Aging Population Assessment

Conducted in Partnership

Via Christi Villages in Hays, Manhattan, Pittsburg and Wichita, Kansas and Ponca City, Oklahoma
Via Christi Health
Via Christi Hospital – Wichita
Via Christi Hospital – St Teresa
Via Christi Rehabilitation Hospital
Via Christi Hospital – Pittsburg
Mercy Regional Health Center
Wamego City Hospital

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Aging Assessment for Via Christi Village (VCV) Markets

Executive Summary

Interview Process (Attachment A – Interviewee List by Market Area)

In total, 224 interviews were completed with individuals representing businesses, healthcare providers, government agencies, faith communities, other area not-for-profits, caregivers, and last, but not least, 80 elderly residents who are currently residing in a VCV independent or assisted living facility. These seniors shared their experiences of choosing a new living environment, their adjustment period, as well as their access to healthcare providers. Interviews were held with individuals living or working in Girard, Hays, Manhattan, Pittsburg, Victoria, Wamego and Wichita in Kansas and in Joplin, Missouri and Ponca City, Oklahoma.

Aging Population in Kansas and Oklahoma

According to the latest US Census Bureau’s reports, 13.2 percent of Kansas’ residents and 13.5 percent of Oklahoma’s residents are over the age of 65 years.

Highlights by Market Area

Hays/Victoria, Kansas
- Seniors having difficulty finding physicians and specialists willing to take new Medicare patients.
- Senior having sufficient resources to cover cost of prescriptions and dental care.
- Seniors having access to affordable home health care.
- Senior with physical, emotional and/or memory challenges having access to affordable day care.
- Senior veterans not having access to hospital services without traveling to Wichita’s Robert Dole Veterans Hospital.
- Seniors not having access to affordable transportation for medical appointments, especially for those living outside of city limits – ACCESS van provides door-to-door assistance only for $1.50 per trip but they will not help a person get inside their house due to liability issues. ACCESS vans must be scheduled in advance so unexpected trips to the doctors are not always possible.
- Seniors having sufficient income to afford living in senior housing units.
- Finding affordable attendant care for elderly residents still living independently but unable to access assisted living accommodations locally.
- Via Christi needs to have more community involvement, especially where they can provide leadership on services for the aging and assist with caregiving challenges.
Manhattan/Wamego, Kansas

- Seniors ability to afford needed dental care
- Seniors ability to acquire needed and convenient transportation, especially for rural areas and those who are on dialysis and who may need to access Veteran Hospital services in Topeka or Kansas City or others needing access to specialists.
- All service providers are beginning to see challenges in caring for those who are extremely obese as many do not have bariatric equipment in which to make these patients comfortable. While this was cited in the aging assessment, this is a concern for many adults, regardless of age.
- Seniors having sufficient income to afford living in senior housing or assisted living units.
- Interviewees concerned about the lack of an inpatient psychiatric unit being available for those in need within the area regardless of age.
- Lack of understanding on what Medicare provides or doesn’t provide – need more educational presentations on the topic for seniors and their caregivers.
- Seniors having access to affordable home health care which is eligible for reimbursement for providers.
- Would like to see the Via Christi HOPE Program expanded state-wide with roving gerontologists/geriatricians.
- Via Christi Villages is not as visible in the community as it used to be. Interviewees suggested that it offer more services (e.g. foot care clinics, blood pressure screenings, etc) so people have a reason to visit. Some interviewees suggested VCV take a proactive role in on-going community activities like the hospital and other senior living facilities.
- Lack of medical management for prescription use monitoring and for seniors dealing with multiple chronic diseases.
- Little to no coordination between provider organizations specifically dealing with health related issues. Some interviewees would like to see a coalition group restarted especially in light of the new health care legislation.
- Manhattan has some nice options for long-term care facilities but little options for in-home or day care services for seniors.
- Seniors having access issues with primary care physician when moving into the Manhattan area to be closer to other relatives.
- There needs to be discussion (or forums) held on end of life discussions (e.g. what decline looks like, what is palliative care and when is it time to say enough?)
- More discussion and implementation of computer assisted delivery of care be it telemedicine, eHealth and/or software compatibility could be used in the area to make access easier.

Pittsburg, Kansas

- Limited problems in getting access but understanding in what they are told, is another issue for many seniors without active caregivers.
• Lots of PCPs in the area, although accessing specialists for all ages is difficult unless you travel to Joplin, Oklahoma City or Wichita.
• Programs need more money for home improvement for elderly (e.g. air conditioning in summer and heating in winter – waiting list is over a year).
• Expansion of affordable home health care needs to include the building of wheelchair ramps and respite care opportunities as more is needed.
• Would like to see an Elder Abuse Coalition (modeled after Independence, KS Ombuddy Program) to bring awareness to bank, police, clergy on the topics of exploited and abused elderly.
• Seniors and other interviewees would like to see transportation opportunities expanded for all senior living facilities beyond medical appointments. Seniors would like transportation for church attendance, grocery shopping, etc to keep their community involvement up. While some of this may be provided by a few facilities, there is usually an associated cost and some seniors can’t afford it so they choose not to go.
• Concerns raised about young people discharged from mental health in-patient facilities and/or aging sexual offenders released from prisons and are now looking to enter a skilled nursing facility where vulnerable elderly people are living.
• Very concerned about the growing gambling addiction taking place in the area due to the build-up of area casinos that are target marketing the elderly population with free lunches, gambling money and transportation.
• Need to assess the intermediary bed supply that is available in area for short-term medical care when elderly patients are dismissed from the hospital but not yet ready to return home.
• More specialists that have geriatric training are needed in the area to focus on pain management, macular degeneration, depression, and management of multiple chronic diseases.
• Need better communication between community organizations whose primary mission is health care delivery whether it is in-patient, out-patient, home-based, etc.
• Senior facilities need to spend more time and resources in developing activities geared toward independent living and assisted living residents. Interviewees believe that current activities focus more on the skilled nursing population and there is little to engage or interest more active seniors in staying mentally alert.
• Senior facilities need to ensure food is nutritious in value and sensitive to those on special diets.
• Oral health care is a real issue in the Pittsburg area – some nursing home chains do not invite oral health care providers in to assist with the elderly residents.
• All nursing home facilities should educate staff on cultural competency when dealing with the elderly. Using the term “sweetie” may be offensive to some or may be seen as treating someone in a childlike manner.
• Via Christi may want to visit with the YMCA to see if there are areas in which to partner in senior wellness programs for the entire community at an affordable price.

Wichita, Kansas
• Minimal services offered with bi-lingual language support affecting all ages (e.g. transportation, health fairs, Emergency Rooms, home health etc.)
• Lots of different clinics available but transportation to them is always challenging especially for those who are living in poverty and unable to walk without assistance.
• Use of navigators to coordinate data from all touch points of care (e.g. hospitals, PCPs, pharmacies, EDs, etc) especially for those who have multiple chronic diseases or are frequent fliers in the ED is really needed.
• Affordable oral health care is a real critical need in this market for all ages.
• Once patient is dismissed from hospital, there is not always good after care available at home due to lack of money and/or understanding on the orders given.
• Interviewees believe providers could make better use of eHealth opportunities in all surrounding towns that do not have specialists available for better health access.
• Via Christi HOPE Program needs to be expanded to neighboring rural areas in particular and throughout the State as financially feasible.
• Fewer physicians accepting Medicare patients in their practices so it’s difficult to find a medical home unless there’s an established relationship between the doctor and the senior’s family/friend.
• According to several interviewees, there is an expectation that people can live well forever, showing a real denial of death attitude. It is suggested that there needs to be a real honest dialogue with the public about the end of the life cycle and what can and should be done to ensure human dignity. Education on wellness and prevention should be emphasized along with palliative care at the end.
• The whole psychological support system is fragmented – although this is getting some attention from a new group formed with VCBH as an active partner.
• VCV participation in the community is limited. For example, participation in the Older Adult Alliance group, sponsored by Visioneering, would welcome our active participation.
• Lots of new facilities are being built to accommodate the growing baby boomers who will need assisted living and/or skilled nursing facilities. However, perceptions are that few will be affordable and with Medicaid/Medicare reimbursement cutbacks, there is concern that the supply of beds may be greater than the need as more people are looking for affordable home-health care options.

• Lots of information about aging services is available in English but there is concern about its availability in other languages – particularly Spanish and Vietnamese.

• Via Christi HOPE and VCH should explore ways to work with KU Medical School to attract medical students interested in pursuing a geriatric focus.

Ponca City, Oklahoma

• Seniors inability to afford proper dental and vision care due to lack of coverage by Medicare.

• Hard to find home-health assistance for seniors willing to pay a small stipend but who can no longer clean and do laundry when washer/dryer is in basement.

• Major concerns about gambling addiction becoming more of a problem due to the many casinos operating in the area.

• Referrals to health care specialists located in Wichita, Oklahoma City or Enid result in challenges for seniors who no longer drive or who have no affordable alternatives for transportation.

• There needs to be a case navigator for seniors wanting to explore their Medicare Part D options – a constant communication merry-go-round.

• VCV used to be very engaged in the community regarding advocacy issues for the aging and perceive this assessment process as a first step in the reengagement.

• One interviewee stated that getting access to a geriatric psychiatrist is next to impossible and usually forces a person to seek this kind of care out of the area.

• There is a Senior Advisory Group that meets regularly in Ponca City but several of the long-term care facilities are not involved or receive regular information. The group advocates well on senior related issues at the state level and have received a Masterpiece grant which hopes to improve the quality of life for seniors in the area.

• There are no nephrologists in Ponca City and as a result, dialysis treatments cannot take place forcing diabetics to seek help in other communities.

• Several interviewees would love to see Via Christi bring a geriatric physician into Ponca City on a regular rotation basis and would be interested in helping VCH find office space if none is available at VCV.

• Some interviewees suggested there is a need for non-emergency transportation that is affordable for medical purposes in the county.
• Ponca City is becoming a default retirement community as younger families move to follow the jobs.
• Many physicians are aging themselves and are less inclined to add more Medicare patients making it difficult to access health care for new seniors moving in.
• Native Americans, whose population is around nine percent for Kay County and greater for Osage County need to have education on preventative health care measures as this population is the least likely to access services. Need to find a way to get them engaged for better quality of life outcomes at all ages.
• Need more beds for assisted living units, especially for those with dementia related illnesses.
• Obesity is becoming a real issue for this area as is isolation for widows/widowers who are home-bound.
Overview

In Alice in Wonderland, Lewis Carroll wrote: “Any road will do if you don’t know where you are going.” One thing everyone has in common is that we grow older every day and in time, how we age will greatly depend on how well we lived during the early part of our lives. So, what roads we choose on our journey to aging may impact how we reach our destination. Hopefully, this report will help Via Christi Village (VCV) and Via Christi Hospital (VCH) in making better decisions as we journey toward our quest in assisting the elderly to live more fully by giving them greater independence and quality of life.

In 2008, the World Health Organization (WHO) commissioned a report titled Closing the Gap in a Generation: Health Equity through Action on the Social Determinants of Health. ¹ In this report, the issue of social justice was identified as a matter of life and death as it impacts the way people are born, live and their risk of dying prematurely. According to WHO, a girl born today can expect to live for more than 80 years in some countries and as few as 45 if born in others.

The inequities in birth, health and death are certainly areas that concern Via Christi as a Catholic health care ministry. The WHO report states “The development of a society, rich or poor, can be judged by the quality of its population’s health, how fairly health is distributed across the social spectrum and the degree of protection provided from disadvantage as a result of ill-health.”²

Access to health care is an important public health measurement and is one of the 10 national Leading Health Indicators (LHI) used to guide national policy priorities to improve public health.³ Improving access to health care for the aging population is also important to VCV, the division of Via Christi Health (VCH) that oversees numerous independent living, assisted living and skilled nursing home facilities in addition to other services which are focused on the needs of the aging population.

The most common barrier cited in 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 poorer health outcomes. One research study which observed individuals, including those with health insurance, documented that when patients avoided obtaining health care or prescription drugs because of cost, they had a higher risk of re-hospitalization following a heart attack.⁴

This report will be used by VCV and Via Christi Hospitals leadership teams to develop plans in addressing access to health care needs for the elderly population who live in and around communities where VCV has facilities. This includes: Hays, Manhattan, Pittsburg and Wichita, Kansas as well as Ponca City, Oklahoma. Their plans will guide VCV 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.
Methodology

Interviews with a wide range of stakeholders within VCVs primary service areas were conducted between April and December 2011. Attachment A lists the names and organizations of those participating in approximately one hour interviews. In total 144 one-on-one interviews and nine focus groups with VCV residents of independent and assisted living ministries were completed involving 80 elderly people for a total of 224 participants.

Interviewees were selected based on their position within the community and/or their direct knowledge of providing services to the aging population. Others were selected because of their hands-on experience in working with this population age group or because they are active caregivers themselves. The seniors interviewed were all volunteers recruited by VCV staff who are interested in sharing their experiences for the good of others.

This report documents the themes from these interviews and incorporates data generated from elderly participants to the United Way of the Plains 2010 Needs Assessment Report which covers nine counties that are contiguous to Sedgwick County in the Southcentral part of Kansas.

Organization of Aging Assessment

So that each VCV community can better understand their needs and resources, this assessment is organized by location. While there are common themes identified (e.g. lack of transportation, difficulty in finding physicians who will to take new Medicare patients, having access to specialty or dental care, being able to afford home health care services, etc), it was decided that having a separate section for each community would be the most useful in having this document become a working tool. As a result, there are five sections of this report Hays, Manhattan, Pittsburg, Wichita and Ponca City.

Each community included in this report has its own section that can be copied and shared within their respective communities as a stand-alone document. Beginning with Hays, Kansas (Section A) and finishing with Ponca City, Oklahoma (Section E).

State Description

As of 2010, Kansas population was 2,853,118 representing a 6.1 percent increase from the 2000 Census. Approximately 13.2 percent of Kansas’ population is 65 years of age or older. Nearly 84 percent of the State’s population is Caucasian., nearly 6.0 percent Black, 1.0 percent American Indian and Alaska Natives, 2.4 percent Asian, 0.1 percent Native Hawaiian and other Pacific Islanders with 3.0 percent reporting two or more races. In 2010, the Kansas population included approximately 171,200 foreign-born (6.0% of the state population).
While Kansas reported a 6.1 percent growth in population during the last Census, it continues to be one of the slowest-growing states in the nation. Known as a rural flight state, Kansas is marked by a migratory pattern of people leaving the rural areas and moving into cities. In Kansas alone, there are more than 6,000 ghost towns and dwindling communities according to one Kansas historian.  

The religious makeup of Kansas is primarily Christian (82%) which includes: Protestant (49%), Roman Catholic (29%), non-denominational (1%) and 3 percent other Christian affiliation. Latter Day Saints/Mormons, Jehovah’s Witness and Jewish each comprise 2 percent while 9 percent of Kansas residents identified no religious affiliation.

Oklahoma’s population is larger than Kansas. In 2010, Oklahoma’s population was reported to be 3,751,351 and represented an 8.7 percent increase over the previous census. Approximately 13.5 percent of Oklahoma’s population is 65 years of age or older. Just more than 72 percent of the State’s population is Caucasian.

At the 2010 Census, 68.7 percent of the population was non-Hispanic White, down from 88 percent in 1970, 7.3 percent non-Hispanic Black, 8.2 percent non-Hispanic American Indian and Alaska Native, 1.7 percent non-Hispanic Asian, 0.1 percent non-Hispanic Native Hawaiian and other Pacific Islander, -0.1 percent from some other race and 5.1 percent of two or more races.

Oklahoma is part of a geographical region characterized by widespread conservative Christianity and Evangelical Protestantism known as the “Bible Belt.” According to the Pew Research Center, the majority of Oklahoma’s religious adherents – 85 percent – are Christian, accounting for about 80 percent of the population. The percentage of Oklahomans affiliated with Catholicism is half of the national average, while the percentage affiliated with Evangelical Protestantism is more than twice the national average.

Oklahoma is a major producer of natural gas, oil and agriculture but relies on an economic base of aviation, energy, telecommunications and biotechnology. It has one of the fastest growing economies in the nation, ranking among the top states in per capita income growth and gross domestic product growth.

**Overall Aging Assessment Themes**

Note some themes listed below may fit in more than one category and many findings were found in more than just one community. This listing of themes looks at the uniqueness of each theme that was identified across Kansas and in Ponca City, Oklahoma without trying to be repetitive and all inclusive. The specific community from which these themes originated will be identified in the respective sections of this report.
Access to Health Care Challenges Exist for:

**Basic Health Care**
- Seniors who have difficulty finding physicians and specialists willing to take new Medicare patients.
- Severely obese patients due to most service providers not having bariatric equipment in which to make these patients comfortable (e.g. ambulances, hospital gurneys, X-ray tables, MRI equipment, hospital beds, etc).
- Senior not having sufficient resources to cover cost of prescriptions.
- Seniors who lack understanding on what Medicare provides or doesn’t provide – need more educational presentations on the topic for seniors and their caregivers.
- Many low income seniors and as a result, several interviewees would like to see the Via Christi HOPE Program expanded state-wide.
- Seniors due to little to no coordination between provider organizations specifically dealing with health related issues.
- People who may need and benefit from palliative care but whose families or caregivers refuse to discuss end of life issues.
- Practitioners who refuse to embrace technology which may assist in delivery of care through telemedicine, eHealth or other assistive devices which could improve access especially in rural areas.
- Seniors who may be able to access PCPs but who have difficulty in understanding what they are being told without active caregiver involvement.
- Seniors who may be in need of short-term inpatient care when dismissed from hospitals but are not yet ready to go back home.
- Seniors due to few medical students being trained as geriatricians focusing on pain management, macular degeneration, depression and/or management of multiple chronic diseases.
- Seniors in need of dialysis as several communities do not have nephrologists available so seniors have to commute for regular treatments.
- Clinics may be available in some areas but transportation to them is always challenging especially for those who are living in poverty and may be unable to walk without assistance.
- Use of navigators to coordinate data from all touch points of care (e.g. hospitals, PCPs, pharmacies, EDs, etc) especially for those who have multiple chronic diseases or are frequent fliers in the ED is really needed.
- Via Christi HOPE and VCH should explore ways to work with KU Medical School to attract medical students interested in pursuing a geriatric focus.
- There needs to be a case navigator for seniors wanting to explore their Medicare Part D options – a constant communication merry-go-round.
- Many physicians are aging themselves and are less inclined to add more Medicare patients making it difficult to access health care for new seniors moving in.
Native Americans need to have education on preventative health care measures as this population is the least likely to access services. Providers need to find a way to get them engaged for better quality of life outcomes at all ages.

**Mental Health**
- Interviewees who are concerned about the lack of inpatient psychiatric units available for those in need within the area regardless of age.
- The whole psychological support system is fragmented – although this is getting some attention from a new group formed with VCBH as an active partner.
- One interviewee stated that getting access to a geriatric psychiatrist is next to impossible and usually forces a person to seek this kind of care out of the area.
- Need more beds for assisted living units, especially for those with dementia related illnesses.

**Oral Health**
- Senior not having sufficient resources to cover cost of dental care.
- Oral health care is a real issue in all markets regardless of age.

**Assisted Living/Nursing Home Challenges Exist for:**
- Seniors not having sufficient income to afford living in assisted living units
- Family members and caregivers concerns about young people discharged from mental health in-patient facilities and/or aging sexual offenders released from prisons and admitted to skilled nursing facilities where vulnerable elderly people are living.
- Active seniors who feel activities are more geared toward the frail elderly or skilled nursing population and not focused on engaging the more robust senior population in staying mentally alert.
- All facilities who feed large number of aging people to ensure food is nutritious in value, taste good to those who rely on it and meets the requirements of those on special diets.
- All nursing home facilities who must educate staff on cultural competency when dealing with the unique expectations of the aging population.
- While several new facilities are being built to accommodate the growing number of baby boomers who will need them, perceptions are that few will be affordable.

**Affordable Housing Challenges Exist for:**
- Seniors not having sufficient income to afford living in a senior housing unit.
- Some seniors where those eligible for senior housing subsidies outnumber the housing stock available.
• Programs which provide home improvement for elderly residents (e.g. air conditioning in summer and heating in winter, wheelchair ramps, safety rails in bathrooms, etc.) who could stay in their own homes if financial assistance was available to improve the condition of their property.

In-Home Health Services &/or Adult Day Care Challenges Exist for:

• Seniors not having access to affordable home health care.
• Seniors with physical and/or memory challenges having access to affordable day care.
• Families looking for affordable attendant care for elderly residents still living independently but unable to access assisted living accommodations.
• Seniors who may be in need of medical management for prescription use monitoring and for seniors dealing with multiple chronic diseases.
• Seniors willing to pay a small stipend for dependable and reliable help but who can no longer clean and do laundry when washer/dryer is in basement.
• Families and/or caregivers who are willing to assist the elderly but who need help in building wheelchair ramps and who may need respite care opportunities to accommodate work schedules or other personal errands.
• Seniors who may be dismissed from the hospital but is not quite ready to manage their own recovery period or who may be too weak to fend for themselves.

Transportation Challenges Exist For:

• Aging veterans needing access to Veteran Hospital services without traveling long distances to other communities.
• Seniors needing access to specialty care which has been recommended by their PCPs.
• Seniors who would like to participate in opportunities outside of medical trips. Elders living in senior living facilities would like transportation available for church attendance, grocery shopping and other social activities to stay involved in their community. While some limited transportation may be provided by a few facilities, there is usually an associated cost and some seniors can’t afford it so they choose not to go places.
• Seniors, especially those living outside of city limits or in small rural communities, to find and get affordable transportation for unplanned medical appointments.

Community Involvement Challenges Identified:

• A couple of interviewees would like to see an Elder Abuse Coalition (modeled after Independence, KS Ombuddy Program) to bring awareness to bank, police, clergy on the topics of exploited and abused elderly.
• VCV used to be very engaged in the community regarding advocacy issues for the aging and some interviewees perceived this assessment as a first step in our reengagement. In several communities there are networking opportunities available but VCV and other facilities haven’t participated on a regular basis. Interviewees suggested that VCV could offer more services (e.g. foot care clinics, blood pressure screenings, etc) so people have a reason to become engaged and familiar with services provided by VCV.

• Interviewees are very concerned about the growing gambling addiction taking place in the area due to the build-up of area casinos that are largely marketing to the elderly population with free lunches, gambling money and transportation.

• Some interviewees reported that there are minimal services offered with ready-to-go bi-lingual language support (e.g. transportation, health fairs, Emergency Rooms, home health etc.) making quality service difficult for both patient and provider.

• Some interviewees would like to see a coalition group started to specifically deal with the requirements resulting from the new health care reform laws.

Research on Aging Issues

The reality that 79 million baby boomers in the USA are preparing to cross the threshold into senior status in 2014 poses quite a challenge for the world of healthcare. But it also creates a market that’s eager for innovation and projected to be worth nearly $447 billion.

Healthy People 2020, the World Health Organization, the National Partnership for Action to End Health Disparities, the National Prevention and Health Promotion Strategy and Catholic Health Association all recognize the importance of social determinants of health in influencing the quality of life for all people. These organizations and Via Christi believe that all Americans deserve an equal opportunity to make informed choices that lead to good health.

Social determinants of health are conditions in the environments in which people are born, live, learn, work, play, worship and age that affect a wide range of health, functioning, and quality of life outcomes. Conditions (e.g. social, economic and physical) in these various environments and settings (e.g. school, church, work and neighborhood) gives one a sense of identity but also engages people in their surroundings and desires for a safe and affordable environment, access to education, public safety, availability of healthy foods and local emergency/health services.

The Centers for Disease Control and Prevention Office research paper titled 75 Years of Mortality in the United States, 1935 – 2010, lists some of the success indicators that public health initiatives have had in adding to the well-being of the populations. Their key findings included

• Although single year improvements in mortality were often small, the age-adjusted risk of dying dropped 60 percent from 1935 to 2010.
• The risk of dying decreased for all age groups but was greater for younger age groups with a 94 percent reduction in death rates at 1 – 4 years compared with a 38 percent decline at 85 years or more.
• The risk of dying decreased for all race subgroups of the U.S. population from 1935 to 2010; however, differences persisted between groups (the gap was the widest between 1988 and 1996).
• Age-adjusted death rates decreased substantially between 1935 and 2010. Declined 29 percent from 1935 to 1954, slowed to two percent from 1955 to 1968 and decreased 41 percent between 1969 and 2010.

As a result of improvements, the aging population in the USA is continuing to age. That is, the proportion of the population aged 90 and over has not only continued to increase but has become the fastest growing population in the nation. While this is good news in terms of longevity, this growing population consumes more resources disproportionately when compared to other population age groups. The financial reality of this increased longevity is having a significant impact on society’s and family resources.13

According to the 2010 Census, there were 1.9 million people over the age of 90. This population is projected to quadruple from 2010 to 2050 when their numbers will reach almost nine million. In 1980, this older population accounted for 2.8 percent compared to 4.7 percent in 2010. It is expected to reach a high of nearly 10 percent in 2050 when all of the baby boomers become 85 years of age and older. Kansas ranks in the top ten states when looking at the percentage of residents age 90 and over and for those age 65 and over.14

Other demographics of the 90+ population suggest that most of them are widowed white women living alone or in nursing homes. Most are high school graduates and almost all their healthcare is covered by Medicare and/or Medicaid.15 Highlights of this article included:
• Average life expectancy for a 90+ year old today is 4.6 years vs. 3.2 years in 1929-1931. Those who live to 100 have a life expectancy of another 2.3 years.
• 85 percent of those 90+ year old say they have one or more physical limitation. About 66 percent have difficulty walking or climbing stairs.
• Nearly 20 percent of those aged 90 to 94, 31 percent of those aged 95 to 99 and 38 percent of those aged 100 or older live in nursing homes, compared with about 3 percent of those aged 75 to 79.
• Women 90+ years old outnumber men by almost three to one. From 2006 to 2008, women made up about 75 percent of those aged 90 and older.
• Whites make up 88.1 percent of those aged 90 and older. Blacks make up 7.6 percent, Hispanics 4 percent and Asians 2.2 percent.
• The annual average income for people age 90+ was $14,760. Men had a higher income than women - $20,133 vs. $13,480 and Social Security made up about 48 percent of the total income.
During this research effort, the need for end-of-life care discussions came up from health care providers, faith-based leaders and the elderly themselves. Interviewees were quick to point out that death is a natural part of life and they believe it is possible to make the dying process as pleasant as possible. However, our culture tells us that we should fight hard against age, illness and death: “Do not go gentle into that good night, the Dylan Thomas poem says, “Rage, rage against the dying of the light.”

However, in interviewing for this aging assessment the “holding on” of material things in general and the importance of “life” regardless of its quality was not the position taken by most aging residents. The opinions of the aged, especially when they are actively dying, is important and it is for this reason that end-of-life discussions take place while there is time for planning and honest talk. It seems like the aging population is far more ready to talk about this topic than health care professionals, their primary caregivers or their families.

More education on the importance and the early intervention of palliative care was a constant theme raised by many elderly interviewees but they report that their children, most of who are in their 50s and 60s, are reluctant to discuss the topic. This researcher found that the elderly are less frightened by the thought of dying than living with a debilitating disease (such as Alzheimer’s, Parkinson with dementia or a massive stroke) where their quality of life may be severely compromised.

In a study of 2,155 patients with stage IV lung or colorectal cancer, talking about end-of-life care decisions (e.g. resuscitation efforts, hospice care, palliative care, venues for dying, etc) revealed that most discussion occurs late in the course of illness, leading to hospice referrals. Because the discussion comes late, few patients were offered palliative care, even though early interventions would offer important benefits to patients with incurable lung cancer throughout the disease trajectory, including better quality of life and longer survival rates. It is also thought that early discussions about end-of-life care may also help patients and their families with the psychological grief work that needs to be experienced in accepting one’s situation.  

**Key Summary Points**

**Specific Health Care Access Needs Identified – Access & Affordability**

Access to health care will continue to be a major challenge for all age groups due to shortages in physicians, preferences of physicians to live in larger cities where professional networking and consultations are readily available, and the increase in the patient base with the passage of health reform. People living in small cities or rural areas may see things get worse before getting better as many of their current physicians are closing in on retirement age and recruiting new physicians to the area has not been easy.

To combat this shortage, the University of Kansas’ Medical School has expanded its program in Salina and Wichita increasing their first year medical school capacity from 175 to 211 students.
The Kansas City campus annually admits 175 students, Wichita accepts 28 and Salina admits eight. Salina is the smallest four-year medical school in the USA but it is hopeful it will become a model for producing physicians who will want to stay and practice in rural communities.

State and federal fiscal challenges are impacting the nursing home industry. It was anticipated that Kansas would spend $438 million in Medicaid funding in 2011, 40 percent of which comes from Kansas taxpayers, on nursing home facilities. As a result of the State’s financial outlook, it is almost a certainty that there will be a push to find more economical alternatives for nursing home care. According to a news report, there are about 9,900 Medicaid nursing home residents in Kansas – more than 55 percent of all nursing home residents – who rely on Medicaid assistance because they can’t afford the $3,600 a month it costs on average to stay in a long-term care facility.17 Approximately 5.2 percent of Kansans 65 years of age and older live in nursing homes, far more than the national average of 3.8 percent. It is further estimated that nearly 20 percent of those nursing home residents have minimal needs that could be served by alternative in-home providers to keep seniors in their own homes and communities. Kansas ranks second in the country in terms of per-capita number of nursing home beds. Out of the 105 Kansas counties, 85 of them exceed the 3.8 percent national average in the percentage of senior citizens living in nursing homes.18

Despite more than $30 million invested by Oklahoma hospitals to expand their educational capacity, the demand of health professionals in Oklahoma is outpacing supply. According to the Oklahoma Health Care Workforce Center:19

- By 2012, Oklahoma will have a shortage of more than 3,000 nurses, 600 lab technicians, 400 physical therapists, 300 surgical technologists and nearly 200 occupational therapists.
- Oklahoma ranks last in the nation for access to primary care physicians.
- In 2007, the following counties had only one physician (D.O. or M.D.) providing primary care services: Alfalfa, Beaver, Boise City, Cimarron, Coal, Grant, Harper, Johnson and Kiowa. In 2007, Pushmataha County had no primary care physician practicing in that county.
- Oklahoma ranks 44th in the nation for the number of registered nurses (RNs) per 100,000 population.
- Oklahoma pays less than neighboring states for a number of allied health professions.
- More than 541,000 Oklahoma adults report their health is fair or poor.
- Compared to other states, Oklahoma is among the worst states when it comes to death from heart disease (49th), stroke (47th), diabetes (44th), child mortality (43rd), lung cancer (40th), obesity (38th) and infant mortality (37th).

According to the Oklahoma Health Care Workforce Center fact sheet, a bottleneck has developed in nursing and allied health with only 63 percent of qualified applicants being admitted into public colleges and universities. They identified that low faculty salaries and lack
of adequate numbers of faculty in post-secondary and allied health programs as big obstacles educational health professional capacity.

According to Genworth’s 2010 Cost of Care Survey, home health care costs, as well as other long term care services are lower in Oklahoma than they are national. The median annual rate for home care in Oklahoma is $41,710 statewide, 4 percent lower than the median annual rate. A private nursing home room annual cost in Oklahoma is $29,520 compared to $75,190 nationwide.20

**Changes Interviewees Would Like to See in Health Care**

Almost all residents interviewed were concerned (almost fearful) of any talks focusing on cuts in Social Security. Several stated that Social Security was the only money some of their friends had to cover their basic living expenses including prescriptions.

The majority of residents and many of the one-on-one interviewees stated that health care coverage for the elderly needed to include some dental and vision exams and treatment. One interviewee stated that if Medicare paid for eye exams and glasses on an annual basis, then there might be less traffic in the ERs due to fewer falls.

Many interviewees would like to see some form of case manager (case navigator) assigned to seniors who suffer from multiple chronic conditions, especially if one of the conditions is diabetes. Trying to balance the required prescriptions, frequent insulin checks while still maintaining a household is extremely difficult for those who are elderly, have visual challenges and may be living alone. Seniors who are in this position need to be able to call someone who can help them walk through their questions and communicate their concerns back to a physician or a team of providers who may not be doing much information sharing.

Several suggested that adult day care time has come for families who are struggling to balance jobs, families and aging parents. They believe that both Medicare/Medicaid need to assist these families by paying at least the hourly minimum wage to an adult day care provider.

Some interviewees suggested they would love to see mental health care professionals willing to make weekly rounds in assisted living and skilled nursing homes to reinforce therapy that may have started in an in-patient setting. Most therapist and psychiatrists are visiting once a quarter and some interviewees suggested this is not sufficient for positive resident outcomes.

Major consensus that Medicare revisions need to be made, especially to Part D so that lay people have a better understanding of what is covered and limit the redundant paperwork so that PCPs will be less likely to stop treating these patients.

Many interviewees stated there needed to be non-emergency ambulance-like transportation available that is affordable, timely and reliable or more PCPs need to offer concierge home
visits so elderly who are homebound can access needed healthcare services regardless of the weather or their physical challenges.

Development of aging communes for the middle income class where health prevention and wellness activities are available was suggested by a few. In fact, one interviewee stated they are already in discussion with some friends about moving into a “chosen” neighborhood that is close to health care services, grocery stores, churches and library where they can be each other support system when needed and go in together for paying for yard services, snow removal, etc.

**Suggestions on How Via Christi Could Make A Difference**

In cities where Via Christi owns hospitals, it was generally the consensus that Via Christi is already heavily involved in the community and usually identified as a community leader. Some interviewees thought that VCV could become more involved in their respective communities by hosting health fairs, or partnering with state to sit and meet with elderly citizens regarding advocacy issues. Some felt that VCV could offer “weekend beds” for frail elderly who are discharged from the hospital but not quite ready to go home and/or for families who need some respite care but are afraid to leave because their aging parent/grandparent has no one else to care for them.

A couple of interviewees thought VCV should offer educational talks and hit the church and service organizations lunch meetings. Some topics they would like to see covered included: When is it time to stop driving; what’s the difference between independent, assisted and nursing home living; living gracefully until the end; choosing the right time to enter a nursing home; juggling prescriptions – how to manage; etc.

Several people mentioned they would like to see VCV bring in a traveling geriatrician who would make regular appointments on a rotation basis and work closely with area PCPs. Some suggested that larger hospitals are not necessarily senior friendly as many seniors come to visit their love ones and have a difficult time getting from the front door to the patient’s room.

A shortage that was identified by VCV residents is related to few priests with whom they can have regular contact. Because Via Christi is a Catholic organization, many residents chose VCV because they wanted access to weekly Mass and daily Communion. While they recognize, especially in the more rural settings, that this may not always be possible due to the priest shortage, they are hopeful that something can be done to address their desire for more spiritual experiences.

Several residents felt that VCV could provide more transportation opportunities for those residents who want to do social events, attend concerts, and/or stay active in their communities without charging extra for it.
Personal Plans Regarding Health Care in Aging Years

One elderly gentleman who was involved in the focus group process told me afterwards that he had wanted to discuss his preferences for burial with his grown children who were in their 60s but they had refused to talk about it and suggested he write it all down so that when he does pass away they can carry out his wishes. He hoped by telling me this story that I’d put it into the report for other adult children who are finding it hard to “let go” and help them come to the realization that dying is a part of life and as adults we need to face up to that fact and start talking about it.

Because adults don’t want to talk about death, a not so surprising finding was people’s lack of personal preparedness for their own aging or that of their immediate family. Less than 25 percent of those interviewed had made out a Final Will, signed an Advance Health Care Directive or assigned a Power of Attorney document, even though many of them work in the aging field or deal professionally with death and dying issues daily. Making end-of-life choices and discussing those choices are difficult but it was apparent through discussions that the elderly were more inclined to want to talk about it than the professionals who serve them.

Next Steps

This report is being shared with the leadership teams of Via Christi Villages and Via Christi Hospitals, including Mercy Regional Health Center in Manhattan, Kansas. Each leadership team will review this report’s content to determine what needs their organization is best suited to address. While this research was conducted primarily for VCV, it has many aspects that can be addressed by VC hospitals either by themselves or in partnership with others. Each ministry will review the report and determine priorities for working in partnership with other VC ministries. The selected priorities will be incorporated into each ministry’s strategic planning discussions and strategies developed to improve the health of the elderly living in the communities in which we are blessed to serve.
Section A: Hays, Kansas  
2011 - 2012 Aging Assessment

Executive Summary

During 2011, a community assessment focusing on the health care needs of the aging population was conducted for the Hays, Ellis County area by Via Christi Villages (VCV). Twenty-three one-on-one interviews were conducted and a focus group of nine residents of Via Christi Village – St John’s. The themes that emerged from this effort included:

- Seniors having difficulty finding physicians and specialists willing to take new Medicare patients.
- Senior having sufficient resources to cover cost of prescriptions and dental care.
- Seniors having access to affordable home health care.
- Senior with physical, emotional and/or memory challenges having access to affordable day care.
- Senior veterans not having access to hospital services without traveling to Wichita’s Robert Dole Veterans Hospital.
- Seniors not having access to affordable transportation for medical appointments, especially for those living outside of city limits – ACCESS van provides door-to-door assistance only for $1.50 per trip but they will not help a person get inside their house due to liability issues. ACCESS vans must be scheduled in advance so unexpected trips to the doctors are not always possible.
- Seniors having sufficient income to afford living in senior housing units.
- Finding affordable attendant care for elderly residents still living independently but unable to access assisted living accommodations locally.
- Via Christi needs to have more community involvement, especially where they can provide leadership on services for the aging and assist with caregiving challenges.

Description of Community

Hays is the county seat for Ellis County, Kansas. It is the largest city in northwestern Kansas and it serves the region as the economic and cultural center. Hays is also home to Fort Hays State University, which has an enrollment of more than 12,000 students.\textsuperscript{21}

In the 2010 Census, the city’s population was 20,510. The racial composition of Hays is 92.8 percent Caucasian, 1.8 percent Asian, 1.1 percent African American, 0.3 percent American Indian, and 3.9 percent representing other races and/or is multi-racial. Approximately 4.7 percent of the population was Hispanic or Latino. Table 1A shows the population growth patterns for Hays and Ellis County for the last four decades, as well as the State of Kansas. Both Hays and Ellis County are increasing their population but at a much slower rate than the State.
Table 1A: Population and Change in Hays and Ellis County, Kansas

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Hays</td>
<td>16,301</td>
<td>17,767</td>
<td>20,013</td>
<td>20,510</td>
<td>2.5%</td>
<td>2.6%</td>
</tr>
<tr>
<td>Ellis Co.</td>
<td>26,098</td>
<td>26,004</td>
<td>27,507</td>
<td>28,452</td>
<td>3.4%</td>
<td>9.0%</td>
</tr>
<tr>
<td>State of KS</td>
<td>2,364,236</td>
<td>2,477,588</td>
<td>2,688,824</td>
<td>2,853,118</td>
<td>6.1%</td>
<td>20.7%</td>
</tr>
</tbody>
</table>

In 2010, there were 8,698 households in which 24.8 percent had children under the age of 18 living in them. Approximately 12.7 percent of the population is 65 years or older and nearly 10 percent of the households reported having a senior living with them.²²

The median income for a household in the city of Hays was $42,536 and the median income for a family was $61,895. About 4.2 percent of families and 13.2 percent of the population were below the poverty line which includes 7.1 percent of those 65 years of age and older.²³

The service sector constitutes most of the local economy with education and health care being two major industries. Hays Medical Center, Fort Hays State University and Hays Public Schools are the city’s three largest employers.

The cost of living in Hays is relatively low; compared to a U.S. average of 100, the cost of living index for the city is 80.8. As of 2010, the median home value in the city was $148,000.

In 2010, Kansas ranked 13th out of 50 states in the percentage of its adults aged 25 to 64 years old with at least a high school diploma (89.2%). In the 2010 Census, 91.7 percent of adults over the age of 25 reported having a high school diploma. Nearly 34 percent reported having a college degree compared to 29 percent for the State.²⁴

**Who was Involved in the Aging Assessment**

The aging assessment process was initiated by Via Christi Villages (VCV) and Via Christi Health (VCH) to learn about the health access needs of the aging population in markets where they own and operate a long-term care facility. VCH, as the umbrella organization, provided the financial support and staff leadership for the assessment process; however, members of the community were also engaged to participate in this research effort.

Representatives from not-for-profit organizations, emergency services, government services, faith community, Area Agency on Aging, competitor assisted living facilities, transportation services, caregivers, low-income housing units, medical facilities and providers and seniors themselves were all invited to participate in this research effort.
**How the Assessment was Conducted**

This assessment began with a review of 2010 Census data, County Health Rankings, one-on-one interviews and focus group discussion with elderly volunteers. There were 23 one-on-one interviews and one focus group comprised of nine seniors living in VCV-St John’s. The data used for this assessment was collected and analyzed by VCH’s Director of Community Benefit from Wichita, Kansas. The data collected from Hays was merged with interviews collected from other VCV markets which included a total of 224 participants.

The County Health Rankings document looks at both Health Outcomes and Health Factors to give counties a snapshot in how well their county is doing when it comes to health of their population. Health Outcomes describes how long and how well people live. Health Factors describe the elements that lead to how long and how well people live.

According to the 2012 County Health Rankings, Ellis County ranks fourth out of 100 counties. See Map 1A below to see how Ellis County compares with other Kansas Counties. While this ranking is great news, there are still pockets of concern when it comes to clinical care and healthy behaviors. The good news is that Ellis County’s social and economic factors (e.g. high school graduation rates, adults over the age of 18 who have some college education and unemployment rates) are better than those reported by the State and better than what is considered benchmarks for the country. See Table 2A for specific data breakout.

**Map 1A: 2012 County Health Rankings for Kansas**

One of the most eye catching numbers in Table 2A is the ratio of patients to primary care physicians. It is very obvious why seniors are having a difficult time finding physicians as given the ratio of one PCP to 1,308 patients would be challenging for any new person moving into the community to access health care very easily regardless of their age.
Compound the limited number of practicing physicians with stretched resources, the incentive to take on new patients with low reimbursement rates from Medicare/Medicaid and increased governmental regulations for accountability, just doesn’t lend itself well to increased health access.

Health Needs Identified

The 2012 County Health Rankings identified the following areas in which Ellis County needs to improve if it wants to be recognized as a healthy place to live, learn, work and play. Specifically: adult smoking, adult obesity, physical inactivity, excessive drinking, preventable hospital stays, diabatic screenings and fast food restaurants. Several of these issues are related – the growing number of fast food restaurants, lack of physical activity and adult obesity can certainly lead to pre-diabetic conditions, if not full blown diabetes. In looking specifically at the aging population who may be at high risk for these health related issues, the lack of transportation to health care providers and/or public gyms limit the aging population’s ability to proactively engage in healthy behaviors outside of their homes and/or neighborhoods.

One-on-one interviews and the hosting of an elderly focus group were new processes introduced in this research effort. While the overall themes have already been identified in the Executive Summary of this report, several seniors expressed the need for more affordable home health care and senior housing units. They stated if these had been more affordable and readily available, they could have postponed their move into an assisted living facility. While they appreciated the low-cost transportation provided by the ACCESS vans, the need to schedule in advance eliminated any unexpected trips to the doctor’s office. Family members were particularly interested in finding adult day care for loved ones who are in need of care when they are at work. Currently only one provider is available in the Hays area.

Community Assets for Seniors

The City of Hays offers some community assets for assisting the aging population; however, the elderly may not always be aware of what services are available or are reluctant to ask about them. The following agencies, listed in alphabetical order, were the agencies identified as leaders in offering services or outreach programs for the aging in the Hays area. (NOTE: This is not intended to be an exhaustive or an endorsement list.)

- ACCESS Van
- Alzheimer’s Support Group
- Area Agency on Aging
- First Care Clinic
- Fort Hays State
- Good Samaritan
- Hays Medical Center
- Hospice
- Meals on Wheels
- Senior Center
- U Save Pharmacy
- Via Christi Village – St John’s
- Victoria Clinic
- Wellness Center
Characteristics of Focus Group Participants (N=9)

Nearly 67 percent of the participants had family members living in the area. One third of them had to relocate to be closer to family. Only two of the interviewees reported receiving Meals on Wheels prior to coming to VCV-St John’s.

Over half of the participants indicated it was their decision to move into assisted living with the remainder suggesting it was a mutual decision between them and their family. The primary reason for moving into assisted living was needing housing that was more suitable for an elderly person. Some suggested they were beginning to have difficulty in traveling outside of their own home for trips to the doctor, grocery store, church services, etc.

The majority of participants stated that moving into VCV-St John’s was the right move for them as they have found plenty of socialization opportunities, they feel safer in terms of having access to services they need and they feel more secure in knowing they are not alone.

Still, these elders report missing their independence especially friends they left behind. While friends can come and visit, it’s not the same as walking out your front door and going next door to share a cup of coffee. Some of the women reported missing the task of cooking and baking, especially around the holidays. The men were more likely to report missing gardening and the ability to just get in the car and go anywhere they wanted to go.

The advice they felt they should give to others before moving into assisted living was to first downsize all of their belongings so that family members don’t have to do it. They suggested that people go and try the meals of the facility before moving in and checking out the competition and what they have to offer so they can be at ease with the decision they make.

The biggest concern that the majority of residents have is what happens should the facility catch on fire, especially at night when so many residents may be asleep. They are aware of the alarms and take comfort in knowing that staff is available to assist in getting people out but worry that too many people will need help and that time is a critical factor.
Table 2A: 2012 County Health Rankings for Ellis County, Kansas

<table>
<thead>
<tr>
<th>Health Outcomes</th>
<th>Ellis County</th>
<th>Error Margin</th>
<th>National Benchmark</th>
<th>Kansas Rank of 100</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Mortality</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Premature death</td>
<td>5,386</td>
<td>4,458-6,315</td>
<td>5,466</td>
<td>7,012</td>
</tr>
<tr>
<td><strong>Morbidity</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Poor or fair health</td>
<td>8%</td>
<td>7-11%</td>
<td>10%</td>
<td>13%</td>
</tr>
<tr>
<td>Poor physical health days</td>
<td>2.4</td>
<td>1.8-3.1</td>
<td>2.6</td>
<td>3.0</td>
</tr>
<tr>
<td>Poor mental health days</td>
<td>1.8</td>
<td>1.4-2.2</td>
<td>2.3</td>
<td>2.8</td>
</tr>
<tr>
<td>Low birth weight</td>
<td>6.9%</td>
<td>5.9-7.9%</td>
<td>6.0%</td>
<td>7.2%</td>
</tr>
<tr>
<td><strong>Health Factors</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Health Behaviors</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adult smoking</td>
<td>18%</td>
<td>14-23%</td>
<td>14%</td>
<td>18%</td>
</tr>
<tr>
<td>Adult Obesity</td>
<td>31%</td>
<td>27-36%</td>
<td>25%</td>
<td>30%</td>
</tr>
<tr>
<td>Physical Inactivity</td>
<td>25%</td>
<td>20-29%</td>
<td>21%</td>
<td>24%</td>
</tr>
<tr>
<td>Excessive Drinking</td>
<td>22%</td>
<td>17-27%</td>
<td>8%</td>
<td>15%</td>
</tr>
<tr>
<td>Motor Vehicle Crash Death Rates</td>
<td>15</td>
<td>9-20</td>
<td>12</td>
<td>18</td>
</tr>
<tr>
<td>Sexually Transmitted Infections</td>
<td>288</td>
<td></td>
<td>84</td>
<td>375</td>
</tr>
<tr>
<td>Teen Birth Rate</td>
<td>27</td>
<td>23-30</td>
<td>22</td>
<td>43</td>
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<tr>
<td><strong>Clinical Care</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Uninsured</td>
<td>14%</td>
<td>12-16%</td>
<td>11%</td>
<td>15%</td>
</tr>
<tr>
<td>Primary Care Physicians</td>
<td>1,308:1</td>
<td></td>
<td>631:1</td>
<td>857:1</td>
</tr>
<tr>
<td>Preventable Hospital Stays</td>
<td>81</td>
<td>72-90</td>
<td>49</td>
<td>70</td>
</tr>
<tr>
<td>Diabetic Screening</td>
<td>80%</td>
<td>69-90%</td>
<td>89%</td>
<td>85%</td>
</tr>
<tr>
<td>Mammography Screening</td>
<td>78%</td>
<td>67-89%</td>
<td>74%</td>
<td>67%</td>
</tr>
<tr>
<td><strong>Social &amp; Economic Factors</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>High school graduation</td>
<td>93%</td>
<td></td>
<td></td>
<td>80%</td>
</tr>
<tr>
<td>Some college</td>
<td>76%</td>
<td>68-83%</td>
<td>68%</td>
<td>66%</td>
</tr>
<tr>
<td>Unemployment</td>
<td>3.7%</td>
<td>5.4%</td>
<td>5.4%</td>
<td>7.0%</td>
</tr>
<tr>
<td>Children in poverty</td>
<td>13%</td>
<td>9-17%</td>
<td>13%</td>
<td>18%</td>
</tr>
<tr>
<td>Inadequate social support</td>
<td>15%</td>
<td>12-19%</td>
<td>14%</td>
<td>16%</td>
</tr>
<tr>
<td>Children in single-parent households</td>
<td>20%</td>
<td>13-27%</td>
<td>20%</td>
<td>28%</td>
</tr>
<tr>
<td>Violent crime rate</td>
<td>269</td>
<td></td>
<td>73</td>
<td>421</td>
</tr>
<tr>
<td><strong>Physical Environment</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Access to recreational facilities</td>
<td>14</td>
<td></td>
<td>16</td>
<td>10</td>
</tr>
<tr>
<td>Limited access to healthy foods</td>
<td>4%</td>
<td></td>
<td>0%</td>
<td>7%</td>
</tr>
<tr>
<td>Fast food restaurants</td>
<td>56%</td>
<td></td>
<td>25%</td>
<td>48%</td>
</tr>
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</table>
Section B: Manhattan/Wamego, Kansas
2011 - 2012 Aging Assessment

During 2011, a community assessment focusing on the health care needs of the Manhattan/Wamego aging population was conducted. Twenty-three one-on-one interviews were conducted and a focus group of 11 residents of Via Christi Village – Manhattan. The primary themes that emerged from this assessment effort included:

- Seniors ability to afford needed dental care
- Seniors ability to acquire needed and convenient transportation, especially for rural areas and those who are on dialysis and who may need to access Veteran Hospital services in Topeka or Kansas City or others needing access to specialists.
- All service providers are beginning to see challenges in caring for those who are extremely obese as many do not have bariatric equipment in which to make these patients comfortable. While this was cited in the aging assessment, this is a concern for many adults, regardless of age.
- Seniors having sufficient income to afford living in senior housing or assisted living units.
- Interviewees concerned about the lack of an inpatient psychiatric unit being available for those in need within the area regardless of age.
- Lack of understanding on what Medicare provides or doesn’t provide – need more educational presentations on the topic for seniors and their caregivers.
- Seniors having access to affordable home health care which is eligible for reimbursement for providers.
- Would like to see the Via Christi HOPE Program expanded state-wide with roving gerontologists/geriatricians.
- Via Christi Villages is not as visible in the community as it used to be. Interviewees suggested that it might offer more outreach services (e.g. foot care clinics, blood pressure screenings, etc) or partner with the hospital or other senior living facilities in hosting periodic senior activities.
- Lack of medical management for prescription use monitoring and for seniors dealing with multiple chronic diseases.
- Little to no coordination between provider organizations specifically dealing with health related issues. Some interviewees would like to see a coalition group restarted especially in light of the new health care legislation.
- Manhattan has some nice options for long-term care facilities but little options for in-home or day care services for seniors.
- Seniors having access issues with primary care physician when moving into the Manhattan area to be closer to other relatives.
- There needs to be discussion (or forums) held on end of life discussions (e.g. what decline looks like, what is palliative care and when is it time to say enough?)
• More discussion and implementation of computer assisted delivery of care be it telemedicine, eHealth and/or software compatibility could be used in the area to make access easier.

Description of Community

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. Manhattan is also home to Kansas State University which has an enrollment of nearly 24,000 students.27

As of 2010, the census for the City of Manhattan’s population was 52,281.28 The Metropolitan Statistical Area (MSA) of Manhattan had an estimated population of 113,629 making it the fourth largest metropolitan area in the state.29

In 2007, Cable News Network (CNN) and Money magazine rated Manhattan as one of the 10 best places in America to retire young.30 This may be part of the reason why the City of Manhattan has shown a 16.6 percent increase in population from the 2000 Census as well as the neighboring counties. Table 1B shows the population growth patterns for Geary, Pottawatomie and Riley Counties for the last four decades, as well as the State of Kansas.

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

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Geary Co</td>
<td>29,852</td>
<td>30,453</td>
<td>27,947</td>
<td>34,362</td>
<td>22.9%</td>
<td>15.1%</td>
</tr>
<tr>
<td>Pottawatomie Co</td>
<td>14,782</td>
<td>16,128</td>
<td>18,209</td>
<td>21,604</td>
<td>18.6%</td>
<td>46.1%</td>
</tr>
<tr>
<td>Riley Co</td>
<td>63,505</td>
<td>67,139</td>
<td>62,852</td>
<td>71,115</td>
<td>13.1%</td>
<td>12.0%</td>
</tr>
<tr>
<td>State of Kansas</td>
<td>2,364,236</td>
<td>2,477,588</td>
<td>2,688,824</td>
<td>2,853,118</td>
<td>6.1%</td>
<td>20.7%</td>
</tr>
</tbody>
</table>

Between 2000 and 2010, the State of Kansas population increased by 6.1 percent while Riley County’s population grew by 13.2 percent and Geary County’s population increased by nearly 23.0 percent during the same time period. Pottawatomie County also experienced significant growth during this time period and all three counties grew twice as fast as the State of Kansas as a whole. But look at the changes over the last four decades as outlined in Table 1B. Pottawatomie County grew by a whopping 46.1 percent!

The population breakout in Table 2B reveals some interesting characteristics as Geary County is showing a much more diverse population than either of its neighboring counties and the State of Kansas as a whole. This phenomenon most likely corresponds to the fact that Fort Riley, as
an Army base and the City of Manhattan, home of Kansas State University, has a large young adult population who is diverse in racial/ethnic composition.

**Table 2B: Racial/Ethnic Composition for MRHC’s Primary Service Areas in 2010**

<table>
<thead>
<tr>
<th>Population Variable</th>
<th>Kansas</th>
<th>City of Manhattan</th>
<th>Geary County</th>
<th>Pottawatomie County</th>
<th>Riley County</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>83.8%</td>
<td>83.5%</td>
<td>66.2%</td>
<td>93.6%</td>
<td>83.2%</td>
</tr>
<tr>
<td>Black</td>
<td>5.9%</td>
<td>5.5%</td>
<td>18.4%</td>
<td>1.1%</td>
<td>6.4%</td>
</tr>
<tr>
<td>Asian</td>
<td>2.4%</td>
<td>5.1%</td>
<td>3.2%</td>
<td>0.7%</td>
<td>4.2%</td>
</tr>
<tr>
<td>American Indian &amp; Alaska Native</td>
<td>1.0%</td>
<td>0.5%</td>
<td>1.0%</td>
<td>0.8%</td>
<td>0.6%</td>
</tr>
<tr>
<td>All Other</td>
<td>3.1%</td>
<td>3.7%</td>
<td>7.7%</td>
<td>2.6%</td>
<td>3.7%</td>
</tr>
<tr>
<td>Hispanic/Latino Origin</td>
<td>10.5%</td>
<td>5.8%</td>
<td>12.4%</td>
<td>4.4%</td>
<td>6.5%</td>
</tr>
<tr>
<td>White, not Hispanic</td>
<td>78.2%</td>
<td>80.2%</td>
<td>59.9%</td>
<td>91.1%</td>
<td>79.5%</td>
</tr>
</tbody>
</table>

While Pottawatomie County reports the largest elderly population for Census 2010, it is still under the percent of this population group when compared to the State as a whole. Both Geary County and Pottawatomie Counties report a larger proportion of their population being 18 years of age and younger when compared to the State. Much of this could be due to the Army base located at Fort Riley and the growing student population attending KSU in Manhattan. In order to access affordable housing, many times younger populations are forced to look outside of the Manhattan area thus resulting in growing populations with younger children in neighboring communities. See Table 3B for specific age breakout.

**Table 3B: 2010 U.S. Census Bureau Population by Age Groupings**

<table>
<thead>
<tr>
<th>Age</th>
<th>Kansas</th>
<th>City of Manhattan</th>
<th>Geary County</th>
<th>Pottawatomie County</th>
<th>Riley County</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 5 years</td>
<td>7.2%</td>
<td>5.6%</td>
<td>11.1%</td>
<td>8.5%</td>
<td>6.8%</td>
</tr>
<tr>
<td>&lt; 18 years</td>
<td>25.5%</td>
<td>15.3%</td>
<td>30.9%</td>
<td>29.7%</td>
<td>18.5%</td>
</tr>
<tr>
<td>65 years &amp; over</td>
<td>13.2%</td>
<td>7.5%</td>
<td>7.6%</td>
<td>12.3%</td>
<td>7.3%</td>
</tr>
</tbody>
</table>

**Education**

In 2010, Kansas ranked 13th out of 50 states in the percentage of its adults aged 25 to 64 years old with at least a high school diploma (89.2%). Kansas ranks 16th for the percentage of adults who report having a bachelor’s degree or higher (29.3%). The State ranks 17th in the percentage of adults who have earned a graduate level or higher degree (10.0%).
Educational attainment for the tri-county area indicates a higher percentage of people living in Riley County with bachelor’s 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, Mercy Regional Health Center and others living in the Manhattan area. See Table 4B for a specific breakout.

Table 4B: Educational Attainment in 2006 – 2008 American Community Survey
Persons 25 Years and Older

<table>
<thead>
<tr>
<th>Education Attainment Level</th>
<th>Kansas</th>
<th>City of Manhattan</th>
<th>Geary County</th>
<th>Pottawatomie County</th>
<th>Riley County</th>
</tr>
</thead>
<tbody>
<tr>
<td>High School Graduate</td>
<td>89.2%</td>
<td>95.0%</td>
<td>91.1%</td>
<td>92.7%</td>
<td>94.2%</td>
</tr>
<tr>
<td>Bachelors Degree</td>
<td>29.3%</td>
<td>46.7%</td>
<td>19.4%</td>
<td>28.4%</td>
<td>42.3%</td>
</tr>
</tbody>
</table>

Kansas State University (KSU), besides reporting a record enrollment of 23,863 for the fall 2011 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.

Household Value & Income

According to the U.S. Census for 2010, the annual, median value of owner-occupied housing was $122,600 for the State of Kansas. Table 6B shows that only housing in Geary County is actually below that amount whereas, Riley County is averaging a cost which is 26 percent above that amount.

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 of that provided by their employers.

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 2012 - 2013. Apartments however, are reporting very low vacancy rates and in some cases, waiting lists have developed. However, most of these apartments are built with young students and/or their families in mind. There is considerable shortage of affordable quality housing for people who are aging and are looking to downsize.
Median household income for Pottawatomie County was $53,430. This amount represents a median household income higher than what was 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 $49,424.

As can be seen from Table 5B, Riley County has more of their population living below poverty level than the State of Kansas. In 2010, Riley County had 24.7 percent of their residents living below poverty level compared to 12.4 percent for all of Kansas. This level of poverty is more than twice that of Geary and over three times higher than that reported in Pottawatomie County.

Table 5B: Median Value of Owner-Occupied Housing, Median Household Income and Percent of Persons Living Below Poverty by County - 2010

<table>
<thead>
<tr>
<th></th>
<th>Kansas</th>
<th>Geary County</th>
<th>Pottawatomie County</th>
<th>Riley County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Median Value of Owner-Occupied Housing</td>
<td>$122,600</td>
<td>$118,600</td>
<td>$138,600</td>
<td>$154,800</td>
</tr>
<tr>
<td>Median Household Income</td>
<td>$49,424</td>
<td>$45,559</td>
<td>$53,430</td>
<td>$39,257</td>
</tr>
<tr>
<td>Living Below Poverty</td>
<td>12.4%</td>
<td>12.0%</td>
<td>7.1%</td>
<td>24.7%</td>
</tr>
</tbody>
</table>

Who was Involved in the Aging Assessment

The aging assessment process was initiated by Via Christi Villages (VCV) and Via Christi Health (VCH). VCV to learn about the health access needs of the aging population in markets where they own and operate a long-term care facility. VCH, as the umbrella organization, provided the financial support and staff leadership for the assessment process; however, members of the community were also engaged to participate in this research effort. Representatives from not-for-profit organizations, emergency services, government services, faith community, Area Agency on Aging, competitor assisted living facilities, transportation services, caregivers, low-income housing units, medical facilities and providers and seniors themselves were all invited to participate in this research effort.

How the Assessment was Conducted

This assessment began with a review of 2010 Census data, County Health Rankings, one-on-one interviews and focus group discussions with elderly volunteers. There were 23 one-on-one interviews and one focus group comprised of eleven seniors living in VCV – Manhattan. The data used for this assessment was collected and analyzed by VCH’s Director of Community Benefit from Wichita, Kansas. The data collected from Manhattan was merged with interviews collected from other VCV markets which included a total of 224 participants.
The County Health Rankings document looks at both Health Outcomes and Health Factors to give counties a snapshot in how well their county is doing when it comes to health of their population. Health Outcomes describes how long and how well people live. Health Factors describe the elements that lead to how long and how well people live.

According to the 2012 County Health Rankings report, Riley County received the number one ranking in the State of Kansas, Pottawatomie County ranked ninth and Geary County ranked 90th in terms of health outcomes. Map 1B visually illustrates how these three counties compares with other counties in the State of Kansas.

Map 1B: 2012 County Health Rankings for Kansas

While the ranking is great news for Riley and Pottawatomie Counties, Geary County is lagging way behind in terms of their health behaviors, clinical care, social and economic factors and physical environment. See Table 7B for specifics.

Table 6B looks at relevant data collected on the topic of health care. Geary County reports the highest numbers of premature deaths, poor or fair health self-assessment ratings, poor physical health days, low birth weight, adult smoking, physical inactivity, sexually transmitted infections, teen birth rate, uninsured, ratio of primary care physicians to patients, unemployment, inadequate social support, children living in single parent households and more fast food restaurants than either Pottawatomie or Riley Counties.
On the other hand, Riley County exceeds the benchmarks proposed by either the State of Kansas or the Nation in the following areas: premature deaths, poor or fair health self-reports, poor physical health days, low birth weight, adult smoking, adult obesity, physical inactivity, motor vehicle crash death rates, teen birth rate, uninsured, preventable hospital stays, diabetic screening, high school graduation, some college, unemployment, access to recreational facilities, and limited access to healthy foods. With this many areas ranking better than either the State or National benchmarks, it’s easy to see why Riley County ranked so high.

The ratio of primary care physicians to patients is pretty low when you look at Geary and Pottowatomie Counties. While Riley County is reporting a much better ratio, interviewees still voiced concerns that to find another physician who is willing to serve Medicare and/or Medicaid clients was still difficult.

Health Needs Identified

The 2012 County Health Rankings identified the following areas in which one or more of the Manhattan geographical primary counties need to improve if they want to be recognized as a healthy place to live, learn, work and play by exceeding the State of Kansas benchmarks. Specifically, premature death (Geary), poor or fair health self-reports (Geary), poor physical health days (Geary), poor mental health days (Riley), low birth weight (Geary), adult smoking (Geary and Pottawatomie), adult obesity (Pottawatomie), physical inactivity (Geary and Pottawatomie), excessive drinking (Riley), motor vehicle crash death rates (Pottawatomie), sexually transmitted infections (Geary and Riley), teen birth rate (Geary), uninsured (Geary), primary care physicians ratio (all three counties), preventable hospital stays (Geary), diabetic screening (Pottawatomie), mammography screening (Geary and Pottawatomie), some college attendance (Geary), unemployment (Geary), inadequate social support (Riley and Pottawatomie), children in single-parent households (Geary), violent crime rate (Geary), access to recreational facilities (Geary and Riley) and a decrease in fast food restaurants (Geary and Riley).

During one-on-one interviews and the focus group, it became apparent that transportation outside of Manhattan is a challenge for many elderly who are poor and/or suffering from chronic conditions limiting their ability to drive. While the overall themes have been identified in the Executive Summary of this report, several seniors expressed the need for more affordable home health care services that would allow people to reside in their private homes longer to enhance their quality of life. While ATA bus provides around 200 rides each day, only 20 percent of their riders are seniors and account for around 1,000 rides a month.

There was concern raised by a couple of interviewees that while there are several long-term care facilities available, very few of them are affordable. A few of the interviewees were aware of seniors in need of long-term care services but had to leave Manhattan for affordability. Unfortunately, that leaves their family support limited in the number of visits they can make weekly. In addition, the area is lacking on affordable and suitable adult day care.
Table 6B: 2012 County Health Rankings for Greater Manhattan Area

<table>
<thead>
<tr>
<th>Health Outcomes</th>
<th>Geary County</th>
<th>Riley County</th>
<th>Pottawatomie County</th>
<th>Kansas</th>
<th>National Benchmark</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall Rank (100)</td>
<td>90</td>
<td>1</td>
<td>6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mortality</td>
<td>90</td>
<td>2</td>
<td>9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Premature death</td>
<td>9,407</td>
<td>4,227</td>
<td>5,659</td>
<td>7,012</td>
<td>5,466</td>
</tr>
<tr>
<td>Morbidity</td>
<td>88</td>
<td>8</td>
<td>15</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Poor or fair health</td>
<td>17%</td>
<td>7%</td>
<td>10%</td>
<td>13%</td>
<td>10%</td>
</tr>
<tr>
<td>Poor physical health days</td>
<td>3.6</td>
<td>2.1</td>
<td>2.3</td>
<td>3.0</td>
<td>2.6</td>
</tr>
<tr>
<td>Poor mental health days</td>
<td>2.4</td>
<td>2.9</td>
<td>2.8</td>
<td>2.8</td>
<td>2.3</td>
</tr>
<tr>
<td>Low birth weight</td>
<td>8.6%</td>
<td>5.9%</td>
<td>6.0%</td>
<td>7.2%</td>
<td>6.0%</td>
</tr>
<tr>
<td>Health Factors</td>
<td>90</td>
<td>5</td>
<td>16</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health Behaviors</td>
<td>99</td>
<td>4</td>
<td>30</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adult smoking</td>
<td>26%</td>
<td>14%</td>
<td>19%</td>
<td>18%</td>
<td>14%</td>
</tr>
<tr>
<td>Adult Obesity</td>
<td>29%</td>
<td>27%</td>
<td>31%</td>
<td>30%</td>
<td>25%</td>
</tr>
<tr>
<td>Physical Inactivity</td>
<td>29%</td>
<td>19%</td>
<td>25%</td>
<td>24%</td>
<td>21%</td>
</tr>
<tr>
<td>Excessive Drinking</td>
<td>13%</td>
<td>22%</td>
<td>13%</td>
<td>15%</td>
<td>8%</td>
</tr>
<tr>
<td>Motor Vehicle Crash Death Rates</td>
<td>17</td>
<td>8</td>
<td>24</td>
<td>18</td>
<td>12</td>
</tr>
<tr>
<td>Sexually Transmitted Infections</td>
<td>1,428</td>
<td>528</td>
<td>117</td>
<td>375</td>
<td>84</td>
</tr>
<tr>
<td>Teen Birth Rate</td>
<td>91</td>
<td>21</td>
<td>27</td>
<td>43</td>
<td>22</td>
</tr>
<tr>
<td>Clinical Care</td>
<td>46</td>
<td>6</td>
<td>21</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Uninsured</td>
<td>16%</td>
<td>13%</td>
<td>12%</td>
<td>15%</td>
<td>11%</td>
</tr>
<tr>
<td>Primary Care Physicians</td>
<td>1,355:1</td>
<td>889:1</td>
<td>1,236:1</td>
<td>857:1</td>
<td>631:1</td>
</tr>
<tr>
<td>Preventable Hospital Stays</td>
<td>81</td>
<td>48</td>
<td>78</td>
<td>70</td>
<td>49</td>
</tr>
<tr>
<td>Diabetic Screening</td>
<td>82%</td>
<td>82%</td>
<td>87%</td>
<td>85%</td>
<td>89%</td>
</tr>
<tr>
<td>Mammography Screening</td>
<td>66%</td>
<td>81%</td>
<td>64%</td>
<td>67%</td>
<td>74%</td>
</tr>
<tr>
<td>Social &amp; Economic Factors</td>
<td>79</td>
<td>30</td>
<td>12</td>
<td></td>
<td></td>
</tr>
<tr>
<td>High school graduation</td>
<td>84%</td>
<td>92%</td>
<td>92%</td>
<td>80%</td>
<td></td>
</tr>
<tr>
<td>Some college</td>
<td>65%</td>
<td>79%</td>
<td>70%</td>
<td>66%</td>
<td>68%</td>
</tr>
<tr>
<td>Unemployment</td>
<td>8.1%</td>
<td>5.0%</td>
<td>5.3%</td>
<td>7.0%</td>
<td>5.4%</td>
</tr>
<tr>
<td>Children in poverty</td>
<td>16%</td>
<td>18%</td>
<td>12%</td>
<td>18%</td>
<td>13%</td>
</tr>
<tr>
<td>Inadequate social support</td>
<td>18%</td>
<td>13%</td>
<td>15%</td>
<td>16%</td>
<td>14%</td>
</tr>
<tr>
<td>Children in single-parent households</td>
<td>33%</td>
<td>23%</td>
<td>16%</td>
<td>28%</td>
<td>20%</td>
</tr>
<tr>
<td>Violent crime rate</td>
<td>607</td>
<td>329</td>
<td>236</td>
<td>421</td>
<td>73</td>
</tr>
<tr>
<td>Physical Environment</td>
<td>74</td>
<td>76</td>
<td>89</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Access to recreational facilities</td>
<td>6</td>
<td>6</td>
<td>10</td>
<td>10</td>
<td>16</td>
</tr>
<tr>
<td>Limited access to healthy foods</td>
<td>0%</td>
<td>2%</td>
<td>7%</td>
<td>7%</td>
<td>0%</td>
</tr>
<tr>
<td>Fast food restaurants</td>
<td>53%</td>
<td>51%</td>
<td>39%</td>
<td>48%</td>
<td>25%</td>
</tr>
</tbody>
</table>
Other issues that were raised, that may need further investigation include inability for area nursing homes to receive reimbursement for chemotherapy treatments required by their residents. According to one interviewee, chemotherapy reimbursement is only given when the treatment is received at the hospital. As a result, nursing home placement for elderly receiving chemotherapy is getting more difficult.

The mental health needs for the aging population is getting to be more challenging as currently there are very few places to take seniors who are acting out due to dementia related disorders. In the 2011, Mercy Regional Medical Center health assessment it was reported that mental health care in Kansas had suffered major cutbacks. Pawnee Mental Health Clinic (PMHC), who provides the bulk of mental health services in the Manhattan 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.42

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 a 58 percent loss in annual funding.43 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 expected 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 had to adjust its sliding fee scale so that patients are paying more for 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 interviewee shared that when some long-term care residents are released from the hospital late on Friday afternoons, it has been difficult to get staff to take them back after hours. As a result, hospital staff is required to find alternative living arrangements for them at other facilities for the weekend until Monday morning when staff is able to get back to process the transfers.
Management of prescription drugs is a huge problem for seniors who are still living independently. Many seniors are in need of a navigator who can help in coordinating the various drugs that are prescribed by various physicians for the same patient.

Via Christi HOPE program is a well respected service state-wide. Several interviewees suggested that their community needed a VC Hope-type program for seniors who needed home health care, transportation and some limited assistance. Manhattan was no exception, as this PACE model program was brought up several times when the question was raised what VCV can do for seniors in this area.

**Community Assets for Seniors**

Manhattan and Wamego, Kansas offer some community assets for assisting the aging population; however, the elderly may not always be aware of what services are available or are reluctant to ask about them. The following agencies, listed in alphabetical order, were identified as leaders in offering services or outreach programs for the aging in the area. (NOTE: This is not intended to be an exhaustive or an endorsement list.)

- Community Health Ministries - Wamego
- Flint Hills Community Clinic
- Homecare & Hospice
- Meadowlark Hills
- Medical Associates
- Mercy Regional Health Center
- North Central-Flint Hills Area Agency on Aging
- Pawnee Mental Health Center
- Riley County ATA Bus
- Riley County Health Department
- Riley County Senior Center
- Stoneybrook Retirement Community
- Via Christi Village

**Characteristics of Focus Group Participants (N=11)**

Nearly 30 percent of the participants had family members living in the area. An additional 36 percent had to relocate to be closer to family. Only one interviewee reported receiving Meals on Wheels prior to coming to VCV-Manhattan to live.

Nearly half of the participants indicated it was their decision to move into VCV-M and just over half stated that it was a mutual decision between them and their family. The primary reason for moving into assisted living was the need of some assistance with housekeeping chores and they wanted to be closer to family and/or friends.

All but one of the participants stated that moving in to VCV-M was the right decision for them. The one interviewee felt they could have lived independently a little longer but he felt that his children would be more comfortable if he made the move when VCV-M had an opening. All interviewees stated they felt safer in terms of having access to needed services and nearly 91 percent said they had plenty of opportunity for socialization.
In asking the elderly interviewees what they missed most about living independently, they missed having access to a car in which they could come and go when they wanted. They missed their volunteer activities and socializing with their friends. One person remarked that she “missed the east bathroom windows where the scenery was really pretty.”

In response to what they didn’t miss, the majority stated dealing with the responsibilities of home ownership. From cleaning, to mowing the yard, to making the beds and even daily cooking, they were glad not to have to deal with any of those activities on a daily basis.

Asking about the advice they would give to others who are considering moving into an assisted living facility, they suggested folks cleanout their closets and get rid of pictures. They also suggested that people make a list of things to keep in the family and be sure not to hoard all of those family prize possessions as the next generation won’t want them or appreciate the value you see in them.

They also suggested before moving into a facility, go over and visit it a couple of times, sample their breakfast, lunch and dinner menus to see if the food is palatable to you. Check and see what their turnover rate in staff is and also check to see how many times they have raised the monthly rent and/or associated fees.

When asked about their biggest concerns, the participants worry about whether they’ll have enough money to last so they don’t have to move. The food preparation seems to be a concern for many who suggested that food was not served warm, even though it should be, and things that were meant to be cold aren’t because it’s put out on the tables too far in advance. They did commend the staff though and felt they were all loving and compassionate people.
Section C: Pittsburg, Kansas
2011 - 2012 Aging Assessment

During 2011, a community assessment focusing on the health care needs of the Pittsburg aging population was conducted. Seventeen one-on-one interviews were conducted and a focus group of 11 residents of Via Christi Village – Pittsburg. The primary themes that emerged from this assessment effort included:

- Limited problems in getting access but understanding in what they are told, is another issue for many seniors without active caregivers.
- Lots of PCPs in the area, although accessing specialists for all ages is difficult unless you travel to Joplin, Oklahoma City or Wichita.
- Programs need more money for home improvement for elderly (e.g. air conditioning in summer and heating in winter – waiting list is over a year).
- Expansion of affordable home health care needs to include the building of wheelchair ramps and respite care opportunities as more is needed.
- Would like to see an Elder Abuse Coalition (modeled after Independence, KS Ombuddy Program) to bring awareness to bank, police, clergy on the topics of exploited and abused elderly.
- Seniors and other interviewees would like to see transportation opportunities expanded for all senior living facilities beyond medical appointments. Seniors would like transportation for church attendance, grocery shopping, etc to keep their community involvement up. While some of this may be provided by a few facilities, there is usually an associated cost and some seniors can’t afford it so they choose not to go.
- Concerns raised about young people discharged from mental health in-patient facilities and/or aging sexual offenders released from prisons and are now looking to enter a skilled nursing facility where vulnerable elderly people are living.
- Very concerned about the growing gambling addiction taking place in the area due to the build-up of area casinos that are target marketing the elderly population with free lunches, gambling money and transportation.
- Need to assess the intermediary bed supply that is available in area for short-term medical care when elderly patients are dismissed from the hospital but not yet ready to return home.
- More specialists that have geriatric training are needed in the area to focus on pain management, macular degeneration, depression, and management of multiple chronic diseases.
• Need better communication between community organizations whose primary mission is health care delivery whether it is in-patient, out-patient, home-based, etc.
• Senior facilities need to spend more time and resources in developing activities geared toward independent living and assisted living residents. Interviewees believe that current activities focus more on the skilled nursing population and there is little to engage or interest more active seniors in staying mentally alert.
• Senior facilities food is nutritious in value and sensitive to those on special diets.
• Oral health care is a real issue in the Pittsburg area – some nursing home chains do not invite oral health care providers in to assist with the elderly residents.
• All nursing home facilities should educate staff on cultural competency when dealing with the elderly. Using the term “sweetie” may be offensive to some or may be seen as treating someone in a childlike manner.
• Via Christi may want to visit with the YMCA to see if there are areas in which to partner in senior wellness programs for the entire community at an affordable price.

Description of Community

When Pittsburg was platted in 1876, the city was eight blocks long and eight blocks wide. By 1880, it had a population of about 1,000. From 1880 through 1916, huge waves of European immigrants were enlisted to come to work in the coalfields of Southeast Kansas. By 1885, there were 12 smelters in the area, at a time when only 25 existed in all of United States. This made Pittsburg the major producer of lead and zinc smelter, second only to the nation of Belgium.

A historical accounting of Pittsburg’s early history documented in the diary of Margaret Haughawout, a faculty member of the Kansas State Teachers Normal College (now Pittsburg State University) cited she heard 34 languages being spoken on the streets of Pittsburg on a Saturday night in 1934.

Pittsburg is a city in Crawford County, in southeastern Kansas. It is the most populous city in Crawford County and in southeastern Kansas. The city has a rich cultural heritage from many Southern and Eastern European mine workers who settled in and around Pittsburg. That heritage is celebrated every year in conjunction with the Labor Day celebration called Little Balkans Days featuring games, entertainment, a parade, competitions and arts and crafts. Pittsburg, once situated as a very productive coal field, now relies heavily on education, government-related and health care employment.

The United States Census estimates that there were 39,134 people living in Crawford County and 21,603 in Cherokee County in 2010. Table 1C shows the population changes of both counties since 1980.44
Table 1C: Population and Population Change in Crawford & Cherokee Counties, Kansas45

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Crawford Co</td>
<td>37,916</td>
<td>35,582</td>
<td>38,242</td>
<td>39,134</td>
<td>2.3%</td>
<td>3.2%</td>
</tr>
<tr>
<td>Cherokee Co</td>
<td>22,304</td>
<td>21,374</td>
<td>22,605</td>
<td>21,603</td>
<td>(4.4%)</td>
<td>(3.1%)</td>
</tr>
<tr>
<td>State of Kansas</td>
<td>2,364,236</td>
<td>2,477,588</td>
<td>2,688,824</td>
<td>2,853,118</td>
<td>6.1%</td>
<td>20.7%</td>
</tr>
</tbody>
</table>

Between 2000 and 2010, the State of Kansas population increased by 6.1 percent while Crawford County’s population grew by 2.3 percent and Cherokee County’s population decreased by 4.4 percent during the same time period. Cherokee County is projected to lose 0.7 percent of their population every year and by 2040 the population is projected to be down by as much as 22 percent. Part of the reason for this decrease is that this County has an overconcentration of those over the age of 65 compared to other areas of Kansas.46

The racial/ethnic composition for both Crawford and Cherokee Counties is less diverse than is the State. However, Cherokee County’s American Indian population is greater proportionately than is the same population for the State of Kansas. Where possible, this health assessment will include data for Cherokee County as well as Crawford County since both counties are primary areas for VCV-P’s services. Crawford County borders the state line of Missouri and Cherokee County borders both Missouri and Oklahoma state lines. For specific racial/ethnic breakouts, see Table 2C.

Table 2C: Racial/Ethnic Composition for VCH-P’s Primary Service Areas in 201047

<table>
<thead>
<tr>
<th>Population Variable</th>
<th>Kansas</th>
<th>Crawford County</th>
<th>Cherokee County</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>83.8%</td>
<td>91.2%</td>
<td>90.3%</td>
</tr>
<tr>
<td>Black</td>
<td>5.9%</td>
<td>2.0%</td>
<td>0.5%</td>
</tr>
<tr>
<td>Asian</td>
<td>2.4%</td>
<td>1.2%</td>
<td>0.3%</td>
</tr>
<tr>
<td>American Indian &amp; Alaska Native</td>
<td>1.0%</td>
<td>0.9%</td>
<td>4.1%</td>
</tr>
<tr>
<td>All Other</td>
<td>3.1%</td>
<td>4.7%</td>
<td>4.8%</td>
</tr>
<tr>
<td>Hispanic/Latino Origin</td>
<td>10.5%</td>
<td>4.5%</td>
<td>2.0%</td>
</tr>
<tr>
<td>White, not Hispanic</td>
<td>78.2%</td>
<td>89.0%</td>
<td>89.2%</td>
</tr>
</tbody>
</table>

The population breakout in Table 3C reveals some interesting characteristics as both Crawford and Cherokee Counties are showing proportionately fewer children in both categories under the age of 18 years than the State of Kansas, yet a higher proportion of residents over the age of 65 years. This age breakout shows that Cherokee County has an older population base than either Crawford County or the State of Kansas as a whole which may require additional resources for future health care needs as the elderly become increasingly frail.
Table 3C: U.S. Census Bureau State & County Quick Facts 2010 – Population

<table>
<thead>
<tr>
<th>Population Variable</th>
<th>Kansas</th>
<th>Crawford County</th>
<th>Cherokee County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 5 years old</td>
<td>7.2%</td>
<td>6.4%</td>
<td>5.8%</td>
</tr>
<tr>
<td>Under 18 years old</td>
<td>25.5%</td>
<td>22.3%</td>
<td>23.8%</td>
</tr>
<tr>
<td>65+ years and older</td>
<td>13.2%</td>
<td>14.0%</td>
<td>15.2%</td>
</tr>
</tbody>
</table>

Education

In 2010, Kansas ranked 13th out of 50 states in the percentage of its adults aged 25 to 64 years old with at least a high school diploma (89.2%). Kansas ranked 16th for the percentage of adults reporting a bachelor’s degree or higher (29.3%). The State ranks 17th in the percentage of adults who have earned a graduate level or higher degree (10.0%). See breakout in Table 4C.

Educational attainment for Crawford County indicates a higher percentage of graduate and professional degrees than Cherokee County. This is most likely due to the professionals employed by Pittsburg State University, VCH-P and other medical providers located in Pittsburg area. See Table 5C for specific breakouts.

Pittsburg State University makes a huge impact on the economic health and wellness of the area. According to a Blake Benson, Pittsburg Area Chamber of Commerce president, studies have shown that the school’s 7,000 plus student enrollment each represents a $10,000 impact on the local economy. When adding the school’s 1,700 employees, plus the construction projects from the new buildings on campus, the visitors and other variables, the total economic impact of PSU on the local economy is $768 million. See Table 4C: Educational Attainment in Crawford and Cherokee Counties, 2000 Persons 25 Years and Older.

<table>
<thead>
<tr>
<th>Education Attainment Level</th>
<th>Kansas</th>
<th>Crawford County</th>
<th>Cherokee County</th>
</tr>
</thead>
<tbody>
<tr>
<td>High School Graduate</td>
<td>89.0%</td>
<td>88.2%</td>
<td>84.5.0%</td>
</tr>
<tr>
<td>Bachelors Degree</td>
<td>28.8%</td>
<td>25.3%</td>
<td>14.2%</td>
</tr>
</tbody>
</table>

Household Value & Income

According to the US Census 2010, the annual, median value of owner-occupied housing was $122,600 for the State of Kansas. Table 5C shows the estimated median value of owner occupied houses in 2010 for the Pittsburg area. The median value of owner occupied housing units for both Crawford and Cherokee Counties are lower when compared to housing values for the State of Kansas.
Median household income for Crawford County was $35,286 and $38,154 for Cherokee County. However, both counties were below the median household income for the State of Kansas which was $50,174.

As can be seen from Table 5C both Crawford and Cherokee Counties have more of their population living below poverty level than the State of Kansas. In 2003, Crawford County had 15.2 percent of their residents living below poverty level. In 2008, the percent of poverty increased to 21.9. It is interesting to note that while the percent of poverty is still higher than that of the State, the proportion of the population living in poverty continues to see hopeful signs of improvement as the percentage decreased to 17.5 percent in 2010. However, that number could be due to more people moving into the area thus automatically decreasing the proportion of the population who are poor.

<table>
<thead>
<tr>
<th>Table 5C Median Value of Owner-Occupied Housing, Median Household Income and Percent of Persons Living Below Poverty by County – 2010</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Median Value of Owner-Occupied Housing</strong></td>
</tr>
<tr>
<td>Median Household Income</td>
</tr>
<tr>
<td>Living Below Poverty</td>
</tr>
</tbody>
</table>

**Who was Involved in the Aging Assessment**

The aging assessment process was initiated by Via Christi Villages (VCV) and Via Christi Health (VCH). VCV wanted to know about the health access needs of the aging population in markets where they own and operate a long-term care facility. VCH, as the umbrella organization, provided the financial support and staff leadership for the assessment process; however, members of the community were also engaged to participate in this research effort. Representatives from not-for-profit organizations, emergency services, government services, faith community, Area Agency on Aging, competitor assisted living facilities, transportation services, caregivers, low-income housing units, medical facilities and providers and seniors themselves were all invited to participate in this research effort.

**How the Assessment was Conducted**

This assessment began with a review of 2010 Census data, County Health Rankings, one-on-one interviews and focus group discussions with elderly volunteers. There were 17 one-on-one interviews and one focus group comprised of eleven seniors living in VCV – Pittsburg (VCV-P). The data used for this assessment was collected and analyzed by VCH’s Director of Community Benefit from Wichita, Kansas. The data collected from Pittsburg was merged with interviews collected from other VCV markets which included a total of 224 participants.
The County Health Rankings document looks at both Health Outcomes and Health Factors to give counties a snapshot in how well their county is doing when it comes to health of their population. Health Outcomes describes how long and how well people live. Health Factors describe the elements that lead to how long and how well people live.

According to the 2012 County Health Rankings report, Crawford County ranked 88 and Cherokee County ranked 96 out of 100 Kansas Counties in overall health outcomes. Map 1C visually illustrates how these counties compare with others in the State of Kansas. As can be seen, the whole Southeast corner of Kansas scored badly in the area of health outcomes. Much of this imbalance is directly related to the high levels of poverty and the lack of primary care physicians, dentists and other specialists who are available to provide access of health care services. At the time of this research, there was a four and a half month waiting period to schedule an appointment with a psychiatrist.

Many specialists aren’t available in Pittsburg. The closest ophthalmologist is in Joplin, Missouri or Fort Scott, Kansas. The closest neurologist is in Joplin. While several internists are available all of the current ones are in their 50s and are closing in on thoughts of retirement.

Map 1C: 2012 County Health Rankings for Kansas

![Map 1C: 2012 County Health Rankings for Kansas](image-url)
Health Needs Identified

The 2012 County Health Rankings identified the following areas in which Crawford and Cherokee Counties needed to improve if they want to be recognized as a healthy place to live, learn, work and play by exceeding the State of Kansas benchmarks. Cherokee and Crawford Counties, as well as their neighboring counties, have a lot of health behaviors they need to work on before they can become recognized as having a healthy environment in which to live. See Table 6C for specifics.

Both counties exceed the State of Kansas and the National benchmarks for adult smoking, adult obesity, physical inactivity, motor vehicle crash death rates and teen birth rates when it comes to health behaviors. In looking at the Clinical Care factors, both counties report a higher uninsured population and a higher preventable hospital stay ranking than the State of Kansas.

Economic factors of unemployment, children living in poverty, inadequate social support and children living in single-parent households are variables in which both counties exceed the State and National Benchmarks. However, not all rankings are necessarily dismal. For instance, the high school graduation rate is better in both counties than for the State of Kansas as a whole. While there is a higher proportion of fast food restaurant in both counties, proportionately they have fewer than the State.

One major statistic that does stand out is the ratio between primary care physicians and patients for both counties. Both counties have serious shortages of PCPs when compared to State and National Benchmarks, 857:1 and 631:1 respectfully, Cherokee County stands out the most with 2,353 patients to one primary care physician, compared to Crawford County with a ratio of 1,178:1. No wonder, it is difficult to find a physician for new people moving into the area but if you are covered by a plan that has low reimbursement rates, the problem becomes even more critical.

During one-on-one interviews and the elderly focus group, it became apparent that the Via Christi CareVan is one of the best resources available in the community for transporting people to and from medical appointments. Many individuals identified the CareVan as a great example in how VCH-P is making a difference and helping the aging population have access to health care services. Giving up the car keys is very difficult for elderly people who have been used to being highly independent, as a result without the CareVan, many of the rural elderly would forego medical appointments all together.

Overall, transportation is still an issue for those living in independent care facilities for social activities, church services, grocery shopping, etc. Some transportation is available but the routes are more conducive to Pittsburg State College students than for the aging population. It was suggested that one thing VCV-P could do was to review their transportation program to see if there was room for expansion, especially when helping with the elderly or handicapped individuals who may need extra assistance.
<table>
<thead>
<tr>
<th>Health Outcomes</th>
<th>Crawford County</th>
<th>Cherokee County</th>
<th>Kansas</th>
<th>National Benchmark</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Overall Rank (100)</strong></td>
<td>88</td>
<td>96</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Mortality</strong></td>
<td>88</td>
<td>97</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Premature death</td>
<td>9,107</td>
<td>10,771</td>
<td>7,012</td>
<td>5,466</td>
</tr>
<tr>
<td><strong>Morbidity</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Poor or fair health</td>
<td>17%</td>
<td>19%</td>
<td>13%</td>
<td>10%</td>
</tr>
<tr>
<td>Poor physical health days</td>
<td>3.3</td>
<td>3.9</td>
<td>3.0</td>
<td>2.6</td>
</tr>
<tr>
<td>Poor mental health days</td>
<td>3.6</td>
<td>3.1</td>
<td>2.8</td>
<td>2.3</td>
</tr>
<tr>
<td>Low birth weight</td>
<td>8.3%</td>
<td>7.0%</td>
<td>7.2%</td>
<td>6.0%</td>
</tr>
<tr>
<td><strong>Health Factors</strong></td>
<td>85</td>
<td>96</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Health Behaviors</strong></td>
<td>87</td>
<td>86</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adult smoking</td>
<td>21%</td>
<td>20%</td>
<td>18%</td>
<td>14%</td>
</tr>
<tr>
<td>Adult Obesity</td>
<td>35%</td>
<td>36%</td>
<td>30%</td>
<td>25%</td>
</tr>
<tr>
<td>Physical Inactivity</td>
<td>28%</td>
<td>27%</td>
<td>24%</td>
<td>21%</td>
</tr>
<tr>
<td>Excessive Drinking</td>
<td>15%</td>
<td>12%</td>
<td>15%</td>
<td>8%</td>
</tr>
<tr>
<td>Motor Vehicle Crash Death Rates</td>
<td>23</td>
<td>30</td>
<td>18</td>
<td>12</td>
</tr>
<tr>
<td>Sexually Transmitted Infections</td>
<td>381</td>
<td>176</td>
<td>375</td>
<td>84</td>
</tr>
<tr>
<td>Teen Birth Rate</td>
<td>47</td>
<td>59</td>
<td>43</td>
<td>22</td>
</tr>
<tr>
<td><strong>Clinical Care</strong></td>
<td>57</td>
<td>82</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Uninsured</td>
<td>17%</td>
<td>16%</td>
<td>15%</td>
<td>11%</td>
</tr>
<tr>
<td>Primary Care Physicians</td>
<td>1,178:1</td>
<td>2,353:1</td>
<td>857:1</td>
<td>631:1</td>
</tr>
<tr>
<td>Preventable Hospital Stays</td>
<td>88</td>
<td>82</td>
<td>70</td>
<td>49</td>
</tr>
<tr>
<td>Diabetic Screening</td>
<td>84%</td>
<td>74%</td>
<td>85%</td>
<td>89%</td>
</tr>
<tr>
<td>Mammography Screening</td>
<td>62%</td>
<td>53%</td>
<td>67%</td>
<td>74%</td>
</tr>
<tr>
<td><strong>Social &amp; Economic Factors</strong></td>
<td>85</td>
<td>93</td>
<td></td>
<td></td>
</tr>
<tr>
<td>High school graduation</td>
<td>92%</td>
<td>89%</td>
<td>80%</td>
<td></td>
</tr>
<tr>
<td>Some college</td>
<td>66%</td>
<td>55%</td>
<td>66%</td>
<td>68%</td>
</tr>
<tr>
<td>Unemployment</td>
<td>8.2%</td>
<td>8.6%</td>
<td>7.0%</td>
<td>5.4%</td>
</tr>
<tr>
<td>Children in poverty</td>
<td>27%</td>
<td>28%</td>
<td>18%</td>
<td>13%</td>
</tr>
<tr>
<td>Inadequate social support</td>
<td>17%</td>
<td>17%</td>
<td>16%</td>
<td>14%</td>
</tr>
<tr>
<td>Children in single-parent households</td>
<td>29%</td>
<td>30%</td>
<td>28%</td>
<td>20%</td>
</tr>
<tr>
<td>Violent crime rate</td>
<td>431</td>
<td>203</td>
<td>421</td>
<td>73</td>
</tr>
<tr>
<td><strong>Physical Environment</strong></td>
<td>16</td>
<td>50</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Access to recreational facilities</td>
<td>13</td>
<td>5</td>
<td>10</td>
<td>16</td>
</tr>
<tr>
<td>Limited access to healthy foods</td>
<td>2%</td>
<td>0%</td>
<td>7%</td>
<td>0%</td>
</tr>
<tr>
<td>Fast food restaurants</td>
<td>38%</td>
<td>41%</td>
<td>48%</td>
<td>25%</td>
</tr>
</tbody>
</table>
As one can see from Table 6C, adult obesity is a problem in the Southeast part of the state. One story that was shared during this research effort centered on a morbidly obese person who was in need of hospital care. EMS did not have a bariatric gurney at the time of this event and the person was brought in by riding in the back of a truck. On discharge, another truck had to be solicited to take this patient back home as family members did not have a large enough vehicle and the patient was having difficulty sitting up.

VCH-P has added a couple of bariatric beds to its inventory and equipped a couple of rooms to handle this special population. While that is good news, it was also relayed that for some medical tests (e.g. MRIs, CAT scans, X-Rays, etc) it may be difficult if not next to impossible if a person is too large to fit into the cylinder or is too heavy for the examination tables or is unable to get into a specific body position which would reap the best test results.

Some people suggested that because access is difficult, many folks wait until their illnesses become dire and then seek medical attention making a simple issue more costly and outcomes less favorable. Another issue, especially for elderly, that was cited several times is the ability to understand what they are told. This issue becomes more critical for those who have multiple illnesses and who may be required to take numerous medications throughout the day. Having active case managers involved was cited as a solution but not necessarily a cheap one.

Accessing home based services was another resource that was mentioned by several interviewees as a program that is desperately needed in the community. The Home Community Based Program is available in Pittsburg through the Senior Care Act but it only pays for just the low-income population and most of their referrals come from the hospital. However, if a person isn't low-income, than affordability becomes an issue for many seniors in need of help but who are living on a fixed income. As a result, they just live without the help until their condition deteriorates enough to need hospitalization or until their families/caregivers can assist with making other arrangements.

Several interviewees suggested they would like to see the definition of home medical services expanded to include the coverage of building wheelchair ramps. At the present time, this is not a covered expense, although a needed one if that individual is required to go for periodic healthcare appointments and can’t get out of their home. In addition, it was relayed that more patients are coming in for rehabilitation therapy due to falls as they cannot afford home help and as a result, are seeing more injuries that could have been prevented if more services were readily available in people’s homes.

Another issue uncovered is the need for adult day care. Currently only one provider in the area was identified but the need is growing for this service and people desire a program be developed that would offer respite care for family members who work and would be happy to bring their aging parent to a safe environment during the day or a program who could come in to a family setting and offer a few hours of respite care for an affordable price.
Related to this issue of limited number of affordable home health medical services and respite care providers; family members and/or caregivers need more time when their aging parents or loved ones are being dismissed from the hospital. There are very few intermediary beds available in the area for short-term medical care. There needs to be better communication between hospital staff and skilled nursing home/long-term care facilities when patients are being discharged so that adequate resources can be arranged. Bottom line is that communication needs to be ramped up between all parties involved in a patient’s health care.

Activities within local area nursing homes need to be more engaging for residents. Facilities need to challenge the elderly to stay mentally and physically engaged as soon they’ll be seeing a new kind of elderly resident moving in. They’ll most likely have more education than the help employed and be more sophisticated in terms of their technological skills. How are the skilled nursing homes gearing up for this next generation of residents who will demand more than bingo?

Community health fairs seem to be popular when they are held. However, people would like to see them become available in more centrally located places and in some neighboring communities outside of the Pittsburg area.

Oral health care (or lack of it) is a major concern in and around Pittsburg. Oral health care is a critical need and it was learned that some of the skilled nursing home facilities that represent chains do not invite oral health care providers in for free screenings of their residents.

There seem to be several hospice programs in the area but the need for a palliative care program was raised on several occasions. There seems to be an interest in developing a Center of Excellence for the chronically ill in the area but not sure how that would be financed given the health care reform issues and the lack of specialists.

One of the concerns raised is the confusion brought about by the large number of supplemental Medicare programs available in the marketplace. The problem, as described by interviewees, was too many complex plans being offered with very little practical explanations. Several suggest the plans are confusing regardless of the reader’s level of education.

Concern around the issue of gambling addiction was raised in Pittsburg. There several casinos within a short driving distance and most casinos in the area market to the elderly population by offering special “Senior Days” that promote a free lunch, limited free slot play and in some cases a bus ride to the casino. Downstream Casino is about 28 miles away from Pittsburg. While these outings are often socialization opportunities for active seniors, it can become an issue for some who may have early, yet undiagnosed dementia issues or who may have limited financial management skills.
Community Assets for Seniors

Pittsburg, Kansas offers some community assets for assisting the aging population; however, the elderly may not always be aware of what services are available or are reluctant to ask about them. The following agencies, listed in alphabetical order, were identified during the interviewing process as leaders in offering services or outreach programs for the aging in the Pittsburg area. (NOTE: This is not intended to be an exhaustive or an endorsement list.)

ACCESS Medical
Alzheimer’s Association
Area Agency on Aging
Community Health Center of SE Kansas
Girard Hospital – Geripsych Unit
Home Health
Kansas State Univ – Extension Office
Meals on Wheels
Metro-Transport
PATH – Personal Action To Health
Southeast Kansas Independent Living
Via Christi Home Medical
Via Christi Hospital
Via Christi Village
Windsor Care

It was suggested that there are resources in the community who have not characteristically worked with each other in the past but that opportunities now exist where the entities could come together to promote wellness programs to promote better health outcomes for the elderly. Specifically it was mentioned that a partnership between VCH, VCV and YMCA should be studied to promote a senior wellness program in which all partners and the community could be winners.

Characteristics of Focus Group Participants (N=11)

Just more than half of all elderly participants reported having family living in the area. None of the elderly interviewees had to relocate to the area in order to be close to family. Only one interviewee reported receiving Meals on Wheels prior to coming to VCV-P to live.

Nearly 64 percent of the participants indicated it was their decision to move into VCV-P compared to 18 percent who indicated that it was a joint decision between them and their family. Two participants (18%) suggested the decision to move into VCV-P was made for them by family and others.

All senior interviewees stated that VCV-P gives them all the socialization opportunities they want. Eighteen percent of those interviewed said they needed some assistance with housekeeping chores and indicated they were no longer able to shop for groceries or pick-up their medications on their own.

Nearly 91 percent of the elderly interviewees stated that moving into the VCV-P was the right decision for them. The lone standout stated that they thought they could have waited a couple of more years but family outnumbered them when it came to making the decision.
Nearly 91 percent of the elderly participants identified they felt safer living in VCV-P because they knew they had access to services if they were needed. One respondent stated “It is time for me to die, I don’t want more services.”

One elderly respondent felt their health had actually improved since moving to VCV-P, nearly 73 percent thought their health was about the same but 27 percent reported their health was actually worse than what it was when they moved. However, they quickly said their health status was due to their age and chronic illnesses, not anything that VCV-P had control over.

When asked what they missed most about living independently, the elderly participants quickly identified driving their car anytime and anywhere, gardening, hunting, fixing and eating a variety of foods and doing what they want when they wanted to do it.

When asked what they missed least about living independently, they quickly responded cleaning, house maintenance, yard work and in some cases daily ritual of cooking.

When asked what one thing would they tell others to do prior to moving into an assisted living facility they strongly suggested looking into long-term care insurance, check-out all the options and be sure to read the fine print. They also suggested that people not move in until you absolutely have to but don’t wait too long as it is easier to make friends and adjust to the move when you’re still ambulatory. Really recommend that seniors have an auction or a living estate sale as your kids will want to take very little with them.

In response to the question of what is their biggest concern about living in VCV-P, the elderly participants stated that having to move over to the health care unit worried them. Another issue that was raised during our focus group conversation suggested that getting the parish priest to visit more often and to offer Mass on a more frequent schedule was something that they wish could be improved for their spiritual comfort. The elderly recognize the shortage of priest in the area but they were hopeful that by moving in to VCV-P they would have more opportunity to practice their faith since they can no longer attend their own church.
Section D: Wichita, Kansas  
2011 - 2012 Aging Assessment

During 2011, a community assessment focusing on the health care needs of the Wichita aging population was conducted. Fifty-six one-on-one interviews were conducted and several focus groups with a total of 37 residents of Via Christi Villages in the Wichita area. The primary themes that emerged from this assessment effort included:

- Minimal services offered with bi-lingual language support affecting all ages (e.g. transportation, health fairs, Emergency Rooms, home health etc.)
- Lots of different clinics available but transportation to them is always challenging especially for those who are living in poverty and unable to walk without assistance.
- Use of navigators to coordinate data from all touch points of care (e.g. hospitals, PCPs, pharmacies, EDs, etc) especially for those who have multiple chronic diseases or are frequent fliers in the ED is really needed.
- Affordable oral health care is a real critical need in this market for all ages.
- Once patient is dismissed from hospital, there is not always good after care available at home due to lack of money and/or understanding on the orders given.
- Interviewees believe providers could make better use of eHealth opportunities in all surrounding towns that do not have specialists available for better health access.
- Via Christi HOPE Program needs to be expanded to neighboring rural areas in particular and throughout the State as financially feasible.
- Fewer physicians accepting Medicare patients in their practices so it’s difficult to find a medical home unless there’s an established relationship between the doctor and the senior’s family/friend.
- According to several interviewees, there is an expectation that people can live well forever, showing a real denial of death attitude. It is suggested that there needs to be a real honest dialogue with the public about the end of the life cycle and what can and should be done to ensure human dignity. Education on wellness and prevention should be emphasized along with palliative care at the end.
- The whole psychological support system is fragmented – although this is getting some attention from a new group formed with VCBH as an active partner.
- VCV participation in the community is limited. For example, participation in the Older Adult Alliance group, sponsored by Visioneering, would welcome our participation.
• Lots of new facilities are being built to accommodate the growing baby boomers who will need assisted living and/or skilled nursing facilities. However, perceptions are that few will be affordable and with Medicaid/Medicare reimbursement cutbacks there may be greater need for affordable home-health care options.

• Lots of information about aging services is available in English but there is concern about its availability in other languages – particularly Spanish and Vietnamese.

• Via Christi HOPE and VCH should explore ways to work with KU Medical School to attract medical students interested in pursuing a geriatric focus.

Description of Community

Wichita was incorporated in 1870. Its location on the Chisholm Trail made it an ideal place for cattle drives heading north to access railroads to eastern markets. In July 2006, CNN/Money and Money Magazine ranked Wichita ninth on its list of the best 10 best U.S. big cities in which to live.57 In 2008, MSN Real Estate ranked Wichita first on its list of most affordable cities.58

Wichita’s principal industrial sector is manufacturing. Aircraft manufacturing has dominated the local economy for over seven decades. However, since September 11, 2001, aircraft orders decreased to the point that thousands were laid-off from the small and mid-sized aircraft manufacturers. The industry still has not recovered and employment in this sector has not regained its pre-2001 employment stature. More than half of the 20,000 jobs lost in 2009 were directly related to aircraft production.59 The industry received another blow earlier in 2012 when the Boeing Company announced it would be leaving Kansas at the end of 2013 and taking with it 2,000 jobs due to defense spending cutbacks. Additional bad news regarding the aircraft industry hit the news this Spring when Hawker Beechcraft announced plans to file for bankruptcy. What economic impact the Boeing move and the Hawker bankruptcy will have in the Wichita economy has yet to be realized but for those who are of retirement age or are close to it, these changes bring additional concerns for their long-term financial security.

Healthcare is Wichita’s second-largest industry, employing approximately 28,000 people in the local area alone. Via Christi Health, which is the largest provider of health care services in Kansas, opened the system’s fifth hospital in west Wichita in 2010. HCA Hospital, based in Nashville, Tennessee, operates the next largest hospital system in the Wichita market and recently purchased the Galichia Heart Hospital giving it presence in east Wichita. There are several specialty areas operating in Wichita giving residents and physicians choice in where to practice and seek health care treatment.

The two largest privately held companies in the USA, Cargill and Koch Industries are both headquartered out of Wichita. Cargill’s beef processing business is located in downtown Wichita and Koch Industries’ primary corporate headquarters is located in northeast Wichita.
Health care and economic issues vary between the urban city of Wichita and very rural areas in Sedgwick County and other surrounding counties. Compared to small rural communities where resources may be non-existent to minimal, the larger urban areas may have resources more readily available but are perceived to be unable to fulfill the demand.

Wichita is the largest city in the State of Kansas. As of the 2010 census, the city population was 382,368.60 Wichita is located in Southcentral Kansas on the Arkansas River. As the county seat of Sedgwick County, as of 2011, the metro area had a population of 630,721.61 The Wichita MSA encompasses Sedgwick, Butler, Harvey and Sumner counties. See Table 1D for specific breakout by county.

### Table 1D: US Census Bureau State & County Quick Facts – Population

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Butler Co</td>
<td>44,782</td>
<td>50,580</td>
<td>59,482</td>
<td>65,880</td>
<td>10.8%</td>
<td>47.1%</td>
</tr>
<tr>
<td>Harvey Co</td>
<td>30,531</td>
<td>31,028</td>
<td>32,869</td>
<td>34,684</td>
<td>5.5%</td>
<td>13.6%</td>
</tr>
<tr>
<td>Sedgwick Co</td>
<td>366,531</td>
<td>403,662</td>
<td>452,869</td>
<td>498,365</td>
<td>10.0%</td>
<td>36.0%</td>
</tr>
<tr>
<td>Sumner Co</td>
<td>24,928</td>
<td>25,841</td>
<td>25,946</td>
<td>24,132</td>
<td>(7.0%)</td>
<td>(3.2%)</td>
</tr>
<tr>
<td>State of Kansas</td>
<td>2,364,236</td>
<td>2,477,588</td>
<td>2,688,824</td>
<td>2,853,118</td>
<td>6.1%</td>
<td>20.7%</td>
</tr>
</tbody>
</table>

Between 2000 and 2010, the State of Kansas population increased by 6.1 percent while Butler and Sedgwick County reported an increase of 10 percent or more during the same time period. Sumner County recorded a 7.0 percent decrease in population however, not all cities within Sumner County experienced a loss. Mulvane, Kansas reported an 18.5 percent increase between the 2000 and 2010 Census. Wellington on the other hand reported a 5.5 percent population loss.

The population breakout in Table 2D reveals some interesting characteristics as Sedgwick County is by far a much more diverse population than any of its neighboring counties and the State of Kansas as a whole. This finding is not surprising given the size of Wichita, the variety of employers in the city, the various colleges that are located in Wichita proper which recruits students from all over the world, being the home of McConnell Air Force Base, and by the very nature of being the largest city in the State of Kansas. Because of this diversity, service providers and others who cater to large groups of people need to be aware of the various cultural issues that could positively and/or negatively impact the relationship.
Table 2D: Racial/Ethnic Composition for Wichita MSA 2010

<table>
<thead>
<tr>
<th>Population Variable</th>
<th>Kansas</th>
<th>Butler</th>
<th>Harvey</th>
<th>Sedgwick</th>
<th>Sumner</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>83.8%</td>
<td>93.5%</td>
<td>91.4%</td>
<td>76.3%</td>
<td>94.1%</td>
</tr>
<tr>
<td>Black</td>
<td>5.9%</td>
<td>1.7%</td>
<td>1.6%</td>
<td>9.3%</td>
<td>1.0%</td>
</tr>
<tr>
<td>Asian</td>
<td>2.4%</td>
<td>0.7%</td>
<td>0.7%</td>
<td>4.1%</td>
<td>0.2%</td>
</tr>
<tr>
<td>American Indian &amp; Alaska Native</td>
<td>1.0%</td>
<td>1.0%</td>
<td>0.7%</td>
<td>1.2%</td>
<td>1.2%</td>
</tr>
<tr>
<td>All Other</td>
<td>3.1%</td>
<td>2.2%</td>
<td>2.3%</td>
<td>4.1%</td>
<td>2.4%</td>
</tr>
<tr>
<td>Hispanic/Latino Origin</td>
<td>10.5%</td>
<td>3.9%</td>
<td>10.8%</td>
<td>13.0%</td>
<td>4.5%</td>
</tr>
<tr>
<td>White, not Hispanic</td>
<td>78.2%</td>
<td>91.0%</td>
<td>84.6%</td>
<td>69.9%</td>
<td>91.3%</td>
</tr>
</tbody>
</table>

In the Wichita MSA, Harvey County reported the largest proportion of people age 65 years of age and older while Sedgwick County reported the largest proportion of children under the age of five and 18. Numerically speaking, Sedgwick County has the largest concentration of both groups because of the number of people residing in Wichita. See Table 3D for a specifics.

Providing services to the aging population has become a competitive industry and will continue to be for the next two decades as the demand continues to increase. While a variety of services are available, many interviewees don’t believe they are necessarily affordable or that the elderly know how to access them.

Table 3D: 2010 U.S. Census Bureau Population by Age Groupings

<table>
<thead>
<tr>
<th>Age</th>
<th>Kansas</th>
<th>Butler</th>
<th>Harvey</th>
<th>Sedgwick</th>
<th>Sumner</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 5 yrs old</td>
<td>7.2%</td>
<td>6.6%</td>
<td>6.8%</td>
<td>7.9%</td>
<td>6.7%</td>
</tr>
<tr>
<td>Under 18 yrs old</td>
<td>25.5%</td>
<td>26.9%</td>
<td>25.5%</td>
<td>27.2%</td>
<td>26.2%</td>
</tr>
<tr>
<td>65+ yrs and older</td>
<td>13.2%</td>
<td>12.6%</td>
<td>17.1%</td>
<td>11.4%</td>
<td>15.7%</td>
</tr>
</tbody>
</table>

Household Value & Income

According to the 2010 Census, the annual median value of owner-occupied housing was $122,600 for the State of Kansas. Table 4D shows the median household income for each county included in the Wichita MSA. Sumner County reports a lower median value than the other counties and Butler County reports the highest of the MSA. It is important to note that Sumner County has lost 7.0 percent of its population in the last decade and Butler County has reported the largest increase which ultimately impacts the housing market’s values.

Table 4D: Median Value of Owner-Occupied Housing by County - 2010

<table>
<thead>
<tr>
<th>Median Value</th>
<th>Kansas</th>
<th>Butler</th>
<th>Harvey</th>
<th>Sedgwick</th>
<th>Sumner</th>
</tr>
</thead>
<tbody>
<tr>
<td>Owner-Occupied Housing</td>
<td>$122,600</td>
<td>$121,200</td>
<td>$103,300</td>
<td>$117,300</td>
<td>$82,400</td>
</tr>
</tbody>
</table>
According to the 2010 US Census, the annual, median household income for Sedgwick County was $47,848; however, 13.9 percent of the population lives below the poverty level ($23,050/year for a family of four). This level of poverty is higher than any other county in the MSA and higher than what was reported for Kansas in 2010. See Table 5D for income and poverty level breakouts.

<table>
<thead>
<tr>
<th>Table 5D: Median Household Income &amp; Percent of Persons Living Below Poverty</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Kansas</strong></td>
</tr>
<tr>
<td>Median Household Income</td>
</tr>
<tr>
<td>Living Below Poverty - 2010</td>
</tr>
<tr>
<td>Living Below Poverty - 2007</td>
</tr>
<tr>
<td>Living Below Poverty - 1999</td>
</tr>
</tbody>
</table>

This report cites three different time periods for persons living below poverty to get a larger picture of the poverty trend and how it has changed since 1999. One can see the percentage of persons living in poverty has fluctuated but in all cases cited below, the percentage of people living in poverty has increased since the base year of 1999. Area layoffs have certainly added to this problem, but so have migration and the aging of the population. It appears that the war on poverty has not seen much improvement even though many programs exist to assist those who are in need.

Statistics from the not-for-profit agencies serving the poor (e.g. Kansas Foodbank Warehouse, the Lord’s Diner, Catholic Charities) and from United Way’s 2-1-1 call center certainly shows demand is still high and people are trying to secure more resources but the donor pool available to help is getting smaller due to layoffs and state reductions in program funding.

While Kansas overall continues to show an increase in the percentage of population living below poverty, as does Harvey and Sedgwick Counties, both Butler and Sumner Counties are showing some improvement in their poverty numbers since 2007 but percentages still remain higher than those reported in 1999. All in all, the data indicates that people who are living in poverty, while improving slightly in some areas of the State, that improvement has not been felt by all Kansans and as a result, more emphasis needs to be put on job growth so that those who can work can earn a living wage for themselves and their families.

**Education**

In 2010, Kansas ranked 13th out of 50 states in the percentage of its adults aged 25 to 64 years old with at least a high school diploma (89.2%). Kansas ranked 16th in the percentage of adults who reported receiving a bachelor’s degree or higher (29.3%). The State ranked 17th in the percentage of adults who have earned a graduate level or higher degree (10.0%). The educational attainment levels for Wichita MSA is listed in Table 6D by county.
Table 6D: Educational Attainment in 2006 – 2010 American Community Survey
Persons 25 Years and Older

<table>
<thead>
<tr>
<th>Education Attainment Level</th>
<th>Kansas</th>
<th>Butler</th>
<th>Harvey</th>
<th>Sedgwick</th>
<th>Sumner</th>
</tr>
</thead>
<tbody>
<tr>
<td>High School Graduate</td>
<td>89.2%</td>
<td>91.9%</td>
<td>90.4%</td>
<td>87.7%</td>
<td>90.7%</td>
</tr>
<tr>
<td>Bachelors Degree</td>
<td>29.3%</td>
<td>24.8%</td>
<td>25.5%</td>
<td>27.5%</td>
<td>18.7%</td>
</tr>
</tbody>
</table>

Wichita is home to Wichita State, Newman and Friends Universities. There are several junior colleges located in the area as well, but these three universities have the largest student enrollment. The enrollment numbers for fall 2011 were: 15,100 for WSU, 3,021 for NU and 2,800 for FU. Some classes are audited by older students and some college courses are offered on-line with a growing interest of enrollment by those who are thinking about second career choices, who may have delayed college classes to raise families or now find themselves wanting to pursue personal interests prior to or during retirement.

Who was Involved in the Aging Assessment

The aging assessment process was initiated by Via Christi Villages (VCV) and Via Christi Health (VCH). VCV wanted to know about the health access needs of the aging population in markets where they own and operate long-term care facilities. VCH, as the umbrella organization, provided the financial support and staff leadership for the assessment process; however, members of the community were also engaged to participate in this research effort.

Representatives from not-for-profit organizations, emergency services, government services, faith community, Area Agency on Aging, competitor assisted living facilities, transportation services, caregivers, low-income housing units, medical facilities and providers and seniors themselves were all invited to participate in this research effort.

How the Assessment was Conducted

This assessment began with a review of 2010 Census data, County Health Rankings, one-on-one interviews and focus group discussions with elderly volunteers. There were 56 one-on-one interviews and several focus groups comprised of 37 seniors living in VCV facilities throughout the Wichita area. The data used for this assessment was collected and analyzed by VCH’s Director of Community Benefit from Wichita, Kansas. The data collected was merged with interviews collected from other VCV markets which included a total of 224 participants.

Health Rankings by County

According to the 2012 County Health Rankings report, shown in Table 7D, Harvey County received the highest ranking in the Wichita MSA and Sumner County the lowest overall rank. Map 1D visually illustrates how these three counties compares with other counties in the State of Kansas. Table 7D breaks out the rankings by category and variable for more specific analysis.
While there are several outcomes that need major work, there are several categories that should be celebrated in the latest county health rankings. Harvey County’s rankings in overall health factors, health behaviors and clinical care are to be commended as they are certainly pacesetters for the State of Kansas. Harvey County reports only 11 percent of the adults smoke, this percentage is better than the benchmarks established by Kansas and the National groups which are 18 and 14 percent respectively. While both Harvey and Sedgwick Counties primary care physician ratio is better than the State goal, both ratios are still below what has been established as a National benchmark but both are considerably better than the ratios identified by Butler and Sumner Counties.

Health Needs Identified – United Way of the Plains 2010 Survey

In 2010, United Way of the Plains conducted their Community Needs Survey. This survey included a random sample of residents from Wichita’s MSA plus Reno County. The response rate for this survey overall was 23.4 percent and incorporated the responses from over 1,000 individuals living and/or working in Butler, Harvey, Sedgwick, Sumner and Reno Counties.

The VCV’s assessment is focused on aging related issues. However, we were interested in looking at the health concerns raised by participants who identified themselves as 65 years of age or older in the UWP survey. In partnership with UWP, they released the part of their assessment submitted by their elderly participants comprised of 267 individuals.
Table 7D: 2012 County Health Rankings for Greater Wichita Area

<table>
<thead>
<tr>
<th>Health Outcomes</th>
<th>Butler</th>
<th>Harvey</th>
<th>Sedgwick</th>
<th>Sumner</th>
<th>Kansas</th>
<th>National Benchmark</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall Rank (100)</td>
<td>37</td>
<td>29</td>
<td>72</td>
<td>81</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mortality</td>
<td>23</td>
<td>25</td>
<td>66</td>
<td>82</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Premature death</td>
<td>6,821</td>
<td>6,878</td>
<td>7,854</td>
<td>8,695</td>
<td>7,012</td>
<td>5,466</td>
</tr>
<tr>
<td>Morbidity</td>
<td>57</td>
<td>24</td>
<td>74</td>
<td>78</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Poor or fair health</td>
<td>11%</td>
<td>13%</td>
<td>13%</td>
<td>16%</td>
<td>13%</td>
<td>10%</td>
</tr>
<tr>
<td>Poor physical health days</td>
<td>2.9</td>
<td>2.6</td>
<td>3.1</td>
<td>3.6</td>
<td>3.0</td>
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<tr>
<td>Poor mental health days</td>
<td>3.2</td>
<td>2.4</td>
<td>3.2</td>
<td>3.3</td>
<td>2.8</td>
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<tr>
<td>Low birth weight</td>
<td>7.4%</td>
<td>6.6%</td>
<td>7.9%</td>
<td>7.4%</td>
<td>7.2%</td>
<td>6.0%</td>
</tr>
<tr>
<td>Health Factors</td>
<td>31</td>
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<td>72</td>
<td>77</td>
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<tr>
<td>Health Behaviors</td>
<td>37</td>
<td>3</td>
<td>43</td>
<td>85</td>
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</tr>
<tr>
<td>Adult smoking</td>
<td>18%</td>
<td>11%</td>
<td>20%</td>
<td>22%</td>
<td>18%</td>
<td>14%</td>
</tr>
<tr>
<td>Adult Obesity</td>
<td>33%</td>
<td>29%</td>
<td>30%</td>
<td>34%</td>
<td>30%</td>
<td>25%</td>
</tr>
<tr>
<td>Physical Inactivity</td>
<td>24%</td>
<td>25%</td>
<td>23%</td>
<td>29%</td>
<td>24%</td>
<td>21%</td>
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<tr>
<td>Excessive Drinking</td>
<td>14%</td>
<td>11%</td>
<td>14%</td>
<td>12%</td>
<td>15%</td>
<td>8%</td>
</tr>
<tr>
<td>Motor Vehicle Crash Death Rates</td>
<td>19</td>
<td>21</td>
<td>14</td>
<td>28</td>
<td>18</td>
<td>12</td>
</tr>
<tr>
<td>Sexually Transmitted Infections</td>
<td>234</td>
<td>258</td>
<td>559</td>
<td>212</td>
<td>375</td>
<td>84</td>
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<td>Teen Birth Rate</td>
<td>33</td>
<td>33</td>
<td>57</td>
<td>39</td>
<td>43</td>
<td>22</td>
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<tr>
<td>Clinical Care</td>
<td>15</td>
<td>17</td>
<td>9</td>
<td>34</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Uninsured</td>
<td>13%</td>
<td>14%</td>
<td>15%</td>
<td>14%</td>
<td>15%</td>
<td>11%</td>
</tr>
<tr>
<td>Primary Care Physicians</td>
<td>1,244:1</td>
<td>675:1</td>
<td>665:1</td>
<td>2,630:1</td>
<td>857:1</td>
<td>631:1</td>
</tr>
<tr>
<td>Preventable Hospital Stays</td>
<td>63</td>
<td>56</td>
<td>47</td>
<td>65</td>
<td>70</td>
<td>49</td>
</tr>
<tr>
<td>Diabetic Screening</td>
<td>85%</td>
<td>89%</td>
<td>85%</td>
<td>86%</td>
<td>85%</td>
<td>89%</td>
</tr>
<tr>
<td>Mammography Screening</td>
<td>67%</td>
<td>73%</td>
<td>65%</td>
<td>64%</td>
<td>67%</td>
<td>74%</td>
</tr>
<tr>
<td>Social &amp; Economic Factors</td>
<td>40</td>
<td>51</td>
<td>94</td>
<td>63</td>
<td></td>
<td></td>
</tr>
<tr>
<td>High school graduation</td>
<td>94%</td>
<td>92%</td>
<td>87%</td>
<td>95%</td>
<td>80%</td>
<td></td>
</tr>
<tr>
<td>Some college</td>
<td>71%</td>
<td>60%</td>
<td>63%</td>
<td>60%</td>
<td>66%</td>
<td>68%</td>
</tr>
<tr>
<td>Unemployment</td>
<td>8.3%</td>
<td>7.4%</td>
<td>8.7%</td>
<td>8.9%</td>
<td>7.0%</td>
<td>5.4%</td>
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<tr>
<td>Children in poverty</td>
<td>12%</td>
<td>13%</td>
<td>20%</td>
<td>16%</td>
<td>18%</td>
<td>13%</td>
</tr>
<tr>
<td>Inadequate social support</td>
<td>15%</td>
<td>13%</td>
<td>16%</td>
<td>16%</td>
<td>16%</td>
<td>14%</td>
</tr>
<tr>
<td>Children in single-parent households</td>
<td>21%</td>
<td>23%</td>
<td>33%</td>
<td>22%</td>
<td>28%</td>
<td>20%</td>
</tr>
<tr>
<td>Violent crime rate</td>
<td>269</td>
<td>345</td>
<td>731</td>
<td>273</td>
<td>421</td>
<td>73</td>
</tr>
<tr>
<td>Physical Environment</td>
<td>58</td>
<td>64</td>
<td>70</td>
<td>99</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Access to recreational facilities</td>
<td>8</td>
<td>6</td>
<td>9</td>
<td>0</td>
<td>10</td>
<td>16</td>
</tr>
<tr>
<td>Limited access to healthy foods</td>
<td>12%</td>
<td>12%</td>
<td>8%</td>
<td>19%</td>
<td>7%</td>
<td>0%</td>
</tr>
<tr>
<td>Fast food restaurants</td>
<td>54%</td>
<td>56%</td>
<td>55%</td>
<td>54%</td>
<td>48%</td>
<td>25%</td>
</tr>
</tbody>
</table>
It should be noted that the sampling size of elderly participants for both Sumner and Harvey Counties were quite small and before any major decisions should be made for those areas, additional research may need to be conducted to make sure those responses represent an accurate picture of elderly persons living in those areas. Because UWP included Reno County in their analysis, VCV is including it here but it is not a part of the Wichita MSA so has not been included in other sections of this report.

Table 8D shows major health concerns for elderly participants to the UWP Needs Survey. Participants were instructed to identify whether each concern is a major issue, a moderate issue, a minor issue, or not an issue for their household or other households within their neighborhood. This table identifies the percentage of participants who stated that the individual concern was a “major” issue for them or someone they knew living in their neighborhood.

The top three major concerns identified by participants over the age of 65 and living in Butler County were: health insurance coverage, basic medical care for low income and prescription assistance for low income. Participants from Harvey County identified child abuse prevention/education, health insurance coverage and basic medical care for low income as their top three major health concerns. Participants from Sedgwick County identified health insurance coverage, life-threatening disease treatment and child abuse prevention/education as their top three health concerns. Sumner County residents identified health insurance coverage, basic medical care for low income, prescription assistance for low income, national advocacy for medical programs, medical research, home health care for homebound and meal delivery for homebound as their major concerns. Reno County residents identified medical research, health insurance coverage and basic medical care for low income as their top three major health care concerns.

To further understand the major issues of the elderly participants, the UWP’s data was further segregated into four age categories: all participants over the age of 65, participants between the age of 65 to 74 years of age, those between the ages of 75 to 84 years and those over the age of 85 years. Table 9D shows the specific breakout for these different age groups.

It is interesting to see the health concerns identified as major by the various age groups. More elderly participants identified health insurance coverage as a major concern for them or their neighbors with the exception of participants who were 85 years of age or older. This group seemed to believe that child abuse prevention/education was more likely to be a major health concern for their own families or their neighbors.

Prescription assistance, especially for low income people, was more likely to be identified as a major health concern by participants who were 85 years old or older. This age group is more likely to be living on a fixed income than the other age groups and most likely have one or more chronic conditions which require prescription drugs.
<table>
<thead>
<tr>
<th>Concerns Identified as “Major”</th>
<th>Butler (N=35)</th>
<th>Harvey (N=18)</th>
<th>Sedgwick (N=153)</th>
<th>Sumner (N=8)</th>
<th>Reno (N=53)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Insurance Coverage</td>
<td>62.9%</td>
<td>33.3%</td>
<td>37.9%</td>
<td>25.0%</td>
<td>37.7%</td>
</tr>
<tr>
<td>Basic Medical Care for Low Income</td>
<td>51.4%</td>
<td>33.3%</td>
<td>25.5%</td>
<td>25.0%</td>
<td>34.0%</td>
</tr>
<tr>
<td>Prescription Assistance for Low Income</td>
<td>42.9%</td>
<td>22.2%</td>
<td>25.5%</td>
<td>25.0%</td>
<td>30.2%</td>
</tr>
<tr>
<td>Life-Threatening Disease Treatment</td>
<td>34.3%</td>
<td>16.7%</td>
<td>34.0%</td>
<td>12.5%</td>
<td>30.2%</td>
</tr>
<tr>
<td>Recreational Programs for Youth</td>
<td>2.9%</td>
<td>16.7%</td>
<td>8.5%</td>
<td>12.5%</td>
<td>11.3%</td>
</tr>
<tr>
<td>Recreational Programs for Adults</td>
<td>2.9%</td>
<td>11.1%</td>
<td>6.5%</td>
<td>12.5%</td>
<td>7.5%</td>
</tr>
<tr>
<td>Drug/Alcohol Abuse Treatment</td>
<td>14.3%</td>
<td>11.1%</td>
<td>19.0%</td>
<td>0.0%</td>
<td>22.6%</td>
</tr>
<tr>
<td>Victims of Domestic Violence Assistance</td>
<td>20.0%</td>
<td>27.8%</td>
<td>21.6%</td>
<td>12.5%</td>
<td>20.8%</td>
</tr>
<tr>
<td>Mental Health Counseling for Adults</td>
<td>8.6%</td>
<td>5.6%</td>
<td>17.6%</td>
<td>0.0%</td>
<td>15.1%</td>
</tr>
<tr>
<td>Mental Health Counseling for Children</td>
<td>8.6%</td>
<td>5.6%</td>
<td>19.0%</td>
<td>0.0%</td>
<td>20.8%</td>
</tr>
<tr>
<td>Mental Health Counseling for Youth</td>
<td>11.4%</td>
<td>5.6%</td>
<td>19.0%</td>
<td>0.0%</td>
<td>20.8%</td>
</tr>
<tr>
<td>Mental Health Counseling for Families</td>
<td>11.4%</td>
<td>5.6%</td>
<td>20.3%</td>
<td>0.0%</td>
<td>13.2%</td>
</tr>
<tr>
<td>Sexual Assault Victims Counseling</td>
<td>22.9%</td>
<td>22.2%</td>
<td>26.1%</td>
<td>0.0%</td>
<td>22.6%</td>
</tr>
<tr>
<td>Parenting Education</td>
<td>25.7%</td>
<td>16.7%</td>
<td>24.2%</td>
<td>0.0%</td>
<td>20.8%</td>
</tr>
<tr>
<td>Family Violence Prevention</td>
<td>25.7%</td>
<td>27.8%</td>
<td>24.2%</td>
<td>0.0%</td>
<td>15.1%</td>
</tr>
<tr>
<td>Health Care Education Programs</td>
<td>20.0%</td>
<td>22.2%</td>
<td>14.4%</td>
<td>0.0%</td>
<td>5.7%</td>
</tr>
<tr>
<td>Drug/Alcohol Abuse Prevention</td>
<td>14.3%</td>
<td>22.2%</td>
<td>22.2%</td>
<td>12.5%</td>
<td>13.2%</td>
</tr>
<tr>
<td>Teen Pregnancy Prevention/Education</td>
<td>28.6%</td>
<td>22.2%</td>
<td>27.5%</td>
<td>0.0%</td>
<td>26.4%</td>
</tr>
<tr>
<td>Child Abuse Prevention/Education</td>
<td>28.6%</td>
<td>38.9%</td>
<td>31.4%</td>
<td>0.0%</td>
<td>28.3%</td>
</tr>
<tr>
<td>Sexual Assault Prevention/Education</td>
<td>28.6%</td>
<td>27.8%</td>
<td>24.8%</td>
<td>0.0%</td>
<td>22.6%</td>
</tr>
<tr>
<td>Pandemic Flu Prevention</td>
<td>11.4%</td>
<td>11.1%</td>
<td>16.3%</td>
<td>0.0%</td>
<td>13.2%</td>
</tr>
<tr>
<td>Medical Programs – National Advocacy</td>
<td>20.0%</td>
<td>11.1%</td>
<td>19.0%</td>
<td>25.0%</td>
<td>11.3%</td>
</tr>
<tr>
<td>Medical Research (Heart, Cancer)</td>
<td>37.1%</td>
<td>16.7%</td>
<td>30.7%</td>
<td>25.0%</td>
<td>37.7%</td>
</tr>
<tr>
<td>House Construction/Repair Low Income</td>
<td>17.1%</td>
<td>5.6%</td>
<td>11.8%</td>
<td>12.5%</td>
<td>13.2%</td>
</tr>
<tr>
<td>Home Repair/Safety for Seniors</td>
<td>22.9%</td>
<td>5.6%</td>
<td>18.3%</td>
<td>12.5%</td>
<td>20.8%</td>
</tr>
<tr>
<td>Emergency Shelter for Homeless</td>
<td>22.9%</td>
<td>5.6%</td>
<td>22.9%</td>
<td>12.5%</td>
<td>11.3%</td>
</tr>
<tr>
<td>Day Care Services for Mentally Ill</td>
<td>5.7%</td>
<td>11.1%</td>
<td>15.0%</td>
<td>12.5%</td>
<td>11.3%</td>
</tr>
<tr>
<td>Homemaker Services for Homebound</td>
<td>22.9%</td>
<td>11.1%</td>
<td>21.6%</td>
<td>0.0%</td>
<td>24.5%</td>
</tr>
<tr>
<td>Adult Day Care Services including Respite Care</td>
<td>22.9%</td>
<td>0.0%</td>
<td>17.0%</td>
<td>0.0%</td>
<td>22.6%</td>
</tr>
<tr>
<td>Specialized Transportation</td>
<td>20.0%</td>
<td>11.1%</td>
<td>22.2%</td>
<td>12.5%</td>
<td>22.6%</td>
</tr>
<tr>
<td>Home Health Care for Homebound</td>
<td>28.6%</td>
<td>5.6%</td>
<td>25.5%</td>
<td>25.0%</td>
<td>26.4%</td>
</tr>
<tr>
<td>Meal Delivery for Homebound</td>
<td>31.4%</td>
<td>16.7%</td>
<td>25.5%</td>
<td>25.0%</td>
<td>22.6%</td>
</tr>
<tr>
<td>Caregiver Resources/Respite Care</td>
<td>20.0%</td>
<td>5.6%</td>
<td>19.0%</td>
<td>12.5%</td>
<td>20.8%</td>
</tr>
<tr>
<td>Utility Bills Emergency Assistance</td>
<td>14.3%</td>
<td>0.0%</td>
<td>17.6%</td>
<td>12.5%</td>
<td>7.5%</td>
</tr>
<tr>
<td>Rent/Mortgage Emergency Assistance</td>
<td>11.4%</td>
<td>0.0%</td>
<td>13.7%</td>
<td>12.5%</td>
<td>7.5%</td>
</tr>
<tr>
<td>Food Assistance</td>
<td>20.0%</td>
<td>5.6%</td>
<td>21.6%</td>
<td>0.0%</td>
<td>15.1%</td>
</tr>
<tr>
<td>Crime Victim Assistance</td>
<td>17.1%</td>
<td>5.6%</td>
<td>20.9%</td>
<td>0.0%</td>
<td>13.2%</td>
</tr>
<tr>
<td>Volunteer Opportunities</td>
<td>5.7%</td>
<td>5.6%</td>
<td>10.5%</td>
<td>0.0%</td>
<td>1.9%</td>
</tr>
<tr>
<td>Current Info on Available Services</td>
<td>14.3%</td>
<td>5.6%</td>
<td>22.2%</td>
<td>0.0%</td>
<td>5.7%</td>
</tr>
</tbody>
</table>
This older group also identified other health concerns as major issues for them or their neighbors more often than the younger age groups. Specifically: drug/alcohol abuse treatment, mental health counseling (all groups), sexual assault victims counseling, health care education programs, drug/alcohol abuse prevention, teen pregnancy prevention/education, child abuse prevention/education, sexual assault prevention/education, and specialized transportation.

Health Needs Identified – VCV Interviews

During one-on-one interviews held in the Wichita market, many interviewees suggested that this geographic market has lots of services available but many elderly people do not know how best to access them and if they know, they may not be able to get to them due to lack of affordable transportation especially if they are wheelchair bound.

The United Way’s 2-1-1 phone line is an excellent resource for finding available services but the follow-through by many of the elderly may be lacking without additional assistance. Once a call has been made it is sometimes difficult for the elderly to understand what all they need to get the services started. Seniors coming out of hospitals, rehab centers, clinics, or out-patient offices which have case managers may have an easier time getting hooked up with appropriate services that are readily available in the community.

Another concern that many of the interviewees had was the increasing need for dementia care as more elderly are being diagnosed with this type of disorder. It was suggested that many assisted living facilities exist, and more are being built as this report is written, but finding affordable in-home care or assisted living quarters for those in need of memory care was becoming increasingly difficult. The key word in the last sentence is “affordable” as several facilities accept Medicaid residents but people who cannot qualify for Medicaid assistance and who are living on fixed incomes feel they cannot justify the financial hardship on their families to access the best care for themselves or their loved ones.

Some suggested that there needs to be services developed for seniors who are isolated and who don’t have either the resources or will-power to reach out to the community for assistance. Getting to these seniors may be challenging as the Kansas Depart on Aging, Department of Mental Health and other governmental programs continues to see funding cuts and there is little hope in seeing this funding trend reversed in the very near future.

“Dental care for the elderly is pitiful,” stated one interviewee. According to the Kansas Health Foundation, Kansas ranks 18th nationally in total tooth loss among seniors. Medicare does not reimburse for oral care which can ultimately lead to serious medical conditions that are costly and can require hospitalization.
Table 9D: Health Concerns Identified by Participants to the United Way of the Plains 2010 Community Needs Survey by Age Group of Elderly Participants\textsuperscript{74} (N=257)

<table>
<thead>
<tr>
<th>Concerns Identified as “Major”</th>
<th>65+ Years (N=267)</th>
<th>65 – 74 (N=126)</th>
<th>75 – 84 (N=101)</th>
<th>85+ (N=40)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Insurance Coverage</td>
<td>40.4%</td>
<td>41.3%</td>
<td>40.6%</td>
<td>37.5%</td>
</tr>
<tr>
<td>Basic Medical Care for Low Income</td>
<td>31.1%</td>
<td>30.2%</td>
<td>30.7%</td>
<td>35.0%</td>
</tr>
<tr>
<td>Prescription Assistance for Low Income</td>
<td>28.5%</td>
<td>26.2%</td>
<td>28.7%</td>
<td>35.0%</td>
</tr>
<tr>
<td>Life-Threatening Disease Treatment</td>
<td>31.5%</td>
<td>29.4%</td>
<td>33.7%</td>
<td>32.5%</td>
</tr>
<tr>
<td>Recreational Programs for Youth</td>
<td>8.9%</td>
<td>8.7%</td>
<td>10.0%</td>
<td>7.5%</td>
</tr>
<tr>
<td>Recreational Programs for Adults</td>
<td>6.7%</td>
<td>7.1%</td>
<td>7.0%</td>
<td>5.0%</td>
</tr>
<tr>
<td>Drug/Alcohol Abuse Treatment</td>
<td>18.0%</td>
<td>14.3%</td>
<td>18.8%</td>
<td>27.5%</td>
</tr>
<tr>
<td>Victims of Domestic Violence Assistance</td>
<td>21.3%</td>
<td>22.2%</td>
<td>21.8%</td>
<td>17.5%</td>
</tr>
<tr>
<td>Mental Health Counseling for Adults</td>
<td>14.6%</td>
<td>13.5%</td>
<td>14.8%</td>
<td>17.5%</td>
</tr>
<tr>
<td>Mental Health Counseling for Children</td>
<td>16.5%</td>
<td>16.7%</td>
<td>15.8%</td>
<td>17.5%</td>
</tr>
<tr>
<td>Mental Health Counseling for Youth</td>
<td>16.8%</td>
<td>16.7%</td>
<td>16.8%</td>
<td>17.5%</td>
</tr>
<tr>
<td>Mental Health Counseling for Families</td>
<td>16.1%</td>
<td>15.9%</td>
<td>15.8%</td>
<td>17.5%</td>
</tr>
<tr>
<td>Sexual Assault Victims Counseling</td>
<td>24.0%</td>
<td>21.4%</td>
<td>23.8%</td>
<td>32.5%</td>
</tr>
<tr>
<td>Parenting Education</td>
<td>22.5%</td>
<td>25.4%</td>
<td>19.8%</td>
<td>20.0%</td>
</tr>
<tr>
<td>Family Violence Prevention</td>
<td>22.1%</td>
<td>21.4%</td>
<td>24.7%</td>
<td>17.5%</td>
</tr>
<tr>
<td>Health Care Education Programs</td>
<td>13.5%</td>
<td>13.5%</td>
<td>11.9%</td>
<td>17.5%</td>
</tr>
<tr>
<td>Drug/Alcohol Abuse Prevention</td>
<td>19.1%</td>
<td>15.1%</td>
<td>21.8%</td>
<td>25.0%</td>
</tr>
<tr>
<td>Teen Pregnancy Prevention/Education</td>
<td>26.2%</td>
<td>25.4%</td>
<td>25.7%</td>
<td>30.0%</td>
</tr>
<tr>
<td>Child Abuse Prevention/Education</td>
<td>30.0%</td>
<td>27.0%</td>
<td>29.7%</td>
<td>40.0%</td>
</tr>
<tr>
<td>Sexual Assault Prevention/Education</td>
<td>24.3%</td>
<td>23.8%</td>
<td>23.8%</td>
<td>27.5%</td>
</tr>
<tr>
<td>Pandemic Flu Prevention</td>
<td>14.2%</td>
<td>12.7%</td>
<td>16.8%</td>
<td>12.5%</td>
</tr>
<tr>
<td>Medical Programs – National Advocacy</td>
<td>17.2%</td>
<td>18.2%</td>
<td>16.8%</td>
<td>15.0%</td>
</tr>
<tr>
<td>Medical Research (Heart, Cancer)</td>
<td>31.8%</td>
<td>32.5%</td>
<td>34.6%</td>
<td>22.5%</td>
</tr>
<tr>
<td>House Construction/Repair Low Income</td>
<td>12.4%</td>
<td>14.3%</td>
<td>13.9%</td>
<td>2.5%</td>
</tr>
<tr>
<td>Home Repair/Safety for Seniors</td>
<td>18.3%</td>
<td>18.2%</td>
<td>19.8%</td>
<td>15.0%</td>
</tr>
<tr>
<td>Emergency Shelter for Homeless</td>
<td>19.1%</td>
<td>22.2%</td>
<td>17.8%</td>
<td>12.5%</td>
</tr>
<tr>
<td>Day Care Services for Mentally Ill</td>
<td>12.7%</td>
<td>15.9%</td>
<td>10.9%</td>
<td>7.5%</td>
</tr>
<tr>
<td>Homemaker Services for Homebound</td>
<td>21.0%</td>
<td>23.8%</td>
<td>16.8%</td>
<td>22.5%</td>
</tr>
<tr>
<td>Adult Day Care Services including Respite Care</td>
<td>17.2%</td>
<td>19.0%</td>
<td>15.8%</td>
<td>15.0%</td>
</tr>
<tr>
<td>Specialized Transportation</td>
<td>21.0%</td>
<td>19.0%</td>
<td>20.8%</td>
<td>27.5%</td>
</tr>
<tr>
<td>Home Health Care for Homebound</td>
<td>24.7%</td>
<td>25.4%</td>
<td>25.7%</td>
<td>20.0%</td>
</tr>
<tr>
<td>Meal Delivery for Homebound</td>
<td>25.1%</td>
<td>25.4%</td>
<td>25.7%</td>
<td>22.5%</td>
</tr>
<tr>
<td>Caregiver Resources/Respite Care</td>
<td>18.3%</td>
<td>19.0%</td>
<td>18.8%</td>
<td>15.0%</td>
</tr>
<tr>
<td>Utility Bills Emergency Assistance</td>
<td>13.9%</td>
<td>14.3%</td>
<td>16.8%</td>
<td>5.0%</td>
</tr>
<tr>
<td>Rent/Mortgage Emergency Assistance</td>
<td>11.2%</td>
<td>12.7%</td>
<td>11.9%</td>
<td>5.0%</td>
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<tr>
<td>Food Assistance</td>
<td>18.3%</td>
<td>19.0%</td>
<td>20.8%</td>
<td>10.0%</td>
</tr>
<tr>
<td>Crime Victim Assistance</td>
<td>17.2%</td>
<td>15.9%</td>
<td>20.8%</td>
<td>12.5%</td>
</tr>
<tr>
<td>Volunteer Opportunities</td>
<td>7.5%</td>
<td>8.0%</td>
<td>5.9%</td>
<td>10.0%</td>
</tr>
<tr>
<td>Current Info on Available Services</td>
<td>16.1%</td>
<td>17.4%</td>
<td>16.8%</td>
<td>10.0%</td>
</tr>
</tbody>
</table>
Many times, the primary caregiver for these homebound seniors is an elderly spouse who is also frail. Trying to maneuver a loved one who is no longer ambulatory can be physically demanding and as a result, routine preventative health care is no longer an option. Adult children may be willing to assist but may not be physically able when the parent is in their 90s or their children may be in their late 60s or 70s thus relying on grandchildren. The new “sandwich generation” may not only be caught between their younger children and parents but may be finding their help is needed for grandparents. Families are so geographically dispersed that grandchildren may not be readily available to help.

It is also important to remember that some people choose not to engage in society and as a result find themselves isolated once they become more frail and elderly. The culture of self-sufficiency may kick in because they only relied on themselves when younger and now they have a fear of being labeled weak if they ask for help. Changing people to rely on others may be challenging for those who have never established relationships with others.

One gap that was mentioned a number of times is the need for more bilingual health care providers. Some assisted living facilities and skilled nursing homes do try to engage Spanish speaking employees for their Hispanic residents but cultural sensitivity is more than just being able to speak the language and the need for age sensitivity training is greatly needed according to some interviewees (e.g. not all old people are deaf, indiscriminate use of acronyms to elder residents is not helpful or informative, using the terms “sweetie and honey” may be fine for some but others may find it condescending and would prefer their own names).

Finding new physicians for those who outlive their own or for those whose physicians have retired can be challenging. An increasing number of physicians are either limiting their Medicare/Medicaid population or not taking them at all. Some believe that doctors have limited this population due solely to low reimbursement rates but physicians stated that the primary driver stems from the increase in paperwork being required as well as the annual option in changing Part D coverage which demands increasing staff to answer questions.

A gap that is increasing is dealing with morbidly obese folks. The need for specialized motorized scooters has increased due to their inability to walk for long periods but then finding a way to transport these scooters across town has additional challenges. Related to this issue EMS’ stretchers have a limit of 750 pounds and Sedgwick County has elected not to buy a bariatric truck yet due to their budget constraints. But with obesity becoming a national epidemic, more bariatric stretchers, hospital beds, examination tables and larger MRI’s capsules will be needed to ensure these patients have healthcare access. This assessment focused on the Wichita area but obesity is a national problem that continues to be identified by numerous studies.

One impact obese people are having in Sedgwick County, and probably in counties across the nation, is that when they fall in their homes EMS is called to assist them in getting up. Many times EMS may need additional assistance from the Fire Department and if the fallen patient...
refuses hospitalization (which most times they do), than EMS doesn’t get paid even though they made the initial emergency run to a private home, skilled nursing or assisted living facility.

In an effort to make registration easier, many organizations and government offices have gone to on-line applications. However, many elderly people are not computer savvy or have internet access so offering this option may not be realistic.

Obtaining the necessary prescriptions ordered by physicians may be financially impossible for many seniors due to their numerous chronic conditions. Even if they can afford them, for some, the management of consumption may be another challenge which goes unmonitored until a crisis arises. Related to this issue is the understanding of Part D. Several interviewees thought there are too many options available which add to the confusion of seniors and their caregivers. This confusion is not caused by lack of education or the literacy ability of the reader but by the sheer number of programs offered and the nuances of each policy without a comparative chart that easily explains the differences between the program options.

Another serious issue raised by several interviewees was the expectation of many seniors and their family that with modern healthcare, seniors are capable of living forever. They feel that Americans, compared to other countries, have embraced the concept of living forever regardless of cost or quality of life. They believe the time is ripe for health care providers to have frank discussions on dying with dignity. One interviewee thought providing palliative care should be the ultimate goal for every primary care physician’s office. They described palliative care as a partnership between a patient, healthcare providers and the patient’s family. Usually a team of providers includes doctors, nurses and social workers, although others may be added to the partnership if required to enhance the quality of life. Palliative care provides time for communication between all parties, offers expert management of pain, helps patients and their caregivers to navigate the healthcare system, offers expert guidance about treatment choices and offers spiritual and emotional support for the patient and their family.

In talking with several long-term care providers, it is interesting to hear projections on the need for future building of facilities and then seeing what is actually taking place. One rule of thumb is that there is a decrease need in independent living facilities as most people prefer to stay in their own homes for as long as possible with the help of in-home services. On the other hand, there seems to be increased need for memory care and assisted living beds. Construction has geared up for all levels of senior care in and around Wichita anticipating the long term care needs of the baby boom generation.

The building of these newer facilities is taking place primarily in suburban locations or on the outer edges where upper income families currently reside. In areas where there is a high concentration of low-income elderly who would rely heavily on Medicaid assistance, new construction is not being discussed or planned. So transportation for visiting displaced seniors in the new facilities could become a challenge to those wanting to visit their loved ones unless they had personal transportation readily available.
Several interviewees stated the healthcare system is fragmented in its current form of delivery. It is possible that with the development of an electronic medical record system, communication could be improved but it will take additional time on someone’s part to coordinate the care given that doctors only have so much time available to conduct their examinations. All the information may be captured but if a patient has a complex history, each doctor may focus only on their part of the record thus many are strongly calling for patient navigators.

While costs have certainly limited the ED as a way to seek medical treatment by many, there is still a population of people who regularly frequent the ED without first having contact with their primary care physician. Some may not have PCP access, others may not be insured and see the ED as their only option regardless if their situation is critical or not. The new Accountable Care Act may help address this issue but certainly many interviewees who are providers, community leaders and others who work closely with the ED staff feel that educating the public on when to access the ED is paramount in getting this problem under control.

Some interviewees felt that personal responsibility for behavioral choices has been lacking in discussing healthcare options. Certainly personal versus social responsibility has become a popular topic of discussion on internet blogs, ethics seminars, scholarly journals, political debates and talk shows; however pointing fingers at each other doesn’t solve the health issues we are now facing. Lifetime smokers, substance/alcohol abusers, poor nutrition, riding motorcycles without helmets, or having unprotected sex increases chances of chronic health conditions, serious injury or incurable diseases. This research does not dispute those claims but simply acknowledges the fact that this attitude toward those making bad choices exist and that maybe future generations will be motivated to make better ones.

One targeted group that was included in this research was the aging prisoner population. The El Dorado Correctional Facility (located in Butler County but described here) reports an average daily population of 1,300 prisoners. Of those, approximately 15 percent are over the age of 50 and two percent are over the age of 65. Roughly 30 inmates, at the time of this research, were wheelchair bound. In an average year, approximately six to ten inmates are involved in the cancer program and may be a part of the on-going hospice program located within the walls of the facility. While prisoners range in age 17 – 90, the average age of the inmate was 35 years.

Discharge planners work closely with SRS and the Department of Corrections before prisoners are paroled. Efforts are made to connect those being released who have mental illness, diabetes and other chronic illnesses diagnoses to get in touch with local clinics or programs where they will be relocation for which they may qualify.

For older prisoners who need skilled nursing care, nursing home placement is often difficult, especially if the prisoner has a mental health history or a violent past. The aging parolee does present some challenges to the assisted living and nursing home industry.
Community Assets for Seniors Living in the Wichita Area

The Wichita MSA has some community assets for assisting the aging population; however, the elderly may not always be aware of what services are available or may be reluctant to ask about them. The following agencies, listed in alphabetical order, were identified as leaders in offering services or outreach programs for the aging in the area. (NOTE: This is not intended to be an exhaustive or an endorsement list.) Nearly 40 percent of the participants could not identify any specific leaders but those listed below were suggested by more than five interviewees.

Alzheimer’s Association  Sedgwick County COMCARE
American Red Cross - Transportation  Sedgwick County Health Department
Area Agency on Aging  Senior Health Insurance Program of KS
Catholic Care Center  Senior Services
Center for Health & Wellness  United Way 2-1-1
Central Plains Area Agency on Aging  Via Christi HOPE/PACE
GraceMed Clinic & Dental Program  Via Christi Hospital
Kansas Adult Protective Services  Via Christi InMyHome
Medical Service Bureau  Via Christi Medical Associates
Mental Health Association  Via Christi Village

Characteristics of Focus Group Participants (N=37)

Over 89 percent of the participants had family members living in the Wichita MSA. An additional 24.3 percent had to relocate to be closer to family. Only 10.8 percent of the participants interviewed reported receiving Meals on Wheels prior to coming to a VCV-Wichita facility to live.

Nearly 25 percent of the participants indicated it was their decision to move into Via Christi Villages (VCV) and just over half stated that it was a mutual decision between them and their family. Over 54 percent of the participants identified that the primary reason for moving into a VCV facility was because the participants or their spouses needed housing suitable for an aging person. Over 43 percent of the participants suggested they were finding it a little difficult to travel outside of their homes and they were wanted to increase their socialization opportunities.

Nearly 84 percent of the participants stated that moving in to VCV was the right decision for them. Over half of the interviewees stated they felt safer in terms of having access to needed services and nearly half said they had plenty of opportunity for socialization.

In asking the elderly interviewees what they missed most about living independently, their responses were very similar to the other focus groups. They missed having access to a car in which they could come and go when they wanted. They missed their volunteer activities and
socializing with their friends. Several missed attending their home church services and gardening.

In response to what they didn’t miss, the majority stated dealing with the responsibilities of home ownership. From cleaning, to mowing the yard and shoveling snow, and even daily cooking, they were glad not to have to deal with any of those activities.

Asking about the advice they would give to others who are considering moving into an assisted living facility, they suggested folks talk about their decision with their children prior to making the move, ask children to help with downsizing before getting rid of personal possessions, and don’t give up their car for awhile. They also suggested that people not worry about moving everything right away and if they can afford to wait don’t sell the house for six months to be sure the move is exactly what they want or need to be happy. For couples they suggest it is easier to adjust when both are in fairly good health and can move into the same apartment together. They also recommend people look into buying long-term care insurance to assist with the cost of living in a senior facility, particularly paying close attention to the fine print and strongly suggest that your legal advisor read the policy before purchasing it to make sure you know what you are buying.

When asked about their biggest concerns, the participants are most worried about financing their care throughout the rest of their lives. They are concerned that their money will run out before they die and what that means for them and their families. They believe that elderly people are living way too long and hope that they will not be a pace-setter for the growing centenarian population. While none of them are suggesting they’re in a hurry to die, they certainly think about how much longer they will live and hopeful they will not be a burden to their families.

They are also concerned about “hidden costs” associated with living in a facility. Some suggested they thought VCV vans would be available for transportation but have since found out that while they are available, there are also costs associated with using them.

They also shared they liked being asked about their personal experiences of living in VCV. They welcome any conversations that may improve their own quality of life but hope their input will help others to prepare for the move into similar facilities.
Section E: Ponca City, Oklahoma
2011 - 2012 Aging Assessment

During 2011, a community assessment focusing on the health care needs of the Ponca City, Oklahoma aging population was conducted. Eighteen one-on-one interviews were conducted along with a focus group of 12 residents from Via Christi Village – Ponca City. The primary themes that emerged from this assessment effort included:

- Seniors inability to afford proper dental and vision care due to lack of coverage by Medicare.
- Hard to find home-health assistance for seniors willing to pay a small stipend but who can no longer clean and do laundry when washer/dryer is in basement.
- Major concerns about gambling addiction becoming more of a problem due to the many casinos operating in the area.
- Referrals to health care specialists located in Wichita, Oklahoma City or Enid result in challenges for seniors who no longer drive or who have no affordable alternatives for transportation.
- There needs to be a case navigator for seniors wanting to explore their Medicare Part D options – a constant communication merry-go-round.
- VCV used to be very engaged in the community regarding advocacy issues for the aging and some perceive this assessment process as a first step in reengaging.
- One interviewee stated that getting access to a geriatric psychiatrist is next to impossible and usually forces a person to seek this kind of care out of the area.
- There is a Senior Advisory Group that meets regularly in Ponca City but several of the long-term care facilities are not involved or receive regular information. The group advocates well on senior related issues at the state level and have receive a Masterpiece grant which hopes to improve the quality of life for seniors in the area.
- There are no nephrologists in Ponca City and as a result, dialysis treatments cannot take place forcing diabetics to seek help in other communities.
- There is no access to a geriatric specialist. Would love to see Via Christi bring a geriatric physician into Ponca City on a regular rotation basis.
- Some interviewees suggested there is a need for non-emergency transportation that is affordable for medical purposes in the county.
- Ponca City is becoming a default retirement community as younger families move to follow the jobs.
- Many physicians are aging themselves and are less inclined to add more Medicare patients making it difficult to access health care for new seniors moving in.
• Native Americans, whose population is around nine percent for Kay County and greater for Osage County need to have education on preventative health care measures as this population is the least likely to access services. Need to find a way to get them engaged for better quality of life outcomes at all ages.
• Need more beds for assisted living units, especially for those with dementia related illnesses.
• Obesity is becoming a real issue for this area as is isolation for widows/widowers who are home-bound.

Description of Community

Ponca City is a small city in Kay and Osage counties in Oklahoma and was named after the Ponca Tribe. Located in north central Oklahoma, it lies approximately 18 miles south of the Kansas border. As of the 2010 Census, there were 25,387 people living in 10,440 households within the city limits. The racial makeup of the city during the last census was 84.2 percent White, nearly 3.0 percent African American, 6.3 percent Native American, 0.7 percent Asian, 0.03 percent Pacific Islander, 2.0 percent from other races and 3.7 percent from two or more races. Hispanic or Latino of any race represents about 4.4 percent of the city population.

Of the 10,440 households, 25.4 percent had children under the age of 18 living in them, 51.3 percent were married couples living together, 11 percent were single-mother households and 13.7 percent were seniors over the age of 65 years living alone. Table 1E gives the population breakout for Kay and Osage Counties by year of census.75

Ponca City’s history has been shaped by the petroleum industry. However, after the oil boom years of the 1980s, the petroleum companies either merged or were sold off in the 1990s. In 2001, Conoco merged with Phillips Petroleum to become the sixth largest publicly traded oil company in the world and the third largest in the USA. However, the headquarters moved to Houston and in February 2009, the company reduced 750 non-refinery operation jobs out of the city impacting the economic stability in the area.

Table 1E: Population and Change in Kay County, Oklahoma76

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Kay Co</td>
<td>49,852</td>
<td>48,056</td>
<td>48,080</td>
<td>46,562</td>
<td>(3.2%)</td>
<td>(7.8%)</td>
</tr>
<tr>
<td>Osage Co</td>
<td>39,327</td>
<td>41,645</td>
<td>44,437</td>
<td>47,472</td>
<td>6.8%</td>
<td>20.7%</td>
</tr>
<tr>
<td>State of OK</td>
<td>2,364,236</td>
<td>2,477,588</td>
<td>2,688,824</td>
<td>2,853,118</td>
<td>6.1%</td>
<td>20.7%</td>
</tr>
</tbody>
</table>
Between 2000 and 2010, Oklahoma’s population increased by 6.1 percent. Kay County’s population decreased by 3.2 percent but Osage County grew by 6.8 percent. See Table 2E below. Part of the Kay County decrease stems from the move of Phillips Petroleum to Houston. It is interesting to note the difference between Kay and Osage Counties in terms of race/ethnicity of their population. Osage County is one of six in the United States that entirely lies within an Indian reservation and it shows the impact on the composition of their population.

**Table 2E: Racial/Ethnic Composition for MRHC’s Primary Service Areas in 2010**

<table>
<thead>
<tr>
<th>Race/Ethnic Group</th>
<th>Oklahoma</th>
<th>Ponca City</th>
<th>Kay County</th>
<th>Osage County</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>72.2%</td>
<td>84.2%</td>
<td>80.2%</td>
<td>66.0%</td>
</tr>
<tr>
<td>Black</td>
<td>7.4%</td>
<td>2.9%</td>
<td>2.1%</td>
<td>11.4%</td>
</tr>
<tr>
<td>Asian</td>
<td>1.7%</td>
<td>0.7%</td>
<td>0.5%</td>
<td>0.3%</td>
</tr>
<tr>
<td>American Indian &amp; Alaska Native</td>
<td>8.6%</td>
<td>6.3%</td>
<td>9.6%</td>
<td>14.4%</td>
</tr>
<tr>
<td>All Other</td>
<td>1.8%</td>
<td>2.1%</td>
<td>0.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>8.9%</td>
<td>4.4%</td>
<td>6.4%</td>
<td>2.9%</td>
</tr>
<tr>
<td>White, not Hispanic</td>
<td>68.7%</td>
<td>76.2%</td>
<td>77.6%</td>
<td>64.7%</td>
</tr>
</tbody>
</table>

It is interesting to note that Osage County has proportionately fewer smaller children than Kay County, Ponca City and Oklahoma. In addition both Ponca City and Kay County has proportionately more senior citizens than Osage County or Oklahoma. It is not surprising that Ponca City and Kay County have a high senior population for when Phillips Petroleum relocated to Houston many of the middle-age managers moved with it leaving many retirees behind. See Table 3E below for specifics.

**Table 3E: 2010 U.S. Census Bureau Population by Age Groupings**

<table>
<thead>
<tr>
<th>Age</th>
<th>Oklahoma</th>
<th>Ponca City</th>
<th>Kay County</th>
<th>Osage County</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 5 years</td>
<td>7.0%</td>
<td>7.7%</td>
<td>7.2%</td>
<td>6.1%</td>
</tr>
<tr>
<td>&lt; 18 years</td>
<td>24.8%</td>
<td>26.2%</td>
<td>25.3%</td>
<td>24.3%</td>
</tr>
<tr>
<td>65 years &gt;</td>
<td>13.5%</td>
<td>17.7%</td>
<td>17.0%</td>
<td>15.3%</td>
</tr>
</tbody>
</table>

**Education**

Educational attainment in Oklahoma is lower than that reported in Kansas for both the proportion of students graduating from high school and from college with a bachelor’s degree. While Osage County reports a higher proportion of children graduating from high school, it appears that high school is the end point for many of their youth as less than 18 percent of them go on to graduate from college with a bachelor’s degree. See Table 4E for specifics.
Table 4E: Educational Attainment in 2006 – 2008 American Community Survey
Persons 25 Years and Older\textsuperscript{80}

<table>
<thead>
<tr>
<th>Education Attainment Level</th>
<th>Oklahoma</th>
<th>Ponca City</th>
<th>Kay County</th>
<th>Osage County</th>
</tr>
</thead>
<tbody>
<tr>
<td>High School Graduate</td>
<td>85.4%</td>
<td>86.4%</td>
<td>85.6%</td>
<td>87.3%</td>
</tr>
<tr>
<td>Bachelors Degree</td>
<td>22.6%</td>
<td>21.1%</td>
<td>19.9%</td>
<td>17.8%</td>
</tr>
</tbody>
</table>

Household Value & Income

According to the U.S. Census for 2010, Median household income for Oklahoma was nearly $43,000 but less than $40,000 for Ponca City? Table 5E highlights the differences in median value of owner-occupied housing units and median household income for Oklahoma, Ponca City, Kay and Osage Counties.

Table 5E shows an interesting phenomenon. While educational attainment in Osage County was proportionately lower in terms of college graduates, the median value of owner-occupied housing and median household income are higher for that county than for either Kay County or Ponca City. In addition, Osage County reports proportionately fewer people living in poverty than all the other Oklahoma locations used for this research.

It is possible that with Conoco/Phillips Petroleum relocating to Houston the price of housing dropped because 700 families moved to follow their jobs leaving a glut of houses on the market and causing the median household price to fall as well. The increase in those living below poverty could also be related to job loss across the board due to the relocation of Conoco/Phillips as well as a growing aging population base.

Table 5E: Median Value of Owner-Occupied Housing, Median Household Income and Percent of Persons Living Below Poverty by County - 2010\textsuperscript{81}

<table>
<thead>
<tr>
<th>Education Attainment Level</th>
<th>Oklahoma</th>
<th>Ponca City</th>
<th>Kay County</th>
<th>Osage County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Median Value of Owner-Occupied Housing</td>
<td>$104,300</td>
<td>$81,200</td>
<td>$74,700</td>
<td>$96,100</td>
</tr>
<tr>
<td>Median Household Income</td>
<td>$42,979</td>
<td>$39,620</td>
<td>$39,505</td>
<td>$41,125</td>
</tr>
<tr>
<td>Living Below Poverty</td>
<td>16.2%</td>
<td>18.2%</td>
<td>17.9%</td>
<td>12.6%</td>
</tr>
</tbody>
</table>

Who was Involved in the Aging Assessment

The aging assessment process was initiated by Via Christi Villages (VCV) and Via Christi Health (VCH). VCV wanted to know about the health access needs of the aging population in markets where they own and operate a long-term care facility. VCH, as the umbrella organization, provided the financial support and staff leadership for the assessment process; however, members of the community were also engaged to participate in this research effort.
Representatives from not-for-profit organizations, government services, faith community, Area Agency on Aging, competitor assisted living facilities, caregivers, low-income housing units, medical facilities and providers and seniors themselves were all invited to participate in this research effort.

**How the Assessment was Conducted**

This assessment began with a review of 2010 Census data, County Health Rankings, one-on-one interviews and focus group discussions with elderly residents. There were 18 one-on-one interviews and one focus group comprised of 12 seniors living in VCV – Ponca City. The data used for this assessment was collected and analyzed by VCH’s Director of Community Benefit from Wichita, Kansas. The data collected from Ponca City was merged with interviews collected from other VCV markets which included a total of 224 participants.

The County Health Rankings document looks at both Health Outcomes and Health Factors to give counties a snapshot in how well their county is doing when it comes to the health of their population. Health Outcomes describes how long and how well people live. Health Factors describe the elements that lead to how long and how well people live.

According to the 2012 County Health Rankings report, Kay County ranked 35th and Osage County 21st (out of 77 Oklahoma counties) overall in their health outcomes. Map 1E visually illustrates how these two counties compare with other counties in the State of Oklahoma.

**Map 1E: 2012 County Health Rankings for Kay and Osage Counties in Oklahoma**
Table 6E outlines the counties’ rankings on mortality, morbidity, health behaviors, clinical care, social and economic factors and the physical environment assigned by the University of Wisconsin Population Health Institute in generating each county’s scores. While Osage County certainly ranks better in mortality than does Kay County, Osage County falls behind in clinical care, social and economic factors and physical environment.

Premature death is a major issue in Kay County when compared to Osage County and the National Benchmark. More research needs to be conducted on why Kay County exceeds its neighboring county as well as the State of Oklahoma so much on this single issue. On just the top three causes of deaths for those over the age of 65, Kay County reported more deaths. Specifically, Kay County reported 41.3 percent more heart disease deaths, 52.1 percent more deaths from cancer and 73.6 percent more deaths from strokes. Some of the variance could be due to a larger elderly population base as shown in Table 3E, some of it could be attributed to income disparities as a higher proportion of people are living in poverty in Kay County as shown in Table 5E or it could be related to the fact that a greater proportion of Kay County residents are identified as obese which leads to additional chronic diseases that complicates health outcomes when combined with heart disease and cancer.

**Health Needs Identified**

According to Oklahoma Department of Health’s *State of the County’s Health Report* available on-line ([www.ok.gov/health/Organization/Board_of_Health/OHIP.html](http://www.ok.gov/health/Organization/Board_of_Health/OHIP.html)), Oklahoma ranks near the bottom in many key health status indicators. This report states that it is their vision that local partnerships and communities working together will improve and sustain the physical, social and mental well-being of all Oklahomans. They have targeted three major initiatives involving children’s health improvement, tobacco use prevention and obesity reduction as a place to start in making all Oklahomans healthier. In addition, the State of Oklahoma will be focusing on four infrastructure goals: public health finance, workforce development, access to care and health systems effectiveness.

This report identifies the causes of death by age group and by county. The top 10 causes of death for those living in Osage County and who are 65 years of age and older are: heart disease, cancer, stroke, bronchitis/emphysema/asthma, diabetes mellitus, Alzheimer’s disease, influenza/pneumonia, unintentional injury, nephritis and septicemia. The top 10 causes of death for the same population living in Kay County are exactly the same however; Alzheimer’s disease and influenza/pneumonia switch position.

The County Health Rankings for Oklahoma show some major variances that what was reported in the 2010 Census. For instance the 2012 County Health Rankings for Osage County indicated that the high school graduation rate was 27 percent. However, the 2010 Census reports that the high school graduation rate was 87.3 percent. This variance has been noted for other counties between these two resources and the reader is just reminded to be aware of the difference if decisions are being made on this specific variable.
<table>
<thead>
<tr>
<th>Health Outcomes</th>
<th>Kay County</th>
<th>Osage County</th>
<th>Oklahoma</th>
<th>National Benchmark</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Overall Rank (77)</strong></td>
<td>35</td>
<td>21</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Mortality</strong></td>
<td>34</td>
<td>18</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Premature death</td>
<td>10,057</td>
<td>8,634</td>
<td>9,448</td>
<td>5,466</td>
</tr>
<tr>
<td><strong>Morbidity</strong></td>
<td>37</td>
<td>25</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Poor or fair health</td>
<td>19%</td>
<td>19%</td>
<td>19%</td>
<td>10%</td>
</tr>
<tr>
<td>Poor physical health days</td>
<td>4.6</td>
<td>3.8</td>
<td>4.1</td>
<td>2.6</td>
</tr>
<tr>
<td>Poor mental health days</td>
<td>4.3</td>
<td>3.6</td>
<td>4.0</td>
<td>2.3</td>
</tr>
<tr>
<td>Low birth weight</td>
<td>7.9%</td>
<td>7.9%</td>
<td>8.1%</td>
<td>6.0%</td>
</tr>
<tr>
<td><strong>Health Factors</strong></td>
<td>54</td>
<td>62</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Health Behaviors</strong></td>
<td>46</td>
<td>29</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adult smoking</td>
<td>24%</td>
<td>27%</td>
<td>25%</td>
<td>14%</td>
</tr>
<tr>
<td>Adult Obesity</td>
<td>36%</td>
<td>32%</td>
<td>32%</td>
<td>25%</td>
</tr>
<tr>
<td>Physical Inactivity</td>
<td>33%</td>
<td>35%</td>
<td>31%</td>
<td>21%</td>
</tr>
<tr>
<td>Excessive Drinking</td>
<td>11%</td>
<td>12%</td>
<td>14%</td>
<td>8%</td>
</tr>
<tr>
<td>Motor Vehicle Crash Death Rates</td>
<td>31</td>
<td>21</td>
<td>22</td>
<td>12</td>
</tr>
<tr>
<td>Sexually Transmitted Infections</td>
<td>142</td>
<td>185</td>
<td>413</td>
<td>84</td>
</tr>
<tr>
<td>Teen Birth Rate</td>
<td>71</td>
<td>44</td>
<td>58</td>
<td>22</td>
</tr>
<tr>
<td><strong>Clinical Care</strong></td>
<td>23</td>
<td>50</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Uninsured</td>
<td>22%</td>
<td>22%</td>
<td>21%</td>
<td>11%</td>
</tr>
<tr>
<td>Primary Care Physicians</td>
<td>1,480:1</td>
<td>1,568:1</td>
<td>1,152:1</td>
<td>631:1</td>
</tr>
<tr>
<td>Preventable Hospital Stays</td>
<td>79</td>
<td>70</td>
<td>82</td>
<td>49</td>
</tr>
<tr>
<td>Diabetic Screening</td>
<td>76%</td>
<td>70%</td>
<td>77%</td>
<td>89%</td>
</tr>
<tr>
<td>Mammography Screening</td>
<td>57%</td>
<td>49%</td>
<td>60%</td>
<td>74%</td>
</tr>
<tr>
<td><strong>Social &amp; Economic Factors</strong></td>
<td>63</td>
<td>71</td>
<td></td>
<td></td>
</tr>
<tr>
<td>High school graduation</td>
<td>67%</td>
<td>27%</td>
<td>78%</td>
<td></td>
</tr>
<tr>
<td>Some college</td>
<td>51%</td>
<td>51%</td>
<td>56%</td>
<td>68%</td>
</tr>
<tr>
<td>Unemployment</td>
<td>8.7%</td>
<td>8.5%</td>
<td>7.1%</td>
<td>5.4%</td>
</tr>
<tr>
<td>Children in poverty</td>
<td>27%</td>
<td>23%</td>
<td>24%</td>
<td>13%</td>
</tr>
<tr>
<td>Inadequate social support</td>
<td>20%</td>
<td>21%</td>
<td>20%</td>
<td>14%</td>
</tr>
<tr>
<td>Children in single-parent households</td>
<td>37%</td>
<td>29%</td>
<td>33%</td>
<td>20%</td>
</tr>
<tr>
<td>Violent crime rate</td>
<td>493</td>
<td>495</td>
<td>510</td>
<td>73</td>
</tr>
<tr>
<td><strong>Physical Environment</strong></td>
<td>55</td>
<td>65</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Access to recreational facilities</td>
<td>4</td>
<td>2</td>
<td>7</td>
<td>16</td>
</tr>
<tr>
<td>Limited access to healthy foods</td>
<td>1%</td>
<td>27%</td>
<td>11%</td>
<td>0%</td>
</tr>
<tr>
<td>Fast food restaurants</td>
<td>50%</td>
<td>50%</td>
<td>50%</td>
<td>25%</td>
</tr>
</tbody>
</table>
One finding that came out of the one-on-one interviews is the growing concern for gambling addiction in the area, especially for seniors as that age group is being targeted by marketing efforts of area casinos with free lunches, free slot money and in some cases free bus rides to their casinos on a periodic basis.

Within a few miles of Ponca City, there are six casinos located in Kay County and two in Osage Counties. Combined, these casinos house nearly 3,300 slot machines which operate for as little as pennies to 75 dollars for a maximum bet on each hit or handle pull. Five of these casinos are open 24 hours a day and most of them host at least a single senior day per month. Depending on what time of day or night one enters the casino a high proportion of those gambling are seniors. On-site research efforts on two of the largest casinos closest to Ponca City, seniors represented 80-90 percent of the clientele between the hours of 8:00 – noon on most given days. After lunch, the proportion of those over the age of 65 drops down to less than half between the hours of 4:00 – 9:00 p.m. although it is not unusual to see seniors in the casinos until the wee hours of the morning.

Visual research at the casinos showed that wheelchair bound seniors, as well as those on oxygen are frequent players and in conversation with them suggest that their gambling outings are there opportunity for socialization that is both fun and cheap when they don’t stray away from the penny machines. On a couple of occasions, conversations with couples suggested that the casino is a great meeting place for retired seniors who live south of Ponca City and are meeting family and friends from Wichita and/or other communities who live north of Ponca City. While socialization of this type may be fun in moderation, Ponca City leaders and those who work with seniors who have developed gambling problems are quick to point out the economic downfall of those who cannot control their gambling addiction. Some of those stories revolve around seniors not having money for needed prescriptions to some losing their homes due to non-payment of mortgages.

The Senior Center in Ponca City has hosted a mental health presentation to discuss the problem gambling addiction and the casinos have put signs up around their facilities encouraging people to call a 1-800 for help if they recognize they have problems; however, a local banker shared that casinos have become the number one place where ATM cards are used the most in accessing cash for additional play. Gambling addiction has become such a problem that it is a category in the Diagnostic and Statistical Manual of Mental Disorders.84

Another issue raised during the one-on-one interviews centered on referrals to specialists, including geriatricians. Most of the specialists that receive referrals from the Ponca City medical community are located in Wichita, Oklahoma City or Enid. There is some transportation available but interviewees stated that affordable transportation to these other cities are scarce and they would like to see Via Christi Health take a leadership role in providing rotating specialists so that local primary care physicians could make referrals and the patients could be seen in Ponca City to improve access. The lack of specialists’ access is really acute for those 90+ years old.
Ponca City is a Masterpiece Living® community which means that the community is committed in being a place where older adults not only age well, but age successfully. According to the Masterpiece Living webpage (www.mymasterpieceliving.com) Masterpiece Living takes wellness programs to the next level by redefining the standard of living for seniors for living well now and in the future. By adopting Masterpiece Living, communities take the first steps toward implementing the research findings on successful aging in a way that is practical, measurable and fully integrated into the community culture. The local programs are guided by a National Advisory Board of highly credible experts including the Mayo Clinic and the Cooper Institute. The Ponca City project was just getting started when this research study began and local coordinators were very excited about receiving the national recognition. It is not known by this researcher the status of this project but it is highly recommended that if Via Christi Village is not currently involved in the project that they need to get involved.

The Senior Advisory Board in Ponca City is perceived to be very active in the community advocating locally, regionally and state-wide on aging issues. While VCV was involved in the past, it was relayed that their participation has been waning over the last couple of years. It is strongly recommended that VCV become an active player if they are still not involved in these groups.

One interviewee brought up the issue that since there are no nephrologists practicing in Ponca City, dialysis treatments for diabetics cannot be done at Ponca City Hospital. This issue places additional stress on families when kidney patients have to travel outside the city to get required treatments.

Another issue raised during the one-on-one interviews was the reality that not all nursing or assisted living facilities have their own transportation vans making hospital discharges hard on patients, especially if they are wheelchair bound. The question was raised whether VCV would be interested in assisting other facilities, even at a cost, with this issue. VCV leadership may want to take a look at the liability issues and do a cost benefit analysis to see what it may take to offer this service. If deemed appropriate, community discussions with the hospital and other long-term care facilities might be warranted.

There is concern that not enough memory care units are available to take care of the increase in the dementia population. Crossroads, a 12 bed inpatient psychiatric unit for patients 55+ years averages between five to six patients a day. These beds are for short-term crisis stabilization episodes within a voluntary locked unit but approximately 60-70 percent of the admits involve patients with Alzheimer’s disease. The concern stems from where will these patients go when families are no longer able to cope with them at home. Currently some of these patients have to leave Ponca City for other communities where memory care units are available. Moving these patients away from their families is hard on both, especially if the remaining spouse is also frail and unable to drive to the new location.
Several interviewees raised the transportation issue however, A public transportation service, Cimarron Transit, is available to everyone in Kay and Osage Counties but people suggest it isn’t as convenient as it needs to be for older commuters. (Note: Cimarron Transit also provides transportation to communities in Creek and Pawnee Counties.) Cimarron Transit operates from 5:00 a.m. to 6:00 p.m. Monday through Friday in Ponca City with very limited hours available on Saturday and holidays. Fare schedules are $2.00 for a one-way ride and if clients call from outside of Ponca City because they need to go to a doctor’s appointment in Ponca the ride could cost as much as $30.00 round trip. Many suggest that rural elderly who live on fixed incomes cannot afford this price so they forego any unnecessary trips to town.

Community Assets for Seniors

Ponca City, Oklahoma offers some community assets for assisting the aging population; however, the elderly may not always be aware of what services are available or are reluctant to ask about them. The following agencies, listed in alphabetical order, were identified as leaders in offering services or outreach programs for the aging in the area. (NOTE: This is not intended to be an exhaustive or an endorsement list.)

At Home Medical Ponca City Medical Center
Carter Health Care Senior Advisory Board
City of Ponca Senior Center
Community Health Foundation Senior Circle
Local Area Churches Sterling House
North Oklahoma Department on Aging Triad Medical Supply

Characteristics of Focus Group Participants (N=12)

Nearly 37 percent of VCV-Ponca City has family living in the area. A couple of the residents stated that their families were forced to relocate to Houston as a result of the Conoco/Phillips move so they are no longer living close to each other. Two of residents (18.2%) stated they had to relocate to the Ponca City area to be closer to family. Only one resident stated they received Meals on Wheels prior to moving into VCV-PC.

Three residents (27.3%) said it was their decision to move into VCV-PC and their decision alone. The other nine residents stated the decision to move into VCV-PC was a mutual decision between them and their families.

Nearly 37 percent stated they moved in VCV to be closer to family and/or friends. Only two residents stated they needed some assistance with housekeeping chores or recognized they needed housing suitable for an older person which ultimately led to the decision for their move to VCV-PC. Four residents (37%) suggested that they were finding it more difficult to travel outside of their home and had some difficulty in trying to shop for necessary items (e.g. groceries, medications, etc). Nearly half of the respondents stated they felt some pressure to
move into an assisted living facility so as not to burden family/friends. They went on to add that since moving in they pretty much enjoy all the socialization opportunities that VCV-PC provides. However, not all is rosy in the world of assisted living as stories were shared about other facilities that were visited prior to making a choice to move. A couple of the residents suggested that to really make a person feel welcome, all assisted living facilities should present the new resident with a floor plan sketch of the facility so that an older person has a good idea of where they are located and where they can find available services.

Issues related to food were brought up by the residents. Some suggested the food is sometimes served too hot, other times too cold and some felt that fruit should be more available. In listening to the residents it was apparent that individual likes and dislikes were being identified and one resident finally suggested that to please all the people all the time would be next to impossible for even the best of chefs. Everyone laughed and decided that some of the comments were probably more personal preference issues than institutional concerns but at least they got to openly discuss their issues which they all agreed was important. They seem to enjoy the fact that they had someone from corporate there to listen to them and who really wanted their input.

2 Ibid, introductory page.


14 Ibid.


18 Ibid.


22 Ibid.

23 Ibid.

24 Ibid.

University of Wisconsin Population Health Institute, County Health Rankings & Roadmaps 2012. Downloaded April 15, 2012 from [www.countyhealthrankings.org](http://www.countyhealthrankings.org).


Ibid.


University of Wisconsin Population Health Institute, County Health Rankings & Roadmaps 2012. Downloaded April 15, 2012 from [www.countyhealthrankings.org](http://www.countyhealthrankings.org).


54 Ibid.


63 Ibid.


73 Kansas Health Foundation, Kansas is ranked 18th nationally in total tooth loss among seniors, Active Aging, June 2012, page 15.
List of Interviewees by Geographic Location
Attachment A

Via Christi Villages and Via Christi Health thank the following individuals for participating in this research effort.

Hays/Victoria, Kansas

Fr. Earl Befort – St Joseph’s Friary
Treva Benoit – CedarView Assisted Living
Glenna Clingingsmith – Area Agency on Aging
Randy Clinkscales – Clinkscales Law Practice
Robert Feauto – St John’s Hays
Anna Findley – ACCESS Van
Susan Gamboa – Community Volunteer
Bev Glassman – First Call for Help
Kraig Gross – Kansas Natural Energy
Joe Hess – Dreiling Oil Inc
Teresa Hill – Community Assistance Center
Leann Kroeger – ACCESS Van
Kerry McCue – Ellis County Emergency Medical Services
Jerald Mermis – Epworth Village
Maren Moody – Victoria Clinic
Jolene Niernberger – Senior Companion Program
Laura Sadeghi – St John’s Hays
Debra Staab – Epworth Towers & Hays Plaza Apartments
Doug and Stephanie Stecklein – U-Save Pharmacy
Fr. Gilmary Tallman – St Joseph’s Friary
Pat Thibault – Centernnial Towers
Shae Veach – Hays Medical Center
Via Christi Village – St John’s Residents (9)

Kansas

†Bob Bethell, State Representative – Aging & LTC Committee Chairman
Barbara Bollier, State Representative – Kansas City Metro Area
Geraldine Flaharty, State Representative – Wichita Area
Susan Gibreal – El Dorado Correctional Facility
Don Hill, State Representative – Emporia Area
Laura Kelly, State Senator – Topeka Area
Janet Myers – Correct Care Solutions

Manhattan/Wamego, Kansas

Crystal Borhani – Public Housing
John Broberg – Mercy Regional Health Center
Lyle Butler – Manhattan Chamber of Commerce
Toni Mitchell-Dawson – Colorado Plaza
Gayle Doll – Kansas State University Center of Aging
Dr. Matt Floersch – Medical Associates
Deb Kiker – Community Health Ministries – Wamego
Nancy Knopp – Mercy Regional Health Center
Linda Kroeger – Medical Associates
Judine Mecseri – Home Care & Hospice
Willie Novotny – Meadowlark Hills Retirement Community
Beverly Olson – Shepherd’s Crossing
Susan Peterson – Riley County Senior Center
Ben Ross – Stoneybrook Retirement Community
Ann Smith – Riley County ATA Bus
Erica Smith – Homestead
Staci Smock – Mercy Regional Health Center’s Senior Adult Program
Bruce Sneed – Mayor
Susan Sprague – North Central Flint Hills Area Agency on Aging
Jackie Sump – Stoneybrook Retirement Community
Joann Sutton – Manhattan Housing Authority
Edith Vonfeldt – Department of Social & Rehabilitation Services
Fr. Don Zimmerman – St Thomas More Catholic Church
Via Christi Village – Manhattan Residents (11)

Pittsburg/Girard, Kansas & Joplin, Missouri

Deb Bainbridge – Via Christi Hospital – Pittsburg
Amanda Bastian – Kansas Optimizing Health Program
Willie Bergman – Via Christi Village – Pittsburg
Anna Mae Brown – Kansas State University Family & Consumer Sciences – Girard
Tina Browning – Via Christi Village – Pittsburg
Beverly Burns – Kansas Optimizing Health Program
Heather Burns – Southeast Kansas Area Agency on Aging
Melinda Ewan – Via Christi Village – Pittsburg
Debi Greek – Senior Care Pharmacy – Joplin
Joanna Hughes – Kansas Optimizing Health Program
Mary Carol Pomatto – Pittsburg State University – Nursing School
Krista Postai – Community Health Center of Southeast Kansas
Beth Simpson – Senior Behavioral Health Service – Girard
Fr. Tom Stroot – Our Lady of Lourdes
Justin Sumter – Southeast Kansas Area Agency on Aging
Marlene Willis – Via Christi Hospital – Pittsburg
Melanie Underhill – Via Christi Village – Pittsburg
Via Christi Village – Pittsburg Residents (11)
Ponca City, Oklahoma

Skip Bernacki – Shawn Manor Nursing Home
Sherry Brett – Shawn Manor Nursing Home
Wendy Brimmer – Ponca City Nursing & Rehabilitation Center
Charles Clark – Primary Caregiver
Wayne Foxworth – Community Health Foundation
Denise Frost – Department of Human Services
Glenda Hisey – Via Christi Village
Rocky Hudson – Retired Senior Volunteer Program
Christine Johnson – Ponca City Medical Center
Gina Johnston – Region 8 Long-Term Care Ombudsman – Stilwell
Donna Jones – Willow Creek Villas
Melissa Kirchner – Golden Villa Adult Day Care
Lori Lewis – Ponca City Medical Center
Cecilia Scheiber – Ponca City Medical Center
Marcie Tefft – Ponca City Medical Center
Marie Trenary – Senior Citizens Center
Kathy Turner – Ponca City Medical Center
Robbi Waller – Fresenius Medical Care
Via Christi Village – Ponca City Residents (12)

Wichita, Kansas

Laurel Alkire – Senior Services
Alice Thornton Bell – Via Christi Hospital – St Francis
Ashli Benjamin – Via Christi Medical Associates
Matthew Bogner – Kansas Masonic Home
Terry Bourland – GraceMed Clinic Board
Dr. Sabina Braithwaite – Emergency Medical Services
Janet Brandes – Wichita State University
Dr. Gerry Brungardt – Harry Hynes Hospice
Cynthia Colbert – Catholic Charities
Linda Cornelius – Via Christi Hospital
Gus Dorado – Sedgwick County Department on Aging
Mary Duong – Indochinese Center
Lyndon Drew – Catholic Charities
Celia Easley – Central Plains Area Agency on Aging
Jenny Foster Farquhar – Catholic Charities
Dr. Ray Fisher – Via Christi Medical Associates
Shana Gatschet – Adaptive Living
Wendy Glick – The Lord’s Diner
Annette Graham – Central Plains Area Agency on Aging
Steve Green – Preston Pharmacy
Kathy Hanneman – Mental Health Association
Patrick Hanrahan – United Way of the Plains
Vicki Hardiman – Harry Hynes Hospice
Bob Harvey – Friends University – Graduate Division
Vanda Heil – Kansas Health Ethics
Marsha Hills – Alzheimer’s Association
Reginald Hislop – Larksfield Place
Dawn Ho – Social & Rehabilitation Services
Angie King – House Call Medical
Cecilia Koudele – Alzheimer’s Association
David Landwehr – Long Term Care Solutions
Justin Loewen – Via Christi HOPE
Sally Loflin – Galichia Heart Hospital
Tina Lott – Via Christi InMyHome
Cynthia McLean – Catholic Care Center
Amy McFarren – Legacy Case Services
Rosa Molina – Medical Services Bureau
Terri Moses – Wichita Police Department
Anita Nance – Central Plains Area Agency on Aging
Anne Nelson – Central Plains Regional Health Care Foundation
Abel Perez – Hispanic Chamber of Commerce
Tom Pletcher – COMCARE, Sedgwick County Mental Health Department
Terry Radebaugh – Wichita State University’s Institute on Aging
Nicole Rogers, PhD – Wichita State University’s Gerontology Program
Martha Sanchez – City of Wichita
Dave Sanford – GraceMed Clinic
Kathy Sexton – City of Derby Manager
Carla Sheppard – Right at Home
April Shine – SRS Adult Protective Services
Dwayne Smith – Caregiver
Sr. Marilyn Stahl – Harvest House
Don Strong – Mental Health Association
Tracy Trotter – Somerset Plaza Tower
Fr. Tom Welk – Harry Hynes Hospice
Dr. Patrick Wolf – Internal Medicine South
Lisa Yingling – Via Christi Hospital
Via Christi Village – Wichita Residents (37)
One-On-One Interviews

1. What works in your area regarding health access for the aging population, what doesn’t work and what are the health access gaps?
2. Are you aware of (or a part of) any community coalition or group working on issues related to health access for the aging population? If so, what is it and what is the group’s primary mission?
3. Are you aware of any coalitions that are cross-sharing IT data or grants to improve health access for the aging population in this geographic area?
4. What would you like to see changed in terms of health access services for the aging?
5. Whom or what organization do you see as primary leader in this community making a difference in health access for the aging population? Why did you make this selection?
6. What do you think Via Christi Village could do to really make a difference in health access for the aging population?
7. Who has the best community outreach programs in providing health care to the aging population in this area? What programs are they providing and what are their outcomes?
8. What do you see your role (or organization’s role) to be in the care of the aging population?
9. What plans are you making for yourself and/or loved ones in terms of health care in your aging years? How likely are you to move into an independent/assisted living facility?
10. Who else in the community is it important for me to interview for this aging assessment?
11. What one question did you think I would ask but haven’t?
12. Additional comments/questions you’d like to make before this interview is completed?

Interviews with Via Christi Village Residents’ Focus Groups

1. Do you have family living in the area?
2. Did you have to relocate to this area to be closer to family?
3. Did you receive Meals on Wheels at home prior to moving into VCV?
4. How many years post retirement did you live independently before moving into VCV?
5. Whose decision was it for you to move into VCV? (Resident only, family, mutual or other)
6. Which of the following statements were reasons for your moving into VCV?
   a. Moved to be closer to family and/or friends
   b. Moved due to needing some assistance with housekeeping chores
   c. Moved because I/we needed housing suitable for an older person
   d. Moved because I/we are no longer able to shop for basic items (groceries, medications, clothes, etc)
   e. Moved because I/we find it difficult to travel outside of the house without assistance
   f. Moved because I/we desired more socialization opportunities and felt somewhat isolated in my home
   g. Moved because I felt pressure to move into facility to avoid burdening family/friends
   h. Other reasons for moving: ____________
7. Now that you’re a resident in VCV, do you feel:
   a. Moving in was the right decision for me
   b. Feel safer in terms of having access to all the services I/we need
8. Since moving in to VCV, how do you rate your overall health? (Better, about the same or worse)
9. What do you miss most about living independently?
10. What do you miss least about living independently?
11. What one thing would you tell others to think about before moving into independent or assisted living?
12. What’s the biggest concern you have about living in independent or assisted living?