded into the Manhattan market with their Riley County Health Department partnership. They operate a dental clinic out of the RCHD building. The dental clinic sees 10 – 12 patients a day. In 2009, the dental clinic saw around 3,000 patients with over 7,000 encounters. At the time of this research project, the dental demand in Manhattan was so great that the waiting period was averaging around four weeks for an appointment.

The waiting period for dental appointments in Junction City was so long that KONZA decided to expand their dental program. They are by far, the largest dental care provider in the area for the uninsured and low-income population. Their main facility, located in Junction City, Kansas, is state of the art. Located in a former retail shopping center, KONZA has renovated their medical and dental clinics into up-to-date exam and treatment rooms with lots of close parking for patients.

With the passage of the new health reform legislation, KONZA may be interested in expanding into new communities assuming the federal government is willing to assist financially with the growth.

Services that are provided by KONZA in Junction City includes comprehensive primary health care, immunizations, sports physicals, well woman exams, mental health, medication assistance program, pre-employment drug testing and physicals, prescription program, comprehensive

dental care, general dentistry and limited oral surgery, bridges, crowns, fillings, partials and full dentures, root canals and extractions, dental hygiene and teeth whitening plus more.

KONZA provides these services through their staff which includes a physician, multiple dentists, hygienists, physician assistant, an advanced registered nurse practitioner, a clinical psychologist and a case manager. KONZA is open daily Monday through Friday with hours varying between 8:00 a.m. to 6:00 p.m. on Mondays, 9:00 a.m. to 5:30 p.m. on Tuesday, 8:00 a.m. to 5:30 p.m. on Wednesday and Thursday and 8:00 a.m. to noon on Fridays. Because of the hours they are open, there are always same day appointments available for people in need.

Because KONZA receives some federal financial support as a FQHC, they offer a sliding fee scale to those who qualify. This sliding fee scale makes health and dental care more affordable to people with or without insurance.

One issue that was shared while visiting KONZA is the lack of public transportation in Junction City as well as Manhattan. It is difficult for people to get around if they have no vehicle or if the vehicle they own is not reliable. However, regional dispatching is expected to begin soon for Riley, Geary and Pottawatomie Counties with a fixed route service shuttle with two buses which will serve Manhattan, Junction City and Irwin Army Hospital and commissary at Fort Riley.⁸⁷

RECOMMENDATION: MRHC may want to hold discussions with area health care clinics to measure their interests in expanding services to meet the growing demands for needed services.

Mental Health – Outpatient & Inpatient

Early in January 2010, Kansas Governor Mark Parkinson issued an executive order which will result in a realignment and closure of the Kansas Neurological Institute in Topeka. KNI is being phased out of business due to the State's budget problems. It is the intent of the Governor to institute guidelines that are more stringent prior to admitting patients into an institution that patients be treated in their respective communities. Cost seems to be the driving force behind this decision as the annual cost of caring for a patient at KNI is approximately \$149,000. This is compared to about \$41,000 when care is received within the community setting.

It should be noted that MRHC operated an inpatient behavioral health unit until April 13, 2008. The decision to close the unit was not an easy one nor was it popular but the average year-to-date census for the inpatient unit was only 3.7 patients and the hospital's coverage loss for each admitted patient had been, on average, nearly \$1,200.

MRHC did hire two full-time psychiatrists to expand its outpatient behavioral health program in response to the continued trend towards community-based care and reducing reliance on institutional care. Unfortunately, there is not many in-patient mental health beds left in

Kansas. Many facilities have closed due to the preference of offering community-based services, lack of funding and/or low rates of reimbursement.

Several interviewees raised the issue of no local in-patient beds available for mental health patients. With depression, stress and high anxiety levels at an all-time high, people seeking help may have to wait up to three weeks for mental health services unless they are deemed dangerous to themselves or others. As a result, many of these patients are ending up in MRHC's emergency department because family members don't know how to help and/or law enforcement officers don't have alternatives besides jail, especially late at night.

Catholic Charities of Manhattan www.manhattancatholiccharities.org

Catholic Charities of Manhattan is a not-for-profit organization which provides individual, marital, pregnancy and adoption counseling for residents living in Riley, Geary, Clay and Washington Counties. Program fees are based on a sliding fee scale and appointments must be scheduled in advance. The office is open from 8:00 a.m. to 5:00 p.m. Monday through Friday. Funding is provided through government, donations, United Way and insurance carriers.

Individual counseling and therapy services are available to assist children, adolescents, adults, family and military families. Their Marriage for Keeps program is designed to serve all married couples in an effort to strengthen and create positive outcomes for couples and families. The agency offers free marriage enrichment education classes that are about learning and fun, not counseling or therapy. People of all faith or non-faith traditions are welcome to come and participate.

KSU's Family Center www.he.k-state.edu/familycenter

KSU's Family Center provides individual, couple, family and group therapy for people living in the Manhattan area. Marriage and family therapy faculty, doctoral and master's students staff the center. Students perform therapy services under the direct supervision of the Marriage and Family Therapy Department's faculty and/or other approved supervisors to fulfill the academic and licensing requirements for the program.

Specific therapy services which are offered by KSU's Family Center include relationship counseling, family therapy, play therapy, child and adolescent therapy, divorce and separation adjustment, counseling for single-parent families, counseling for blended families, therapy for those dealing with grief and loss, trauma therapy, individual therapy for those dealing with life transitions (e.g. chronic illness, anxiety and depression), parent education programming and parent counseling and mediation.

Through contracts with the state and/or other organizations, KSU's Family Center provides training and workshops for foster parents in partnership with Kansas Children's Service League. They also provide home-based family therapy training for clinicians through a contract with

Kansas SRS, the Kansas Community Mental Health Centers and Kansas Health Solutions and the Center also works collaboratively with the Geary County School System's Smart Start Program providing family play therapy, parent education and staff education and consultation.

All therapy sessions are conducted through scheduled appointments. Appointments are available from 8:00 a.m. to 9:00 p.m. Monday through Thursday and from 8:00 a.m. to 5:00 p.m. on Friday. An intake fee of \$15 is accessed for the initial visit but further sessions are based on a sliding fee.

Two unique on-line programs available primarily to KSU students but which can be seen and used by anyone on the internet is AlcoholEdu at K-State. (www.k-state.edu/alcholedu/) Any newly enrolled, degree-seeking student on the K-State Manhattan or Salina campuses, who are under the age of 22, must complete the web-based AlcoholEdu for College program. This on-line non-credit course teaches the facts about alcohol and its effects on the mind and body so that students can make well-informed decisions to keep them and their friends safe.

The program includes five modules of alcohol-related content featuring videos, blogs, Instant Messaging (IM) chats, comics and more. It has helpful tools such as a blood-alcohol content calculator and map of U.S. laws regarding intoxication levels. The program runs about two hours and fifteen minutes and has three surveys to measure for content learning. Over 70,000 students who completed this module training in 2005 and 70 percent of them said they would recommend the program to other students. In addition, an independent study of the program showed that students who took the program had 50 percent fewer negative personal, health, and academic consequences than those who did not take it.

The other unique interactive website created by KSU students is called University Life Café (www.universitylifecafe.org). It has gained national recognition as it combines a social networking site and resources of the college counseling center. The American College Personnel Association has named the KSU's program one of the top 10 innovations in college counseling for the 2009-2010 academic year. The website was selected from counseling centers from across the country.⁸⁸

Since its launch in January 2009, the program has promoted the mental wellness of college students at KSU. The site is designed to be interactive for students, their families and the KSU community by hooking them up to resources needed to manage the psychological demands of college life and to promote academic success. Hosted articles focuses on how to stay mentally healthy and range from how to deal with thoughts of suicide, to studying tips, to job search tips or how to get a restful night sleep. It allows individuals to understand their strengths and weaknesses through helpful self-assessments and is a fun place to go to see upcoming events and/or join current discussions.

Mercy Regional Behavioral Health Services (MRBHS)
http://www.via-christi.org/body_mercy.cfm?id=1702

MRBHS provides outpatient services for a wide range of emotional and mental conditions for adults and seniors. The outpatient adult clinic, for those 18 and older, is focused on providing compassionate, prompt and confidential therapy by appointment.

The senior adult program is an intensive outpatient mental health program for adults aged 65 and older who are dealing with depression, anxiety, loss and grief or other mental health concerns.

Admission to the senior adult program is based on a referral from senior citizens themselves, family members, clergy, friends or physicians. Admission to the program is dependent upon a psychiatrist's or another physician's assessment after talking with the individual.

MRBHS' programs are led by a staff psychiatrist and a psychologist. Both clinics require the scheduling of appointments for services.

Pawnee Mental Health Service – Manhattan, KS <http://pawnee.org>

The Pawnee Mental Health Service has been serving ten counties in north central Kansas for over 50 years. PMHS is a licensed not-for-profit community mental health center and a licensed substance abuse treatment facility.

PMHS is accessible to clients regardless of age, race, color, national origin, disability, diagnosis, or ability to pay and offers a range of services including outpatient care, medication management, day treatment, case management, emergency services, consultation and education.

Specific services offered by PMHS include crisis services, outpatient services, community support services for adults, community based services for children, medical services, prevention, treatment and recovery services for alcohol and drug abuse, and employee assistance services.

PMHS are open on Monday and Wednesday from 8:00 a.m. to 7:00 p.m., Tuesday and Thursday from 8:00 a.m. to 9:00 p.m. and on Friday from 8:00 a.m. to 5:00 p.m.

State funding for mental health needs has eroded since 2008. Approximately \$20 million has been eliminated from a \$31 million budget forcing community mental health centers to rethink how they do business. The decrease in PMHS budget for fiscal year 2010 was \$750,000 requiring the agency to eliminate 34 positions. The eliminated positions represent a 15 percent reduction in the agency's workforce.

In the last two fiscal years, PMHS has had to eliminate 65 positions.⁸⁹ This reduction in workforce comes at a time when the area is expected to gain in population with many of the new residents coming off of deployments to Iraq and Afghanistan and whom it is anticipated will be in need of counseling services for themselves and family members.

Three Rivers, Independent Living Resource Center – Wamego, KS

<http://www.threeriversinc.org>

Three Rivers is a not-for-profit service for individuals with disabilities which offers peer counseling, independent living skills instruction, advocacy, information and referral, medical equipment loan program, assistive technology selection advice, home and business accessibility review, vocational training, targeted case management, the Home Options Made Easy (HOME) Program and payroll services for personal attendant care.

Three Rivers serves all of northeast Kansas and regardless of age, disability or income. This agency deals with clients who may have physical, cognitive, or mental health challenges or who are interested in learning skills so that can assist others.

Three Rivers started in 1986 in Wamego but has since branched out to six other locations serving more than nine counties in northeast Kansas. Funding for Three Rivers comes in part through Kansas Rehabilitation Services and U.S. Department of Education grants, client fees and donations.

Urgent Care/After Hour Care

K+STAT www.kstaturgentcare.com

K+Stat is a convenient health alternative when you need medical attention and your doctor is unavailable or accessing the emergency room would not be appropriate. K+Stat provides affordable, walk-in medical treatment and is open seven days a week for added convenience. No appointment is needed but a payment is required at the time of service. Hours of operation are Monday through Saturday 9:00 a.m. to 9:00 p.m. and Sunday noon to 6:00 p.m.

K+State Urgent Care is a for-profit healthcare facility but does offer access to those who can afford to pay or who have insurance. For the uninsured or low-income individual this alternative may not be a realistic option.

RECOMMENDATION: It may be beneficial to conduct research on the area's emergency room traffic to see how many people are accessing the hospitals for non-emergency illnesses and/or injuries. If excessive, the community may want to discuss the feasibility of adding a not-for-profit community clinic which would have expanded coverage in terms of hours of operation compared to what is currently available for the uninsured and low-income population.

Homeless Shelters

Manhattan Emergency Shelter Inc.(<http://mesi.manhattanks.org>)

The Manhattan Emergency Shelter (MESI) houses men, women and families. MESI offers emergency shelter, transitional living opportunities and individualized case management to meet the immediate needs of the homeless in Riley County and surrounding communities. In addition, clients are offered referral services, life skills classes, limited transportation for needed services and advocacy.

The shelter has 47 beds and in 2009, it provided 12,579 bed nights. Since the new facility was built in 2008, the average bed nights has increased over 100 percent. Approximately 500 people every year are assisted through MESI.

The shelter was founded in 1985 as a direct result of a community needs assessment. It was found in 1984 that Manhattan was in need of a shelter and as a result, it became a high priority for the First Presbyterian Church and others in the community who saw this great need. The primary funding sources for the shelter is through grants and donations (both cash and products).

MESI has received a large grant of \$700 thousand from the U.S. Department of Housing and Urban Development to implement two permanent supportive housing programs. The Fresh Start Housing Program offers 12 one-bedroom apartments to homeless individuals with mental illness and the Transition in Place Program offers 12 apartments to homeless families with children. MESI will master lease and subsidize the rent of these apartments making them accessible and affordable to homeless individuals. MESI, along with other program partners, the Pawnee Mental Health Service, will provide on-site supportive services to ensure long-term housing stability.

Other Key Programs Mentioned by Interviewees (Not already discussed in this report)

The American Red Cross (www.thinkred.org)

The American Red Cross (ARC) in Manhattan is one of five offices in the area under the umbrella of the American Red Cross Kansas Capital Area Chapter headquartered in Topeka. This chapter covers 17 counties throughout the northeast part of the state.

The ARC's Disaster Action Team responds on average to 20 to 25 single-family house fires a month with 20 percent of the fire victims having home/renters insurance. The average amount of assistance given is between \$450 to \$500 per family and up to three nights of stay at a local hotel.

Given the multitude of disasters throughout the state, region and country in the last few years, the ARC has been hit hard financially and volunteers to assist in these disasters (e.g., floods, hurricanes, tornadoes) are becoming older so fresh volunteers are always in need..

[The Crisis Center www.crisisresourcecenter.org](http://www.crisisresourcecenter.org)

The Crisis Center (CC) serves victims of domestic violence, sexual assault and stalking through a 24 hour crisis hotline, 24 hour crisis intervention, temporary emergency shelter, food, crisis intervention advocacy, referrals, children's services, individual supportive counseling and/or victim support group services and assistance with protection orders. The CC also provides educational programs to churches, schools and civic groups and specializes in training to professional associations and employee groups.

Approximately 75 percent of CC's funding is provided by the United Way and from federal and state governments with donations covering the remainder of the annual budget. The CC covers a five county region and has a full time office in Manhattan and Junction City. In 2009, they served 1,411 clients. Of the five counties served, 80 – 90 percent of all clients served come from either Geary or Riley Counties.

Domestic violence statistics in Kansas are growing. The number of domestic violence-related deaths in 2009 was 45 (32 adults and 13 children). A 36 percent increase when compared to 33 (19 adults and 14 children) killed in 2008. It has been reported that out of the 118 homicides for 2009 in Kansas, 26 percent were because of domestic violence.⁹⁰

[Flint Hills Breadbasket \(http://breadbasket.manhattankans.org\)](http://breadbasket.manhattankans.org)

The Flint Hills Breadbasket (FHBB) is a Community Food Network Program founded in 1982 to offer food to the area's underprivileged through community donations and volunteer support. In 2009, the FHBB took in 451,280 pounds of food and served 19,221 families. The FHBB distributes food to five food pantries in the area to ensure families in the Riley County area have adequate nutrition.

FHBB provides residents of Manhattan with food assistance when there is no food in the home and no means to purchase any. The program does do financial counseling with clients and once eligible, clients can pick-up food every seven days through the Emergency Food Pantry. The unduplicated number of people served each month is around 375.

The FHBB also participates in the Kid's Backpack Meal Program in which children who don't have access to food on the weekends receive a kid friendly food packet on Friday when school lets out that contains enough food to last through the weekend.

Staff from the FHBB also assist clients with food stamp, LIEAP, Project Deserve applications, clothing and pet food vouchers.

[Homecare & Hospice \(www.homecareandhospice.org\)](http://www.homecareandhospice.org)

Hospice is specialized care that assists with the physical, emotional, social and spiritual needs of the person and family facing a life limiting illness. The transition to hospice often occurs when the decision is made to stop curative and aggressive medical treatment and to focus on comfort care, which is known as palliative care. Clinically, palliative care focuses on managing pain and symptoms of illness, rather than attempting to cure it.

Coverage of hospice care is provided by Medicare, Medicaid and most insurance companies and usually includes physician directed services, advanced nursing care, medications, medical equipment and supplies, short-term inpatient care, continuous care during crisis periods, physical, occupational, speech and respiratory therapies. To assist the primary caregiver, hospice health aids may help with personal care assistance and other hospice professionals who offer emotional and spiritual support.

Homecare and Hospice provides health care attendant, home health and hospice services. The primary goal of the health care attendant and home health services is to allow the elderly and/or disabled person to live as independently as possible within their own home. While hospice care is delivered in a person's home, Homecare and Hospice provides three types of care in their Hospice

House with 24/7 nurse coverage.

- General inpatient care is a level of care made available to all hospice clients who are in need of pain control or symptom management that cannot be provided in any other setting. General inpatient care is considered short term care because the team's goal is to get the client's acute symptoms to a controlled level within one to two days.
- Respite care is a short term inpatient setting provided to a client to help relieve family members or other primary caregivers an opportunity for a break. This program allows the client's caregiver up to five consecutive days away when they are sick, need to go out of town or just find they need a break from the emotional challenge of dealing with a loved one's illness.
- Residential care provides hospice clients a place to live that provides 24 hour care. A client may prefer to live in the Hospice House simply because they may not have a primary caregiver or reasons of safety may need monitoring for 24 hours a day.

The Homecare and Hospice team cares for clients in their own homes, nursing homes, assisted living centers or hospitals. They help clients to be as comfortable as possible through expert symptom management, supporting them and their families, providing respite to the caregivers and other practical advice and assistance. The team includes physicians, nurses, social workers, chaplains, certified home health aides and volunteers.

Homecare and Hospice is a not-for-profit organization that has been serving individuals and families in North Central Kansas since 1978. The agency is funded through third party reimbursement, fees, donations and fundraising events. Twelve rooms are available with guest sleeper sofas in each room. There are, on average, ten hospice patients a month and around 12 home care clients a month.

[Ogden Friendship House – Ogden, KS](http://www.kansaseast.org)
(www.kansaseast.org)

The Ogden Friendship House (OFH) in Ogden, Kansas is just minutes away from Manhattan and is a mission for the Kansas East Conference affiliated with the United Methodist Church. Over 85 percent of the Ogden's residents live in rental housing just on the outskirts of Fort Riley.

With high unemployment and no public transportation, many families struggle to find work or improve their economic status. The OFH provides food, clothing, referrals and other necessities to families struggling to make ends meet.

Each week, the OFH gives a variety of supplies, including canned goods, perishable foods and health products to around 50 families. The OFH also provides an after-school program on Wednesdays and Thursdays for children during the fall and spring. The after school program uses KSU students as program aids for the 10 – 15 children who participate.

[Riley County Health Department](http://www.rileycountyks.gov)
(www.rileycountyks.gov)

The Riley County Health Department's Primary Care Clinic offers basic health care to people living in Manhattan or Riley County who do not have medical insurance and cannot access health care elsewhere.

The clinic has income eligibility guidelines of 250 percent of poverty and operates on Mondays, Tuesdays and Wednesdays from 8:30 a.m. to 4:30 p.m., on Thursdays 9:30 a.m. to 6:30 p.m. and on Fridays 8:30 a.m. to 11:30 a.m.

The clinic addresses a wide variety of primary care needs and offers laboratory and some pharmacy services. Examples of care include prevention and management of chronic illnesses such as cardiovascular disease, diabetes, sexually transmitted disease, asthma and high blood pressure. They also provide physicals, oral health screening, fluoride varnishing, TB skin tests and treatment for colds and flu.

RCHD also operates six nurse clinics that operate one day a month that conducts blood pressure checks, immunizations, blood sugar, urine, hemoglobin tests and flu vaccinations.

Other programs sponsored by RCHD include Early Detection Works, Family Planning, HIV/AIDS Care, childhood and travel immunizations and tuberculosis care.

There is a minimum of a \$5 charge for prescriptions and a sliding fee schedule for appointments that was recently applied to assist with the declining support from the State of Kansas. Mercy Regional Health Center continues to provide an in-kind donation by assisting with some laboratory tests and x-rays.

[Second Helping](#)

(<http://ucc.manhattanks.org/Mission-Service/local-mission.shtm>)

The Second Helping Program is a local mission of First Congregational United Church of Christ. The Second Helping is a Sunday evening soup kitchen that is open to anyone who is in need. Guests are served a home-cooked dinner in the fellowship hall and are given a sack lunch with enough food for two additional meals. Much of the food comes from the Flint Hills Breadbasket.

The average number of guests served per meal is between 25 – 30 people. In a typical year, over 1,300 meals are served to guests and 300 to volunteer workers. Most guests are male but are among the working poor who are one paycheck away from homelessness. Congregate living clients are more apt to come to the Sunday evening dinner for socialization and very few of them try to access health care because of the perceived cost, lack of transportation or don't want to take off from work.

It was learned that other area churches also offer dinners. Specifically the Methodist Church hosts a Wednesday night dinner, The Episcopal Church offers a Tuesday and Thursday breakfast, the Presbyterians offer a Thursday night dinner and the Congregationalists offer a Sunday dinner.

[Shepherd's Crossing](#)

(www.shepherdscrossing.info)

Shepherd's Crossing, a not-for-profit organization, was an idea resulting from discussions between pastors involved in the Manhattan Ministerial Association. Sponsored by local churches, Shepherd's Crossing started in 2000 to provide emergency financial assistance to residents of Manhattan, Riley County and the community of St. George. Originally supported by 13 area churches, Shepherd's Crossing now boasts 38 partnering churches. It has an annual city grant of \$44,000 with the requirement that all clients must attend a budget counseling session.

Assistance is given in the way of budget counseling, community referrals and financial support for utilities, rent and prescription medication. Several people interviewed expressed great appreciation for this program as they have referred many people to be assisted. Assistance is limited to once every four months and the average number of clients served ranges between 80

to 110 people a month. It is estimated that 70 percent of the clients are the “working poor” who are between 25 – 50 years old and are mostly female.

Staff includes three part-time employees and 20 volunteer counselors. Expenses are covered by a 12 month Sunflower Foundation Grant and donations. The office for this program is donated by the Methodist Church.

Emergency Department’s Role in Modern Day Healthcare

Nationally, hospital EDs are increasingly being forced to play the role of “safety net provider” for uninsured, underinsured and those who have limited or no access to primary care providers and specialists. EDs serve as the primary health care provider because the public knows they must be seen regardless of their own ability to pay for health care treatment.

Who are the uninsured? That picture will be changing with the passage of the new federal legislation but according to research conducted by the American College of Emergency Physicians; there are 46 million Americans who are uninsured in the USA. More than 8.3 million of the uninsured are children. Eight out of 10 uninsured persons are in working families who cannot afford health insurance, and most are not eligible for public programs.⁹¹

- 83% of the uninsured are in working families
- 62% live in households with a full-time worker and 21% with a part-time worker
- 18% of non-elderly Americans are uninsured
- 21% of African-Americans are uninsured
- 34% of Hispanics are uninsured

Of the estimated 50 million patients seen in USA hospital EDs in 2006, nearly 42 percent of their bills were submitted to Medicaid and Medicare programs according to a report released by the Agency for Healthcare Research and Quality (AHRQ).⁹²

Why is ED traffic increasing? There is no consensus on why. Some literature, as well as health care providers, suggests it is due to the growing uninsured population. Others suggest it is the aging of the baby-boomers, rise in illegal immigrants, closing of many smaller hospitals and lack of access to prompt care at doctor’s offices. One thing is certain – those individuals who have become “frequent flyers” in the ED are costing taxpayers and hospitals unnecessary resources. In a study conducted by Integrated Care Collaboration (ICC) for the uninsured and low-income in Central Texas, 900 frequent flyers were found in a database of 750,000 patients. These individuals visited the ED six or more times in three months – had 2,123 preventable visits in 2007, or 18% of 11,600 total visits to Central Texas EDs which cost more than \$2 million.⁹³ So, how do are local EDs compare? Table 25 shows the number of visits to both MRHC and WCH’s Emergency Departments for the last three years as well as the top three diagnoses for those visits.

Chest pain is clearly a symptom that is predominant in the Manhattan/Wamego area as it ranked in the top three causes for patients presenting in the EDs of both hospitals all three years. Further studies may show that heart disease, high blood pressure, diabetes, pulmonary diseases and/or viral infections may be related to the chest pain and that more prevention related activities could impact this pattern with an active outreach program in partnership with other health related organizations.

Table 25: Top Three Diagnoses Presented to Emergency Departments and Number of Visits Made (Three Year Comparison)

Year	Mercy Regional Health Center		Wamego City Hospital	
	Top Three Diagnoses	# of Visits	Top Three Diagnoses	# of Visits
2008	1) Chest pain 2) Acute upper respiratory infection 3) Viral infection	20,807	1) Chest pain 2) Abdominal pain 3) Cough	1,868
2009	1) Chest pain 2) Migraine headache 3) Viral infection	21,868	1) Abdominal pain 2) Chest pain 3) Lower leg injury	1,810
2010	1) Chest pain 2) Viral infection 3) Headache	22,792	1) Abdominal pain 2) Lower leg injury 3) Chest pain	1,973

Sustainable Funding

Philanthropic giving in and around Manhattan has been considered very generous given the state of the economy. Some area not-for-profits have expanded during the last few years and many are optimistic that future growth will result with the awarding of stimulus monies from the federal government. A few other agencies have been able to relocate to larger facilities but most organizations have adopted a wait-and-see attitude until more signs of economic recovery have surfaced. As a result, funding for new programs or expansion of old ones is not highly probable for the rest of 2010 or early 2011. Concern has been voiced that agencies who bank on expansion with only stimulus money may find themselves in trouble later once that money runs out.

Key Summary Points

Specific Health Care Gaps Identified by Interviewees:

- Numerous interviewees raised the issue of transportation as being a prime impediment to health care access.

- There is a disconnect between people’s knowledge of available service and how to access them.
- There is currently no one group that focuses on health care needs for the area. One past coalition was mentioned but interviewees suggested that health care for the uninsured was only a part of the focus and not necessarily, a primary focus.
- More outreach programs need to be offered in the community where people gather instead of at the hospital. For example, no medical care (including physician office) available in Ogden, Kansas. For people without transportation, health care is not accessible.
- There seems to be a growing trend of physicians limited their practices in terms of the number of Medicaid and Medicare patients they are willing to see for health care.
- In medical emergencies, it is often difficult to deal with patients who knowingly conceal their identity because they are illegal citizens, they’re afraid they will be deported. On the other hand, it’s becoming increasingly difficult for first responders to communicate at times due to translation and/or cultural differences.
- School districts need to become more aggressive in getting Kansas kids signed up for Healthwave. There used to be a partnership in this effort but over the years it has not continued and more children are being missed.
- Pre-natal health care is non-existent in Manhattan as there are few OBGYNs available to meet the demand of women who are not insured or are low-income.
- Eye care, dental care, occupational/physical and speech therapists, allergists and other specialized services are very limited for all age groups in the Manhattan area.
- A few interviewees thought that MRHC isn’t aggressive enough in “tooting its own horn.” A few felt that there needs to be more marketing of available resources and/or public relations events to educate the public on what all MRHC does in the community and what its financial impact is on the stability of the area. One interviewee suggested displaying posters on MRHC services on bathroom stalls where audiences are captivated.
- It was suggested that in-home care services are available through private companies but not affordable for many and that adequate child care beyond preschool is very limited especially after school and during school breaks.

Specific Mental Health Gaps Identified by Interviewees:

- Another area of concern raised by many during the interview process is the lack of inpatient mental health beds in the area. The closest inpatient unit is in Osawatomie.
- Inpatient drug treatment programs are also very limited in the area. The drug problem, especially METH is a huge community problem.

Suggestions Given on How MRHC Could Make A Difference in Healthcare Access for the Poor (not already mentioned in a recommendation)

- Evaluate the need for local mental health services (e.g. in-patient and drug/alcohol rehab)
- Become a major player in promoting the United Way's 2-1-1 hotline assistance on local programs via live phone conversations or internet availability (www.kansas211.org) to hospital and clinic patients.

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- ¹ U.S. Department of Health and Human Services. *Healthy People 2010*, 2nd edition, With Understanding and Improving Health and Objectives for Improving Health. 2 vols, Washington, DC: US Government Printing Office, November 2000.
- ² Rahimi A R, Spertus J A, Reid K J, Bernheim S M and Krumholz, H M. Financial barriers to health care and outcomes after acute myocardial infarction. *Journal of American Medical Association*, 2007: 297, pages 1053-72.
- ³ *Wikipedia, The Free Encyclopedia*, "Manhattan, Kansas." (http://en.wikipedia.org/wiki/Manhattan_Kansas) Accessed July 1, 2010.
- ⁴ *Ibid.*
- ⁵ *Ibid.*
- ⁶ *Ibid.*
- ⁷ *General Statistical Information Concerning the City of Manhattan, Kansas.* (<http://www.ci.manhattan.ks.us/DocumentView.asp?DID=3597>) Accessed June 6, 2010.
- ⁸ U.S. Census Bureau: Decennial Census, University of Kansas, Institute for Policy & Social Research, *Extract from the Kansas Data Archive Online*, www.ipsr.ku.edu/ksdata. Accessed June 1, 2010.
- ⁹ *Ibid.*
- ¹⁰ *Ibid.*
- ¹¹ *Ibid.*
- ¹² U.S. Census Bureau: *State and County QuickFacts.*, February 23, 2010 and U.S. Census Bureau: Decennial Census, University of Kansas, Institute for Policy & Social Research, *Extract from the Kansas Data Archive Online* (www2.ku.edu/~iprs/cgi-bin/county.pl?cntyfips=20061). Accessed July 2, 2010.
- ¹³ Thompson, Luke. Summit briefed on growth hopes at Fort Riley, *The Manhattan Mercury*, Manhattan, Kansas, July 14, 2010, front page.
- ¹⁴ *Flint Hills Regional Growth Plan*, Section Summary, February 15, 2008. www.ci.manhattan.ks.us. Accessed July 1, 2010.
- ¹⁵ Thompson, Luke. On-post housing gets regional OK, *The Manhattan Mercury*, Manhattan, Kansas, July 16-17, 2010, front page.
- ¹⁶ *Onboard Informatics: City Data*, 2010. (www.city-data.com/county/Riley_County-Ks.html) Accessed July 2, 2010. Same resource used for each county.
- ¹⁷ *The Manhattan Mercury*, City's jobless rate up slightly, but down from 2008, Manhattan, KS, December 21, 2009, front page.
- ¹⁸ *Ibid.*
- ¹⁹ Thompson, Luke. Area's jobless rate rises, *The Manhattan Mercury*, Manhattan, Kansas, March 11, 2010, front page.
- ²⁰ U.S. Department of Agriculture, Economic Research Services, (www.ers.usda.gov/data/unemployment/RDList2.asp?ST=KS) Accessed July 9, 2010.
- ²¹ Kansas Department of Labor, Labor Market Information, May 2010. (<http://klic.dol.ks.gov/saintro.asp?session+areadetail§ion=empunempinddata>). Accessed July 9, 2010.
- ²² *The Manhattan Mercury*, Kansas unemployment remains at 6.4% in May, Manhattan, Kansas, June 20, 2010, page A3.
- ²³ Thompson, Luke. Jobless rate falls here, *The Manhattan Mercury*, Manhattan, Kansas, July 20, 2010, front page.

-
- ²⁴ Wofford, Jerry. Call center to lay off 150 workers, *The Manhattan Mercury*, Manhattan, Kansas, July 7, 2010, front page.
- ²⁵ State of Kansas, Department of Education, Kansas K-12 Reports – 2009 to 2010 Enrollment Data, Topeka, Kansas. (<http://svapp15586.ksde.org/k12/county.aspx>) Accessed July 22, 2010.
- ²⁶ Wofford, Jerry. USD 378 could save \$378K, according to report, *The Manhattan Mercury*, Manhattan, Kansas, July 20, 2010, front page.
- ²⁷ Wofford, Jerry. USD 383 changes its tune, *The Manhattan Mercury*, Manhattan, Kansas, May 13, 2010, front page.
- ²⁸ My Online Maps, 2006-2009. (<http://www.myonlinemaps.com/kansas.php>). Accessed July 22, 2010.
- ²⁹ U.S. Census Bureau, *American FactFinder, Kansas*. (<http://factfinder.census.gov>). Accessed July 22, 2010.
- ³⁰ U.S. Census Bureau, *Census 2000*, Summary File 4. Profile prepared by the Policy Research Institute (PRI), University of Kansas, December 30, 2003. (www.ku.edu/pri). Accessed July 27, 2010.
- ³¹ Wofford, Jerry. KSU on-campus spring enrollment up 2 percent, *The Manhattan Mercury*, Manhattan, Kansas, February 19, 2010, page A2.
- ³² Dornes, Brad. NBAF-related work now being scheduled for K-State's BRI, *The Manhattan Mercury*, Manhattan, Kansas, May 25, 2010, page A4.
- ³³ Wofford, Jerry. KSU: The university of the world, *The Manhattan Mercury*, Manhattan, Kansas, October 18, 2009, front page.
- ³⁴ Ibid. page A8.
- ³⁵ Advameg Inc., Flossmoor, IL. (www.city-data.com). Accessed March 3, 2010.
- ³⁶ State of Kansas, Department of Social and Rehabilitation Services Online Database, www.srskansas.org. Accessed May 15, 2010.
- ³⁷ Ibid.
- ³⁸ Dornes, Brad. Child care aid takes a hit here: Subsidy reduction will force parents to foot a greater share of the bill, *The Manhattan Mercury*, Manhattan, Kansas, April 4, 2010, front page.
- ³⁹ State of Kansas, Department of Social and Rehabilitation Services Online Database, www.srskansas.org. Accessed May 15, 2010.
- ⁴⁰ The Annie E. Casey Foundation, *Profile for Kansas*, 2009.
- ⁴¹ Ibid.
- ⁴² State of Kansas, Department of Social and Rehabilitation, Services Online Database, www.srskansas.org Accessed May 15, 2010.
- ⁴³ Ibid.
- ⁴⁴ *The Manhattan Mercury*, We're livin' large: Per capita income reported to be up big here since '00, Manhattan, Kansas, August 17, 2010, page A1.
- ⁴⁵ United State Department of Agriculture, Economic Research Service, *2008 County-Level Poverty Rates for Kansas*, December 11, 2009. (www.ers.usda.gov/Data/povertyrates/PovListpct.asp?st=KS&view=Percent&longname=Kansas). Accessed July 28, 2010.
- ⁴⁶ *Community Health Status Report*, 2008, www.communityhealth.hhs.gov Accessed May 15, 2010.

-
- ⁴⁷ Kansas Health Institute, *Kansas County Health Rankings, 2009*, Topeka, Kansas, www.khi.org. Accessed July 20, 2010.
- ⁴⁸ *The Manhattan Mercury*, Scripps study says drive at your own risk, Manhattan, Kansas, February 26-27, 2010, front page.
- ⁴⁹ Sellman, Mike. Alcohol + irresponsibility = trouble: Drinking a recurring theme behind some of the arrests of college-age youths in city, *The Manhattan Mercury*, Manhattan, Kansas, June 27, 2010, front page.
- ⁵⁰ Hodgkin, Whitney. Growing out of control?: Aggieville retailers, city officials want to rein in Fake Paddy's Day, *The Manhattan Mercury*, Manhattan, Kansas, March 14, 2010, front page.
- ⁵¹ Hogg, Jonas. Fake day, real problems, *The Manhattan Mercury*, Manhattan, Kansas, March 8, 2010, front page.
- ⁵² Hogg, Jonas. Crime down nearly 8% in Riley County, *The Manhattan Mercury*, Manhattan, Kansas, January 21, 2010, front page.
- ⁵³ Sellman, Mike. Alcohol + irresponsibility = trouble: Drinking a recurring theme behind some of the arrests of college-age youths in city, *The Manhattan Mercury*, Manhattan, Kansas, June 27, 2010, front page.
- ⁵⁴ Felber, Bill. Brawl at crowded county jail, *The Manhattan Mercury*, Manhattan, Kansas, July 15, 2010, front page.
- ⁵⁵ Hodgkin, Whitney. Open for business: New jail cells stand empty because of lack of staff, *The Manhattan Mercury*, Manhattan, Kansas, May 5, 2010, front page and page A8.
- ⁵⁶ *Ibid*, page A8.
- ⁵⁷ *Flint Hills Regional Growth Plan, Health Care and Mental Health Section Summary*, February 15, 2008. www.ci.manhattan.ks.us. Accessed July 1, 2010.
- ⁵⁸ Felber, Bill. Riley among healthiest counties in state, study finds, *The Manhattan Mercury*, Manhattan, Kansas, February 17, 2010, front page.
- ⁵⁹ Klusener, Will. A cost felt in crime: Pawnee director says impact of cuts will hit here, *The Manhattan Mercury*, Manhattan, Kansas, January 14, 2010, front page.
- ⁶⁰ Dornes, Brad. Pawnee funding is spared: Officials relieved but wary of mid-year cuts, *The Manhattan Mercury*, Manhattan, Kansas, May 14-15, 2010, front page.
- ⁶¹ *The Manhattan Mercury*, State awards Pawnee grants for homeless mentally ill, Manhattan, Kansas, May 16, 2010, page A2.
- ⁶² Klusener, Will. The prairie jewel: Ft Riley officials unveil plan to dress up post, *The Manhattan Mercury*, Manhattan, Kansas, January 10, 2010, front page.
- ⁶³ Thompson, Luke. Summit briefed on growth hopes at Fort Riley, *The Manhattan Mercury*, Manhattan, Kansas, July 14, 2010, front page.
- ⁶⁴ Klusener, Will. Fort Riley breaks ground on Army's \$404M hospital, *The Manhattan Mercury*, Manhattan, Kansas, October 25, 2009, page A8.
- ⁶⁵ *Ibid*.
- ⁶⁶ Strehle, Ashley. Therapy program expands treatment program, focuses on wounded warriors, *The Manhattan Mercury*, Military Section, Manhattan, Kansas, October 27, 2009, page A4.
- ⁶⁷ *The Manhattan Mercury*, Post to open new child care center, Manhattan, Kansas, January 6, 2010, page A3.
- ⁶⁸ Klusener, Will. New barracks opens for soldiers in transition after battle: a nice place to Recover, *The Manhattan Mercury*, Manhattan, Kansas, February 28, 2010, page C1.
- ⁶⁹ Catholic Health Association, *A Guide for Planning & Reporting Community Benefit*, 2008.

-
- ⁷⁰ Kansas Health Institute, *Annual Insurance Update 2010: Health Insurance in Kansas*, Topeka, Kansas, 2010, page 1.
- ⁷¹ See: www.ahip.org: Small Group Health Insurance, A Comprehensive Survey of Premiums, Product, Choices and Benefits, March 2009.
- ⁷² See: <http://www.statehealthfacts.org/comparemapdetail.jsp?ind=206&cat=4&sub=54&yr=92&typ=2&rgnhl=18>
- ⁷³ Kansas Legislative Research Department & Kansas Health Institute, February 2009.
- ⁷⁴ Kansas Health Policy Authority, *Medicaid Savings Options*, Report to the Kansas Legislature, April 26, 2010, page 20.
- ⁷⁵ Data provided by Mary Stewart, fiscal analyst, Kansas Health Policy Authority, May 5, 2010.
- ⁷⁶ See: <http://www.kansashealthwave.org>
- ⁷⁷ Data provided by Mary Stewart, fiscal analyst, Kansas Health Policy Authority, May 5, 2010.
- ⁷⁸ Kansas Health Institute, No Change in Kansas Uninsured Rate Fact Sheet, September 2009.
- ⁷⁹ Kansas Health Institute, March Current Population Survey, 2007 and 2008, September 2008.
- ⁸⁰ Clark, Matthew. State to receive \$24M in prescription drug relief, *The Morning Sun*, Pittsburg, KS, February 21, 2010.
- ⁸¹ *Flint Hills Regional Growth Plan*, Section Summary: Health Care and Mental Health, February 15, 2008. www.ci.manhattan.ks.us. Accessed July 1, 2010.
- ⁸² Hospital Referral Region, 2006 data. See: <http://cecsweb.dartmouth.edu>
- ⁸³ Glover, Paula. Community Health Ministry offers hope to those in need, *The Manhattan Mercury*, Manhattan, Kansas, November 26, 2009, front page.
- ⁸⁴ Data collected from Deb Kiker, RN, MSN, Community Health Ministry, November 3, 2010.
- ⁸⁵ Sellman, Michael. Feeling bad? Deal with it at Lafene, *The Manhattan Mercury*, Manhattan, Kansas, August 15, 2010, page C1.
- ⁸⁶ Wofford, Jerry. KSU: The university of the world – Internationals drive enrollment gains, *The Manhattan Mercury*, Manhattan, Kansas, October 18, 2009, front page.
- ⁸⁷ Thompson, Luke. State shows interest in regional transit plan, *The Manhattan Mercury*, Manhattan, Kansas, July 18, 2010, front page.
- ⁸⁸ *The Manhattan Mercury*, LifeCafe makes a top 10 list, Manhattan, Kansas, August 15, 2010, page C2.
- ⁸⁹ Wofford, Jerry. Tight budget forces Pawnee to cut 34 jobs: Mental health service provider lays off 18 and eliminates 16 vacant positions, *The Manhattan Mercury*, Manhattan, Kansas, January 11, 2010, front page.
- ⁹⁰ *The Morning Sun*, Editorial Page, Pittsburg, Kansas, December 26, 2009, page 5A
- ⁹¹ American College of Emergency Physicians, The Uninsured: Access to Medical Care Fact Sheet, August 27, 2009. <http://www.acep.org>.
- ⁹² U.S. National Library of Medicine and the National Institute of Health, Medline Plus, *ER Visits Mostly by Medicare, Medicaid Recipients*, Washington, D.C., July 31, 2009.
- ⁹³ American Statesman, *Austin ER's got 2,678 visits from 9 people over 6 years: Task force seeking ways to divert non-emergencies away from emergency rooms*, Wednesday, April 1, 2009.

List of Interviewees for Manhattan Market Health Assessment – August 2010
Attachment A

Mercy Regional Health Center thanks the following individuals for participating in this research effort.

Pat Bosco – Kansas State University
Lyle Butler – Chamber of Commerce
Rep Sydney Carlin – Kansas House of Representatives
Robin Cole – Pawnee Mental Health Services
Chris Combs – Riley County Police Department
Jan Connizzo – Shepherd’s Crossing
Doug Conwell – Wamego USD #320
Dr Scott Coonrod – Medical Associates
Judy Davis – Crisis Center
Dr Bill Ditto – Retired Dentist (Wamego)
Michael Doland – KONZA Prairie Community Health & Dental Center (Junction City)
Stacy Eichern – Three Rivers (Wamego)
Meghan Finnegan – Flint Hills Community Clinic
Suzanne Gilmore – American Red Cross
Rep Tom Hawk – Kansas House of Representatives
Debbie Holcomb – Crisis Center
Deb Kiker – Community Health Ministries (Wamego)
Nancy Knopp – Mercy Regional Health Center
Dr Ryan Knopp – Stonecreek Medical Staff & K+Stat
Ed Maldonado – Riley County Police Department
Governor Mays – Friendship House (Ogden)
Carl Miller – Riley County Police Department
Julie Miller – Mercy Regional Health Center
Kathy Morehead – Homecare & Hospice
Chuck Murphy – Riley County Health Department
Hank Nelson – Riley County Police Department
Fred Newton – Kansas State University’s Counseling Center
Diane Paukstellis – United Way of Riley County
Natascha Phillip – Flint Hills Breadbasket
Michelle Rutherford – Riley County Emergency Medical Service
Mandy Chapman Semple – Manhattan Emergency Shelter
Dr Bob Shannon – Manhattan/Ogden USD #383
Steve Shields – Meadowland Hills
Ann Smit – First Congregational Church’s Second Helping Program
Mayor Bruce Sneed – City of Manhattan
Melinda Sunnenberg – Kansas Social Rehabilitation Services
Heather West – American Cancer Society
Lance White – First National Bank
Lee Wolf – KONZA Prairie Community Health & Dental Center
Natalie Yorker – Crisis Center
Lannie Zweimiller – Kansas State University’s Lafene Health Center

Health Assessment Discussion Questions – January 2010
Attachment B

(NOTE: Additional questions may have come up during the course of responding to these questions. Each interviewee was asked six questions depending on whether they were affiliated with MRHC or WCH in some capacity or were considered an “external” participant.)

1. What works in Manhattan/Wamego regarding health access for the uninsured, adult population? What doesn't? What are the gaps?
2. Are you aware of (or a part of) any community coalitions or group working on issues related to access to care for the uninsured or underinsured?
3. Are you aware of any coalitions that are cross-sharing IT data or grants to improve health access for the uninsured?
4. What would you like to see changed in terms of health services for the uninsured or health access for the poor?
5. Whom or what organization do you see as primary leader in your community making a difference in health access? Why did you select this person or group and what measurable impact have they had or achieved in the last year?
6. What do you think MRHC/WCH could do to really make a difference in health access for the uninsured or the poor?
7. Who has the best community outreach programs in providing health care to the uninsured in your area? What programs are they providing and what are their program outcomes?
8. What do you see to be your company's or your organization's role to be in the care of uninsured?
9. How active is the leadership in your organization in public speaking, publication, lobbying and engagement of associates and Board on health access issue? (For MRHC and WCH internal interviewees only)
10. What do you think your ministry could do to really make a difference in health access? (For MRHC and WCH internal interviewees only)