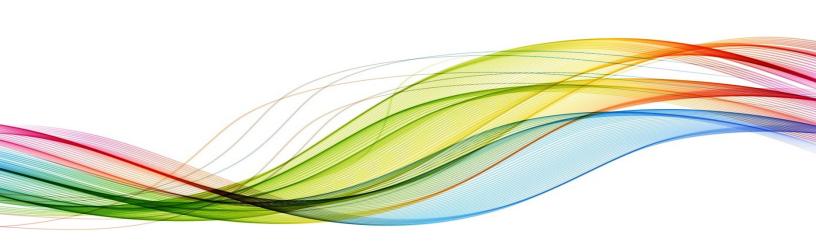


Community Health Needs Assessment Shawnee County (KS)

on behalf of Stormont Vail Health & Shawnee County (KS) Health Department



November 2018

VVV Consultants LLC Olathe, KS

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I. Executive Summary

Shawnee County, Kansas - 2018 Community Health Needs Assessment (CHNA) Wave No. 3

Creating healthy communities requires a high level of mutual understanding and collaboration among community leaders. The development of this assessment brings together community health leaders and providers along with the local residents to research and prioritize county health needs and document community health delivery success. This health assessment will serve as the foundation for community health improvement efforts for the next three years.

Shawnee County, Kansas previous CHNA began in May 2015, with final report dated November 2016. (Note: The Patient Protection and Affordable Care Act (ACA) requires not-for-profit hospitals to conduct a CHNA every three years and adopt an implementation strategy to meet the needs identified by the CHNA). Wave No. 3 Shawnee County, Kansas, CHNA assessment began in May 2018 and was facilitated and created by VVV Consultants, LLC (Olathe, Kansas) staff under the direction of Vince Vandehaar, MBA.

Important community CHNA benefits for both the local hospital and the health department, are: 1) Increases knowledge of community health needs and resources; 2) creates common understanding of the priorities of the community's health needs; 3) enhances relationships and mutual understanding between and among stakeholders; 4) provides a basis upon which community stakeholders can make decisions about how they can contribute to improving the health of the community; 5) provides rationale for current and potential funders to support efforts to improve the health of the community; 6) creates opportunities for collaboration in delivery of services to the community and; 7) provides guidance to the hospital and local health department for how they can align their services and community benefit programs to best meet needs, and; 8) fulfills hospital mission to deliver quality health care.

A prioritized description of all of the community needs identified by CHNA activates are listed below. Eight community health improvements needs have been identified.

٧	Vave #3 CHNA - 2018 Town Hall Priorities (56 Atte	endee	s, 172 V	otes)
#	Community Health Needs to Change and/or Improve	Votes	%	Accum
1	Access to Mental Health (Diagnosis, Treatment, Placement, Crisis)	38	12.8%	12.8%
2	Improve Health Literacy	19	11.0%	23.8%
3	Safe Access to Healthy Food	14	8.1%	41.3%
4	Single Family Households in Poverty Support	14	8.1%	49.4%
5	Sex Education (Me Too, Consent)	11	6.4%	55.8%
6	Affordable Health Insurance	11	6.4%	62.2%
7	Care Coordination	11	6.4%	68.6%
8	State ID easier to get	11	6.4%	75.0%
	Total Votes:	172	100.0%	

Shawnee County CHNA Town Hall also identified eighteen Community Health Strengths

	Shawnee County 2018 - C	omr	munity Health "Strengths"
#	Topic	#	Topic
1	Hospice Care	10	Grace Med
2	Community Collaboration	11	Political Support / Advocacy
3	Two Schools of Nursing	12	Collaborative efforts between first responders
4	Public Bike Trails / Park Systems	13	Momentum 2022 - Community and Economic Development
5	Hospital has Human Trafficking Screening	14	Metro Transit
6	Collaborative Schools / School Programs	15	Donated Services in the medical community
7	Different specialization within the hospital	16	Quality of life components
8	Immunizations	17	Topeka Rescue Mission and the Topeka Task Force Heartland Healthy Neighborhood
9	Engagement	18	Churches / Spiritual Health

Key CHNA Wave No. 3 secondary research conclusions are:

KANSAS HEALTH RANKINGS: According to the 2018 Robert Woods Johnson County Health Rankings, Shawnee County Kansas was ranked fourth in clinical care and forty-seventh in mortality out of the 105 counties.

TAB 1. Shawnee County's population is 178,187, with a population density of 327.1 residents per square mile. 6.4% of the population is under the age of 5, and 17.0% is over the age of 65. 51.5% of Shawnee is Female. Hispanic and Latinos make up 12.0% of the population, and there are 8.2% of Shawnee who speak a language other than English at home. Single parent households in Shawnee County are high at 33%. There are 14,510 veterans living in Shawnee County.

TAB 2. The per capita income in Shawnee County is \$27,534, with 10.9% of the population in poverty. There are 80,074 total housing units with a severe housing problem of 14%. There are 13,147 total firms in Shawnee County and an unemployment rate of 4.1%. Food insecurity is at 14%, and low income and low access to a store is 9.5%.

TAB 3. Children eligible for a free or reduced-price lunch are higher than average at 56%. 91.1% of students graduate high school, and 29.3% of students earn their bachelor's degree or higher.

TAB 4. The percent of births where prenatal care started in the first trimester is 78.5%. 81.4% infants in Shawnee County are receiving full immunization up to 24 months. Births occurring to unmarried women is 47.1%, higher than the average by 10%. Births where mothers have smoked during the pregnancy is at 16.2%.

Continued

- **TAB 5.** There is one primary care physician per 1,390 people in Shawnee County. 75% of patients would rate their hospital 9 or 10 out of 10. 79% of patients would recommend their hospital. The average emergency room wait time is 24 minutes.
- **TAB 6.** People getting treated for depression in Shawnee County is 23.1%. The age-adjusted suicide mortality rate in Shawnee County is 20.2.
- **TAB 7.** There are 35% of adults in Shawnee County that are obese, with 24% of the population physically inactive. 15% of adults drink excessively and 16% smoke. Hyperlipidemia in Shawnee County is higher than the average, at 48.1% as well as Asthma at 9.0%.
- **TAB 8.** The adult uninsured rate for Shawnee County is 9%.
- **TAB 9.** Life expectancy in Shawnee County is 74.9 for males and 80.6 for females. The age-adjusted cancer mortality rate is high, at 180.8, as well as the heart disease mortality rate, at 161.3. Alcohol impaired driving deaths is high, at 28%.
- **TAB 10.** 87% of Shawnee County has access to exercise opportunities. Only 68% of women in Shawnee County get annual mammography screenings.

Key 2018 Community Feedback Conclusions: Stakeholder feedback from residents, community leaders and providers (N=2324) provided the following community insights via an online perception survey:

- Using a Likert scale, 55.1% of Shawnee County stakeholders would rate the overall quality of health care delivery in their community as either very good or good.
- Shawnee County stakeholders are satisfied with the following services: ambulance services, chiropractors, eye doctor/optometrist, hospice, and pharmacy.
- When considering past CHNA needs, mental health access; affordable health insurance, and poverty continue as ongoing problem and pressing issues.

Sha	wnee Co CHNA Wave No. 3	Ongoing	Problem	Pressir	ng Now
Eva	lluate Past CHNAs health needs	Shawnee Co Online N=2324	Shawnee Co Zips only N=1206	Shawnee Co Online N=2324	Shawnee Co Zips only N=1206
Rank	Topic	Votes %	Votes %	RANK	RANK
1	Mental Health Access	10.3%	10.2%	1	1
2	Affordable Health Insurance	9.7%	9.6%	2	2
3	Poverty	9.3%	9.4%	4	4
4	Drug / Substance Abuse	9.3%	9.1%	3	3
5	Obesity	9.2%	9.1%	5	5
6	Substance Abuse	7.5%	7.6%	7	7
7	Alcohol Abuse	6.2%	6.2%	12	12
8	Wellness / Prevention	5.9%	6.1%	9	9
9	Awareness of Existing HC Services	5.4%	5.3%	10	10
10	Primary Care Access	5.3%	5.4%	6	6
11	Chronic Health	5.3%	5.4%	8	8
12	Nutrition - Healthy Food Options	5.3%	5.3%	11	11
13	Fitness / Exercise Options	4.3%	4.3%	14	14
14	Personal Health Management	3.8%	3.8%	13	13
15	Teenage Pregnancy	3.2%	3.3%	15	15
	TOTALS	12,566	8,927		

II. Methodology

[VVV Consultants LLC]

II. Methodology

a) CHNA Scope and Purpose

The federal Patient Protection and Affordable Care Act (ACA) requires that each registered 501(c)3 hospital conduct a Community Health Needs Assessment (CHNA) at least once every three years and adopt a strategy to meet community health needs. Any hospital who 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.

JOB #1: Meet/Report IRS 990 Required Documentation

- 1. A <u>description of the community served</u> by the facility and how the community was determined;
- 2. A description of the process and methods used to conduct the CHNA;
- 3. The <u>identity of any and all organizations</u> with which the organization collaborated and third parties that it engaged to assist with the CHNA;
- **4.** A <u>description of how</u> the organization considered the input of persons representing the community (e.g., through meetings, focus groups, interviews, etc.), who those persons are, and their qualifications;
- **5.** A <u>prioritized description of all of the community needs</u> identified by the CHNA and an explanation of the process and criteria used in prioritizing such needs; and
- **6.** A <u>description of the existing health care facilities and other resources within the community available to meet the needs identified through the CHNA.</u>

Section 501(r) provides that a CHNA must take into account input from persons who represent the broad interests of the community served by the hospital facility, including individuals with special knowledge of or expertise in public health. Under the Notice, the persons consulted must also include: Government agencies with current information relevant to the health needs of the community and representatives or members in the community that are medically underserved, low-income, minority populations, and populations with chronic disease needs. In addition, a hospital organization may seek input from other individuals and organizations located in or serving the hospital facility's defined community (e.g., health care consumer advocates, academic experts, private businesses, health insurance and managed care organizations, etc.).

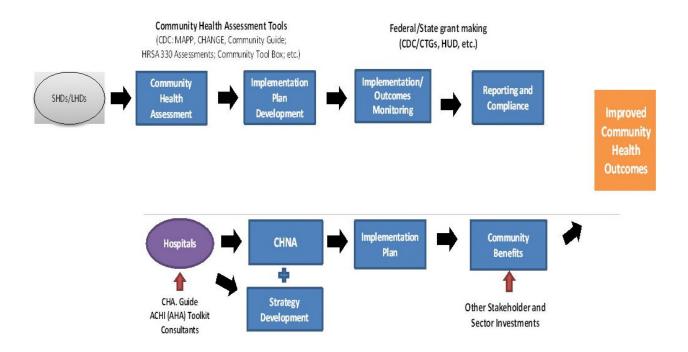
JOB #2: Making a CHNA Widely Available to the Public

The Notice provides that a CHNA will be considered to be "conducted" in the taxable year that the written report of the CHNA findings is made widely available to the public. The Notice also indicates that the IRS intends to pattern its rules for **making a CHNA** "widely available to the **public**" after the rules currently in effect for Form 990. Accordingly, an organization would make a **facility's written report** widely available by posting the final report on its website either in the form of (1) the report itself, in a readily accessible format or (2) a link to another organization's website, along with instructions for accessing the report on that website. The Notice clarifies that an organization must post the CHNA for each facility until the date on which its subsequent CHNA for that facility is posted.

JOB #3: Adopt an Implementation Strategy by Hospital

Section 501(r) requires a hospital organization to adopt an implementation strategy to meet the needs identified through each CHNA. The Notice defines an "implementation strategy" as a written plan that addresses each of the needs identified in a CHNA by either (1) describing how the facility plans to meet the health need or (2) identifying the health need as one that the facility does not intend to meet and explaining why the facility does not intend to meet it. A hospital organization may develop an implementation strategy in collaboration with other organizations, which must be identified in the implementation strategy. As with the CHNA, a hospital organization that operates multiple hospital facilities must have a separate written implementation strategy for each of its facilities.

Great emphasis has been given to work hand-in-hand with leaders from hospitals, the state health department and the local health department. A common approach has been adopted to create the CHNA, leading to aligned implementation plans and community reporting.



IRS Notice 2011-52 Overview

Notice and Request for Comments Regarding the Community Health Needs Assessment Requirements for Tax-exempt Hospitals

Applicability of CHNA Requirements to "Hospital Organizations"

The CHNA requirements apply to "hospital organizations," which are defined in Section 501(r) to include (1) organizations that operate one or more state-licensed hospital facilities, and (2) any other organization that the Treasury Secretary determines is providing hospital care as its principal function or basis for exemption.

How and When to Conduct a CHNA

Under Section 501(r), a hospital organization is required to conduct a CHNA for each of its hospital facilities once every three taxable years. The CHNA must take into account input from persons representing the community served by the hospital facility and must be made widely available to the public. The CHNA requirements are effective for taxable years beginning after March 23, 2012. As a result, a hospital organization with a June 30 fiscal year end must conduct an initial CHNA for each of its hospital facilities by June 30, 2013, either during the fiscal year ending June 30, 2013 or during either of the two previous fiscal years.

Determining the Community Served

A CHNA must identify and assess the health needs of the **community served** by the hospital facility. Although the Notice suggests that geographic location should be the primary basis for defining the community served, it provides that the organization may also take into account the target populations served by the facility (e.g., children, women, or the aged) and/or the facility's principal functions (e.g., specialty area or targeted disease). A hospital organization, however, will not be permitted to define the community served in a way that would effectively circumvent the CHNA requirements (e.g., by excluding medically underserved populations, low-income persons, minority groups, or those with chronic disease needs).

Persons Representing the Community Served

Section 501(r) provides that a CHNA must take into account input from **persons who represent the broad interests of the community** served by the hospital facility, including individuals <u>with special knowledge of or expertise in public health</u>. Under the Notice, the persons consulted must also include: (1) government agencies with current information relevant to the health needs of the community and (2) representatives or members of medically underserved, low-income, and minority populations, and populations with chronic disease needs in the community. In addition, a hospital organization may seek input from other individuals and organizations located in or serving the hospital facility's defined community (e.g., health care consumer advocates, academic experts, private businesses, health insurance and managed care organizations, etc).

Required Documentation

The Notice provides that a hospital organization will be required to separately document the CHNA for each of its hospital facilities in a **written report** that includes the following information: 1) a description of the community served by the facility and how the community was determined; 2) a description of the process and methods used to conduct the CHNA; 3) the identity of any and all organizations with which the organization collaborated and third parties that it engaged to assist with the CHNA; 4) a description of how the organization considered the input of persons representing the community (e.g., through meetings, focus groups, interviews, etc.), who those persons are and their qualifications; 5) a prioritized description of all of the community needs identified by the CHNA and an explanation of the process and criteria used in prioritizing such needs; and 6) a description of the existing health care facilities and other resources within the community available to meet the needs identified through the CHNA.

Making a CHNA Widely Available to the Public

The Notice provides that a CHNA will be considered to be "conducted" in the taxable year that the written report of the CHNA findings is made widely available to the public. The Notice also indicates that the IRS intends to pattern its rules for making a CHNA "widely available to the public" after the rules currently in effect for Forms 990. Accordingly, an organization would make a facility's written report widely available by posting on its website either (1) the report itself, in a readily accessible format, or (2) a link to another organization's website, along with instructions for accessing the report on that website. The Notice clarifies that an organization must post the CHNA for each facility until the date on which its subsequent CHNA for that facility is posted.

How and When to Adopt an Implementation Strategy

Section 501(r) requires a hospital organization to adopt an implementation strategy to meet the needs identified through each CHNA. The Notice defines an "implementation strategy" as a written plan that addresses each of the needs identified in a CHNA by either (1) describing how the facility plans to meet the health need, or (2) identifying the health need as one that the facility does not intend to meet and explaining why the facility does not intend to meet it. A hospital organization may develop an implementation strategy in collaboration with other organizations, which must be identified in the implementation strategy. As with the CHNA, a hospital organization that operates multiple hospital facilities must have a separate written implementation strategy for each of its facilities.

<u>Under the Notice, an implementation strategy is considered to be "adopted" on the date the strategy is approved by the organization's board of directors or by a committee of the board or other parties legally authorized by the board to act on its behalf. Further, the formal adoption of the implementation strategy must occur by the end of the same taxable year in which the written report of the CHNA findings was made available to the public. For hospital organizations with a June 30 fiscal year end, that effectively means that the organization must complete and appropriately post its first CHNA no later than its fiscal year ending June 30, 2013, and formally adopt a related implementation strategy by the end of the same tax year. This final requirement may come as a surprise to many charitable hospitals, considering Section 501(r) contains no deadline for the adoption of the implementation strategy.</u>

IRS and Treasury Finalize Patient Protection Rules for Tax-Exempt Hospitals ACCOUNTING TODAY 1/2/15

The Internal Revenue Service and the Treasury Department have issued **final regulations** under the Affordable Care Act to protect patients in tax-exempt hospitals from aggressive debt collection practices and to provide other rules for charitable hospitals.

Under the **final regulations**, each Section 501(c)(3) hospital organization is required to meet four general requirements on a facility-by-facility basis: establish written financial assistance and emergency medical care policies; limit the amounts charged for emergency or other medically necessary care to individuals eligible for assistance under the hospital's financial assistance policy; make reasonable efforts to determine whether an individual is eligible for assistance under the hospital's financial assistance policy before engaging in extraordinary collection actions against the individual; and conduct a community health needs assessment, or CHNA, and adopt an implementation strategy at least once every three years. The first three requirements are effective for tax years beginning after March 23, 2010 and the CHNA requirements are effective for tax years beginning after March 23, 2012.

The ACA also added a new Section 4959, which imposes an excise tax for failure to meet the CHNA requirements, and added reporting requirements. These final regulations provide guidance on the entities that must meet these requirements, the reporting obligations relating to these requirements and the consequences for failing to satisfy the requirements. "Charitable hospitals represent more than half of the nation's hospitals and play a key role in improving the health of the communities they serve," wrote Emily McMahon, Deputy Assistant Secretary for Tax Policy at the U.S. Department of the Treasury, in a **blog post** Monday explaining the requirements. "But reports that some charitable hospitals have used aggressive debt collection practices, including allowing debt collectors to pursue collections in emergency rooms, have highlighted the need for clear rules to protect patients. For hospitals to be tax-exempt, they should be held to a higher standard. That is why the Affordable Care Act included additional consumer protection requirements for charitable hospitals, so that patients are protected from abusive collections practices and have access to information about financial assistance at all tax-exempt hospitals."

She noted that as a condition of their tax-exempt status, charitable hospitals must take an active role in improving the health of the communities they serve, establish billing and collections protections for patients eligible for financial assistance, and provide patients with the information they need to apply for such assistance. "These final rules adopt the same framework of proposed regulations but simplify the compliance process for charitable hospitals, while continuing to provide meaningful guidance on protections for patients and requirements to assess community health needs," she added.

Under the new rules, hospitals cannot charge individuals eligible for financial assistance more for emergency or other medically necessary care than the amounts generally billed to patients with insurance (including Medicare, Medicaid, or private commercial insurance). In addition, every tax-exempt hospital must establish and widely publicize a financial assistance policy that clearly describes to patients the eligibility criteria for obtaining financial assistance and the method for applying for financial assistance.

Charitable hospitals are also prohibited from engaging in certain collection methods (for example, reporting a debt to a credit agency or garnishing wages) until they make reasonable efforts to determine whether an individual is eligible for assistance under the hospital's financial assistance policy.

In addition, each charitable hospital needs to conduct and publish a community health needs assessment at least once every three years and disclose on the tax form that it files on an annual basis the steps it is taking to address the health needs identified in the assessment.

Many of the requirements have been in place since the Affordable Care Act passed in 2010, but in response to comments on the proposed regulations, the final rules also expand access to translations for patients, by lowering the threshold for having translations of financial assistance policies available from 10 percent of the community served as proposed, to five percent of the community served or population expected to be encountered by the hospital facility, or 1000 persons, whichever is less, according to McMahon. "The final rules also revise the notification requirements to maintain important protections for patients while making it easier for hospitals to comply with them," she wrote. "General notifications regarding a hospital's financial assistance policy must appear on bills and in the hospital. However, individual written and oral notifications of the hospital's financial assistance policy are now only required when a hospital plans to use extraordinary collections actions, such as reporting a debt to a credit bureau, selling the debt to a third party or garnishing wages."

While charitable hospitals must continue to make a good-faith effort to comply, the rules provide charitable hospitals with time to fully update their policies and programming to implement the changes. But if a charitable hospital fails to meet the consumer protection provisions required by the law, the hospital could have its tax-exempt status revoked. If a hospital fails to properly conduct a community health needs assessment or adopt an implementation strategy, an excise tax will apply, McMahon noted. "However, if a hospital fails to meet a requirement, but the failure is neither willful nor egregious, the hospital can correct and publicly disclose the error to have it excused, thus avoiding revocation of tax-exempt status, but the excise tax would still apply," she wrote.

CHNA NEWS: IRS Makes First Revocation of Hospital Not-for-Profit Status Under 501(r)

RICH DALY, HFMA SENIOR WRITER/EDITOR

Aug. 15, 2017—Charity-care reporting requirements under the healthcare reform law may have gone into effect only last October, but already one hospital has lost its not-for-profit tax status as a result. The first-time tax-status revocation under Affordable Care Act (ACA) 501(r) requirements applied to a "dual-status" 501(c)(3) hospital operated by a "local county governmental agency" and was confirmed by a redacted copy of the tax status letter, which was dated Feb. 14, 2017, and posted to the IRS website in August. Neither an IRS spokeswoman nor the redacted letter identified the hospital. Loss of the 501(c)(3) exemptions eliminates the ability of hospitals to use certain employee benefit plans; likely subjects hospitals to income, property, and other taxes; bars receipt of tax-deductible contributions; and disallows use of tax-exempt bonds.

The 501(r) requirements on performing community health needs assessments (CHNAs) and offering financial assistance became effective for tax years beginning on or after Dec. 29, 2015, meaning tax-exempt hospitals operating on the calendar had to be in compliance by Jan. 1, 2016, and those with a different fiscal-year end had to be in compliance by Oct. 1, 2016.

The only enforcement information previously released by the IRS was a June 2016 letter to Sen. Charles Grassley (R-lowa), which noted that at that point the IRS had completed 2,482 compliance reviews under 501(r). Additionally, 163 hospitals were assigned for "examination" as a result of those compliance reviews, but no further actions were identified.

The ACA requires the IRS to review the community-benefit activities of about 3,000 tax-exempt hospitals at least once every three years. This was the first time that Keith Hearle, president, Verité Healthcare Consulting, LLC, Alexandria, Va., had heard of an instance in which a hospital lost its not-for profit status over 501(r) requirements. He has heard of several others that incurred the \$50,000 excise tax for failing to meet the CHNA requirement.

"I would be surprised if it is a one-off," said Hearle, who has been expecting more IRS enforcement after his own reviews indicated widespread hospital vulnerability due to poor compliance.

Reasons for Revocation

Hospital 501(r) requirements include:

- Conducting a CHNA at least once every three years
- Making the CHNA publicly available on a website
- Adopting an implementation strategy to meet the needs identified in the CHNA
- Adopting a financial assistance policy and publicizing the policy, including by posting it on a website
- Limiting the amounts charged to individuals who are eligible for financial assistance
- Making individuals aware of the financial assistance policy prior to engaging in certain collection actions

Among the reasons for the IRS action against the county government hospital was its finding that the hospital did not make the CHNA widely available to the public through a website, although it had paper copies available on request. "The hospital indicated to the IRS that it might have acted on some of the recommendations included in the Implementation Strategy Report, but that a separate written implementation policy was neither drafted nor adopted," the IRS letter stated.

Officials at the small rural hospital said they lacked the staffing to comply with 501(r) requirements. They also said they "really did not need, actually have any use for, or want their tax-exempt status under Section 501(c)(3)," according to the IRS letter. The hospital believed its tax-exempt status somehow prevented its involvement in certain payment arrangements. It had maintained 501(c)(3) status "only in case any liabilities arose relating to the prior management company that had originally obtained that status from the IRS."

The IRS deemed the hospital's failure "egregious" because its leaders had "neither the will, the resources, nor the staff to follow through with the" 501(r) requirements.

Widespread Vulnerability

Industry advisers worry that many hospitals could be vulnerable to IRS enforcement—if not tax-status revocation—under the new requirements. "A lot of them just assume that what they have, in terms of policy and procedure, suffices under the final regulations and have not done a lot," said Andrew Kloeckner, a partner for Omaha-based law firm Baird Holm.

Even hospitals that have taken steps to become compliant with the requirements can face downsides, including complications with their collection efforts, which in turn can delay cash flow, Kloeckner said.

Jan Smith, a tax senior manager in Crowe Horwath's Healthcare practice, indicated that the likelihood of a similar penalty or the likelihood of this determination setting a precedent at other hospitals may be limited. This is due to the unusual position taken by the revoked hospital's officials that they didn't need or want charitable status (in addition to governmental status).

"If hospitals are making a good-faith effort to comply, I would be surprised if the IRS would revoke their tax status at this stage of 501(r) examinations," Smith said in an interview. However, she is aware of several health systems that the IRS is seeking to penalize under the CHNA tax provision.

The IRS's 501(r) compliance reviews include the agency's analysis of hospital websites and "other information designed to identify the hospitals with the highest likelihood of non-compliance," IRS Commissioner John Koskinen stated in his 2016 letter to Grassley.

Justin Lowe, senior manager with the Exempt Organizations Tax Practice at Ernst & Young, underscored that hospital websites are among the publicly available information that the IRS reviews. He urged hospitals to make sure that all required documents, including the CHNA and financial assistance policy, are on the website and easily findable. Insufficient approaches to 501(r) compliance, Kloeckner said, include instances when hospitals purchase financial assistance policy templates that are provided by a consultant and not submitted for legal review, potentially leaving audit vulnerabilities. Kloeckner also urged attention on practices and procedures outside of the policies.

<u>Small government-operated hospitals are among the most vulnerable to enforcement,</u> Hearle said, because they may not be required to file Form 990, which provides reminders about 501(r) compliance requirements. "It's a group of hospitals I'm concerned about," Hearle said.

Among the financial assistance requirements with which hospitals are most likely to struggle, Hearle said, is making available lists of physicians who are associated with the hospital and who utilize the same charity care policies.

"Patients obtaining charity care from a hospital want to find physician groups through which they can get the same charity care, as opposed to some group that doesn't offer charity care," Hearle said.

Public Health Criteria:

<u>Domain 1: Conduct and disseminate assessments focused on population health status and public health issues facing the community.</u>

Domain 1 focuses on the assessment of the health of the population in the jurisdiction served by the health department. The domain includes: systematic monitoring of health status; collection, analysis, and dissemination of data; use of data to inform public health policies, processes, and interventions; and participation in a process for the development of a shared, comprehensive health assessment of the community.

DOMAIN 1 includes 4 STANDARDS:

- Standard 1.1 Participate in or Conduct a Collaborative Process Resulting in a Comprehensive Community Health Assessment
- Standard 1.2 Collect and Maintain Reliable, Comparable, and Valid Data That Provide Information on Conditions of Public Health Importance and on the Health Status of the Population
- **Standard 1.3** Analyze Public Health Data to Identify Trends in Health Problems, Environmental Public Health Hazards, and Social and Economic Factors That Affect the Public's Health
- Standard 1.4 Provide and Use the Results of Health Data Analysis to Develop Recommendations Regarding Public Health Policy, Processes, Programs, or Interventions

Required CHNA Planning Process Requirements:

- a. Participation by a wide range of community partners.
- b. Data / information provided to participants in CHNA planning process.
- c. Evidence of community / stakeholder discussions to identify issues & themes. Community definition of a "healthy community" included along with list of issues.
- d. Community assets & resources identified.
- e. A description of CHNA process used to set priority health issues.

Seven Steps of Public Health Department Accreditation (PHAB):

- 1. Pre-Application
- 2. Application
- 3. Document Selection and Submission
- 4. Site Visit
- 5. Accreditation Decision
- 6. Reports
- 7. Reaccreditation

II. Methodology

b) Collaborating CHNA Parties

Working together to improve community health takes collaboration. Listed below is an in-depth profile of the local hospital and health department CHNA partners:

Stormont Vail Health Profile

1500 S.W. 10th Ave. Topeka, KS 66604-1301 Chief Executive Officer: Randall L. Peterson https://www.stormontvail.org (785) 354-6000

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

Stormont Vail is a nonprofit integrated health care system based in Topeka, Kansas, serving the health care needs of Kansas for more than 130 years. It comprises Stormont Vail Hospital and Cotton O'Neil Clinics, with more than 5,100 team members and 250 employed physicians and a variety of ancillary services. Stormont Vail has maintained Magnet recognition for excellence in nursing services since 2009.

Stormont Vail Hospital is a 586-bed acute care hospital 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 one of only two Level II trauma centers.

Cotton O'Neil is the medical group of physicians and other medical providers of Stormont Vail Health. Cotton O'Neil operates 35 primary and specialty care clinics around Topeka and 10 regional primary care clinics.

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.

Shawnee County Health Department Profile

The Shawnee County Health Department understands the importance of leading the way to a healthier Shawnee County. By being actively involved in the community and projects that are taking place, SCHD strives to be a front-runner in improving the overall health of Shawnee County. The Shawnee County Health Department is open Monday through Friday 8 a.m.-12 p.m. and 1-4 p.m. Phone: (785) 251-5600

Our Mission: Leading the way to a healthier Shawnee County

Locations:

2600 SW East Circle Drive, Topeka, KS 66606 1515 NW Saline St., Topeka, KS 66618 2115 SW 10th Ave., Topeka, KS 66604

Leadership:

Linda Ochs, Director
Carrie Delfs, Division Manager Clinical Services
Craig Barnes, Division Manager Community Health Outreach and Planning
Teresa Fisher, Division Manager Family Health Services
Edith Gaines, Division Manager of Finance and Administration
Gianfranco Pezzino, Shawnee County Health Officer Administrator: Linda Ochs

Services:

Child Care LicensingCommunicable DiseaseEmergency PreparednessEnvironmental Health

Family Health Home VisitationFetal Infant Mortality Review

HIV Testing

ImmunizationsMedical Records

- Nurse-Family Partnership

Pregnancy Testing

Sexually Transmitted Diseases
Tuberculosis (TB) Control Clinic
Women, Infants, and Children (WIC)

Presentations: The Community Health Outreach and Planning Division is excited to be a part of your community events and programs. In addition to taking part in health fairs and community events, we also provide free presentations and trainings on a variety of topics including:

Sex Education
Sexually Transmitted Infections
Nutrition
Tobacco Education
Physical Activity

Stress Management Family Planning Communicable Diseases Personal Hygiene

II. Methodology

b) Collaborating CHNA Parties Continued Consultant Qualifications

VVV Consultants LLC

Company Profile: 601 N. Mahaffie, Olathe, KS 66061 (913) 302-7264

Vince Vandehaar, MBA, Principal Consultant & Adjunct VVV@VandehaarMarketing.com

Vince provides professional business consulting services to help healthcare organizations with business strategy, research and development. Specifically, Vince facilitates strategic planning, creates proven marketing plans/tactics, prepares IRS aligned community health needs assessments and conducts both qualitative and quantitative market research studies.

Vince started his consulting firm (VVV Consultants LLC) on 1/1/2009, after working for Saint Luke's Health System of Kansas City for 16 years. (Note: Saint Luke's Hospital of KC, SLHS's largest hospital, won the Malcolm Baldrige National Quality Award in March of 2003). Prior to his experience at Saint Luke's, Vince worked in the payor and insurance industry for Blue Cross and Blue Shield of Kansas City; Tillinghast, a Tower's Perrin Actuarial Consulting Firm; and Lutheran Mutual Life Insurance Company.

Vince also is an Adjunct Professor teaching BA, MBA & MHA classes 20% of his time at Avila, Rockhurst and/or Webster University (Strategic Planning, Marketing, MHA Capstone, Marketing Research, Sales & Social Media classes) and consults the remainder of his time.

Vince is a Malcolm Baldrige coach and a professional focus group moderator. He is actively involved in the National Society for Healthcare Strategy & Market Development (SHSMD), KHA/MHA Marketing Associations, KC Employee Benefit Professional Association, Healthcare Executives Kansas City, the American Marketing Association KC Chapter and is an SG2 advocate.

Collaborating Support:

Tessa Taylor, BA BBA - VVV Consultants LLC Associate Consultant

II. Methodology

c) CHNA and Town Hall Research Process

Wave #3 Community Health Needs Assessment (CHNA) process began in June 2018 for Shawnee County to meet IRS CHNA requirements.

In May 2018 a meeting was called/hosted by Stormont Vail Health to review possible CHNA collaborative options, partnering with the Shawnee County Health Department. Note: VVV Consultants LLC from Olathe, KS was asked to facilitate this discussion with the following agenda: VVV CHNA experience, review CHNA requirements (regulations) and discuss CHNA steps/options to meet IRS requirements and to discuss next steps. Outcomes from discussion led to SVH Administration requesting VVV Consultants LLC to complete a CHNA IRS aligned comprehensive report.

VVV CHNA Deliverables:

- Document Hospital Primary Service Area meets the 80-20 patient origin rule.
- Uncover / document basic secondary research (county health data), organized by 10 tabs.
- Conduct / report CHNA Community Online Feedback Findings (primary research).
- Conduct a Town Hall meeting to discuss with community secondary & primary data findings leading to determining (prioritizing) county health needs.
- Prepare / publish CHNA report which meets ACA requirements.

To ensure proper PSA town hall representation (that meets the 80-20 patient origin rule), a patient origin three-year summary was generated documenting patient draw by zip codes:

Stormont Vail- Primary Service Area Define					2,385,179	Totals Year	rs 2017-15
	Sou	ırce: KHA / I	ntern	al Records	3Yr Totals	IP / OP / ER / C	linic patients
#	ZIP	City	ST	County	3YR TOT	ACCUM	%
1	66614	Topeka	KS	SHAWNEE	295,272	12.4%	12.4%
2	66604	Topeka	KS	SHAWNEE	227,687	21.9%	9.5%
3	66605	Topeka	KS	SHAWNEE	189,124	29.9%	7.9%
4	66606	Topeka	KS	SHAWNEE	105,328	34.3%	4.4%
5	66611	Topeka	KS	SHAWNEE	99,188	38.4%	4.2%
6	66610	Topeka	KS	SHAWNEE	82,625	41.9%	3.5%
7	66607	Topeka	KS	SHAWNEE	79,926	45.2%	3.4%
8	66618	Topeka	KS	SHAWNEE	79,893	48.6%	3.3%
9	66617	Topeka	KS	SHAWNEE	78,940	51.9%	3.3%
10	66609	Topeka	KS	SHAWNEE	62,680	54.5%	2.6%
11	66608	Topeka	KS	SHAWNEE	58,426	57.0%	2.4%
12	66616	Topeka	KS	SHAWNEE	54,808	59.3%	2.3%
13	66615	Topeka	KS	SHAWNEE	31,627	60.6%	1.3%
14	66542	Tecumseh	KS	SHAWNEE	31,117	61.9%	1.3%
15	66402	Auburn	KS	SHAWNEE	27,351	63.1%	1.1%
16	66409	Berryton	KS	SHAWNEE	27,180	64.2%	1.1%
17	66619	Topeka	KS	SHAWNEE	27,042	65.3%	1.1%
18	66612	Topeka	KS	SHAWNEE	23,693	66.3%	1.0%
19	66539	Silver Lake	KS	SHAWNEE	21,541	67.2%	0.9%
20	66603	Topeka	KS	SHAWNEE	14,943	67.9%	0.6%
21	66533	Rossville	KS	SHAWNEE	12,395	68.4%	0.5%
22	66546	Wakarusa	KS	SHAWNEE	9,077	68.8%	0.4%
23	66601	Topeka	KS	SHAWNEE	5,273	69.0%	0.2%
24	66050	Lecompton	KS	SHAWNEE	4,188	69.1%	0.2%
25	66675	Topeka	KS	SHAWNEE	861	69.2%	0.0%
26	66667	Topeka	KS	SHAWNEE	628	69.2%	0.0%
27	66600	Topeka	KS	SHAWNEE	330	69.2%	0.0%
28	66420	Dover	KS	SHAWNEE	317	69.2%	0.0%
29	66621	Topeka	KS	SHAWNEE	98	69.2%	0.0%
30	66801	Emporia	KS	LYON	79,839	72.6%	3.3%
31	66502	Manhattan	KS	RILEY	61,605	75.2%	2.6%

Specific CHNA roles, responsibility and project timelines are document by the following calendar.

	Stormont		(Shawnee County KS) - CHNA Work Plan
			#3 Project Timeline & Roles 2018
Step		Lead	Task
1	May 2018	VVV	Presented CHNA Wave #3 options to hospital client.
2	6/7/2018	SVH	Selected CHNA Option C. Approved/signed VVV CHNA quote. Send out REQCommInvite Excel file. Hospital client to fill in PSA key
3	6/18/2018	VVV	stakeholder names, addresses, and e-mail addresses.
4	6/18/2018	VVV	Request hospital client to complete zip counts (three year historical PSA IP/OP/ED/Clinic). Use ZipPSA 3yrPOrigin.xls Patient Origin file.
5	6/18/2018	VVV	Request hospital client to send KHA Patient Origin reports (PO 101, 103, TOT223E) to document service area for FFY 15, 16, 17 (KHA HIDI key sent).
6	7/5/2018	ALL	Conduct CHNA Kickoff Meeting to review project roles/deliverables. (Hospital/DOH leaders).
7	7/6/2018	VVV	Update CHNA stakeholder feedback online link. Send text link for client/DOH to review. Prepare draft e-mail push.
8	7/20/2018	VVV / Hosp	CHNA link on their website and social media sites.
9	9/11/2018	ALL	Conduct CHNA Wave #3 Coordinating Conf Call. Review project town hall ppt. (Hospital / DOH leaders).
10	7/20/2018	VVV	Launch online survey to stakeholders. Hospital client will e-mail #1 invite to participate to all stakeholders. Client will have finalized town hall locations.
11	July - Aug 2018	VVV	Assemble and complete secondary research. Find and populate 10 TABS. Create town hall PowerPoint for presentation.
12	8/3/2018	VVV / Hosp	Prepare / release PR story #2 to local media announcing upcoming town hall. VVV will mock up PR release/client will place.
13	8/3/2018	Hosp	Prepare/send community town hall invite #2 (E-message/letter/optional local advertisement).
14	8/3/2018	Hosp	Client will finalize food for town hall dicussions.
15	Thurs 9/6/18	All	Conduct town hall practice conference call with hospital/DOH to review town hall data and flow.
16	Tues 9/11 (5:30-7 p.m.)	VVV	Conduct community town hall discussion at 5:30 p.m. at Avondale East NET Center; 455 SE Golf Park Blvd., Topeka, KS 66605. Review secondary health data. discuss & document neighborhood needs.
17	Thurs 9/13 (11:30-1 p.m. & 5:30-7 p.m.)	VVV	Conduct two community town hall discussions. One at 11:30am at Silver Lake United Methodist Church; 204 Madore St, Silver Lake, KS 66539 and at 5:30 p.m. at Oakland Community Center; 811 NE Poplar, Topeka, KS 66616. Review secondary health data, discuss & document neighborhood needs.
18	Thurs 9/27/2018 (11:30-1 p.m.)	VVV	Conduct community town hall discussion at 11:30 a.m. at Shawnee County Health Department; 2600 SW East Circle Drive, Topeka, KS 66606. Review & discuss basic health data, online & roundtable feedback / rank health needs.
19	On or before 10/31/18	VVV	Complete analysis. Release draft #1/seek feedback from DOH and hospital client.
20	On or before 11/30/18	VVV	Produce and release final CHNA report. Hospital client will post CHNA online Jan 2019.
21	On or before 12/31/18	TBD	Conduct hospital client Implementation Plan meeting with PSA leadership.
22	30 days prior to end of hospital fiscal year	Hosp	Hold board meetings to discuss CHNA needs, create and adopt an Implementation Plan. Communicate CHNA plan to community.

To meet IRS aligned CHNA requirements and meet Public Health accreditation criteria stated earlier, a four-phase methodology was followed:

Phase I—Discovery:

Conduct a 30-minute conference call with the CHNA county health department and hospital clients. Review / confirm CHNA calendar of events, explain / coach clients to complete required participant database and schedule / organize all Phase II activities.

Phase II—Qualify Community Need:

A) Conduct secondary research to uncover the following historical community health status for the primary service area. Use Kansas Hospital Association (KHA), Vital Statistics, Robert Wood Johnson Foundation: County Health Rankings, etc. to document current state of county health organized as follows:

TAB 1. Demographic Profile
TAB 2. Economic/Business Profile
TAB 3. Educational Profile
TAB 4. Maternal and Infant Health Profile
TAB 5. Hospitalization / Providers Profile
TAB 6. Behavioral Health Profile
TAB 7. Risk Indicators & Factors
TAB 8. Uninsured Profile
TAB 9. Mortality Profile
TAB 10. Preventative Quality Measures

B) Gather primary research (stakeholder feedback) to uncover public health needs, practices and perceptions for primary service areas.

Phase III—Quantify Community Need:

Conduct a 90-minute town hall meeting with required community primary service area residents. At each town hall meeting, CHNA secondary data will be reviewed, facilitated group discussion will occur and a group ranking activity to determine the most important community health needs was administered.

<u>Phase IV—Complete Data Analysis and Create Comprehensive Community Health Needs</u> Assessment:

Post CHNA report findings to meet both PHAB and IRS CHNA criteria.

After consideration of CHNA stakeholders (sponsoring county health department and hospital), the CHNA Option C was selected with the following project schedule:

Phase I: Discovery	June 2018
Phase II: Secondary / Primary Research	June - Aug 2018
Phase III: Town Hall Meeting	Sept 27, 2018
Phase IV: Prepare / Release CHNA report	Sept - Oct 2018

Detail CHNA Development Steps Include:

Development	Steps to Create Comprehensive
Commur	nity Health Needs Assessment
Step # 1 Commitment	Determine interest level of area healthcare leaders (Hospital, Health Dept., Mental Health Centers, schools, churches, physicians etc.), prepare project quote.
Step # 2 Planning	Prepare brief CHNA Project Work Calendar - list goals, objectives, purpose, outcome, roles, community involvement, etc. Hold community kick-off meeting.
Step # 3 Secondary Research	Collect and report community health published facts. Gather data health practice data from published secondary research sources (i.e. census, county health records, behavioral risk factors surveillance, etc.)
Step # 4a Primary Research - Town Hall prep	Collect community opinions. (quantitative research). Gather stakeholders / community opinions regarding community health needs and healthcare practices.
Step # 4b Primary Research - Conduct Town Hall	Conduct "Conversation with Community" Town Hall (qualitative research). Review secondary & primary data findings. Facilitate community conversation to build consensus; discuss opinions / identify health needs.
Steps # 5 Reporting	Prepare and present comprehensive CHNA report (to community leaders), facilitate development of CHNA Implementation Plan (actions to improve health). (Note: formal report will follow IRS Notice 2011-52 regs & PHAB requirements.)
VVV Consultants, LLC Olathe, KS	(913) 302-7264

Overview of Town Hall Community Priority Setting Process

Each community has a wealth of expertise to be tapped for CHNA development. For this reason, a Town Hall is the perfect forum to gather community insight and provide an atmosphere to objectively consensus build and prioritize county health issues.

All Town Hall priority-setting and scoring processes involve the input of key stakeholders in attendance. Individuals and organizations attending the Town Halls were critically important to the success of the CHNA. The following list outlines partners invited to the Town Hall: local hospital, public health community, mental health community, free clinics, community- based clinics, service providers, local residents, community leaders, opinion leaders, school leaders, business leaders, local government, faith-based organizations and persons (or organizations serving them), people with chronic conditions, uninsured community members, low income residents and minority groups.

To prep for the community- wide Town Hall, three neighborhood roundtables were organized to collect specific local health issues. Roundtables sessions were held at Avondale East NET on 9/11/18 and at Silver Lake Methodist and Oakland Community Center on Sept. 13, 2018. Note: For all 3 RT sessions, a formal moderator guide was used (see Section V for reference).

Shawnee County Kansas (Stormont Vail Health and Shawnee County Health Department) town hall was held on Thursday, Sept. 27th, 2018 at the Shawnee County Health Department in Topeka, KS. Vince Vandehaar and Austin Jackson (SVH) facilitated this 90-minute session with fifty-six (56) attendees. (Note: a detailed roster of Town Hall attendees is in Section V a).

The following Town Hall agenda was conducted:

Welcome and Introductions

Review Purpose for the CHNA Town Hall & Process Roles

Present / Review Historical County Health Indicators (10 TABS)

Facilitate Town Hall participant discussion of data (probe health strengths / concerns). Reflect on size and seriousness of any health concerns sited and discuss current community health strengths.

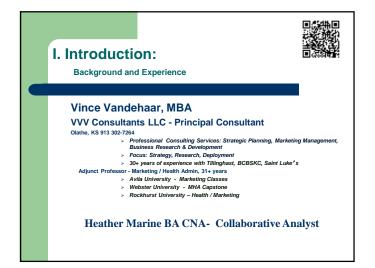
Engage Town Hall participants to rank health needs (using four dots to cast votes on priority issues). Tally and rank top community health concerns cited.

Close meeting by reflecting on identified health needs / community voting results. Inform participants on the "next steps."

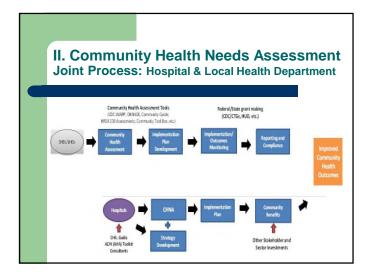
At the end of each Town Hall session, VVV encouraged all community members to continue to contribute ideas to both hospital and health department leaders via email or personal conversations. NOTE: To review detailed Town Hall discussion content, see Section V for detailed notes of session and activity card content reporting strengths and items to change or improve.



Community Health Needs Assessment (CHNA) Town Hall Discussion Agenda I. Opening / Introductions (Linda Ochs and Austin Jackson) III. Review CHNA Purpose / Process (a systematic collection, assembly, analysis, and dissemination of information about the health of the community) III. Review Current County "Health Status" - Secondary Data - 10 Health Status TAB Categories - Review Community Feedback Online Research (40 mins) IV. Collect Community Health Perspectives - Hold Community Discussion / Voting Activity - Determine Most Important Health Areas (45 mins) V. Close / Next Steps (5 mins)



ALL attendees welcome to share insights Parking Lot There are no right or wrong answers Only one person speaks at a time Please give truthful responses Have a little fun along the way



CHNA Conversation with the Community

Community members and organizations invited to participate.

Consumers: Uninsured/underinsured people, Members of at-risk populations, Parents, caregivers and other consumers of health care in the community, and Consumer advocates.

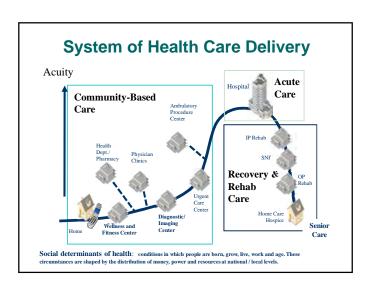
Community leaders and groups: The hospital organization's board members, Local clergy and congregational leaders, Presidents or chairs of civic or service clubs -- Chamber of Commerce, veterans' organizations, Lions, Rotary, etc., Representatives from businesses -- owners/CEO's of large businesses (local or large corporations with local branches.), Business people & merchants (e.g., who sell tobacco, alcohol, or other drugs), Representatives from organized labor, Political, appointed and elected officials., Foundations., United Way organizations. And other "community leaders."

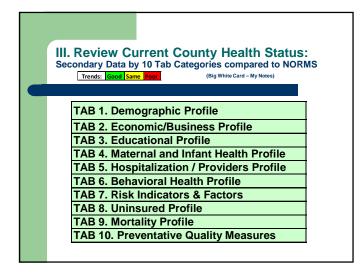
Public and other organizations: Public health officials, Directors or staff of health and human service organizations, City/Community planners and development officials, Individuals with business and economic development experience, Welfare and social service agency staff, Housing advocates - administrators of housing programs: homeless shelters, low-income-family housing and senior housing, Education officials and staff - school superintendents, principals and teachers, Public safety officials, Staff from state and area agencies on aging, Law enforcement agencies - Chiefs of police, Local colleges and universities, Coalitions working on health or other issues.

Other providers: Physicians, Leaders in other not-for-profit health care organizations, such as hospitals, clinics, nursing homes and home-based and community-based services, Leaders from Catholic Charities and other faith-based service providers, Mental health providers, Oral health providers, Health insurers, Parish and congregational nursing programs, Other health professionals

Non-for-Profit Hospital CHNA Written Report Documentation

- a description of the community served
- a description of the CHNA process
- the identity of any and all organizations and third parties which collaborated to assist with the CHNA
- a <u>description of how</u> the organization considered the input of persons representing the community (e.g., through meetings, focus groups, interviews, etc.), who those persons are, and their qualifications
- a prioritized description of all community needs identified by the CHNA and
- a description of the existing health care facilities and other resources within the community available to meet the needs identified through the CHNA

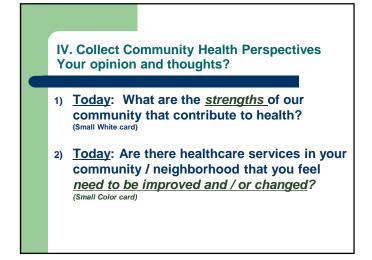




IV. Collect Community Health Perspectives Your opinion and thoughts?

1) How would you define "a Healthy Community"? (Big Color card)

2) Tomorrow: What is occurring or might occur that would affect the "health of our community?" (Town Hall Q)

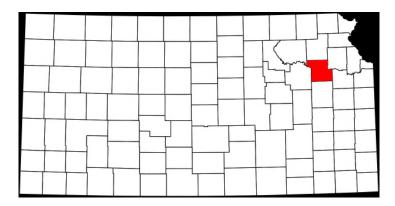




II. Methodology

d) Community Profile (A Description of Community Served)

Shawnee County (KS) Community Profile



The population of Shawnee County KS was estimated to be 180,333 citizens in 2018, and only had a 0.16% change in population from 2010–2018. The county covers 550 square miles. The county has an overall population density of 324 persons per square mile. The county is located in Northeastern Kansas, and professional, scientific, and management/administration are the industries that provide the most employment. The county was founded in 1855, and the county seat is Topeka¹.

The major highway transportation access to Shawnee County is Interstate 70 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.

Shawnee County KS Airports²

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

¹ http://www.city-data.com/county/Shawnee_County-KS.html

² https://kansas.hometownlocator.com/features/cultural,class,airport,scfips,20177.cfm

Shawnee County (KS) Community Profile

Schools in Shawnee County:

Public Schools³

Name	Level	Name	Level
Capital City	High/Junior	Mceachron Elementary	Elementary
Highland Park	High	Meadows Elementary	Elementary
Hope Street Charter	High	North Fairview	Elementary
Lawrence Gardner	High/Middle	Pauline Central Primary	Elementary
Rossville Senior	High/Middle	Pauline South Intermediate	Elementary
Seamen	High/Middle	Pleasant Hill Elementary	Elementary
Shawnee Heights	High/Middle	Quincy Elementary	Elementary
Silver Lake	High/Middle	Randolph Elementary	Elementary
Topeka	High	Rochester Elementary	Elementary
Topeka West	High	Ross Elementary	Elementary
Washburn Rural	High/Middle	Rossville Elementary	Elementary
Chase Middle	Middle	Scott Dual Language Magnet	Elementary
Eisenhower Middle	Middle	Topeka Shaner	Elementary
Marjore French	Middle	Topeka Shawnee Heights	Elementary
Jardine Middle	Middle	Silver Lake Silver Lake	Elementary
Landon Middle	Middle		
Robinson Middle	Middle	Private Schools[1]	
Auburn Elementary	Elementary	Name	Level
Avondale Elementary	Elementary	Cair Paravel Latin School	Elementary
Berryton Elementary	Elementary	Christ the King School	Elementary/Middle
Elmont Elementary	Elementary	Hayden High School	High
Farley Elementary	Elementary	Heritage Christian School	Elem/Middle/High
Highland Park Central	Elementary	Kennedy Academy	Elementary
Indian Hills Elementary	Elementary	Mater Dei Catholic School	Elementary/Middle
Jay Shideler Elementary	Elementary	Most Pure Heart of Mary	Elementary/Middle
Logan Elementary	Elementary	Our Lady of Guadalupe	Elementary/Middle
Lowman Hill	Elementary	St Matthew Catholic School	Elementary/Middle
Maude Bishop	Elementary	Topeka Adventist	Elementary/Middle
Mccarter Elementary	Elementary	Topeka Collegiate School	Elementary
Mcclure Elementary	Elementary	Topeka Lutheran	Elementary

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

Parks and Amenities⁵

Name	USGS Topo Map
Auburndale Park	Topeka
Big Shunga Park	Topeka
Brown v. Board of Education National Historic Site	Topeka
Central Park	Topeka
Chesney Park	Topeka
Children's Park	Topeka
Collins Parkway	Topeka
Country Club Park	Topeka
Crestview Park	Topeka
Dillon House	Topeka
Dornwood Park	Topeka
E F A Reinisch Rose Garden	Topeka
Eastborough Park	Topeka
Eastlawn Park	Topeka
Edgewater Park	Topeka
Edgewood Park	Topeka
Family Park	Silver Lake
Gage Park	Topeka
Garfield Park	Topeka
Great Overland Station	Topeka
Highland Crest Park	Topeka
Hillcrest Park	Topeka
Hillsdale Park	Topeka
Holliday Park	Topeka
Horne Park	Topeka
Huntoon Park	Topeka
Keyway Park	Topeka
Lakewood Park	Topeka
Meade Park	Topeka
Oakland-Billard Park	Topeka
Plaza Park	Topeka
Rice Park	Topeka
Ripley Park	Topeka
Santa Fe Park	Topeka
Seabrook Park	Topeka
Shawnee County State Park	Grove
Shunga Glen Park	Topeka
Sims Park	Topeka
Skyline Park	Topeka
Veterans Park	Topeka
Ward - Meade Park and Botanical Gardens	Topeka
Washburn Park	Topeka
Washburn University - Moore Bowl	Topeka
Washburn University - Yager Stadium	Topeka
Wells Park	Topeka
Westboro Park	Topeka
Willow Park	Topeka

					Population	on	Н	louseholds		Per Capita
Zip	Name	ST	County	YR 2018	YR 2023	Chg.	YR 2018	YR 2023	Avg. Size	Income 18
66050	Lecompton	KS	SHAWNEE	2045	2163	-5.5%	795	840	2.6	\$34,668
66402	Auburn	KS	SHAWNEE	2753	2807	-1.9%	1046	1066	2.6	\$34,999
66409	Berryton	KS	SHAWNEE	3213	3268	-1.7%	1249	1270	2.6	\$40,999
66533	Rossville	KS	SHAWNEE	1895	1925	-1.6%	662	671	2.8	\$29,017
66539	Silver Lake	KS	SHAWNEE	2899	2933	-1.2%	1066	1077	2.7	\$33,360
66542	Tecumseh	KS	SHAWNEE	3278	3292	-0.4%	1246	1251	2.6	\$33,726
66546	Wakarusa	KS	SHAWNEE	1038	1059	-2.0%	425	433	2.4	\$35,971
66603	Topeka	KS	SHAWNEE	1978	1986	-0.4%	853	858	2.1	\$17,785
66604	Topeka	KS	SHAWNEE	23517	23606	-0.4%	10305	10336	2.2	\$27,820
66605	Topeka	KS	SHAWNEE	20294	20471	-0.9%	7450	7502	2.7	\$23,413
66606	Topeka	KS	SHAWNEE	11496	11530	-0.3%	5426	5434	2.1	\$29,929
66607	Topeka	KS	SHAWNEE	10492	10501	-0.1%	3223	3216	2.9	\$14,311
66608	Topeka	KS	SHAWNEE	5639	5571	1.2%	2248	2215	2.3	\$20,661
66609	Topeka	KS	SHAWNEE	6907	6868	0.6%	2842	2810	2.4	\$29,407
66610	Topeka	KS	SHAWNEE	9332	9561	-2.4%	3429	3512	2.7	\$45,963
66611	Topeka	KS	SHAWNEE	9482	9540	-0.6%	4433	4449	2.1	\$31,856
66612	Topeka	KS	SHAWNEE	2736	2750	-0.5%	1391	1393	1.9	\$18,430
66614	Topeka	KS	SHAWNEE	32392	32554	-0.5%	14270	14319	2.2	\$35,789
66615	Topeka	KS	SHAWNEE	3192	3283	-2.8%	1265	1301	2.5	\$42,125
66616	Topeka	KS	SHAWNEE	5954	6000	-0.8%	2495	2510	2.4	\$19,140
66617	Topeka	KS	SHAWNEE	8760	8883	-1.4%	3305	3348	2.7	\$31,744
66618	Topeka	KS	SHAWNEE	10001	10164	-1.6%	3602	3657	2.8	\$30,834
66619	Topeka	KS	SHAWNEE	3531	3644	-3.1%	1156	1190	3.1	\$22,668
00013			SHAWNEL	3331	3044	-3.170	1130	1130	J. I	ΨΖΖ,000
	To	ntals		182 824	184 359	-0.8%	74 182	74 658	2.5	\$29 766
	To	otals		182,824	184,359	-0.8%	74,182	74,658	2.5	\$29,766
Zin			County	,	Í	Populati	on YR 2018			Females
Zip	Name	ST	County	Pop 18	Pop. 65+	Populati Kids <18	on YR 2018 Gen. Y	Med. Age	Females	Females Age 20-35
66050	Name Lecompton	ST KS	SHAWNEE	Pop 18 795	Pop. 65+ 381	Populati Kids <18 442	on YR 2018 Gen. Y 426	Med. Age	Females 1019	Females Age 20-35 213
66050 66402	Name Lecompton Auburn	ST KS KS	SHAWNEE SHAWNEE	Pop 18 795 1046	Pop. 65+ 381 470	Populati Kids <18 442 745	on YR 2018 Gen. Y 426 560	Med. Age 47 42	Females 1019 1397	Females Age 20-35 213 299
66050 66402 66409	Name Lecompton Auburn Berryton	ST KS KS	SHAWNEE SHAWNEE SHAWNEE	Pop 18 795 1046 1249	Pop. 65+ 381 470 675	Populati Kids <18 442 745 640	on YR 2018 Gen. Y 426 560 506	Med. Age 47 42 51	Females 1019 1397 1563	Females Age 20-35 213 299 248
66050 66402 66409 66533	Name Lecompton Auburn Berryton Rossville	ST KS KS KS	SHAWNEE SHAWNEE SHAWNEE SHAWNEE	Pop 18 795 1046 1249 662	Pop. 65+ 381 470 675 305	Populati Kids <18 442 745 640 604	on YR 2018 Gen. Y 426 560 506 437	Med. Age 47 42 51 35	Females 1019 1397 1563 974	Females Age 20-35 213 299 248 211
66050 66402 66409 66533 66539	Name Lecompton Auburn Berryton Rossville Silver Lake	ST KS KS KS KS	SHAWNEE SHAWNEE SHAWNEE SHAWNEE SHAWNEE	Pop 18 795 1046 1249 662 1066	Pop. 65+ 381 470 675 305 495	Populati Kids <18 442 745 640 604 799	on YR 2018 Gen. Y 426 560 506 437 665	Med. Age 47 42 51 35 40	Females 1019 1397 1563 974 1465	Females Age 20-35 213 299 248 211 329
66050 66402 66409 66533 66539 66542	Name Lecompton Auburn Berryton Rossville Silver Lake Tecumseh	KS KS KS KS KS KS	SHAWNEE SHAWNEE SHAWNEE SHAWNEE SHAWNEE SHAWNEE	Pop 18 795 1046 1249 662 1066 1246	Pop. 65+ 381 470 675 305 495 767	Populati Kids <18 442 745 640 604 799 703	on YR 2018 Gen. Y 426 560 506 437 665 547	Med. Age 47 42 51 35 40 50	Females 1019 1397 1563 974 1465 1636	Females Age 20-35 213 299 248 211 329 265
66050 66402 66409 66533 66539 66542 66546	Name Lecompton Auburn Berryton Rossville Silver Lake Tecumseh Wakarusa	KS KS KS KS KS KS KS	SHAWNEE SHAWNEE SHAWNEE SHAWNEE SHAWNEE SHAWNEE SHAWNEE	Pop 18 795 1046 1249 662 1066 1246 425	Pop. 65+ 381 470 675 305 495 767 216	Populati Kids <18 442 745 640 604 799 703 225	on YR 2018 Gen. Y 426 560 506 437 665 547 205	Med. Age 47 42 51 35 40 50 49	Females 1019 1397 1563 974 1465 1636 523	Females Age 20-35 213 299 248 211 329 265 103
66050 66402 66409 66533 66539 66542 66546 66603	Name Lecompton Auburn Berryton Rossville Silver Lake Tecumseh Wakarusa Topeka	KS KS KS KS KS KS KS	SHAWNEE SHAWNEE SHAWNEE SHAWNEE SHAWNEE SHAWNEE SHAWNEE SHAWNEE SHAWNEE	Pop 18 795 1046 1249 662 1066 1246 425 853	Pop. 65+ 381 470 675 305 495 767 216 235	Populati Kids <18 442 745 640 604 799 703 225 520	on YR 2018 Gen. Y 426 560 506 437 665 547 205 610	Med. Age 47 42 51 35 40 50 49 35	Females 1019 1397 1563 974 1465 1636 523 878	Females Age 20-35 213 299 248 211 329 265 103 272
66050 66402 66409 66533 66539 66542 66546 66603	Name Lecompton Auburn Berryton Rossville Silver Lake Tecumseh Wakarusa Topeka Topeka	KS KS KS KS KS KS KS KS	SHAWNEE	Pop 18 795 1046 1249 662 1066 1246 425 853 10305	Pop. 65+ 381 470 675 305 495 767 216 235 4199	Populati Kids <18 442 745 640 604 799 703 225 520 5800	on YR 2018 Gen. Y 426 560 506 437 665 547 205 610 6945	Med. Age 47 42 51 35 40 50 49 35 37	Females 1019 1397 1563 974 1465 1636 523 878 12335	Females Age 20-35 213 299 248 211 329 265 103 272 3452
66050 66402 66409 66533 66539 66542 66546 66603 66604	Name Lecompton Auburn Berryton Rossville Silver Lake Tecumseh Wakarusa Topeka Topeka Topeka	KS KS KS KS KS KS KS KS	SHAWNEE	Pop 18 795 1046 1249 662 1066 1246 425 853 10305 7450	Pop. 65+ 381 470 675 305 495 767 216 235 4199 3109	Populati Kids <18 442 745 640 604 799 703 225 520 5800 6168	on YR 2018 Gen. Y 426 560 506 437 665 547 205 610 6945 5070	Med. Age 47 42 51 35 40 50 49 35 37	Females 1019 1397 1563 974 1465 1636 523 878 12335 10680	Females Age 20-35 213 299 248 211 329 265 103 272 3452 2677
66050 66402 66409 66533 66539 66542 66546 66603 66604 66605 66606	Name Lecompton Auburn Berryton Rossville Silver Lake Tecumseh Wakarusa Topeka Topeka Topeka Topeka	ST KS KS KS KS KS KS KS	SHAWNEE	Pop 18 795 1046 1249 662 1066 1246 425 853 10305 7450 5426	Pop. 65+ 381 470 675 305 495 767 216 235 4199 3109 2175	Populati Kids <18 442 745 640 604 799 703 225 520 5800 6168 2649	Gen. Y 426 560 506 437 665 547 205 610 6945 5070 3191	Med. Age 47 42 51 35 40 50 49 35 37 36 39	Females 1019 1397 1563 974 1465 1636 523 878 12335 10680 6049	Females Age 20-35 213 299 248 211 329 265 103 272 3452 2677 1640
66050 66402 66409 66533 66539 66542 66546 66603 66604 66605 66606	Name Lecompton Auburn Berryton Rossville Silver Lake Tecumseh Wakarusa Topeka Topeka Topeka Topeka Topeka Topeka	ST KS KS KS KS KS KS KS	SHAWNEE	Pop 18 795 1046 1249 662 1066 1246 425 853 10305 7450 5426 3223	Pop. 65+ 381 470 675 305 495 767 216 235 4199 3109 2175 1088	Populati Kids <18 442 745 640 604 799 703 225 520 5800 6168 2649 3421	on YR 2018 Gen. Y 426 560 506 437 665 547 205 610 6945 5070 3191 3091	Med. Age 47 42 51 35 40 50 49 35 37 36 39 31	Females 1019 1397 1563 974 1465 1636 523 878 12335 10680 6049 5421	Females Age 20-35 213 299 248 211 329 265 103 272 3452 2677 1640 1697
66050 66402 66409 66533 66539 66542 66646 66603 66604 66605 66606 66607 66608	Name Lecompton Auburn Berryton Rossville Silver Lake Tecumseh Wakarusa Topeka Topeka Topeka Topeka Topeka Topeka Topeka Topeka Topeka	ST KS KS KS KS KS KS KS	SHAWNEE	Pop 18 795 1046 1249 662 1066 1246 425 853 10305 7450 5426 3223 2248	Pop. 65+ 381 470 675 305 495 767 216 235 4199 3109 2175 1088 820	Populati Kids <18 442 745 640 604 799 703 225 520 5800 6168 2649 3421 1488	on YR 2018 Gen. Y 426 560 506 437 665 547 205 610 6945 5070 3191 3091 1437	Med. Age 47 42 51 35 40 50 49 35 37 36 39 31 38	Females 1019 1397 1563 974 1465 1636 523 878 12335 10680 6049 5421 2705	Females Age 20-35 213 299 248 211 329 265 103 272 3452 2677 1640 1697 689
66050 66402 66409 66533 66539 66542 66646 66603 66604 66605 66606 66607 66608 66609	Name Lecompton Auburn Berryton Rossville Silver Lake Tecumseh Wakarusa Topeka	ST KS KS KS KS KS KS KS	SHAWNEE	Pop 18 795 1046 1249 662 1066 1246 425 853 10305 7450 5426 3223 2248 2842	Pop. 65+ 381 470 675 305 495 767 216 235 4199 3109 2175 1088 820 1118	Populati Kids <18 442 745 640 604 799 703 225 520 5800 6168 2649 3421 1488 1915	on YR 2018 Gen. Y 426 560 506 437 665 547 205 610 6945 5070 3191 3091 1437 1788	Med. Age 47 42 51 35 40 50 49 35 37 36 39 31 38 37	Females 1019 1397 1563 974 1465 1636 523 878 12335 10680 6049 5421 2705 3579	Females Age 20-35 213 299 248 211 329 265 103 272 3452 2677 1640 1697 689 939
66050 66402 66409 66533 66539 66542 66604 66605 66605 66607 66608 66609 66610	Name Lecompton Auburn Berryton Rossville Silver Lake Tecumseh Wakarusa Topeka	ST KS KS KS KS KS KS KS	SHAWNEE	Pop 18 795 1046 1249 662 1066 1246 425 853 10305 7450 5426 3223 2248 2842 3429	Pop. 65+ 381 470 675 305 495 767 216 235 4199 3109 2175 1088 820 1118 1937	Populati Kids <18 442 745 640 604 799 703 225 520 5800 6168 2649 3421 1488 1915 2314	on YR 2018 Gen. Y 426 560 506 437 665 547 205 610 6945 5070 3191 3091 1437 1788 1706	Med. Age 47 42 51 35 40 50 49 35 37 36 39 31 38 37 46	Females 1019 1397 1563 974 1465 1636 523 878 12335 10680 6049 5421 2705 3579 4833	Females Age 20-35 213 299 248 211 329 265 103 272 3452 2677 1640 1697 689 939 897
66050 66402 66409 66533 66539 66542 66546 66603 66604 66605 66606 66607 66608 66609 66610	Name Lecompton Auburn Berryton Rossville Silver Lake Tecumseh Wakarusa Topeka	ST KS KS KS KS KS KS KS	SHAWNEE	Pop 18 795 1046 1249 662 1066 1246 425 853 10305 7450 5426 3223 2248 2842 3429 4433	Pop. 65+ 381 470 675 305 495 767 216 235 4199 3109 2175 1088 820 1118 1937 2058	Populati Kids <18 442 745 640 604 799 703 225 520 5800 6168 2649 3421 1488 1915 2314 2124	on YR 2018 Gen. Y 426 560 506 437 665 547 205 610 6945 5070 3191 3091 1437 1788 1706 2785	Med. Age 47 42 51 35 40 50 49 35 37 36 39 31 38 37 46 39	Females 1019 1397 1563 974 1465 1636 523 878 12335 10680 6049 5421 2705 3579 4833 4975	Females Age 20-35 213 299 248 211 329 265 103 272 3452 2677 1640 1697 689 939 897 1392
66050 66402 66409 66533 66539 66542 66546 66603 66604 66605 66606 66607 66608 66609 66610 66611 66612	Name Lecompton Auburn Berryton Rossville Silver Lake Tecumseh Wakarusa Topeka	ST KS KS KS KS KS KS KS	SHAWNEE	Pop 18 795 1046 1249 662 1066 1246 425 853 10305 7450 5426 3223 2248 2842 3429 4433 1391	Pop. 65+ 381 470 675 305 495 767 216 235 4199 3109 2175 1088 820 1118 1937 2058 307	Populati Kids <18 442 745 640 604 799 703 225 520 5800 6168 2649 3421 1488 1915 2314 2124 763	on YR 2018 Gen. Y 426 560 506 437 665 547 205 610 6945 5070 3191 3091 1437 1788 1706 2785 766	Med. Age 47 42 51 35 40 50 49 35 37 36 39 31 38 37 46 39 35	Females 1019 1397 1563 974 1465 1636 523 878 12335 10680 6049 5421 2705 3579 4833 4975 1335	Females Age 20-35 213 299 248 211 329 265 103 272 3452 2677 1640 1697 689 939 897 1392 368
66050 66402 66409 66533 66539 66542 66646 66603 66604 66605 66606 66607 66608 66610 66611 66611 66612	Name Lecompton Auburn Berryton Rossville Silver Lake Tecumseh Wakarusa Topeka	ST KS KS KS KS KS KS KS	SHAWNEE	Pop 18 795 1046 1249 662 1066 1246 425 853 10305 7450 5426 3223 2248 2842 3429 4433 1391 14270	Pop. 65+ 381 470 675 305 495 767 216 235 4199 3109 2175 1088 820 1118 1937 2058 307 6759	Populati Kids <18 442 745 640 604 799 703 225 520 5800 6168 2649 3421 1488 1915 2314 2124 763 7578	on YR 2018 Gen. Y 426 560 506 437 665 547 205 610 6945 5070 3191 3091 1437 1788 1706 2785 766 8127	Med. Age 47 42 51 35 40 50 49 35 37 36 39 31 38 37 46 39 35 41	Females 1019 1397 1563 974 1465 1636 523 878 12335 10680 6049 5421 2705 3579 4833 4975 1335 17044	Females Age 20-35 213 299 248 211 329 265 103 272 3452 2677 1640 1697 689 939 897 1392 368 4141
66050 66402 66409 66533 66539 66542 66646 66603 66604 66605 66606 66607 66608 66609 66610 66611 66612 66614 66615	Name Lecompton Auburn Berryton Rossville Silver Lake Tecumseh Wakarusa Topeka	ST KS KS KS KS KS KS KS	SHAWNEE	Pop 18 795 1046 1249 662 1066 1246 425 853 10305 7450 5426 3223 2248 2842 3429 4433 1391 14270 1265	Pop. 65+ 381 470 675 305 495 767 216 235 4199 3109 2175 1088 820 1118 1937 2058 307 6759 588	Populati Kids <18 442 745 640 604 799 703 225 520 5800 6168 2649 3421 1488 1915 2314 2124 763 7578 815	on YR 2018 Gen. Y 426 560 506 437 665 547 205 610 6945 5070 3191 3091 1437 1788 1706 2785 766 8127 792	Med. Age 47 42 51 35 40 50 49 35 37 36 39 31 38 37 46 39 35 41 40	Females 1019 1397 1563 974 1465 1636 523 878 12335 10680 6049 5421 2705 3579 4833 4975 1335 17044 1650	Females Age 20-35 213 299 248 211 329 265 103 272 3452 2677 1640 1697 689 939 897 1392 368 4141 424
66050 66402 66409 66533 66539 66542 66604 66605 66606 66607 66608 66609 66610 66611 66612 66614 66615 66616	Name Lecompton Auburn Berryton Rossville Silver Lake Tecumseh Wakarusa Topeka	ST KS KS KS KS KS KS KS	SHAWNEE	Pop 18 795 1046 1249 662 1066 1246 425 853 10305 7450 5426 3223 2248 2842 3429 4433 1391 14270 1265 2495	Pop. 65+ 381 470 675 305 495 767 216 235 4199 3109 2175 1088 820 1118 1937 2058 307 6759 588 1044	Populati Kids <18 442 745 640 604 799 703 225 520 5800 6168 2649 3421 1488 1915 2314 2124 763 7578 815 1529	on YR 2018 Gen. Y 426 560 506 437 665 547 205 610 6945 5070 3191 3091 1437 1788 1706 2785 766 8127 792 1516	Med. Age 47 42 51 35 40 50 49 35 37 36 39 31 38 37 46 39 35 41 40 39	Females 1019 1397 1563 974 1465 1636 523 878 12335 10680 6049 5421 2705 3579 4833 4975 1335 17044 1650 3025	Females Age 20-35 213 299 248 211 329 265 103 272 3452 2677 1640 1697 689 939 897 1392 368 4141 424 727
66050 66402 66409 66533 66539 66542 66604 66605 66606 66607 66608 66609 66610 66611 66612 66614 66615 66616 66616	Name Lecompton Auburn Berryton Rossville Silver Lake Tecumseh Wakarusa Topeka	ST KS KS KS KS KS KS KS	SHAWNEE	Pop 18 795 1046 1249 662 1066 1246 425 853 10305 7450 5426 3223 2248 2842 3429 4433 1391 14270 1265 2495 3305	Pop. 65+ 381 470 675 305 495 767 216 235 4199 3109 2175 1088 820 1118 1937 2058 307 6759 588 1044 1745	Populati Kids <18 442 745 640 604 799 703 225 520 5800 6168 2649 3421 1488 1915 2314 2124 763 7578 815 1529 2121	on YR 2018 Gen. Y 426 560 506 437 665 547 205 610 6945 5070 3191 3091 1437 1788 1706 2785 766 8127 792 1516 1809	Med. Age 47 42 51 35 40 50 49 35 37 36 39 31 38 37 46 39 35 41 40 39 45	Females 1019 1397 1563 974 1465 1636 523 878 12335 10680 6049 5421 2705 3579 4833 4975 1335 17044 1650 3025 4438	Females Age 20-35 213 299 248 211 329 265 103 272 3452 2677 1640 1697 689 939 897 1392 368 4141 424 727 893
66050 66402 66409 66533 66539 66542 66646 66603 66604 66605 66606 66607 66608 66610 66611 66612 66614 66615 66615	Name Lecompton Auburn Berryton Rossville Silver Lake Tecumseh Wakarusa Topeka	ST KS KS KS KS KS KS KS	SHAWNEE	Pop 18 795 1046 1249 662 1066 1246 425 853 10305 7450 5426 3223 2248 2842 3429 4433 1391 14270 1265 2495	Pop. 65+ 381 470 675 305 495 767 216 235 4199 3109 2175 1088 820 1118 1937 2058 307 6759 588 1044	Populati Kids <18 442 745 640 604 799 703 225 520 5800 6168 2649 3421 1488 1915 2314 2124 763 7578 815 1529	on YR 2018 Gen. Y 426 560 506 437 665 547 205 610 6945 5070 3191 3091 1437 1788 1706 2785 766 8127 792 1516	Med. Age 47 42 51 35 40 50 49 35 37 36 39 31 38 37 46 39 35 41 40 39	Females 1019 1397 1563 974 1465 1636 523 878 12335 10680 6049 5421 2705 3579 4833 4975 1335 17044 1650 3025	Females Age 20-35 213 299 248 211 329 265 103 272 3452 2677 1640 1697 689 939 897 1392 368 4141 424 727

Demographics - Shawnee Co KS (SVH PSA)

				Population 2018				Aver	Hholds	
Zip	Name	ST	County	White	Black	Amer. Ind.	Hisp.	HH Inc. 18	YR 2018	HH \$50K+
66050	Lecompton	KS	SHAWNEE	1906	27	32	64	\$74,435	840	554
66402	Auburn	KS	SHAWNEE	2619	22	17	115	\$72,778	1066	752
66409	Berryton	KS	SHAWNEE	3053	37	13	142	\$88,867	1270	967
66533	Rossville	KS	SHAWNEE	1757	8	40	137	\$71,206	671	474
66539	Silver Lake	KS	SHAWNEE	2756	16	48	108	\$76,529	1077	737
66542	Tecumseh	KS	SHAWNEE	3061	48	31	201	\$77,058	1251	912
66546	Wakarusa	KS	SHAWNEE	988	5	7	37	\$70,054	433	273
66603	Topeka	KS	SHAWNEE	1206	340	31	545	\$25,215	858	223
66604	Topeka	KS	SHAWNEE	18675	2099	247	2663	\$45,529	10336	4748
66605	Topeka	KS	SHAWNEE	13051	3783	236	4101	\$47,464	7502	3584
66606	Topeka	KS	SHAWNEE	9409	781	138	1344	\$43,916	5434	2391
66607	Topeka	KS	SHAWNEE	5748	2137	241	3992	\$27,338	3216	791
66608	Topeka	KS	SHAWNEE	4698	282	166	637	\$35,467	2215	797
66609	Topeka	KS	SHAWNEE	5360	751	81	821	\$53,798	2810	1562
66610	Topeka	KS	SHAWNEE	8337	346	52	451	\$100,790	3512	2777
66611	Topeka	KS	SHAWNEE	7455	891	88	828	\$48,931	4449	2177
66612	Topeka	KS	SHAWNEE	1492	603	55	677	\$22,590	1393	295
66614	Topeka	KS	SHAWNEE	27083	2003	280	2533	\$59,728	14319	8464
66615	Topeka	KS	SHAWNEE	2825	113	27	205	\$74,393	1301	897
66616	Topeka	KS	SHAWNEE	4631	198	91	1871	\$36,968	2510	858
66617	Topeka	KS	SHAWNEE	8202	95	64	464	\$74,523	3348	2281
66618	Topeka	KS	SHAWNEE	9401	114	70	466	\$74,811	3657	2568
66619	Topeka	KS	SHAWNEE	2973	205	46	291	\$53,722	1190	660
	To	otals		146,686	14,904	2,101	22,693	\$58,961	74,658	39,742

Source: ERSA Demographics

III. Community Health Status

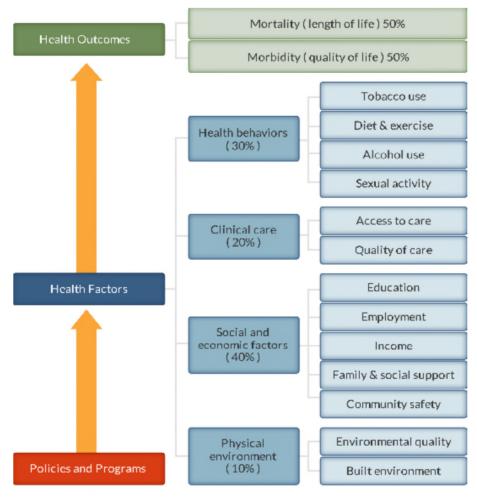
[VVV Consultants LLC]

III. Community Health Status a) Historical Health Statistics

Health Status Profile

This section of the CHNA reviews published quantitative community health indicators from public health sources and results of community primary research. To produce this profile, VVV Consultants LLC staff analyzed and trended data from multiple sources. This analysis focuses on a set of published health indicators organized by ten areas of focus (10 TABS), results from the 2018 RMJ County Health Rankings and conversations from Town Hall participates. Each table published reflects a Trend column, with GREEN denoting growing/high performance indicators, YELLOW denoting minimal change/average performance indicators and RED denoting declining/low performance indicators.

Note: The Robert Wood Johnson Foundation collaborates with the University of Wisconsin Population Health Institute to release annual *County Health Rankings*. As seen below, RWJ's model use a number of health factors to rank each county.



County Health Rankings model ©2012 UWPHI

a) National Research - Year 2018 RWJ Health Rankings:

utcomes Mortality		0.4		
Mortality		61		41
	Length of Life	47		31
Morbidity	Quality of Life	72		58
Factors		56		53
lth Behaviors	Tobacco Use, Diet/Exercise, Alcohol Use, Sexual Activitiy	63		62
linical Care	Access to care / Quality of Care	4		25
al & Economic Factors	Education, Employment, Income, Family/Social support, Community Safety	70		52
Environment	Environmental quality	95		86
	nvironment	nvironment Environmental quality	support, Community Safety nvironment Environmental quality 95	support, Community Safety nvironment Environmental quality 95

Big 12 KS Norm includes the following counties: Johnson, Wyandotte, Butler, Douglas, Leavenworth Riley, Saline, Sedgwick, Shawnee, Finney, Ellis and Reno.

b) PSA Secondary Research:

When studying community health, it's important to document health data by topical areas for primary service area (PSA). Below is a summary of key findings organized by subject area.

Tab 1 Demographic Profile

Understanding population and household makeup is vital to start CHNA evaluation.

Tab		Health Indicator	Shawnee Co KS	Trend	State of KS	KS BIG 12 Norm	Source
1	a	Population estimates, July 1, 2017, (V2017)	178,187		2,913,123	164,525	People Quick Facts
	ь	Population, percent change - April 1, 2010 to July 1, 2017	0.1%		2.1%	2.9%	People Quick Facts
	c	Population per square mile, 2010	327.1		34.9	314.5	Geography Quick Facts
	d	Persons under 5 years, percent, July 1, 2017, (V2017)	6.4%		6.7%	6.6%	People Quick Facts
	e	Persons 65 years and over, percent, July 1, 2017	17.0%		15.0%	13.7%	People Quick Facts
	f	Female persons, percent, July 1, 2017, (V2017)	51.5%		50.2%	49.7%	People Quick Facts
	g	White alone, percent, July 1, 2017, (V2017)	84.3%		86.6%	86.0%	People Quick Facts
	h	Black or African American alone, percent, July 1, 2017	8.7%		6.2%	6.8%	People Quick Facts
	i	Hispanic or Latino, percent, July 1, 2017, (V2017)	12.0%		11.6%	13.6%	People Quick Facts
	j	Foreign born persons, percent, 2012-2016	4.4%		6.9%	7.5%	People Quick Facts
	k	Language other than English spoken at home, percent of persons age 5 years+, 2012-2016	8.2%		11.3%	12.9%	People Quick Facts
	1	Living in same house 1 year ago, percent of persons age 1 year+, 2012-2016	83.9%		83,5%	81.2%	People Quick Facts
	m	Children in single-parent households, % 2012-2016	33.0%		29.0%	30.6%	County Health Ranking
	n	Total Veterans, 2012-2016	14,510		192,340	10,041	People Quick Facts

Tab 2 Economic Profile

Monetary resources will (at times) drive health "access" and self-care.

Tab		Health Indicator	Shawnee	Trend	State of KS	Big KS Norm N=12	Source
2	a	Per capita income in past 12 months (in 2016 dollars), 2012-2016	\$29,766		\$28,478	\$27,114	People Quick Facts
	b	Persons in poverty, percent	10.9%		12.1%	13.0%	People Quick Facts
	c	Total Housing units, July 1, 2017, (V2017)	80,074		1,273,742	68,919	People Quick Facts
	d	Total Persons per household, 2012-2016	2.45		2.53	2.55	People Quick Facts
	е	Severe housing problems, percent, 2010-2014	14.0%		14.0%	15.5%	County Health Rankings
	f	Total of All firms, 2012	13,147		239,118	13,296	Business Quick Facts
	g	Unemployment, percent, 2016	4.1%		4.2%	4.1%	County Health Rankings
	h	Food insecurity, percent, 2015	14.0%		13.0%	13.8%	County Health Rankings
	i	Limited access to healthy foods, percent, 2015	9.0%		8.0%	8.8%	County Health Rankings
	j	Low income and low access to store, percent, 2015	9.5%		NA	8.9%	U.S. Department of Agriculture - Food Environment Atlas
	k	Long commute - driving alone, percent, 2012-2016	12.0%		20.0%	18.0%	County Health Rankings

Tab 3 Schools Health Delivery Profile

Currently, school districts are providing on-site primary health screenings and basic care.

Tab		Health Indicator	Shawnee Co KS	Trend	State of KS	KS BIG 12 Norm	Source
3	a	Children eligible for free or reduced price lunch, percent, 2015-2016	56.0%		49.0%	48.9%	County Health Rankings
	b	High school graduate or higher, percent of persons age 25 years+, 2012-2016	91.1%		90.3%	89.3%	People Quick Facts
		Bachelor's degree or higher, percent of persons age 25 years+, 2012-2016	29.3%		31.6%	31.6%	People Quick Facts

Data obtained from Shawnee Schools

#	Shawnee Co KS; School Health Indicators - Year 2017	USD 501 Topeka Public	USD 345 Seaman	USD 437 Auburn Washburn	USD 450 Shawnee Heights	USD 372 Silver Lake
1	Total # Public School Nurses	23	11	10	4	2
2	School nurse is part of the IEP team	Yes	Yes	No	Yes	Yes
3	School Wellness Plan in place	Yes	Yes	Yes	Yes	Yes
4	VISION: # Screened / Referred to Prof / Seen by Professional	9373 / 538 / 81	3602 / 131 / 60	NA	2139 / 168 / 44	475 / NA
5	HEARING: # Screened / Referred to Prof / Seen by Professional	9071 / 420 / 104	3459 / 11 / 8	NA	2053/8/7	320 / NA
6	ORAL HEALTH: # Screened / Referred to Prof / Seen by Professional	2552 / NA / NA	81/3/3	NA	contracted	NA, this yr
7	SCOLIOSIS: # Screened / Referred to Prof / Seen by Professional	Do Not Screen	Do Not Screen	Do Not Screen	Do Not Screen	Do Not Screen
8	Students served with no identified chronic health concerns	Yes	Yes	NA	Yes - 2513	Yes
9	School has a Suicide Prevention Program	Yes	Yes	Yes	Yes	Yes
10	Compliance on required vaccinations	100,00%	95.2%	NA	96.8%	96.0%

TAB 4 Maternal and Infant Health Profile

Tracking maternal / infant care patterns are vital in understanding the foundation of family health.

#	Criteria - Vital Satistics	Shawnee Co	Trend	Kansas	Big Kansas
а	Total Live Births, 2012	2,431		40,304	2,279
b	Total Live Births, 2013	2,352		38,805	2,191
c	Total Live Births, 2014	2,340		39,193	2,201
d	Total Live Births, 2015	2,269		39,126	2,204
е	Total Live Births, 2016	2,189		38,048	2,151
1	Total Live Births, 2012- 2016 - Five year Rate (%)	13.00%		13.50%	13.48%

Tab		Health Indicator	Shawnee Co KS	Trend	State of KS	KS BIG 12 Norm	Source
4	a	Percent of Births Where Prenatal Care began in First Trimester, 2014-2016	78.5%		80.4%	79.7%	Kansas Health Matters
	b	Percentage of Premature Births, 2014-2016	8.8%		8.9%	8.8%	Kansas Health Matters
	c	Percent of Infants up to 24 months that received full Immunizations, 2015-2016	81.4%		70.6%	74.0%	Kansas Health Matters
	d	Percent of Births with Low Birth Weight, 2014-2016	6.6%		7.0%	7.0%	Kansas Health Matters
	e	Percent of WIC Mothers Breastfeeding Exclusively, percent, 2016	10.9%		15.0%	16.4%	Kansas Health Matters
	f	Percent of all Births Occurring to Teens (15-19), 2014-2016	7.8%		6.3%	6.2%	Kansas Health Matters
	а	Percent of Births Occurring to Unmarried Women, 2014- 2016	47.1%		36.2%	37.3%	Kansas Health Matters
	h	Percent of births Where Mother Smoked During Pregnancy, 2014-2016	16.2%		11.1%	11.3%	Kansas Health Matters

TAB 5 Hospitalization/Provider Profile

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

Tab		Health Indicator	Shawnee Co KS	Trend	State of KS	KS BIG 12 Norm	Source
5	a	Primary care physicians (Pop Coverage per) , 2015	1,390:1		1,320:1	1,565:1	County Health Rankings
	b	Preventable hospital stays, 2015 (lower the better)	45		51	45	County Health Rankings
	С	Patients Who Gave Their Hospital a Rating of 9 or 10 on a Scale from 0 (Lowest) to 10 (Highest)	75.0%		79.0%	72.8%	CMS Hospital Compare, 10/1/2015-9/30/2016
	d	Patients Who Reported Yes, They Would Definitely Recommend the Hospital	79.0%		78.0%	71.8%	CMS Hospital Compare, 10/1/2015-9/30/2016
		Average Time Patients Spent in the Emergency Dept. Before Tthey Were Seen by a Healthcare Professional (in Minutes)	24.0		24.0	19.4	CMS Hospital Compare, 10/1/2015-9/30/2016

TAB 6 Social & Rehab Services Profile

Behavioral healthcare provides another important indicator of community health status.

Tab		Health Indicator	Shawnee Co KS	Trend	State of KS	KS BIG 12 Norm	Source
6	a	Depression: Medicare Population, percent, 2015	23.1%		17.8%	18.7%	Centers for Medicare and Medicaid Services
	b	Age-adjusted Suicide Mortality Rate per 100,000 population, 2014-2016 (lower is better)	20.2		15.9	15.7	Kansas Health Matters
	С	Poor mental health days, 2016	3.5		3.3	3.3	County Health Rankings
	1	Gig 12 KS Norm includes the following counties: Johnson, Wyandotte, Butler, Douglas,	Leavenworth,	Riley, Salir	e, Sedgwick,	Shawnee, Finney,	Ellis and Reno.

TAB 7 Health Risk Profiles

Knowing community health risk factors and disease patterns can aid in the understanding next steps to improve health.

Tab		Health Indicator	Shawnee Co KS	Trend	State of KS	KS BIG 12 Norm	Source
7a	a	Adult obesity, percent, 2014	35.0%		32.0%	32.8%	County Health Rankings
	b	Adult smoking, percent, 2016	16.0%		17.0%	16.8%	County Health Rankings
	c	Excessive drinking, percent, 2016	15.0%		17.0%	17.4%	County Health Rankings
	d	Physical inactivity, percent, 2014	24.0%		25.0%	24.4%	County Health Rankings
	e	Poor physical health days, 2016	3.1		3.1	3.2	County Health Rankings
	f	Sexually transmitted infections, rate per 100000, 2015	499.4		394.8	436.6	County Health Rankings
	1	Big 12 KS Norm includes the following counties: Johnson, Wyandotte, Butler, Doug	las, Leavenworth,	Riley, Salis	ne, Sedgwick,	Shawnee, Finney,	Ellis and Reno.

Chronic Health Status

Tab		Health Indicator	Shawnee Co KS	Trend	State of KS	KS BIG 12 Norm	Source
7b	а	Hypertension: Medicare Population, 2015	53.9%		53.2%	53.7%	Kansas Health Matters
	b	Hyperlipidemia: Medicare Population, 2015	48.1%		40.0%	41.6%	Kansas Health Matters
	С	Heart Failure: Medicare Population, 2015	11.9%		13.0%	12.4%	Kansas Health Matters
	d	Chronic Kidney Disease: Medicare Pop, 2015	15.8%		16.2%	17.0%	Kansas Health Matters
	e	COPD: Medicare Population, 2015	12.5%		11.4%	11.5%	Kansas Health Matters
	f	Atrial Fibrillation: Medicare Population, 2015	8.0%		8.3%	8.1%	Kansas Health Matters
	g	Cancer: Medicare Population, 2015	8.2%		7.7%	7.9%	Kansas Health Matters
	h	Osteoporosis: Medicare Population, 2015	7.1%		5.7%	5.9%	Kansas Health Matters
	i	Asthma: Medicare Population, 2015	9.0%		7.3%	7.6%	Kansas Health Matters
	j	Stroke: Medicare Population, 2015	3.7%		3.4%	3.6%	Kansas Health Matters

TAB 8 Uninsured Profiles/Community Invest

Based on state estimations, the number of insured is documented below. Also, the amount of charity care (last three years of free care) from area providers is trended below.

Tab		Health Indicator	Shawnee Co KS	State of KS	KS BIG 12 Norm	Source
8	a	Uninsured, percent, 2015	9%	10.0%	10.7%	County Health Rankings
		Big 12 K\$ Norm includes the following counties: Johnson, W	randotte, Butler, Douglas, Leavenwort	h, Riley, Saline, Sedç	wick, Shawnee, Finne	y, Ellis and Reno.

	Stormont Vail Health	Yr18 6M	YR 2017	YR 2016	YR 2015
1	Bad Debt (Insurance Writeoff / Cant' Pay)	\$38,835,073	\$50,733,417	\$24,713,022	\$36,674,032
2	Charity Care (Free Care given)	\$30,146,372	\$36,606,261	\$44,895,161	\$40,175,473

	Shawnee County Health Dept Community Contribution	YR 2018 6M	YR 2017	YR 2016	Yr 2015
а	Core Community Public Health (Admin, Gatekeepers, NFP, PHEP, CHOP, CHC)	\$2,811,476	\$2,438,253	\$2,788,405	\$3,466,961
b	Child Care Inspections	\$353,463	\$329,062	\$305,707	\$281,448
С	Environmental Services	\$343,933	\$355,692	\$304,348	\$294,696
d	Home Health / Healthy Start (MCH & FIMR)	\$596,835	\$464,461	\$446,948	\$384,283
е	Immunizations / Vaccine # (VFC & private)	9,221	11,656	13,822	15,102
f	Immunizations / Vaccine \$	\$705,318	\$693,321	\$732,223	\$589,912
g	Primary Care, lab, minor procedures	\$0	\$332,089	\$4,392,775	\$3,890,797
h	Screenings: Blood pressure / STD (includes entire CD/STI/TB Clinic)	\$450,868	\$382,205	\$379,356	\$368,383
i	Vaccine - received from State	6,925	8,741	10,422	10,823
j	MC Administration	\$1,099,880	\$963,859	\$929,384	\$819,320

Notes: * This is the direct cost of our Community Health Center (CHC). 2016 & 2017 include \$2,372,424 and \$288,000, respectively of amounts given to GraceMed to take over the CHC. These amounts were actual dollars and value of buildings and equipment. GraceMed took over CHC operations on 7/1/16.

TAB 9 Mortality Profile

The leading causes of county deaths are listed below. Areas of higher than expected are so noted.

	Health Indicator	Shawnee Co KS	Trend	State of KS	KS BIG 12 Norm	Source
a	Life Expectancy for Males, 2014	74.9		76.5	76.8	Kansas Health Matters
b	Life Expectancy for Females, 2014	80.6		81.0	81.1	Kansas Health Matters
c	Age-adjusted Cancer Mortality Rate per 100,000 population, 2014-2016 (lower is better)	180.8		162.6	164.6	Kansas Health Matters
d	Age-adjusted Heart Disease Mortality Rate per 100,000 population, 2014-2016 (lower is better)	161.3		157.4	145.3	Kansas Health Matters
e	Age-adjusted Chronic Lower Respiratory Dis Mortality Rate per 100,000, 2014-16 (Lower is better)	56.3		48.9	49.8	Kansas Health Matters
f	Alcohol-impaired driving deaths, percent, 2012-2016	28%		25.0%	27.6%	County Health Rankings
	b c d	a Life Expectancy for Males, 2014 b Life Expectancy for Females, 2014	Age-adjusted Cancer Mortality Rate per 100,000 population, 2014-2016 (lower is better) Age-adjusted Chronic Lower Respiratory Dis Mortality Rate per 100,000, 2014-16 (Lower is better) Age-adjusted Chronic Lower Respiratory Dis Mortality Rate per 100,000, 2014-16 (Lower is better)	a Life Expectancy for Males, 2014 b Life Expectancy for Females, 2014 c Age-adjusted Cancer Mortality Rate per 100,000 population, 2014-2016 (lower is better) d Age-adjusted Heart Disease Mortality Rate per 100,000 population, 2014-2016 (lower is better) e Age-adjusted Chronic Lower Respiratory Dis Mortality Rate per 100,000, 2014-16 (Lower is better)	Health Indicator Co KS Trend KS a Life Expectancy for Males, 2014 b Life Expectancy for Females, 2014 C Age-adjusted Cancer Mortality Rate per 100,000 population, 2014-2016 (lower is better) d Age-adjusted Heart Disease Mortality Rate per 100,000 population, 2014-2016 (lower is better) Age-adjusted Chronic Lower Respiratory Dis Mortality Rate per 100,000, 2014-16 (Lower is better) Age-adjusted Chronic Lower Respiratory Dis Mortality Rate per 100,000, 2014-16 (Lower is better)	a Life Expectancy for Males, 2014 b Life Expectancy for Females, 2014 c Age-adjusted Cancer Mortality Rate per 100,000 population, 2014-2016 (lower is better) d Age-adjusted Heart Disease Mortality Rate per 100,000 population, 2014-2016 (lower is better) e Age-adjusted Chronic Lower Respiratory Dis Mortality Rate per 100,000, 2014-16 (Lower is better) Trend KS Norm KS Norm 16.8 162.6 164.6 164.6 167.4 167.4 169.8

TAB 10 Preventive Health Profile

The following table reflects future health of the county. This information also is an indicator of community awareness of preventative measures.

Tab		Health Indicator	Shawnee Co KS	Trend	State of KS	KS BIG 12 Norm	Source
10	a	Access to exercise opportunities, percent, 2016	87%		81.0%	82.6%	County Health Rankings
	b	Diabetes monitoring, percent, 2014	90%		86.0%	85.7%	County Health Rankings
	c	Mammography screening, percent, 2014	68%		63.0%	64.9%	County Health Rankings
	d	Percent Annual Check-Up Visit with PCP/Dentist/Eye	TBD		TBD	TBD	TBD
	I	Big 12 KS Norm includes the following counties: Johnson, Wyandotte, Butler, Douglas,	Leavenworth,	Riley, Salii	ne, Sedgwick,	Shawnee, Finney,	Ellis and Reno.

c) PSA Primary Research:

For each CHNA Wave # 3 evaluation, a community stakeholder survey has been created and administered to collect "current" healthcare information for PSA. Response for Shawnee County Online Feedback survey equals 2,324 residents. Below are two charts review survey demographics.

Chart #1 - Shawnee Co KS PSA Online Feedback Response N=2324

For reporting purposes, are you involved or are you a? (Multiple Check)	Shawnee Co KS Online N=2324	CHNA Wave #3 Norms (13) N= 2163
Business / Merchant	3.6%	6.1%
Community Board Member	3.9%	5.6%
Case Manager / Discharge Planner	1.7%	1.4%
Clergy	1.5%	1.3%
College / University	3.9%	3.1%
Consumer Advocate	1.8%	1.8%
Dentist / Eye Doctor / Chiropractor	0.6%	0.4%
Elected Official - City/County	0.3%	0.9%
EMS / Emergency	1.7%	1.7%
Farmer / Rancher	1.2%	3.3%
Hospital / Health Dept	19.8%	19.2%
Housing / Builder	0.5%	0.6%
Insurance	1.8%	1.6%
Labor	2.0%	2.2%
LawEnforcement	2.5%	2.1%
Mental Health	5.4%	3.9%
Other Health Professional	19.1%	14.8%
Parent / Caregiver	16.4%	15.9%
Pharmacy / Clinic	2.3%	2.2%
Media (Paper/TV/Radio)	0.5%	0.6%
Senior Care	2.7%	2.5%
Teacher / School Admin	3.3%	4.5%
Veteran	3.6%	3.2%
Other (please specify)	0.0%	2.6%

Osborne, Pawnee, Russell, Shawnee, Sheridan, Smith, and Trego.

Chart #1 - Continued

Shawnee Co KS C	HNA \	Nave	#3 2018	(N=232	24) FI	NAL
Gender Mix	Replies	%	Zip	City	Replies	%
Female	1071	79.2%	66614	Topeka	248	18.6%
Male	282	20.8%	66604	Topeka	186	14.0%
Answered Question	1353	100.0%	66605	Topeka	123	9.2%
AGE Mix	Replies	%	66606	Topeka	116	8.7%
<18	2	0.1%	66618	Topeka	74	5.6%
18-34	312	23.0%	66610	Topeka	68	5.1%
35-44	273	20.1%	66611	Topeka	67	5.0%
45-54	256	18.8%	66617	Topeka	54	4.1%
55-64	340	25.0%	66609	Topeka	43	3.2%
65-74	147	10.8%	66607	Topeka	34	2.6%
75+	29	2.1%	66615	Topeka	28	2.1%
Answered Question	1359	100.0%	66409	Berryton	27	2.0%
Ethnic Mix	Replies	%	66608	Topeka	24	1.8%
African American / Black	65	4.9%	66539	Silver Lake	22	1.7%
Caucasian / White	1153	87.7%	66616	Topeka	21	1.6%
Hispanic, any race	68	5.2%	66402	Auburn	16	1.2%
Asian	11	0.8%	66542	Tecumseh	16	1.2%
Amer Indian / Native Amer	17	1.3%	66612	Topeka	11	0.8%
Answered Question	1314	100.0%	66619	Topeka	10	0.8%
Household Income	Replies	%	66603	Topeka	7	0.5%
Less than \$20,000	109	8.3%	66533	Rossville	5	0.4%
\$20,000 - \$29,000	96	7.3%	66546	Wakarusa	5	0.4%
\$30,000 - \$49,000	262	19.9%	66601	Topeka	1	0.1%
Over \$50,000	849	64.5%	Shawnee Co	o Zips (Total)	1206	90.6%
Answered Question	1316	100.0%	Othe	er Zips	125	9.4%
Employment Status	Replies	%	Answered	d Question	1331	100.0%
Full time	985	72.7%				
Part time	134	9.9%	Most health i	nformation (3)	Replies	%
Unemployed	68	5.0%	Doctor	's office	1060	27.8%
Retired	119	8.8%	Hos	pital	267	7.0%
Self-employed	26	1.9%	Churcl	h group	34	0.9%
Student	22	1.6%	Inte	rnet	916	24.0%
Answered Question	1354	100.0%	Scl	hool	74	1.9%
Education	Replies	%	Family	/friends	385	10.1%
Some high school	22	1.6%	Library		96	2.5%
High school graduate	135	9.9%	TV		171	4.5%
Some college	317	23.3%	Ra	idio	69	1.8%
College graduate	885	65.1%	Paper / n	nagazines	199	5.2%
Answered Question	1359	100.0%	Wor	ksite	243	6.4%
Most health information (3)	Replies	%	Health De	epartment	111	2.9%
Yes	4200	95.6%	Social	media	187	4.9%
	1306	93.0%	Oociai	modia	107	
No	60	4.4%		d Question	3812	100.0%

Chart #2 - Quality of Healthcare Delivery Community Rating

How would you rate the "Overall Quality" of healthcare delivery in our community?	Shawnee Co Online N=2324	Trend	CHNA Wave #3 Norms (13) N= 2163
Valid N	2324		5684
Top Box %	12.0%		18.0%
Top 2 Boxes %	55.1%		61.4%
Very Poor	1.0%		1.0%
Poor	7.5%		6.5%
Average	36.4%		30.9%
Good	43.1%		43.4%
Very Good	12.0%		18.0%

Chart #3 – Re-evaluate Past Community Health Needs Assessment Needs

Sh	nawnee Co CHNA Wave #3	(A) Ongoing Problem	(B) Pressing Now
E	Evaluate Past CHNAs health needs	Shawnee Co Online N=2324	Shawnee Co Online N=2324
#	Topic	Votes %	RANK
1	Mental Health Access	10.3%	1
2	Affordable HC Insurance	9.7%	2
3	Poverty	9.3%	4
4	Drug / Substance Abuse	9.3%	3
5	Obesity	9.2%	5
6	Substance Abuse	7.5%	7
7	Alcohol Abuse	6.2%	12
8	Wellness / Prevention	5.9%	9
9	Awareness of existing HC services	5.4%	10
10	Primary Care Access	5.3%	6
11	Chronic Health	5.3%	8
12	Nutrition - Healthy Food options	5.3%	11
13	Fitness / Exercise options	4.3%	14
14	Personal Health Management	3.8%	13
15	Teenage Pregnancy	3.2%	15

Chart #4 - Community Health Needs Assessment "Where do you go for..."

Shawnee Co KS - Community Health Assessment Wave #3	Needs	For ROUTINE Care					For URGENT Care					
Where do you go for		2018 Shawnee Co Online N=2324		2015 Shawnee Co CHNA N=1361			2018 Shawnee C Online N=2324		2015 Shawnee Co CHNA N=1361			
Answer	Trend	Responses	%	Responses	%	Trend	Responses	%	Responses	%		
Doctor's office	-3.2%	1230	91.3%	1276	94.5%	-8.5%	234	17.6%	456	26.1%		
Community Health Center	0.6%	12	0.8%	3	0.2%		NA	NA	NA	NA		
Emergency Room	0.1%	2	0.1%	0	0.0%	-3,9%	221	16.6%	358	20.5%		
Urgent/express care clinic	2.3%	52	3.8%	21	1.6%	12.5%	843	63.4%	891	51.0%		
Other clinic	-0.7%	13	0.8%	20	1.5%	-0.4%	10	0.8%	20	1.1%		
None	0.4%	38	2.6%	30	2.2%	0.3%	21	1.6%	23	1.3%		

Chart #5 - Community Rating of Healthcare Delivery Services (Perceptions)

Shawnee Co KS - Community	Healt	h Needs As	sessme	nt Wave	#3
In general, how big of a problem are	the				
following healthcare issues in ou	Shawnee Co	Online	2015 Sha	wnee Co	
community? (Top 5 - Very BIG)	N=232	24	CHNA	N=1361	
Answer	Trend	Responses	%	S	%
Mental health issues	1.9%	1223	10.1%	782	8.1%
Overweight / obesity	-1.8%	1103	9.1%	1046	10.9%
Alcohol / drug abuse	0.9%	1017	8.4%	717	7.5%
Not eating healthy	-2.0%	969	8.0%	960	10.0%
Lack of exercise	-2.2%	922	7.6%	946	9.9%
Opioid abuse/dependence	NA	857	7.1%	NA	NA
Diabetes	-0.5%	802	6.6%	682	7.1%
Tobacco use	-0.9%	689	5.7%	635	6.6%
Heart disease/stroke	-0.6%	632	5.2%	557	5.8%
Knowledge of available services	0.0%	587	4.8%	462	4.8%
Oral, dental health	1.0%	570	4.7%	359	3.7%
Access to primary healthcare	0.4%	557	4.6%	403	4.2%
Transportation to HC services	0.9%	551	4.5%	353	3.7%
Cancer	-1.1%	462	3.8%	472	4.9%
Lung, respiratory illness	-1.3%	301	2.5%	366	3.8%
Arthritis, joint/back pain	-1.7%	289	2.4%	394	4.1%
Teen pregnancy	-0.2%	253	2.1%	222	2.3%
Infant mortality	0.4%	170	1.4%	95	1.0%
Infant immunizations	-0.2%	160	1.3%	147	1.5%

Chart #6 - Community Health Readiness

How would "our community" rate each of the following? Likert 5pt Report Bottom 2 boxes (Poor / Very Poor)	Shawnee Co Online N=2324	Trend	CHNA Wave #3 Norms (13) N= 2163
Ambulance Services	4.0%		3.4%
Child Care	10.2%		10.7%
Chiropractors	4.9%		4.8%
Dentists	5.9%		10.3%
Emergency Room	10.3%		9.6%
Eye Doctor/Optometrist	2.2%		3.2%
Family Planning Services	16.6%		15.5%
Home Health	12.5%		12.4%
Hospice	4.5%		5.9%
Inpatient Services	6.6%		5.8%
Mental Health	48.5%		41.4%
Nursing Home	25.8%		22.5%
Outpatient Services	6.8%		5.7%
Pharmacy	3.5%		3.1%
Physician Clinics	6.0%		5.1%
Public Health	18.4%		13.4%
School Nurse	11.8%		11.2%
Specialists	10.5%		11.6%

Chart #7 – Personal Health Challenges

Shawnee Co KS - Community Health Needs Assessment Wave #3									
Top health challenges you and/or your family face? (Multiple)		2018 Shawr Online N=		2015 Shawnee Co CHNA N=1361					
Answer	Trend	Responses	%	Responses	%				
Overweight/obesity	-2.1%	539	18.0%	514	20.2%				
Joint or back pain	0.4%	491	16.4%	409	16.0%				
High blood pressure	-1.4%	446	14.9%	415	16.3%				
Mental health issues	4.2%	335	11.2%	178	7.0%				
Diabetes	0.1%	315	10.5%	265	10.4%				
Heart disease	-1.1%	190	6.4%	189	7.4%				
Cancer	-1.3%	151	5.1%	161	6.3%				
Alcohol overuse	1.4%	83	2.8%	35	1.4%				
Lung disease	0.8%	79	2.6%	46	1.8%				
Family planning	1.6%	48	1.6%	NA	NA				
Stroke	0.4%	46	1.5%	30	1.2%				
No health challenges	-3.1%	267	8.9%	307	12.0%				

Chart #8 – Healthcare Education

Shawnee Co KS - Comm	unity Hea	alth Needs A	Assessr	nent Wave	#3
What health issues do you / fam education about? (Top 5		Shawnee Co Online N=2324		2015 Shav	
Answer	Trend	Responses	%	Responses	%
Exercise / physical activity	-1.9%	376	13.5%	342	15.4%
Mental health / Depressions	4.6%	319	11.4%	151	6.8%
Nutrition	-2.5%	316	11.3%	307	13.8%
Diabetes	1.2%	188	6.7%	123	5.5%
Blood pressure	0.5%	174	6.2%	127	5.7%
Quit smoking	1.7%	143	5.1%	75	3.4%
Heart disease	0.8%	120	4.3%	78	3.5%
Dental screenings	1.7%	108	3.9%	49	2.2%
Suicide prevention	2.6%	95	3.4%	18	0.8%
Cancer	0.6%	84	3.0%	53	2.4%
Eating disorders	0.5%	77	2.8%	50	2.3%
Fall prevention	0.6%	66	2.4%	40	1.8%
Family planning	2.1%	59	2.1%	NA	NA
Vaccination/immunizations	-0.4%	49	1.8%	47	2.1%
Prenatal care	0.5%	34	1.2%	17	0.8%
No issues	-12.5%	582	20.9%	741	33.4%

Chart #9 - Healthcare Service Issues

Shawnee Co KS - Community Health Needs Assessment Wave #3									
Issues that prevent you / your family from to community's HC services?	JSING	Shawnee Co		2015 Shawnee Co CHNA N=1361					
Answer	Trend	Responses	%	Responses	%				
Too expensive, unable to pay co-pays / deductibles	3.9%	345	21.5%	80	17.6%				
Can't get an appointment, too long of a wait	-2.1%	330	20.6%	103	22.7%				
Lack of available doctors	5.7%	197	12.3%	30	6.6%				
Office not open when we can go	-2.5%	164	10.2%	58	12.8%				
Unsure if services are available	-2.2%	124	7.7%	45	9.9%				
No insurance, unable to pay for care	0.1%	121	7.6%	34	7.5%				
Fear (not ready to face/discuss health problem)	0.5%	99	6.2%	26	5.7%				
Don't know if a doctor is really needed	-7.1%	74	4.6%	53	11.7%				
Transportation to service	1.9%	65	4.1%	10	2.2%				
Don't know how to find a doctor	1.0%	62	3.9%	13	2.9%				
Cultural/religious beliefs	0.3%	9	0.6%	1	0.2%				
Language barriers	0.5%	11	0.7%	1	0.2%				

IV. Inventory of Community Health Resources

[VVV Consultants LLC]

	Inventory of Health Services 2018 - Sha	wnee Cou	ınty, KS	
Cat	Healthcare Services Offered in County: Yes / No	Hospital	Health Dept	Other
	Primary Care	Yes	No	No
				Voo
	Alzheimer Center Ambulatory Surgery Centers	Yes Yes	No No	Yes No
	Arthritis Treatment Center	Yes	No	No
	Bariatric / Weight Control Services	Yes	No	No
	Birthing / LDR / LDRP Room	Yes	No	No
	Breast Cancer / Screening	Yes	Yes	No
	Burn Care	No	No	No
	Cardiac Rehabilitation	Yes	No	No
	Cardiac Surgery	Yes	No	No
	Cardiology Services	Yes	No	No
	Case Management	Yes	Yes	No
	Chaplaincy / Pastoral Care Services	Yes	No	No
	Chemotherapy	Yes	No	No
	Colonoscopy	Yes	No	No
	Crisis Prevention	Yes	No	Yes
	CT Scanner	Yes	No	No
	Diagnostic Radioisotope Facility	Yes	No	No
	Diagnostic / Invasive Catheterization	Yes	No	No
	Electron Beam Computed Tomography (EBCT)	Yes	No	No
	Insurance Enrollment Assistance Services	Yes	Yes	No
	Extracorporeal Shock Wave Lithotripter (ESWL)	Yes	No	No
	Fertility Clinic	Yes	No	No
	FullField Digital Mammography (FFDM)	Yes	No	No
	Genetic Testing / Counseling	Yes	No	No
	Geriatric Services	Yes	No	No
Hosp		Yes	No	No
	Hemodialysis	Yes	No	No
	HIV / AIDS Services	Yes	No	Yes
	Image-Guided Radiation Therapy (IGRT)	Yes	No	No
	Inpatient Acute Care - Hospital Services	Yes	No	No
	Intensity-Modulated Radiation Therapy (IMRT) 161	Yes	No	No
Hosp	Intensive Care Unit	Yes	No	No
	Intermediate Care Unit	Yes	No	No
Hosp	Interventional Cardiac Catherterization	Yes	No	No
	Isolation room	Yes	Yes	No
Hosp	Kidney	Yes	No	No
	Liver	Yes	No	No
Hosp	Lung	Yes	No	No
Hosp	MagneticResonance Imaging (MRI)	Yes	No	No
	Mammograms	Yes	No	No
	Mobile Health Services	Yes	No	No
	Multislice Spiral Computed Tomography (<64 slice CT)	Yes	No	No
	Multislice Spiral Computed Tomography (<64+ slice CT)	Yes	No	No
	Neonatal	Yes	No	Yes
	Neurological services	Yes	No	No
	Obstetrics / Prenatal	Yes	Yes	No
	Occupational Health Services	Yes	No	No No
	Oncology Services	Yes	No	No
	Orthopedic Services	Yes	No	No
	Outpatient Surgery	Yes	No	No
	Pain Management	Yes	No	No
	Palliative Care Program	Yes	No	No
	Pediatric	Yes	No	No
	Physical Rehabilitation	Yes	No	No
	Positron Emission Tomography (PET)	Yes	No	No
	Positron Emission Tomography/CT (PET/CT)	Yes	No	No
	Psychiatric Services	Yes	No	Yes
	Radiology, Diagnostic	Yes	No	No
	Radiology, Therapeutic	Yes	No	No
Hosp	Reproductive Health	Yes	Yes	No

	Inventory of Health Services 2018 - Share	wnee Cou	ınty, KS	
Cat	Healthcare Services Offered in County: Yes / No	Hospital	Health Dept	Other
Hosp	Robotic Surgery	Yes	No	Yes
Hosp	Shaped Beam Radiation System 161	Yes	No	No
	Single Photon Emission Computerized Tomography (SPECT)	Yes	No	No
	Sleep Center	Yes	No	No
	Social Work Services	Yes	Yes	No
	Sports Medicine	Yes	No	No
•	Stereotactic Radiosurgery	Yes	No	No
	Swing Bed Services	Yes	No	No
	Transplant Services	No	No	No
	Trauma Center	Yes	No	Yes
•	Ultrasound	Yes	No	No
	Women's Health Services	Yes	Yes	No
	Wound Care	Yes	No	No
SR	Adult Day Care Program	No	No	Yes
SR	Assisted Living	No	No	Yes
SR	Home Health Services	No	Yes	Yes
SR	Hospice	No	No	Yes
SR	LongTerm Care	No	No	Yes
SR	Nursing Home Services	No	No	Yes
SR	Retirement Housing	No	No	Yes
SR	Skilled Nursing Care	No	No	Yes
ER	Emergency Services	Yes	No	Yes
ER	Urgent Care Center	Yes	No	No
ER	Ambulance Services	Yes	No	No
SERV	Alcoholism-Drug Abuse	Yes	No	Yes
	Blood Donor Center	Yes	No	No
SERV	Chiropractic Services	No	No	Yes
	Complementary Medicine Services	Yes	No	No
	Dental Services	No	No	Yes
SERV	Fitness Center	No	No	Yes
SERV	Health Education Classes	Yes	Yes	No
SERV	Health Fair (Annual)	Yes	No	No
	Health Information Center	Yes	Yes	No
	Health Screenings	Yes	Yes	No
	Meals on Wheels	No	No	Yes
	Nutrition Programs	Yes	Yes	No
	Patient Education Center	Yes	No	No
	Support Groups	Yes	No	No
	Teen Outreach Services	No	Yes	No
	Tobacco Treatment / Cessation Program	Yes	Yes	No
	Transportation to Health Facilities	No	No	No
	Wellness Program	Yes	Yes	No

	Providers Deli	vering Car	'e	
	Shawnee County KS - F			
	•	Physic	Allied Staff	
SPEC	FTE Providers Working in PSA	MD / DO only	Visiting DR*	Non MD/DO
SPEC	Primary Care:		t totting 2 tt	
FP	Family Medicine	75		127
EXP	Express Care	16		19
IM	Internal Medicine	46		15
OBG	OB/Gyn	19		6
OBGM	Midwifes	10		7
PEDS	Pediatrics	19		18
1200	Medicine Specialists:	10		10
ALL	Allergy/Immunology	3		
CARD	Cardiovascular	22		12
CARDP	Cardiovascular Ped	2		12
DERM	Dermatology	7		1
ENDO	Endocrinology	7		13
ENDOP	Endocrinology Ped	4		13
GAS	Gastroenterology	10		3
HEMO	Hematology/Onc	10	1	3
RADO	Radiology/Oncology	17		3
IFD	Infectious Diseases	6		1
NEP	Nephrology	7		3
NEU	Neurology	12	1	6
PSY		27		14
	Psychiatry Psychiatry Ped			14
		10		E
PSYCH	Psychology	14		5 3
PUL	Pulmonary Diseases/Sleep Rheumatology	6		3
RHE				
OUD	Surgery Specialists:	0		
SUR	General Surgery / Colon	19		8
RADIV	Interventional Radiology	5		
ORS	Oral/Maxillofacial Surgery	0		2
NEUS	Neurological Surgury	3		4
OPH	Ophthalmology	19		40
ORTH	Orthopaedic Surgery	19		12
OTOL	Otolaryngology ENT	8		
PLAS	Plastic Surgery	7		
CART	Cardiothoracic Vasc Surg	8		2
URL	Urology/Urogynecology	11		3
	Hospital Based:	0	ļ	
AN	Anesthesia/Pain	28		24
EMER	Emergency	35	ļ	14
HSPT	Hospitalist	34		10
HSPTP	Hospitalist Ped	8		2
NEO	Neonatal/Perinatal	9		4
MATFET	Maternal Fetal	2		_
RAD	Radiology (Diagnostic)	26		5
TELE	Telemedicine/Teleradiology	6		
PHY	Physical Medicine/Rehab	7		
PHYPT	Physical Therapy			26
PATH	Pathology	14		3
occ	Occupational Medicine	4		1
PALL	Palliative Care	3		2
POD	Podiatry		ļ	3
AUD	Audiology			1
DENT	Dentistry			5
Wou	Wound	1		1
	TOTALS	616	0	382

^{*}FTE Specialists serving the community who office outside the PSA

Shawnee County (KS) Area Health Services Directory

Emergency Numbers:

Police/Sheriff 911

Fire 911

Ambulance 911

Non-Emergency Numbers:

Shawnee County Sheriff (785) 251-2200

Topeka Police (785) 368-9551

Outside Topeka KS Non-Emergency Numbers

	Police/Sheriff	<u>Fire</u>
Baileyville	785-336-2311	785-866-2260
Bern	785-336-2311	785-336-6135
Centralia	785-336-2311	785-857-3516
Corning	785-336-2311	785-866-2260
Goff	785-336-2311	785-866-2260
Oneida	785-336-2311	785-866-2260
Sabetha	785-284-2158	785-866-2260
Seneca	785-336-6135	785-866-2260
Wetmore	785-336-2311	785-866-2260

AARP Kansas

555 S. Kansas Avenue. Suite 201

Topeka, KS 66603

785-234-1365 Toll Free 1-866-448-3619

Fax: 785-232-8259

Website: www.aarp.org/ks Email: ksaarp@aarp.org

Adaptive Recreation & Inclusion Services Division of SNCO Parks and Recreation 4330 SW Conservatory Drive, Gage Park Topeka, KS 66606

785-368-0989

Website: www.parks.snco.us Email: amanda.bridges@snco.us

Adult Education Center Topeka Public Schools USD 501 Located at Washburn Institute of Technology 5724 SW Huntoon Street, Bldg D Topeka, KS 66604 785-235-7690 or 785-235-7692 Fax: 785-235-7698

Email: pwilliam@topeka.k12.ks.us

Adult Protective Services Topeka Service Center 500 SW Van Buren Street, Topeka, KS 66603-3335 785-296-3133 Fax: 785-296-8655 24-Hour Toll Free Hotline 1- 800-922-5330

Alzheimer's Association Heart of America Chapter 3625 SW 29th Street, Suite 102 Topeka, KS 66614 785-271-1844 24-hour Information and Support Line: 1-800-272-3900

Fax: 785-271-1804

Website: www.alz.org/kansascity Email: Cindy.Miller@alz.org

American Cancer Society, Inc. High Plains Division 1315 SW Arrowhead Road Topeka, KS 66604-4020 785-273-4462 Fax: 785-273-1503 24-hour information/emergency number:

Toll Free 1-800-227-2345 Website: www.cancer.org

Email: stephanie.weiter@cancer.org

American Diabetes Association Kansas City/Topeka Area Office 6900 College Blvd, Ste 250

Overland Park, KS 66211

913-383-8210

Toll free: 1-888-342-2383 ext. 6841 Website: www.diabetes.org Email: pthedinger@diabetes.org

American Heart Association, Inc. 5375 SW 7th Street, Suite 300

Topeka, KS 66606

785-272-7056 Fax: 785-272-2425

Website: www.heart.org

American Lung Association PO Box 8630, Topeka, KS 66618 785-246-0377 Fax: 866-575-1761 Website: www.lung.org

Email: beth.marolf@lung.org

American Red Cross Kansas Capital Area Chapter

1221 SW 17th Street, Topeka, KS 66604

785-234-0568

Toll Free: 1-866-990-9910

Fax: 785-234-5758

Website: www.redcross.org/kansascapital

Email: Joann.Long@redcross.org

Antioch Family Life Center 1921 SE Indiana, Topeka, KS 66607 785-232-1937 Fax: 785-232-259 www.antiochfamilylifecenter.org Email: aflc@antiochtopeka.org

Arthritis Foundation Kansas Area Office: 1999 N Amidon Road, Suite 105

Wichita, KS 67203-2122

316-263-0116 Toll Free: 1-800-362-1108

Fax: 316-263-3260 Website: www.arthritis.org Email: info.ks@arthritis.org

In Topeka:

2901 SW Burlingame Rd.

Topeka, KS 66611

785-272-8461 Email: pattyd@arthritis.org

Better Business Bureau of Kansas 345 N. Riverview Street, Suite #720

Wichita, KS 67203

316-263-3146 Toll Free: 1-800-856-2417

Fax: 316-263-3063

Website: www.kansasplains.bbb.org Email: info@kansasplains.bbb.org

Birthright of Topeka, Inc. 512 SW 7th Street, P.O. Box 414 Topeka, KS 66601-0414

785-234-0701

Toll Free: 1-800-550-4900, 24-hour Birthright

Hotline

Brewster at Home

1205 SW 29th Street, Topeka, KS 66611

785-274-3303 Fax: 785-267-9355

Website: www.brewsterplace.org Email: EileenM@brewsterplace.org

Brewster Rehab Center

1001 SW 29th Street, Topeka, KS 66611 785-274-3336 Fax: 785-266-5782 Website: www.brewsterplace.org

Email: scotts@brewsterplace.org

Caring Pregnancy Options, Inc. 2041 McAlister Street, Topeka, KS 66604

785-249-6130

Website: www.cpotopeka.org

Capital City Equality Center, Inc (CCEC)

Topeka, KS 785-249-3651

Website: www.capcitycenter.org Catholic Charities of NE Kansas, Inc. 234 S. Kansas Ave, Topeka, KS 66603

785-233-6300 Fax: 785-233-7234

Website: www.catholiccharitiesKS.org

Center for Community Support & Research

Wichita State University 1845 Fairmount, Box 201 Wichita, KS 67260-0201 316-978-3843

Toll Free 800-445-0116 Fax: 316-978-3593

Website: www.wichita.edu/ccsr Email: supportgroups@wichita.edu

City of Topeka Housing & Neighborhood

Development

620 SE Madison, 1st Floor Topeka, KS 66607-1118

(785) 368-3711 Fax: (785) 368-2546

Website: www.topeka.org/hnd/

City of Topeka Planning Department 620 SE Madison Street, 3rd Floor

Topeka, KS 66607 785-368-3728

Fax: 785-368-2535

Website: www.topeka.org/Planning

Email: bfiander@topeka.org

Community Action, Inc. Administrative Services (Child & Adult Care Food Program (CACFP),

Fiscal, Human Resources)

Mailing: PO Box 5256, Topeka, KS 66605 Physical: 455 SE Golf Park Blvd., Topeka, KS

66605

Phone: 785-235-9561 CACFP: 785-232-3258

Fax: 785-235-9564 www.cactiontopeka.com

Community Resources Council, Inc.

455 SE Golf Park Blvd

PO Box 5183, Topeka, Kansas 66605-2862

785-233-1365 Fax: 785-233-1905 Website: www.crcnet.org Email: crcexec@crcnet.org

Cornerstone of Topeka, Inc. 1195 SW Buchanan, Suite 103

Topeka, KS 66604-4198

785-232-1650 Fax: 785-232-3255

Website: www.cornerstoneoftopeka.org

Email: chris@corner1.org

Critter Care of Topeka

P.O. Box 67341

Topeka, KS 66667-0341

785-478-9985

www.crittercareoftopeka.com

Email: cc@crittercaretopeka.com

Custom Computer Training Kansas Legal

Services, Inc.

712 S Kansas, Suite 414

Topeka, KS 66603

Marilyn Harp, Executive Director

(785) 270-5629 (785) 354-8311

Website: www.kansaslegalservices.org

Disability Rights Center of Kansas, Inc. 635 SW Harrison Street, Suite 100

Topeka, KS 66603

785-273-9661

Toll Free: 877-776-1541 TDD Toll Free 877-335-3725

Fax: 785-273-9414

Website: www.drckansas.org Email: info@drckansas.org

Chadwick J. Taylor, District Attorney

Third Judicial District

Shawnee County Courthouse

200 SE Seventh Street, Suite 214

Topeka, KS 66603

785-251-4330 Fax: 785-291-4909 Website: http://www.snco.us/da/

Doorstep, Inc. 1119 SW 10th Avenue Topeka, KS 66604 785-357-5341

Fax: 785-232-4865

Website: www.doorsteptopeka.org Email: lisa@doorstepinc.com

Easter Seals Capper Foundation 3500 SW 10th Avenue Topeka, KS 66604 785-272-4060

Fax: 785-272-7912

Website: www.capper.easterseals.com Email: abilities@capper.easterseals.com

El Centro of Topeka 134 NE Lake Street Topeka, KS 66616 785-232-8207 Fax: 785-232-8834

Environmental Health Services Shawnee County Health Agency 1515 NW saline St North Annex, Suit 101 Topeka, KS 66618 785-291-2455

Fax: 785-251-2499 www.shawneehealth.org

ERC Resource & Referral Child Care Aware of Eastern Kansas

1100 SW Wanamaker, Suite 101

Topeka, KS 66604 785-357-5171

Toll Free: 877-678-2548 Fax: 785-357-1813

Website: nenc.ks.childcareaware.org Email: info@nenc.ks.childcareaware.org

Lawrence Office

846 Illinois, Lawrence KS 66044

785-865-0669 Salina Office 1512-A East Iron, Salina KS 67401 785-820-8232

Expecting Success – Job Success Program Kansas Legal Services 712 S. Kansas Avenue, 4th Floor Topeka, KS 66603 785-270-5614 Fax: 785-354-8311

Website: www.kansaslegalservices.org

Futures for Tomorrow, LLC 200 Arco Place, Suite 428 Independence, KS 67301

866-332-1226 Fax: 620-331-1860

Website: www.futuresfortomorrow.net Email: jwright@futuresfortomorrow.net

Gatekeepers Shawnee County Health Agency

1615 SW 8th Avenue Topeka, KS 66606 785-368-2751 Fax: 785-368-2098

Website: www.shawneehealth.org

haadmin@snco.us

GO Topeka/Entrepreneurial and Minority Business Development 120 SE Sixth Avenue, Suite 110 Topeka, KS 66603 785-231-6000

785-231-6000 Fax: 785-231-6075

Website: www.GOTopeka.com

Goodwill

Western MO & Eastern KS
Website: www.mokangoodwill.org
Email: contactus@mokangoodwill.org
1-816-842-7425

Greater Topeka Chamber of Commerce 120 SE Sixth Avenue, Suite 110

Topeka, KS 66603 785-234-2644 Fax: 785-234-8656

Website: www.TopekaChamber.org
Email: topekainfo@topekachamber.org

Grief and Loss Services Midland Care

200 SW Frazier Circle, Topeka, KS 66606 785-232-2044

Toll Free: 1-800 491-3691 Fax: 785-232-5567

www.midlandcareconnection.org

Habitat for Humanity, Inc. 2907 SW Topeka Blvd., Suite C Topeka, KS 66607 785-234-4322

Website: www.topekahabitat.org Email: exec@topekahabitat.org Harvesters The Community Food Network

215 SE Quincy Street Topeka, KS 66603 Toll-free: 877-353-6639 Fax: 785-861-7784

rax. 700-001-7704

Website: www.harvesters.org

Heartland Visioning

120 SE Sixth Street, Suite 110

Topeka, KS 66603 785-231-6006 Fax: 785-234-8656

Website: www.heartlandvisioning.com Email: <u>info@heartlandvisioning.com</u>

Helping Hands Humane Society, Inc.

5720 SW 21st Street Topeka, KS 66604 785-233-7325 Fax: 785-233-8151

Website: www.hhhstopeka.org Email: helpinghands@hhstopeka.org

Housing and Credit Counseling, Inc.(HCCI) 1195 SW Buchanan Street, Suite 101

Topeka, KS 66604

785-234-0217

Toll Free 1-800-383-0217 Fax: 785-234-4289 Website: www.hcci-ks.org Email: hcci@hcci-ks.org

I Care, Inc.

2914 SE Michigan Avenue Topeka, KS 66605-

2648

785-267-5910 IBSA, Inc.

629 SE Quincy Street, Suite 102

Topeka, KS 66603-3921

785-422-0761

Website: www.ibsa-inc.org Email: admin@ibsa-inc.org

Junior League of Topeka, Inc.

719 SW Van Buren Street, Suite 201

Topeka, KS 66603 785-273-0830 Fax: 785-291-0834

Website: www.jltopeka.org Email: email@jltopeka.org

Kansas Department for Children and Families

(DCF) Topeka Service Center 500 SW Van Buren Street Topeka, KS 66603

785-296-2500

Customer service: 785-296-8768

Website: www.dcf.ks.gov

Kansas Department of Revenue Docking State

Office Building

915 SW Harrison Street Topeka, KS 66612-1588

785-368-8222 Fax: 785-368-8392

Website: www.ksrevenue.org

Kansas Human Rights Commission

900 SW Jackson, 568 South

Topeka, KS 66612 785-296-3206 Fax: 785-296-0589

Toll Free: 1-888-793-6874 Website: www.khrc.net

Kansas Legal Services, Inc.

712 S Kansas Avenue, Suite 201

Topeka, KS 66603 Marilyn Harp, Director 785-354-8531

Fax: 785-233-2096

Website: www.kansaslegalservices.org

Kansas Legal Services, Inc. Employment Training Division

712 S. Kansas Avenue, 2nd Floor

Topeka, KS 66603

Marilyn Harp, Executive Director

785-233-2068 Fax: 785-354-8311

Website: www.kansaslegalservices.org

Kansas Neurological Institute

3107 SW. 21st Street Topeka, KS 66604-3298

785-296-5389 Fax: 785-296-7923

Kansas Statewide Transgender Education

Project (K-STEP) Topeka, KS 785-215-7436

Website: www.k-step.org

Kansas Telecommunications Access Program

(KTAP)

4848 SW 21st Street, Suite 100

Topeka, KS 66604 785-234-0200

Website: www.kansastap.org Email: tap@kstelecom.com Kansas Traffic Safety Resource Office 2930 Wanamaker Drive, Suite 100

Topeka, KS 66614 785-233-5885

Toll Free: 800-416-2522 Fax: 785-233-1342 Website: www.ktsro.org Email: KTSRO@dccca.org

K-State Research & Extension - Shawnee

County

1740 SW Western Avenue Topeka, KS 66604-3052

785-232-0062 Fax: 785-232-0093

Website: www.shawnee.ksu.edu Email: sn@listserv.ksu.edu

League of Women Voters of Topeka-Shawnee

County

Webstie: www.lwvtsc.org

Maryanna Quilty, 2013 President

785-234-6925 or 785-224-4406

Let There Be Light Ministries 1013 SW 6th Street Topeka, KS 66606 785-230-4659

Email: suelacey@cox.net

Let's Help, Inc. 200 South Kansas Ave. Topeka, KS 66603 785-234-6208

Fax: 785-354-7145

Website: www.letshelpinc.org Email: ShellyL@letshelpinc.org

The Leukemia & Lymphoma Society - Kansas

Chapter

300 N. Main, Suite 300 Wichita, KS 67202 316-266-4050

Toll Free: 1-800-779-2417

Fax: 316-266-4960

Magic Meals Home Delivery (FP) 6722 SW Urish Road (No Public Office) Auburn, KS 66402 785-554-4524

Website: www.mealslikemagic.com Email: chefs@mealslikemagic.com

Midland Care 200 SW Frazier Circle Topeka, KS 66606 785-232-2044

Toll Free 1-866-394-3600 Fax: 785-232-5567

Website: www.midlandcareconnection.org

Midland Care Residential Center

120 SW Frazier Circle Topeka, KS 66606 785-232-2044

Toll Free: 1-800-491-3691 Fax: 785-232-5567

Website: www.midlandcareconnection.org

Mosaic, Inc. 913-788-8400 913-788-3918

Website: www.mosaickansascity.org Email: <u>lindsay.cornella@mosaicinfo.org</u>

Mothers Against Drunk Driving

PO Box 144

Burlingame, Kansas 66413 Toll Free: 1-800-443-6233

Fax: 785-654-2374

Email: ks.state@madd.org

Muscular Dystrophy Association 10550 Barkley St, Suite 200 Overland Park, KS 66212

913-451-3230 Fax: 913-451-3339 Website: www.mda.org

Email: 675.office@mdausa.org

National Multiple Sclerosis Society

Mid-America Chapter Eastern Kansas Branch

7611 State Line Road., Suite 100

Kansas Citv. MO 64114

913-432-3926

Toll Free: 1-800-344-4867

Fax: 816-361-2369

Website: www.msmidamerica.org

Parents, Families and Friends of Lesbians,

Gays, Bisexuals and Transgendered

Lawrence - Topeka PFLAG Topeka, KS 66611-1656

785-841-2345 Headquarters Counseling

24 hours a day

Website: www.pflagnekansas.org

Email: sffeist@msn.com

Positive Connections, Inc. 1001 SW Garfield, Suite 4 Topeka, KS 66604

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785-232-3100 Fax: 785-232-3186 Website: www.pcneks.org

Email: pcadmin@pcneks.org

Resource Center for Independent Living, Inc.

Home Office 1137 Laing Street Osage City, KS 66523 785-528-3105

Toll Free: 1-800-580-7245

Fax: 785-528-3665 Topeka Location

1507 SW 21st Street, Suite 203

Topeka, KS 66604 785-267-1717

Toll Free: 1-877-719-1717

Fax: 785-267-1711 Website: www.rcilinc.org Email: info@rcilinc.org

Right to Life of Kansas, Inc.

P.O. Box 4812 Topeka, KS 66604 785-233-8601

Email: RTLK1@aol.com

Safe Streets Prevention & Recovery Services,

Inc.

2209 SW 29th Street Topeka, KS 66611-1908

785-266-4606 Fax: 785-266-3833

Website: www.safestreets.org Email: szellers@safestreets.org

The Salvation Army 1320 E 6th Avenue P.O. Box 599 Topeka, KS 66601 785- 233-9648

Fax: 785-233-9846

Shawnee County Community Developmental Disabilities Organization (CDDO) A division of

TARC

2701 SW Randolph Avenue

Topeka, KS 66611 785-232-5083 Fax: 785-235-8041

Website: www.sncddo.org

Shawnee County Conservation District 3231 SW Van Buren Street Topeka, KS 66611-2469 785-267-5721 Fax: 785-266-8293

Website: www.sccdistrict.com Email: judy@sccdistrict.com

Shawnee County Emergency Management

200 SE 7th Street, SB-10 Topeka, KS 66603-3901 785-233-8200, ext. 4150 Fax: 785-291-4904 Emergency number: 911

Shawnee County Medical Society, Inc.

623 SW 10th Avenue Topeka, KS 66612 785-235-0996 Fax: 785-235-5114

Shawnee County Parks and Recreation

3137 SE 29th Street Topeka, KS 66605 785-267-1156 Fax: 785-266-0308

Sheltered Living, Inc. 3401 SW Harrison St Topeka, KS 66611-2277

785-233-2566 Fax: 785-266-8709

Website: www.shelteredliving.org Email: slisli@shelteredliving.org

Social Security Administration Field Office

600 SW Commerce Place

Topeka, KS 66615 888-327-1271 TTY: 785-233-5951 800-772-1213 Fax: 785-232-3146

Website: www.socialsecurity.gov

Stormont-Vail SANE/SART (Sexual Assault Nurse Examiner) (Sexual Assault Response

Team)

1500 SW 10th Avenue Topeka, KS 66604 785-354-6107 Fax: 785-354-5004

Website: www.stormontvail.org Email: jthomas@stormontvail.org

TARC, Inc.

2701 SW Randolph Avenue

Topeka, KS 66611 785-232-0597 Fax: 785-232-3770

Website: www.tarcinc.org

Email: info@tarcinc.org

TAX ASSISTANCE K-State Research & Extension – Shawnee County 1740 SW Western Avenue Topeka, KS 66604 785-232-0062

Fax: 785-232.0093

Website: www.shawnee.ksu.edu

Topeka City of Character P.O. Box 152 Topeka, KS 66601-0152 785-273-4330

Fax: 785-354-1901

Email: topekacityofcharacter@gmail.com

Topeka Civic Theatre & Academy, Inc. 3028 SW 8th Avenue Topeka, KS 66606 785-357-5213 Fax 785-357-0719

Website: www.TopekaCivicTheatre.com Email: Vickie@TopekaCivicTheatre.com

Topeka Common Ground, Inc. Email: topekagarden@gmail.com Facebook: topekagardens.org Alternate address: 1108 SW Fleming Court. #105

Topeka, KS 66604

Topeka Housing Authority 2010 SE California Avenue Topeka, KS 66607 785-357-8842 Fax: 785-357-2648

Website: www.tha.gov

Topeka Independent Living Resource Center, Inc. 501 SW Jackson Street, Suite 100 Topeka, KS 66603-3300 785-233-4572 Toll Free: 800-443-2207 TDD 785-233-1815

Fax: 785-233-1561 Website: www.tilrc.org

Topeka Literacy Council, Inc. 1119 SW 10th Ave, Suite 6 Topeka, KS 66604-1105

785-234-2806

Email: topekaliteracy@juno.com

Topeka Metro Transit Authority 820 SE Quincy Street Topeka, KS 66612 785-783-7000 Fax: 785-354-8476

Website: www.topekametro.org

Topeka Moving Ahead Program (TMAP) Kansas Legal Services 712 S Kansas Avenue, 2nd Floor

Topeka, KS 66603

Marilyn Harp, Executive Director

785-233-2068 Fax: 785-270-5639

Website: www.kansaslegalservices.org

Email: vincentl@klsinc.org

Topeka North Outreach, Inc. Second Presbyterian Church 210 NW Menninger Road Topeka, KS 66617 785-286-1370

Website: www.topekanorthoutreach.org Email: topekanorthoutreach@gmail.com

Topeka Police Department 320 S. Kansas Avenue, Suite 100 Topeka, KS 66603 785-368-9551

Website: www.topeka.org/tpd

Topeka Rescue Mission 600 N Kansas Avenue P.O. Box 8350 Topeka, KS 66608-0350

785-354-1744 Fax: 785-354-8661

Website: www.trmonline.org Email: trm@trmonline.org

Topeka-Shawnee County Public Library

1515 SW 10th Avenue Topeka, KS 66604-1374 785-580-4400

Fax: 785-580-4496 Website: www.tscpl.org Email: tscpl@tscpl.org

Topeka Workforce Center 1430 SW Topeka Boulevard Topeka, KS 66612-1853

785-235-5627 Fax: 785-233-5899

Website: www.workforcecenters.com/topeka

United Cerebral Palsy of Kansas 5111 E 21st Street P.O. Box 8217 Wichita, KS 67208 316-652-1538 Fax: 316-688-5687

In Topeka: 785-266-2266 Website: www.ucpks.org Email: davej@ucpks.org

United Way of Greater Topeka 1315 SW Arrowhead Road Topeka, KS 66604 785-273-4804 Services and Assistance: 2-1-1

Services and Assistance. 2-1-

Fax: 785-273-2467

Website: www.unitedwaytopeka.org

Facebook Page:

www.facebook.com/liveunitedTopeka Twitter: www.twitter.com/unitedwaytopeka

The University of Kansas Educational Opportunity Centers DOUGLAS AND SHAWNEE COUNTIES (Outreach Office) 305 Joseph R. Pearson Hall The University of Kansas 785-864-96-68 (By appointment only)

WYANDOTTE COUNTY (Main Office)
Gateway Tower II, Suite 235
400 State Avenue
Kansas City, KS 66101
913-233-1124 (By appointment only)

Washburn Law Clinic 1700 SW College Avenue Topeka, KS 66621 YWCA Center for Safety and Empowerment 225 SW 12th Street Topeka, KS 66612 785-354-7927 Topeka 785-362-2222 Holton 1-888-822-2983 24 Hour Hotline 785-670-1191 Fax: 785-670-1094

YMCA of Topeka Downtown Branch M-F 5:00am-10:00pm Sat. 6:00am-6:00pm Sun. 1:00-6:00pm

421 SW Van Buren • Topeka, KS 66603 785-354-8591 Fax: 785-354-1611

Kuehne Branch
M-F 5:30am-9:00pm
Sat. 8:00am-6:00pm
Sun. 1:00-6:00pm
1936 NW Tyler • Topeka, KS 66608
785-233-9815 Fax: 785-232-6224

Camp Hammond 6320 SE Stubbs Road • Berryton, KS 66409 785-379-5385

Southwest Branch
M-F 5:00am-10:00pm
Sat. 6:00am-6:00pm
Sun. 1:00-6:00pm
3635 SW Chelsea Drive • Topeka, KS 66614
785-271-7979 Fax: 785-271-7982
Jack Gray: SW Branch Director
jackg@ymcatopeka.org

YWCA Topeka 225 SW 12th Street, Topeka, KS 66612 785-233-1750 Fax: 785-233-4867

Website: www.ywcatopeka.org

V. Detail Exhibits

[VVV Consultants LLC]

a) Patient Origin Source Files

[VVV Consultants LLC]

KHA Patient Origin by Region - Inpatient Shawnee, KS Residents Treated in KHA Reporting Area

PO103 - YR 2017	Tota	l Disc	Age 0-17	Age 18-44	Age 45-64	Age 65-74	Age 75+	Psych	OBG	
Hospitals	Cases	%	Cases	Cases	Cases	Cases	Cases	Cases	Cases	Surg %
Stormont Vail Health - Topeka, KS	16071	65.6%	627	1549	3383	2449	3721	1687	1367	23.0%
The University of Kansas Health System St. Francis Can	6248	25.5%	71	571	1628	1086	1408	60	723	25.1%
The University of Kansas Health System - Kansas City, I	1013	4.1%	44	212	295	176	109	95	54	44.3%
Children's Mercy Kansas City – Kansas City, MO	217	0.9%	177	18				1	11	35.9%
Lawrence Memorial Hospital - Lawrence, KS	203	0.8%		28	65	31	23	1	28	43.3%
Saint Luke's Hospital of Kansas City - Kansas City, MO	118	0.5%		26	47	23	18		3	52.5%
Shawnee Mission Health - Shawnee Mission, KS	77	0.3%		13	18	4	8	18	9	36.4%
Kansas Residents/Other Missouri Hospitals	60	0.2%	5	12	10	9	8	15		41.7%
Saint John Hospital - Leavenworth, KS	47	0.2%				4	10	33		
Kansas Residents/Minnesota Hospitals	38	0.2%	5	3	16	8	5	1		71.1%
Menorah Medical Center - Overland Park, KS	38	0.2%		15	12	7	3	1		63.2%
Overland Park Regional Medical Center - Overland Par	33	0.1%	4	4	7	5	6		4	21.2%
Via Christi Hospitals Wichita, Inc Wichita, KS	28	0.1%	1	7	7	2	5	1	3	32.1%
Research Medical Center - Kansas City, MO	27	0.1%		6	2	3	6	10		44.4%
Kansas Residents/Nebraska Hospitals	22	0.1%	5	5	9	3				18.2%
Via Christi Hospital Manhattan, Inc Manhattan, KS	20	0.1%		2	1	11	4		1	35.0%
Children's Mercy Hospital Kansas - Overland Park, KS	20	0.1%	16					4		
Salina Regional Health Center - Salina, KS	18	0.1%			3			13	1	
Providence Medical Center - Kansas City, KS	18	0.1%		3	9	1	5			44.4%
Two Rivers Behavioral Health System - Kansas City, MO	15	0.1%						15		
Olathe Medical Center Inc Olathe, KS	14	0.1%			2	2	9			50.0%
Wesley Healthcare - Wichita, KS	13	0.1%	1	3	3	3	3			53.8%
Truman Medical Center Hospital Hill - Kansas City, MO	13	0.1%		2	3	1		3	2	38.5%
Saint Luke's South Hospital - Overland Park, KS	10	0.0%		2	5	1			1	80.0%
Hutchinson Regional Medical Center - Hutchinson, KS	9	0.0%			1		5	1	1	
North Kansas City Hospital - North Kansas City, MO	9	0.0%		1	2		6			44.4%
Community Healthcare System Inc Onaga, KS	8	0.0%			2		1	1	2	12.5%
Centerpoint Medical Center - Independence, MO	6	0.0%		1	2	2			1	83.3%
Fredonia Regional Hospital - Fredonia, KS	5	0.0%						5		
Saint Luke's North Hospital Smithville - Smithville, M	5	0.0%						5		
Saint Luke's North Hospital Barry Road - Kansas City,	5	0.0%		2		1			1	40.0%
Other Hospitals	64	0.3%	2	1	15	13	18	9	3	18.8%
Hospital Total	24506	100%	961	2488	5548	3849	5382	1982	2215	25.1%

Shawnee, KS Residents Treated in KHA Reporting Area

PO103 - YR 2016	Tota	l Disc	Age 0-17	Age 18-44	Age 45-64	Age 65-74	Age 75+	Psych	OBG	
Hospitals	Cases	%	Cases	Cases	Cases	Cases	Cases	Cases	Cases	Surg %
Stormont Vail Health - Topeka, KS	13885	62.4%	651	1339	2870	1887	3172	1285	1368	23.4%
The University of Kansas Health System St. Francis Can	6278	28.2%	122	627	1657	1049	1363	56	711	25.6%
The University of Kansas Health System - Kansas City, I	877	3.9%	35	179	296	168	78	68	36	53.4%
Children's Mercy Kansas City – Kansas City, MO	248	1.1%	230	9					5	47.2%
Lawrence Memorial Hospital - Lawrence, KS	157	0.7%		20	32	32	13		31	35.7%
Saint Luke's Hospital of Kansas City - Kansas City, MO	111	0.5%		18	55	13	24		1	70.3%
Shawnee Mission Health - Shawnee Mission, KS	87	0.4%		13	22	10	3	25	7	41.4%
Kansas Residents/Other Missouri Hospitals	45	0.2%	9	6	15	6	5	4		37.8%
Menorah Medical Center - Overland Park, KS	38	0.2%	1	5	14	13	2	1	1	73.7%
Kansas Residents/Nebraska Hospitals	34	0.2%	2	9	13	8	2			41.2%
Saint John Hospital - Leavenworth, KS	34	0.2%			1	2	2	29		
Salina Regional Health Center - Salina, KS	30	0.1%		2	2	1	2	22		6.7%
Research Medical Center - Kansas City, MO	29	0.1%		2	6	4	2	15		31.0%
Kansas Residents/Minnesota Hospitals	26	0.1%	1	10	7	5	3			65.4%
Overland Park Regional Medical Center - Overland Par	26	0.1%	2	3	11	1		2	3	38.5%
Wesley Healthcare - Wichita, KS	24	0.1%	1	2	8	3	4	2	2	37.5%
Two Rivers Behavioral Health System - Kansas City, MC	23	0.1%						23		
Via Christi Hospitals Wichita, Inc Wichita, KS	19	0.1%		5	5	3	2	4		31.6%
Children's Mercy Hospital Kansas - Overland Park, KS	19	0.1%	15					4		
Olathe Medical Center Inc Olathe, KS	18	0.1%		1	6	5	2		2	44.4%
Saint Luke's South Hospital - Overland Park, KS	17	0.1%		2	7	5	1		1	47.1%
Providence Medical Center - Kansas City, KS	16	0.1%		3	8	1	2			43.8%
St. Joseph Medical Center - Kansas City, MO	15	0.1%		1	6	5	1		1	66.7%
Newman Regional Health - Emporia, KS	12	0.1%	3	3			3	1	2	8.3%
Via Christi Hospital Manhattan, Inc Manhattan, KS	12	0.1%		1	2	2	6	1		8.3%
Community Healthcare System Inc Onaga, KS	11	0.0%				2	5		2	9.1%
Truman Medical Center Hospital Hill - Kansas City, MO	10	0.0%	1	2		2		2	2	10.0%
Centerpoint Medical Center - Independence, MO	10	0.0%		1	6		1		1	60.0%
North Kansas City Hospital - North Kansas City, MO	9	0.0%		1	4	1	3			77.8%
Crittenton - Kansas City, MO	9	0.0%						9		
Kansas Residents/Michigan Hospitals	8	0.0%	3	2	2	-		1		25.0%
Kindred Hospital Kansas City - Kansas City, MO	8	0.0%		1	3	2	2			50.0%

PO103 - YR 2016 CON'T		l Disc	Age 0-17	Age 18-44	Age 45-64	Age 65-74	Age 75+	Psych	OBG	
Hospitals	Cases	%	Cases	Cases	Cases	Cases	Cases	Cases	Cases	Surg %
Kansas Residents/Iowa Hospitals	7	0.0%	1	2	1		3			42.9%
Holton Community Hospital - Holton, KS	7	0.0%	1				5			
Hiawatha Community Hospital - Hiawatha, KS	5	0.0%					2		1	20.0%
Hutchinson Regional Medical Center - Hutchinson, KS	5	0.0%				1	4			20.0%
Liberty Hospital - Liberty, MO	5	0.0%		1	3	1				60.0%
Other Hospitals	44	0.2%		4	8	9	7	10	3	25.0%
Hospital Total	22243	100.0%	1079	2278	5077	3245	4725	1571	2181	26.1%

hawnee, KS Residents Treated in KHA Reporting Area											
PO103 - YR 2015	Total Disc		Age 0-17	Age 18-44	Age 45-64	Age 65-74	Age 75+	Psych	OBG		
Hospitals	Cases	%	Cases	Cases	Cases	Cases	Cases	Cases	Cases	Surg %	
Stormont Vail Health - Topeka, KS	14263	60.6%	674	1441	3036	1821	3286	1346	1363	21.7%	
The University of Kansas Health System St. Francis Can	7280	31.0%	120	675	1957	1209	1618	55	843	26.0%	
The University of Kansas Health System - Kansas City, I	825	3.5%	37	220	331	121	69	7	28	52.5%	
Children's Mercy Kansas City – Kansas City, MO	239	1.0%	212	9				3	7	43.9%	
Lawrence Memorial Hospital - Lawrence, KS	143	0.6%	2	20	29	17	23	1	24	35.7%	
Saint Luke's Hospital of Kansas City - Kansas City, MO	102	0.4%		19	45	24	14			59.8%	
Shawnee Mission Health - Shawnee Mission, KS	71	0.3%		14	23	9	4	14	4	52.1%	
Two Rivers Behavioral Health System - Kansas City, MO	41	0.2%						41			
Kansas Residents/Other Missouri Hospitals	40	0.2%	6	3	11	4	6	8	1	37.5%	
Overland Park Regional Medical Center - Overland Par	39	0.2%		1	11	5	4	1	9	30.8%	
Saint John Hospital - Leavenworth, KS	38	0.2%				6	12	20			
Menorah Medical Center - Overland Park, KS	36	0.2%		7	16	8	2	1	1	63.9%	
Kansas Residents/Nebraska Hospitals	34	0.1%	2	9	13	8	2			41.2%	
Children's Mercy Hospital Kansas - Overland Park, KS	34	0.1%	25	1				8			
Kansas Residents/Minnesota Hospitals	26	0.1%	1	10	7	5	3			65.4%	
Olathe Medical Center Inc Olathe, KS	24	0.1%		5	5	5	3		3	50.0%	
Salina Regional Health Center - Salina, KS	22	0.1%			5			17			
Wesley Healthcare - Wichita, KS	21	0.1%	2	6	5	4	1	1	1	23.8%	
Research Medical Center - Kansas City, MO	21	0.1%		2	5	2		12		28.6%	
Providence Medical Center - Kansas City, KS	13	0.1%		1	4	4	1		2	30.8%	
Via Christi Hospitals Wichita, Inc Wichita, KS	12	0.1%		2	2	3	2	2		33.3%	
Saint Luke's South Hospital - Overland Park, KS	11	0.0%		1	3	5			1	81.8%	
Kindred Hospital Kansas City - Kansas City, MO	11	0.0%		2	4	4	1			27.3%	
Centerpoint Medical Center - Independence, MO	10	0.0%		1	4	3	2			60.0%	
Community Healthcare System Inc Onaga, KS	9	0.0%	1		1	1	4		1		
Kansas Residents/Michigan Hospitals	8	0.0%	3	2	2			1		25.0%	
Holton Community Hospital - Holton, KS	8	0.0%		1			1		3	12.5%	
North Kansas City Hospital - North Kansas City, MO	8	0.0%		2	2	1	3			50.0%	
Kansas Residents/Iowa Hospitals	7	0.0%	1	2	1		3			42.9%	
Geary Community Hospital - Junction City, KS	7	0.0%			1	1			3	42.9%	
Truman Medical Center Hospital Hill - Kansas City, MO	7	0.0%		1	1			2	3	14.3%	
Via Christi Hospital Manhattan, Inc Manhattan, KS	6	0.0%					4		1		
Signature Psychiatric Hospital - Kansas City, MO	6	0.0%						6			
Newman Regional Health - Emporia, KS	5	0.0%		2	3					20.0%	
Saint Luke's North Hospital Smithville - Smithville, M	5	0.0%						5			
St. Joseph Medical Center - Kansas City, MO	5	0.0%		1		2			1	20.0%	
Crittenton - Kansas City, MO	5	0.0%						5			
Other Hospitals	54	0.2%		11	14	6	15	3	2	18.5%	
Hospital Total	23521	100.0%	1086	2475	5548	3282	5084	1566	2302	24.8%	

TOT223E KHA Outpatient Visits by Revenue Category										
YR 2017		PSA	SSA Counities							
	SVH Total	Shawnee	Osage	Jackson	Jefferso	Pottawatomi	Lyon	Wabaunse		
Rev Cat / Come & GO	Visits	KS	KS	KS	n KS	e KS	KS	e KS		
1 Emergency Dept (45x)	49,679	41,780	2,236	859	1341	250	206	539		
2 Surgery (36x, 49x)	13,151	8,923	800	498	491	302	385	214		
3 Observation (762)	4,952	3,742	280	134	178	58	73	77		

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TOT223E KHA Outpatient Visits by Revenue Category										
YR 2016		PSA	PSA SSA Counities							
Rev Cat / Come & GO	SVH Total Visits	Shawnee KS	Osage KS	Jackson KS	Jefferso n KS	Pottawatomi e KS	Lyon KS	Wabaunse e KS		
1 Emergency Dept (45x)	48,316	40,771	2,283	821	1364	243	154	484		
2 Surgery (36x, 49x)	12,518	8,567	739	454	467	281	311	240		
3 Observation (762)	5,790	4,391	322	167	234	68	65	75		

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TOT223E KHA Outpatient Visits by Revenue Category										
YR 2015		PSA	SSA Counities							
Rev Cat / Come & GO	SVH Total Visits	Shawnee KS	Osage KS	Jackson KS	Jefferso n KS	Pottawatomi e KS	Lyon KS	Wabaunse e KS		
1 Emergency Dept (45x)	51,180	43,296	2,473	808	1365	241	197	474		
2 Surgery (36x, 49x)	12,495	8,476	772	458	506	315	361	281		
3 Observation (762)	19,097	12,829	1,075	662	714	435	504	387		

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b) Town Hall Attendees, Notes, & Feedback

[VVV Consultants LLC]

Shawnee County KS CHNA Town Hall

Location: Shawnee County Health Department

9/27/2018 Attendees: 56 Key Themes discussed from ppt presentation

Veterans going to the VA in Topeka.

School backpacks with food.

Depression is an issue. Worried about suicide.

Healthy Community:

- Clean air, water
- Depression rate
- Equity
- Life expectancy
- · Accessibility to housing, shelter, care
- Maslow's Hierarchy of Needs

Big Picture that will affect health:

- Improvement of bike trails happening and continuous
- Change in the Affordable Care Act
- New county commissioner and governor
- Economic development
- Increased collaboration between healthcare providers
- Improve quality of life in Shawnee county

Strengths:

- Hospice Care
- Grace Med
- Collaborative and willing partners/ Community Collaboration
- Political Support/ Advocacy
- Two schools of nursing
- Collaborative effort between first responders
- Public Park Systems/ Bike Trails
- Momentum 2022 Community economic development
- Hospital has human trafficking screening – one of the few in the United States

- Metro Transit plan
- Collaborative schools/ School programs
- Donated services in the medical community
- Different specialization within the hospitals
- Quality of life components
- Immunizations
- Topeka Rescue Mission and the Topeka Task Force Heartland Healthy Neighborhood
- Engagement
- Churches/ Spiritual health

Weaknesses/ Needs Improving:

- Suicide Rate
- Access for Mental Health
- Increase Exercise options/ policy
- Substance Abuse
- Opioid Abuse
- Safe Access to healthy food
- Education to those without the resources
- Affordable Housing
- Population at home after high school
- Sex Education Me Too movement
- Single Parent households living in poverty
- Improve Child care options
- Family planning

- Better access to safe transportation county wide
- Improve health literacy
- Engaging neighborhood communities in poverty areas
- Expand Medicaid
- Resources for care coordination
- Newborn follow up visits
- Breastfeeding
- High use of correctional system
- Preventative services
- Affordable health insurance
- Smoking nicotine and tobacco
- Secure Care for Mental Health

				NA Town Hall Attendees - S	1	T	1
#	Attend	First Name	Last Name	Organization	City	ST	Zip
1	Х	Shelley	Allen	SVH	Topeka	KS	66615
2	Х	Bob	Archer	SCHD	Topeka	KS	66614
3	Х	Craig	Barnes	SCHD	Topeka	KS	66614
4	X	Virginia	Barnes	Heartland Healthy Neighborhoods	Topeka	KS	66610
5	X	Bill	Cochran	Topeka Police Department	Topeka	KS	66603
6	X	Kayla	Bitler	Greater Topeka Partnership	Topeka	KS	66603
7	X	Shelly	Buhl	SMCO	Rossville	KS	66533
8	X	Eileen	Cain	Brewster Place	Topeka	KS	66611
9	X	Nick	Carroll	Pheonix	Topeka	KS	66614
10	X	Kevin	Christianson	Café Barnabas	Topeka	KS	66604
11	X	Morgan	Chritso	TCJ	Topeka	KS	66617
12	Х	Kevin	Cook	BCC	Topeka	KS	66606
13	Х	Jenny	Crowell	Seaman School District	Topeka	KS	66617
14	Х	Jim	Daniel	Topeka Metro	Topeka	KS	66603
15	Х	McKenzi	Davis	KSNT	Topeka	KS	66601
16	Х	Carrie	Delfs	SCHD	Topeka	KS	66604
17	Х	Lynn	Edlo	Stormont Vail	Topeka	KS	66614
18	Х	Karl	Finderberger	Topeka Metro Bikes	Topeka	KS	66604
19	Х	Teresa	Fisher	SCHD	Topeka	KS	66609
20	Х	Stacy	Forgy	Valeo BHC	Topeka	KS	66606
21	Х	Andy	Fry	www.topekametro.org	Topeka	KS	66602
22	Х	Edith	Gaines	SCHD	Topeka	KS	66607
23	Х	DuBoise	Glenda	Heartland Visioning	Topeka	KS	66603
24	Х	Andy	Graham	SCHD	Topeka	KS	66617
25	X	Krista	Hahn	Marian Dental Clinic - SCL Health	Topeka	KS	66607
26	Х	Karla	Heift	Health Access	Topeka	KS	6660
27	X	Larry	Hinton	Retired	Topeka	KS	66614
29	X	Aaron	Jones	Topeka Police Department	Topeka	KS	66603
30	X	Carolyn	Jones	Stormont Vail	Topeka	KS	66618
31	X	Rochelle	King	TKBNA, FIMR	Topeka	KS	66609
32	X	Josh	Klamm	Topeka Police Department	Topeka	KS	66603
33	X	Ralph	Krumins	Complete Sheets AC	Topeka	KS	66618
34	X	Amy	Kuncade	SVH	Topeka	KS	66614
35	X	Lien	Le	SCHD	Торека	KS	66604
36	X	Todd	Lutz	Stormont Vail		KS	66615
30 37	X	Lisa	Marth	KSRE	Topeka Topeka	KS	66604
	X		Mchark		Topeka	KS	_
38	X	Shelly	+	Stormont Vail SCHD		KS	66610
39 40	X	Nancy	Mitchell	TCJ	Topeka Topeka	KS	66618
_		Chris	Neal		·		66601
41	X	Steve	Noble	Seaman USD 345	Topeka	KS	66608
42	X	Linda	Ocho	SCHD Stormont Vail Hoolth	Topeka	KS	66614
43	X	Gina	Ochsner	Stormont Vail Health	Topeka	KS	66614
44	X	Tracy	Orourke	Tormont Vail	Topeka	KS	66618
45	X	Giane Ranco	Pezzino	SCHD	Topeka	KS	66613
46	X	Terri	Roberts	AHNA	Topeka	KS	6660
47	X	Monica	Scheibmeir	Washburn U	Topeka	KS	66615
48	Х	Annie	Schilling	Stormont Vail Health	Topeka	KS	66618
49	Х	Kathy	Smith	Topeka Community Foundation	Topeka	KS	66614
50	Х	Curtis	Sneden	coo	Topeka	KS	66603
51	X	Curtis	Sneden	GTP	Topeka	KS	66603
52	X	Mary	Tibbets	Stormont Vail Health	Topeka	KS	66604
53	Х	Quinton	U	SCHD	Meridan	KS	66512
54	Х	Jeremy	Warn	Pheonix Home Care	Ozawkia	KS	66070
55	Х	Alice	Weingartner	GraceMed	Topeka	KS	66604
56	Х	Paul	Whitig	MCC	Topeka	KS	66614

Wave #3 CHNA - Shawnee County KS Town Hall Conversation - Strengths (White Cards) N= 56 Today: What are the strengths of our community Today: What are the strengths of our community Card # C1 Card # that contribute to health? that contribute to health? ACC 40 CORP Community partnerships Access 4 ACC Hospital access 17 DENT Charitable dental care- GraceMEd 8 ACC Access to general care facilities 6 DOCS Many primary care doctors DOH ACC 26 Healthcare providers/access 22 Public Health/GraceMed ACC DOH Large Health Dpmt and hospitals 27 Access to services 29 33 ACC Already existing agencies/resources 30 DOH Health Dept Access to care and assistance SW Co Health Dept 42 ACC 40 DOH Increasing # profits focused on health 44 ACC Resources 9 **ECON** Heartland Healthy Neighborhoods coordinating **ECON** AIR 34 Clean Air 23 closely with funders for economic development 39 AIR Clean Air 26 **ECON** Stable economy/state capital 40 AIR Clean Air 27 **ECON** Stable Economy 1 ALL Expanded community healthcenter services 32 ECON Economic development Lots of people/groups working to improve 7 ALL **ECON** 39 Increased business growth healthy/quality of life 35 ALL EMER Improving Medical care 2 Emergency Care ВН Solid mental health facility 13 **EMS** Perceived EMS services 2 14 TPD Behavioral Health Unit 14 Emergency Room Serivces BH **EMS** 15 BH Accessibility to health/mental care 3 FAC Number of healthcare facilities Mental health court with City of Topeka BH 11 FAC GraceMed 21 Municipal Court GraceMed 41 BH Behavioral health unit in the police dept 14 FAC GraceMed 42 BH Safety--> mental health 21 FAC 25 FAC Excellent medical facilities/access 18 **BRST** Exclusive breastfeeding 38 2 CLIN FAC Downtown and NOTO improvements Clinics 28 CLIN Excellent clinical care available 25 FINA TCF funding to work on health related matters 32 CLIN Specialty clinics numerous 6 FIT Access to exercise 1 COMM Colaboration 15 FIT Work/exercise zone 2 COMM Collaborative partners/providers 24 FIT Access to exercise 33 COMM | Collaborative school districts 28 FIT Access to exercise 40 COMM | Cooperation b/w organization 35 FIT Exercise/infrastructure 44 COMM Communication 39 FIT OPPortunity for active living Increase in collaboration with new community CORP 1 FIT 40 Access to spaces to exercise partners CORP GOV 2 Hospitals community focused 12 Law enforcement Community partnerships Political support CORP 29 GOV 4 4 Commissioner of health support 41 GOV Fire/EMS/Police cooperation and training CORP 12 CORP Community partnerships 43 GOV Police presence 15 CORP Community Baby Shower 5 HOSP Hospital-> Stormont Vail 19 CORP Community involvement of local government 11 HOSP Two hospital systems Stabalizing hospital environment 24 CORP Willingness of health providers to collaborate 17 HOSP Willingness of relevant agencies to collborate **CORP** HOSP 25 20 Hospitals/Physicians and work together HOSP 26 CORP Community collaboration 30 Two great hospitals 27 HOSP CORP Collaborative/willing partners 32 Hospitals Stormont Vail Health System and access 27 CORP Partner/consumer centric activities 33 HOSP CORP HOSP Hospital/Healthcare Complex 27 Integrated approach 34 29 CORP Collaboration from partners 40 HOSP Access to hospitals 31 CORP Good community HC providers 41 HOSP Competitive hospitals in the city 31 CORP Infrastructure strong 5 HSP Hospice Care 36 CORP Collaborative 10 **HSP** Home Care and Hospice 38 Recent focus on community wide wellness 28 Access and excellent hospice services CORP **HSP**

Wave #3 CHNA - Shawnee County KS Town Hall Conversation - Strengths (White Cards) N= 56 Today: What are the strengths of our community Today: What are the strengths of our community Card # C1 Card # that contribute to health? that contribute to health? 28 IM 37 QUAL Quality healthcare Emergency medicine 28 INSU Uninsured rate decreasing 38 QUAL Quality healthcare KID QUAL 19 Activities and programs for school-aged 43 Good healthcare 22 REC Sidewalks- more walkable KID Early childhood education 1 32 KID 9 REC Improving bicycles/walking facilities Early childhood education 11 REC LIB One public library Biking Initiatives 4 Better awareness of the community as to what 12 REC **MRKT** health initiatives need attention Parks and Rec 12 MRKT Health' being dicussed in more arenas 15 REC Metro bikes 19 MRKT Recognition of Health Problems 15 REC Glow Ride 34 MRKT Awareness 15 REC Bikefest 35 MRKT Awareness of needs 16 REC Walking and bike trails MRKT 37 Awareness of needs 16 **REC** Public parks/lake NURSE WU School of Nursing 18 Bikes for public use 11 REC 40 NURSE Nursing schools 20 REC Parks and Rec 41 NURSE | Medical and nursing schools in the area 21 REC Strong Parks and rec Access to active environments NUTR Heartland Healthy Neighborhoods 22 9 REC 11 NUTR Fresh food giveaways 23 Parks and rec department REC Increased focus on importance of outdoor 25 REC 31 Good employees providing food/meds activities OBG 31 REC 8 Outreach to pregnant mothers Parks and Rec strong OTHR Kell 32 REC 1 Bike and walking trails 2 OTHR Overall effort/Adapting to change 33 REC Access to outdoor activities 11 OTHR Valeo 34 REC Parks REC 36 OTHR Heat up Topeka Parks and trail system 11 19 OTHR Good people 42 REC Park system and heat up Topeka 20 OTHR People 28 SNUR Schools offering screenings/services OTHR Momentum 2022 STFF Providers 21 1 22 OTHR Grade school/high school education 3 STFF Number of workers in facilities OTHR Engaged residents 7 STFF Great healthcare providers in Topeka 23 23 OTHR Including East Topeka more in conversation 12 STFF Providers 26 OTHR Schools access to education 36 STFF Increase in number of providers 39 27 OTHR Ability to be nimble STFF Incredibly giving medical community Innovative models targeted 40 Providers, physicians, midlevel access 27 OTHR STFF OTHR Access to education 13 TOB Tobacco use < 20% adult populations 27 OTHR Education available 36 TOB Tobacco 21 29 30 OTHR USD501-USD 14 TRAN Metro transportation plan OTHR Schools are strong 27 TRAN Transportation 31 36 OTHR Backpack Programs 18 URG Better urgent care utilization 36 OTHR # of nonproft/agencies support 28 URG Primary care/urgent care 13 PHAR Pharmacy services 41 URG Branching out w/urgent care centers 19 POP Not overly populated 18 VACC **Immunizations** POP SV more toward Population health 23 8 VET Access to care for veterans POP 30 VET 25 Small per capita population VA 34 VET Service for Veterans 5 **PRIM** Using doctors office and urgent care Human trafficking screening trial 9 PRIM More primary care options for patients 18 VIO Experience of health workers QUAL 42 WELL Wellness nights in schools 29

33

QUAL People care

Wave #3 CHNA - Shawnee County KS Town Hall Conversation - Weakness (Color Cards) N= 56 Today: What are the weaknesses of our community Today: What are the weaknesses of our community Card # Card # that contribute to health? that contribute to health? Access to Med Assisted Treatment More mental health services 38 ACC 26 ВН Need further mental health care and community 2 ACC Availability 5 BH discussion of mental health needs Need more behavioral health services and 7 43 ACC Awareness of what is available ВН options 20 Preventative services for mental health Education on how health system is accessed ВН ACC 40 ACC Equity of access 28 BH Shortage of Mental Helath Services Expand Medicaid would help w/ healthcare ACC access 13 ВН The number of psychiatrists in the area ACC 11 BRST % of WIC women breastfeeding 3 Health Equity 35 ACC Health Literacy 8 BRST **Breast Feeding** Heart and Cancer Diseases Morality Rate 42 ACC Improved access to care 9 CANC Move access in S central/s east Topeka to 2 ACC providers CARD Hypertension 1 AGE Care for fairly Healthy Ederly 36 CHRON Chronic Pain Management Perception? Delivery of healthcare services for Outreach to people that are not seeking service 2 AGE older adults 28 until they become chronic Resources for care coordination education on management of chronic disease ALC Drinking and Driving 32 CHRON 31 ALL Access to healthy living options 28 CLIN Access to free clinics Healthcare services that need to be improved/changed 30 Lack of free clinics 16 ВН Access to mental health services COMM Collaboration with Community Health Center 1 20 BH Access to mental health services 30 COMM Communication 18 Better mental health access 32 COMM Increase awareness and collaboration of services 44 BH Community approach to managing mentally ill 3 COMM Professionals working better together Afforable dental access to care for adults 13 ВН Community based behavioral health services 16 DENT ВН 30 DENT Dental access Depression 10 Depression need to decrease in community **Dental Services** BH 39 DENT Gap fam plan afford dental care, ВН 17 DENT insurance(weight loss) Depression Rate Improved opportunities for mental health/suicide 27 BH 22 DERM More dermatology Increased access to mental healthcare in places BH other than mental health center 29 DRUG A better understanding of opiod addiction 12 1 ВН Increased availability to MH services 33 DRUG Drug Abuse 28 BH Lack for support structure for stressed kids 8 DRUG Drugs 32 DRUG Medication assisted tax on opiods 11 BH Lack of mental health perception is too high 29 ВН Lack of secure mental health facility 3 DRUG Opiod Initiative Lows for involuntary commitments should allow 29 BH for more of the people we find in crisis 35 DRUG Substance abuse 8 ВН Mental Health 14 DRUG Substance Use Economic development- help bring kids up with 14 Mental Health 23 **ECON** food and shelter they need Mental Health 35 BH 29 **EMS** Lack of narcon for first responders 40 BH Mental Health 8 FAM Family Planning 34 ВН Mental Health access 14 FAM Family Planning Mental health access 16 FAM Family Planning services 43 BH 31 ВН Mental health care 42 FINA ACA not helpful with high deductibles ВН 1 FINA 10 Mental Health need to get better Lower Cost Options Mental Health services that actually work and 23 don't mask other issues 4 Better exercise- active living options Black/Latino representation/ access to health and 17 ВН 15 FIT Mental Healthcare Encouraging exercise policy, culture and 34 MH access FIT infrastructure 41 BH Improved access for transgender person to health More mental health services 15 FIT and fitness 24 ВН

Wave #3 CHNA - Shawnee County KS

Town Hall Conversation - Weakness (Color Cards) N= 56

Card #	C1	Today: What are the weaknesses of our community that contribute to health?	Card #	C1	Today: What are the weaknesses of our community that contribute to health?			
		Improved opportunities for community fitness						
27	FIT	programs	35	NUTR	Healthy food choices			
4	FIT	Poor exercise habits	38	NUTR	Helping to access food			
26	GOV	Police	21	NUTR	Work with at risk families for healthy food choices			
9	HH	Happy with Home Health	27	NUTR	Safe community gardens			
43	HOUS	Address root cause of violent crimes	5	OBES	Adult obesity is troubling, infrastructure needs development			
24	HOUS	Affordable housing	11	OBES	Adult obesity is troubling, infrastructure needs development			
32	HOUS	Affordable housing	7	OBES	Decrease obesity rates among children			
38	HOUS	Affordable housing	8	OBES	Obesity			
43	HOUS	Cleaning up the trash/abandoned houses	33	OBES	Obesity			
43	HOUS	Safety through zip codes	36	OBES	Obesity			
		Can affordable healthcare insurance be changed						
11	INSU	at county level beyond lobbying efforts	31	OBES	Obesity rate			
31	INSU	Change uninsured rate	2	OBES	Rate of obesity in adult population			
21	INSU	Expand Medicaid	18	OBG	Babies DCR placement			
6	INSU	Health care services/specialists can be hard to access for uninsured/underinsured outside of Topeka	4	OBG	Sex Educationunintended pregnancy is ridiculous			
	11400	Increased access to healthcare for those who	-	000	Haladada			
12	INSU	are under/uninsured	41	OTHR	Accessible healthy lifestyle option			
16	INSU	Insurance covered weight loss	3	OTHR	Adapting to consumerism			
42	INSU	Lack of health insurance	38	OTHR	Care coordination available			
41	INSU	Quality of health insurance	30	OTHR	Ethinic Unity			
28	INSU	Uninsured/underinsured	15	OTHR	Family receiving subsidised school meals			
1	INSU	Use of safety net by uninsured/underinsured	32	OTHR	Focus on reducing suffering inequality			
34	KID	Access to quality childcare	2	OTHR	More Single Parent Homes			
28	KID	Educational need to underpriveleged people	19	OTHR	Single mom increasing			
31	KID	Improve childcare	40	POC	Poverty			
36	KID	Improve children	41	POP	Awareness of population			
26	KID	Kids; stability of families	17	POP	Retain popuation			
35	KID	Reduce adverse child events	1	POV	Better address causes of poverty			
17	LOY	Loyalty to community	2	POV	Execution of targeted plan to increase overall health and welfare of single parent families living at or below national poverty levels			
20	LOY	Loyalty to community	19	POV	homelessness not well addressed			
37		Meet consumers 'right where they are'	35	POV	Homelessness/Safe housing			
39		APRN's need ability to practice full scope and be appropriately paid	21	POV	Improve workforce jobs available at living wage			
24		Access to healthy food	4	POV	Low number of nursing by mothers in poverty			
43	NUTR	Eliminate food deserts	26	POV	Need to lessen rate of poverty			
21	NUTR	Expand healthy food alternatives	25	POV	Povertty			
4	NUTR	Few restaurants with healthy food options	42	POV	Poverty			
8	NUTR	Food Desert	8	POV	Povery			
25	NUTR	Food Desert	41	POV	Services and information of poverty population			
17	NUTR	Food insecurities	6	PREV	More community education/activities for disease prevention			
		Food insecurity	17	PREV	Preventative services			
	NUTR							
19 36	NUTR NUTR	Food insecurity	1	PRIM	Primary Care			

Wave #3 CHNA - Shawnee County KS Town Hall Conversation - Weakness (Color Cards) N= 56 Today: What are the weaknesses of our Today: What are the weaknesses of our Card # C1 Card # community that contribute to health? community that contribute to health? Need transportation connecting into the county, **PSY TRAN** 2 Psychiatry 5 lack of transit Transporation embedded access to care for Build on strengths TRAN children 37 QUAL 32 Biking and safe walking facilities for community, REC not just recreation 43 TRAN Transportation 17 SMOK Smoke/Drug 28 TRAN Transportation to healthcare 18 SMOK Smoking, drug use 13 TRAN Transportation to medical services STD Prevention 26 Transportation to medical services 34 STD TRAN STD STD's 25 TRAU Trauma 8 22 STD STI education and prevention 18 VACC Newborn flu visit 36 STD STI education and prevention 17 VACC Newborn Flu visits 15 SUIC Better suicide prevention 3 VET Support for Veterans SUIC Suicide 39 VIO Greater focus on prevention of violence 39 SUIC Suicide 18 VIO Physical Abuse-violence, murders 10 SUIC Suicide Rates need to go down 42 VIO Safety 42 SUIC Suicide Rates need to go down 17 VIO Violence Information placed before people on how to stay SUIC Suicide/Mental Health 32 28 WELL 8 TPRG Teenage Pregnancy 26 WELL More health education TPRG Teenage Pregnancy education 28

Wave #3 CHNA - Shawnee County KS Town Hall Conversation - Define " A Healthy Community" N= 56 Today: What are the strengths of our community Today: What are the strengths of our community Card # C1 Card # that contribute to health? that contribute to health? A balance- having access to affordable and equitable healthcare and support with a combination of state/county funding and community volunteer group ACC 19 ВН Access to mental health service 14 A healthy community is one that had available medical resources and prmotes lifestyles that encourage a balance of healthy diet and Adequate mental health services 35 ACC 43 ВН A healthy community is one where all Comprised of the entire balance of mind-body backgrounds have access to what they need to ACC be healthy (mental, physical and spiritual) 30 and spirit- Maslow's Hierarchy 38 Equity in seeking treatment for physical and ACC вн mental illness 18 Access to care 11 Access to education and awareness of medical 17 ACC and prevention 21 BH Feel well, act well, be well and live well Help available with mental care to improve 26 ACC Access to health 8 ВН mental health Access to healthcare for all Low depression 16 ACC 5 ВН 2 ACC Access to healthcare services 18 ВН Low depression Access to healthful and culturally acceptable ACC opportunities 36 BH Mental and physical healthcare 34 27 ACC 34 ВН Access to services Mental healthcare Active residents willing and able to seek care Programs to care for mentally ill, elderly and and that care is accessible and affordable 19 29 ACC BH impoverished A community that is without chronic illness, homelessness, and without vast behavioral ACC 23 Affordability/Access regardless of pay CHRON health needs 33 CHRON Low Chronic illness 10 ACC Affordable access to healthcare 10 Equal opportunities for all citizens to have and ACC make for their health (self and family) CHRON Low disease rates 12 15 ACC Good access to care when needed 40 CHRON Low statistics per chronic disease and illness 42 ACC Good accessability to healthcare 16 CHRON Lower mortaility rate and disease rate Health equity- no gaps b/w race, ethnicity, 37 ACC economics etc 23 COMM Connection to resources for follow up A community that does not contain human suffering and fosters relationships to support CORP 39 ACC Healthcare accessability to all 20 A community that works to achieve common One where there are no barriers to receiving needed care for all individuals ACC 25 CORP goals towards health problems 34 A health community is a place where physical activity and active transportation is not only encourage but enabled through consistent built infrastruture, enforcement and support by Where everyone has access to affordable ACC CORP 13 healthcare and services 11 community partners like law enforcement A healthy community actively engages a majority of the public with sufficient support and resources to meet physical, emotional and 26 AGE Equity in life expectancy CORP spiritual needs 32 Citizens engaged in community activities and CORP AIR 41 Clean air 18 services 8 ALC No alcohol abuse 16 CORP Community engagement Access to needed services beyond medical 3 ALL 37 CORP Engaged community, high quality of life Heals its citizens and promotes good social 37 ALL Health in all policies 9 CORP construct People feel a sense of community and security 34 ALL Healthcare 24 CORP that services will help them 20 BH A community that thrives mind body and soul 10 CORP Sense of community Ability to meet Maslow's Hierarchy of Needs Doctors 20 43 DOCS Access to education and awareness of behavior 17 ВН assessment, screening and treatments DRUG No drug abuse

Wave #3 CHNA - Shawnee County KS Town Hall Conversation - Define " A Healthy Communty" N= 56 Today: What are the strengths of our community Today: What are the strengths of our community Card # C1 Card # that contribute to health? that contribute to health? Community with afforable, reliable resources that **ECON** meet wide range of needs 2 **NUTR** Healthy food options High focus on wellness, nutrition and prevention **ECON** Mixed income NUTR of illness and ailments 10 29 Physical needs are being met- most adults have **ECON** Strong employment and income stability 15 NUTR healthy diet and exercise habits 31 Vibrant Economic Structure to support wages for adults to be able to live above the national povery level No unintended pregnancy 34 FAC Physical environment 40 #1 ranking among county in Kansas Access to education and awareness of healthy A community that provides education and 17 FIT 25 political climate Active community that gets enough exercise, Citizens safe 8 OTHR keeping blood pressure, lipids and diabetes low 27 Addressses physical, emotional and spiritual A shared belief in personal responsibility coupled 3 FIT 35 with a drive to help others Creates environment that promotes physical 3 FIT mobility/walkability 39 OTHR Basic needs of life (food, shelter) 18 FIT Decreased obesity 19 OTHR Choices for spiritual worship Emphasis on physical activities and spiritual FIT 2 support 22 OTHR Good employment settings, good employees Exercise and fitness OTHR High quality schools 30 FIT 10 OTHR Low crime neighborhoods FIT 10 5 Low obesity rate 34 FIT Phsyical activity OTHR Maslow's Hierarchy of Needs 42 One that is vibrant- our people are able to live 18 FIT Physically active 36 their most fulfilling life One where people are engaged in their own health and feel responsible for maintaining their 22 H2O Clean water, air 34 OTHR health Clean water, air OTHR Spiritual/ faith community 41 H2O 34 26 HOUS Access to affordable housing 31 OTHR Strong in faith and spiritual activities 36 HOUS Affordable housing 18 POV Low poverty HOUS Housing, food and shelter POV Low poverty rates 41 42 13 HOUS Quality affordable housing 5 **PREV** Low preventable diseases and mortality rate HOUS Safe Housing preventative measures accessible to all 28 39 **PREV** A healthy community is meeting or exceeding Shelter/housing 34 HOUS 31 QUAL benchmark data on health measures Adequate public and prvate health services to Childcare QUAL support the needs of individuals, families 43 **KID** Low infant mortaility rate 26 KID 28 QUAL Health literacy Awareness of all or most services provided and how to gain access to services to maintain 7 **MRKT** health and wellness 27 Health outcomes demonstrate this A health community is a population made up of People who have a safe place to live, have all ages that have access to nutritional food access to food, work income, healthcare and **NUTR** items 24 QUAL mental health services as needed NUTR Access to education and awareness of food QUAL 17 19 Quality healthcare 43 NUTR Access to food 23 QUAL Respect for the consumer The community recognizes groups/people that are struggling with health issues and find ways NUTR Access to healthy food QUAL 28 6 to assist 19 NUTR Easy access to groceries 22 REC Access to greenspace, recreation and exercise REC Access to health activities- bike trails 34 NUTR Food 16 NUTR Food security 41 13 REC Equal access to lieasure activities NUTR Healthy food available Outdoor physical activities/events 16 19 REC

15

REC

Plenty of opportunities to get outside

	Wave #3 CHNA - Shawnee County KS						
	Town Hall Conversation - Define " A Healthy Communty" N= 56						
Card #	C1	Today: What are the strengths of our community that contribute to health?	Card #	C1	Today: What are the strengths of our community that contribute to health?		
19	REC	Robust neighborhoods with associated parks, pools etc.	16	TRAN	Transportation Available		
10	REC	Walkable cities	22	VIO	Low violence/crime		
5	SMOK	Low smoker rate	43	WELL	A community with access to appropriate resources, the knowledge and training to know how and where to go for services		
43	SPEC	Specialists	36	WELL	Access to good education		
22	ТОВ	Low tobacco/alcohol	6	WELL	All members of the community have the tools, resources, education and opportunities to live a health life.		
37	TOB	Tobacco free/active environment	9	WELL	Educates citizens		
10	TRAN	Good public transportation	34	WELL	Education		
41	TRAN	Good transportation options	18	WELL	Higher education level		
23	TRAN	Provides easy access to healthcare via transportation and flexible hours	3	WELL	Promote wellness vs episodic care		

	Shawnee County KS Wave #3 2018 CHNA
#	What is your definition of a "Healthly Community"? (Be specific)
	A Community That Has Access To Essential Programs And Services That Are Affordable And
1	Easy To Access. Infrastructure That Allows For Access
	A Community That Has Access To Quality, Affordable Healthcare With A Focus On
	Preventative Care. A Healthy Community Is Active, Has Safe Access To Recreational Areas,
2	And Has Access To Grocery Stores With Fresh Produce And Other Healthy Options
	A Community That Has An Overall Health That Is Thought To Be Substantial. The
	Percentage Of People Who Have Ability To Afford Healthcare And Has Opportunities To
3	Receive Decent Care Is High.
4	A Community That Has Control Over Infectious Disease, Access To Preventative And Curative Health Care, And Resources To Maintain A Healthy Lifestyle.
5	A Community That Has Equal Access To Health Services + All Of The Above
	A Community That Members Have Access For Any Healthcare Need. The Environment Is Full
6	Of Waste And Hazardous Materials.
7	A Community That Supports And Recognizes The Needs Of All Citizens And Works Toward Filling Gaps.
	A Community Where People Feel Safe, Have Access To Services And Access To Leisure
8	Activities
9	A Community Where Resources Are Available To Those Who Need It. Also Promotes The Well Being Of Everyone Not Just Those Written A Certain Area.
9	Well being of Everyone Not 3ust 1110se Written A Certain Area.
	A Community Where Theres Places To Exercise, Bike, Walking Trail, Outdoor Activities For
	Children And Families. Also A Possible 24/7 Clinic To Help Decrease The # Of Er Visits. A
10	Community Is Healthy Where The Outside Promotes Residents To Get Out More.
11	A Healthy Community Has Access To Affordable And Quality Health Care
	A Healthy Community Is A Community That Focuses On The Prevention Of Disease And
40	Resources Necessary To Take Care Of Disease. A Healthy Community Is A Community That
12	Is Able To Advocate And Receive The Help That It Needs. A Healthy Community Is A Community That Meets The Needs Of The Community And Leads
13	It To Physical, Mental, Emotional, And Spiritual Wellness
13	it 10 1 Hysical, Montal, Emotional, And Opinious Wolfflood
	A Healthy Community Is A Group Of Individuals That Has Access To All Health Services And
14	
	A Healthy Community Is One In Which All Citizens Have Access To The Assistance They
4-	Need Regardless Of Income Or Other Status. This Assistance Could Be In Any Category As
15	Stated In The Above Sections
	A Healthy Community Is One That Has Access Quality Medical Care, Affordable Health
16	Insurance, And Access To The Items That People Or Families Need To Survive.
	A Healthy Community Is One That Has Necessary Services For Its People. These Include
17	Clean Water, Electricity, Trash Service, Health Care, Etc.
	A Healthy Community Is One That Has Residents Who Are Engaged And Proud To Live
4.0	Here. A Community Who Wants To Make It A Safe Place To Raise A Family And Support
18	Neighbors And Businesses

	Shawnee County KS Wave #3 2018 CHNA						
#	What is your definition of a "Healthly Community"? (Be specific)						
	A Healthy Community Means Having Access To Quality Health- Care, Education, And Jobs,						
19	·						
20	A Place Where Resources Are Readily Available And Affordable For All						
21	Access And Encouragement To Utilize Health Services At An Affordable Cost.						
	Access And Utilization Of Health Care Services. Healthy Food Options. Supportive Education						
22	System. Access To Transportation And Safe Housing.						
23	Access To Quality Affordable Care And Prevention Of Preventable Problems						
24	Access, Resources, Preventative Measures Taken More Than (?)						
	Accessible Health Care, Clean Water And Air, Safe Community/ Housing, Access To Schools,						
25	Access To Grocery Stores (Healthy Food), Support Of The City						
26	Accessible, Affordable Healthy Care, Equality Public Health Services.						
27	Clean Air, Water, Crime Free, We Need Clinics In The Town Of Silver Lake						
28	Community Stakeholder Responses						
00	Excellent Schools With Excellent Results; Safe Neighborhoods; Supportive Families;						
29	Community Spirit/ Connections; Fresh Foods						
00	Having Correct Resources To Use, Clean And Safe Community, And Places To Improve Health Care.						
30							
31	Health Equity For All Citizens						
32	Healthy Communities Have A Low Disease Rate. They Utilize Preventative Care And Primary Care Doctors						
32	I Think A Healthy Community Involves People Getting Better With All Types Of						
	Illness/Disease. A Community That Has Multiple Choices For All Resources And Workers						
33	Committed To Helping People						
34	Low Crime, High Employment, Access To Mental Health Care.						
0 1	My Definition Of A Healthy Community Is One That Provides Education And Preventative						
	Care To The Entire Community. As Well As Having Access To All Medical Needs For The						
35	Community						
	One In Which There Are Several Options For Fresh Produce. Affordable Groceries, Clinics/						
36	Hospitals Available And A Safe Place For People To Live.						
	One That Has A Community Of People Whom Support One Another And Are Educated On						
37	Health And Know How And When To Seek It						
	One That Has Access To Places That Offer Fresh Foods Such As Local Markets And						
	Community Gardens. Having Outdoor Recreation Such As Trails, Groups, Clean & Affordable						
38	Recreation Centers						
	One With Access To Healthcare Within 2 Miles, Many Walking/Biking Trails, Frequent						
	Community Gatherings. Farmers Market, Affordable Fresh/Healthy Foods, Neighbors Who						
	Help Neighbors When Needed, Not A Lot Of Crime, Children Able To Walk Down The Street						
39	Without Parents Worrying						
	One With Emiliable Assess To Health Osmices Education Healths Food Employment Etc.						
40	One With Equitable Access To Health Services, Education, Healthy Food, Employment, Etc.						
40	And Where Residents Can Come Together In Supportive And Positive Ways.						
41	Opportunities For All To Make Healthy Life Choices For Themselves And Their Families						
41	People Being Active In Their Own Healthcare. People Seeking Healthcare And Eating Healthy						
42	And Being Active. Having Necessary Resources Throughout A Community						
42	And being Active. Having Necessary Nesources Throughout A Community						

	Shawnee County KS Wave #3 2018 CHNA
#	What is your definition of a "Healthly Community"? (Be specific)
43	People Knowing What They Have Access To And Being Able To Get Access To Those Things. Equality In Things Provided As Well. For Ex. Why Did People In This Neighborhood Not Know About This? People Not Being Left Behind In A Way Is What Also Comes To Mind.
44	Resources Available And Easy To Access To: Parks, Sidewalks, Bike Lanes, Clean, Safe, Food, Clean Water, Healthcare
45	Resources Available To Everyone And People Taking Initiative And Care Of Their Lives
46	Resources Should Be Easily Accessed And Available To Encourage The Community To Seek In Healthy Habits And Lifestyles.
47	The People Are Aware Of The Resources That Surround Them For Their Health. That They Have Affordable Access To Transportation (Considering My Neighborhood Is In A Big City.) That Drug Addiction Is Decreased Along With The Crime Rate.
48	Using Resources; Taking Preventative Action Such As Immunizations; Free From Disease
49	Well Educated, Employed, Good/Safe Housing, Low Crime, Access To Quality Healthcare.
50	Where There Is Access To All Aspects Of A Persons Healthcare Needs, Taking Into Account Financial Barriers.

c) Public Notice & Requests

[VVV Consultants LLC]

For Immediate Release





For more information contact: Annie Schilling, Manager of Planning & Analytics Stormont Vail Health aschilli@stormontvail.org (785) 354-5160

Craig Barnes, Division Manager of Community Health Outreach and Planning Shawnee County Health Department Craig.barnes@snco.us (785) 251-5612

To schedule an interview contact: Rebecca Witte, Communications Specialist Media Relations Stormont Vail Health rwitte@stormontvail.org (785) 354-5319

Public Feedback Needed - Stormont Vail Health and the Shawnee County Health Department Announce Work to Begin on Shawnee County Community Health Needs Assessment

(Topeka, Kan., July 11, 2018) -

Improving the health of our community is the number one priority for health professionals 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.

"We hope that all community members will take advantage of this opportunity to provide input into the future of health care delivery in our community," said Tracy O'Rourke Senior Vice President and Chief Strategy Officer at Stormont Vail Health.

"This work is vital to determine the health direction for our county as we create the next Community Health Improvement Plan," said Linda Ochs, Director for Shawnee County Health Department.

Public input is important to understanding the needs in the community. The public is invited to provide feedback through a survey and town hall meetings.

The survey, available in both English and Spanish, asks questions about health needs for individuals, families and the community. The survey should take approximately 10 minutes to complete and all responses are confidential.

English: https://www.surveymonkev.com/r/ShawneeCo CHNA

Spanish: https://www.surveymonkey.com/r/ShawneeCo CHNASpanish

You can also find the survey on Stormont Vail's <u>website</u> and social media accounts (Facebook, Twitter and LinkedIn), as well as SCHD's <u>website</u>. Please provide your feedback by Friday, August 31, 2018.

You are also invited to share your opinions and feedback at our neighborhood roundtable discussions. All members of the community are welcome and encouraged to attend. These sessions will be held:

- Tuesday, Sept. 11 at 5:30-7:00pm at Avondale East NET Center; 455 SE Golf Park Blvd, Topeka, KS 66605
- Thursday, Sept. 13 at 11:30am-1:00pm at Silver Lake United Methodist Church; 204 Madore St, Silver Lake, KS 66539
- Thursday, Sept. 13 at 5:30-7:00pm at Oakland Community Center; 811 NE Poplar, Topeka, KS 66616

Feedback from all neighborhood roundtable discussions will be combined to create a comprehensive voice of the community at our Shawnee County town hall, which will be held at:

• Thursday, Sept. 27 at 11:30am-1:00pm at Shawnee County Health Department; 2600 SW East Circle Drive, Topeka, KS 66606

The sessions will be facilitated by Vince Vandehaar, MBA (VVV Consultants LLC, an independent research firm from Olathe, KS). If you have any questions about CHNA activities, please contact either Annie Schilling at 785-354-5160 or Craig Barnes at 785-251-5612.

About Stormont Vail Health:

Stormont Vail Health is a nonprofit integrated health care system that has been serving the health care needs of northeast Kansas for more than 130 years. It is comprised of Stormont Vail Health, a 586-bed acute care hospital, and Cotton O'Neil Clinic, a multispecialty physician group with more than 250 physicians. More than 4,800 employees provide care and support services for patients in the hospital and 27 other locations, including the Cotton O'Neil Heart Center, Cancer Center, Diabetes & Endocrinology Center, Digestive Health Center, Pediatrics clinics and multiple regional primary care clinics. Stormont Vail Health is committed to its mission of improving the health of the community by providing high quality, compassionate care with state-of-the-art equipment in convenient, comfortable facilities for patients and families.

About Shawnee County Health Department:

The Shawnee County Health Department's vision is "Leading the way to a healthier Shawnee County" and we are dedicated to protecting health in the community by providing prevention, education, and health care services. Our philosophy is to be committed to conducting business with integrity. The Shawnee County Health Department is respectful and compassionate in meeting the needs of others in our community. Every employee is empowered to actively contribute to the success of the Health Department and the community.

###

EMAIL >>>>

From: Tracy O'Rourke and Linda Ochs

To: Shawnee County Members/Community Leaders

Date: July 23, 2018

Subject: CHNA Community Feedback Survey Request

Improving the health of our community is the number one priority for health professionals 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 input is vital to this conversation. We developed a short online survey, available in both English and Spanish, 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.

English: https://www.surveymonkey.com/r/ShawneeCo CHNA

Spanish: https://www.surveymonkey.com/r/ShawneeCo CHNASpanish

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 <u>website</u> and social media accounts (Facebook, Twitter and LinkedIn), as well as SCHD's <u>website</u>. Please provide your feedback by Friday, August 31, 2018.

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[Email signature]

We need your opinion!

Stormont Vail Health and the Shawnee County Health Department (SCHD) need your opinion. We are working together to perform a Community Health Needs Assessment (CHNA) for the residents of Shawnee County. We want to know what you think about the health care services in our community and how easy it is for you to access those services.

TAKE A SURVEY:

Members of the public are invited to provide their opinions through a survey, available in both English and Spanish. Access the survey at <u>stormontvail.org</u> or <u>shawneehealth.org</u>.

ATTEND:

You are also invited to share your opinions at our neighborhood roundtable discussions. All members of the community are welcome and encouraged to attend. These sessions will be held:

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 Thursday, Sept. 27 at 11:30 a.m.-1:00 p.m. at Shawnee County Health Department 2600 S.W. East Circle Drive, Topeka, KS 66606

RSVPs are requested, but not required, for the roundtables and town hall meeting by calling (785) 251-5670.





Meeting Name: Community Health Needs

Assessment: Community Town Hall

Date: 9/27/18 Time: 11:30-1:00

Agenda

Time	Agenda Item	Owner
11:30-11:45	Kickoff	Linda Ochs and Austin Jackson
11:45-12:10	Data Review- County Health Rankings and Resident Perception Survey	Vince Vandehaar
12:10-12:45	Community Stakeholder Discussion	Austin Jackson
12:45-12:55	Finalize Vote and Determine Areas of Focus	Austin Jackson
12:55-1:00	Closing	Austin Jackson and Linda Ochs

d) Primary Research Detail Neighborhood Roundtables & Online Research

[VVV Consultants LLC]

CHNA Shawnee Co Neighborhood Roundtables Moderator's Guide – 2018

Group#1 5:30-7pm - September 11th, 2018; **Group#2** 11:30am-1pm - September 13th, 2018 and **Group#3** 5:30-7pm - September 13th, 2018

- I. Introductions/Purpose VVV shares (5 mins)
 - ➤ Thank everyone for attending this meeting make sure they have signed in
 - Share Purpose To uncover neighborhood HEALTH practices and needs. <u>Specifically explore neighborhood attitudes about health delivery (body, mind, spiritual) quality / outcomes (a Triple AIM focus).</u> Also document what you would like to see improved & discuss any suggested NEW programs / services for your neighborhood.
 - Roundtable meeting guidelines (Rules):
 - >Only one person speaks at a time
 - >There are no Right or Wrong answers
 - >Be truthful with responses
 - >Keep your thoughts to point (Notes are being taken)
 - **Reminder:** This meeting will be observed
- II. Let's Start with INTROs VVV Note: If under15 attendees, have ALL introduce themselves 1) First Name, City/Zip, How long you have lived in Topeka & last time you received health care (More than 2 years, 1-2 years, within last year.) If more than 15, have attendees raise hands to intro questions (VVV will handle) (10 mins)
- III. Activity #1 Record on Color Card (FRONT) In your opinion, how would you rate the "Overall Quality" of healthcare delivery in our community? Use Scale: Very Good, Good, Average, Poor, Very Poor Ask about "General thoughts on your own personal health" (BACK of card) Is it improving, the same or declining over past year? Why? Please NO PRIVATE Info! Share / Discuss Results (10 mins)
- IV. In your neighborhood is there any overall HEALTH Problems or Concerns Unaid Recall? <WAIT> Probe on Environmental Hazards, Social issues or Economic factors. Document "TOP 3 REASONS FOR POOR HEALTH" open discussion (20 mins)
- V. Activity #2 Administer Handout A. Discuss / Probe Attendee answers focus on TOP box for both Access / Relief sections. Understand any cultural differences. (30 mins)
- VI. Probe what can be changed to improve Shawnee County Health? Document specifics. (10 mins)
- VII. Closing: Thank all for attending. Ask ALL to attend THURS 9/27 Town Hall lunch

Topeka neighborhood health roundtable gathers input for town hall

Topeka residents gather Thursday evening at Oakland Community Center for a community health roundtable to discuss issues related to the quality of health and access to health services. [Brianna Childers/The Capital-Journal]

By Brianna Childers bchilders@cjonline.com

Posted Sep 13, 2018 at 8:24 PMUpdated Sep 13, 2018 at 8:24 PM

Community members gathered Thursday at Oakland Community Center to give input on health care in Topeka and their neighborhoods. The community health neighborhood roundtable was the last of three meetings that allowed residents to share their concerns and positive thoughts on the overall health of Topeka, their neighborhoods and access to health services.

The meeting was led by Vince Vandehaar, owner of VVV Consultants LLC, and Austin Jackson, director of strategy and business development at Stormont Vail Health. It was hosted by Stormont Vail and the Shawnee County Health Department.

During the roundtable, Vandehaar gave community members activities to participate in that gave them a chance to express their thoughts on community health. For one activity, attendees were asked to rate the overall quality of their neighborhood and their general thoughts on their personal health.

Topeka Police Chief Bill Cochran said he rated his neighborhood as very good but the overall health of Topeka as average. "In other parts of town, people have to rely on the bus to get to and from health care," Cochran said.

Much of the discussion focused on access and availability of health care. Areas of concern that were brought up included improvement of how information gets out to the public, more Spanish speakers at health services, elder care and more education about health services.

Vandehaar also asked community members to talk about positive aspects of health in their neighborhoods. "I think we have a lot of options here in town, again it's just access, taking advantage of what's offered," said Therese Peterson, of Topeka. "You don't have to leave to find it, and I think that's getting better."

Jackson said the roundtables were focused on getting community input and targeting the voices of specific communities. "We really want to learn what the public perceives as their health issues, what's keeping them from being healthy," Jackson said.

Information gathered at all three roundtables held this week will be used for a town hall meeting at 11:30 a.m. Thursday, Sept. 27, at the Shawnee County Health Department. Information gathered from the roundtables and a survey will be discussed, as well as a demographic profile, maternal and infant health profile, and a mortality profile.

	Shawnee Co (KS) CHNA 2018 Roundtables						
N	Neighborhood Health			Circle yo	ur Opinion	per line	
#	х	My neighborhood has "ACCESS" to	Strongly Disagree	Disagree	No Opinion	Agree	Strongly Agree
а		dental / eye Care	1	2	3	4	5
b		education / skills training	1	2	3	4	5
С		elderly Care options	1	2	3	4	5
d		emotional and family support	1	2	3	4	5
е		employment to support my family	1	2	3	4	5
f		family planning	1	2	3	4	5
g		health insurance offerings	1	2	3	4	5
h		mental health / suicide support	1	2	3	4	5
i		nutritional / fresh foods	1	2	3	4	5
j		preventative screenings / immunization	1	2	3	4	5
k		quality medical care	1	2	3	4	5
I		recreation / exercise opportunities	1	2	3	4	5
m		safe / affordable housing	1	2	3	4	5
n		spiritual care	1	2	3	4	5
0		transportation services	1	2	3	4	5

#	Х	My neighborhood needs "RELIEF" from	Strongly Disagree	Disagree	No Opinion	Agree	Strongly Agree
а		air / water pollution	1	2	3	4	5
b		alcohol / excess drinking	1	2	3	4	5
С		chronic stress / constant worry	1	2	3	4	5
d		crime	1	2	3	4	5
е		drug Addiction (e.g., heroin, meth etc.)	1	2	3	4	5
f		drug Addiction (prescription drugs)	1	2	3	4	5
g		unemployment / under employment	1	2	3	4	5

What is your definition of a "Healthly Community" ? (Be specific)

Town hall meeting solicits opinions on health care needs in Shawnee County

By Morgan Chilson

cjonline.com

Posted Sep 27, 2018 at 9:01 PMUpdated Sep 27, 2018 at 9:01 PM

About 40 people gathered Thursday to offer insight on the state of Shawnee County's health, part of an ongoing process to determine what is needed to better meet the needs of area residents.

The town hall meeting is part of a process, last completed three years ago, organized by Stormont Vail Health and the Shawnee County Health Department, said Austin Jackson, Stormont's director of strategy and business development.

The goal is to prepare a community health needs assessment, and the health leaders already have held three community roundtables and solicited opinions through an online survey.

"What we really want to understand are the health needs of our whole county and our whole community, where we work and where we live," Jackson said. "Today's task is really to get at what are the key things we need to improve. The next step after this is in conjunction with other health care providers and the health department, we're going to be writing a community health improvement plan, so the key strategies moving forward for the next three years to improve health."

Working with facilitator Vince Vandehaar, of VVV Consultants LLC, participants on Thursday shared their opinions on what is working in Topeka and Shawnee County and what isn't. They also got a look at data that highlighted the positives and negatives.

From the well-known statistics about problems with adult obesity to statistics highlighting issues with suicide and sexually transmitted diseases, those in attendance heard a brief overview of the state of health in the area.

Those in attendance came from a wide variety of positions, including county government leaders, law enforcement, educators and health providers. After hearing the data, they offered their opinions first on defining what a healthy community looks like.

Answers included clean air and water; low disease and poverty rates; equity in life expectancy; low depression rates; and compassion and respect for the consumer.

Strengths, born out by data shared from the online survey, were defined as hospice care, GraceMed and community collaboration. The county's economic development initiative, Momentum 2022, was on the list too.

Health care services or issues that need work included tough topics like suicide rates, better access to mental health care, addressing nutrition knowledge and food insecurity, sex education and the need for affordable housing.

The community health needs assessment completed three years ago is available online at Stormont Vail's website. A similar document will be created from this process.

Health survey shows obesity as a concern in Shawnee County

Health survey shows obesity as a...

KSNT.com By: McKenzi Davis Posted: Sep 27, 2018 06:17 PM CDT

TOPEKA, KS - In July, the Shawnee County Health Department asked for your input about the health needs in Shawnee County.

The Shawnee County Health Department conducted a Community Health Needs Assessment. The 2018 results show obesity, and mental health are concerns among people in Shawnee County.

Topeka and Shawnee County organizations discussed ways they can help improve the needs of people in Shawnee county. The meeting comes after the recent Community Health Improvement Plans survey. The results show adult obesity rates have remained steady.

"Things that pop up in general for when it comes to obesity is access as an issue," said Shawnee County Health Department Division Manager, Craig Barnes. "And so I know we have great partners at Shawnee County Parks and Recs, that are increasing the trail network. So that's going to be something that will help increase trail accessibility."

It's not just parks. Health organizations and hospitals are also using the results to shape care.

"Working with systems to educate people about what is a healthy diet," said Enedina Patch, program manager at Stormont Vail. "What is healthy eating, and then how do you access that within our community is really important."

Stormont Vail and the Shawnee County Health Department know it is important to work with others in the community to better serve people.

"The work is just getting started," Patch said. "You have to know what the problem is, you have to know what the needs are before you can do the work. We are still going to be looking to have people engaged and have people aware of what's happening as we start to develop a plan for the next three years."

The Shawnee County Health Department said they have made some improvement to getting healthier food to people, including the increase in farmers markets around the city.

Mental health was also a concern for people who took the survey. Many of the health organizations at the town hall meeting recognized mental health facilities are not as easy to access in the county.

Community Health Needs Assessment 2018 - Shawnee Co, KS

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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 <u>website</u> and social media accounts (Facebook, Twitter and LinkedIn), as well as SCHD's <u>website</u>. Please provide your feedback by Friday, August 31, 2018.

PART A: Community Perspective								
. In your opinion, how would you rate the overall quality of health care delivery in our community?								
[] Very good [] Good [] Fair [] Poor [] Very poor							
2. In your own words, what is the general comm public health, etc.) serving our community? (E	unity perception of health care providers (i.e. hospitals, doctors, Be specific)							
3. From past Community Health Needs Assessment of these an ongoing problem for our commun	ents, a number of health needs were identified as priorities. Are any ity? (Select all that apply)							
[] 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								
4. Which past Community Health Needs Assessn three)	nent are <u>now</u> the most pressing for improvements? (Select top							
[] 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. In general, how big of a problem are the following health care issues in our community?

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

6. What amount of services are available in our community for these issues?

	No services	Some services	Enough services	Don't know
Access to primary health care	[]	[]	[]	[]
Alcohol/drug abuse	[]	[]	[]	[]
Arthritis, joint/back pain	[]	[]	[]	[]
Cancer	[]	[]	[]	[]
Diabetes	[]	[]	[]	[]
Heart disease/stroke	[]	[]	[]	[]
Infant immunizations	[]	[]	[]	[]
Infant mortality	[]	[]	[]	[]
Knowledge of available	[]	[]	[]	[]
health care services				
Lack of exercise	[]	[]	[]	[]
Lung, respiratory illness	[]	[]	[]	[]
Mental health issues	[]	[]	[]	[]
Not eating healthy	[]	[]	[]	[]
Opioid abuse/dependence	[]	[]	[]	[]
Oral, dental health	[]	[]	[]	[]
Overweight/obesity	[]	[]	[]	[]
Teen pregnancy	[]	[]	[]	[]
Tobacco use	[]	[]	[]	[]
Transportation to	[]	[]	[]	[]
health care services				
Other (please specify)				

_				_		
7	What quality	v of services are	available in our	community	for these	SPAIISSI
	vviiat qualit	y or services are	avallable III oal	COMMINICA	ioi tiicac	133463.

	Quality	Quality could	Good	Don't
	unacceptable	be improved	quality	know
Access to primary health care	[]	[]	[]	[]
Alcohol/drug abuse	[]	[]	[]	[]
Arthritis, joint/back pain	[]	[]	[]	[]
Cancer	[]	[]	[]	[]
Diabetes	[]	[]	[]	[]
Heart disease/stroke	[]	[]	[]	[]
Infant immunizations	[]	[]	[]	[]
Infant mortality	[]	[]	[]	[]
Knowledge of available	[]	[]	[]	[]
health care services				
Lack of exercise	[]	[]	[]	[]
Lung, respiratory illness	[]	[]	[]	[]
Mental health issues	[]	[]	[]	[]
Not eating healthy	[]	[]	[]	[]
Opioid abuse/dependence	[]	[]	[]	[]
Oral, dental health	[]	[]	[]	[]
Overweight/obesity	[]	[]	[]	[]
Teen pregnancy	[]	[]	[]	[]
Tobacco use	[]	[]	[]	[]
Transportation to	[]	[]	[]	[]
health care services				
Other (please specify)				

В.	In your opinion, are there any health care services or delivery issues that you feel need to be improved, worked
	on. and/or changed? (Please be specific)

9. How would our community area residents rate each of the following health services?

	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

10. How would you describe your overall health?						
[] Very good [] Good [] Fair [] Poor [] Very poor					
11. Where do you and/or your family go	o for <u>routine</u> health care?					
[] Doctor's office [] Community health center [] Emergency room [] Urgent/express care clinic [] I do not receive routine care [] Other						
12. Where do you and/or your family go	o for u <u>rgent</u> health care needs?					
[] Emergency room [] I do not receive routine care						
-	[] Cancer [] Other (please specify)					
[] Alcohol overuse [] Cancer [] Other (please specify)						
14. Are there any issues that prevent y (Select all that apply)	ou and/or your family from using the community's health care services?					
[] Can't get an appointment, too long of a wait [] Don't know how to find a doctor [] Fear (not ready to face/discuss health problem) [] Language barriers [] Office not open when we can go [] Transportation to service [] No issues [] Other (please specify)						
15. What is needed to improve the hea	Ith of you and/or your family? (Select up to 3)					
[] Free or affordable health screenings [] Healthier food [] Mental health services [] More health education [] More primary care doctors [] Recreation facilities [] Safe places to walk/play [] Specialty doctors [] Transportation assistance [] Wellness services [] None [] Other (please specify)						
16. What <u>health issues</u> do you and/or y	our family need education about? (Select up to 5)					
[] Dental screenings [] Eating disorders [] Fall prevention [] Heart disease [] Nutrition [Cancer Vaccination/immunizations Diabetes No issues Exercise/physical activity Other (please specify) Other					

[] Hospital [] Internet	ffice [] Social media partment [] TV [] Worksite r/magazines [] Other (please spec	ify)
PART C: Demographics		
A. For reporting purposes, are you involved in [] Business/merchant [] Community board member [] Case Manager/discharge planner [] Clergy [] College/university [] Consumer advocate [] Dentist/optometrist/ chiropractor [] Elected official (city/county)	[] EMS/emergency [] Farmer/rancher [] Hospital /Health Department [] Housing /builder [] Insurance [] Labor	[] Other health professional [] Parent/caregiver [] Pharmacy/clinic [] Media (paper/TV/radio) [] Senior Care [] Teacher /school admin [] Veteran
B. What is your home ZIP code? (5-digit ZIP co	ode; for example: 66605 or 66614)	
C. What is your race/ethnicity? [] African American/Black, non-Hispanic [] Hispanic, any race [] American Indian/Native American	[] Caucasian/White, non-Hispanic [] Asian [] Other (please specify)	
D. What is your gender?[] Male [] Female		
E. What is your age? [] 18 to 24		
F. What is your employment status? [] Full time [] Part time [] Unemployed [] Retired [] Self-employed [] Student		
G. Do you have health insurance? [] Yes [] No		
H. What is your highest level of education? [] Some high school [] High school gradua [] Some college [] College graduate	te	
I. What is your household income? [] Less than \$20,000		

Thank you for your feedback.

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

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Evaluciónn de Necesidades de Salud 2018 - Condado de Shawnee, KS

El mejorar la salud de nuestra comunidad es la prioridad número uno para proveedores de cuidado de salud en el Condado de Shawnee. Para abordar mejor las necesidades de la comunidad, Stormont Vail Health y el departamento de salud de Shawnee County (SCHD) necesita su aportación. Nosotros estaremos colaborando en equipo para realizar una evaluación de necesidades de salud de la comunidad (CHNA) para los residentes del Condado de Shawnee , con el objectivo de entener el alcance de bienestar en la comunidad y los desafíos para alcanzar un nivel de salud óptimo. Su aportación voluntaria es vital para ésta conversación.

Nosotros hemos desarrollado una breve encuesta en línea para obtener información sobre las necesidades que que le afectan a usted y a su familia. Esto tomará 10 minutos, y todas las respuestas son confidenciales.

Gracias anticipadas por su tiempo y apoyo en participar con esta importante petición. Usted también puede encontrar la encuesta en el sitio de web de Stormont Vail y cuentas de los medios sociales de, (Facebook, Twitter y Linkedln), como también el sitio de web de el Departamento de Salud del Condado de Shawnee (SCHD). Favor de proprocione sus comentarios antes del Viernes 31 de Agosto de 2018.

PARTE A: Perspectiva de la comunidad

1. En su opinión, ¿cómo usted calificaría la "calidad en gencomunidad?	eral" de la prestación atención médica en nuestra
[] Muy bien [] Bien [] Justa [] Pobre [] Muy pobre	
2. En sus propias palabras, ¿cuál es la percepción gener de (i.e. hospitales, doctores, salud pública, etc.) sirviendo a	
3. A partir de las evaluaciones de las necesidades de salud de salud fueron identificadas como prioridades. ¿Alguno comunidad? (Por favor seleccione todo lo que aplique).	
 [] Seguro médico a precios accesibles [] Abuso de alcohol [] Conocimiento de servicios de cuidado de salud existentes [] Salud crónica [] Droga/abuso de sustancias [] Acondicionamiento físico/opciones de ejercicio [] Acceso a la salud mental [] Nutrición / opciones de alimentos saludables 4. ¿Qué evalución de necesidades de salud del pasado son 	[] Acceso a cuidado de salud primaria[] Abuso de sustancias[] Embarazo en adolescentes[] Bienestar / prevención
tres principales)	anora lao mao apremianteo para mejoraori (celeccione lac
 [] Seguro médico a precios accesibles [] Abuso de alcohol [] Conocimiento de servicios de cuidado de salud existentes [] Salud crónica [] Droga/abuso de sustancias 	[] Obesidad[] Manejo de salud personal[] Porbreza[] Acceso a cuidado de salud primaria[] Abuso de sustancias

[] Acondicionamiento físico/opciones de ejercicio	[] Embarazo en adolescentes
[] Acceso a la salud mental	[] Bienestar / prevención
[] Nutrición / opciones de alimentos saludables	

5. En general, ¿qué tan grandes son los siguientes problemas de cuidado de salud en nuestra comunidad??

N	o es un problema	Algo problemático	Un gran prob	olema No sé
Acceso a cuidado de salud primario	[]	[]	[]	[]
Abuso de alcohol/drogas	[]	[]	[]	[]
Artritis, dolor de espalda	[]	[]	[]	[]
Cáncer	[]	[]	[]	[]
Diabetes	[]	[]	[]	[]
Enfermedad del corazón/Derrame cerebra	al []	[]	[]	[]
Inmunizaciones infantiles	[]	[]	[]	[]
Mortalidad infantil	[]	[]	[]	[]
Conocimineto de servicios	[]	[]	[]	[]
de cuidado de salud disponibles				
Falta de ejercicio	[]	[]	[]	[]
Pulmón, enfermedad respiratoria	[]	[]	[]	[]
Problemas de salud mental	[]	[]	[]	[]
No comer saludable	[]	[]	[]	[]
Abuso/depencia de opioide	[]	[]	[]	[]
Salud oral/dental	[]	[]	[]	[]
Sobrepeso/obesidad	[]	[]	[]	[]
Embarazo en adolecentes	[]	[]	[]	[]
Uso de tabaco	[]	[]	[]	[]
Transportación a servicios de cuidado méd	dico []	[]	[]	[]
Otro (por favor especifica)				

6. ¿Qué cantidad de servicios están disponibles en nuestra comunidad por estos problemas?

1	No hay servicio	Algunos servicios	Suficient	es servicios	No sé
Acceso a seguro médico primario	[]	[]	[]	[]	
Abuso de alcohol/droga	[]	[]	[]	[]	
Artritis, articulación/ dolor de espalda	[]	[]	[]	[]	
Cáncer	[]	[]	[]	[]	
Diabetes	[]	[]	[]	[]	
Enfermedad de corazón/Derrame cerebr	al []	[]	[]	[]	
Inmunizaciones infantiles	[]	[]	[]	[]	
Mortalidad infantil	[]	[]	[]	[]	
Conocimineto de servicios	[]	[]	[]	[]	
de cuidado de salud disponibles					
Falta de ejercicio	[]	[]	[]	[]	
Pulmón, enfermedades respiratorias	[]	[]	[]	[]	
Problemas de salud mental	[]	[]	[]	[]	
No comer saludable	[]	[]	[]	[]	
Abuso/dependencia de opioidedepender	ncia []	[]	[]	[]	
Salud oral/dental	[]	[]	[]	[]	
Sobrepeso/obesidad	[]	[]	[]	[]	
Embarazo en adolecientes	[]	[]	[]	[]	
Abuso de tabaco	[]	[]	[]	[]	
Transportación a servicios cuidado médio	cos []	[]	[]	[]	

7. ¿Qué calidad de servicios están disponible en nuestra comunidad para estos problemas?

La cali	dad podría mejorar	Calidad a mejorar	Buena calidad	No sé
Acceso a cuidado de salud primario	[]	[]	[]	[]
Abuso de alcohol/drogas	[]	[]	[]	[]
Artritis, dolor de espalda	[]	[]	[]	[]
Cáncer	[]	[]	[]	[]
Diabetes	[]	[]	[]	[]
Enfermedad del corazón/Derrame cere	ebral []	[]	[]	[]
Inmunizaciones infantiles	[]	[]	[]	[]
Mortalidad infantil	[]	[]	[]	[]
Conocimineto de servicios	[]	[]	[]	[]
de cuidado de salud disponibles				
Falta de ejercicio	[]	[]	[]	[]
Pulmón, enfermedad respiratoria	[]	[]	[]	[]
Problemas de salud mental	[]	[]	[]	[]
No comer saludable	[]	[]	[]	[]
Abuso/depencia de opioide	[]	[]	[]	[]
Salud oral/dental	[]	[]	[]	[]
Sobrepeso/obesidad	[]	[]	[]	[]
Embarazo en adolecentes	[]	[]	[]	[]
Uso de tabaco	[]	[]	[]	[]
Transportación a servicios de cuidado i	médico []	[]	[]	[]
Otro (por favor especifica)				

8.	En tu opinión, \hay algún servicio de atención médica o problema de entrega que usted sienta que necesiute mejora, trabajo y/o cambio?? (Por favor especifique)			

9. ¿Cómo podrían nuestros residentes de la comunidad calificar cada uno de los siguientes servicios de salud??

	Muy bueno	Bueno	Justo	Pobre	Muy pobre
Servicios de ambulancias	[]	[]	[]	[]	[]
Cuidado de niños	[]	[]	[]	[]	[]
Quiroprácticos	[]	[]	[]	[]	[]
Dentistas	[]	[]	[]	[]	[]
Salas de emergencia	[]	[]	[]	[]	[]
Oculista/Optometrista	[]	[]	[]	[]	[]
Servicios de planificación famil	ar []	[]	[]	[]	[]
Salud en el hogar	[]	[]	[]	[]	[]
Hospital de cuidados paliativos	[]	[]	[]	[]	[]
Servicios de hopitalización	[]	[]	[]	[]	[]
Salud mental	[]	[]	[]	[]	[]
Asilo/residencia de ancianos	[]	[]	[]	[]	[]
Servicios ambulatorios	[]	[]	[]	[]	[]
Farmacia	[]	[]	[]	[]	[]

Clínicas médicas Salud pública Escuela de enfermería Especialistas	[] [] []		[] [] []	[] [] []	[] [] []
PARTE B: Vistas Personales					
10. ¿Cómo describiría usted su salud	en general?				
[] Excelente [] Buena [] Justa []	Pobre				
11. ¿A dónde va usted y/o su familia	para cuidado de s	alud de rutin	ıa??		
[] Consultorio médico [] Centro de salud comunitario [] Sala de emergencias [] Clínica de cuidados urgentes/express [] No recibo cuidado de rutina [] Otro					
12. ¿A dónde va usted y/o su familia	para necesidades	de cuidado d	e salud urgent	.e??	
[] El consultorio médico[] La sala de emergencias[] No recibo cuidado de rutina	[] Centro de salud comunitario [] Clínica de cuidados urgentes [] Otro				
13. ¿Cuáles son los principales retos	de salud que uste	d y/o su fami	ilia enfrentan?	(Seleccione ha	ista tres)
 [] Consumo excesivo de alcohol [] Diabetes [] Enfermedad de corazón [] Dolor de articulaciones o espalda [] Problema de salud mental [] Derrame cerebral [] Otro (por favor especifique) 	[] Cáncer [] Planificación [] Presión alter [] Pulmón, enfe [] Sobrepeso/o [] Ninguno	ial alta ermedades re	spiratorias		
14. ¿Hat algún problema que impida comunidad? (Selccine todo lo que	-	familia utilico	en los servicios	s de atención n	nédica en la
[] No puedo conseguir una cita, espe [] No sé cómo encontrar un doctor [] Miedo (no estoy listo/a para enfrei [] Barreras lingüísticas [] Oficina no abierta cuando podemo []Transportación al servicio [] Sin problemas	ntar/discutir probl os ir	[] N emas de salu [] Si [] M [] N	o sé si en realio d) [] Falta de n seguro, no p luy caro, no po o estar seguro	dad se necesita e médicos dispo oder pagar por oder pagar copa	un médico onibles la cuidado agos/deducibles están disponibles
15. ¿Qué se necesita para mejorar su	salud y/o la de su	ı familaia? (Seleccione has	sta 3)	
[] Evaluavicones de salud gratis o asequibles [] Alimentos más saludables [] Servicios de salud mental [] Más educación sobre la salud [] Más médicos de atención primaria [] Instalaciones recreativas [] Lugares seguros para caminar/jugar [] Médicos especialistas [] Asistencia de transporte [] Servicios de bienestar a la salud [] Ninguna [] Otro (por favor especifique)					_

[] Presión sanguínea [] Exámenes dentales [] Trastornos de la alimentación [] Prevención de caídas [] Enfermedad de corazón [] Nutrición [] Dejar de fumar [] Vacunación/inmunizaciones [] Otro (por favor especifique)	[] Cáncer [] Diabetes [] Ejercicio/actividad física [] Planificación familiar [] Salud mental/depresiónes [] Cuidado prenatal [] Prevención del suicidio []Sin problemas	
17. ¿Dónde usted y su familia consign	uen la mayor parte de información de salud	? ? (Seleccione todo lo que aplique)
 [] Grupo de la iglesia [] Familia/amigos [] Hospital [] Biblioteca [] La radio [] Las redes sociales [] Sitio de trabajo 	 [] Cosultorio médico [] Departamento de salud [] Internet [] Periódico/revistas [] Escuela [] Televisión [] Otro (por favor especifique) 	
PARTE C: Demográficos		
 [] Negocio / comerciante [] Miembro de la junta comunitaria cuidado [] Administrador de casos/ planificador de dar de alta [] Clero (Periódico//TV/Radio) 	[] Agricultor/ ranchero [] Hospital / Departamento de salud [] Vivienda / Constructor	 [] Otro profesional de la salud [] Padre /proveedor de [] Farmacia / clínica [] Medios de cominicació
[] Colegio / universidad[] Defensor del consumidorde escuela	[] Seguro médico [] Trabajo	[] Cuidado de ancianos [] Maestro/a/ Administrador
[] Dentista/ Oculista / Quiropráctico [] Funcionario electo (ciudad/ condac	[] Aplicación de la ley do)	[] Veterano/a
B. ¿Cuál es el código postal de su ca	sa? (5 dígitos de código postal; por ejemplo:	: 66605 o 66614
C. ¿Cuál es su raza/identidad étnica [] Afroamericano/negro, no-hispano [] Hispano, cualquier raza [] Indio Americadno/ Nativo America	[] Caucasiano/blanco, no-hispano [] Asiático	
D. ¿Cuál es su género? [] Masculino [] Femenino		
E. ¿Cuál es tu edad? [] 18 a 24		

16. ¿En qué problemas de salud usted y/o su familia necesitan educación ? (Seleccione hasta 5)

[] 55 a 64	[] 65 a 74
[] Mayor de 75	
F. ¿Cual es su estatu	s laboral?
[] Tiempo completo	[] Tiempo parcial
[] Desempleado	[] Jubilado
[] autónomo	[] estudiante
G. ¿Usted tiene segu	ro médico?
[] Sí [] No	
H. ¿Cuál es su nivel n	nás alto de educación?
[] Alguna escuela sec	udaria/superior [] Graduado/a de escuela secundaria/superior
[] Alguna universidad	
I Cuáles sem les inv	russes de su hogav22
I. ¿Cuáles son los ing	9
	[]\$20,000 - \$29,000
	[] \$50,000 - \$59,000
[] \$60,000 - \$69,000	[] \$70,000 +

Gracias por sus comentarios

KEY - CHNA Open End Comments					
С	Topic	С	Topic	С	Topic
ALLER	Allergy/Immunology	CHIR	Chiropractor	PARK	Parking
AES	Anesthesia/Pain	CHRON	Chronic Diseases	PHAR	Pharmacy
CARD	Cardiology	CLIN	Clinics (Walk-In, etc.)	DOCS	Physicians
DERM	Dermatology	СОММ	Communication	FLU	Pneumonia / Flu
EMER	Emergency	CORP	Community Lead Healthcare	FOOT	Podiatrist
ENDO	Endocrinology	CONF	Confidentiality	POD	Podiatrist
FP	Family Practice (General)	DENT	Dentists	POV	Poverty
GAS	Gastroenterology	DIAB	Diabetes	PNEO	Prenatal
SUR	General Surgery	DIAL	Dialysis	PREV	Preventative Healthcare
GER	Gerontology	DUP	Duplication of Services	PRIM	Primary Care:
нем	Hematology	ECON	Economic Development	PROS	Prostate
IFD	Infectious Diseases	EMER	Emergency Room	рон	Public Health Department
IM	Internal Medicine	EMS	EMS	QUAL	Quality of care
NEO	Neonatal/Perinatal	EYE	Eye Doctor/Optometrist	REC	Recreation
NEP	Nephrology	FAC	Facility	RESP	Respiratory Disease
NEU	Neurology	FAM	Family Planning Services	NO	Response "No Changes," etc.
NEUS	Neurosurgery	FEM	Female (OBG)	SANI	Sanitary Facilities
OBG	Obstetrics/Gynecology	FINA	Financial Aid	SNUR	School Nurse
ONC	Oncology/Radiation Onc	FIT	Fitness/Exercise	STD	Sexually Transmitted Diseases
OPTH	Ophthalmology	ALL	General Healthcare Improvement	SMOK	Smoking
ORTH	Orthopedics	GEN	General Practice	SS	Social Services
ENT	Otolaryngology (ENT)	GOV	Government	SPEC	Specialist Physician care
PATA	Pathology	HRT	Heart Care	SPEE	Speech Therapy
PEDS	Pediatrics	HIV	HIV/AIDS	STRK	Stroke
PHY	Physical Medicine/Rehab	HH	Home Health	DRUG	Substance Abuse (Drugs/Rx)
PLAS	Plastic/Reconstructive	HSP		SUIC	Suicide
PSY		HOSP	Hospice	TPRG	
PUL	Psychiatry Pulmonary	MAN	Hospital Management	TEL	Teen Pregnancy Telemedicine
RAD	Radiology	INFD		THY	
RHE		IP	Infidelity	тов	Thyroid Tobacco Use
	Rheumatology	LEAD	Inpatient Services Lead Exposure		
SURG	Surgery Theresis / CV / Vessuler	BIRT	·	TRAN	Trauma
	Thoracic / CV / Vascular		Low Birth Weight		Trauma
URL VIO	Urology Abuse/Violence	LOY	Loyalty	TRAV	Travel
ACC	Access to Care	MAMO	Marketing Marketing	ALCU INSU	Underage Drinking Uninsured/Underinsured
AGE		MRKT STFF	Marketing Medical Staff	URG	Urgent Care/After Hours Clinic
	Aging (Senior Care		Mental Health Services		- · · · · · · · · · · · · · · · · · · ·
AIR	Air Quality	BH		VACC	Vaccinations Veteran Care
ALC	Alcohol Alternative Medicine	MDLV	Mid-Level	VETS	
ALT		NURSE	More Nurse Availability	WAG	Wages
ALZ	Alzheimer's	NEG	Neglect	WAIT	Wait Times
AMB	Ambulance Service	NH	Nursing Home	H2O	Water Quality
ASLV	Assisted Living	NUTR	Nutrition	WELL	Wellness Education/Health Fair
AUD	Auditory	OBES	Obesity	WIC	WIC Program
BACK	Back/Spine	ORAL	Oral Surgery		
BD	Blood Drive	ORTHD	Orthodontist		
BRST	Breastfeeding	OTHR	Other		
CANC	Cancer	OP	Outpatient Services/Surgeries		
CHEM	Chemotherapy	OZON	Ozone		
KID	Child Care	PAIN	Pain Management		





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VVV Consultants LLC is an Olathe, KS based "boutique" healthcare consulting firm specializing in Strategy; Research and Business Development services. We partner with clients. Plan the Work; Work the Plan