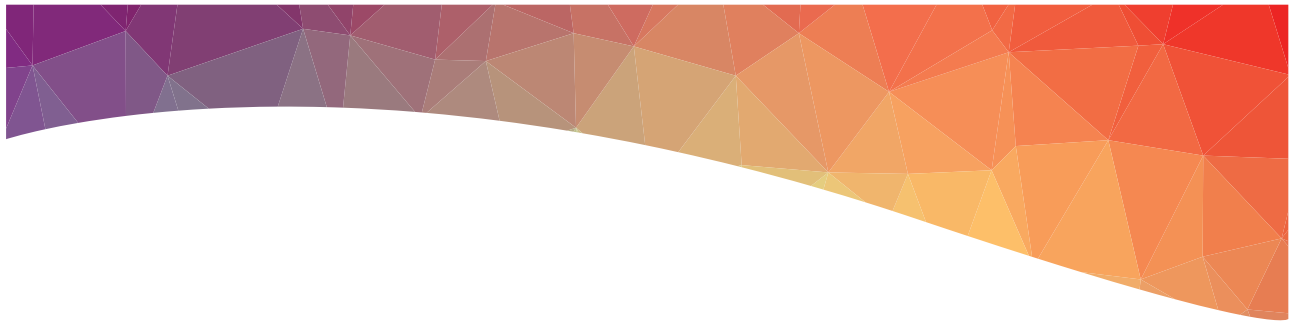


# 2016 Shawnee County Community Health Needs Assessment



Final Report  
November 2016





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## **2016 Shawnee County Community Health Needs Assessment Acknowledgements**

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## **2016 Shawnee County Community Health Needs Assessment Executive Summary**

The Patient Protection and Affordable Care Act calls for all not-for-profit hospitals to conduct a community health needs assessment that identifies the community's top health care issues. Additionally, Public Health Departments must conduct a health needs assessment for accreditation. For hospitals, this assessment must be repeated every three years. In March 2013, the Healthy Shawnee County Task Force, consisting of Shawnee County Health Agency, St. Francis Health, and Stormont Vail Health, completed their initial assessment. The 2016 Shawnee County Community Health Needs Assessment was presented to the Shawnee County Board of Health in March 2016.

### **The Process**

- Define the community served
- Review available public health data
- Use input from persons representing the broad interests of the community
- Identify the community's significant health needs

### **The Input**

- Kansas Health Matters website - 104 public health measures
- Heartland Healthy Neighborhoods Focus Groups - 62 participants
- Community email survey - 1362 responses
- Interviews with 12 key stakeholders

### **The Findings**

- Healthy eating and active living, obese/overweight adults
- Availability of primary care and affordable care
- Prevalence of chronic illnesses
- Adequate mental health services
- Substance abuse
- Infant mortality and childhood immunizations
- Social determinants

### **The Next Steps**

- Heartland Healthy Neighborhoods' work groups will continue implementing the strategies addressing healthy eating/active living, healthy babies and access issues.
- The Shawnee County Safety Net Summit will continue efforts to improve access to care for the medically underserved populations.
- A Pain Management Collaborative comprised of several local health care providers will address the problems of prescription pain medications abuse.
- Both St. Francis and Stormont Vail will develop community health improvement plans to address the identified issues. These plans will be posted on their websites.



# 2016 Shawnee County Community Health Needs Assessment Executive Summary

This past year, Stormont Vail Health, Shawnee County Health Agency and St. Francis Health collaborated to complete the 2016 Community Health Needs Assessment. With input from local health care providers and the community, in addition to extensive public health data, these health issues emerged:

## Healthy Eating & Active Living

- 68 percent of Shawnee County adults are overweight or obese.
- 10 percent of low income residents live in food deserts.



## Babies & Youth

- 54 percent of Shawnee County infants are not fully immunized by age two.
- 9 percent of births are to teen moms (ages 15-19).

## Access to Care & Chronic Conditions

- 17 percent of Shawnee County adults under the age of 65 do not have health insurance.
- Approximately half of the adult population has one or more chronic conditions such as diabetes, heart disease or arthritis.

## Social Determinants

- 60 percent of health outcomes are tied to social and environmental factors and the personal behaviors influenced by those factors (20 percent attributed to medical care and 20 percent to genetic predispositions).

## Mental Health & Substance Abuse

- 22 percent of adults will be diagnosed with depression sometime in their lifetime.
- There is a shortage of mental health services locally and statewide.
- 20 percent of Shawnee County adults smoke cigarettes.

### *Where do we go from here?*

To improve these issues will require the collective efforts of not only health care providers, but also numerous community groups and stakeholders. Stormont Vail Health, Shawnee County Health Agency and St. Francis Health are working with Heartland Healthy Neighborhoods to develop and coordinate strategies to address these health needs in Shawnee County.





## 2016 Shawnee County Community Health Needs Assessment

The 2016 Shawnee County Community Health Needs Assessment was the fourth time St. Francis Health (STF), Stormont Vail Health (SV) and the Shawnee County Health Agency (SCHA) collaborated on a community health needs assessment. For both the 2013 and 2016 community health assessments, these three organizations comprised the Healthy Shawnee County Task Force (HSCTF).

### History

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

### Define Community Served by the Hospital

The community identified and studied for this assessment is Shawnee County, Kansas. Shawnee County is the primary service area for STF and SV. Shawnee County also encompasses the Health Agency's jurisdiction.

- Shawnee County residents account for 74% of STF inpatients, 66% of SV inpatients.
- 82% of STF's outpatients and 77% of SV's outpatients are from Shawnee County.
- After Shawnee County, the service area of both hospitals is very rural with 12 counties contributing anywhere from 1% to 5% of their inpatient and outpatient volumes.



Topeka is the major urban center in Shawnee County. With a population of 178,406 Shawnee County is the third largest county in the state. It is one of the few urban counties in Kansas. Therefore it is more racially diverse and has a higher rate of poverty than most of the state:

- o African American population in Shawnee County is 8.8%, State 6.3%
- o Two or more races in Shawnee County is 3.9%, State 2.8%
- o Hispanic or Latino in Shawnee County is 11.6%, State 11.4%
- o Persons in poverty in Shawnee County is 15.0%, State 13.6%
- o Persons without health insurance in Shawnee County is 13.9%, State 11.8%
- o Persons under 65 with disability in Shawnee County is 10.9%, State 8.5%

### **Description of Process to Conduct the 2016 Shawnee County CHNA**

There were four steps in the 2016 Shawnee County CHNA:

1. Establishing the Infrastructure
2. Collecting and Analyzing the Quantitative and Qualitative Data
3. Prioritizing the Identified Issues
4. Sharing the Results

#### **Establishing the Infrastructure**

The infrastructure was established during the 2013 CHNA. The three primary organizations – STF, SV and SCHA-comprised the HSCTF. This same organization re-convened to complete the 2016 CHNA update. Community input was provided from Heartland Healthy Neighborhoods (HHN).

HHN, a community coalition formed in 2008, is a group of individuals and organizations interested in the health and well-being of Shawnee County. During the years this coalition has worked on public health policy issues such as getting a complete streets resolution passed by the city of Topeka and supporting the city of Topeka in the passage of the clean indoor air ordinance. HHN has also been one of the lead agencies for the Shawnee County Largest Workout and has promoted numerous health programs such as community gardens, local farmer's markets, and Art on the Move.

In June 2013, the HSCTF approached the HHN Leadership Team to see if they would be willing to serve as the coalition that would develop the Community Health Improvement Plan. After reviewing the 2013 Community Health Needs Assessment, the HHN leadership team felt that developing the Community Health Improvement Plan would be an appropriate activity for the coalition.

#### **Collecting and Analyzing of the Quantitative and Qualitative Data**

Information was gathered from four sources:

- HHN focus groups
- Community survey
- Interviews with community leaders/providers
- Review of available public health data

### ***HHN Focus Groups***

During May and June of 2015 focus groups were conducted with four HHN work groups. There were a total of 62 participants. Each group discussed the major health issues facing Shawnee County. A list of the responses and participants can be found in Appendix 1.

### ***Community Survey***

In August of 2015, a community survey was distributed via email (Survey Monkey). This survey asked respondents to identify the greatest health challenges facing them and their family. It also asked respondents to rate the availability of various health care services in the community. The final question was open ended and asked, “What does the community need to do to make Shawnee County a healthier place?” with 1362 responses collected. This includes 748 responses to the open ended question. The survey results and verbatim responses to the final question can be found in Appendix 2.

### ***Interviews with Community Leaders/Providers***

Twelve key community providers were interviewed. Among those interviewed included the Emergency Department directors of both hospitals, the medical directors of both hospitalist programs and the directors of both community safety net clinics. Each participant was asked “What are the most important issues facing Shawnee County?”; “What are the biggest challenges/barriers in addressing these issues?”; and “What are potential solutions?” The list of interviewees and a summary of their responses can be found in Appendix 3.

### ***Review of Available Public Health Data***

Public health data for Shawnee County was reviewed via the Kansas Health Matters website. This website brings community health-related statistical data, local resources and a wealth of information to one, accessible, user-friendly location. The intent is to give Kansas communities the information they need to read and understand the public health indicators that impact the quality of their residents’ lives. A total of 104 public health metrics are available. This website can be visited at: <http://www.kansashealthmatters.org>.

### **Prioritizing the Identified Issues**

The HSCTF used each source of data to rank and identify the top health issues facing Shawnee County. A detailed explanation of the prioritization methodology is provided later. These top issues were then grouped into eight categories. The following table displays the final results.

<b>Category</b>	<b>Associated Metrics</b>
Healthy Eating	
	Adults – obese/overweight
	Access to grocery store/healthy food
	Education on eating healthy
Active Living	
	Adults – obese/overweight
	Exercise regularly/access to exercise options
	Community events on healthy lifestyles
	Education on active living

<b>Mental Health Services</b>	
	Adults with mental health problems such as depression, schizophrenia
	Access to mental health services
<b>Substance Abuse</b>	
	Abuse of alcohol/drugs, including prescription drugs
	Adult cigarette smoking
<b>Babies/Youth</b>	
	Low birth weight/infant mortality
	Teen births
	Pregnant mothers smoke/abuse drugs
	Childhood immunizations
<b>Access to Care</b>	
	People without health insurance/affordable care
	People without a medical home or primary care provider
	Oral, dental health
	Awareness of available healthcare resources
	Transportation services
<b>Chronic Illnesses</b>	
	Diabetes, arthritis, heart disease, COPD, etc.
<b>Social Determinants</b>	
	Poverty indicators
	Violent crimes rate

**Sharing the Results with Hospital Leadership, HHN Leadership, Shawnee County Board of Health**

On Jan. 11, 2016, the preliminary findings of the 2016 Shawnee County Community Health Needs Assessment were reviewed with HHN Leadership. After discussion and some minor modifications, the results of this assessment were finalized (above table). Since then, this 2016 CHNA has been reviewed by the leadership of both STF and SV. On March 24, 2016, these findings were presented and reviewed by the Shawnee County Board of Health.

**Description of How Input from Broad Interests of Community was Received**

The 2016 Shawnee County Community Health Needs Assessment solicited and received input from a variety of sources representing the broad spectrum of the community. The first and most important source was the leadership of SCHA on the team. The public health perspective is very different than the acute care approach of the two hospitals.

The second source of community input was the HHN focus groups. Many of the 62 participants work for organizations representing medically underserved, low-income minority populations. Appendix 1 lists the organizations/agencies that participated in these focus groups.

The third source of community input was the email survey. This survey was sent to HHN membership with instructions to forward it on to other contacts. The survey was also available through the Community Resource Council’s electronic newsletter. Employees of the HSCTF

members also received the survey. A total of 1362 completed surveys were received. Appendix 2 has the survey results and verbatim responses to the open-ended question.

The fourth source of community input was from interviews of persons with public health expertise and insight. Twelve key community providers were interviewed. Among those interviewed included the Emergency Department directors of both hospitals, the medical directors of both hospitalist programs and the directors of both community safety net clinics. Appendix 3 is a list of the interviewees and a summary of their responses.

## **Description of Major Health Issues Identified in the 2016 CHNA:**

- ***Healthy Eating***

Obesity/overweight is the number one health concern in the country. Obesity/overweight increases the risk of many diseases and health conditions, including many chronic diseases. Factors contributing to this problem include access to fresh food, the cost of healthy food items and awareness of healthy lifestyles and eating habits. In Shawnee County, 33.7% adults are obese compared to 30.0% statewide.

- ***Active Living***

The other factors contributing to the obesity/overweight issue are the prevalence of a sedentary lifestyle. Active adults reduce their risk of many serious health conditions, including obesity, heart disease, diabetes and high blood pressure. In addition, physical activity reduces the symptoms of anxiety and depression, increases feelings of well-being and promotes healthy sleep patterns.

- ***Mental health***

While the incidence of severe mental health problems such as schizophrenia are relatively uncommon, depression is very common. In Shawnee County, 22.3% of adults have been diagnosed with depression sometime in their lifetime. This compares to a rate of 18.1% statewide. Fewer and fewer providers are offering any kind of behavioral health services, which is reducing access for those needing this care.

- ***Substance Abuse***

The abuse of alcohol and drugs, including prescription drugs, was the most frequently mentioned issue in the interviews with public health expertise. Drug - and alcohol-related deaths are significantly higher in Shawnee County (12.3 per 1000 Shawnee County, 9.7 per 1000 statewide). Adult smoking also falls into this category. Tobacco use is one of the most preventable causes of illness and death in America today. Smoking is a major public health problem leading to more than 500,000 premature deaths a year in this country.

- ***Babies/Youth***

While infant mortality in Shawnee County has decreased, the rate is still higher than the state's (6.8 per 1000 Shawnee County, 6.4 per 1000 Kansas). Shawnee County also has higher rates of teen pregnancies and pregnant mothers who smoke. Infants born to teen mothers and mothers who smoke are more likely to be born prematurely or have low birth weight. Low birth weight

and prematurity increase the likelihood of adverse conditions, including infant death.

- ***Access to Care***

Access to affordable care and lack of health insurance are the major barriers to accessing the health care system. More than 17% of Shawnee County adults (26,400) are without health insurance. Other barriers to health services include a lack of available providers, lack of understanding how and where to access the health care system and a lack of transportation to needed services.

- ***Chronic Illnesses***

Almost half the adult population has some form of chronic illness. This is due to an aging population and the increased prevalence of obesity/overweight. Shawnee County has higher rates, when compared to the state average, of diabetes, high blood pressure, high cholesterol and arthritis.

- ***Social Determinants***

Health is determined by much more than the available health care services. In fact it is estimated only 20% of a person's health is determined by health care. Another 20% is determined by the person's genetics and 60% of a person's health is determined by the social environment and behavioral factors. A poor, difficult environment often leads to poor lifestyle decisions. In Shawnee County the percent of families living below the poverty level and the rate of violent crimes are both greater than the State's.

The following table summarizes these issues and the key metrics. Appendix 4 has additional detail on of each of these issues.

## Shawnee County 2016 Community Health Needs Assessment Issues Matrix

	Perceived Problem				Magnitude Kansas Htlh Matters
	HHN Focus Groups	Community Survey Open Question	Rank Response	Interviews of Experts	
<b>1. Healthy Eating</b>					
Adults - obese/overweight	✓	✓	✓	✓	✓
Access to grocery store/healthy food	✓	✓			✓
Education on living/eating healthy		✓	✓	✓	
<b>2. Active Living</b>					
Adults - obese/overweight	✓	✓	✓	✓	✓
Exercise regularly/access to exercise options	✓	✓	✓		
Community events healthy lifestyles		✓			
<b>3. Mental Health Services</b>					
Adults with mental health problems such as depression, schizophrenia			✓	✓	✓
Access it mental health care services	✓	✓		✓	
<b>4. Substance Abuse</b>					
Abuse of alcohol/drugs, including prescription drugs	✓	✓	✓	✓	✓
Adult cigarette smoking			✓	✓	
<b>5. Babies/Youth</b>					
Low birth weight/infant mortality	✓				
Teen births					✓
Pregnant mothers smoke/abuse drugs					✓
Childhood immunizations					✓
<b>6. Access to Care</b>					
People w/o health insurance/affordable care	✓	✓		✓	
People without a medical home (PCP)		✓		✓	
Oral, dental health					✓
Awareness of available resources	✓	✓	✓	✓	
Transportation services		✓		✓	✓
<b>7. Social Determinants</b>					
Poverty indicators	✓	✓		✓	✓
Violent crimes rate	✓			✓	✓
<b>8. Chronic Illnesses</b>					
Diabetes, arthritis, heart disease, COPD, etc.			✓	✓	✓

## **Methodology to Prioritize the Identified Issues**

There were three factors considered when prioritizing the numerous health issues identified during the data collection:

- How important is the problem perceived by others?
  - This qualitative data was measured from the HHN focus groups, the community survey and finally by the interviews with the stakeholders.
- How many people are impacted (size of problem)?
  - The number of people impacted was calculated using the Shawnee County population multiplied by the percent experiencing that issue. For example, the county's population is 178,406. The percent living below poverty is 16.7%. Therefore the number of people impacted is 29,794 ( $178,406 * 16.7\%$ ).
- How serious is the problem (magnitude)?
  - The magnitude was determined by calculating a ratio comparing the Shawnee County rate to the Kansas rate on key metrics. For example, the county's low income without access to grocery store is 9.7% compared to the state's rate of 6.2%. Shawnee County's rate for this metric is 56.5% greater than the state's rate.

With each data source the various metrics were ranked and then divided into quartiles. Issues in the top quartile were given a 4. Issues in the next quartile received a 3 and so forth. All issues receiving a 3 or 4 were placed in a table. These top issues were then grouped into eight categories by the HSCTF. Appendix 5 has additional detail on the prioritization methodology.

## **Description of Potential Resources to Measure and Address Top Issues**

Four local resources will be addressing the top issues found in this 2016 CHNA:

- Heartland Healthy Neighborhoods
- Shawnee County Safety Net Summit
- Pain Management Collaborative
- Stormont Vail Health and St. Francis Health

### ***Heartland Healthy Neighborhoods***

Shawnee County is fortunate to have the resources of Heartland Healthy Neighborhoods (HHN) to assist with addressing the top issues. HHN assumed the responsibility of developing the 2015 Shawnee County Community Health Improvement Plan. Work of the various HHN groups is now in the implementation phase. Because the top issues of the 2016 CHNA were very similar to the 2013 CHNA, these HHN work groups will continue:

- Healthy Eating
- Active Environment
- Healthy Babies
- Access/Knowledge of Health care Resources
- Health Equity

The first four groups have detailed improvement plans and identified measures of success. Most of the metrics come from the Kansas Health Matters website. Health Equity is a new work group that started in August 2016. Their mission is to optimize conditions to make everyone healthy by overcoming the effect of negative social determinants.



### ***Shawnee County Safety Net Summit***

This group was formed in January 2013 to address health care access issues for the medically underserved populations as identified by the 2013 CHNA. Membership included both St. Francis Health and Stormont Vail Health, along with the Shawnee County Federally Qualified Healthcare Clinic (FQHC), the Marion Clinic (St. Francis sponsored safety net clinic) and several local mental health providers. The primary strategy of this group was to increase access for the medically underserved populations by moving the current FQHC out from under the auspices of the Shawnee County Health Agency. The new, privatized FQHC would also absorb the responsibilities of the Marion Clinic. This move to privatization occurred July 1, 2016. The new FQHC, GraceMed, is now in the process of finding a new location outside the Shawnee County Health Department building. With the support of the Safety Net Summit, GraceMed has a \$1 million dollar federal grant to facilitate the move and remodeling. A capital campaign is also underway. Because access to health care by the medically underserved population was again a top issue in the 2016 CHNA, the Safety Net Summit group will continue to monitor and support the FQHC transition to GraceMed. Currently the number of patients cared for by GraceMed is being tracked with the expectation it will exceed previous volumes.

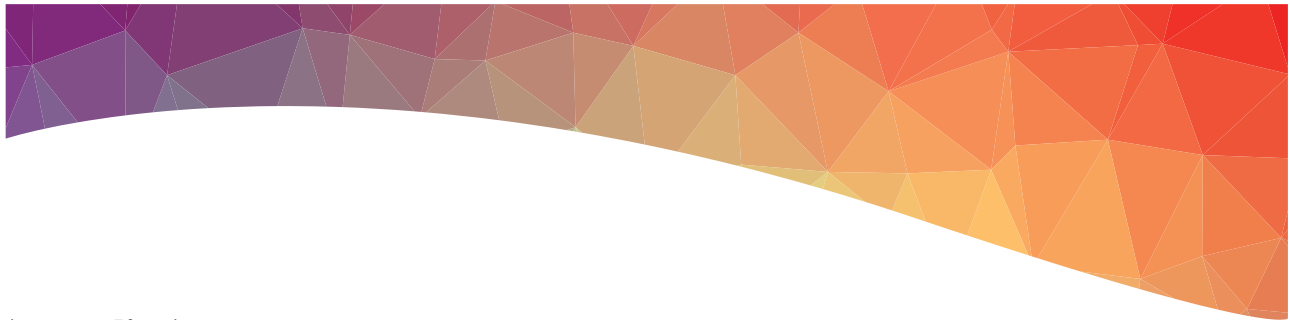
### ***Community Behavioral Health Initiative***

In June 2016, a Pain Management Collaborative was initiated involving St. Francis Health, Stormont Vail Health, the FQHC, Family Service and Guidance Center (FSGC) and Valeo. FSGC and Valeo are local behavioral health providers. This group was motivated by the abuse of prescription opioids, an issue identified in the 2016 CHNA. This collaboration should prevent individuals from accessing pain medications from different locations. Currently, common order sets and treatment protocols for pain management are being developed. The hope is that this Pain Management Collaborative is the first of several behavioral health initiatives the providers address.

### ***Stormont Vail Health and St. Francis Health Community Health Improvement Plans***

Both hospitals will develop individual Community Health Improvement Plans (CHIP) to be approved by their respective Board of Directors and posted on their own websites. The CHIP of each hospital will be based on the healthcare issues identified in the 2016 Shawnee County CHNA and have clear goals with specific, quantifiable measures of success. Implementation of successful CHIP will involve participation across multiple sectors of this community.





## Appendix 1

### Organizations Represented at the HHN Focus Groups May 11 and June 8, 2015

Auburn Washburn USD 437  
Baker University School of Nursing  
Bikeways/City of Topeka  
Blue Cross and Blue Shield of Kansas  
Brewster Place  
Capital Care Transitions Coalition  
CASE Inc. and Fatherhood Action  
City of Topeka  
Community Action, Inc.  
Community Resources Council  
El Centro of Topeka  
Family Service and Guidance Center  
Harvesters Community Food Network  
HealthAccess  
Heartland Visioning  
Housing and Credit Counseling, Inc.  
Jayhawk Area Agency on Aging  
Kansas Breastfeeding Coalition, Inc.  
Kansas Children's Discovery Center  
Kansas Department of Health and Environment  
Kansas Foundation for Medical Care, Inc.  
Kansas Wildscape Foundation, Inc.  
Wells Fargo Advisors  
Kansas State University Research and Extension  
Makin' Moves, Inc.  
Marian Clinic  
PARS, Prevention and Recovery Services  
Safe Streets Coalition  
Seaman USD 345  
Shawnee County Health Agency  
Shawnee County Parks and Recreation  
Shawnee County  
St. Francis Health  
Stormont Vail Health  
Topeka and Shawnee County Public Library  
Topeka LULAC Senior Center  
Topeka Metropolitan Transit Authority  
Topeka Public Schools USD 501  
United Way of Greater Topeka  
Valeo Behavioral Health Care  
Washburn University School of Nursing  
YMCA

## **Heartland Healthy Neighborhoods**

### **May 11, 2015 Brainstorming**

#### **What are the biggest health care issues facing Shawnee County?**

\*Indicates an issue identified in the 2013 Community Health Needs Assessment

#### ***Built Environment - Brainstorming Ideas***

- Increasing costs, especially for retirees, drugs, insurance deductibles
- \*Access to health care, transportation (2)
- \*Lack of physical activity
- Poverty and all the issues with that (2)
- Aging – need geriatric physicians
- Prevention – social determinants
- Health care and politics
- Breakdown of families
- Car is king
- \*Drug, alcohol, smoking
- \*Obesity
- \*Disconnect between system and user, uninformed, aware of resources
- Access to healthy foods (2)
- Built environment
- \*Mental illness
- Focus on illness
- Community culture – isn't active living
- \*Oral health

#### ***Transportation/Access to HealthCare***

- \*Diabetes, hypertension, depression, lower back pain (3)
- Prescription drug costs (2)
- \*Mental health (2)
- Infant mortality
- \*Obesity, especially childhood (3)
- Gaps in care – proper settings/services in continuum
- Substance abuse
- Lack of language services
- \*Lack of health insurance
- Adequate care for low income
- \*Access to affordable care, primary care (2)
- \*Diet – knowing what to eat
- Insurance company not paying for care
- Consumer engagement
- \*Smoking, other tobacco use
- Children in poverty
- Need patient navigators
- Mother/baby prenatal substance abuse
- Decline in number of providers
- Increase in insurance deductibles
- \*Health literacy

## **Heartland Healthy Neighborhoods June 8, 2015 Brainstorming**

### ***Healthy Eating, Active Living - Brainstorming Ideas***

- \*Obesity
- \*Access to healthy foods
- \*Access to places to exercise
- Poverty and health issues
- \*Smoking and tobacco use
- \*Prevalence of unhealthy foods
- \*Access to good health information/education
- \*Lack of knowledge – what is available
- Working poor – no health insurance
- Want an easy fix, take a pill, prescribing health – not promoting
- \*Dental health
- Need employer worksite health promotions
- \*Health Education – nutrition
- Increased support from the government, allowing poor food purchases
- \*Eliminate food deserts
- \*Cost of healthy food
- \*Chronic disease – self management
- \*Use of the ER for primary care
- \*High cost of health care
- Medicaid gap
- \*Mental health care
- \*Lack of infrastructure, transportation options

### ***Healthy Babies - Brainstorming Ideas***

- \*Access to health care
- \*Transportation
- \*Access to oral care
- Food deserts
- \*Access to mental health
- Lack of funds – insurance
- \*Obesity
- Substance abuse (2), illegal and prescription
- \*Infant mortality
- Poverty (2)
- Coping and support
- Health disparities/ethnicity
- \*Awareness of ER alternatives
- \*Youth and teen pregnancy
- \*Knowledge/health literacy (2)
- \*Lack of physical activity
- Processed food
- Homelessness

- Lack of community based breast feeding support
- Education and access to contraception
- \*Smoking
- Insufficient emergency resources
- Fewer providers taking Medicaid, long waits
- Domestic violence
- No Medicaid expansion
- Caregivers training/support
- Safe neighborhoods
- Access to quality child care
- Programs on prevention

## Appendix 2 Shawnee County Community Health Needs Assessment Survey

Q1. How would you describe your overall health?		
Answer Options	Response Percent	Response Count
Excellent	14.5%	198
Very Good	65.0%	884
Fair	19.9%	271
Poor	0.6%	8
<i>answered question</i>		1361
<i>skipped question</i>		1

Q2. Where do you and/or your family go for routine health care?		
Answer Options	Response Percent	Response Count
Physician's office	94.0%	1276
Shawnee County Health Department	0.5%	7
Shawnee County Community Health Center	0.2%	3
Health Department	0.1%	1
Emergency Room	0.0%	0
Urgent care clinic	1.5%	21
Other clinic	1.5%	20
I do not receive routine care	2.2%	30
<i>answered question</i>		1358
<i>skipped question</i>		4

Q3. Where do you and/or your family go for urgent health care needs?		
Answer Options	Response Percent	Response Count
Physician's office	33.7%	456
Health Department	0.2%	3
Emergency Room	26.4%	358
Urgent care clinic	65.8%	891
Other clinic	1.5%	20
None	1.7%	23
<i>answered question</i>		1354
<i>skipped question</i>		8

Q4. What are the top health challenges you and/or your family face? (Check up to 3)		
Answer Options	Response Percent	Response Count
Cancer	11.8%	161
Heart disease	13.9%	189
Diabetes	19.5%	265
Joint or back pain	30.1%	409
Lung disease	3.4%	46
Overweight/obesity	37.8%	514
Stroke	2.2%	30
High blood pressure	30.5%	415
Alcohol overuse	2.6%	35
Mental health issues	13.1%	178
I do not have any health challenges	22.6%	307
Other (please specify)	14.2%	193
<i>answered question</i>		1359
<i>skipped question</i>		3

**Q5. Are there any issues that prevent you and/or your family from using the community's health care services? (Check all that apply)**

Answer Options	Response Percent	Response Count
No Issues	79.0%	1063
Lack of available doctors	2.2%	30
Can't get an appointment, too long a wait	7.7%	103
Office not open when we can go	4.3%	58
No insurance, unable to pay for care	2.5%	34
Unsure if services are available	3.3%	45
Transportation to service	0.7%	10
Language barriers	0.1%	1
Too expensive, unable to pay co-pays/deductibles	5.9%	80
Don't know how to find a doctor	1.0%	13
Fear (not ready to face/discuss health problem)	1.9%	26
Don't know if a doctor is really needed	3.9%	53
Cultural/religious beliefs	0.1%	1
Other (please specify)	5.5%	74
<i>answered question</i>		<b>1345</b>
<i>skipped question</i>		<b>17</b>

**Q6. What is needed to improve the health of you and/or your family? (Check up to 3)**

Answer Options	Response Percent	Response Count
None	34.0%	456
Recreation facilities	20.8%	279
Healthier food	35.9%	482
More primary care physicians	8.8%	118
Transportation assistance	1.3%	18
More health education	7.1%	95
Wellness services	15.8%	212
Specialty physicians	4.4%	59
Free or affordable health screenings	15.6%	209
Mental health services	7.3%	98
Safe places to walk/play	23.5%	315
Other (please specify)	7.8%	105
<i>answered question</i>		<b>1342</b>
<i>skipped question</i>		<b>20</b>

**Q7. What health issues do you and/or your family need education about? (Check up to 5)**

Answer Options	Response Percent	Response Count
Blood pressure	9.6%	127
Eating disorders	3.8%	50
Mental health/depression	11.4%	151
Cancer	4.0%	53
Nutrition	23.1%	307
Prenatal Care	1.3%	17
Dental screenings	3.7%	49
Diabetes	9.3%	123
Exercise/physical activity	25.7%	342
Heart disease	5.9%	78
Suicide prevention	1.4%	18
Quit smoking	5.6%	75
Fall prevention	3.0%	40
Vaccination/immunizations	3.5%	47
No Issues	55.8%	741
Other (please specify)	2.9%	39
<b>answered question</b>		<b>1329</b>
<b>skipped question</b>		<b>33</b>

**Q8. Where do you and/or your family get most of your health information? (Check all that apply)**

Answer Options	Response Percent	Response Count
Physician office	80.8%	1092
Hospital	18.6%	252
Church group	1.4%	19
Internet	60.9%	824
School	7.1%	96
Family/friends	23.8%	322
Library	4.4%	60
TV	12.6%	170
Radio	4.1%	55
Newspaper/magazines	19.7%	266
Worksite	18.4%	249
Health Department	4.4%	59
Social media	13.8%	187
<b>answered question</b>		<b>1352</b>
<b>skipped question</b>		<b>10</b>

**Q9. In general, how big of a problem are the following health care issues in our community?**

<b>Answer Options</b>	<b>Not a Problem</b>	<b>Somewhat of a Problem</b>	<b>A Very Big Problem</b>	<b>Don't Know</b>	<b>Rating Average</b>
Overweight/obesity	38	216	1046	50	2.82
Not eating healthy	37	270	960	67	2.79
Lack of exercise	35	299	946	63	2.77
Tobacco use	112	454	635	125	2.58
Alcohol/drug abuse	103	369	717	132	2.66
Mental health issues	94	306	782	148	2.74
Teen pregnancy	139	609	222	353	2.60
Diabetes	83	377	682	186	2.73
Cancer	94	502	472	248	2.66
Lung, respiratory illness	111	525	366	319	2.68
Heart disease/stroke	90	434	557	243	2.72
Arthritis, joint/back pain	87	560	394	289	2.67
Infant mortality	278	396	95	534	2.68
Infant immunizations	223	444	147	489	2.69
Oral, dental health	151	472	359	340	2.67
Access to primary health care	187	466	403	264	2.56
Knowledge of available health care services	164	455	462	243	2.59
Transportation to health care services	188	460	353	319	2.61
Other (please specify)					

*answered question  
skipped question*



**Q10. What amount of services are available in our community for these issues?**

<b>Answer Options</b>	<b>No Services Available</b>	<b>Some Services Available</b>	<b>Enough Services Available</b>	<b>Don't Know</b>	<b>Rating Average</b>
Overweight/obesity	61	758	157	343	2.59
Not eating healthy	80	746	156	331	2.56
Lack of exercise	56	729	239	287	2.58
Tobacco use	46	664	220	366	2.70
Alcohol/drug abuse	38	766	206	296	2.58
Mental health issues	49	857	146	258	2.47
Teen pregnancy	43	629	139	496	2.83
Diabetes	11	671	321	304	2.70
Cancer	12	606	383	298	2.74
Lung, respiratory illness	20	600	278	404	2.82
Heart disease/stroke	14	606	366	316	2.76
Arthritis, joint/back pain	25	627	261	397	2.79
Infant mortality	34	461	157	653	3.10
Infant immunizations	9	507	306	471	2.96
Oral, dental health	34	589	318	353	2.77
Access to primary health care	27	695	277	304	2.66
Knowledge of available health care services	63	695	188	358	2.64
Transportation to health care services	61	664	135	432	2.73
Other (please specify)					

*answered question  
skipped question*

**Q11. What quality of services are available in our community for these issues?**

<b>Answer Options</b>	<b>Quality Unacceptable</b>	<b>Quality Could Be Improved</b>	<b>Quality is Good Enough</b>	<b>Don't Know</b>	<b>Rating Average</b>
Overweight/obesity	111	632	170	385	2.64
Not eating healthy	117	624	181	373	2.63
Lack of exercise	101	614	219	360	2.65
Tobacco use	86	522	231	451	2.81
Alcohol/drug abuse	138	545	183	419	2.69
Mental health issues	253	527	146	368	2.49
Teen pregnancy	65	484	151	588	2.98
Diabetes	48	511	326	404	2.84
Cancer	32	476	359	421	2.91
Lung, respiratory illness	34	476	295	484	2.95
Heart disease/stroke	31	454	375	426	2.93
Arthritis, joint/back pain	36	502	275	470	2.92
Infant mortality	41	396	186	662	3.14
Infant immunizations	35	410	267	572	3.07
Oral, dental health	92	466	292	430	2.83
Access to primary health care	100	568	240	377	2.70
Knowledge of available health care services	106	602	171	403	2.68
Transportation to health care services	111	531	150	472	2.78
Other (please specify)					

*answered question  
skipped question*

Q12. Are you employed in a health care or the social service agency?		
Answer Options	Response Percent	Response Count
Yes	76.2%	1029
No	23.8%	321
<i>answered question</i>		1350
<i>skipped question</i>		12

Q13. What is your gender?		
Answer Options	Response Percent	Response Count
Female	84.2%	1133
Male	15.8%	213
<i>answered question</i>		1346
<i>skipped question</i>		16

Q14. Do you have health insurance?		
Answer Options	Response Percent	Response Count
Yes	99.3%	1338
No	0.7%	10
<i>answered question</i>		1348
<i>skipped question</i>		14

Q15. What is your age?		
Answer Options	Response Percent	Response Count
< 18	0.1%	1
18 - 34	21.7%	293
35 - 44	19.6%	265
45 - 54	23.1%	312
55 -64	24.7%	333
65 -74	7.6%	103
75+	3.2%	43
<i>answered question</i>		1350
<i>skipped question</i>		12

Q16. What is your highest level of education?		
Answer Options	Response Percent	Response Count
Some high school	0.3%	4
High school graduate	10.6%	143
Some college	27.4%	370
College graduate	61.7%	833
<i>answered question</i>		1350
<i>skipped question</i>		12

Q17. What is your race?		
Answer Options	Response Percent	Response Count
African American/Black	2.9%	39
Caucasian/White	88.2%	1182
Hispanic	4.0%	54
Asian	0.4%	6
American Indian/Native American	1.0%	13
2 or more races	2.2%	29
Other	1.3%	17
<i>answered question</i>		1340
<i>skipped question</i>		22

## 2015 Shawnee County Community Health Needs Assessment Survey

**What does the community need to do to make Shawnee County a healthier place?**

### **Affinity Groupings of Responses**

575 surveys had responses to this question

	<i>count</i>
Increase exercise options (affordable, safe, at work)	112
Healthier food (access, affordable/taxes, reduce fast food)	76
More Education on Healthy Living	76
Mental Health Services	73
Free or Affordable Care (including medications)	62
Reduce crime and poverty	39
Increase awareness of available health care resources	37
Reduce obesity	34
Primary care	33
More community events related to healthy lifestyles	30
Transportation Services	28
Increase cooperation/collaboration, providers & agencies	24
Drug/alcohol abuse	22
Increase individual's responsibility for their health	20
Dental Services	15
Reduce tobacco use	14
Options to Hospital Emergency Departments	14
Flexible office hours	12
More options for insurance coverage	11
Increase number of interpreters	9
Remove politics from healthcare	7
<b>TOTAL*</b>	<b>748</b>

\* many surveys included multiple responses

## Appendix 3

### Community Providers/Leaders Interviewed

Glenda DuBoise, Interim Executive Director, Marian Clinic  
Thomas Hamilton, M.D., Chief Medical Officer, St. Francis Health  
Jenna Herron, Director of Mission and Ethics, St. Francis Health  
Sam Ho, M.D., Medical Director, Hospitalist Services, St. Francis Health  
John Homlish, Director, Community Action, Inc.  
Amy Kincade, Administrative Director, Continuum of Care, Stormont Vail Health  
Paul Leavens, Director of Emergency Services, St. Francis Health  
Sally Anne Schneider, Administrative Director, Behavioral Health Services, Stormont Vail Health  
Chris Tuck, Health Services Director, Topeka USD 345  
Eric Voth, M.D., Vice President Primary Care, Stormont Vail Health  
Alice Weingartner, Director, Community Health Center, Shawnee County Health Agency  
Beth Williams, Director of Nursing Services, St. Francis Health

### Summary of Interview Responses

<b>Issue</b>	<b># interviewees mentioning</b>
People without a primary care physician/medical home	8
Abuse of drugs, including prescription drugs	7
People without health insurance	6
Adults with mental health problems	6
Access to mental health services	6
Prevalence of chronic diseases	6
Obesity/Overweight adults and children	5
Lack of education on healthy eating	4
Health problems related to poverty	4
Cigarette smoking	3
Awareness of available health care resources	3
Issues related to crime	2
Need for transportation services	1

## Appendix 4 Summary of the Key Issues

Topic	Healthy Eating	Active Living	Mental Health
Data Source	Kansas Health Matters Data	Kansas Health Matters Data	Kansas Health Matters Data
Shawnee County Data	Adults – Obese 33.7% Adults – Overweight 34.9%	Adults – Obese 33.7% Adults – Overweight 34.9%	Adults DX depression 22.3%
Kansas Data	Adults – Obese 30.0% Adults – Overweight 35.3%	Adults – Obese 33.7% Adults – Overweight 34.9%	Adults DX depression 18.1%
Healthy People 2020 Goal	Adults < 30.5% obese	Adults < 30.5% obese	
Community Perception Survey	Obesity 1 <sup>st</sup> of 18 measures Healthy Eating 2 <sup>nd</sup> of 18 measures	Obesity 1 <sup>st</sup> of 18 measures Exercising 3 <sup>rd</sup> of 18 measures	4 <sup>th</sup> of 18 measures
Comments from Survey	2 <sup>nd</sup> of 20 comment groupings	1 <sup>st</sup> of 20 comment groupings	4 <sup>th</sup> of 20 comment groupings
HHN Focus Groups	3 <sup>rd</sup> of 20 comment groupings	4 <sup>th</sup> of 20 comment groupings	7 <sup>th</sup> of 20 comment groupings
Public Health Experts	Mentioned in 5 of 12 interviews	Mentioned in 5 of 12 interviews	Mentioned in 6 of 12 interviews

Topic	Substance Abuse	Babies/Youth	Access to Care
Data Source	Kansas Health Matters Data	Kansas Health Matters Data	Kansas Health Matters Data
Shawnee County Data	Adult smoking 19.8% Death rate Drugs, Alcohol 12.3	Teen Births 10.1% Infants Immunized 45.6% Infant mortality 6.8 Mother that smoke 18.7%	Uninsured population 17.3%
Kansas Data	Adult smoking 20.0% Death rate Drugs, Alcohol 9.7	Teen Births 8.1% Infants Immunized 61.5% Infant mortality 6.4 Mother that smoke 13.5%	Uninsured population 17.5%
Healthy People 2020 Goal	Adult Smoking < 12%	Infant Mortality < 6.0 Infants Immunized 90%	
Community Perception Survey	5 <sup>th</sup> of 18 measures	16 <sup>th</sup> of 18 measures	11 <sup>th</sup> of 18 measures
Comments from Survey	13 <sup>th</sup> of 20 comment groupings		5 <sup>th</sup> of 20 comment groupings
HHN Focus Groups	6 <sup>th</sup> of 20 comment groupings	18 <sup>th</sup> of 20 comment groupings	2 <sup>nd</sup> of 20 comment groupings
Public Health Experts	Mentioned in 7 of 12 interviews		Mentioned in 8 of 12 interviews

Topic	Chronic Disease	Social Determinants
Data Source	Kansas Health Matters Data	Kansas Health Matters Data
Shawnee County Data	Adults with Diabetes 10.7% Adults with High Blood Pressure 34.0% Adults with Arthritis 26.3% Adults with High Cholesterol 40.7%	Families Below Poverty Level 12.1% Violent Crime per 1000 4.0
Kansas Data	Adults with Diabetes 9.6% Adults with High Blood Pressure 31.3% Adults with Arthritis 23.9% Adults with High Cholesterol 38.1%	Families Below Poverty Level 9.3% Violent Crime per 1000 3.2
Healthy People 2020 Goal		
Community Perception Survey	6 <sup>th</sup> of 18 measures	
Comments from Survey	13 <sup>th</sup> of 20 comment groupings	6 <sup>th</sup> of 20 comment groupings
HHN Focus Groups	6 <sup>th</sup> of 20 comment groupings	1 <sup>st</sup> of 20 comment groupings
Public Health Experts	Mentioned in 6 of 12 interviews	Mentioned in 4 of 12 interviews



## Appendix 5

### Prioritizing Shawnee County's Community Health Needs

Three factors were consider when prioritizing:

1. *How important is the problem perceived by others?*
2. *How serious is the problem (magnitude)?*
3. *How many people are impacted (size of problem)?*

#### 1. Perception measured via:

Qualitative data analyzed:

- HHN focus groups (62 participants)
- Community survey - rankings of issues ( 1310 responses)
- Community survey - suggestions for improvement (748 suggestions)
- Interviews with community providers/leaders (12 interviews)

#### 2. Magnitude measured via:

Quantitative data analyzed:

- Used Kansas Health Matters data
- Calculated a ratio to comparing Shawnee County to state on key metrics
- Example 1
  - Obese/overweight: Shawnee County 33.7%, state 30.0% Shawnee County +3.7% or 12.3% over state
- Example 2
  - Low income access to grocery store: Shawnee County 9.7%, state 6.2% Shawnee County =+3.5% or 56.5% over state

#### 3. Size of problem measured via:

Quantitative data analyzed:

- Percent of Shawnee County population impacted by problem
- Example
  - 2014 Shawnee County population, 178,406
  - 16.7% Shawnee County living below poverty level
  - 29,794 Shawnee County residents below poverty level

#### **Prioritization using quartile rankings**

The various metric of each data source were ranked and then divided into quartiles. Issues in the top quartile were given a 4. Issues in the next quartile received a 3 and so forth. All issues receiving a 3 or 4 were listed. The HSCTF then grouped these top issues into eight categories.

The following pages display the final issues matrix and the rankings from each source of data.

**Shawnee County 2016 Community Health Needs Assessment  
Issues Matrix**

	Perceived Problem				Magnitude Kansas Htlh Matters
	HHN Focus Groups	Community Survey Open Question	Rank Response	Interviews of Experts	
<b>1. Healthy Eating</b>					
Adults - obese/overweight	✓	✓	✓	✓	✓
Access to grocery store/healthy food	✓	✓			✓
Education on living/eating healthy		✓	✓	✓	
<b>2. Active Living</b>					
Adults - obese/overweight	✓	✓	✓	✓	✓
Exercise regularly/access to exercise options	✓	✓	✓		
Community events healthy lifestyles		✓			
<b>3. Mental Health Services</b>					
Adults with mental health problems such as depression, schizophrenia			✓	✓	✓
Access it mental health care services	✓	✓		✓	
<b>4. Substance Abuse</b>					
Abuse of alcohol/drugs, including prescription drugs	✓	✓	✓	✓	✓
Adult cigarette smoking			✓	✓	
<b>5. Babies/Youth</b>					
Low birth weight/infant mortality	✓				
Teen births					✓
Pregnant mothers smoke/abuse drugs					✓
Childhood immunizations					✓
<b>6. Access to Care</b>					
People w/o health insurance/affordable care	✓	✓		✓	
People without a medical home (PCP)		✓		✓	
Oral, dental health					✓
Awareness of available resources	✓	✓	✓	✓	
Transportation services		✓		✓	✓
<b>7. Social Determinants</b>					
Poverty indicators	✓	✓		✓	✓
Violent crimes rate	✓			✓	✓
<b>8. Chronic Illnesses</b>					
Diabetes, arthritis, heart disease, COPD, etc.			✓	✓	✓

## 2015 Shawnee County Community Health Needs Assessment Survey

What does the community need to do to make Shawnee County a healthier place?

### HHN Focus Groups

#### Frequency of Issues Identified

	<i>count</i>	<i>quartile</i>
	<i>HHN BS</i>	<i>Rank</i>
Reduce crime and poverty	12	4
Free or Affordable Care (including medications)	11	4
Healthier food (access, affordable/taxes, reduce fast food)	9	4
Increase awareness of available health care resources	8	4
Increase exercise options (affordable, safe, at work) Drug/ alcohol abuse	6	4
Mental Health Services	5	3
Reduce obesity	4	3
Options to Hospital Emergency Departments	4	3
More options for insurance coverage	4	3
Adequate care during and after pregnancy	4	3
More Education on Healthy Living	3	2
Primary care	3	2
Transportation Services	3	2
Dental Services	3	2
Reduce tobacco use	3	2
Increase individual's responsibility for their health	2	1
Diabetes, etc.	2	1
Infant mortality	2	1
Remove politics from health care	1	1
Teen Pregnancy	1	1
More community events related to healthy lifestyles	1	1
Increase cooperation/collaboration, providers & agencies	1	1

## 2015 Shawnee County Community Health Needs Assessment Survey

**What does the community need to do to make Shawnee County a healthier place?**

### Affinity Groupings of Responses

571 surveys had responses to this question

	<i>count</i>	<i>rank</i>	<i>quartile rank</i>
Increase exercise options (affordable, safe, at work)	112	1	4
Healthier food (access, affordable/taxes, reduce fast food)	76	2	4
More Education on Healthy Living	76	3	4
Mental Health Services	73	4	4
Free or Affordable Care (including medications)	62	5	4
Reduce crime and poverty	39	6	3
Increase awareness of available health care resources	37	7	3
Reduce obesity	34	8	3
Primary care	33	9	3
More community events related to healthy lifestyles	30	10	3
Transportation Services	28	11	3
Increase cooperation/collaboration, providers & agencies	24	12	2
Drug/alcohol abuse	22	13	2
Increase individual's responsibility for their health	20	14	2
Dental Services	15	15	2
Reduce tobacco use	14	16	2
Options to Hospital Emergency Departments	14	17	1
Flexible office hours	12	18	1
More options for insurance coverage	11	19	1
Increase number of interpreters	9	20	1
Remove politics from health care	7	21	29

## Rankings from 2015 Shawnee County Health Assessment Survey

<b>Issue ranking</b> <i>Issue</i>	<i>very big</i> <i>problem*</i>	<i>count</i>	<i>total</i> <i>surveys</i>	<i>rank</i>	<i>quartile</i> <i>rank</i>
Overweight/obesity	77.5%	1046	1350	1	4
Not eating healthy	72.0%	960	1334	2	4
Lack of exercise	70.4%	946	1343	3	4
Mental health issues	58.8%	782	1330	4	4
Alcohol/drug abuse	54.3%	717	1321	5	4
Diabetes	51.4%	682	1328	6	3
Tobacco use	47.9%	635	1326	7	3
Heart disease/stroke	42.1%	557	1324	8	3
Cancer	35.9%	472	1316	9	3
Knowledge available services	34.9%	462	1324	10	3
Access to primary health care	30.5%	403	1320	11	2
Arthritis, joint/back pain	29.6%	394	1330	12	2
Lung, respiratory illness	27.7%	366	1321	13	2
Oral, dental health	27.2%	359	1322	14	2
Transportation-health care services	26.7%	353	1320	15	1
Teen pregnancy	16.8%	222	1323	16	1
Infant immunizations	11.3%	147	1303	17	1
Infant mortality	7.3%	95	1303	18	1

## 2015 Shawnee County Community Health Needs Assessment Survey

What does the community need to do to make Shawnee County a healthier place?

### Provider/Leadership Interviews

#### Frequency of Issues Identified

	<i>count</i>	<i>quartile*</i> <i>Rank</i>
People without a primary care physician/medical home	8	4
Abuse of drugs, including prescription drugs	7	4
People without health insurance	6	4
Adults with mental health problems	6	4
Access to mental health services	6	4
Prevalence of chronic diseases	6	4
Obesity/overweight adults/children	5	4
Lack of education on healthy eating	4	3
Health problems related to poverty	4	3
Cigarette smoking	3	3
Awareness of available health care resources	3	3
Issues related to crime	2	3
Need for transportation services	2	3

\* Because experience and proximity to these issues by these providers all the issues cited in two or more interviews were ranked a 3 or 4.

## Kansas Health Matters 2015 Community Dashboard

### Comparison Shawnee - State of Kansas Rates

	<i>Shawnee</i> <i>County</i>	<i>Kansas</i>	<i>difference</i>	<i>ratio</i>	<i>rank</i>
Households w/o vehicle	8.3%	5.3%	3.0%	0.566	1
Low income/access to grocery store	9.7%	6.2%	3.5%	0.565	2
% mother that smoke	18.7%	13.5%	5.2%	0.385	3
Poverty indicators**				0.380	4
COPD, admit rate per 1000	179.5	131.5	48.0	0.365	5
Death rate drugs/alcohol	12.3	9.7	2.6	0.268	6
Infants, immunized	45.6%	61.5%	-15.9%	-0.259	7
Violent crime per 1000	4.0	3.2	0.8	0.250	8
Teen births	10.1%	8.1%	2.0%	0.247	9
% adults DX depression**				0.237	10
Stroke, Medicare	3.9%	3.2%	0.7%	0.219	11
% kids w/o dental sealants	48.8%	57.3%	-8.5%	-0.148	12
Adults - obese/overweight	33.7%	30.0%	3.7%	0.123	13
Adults with diabetes	10.7%	9.6%	1.1%	0.115	14
% adults DX arthritis	26.3%	23.9%	2.4%	0.100	15
% low birth weight	7.8%	7.1%	0.7%	0.099	16
Adults exercise, aerobic/strength	19.5%	17.9%	1.6%	0.089	17
Access to exercise options	84.9%	78.2%	6.7%	0.086	18
Ratio of population to PCPs	2047.2	1895.9	151.3	0.080	19
Flu vaccination, 65+	69.9%	64.8%	5.1%	0.079	20
Adults w/ high bp/cholesterol**				0.077	21
Infant mortality	6.8	6.4	0.4	0.062	22
Adults, veg/fruit < 1 time day**				0.041	23
Dementia, % Medicare	10.1%	9.9%	0.2%	0.020	24
Adults cigarette smoking	19.8%	20.0%	-0.2%	-0.010	25
Uninsured population	17.3%	17.5%	-0.2%	-0.011	26
Cancer, Medicare	7.9%	8.0%	-0.1%	-0.013	27
High School graduation rate	81.7%	85.8%	-4.1%	-0.048	28
Recreation/Fitness Ctrs per 1000	0.08	0.06	0.0	0.333	29

\*\* combined Kansas Health Matters metrics

The ratio was calculated by dividing the difference by the Kansas score.  
This shows the magnitude of the problem.