

MINUTES OF THE SENATE PUBLIC HEALTH AND WELFARE COMMITTEE

The meeting was called to order by Chairman James Barnett at 1:30 P.M. on February 7, 2005 in Room 231-N of the Capitol.

All members were present except:

Susan Wagle- excused

Committee staff present:

Emalene Correll, Kansas Legislative Research Department

Terri Weber, Kansas Legislative Research Department

Norm Furse, Office of Revisor of Statutes

Whitney Nordstrom, Committee Secretary

Conferees appearing before the committee:

Billie Hall, Sunflower Foundation

Ronald Hein, Kansas Beverage Association

Donna Whiteman, Kansas Association of School Boards

Others attending:

See attached list.

**Presentation on Primary Care Clinics-Challenges and Opportunities to expand safety net in the state**

Upon calling the meeting to order, Chairperson Barnett called for any bill introductions. As there were none the Chair introduced the first guest speaker Richard Morrissey, Interim Director of Health of KDHE, who began by thanking the Committee for allowing him to speak to the Committee. A copy of his presentation is (Attachment 1, Attachment 2, Attachment 3, and Attachment 4) attached hereto and incorporated into the Minutes as referenced. Highlights of his presentation included:

1) **Access to Primary Health Care.** The Primary Care Section of the KDHE Office of Local and Rural Health administrators programs and conducts activities to assure that vulnerable, low-income and medically underserved Kansas residents receive adequate access to primary care services, including personal medical, dental and mental health care.

2) **Shortage Area Designation.** The Office assesses licensure data and health professional surveys to identify and federally designate HPSAs, MUAs, and MUPs.

3) **Community Health Care Center Expansion.** In 2004, federal funding was obtained for the establishment of another Community Health Center in Salina to serve north central Kansas.

4) **State-Funded Community-Based Primary Care Clinic Program.** For over a decade, state funds have provided support to a number of locally organized primary care clinics to make primary and preventative health care services available, accessible, and affordable.

5) **Rural Health Clinics.** Kansas now has 173 RHCs.

6) **Health Professional Recruitment and Retention Programs.** The Primary Care Section promotes underserved Kansas communities as practice opportunities and publicizes the availability of recruitment assistance and incentive programs such as loan repayment assistance and scholarships.

7) **State Loan Repayment Program.** The Primary Care Section not only coordinates the publicity and application for NHSC programs, but also administers a federal grant similar to, but slightly more restrictive than HHSC.

8) **J-1 Visa Waiver Review Programs for International Medical Graduates (IMG).** Both rural and urban underserved communities are aided by this program which now allow applications from both primary and non-primary care specialists.

CONTINUATION SHEET

MINUTES OF THE Senate Public Health and Welfare Committee at 1:30 P.M. on February 7, 2005 in Room 231-N of the Capitol.

9) **Oral Health.** In 2004, KDHE added an Office of Oral Health and is currently recruiting a Dental Director for the office.

10) **Charitable Health Care Provider Program.** Over 1,600 physicians, 700 nursing professionals, 500 dental professionals and 200 other eligible health professionals currently have participation agreements with KDHE Secretary to provide care under this program.

11) **Statewide Farmworker Health Program.** Over 3,100 migrant and seasonal farmworkers and their families have received care from over 300 health care providers in nearly 80 counties using this program.

Chairperson Barnett thanked Mr. Morrissey for his presentation and asked the Committee for any questions and/or comments.

Senator Jordan asked if Community Health Care Clinics are duplicates of federally funded clinics and also how much attention is given to Community Health Care Clinics.

The Chair then introduced the second guest speaker Karla Finnell, Executive Director of the Kansas Association the Medically Underserved, who began by stating she would be discussing Primary Care Safety Net Clinics. A copy of her presentation is ([Attachment 5](#) and [Attachment 6](#)) attached hereto and incorporated into the Minutes as referenced. Highlights of her presentation included:

- 1) Role of the Safety Net Primary Care Clinics
- 2) Highlights of 2004
- 3) The Task Team on Growing and Strengthening the Safety Net
- 4) Areas of Greatest Unmet Need for Primary Health Care Services
- 5) Strengths and Weaknesses of the Safety Net
- 6) Resources
- 7) Human Resources and Technology
- 8) Opportunities
- 9) Threats

The Chair thanked Ms. Finnell for her presentation and asked the Committee for any questions and/or comments.

Senator Haley wanted to personally thank Ms. Finnell and her organization for all the great things they have done regarding Swope and Wyondotte Health Clinics.

**Hearing on SCR 1604**

**SCR 1604--School food programs.**

The next order of business was a hearing on **SCR 1604**, a concurrent resolution concerning healthy eating and physical activity in public elementary and secondary schools. Chairperson Barnett asked Mr. Norm Furse, Revisor of Statutes, to give an overview of the bill. Mr. Furse began by stating the **SCR 1604** was introduced by the Senate Public Health and Welfare Committee. His overview included:

- 1) **SCR 1604** deals with healthy activity and eating
- 2) Resolving clauses
- 3) Line 12
- 4) Line 18
- 5) Line 38
- 6) Lines 29-39, purposes of **SCR 1604**
- 7) Line 42, Kansas Dept. of Education take lead
- 8) Submitted to Commissioner of Education

The Chair thanked Mr. Furse for his overview and asked the Committee if there were any questions and/or

CONTINUATION SHEET

MINUTES OF THE Senate Public Health and Welfare Committee at 1:30 P.M. on February 7, 2005 in Room 231-N of the Capitol.

comments for Mr. Furse. As there were none Chairperson Barnett called upon the first proponent, Ms. Billie Hall, President and CEO of Sunflower Foundation. A copy of her testimony is (Attachment 7) attached hereto and incorporated into the Minutes as referenced. Ms. Hall stated key reasons why the Sunflower Foundation supports this resolution :

- 1) We recognize that obesity is a growing public health concern in Kansas, especially among children
- 2) We are interested in supporting healthy environments in schools, which are significant points of influence for children and youth
- 3) We are aware of the benefits of physical activity and healthy food choices as part of the school day
- 4) We believe it is important to evaluate existing data about school policies on nutrition and physical activity
- 5) We are interested in supporting projects that increase the amount of current and credible information that is available to inform decisions.

As there were no questions for Ms. Hall, Chairperson Barnett called upon the second proponent Ronald Hein, Kansas Beverage Association. A copy of his testimony is (Attachment 8) attached hereto and incorporated into the Minutes as referenced. He stated in his testimony that the resolution will fit well with the steps they have already taken to deal with the very complex issue of obesity in our society in general, and childhood obesity in particular.

Chairperson Barnett thanked Mr. Hein for his testimony and asked the Committee for any questions and/or concerns.

Senator Haley requested that the Mr. Hein provide the Committee with the percentage of total consumption of carbonated or sugar based beverages in schools.

As there were no further questions for Mr. Hein, the Chair called upon the final proponent Donna Whiteman, Kansas Association of School Boards. A copy of her testimony is (Attachment 9) attached hereto and incorporated into the Minutes as referenced. Ms. Whiteman stated that many Kansas school districts have been proactive in increasing efforts to address physical activity, healthy life styles and providing nutritious foods. **SCR 1604** also provides an opportunity to work with the State Department of Education to implement the Child Nutrition Act which became effective on June 30, 2004.

As there were no questions for Ms. Whiteman, Chairperson Barnett asked Norm Furse if language could be massaged to meet all requirements. Norm recommended making the last preamble last whereas part of resolving clause. With no further discussion the Chair asked the Committee if they would like to take action on **SCR 1604**.

Senator V. Schmidt motioned to approve recommended amendments and pass legislation favorably. Senator Brungardt seconded the motion. Motion passed.

**Adjournment**

As there was no further business, the meeting was adjourned at 2:30 p.m. with the next meeting scheduled for Tuesday, February 8, 2005.

SENATE PUBLIC HEALTH AND WELFARE COMMITTEE

GUEST LIST

DATE: February 7<sup>th</sup>, 2005

NAME	REPRESENTING
DEBORAH STORAN	KS. HOSP. ASSN.
Ron Heen	KS Beverage Ass'n
Erin Scroper	KAMU
Karla Finnell	KAMU
Tim Huff	Capital Journal
Chip Wheelen	Asn of Osteopathic Med.
Dodie Wellshear Johnson	Patrick Hurley & Co.
<del>Thomas L. Whiteman</del>	Kansas Assn School Boards
Thelma Bouchay	Health Care Policy
Jenny Davis	Conlee Consulting
Connie Hueser	KFMC
Deb Williams	KDHE
Yvette Desrosiers-ALPHONSE	SUNFLOWER FOUNDATION
Larry Tobias	Sunflower Foundation
Kevin Gretson	Hands Dental Association
Sister Therese Buzgert	Ks. Catholic Conference
Barbara Gibson	KDHE
Dick Morrissey	KDHE





# KANSAS

RODERICK L. BREMBY, SECRETARY

DEPARTMENT OF HEALTH AND ENVIRONMENT

KATHLEEN SEBELIUS, GOVERNOR

## **Presentation on Access to Primary Care Services**

### **Senate Public Health and Welfare Committee**

**Presented by Richard Morrissey, Interim Director of Health**

### **Kansas Department of Health and Environment**

**February 7, 2005**

Chairperson Barnett and members of the Committee, I am pleased to appear before you today to provide an overview of the primary health care system activities conducted and programs administered within the Kansas Department of Health & Environment (KDHE). The folder being distributed contains an annual report, maps and lists that further explain the work of the agency.

#### **Access to Primary Health Care**

The Primary Care Section of the KDHE Office of Local and Rural Health administers programs and conducts activities to assure that vulnerable, low-income and medically underserved Kansas residents receive adequate access to primary care services, including personal medical, dental and mental health care. To work toward this goal, the section monitors the supply and distribution of the health care professional workforce statewide and coordinates activities related to federal designation of health professional shortage areas (HPSA) and medically underserved areas and populations (MUA/MUP).

**Shortage Area Designation:** The Office assesses licensure data and health professional surveys to identify and federally designate HPSAs, MUAs and MUPs. These shortage designations qualify local health care organizations for a range of benefits such as payment bonuses for Medicare services, eligibility for establishment of certified Rural Health Clinics (RHC), Community Health Centers (CHC), loan repayment assistance programs, scholarships and other health professional recruitment and retention resources. The identification of underserved areas and populations is the first step toward establishment of network of community-based primary care clinics and health centers.

*Senate Public Health and Welfare  
2-7-05 Attachment # 1*

DIVISION OF HEALTH

Office of Local and Rural Health

CURTIS STATE OFFICE BUILDING, 1000 SW JACKSON ST., STE. 340, TOPEKA, KS 66612-1365

Voice 785-296-1200

Fax 785-296-1231

<http://www.kdhe.state.ks.us/olrh>

**Community Health Center Expansion:** In 2004, federal funding was obtained for the establishment of another Community Health Center in Salina to serve north central Kansas. Also known as Federally Qualified Health Centers (FQHC) these health centers are the backbone of the nation's primary care safety-net and the focus of federal initiatives for improving access to care for low-income and uninsured persons. With only one CHC in the mid-1980s, Kansas now has 10 federally funded CHCs. These health centers must meet certain requirements including public or non-profit status and a majority of the nine-to-fifteen member governing board must be patients of the clinic. CHCs must participate in Medicare and Medicaid, offer discounts to low-income persons, accept any patient regardless of ability to pay, plan to integrate mental health and dental services into the clinical program, and provide other enabling services. Two additional communities should complete their health center planning and are expected to submit CHC grant applications in 2005.

**State-Funded Community-Based Primary Care Clinic Program:** For over a decade, state funds have provided support to a number locally organized primary care clinics to make primary and preventative health care services available, accessible, and affordable. For SFY2005, fifteen state grants were renewed totaling \$1,520,840. Grantees are community based organizations and local public health departments providing primary care in twenty-nine locations operating in twenty counties and serve an estimated 60,000 Kansans providing over 160,000 medical or dental encounters. State funding is matched nearly 7 non-state-to-1 state dollar and the program has been a successful incubator for half of the state's federally funded CHCs.

**Rural Health Clinics:** Not all communities have the population density or the interest in establishing a CHC. In 1977, Congress passed the Rural Health Clinic (RHC) Services Act to increase the availability of primary health care services in rural underserved areas by mandating the use of mid-level providers not less than 50% of the time in RHCs and allowing cost-based Medicare reimbursement to RHC physicians. It also authorizes the governor of the state to designate areas as underserved for RHC purposes. The Primary Care Section prepares the list of underserved areas for the Governor to certify in addition to those with current HPSA or MUA designations. Kansas now has 173 RHCs.

**Health Professional Recruitment and Retention Programs:** The Primary Care Section promotes underserved Kansas communities as practice opportunities and publicizes the availability of recruitment assistance and incentive programs such as loan repayment assistance and scholarships. Kansas currently has 52 health care practitioners taking advantage of loan repayment assistance or scholarships through the **National Health Service Corps (NSHC)** in exchange for practice in rural and underserved communities. As program visibility increases, the recruitment successes increase as well. Nearly one-third of the loan repayment awards are helping to improve access to mental health services in rural areas. At the present time, dental students who will graduate this summer from the University of Missouri Dental School are inquiring about setting up practice a Kansas dental HPSA to receive loan repayment assistance.

**State Loan Repayment Program:** The Primary Care Section not only coordinates the publicity and application for NSHC programs, but also administers a federal grant similar to, but slightly more restrictive than NSHC, to provide assistance in repaying educational loans for health professionals that have been recruited to work in federal qualified underserved areas in the state. The employment site must be a not-for-profit organization such as a CHC, state-funded primary care clinic, local public health department, county or district hospital. With recent generous

Congressional support for the NHSC, the federal program is the most attractive option and few applicants have applied for assistance through the state loan repayment program. Only one physician and one dentist are currently receiving this assistance.

**J-1 Visa Waiver Review Program for International Medical Graduates (IMG):** The **Conrad/State 30 Program** allows Kansas to take advantage of provisions in federal immigration law to request waivers of certain visa obligations in exchange for a three-year commitment to practice in a health professional shortage area (HPSA). Upon completion of residency or fellowship training, the J-1 visa requires that the IMG return to the home country for at least 2 years before applying for re-entry into the US.

Throughout the 1990s, Kansas relied upon waiver authority of the US Department of Agriculture to recruit over 90 physicians. Citing September 11 as its reason, the USDA terminated its waiver review program in early 2002. Since that time, the Primary Care Section has reviewed US Department of State Waiver Applications and submitted recommendations for waivers. KDHE has the authority to request up to 30 waivers per year. Since 2002, Kansas has recruited 45 physicians using this program. Both rural and urban underserved communities are aided by this program which now allows applications from both primary and non-primary care specialists.

**Oral Health:** In 2004, KDHE added an Office of Oral Health and is currently recruiting a Dental Director for the office. In collaboration with other partners and foundation support, the state now has a strong Oral Health Coalition which recently conducted an Oral Health Workforce Summit. Three priorities were adopted for the coming year: increase the supply of dental professionals; improve access to services; and develop ability to monitor data on access and supply, especially for low-income and rural Kansans. In addition, KDHE will, in the near future, release the results of the first statewide survey of oral health of children, "Smiles Across Kansas 2004."

**Charitable Health Care Provider Program:** To increase the provision of health care to the medically indigent persons, the state, since 1990, has extended professional liability coverage through the Kansas Tort Claims Act to health care professionals in exchange for their volunteer services and also to the clinics and health departments that provide care to low-income, uninsured or underserved persons. Over 1,600 physicians, 700 nursing professionals, 500 dental professionals and 200 other eligible health professionals currently have participation agreements with the KDHE Secretary to provide care under this program. Seventy-seven health departments and clinics provide care or serve as entry points to local charitable providers.

**The Statewide Farmworker Health Program:** This statewide voucher program is unique in that regional case managers directly coordinates the primary care services (physician, pharmacy, dental, laboratory and x-ray) given to low-income and medically underserved migrant and seasonal farmworkers (MSFW) using a grant administered through the same federal agency as the CHC grant program. Over 3,100 migrant and seasonal farmworkers and their families have received care from over 300 health care providers in nearly 80 counties using this program. This predominantly rural program also serves as a mechanism to reimburse local health care providers for services essential to the diagnosis and treatment of tuberculosis.

Thank you for your interest in this important issue and I will be happy to answer any questions.



# National Health Service Corps

Search Results [http://nhsc.bhpr.hrsa.gov/jobs/search\\_form.cfm](http://nhsc.bhpr.hrsa.gov/jobs/search_form.cfm)

Data last updated 25 January 05

## KANSAS VACANCY LIST

Primary Care	
Dental	
Mental Health	
MidLevel PC	



AMERICA'S HEALTH CARE HEROES

A posting on the NHSC Opportunities list does not guarantee an NHSC LRP contract award.

Twenty-two employers now recruiting to fill 41 vacancies

NAME OF SITE	STATE	CITY	DISC-SPEC	HPSA SCORE*	DATE ADDED TO LIST	CHC**
CHOICES PSYCHOLOGICAL SERVICES	KS	FORT SCOTT	MFT	17	12/09/2004	NO
CHOICES PSYCHOLOGICAL SERVICES	KS	FORT SCOTT	SW	17	12/09/2004	NO
CHOICES PSYCHOLOGICAL SERVICES	KS	FORT SCOTT	LPC	17	12/09/2004	NO
SE KANSAS MENTAL HEALTH CENTER	KS	GARNETT	CP	17	08/19/2004	NO
PAWNEE MENTAL HEALTH SERVICES	KS	JUNCTION CITY	SW	16	08/19/2004	NO
PAWNEE MENTAL HEALTH SERVICES	KS	JUNCTION CITY	SW	16	08/19/2004	NO
PAWNEE MENTAL HEALTH SVCS-CLAY	KS	CLAY CENTER	SW	16	08/19/2004	NO
PAWNEE MENTAL HEALTH SVCS-CLAY	KS	CLAY CENTER	SW	16	08/19/2004	NO
PHILLIPSBURG BRANCH OFFICE	KS	PHILLIPSBURG	SW	16	08/19/2004	NO
AREA MENTAL HEALTH CENTER	KS	DODGE CITY	LPC	15	08/19/2004	NO
COMMUNITY HEALTH CENTER OF SE KS	KS	PITTSBURG	DD	15	08/19/2004	YES
EDWARDS CO HOSP MIDWAY CLINIC	KS	KINSLEY	MD/DO-FM	15	08/19/2004	NO
GREELEY CTY HOS/WALLACE CTY F P	KS	SHARON SPRINGS	MD/DO-FM	14	08/19/2004	NO
GREELEY CTY HOS/WALLACE CTY F P	KS	SHARON SPRINGS	PA	14	08/19/2004	NO
SOUTH CENTRAL MENTAL HEALTH	KS	ANDOVER	MD/DO-PSY	14	10/08/2004	NO
SOUTH CENTRAL MENTAL HEALTH	KS	ANDOVER	CP	14	11/17/2004	NO
SOUTH CENTRAL MENTAL HEALTH	KS	ANDOVER	NP-PSY	14	09/22/2004	NO
SOUTH CENTRAL MENTAL HEALTH	KS	EL DORADO	CP	14	10/13/2004	NO
SOUTH CENTRAL MENTAL HEALTH	KS	EL DORADO	NP-PSY	14	10/13/2004	NO
SOUTH CENTRAL MENTAL HEALTH	KS	EL DORADO	LPC	14	10/13/2004	NO
SOUTH CENTRAL MENTAL HEALTH	KS	AUGUSTA	CP	14	01/10/2005	NO
SOUTH CENTRAL MENTAL HEALTH	KS	AUGUSTA	NP-PSY	14	01/10/2005	NO
SOUTH CENTRAL MENTAL HEALTH	KS	AUGUSTA	LPC	14	01/10/2005	NO
HAYS MEDICAL CENTER	KS	HAYS	MD/DO-INT	13	11/09/2004	NO
HAYS MEDICAL CENTER	KS	HAYS	MD/DO-PED	13	11/09/2004	NO
RAWLINS COUNTY DENTAL CLINIC	KS	ATWOOD	DD	13	08/19/2004	NO
SHAWNEE COUNTY HEALTH AGENCY	KS	TOPEKA	DD	13	08/19/2004	NO
SHAWNEE COUNTY HEALTH AGENCY	KS	TOPEKA	DH	13	08/19/2004	NO
SHAWNEE COUNTY HEALTH AGENCY	KS	TOPEKA	MD/DO-FM	13	11/03/2004	NO
SHAWNEE COUNTY HEALTH AGENCY	KS	TOPEKA	NP-FM	13	11/03/2004	NO
UNITED METHODIST CLINIC	KS	GARDEN CITY	MD/DO-FM	13	08/19/2004	NO
UNITED METHODIST CLINIC	KS	GARDEN CITY	NP/PA	13	10/04/2004	NO
MEADE DISTRICT HOSPITAL	KS	MEADE	MD/DO-FM	11	08/19/2004	NO
UNITED METHODIST WESTERN KANSAS	KS	DODGE CITY	NP/PA	11	11/18/2004	NO
COMMUNITY HEALTH CENTER OF SE KS	KS	PITTSBURG	MD/DO-FM	10	08/19/2004	YES
FLINT HILLS COMMUNITY HEALTH CTR	KS	EMPORIA	MD/DO-FM	10	11/17/2004	YES
FLINT HILLS COMMUNITY HEALTH CTR	KS	EMPORIA	MD/DO-FM	10	12/21/2004	YES
HUNTER HEALTH CLINIC CENTRAL OFF	KS	WICHITA	NP-FM	9	08/19/2004	YES
KIOWA DISTRICT HOSPITAL & CLINIC	KS	KIOWA	MD/DO-FM	9	08/19/2004	NO
UNITED METHODIST WESTERN KANSAS	KS	DODGE CITY	NP-FM	3	08/19/2004	NO
BUCKLIN COMMUNITY CLINIC	KS	BUCKLIN	MD/DO-FM	Unscored	08/19/2004	NO

*Senate Public Health and Welfare  
2-7-05 Attachment #2*



- Alma
- ATCHISON
- Atwood
- CEDAR VALE
- CHANUTE
- CONCORDIA
- EMPORIA
- Fort Scott
- GARDEN CITY
- Garnett
- GREENSBURG
- HAYS
- HIAWATHA
- Hoxie
- IOLA
- JOHNSON CITY
- JUNCTION CITY
- KANSAS CITY
- LAKIN
- LARNED
- LEAVENWORTH
- LEOTI
- Liberal
- Mankato
- MCPHERSON
- OTTAWA
- PLEASANTON
- Quinter
- SALINA
- Satanta
- Scott City
- Topeka
- WAMEGO
- WINFIELD
- YATES CENTER

## National Health Service Corps Total Field Strength for Kansas

**Analysis By Category:**

Program	Count	Percentage
Loan Repayers:	49	92.45 %
Scholars:	4	7.55 %
<b>Total:</b>	<b>53</b>	<b>100.00 %</b>

**Urban/Rural**

Urban Placements:	2	4.65 %
Rural Placements:	41	95.35 %
<b>Total:</b>	<b>43</b>	<b>100.00 %</b>

Discipline	Field Strength
	Federal
Clinical Psych	17
Dentist	2
Dental Hygienist	1
Physician (DO)	3
Physician (MD)	9
MF Therapist	1
Nurse Midwife	1
ARNP	6
PA	4
LCSW	9
<b>Total</b>	<b>53</b>

[http://nhsc.bhpr.hrsa.gov/members/loan\\_repayors/](http://nhsc.bhpr.hrsa.gov/members/loan_repayors/)



Helping health professionals find practice opportunities throughout the country.



<http://www.3rnet.org/docs/state.asp?state=ks>

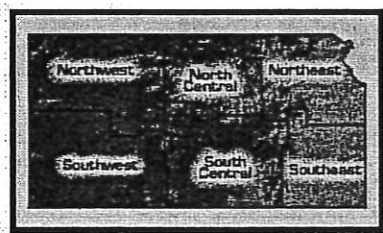
- Current Openings:**
- 87 Physician
  - 5 NP
  - 5 PA
  - 14 RN
  - 1 Mental Health - Psychologist
  - 5 Other

Kansas requires **physicians** to fill out a detailed interview form before releasing opportunity detail.

For more information contact:  
 Joyce Tibbals  
 University of Kansas Medical Center  
 Rural Health Education and Services  
 1010 N. Kansas  
 Wichita, KS 67214-3109  
 Tel: (888) 503-4221 / (316) 293-2949  
 Fax: (316) 293-2671  
[jtibbals@kumc.edu](mailto:jtibbals@kumc.edu)  
 Rural Health Education and Services

J1 contact E-Mail:  
[bjlbson@kdhe.state.ks.us](mailto:bjlbson@kdhe.state.ks.us)

### Kansas - The Land of Ahs



**Browse:**

- [Northwest](#)
- [North Central](#)
- [Northeast](#)
- [Southwest](#)
- [South Central](#)
- [Southeast](#)

**Search:**

Search this state's database or fill out a detailed interview form for this state.

**General Information:**

Kansas - land of sweeping golden plains, big blue skies, breathtaking sunsets, rich history and friendly people - the perfect setting just waiting for someone to call it home. With a diverse population of almost 3,000,000, Kansas offers endless opportunities and limitless possibilities.

Where else can you see horse-drawn carriages and experience space exploration by journeying down one highway? Where technological advances are made and modern medical facilities are found? Where else can you view the glitzy, sparkling lights of Kansas City or splash under a hidden waterfall in rural Elk County? Only in Kansas.

The Kansas Recruitment Center (Center) assists with the placement of physicians, physician assistants, nurse practitioners, registered nurses, and other health care professionals. Contact Joyce Tibbals at (888) 503-4221 or by e-mail at [jtibbals@kumc.edu](mailto:jtibbals@kumc.edu). Just follow these three steps, and you will be registered with the Center:

- Complete the registration form
- Submit your curriculum vitae
- Participate in a 15-minute telephone interview

**Specialties Sought:**

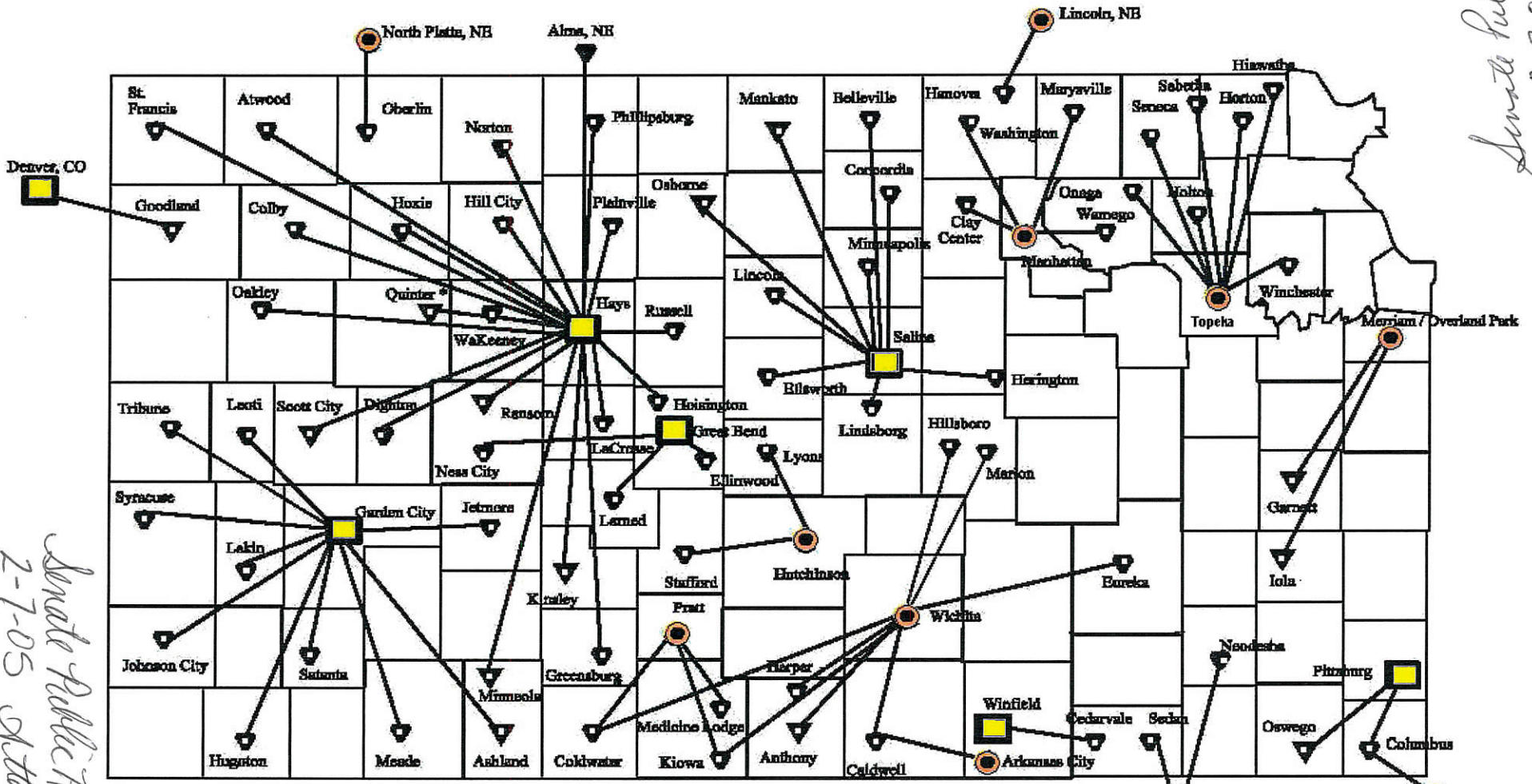
Kansas is seeking physicians with the following specialties: family practice; internal medicine; pediatrics; obstetrics/gynecology; or orthopedics; physician assistants; nurse practitioners; dentists; and other healthcare professionals. Click on "Healthcare Opportunities in Kansas" below.

**J1 Visas:**

Barbara Gibson  
 E-Mail: [bjlbson@kdhe.state.ks.us](mailto:bjlbson@kdhe.state.ks.us)  
 Kansas participates in the State 30 (Conrad) J-1 Visa Waiver Program. Contact Barbara Gibson, (785) 296-1200; [bjlbson@kdhe.state.ks.us](mailto:bjlbson@kdhe.state.ks.us). Application information is available at the web site [www.kdhe.state.ks.us/oirh](http://www.kdhe.state.ks.us/oirh).  
 Other Notes: Instructions for making application for a J-1 visa waiver recommendation through the state of Kansas "Conrad 30" program are available at the Local and Rural <http://www.kdhe.state.ks.us/oirh>  
 All program updates are posted to this website. Applications are now being accepted and must be submitted by a health facility or employer on behalf of a physician with a J-1 visa. Physicians are not able to apply directly to the program.

# State Designated Rural Health Networks

January 25, 2005



	= Supporting Hospital
	= Essential Access Community Hospital
	= Critical Access Hospital

*Senate Public Health & Welfare  
2-7-05  
Attachment #3*

*Senate Public Health & Welfare  
2-7-05 Attachment #3*



4

Kansas Department of Health and Environment

State-Funded Primary Care Clinic Program

**PROGRAM PURPOSE:** State General Funds are provided to support primary care projects administered by local units of government or other eligible agencies to make primary and preventive health care services available, accessible, and affordable to low-income, uninsured and medically under served Kansas residents including persons eligible for medical assistance programs or the Department of Social and Rehabilitative Services (SRS).

**OVERVIEW:** Local health departments and non-profit voluntary, private-sector organizations are eligible to apply for state grants to help organize primary care projects and operate clinic programs that make services available, accessible, and affordable.

**PROGRAM APPROACH:** The program works by supplementing local community initiatives to establish and operate clinics or health centers for low-income, uninsured and underserved Kansans including participants in state medical programs, HealthWave and Medicaid.

- State funds directly purchase primary care services through community-directed primary care clinics.
- A 1:1 match is required from local resources, however, projects now generate, on average, a state-to-local match of greater than 1:7 with in-kind donations and contributions from communities.
- Three current grantees are local public health departments; twelve are voluntary, non-profit organizations in the private sector.
- Five of the clinics who were established or expanded with support from this program are now Federally Qualified Health Centers (FQHCs) of which four receive annual federal grants from the Department of Health and Human Services, Bureau of Primary Health Care.

**FUNDING:** In SFY2005, fifteen applicants were awarded state grants totaling \$1,520,840. Programs vary widely in terms of mission, service area, range of services, client eligibility, and local project goals and objectives. Grantees currently provide primary care in twenty-five locations operating in nineteen counties. During 2002, there were over 160,000 visits to state funded clinics serving an estimated 60,000 individuals. Clinics frequently have project partners who contribute non-cash donations of space, hospital laboratory and radiology services, medications or they have the valuable services of health professionals and others who donate their time.

**The KDHE role is to:**

- help local leaders to assess community health risks and locate gaps in service with technical consultation from the Office of Local and Rural Health or the state primary care association - the Kansas Association for the Medically Indigent
- administer the state's activities related to the designation of health professional shortage areas to become eligible for certain financial benefits and for assistance in recruitment of health care providers to underserved areas, such as the state loan repayment program and the programs of the National Health Service Corps, and J-1 visa waiver review program for international medical graduates
- provide information, training, and limited financial assistance to communities implementing health care access programs for comprehensive primary health care
- administer the state's Charitable Health Provider Program to provide professional liability coverage for physicians, dentists and other professionals who donate services

**The Office of Local and Rural Health** oversees the \$1.5 million grants program for Community-Based Primary Care Clinics offering income-based fee reductions (sliding-scale fees) for comprehensive primary and preventive health services. The program is now serving an estimated 20% to 25% of the individuals in need of a "medical home."

Even if we could adequately finance adequate systems of care for all Kansans, our current health care system is just beginning to face the need for culturally and linguistically competent workforce, programs and policies. KDHE goals are all based upon a vision of "100% access, zero disparities." To accomplish this, all program goals include the same underlying purpose: to improve the health status of underserved and vulnerable populations including those who experience financial, geographic, cultural, linguistic or physical barriers to care.

**PROGRAM CONTACT PERSON:**

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Topeka, KS 66612-1365

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email: bgibson@kdhe.state.ks.us

*Senate Public Health and Welfare*  
2-7-05 Attachment # 4

**Community-Based Primary Care Clinics  
Supported by State Grants in SFY 2005**

**Caritas Clinics**

Duchesne Clinic  
636 Tauoumee  
Kansas City KS 66101 (913) 788-3031  
St Vincents Clinic  
422 Walnut  
Leavenworth KS 66048 (913) 651-8860

**Marian Clinic**

1001 Garfield  
Topeka KS 66604 (785) 233-8081  
Dental Clinic  
3164 S E 6th Street  
Topeka KS 66607 (785) 233-2800

**Center For Health & Wellness**

2707 E 21st  
Wichita, KS 67214 (316) 691-0249

**Riley County/ Manhattan Health Department  
Primary Care Clinic**

2030 Tecumseh  
Manhattan, KS 66502 (785) 776-4779

**Community Health Center, Hutchinson**

200 W 2nd  
Hutchinson KS 67502 (620) 663-8484

**GraceMed -United Methodist Medical Clinic**

1611 N Mosley  
Wichita KS 67214 (316) 263-7455

**Swope Health**

Swope Health Wyandotte  
1029 32nd Street  
Kansas City KS 66102 (816) 922-7600  
Swope Health Quindaro  
2726 Brown Avenue  
Kansas City KS (913) 321-2200

**United Methodist Western Kansas  
Mexican-American CHC**

UMWKMAM: Dodge City  
798 Ave H  
Dodge City KS 67401 (620) 225-0625

**Health Care Access, Inc.**

1920 Moodie rd  
Lawrence KS 66046 (785) 841-5760

UMWKMAM: Liberal  
PO Box 916  
Liberal KS 67901 (620) 624-6865

**Health Ministries of Harvey County, Inc**

209 S Pine  
Newton KS 67114 (316) 284-6103

UMWKMAM: Ulysses  
321 W Grant  
Ulysses KS 67880 (620) 356-4079

**Health Partnership Clinics of Johnson County**

8600 W 95th  
Overland Park KS 66212 (913) 648-2266  
807 S Clairborne  
Olathe KS 66106 (913) 648-2266

**We Care Project, Inc**

1908 12th Street  
Great Bend KS 67530 (620) 792-5700

**Hunter Health Clinic**

2318 E Central  
Wichita KS 67214 (316) 262-3611

**Wichita / Sedgwick County Children's  
Primary Care Clinic**

1900 East 9th  
Wichita KS 67214 (316) 268-8424

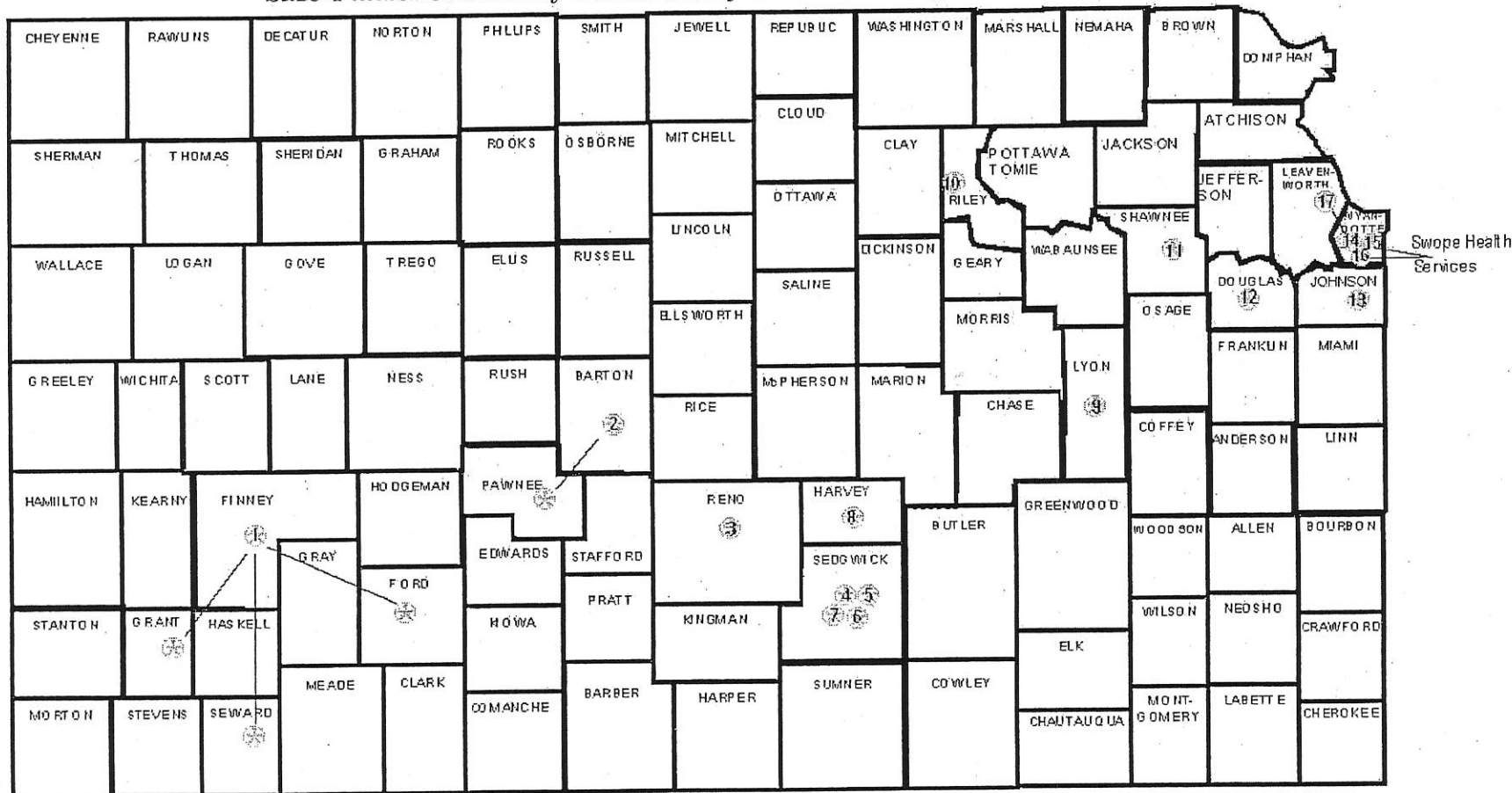
**Flint Hills Community Health Center: Lyon County  
Health Department**

420 W 15th  
Emporia KS 66502 (620) 342-4864



## 2005 Primary Care Clinic Grant Recipients

### State-Funded Community-based Primary Care Clinic Program



- |   |  |             |
|---|--|-------------|
| 1 | United Methodist Mexican-American Ministries: Garden City, Dodge City, Liberal & Ulysses | Garden City |
| 2 | We Care Project, Inc. Great Bend, Larned   | Great Bend  |
| 3 | Community Health Center  | Hutchinson  |
| 4 | Children's Primary Care Clinic Wichita   | Wichita     |
| 5 | Center for Health and Wellness   | Wichita     |
| 6 | Hunter Health Clinic   | Wichita     |
| 7 | GraceMed United Methodist  | Wichita     |
| 8 | Health Ministries Clinic   | Newton      |
| 9 | Flint Hills Community Health Center  | Emporia     |

- |    |  |                         |
|----|--|-------------------------|
| 10 | Riley County-Manhattan Health Department     | Manhattan               |
| 11 | Marion Clinic (2 locations in Topeka)        | Topeka                  |
| 12 | Health Care Access                           | Lawrence                |
| 13 | Health Partnership Clinics of Johnson County | Overland Park<br>Olathe |
| 14 | Swope Health Quindaro                        | Kansas City             |
| 15 | Swope Health Wyandotte                       | Kansas City             |
| 16 | Duchesne Clinic - Caritas Clinics            | Kansas City             |
| 17 | Saint Vincent Clinic - Caritas Clinics       | Leavenworth             |

**Primary Care Safety Net Clinics -**

Providing Access to Healthcare for Underserved Populations

February 7, 2005  
Karla Finnell, J.D., M.P.H.  
*Kansas Association for the Medically Underserved*

1

**Challenges and Opportunities to Expand the Safety Net in Kansas**

Creating A Sustainable Primary Health Care Safety Net System

2

*Senate Public Health and Welfare*  
2-7-05  
Attachment #5

1

## Role of the Safety Net Primary Care Clinics

- Between 280,000 to 300,000 Kansans lack access to health insurance.
- Safety net clinics improve access to primary health care by providing services on a sliding fee scale regardless of ability to pay.
- Safety net clinics also bridge other access barriers such as language, health literacy, and transportation.
- In 2003, twenty-nine safety net clinics provided over 275,000 visits to 114,600 individuals users.

3

## Highlights of 2004- *Successes and Struggles*

- Task Team Studied Primary Care Safety Net-
  - Key findings
  - Strategic partnerships strengthened
  - Strategies to improve competitiveness of grants developed-
    - Prospective grant review;
    - Grant writing assistance;
    - Community needs assessment including surveys of target population;
      - These strategies were developed by the task team and implemented with the support of the Sunflower Foundation: Health Care for All Kansans and United Methodists Health Ministries Fund.
- \$975,000.00 in new/ongoing federal funding-***
  - Salina Family Health Care-\$650,000.00 (new start)
  - Kansas Farmworker Health Program-\$285,000.00
  - Flint Hills Community Health Center-\$40,000.00

4

5-2

2



## Highlights of 2004- *Successes and Struggles*

- ✓ Expanded facilities opened their doors-
  - United Methodists Mexican-American Health Ministries- Dodge City, Kansas
  - Hunter Health Clinic-Diabetes Care Center
  - St. Vincent Clinic-Leavenworth, KS
- ✓ KAMU in partnership with the University of Kansas launched KAMU Fellowship Program to train health center managers.
  - Two-year web-based training for administrators of health centers
- ✓ KDHE strengthens the capacity of the safety net by providing a diabetes chronic disease management grant and protocols.

5

## Highlights of 2004- *Successes and Struggles*

- ✓ 13 primary care safety net clinics pilot software to manage prescription assistance programs with support from the Sunflower Foundation: Health Care for All Kansans.
- ✓ 8 primary care safety net clinics purchased new practice management software with support from the Sunflower Foundation: Health Care for All Kansans.
- ✓ KDHE and KAMU launched a joint web-based data reporting system to improve reporting and accountability of safety net primary care clinics.
- ✓ KDHE supported KAMU in accessing the clinics' preparedness for a bioterrorism event and in developing a response plan.
- ✓ University of Kansas Medical Center, Rural Health Education and Services, in collaboration with KDHE, allowed clinics to utilize health professional recruitment network without charge.
- ✓ ***BUT ... several clinics fell perilously short of operating funds and contemplated closure.***

6



## The Task Team on Growing and Strengthening the Safety Net

### Task Team-

- Members-Barbara Gibson, KDHE; Edie Snethen, Association of Local Health Department; Tony Wellever, KHI; Terri Muchmore, Legislative Research; Karla Finnell, KAMU; Melissa Ness, Facilitator-Connections Unlimited.
- Objectives were to identify strategies to take advantage of current grant opportunities in the federal system and develop a model for building future expansions. Reported to the larger group of stakeholders including representatives from the House, Senate, and Governor's office as well as foundations on June 7, 2004.

### Results-

- Identified the areas of greatest need;
- Evaluated the strengths and weaknesses of the safety net;
- Developed tools and strategies to assist communities who had the greatest capacity of accessing federal community health center funding in the 2004 grant cycle.

7

## Areas of Greatest Unmet Need for Primary Health Care Services

- ✓ Thirty-three counties have been identified as having the highest unmet need, either because of the percentage of the uninsured or the number of uninsured.
- ✓ Of those 33 counties, 18 have the presence of a primary care safety net clinic.
- ✓ Even with a primary care safety net clinic, the unmet need in these counties still ranges from a low of 47% to a high of 95%.
- ✓ In local surveys, access to affordable dental care and prescriptions is noted as a large unmet need in addition to primary medical visits, among those 200% of the FPL and below.
- ✓ Dental services are being provided by 10 safety net providers in only 8 counties including Sedgwick, Shawnee, Douglas, Finney, Johnson, Harvey, Crawford and Lyon.
- ✓ Only two of the twelve eligible safety net clinics are participating in the 340B prescription program.

8

## Strengths and Weaknesses of the Safety Net

### Strengths-

- A foundation of primary care safety net clinics exists upon which to grow and strengthen.
- Communities have strong commitment and take pride in providing access to a basic level of health care services for all residents regardless of ability to pay.
- Capable and committed partners including the presence of foundations and other private support.

9

## Strengths and Weaknesses of the Safety Net

### Weaknesses-

- Resources
  - Operating reserves
  - Financial viability
  - Infrastructure development
- Technical Expertise
  - Developing grant applications, including developing a sound business plan
  - Human resources
    - Administrators
    - Health professionals
  - Information systems and technology

10

## Resources

- Operating reserves
  - Several primary care clinics are struggling financially. The demand and cost of care has simply outstretched resources.
- "The strong get stronger"-
  - In a national study by the Centers for Studying Health System Change it was confirmed that applicants with multiple payor sources are able to demonstrate the financial viability to be competitive for grant funding because the federal community health center model is based on leveraging of resources. It is recommended that grants seek no more than \$150.00 per user.
  - Financial resources are needed to leverage federal and other grant sources.

11

## Resources-

### Infrastructure-

- A number of facilities need renovations and those seeking expanding capacity under the 330 program require substantial remodeling, if not larger facilities.
  - 330 community health center funding may not be used for renovations or construction.
  - Obtaining a loan for capital improvement is extremely difficult because of the uncertainty of revenues for safety net clinics.
- The lack of access to capital for equipment and appropriate facilities limits the capacity and quality of care at safety net clinics, as well as the ability to recruit and retain staff.

12



## Human Resources and Technology-

- ✓ Human Resources-
  - Administrators
  - Health professionals-including dentists and dental hygienists.
- ✓ Technology-
  - Sophisticated practice management software is needed to manage operations of the community health center model as well as comply with data reporting requirements of the Bureau of Primary Health Care.

13

## Opportunities-

- ✓ Operating Support-
  - The waiver to be submitted to the Centers for Medicare and Medicaid Services as a result of Part B of the Health Care Provider Assessment Bill could provide much needed assistance that will both stabilize and grow the safety net system.
- ✓ Foundation Support-
  - Sunflower Foundation: Health Care for All Kansans has recently announced that it will provide 5 bridging grants to expand services.
    - The grant must be matched 50:50 and become self-sustaining in one to two years.
  - United Health Ministries Fund is also providing short term funding to increase dental access.
- ✓ "Banding Together" of Resources-
  - Optimal growth can be achieved when federal, state and private resources are banded together.
  - The success of foundation support will be substantially enhanced if new operating support becomes available as a result of the Health Care Provider Assessment bill.

14

5-7<sup>7</sup>



## Opportunities-

### Technical Expertise

- Prospective Grant Review, Grant Assistance and Community Needs Assessment
  - Community Tool Box including model survey tools and strategic planning resources.
  - New Community Development Staff with expertise in dental clinic operations has been retained by KAMU.
  - Plans are in place to resume task team meetings to continue to share expertise and coordinate resources.
- KAMU is researching "best practices" to assist clinics with retaining low cost capital and will begin to explore strategies following the 05 legislative session.

15

## Opportunities

### Human Resources-

- Administrative
  - KAMU Fellowship
  - KAMU Internship Program
- Health Professional
  - S.E.A.R.C.H.-
    - Supports the rotation of health professional students in underserved areas (pipeline)
  - Dental Hygienists Expanded Care Permit
  - Oral Health Kansas-
    - Workforce initiative that if implemented could significantly improve the availability of dentists and dental hygienists in rural and other underserved communities.

16

## Information Systems and Technology

### Integrated Services Networks-

- The Bureau of Primary Health Care has grants available to develop integrated networks at community health centers.
- These grants allow community health centers to share the cost of software, and expertise in information systems and financial operations.
- Representatives from health centers are exploring networks and evaluating this opportunity.

17

## Opportunities

### New funding-

- 330 CHC grants pending in 2005 cycle-
  - Dental Service Grants
    - Swope Health Care Services-Wy. Co.
    - Konza Prairie-Geary County
  - New Start Grant Applications
    - Hutchinson, Kansas
    - Newton, Kansas

### Expanded operations-

- Swope Health Care Services in Wy. Co. is collaborating with the community to expand services and will be moving to a new, larger location.
- Johnson County Community Health Partnership is expanding its dental operations.

18

## Threats

- ✓ Erosion of the existing safety net without additional operating support.
- ✓ In many instances, the need for primary health care services has grown to exceed the community's ability to provide charity care. Without state or federal operating support, access to basic health care services is starkly different and inequitable between the insured and the uninsured.

19

## Threats

- ✓ President Bush's growth initiative to "double" community health centers continues but will be focused on the 200 poorest counties in the United States.
  - 28 states, including Kansas, do not have a county on this list.
  - Grants open to every state will be even *more* competitive.
- ✓ Erosion of Medicaid at the federal or state level.
  - Safety net clinics are proud of the work they do but nevertheless are unable to provide primary health care to all of the uninsured. Medicaid revenues can also help support the infrastructure of a clinic. Reduction in Medicaid will weaken and overwhelm the safety net.


20





**Thank you.**

Kansas Association for the Medical  
Underserved and all of the safety  
net clinics.



21

**Areas of Highest Need  
Kansas Counties**

State: Kansas

County	Total Population	Uninsured	Total	Total % Uninsured	Clinic	Total # served in Clinic	Total Uninsured served in Clinics	Uninsured not being served in County	% Uninsured Not Served	Male	Female	Under	Age	Age	Age 65	White	Black	Other	
												Age 19	19-44	45-64	and over	non-Hisp	non-Hisp	Hispanic	Race
County: Sedgwick County	452869	Uninsured	55,113	12.17%	Yes	36,012	21,482	33,631	61%	28,270	26,843	13,555	31,714	9,714	129	31,341	5,428	11,522	6,822
County: Johnson County	451086	Uninsured	40,856	9.06%	Yes	2,881	2,881	37,975	93%	21,060	19,796	8,260	24,088	8,461	46	30,185	1,198	4,777	4,695
County: Wyandotte County	157882	Uninsured	24,688	15.64%	Yes	15,555	10,983	13,705	56%	12,387	12,301	6,767	13,818	3,981	123	7,964	6,521	8,723	1,481
County: Shawnee County	169871	Uninsured	19,622	11.55%	Yes	13,360	8,414	11,208	57%	9,799	9,823	4,581	10,835	4,149	58	12,067	1,941	3,948	1,667
County: Douglas County	99962	Uninsured	14,643	14.65%	Yes	2,104	1,934	12,709	87%	7,751	6,891	2,488	10,274	1,889	12	10,530	801	1,223	2,088
County: Riley County	62843	Uninsured	10,758	17.12%	Yes	850	508	10,250	95%	6,226	4,532	1,735	7,961	1,051	11	7,655	886	1,236	981
County: Finney County	40523	Uninsured	8,213	20.27%	Yes	5,801	3,978	4,235	52%	4,232	3,981	2,589	4,456	1,131	36	2,054	49	5,729	381
County: Reno County	64790	Uninsured	7,545	11.65%	Yes	2,862	2,254	5,291	70%	4,007	3,538	1,746	4,129	1,646	24	5,674	265	1,243	362
County: Leavenworth County	68691	Uninsured	7,280	10.60%	Yes	1,014	1,014	6,266	86%	4,102	3,177	1,565	4,336	1,368	9	4,988	850	792	649
County: Saline County	53597	Uninsured	6,087	11.36%	Yes	1,109	1,027	5,060	83%	3,180	2,908	1,433	3,390	1,249	15	4,341	215	1,057	474
County: Ford County	32458	Uninsured	5,971	18.40%	Yes					3,217	2,755	1,763	3,249	916	43	1,692	45	3,950	284
County: Butler County	59482	Uninsured	5,899	9.92%	No				100%	3,121	2,778	1,417	3,257	1,218	7	5,030	103	366	401
County: Lyon County	35935	Uninsured	5,630	15.67%	Yes	5,253	2,718	2,912	52%	2,922	2,708	1,396	3,320	888	26	3,011	110	2,191	318
County: Crawford County	38242	Uninsured	4,999	13.07%	Yes	10,243	2,643	2,356	47%	2,628	2,371	1,051	3,008	933	8	4,185	105	380	329
County: Seward County	22510	Uninsured	4,711	20.93%	Yes					2,436	2,275	1,460	2,563	662	25	1,115	129	3,234	233
County: Cowley County	36291	Uninsured	4,345	11.97%	No				100%	2,222	2,123	1,058	2,382	895	9	3,283	131	443	487
County: Montgomery County	36252	Uninsured	4,210	11.61%	No			4,210	100%	2,135	2,075	1,012	2,218	969	10	2,974	306	391	538
County: Geary County	27947	Uninsured	3,969	14.20%	Yes	3,737	1,632	2,337	59%	1,994	1,975	980	2,380	600	8	1,826	785	817	541
County: Barton County	28205	Uninsured	3,490	12.37%	Yes	2,366	1,581	1,909	55%	1,766	1,724	942	1,785	745	18	2,501	46	835	107
County: Harvey County	32869	Uninsured	3,412	10.38%	Yes	883	905	2,507	73%	1,774	1,638	819	1,865	717	12	2,379	53	803	177
County: Ellis County	27507	Uninsured	3,299	11.99%	Yes	569	569	2,730	83%	1,768	1,532	657	2,049	589	5	2,971	17	216	96
County: Cherokee County	22605	Uninsured	2,740	12.12%	No			2,740	100%	1,384	1,356	646	1,477	615	3	2,294	27	88	332
County: McPherson County	29554	Uninsured	2,711	9.17%	No			2,711	100%	1,412	1,299	606	1,492	609	4	2,415	39	149	109
County: Sumner County	25946	Uninsured	2,705	10.43%	No			2,705	100%	1,383	1,323	717	1,376	606	6	2,206	24	286	189
County: Labette County	22835	Uninsured	2,670	11.69%	No			2,670	100%	1,387	1,283	645	1,435	586	5	2,051	154	207	257
County: Miami County	28351	Uninsured	2,599	9.17%	No			2,599	100%	1,353	1,246	587	1,424	585	3	2,285	45	119	150
County: Grant County	7909	Uninsured	1,329	16.80%	No			1,329	100%	680	650	419	663	242	6	442	1	857	29
County: Sherman County	6760	Uninsured	870	12.87%	No			870	100%	473	396	219	454	193	4	634	4	222	10
County: Stevens County	5463	Uninsured	793	14.52%	No			793	100%	403	390	245	417	128	3	365	-	391	37
County: Kearny County	4531	Uninsured	707	15.60%	No			707	100%	370	337	236	347	119	5	297	4	392	14
County: Haskell County	4307	Uninsured	670	15.56%	No			670	100%	352	319	210	339	117	4	307	1	336	26
County: Morton County	3496	Uninsured	454	12.99%	No			454	100%	225	229	133	229	89	2	261	2	166	26
County: Edwards County	3449	Uninsured	418	12.12%	No			418	100%	219	199	107	212	97	3	281	1	123	13
County: Hamilton County	2670	Uninsured	406	15.21%	No			406	100%	213	192	125	199	78	5	197	1	201	7
County: Wichita County	2531	Uninsured	388	15.33%	No			388	100%	198	189	116	190	79	3	209	-	169	10
County: Stanton County	2406	Uninsured	372	15.46%	No			372	100%	190	182	116	192	60	4	169	1	192	9
County: Wallace County	1749	Uninsured	210	12.01%	No			210	100%	111	99	66	98	45	1	165	1	39	5
County: Greeley County	1534	Uninsured	187	12.19%	No			187	100%	98	88	54	94	37	1	125	-	59	2

5-12

## Uninsured Residing in Kansas Counties Sorted by Percentage

State: Kansas	Total Population		Total %				Under	Age	Age	Age 65	White	Black	Other	
			Total	Uninsured	Male	Female	Age 19	19-44	45-64	and over	non-Hisp	non-Hisp	Hispanic	Race
<b>County: Seward County</b>	22510	Uninsured	4,711	20.93%	2,436	2,275	1,460	2,563	662	25	1,115	129	3,234	233
<b>County: Finney County</b>	40523	Uninsured	8,213	20.27%	4,232	3,981	2,589	4,456	1,131	36	2,054	49	5,729	381
<b>County: Ford County</b>	32458	Uninsured	5,971	18.40%	3,217	2,755	1,763	3,249	916	43	1,692	45	3,950	284
<b>County: Riley County</b>	62843	Uninsured	10,758	17.12%	6,226	4,532	1,735	7,961	1,051	11	7,655	886	1,236	981
County: Grant County	7909	Uninsured	1,329	16.80%	680	650	419	663	242	6	442	1	857	29
County: Lyon County	35935	Uninsured	5,630	15.67%	2,922	2,708	1,396	3,320	888	26	3,011	110	2,191	318
<b>County: Wyandotte County</b>	157882	Uninsured	24,688	15.64%	12,387	12,301	6,767	13,818	3,981	123	7,964	6,521	8,723	1,481
County: Kearny County	4531	Uninsured	707	15.60%	370	337	236	347	119	5	297	4	392	14
County: Haskell County	4307	Uninsured	670	15.56%	352	319	210	339	117	4	307	1	336	26
County: Stanton County	2406	Uninsured	372	15.46%	190	182	116	192	60	4	169	1	192	9
County: Wichita County	2531	Uninsured	388	15.33%	198	189	116	190	79	3	209	-	169	10
County: Hamilton County	2670	Uninsured	406	15.21%	213	192	125	199	78	5	197	1	201	7
<b>County: Douglas County</b>	99962	Uninsured	14,643	14.65%	7,751	6,891	2,468	10,274	1,889	12	10,530	801	1,223	2,088
County: Stevens County	5463	Uninsured	793	14.52%	403	390	245	417	128	3	365	-	391	37
County: Geary County	27947	Uninsured	3,969	14.20%	1,994	1,975	980	2,380	600	8	1,826	785	817	541
<b>County: Crawford County</b>	38242	Uninsured	4,999	13.07%	2,628	2,371	1,051	3,008	933	8	4,185	105	380	329
County: Morton County	3496	Uninsured	454	12.99%	225	229	133	229	89	2	261	2	166	26
County: Sherman County	6760	Uninsured	870	12.87%	473	396	219	454	193	4	634	4	222	10
<b>County: Barton County</b>	28205	Uninsured	3,490	12.37%	1,766	1,724	942	1,785	745	18	2,501	46	835	107
County: Greeley County	1534	Uninsured	187	12.19%	98	88	54	94	37	1	125	-	59	2
<b>County: Sedgwick County</b>	452869	Uninsured	55,113	12.17%	28,270	26,843	13,555	31,714	9,714	129	31,341	5,428	11,522	6,822
<b>County: Cherokee County</b>	22605	Uninsured	2,740	12.12%	1,384	1,356	646	1,477	615	3	2,294	27	88	332
County: Edwards County	3449	Uninsured	418	12.12%	219	199	107	212	97	3	281	1	123	13
County: Wallace County	1749	Uninsured	210	12.01%	111	99	66	98	45	1	165	1	39	5
<b>County: Ellis County</b>	27507	Uninsured	3,299	11.99%	1,768	1,532	657	2,049	589	5	2,971	17	216	96
<b>County: Cowley County</b>	36291	Uninsured	4,345	11.97%	2,222	2,123	1,058	2,382	895	9	3,283	131	443	487
County: Meade County	4631	Uninsured	552	11.92%	291	261	159	285	105	2	365	1	157	28
County: Gray County	5904	Uninsured	696	11.79%	362	334	204	354	135	2	491	1	191	13
County: Neosho County	16997	Uninsured	2,002	11.78%	1,021	981	492	1,048	458	4	1,698	21	162	122
County: Labette County	22835	Uninsured	2,670	11.69%	1,387	1,283	645	1,435	586	5	2,051	154	207	257
County: Reno County	64790	Uninsured	7,545	11.65%	4,007	3,538	1,746	4,129	1,646	24	5,674	265	1,243	362
County: Allen County	14385	Uninsured	1,674	11.64%	850	824	423	871	377	3	1,457	55	98	64
County: Montgomery County	36252	Uninsured	4,210	11.61%	2,135	2,075	1,012	2,218	969	10	2,974	306	391	538
County: Shawnee County	169871	Uninsured	19,622	11.55%	9,799	9,823	4,581	10,835	4,149	58	12,067	1,941	3,948	1,667
County: Rice County	10761	Uninsured	1,234	11.47%	624	610	304	658	267	4	962	11	220	41
County: Saline County	53597	Uninsured	6,087	11.36%	3,180	2,908	1,433	3,390	1,249	15	4,341	215	1,057	474
County: Atchison County	16774	Uninsured	1,902	11.34%	962	940	494	1,016	388	4	1,539	146	139	77
County: Norton County	5953	Uninsured	675	11.34%	414	261	137	388	148	2	568	29	56	21
County: Brown County	10724	Uninsured	1,212	11.30%	615	597	306	628	276	3	881	29	80	222
County: Stafford County	4789	Uninsured	539	11.25%	278	261	147	263	127	2	428	3	92	17
County: Doniphan County	8249	Uninsured	926	11.23%	484	442	218	506	202	1	836	21	21	48
County: Pawnee County	7233	Uninsured	809	11.18%	447	362	199	417	191	2	621	47	104	37

5-13



## Uninsured Residing in Kansas Counties Sorted by Percentage

State:	Kansas	Total Population	Total	Total %		Male	Female	Under	Age	Age	Age 65	White	Black	Other
				Uninsured				Age 19	19-44	45-64	and over	non-Hisp	non-Hisp	Hispanic
County: Wilson County	10332	Uninsured	1,154	11.17%	588	566	273	580	300	1	1,064	6	30	54
County: Sheridan County	2813	Uninsured	307	10.91%	159	148	86	144	76	-	299	-	4	4
County: Bourbon County	15379	Uninsured	1,677	10.90%	862	815	422	882	371	2	1,480	61	54	82
County: Anderson County	8110	Uninsured	864	10.65%	443	421	221	440	202	2	801	4	38	22
County: Chautauqua County	4359	Uninsured	462	10.60%	226	236	113	215	134	1	393	-	22	47
County: Leavenworth County	68691	Uninsured	7,280	10.60%	4,102	3,177	1,565	4,336	1,368	9	4,988	850	792	649
County: Greenwood County	7673	Uninsured	810	10.56%	418	392	198	401	208	3	712	-	64	34
County: Elk County	3261	Uninsured	343	10.52%	171	172	87	153	102	2	295	-	30	18
County: Woodson County	3788	Uninsured	398	10.51%	206	192	94	197	106	1	365	3	16	14
County: Clark County	2390	Uninsured	251	10.50%	127	124	70	116	64	1	209	2	30	9
County: Pottawatomie County	18209	Uninsured	1,902	10.45%	970	932	495	1,001	404	3	1,686	17	113	86
County: Sumner County	25946	Uninsured	2,705	10.43%	1,383	1,323	717	1,376	606	6	2,206	24	286	189
County: Hodgeman County	2085	Uninsured	217	10.41%	109	107	63	105	48	1	188	2	21	6
County: Pratt County	9647	Uninsured	1,004	10.41%	505	500	245	512	245	2	850	11	125	18
County: Chase County	3030	Uninsured	315	10.40%	168	147	70	163	81	1	286	2	17	10
County: Harvey County	32869	Uninsured	3,412	10.38%	1,774	1,638	819	1,865	717	12	2,379	53	803	177
County: Thomas County	8180	Uninsured	849	10.38%	435	414	196	474	178	1	776	2	44	28
County: Franklin County	24785	Uninsured	2,567	10.36%	1,347	1,220	588	1,441	535	3	2,197	39	189	142
County: Graham County	2946	Uninsured	303	10.29%	152	151	69	147	86	-	270	13	9	11
County: Scott County	5120	Uninsured	525	10.25%	274	251	125	267	132	1	413	1	97	14
County: Jackson County	12657	Uninsured	1,297	10.25%	657	640	316	683	297	2	1,014	11	57	215
County: Rooks County	5685	Uninsured	582	10.24%	310	272	140	303	138	1	531	8	27	16
County: Russell County	7370	Uninsured	753	10.22%	381	373	172	368	212	1	700	-	25	28
County: Kiowa County	3278	Uninsured	332	10.13%	168	164	81	163	88	1	298	-	22	12
County: Linn County	9570	Uninsured	969	10.13%	497	472	227	485	255	1	896	12	22	38
County: Morris County	6104	Uninsured	618	10.12%	310	308	151	298	167	2	534	4	59	21
County: Lincoln County	3578	Uninsured	357	9.98%	182	174	80	173	102	1	335	1	11	9
County: Harper County	6536	Uninsured	652	9.98%	336	316	162	319	170	1	603	5	17	27
County: Butler County	59482	Uninsured	5,899	9.92%	3,121	2,778	1,417	3,257	1,218	7	5,030	103	366	401
County: Ellsworth County	6525	Uninsured	646	9.90%	383	263	127	365	153	2	511	29	81	25
County: Logan County	3046	Uninsured	300	9.85%	151	149	69	153	78	-	277	1	13	9
County: Cloud County	10268	Uninsured	1,009	9.83%	519	489	232	532	243	2	945	3	28	33
County: Jewell County	3791	Uninsured	372	9.81%	189	183	87	169	115	1	349	-	12	11
County: Osage County	16712	Uninsured	1,637	9.80%	836	801	386	854	395	2	1,506	6	68	57
County: Decatur County	3472	Uninsured	340	9.79%	179	161	85	161	92	1	314	2	12	12
County: Dickinson County	19344	Uninsured	1,890	9.77%	980	910	436	986	465	4	1,632	7	142	109
County: Clay County	8822	Uninsured	861	9.76%	451	410	205	436	218	2	792	3	32	35
County: Osborne County	4452	Uninsured	434	9.75%	233	201	107	212	114	1	409	-	9	16
County: Marion County	13361	Uninsured	1,301	9.74%	668	633	306	663	329	2	1,179	10	75	37
County: Coffey County	8865	Uninsured	863	9.73%	444	419	196	447	219	1	766	3	40	54
County: Trego County	3319	Uninsured	323	9.73%	167	156	78	162	82	-	316	1	4	2
County: Kingman County	8673	Uninsured	840	9.69%	425	415	229	411	198	2	763	5	49	22
County: Gove County	3068	Uninsured	297	9.68%	151	146	78	137	81	-	276	2	9	10
County: Comanche County	1967	Uninsured	190	9.66%	97	92	43	86	60	-	174	-	9	6
County: Marshall County	10965	Uninsured	1,059	9.66%	545	514	259	529	269	2	989	2	32	36
County: Barber County	5307	Uninsured	512	9.65%	257	256	132	240	139	1	465	3	29	16
County: Cheyenne County	3165	Uninsured	305	9.64%	159	145	75	148	80	1	274	-	26	5
County: Rush County	3551	Uninsured	341	9.60%	175	166	77	166	97	1	326	-	11	4

5-14

### Uninsured Residing in Kansas Counties Sorted by Percentage

State: Kansas	Total Population		Total %				Under	Age	Age	Age 65	White	Black	Other	
			Total	Uninsured	Male	Female	Age 19	19-44	45-64	and over	non-Hisp	non-Hisp	Hispanic	Race
County: Washington County	6483	Uninsured	622	9.59%	328	293	145	308	167	1	596	1	16	8
County: Rawlins County	2966	Uninsured	284	9.58%	148	136	75	129	79	1	254	1	17	12
County: Lane County	2155	Uninsured	206	9.56%	107	99	49	102	55	-	185	-	9	11
County: Jefferson County	18426	Uninsured	1,751	9.50%	916	836	390	928	432	2	1,593	8	52	99
County: Phillips County	6001	Uninsured	570	9.50%	292	278	138	274	157	1	540	3	15	12
County: Ottawa County	6163	Uninsured	584	9.48%	304	280	135	304	144	1	548	3	15	18
County: Smith County	4536	Uninsured	428	9.44%	217	211	100	205	122	1	405	1	8	14
County: Republic County	5835	Uninsured	550	9.43%	279	271	126	260	162	1	517	4	15	14
County: Nemaha County	10717	Uninsured	997	9.30%	519	478	272	504	219	1	949	8	15	26
County: Wabaunsee County	6885	Uninsured	636	9.24%	330	306	150	322	163	1	590	3	27	16
County: Ness County	3454	Uninsured	318	9.21%	166	152	72	158	87	1	293	-	16	9
County: Mitchell County	6932	Uninsured	638	9.20%	337	301	159	319	158	1	596	7	18	16
County: McPherson County	29554	Uninsured	2,711	9.17%	1,412	1,299	606	1,492	609	4	2,415	39	149	109
County: Miami County	28351	Uninsured	2,599	9.17%	1,353	1,246	587	1,424	585	3	2,285	45	119	150
County: Johnson County	451086	Uninsured	40,856	9.06%	21,060	19,796	8,260	24,088	8,461	46	30,185	1,198	4,777	4,695

5-15

### Total Number of Uninsured in Kansas Counties

State: Kansas	Total Population		Total %											Race
			Total	Uninsured	Male	Female	Age 19	19-44	45-64	and over	non-Hisp	non-Hisp	Hispanic	
<b>County: Sedgwick County</b>	452869	Uninsured	55,113	12.17%	28,270	26,843	13,555	31,714	9,714	129	31,341	5,428	11,522	6,822
County: Johnson County	451086	Uninsured	40,856	9.06%	21,060	19,796	8,260	24,088	8,461	46	30,185	1,198	4,777	4,695
<b>County: Wyandotte County</b>	157882	Uninsured	24,688	15.64%	12,387	12,301	6,767	13,818	3,981	123	7,964	6,521	8,723	1,481
County: Shawnee County	169871	Uninsured	19,622	11.55%	9,799	9,823	4,581	10,835	4,149	58	12,067	1,941	3,948	1,667
<b>County: Douglas County</b>	99962	Uninsured	14,643	14.65%	7,751	6,891	2,468	10,274	1,889	12	10,530	801	1,223	2,088
<b>County: Riley County</b>	62843	Uninsured	10,758	17.12%	6,226	4,532	1,735	7,961	1,051	11	7,655	886	1,236	981
<b>County: Finney County</b>	40523	Uninsured	8,213	20.27%	4,232	3,981	2,589	4,456	1,131	36	2,054	49	5,729	381
County: Reno County	64790	Uninsured	7,545	11.65%	4,007	3,538	1,746	4,129	1,646	24	5,674	265	1,243	362
County: Leavenworth County	68691	Uninsured	7,280	10.60%	4,102	3,177	1,565	4,336	1,368	9	4,988	850	792	649
County: Saline County	53597	Uninsured	6,087	11.36%	3,180	2,908	1,433	3,390	1,249	15	4,341	215	1,057	474
<b>County: Ford County</b>	32458	Uninsured	5,971	18.40%	3,217	2,755	1,763	3,249	916	43	1,692	45	3,950	284
<b>County: Butler County</b>	59482	Uninsured	5,899	9.92%	3,121	2,778	1,417	3,257	1,218	7	5,030	103	366	401
<b>County: Lyon County</b>	35935	Uninsured	5,630	15.67%	2,922	2,708	1,396	3,320	888	26	3,011	110	2,191	318
<b>County: Crawford County</b>	38242	Uninsured	4,999	13.07%	2,628	2,371	1,051	3,008	933	8	4,185	105	380	329
<b>County: Seward County</b>	22510	Uninsured	4,711	20.93%	2,436	2,275	1,460	2,563	662	25	1,115	129	3,234	233
County: Cowley County	36291	Uninsured	4,345	11.97%	2,222	2,123	1,058	2,382	895	9	3,283	131	443	487
County: Montgomery County	36252	Uninsured	4,210	11.61%	2,135	2,075	1,012	2,218	969	10	2,974	306	391	538
County: Geary County	27947	Uninsured	3,969	14.20%	1,994	1,975	980	2,380	600	8	1,826	785	817	541
County: Barton County	28205	Uninsured	3,490	12.37%	1,766	1,724	942	1,785	745	18	2,501	46	835	107
County: Harvey County	32869	Uninsured	3,412	10.38%	1,774	1,638	819	1,865	717	12	2,379	53	803	177
County: Ellis County	27507	Uninsured	3,299	11.99%	1,768	1,532	657	2,049	589	5	2,971	17	216	96
<b>County: Cherokee County</b>	22605	Uninsured	2,740	12.12%	1,384	1,356	646	1,477	615	3	2,294	27	88	332
County: McPherson County	29554	Uninsured	2,711	9.17%	1,412	1,299	606	1,492	609	4	2,415	39	149	109
County: Sumner County	25946	Uninsured	2,705	10.43%	1,383	1,323	717	1,376	606	6	2,206	24	286	189
County: Labette County	22835	Uninsured	2,670	11.69%	1,387	1,283	645	1,435	586	5	2,051	154	207	257
County: Miami County	28351	Uninsured	2,599	9.17%	1,353	1,246	587	1,424	585	3	2,285	45	119	150
County: Franklin County	24785	Uninsured	2,567	10.36%	1,347	1,220	588	1,441	535	3	2,197	39	189	142
County: Neosho County	16997	Uninsured	2,002	11.78%	1,021	981	492	1,048	458	4	1,698	21	162	122
County: Atchison County	16774	Uninsured	1,902	11.34%	962	940	494	1,016	388	4	1,539	146	139	77
County: Pottawatomie County	18209	Uninsured	1,902	10.45%	970	932	495	1,001	404	3	1,686	17	113	86
County: Dickinson County	19344	Uninsured	1,890	9.77%	980	910	436	986	465	4	1,632	7	142	109
County: Jefferson County	18426	Uninsured	1,751	9.50%	916	836	390	928	432	2	1,593	8	52	99
County: Bourbon County	15379	Uninsured	1,677	10.90%	862	815	422	882	371	2	1,480	61	54	82
County: Alien County	14385	Uninsured	1,674	11.64%	850	824	423	871	377	3	1,457	55	98	64
County: Osage County	16712	Uninsured	1,637	9.80%	836	801	386	854	395	2	1,506	6	68	57
County: Grant County	7909	Uninsured	1,329	16.80%	680	650	419	663	242	6	442	1	857	29
County: Marion County	13361	Uninsured	1,301	9.74%	668	633	306	663	329	2	1,179	10	75	37
County: Jackson County	12657	Uninsured	1,297	10.25%	657	640	316	683	297	2	1,014	11	57	215
County: Rice County	10761	Uninsured	1,234	11.47%	624	610	304	658	267	4	962	11	220	41
County: Brown County	10724	Uninsured	1,212	11.30%	615	597	306	628	276	3	881	29	80	222

5-16



### Total Number of Uninsured in Kansas Counties

State: Kansas	Total Population		Total %											Race
			Total	Uninsured	Male	Female	Age 19	19-44	45-64	and over	non-Hisp	non-Hisp	Hispanic	
County: Wilson County	10332	Uninsured	1,154	11.17%	588	566	273	580	300	1	1,064	6	30	54
County: Marshall County	10965	Uninsured	1,059	9.66%	545	514	259	529	269	2	989	2	32	36
County: Cloud County	10268	Uninsured	1,009	9.83%	519	489	232	532	243	2	945	3	28	33
County: Pratt County	9647	Uninsured	1,004	10.41%	505	500	245	512	245	2	850	11	125	18
County: Nemaha County	10717	Uninsured	997	9.30%	519	478	272	504	219	1	949	8	15	26
County: Linn County	9570	Uninsured	969	10.13%	497	472	227	485	255	1	896	12	22	38
County: Doniphan County	8249	Uninsured	926	11.23%	484	442	218	506	202	1	836	21	21	48
County: Sherman County	6760	Uninsured	870	12.87%	473	396	219	454	193	4	634	4	222	10
County: Anderson County	8110	Uninsured	864	10.65%	443	421	221	440	202	2	801	4	38	22
County: Coffey County	8865	Uninsured	863	9.73%	444	419	196	447	219	1	766	3	40	54
County: Clay County	8822	Uninsured	861	9.76%	451	410	205	436	218	2	792	3	32	35
County: Thomas County	8180	Uninsured	849	10.38%	435	414	196	474	178	1	776	2	44	28
County: Kingman County	8673	Uninsured	840	9.69%	425	415	229	411	198	2	763	5	49	22
County: Greenwood County	7673	Uninsured	810	10.56%	418	392	198	401	208	3	712	-	64	34
County: Pawnee County	7233	Uninsured	809	11.18%	447	362	199	417	191	2	621	47	104	37
County: Stevens County	5463	Uninsured	793	14.52%	403	390	245	417	128	3	365	-	391	37
County: Russell County	7370	Uninsured	753	10.22%	381	373	172	368	212	1	700	-	25	28
County: Kearny County	4531	Uninsured	707	15.60%	370	337	236	347	119	5	297	4	392	14
County: Gray County	5904	Uninsured	696	11.79%	362	334	204	354	135	2	491	1	191	13
County: Norton County	5953	Uninsured	675	11.34%	414	261	137	388	148	2	568	29	56	21
County: Haskell County	4307	Uninsured	670	15.56%	352	319	210	339	117	4	307	1	336	26
County: Harper County	6536	Uninsured	652	9.98%	336	316	162	319	170	1	603	5	17	27
County: Ellsworth County	6525	Uninsured	646	9.90%	383	263	127	365	153	2	511	29	81	25
County: Mitchell County	6932	Uninsured	638	9.20%	337	301	159	319	158	1	596	7	18	16
County: Wabaunsee County	6885	Uninsured	636	9.24%	330	306	150	322	163	1	590	3	27	16
County: Washington County	6483	Uninsured	622	9.59%	328	293	145	308	167	1	596	1	16	8
County: Morris County	6104	Uninsured	618	10.12%	310	308	151	298	167	2	534	4	59	21
County: Ottawa County	6163	Uninsured	584	9.48%	304	280	135	304	144	1	548	3	15	18
County: Rooks County	5685	Uninsured	582	10.24%	310	272	140	303	138	1	531	8	27	16
County: Phillips County	6001	Uninsured	570	9.50%	292	278	138	274	157	1	540	3	15	12
County: Meade County	4631	Uninsured	552	11.92%	291	261	159	285	105	2	365	1	157	28
County: Republic County	5835	Uninsured	550	9.43%	279	271	126	260	162	1	517	4	15	14
County: Stafford County	4789	Uninsured	539	11.25%	278	261	147	263	127	2	428	3	92	17
County: Scott County	5120	Uninsured	525	10.25%	274	251	125	267	132	1	413	1	97	14
County: Barber County	5307	Uninsured	512	9.65%	257	256	132	240	139	1	465	3	29	16
County: Chautauqua County	4359	Uninsured	462	10.60%	226	236	113	215	134	1	393	-	22	47
County: Morton County	3496	Uninsured	454	12.99%	225	229	133	229	89	2	261	2	166	26
County: Osborne County	4452	Uninsured	434	9.75%	233	201	107	212	114	1	409	-	9	16
County: Smith County	4536	Uninsured	428	9.44%	217	211	100	205	122	1	405	1	8	14
County: Edwards County	3449	Uninsured	418	12.12%	219	199	107	212	97	3	281	1	123	13
County: Hamilton County	2670	Uninsured	406	15.21%	213	192	125	199	78	5	197	1	201	7
County: Woodson County	3788	Uninsured	398	10.51%	206	192	94	197	106	1	365	3	16	14
County: Wichita County	2531	Uninsured	388	15.33%	198	189	116	190	79	3	209	-	169	10
County: Jewell County	3791	Uninsured	372	9.81%	189	183	87	169	115	1	349	-	12	11
County: Stanton County	2406	Uninsured	372	15.46%	190	182	116	192	60	4	169	1	192	9
County: Lincoln County	3578	Uninsured	357	9.98%	182	174	80	173	102	1	335	1	11	9
County: Elk County	3261	Uninsured	343	10.52%	171	172	87	153	102	2	295	-	30	18
County: Rush County	3551	Uninsured	341	9.60%	175	166	77	166	97	1	326	-	11	4
County: Decatur County	3472	Uninsured	340	9.79%	179	161	85	161	92	1	314	2	12	12
County: Kiowa County	3278	Uninsured	332	10.13%	168	164	81	163	88	1	298	-	22	12
County: Trego County	3319	Uninsured	323	9.73%	167	156	78	162	82	-	316	1	4	2
County: Ness County	3454	Uninsured	318	9.21%	166	152	72	158	87	1	293	-	16	9

5-17

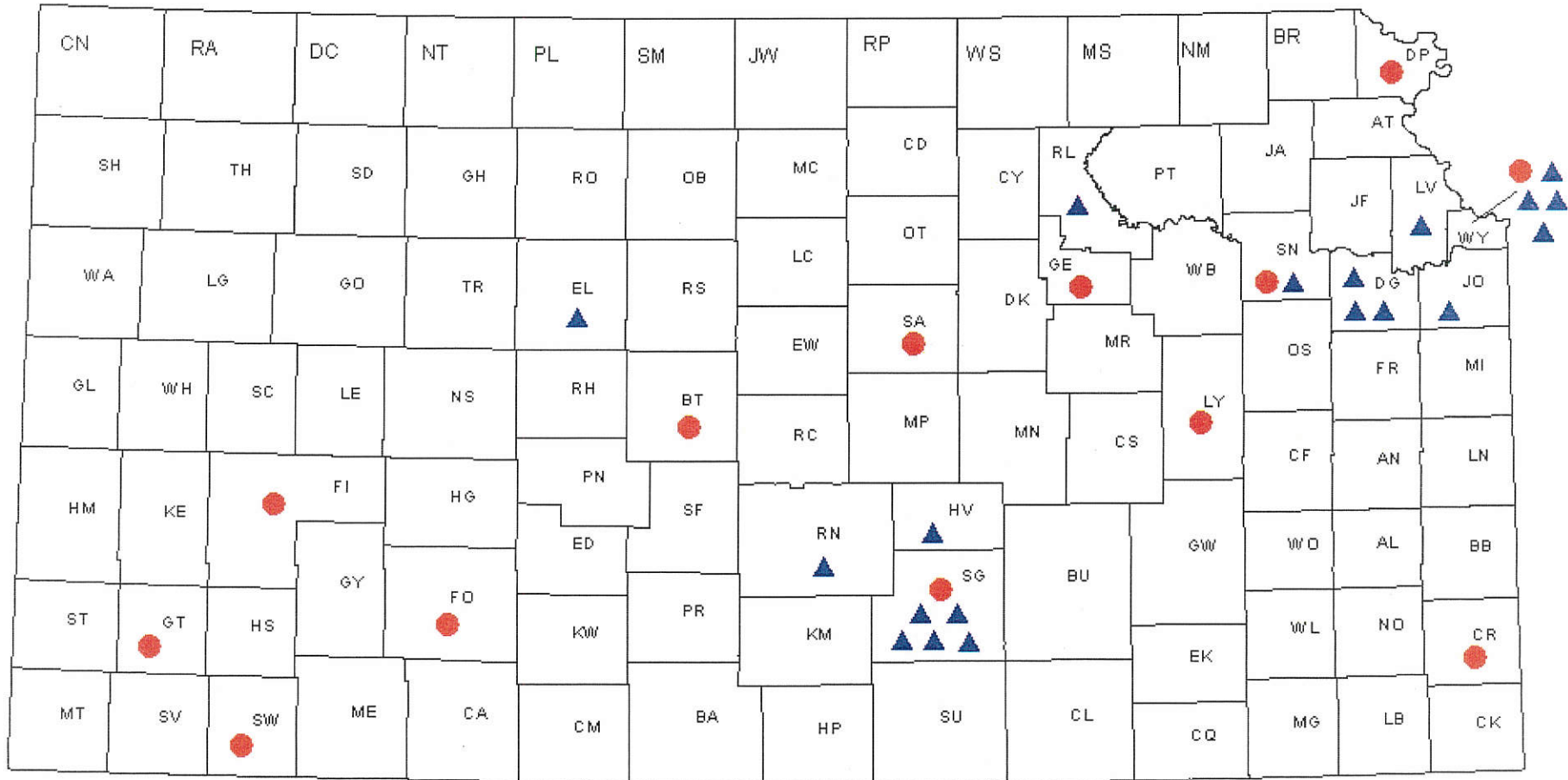
### Total Number of Uninsured in Kansas Counties

State: Kansas	Total Population		Total %											
			Total	Uninsured	Male	Female	Age 19	19-44	45-64	and over	non-Hisp	non-Hisp	Hispanic	Race
County: Chase County	3030	Uninsured	315	10.40%	168	147	70	163	81	1	286	2	17	10
County: Sheridan County	2813	Uninsured	307	10.91%	159	148	86	144	76	-	299	-	4	4
County: Cheyenne County	3165	Uninsured	305	9.64%	159	145	75	148	80	1	274	-	26	5
County: Graham County	2946	Uninsured	303	10.29%	152	151	69	147	86	-	270	13	9	11
County: Logan County	3046	Uninsured	300	9.85%	151	149	69	153	78	-	277	1	13	9
County: Gove County	3068	Uninsured	297	9.68%	151	146	78	137	81	-	276	2	9	10
County: Rawlins County	2966	Uninsured	284	9.58%	148	136	75	129	79	1	254	1	17	12
County: Clark County	2390	Uninsured	251	10.50%	127	124	70	116	64	1	209	2	30	9
County: Hodgeman County	2085	Uninsured	217	10.41%	109	107	63	105	48	1	188	2	21	6
County: Wallace County	1749	Uninsured	210	12.01%	111	99	66	98	45	1	165	1	39	5
County: Lane County	2155	Uninsured	206	9.56%	107	99	49	102	55	-	185	-	9	11
County: Comanche County	1967	Uninsured	190	9.66%	97	92	43	86	60	-	174	-	9	6
County: Greeley County	1534	Uninsured	187	12.19%	98	88	54	94	37	1	125	-	59	2
							Under	Age	Age	Age 65	White	Black		Other

5-18

# Safety Net Clinics in Kansas

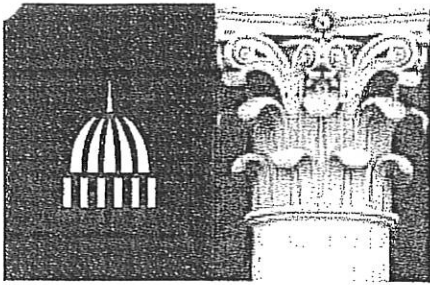
5-19



- ▲ Primary Care Clinics
- Community Health Centers or Satellite



Agency Name	County	Type of Clinic
We Care Project, Inc.	Barton	FQHC
Community Health Center of Southeast Kansas	Crawford	FQHC
Wathena Medical Center	Doniphan	FQHC
Douglas County Dental Clinic	Douglas	PCC
Health Care Access, Inc	Douglas	PCC
Heartland Medical Clinic	Douglas	PCC
First Care Clinic of Hays	Ellis	PCC
United Methodist Mexican-American Ministries	Finney	FQHC
Konza Prairie Community Health Center	Geary	FQHC
Health Ministries Clinic	Harvey	PCC
Health Partnership Clinic of Johnson County	Johnson	PCC
Saint Vincent Clinic	Leavenworth	PCC
Flint Hills Community Health Center	Lyon	FQHC
Community Health Center of Hutchinson	Reno	PCC
Riley County Community Health Clinic	Riley	PCC
Salina Family Health Care Center	Saline	FQHC
Good Samaritan Clinic	Sedgwick	PCC
GraceMed Health Clinic	Sedgwick	PCC
Guadalupe Clinic	Sedgwick	PCC
Hunter Health Clinic	Sedgwick	FQHC
Sedgwick County Health Department	Sedgwick	PCC
Marian Clinic	Shawnee	PCC
Shawnee County Health Agency	Shawnee	FQHC
Kansas Statewide Farmworker Health Program	Statewide	FQHC
Duchesne Clinic	Wyandotte	PCC
Silver City Health Center	Wyandotte	PCC
Southwest Boulevard Family Health Care	Wyandotte	PCC
Swope Health Services	Wyandotte	FQHC
Turner House Clinic for Children	Wyandotte	PCC
FQHC - Federally Qualified Health Center		
PCC - Primary Care Clinic		



# National Conference of State Legislatures LEGISBRIEF

BRIEFING PAPERS ON THE IMPORTANT ISSUES OF THE DAY

JANUARY 2005

VOL. 13, No. 1

## Community Health Centers: An Update

*By Laura Tobler and Hy Gia Park*

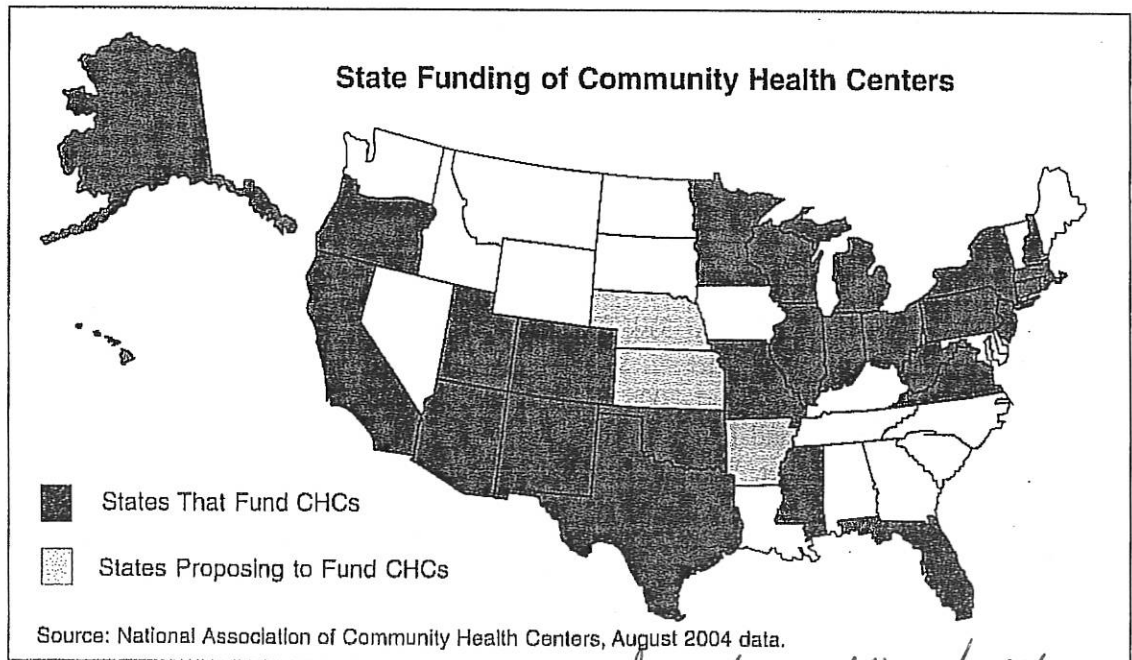
*Health centers serve our nation's poor and underserved people.*

Since the first one opened its doors 40 years ago, community health centers have specialized in providing affordable primary and preventive care services to our nation's poor and underserved people, regardless of insurance status or ability to pay. They serve nearly 3,600 communities across the country—about 15 million people. These health centers are local, community owned and operated facilities financed by Medicaid, Medicare and private insurance payments as well as federal, state and local contributions.

In 2003, 69 percent of community health center patients had incomes at or below the federal poverty level, 39 percent were uninsured, 35 percent were insured by Medicaid, and about 65 percent belonged to an ethnic or racial minority group. Given this patient mix, an economic downturn creates fiscal challenges when the number of uninsured rise while states cut back on Medicaid program eligibility and benefits.

*Health centers are successful at improving the health of patients while reducing costs.*

This year, the White House Office of Management and Budget cited the health center program as one of the 10 most successful federal programs and the most successful one in the U.S. Department of Health and Human Services.



National Conference of State Legislatures

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*Senate Public Health & Welfare*  
*2-7-05*  
*Attachment #6*

Accomplishments of health centers include:

- **Lower Cost and Higher Quality Care.** Studies on cost-effectiveness show that money invested in health centers reduces Medicaid expenditures and national health care spending. For example, in 2003, the average cost of serving one health center patient annually was about \$479. This is 10 times less than average annual per capita spending on personal health care and \$250 less than the average cost of care at a medical office. Health care costs for Medicaid clients are also lower—as much as 36 percent less. Similar savings can be seen with other services such as pharmaceutical drugs and treatment of people with diabetes or asthma.
- **Fewer Hospitalizations and ER Visits.** Improving access to regular preventive and diagnostic services reduces the number of avoidable hospital admissions and unnecessary emergency room visits. In fact, studies find Medicaid beneficiaries served at health centers are 22 percent less likely to be hospitalized. Estimates from the National Association of Community Health Centers suggest that providing access to primary and preventive care can reduce non-urgent emergency room visits for a savings of \$1.6 billion to \$8 billion annually.
- **Improved Health.** Communities with health centers have lower infant mortality rates, lower rates of low-birthweight babies, higher rates of women obtaining mammograms and pap smears, and higher rates of women receiving early prenatal care.
- **Reduced Racial and Ethnic Disparities.** A 2003 report indicates that as health centers serve more poor people in a state, disparities among whites, blacks and Hispanics decline for infant mortality, prenatal care, tuberculosis case rates and age-adjusted death rates.

### State Action

Today, community health centers can be found in all 50 states and U.S. territories. Thirty-two states provide funding. Budget woes in the states, however, resulted in 18 states cutting their level of dedicated financing for health centers last year. Every state has cut Medicaid somewhat in the past few years with a significant impact on health center operating capacity. Medicaid is the single most important source of revenue for community health centers. Recent cuts—to eligibility and benefits—coupled with a rising number of uninsured patients, reduced revenue and the ability to provide care.

### Federal Action

About a quarter of community health center financing comes from federal grants through the Consolidated Health Center Program. The Bush administration has announced a five-year \$2.2 billion initiative that will add an additional 1,200 new health center sites serving at least 6 million new patients by 2006.

### Selected References

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- Proser, Michelle. "A Nation's Health At Risk II: A Front Row Seat in a Changing Health Care System." Special Topics Issue Brief #7. Washington, D.C.: National Association of Community Health Centers, Inc., August 2004.
- Rosenbaum, Sara, Peter Shin and Julie Darnell. "Economic Stress and the Safety Net: A Health Center Update." Issue Paper. Washington, D.C.: Kaiser Commission on Medicaid and the Uninsured, June 2004.

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*Money invested in health centers reduces Medicaid expenditures and national health care spending.*

*Providing primary and preventive care can reduce emergency room visits.*

*Community health centers are in all 50 states.*





Sunflower Foundation  
HEALTH CARE FOR KANSANS

*Comments to the*  
**Senate Public Health and Welfare Committee**  
by **Billie G. Hall**  
**President & CEO, Sunflower Foundation**  
Monday, February 7, 2005

**Speaking in Favor of Senate Concurrent Resolution No. 1604**

Mr. Chairman, members of the committee and guests...my name is Billie Hall. I am President and CEO of the Sunflower Foundation: Health Care for Kansans. I **sincerely appreciate this opportunity to appear before you today in support of Senate Concurrent Resolution 1604.**

The foundation's mission is *to serve as a catalyst for improving the health of Kansans*, which we support through a program of grantmaking and related activities. One primary focus of our grantmaking is in the area of **promoting healthy behaviors and preventing disease.**

Much of our program activity in this area has been directed to **the growing public health problem of obesity.** That's why we are especially pleased with the attention this committee has brought to this serious issue, both last session and this

year. And the recent introduction of **Senate Concurrent Resolution 1604** represents another important step in further elevating the visibility of this problem and in gaining better knowledge of the issue – knowledge which will benefit your future work and efforts on many other fronts in Kansas.

There are several key reasons why the Sunflower Foundation supports this resolution:

1. We recognize that obesity is a growing public health concern in Kansas (as it is nationally), especially among children and youth;
2. We are interested in supporting healthy environments in schools, which are a significant point of influence for children and youth;
3. We are aware of the benefits of physical activity and healthy food choices as part of the school day. These benefits have been demonstrated to improve behavior and academic performance – to help establish lifelong patterns of healthy choices;
4. We believe it is important to evaluate existing data about school policies on nutrition and physical activity. This approach will not only demonstrate if gaps exist in our current knowledge base but will result in better understanding of the issues at the school level. The more we understand, the more thoughtful and effective our responses will be; and

5. Finally, we are interested in supporting projects that increase the amount of current and credible information that is available to inform decisions – whether related to policy, personal choices or, in our case, grantmaking.

In summary, we believe that the request proposed in this resolution – *to study: 1) school food programs; 2) the availability of other food items on school premises; 3) the availability of classes on health; and 4) physical activities intended to promote healthy bodies and physical fitness* – is a logical strategy and will provide essential data to inform future policy directed at increasing physical activity and improving nutrition among students in public elementary and secondary schools in Kansas.

We are certainly willing to partner with the Department of Education in this endeavor and to consider efforts to support the proposed study.

**Thank you for allowing me to speak in support of this important resolution –  
Senate Concurrent Resolution 1604 – on behalf of the Sunflower Foundation.**



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**Senate Public Health and Welfare**  
**Testimony Re: SCR 1604**  
**Presented by Ronald R. Hein**  
**on behalf of**  
**Kansas Beverage Association**  
**February 7, 2005**

Mr. Chairman, Members of the Committee:

My name is Ron Hein, and I am legislative counsel for the Kansas Beverage Association (KBA), the state trade association for beverage bottling companies operating in Kansas. Previously we were the Kansas Soft Drink Association, but the KBA changed their name to more truly reflect the membership and the products made, which include carbonated diet and regular soft drinks, bottled waters, isotonic drinks, juice, juice drinks, sports drinks, dairy-based beverages, teas, and other beverages.

The KBA supports SCR 1604. The Kansas Board of Education has already testified before a House committee regarding the wellness program that they are implementing as a result of requirements set out in the recent re-implementation of the federal school nutrition lunch program legislation. This resolution will fit in well with the steps they have already taken to deal with the very complex issue of obesity in our society in general, and childhood obesity in particular.

Studies show that caloric consumption has increased only 1% in the past 20 years. However, during that same 20 years, physical activity has decreased 13%. The experts in nutrition recommend that the solution lies with a comprehensive approach that focuses on activity and exercise, moderation in food choices and food consumption, and an over all healthy, nutritious diet. Some have suggested quick answers to this complex problem that involve restrictions on food choices, banning of certain foods, and other approaches that nutrition experts generally agree are not the answer. These experts recommend instead a comprehensive solution that involves a moderate diet and proper exercise. They agree that there are no bad foods, that there is room for all foods in a healthy diet, that moderation is key, and that banning or restricting of any foods can be counter-productive. Studies indicate that restricting foods only increases the desire for those foods.

We applaud this effort to study the obesity issue and to have the Department of Education report their findings back to the legislature. Thank you very much for permitting me to testify, and I will be happy to yield to questions.

*Senate Public Health & Welfare*  
*2-7-05*  
*Attachment #8*



Testimony on **SCR 1604**  
before the  
**Senate Public Health and Welfare Committee**

by

**Donna L. Whiteman, Assistant Executive Director/Legal Services**  
Kansas Association of School Boards

**February 7, 2005**

Mr. Chairman and Members of the Committee:

Thank you for the opportunity to appear in support of **SCR 1604**.

Education is the best measure to teach students and parents about healthy lifestyles. Many Kansas schools districts have been proactive in increasing efforts to address physical activity, healthy life styles and providing nutritious foods.

The Kansas Association of School Boards looks forward to working with the Kansas State Department of Education on this school health initiative.

This Senate Concurrent Resolution also provides an opportunity to work with the State Department of Education to implement the Child Nutrition Act which became effective on June 30, 2004.

In an effort to have schools play a key role in addressing childhood obesity, every school district that receives federal funds is required to establish a local wellness policy by June 30, 2006. This new law requires school districts to address the following in their local policy:

- Nutrition education goals
- Physical activity goals
- Nutrition standard and
- Other school-based activities that serve to promote and reinforce wellness messages.

The law also requires each school district to involve parents, students, food service personnel, school boards, and community members in developing this policy.

The Kansas Association of School Boards, school districts, food service representatives and administrators are already planning for this new policy requirement.

I have attached a copy of the Child Nutrition and WIC Reauthorization Act of 2004.

*Senate Public Health & Welfare*  
*2-7-05 Attachment #9*

**Section 204 of Public Law 108-265—June 30, 2004**  
**Child Nutrition and WIC Reauthorization Act of 2004**

**SEC. 204 LOCAL WELLNESS POLICY**

(a) **IN GENERAL** - Not later than the first day of the school year beginning after June 30, 2006, each local education agency participating in a program authorized by the Richard B. Russell National School Lunch Act (42 U.S.C.1751 et seq.) or the Child Nutrition Act of 1966 (42 U.S.C. 1771 et seq.) shall establish a local school wellness policy for schools under the local educational agency that, at a minimum—

- 1) Includes goals for nutrition education, physical activity and other school- based activities that are designed to promote student wellness in a manner that the local educational agency determines is appropriate;
- 2) Includes nutrition guidelines selected by the local educational agency for all foods available on each school campus under the local educational agency during the school day with the objectives of promoting student health and reducing childhood obesity;
- 3) Provides an assurance that guidelines for reimbursable school meals shall not be less restrictive than regulations and guidance issued by the Secretary of Agriculture pursuant to subsections (a) and (b) of section 10 of the Child Nutrition Act (42 U.S.C. 1779) and section 9(f)(1) and 17(a) of the Richard B Russell National School Lunch Act (42 U.S.C. 1758(f)(1), 1766(a)0, as those regulations and guidance apply to schools;
- 4) Establishes a plan for measuring implementation of the local wellness policy, including designation of 1 or more persons within the local educational agency or at each school, as appropriate, charged with operational responsibility for ensuring that the school meets the local wellness policy; and
- 5) Involves parents, students, and representatives of the school food authority, the school board, school administrators, and the public in the development of the school wellness policy.

(b) **TECHNICAL ASSISTANCE AND BEST PRACTICES.** -

(1) **IN GENERAL.** - The Secretary, in coordination with the Secretary of Education and in consultation with the Secretary of Health and Human Services, acting through the Centers for Disease Control and Prevention, shall make available to local educational agencies, school food authorities, and State educational agencies, on request, information and technical assistance for use in—

- (A) Establishing healthy school nutrition environments;
- (B) Reducing childhood obesity; and
- (C) Preventing diet-related chronic diseases.

(2) **CONTENT.** - Technical assistance provided by the Secretary under this subsection shall—

- (A) Include relevant and applicable examples of schools and local educational agencies that have taken steps to offer healthy options for foods sold or served in schools;
- (B) Include such other technical assistance as is required to carry out the goals of promoting sound nutrition and establishing healthy school nutrition environments that are consistent with this section;
- (C) Be provided in such a manner as to be consistent with the specific needs and requirements of local educational agencies; and
- (D) Be for guidance purposes only and not be construed as binding or as a mandate to schools, local educational agencies, school food authorities, or State educational agencies.



**(3) FUNDING. –**

**(A) IN GENERAL. –** On July 1, 2006, out of any funds in the Treasury not otherwise appropriated, the Secretary of the Treasury shall transfer to the Secretary of Agriculture to carry out this subsection \$4,000,000, to remain available until September 30, 2009.

**(B) RECEIPT AND ACCEPTANCE. –** The Secretary shall be entitled to receive, shall accept, and shall use to carry out this subsection the funds transferred under subparagraph (A), without further appropriation.