2021 Shawnee County

Community Health Needs Assessment

October 2021

Credit: Sara O'Keeffe, University of Kansas Center for Public Partnership and Research

Executive Summary

Purpose

A Community Health Needs Assessment (CHNA) is an important tool used for examining and improving the health of a community. It provides insight into the current health status of a community by identifying needs and potential means of fulfilling them. The CHNA includes comprehensive information about differential health risks and outcomes based on systematic collection and analysis of data and conversations with community leaders and members. The method of collecting this information is determined and implemented by a multidisciplinary Steering Committee.

Method

Description of Community Served: Shawnee County is located in Northeastern Kansas and is made up of 550 square miles of land. Its county seat, Topeka, is home to Kansas's Capitol Building and 62.76 total square miles of land. As of 2019, Shawnee County was home to an estimated 176,875 residents with a population density of 327.1 residents per square mile. A full description of the community served is included on page 9 to include demographic profiles, economic, and health system patient origin data.

Community Member Roundtables: The CHNA Leadership team identified 15 community groups representing 148 residents and held 45-minute meetings. Notes for these meetings were recorded and themes identified for use in the Town Hall Community prioritization. The questions utilized and schedule for round tables is included in Appendix I.

Electronic Survey: The CHNA Steering Committee utilized a 15-item Community Health Needs Assessment survey that focused on areas of community need and pressing health issues. This survey is found in Appendix I. This survey was generated in Survey Monkey for electronic distribution and sent out to the community in several ways.

Virtual Town Hall: On 5/10/2021, Shawnee County Health Department, Stormont Vail Health, and Heartland Healthy Neighborhoods facilitated a Community Conversation Town Hall for discussion of the data gathered in the preceding data collection methods. Poll Everywhere was utilized to ask questions about the top four issues identified in the roundtable and survey results: Healthy Eating, Substance Abuse, Mental Health Access, and Equitable Access. The agenda and list of attendees are included in Appendix II.

Analysis

According to the data collected during the round tables, survey, town hall, and secondary research, the following issues were prioritized for improvement work in the next three years:

1.) Food Security
2.) Substance Abuse
3.) Mental Health Access
4.) Health Equity

Next Steps

While these topics are not small in scale by any means, they are the correct work in which the community needs to engage to achieve healthier outcomes. Starting in October 2021, the community will now enter into a Community Health Improvement Planning process focused on creating actionable and specific interventions targeted at these areas of identified need. This will result in a three-year Community Health Improvement Plan focused on improving in the areas identified in this assessment.

Contents

Introduction

Community Health Needs Assessment

A Community Health Needs Assessment (CHNA) is an important tool used for examining and improving the health of a community. It provides insight into the current health status of a community by identifying needs and potential means of fulfilling them. The CHNA includes comprehensive information about differential health risks and outcomes based on systematic collection and analysis of data and conversations with community leaders and members. The method of collecting this information is determined and implemented by a multidisciplinary Steering Committee.

The 2021 Shawnee County CHNA Steering Committee was comprised of leaders from the Shawnee County Health Department, Stormont Vail Health, and Heartland Healthy Neighborhoods. The team collaborated to identify the factors that affect health in Shawnee County, as well as resources to address them, in order to improve community health and promote equity. The CHNA reflects the perspective of individuals throughout the community and serves as a basis for decision-making and instituting change.

The information collected in the CHNA drives the development of a Community Health Improvement Plan (CHIP). The most recently completed 2020-2022 Shawnee County CHIP can be found here. A CHIP details available resources and how they should be allocated in order to address community health issues. Together the CHNA and CHIP will educate community members, prioritize community health improvement methods, drive policy change, promote equity, and outline resources to promote better health in Shawnee County.

In addition to identifying and addressing community health issues, a CHNA fulfills a requirement for local health departments seeking accreditation from the National Public Health Accreditation Board (PHAB), as the Shawnee County Health Department plans to in 2021. The federal Patient Protection and Affordable Care Act (ACA) requires that each registered 501(c)3 hospital conduct a CHNA at least once every three years and adopt a strategy to meet identified needs. Any hospital that has filed a 990 is required to conduct a CHNA. IRS Notice 2011-52 was released in late fall of 2011 to give notice and request comments.

Since the first comprehensive Community Health Needs Assessment (CHNA) was completed in Shawnee County in 2013, there has been constant analysis of the process itself and improvements made throughout each iteration since then. We are now on the fourth installment of the CHNA and are confident that each report has been able to provide a more comprehensive and accurate portrait of the community's health status in which to build upon for future community health improvement activities and interventions.

Beginning with our CHNA in 2018, our planning team began to modify the mindset of data collection and analysis in order to reflect the growing shift here locally and statewide regarding public health problems. Our 2018 CHNA was the first extensive attempt at truly identifying and ultimately understanding the social determinants of health that impact our community's health.

The 2020-2022 Shawnee County Community Health Improvement Plan informed by the 2018 CHNA embodied the concept of "Upstream Health," an approach to health that challenges us to think critically

about these social determinants of health. We then utilize policies, systems, and environmental changes to create a community in which every resident in Topeka and Shawnee County has the ability to live a healthy life regardless of their education, income level, or ZIP code. In order to appropriately identify and design interventions through our health improvement planning processes, our planning team determined that a "go to the people" approach was necessary to complement our traditional community perception survey and focus groups.

Thus in 2018, we added several components to our CHNA process including conducting community town hall meetings and key stakeholder meetings in order to more appropriately inform our planning team of the underlying root issues affecting the health of our community. Instead of solely utilizing focus groups predominately made up of health care professionals, we shifted our focus to include direct feedback from community members themselves via these town halls in their respective communities. This provided additional insight and understanding of the root causes and health inequities propelling downstream impacts on both individual and community health.

For this 2021 CHNA we built upon the successful experience of these town hall meetings to continue to inform our community members directly on the status of health in our community and to gather important insight into the root issues affecting their health. As mentioned earlier, COVID-19 caused some minor disruptions to this process, forcing many of these town hall experiences to be conducted virtually. However, this process of data collection has become ingrained into the CHNA process moving forward and will continue to expand as new priorities are identified.

In 2017, the Shawnee County Health Department in partnership with Heartland Healthy Neighborhoods launched the County Health Rankings: A Community Conversation. This community event has become an annual conversation at the culmination of National Public Health Week each April. A Community Conversation offers a breakdown of the County Health Rankings and an annual review of additional community health data as it pertains to the CHNA and CHIP. This meeting brings together key stakeholders from across Shawnee County to inform next steps, evaluate current processes related to the CHNA and CHIP, as well as assists in the prioritization of strategies for health improvement planning. It takes an entire community working together to improve the overall health and quality of life of its residents.

The Community Health Needs Assessment Steering Team meets quarterly to analyze new and updated data sources. The CHNA will continue to be scheduled, conducted, and released on three-year cycles in order to ensure we have current data informing the prioritization of CHIP strategies in our community.

CHIP Process

While the completion of the CHNA is a significant achievement and should be celebrated, the CHNA is not designed to be a report that is created and then sits on a shelf collecting dust. With the CHNA now completed for this cycle, our work as a community continues almost immediately in order to make impacts on current priorities and inform the decision-making around updating strategies through the health improvement planning process. The CHIP and the inspiration behind its creation is to develop a living document that serves as the platform for developing collective impact principles that focus on priorities that we determined through our comprehensive CHNA process; ultimately providing our community with a strategic roadmap to eliminating health disparities and improving health outcomes.

To understand the evolution CHIP implementation process in Shawnee County, some historical reference is necessary. In 2013, at the conclusion of the CHNA process, the Healthy Shawnee County Task Force approached Heartland Healthy Neighborhoods (HHN), Shawnee County's grassroots community health coalition, to serve as the coalition that would lead the facilitation and creation of the community's first ever Community Health Improvement Plan. In 2014, HHN restructured its coalition to create actionable work groups dedicated to developing goals and strategies around the priorities that came out of the 2013 CHNA. After a year of developing actionable interventions and building appropriate partnerships, the first Community Health Improvement Plan was published for Shawnee County with the plan to publish future addendums to the CHIP on five-year cycles.

During the 2018 CHNA process, the Steering Committee determined that five-year cycles for the CHIP did not appropriately line up with the data collection and evaluative processes. It was proposed to shorten the implementation timeframe of future CHIP improvement plans to three-year cycles to more closely line up with CHNA process. This shortened timeframe allows more flexibility in updating both data and intervention strategies while also ensuring the ability to respond to newly identified public health needs. The end result of closely aligning timeframes of the needs assessment and improvement planning processes allowed for the creation of a community-driven and comprehensive action plan directly related to the data collected of the CHNA with the publication of the 2020-2022 Shawnee County Community Health Improvement Plan.

With the publication of the 2021 CHNA begins the transition of the Community Health Needs Assessment Steering Team, in conjunction with community stakeholders, to evaluate the ongoing progress of the current improvement plan utilizing the following framework:

CHIP Evaluation Framework

	WHAT	HOW	WHEN	WHO
PLANNING	**DEVELOPMENTAL EVALUATION** Assessing the CHIP implementation, documentation, and evaluation processes.	• Meeting Evaluations • Environmental Observation	QUARTERLY	CHNA/CHIP Steering Committee HHN Leadership
PLANNING	**NETWORK/TEAM EVALUATION** Assessment of coalition and committee functioning. Identification of strategies for improvement.	• Coalition Maintenance Checklist • MAPP Assessment	QUARTERLY	CHNA/CHIP Steering Committee HHN Leadership
OPERATIONS	**CHIP OUTCOMES** Progress towards improving health outcomes related to CHIP Priority areas.	• CHIP Progress Survey via Alchemer • Secondary Data Review	ONGOING	CHNA/CHIP Steering Committee SCHD Epidemiologists
OPERATIONS	**PARTNER CHIP PROGRESS** Capturing stories of successful implementation of strategies that contribute to positive CHIP outcomes	• Success Stories via MySidewalk • Annual HHN Meeting • Annual Community Conversation	QUARTERLY	Coalition and Workgroup Chairs HHN Leadership

CHNA History

Shawnee County has a long history of evaluating community needs and developing community-based strategies aimed at improving the health of our community residents. Here is a short history of community health assessment work carried out in Shawnee County:

- 1995 Community Health Assessment
  - $75,000 Kansas Health Foundation grant, hired Professional Research Consultants of Omaha to facilitate the project.
  - Assessment team was St. Francis, Stormont Vail Health, United Way of Greater Topeka and the Shawnee County Health Agency (SCHA).
  - Methodology was phone survey of the community, focus groups, and post-data collection workshops.
- 2006 Community Assessment
  - ETC Institute of Olathe was hired to facilitate the project, but no grant money was available.
  - Same entities as 1995 with the participation of several other organizations.
  - Methodology included mail out survey, leadership survey (interviews), and post-data collection workshops.
- 2013 Community Health Needs Assessment (CHNA)
  - Mandated for all not-for-profit hospitals and for-public health department accreditations.
  - The assessment team was St. Francis, Stormont Vail, and the SCHA with input and direction provided by a community advisory committee.

- o Methodology was community email survey, community focus groups, leadership interviews, and review of all public health data via Kansas Health Matters.
  - o A community health improvement plan was developed working with Heartland Healthy Neighborhoods (HHN).
- 2016 Community Health Needs Assessment (CHNA)
  - o The 2016 Shawnee County Community Health Needs Assessment was the fourth time St. Francis Health (STF), Stormont Vail Health (SV), and the Shawnee County Health Agency (SCHA) collaborated on a Community Health Needs Assessment. For both the 2013 and 2016 community health assessments, these three organizations comprised the Healthy Shawnee County Task Force (HSCTF).
  - o The methodology included hosting HHN focus groups, distribution of a community survey, and direct interviews with community leaders and providers.
- 2019 Community Health Needs Assessment (CHNA)
  - o The assessment team included Stormont Vail Health and Shawnee County Health Department.
  - o A consultant, VVV Consultants LLC, was hired to lead the process of gathering community input and facilitating the Health Needs prioritization.
  - o Upon completion of the CHNA, Kansas Health Institute was hired to lead the development of the Community Health Improvement Plan.
  - o Survey results numbers increased dramatically, with more than 2,000 overall responses, 1,359 of which included demographic information.

Methodology for CHNA 2021

As in the past iterations of the Community Health Needs Assessment (CHNA), Stormont Vail Health, Shawnee County Health Department, and Heartland Healthy Neighborhoods collaboratively planned and executed the CHNA process. The profiles for each organization are included in Appendix I.

The process for collecting data from our community in 2021 was altered significantly from previous years mostly due to the public health emergency related to the COVID-19 pandemic. We were unable to meet in person for many of the data gathering sessions and instead utilized virtual meeting software as the primary means for gathering.

The primary objective for the CHNA Steering Team was to gather input from communities that have traditionally been under-represented in the data collection process. We know from past data that the demographics for those community members that engaged in the data collections methods we used was not representative of the community demographic profile. This information is included in the data included on pages 14 and 15. The CHNA planning team took extra care in designing the data collection process so that the returns would be more reflective of our community demographics. In that way, the process for data collection followed three major steps:

Description of Community Served: To identify the community served by Stormont Vail, we collected information about unique patients by the zip code identified in their medical record. The data collected did not include any unique patient identifiers.

Community Member Roundtables: The CHNA Leadership team identified 15 community groups representing 148 residents and held 45-minute meetings. Notes for these meetings were recorded and themes identified for use in the Town Hall Community prioritization. The questions utilized and schedule for round tables is included in Appendix I.

Electronic Survey: The CHNA Steering Committee utilized a 15-item Community Health Needs Assessment survey that focused on areas of community need and pressing health issues. This survey was open for responses from February 1 – March 15, 2021. This survey was generated in Survey Monkey for electronic distribution and sent out to the community in several ways:

1.) Press releases and ads containing the survey link and QR codes.
2.) Cards containing QR codes and links distributed to community partners to hand out to residents.
3.) Email distribution lists generated by SNCO Health Department and Stormont Vail Health.
4.) A local television network, KSNT, call-in show to allow residents to call in and answer the survey live.
5.) Mass emails by Stormont Vail, Heartland Healthy Neighborhoods, Shawnee County Health Department and city of Topeka.
6.) Paper surveys distributed to Rescue Mission, Food Distribution sites, and large print surveys were available for senior centers. Additionally, the COVID-19 mass vaccination centers also had paper surveys available for participants.

Virtual Town Hall: On 5/10/2021, Shawnee County Health Department, Stormont Vail, and Heartland Healthy Neighborhoods facilitated a Community Conversation Town Hall for discussion of the data gathered in the preceding data collection methods. Poll Everywhere was utilized to ask questions about the top four issues identified in the roundtable and survey results: Healthy Eating, Substance Abuse, Mental Health Access, and Equitable Access. The agenda and list of attendees are included in Appendix II.

The Community Health Needs Assessment Steering Team meets quarterly to analyze new and updated data sources and monitor progress toward the goals identified in this assessment. The CHNA will continue to be scheduled, conducted, and released on three-year cycles in order to ensure we have current data informing the prioritization of CHIP strategies in our community. The organizations represented on this Steering Team are:

Heartland Healthy Neighborhoods: 2021 HHN Chair, Brett Martin, http://www.heartlandhealthyneighborhoods.org/contact-us/

Shawnee County Health Department: Division Manager for Community Health Outreach and Planning, Craig Barnes. Craig.Barnes@snco.us

Stormont Vail Health: Director for Community Health Engagement, Karla Hedquist. KHedquis@stormontvail.org

Community Profile (A Description of Community Served)

Shawnee County (KS) Community Profile
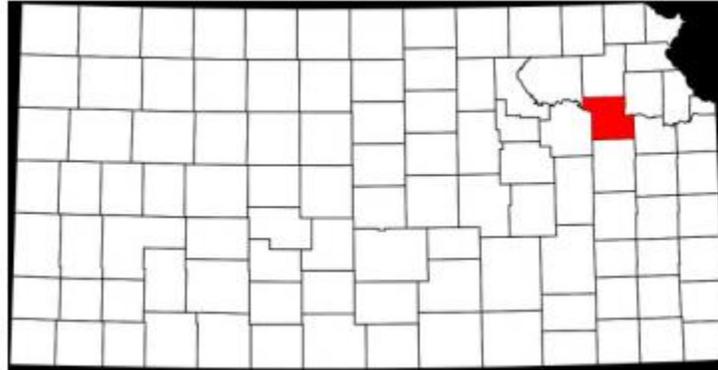
Founded in 1855, Shawnee County is located in northeastern Kansas and is made up of 550 square miles of land. Its county seat, Topeka, is home to Kansas's Capitol Building and 62.76 total square miles of land. As of 2019, Shawnee County was home to an estimated 176,875 residents with a population density of 327.1 residents per square mile. From 2010 to 2019 there was a 0.6% drop in the population[1]. Health care and social assistance, educational services, and retail trade are the industries that provide the most employment[2].

The major highway transportation access to Shawnee County is Interstate 70, which crosses the county, as does the Kansas Turnpike. U.S. Route 75 crosses the county north to south and U.S. Route 40 and U.S. Route 24 cross the county east to west. K-4 serves part of the county from Dover in the southwest corner through Topeka, across the Kansas River and north into Jefferson County.

Residents are mostly of non-Hispanic white (73.5%) race as compared to Hispanic white (12.8%), black or African American (8.5%), two or more races (4.2%), Asian (1.6%), American Indian and Alaska Native (1.4%), and Native Hawaiian and other Pacific Islander (0.1%).

Demographic Profile

Understanding population and household makeup is vital in CHNA evaluation.

Note: A green trend indicates average values higher than the four-county average and a red trend indicates lower average values. **The trends do not necessarily correspond to a favorable or unfavorable ranking.**

Health Indicator	Shawnee Co KS	Trend*	State of KS	Four-County Average**	Source
Population estimates, July 1, 2019	176,875	🟩	2,913,314	110,920	U.S. Census
Population, % change – Apr 1, 2010 to July 1, 2019	-0.6%	🟥	2.1%	6.75%	U.S. Census
Population per sq. mile, 2010	327.1	🟥	34.9	390.85	U.S. Census
Persons under 5 yrs., %	6.0%	🟥	6.4%	6.1%	U.S. Census

Persons 65 yrs. and over, %	18.8%		16.3%	12.55%	U.S. Census
Female persons, %	51.6%		50.2%	48.52%	U.S. Census
White alone, %	84.2%		86.3%	79.7%	U.S. Census
Black or African American alone, %	8.5%		6.1%	10.9%	U.S. Census
Hispanic or Latino, %	12.8%		12.2%	13%	U.S. Census
American Indian & Alaska Native alone, %	1.4%		1.2%	1.42%	U.S. Census
Asian alone, %	1.6%		3.2%	4.2%	U.S. Census
Native Hawaiian & Other Pacific Islander alone, %	0.1%		0.1%	0.22%	U.S. Census
Two or More Races, %	4.2%		3.1%	3.58%	U.S. Census
White alone, not Hispanic or Latino, %	73.5%		75.4%	68.38%	U.S. Census
Foreign born persons, %, 2015-2019	4.1%		7.1%	8.68%	U.S. Census
Language other than English spoken at home, % of persons age 5 yrs.+, 2015-2019	8.3%		11.9%	13.55%	U.S. Census
Living in same house 1 yr. ago, % of persons age 1 yr.+, 2015-2019	85.9%		83.8%	77.38%	U.S. Census
Children in single-parent households, %, 2021	22%		21%	23.5%	County Health Rankings
Total Veterans, 2015-2019	12,707		176,444	6,881	U.S. Census

*Green indicates higher than four-county average value; red indicates lower than four-county average value.

**Four-county average consists of the average rankings of the four Kansas counties with populations closest to that of Shawnee County (176,045), including Wyandotte County (165,645), Douglas County (124,559), Leavenworth County (82,280), and Riley County (73,272).

Economic Profile

Monetary resources will at times drive health access and self-care. Economic indicators of heath are shown below.

*Note: A green trend indicates average values higher than the four-county average and a red trend indicates lower average values. **The trends do not necessarily correspond to a favorable or unfavorable ranking.***

Health Indicator	Shawnee Co KS	Trend*	State of KS	Four-County Average**	Source
Per capita income in past 12 mo. (in 2019 dollars), 2015-2019	$30,974		$31,814	$28,583	U.S. Census
Persons in poverty, %	9.8%		11.4%	16.22%	U.S. Census
Total Housing Units, July 1, 2019	80,227		1,288,401	45,456	U.S. Census

Total Persons per household, 2015-2019	2.39		2.51	2.58	U.S. Census
Severe housing problems, %, 2021	13%		13%	17.5%	County Health Rankings
Total of all Business Firms, 2012	13,147		239,118	7,166	U.S. Census
Unemployment, %, 16 and older, 2021	3.3%		3.2%	3.35%	County Health Rankings
Food environment index, 0 (worst) to 10 (best)	7.5		6.7	7.12	County Health Rankings
Persons in poverty, %	9.8%		11.4%	16.22%	U.S. Census
% Long Commute – driving alone	13%		21%	25%	County Health Rankings

*Green indicates higher than four-county average value; red indicates lower than four-county average value.

**Four-county average consists of the average rankings of the four Kansas counties with populations closest to that of Shawnee County (176,045), including Wyandotte County (165,645), Douglas County (124,559), Leavenworth County (82,280), and Riley County (73,272).

School Health Delivery Profile

Currently, school districts are providing on-site primary health screenings and basic care. Educational attributes of the county population and the percentage of children living in poverty are compared in the following chart.

*Note: A green trend indicates average values higher than the four-county average and a red trend indicates lower average values. **The trends do not necessarily correspond to a favorable or unfavorable ranking.***

Health Indicator	Shawnee Co KS	Trend*	State of KS	Four-County Average**	Source
Children in poverty, %	13%		14%	16.25%	County Health Rankings
High School Graduate or higher, % of persons age 25+ yrs., 2015-2019	92.2%		91%	90.58%	U.S. Census
Bachelor's degree or higher, % of persons age 25+ yrs., 2015-2019	30.9%		33.4%	36.2%	U.S. Census

*Green indicates higher than four-county average value; red indicates lower than four-county average value.

**Four-county average consists of the average rankings of the four Kansas counties with populations closest to that of Shawnee County (176,045), including Wyandotte County (165,645), Douglas County (124,559), Leavenworth County (82,280), and Riley County (73,272).

The COVID-19 Pandemic in Shawnee County

As of September 30, 2021, Shawnee County had 24,471 cumulative cases of COVID-19 and 440 deaths attributed to it. The Shawnee County COVID-19 Dashboard contains detailed demographic data and can be accessed at this link. Vaccination, case, and death rates in comparison to the state and other counties are displayed below.

*Note: A green trend indicates average values higher than the four-county average and a red trend indicates lower average values. **The trends do not necessarily correspond to a favorable or unfavorable ranking.***

COVID-19 Measure	Shawnee Co KS	Trend*	State of KS	4-County Average**
Vaccination Rate***	59.9%		46.8%	51.8%
COVID-19 Case Rate per 1,000	138.4		140.4	120.4
COVID-19 Death Rate per 100,000	249		208	128

*Green indicates higher than four-county average value; red indicates lower than four-county average value.

**Four-county average consists of the average rankings of the four Kansas counties with populations closest to that of Shawnee County (176,045), including Wyandotte County (165,645), Douglas County (124,559), Leavenworth County (82,280), and Riley County (73,272).

***Vaccination rate is defined as the vaccination rate of the total eligible population as of 9/30/2021

Source: Kansas Department of Health and Environment (KDHE)

COVID-19 Cases and Deaths in Shawnee County Long Term Care (LTC) Facilities

Since the start of the pandemic, LTC facilities in Shawnee County were especially burdened by COVID-19 outbreaks. From the emergence of the first reported COVID-19 cases in March of 2020 through September 30, 2021, there were a total of 1,838 cases in LTC facilities and 195 deaths, with a case fatality rate (CFR) of 11%. With 440 deaths reported in the entire county, deaths from LTC facilities constituted 44% of all county deaths. However, only 8% of COVID cases in the county were LTC-related, indicating a disproportionately high COVID mortality risk in LTC facilities.

An additional analysis of the impact COVID-19 has had on our community, including LTCF and other congregate settings, is currently ongoing and will be released through a supplemental addendum to the 2021 CHNA publication.

.

Health System Patient Draw

The vast majority of patients who receive their care at Stormont Vail Health facilities reside in Shawnee County, as shown below. As such, Stormont Vail engages in community health improvement efforts focused on the needs expressed by Shawnee County residents during the CHNA process. We are early in the process for similar efforts in Riley and Lyon counties in partnership with those health departments, but have focused efforts on Shawnee to this point.

Stormont Vail Health Unique Patients as a % of Total						
Patient County	2018		2019		2020	
Metric	% of total	Cumulative %	% of total	Cumulative %	% of total	Cumulative %
SHAWNEE	56.0%	56.0%	56.2%	56.2%	57.1%	57.1%
RILEY	8.0%	64.0%	8.0%	64.2%	7.3%	64.4%
LYON	6.7%	70.7%	6.8%	71.0%	6.7%	71.1%
OSAGE	4.7%	75.4%	4.8%	75.9%	4.9%	76.1%
JEFFERSON	3.6%	79.0%	3.6%	79.5%	3.7%	79.7%
POTTAWATOMIE	3.3%	82.3%	3.2%	82.7%	3.1%	82.9%
JACKSON	2.5%	84.8%	2.5%	85.2%	2.6%	85.5%
GEARY	2.0%	86.8%	1.9%	87.1%	2.0%	87.5%
DOUGLAS	2.0%	88.8%	1.9%	89.1%	2.0%	89.5%
WABAUNSEE	1.6%	90.4%	1.6%	90.7%	1.6%	91.1%
NEMAHA	1.2%	91.6%	1.1%	91.8%	1.0%	92.1%
COFFEY	1.0%	92.5%	1.0%	92.7%	1.0%	93.1%
BROWN	0.7%	93.2%	0.7%	93.4%	0.7%	93.8%

Analysis

Primary Research

As part of the Community Health Needs Assessment process, the planning team engaged in an evaluation of the perception of health needs in our community. The team took a three-phased approach to evaluate the needs: roundtable discussions, health needs survey, and town hall discussion.

Overview of Roundtable Discussions

Fifteen community roundtables with targeted membership from traditionally unrepresented residents were organized to collect specific local health issues. In total, 148 participants engaged in these meetings. The slide presentation used to guide these meetings is included in the Appendix II. The chart below describes the groups participating, their top priorities, and key takeaways.

2021 CHNA Roundtables (# of Attendees)	**Group Demographics**	**Top Priorities**	**Key Takeaway**
SVH Patient & Family Partnership (11)	Mostly females, multi-racial ranging in age from 40-70+.	Nutrition, Physical Activity, Poverty	More education about nutrition so people can learn to eat healthier. We need to make education easier to access.

African American Community Health Committee (7)	Mixed gender African American professionals and retirees ranging in age from 40-75+.	Access to Food, Physical Activity, Education/Skills Training, Financial Resource Strain	Health care organizations need to be involved in activities for communities of color to build trust. Health system messaging and employees need to look like the communities we want to serve.
United Way COVID-19 Response Group (28)	Multi-generational men and women, variety of ethnicities. Leaders of social service organizations.	Financial Resource Strain, Safe Affordable Housing, Addiction/Substance Abuse	More education on ways to manage health and navigate the health care system and resources available to them. Organizations feel good about collaborations with partners.
Baker Nursing Students (9)	Young, mostly Caucasian women in their 20s.	Financial Resource Strain, Education/Skills Training, Chronic Stress/Anxiety	It is difficult to access primary care providers even if insured. More resources needed to help those with mental health concerns.
Alzheimer's Association (5)	All white women ranging in age from late 20s-70+.	Safe/Affordable Housing, Financial Resource Strain, Chronic Stress/Anxiety	Alzheimer's research and care is underfunded and understaffed. There is a huge shortage of providers and a lack of education all around about the disease that puts many seniors at risk.
Behavioral Health Partners (11)	Mixed gender behavioral health professionals. Ages varied from mid-30s-60+.	Addiction/Substance Abuse, Chronic Stress/Anxiety, Financial Resource Strain	Our community benefits from partnerships/collaborations amongst organizations. There is more awareness of mental health nationally, making people seeking services less stigmatized. There is an incredible need for mental health services due to pandemic related stress and isolation.
El Centro (3)	Small Hispanic group with two women and one male. Ages varied from mid to late 30s or early 40s.	Financial Resource Strain, Chronic Stress/Anxiety, Access to Care	Health care organizations/providers need to do a better job of building trust within our Hispanic communities to better serve the population. Health care systems need to provide more translation

			services to ensure people get the care they need.
Post-Acute Care (10)	Professional men and women mostly Caucasian. Ranging in age from mid 30s-60+.	Financial Resource Strain, Chronic Stress/Anxiety, Access to Care	Health systems need to do a better job of educating the community about resources available to them.
Washburn 1st Generation Students (8)	Minority group of first year college students. Age ranged from 18-21.	Financial Resource Strain, Chronic Stress/Anxiety, Physical Activity	They didn't feel they were getting the care they deserved because of age, ethnicity or both. Many felt that the same issues also applied to their families and loved ones. Many couldn't find the resources to get the services they needed.
HHN Health Equity Workgroup (15)	Multi-racial professionals, many in social service roles. Respondents were mostly women ranging in age from mid 20s-60+.	Addiction/Substance Abuse, Chronic Stress/Anxiety, Financial Resource Strain	There are difficulties with access to care, especially for uninsured or underinsured. Community behavioral health network needs to further our efforts in behavioral health access.
Forge (7)	Young professional men and women under the age of 40. Multi-racial chamber members.	Financial Resource Strain, Chronic Stress/Anxiety, Access to Care	Hard to access mental health providers of color. We struggle caring for community members with addiction issues.
LULAC (12)	Senior group of men and women age 65+.	Financial Resource Strain, Safe/Affordable Housing, Violence	People need to take better care of themselves so they don't rely so much on assistance from others.
Omni Circle (7)	Young black men and women under the age of 40.	Transportation, Financial Resource Strain, Safe/Affordable Housing	There is an absence of trust due to a lack of transparency and education. Health care organizations need to do a better job of communicating their services so community members, particularly in the black community, can trust them more.

SENT (9)	Multi-generational, mixed gender, mixed ethnicities and mixed socioeconomic levels. Organization leaders and neighbors focused on low-income housing needs in Hicrest.	Access to Food, Financial Resource Strain, Access to Care	Health care organizations need to do a better job of meeting people where they are and provide services in locations and times that make it more accessible for those who have difficulties accessing them.
TARC Parents (6)	Group of developmentally disabled parents, mostly women.	Chronic Stress/Anxiety, Safe/Affordable Housing, Transportation	Our community needs to do a better job of providing services and programs for individuals with disabilities, both adult and children.
(148 total roundtable participants)			

2021 CHNA Survey

Demographics

The CHNA Steering Committee distributed a survey to assess the health of Shawnee County residents. This survey can be found in the Appendix. The total in "answered question" section in each category is a cumulative count of survey results including electronic, paper, or call in responses.

2021 Survey Responses- Gender Identity
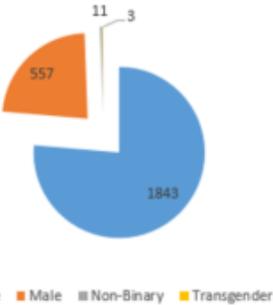
2018 Survey Responses- Gender Identity
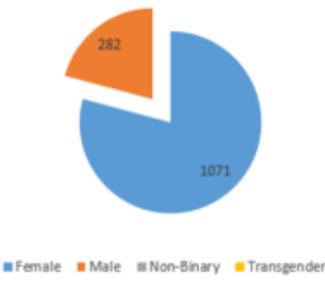
In 2018, females made up nearly 80% of total responses. This trend continued in 2021 with the majority of responses being female. Additionally, we observed that the male percentage did increase by 2.3% from 2018. However, it should be noted that the number of surveys that included demographic information increased from 1,352 to 2,414. This allowed us to better understand the community

answering our surveys. In the future, we will make specific effort to get more representation of male responses.

Age Range for Survey Responses

	18-34	35-44	45-54	55-64	65-74	75+
2021	13.9%	16.5%	18.2%	22.1%	22.0%	7.3%
2018	23.0%	20.1%	18.9%	25.1%	10.8%	2.1%
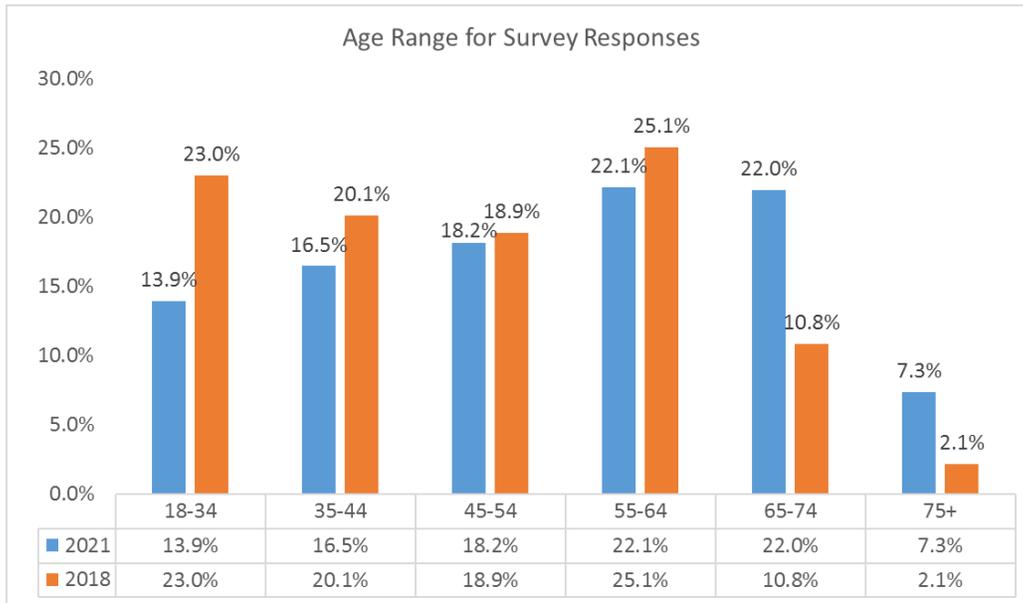
As a percentage of total response, 2021 showed a more even distribution of respondents across all age groups. This trend was most clearly represented in the 65-74 age group. In the 2018 survey, we only saw 11% of our total responses in the 65-74 age group while 2021 saw 22% of our responses. This was an intentional effort to reach out to assisted living and independent living facilities. Another factor to consider was distribution of surveys to COVID-19 vaccination clinics. During the time frame the survey was distributed, only those 65 and older were allowed to receive the vaccine so there was a higher probability of them receiving the survey.

2021 Racial/Ethnicity breakdown of survey results show

- Caucasian/White, Non Hispanic: 2014
- African American/Black Non-Hispanic: 151
- Hispanic, Any Race: 119
- American Indian/Native: 49
- Other: 63
- Asian: 12

2018 Racial/Ethnicity breakdown of survey results show

- Caucasian/White, Non Hispanic: 1153
- African American/Black Non-Hispanic: 65
- Hispanic, Any Race: 68
- American Indian/Native: 17
- Other: 11
- Asian: 0

From a racial and ethnicity perspective, there is still some work to do to more accurately represent the demographic of Shawnee County. While the survey responses did reflect an increase of representation in African American populations, the survey still predominately was answered by Caucasian

respondents. As seen in graphics previously in this document, Shawnee County has an 8.5% and 12.2% African American and Hispanic population, respectively. The survey results indicated a 6.2% and 4.9% return rate for those populations. This is something the Steering Team will consider for future iterations of the process to ensure an accurate and representative sample of Shawnee County. Additional demographic information included in Appendix I.

Results

Respondents were asked several questions to gauge the importance of specific issues that affect the health of our community. The responses show that the effects of social determinants of health, including affordable health insurance, poverty, and obesity were important factors to improve upon. The only two factors that received more than 50% of responses indicating they were important to Shawnee County were affordable health insurance and metal health access. As the list continued, items including health care access, healthy food options and substance abuse were determined to be important.

Answer Choices	% of total	Issue Rank
Affordable health care insurance	57.05%	1
Mental health access	50.00%	2
Poverty	25.59%	3
Obesity	18.07%	4
Drug/substance abuse	18.15%	5
Awareness of existing health care services	19.41%	6
Primary care access	22.50%	7
Wellness/prevention	19.73%	8
Nutrition/healthy food options	15.69%	9
Substance abuse	7.05%	10
Chronic health	13.23%	11
Alcohol abuse	4.08%	12
Fitness/exercise options	13.00%	13
Personal health management	14.46%	14
Teenage pregnancy	1.98%	15

We considered three questions when analyzing the results to determine which factors should be prioritized for the next community health improvement plan:

1.) Did more than 30% of the community identify the issue as a very big problem?
2.) Did more than 5% of the community indicate there were no or few services available?
3.) Did more than 10% of the community identify quality of available services as unacceptable?

Issue	Community identifies the issue as a very big problem	Community indicates there are no services available	Community indicates the quality of health care services is unacceptable
Access to primary health care	32.56%	2.19%	8.20%
Alcohol/ illegal drug abuse	55.94%	5.05%	11.05%
Arthritis, joint/back pain	18.62%	4.28%	3.88%
Cancer	28.93%	3.10%	2.73%
Diabetes	47.66%	2.58%	3.33%
Heart disease/stroke	38.36%	2.54%	2.65%
Infant immunizations	7.31%	2.96%	2.22%
Infant death	6.03%	3.94%	2.70%
Knowledge of available health care services	31.38%	4.85%	10.13%
Lack of exercise	50.38%	6.18%	8.67%
Lung, asthma or other respiratory illness	23.48%	2.63%	3.10%
Mental health issues	67.36%	6.60%	25.12%
Not eating healthy	55.86%	8.15%	11.38%
Prescription drug abuse/dependence	37.65%	5.34%	12.18%
Oral, dental health	27.99%	5.14%	7.96%
Overweight/obesity	60.25%	6.00%	10.05%
Teen pregnancy	11.40%	5.39%	4.61%
Tobacco use	31.91%	7.23%	6.32%
Transportation to health care services	29.99%	8.71%	11.95%
Violence	52.25%	10.93%	21.67%

The highlighted table above shows the items identified by the community as issues according to the criteria set above. The CHNA Steering Team categorized each of the identified issues into the following four categories:

- Food Security
- Substance Abuse
- Mental Health Access
- Health Equity

Overview of County Health Rankings Community Conversation

The 2021 County Health Rankings, which are reported by the Robert Wood Johnson Foundation (RWJF) and the University of Wisconsin Population Health Institute (UWPHI), were released on March 31, 2021. They placed Shawnee County in comparison with all other Kansas counties in multiple Health Outcomes (measures of the current health status of residents) and Health Factors (measures that are determined to impact health in the future). This includes more than 30 different health determinants. The rankings are determined through the model shown in the diagram below.[7]

County Health Rankings model © 2014 UWPHI
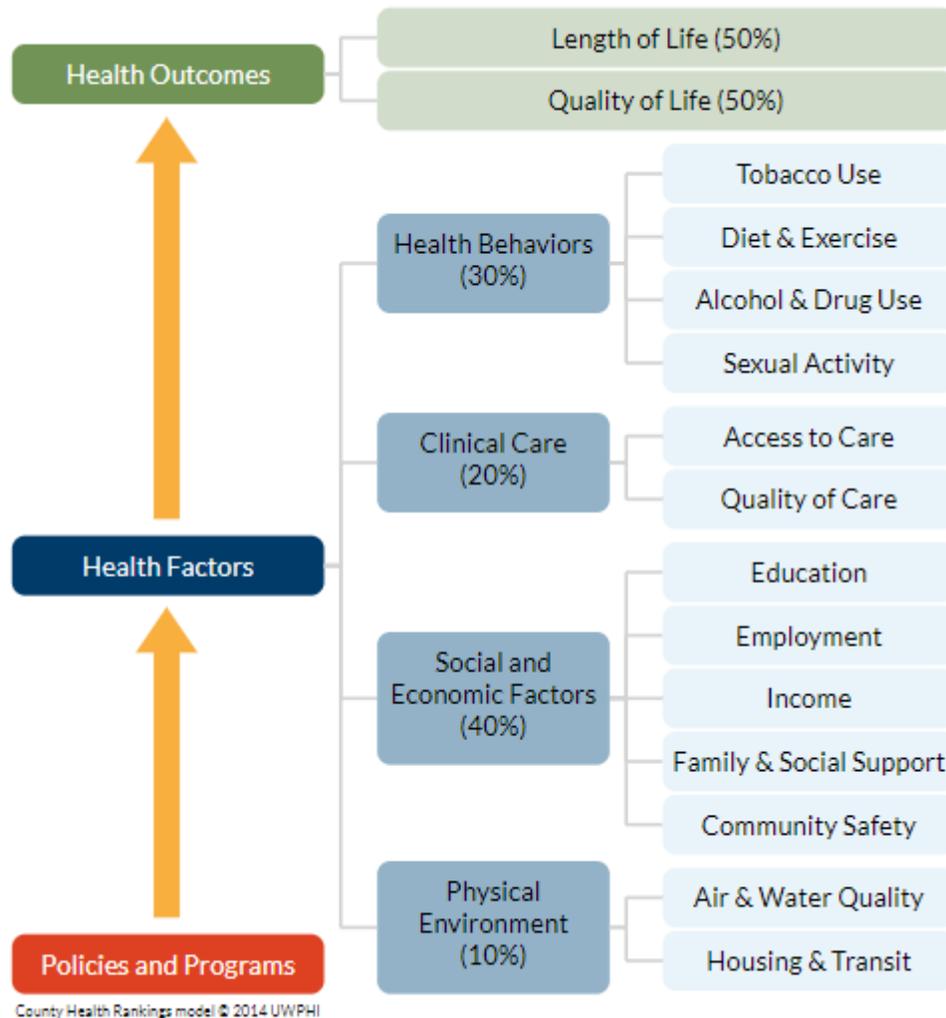
Shawnee County's rankings will be discussed in detail in the Secondary Research section. Following their release, the SCHD, in partnership with Stormont Vail Health (SVH) and Heartland Healthy Neighborhoods (HHN), held a Community Conversation event over Zoom on May 10, 2021 to discuss the county's rankings and areas in need of improvement. The event consisted of a panel of leaders discussing the significance of the rankings and potential steps to improve health in the community, ending in a brief update on the recent CHNA perception survey and a facilitated work session to help identify upcoming priorities for improvement planning purposes. The event was hosted by Brett Martin, Chair of HHN. Keynote speakers included Charlie Hunt, MPH, Senior Analyst at the Kansas Health Institute (KHI), Erin Locke, MD, MPH, Shawnee County Health Officer, Gianfranco Pezzino, MD, MPH, Senior Fellow at KHI, Rita Stanley, MD, of Internal/Functional Medicine at the Doctors Clinic, and Austin Jackson, Director of Strategy and Business Development at Stormont Vail. Attendees were encouraged to participate over chat and in survey/discussion activities. Slides from Charlie Hunt's presentation can be found at this link, and slides of Dr. Locke's at this link.

During the town hall, the participants were asked to evaluate the data obtained from the roundtable conversations and the survey to determine if the results reflected the actual needs of the community. This exercise ensured the planning team had ample input from the community and a clear, distinct evaluation of the perception of health needs for the next three years. The participants were presented with survey data as shown here.

Answer Choices	% of total	Issue Rank
Affordable health care insurance	57.05%	1
Mental health access	50.00%	2
Poverty	25.59%	3
Obesity	18.07%	4
Drug/substance abuse	18.15%	5
Awareness of existing health care services	19.41%	6
Primary care access	22.50%	7
Wellness/prevention	19.73%	8
Nutrition/healthy food options	15.69%	9
Substance abuse	7.05%	10
Chronic health	13.23%	11
Alcohol abuse	4.08%	12
Fitness/exercise options	13.00%	13
Personal health management	14.46%	14
Teenage pregnancy	1.98%	15

They were then asked if the list represented their perception of community needs. The overwhelming majority of participants indicated that the list was correctly prioritized and ranked.

Does this list match your perception of the community needs?

Yes 92%

No 8%
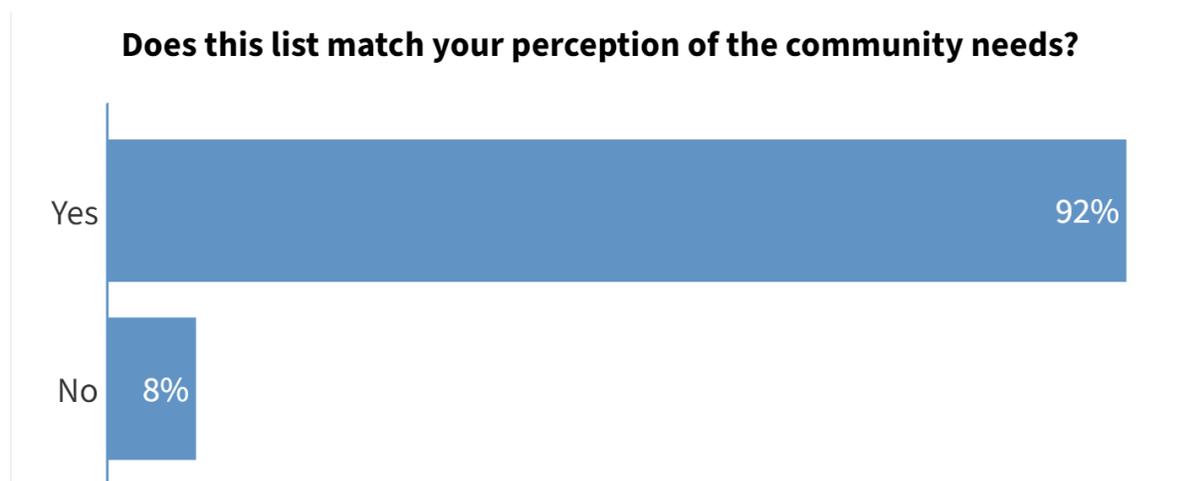
Taking into account the participants at the town hall agreed that the top four issues for the next three-year improvement cycle are as follows:

- **Behavioral Health**
- **Food Security**
- **Substance Abuse**
- **Health Equity**

During the town hall discussion, Sara O'Keeffe from the University of Kansas Center for Public Partnership and Research performed graphical note taking resulting in the below graphic. This is a wonderful representation of the conversation that took place and highlights a few key factors that are important for this discussion.

Firstly, COVID-19 had a significant impact on our ability to lead healthy lives. Dr. Erin Locke presented statistics in her discussion that showed how much of an impact COVID had on our community in 2020. Those items are included in her presentation linked above. Furthermore, the disparities in our health care system were brought into sharp focus because of the COVID pandemic. The CHNA Steering Committee has identified the need for a more comprehensive review of the impact COVID-19 had on community health in the last 18 months that is planned for publication in the first quarter of 2022. Potential solutions were also identified in the center part of the document, identifying policy and system level intervention as the "vaccines" against the factors inhibiting development of a healthy community.

The participants were also asked what items were not reflected in the list and should be included in future planning. The following word cloud was the result of that question.

What is missing from this list?

affordable/safe crime long injustice things needed inequality racial food representation spanish housing disparity speaking safe nothing care access diverse inequity think child livable waiting seems job health training information healthy education residents systemic/institutionalized transportation

The importance of housing became apparent during the town hall as an item that should be added to our discussion of health equity. Aside from that, most of the other items identified in the above word cloud were discussed during healthy equity and food security sections of our discussion.

Secondary Research

Kansas Health Rankings

According to the 2021 Robert Wood Johnson County Health Rankings, Shawnee County was ranked 64th in Health Outcomes and 47th in Health Factors out of 104 ranked counties in Kansas. It ranked fifth in clinical care and 82nd in length of life.

It is important to note that in the following chart, a green trend indicates a lower than four-county average ranking and red a higher than average ranking, as for these measures, higher numbers are consistently unfavorable.

Year 2021 RWJ Health Rankings:[7]

#	KS Rankings – 104 Counties	Definitions	Shawnee Co KS	TREND*	Four-County Average**
1	Health Outcomes		64	(red)	32
	Mortality	Length of Life	82	(red)	27
	Morbidity	Quality of Life	42	(green)	45
2	Health Factors		47	(red)	38
	Health Behaviors	Tobacco Use, Diet/Exercise, Alcohol Use, Sexual Activity	45	(red)	36
	Clinical Care	Access to Care / Quality of Care	5	(green)	30
	Social & Economic Factors	Education, Employment, Income, Family/Social Support, Community Safety	62	(red)	51
3	Physical Environment	Environmental Quality	85	(green)	90

*Green indicates lower than four-county average value; red indicates higher than four-county average value.

**Four-county average consists of the average rankings of the four Kansas counties with populations closest to that of Shawnee County (176,045), including Wyandotte County (165,645), Douglas County (124,559), Leavenworth County (82,280), and Riley County (73,272).

Kansas County Health Factors Rankings & Drivers, 2021[7]

Kansas County Health Outcomes Rankings & Drivers, 2021[7]
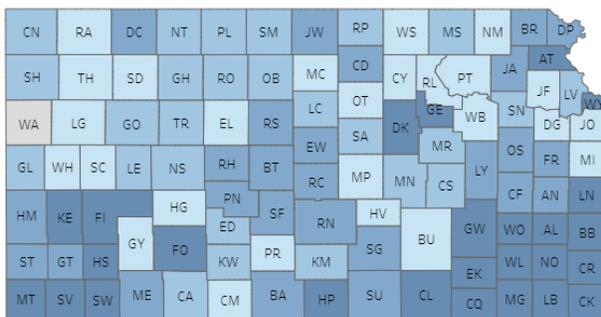
Health Factors Rank
1-26 27-52 53-78 79-104 Not Ranked Technical Notes
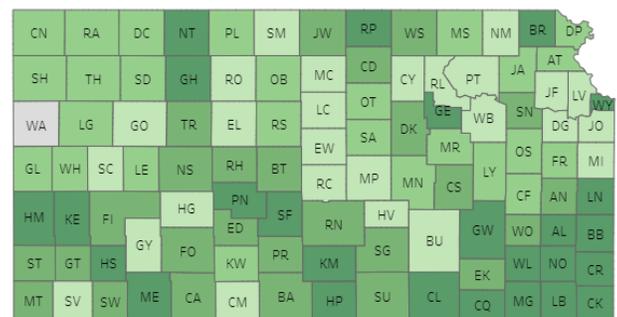
Health Outcomes Rank
1-26 27-52 53-78 79-104 Not Ranked Technical Notes

The county health rankings are broken into two different criteria: Health Factors and Health Outcomes. As shown here, Shawnee County has consistently been below the median performance (52 out of 104) for the last 10 years. Shawnee County typically performs better on factors of Health Outcomes, but that performance has been reversed in the last 3 years.
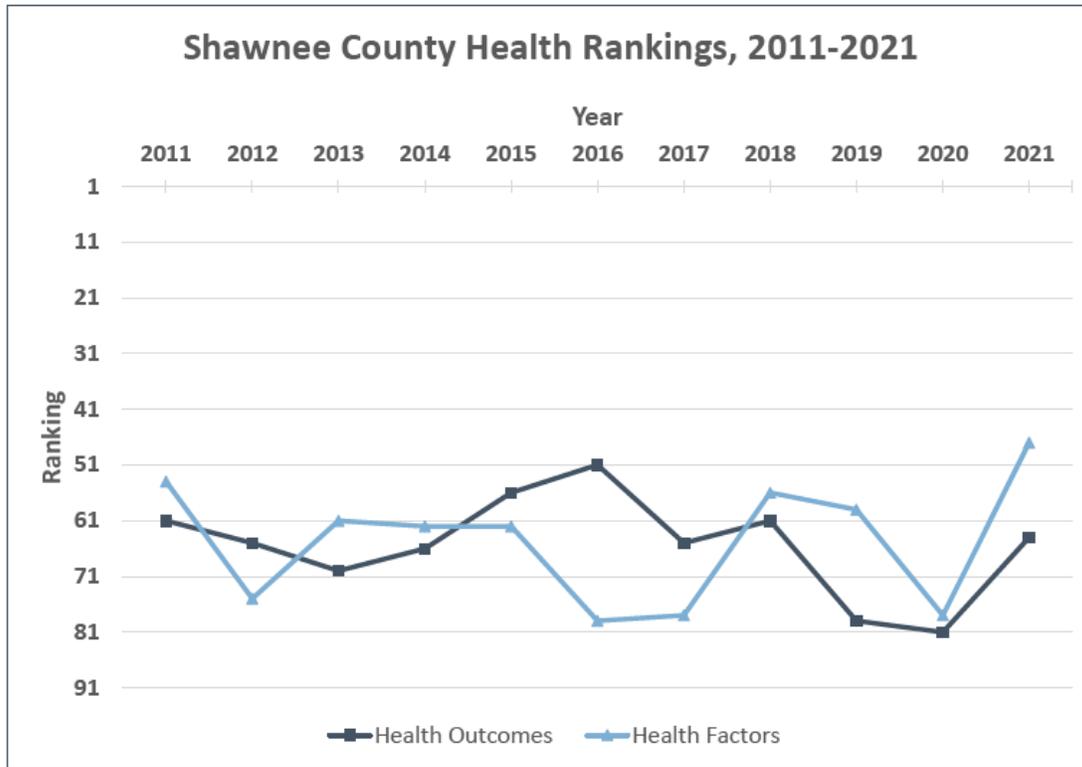
In 2021, the Health Outcome Drivers "Poor or fair health," "Poor physical health days," and "Poor mental health days" showed improvement from 2020 for Shawnee County. "Premature deaths" increased slightly and continued to be higher than the state and national averages.

Shawnee County Health Outcomes Drivers

Measure	2017	2018	2019	2020	2021
Premature death	+	+	-	-	-
Poor or fair health	-	+	+	-	+
Poor physical health days	+	+	+	-	+
Poor mental health days	-	-	-	-	+
Low birthweight	-	-	-	-	-

Source: KHI analysis of County Health Rankings and Roadmaps data, 2017-2021

Premature death in Shawnee County, KS
Years of Potential Life Lost (YPLL): County, State and National Trends

No significant trend was found in Shawnee County for this measure.
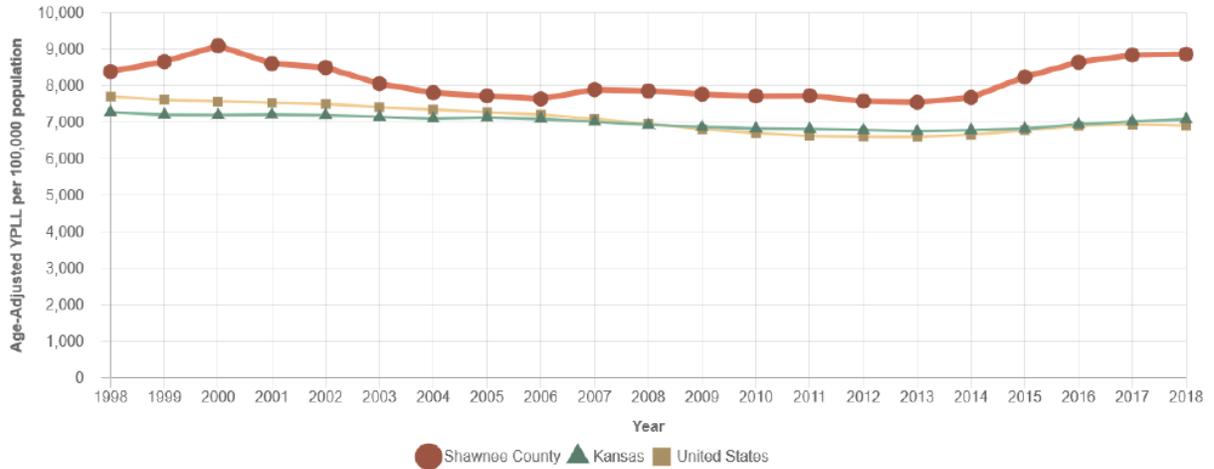
Notes:
Each year represents a 3-year average around the middle year (e.g. 2015 is the middle year of 2014-2016).

In Shawnee County from 2017 to 2019, American Indians and Alaska Natives had the highest rate of premature deaths at 19,500 per 100,000, while white/caucasian had the lowest at 7,800 per 100,000.

Premature Death Rate in Shawnee County, by Race and Ethnicity, 2017-2019
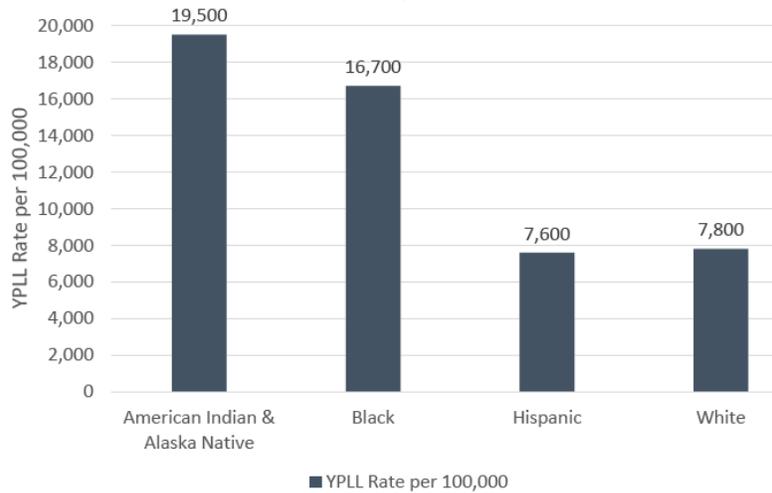
Source: County Health Rankings and Roadmaps, 2021

Shawnee County Health Factors Drivers, 2021 (KHI)

In 2021, Shawnee County exceeded the state average in sexually transmitted infections (STIs) and unemployment, but fell below the average for children in poverty, excessive drinking, and flu vaccinations.

Measure	Factor Category	County Value	State Value	Impact on Rankings
Sexually transmitted infections	Health Behaviors	716	489	-
Unemployment	Social & Economic Environment	3.3%	3.2%	-
Children in poverty	Social & Economic Environment	13%	14%	+
Excessive drinking	Health Behaviors	16%	18%	+
Flu vaccinations	Clinical Care	59%	49%	+

Source: KHI analysis of County Health Rankings and Roadmaps data, 2017-2021

Sexually transmitted infections in Shawnee County, KS
County, State and National Trends
Shawnee County is getting worse for this measure.
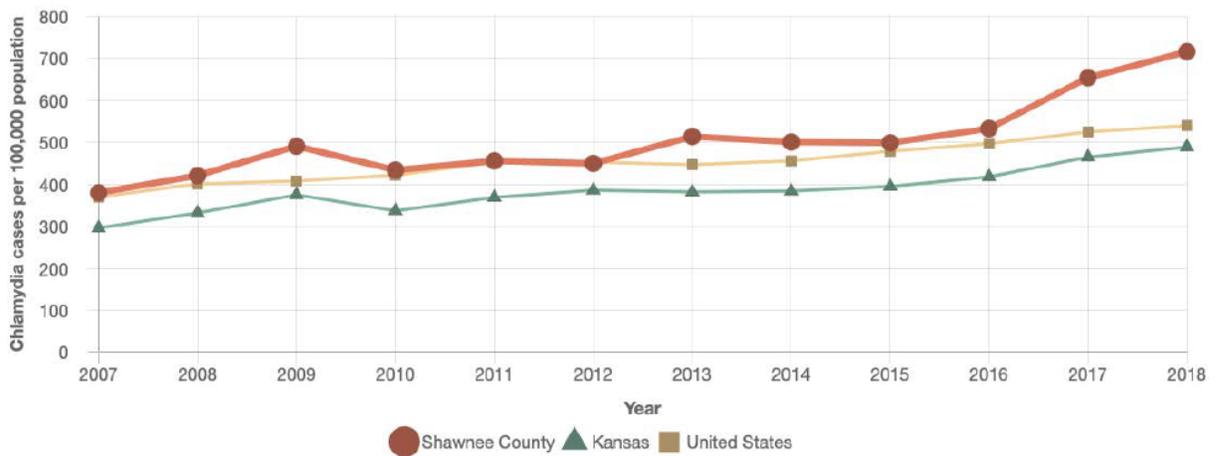
Notes:
Sexually transmitted infections should only be compared across states with caution.

Unemployment in Shawnee County, KS
County, State and National Trends

No significant long term trend was found in Shawnee County for this measure. However, in recent years the trend has improved.
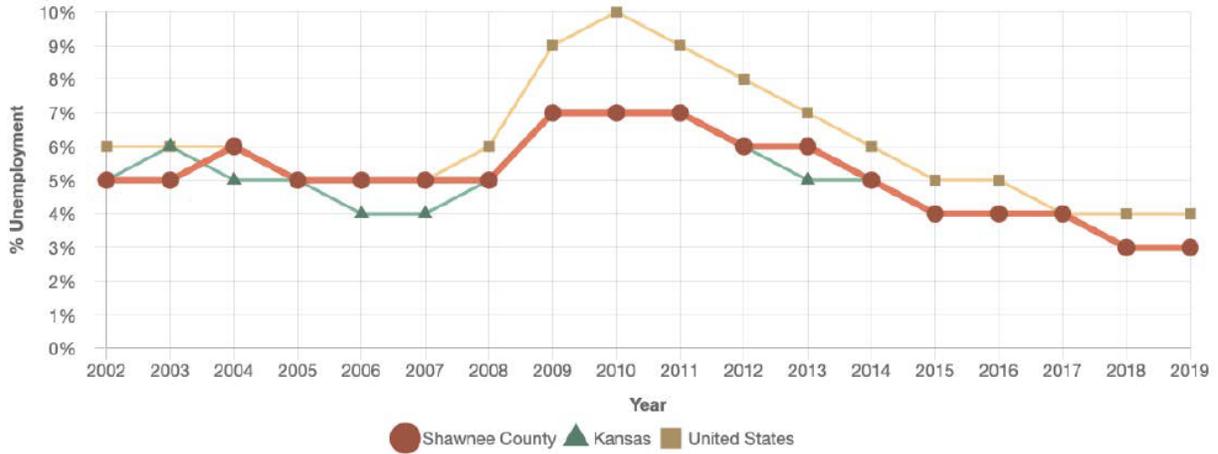
From the 2021 County Health Rankings, important measures for which Shawnee County can explore improvement opportunities have been identified, including: adult smoking, adult obesity, STIs, and violent crime. All these measures exceeded the state values.

Areas to Explore, 2021

Measure	County Value	State Value
Adult smoking	20%	18%
Adult obesity	37%	33%
Sexually transmitted infections	716.1 per 100K	488.5 per 100K
Violent crime	444 per 100K	365 per 100K

Adult obesity in Shawnee County, KS
County, State and National Trends
Shawnee County is getting worse for this measure.
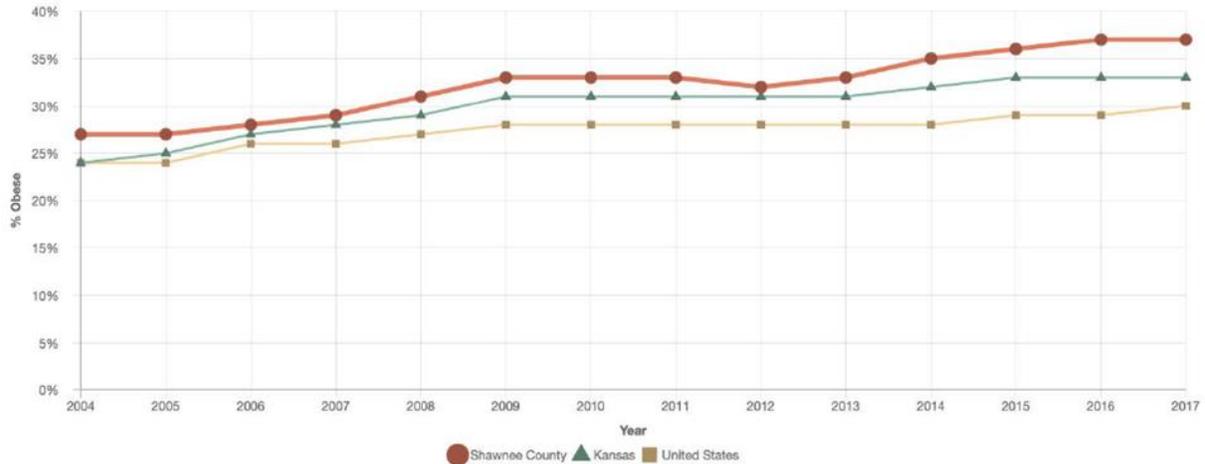
Notes:
Each year represents a 3-year average around the middle year (e.g. 2015 is the middle year of 2014-2016).
Starting with the 2011 data, a new BRFSS methodology was introduced that included cell phone users. Data from prior years should only be compared with caution.

Maternal and Infant Health Profile

In 2019, there were 2,114 live births in Shawnee County. According to the 2019 KDHE Kansas Infant Mortality & Stillbirth Report, the Shawnee County zip code 66604 was one of 26 Kansas zip codes with sufficient infant deaths in 2015-2019 to allow for analysis. Out of the 26 zip codes, it was in the top five with the highest reliable (RSE ≤ 30%) mortality rates. During this five-year period, there were 12 deaths per 1,000 live births; 95% CI: 7.1, 19.0.[8] In the State of Kansas, Shawnee, Harvey, and Leavenworth counties had the highest infant mortality rates.

Infant Deaths and Five-Year Average Mortality Rates* with 95% Confidence Intervals by Kansas Health Preparedness Region, 2015-2019 (Shawnee County located in Region 509)
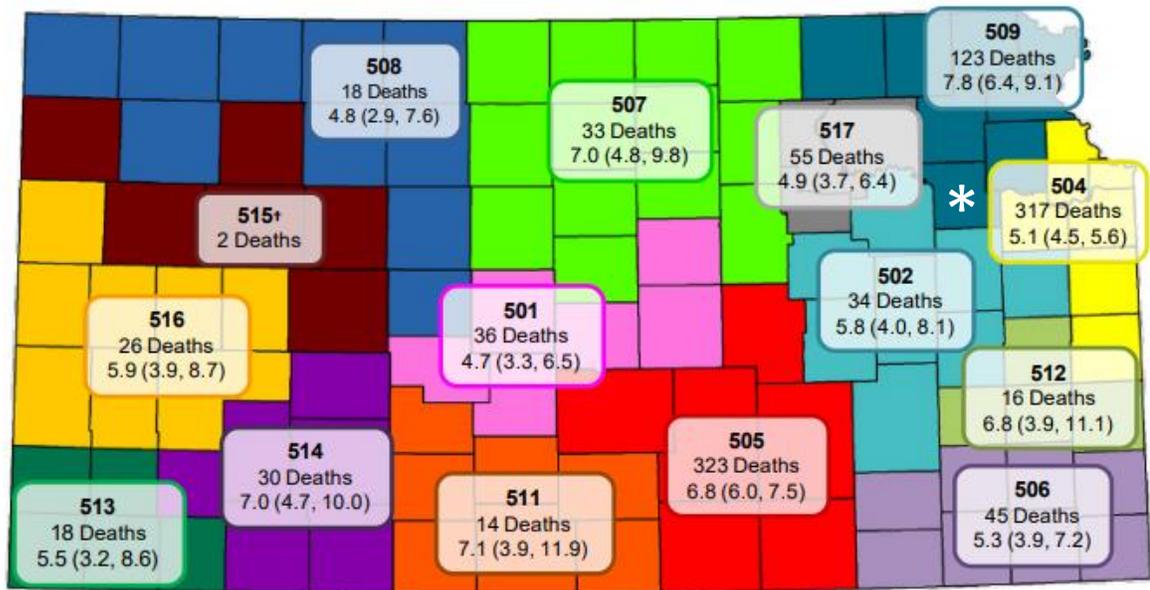
*Shawnee County

Kansas Public Health Regions

501 - Central Kansas	502 - EC Coalition	504 - KC Metro
505 - KS SC Metro	506 - Lower 8 of SE KS	507 - NC KS Pub Health Initiative
508 - Northwest BT Region	509 - Northeast Corner	511 - SC Coalition
512 - SEK	513 - SW KS Health Initiative	514 - SW Surveillance
515 - WC Pub Health Initiative	516 - Western Pyramid	517 - Wildcat

*Infant deaths per 1,000 live births.
†Numbers too small to calculate rates (Relative Standard Error > 50%).
Source: Bureau of Epidemiology and Public Health Informatics, Kansas Department of Health and Environment

Infant Mortality Rate

Infant Mortality Rate by Race/Ethnicity
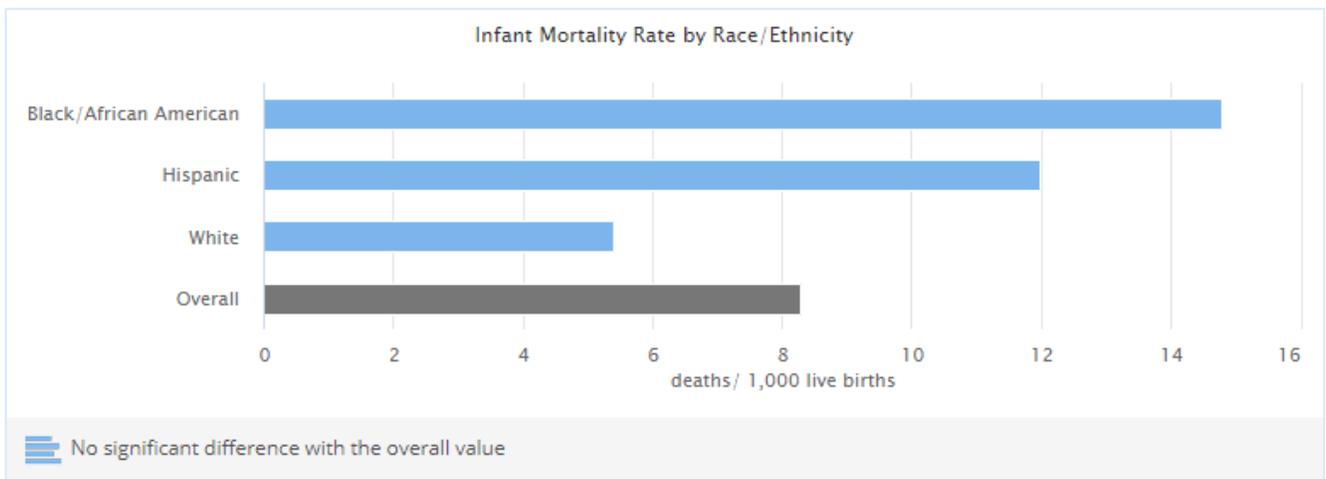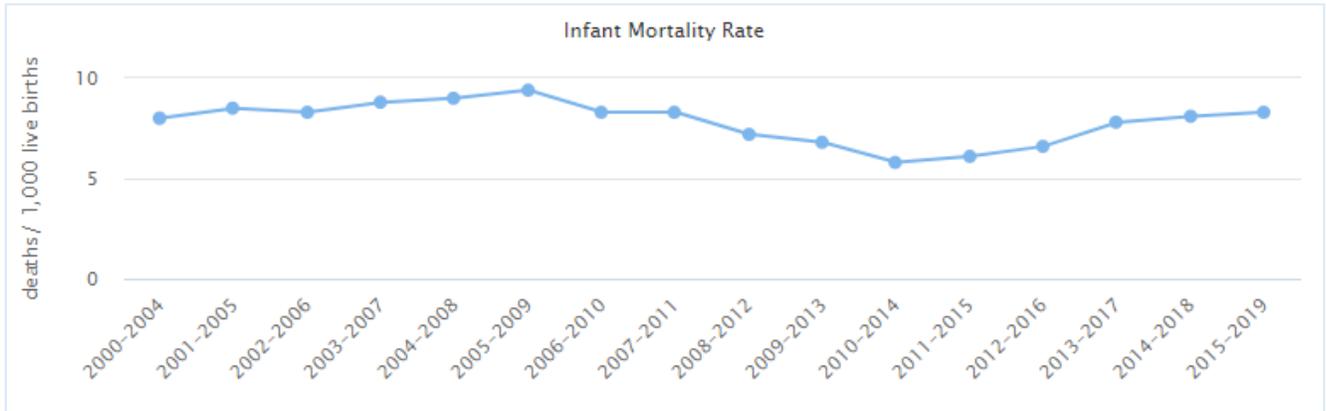
Infant Mortality Rate by County (Shawnee County outlined in yellow)[9]
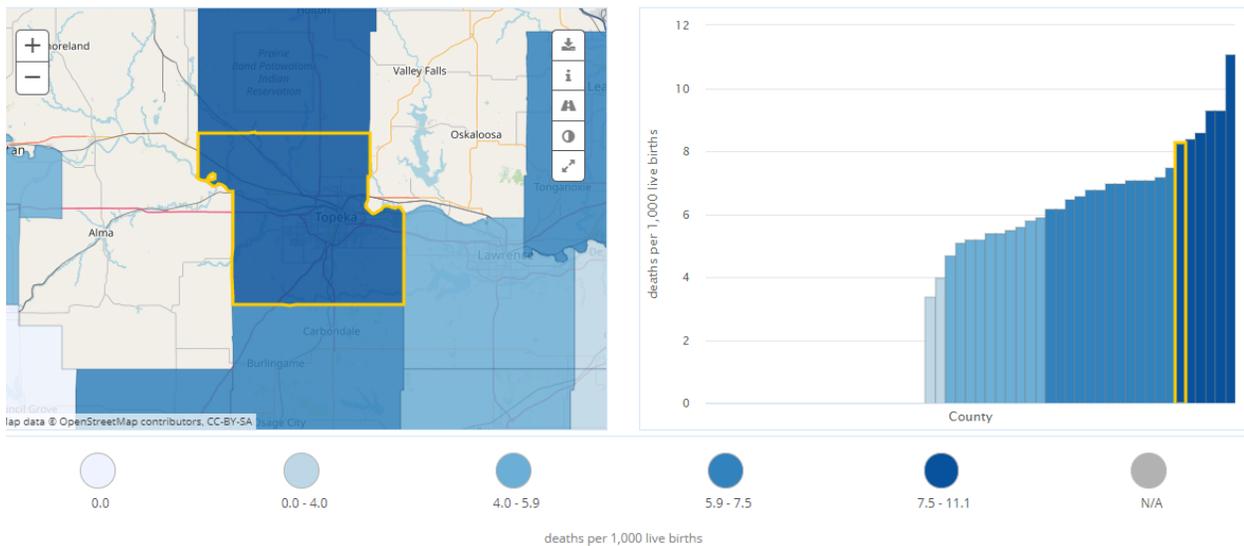
KansasHealthMatters.org reports 8.3 deaths per live births for Shawnee County, compared to 5.9 for the State of Kansas.

The following chart compares Shawnee County with the State of Kansas and average rankings of the four Kansas counties with population sizes closest to that of Shawnee County.

Note: A green trend indicates average values higher than the four-county average and a red trend indicates lower average values. **The trends do not necessarily correspond to a favorable or unfavorable ranking.**

Health Indicator	Shawnee Co KS	Trend*	State of KS	Four-County Average**
% of Births Where Prenatal Care Began in First Trimester, 2017-2019	75.8%	🟥	81.0%	79.8%
% of Premature Births, 2017-2019	10.2%	🟩	9.6%	9.7%
% of Births with Low Birth Weight, 2017-2019	7.9%	🟩	7.5%	7.8%
% of WIC Mothers Breastfeeding Exclusively, 2018	12.2%	🟥	14.1%	16.3%
% of All Births Occurring to Teens (15-19), 2017-2019	7.1%	🟩	5.4%	5.0%
% of Births Occurring to Unmarried Women, 2017-2019	48.1%	🟩	36.1%	35.6%
% of Births Where Mother Smoked During Pregnancy, 2017-2019	14.3%	🟩	9.4%	8.0%

*Green indicates higher than four-county average value; red indicates lower than four-county average value.

**Four-county average consists of the average rankings of the four Kansas counties with populations closest to that of Shawnee County (176,045), including Wyandotte County (165,645), Douglas County (124,559), Leavenworth County (82,280), and Riley County (73,272).

Source: KansasHealthMatters.org

Hospitalization/Provider Profile

Understanding provider access and disease patterns is fundamental in health care delivery. Listed below are several vital county statistics.

Note: A green trend indicates average values higher than the four-county average and a red trend indicates lower average values. **The trends do not necessarily correspond to a favorable or unfavorable ranking.**

Health Indicator	Shawnee Co KS (2021)	Trend*	State of KS	Four-County Average**	Source
Primary Care Physicians, 2018 (Providers per 100,000 Population)	77	🟩	78	62.2	KansasHealthMatters.org
Preventable Hospital Stay Rate, per 100,000 Medicare enrollees	4,152	🟩	3,959	3,975	County Health Rankings, 2021

Patients Who Gave Their Hospital a Rating of 9 or 10 on a Scale from 0 (Lowest) to 10 (Highest)	75.3%			76.8%	CMS Hospital Compare
Patients Who Reported 'Yes, They Would Definitely Recommend the Hospital'	73.7%			75.5%	CMS Hospital Compare
Average Time Patients Spent in the Emergency Dept. Before Leaving	164.5 min			157.2 min	CMS Hospital Compare

*Green indicates higher than four-county average value; red indicates lower than four-county average value.

**Four-county average consists of the average rankings of the four Kansas counties with populations closest to that of Shawnee County (176,045), including Wyandotte County (165,645), Douglas County (124,559), Leavenworth County (82,280), and Riley County (73,272).

Health Risk Profiles

Knowing community health risk factors and disease patterns can aid in understanding the next steps toward improving health. The following chart compares measures that can contribute to the risk of poor health.

*It is important to note that in this chart, a green trend indicates a **lower** than four-county average ranking and red a **higher** than average ranking, as for these measures, higher numbers are consistently unfavorable.*

Health Indicator	Shawnee Co KS	Trend*	State of KS	Four-County Average**
Adult (age 20 and older) obesity, percent, 2021	37%		33%	32%
Adult smoking, percent, 2021	20%		18%	37%
Adult excessive drinking, percent, 2021	16%		18%	18%
Adult physical inactivity, percent, 2021	23%		24%	22%
Average number of poor physical health days, adults, 2021	4		4	4
Sexually transmitted infection rate per 100,000, 2021	716		489	715

*Green indicates **lower** than four-county average value; red indicates **higher** than four-county average value.

**Four-county average consists of the average rankings of the four Kansas counties with populations closest to that of Shawnee County (176,045), including Wyandotte County (165,645), Douglas County (124,559), Leavenworth County (82,280), and Riley County (73,272).

Source: County Health Rankings

Chronic Health Status

The following chart lists the percentage of the population on Medicare reported to have common chronic health conditions as of 2018. Shawnee County had higher reported percentages for all categories except heart failure and stroke. Shawnee County reported fewer adults without health insurance than the four-county average, though both percentages well exceeded the state average.

*Note: a green trend indicates a **lower** than four-county average ranking and red a **higher** than average ranking, as for these measures, higher numbers are consistently unfavorable.*

Health Indicator: Medicare Population, %, 2018	Shawnee Co KS	Trend*	State of KS	Four-County Average**
Hypertension	56.8%		55.9%	54.5%
Hyperlipidemia	51.6%		43.9%	43.2%
Diabetes	26.3%		25.3%	25%
Heart Failure	12.6%		13.5%	12.6%
Chronic Kidney Disease	23.4%		22.5%	22.8%
COPD	13.9%		11.9%	11.5%
Atrial Fibrillation	8.9%		8.9%	8.5%
Cancer	8.9%		8.2%	8.1%
Osteoporosis	7.6%		6.4%	6.3%
Asthma	6.2%		4.2%	5.1%
Stroke	3.5%		3.2%	3.6%

Health Indicator: %, 2018	Shawnee Co KS	Trend*	State of KS	Four-County Average**
Adults without Health Insurance	15.3%		9%	16.8%

*Green indicates **lower** than four-county average value; red indicates **higher** than four-county average value.

**Four-county average consists of the average rankings of the four Kansas counties with populations closest to that of Shawnee County (176,045), including Wyandotte County (165,645), Douglas County (124,559), Leavenworth County (82,280), and Riley County (73,272).

Source: kansashealthmatters.org; Kansas Hospital Association

Mortality Profile

The leading causes of county deaths are listed below. Shawnee County had a lower life expectancy from 2017 to 2019 and higher cancer, heart disease, and chronic lower respiratory disease rates than the four-county average, but a lower alcohol-impaired driving death percentage.

*A green trend indicates average values higher than the four-county average and a red trend indicates lower average values. **The trends do not necessarily correspond to a favorable or unfavorable ranking.***

Health Indicator: 2018	Shawnee Co KS	Trend*	State of KS	Four-County Average**
Life Expectancy (years), 2017-2019	76.9		78.5	79

Age-adjusted Cancer Mortality Rate per 100,000 population, 2017-2019 (lower is better)	163.9		152.9	148.6
Age-adjusted Heart Disease Mortality Rate per 100,000 population, 2017-2019 (lower is better)	163.6		158.7	153.6
Age-adjusted Chronic Lower Respiratory Disease Mortality Rate per 100,000, 2017-2019 (lower is better)	59.8		49.7	48.6
Alcohol-impaired driving deaths, %, 2015-2019	21.7%		19.9%	27.8%

*Green indicates higher than four-county average value; red indicates lower than four-county average value.

**Four-county average consists of the average rankings of the four Kansas counties with populations closest to that of Shawnee County (176,045), including Wyandotte County (165,645), Douglas County (124,559), Leavenworth County (82,280), and Riley County (73,272).

Source: kansashealthmatters.org

Conclusion and Next Steps

Given the data gathered during the roundtables, survey, and town hall discussions, Shawnee County has a clear line of site to the work ahead of it. The community has spoken clearly about the top four areas of need — Behavioral Health Access, Substance Abuse, Healthy Food, and Health Equity. The key drivers within the health equity umbrella that were identified as opportunities for improvement include Maternal/Child Health (Page 30), Sexually Transmitted Infections (Page 31) and Chronic Health Status (Page 32). While these topics are not small in scale by any means, they are the correct work in which the community needs to engage to achieve healthier outcomes. Starting in the last quarter of 2021, the community will now enter into a Community Health Improvement Plan (CHIP) development process, as outlined earlier in this document, focused on creating actionable and specific interventions targeted at these areas of identified need. The CHIP will be drafted in detail to add specific goals, objectives, strategies, timeframes, assignments and workplans required to help meet the corresponding goals and objectives. For the dedicated organizations of the Shawnee County community that engage in this health improvement work, through Heartland Healthy Neighborhoods, this will entail a commitment to work collaboratively to achieve a collective impact on the strategies outlined within the CHIP.

Appendix

Appendix I: Additional Demographics from the Survey and full survey results

Full Survey

Community Health Needs Assessment 2021 – Shawnee Co, KS

Improving the health of our community is the number one priority for health care providers in Shawnee County. To better address the needs of the community, Stormont Vail Health and the Shawnee County Health Department (SCHD) need your input. We will be collaborating to perform a Community Health Needs Assessment (CHNA) for the residents of Shawnee County, with the goal to understand the scope of wellness in the community and the challenges in reaching optimal health.

Your voluntary input is vital to this conversation. We developed a short online survey to get feedback from you about health needs affecting you and your family. It will take less than 10 minutes, and all responses are confidential.

Thank you in advance for your time and support in participating with this important request. You can also find the survey on Stormont Vail's website and social media accounts (Facebook, Twitter and LinkedIn), as well as SCHD's website. Please provide your feedback by Sunday, February 28th.

PART A: Community Perspective

1. How would you describe the quality of health care in our community?

[ ] Very good [ ] Good [ ] Fair [ ] Poor [ ] Very poor

2. In your words, how does the community feel about health care providers? (Be specific)

Please use the table below for the next two questions

3. During the last assessment, the issues below were identified as concerns for our community. Please mark concerns you still have? (Select all that apply)

4. In our community, which issues are now the most important to you? (Select top three)

Topic	Still Have Concerns	Most Important Now (top 3)	Topic	Still Have Concerns	Most Important Now (top 3)
Affordable health care insurance			Obesity		
Alcohol abuse			Personal health management		
Awareness of existing health care services			Poverty		
Chronic health			Primary care access		
Drug/substance abuse			Substance abuse		
Fitness/exercise options			Teenage pregnancy		
Mental health access			Wellness/ prevention		
Nutrition/healthy food options					

5.) How big of a problem are the following health care issues in our community?

Area	Not a problem	Somewhat of a problem	Very big problem	Don't Know
Access to primary health care				
Alcohol/ illegal drug abuse				
Arthritis, joint/back pain				
Cancer				
Diabetes				
Heart disease/stroke				
Infant immunizations				
Infant death				
Knowledge of available health care services				
Lack of exercise				
Lung, asthma or other respiratory illness				
Mental health issues				
Not eating healthy				
Prescription drug abuse/dependence				
Oral, dental health				
Overweight/obesity				
Teen pregnancy				
Tobacco use				
Transportation to health care services				
Violence				
Other (please specify)				

5. What services are available to you for the following issues?

Area	Enough Services	Some Servcies	No Services	Don't Know
Access to primary health care				
Alcohol/ illegal drug abuse				
Arthritis, joint/back pain				
Cancer				
Diabetes				
Heart disease/stroke				
Infant immunizations				
Infant death				
Knowledge of available health care services				
Lack of exercise				
Lung, asthma or other respiratory illness				
Mental health issues				
Not eating healthy				
Prescription drug abuse/dependence				
Oral, dental health				
Overweight/obesity				
Teen pregnancy				
Tobacco use				
Transportation to health care services				
Violence				
Other (please specify)				

7. What quality of services are available in our community for these issues?

Area	Good Quality	Quality Unacceptable	Quality Could be Improved	Don't Know
Access to primary health care				
Alcohol/ illegal drug abuse				
Arthritis, joint/back pain				
Cancer				
Diabetes				
Heart disease/stroke				
Infant immunizations				
Infant death				
Knowledge of available health care services				
Lack of exercise				
Lung, asthma or other respiratory illness				
Mental health issues				
Not eating healthy				
Prescription drug abuse/dependence				
Oral, dental health				
Overweight/obesity				
Teen pregnancy				
Tobacco use				
Transportation to health care services				
Violence				
Other (please specify)				

6. In your opinion, are there any other gaps in health care services that need to be improved for our community? (Please be specific)

7.) How would you rate the following Services in our community?

Service	Very Good	Good	Fair	Poor	Very Poor
Ambulance services					
Child care					
Chiropractors					
Dentists					
Emergency room					
Eye doctor/optometrist					
Family planning services					
Home health					
Hospice					
Inpatient services					
Mental health					
Nursing home					
Outpatient services					
Pharmacy					
Physician clinics					
Public health					
School nurse					
Specialists					

PART B: Personal Views

8. How would you describe your overall health?

    [ ] Very poor [ ] Poor [ ] Fair [ ]Good [ ] Very good

9. Where do you and/or your family go for routine health care, like vaccinations, physicals, and yearly check-ups?

    [ ] Doctor's office   [ ] Community health center
    [ ] Emergency room   [ ] Urgent/express care clinic
    [ ] I do not receive   [ ] Other_____
    routine care

10. Where do you and/or your family go for same-day health care needs?

    [ ] Doctor's office   [ ] Community health center
    [ ] Emergency room   [ ] Urgent/express care clinic
    [ ] I have not had same- [ ] Other_____
    day health care
    needs this year

11. What health challenges do you and/or your family face? (Select up to three)

    [ ] Alcohol overuse   [ ] Cancer
    [ ] Diabetes   [ ] Family planning
    [ ] Heart disease   [ ] High blood pressure
    [ ] Joint or back pain   [ ] Lung disease
    [ ] Mental health issues [ ] Overweight/obesity
    [ ] Stroke   [ ] None
    [ ] Other (please specify) _____

12. Which of these issues prevent you or your family from using health care services? (Select all that apply)

    [ ] Can't get an appointment, too long of a wait
    [ ] Cultural/religious beliefs
    [ ] Don't know how to find a doctor
    [ ] Don't know if a doctor is really needed
    [ ] Fear (not ready to face/discuss health problem)
    [ ] Lack of available doctors
    [ ] Language barriers
    [ ] No insurance, unable to pay for care
    [ ] Office not open when we can go
    [ ] Too expensive, unable to pay co-pays/deductibles
    [ ] Transportation to service
    [ ] Unsure if services are available
    [ ] No issues
    [ ] Other (please specify) _____

13. Which of these would improve the health of you and/or your family the most? (Select up to 3)

    [ ] Free or more affordable health screenings
    [ ] Healthier food
    [ ] Mental health services
    [ ] More health education
    [ ] More primary care doctors
    [ ] Recreation facilities
    [ ] Safe places to walk/exercise/play
    [ ] Specialty doctors
    [ ] Transportation assistance
    [ ] Wellness services
    [ ] None
    [ ] Other (please specify) _____

14. What health issues do you and/or your family need education about? (Select up to 5)

    [ ] Blood pressure   [ ] Cancer
    [ ] Dental screenings   [ ] Diabetes
    [ ] Eating disorders   [ ] Exercise/physical activity
    [ ] Fall prevention   [ ] Family planning
    [ ] Heart disease   [ ] Mental health/depressions
    [ ] Healthy eating   [ ] Prenatal care
    [ ] Quitting smoking   [ ] Suicide prevention
    [ ] Vaccination/   [ ] No issues
    immunizations   [ ] Other (please specify)
    _____

15. Where do you and/or your family get most of your health information? (Select all that apply)

    [ ] Church group   [ ] Doctor's office
    [ ] Family/friends   [ ] Health Department
    [ ] Hospital   [ ] Internet, WebMD, Google,
    [ ] Library   [ ] Newspaper/magazines
    [ ] Radio   [ ] School
    [ ] Social media,   [ ] TV
    Facebook, etc.   [ ] Other (please
    [ ] Worksite   specify) _____

PART C: Demographics

A. For reporting purposes, are you involved in or are you a …? (Select all that apply)

[ ] Business/merchant   [ ] EMS/emergency
[ ] Other health professional [ ] Community board
[ ] Farmer/rancher   [ ] Parent/caregiver
[ ] Case manager/   [ ] Hospital/health
discharge planner   department
[ ] Pharmacy/clinic   [ ] Clergy
[ ] Housing /builder   [ ] Media member
[ ] College/university   [ ] Insurance
[ ] Senior Care   [ ] Consumer advocate [
] Labor   [ ] Teacher/school admin
[ ] Dentist   [ ] Law enforcement
[ ]optometrist   [ ]chiropractor
[ ] Veteran   [ ] Elected official
[ ] Mental health

B. What is your home ZIP code? (5-digit ZIP code; for example: 66605 or 66614) _____

C. What is your race/ethnicity?

[ ] Asian
[ ] American Indian/Native American
[ ] African American/Black, non-Hispanic
[ ] Caucasian/White, non-Hispanic
[ ] Hispanic, any race
[ ] Other (please specify) _____

D. What is your gender identity?

[   ] Male   [   ] Female [ ] Non-Binary [ ] Transgender

E. What is your age?

[ ] 18 to 24   [ ] 55 to 64
[ ] 25 to 34   [ ] 65 to 74
[ ] 35 to 44   [ ] 75 and older
[ ] 45 to 54

F. What is your employment status?

[ ] Full time
[ ] Part time
[ ] Retired
[ ] Unemployed

G. Do you have health insurance?

[ ] Yes   [ ] No

H. What is your highest level of education?

[ ] Some high school
[ ] High school graduate
[ ] Some college
[ ] College graduate

I. What is your household income?

[ ] Less than $20,000
[ ] $20,000 - $29,000
[ ] $30,000 - $49,999
[ ] $50,000 - $59,999
[ ] $60,000 - $69,000
[ ] $70,000 +

J. Is your household single income or dual income?

[ ] Single income
[ ] Dual income
[ ] Gig economy

Thank you for your feedback.

Demographic information

Household Income	2021 Replies	%	2018 Replies	%
Less than $20,000	193	8.20%	109	8.3%
$20,000-$29,000	190	8.10%	96	7.3%
$30,000-$49,999	403	17.20%	262	19.9%
$50,000-$59,999	228	9.70%		64.5%
$60,000-$69,000	232	9.90%	849	0.0%
$70,000 +	1096	46.80%		0.0%
Answered question	**2342**	**100.00%**	**1316**	100.0%

Zip Code	City	2021 Replies	% of Total	2018 Replies	% of total
66614	Topeka	426	17.90%	248	18.6%
66604	Topeka	336	14.10%	186	14.0%
66605	Topeka	231	9.70%	123	9.2%
66606	Topeka	182	7.70%	116	8.7%
66618	Topeka	126	5.30%	74	5.6%
66610	Topeka	154	6.50%	68	5.1%
66611	Topeka	132	5.60%	67	5.0%
66617	Topeka	114	4.80%	54	4.1%
66609	Topeka	71	3.00%	43	3.2%
66607	Topeka	62	2.60%	34	2.6%
66615	Topeka	46	1.90%	28	2.1%
66409	Berryton	43	1.80%	27	2.0%
66608	Topeka	53	2.20%	24	1.8%
66539	Silver Lake	37	1.60%	22	1.7%
66616	Topeka	47	2.00%	21	1.6%
66402	Auburn	37	1.60%	16	1.2%
66542	Tecumseh	46	1.90%	16	1.2%
66612	Topeka	25	1.10%	11	0.8%
66619	Topeka	25	1.10%	10	0.8%
66603	Topeka	10	0.40%	7	0.5%
66533	Rossville	10	0.40%	5	0.4%
66546	Wakarusa	15	0.60%	5	0.4%
66601	Topeka	3	0.10%	1	0.1%
66621	Topeka	1	0.00%	0	0.0%
Shawnee County total zip codes		**2232**	93.90%	1206	90.6%
Other zip codes		144	6.10%	125	9.4%
Answered question		**2376**	**100.00%**	**1331**	100.0%

Appendix II- Community Profile

Additional community resources can be found at the Community Resources Council at the following link: https://crcnet.org/resource-directory/

Schools in Shawnee County

Public Schools

Name	Level
Capital City	High/Junior
Highland Park	High
Hope Street Charter	High
Lawrence Gardner	High/Middle
Rossville Senior	High/Middle
Seamen	High/Middle
Shawnee Heights	High/Middle
Shaner Learning Academy	Elementary
Silver Lake	High/Middle
Topeka	High
Topeka West	High
Washburn Rural	High/Middle
Chase Middle	Middle
Eisenhower Middle	Middle
Marjore French	Middle
Jardine Middle	Middle
Landon Middle	Middle
Robinson Middle	Middle
Auburn Elementary	Elementary
Avondale Academy	Elementary
Berryton Elementary	Elementary
Elmont Elementary	Elementary
Farley Elementary	Elementary
Highland Park Central	Elementary
Indian Hills Elementary	Elementary
Jay Shideler Elementary	Elementary
Logan Elementary	Elementary
Lowman Hill	Elementary
McCarter Elementary	Elementary
McClure Elementary	Elementary
McEachron Elementary	Elementary
Meadows Elementary	Elementary
North Fairview	Elementary
Pauline Central Primary	Elementary
Pauline South Intermediate	Elementary
Pleasant Hill Elementary	Elementary
Quincy Elementary	Elementary
Randolph Elementary	Elementary

Rochester Elementary	Elementary
Ross Elementary	Elementary
Rossville Elementary	Elementary
Scott Dual Language Magnet	Elementary
Tecumseh North	Elementary
Tecumseh South	Elementary
Topeka Shaner	Elementary
Topeka Shawnee Heights	Elementary
Silver Lake	Elementary
Williams Science & Fine Arts Magnate	Elementary

Private Schools

Name	Level
Cair Paravel Latin School	Elementary
Christ the King School	Elementary/Middle
Hayden High School	High
Heritage Christian School	Elementary/Middle/High
Kennedy Academy	Elementary
Mater Dei Catholic School	Elementary/Middle
Most Pure Heart of Mary	Elementary/Middle
Our Lady of Guadalupe	Elementary/Middle
St. Matthew Catholic School	Elementary/Middle
Topeka Adventist	Elementary/Middle
Topeka Collegiate School	Elementary
Topeka Lutheran	Elementary

Shawnee County KS Airports[4]

Name	USGS Topo Map
Buena Terra Airport	Meriden
Colmery - O'Neil Veterans Affairs Medical Center Heliport	Topeka
Mesa Verde Airport	Elmont
Philip Billard Municipal Airport	Topeka
Saint Francis Health Center Heliport	Topeka
Starshire Farm Airport	Richland
Stormont - Vail Healthcare Center Heliport	Topeka
Stormont-Vail Hospital Airport	Topeka
Sunset Strip Airpark	Richland
Topeka Regional Airport	Wakarusa

Shawnee County Parks and Amenities[5]

Facility Name	Address	City	Main Features
Aaron Douglas Park	1201 SW Lane	Topeka	
Adventure Cove	3125 SE Croco Rd	Topeka	Beach, Paddle Boats, Sand Volleyball
Amphitheater	600 SW 6th St	Topeka	
Aquarian Acres	2701 SE Aquarius Dr	Topeka	
Auburndale Park	2400 NW Perry	Topeka	Fishing, Playground, Picnic Areas
Austin Park	2300 SE Jefferson St	Topeka	Playground, Sport Areas, Picnic Areas
Azura Trails, Skyline	3511 SW Skyline Pkwy	Topeka	
Bentley Park	2620 SE Jefferson	Topeka	
Bettis Family Sports	3025 SE Croco Rd	Topeka	Event Center, Baseball & Soccer Fields
Betty Dunn Park	3300 SE Adams	Topeka	
Betty Phillips Park	3303 SW Irvingham St	Topeka	Playground, Sport Areas, Picnic Areas
Big Shunga	2715 SW MacVicar	Topeka	
Blaisdell Aquatic Center	SW 6th & Gage Blvd	Topeka	Water Slide, Diving Board, Concessions
Bocce Courts	2500 SW Gage Blvd	Topeka	
Boswell Park	1300 SW Jewell1	Topeka	Playground, Sport Areas, Picnic Areas
Botanical Garden	124 NW Fillmore St	Topeka	
Brookfield Park	2430 SW Kingsrow Rd	Topeka	Playground, Sport Areas, Picnic Areas
Carousel in the Park	SW 6th & Gage Blvd	Topeka	Playground, Restrooms
Central Park Community	1534 SW Clay	Topeka	Gym, Playground, Wellness Room
Charles Curtis Greenway	North Topeka Blvd	Topeka	
Chesney Park	1823 SW Clay St	Topeka	Skate Park, Playground, Sport Areas
Children's Park	600 SW MacVicar Ave	Topeka	Playground, Sport Areas, Picnic Areas
Clarion Woods	SW Fairlawn Rd & 37th	Topeka	Fishing Dock, Guided Tours, Nature Trail

Clyde O'Bracken Park	200 SW 12th	Topeka	
Collins Park	1400 SW Collins Ave	Topeka	Playground, Sport Areas, Picnic Areas
Country Club Park	2501 SW Topeka	Topeka	
Crestview Community	4801 SW Shunga Dr	Topeka	Gym, Yoga Studio, Playground, Lounge
Crestview Park	SW Fairlawn & Shunga	Topeka	Disc Golf Course
Crestview Courts	4801 SW Shunga Dr	Topeka	Sand Volleyball & Tennis Courts
Cushinberry Park	335 SE 15th St	Topeka	Playground, Sport Areas, Picnic Areas
Deer Creek Trail	SE 6th & SE Deer Creek	Topeka	Concrete Path
Dornwood Nature Trail	SE 25th St & Highland	Topeka	Guided Tours, Nature Trail
Dornwood Spray Park	2500 SE Highland	Topeka	
Eastborough Park	300 SE Arter	Topeka	
Eastgate Park	640 SE Hackberry Dr	Topeka	
Edgewater Park	2300 SW Edgewater	Topeka	
Edgewood Park	101 NW The Drive	Topeka	Playground, Sport Areas, Picnic Areas
Elmhurst Green	1175 SW Washburn	Topeka	
Fairway Park	2711 SW Topeka	Topeka	
Family Park	SW 21st & Urish	Topeka	
Felker Soccer Fields	25th & Gage	Topeka	Green Space
Felker Softball Complex	25th & Gage	Topeka	Softball Fields, Ball Diamond, Bleachers
Freedom Valley Park	1400 SE Locust Ave	Topeka	Fishing, Playground, Sport Areas
Gage Park Ball Diamond	4330 SW Conservatory	Topeka	Multi-Purpose Field, Bleacher Seating
Gage Park Fitness Loop	635 SW Gage Blvd	Topeka	Paved Fitness Trail/Loop, Bike Trail
Gage Park Courts	SW Gage Blvd & SW 6th	Topeka	Tennis Courts
Garfield Community	1600 NE Quincy St	Topeka	Gym, Lounge, Kitchen, Computer Lab
Garfield Pool	1600 NE Quincy St	Topeka	Water Slide, Waterfalls, Diving Board
Giles Park	750 SW 1st	Topeka	

Grant-Bradbury	6600 SW Westview Rd	Topeka	Nature Trail, RC Airplane Area, Prairie
Great Overland Station	701 N Kansas Ave	Topeka	Conference Room, Meeting Rooms
Gwendolyn Brooks Park	3691 SW Topeka Blvd	Topeka	Playground, Picnic Areas
Heartland BMX	4801 SW Shunga Dr	Topeka	
Heated Fishing Dock	3137 SE 29th	Topeka	
Hill's Bark Park	SW 10th & Gage Blvd	Topeka	
Hillcrest Community	1800 SE 21st St	Topeka	Gym, Wellness Room, Lounge, Kitchen
Hillcrest Park	1800 SE 21st St	Topeka	
Hillcrest Pool	1800 SE 21st St	Topeka	Water Slide, Water Umbrella, Showers
Hillsdale Park	5201 SW Huntoon St	Topeka	Playground, Picnic Areas, Green Space
Holliday Park	1200 SW Western	Topeka	
Horne Park	3510 SW Atwood Ave	Topeka	Playground, Sport Areas, Picnic Areas
Horseshoe Bend Park	520 SE 43rd Ter	Topeka	Fishing, Playground, Picnic Areas
Hughes Park	725 SW Orleans Ave	Topeka	Playground, Sport Areas, Picnic Areas
Indian Hills Park	2500 SW Stutley Ct	Topeka	
Jackson Spray Park	SE 8th & Lake St	Topeka	
Jayhawk Park	1420 SE Lott	Topeka	
Lake Shawnee Campground	3435 SE East Edge Rd	Topeka	Swimming Area, Campsites, Playground
Lake Shawnee Disc Golf	Tinman Cir	Topeka	Disc Golf Course
Lake Shawnee Softball	3421 SE Leisure Ln	Topeka	Girls Softball Complex
Lake Shawnee Courts	SE 41st St & SE Howey	Topeka	Tennis Courts, Restrooms, Lighting
Lake Shawnee Trail	3027 SE Beach Ter	Topeka	Concrete Path, Bike Trail, Playgrounds
Lakewood Park	2301 SE Lakewood Dr	Topeka	Playground Equipment, Shelter House
Landon Trail	SE 15th & Monroe St	Topeka	Nature Trail, Concrete Path
Lindbloom Park	SE 45th St	Topeka	
Major Palm Park	1815 SW 37th St	Topeka	Playground, Sport Areas, Picnic Areas

Matthews Park	SE 37th St & Colorado St Topeka		
McKinley Park	943 NW Western	Topeka	
Meadowood Park	1850 NW Lyman	Topeka	
Medford Park	740 SW Medford	Topeka	
Midwest Health Aquatic	2201 SW Urish	Topeka	Wave Pool, Zip Line, Diving Board
Mini-Train	SW 6th & Gage Blvd	Topeka	Playground, Children's Train Rides
Mouse Trap Skate Park	801 NE Poplar	Topeka	
Nana's Park	2001 SE 37th St	Topeka	Playground Equipment, Picnic Areas
Oakland (Little) Park	900 NE Chester	Topeka	
Oakland Community	801 NE Poplar	Topeka	Gym, Wellness Room, Computer Lab
Oakland Pool	801 NE Poplar	Topeka	Diving Board, Restrooms and Showers
Oakland-Billard Park	801 NE Poplar	Topeka	Gym, Pool, Soccer Fields, Ball Diamond
Oakland Santa Fe Trail	801 NE Poplar	Topeka	Paved Fitness Trail/Loop
Oakwood Hills Park	4201 SE Adams	Topeka	
Old Prairie Town	124 NW Fillmore St	Topeka	Historic Site/1800s Village; Guided Tour
Orville Rice Nature Trail	SW Shunga Dr & Gage	Topeka	Nature Trail
Pickelball Courts	725 SW Orleans	Topeka	
Pinecrest Park	1230 SE Pinecrest	Topeka	
Rice Community Center	432 SE Norwood	Topeka	Gym, Lounge Area, Computer Lab
Rice Park	520 NE Norwood St	Topeka	Playground, Sport Areas, Picnic Areas
Rice Park Disc Golf	432 SE Norwood St	Topeka	Disc Golf Course
Rip-On Skate Park	SW 23rd & Washburn	Topeka	
Ripley Park	300 SE Lawrence St	Topeka	Playground, Sport Areas, Picnic Areas
Romig Park	3001 SW 21st	Topeka	
Rose & Rock Gardens	635 SW Gage Blvd	Topeka	Arboretum, Flower Beds, Rose Bushes
Rossville Community Pool	714 Main St	Rossville	Water Slide, Water Umbrella, Diving

|			
Rueger Park Softball	2801 S Kansas Ave	Topeka	Softball Fields, Ball Diamond, Bleachers
Samuel Jackson Park	SE 10th & SE 8th	Topeka	
Santa Fe Park	1500 NE Division St	Topeka	Playground, Sport Areas, Picnic Areas
Seabrook Park	2501 SW Gage Blvd	Topeka	
Shawnee North Community	300 NE 43rd St	Topeka	Dance & Art Studios, Playground
Shawnee North Park	300 NE 43rd St	Topeka	Tennis Courts, Playground, Concessions
Shawnee North Aquatic	300 NE 43rd St	Topeka	Pools, Water Slides, Lazy River, Diving
Shawnee North Trail	300 NE 43rd St	Topeka	Nature Trail, Concrete Path
Shawnee North Sports	300 NE 43rd St	Topeka	Soccer & Softball Fields, Tennis Courts
Shawnee South Park	6715 SW Westview Dr	Topeka	Golf Course, Basketball, Soccer, Softball
Sherwood Park	7830 SW 28th St	Topeka	
Shimer Park	2037 S Kansas Ave	Topeka	
Shunga Glen	2400 SW Washburn	Topeka	
Shunga Trail	4801 SW Shunga Dr	Topeka	Concrete Path
Sims Park	1842 SW Sims	Topeka	
Skyline Park	3511 SW Skyline Pkwy	Topeka	
Soldier Creek Trail	1600 NE Quincy St	Topeka	Nature Trail, Concrete Path
Ted Ensley Gardens	3650 SE West Edge Rd	Topeka	Arboretum, Gazebo, Pagoda, Pergola
Terra Heights Park	SE 53rd & SW Topeka	Topeka	
Tudor Park	3636 SW 17th	Topeka	
Veteran's Park	131 NW Laurent St	Topeka	Picnic Areas, Green Space
Ward Parkway Park	1501 SW Ward Pkwy	Topeka	Playground, Sport Areas, Picnic Areas
Warren Nature Area	SW Gage Blvd & 25th	Topeka	Guided Tours, Nature Area
Washburn Park	2810 SW 10th Ave	Topeka	Playground, Sport Areas, Picnic Areas
Wells Park	2840 SW Gage Blvd	Topeka	
Welton Grove Park	SW 39th St & Cambridge	Topeka	

Westboro Park	1273 SW Lakeside Dr	Topeka	Playground, Sport Areas, Picnic Areas
Westlake Shelter House	633 SW Blaisdell Blvd	Topeka	Kitchen, Playground, Picnic Areas
Willow Park	1800 SW 6th Ave	Topeka	Playground Equipment, Picnic Areas
Woodall Park	2131 SE Madison	Topeka	

Population of Shawnee County by Zip Code[6]

Zip Code	City	Population
66402	Auburn	2,955
66409	Berryton	2,997
66533	Rossville	1,832
66539	Silver Lake	2,806
66542	Tecumseh	3,335
66546	Wakarusa	1,012
66603	Topeka	2,001
66604	Topeka	23,344
66605	Topeka	19,919
66606	Topeka	11,284
66607	Topeka	10,498
66608	Topeka	5,991
66609	Topeka	7,068
66610	Topeka	9,080
66611	Topeka	9,832
66612	Topeka	2,477
66614	Topeka	31,354
66615	Topeka	2,814
66616	Topeka	5,874
66617	Topeka	8,688
66618	Topeka	9,402
66619	Topeka	3,070
66621	Topeka	643
66622	Topeka	76

A Variety of Input is Used:
- Roundtables
- Formal Surveys
- Data Analysis
- Town Hall Meeting

Leading to a
Community Health Improvement Plan

Current CHIP priority areas:

- Behavioral Health
- Access to Food
- Substance Abuse
- Health Equity

Today we hope you will:
- Think outside the box
- Be truthful with your responses – there are no right/wrong answers
- Be assured your feedback is applied to aggregate information.

Please introduce yourself using your first name and zip code.

Five Questions for Discussion:

1) What are Shawnee County's <u>strengths</u> when it comes to health?

2) On a scale of 1-5, with 1 being poor and 5 the best, how would you rate the overall quality of <u>healthcare delivery</u> in Shawnee County? Why?

Healthcare includes all aspects of <u>care</u>: ED, primary care, specialty care, mental health, dental, optometry, etc...)

3) How has our county's <u>health</u> changed over the past year?

4) What are the <u>top three root causes</u> for Shawnee County's overall health concerns? <u>Why?</u>

- Access to Food
- Transportation
- Physical Activity
- Chronic Stress and Anxiety
- Social Connections
- Violence
- Addiction/Substance Use: Alcohol, Drugs, Tobacco
- Financial Resource Strain
- Education/skills training
- Access to care
- Safe/affordable housing
- Environment

5) What can be changed to improve the health of Shawnee County?

References

1 https://www.census.gov/quickfacts/fact/table/shawneecountykansas,KS,US/POP010220

2 https://www.city-data.com/county/Shawnee_County-KS.html

3 https://www.publicschoolreview.com/kansas/shawnee-county

4 https://kansas.hometownlocator.com/features/cultural,class,airport,scfips,20177.cfm

5 https://parks.snco.us/facilities

6 https://www.zipdatamaps.com/shawnee-ks-county-zipcodes

7 County Health Rankings Model | County Health Rankings & Roadmaps

8 2019_IMR_Report.pdf (kdheks.gov)

9 https://www.kansashealthmatters.org

Shawnee County Health Department Profile

Shawnee County Health Department (SCHD) is committed to working in partnership with our community to promote and protect the optimal health of all people by bridging gaps to eliminate health inequities, while respecting the diversity of our community, through adaptive and innovative processes. By being actively involved in the community and the initiatives that are taking place, SCHD strives to be a collaborative partner in improving the overall health of Shawnee County.

The Shawnee County Health Department is open Monday, Wednesday, Thursday, Friday 8 a.m. – 5 p.m. and Tuesdays 10 a.m. – 7 p.m.

Vision: Healthy People – Healthy Environment – Healthy Shawnee County
Core Values: Compassion, Respect, Inclusion, Integrity

Locations:
2600 SW East Circle Drive, Topeka, KS 66606 - Phone: 785.251.5600
1515 NW Saline St., Topeka, KS 66618 - Phone: 785.251.5750
2115 SW 10th Ave., Topeka, KS 66604 - Phone: 785.251.5700

Leadership:
Teresa Fisher, Director
Craig Barnes, Division Manager Community Health Outreach and Planning
Janelle Carter, Division Manager Family Health Services
Carrie Delfs, Division Manager Clinical Services
Derik Flerlage, Division Manager Infectious Disease
Edith Gaines, Division Manager of Finance and Administration
Dr. Erin Locke, Shawnee County Health Officer

Services:

- Child Care Licensing
- Communicable Disease
- Environmental Health
- Newborn Home Visitation
- Fetal Infant Mortality Review Board
- Women, Infants, and Children

- Immunizations
- Emergency Preparedness
- Nurse Family Partnership
- Pregnancy Testing
- Sexually Transmitted Infection
- Tuberculosis (TB) Clinic

Stormont Vail Health Profile

Stormont Vail Health has a deep commitment to the community and to Kansas to provide the best possible health care.

Stormont Vail is an integrated health care system based in Topeka, Kansas, serving a multicounty region in northeast Kansas (Map of Topeka System). It comprises Stormont Vail Hospital, Cotton O'Neil and Cotton O'Neil Pediatrics with more than 250 employed physicians and a variety of ancillary services. Stormont Vail achieved Magnet recognition for excellence in nursing services three times, first in 2009.

Stormont Vail Hospital is a 586-bed acute care referral center in northeast Kansas. It is the product of the 1949 merger between Christ's Hospital (opened in 1884) and the Jane C. Stormont Hospital and Training School for Nurses (1895). Stormont Vail Hospital and Cotton O'Neil joined in 1995 to form Stormont Vail Health. Stormont Vail has the region's only Level III Neonatal Intensive Care and only verified trauma center.

Mission

"Working together to improve the health of our community"

Vision

Stormont Vail Health will be a national leader in providing compassionate, high-quality and efficient integrated care through collaboration that results in a healthier community.

Values

Service to Others: We meet or exceed the needs and expectations of those we serve.

Quality: We create an environment of trust, comfort and confidence brought about by a competent, compassionate and caring staff.

Teamwork: We do together what cannot be done alone.

Respect: We honor the dignity and creative potential of each staff member.

Viability: We assure our mission by remaining profitable.

Heartland Healthy Neighborhoods Profile

Heartland Healthy Neighborhoods is the community health coalition in Topeka and Shawnee County, Kansas. The monthly workgroup meetings focus on mobilizing groups, ideas and resources around topics and issues identified in the Community Health Needs Assessment and the Community Health Improvement Plan.

History of Heartland Healthy Neighborhoods:
 The ideas behind what eventually would become Heartland Healthy Neighborhoods started in March 2008, when five people met together to talk about health and wellness issues. That day, those people, representing five organizations, made the decision to work together to promote a healthier Topeka and Shawnee County. The group contacted other organizations that had an interest in the health and well-being of the community and began to organize its activities and priorities.

In the fall of 2008, the group adopted the name Heartland Healthy Neighborhoods, emblematic of the notion that health is for all. The group applied for and won a Pioneering Healthier Communities (PHC) grant from the national YMCA and the Centers for Disease Control and Prevention (CDC). The first year of the grant was just large enough to fund ten members to attend PHC training in Washington, D.C., in December 2008. Those ten members became the core of HHN's leadership.

Because of the experience in the PHC training, the leadership team agreed to focus on Complete Streets as its initial policy initiative. With grant funding, HHN put on a two-day symposium, featuring a guest consultant that provided training for architects, city planners, elected officials and the general public. Resulting was a Complete Streets resolution passed by the city council in 2009.

The following year the Topeka city council enacted another major initiative: a Clean Indoor Air ordinance. HHN had an active role in the passage of the ordinance, gathering support for and providing testimony in favor of the ordinance.

HHN has promoted several health-conscious programs, including the K-State Extension Score Card (which has grown 200% over last year's enrollment), Strong Kids, the Farmer's Market, the movie "Consuming Kids,: Community Gardens, and Art on the Move, an art program with Arts Connect, Chords and Oil and Topeka Transit.